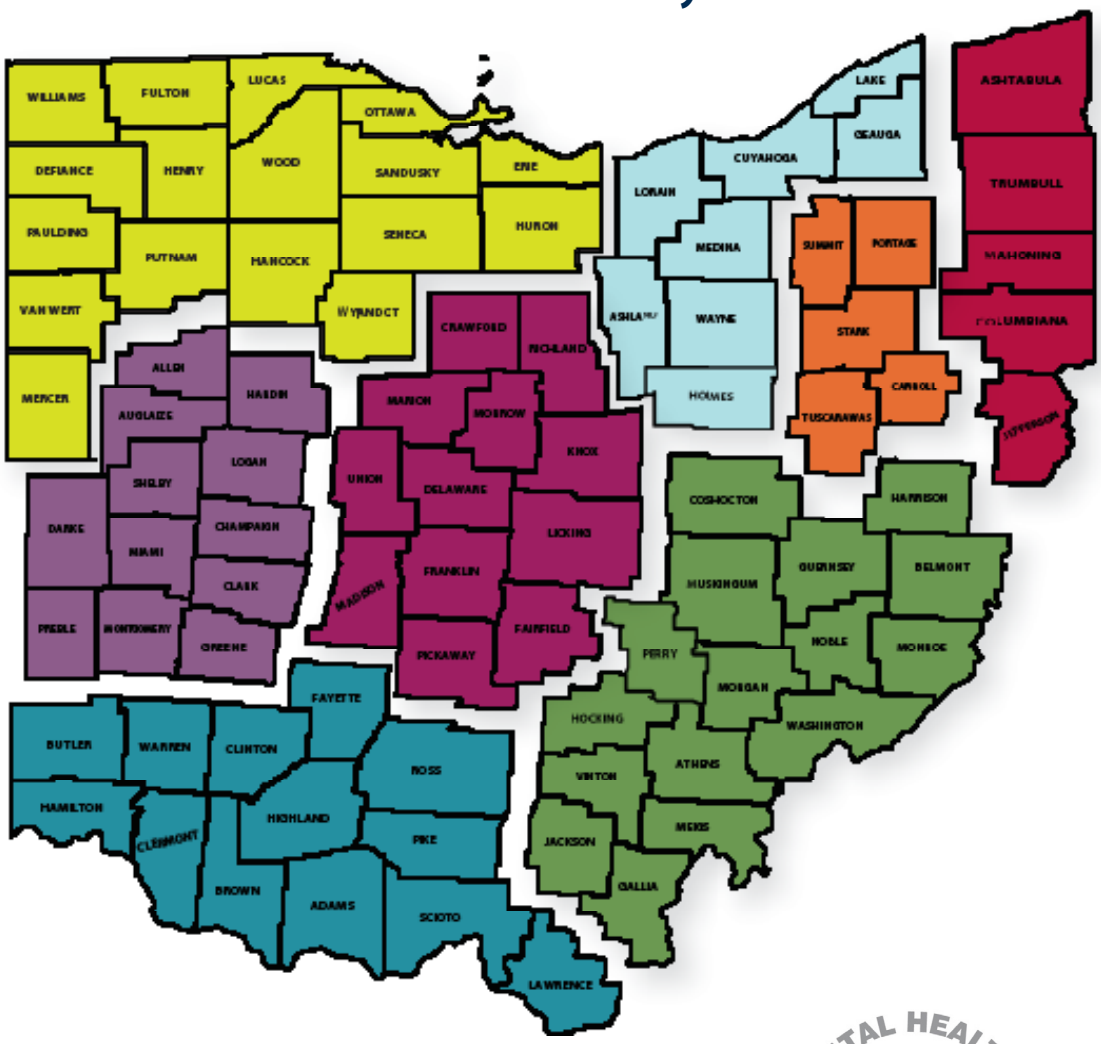
OSAM

Ohio Substance Abuse Monitoring Network

Surveillance of Drug Abuse Trends in the State of Ohio

June 2014 - January 2015



Legend

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

MENTAL HEALTH & ADDICTION SERVICES
Ohio

Ohio Department of Mental Health and Addiction Services
Office of Quality, Planning and Research

Ohio Substance Abuse Monitoring Network

Surveillance of Drug Abuse Trends in the State of Ohio

June 2014 - January 2015

Prepared by:

Ohio Department of Mental Health and Addiction Services
Office of Quality, Planning and Research

Sanford Starr, *Deputy Director — MSW, LISW-S*
R. Thomas Sherba, *OSAM Principal Investigator — PhD, MPH, LPCC*
Beth E. Gersper, *OSAM Coordinator — MPA*

Table of Contents

OSAM-O-Gram 3
Executive Summary 5

Drug Abuse Trends by Region

Akron-Canton Region 21
Athens Region 39
Cincinnati Region 58
Cleveland Region 73
Columbus Region 93
Dayton Region 113
Toledo Region 131
Youngstown Region 147

Tracy J. Plouck, Director • John R. Kasich, Governor

Contact information:
R. Thomas Sherba
Office of Quality, Planning and Research
30 E. Broad St., 8th Floor
Columbus, OH 43215
P: 614.466.9020
F: 614.488.4789

Recommended citation for this report:

Ohio Department of Mental Health and Addiction Services [OhioMHAS] (2015). *Ohio Substance Abuse Monitoring Network: Surveillance of Drug Abuse Trends in the State of Ohio: June 2014-January 2015*. Columbus, OH: State of Ohio.

OSAM-O-Gram

OSAM

Ohio Substance Abuse Monitoring Network

Surveillance of Drug Abuse Trends in the State of Ohio

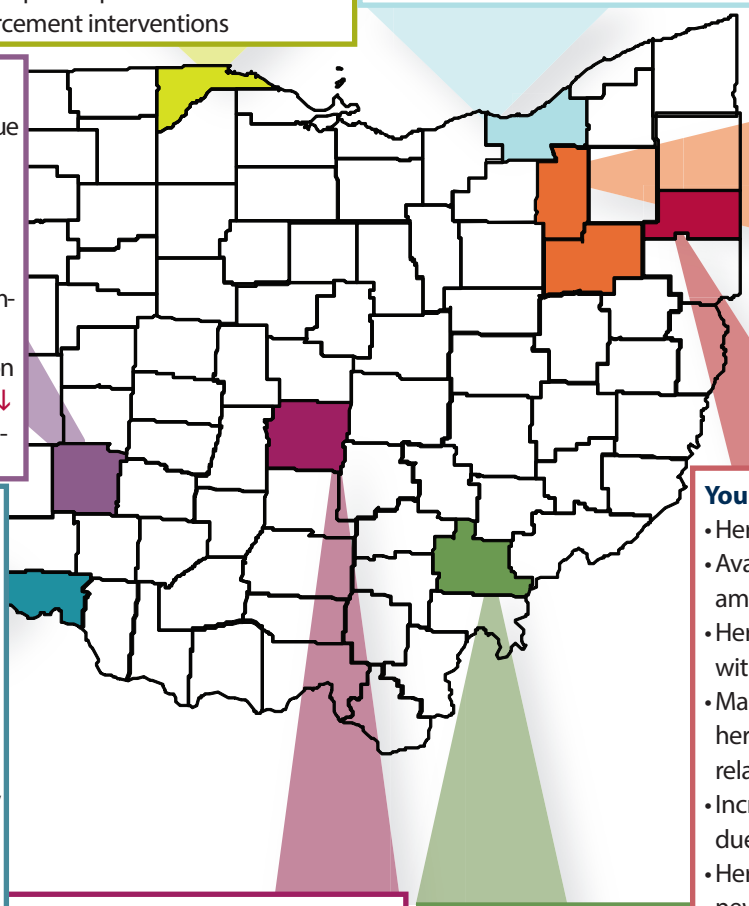
June 2014 - January 2015

Toledo Region

- Ecstasy, heroin & methamphetamine availability ↑
- More clients in treatment began drug use with heroin instead of progressing from prescription opioids
- Fentanyl & cocaine popularly used to cut heroin
- Meth highly available in rural areas where typical user has lower socio-economic status, is white & 18-25 years of age
- Bath salts, prescription opioids & synthetic marijuana availability ↓
- Decreased availability of prescription opioids attributed to doctor, pharmacy & law enforcement interventions

Cleveland Region

- Heroin availability ↑
- Heroin often cut with fentanyl
- Pink & blue heroin reported
- Heroin users in area typically suburban
- Prescription monitoring ↑ cause limited prescription opioid availability
- Marijuana concentrates availability ↑ in past six months
- Bath salts, ecstasy, prescription opioids availability ↓



Dayton Region

- Heroin dealers supply cocaine due to users who like to "speedball" heroin with cocaine
- Dealers selling baby laxatives as fake powdered cocaine
- In one weekend, 8 die in Montgomery Cty. from fentanyl-cut heroin
- No needle exchange in the region
- Bath salts & synthetic marijuana ↓
- Snorting Neurontin® (anti-epileptic agent) gaining popularity

Akron-Canton Region

- Heroin availability ↑
- Heroin most used drug in region
- Fentanyl & prescription opioids commonly used to cut heroin
- Heroin use by teens & young adults with no prior drug experience on the rise
- Methamphetamine ↑
- Police see increase in meth from Mexico
- Bath salts & prescription opioids ↓

Cincinnati Region

- Heroin & Suboxone® availability ↑
- Users seek white powdered heroin cut with fentanyl, though fentanyl-cut heroin increases overdose danger
- Common to share needles to inject heroin
- More clinics prescribe Suboxone®, making it easier to obtain
- Bath salts use ↓

Youngstown Region

- Heroin leading drug of abuse in region
- Availability of heroin, methamphetamine, sedative-hypnotics & Suboxone® ↑
- Heroin made more potent when cut with cocaine, fentanyl and Xanax®
- Mahoning Cty. Coroner reported heroin reason for over half of all drug-related deaths in the past six months
- Increased availability of Suboxone® due to increase in opiate use
- Heroin users say difficult to purchase new injection needles as more stores require a prescription

Columbus Region

- Heroin, marijuana & powdered cocaine availability ↑
- Heroin often cut with pharmaceutical drugs
- Crime labs see cases of heroin-fentanyl mixture, even straight fentanyl thought to be heroin
- Common practice of sharing needles for heroin injection
- Law enforcement identifies vaporizing as a new way to consume marijuana
- Bath salts & ecstasy availability ↓

Athens Region

- Heroin & methamphetamine availability ↑
- Use of marijuana extracts & concentrates (aka "dabs") ↑
- Crystal forms of methamphetamine (aka "ice") now in the region
- "Shake-and-bake" (powdered meth made in mobile labs) most prevalent meth type
- Bath salts & meth often sold as "molly" (powdered MDMA)
- Bath salts, ecstasy availability ↓

Ohio Department of Mental Health and Addiction Services • Office of Quality, Planning and Research

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 30, 2015. It is based upon qualitative data collected from July 2014 through January 2015 via focus group interviews. Participants were 331 active and recovering drug users recruited from alcohol and other drug treatment programs in each of OSAM's eight regions. Data triangulation was achieved through comparison of participant data to qualitative data collected from 110 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 2014 through January 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 remains moderately to highly available throughout most OSAM regions. With the exception of Columbus where availability of powdered cocaine has increased during the past six months, availability of powdered cocaine has remained the same. Several clinicians in the Columbus region suggested that the new MAT (medication assisted treatment) drug, Vivitrol®, is one reason for an increase in powdered cocaine demand, explaining that with this drug an opiate high is not possible while a cocaine high is. The BCI London Crime Lab reported that the number of powdered cocaine cases it processes has increased during the past six months.

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	No Consensus	No Change
Cleveland	High	No Change
Columbus	Moderate to High	Increase
Dayton	High	No Change
Toledo	Moderate to High	No Change
Youngstown	Moderate	No Change

Participants throughout half of OSAM regions reported the current quality of powdered cocaine as moderate: '6-7' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Akron-Canton and Youngstown participants most often reported current overall quality as low, while Athens and Dayton participants most often reported current overall quality as high. The majority of participants from throughout regions continued to note that the overall quality

of powdered cocaine has decreased during the past six months. Participants universally indicated that powdered cocaine is often cut (adulterated) with other substances: aspirin, baby formula, baby laxatives, baby powder, baking soda, bath salts, diuretics, dry wall, ethanol, ether, flour, laxatives, local anesthetics, methamphetamine, powdered milk, prescription opioids, protein powder, sleep aids, various vitamins and dietary supplements. Crime labs throughout OSAM regions noted the following cutting agents for powdered cocaine: acetaminophen, levamisole (livestock dewormer), local anesthetics (i.e., benzocaine, lidocaine and procaine) and mannitol (diuretic).

Current street jargon includes many names for powdered cocaine. Dayton participants reported that users will ask for powdered cocaine by utilizing terms referring to quantity, such as 'bump' or 'rail,' as one participant explained, "*A bump is just a little bit on your fingernail and a rail is a line that looks like a joint.*"

Current Street Names of Powdered Cocaine

Most Common Names	**girl, soft, white girl**
Other Names	baby powder, blow, Christina (Aguilera), fish scales, motivation, powder, snow, twerk, white

Depending on the region, desired quality and from whom one buys, a gram of powdered cocaine currently sells for $50-100; 1/16 ounce (aka "teener") sells for $70-150; 1/8 ounce (aka "eight ball") sells for $100-325; an ounce sells for $1,000-1,400. Participants continued to report that typical users usually purchase the drug in gram or 1/8 ounce amounts, and participants in Dayton continued to report purchasing powdered cocaine most often in capsules. Overall, participants reported that the price of powdered cocaine has increased during the past six months.

Participants throughout most OSAM regions continued to report that the most common route of administration for powdered cocaine is snorting, followed by intravenous injection (aka "shooting"). Participants in Cincinnati and Columbus estimated that out of 10 powdered cocaine users, half would snort and half would shoot the drug. Participants and community professionals most often describe typical powdered cocaine users as of higher socioeconomic status or middle-class, professional, white and aged 30 years or older.

Participants explained that powdered cocaine is used in combination with alcohol, marijuana, prescription opioids and sedative-hypnotics to take the edge off the stimulant high. Alcohol was the most reported drug used in combination with powdered cocaine. Additionally, participants reported using powdered cocaine with ecstasy, heroin, prescription opioids (i.e., morphine) and sedative-hypnotics (i.e., benzodiazepines) to "speedball," creating alternate stimulant and depressant highs. Methamphetamine and molly (powdered MDMA) were reportedly used in combination with powdered cocaine to intensify the high.

Substances Most Often Combined with Powdered Cocaine

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

Crack Cocaine

Crack cocaine remains highly available throughout OSAM regions. Overall, most participants and community professionals continued to report that availability has remained the same during the past six months. Participants reported that crack cocaine is available in a variety of colors, including white, yellow and brown. Several participants throughout regions suggested that crack cocaine continues to remain highly available due to the popularity of using crack cocaine in combination with heroin for a "speedball"

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

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

effect (consecutive stimulant and depressant highs). Columbus participants also discussed the new medication assisted treatment for opiate addiction, Vivitrol®, as contributing to more frequent use and high demand of crack cocaine; Vivitrol® effectively blocks an opiate high, and thus some of its users seek crack cocaine.

Participants throughout OSAM regions reported the overall quality of crack cocaine as moderate to high, rating current quality most often as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '7.' Participants reported that quality of crack cocaine depends on where the substance is purchased, from whom and if it has been cut (adulterated) with other substances. Overall, participants most often noted that the general quality of crack cocaine has remained the same during the past six months. Participants reported that crack cocaine throughout regions is predominately cut with baking soda; however, many participants continued to remark that just about anything can be used to cut the drug, reporting that many of the same adulterants found in powdered cocaine are also used to cut crack cocaine. Crime labs throughout OSAM regions continued to most often report levamisole (livestock dewormer) as the typical cutting agent for crack cocaine, along with local anesthetics: benzocaine, lidocaine and procaine.

Current Street Names of **Crack Cocaine**	
Most Common Names	**crack, hard, rock, work**
Other Names	candy, cream, drop, fire, girl, stuff, yay-yo
Names for yellow-colored crack	butter, yellow

Participants reported that the most common way to purchase crack cocaine is "*by the piece*," usually for $20. However, participants noted that dealers will sell just about any amount of crack cocaine, as little as $2. Reports of current street prices for crack cocaine were consistent among participants with experience buying the drug, but remain dependent on the quality of the drug purchased: 1/10 gram (aka "rock") sells for $10-20; a gram sells for $50-100; 1/8 ounce (aka "eight ball") sells for $150-300.

While participants continued to report smoking as the most common route of administration for crack cocaine, participants in every region reported intravenous injection (aka "shooting") as the second most common. Participants estimated that out of 10 crack cocaine users, 8-9 would smoke and 1-2 would shoot the drug. Participants noted that lemon juice, Kool-Aid® and vinegar can be used to dissolve crack cocaine to get the drug into an injectable form. Participants also mentioned typical items used as 'crack pipes' to smoke the drug: car antennas, plastic pens, tire gauges, and glass tubes which serve as packaging for fake roses sold in various gas stations and convenience stores throughout regions.

A profile of a typical crack cocaine user did not emerge from the data of half the regions, however, many participant and professional groups continued to associate crack cocaine use with low socio-economic status as well as with prostitution. In addition, Columbus participants reported that crack cocaine is gaining popularity among younger users due to an increase in users combining crack cocaine with heroin.

Several other substances are used in combination with crack cocaine. Participants explained that alcohol, heroin, marijuana and sedative-hypnotics are often used to help crack users come down off the stimulant high; whereas, ecstasy and methamphetamine are typically used for a similar or intensified effect. Several participants mentioned 'speedballing' crack with heroin.

Substances Most Often Combined with **Crack Cocaine**
• **Alcohol** • **Ecstasy** • **Heroin** • • **Marijuana** • **Methamphetamine** • **Sedative-Hypnotics** •

Heroin

The current availability of heroin remains high throughout OSAM regions; availability has increased in six of the eight regions during the past six months. Many participants stated that heroin is now easier to obtain than marijuana and cocaine. Participants throughout regions referred to economic reasons for the increase in heroin availability, noting that heroin is easier to get than pain killers, heroin is cheap and dealers are making a lot of money selling heroin.

A number of treatment providers, too, speculated that heroin use has increased because hospitals have limited the use of opioids, so it's much harder to get pain medication than heroin which has resulted in fewer pain pills on the street. They also attributed the decrease in opioid availability to community efforts to collect unused medication via drop boxes. Law enforcement saw a correlation between the "*crackdown on pill doctors*" with increasing use of heroin. However, some treatment providers in Akron-Canton noted a trend in younger clients reporting using heroin straight away without the traditional progression from pain medication to heroin. Likewise, several treatment providers in Toledo reported more people coming to them addicted to heroin who have not done other drugs prior to using heroin.

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 & Brown Powdered
Cincinnati	High	Increase	Brown Powdered
Cleveland	High	Increase	Brown/White Powdered
Columbus	High	No Consensus	Black Tar & Brown Powdered
Dayton	High	Increase	Brown/White Powdered
Toledo	High	Increase	Brown Powdered
Youngstown	High	Increase	Brown/White Powdered

Participants throughout OSAM regions reported the overall current quality of heroin as moderate to high, rating current quality most often as '7' or '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants most often noted that the overall quality of heroin has either remained the same or has decreased during the past six months; participants in Cincinnati only most often reported increased quality. However, participants continued to commonly report that the quality of the drug depends on from where it comes. Toledo participants explained that heroin dealers are so prevalent that they must deliver a high-quality product to maintain customers, although participants in more rural areas reported variability in quality.

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. Participants universally indicated that heroin is often cut (adulterated) with other substances. Participants reported that the top cutting agents for powdered heroin are prescription opioids; specifically mentioned were fentanyl, morphine, Percocet® and Vicodin®. Additional cuts mentioned included nutritional supplements (creatine, protein powder and vitamin B-12), powdered cocaine and sedative-hypnotics (Klonopin®, NoDoz®, trazadone and Xanax®). Reportedly, brown powdered heroin and black tar heroin are also cut with aspirin, baby laxative, bath salts, brown sugar, darker drinks (cocoa powder, coffee and colas) and shoe polish; white powdered heroin is also cut with baby formula, powdered sugar and regular sugar. The BCI London Crime Lab reported that a lot of powdered heroin cases that are processed in the lab are a heroin-fentanyl mixture, sometimes even straight fentanyl.

Cincinnati participants reported that most users in the region are seeking white powdered heroin due to the high potency of the drug. Reportedly, the danger of using fentanyl-cut heroin is well understood, but most participants expressed seeking it out despite their understanding of possible overdose danger. Several participants shared stories of friends who died using fentanyl-cut heroin. Additionally, Toledo treatment providers explained that unbeknownst to users, some 'china white heroin' is currently being cut with powdered cocaine. Thus at treatment intake, while many clients report they used heroin cut with fentanyl, client testing often reveals that in many cases, participants have ingested heroin cut with cocaine.

Crime labs throughout OSAM regions most often noted the following cutting agents for heroin: caffeine, diphenhydramine (antihistamine), fentanyl, mannitol (diuretic), quinine (antimalarial) and triacetin (glycerin triacetate, a food additive).

Current street jargon includes many names for heroin. Several names referred to the color of the heroin; for instance, "dirty brown" or "brownies" for brown powdered heroin and "china white" or "snowflake" for white powdered

heroin. An Athens region participant reported "scramble" as a street name for heroin mixed with morphine, while a Toledo regional toxicologist reported hearing "super smack" as a street name for heroin mixed with fentanyl.

Current Street Names of Heroin	
Most Common Names	**boy, dog (dog food), dope, H**
Other Names	brown, dirt, fire, Ron, smack

Current street prices for heroin were consistent for small quantities, but variable for larger quantities among regions: 1/10 gram most often sells for $20; 1/2 gram sells for $40-80; a gram sells for $60-300. Participants continued to indicate that price is often dependent on type, quality and location of purchase. Athens participants commonly reported obtaining heroin for less money by traveling out of their region to larger cities like Columbus. Akron-Canton treatment providers reported a growing trend of clients who report obtaining heroin via the Internet. The majority of participants in Dayton continued to report most often purchasing capsules (aka "caps") of powdered heroin, while Toledo participants reported that small amounts of powdered heroin are typically sold in "packs" or "papers," which are often folded lottery tickets and small amounts of black tar heroin are typically wrapped in foil and sold in "balloons" or "baggies." Toledo participants also reported that dealers often give out free samples of heroin.

Universally, participants throughout regions continued to report that the most common route of administration for heroin remains intravenous injection (aka "shooting" or "banging"), followed by snorting. Participants frequently estimated that the majority of heroin users begin by snorting and progress to shooting the drug.

Participants reported that injection needles are very easily obtained from a dealer, family and friends who are diabetic, medical supply stores 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. Reportedly, needles obtained from a dealer or fellow heroin user tend to be more expensive than needles purchased from stores. Needles on the street sell for $1-5 each depending on the size and how desperate the user appears.

Clean needle availability varies throughout regions as some participants reported being able to obtain them easily through pharmacies, while others reported being required to have a prescription. Participants divulged that many users will steal them from stores, homes and medical facilities. Still other participants said it is common practice to reuse needles from other users or merely finding them on the ground and reusing those. Participants throughout regions reported concerns over the availability of clean, unused needles and of sharing needles. Several participants reported fear of being turned away by a pharmacy and would share needles as an alternative. Disposal of used needles is another concern participants shared. Many participants suggested a community needle exchange program to help address their needle concerns.

Participants and community professionals most often described typical users of heroin as males and females, 30-40 years of age and younger, predominantly white and often someone who began using prescription opioid medication, but switched to heroin because it is cheaper. However, treatment providers in Akron-Canton observed an increase in the number of African Americans using heroin during the past six months to a year, and law enforcement in that region also observed an increase in younger, teenage individuals using heroin during the past six months.

Participants and community professionals reported that heroin is often used by itself or in combination with other drugs. Reportedly, bath salts, cocaine (crack and powder) and methamphetamine are used with heroin to "speedball," which means using these stimulant drugs with heroin either simultaneously or alternately in order to experience the highs and lows of the different drugs. Marijuana, 'molly' (powdered MDMA) and prescription opioids are reportedly used with heroin to intensify or balance out the effect of the drug or to increase the quality of cheap heroin. Despite general knowledge that sedative-hypnotics, especially benzodiazepines, used with heroin are dangerous and potentially lethal, participants still reported using these with heroin in order to help 'nod out' (fall asleep).

Substances Most Often Combined with Heroin

- **Alcohol** • **Crack Cocaine** • **Marijuana** • **Methamphetamine** • **Powdered Cocaine** • **Sedative-Hypnotics** •

Prescription Opioids

Prescription opioids remain highly available throughout all OSAM regions, with the exception of Cincinnati where current street availability is reportedly moderate. Availability of these drugs has decreased during the past six months for Akron-Canton, Cleveland and Toledo. Participants and community professionals who reported decreased availability cited doctor, pharmacy and law enforcement interventions as reasons. Specifically, they reported that it is currently more difficult for users to acquire pain pills, especially the ones most wanted such as Dilaudid® and OxyContin® due to increased regulation of these medications; doctors and emergency rooms are not dispensing these medications as regularly as previous. Law enforcement also attributed the decrease in availability to the closure of several "pill mills" in the area as well as doctors prescribing pain medications less often.

Participants explained that some prescription opioids remain highly available, but are not preferred because many of these pills were reformulated with abuse-deterrent that makes them more difficult to inject. Several participants suggested that tramadol (a non-narcotic pain reliever; generic form of Ultram®) is becoming more available due to an increase in doctors prescribing this particular drug as opposed to other opioids. Some participants noted that although prescription opioids are available, many users' drug of choice has switched to heroin and thus decreased the demand for these drugs and their subsequent availability.

Current street jargon includes many names for prescription opioids (aka "painers" and "skittles"). Participants reported the following common street names for many of the prescription opioids available to street-level users. Note Percocet®, Roxicet® and Roxicodone® are typically considered the same by participants, so they share similar names. For example, Roxicodone® 30 mg is often referred to as "perk 30."

Reported Availability Change of Prescription Opioids during the Past 6 Months

Region	Current Availability	Availability Change	Most Widely Used
Akron-Canton	High	Decrease	Opana®, Percocet®, Vicodin®
Athens	High	No Change	Dilaudid®, Percocet®, Roxicodone®, Ultram®, Vicodin®
Cincinnati	Moderate	No Change	Percocet®, Vicodin®
Cleveland	High	Decrease	Percocet®
Columbus	High	No Change	Percocet®, Vicodin®
Dayton	High	No Consensus	Percocet®, Vicodin®
Toledo	High	Decrease	tramadol, Ultram®, Vicodin®
Youngstown	High	No Change	Opana®, OxyContin®, Percocet®

Current Street Names of Prescription Opioids

Dilaudid®	Ds
fentanyl	patches, suckers
Lortab®	tabs
methadone	coffins, dones, wafers, waffles
Norco®	beans, narcs, norks
Opana®	OPs, pandas
OxyContin®	jelly beans, OCs, oxies
Percocet®	beans, blues, smurfs (5 mg); jerks, perks, Ps, school busses, tens (10 mg)
Roxicodone®	15s (15 mg); 30s, perk 30s (30 mg); roxies
Tylenol® 3	terminators
Ultram®/ tramadol	Ts, trams
Vicodin®	aspirin, baby vikes (5 mg); candies, seven-fifties, sevens (7.5 mg); 10s (10 mg); vickies, vikes, Vs

Many different types of prescription opioids are currently sold on Ohio's streets. Reports of current street prices for prescription opioids varied between type and OSAM region. However, generally prescription opioids sell for $1-2 per milligram. Many participants noted that prescription opioids have become more expensive. Participants indicated that price is often determined by several factors including the dealer or source, what the user wants, how desperate the user is, and quantity. For example, participants in Athens reported that Dilaudid® 8 mg sells for $30-60. 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.

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 (including chewing, crushing pills and wrapping in tissue to swallow, aka "parachuting") and intravenous injection (aka "shooting"). Fewer participants mentioned shooting prescription opioids, and those who did, commonly noted that working around abuse-deterrent formulations for snorting and shooting is difficult and time consuming. In Athens, participants reported that smoking of prescription opioids off of foil is another common route of administration.

A profile of a typical illicit user of prescription opioids did not emerge from the data. Participants and community professionals throughout regions continued to report typical illicit users as everybody. However, many respondents of both groups noted heroin users and persons with a legitimate physical pain problem who become addicted to the drugs for regular illicit use.

Prescription opioids are often used in combination with other substances. The majority of participants explained that using other substances with prescription opioids increases the high, particularly alcohol and benzodiazepines. Reportedly, cocaine and methamphetamine are used with these drugs for the 'speedball' effect, which is when users seek out the dual effects of the drugs either by using them simultaneously or by alternating their use. In addition, an Akron-Canton participant reported a growing trend of using Adderall® with prescription opioids.

Substances Most Often Combined with Prescription Opioids

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

Suboxone®

Suboxone® remains highly available in most regions and has increased in availability for Cincinnati and Youngstown during the past six months. There was consensus among participants throughout regions that Suboxone® is most available in sublingual strip form and that Suboxone® tablet form is rarely available. Participants commonly suggested that the decrease in tablet form is due to doctors prescribing it less.

Participants in Cincinnati attributed the increase in availability of Suboxone® in their region to how easily a user can obtain a prescription; community professionals in that region attributed increased availability to an increased number of Suboxone® clinics operating in the region. Participants in Youngstown also noted an increase in clinics prescribing Suboxone® in their region, while treatment providers there attributed the increase to an increase in opiate use, particularly heroin; reportedly, heroin users seek Suboxone® to help combat withdrawal symptoms when heroin is not available to them.

Reported Availability Change of Suboxone® during the Past 6 Months

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

Participants reported several street names for Suboxone® (aka "boxes," "oranges" and "subs"). Additionally, one Athens participant added that Subutex® is often called "tex."

Current Street Names of Suboxone®

Sublingual film	fruit roll-ups, strips
Tablet	halves, half-moons, stop signs

Reports of current street prices for Suboxone® varied from region to region with Suboxone® 8 mg selling for $10-30. Participants reported that Suboxone® in tablet form is more expensive than the sublingual strips because it is more difficult to obtain. In addition to obtaining Suboxone® on the street from dealers and from people selling their prescriptions, participants also reported getting it prescribed by doctors. However, participants reported that the most common way to obtain Suboxone® is from individuals who sell their prescription, particularly heroin users. Participants also noted that it is easy to obtain a prescription for Suboxone®, but several participants added that it is difficult to get an appointment with a doctor due to waiting lists and the cost of treatment.

While there were a few reported ways of consuming Suboxone®, generally the most common route for administration remains sublingual (dissolving it under the tongue). More specifically, participants reported that the most common route of administration for illicit use of Suboxone® strip form is sublingual, followed by intravenous injection (aka "shooting"); the most common routes of administration for Suboxone® tablet form are shooting and snorting. Participants explained that Suboxone® is snorted similar to a nasal spray; users dissolve the strip or tablet in water and snort the liquid.

Participants and community professionals most often described typical illicit users of Suboxone® as opiate users (both heroin and prescription opioids) and people trying to detox/self-medicate from opiates or trying to avoid withdrawal symptoms when they cannot get opiates. In addition, Akron-Canton treatment providers reported that they have worked with young mothers and pregnant females who are being treated with Suboxone®.

Participants reported several drugs that are used in combination with Suboxone®. Alcohol, crack cocaine and marijuana are used with Suboxone® to intensify the high.

Substances Most Often Combined with Suboxone®

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

Sedative-Hypnotics

Sedative-hypnotics are highly available throughout all OSAM regions. For the most part, the availability of these drugs has remained the same during the past six months, with the exception of an increase in availability for the Youngstown region where treatment providers reported increased reports of client use of the drugs. Xanax® was universally named the most popular sedative-hypnotic in terms of widespread use throughout regions. Treatment providers in Toledo indicated that Xanax® has become a secondary drug of choice for most users; they explained that Xanax® use doesn't bring users into treatment, but of those in treatment for any other drug, many concurrently used Xanax® illicitly.

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

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

Current street jargon includes many names for sedative-hypnotics (aka "benzos," "black-outs," "downers," "sleep walkers," "slow jams" and "Zs"). Typically, street jargon for these pills reflects the brand name or the description of the pill; for instance, "vans" for Ativan® or "blues" for Xanax® (1 mg) or Valium® (10 mg) which are both blue colored pills.

Current Street Names of Sedative-Hypnotics

Ativan®	addies, vans
Klonopin®	forget-a-pins, k-pins, KPs, pins
Soma®	soma coma, soma shuffle, somatose
Valium®	blues (10 mg), downs, vals, V-cut, Vs
Xanax®	logs, pies, peaches (0.5 mg); blues, footballs, school buses (1 mg); candy bars, green monsters, ladders (2 mg); boards, skateboards, xanies

Reports of current street prices for sedative-hypnotics varied throughout OSAM regions. Participants explained that generally the more pills you purchase at a time, the better the price. Currently, sedative-hypnotics sell for $0.50-10 per pill depending on the type, brand and dosage of the pill. Xanax® sells 0.25 mg for $0.50-1, 0.50 mg for $0.50-3, 1 mg for $2-5 and 2mg for $3-10.

In addition to obtaining sedative-hypnotics on the street from dealers, participants continued to report most often obtaining these drugs from people they know who have prescriptions or by getting them prescribed by a physician. Akron-Canton participants admitted to knowing several patients with sedative-hypnotic prescriptions that sell their medication. Columbus participants reported that they can readily obtain the drug in bars and other social hangouts. In Athens, treatment providers discussed how some doctors in the region are known to prescribe sedative-hypnotics and that users know exactly who and where to go to get a prescription.

While there were a few reported ways of consuming sedative-hypnotics, generally the most common routes of administration for illicit use are oral consumption (aka "popping") and snorting. Participants elaborated on oral consumption and reported that some 'parachute' these pills. In Youngstown, participants estimated that out of 10 illicit sedative-hypnotic users, all users would snort, but more than half would also orally consume or shoot the drugs depending on what other drugs they are using in combination.

Participants and community professionals continued to most often describe typical illicit users of sedative-hypnotics as heroin users, young, white and female. Some participants in Akron-Canton 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.

Participants reported that sedative-hypnotics are generally used in combination with other substances. Participants and treatment providers reported that alcohol, heroin, marijuana and prescription opioids are used in combination with sedative-hypnotics to increase the effects of these drugs and to achieve the nodding out effect. Additionally, sedative-hypnotics are used after cocaine, LSD or methamphetamine to bring the user down off the stimulant effect. Other participants reported using sedative-hypnotics in between highs, when they could not get heroin.

Substances Most Often Combined with Sedative-Hypnotics

- Alcohol
- Crack Cocaine
- Heroin
- Marijuana
- Powdered Cocaine

Marijuana

Marijuana remains highly available throughout OSAM regions. The only changes in availability during the past six months were increased availability for Athens and Columbus regions. Athens participants cited harvest as a reason for the increase. By August 14, 2014 Athens and Meigs counties led the state with over 2,500 plants seized (www.athensnews.com, Aug. 20, 2014). Additionally, the BCI London Crime Lab reported that the number of marijuana cases it processes has increased during the past six months and the American Court and Drug Testing Services reported that 19.2 percent of the 2,878 individuals screened through its Columbus and Lancaster labs during the past six months were positive for marijuana.

Reported Availability Change of Marijuana during the Past 6 Months

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

Participants reported high quality for all types of marijuana. The majority of the participants agreed that high quality marijuana was more readily available than lower quality product. However, Youngstown participants explained that it was harvest season, so even the lower quality product was of good quality. Participants and treatment providers continued to report preference of high-grade, hydroponic marijuana over typical commercial-grade product. Several Cincinnati participants admitted to purchasing higher quality marijuana through the U.S. mail. In addition, Akron-Canton law enforcement reported an increase of marijuana coming into the region in the form of food products (baked goods or candy), often via U.S. mail.

Akron-Canton, Athens, Cleveland, Columbus and Dayton participants and community professionals cited an increase in high quality marijuana availability, including

increased use of concentrates and extracts, during the past six months. Concentrates and extracts take the form of oil or wax (aka "dabs") and have a very high concentration of THC (tetrahydrocannabinol). Athens community professionals noted an increase in this form of the drug; treatment providers particularly noted hearing about marijuana oils and dabs from adolescents.

Current street jargon includes countless names for marijuana. Participants provided general names for marijuana, as well as names for low- and high-grade marijuana. Additional names often refer to the strain of the marijuana; many times referring to flavor or color of veins in the marijuana: For example, "blueberry," "bubblegum," "downtown brown," "purple" and "white widow."

Current Street Names of Marijuana	
Most Common	**pot, smoke, weed**
Low grade	bobby brown, bud, dirt, mids, regular (reggie, reg), schwag, trees
High grade	chronic, dank, dro, kill (killer, killa), kush, loud
Concentrates & extracts	dabs, teamsters

Reported prices for marijuana were variable throughout OSAM regions. Low-grade marijuana is the cheapest form of the drug, while high-grade marijuana sells for significantly more. High-grade marijuana is also more variable in price depending on quality of the drug. Most currently, for low-grade marijuana, a "blunt" (cigar) or two "joints" (cigarettes) sell for $5; a gram sells for $10; 1/4 ounce sells for $20-25 (and as high as $40 in some locations); an ounce sells for $80-100; and a pound sells for $800 on average. For high-grade marijuana, a blunt or two joints sell for $10-20; a gram sells for $20; 1/8 ounce sells for approximately $60; 1/4 ounce sells for about $100; an ounce sells for $250-320; and a pound sells for up to $5,000. Participants did not provide pricing information for marijuana concentrates and extracts.

Participants continued to report smoking as the most common route of administration for marijuana. Additional methods reported include an increase in vaporizing the oils and smoking dabs, as well as oral ingestion of marijuana. Several regions indicated an increase in THC-laced candies, snacks and baked goods.

A profile of a typical marijuana user did not emerge from the data. Participants and professionals described marijuana users as everyone. Columbus participants noted that low-grade marijuana is primarily used by people of lower socio-economic status, as well as habitual users, due to lower cost of the drug. Treatment providers indicated that marijuana is one of the hardest drugs for their clients to quit; if clients make it through treatment, they often continue using marijuana, often due to social acceptability of the substance.

Participants and community providers continued to report that marijuana is most often used in combination with nearly any other substance.

Substances Most Often Combined with Marijuana
• Alcohol • Crack Cocaine • Heroin • Methamphetamine • • PCP • Powdered Cocaine • Prescription Opioids • • Prescription Stimulants (Adderall®) • • Sedative-Hypnotics (Xanax®) •

Methamphetamine

Methamphetamine availability remains variable from region to region, yet availability is moderate to high in more than half of the regions. Cincinnati, Dayton and Youngstown respondents report higher availability in more rural areas of the region. Very few Cleveland participants had personal experience with this drug; those participants rated availability as high, but treatment providers in the region reported low availability. Although Akron-Canton participants generally reported high availability of methamphetamine in the region, Stark County participants specifically noted that they are unable to find methamphetamine in their area.

Crystal and powdered methamphetamine types are reportedly available throughout OSAM regions, with powdered (aka "shake-and-bake") type conveyed as most prevalent throughout the state. This type of methamphetamine 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. Respondents often shared that instructions for this are found online and the process is complete in as little as 30 minutes.

Concerning crystal methamphetamine, Akron-Canton law enforcement reported crystal methamphetamine coming into their region from Mexico.

The majority of OSAM regions reported no change in availability of methamphetamine. Cincinnati and Toledo participants and community professionals suggest that methamphetamine is more available in rural areas. Athens, Toledo and Youngstown regions indicated increased methamphetamine availability during the past six months. Several respondents reflected on how easily methamphetamine is manufactured and often cited that as a reason for increased availability of the drug. Toledo participant and Youngstown professional groups reported methamphetamine being manufactured, but not necessarily always used by those making the drug.

Reported Availability Change of Methamphetamine during the Past 6 Months

Region	Current Availability	Availability Change
Akron-Canton	High	No Consensus
Athens	High	Increase
Cincinnati	Variable (high in rural, low in urban)	No Change
Cleveland	No consensus	No Change
Columbus	High	No Change
Dayton	Variable	No Consensus
Toledo	Variable (high in rural, low in urban)	Increase
Youngstown	Moderate to high (higher in rural areas)	Increase

Participants who had recent experience with methamphetamine reported moderate to high overall quality of the drug and most often rated current quality as '6-10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous overall quality score was '5-7.' An Akron-Canton law enforcement professional reported that the quality of the imported crystal form of the drug is very pure. The majority of regions reported that the quality of methamphetamine has remained the same during the past six months. An Athens participant who believed quality has increased suggested that 'cooks' (people who make meth) are developing better techniques and methods for manufacturing the drug.

Current Street Names of Methamphetamine

Most Common Names	**crank, crystal, glass, ice, meth, shake-and-bake**
Other Names	go-fast, go-go (go-go juice), jib, Ricky Bobby, shard, shatter (shattered), speed, Tina (Tina Turner)

Reports of current street prices for methamphetamine were variable among participants with experience purchasing the drug: $80-100 for a gram, $1,800-2,200 for an ounce. A Toledo participant reported purchasing methamphetamine in 1/10th gram increments for $20. An Athens participant reported obtaining 1/4 gram of powdered methamphetamine in exchange for a box of Sudafed® (a precursor ingredient for methamphetamine production). Cleveland and Dayton participants also mentioned trading boxes of Sudafed® for methamphetamine, but did not specify quantity received for the exchange.

Participants reported that the most common routes of administration for methamphetamine are smoking, followed by intravenous injection (aka "shooting"). A Youngstown participant shared that a lot of users smoke methamphetamine out of light bulbs. Akron-Canton participants explained that those who inject other drugs are more likely to inject methamphetamine as well. Athens participants indicated an increase in injection of methamphetamine during the past six months.

Participants most often described typical methamphetamine users as white, aged 20-40, of lower socioeconomic level, male and employed working long hours. Several participants noted that African-American individuals are less likely to use methamphetamine. Community professionals generally described a typical methamphetamine user as white and from more rural areas. In addition, several participants and community professionals included heroin addicts and 'tweekers' (those who like the stimulant high) as typical methamphetamine users.

Participants reported using other substances in combination with methamphetamine. Alcohol, ecstasy, heroin and marijuana are reportedly used to intensify the high. Participants discussed 'speedballing' (alternating the highs and lows of different drugs) by combining alcohol or heroin with methamphetamine. Using alcohol with methamphetamine is reportedly a popular mix. Other users explained that alcohol, marijuana and

sedative-hypnotics are often used to help the user in 'coming down' off the stimulant high.

Substances Most Often Combined with Methamphetamine
• Alcohol • Heroin • • Marijuana • Sedative-Hypnotics •

Prescription Stimulants

Prescription stimulants are moderately to highly available in most regions. In general, the availability of prescription stimulants has remained the same during the past six months. Dayton community professionals did not have much information on prescription stimulants and treatment providers explained that it is very difficult to monitor these drugs in their clients because it only stays in their system for four to six hours. Adderall® remains the most popular prescription stimulant in terms of widespread illicit use throughout regions. Akron-Canton treatment providers noted client reports of illicit use of Daytrana®, a methylphenidate transdermal patch; in these cases, the user cuts open the patch and orally ingests the drug.

Reported Availability Change of Prescription Stimulants during the Past 6 Months

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

Current Street Names of Prescription Stimulants

Adderall®	addies, oranges, speed, zippers
Ritalin®	rits
Vyvanse®	50s (50 mg), supermans

Reports of current prices were provided by participants with experience purchasing these drugs. The most common prices reported were generally $4-5 for Adderall® and $5-7 for Vyvanse® despite dosage. The majority of respondents shared that prescription stimulants are most often obtained from people with prescriptions, or from parents of children who have prescriptions, rather than from dealers off the street.

Participants throughout OSAM regions continued to report that the most common routes of administration for illicit use of prescription stimulants remain oral ingestion and snorting. Dayton, Columbus and Youngstown respondents also mentioned intravenous injection as a route of administration. Participants and community professionals most often described typical illicit prescription stimulant users as younger (high school and college age), female (often mothers), and those who use other stimulants (cocaine or methamphetamine).

Participants reported that the most widely used substance mixed with prescription stimulants is alcohol, as the combination of the two substances allows for increased consumption of alcohol. Participants said that prescription stimulants are used with sedative-hypnotics to help the user come down from the stimulant high.

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

Synthetic Marijuana

Synthetic marijuana (synthetic cannabinoids; aka "K2" and "Spice") remains available throughout OSAM regions despite October 2011 legislation that banned its sale and use. Overall, participants reported synthetic marijuana availability higher than what community professionals reported. Participants reported moderate or high availability of synthetic marijuana in Akron-Canton, Athens, Cincinnati, Cleveland, Columbus and Toledo.

Akron-Canton treatment providers reported high availability of this drug in institutional settings, such as jails.

Respondents reported that synthetic marijuana availability has remained the same or has decreased during the past six months. Community professionals in Columbus and Athens noted an increase in use of liquid synthetic cannabinoid (aka "crown"). Miami Valley Regional Crime Lab, BCI Richfield and BCI London crime labs reported decreased number of synthetic marijuana cases during the past six months.

Reported Availability Change of Synthetic Marijuana during the Past 6 Months

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

Generally, participants were unable to rate current quality of synthetic marijuana due to their lack of exposure to the substance during the past six months. However, Akron-Canton participants reported poor quality of the drug and added that users often purchase ingredients online to make their own. Dayton participants reported high quality of synthetic marijuana, but added that quality varies substantially due to bans on some chemicals used to make the drug.

Participants revealed a few street names for synthetic marijuana. Some participants listed brand names of synthetic marijuana such as *Dead Man Walking*, *Death Grip* or *Funky Monkey*.

Current Street Names of Synthetic Marijuana

Most Common Names	K2 (K, 2-K), spice, toonchie

Participants with experience purchasing synthetic marijuana reported a gram sells for $10-20 and 3.5 grams sells for $25-35. Participants reported that the drug is most often obtained in head shops, corner stores, from dealers and purchased through the Internet.

Participants continued to report smoking as the only route of administration for synthetic marijuana. However, a few participants and community professionals mentioned that the liquid cannabinoid is vaporized in an e-cigarette type of device. Participants and community professionals similarly described typical users of synthetic marijuana: young (teens to mid-20s), marijuana smokers, and those who need to pass drug screens (on probation or for employment).

Often participants reported not using anything with this drug as the effects are often extreme and unpredictable, but a few mentioned drugs that are used in combination with synthetic marijuana. Participants reported a longer or more intense high when combining synthetic marijuana with alcohol or marijuana.

Substances Most Often Combined with Synthetic Marijuana

- Alcohol • Heroin • Marijuana • Powdered Cocaine •

Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA and/or TFMPP) remains available throughout OSAM regions. Generally, participants and community professionals reported lower availability of traditional ecstasy tablets and moderate to high availability of the powdered form (aka "molly"). The majority of OSAM regions indicated no change in availability of this drug. However, Toledo participants and community professionals suggested increased availability of ecstasy in urban areas of the region.

Reported Availability Change of Ecstasy during the Past 6 Months

Region	Current Availability		Availability Change
	Pill Form (ecstasy)	Powdered form (molly)	
Akron-Canton	Low	Moderate to High	No Change
Athens	Moderate	High	No Change
Cincinnati	Low	Moderate	No Change
Cleveland	Low to Moderate	High	Decrease
Columbus	Moderate	High	No Change
Dayton	Low	High	No Change
Toledo	No Consensus	No Comment	Increase
Youngstown	No Consensus	Moderate	No Change

Participants were mostly unable to report on the quality of ecstasy, but reported that molly is often cut with other substances, including: bath salts, heroin, powdered milk, methamphetamine and vitamins.

Several street names for ecstasy and molly were provided by participants with experience purchasing the drug. Other street names included the picture of the stamp on the ecstasy tablet, such as Ferrari and Superman.

Current Street Names of Ecstasy

Ecstasy Tablet	e-boys, pressies, rolls, skates, X
Molly (Powdered MDMA)	Malibu, Miley Cyrus, molecule, Molly (moll), sass, shards

Reports of current street prices for ecstasy and molly were provided by participants with experience purchasing the drug(s). Depending on the strength of the drug, pressed ecstasy tablets sell for $5-25 and molly sells for $60-90 per gram. Columbus participants said that molly is most often sold in capsules throughout the region.

The most common routes of administration for ecstasy and molly remain oral consumption and snorting. Dayton participants also mentioned intravenous injection as a popular method of use. Participants and community professionals similarly described typical ecstasy and molly users as young (teens to college age), heroin dealers, and those who attend music venues (concerts, festivals, clubs and raves).

Participants reported that this drug is often used in music festival or party settings; therefore, other party drugs such as alcohol, hallucinogens and inhalants were often mentioned as being used with ecstasy to intensify effects or to keep the party going. Participants shared street jargon for some combinations, including "bean juice" for ecstasy and liquor, "molly water" (aka "molly juice") for molly (powdered MDMA) and liquor, and "candy flipping" for LSD and molly.

Substances Most Often Combined with Ecstasy/Molly

• Alcohol • Hallucinogens (LSD, Psilocybin Mushrooms) • • Heroin, Inhalants (Nitrous Oxide) • Marijuana • • Sedative-Hypnotics (Xanax®) • Viagra •

Other Drugs by Region

OSAM Network participants listed a variety of other drugs as available in Ohio, but these drugs were not reported in all regions: bath salts, hallucinogens, inhalants, khat, Neurontin®, over-the-counter (OTC) cold and cough medications and Seroquel®.

Reported Availability of Other Drugs by Region

Region	Drugs
Akron-Canton	bath salts, hallucinogens (psilocybin mushrooms)
Athens	bath salts, hallucinogens (DMT, LSD, psilocybin mushrooms), inhalants (nitrous oxide), Seroquel®, OTC cold and cough medications
Cincinnati	bath salts, hallucinogens (LSD, psilocybin mushrooms)
Cleveland	bath salts, hallucinogens (LSD, PCP), OTC cold and cough medications
Columbus	bath salts, hallucinogens (LSD, psilocybin mushrooms), khat, Neurontin®
Dayton	bath salts, hallucinogens (LSD, salvia divinorum), inhalants (duster), Neurontin®, OTC cold and cough medications
Toledo	bath salts, hallucinogens (psilocybin mushrooms)
Youngstown	bath salts, hallucinogens (psilocybin mushrooms)

Bath Salts

Bath Salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues) are reportedly rarely available throughout OSAM regions. Most regions reported decreased availability of this drug and cited law enforcement and decreased popularity due to negative side effects as reasons for the decrease. Reports of current street prices were variable among the few participants with experience purchasing the drug. Participants reported purchasing bath salts for $20-40, but provided a variety of quantities (spanning from 1/2 gram to 3 grams) for that price range. Participants reported the ability to obtain bath salts most often from head shops or the Internet. Typical bath salts users were described as younger (20s to 30s). Participants varied in their responses to what other drugs are used in combination with bath salts.

Hallucinogens

Hallucinogens remain available throughout OSAM regions. Hallucinogens included a variety of substances: dimethyltryptamine (DMT), lysergic acid diethylamide (LSD), phencyclidine (PCP), psilocybin mushrooms and salvia divinorum. A local band in New Albany (Columbus region) reported an increase in hallucinogens, including DMT and psilocybin mushrooms (www.10tv.com, July 14, 2014).

More than half of OSAM regions reported on LSD availability; Akron-Canton and Toledo regions did not report on this drug. Generally, participants reported moderate to high availability of this drug. Participants and community professionals indicated no change in availability for LSD during the past six months. Both paper and liquid forms of the drug are reported as available. A law enforcement officer in Cleveland also reported on a synthetic derivative of LSD. BCI London and Richfield crime labs reported an increase in number of LSD cases they processed during the past six months. A participant in Cleveland region reported on quality of the drug and suggested that dealers can cut liquid LSD with water or baby laxative. This participant also said that LSD is often sold on perforated paper.

Reports of current prices of LSD were variable among participants with experience purchasing the drug and dependent upon the quality of the product. Participants only provided pricing for the paper form of LSD: a 'hit' (one dose) generally sells for $5-10, a 'strip' (10 hits) sells for $150, and a 'sheet' (100 hits) sells for $150-300 for low concentrate and $700-800 for a highly concentrated sheet. Participants and community professionals most often reported LSD is obtained at music venues (festivals, raves, concerts, etc.). Several routes of administration were mentioned by participants: paper and liquid forms are most often orally consumed, but liquid form can also be administered by an eyedropper into the eye. LSD liquid is also reportedly soaked into sugar cubes or gummy bears for oral ingestion. Typical LSD users were described as young, often marijuana users, and those who attend outdoor music festivals and raves.

Most regions reported on psilocybin mushroom availability; Cleveland, Dayton and Youngstown regions did not report on this drug. Generally, participants reported high

availability in more rural areas, but did not indicate any change in availability during the past six months. Reports of current street prices for psilocybin mushrooms were provided by those with experience purchasing the drug: $5 for a 'cap' (top of a mushroom), $25 for 1/8 ounce and $125-150 for an ounce. Participants said mushrooms are often grown by users or sought after in the woods. Users also could obtain these at concerts. The most common routes of administration remain oral consumption, by way of food or brewed in a tea, followed by smoking the drug. Typical psilocybin users were described as young, marijuana users and those who like heavy metal music and enjoy attending 'raves' (dance parties).

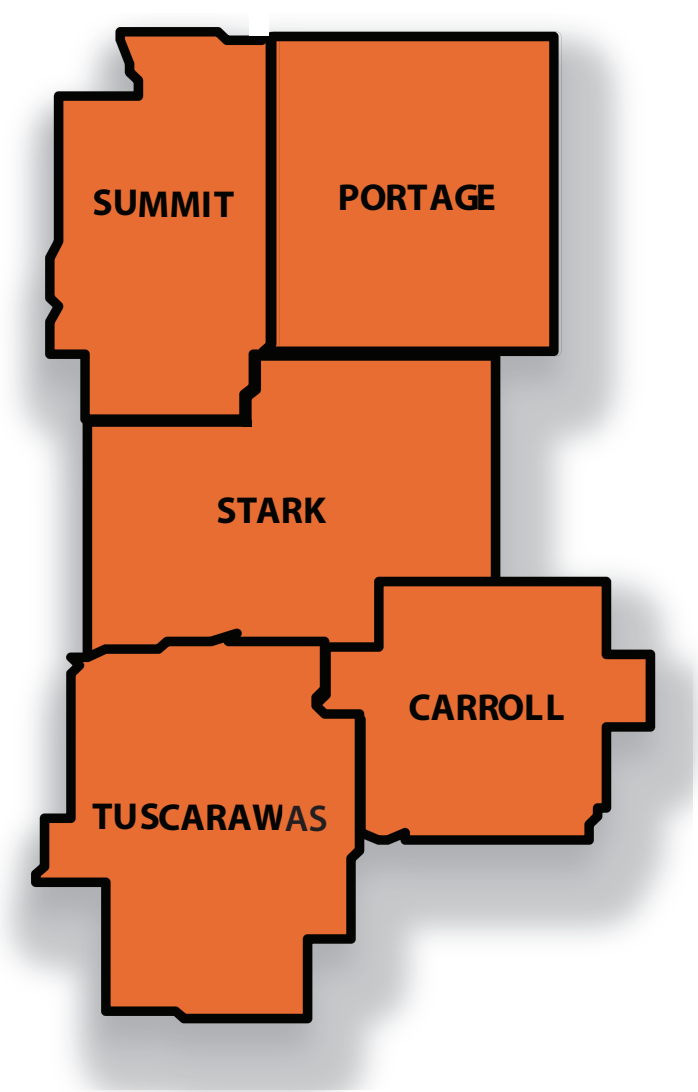
OTC

OTC and prescription cold and cough medications were discussed by respondents in Athens, Cleveland and Dayton regions. Medications specifically mentioned included dextromethorphan (DXM), codeine, promethazine and Robitussin®. Participants and community professionals indicated that these medications are highly available, but not popular as a drug of choice. Oral consumption was the only route of administration mentioned by participants. Typical users were described as young (high school age) or women in their 20s. These medications are most often used in combination with alcohol.

For detailed information on other drugs reported in one to two regions only, please see the drug's corresponding regional report: DMT (Athens), inhalants (Athens and Dayton), khat (Columbus), Neurontin® (Columbus and Dayton), salvia divinorum (Dayton) and Seroquel® (Athens). Participants throughout OSAM regions reported common street names for some of the other drugs discussed.

Current Street Names of Other Drugs	
LSD	doses, hits, L, Lucy, paper, Sid, tabs
PCP	H2O, water, wet
Psilocybin mushrooms	boomers, caps, shroomies, shrooms
OTC	triple Cs (Coricidin® D)

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

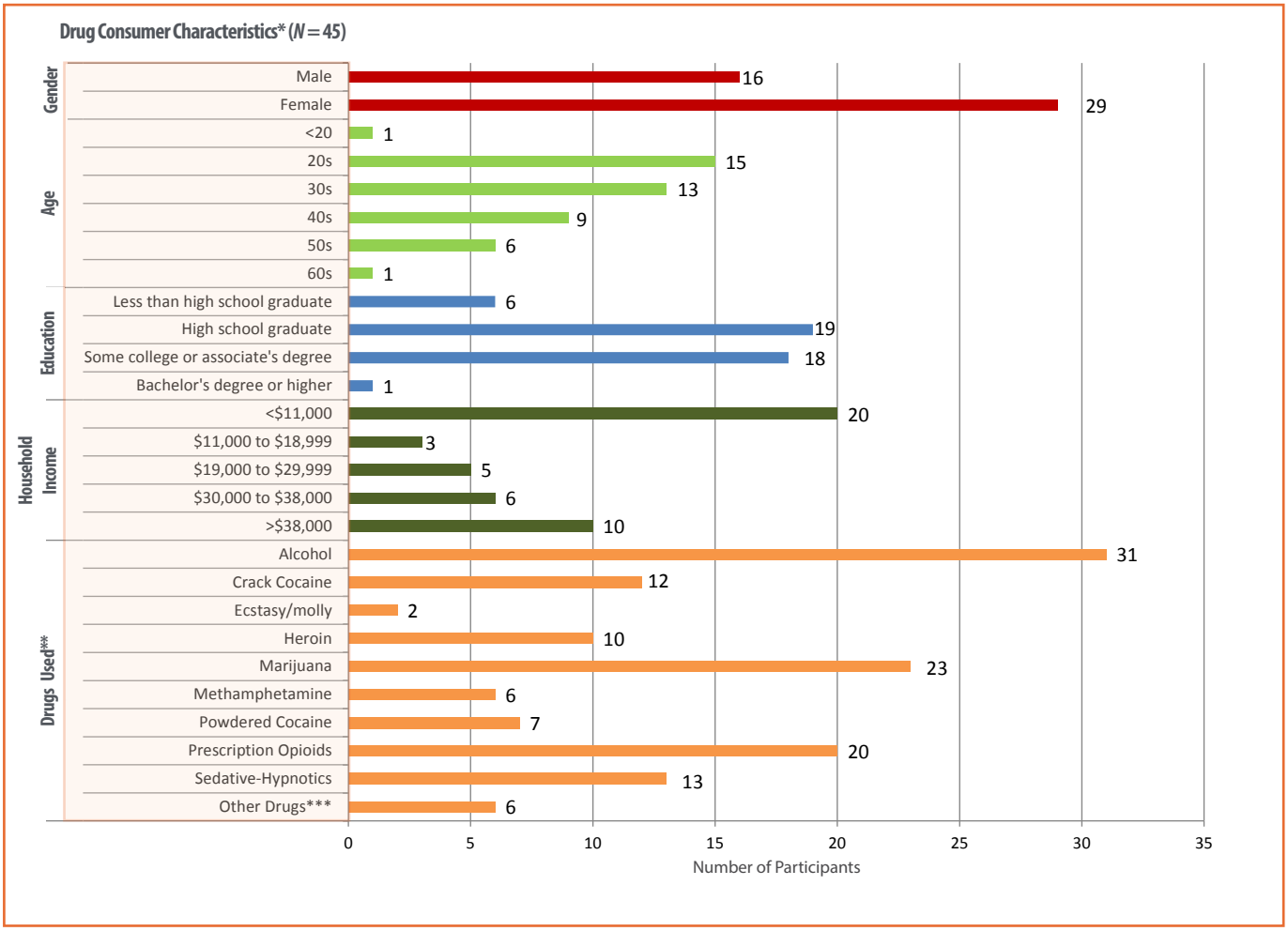
Beth E. Gersper, MPA
OSAM Coordinator

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%[2]
Median Household Income, 2013	$46,873	$46,559	$11,000 to $14,999[3]
Persons Below Poverty Level, 2013	16.2%	14.8%	52.3%[4]

[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. 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 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 socio-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], *(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 tend 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 (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 (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 is 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 needles 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 needles 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 needles 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 'brother or sister'* [African-American person] *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 to 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®	
	filmstrip	$20-30 for 8mg
	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.

Marijuana	Current Street Prices for 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 to 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.*" A law enforcement 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 the 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, 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. 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 (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	Decrease

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 in 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 its price 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 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 in 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.

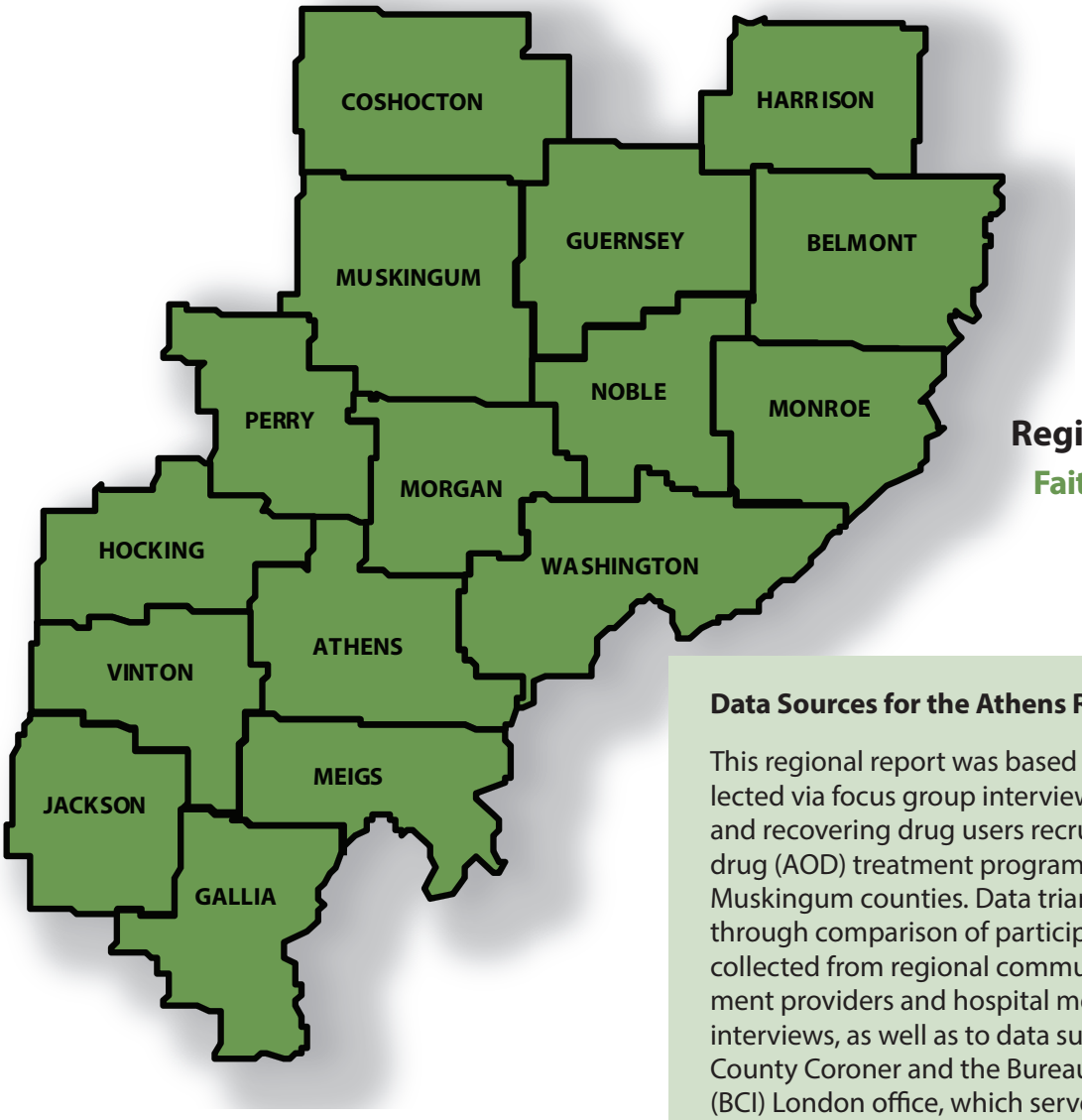
Participants and community professionals reported that the general availability of prescription opioids has decreased during the past six months. Participants provided various reasons for the decrease. Participants said legal

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.

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 (AOD) treatment programs in Athens, Belmont and Muskingum counties. Data triangulation was achieved through comparison of participant data to qualitative data collected from regional community professionals (treatment providers and hospital medical staff) via focus group interviews, as well as to data surveyed from the Athens County Coroner and the Bureau of Criminal Investigation (BCI) London office, which serves central and southern Ohio. All secondary data are summary data of cases processed from January through June 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.

OSAM Staff:

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

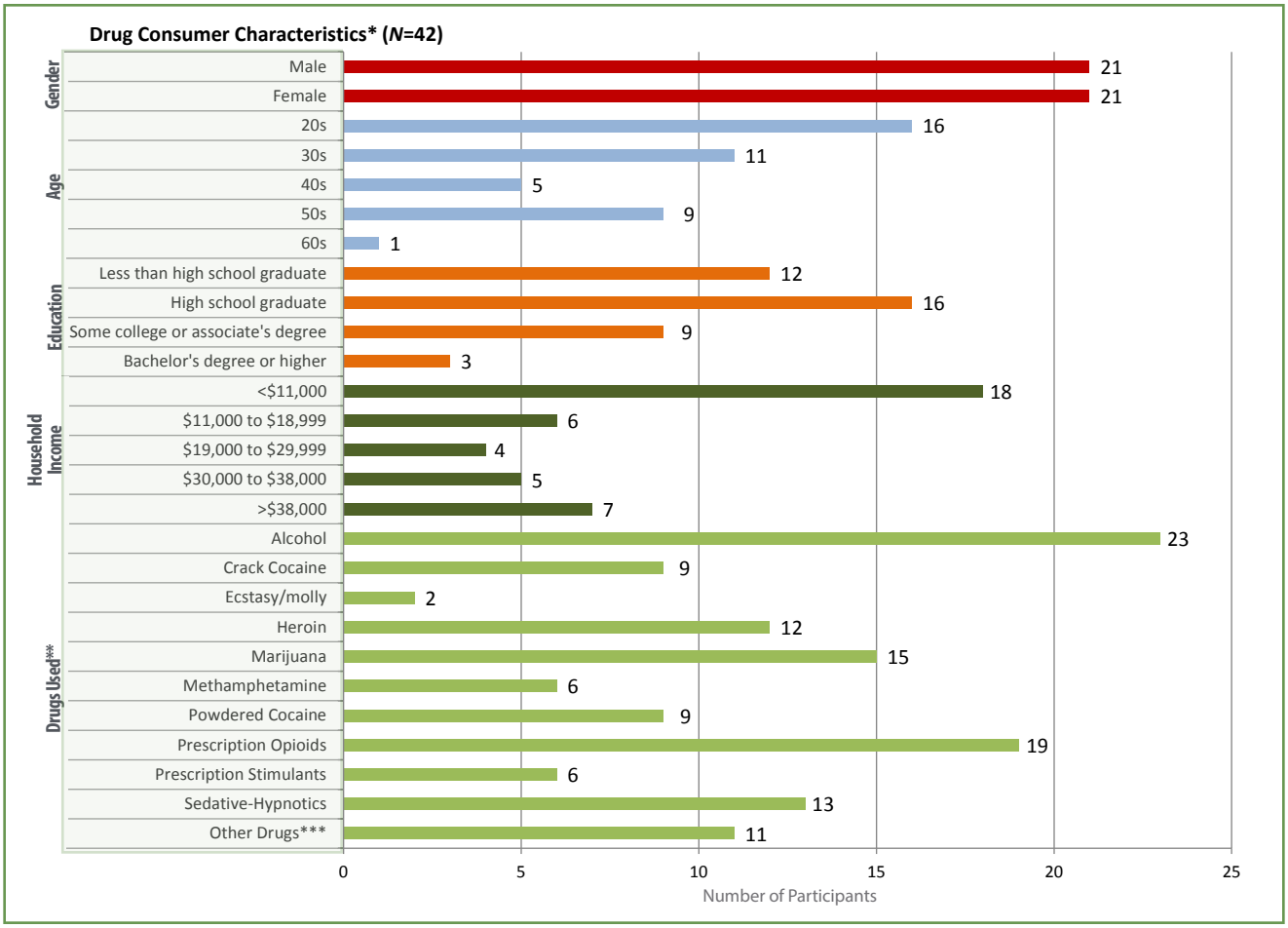
Beth E. Gersper, MPA
OSAM Coordinator

Regional Profile

Indicator[1]	Ohio	Athens Region	OSAM Drug Consumers
Total Population, 2010	11,536,504	587,004	42
Gender (female), 2010	51.2%	50.4%	50.0%
Whites, 2010	81.1%	94.7%	88.1%
African Americans, 2010	12.0%	2.1%	7.1%
Hispanic or Latino Origin, 2010	3.1%	0.8%	0.0%
High School Graduation Rate, 2010	84.3%	92.9%	70.0%
Median Household Income, 2013	$46,873	$38,955	$11,000 to $14, 999[2]
Persons Below Poverty Level, 2013	16.3%	19.8%	57.5%[3]

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

Athens Regional Participant Characteristics



*Not all participants completed forms completely; therefore, numbers may not equal 42.
**Some participants reported multiple drugs of use during the past six months.
***Other drugs: hallucinogens, molly (powdered MDMA) and Suboxone®.

Historical Summary

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

Participants reported that methamphetamine was available in powdered (aka "shake-and-bake") or crystal forms. Participants identified methamphetamine as the second most available drug in the region after heroin. Participants and community professionals reported an increase in methamphetamine availability. In addition, participants from Athens and Muskingum counties noted that crystal forms of the drug (aka "ice") had infiltrated the region during the previous six months. The BCI Athens Crime Lab reported that the number of methamphetamine cases it processes had increased during that same time period. Reportedly, a box of pseudoephedrine could be traded for 1/4 gram of powdered methamphetamine. Participants and community professionals had a difficult time describing typical methamphetamine users and reported them as adult males and females.

Participants most often reported street availability of Suboxone® as '10' (highly available). Participants and community professionals described typical illicit users of Suboxone® as opiate and heroin addicts who used the drug to prevent experiencing withdrawal symptoms. Reportedly, many individuals with Suboxone® prescriptions would use some of their medication and sell some to other users. The most common route of administration for illicit use of Suboxone® was snorting. Participants estimated that out of 10 illicit Suboxone® users, all 10 would snort the drug. Participants explained that this method of administration was performed by dissolving the tablet or strip in water and then snorting the liquid as one would a nasal spray.

Participants and community professionals identified Klonopin® and Xanax® as the most popular sedative-hypnotics in terms of widespread use. Community professionals reported that the availability of sedative-hypnotics had increased. Treatment providers said that doctors in the region commonly prescribed sedative-hypnotics to their clients along with Suboxone®. The BCI Athens Crime Lab reported that the number of sedative-hypnotic cases it processes had increased during the previous six months. Participants estimated out of 10 illicit sedative-hypnotic users, nine would snort and one would swallow these drugs. Community professionals described typical illicit users of these drugs as opiate addicts, aged 15-60 years and more often female than male. Treatment providers reported knowledge of heroin users who use heroin and other opiates along with sedative-hypnotics.

Finally, participants reported that the popularity of bath salts and synthetic marijuana had declined drastically. Participants had more knowledge of synthetic marijuana than bath salts and reported that synthetic marijuana was not a preferred substance as its quality was generally poor.

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.' One participant noted, "*I could have delivery* [of powdered cocaine] *in about 30 minutes.*" Another participant discussed that it would be more difficult to obtain and commented, "*Now if wanted it, I could call a certain person and get* [powdered cocaine]. *But I myself, just going out there* [on the street], *I couldn't get it, but if you go to like strip clubs and stuff you could find it up in here.*" Community professionals most often reported low availability of powdered cocaine and rated current availability as '3;' the previous most common scores were '1' and '6.' A medical professional commented, "[Availability and use of powdered cocaine] *comes down to the cost of it, I think it's really available, but can our clients really afford it?*"

Participants reported decreased availability of powdered cocaine during the past six months. Participant comments included: "*It ain't the '80s anymore; Nobody's getting powder (cocaine) anymore now-a-days.*" Other participants explained that availability may have changed for powdered cocaine due to an increase in the use of other substances and commented: "*Gone down since the opiate wave; Everybody has like transitioned, you know what I mean? There's still a market for* [powdered cocaine], *but I mean opiates are the thing.*"

Community professionals reported that the availability of powdered cocaine has remained the same during the past six months. A treatment provider commented, "*There is some that still use* [powdered cocaine], *but it's not like it was a year ago*." A hospital nurse explained, "*We're not seeing the cocaine as much as we once did, we are seeing more meth (methamphetamine) users instead*." The BCI London 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	Decrease
	Law enforcement	No change
	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 '5.' Participants reported that powdered cocaine in the region is cut (adulterated) with baking soda, inositol (dietary supplement), laxatives, MSM (horse joint supplement) and Similac®. Participants agreed that the quality of powdered cocaine varies greatly depending on the amount of adulterants used to 'cut' the substance. Participants commented: "*Depends on where you get it from; It depends on how bad the* [cocaine is that the] *person uses if he's cutting it*."

Overall, participants reported that the quality of powdered cocaine has decreased during the past six months. A participant commented on the change in quality: "[Powdered cocaine] *used to be pure, but you can't find that anymore*." While the majority of participants reported decreased quality, some participants agreed that the quality varies as one stated, "*I hear it goes up and down*."

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

Powdered Cocaine	Current Street Prices for Powdered Cocaine	
	1/2 gram	$40-50
	A gram	$80-100
	1/8 ounce (aka "eight ball")	$250

Reports of current street prices for powdered cocaine were consistent among participants with experience buying the drug.

Participants reported that the most common route of administration for powdered cocaine is intravenous injection (aka "shooting") and snorting. Participants estimated that out of 10 powdered cocaine users, seven would intravenously inject, two would snort and one would smoke the drug. A participant reflected on those who snort the drug and commented: "*There is not a lot of snorters out there anymore*." Another participant admitted, "*I would snort* [powdered cocaine], *but most would be shooting*."

A profile for a typical powdered cocaine user did not emerge from the data. Participants described powdered cocaine users as conspicuous consumers and often professionals, such as doctors and attorneys. Participants also mentioned strippers as common users. Several participants commented: "*It's the person you don't think it is; No particular race or age. It's just everybody does* [powdered cocaine] … *like every race, every age*." Likewise, community professionals described typical powdered cocaine users as: "*People in business suits; Students, people living off of their parents*." Treatment providers discussed that powdered cocaine is often thought of as a "*rich man's drug*," and explained that for the Athens region, that is "*not really our demographic*."

Crack Cocaine

Crack cocaine remains highly available in the region. Participants most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10.' A participant commented, "[Crack cocaine is] *everywhere*." Another participant added, "[Crack cocaine availability is] *right up there with heroin*." Community professionals most often reported current availability as '3;' the previous most common score was '7.' Community professionals suggested cocaine

users are switching to another stimulant, methamphetamine. A nurse said, "*I don't think* [crack cocaine] *is hard to get … it's just not their drug of choice.*" Another health professional added, "*I think meth (methamphetamine) has taken over.*"

Participants reported that the availability of crack cocaine has increased during the past six months. A participant commented, "*I come from the city, and when I first came here (Belmont County) I couldn't find* [crack cocaine] *so I was trying to cook it up and was always messin' shit up, but now it's everywhere.*" Other participants also commented: "*I have seen more crack than usual lately; It's everywhere.*" One participant noted that specific types of crack cocaine may be more difficult to find, "*Yeah, it's getting hard to find that 'butter' though. That's what they call the yellow* [colored crack], *that and 'yellow brick road'.*"

Community professionals reported that the availability of crack cocaine has remained the same during the past six months. Treatment providers shared that they are not seeing crack cocaine use in their clients who receive treatment, but that doesn't mean the drug is not available. A nurse explained, "[Change in availability of crack cocaine is] *tough to distinguish because you don't know how really available it is because there's not a lot of use of it. I would say the use of cocaine is* [low as] *compared to methamphetamine. It's easy for us to think that* [if] *methamphetamine is very available,* [crack] *cocaine can be just as available.*" The BCI London Crime Lab reported that the number of crack cocaine cases it processes has remained the same during the past six months.

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

Participants most often rated the current overall quality of crack cocaine as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '8.' Participants noted that quality: "*Depends on who you know; Depends on how they do* [it]. *If they cook* [crack cocaine] *right, it will take all of the cut out of it.*" A participant explained that yellow-colored crack is often considered to be higher in quality compared to crack cocaine that is more white in appearance, but added, "*… or it could just be something they put in* [crack cocaine] *to make it look like it's good.*" Participants reported that crack cocaine in the region is cut with similar adulterants as powdered cocaine. Participants reported that the quality of crack cocaine was variable during the past six months, as a participant emphasized, "*Depends on who you go to.*"

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

Reports of current street prices for crack cocaine were consistent among participants with experience buying the drug. Previous reports identified quantities as 1/10 gram for a "10-piece" and 2/10 gram for a "20-piece," but one participant explained, "[The actual amount] *doesn't matter, it's whatever* [the drug dealer] *gives you. The fiend never knows what he's getting.*" Others agreed that most dealers do not weigh out this drug, but that a 20-piece is the most common amount purchased throughout the Athens region. Another participant explained that crack cocaine is often sold solely on how much money the user has to spend: "*Whatever you want, like for instance I would just say I want a $60 rock (piece of crack cocaine).*"

Crack Cocaine	Current Street Prices for Crack Cocaine	
	"10-piece"	$10
	"20-piece"	$20
	A gram	$100

Participants reported that the most common routes of administration for crack cocaine are smoking and intravenous injection (aka "shooting"). Participants estimated that out of 10 crack cocaine users, eight would smoke while two would shoot the drug. Participants noted that Kool-Aid® and vinegar can be used to dissolve crack cocaine to get the drug into an injectable form.

Participants described typical crack cocaine users as "*tweakers*," and explained that they are poor, steal stuff and try to sell things to get money for their habit. Community professionals described typical crack cocaine users as

individuals who need to stay up all night and often work in prostitution. A treatment provider remarked, "[Crack cocaine] *is a prostitute's drug of choice.*"

Heroin

Heroin remains highly available in the region. Participants most often reported the current overall availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10.' A participant commented, "*Route 33 is called 'Heroin Highway'.*" That participant also disclosed being caught trafficking heroin from Columbus into the Athens region up to four trips and up to 12 grams of heroin per day. Community professionals most often reported the drug's current availability as '10.' A treatment provider commented, "*I have people that smoke weed (marijuana) every day and I'm telling you heroin is right up there with it.*" Another treatment provider reflected, "*Most of my clients, their issue is with heroin.*"

While many types of heroin are currently available in the region, participants and community professionals alike reported black tar and brown powdered heroin as most available. One participant commented, "[Black tar availability is] *higher than the level you can count.*" A treatment provider shared, "*I have heard them talk about the tar … the black tar I have heard* [is] *more common than the brown.*" A medical professional commented, "*There is a lot of the brown* [heroin] *around here and it's very prevalent and cheap, cheap, cheap.*" Participants also mentioned high availability of powdered heroin they call "blow back" and explained: "*blow back is usually the easiest to get a hold of; blow back is just like powder and if you just like blow on it … it will harden it up* [like tar heroin]." Availability ratings for white powdered heroin remained variable ('3,' '7' and '10'); the previous most common scores ranged '1-6.' However, Guernsey County participants reported high availability of white powdered heroin ('10').

Corroborating data also indicated the presence of heroin in the region. The Athens County Coroner reported that two of the five drug overdose deaths it processed during the past six months involved heroin and a third involved fentanyl (a noted cut or substitute for heroin).

Media outlets focused on local efforts to mitigate effects of the opiate epidemic throughout the region this reporting period. Several Athens County officials and treatment providers joined in state efforts at the Ohio Judicial Symposium on Opiate Addiction; discussion centered around the prescription opioid and heroin epidemic ravaging Ohio (www.athensnews.com, July 27, 2014). The growing need for drug treatment and recovery services, especially for the opiate epidemic, in the Athens region is becoming visible as the Genesis Behavioral Services building was opened to serve additional care to those in the Zanesville (Muskingum County) area; the new facility utilizes state of the art technology and will house 20 adults and 10 children/adolescents (www.zanevilletimesrecorder.com, July 9, 2014). A grant was also awarded to an Athens-based recovery center to assist heroin-addicted mothers reduce the number of babies being born addicted to heroin; this is one of four funded pilot programs and is expected to affect more than 90 births over the period of the grant (www.woub.org and www.athensohiotoday.com, Aug. 19, 2014; www.athensnews.com, Aug. 20, 2014). An Athens man was sentenced for heroin trafficking and possession of cocaine and methamphetamine (www.nbc4i.com, Jan. 16, 2015). The Vinton County Sheriff's Drug Task Force and Jackson County Major Crimes Unit arrested a Hamden (Vinton County) resident after executing search warrants and finding heroin, cocaine and marijuana; law enforcement reported that this man was part of a major heroin trafficking ring (www.wsaz.com, Jan. 21, 2015). In other news, a Glouster man (Athens County) was sentenced for trafficking heroin in exchange for sexual activity, thereby taking advantage of addicts (www.nbc4i.com, Jan. 28, 2015).

Participants reported the general availability of heroin has remained the same during the past six months. However, one participant commented, "*Most of the harder drugs you have to take a trip up to the city (Columbus). That's what most people do so they get more of a better price and it's less stomped on (adulterated with other substances), so it's purer.*" Community professionals also reported no change in general availability of heroin in Athens County, while professionals in Muskingum County reported an increase during the past six months. A medical professional commented, "[Heroin is] *everywhere.*" 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.

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

Participants most often rated the current quality of heroin as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '10.' Participants commented: "*'White china' (white powdered heroin) is supposed to be good, but I have junk;* [White heroin] *rocked my world.*" Another participants explained, *"They have this stuff called 'scramble,' too. It's like heroin and morphine mixed and you cut it down and it's like pure heroin. It takes off the edge. It's more like a city drug ... it's cheaper and will take off the edge if you can't get anything else." The BCI London Crime Lab reported that a lot of powdered heroin cases that come into the lab are a heroin-fentanyl mixture, sometimes even straight fentanyl.*

Participants most often reported moderate quality of black tar heroin ('4' or '6-7'); the previous most common score for black tar heroin was '4.' A participant remarked, "[Black tar heroin is] *not as good*." Participants reported that brown and white powdered heroin are cut with fentanyl, Dormin® (diphenhydramine, an antihistamine) and Xanax®. Participants reported that black tar heroin is cut with coffee, dark colas and marijuana resin. Participants suggested that the general quality of heroin has varied during the past six months, as one participant commented, "*It's fluctuated a little bit.*"

Heroin	Cutting Agents Reported by Crime Lab
	caffeine
	diphenhydramine (antihistamine)
	fentanyl
	mannitol (diuretic)
	quinine (antimalarial)
	triacetin (glycerin triacetate, a food additive)

Reports of current street prices for heroin were reported by participants with experience buying the drug. Although prices for heroin were consistent for small amounts (aka "bags," "balloons," "berries," and "stamps"), pricing was variable for larger amounts. Participants commonly reported obtaining heroin for less money by traveling out of the region to larger cities like Columbus. Community professionals commented on how inexpensive heroin is compared to other drugs, as a medical provider shared, "*People start out on pills (prescription opioids) a lot of times, but they end up on heroin because they can't afford pills … heroin is so cheap.*"

Heroin	Current Street Prices for Black Tar and Brown Powdered Heroin	
	1/10 gram	$20-25
	A gram	$140-300

While there were a few reported ways of using heroin, generally, the most common routes of administration remain snorting and intravenous injection (aka "shooting" or "banging"). Participants estimated that out of 10 heroin users, eight would shoot and two would snort the drug. Many participants noted that when they first began to abuse heroin they snorted the substance, but as their use continued they eventually switched to shooting. One participant shared, "*I was getting badass tar, that's when I started shootin' 'cause you can't snort it.*"

Reportedly, injection needles are primarily obtained throughout the region from heroin dealers, select pharmacies and medical supply stores. A participant from Athens County reported, "*I've heard of people going … and getting 22-gauge (veterinary) needles because it was Sunday and they couldn't get any other needles.*" Reportedly, needles obtained from a dealer or fellow heroin user tend to be more expensive than needles purchased from stores. Needles on the street sell for $1-5 each depending on the size and how desperate the user appears. According to several users, pharmacies or store-bought needles are typically $.60 each or bag of 100 for $13.86.

In addition, participants from across the region reported concern over the availability of clean, unused needles and sharing needles. Participants expressed: "[The needle] *gets dull and people try to sharpen them their selves …; I have seen people clean* [needles] *with bleach; There needs to be easier access to them … they need to just face that and make* [needles] *available.*" Disposal of used needles is another concern, as participants shared: "*I find* [needles] *in my yard all the time. People just throw them out their* [vehicle] *window; I took my kids to the park and* [needles] *were laying [sic] in the park;* [Needles] *just get tossed when* [users are] *done* [shooting their drug(s)]." Many participants suggested a

community needle exchange program to help address their needle concerns. One participant commented, "*Needle exchange. I mean, that would help people not get hepatitis and stuff.*"

A profile of a typical user of heroin did not emerge from the data. Participants remarked: *"Anyone,* [a heroin user] *could be a coworker, next door neighbor;* [Heroin addiction] *starts with pills (prescription opioids) … I went from pills to 'coke' (powdered cocaine) to crack to heroin.*" Community professionals also had difficulty in describing typical heroin users, but commented that most were prescription opioid users first: "*Somebody who previously used opioid pills; People who can't get the pain pills anymore. That's pretty typical,* [heroin users] *say 'I wanted pain pills, but I couldn't get them and heroin was cheaper.'*" A medical professional said there is no such thing as a typical heroin user anymore and that heroin addiction crosses many occupational and economical boundaries.

Prescription Opioids

Prescription opioids remain highly available in the region. Participants most often reported the current availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10.' One participant commented, "*It's easy* [to get opioids] *if you have a good doctor* [who will write a prescription]." Some participants noted that although prescription opioids are available, many users' drug of choice has switched to heroin: "*I don't waste my time* [with prescription opioids]*, I could eat like 15 of them; Opana®s - that's what led me to heroin. I started doin' 30s* [30 mg pills] *of Opana®s and then when … I was already spending so much on 30s - I was doing like five* [at a time] *- and then I was like, 'Well, heroin's cheaper … So … I graduated.*" Community professionals most often reported prescription opioid current availability as '10;' the previous most common score was '9-10.'

Participants and community professionals identified Dilaudid®, Percocet®, Roxicodone®, Ultram® and Vicodin® as the most popular prescription opioids in terms of widespread use. Participants commented: "*Dilaudid® is real popular right now; People are switching* [from Vicodin®] *to tramadol.*"

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A huge drug ring was brought down during the reporting period. Media covered the events as they unfolded, beginning with the discovery, arrest and sentencing of a former law enforcement agent in Athens County who had established a marijuana grow operation and was an integral part of a multi-state prescription drug ring (www.athensnewsnow.com, July13, 2014; www.nbc4i.com, Jan. 16, 2015). The story continued as several others were arrested and ended with the apprehension and arrest of a former Detroit police officer as the major kingpin of the operation; this drug ring brought millions of dollars' worth of prescription opioids into the Athens region (www.thepost.ohiou.edu, July 25, 2014; www.athensnews.com, July 30, 2014). The Athens County Sheriff's Office arrested a man during a traffic stop in which a K-9 deputy alerted to the vehicle; 48 prescription opioids, syringes and heroin were found in the vehicle (www.nbc4i.com, Aug. 12, 2014). Police arrested a substance abuse counselor who worked in Gallipolis (Gallia County) for selling over 2,000 morphine pills and 30 milligrams of liquid morphine to an undercover drug task force officer in Pomeroy (Meigs County); the investigation of the woman began after a tip that she offered to sell morphine to one of her clients (www.cleveland.com, Jan. 20, 2015).

Participants reported that the general availability of prescription opioids has decreased during the past six months. Participant comments included: "[Prescription opioids availability] *depends on who you know; They are pretty easy to get, but it's getting harder.*" A participant said doctors are not prescribing these drugs to patients as much anymore and commented, "*A lot of people are getting kicked off of them.*" Several participants explained: "*You know, they were used to getting pills* [prescribed from a doctor] *and whatever and if you don't get them anymore that's when a lot of people are going to heroin or even Suboxone® now; It's gotten a lot harder* [to get prescription opioids]*; I used to do 'perks' (Percocet®) … and then you couldn't find 'em, so I did heroin.*" A participant specifically mentioned that Vicodin® is "*getting harder to get.*" However, several participants suggested that tramadol (a non-narcotic pain reliever, generic form of Ultram®) is becoming more available due to an increase in doctors prescribing this particular drug as opposed to other opioids.

Community professionals reported that the availability of prescription opioids has remained the same during the past six months. A treatment provider commented on an increase in use of tramadol in the region: "*Tramadol, we're hearing more people talk about that.*" A medical profession-

al added, "*The doctors are making it pretty easy* [to get tramadol]. *Some of the doctors think it's okay and that it's not going to hurt them and it's not addictive.*" The BCI London Crime Lab reported that the number of prescription opioid cases it processes has generally increased during the past six months, with the exception of decreased numbers for Dilaudid®, morphine and Vicodin®.

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

Reportedly, many different types of prescription opioids (aka "candy" or "tic-tacs") are currently sold on the region's streets. Reports of current street prices for prescription opioids were consistent among participants with experience buying these drugs.

Prescription Opioids	Current Street Prices for Prescription Opioids
Dilaudid®	$5 for 2 mg $30-60 for 8 mg
Percocet®	$6-7 for 5 mg $12 for 10 mg
Roxicodone®	$20 for 15 mg $40 for 30 mg
tramadol/Ultram®	$7 for 5 mg $10 for 7 mg
Vicodin®	$3-5 for 5 mg

In addition to obtaining prescription opioids on the street from dealers, participants also reported getting them from people who have a prescription (often family or friends) or via Internet purchase. Participants commented: "*Have to have a prescription, or know someone who does; You can get* [prescription opioids] *from overseas.*" One participant disclosed, "*I was on the pain pills because my mom had them prescribed and they were there for free. She got the 15s (15 mg Roxicodone®) … I was on the 15s and then I went to the 30s (30 mg Roxicodone®).*"

While there were a few reported ways of consuming prescription opioids, generally the most common routes of administration are snorting and smoking off of foil. One participant explained, "*When you smoke it, you're only getting 18% of that pill. When you snort them, you get roughly 87-90%. When you eat them, that's obviously the best way other than to shoot (intravenously inject) them.*"

A profile of a typical illicit user of prescription opioids did not emerge from the data. Participants and community professionals described users as everybody. A participant remarked, "*Same as a heroin users.*" A provider added, "*Everybody is vulnerable.*"

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.' Participants commented: "*Suboxone® is everywhere;* [Suboxone® is the] *most accessible* [of all prescription opioids] *because all you need is an addiction.*" A participant further explained, "*There's a lot of abuse involved. Not so much in using it, but in selling it. To me that's where the abuse sets in … it's not so much using* [Suboxone®], *but selling it for the money to get your drug of choice … just keep a few back for when you run out* [of your drug of choice]."

Likewise, community professionals most often reported the current street availability of Suboxone® as '10;' the previous most common score was also '10.' A treatment provider reported, "*Suboxone® is available everywhere and I know it's prescribed, but it's on the streets more than anything.*" Another treatment provider agreed, "*It's been easy to get Suboxone®.*"

Participants reported that the availability of Suboxone® has increased during the past six months. A participant reasoned, "*'Cause a lot of people are getting* [Suboxone® prescribed] *now.*" Community professionals reported no change in availability during the past six months. A treatment provider clarified, "*I am not saying* [Suboxone® is] *not easy to get, I am saying it's been that way for the last six months to year or so.*" Community professionals suggested that Subutex® may be more challenging to obtain than Suboxone®. Participants agreed and explained: "[Subutex®] *is not that easy to get because they don't want to come off of it* [and do not sell their prescription]; *There is certain criteria for the Subutex® and*

most insurance companies won't pay for it unless you're pregnant." The BCI London Crime Lab reported that the number of Suboxone® cases it processes has increased during the past six months.

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

Reports of current street prices for Suboxone® were consistent among participants with experience buying the drug. A participant noted that the demand for Suboxone® may inflate the price and commented, "*I've seen* [Suboxone®] *go for as much as $50 a strip. If someone is sick and they can't get dope, they'll pay it.*"

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

In addition to obtaining Suboxone® on the street from dealers and people selling their prescriptions, participants also reported getting it prescribed by doctors. However, participants reported that the most common way to obtain Suboxone® is from individuals who sell their prescription. One participant explained, "*People are selling their scripts (prescriptions) for Suboxone® to go buy heroin*." Participants also noted that it was easy to obtain a prescription for Suboxone®, but several participants added that it is difficult to get an appointment with a doctor due to waiting lists and the cost of treatment. A participant explained that users will often buy Suboxone® off the street, and stated, "*That's what I had to do … before I got in* [a treatment facility] *and I got in really quick because I was pregnant …*." Other participants noted a Suboxone® cash clinic in the area, as one participant shared, "*$250 a month and you got to take cash in*."

While there were a few reported ways of consuming Suboxone®, generally the most common routes of administration for illicit use are snorting and intravenous injection (aka "shooting"). However, participants explained that most illicit Suboxone® users would snort the drug. Participants explained that Suboxone® is snorted similar to a nasal spray; users dissolve the pill or strip in water and snort the liquid. Participants also shared that the method of administration depends upon how the user administers other drugs, particularly their drug of choice. A participant commented, "*I know people who will shoot anything, even an Ultram®*." Some participants shared that Suboxone® is often used as directed, sublingually, and commented: "*Strips - just put 'em on your tongue; Just let it absorb*."

Participants described typical illicit Suboxone® users as: "*Anyone who is an* [opiate] *addict; Someone who is trying to get better*." A participant explained, "*If I'm doing Suboxone®, it's because I'm already dope sick*." Community professionals could not offer a profile of a typical illicit user.

Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain highly available in the region. Participants most often reported the current availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '9.' A participant noted, "[Availability of sedative-hypnotics] *depends on who you know and how often you go to the doctor*." Community professionals most often reported current availability as '10;' the previous most common score was also '10.' A treatment provider reported, "[Sedative-hypnotics] *are pretty easy to get*."

Participants and community professionals identified Ativan®, Klonopin® and Xanax® as the most popular sedative-hypnotics in terms of widespread use. A participant shared, "*It seems like most people, even me, if you want 'benzos' (benzodiazepines), you want Xanax®*." A treatment provider noted, "*All my clients were on* [Ativan®] *when they came in*."

Corroborating data also indicated illicit sedative-hypnotics use in the region. The Athens County Coroner reported that two of the five drug overdose deaths it processed over the past six months involved Xanax® combined with other substances.

Participants reported an increase in general availability of sedative-hypnotics during the past six months. However, several participants suggested a decrease in more popular sedative-hypnotics: "*Overall I think it's getting harder* [to find Xanax®]. [Doctors] *seem more reluctant to prescribe Xanax® or Valium® or Klonopin® because of the abuse; I feel like* [availability of Xanax® has] *gone down, but I don't really do them any-*

more, you know. People graduate from one drug to another. [Xanax® is] *still available though.*"

Community professionals reported the availability of sedative-hypnotics has remained the same during the past six months. A treatment provider remarked, "*It's always been easy* [to obtain sedative-hypnotics]." However, a social work intern commented, "*I think for younger people on campus* [availability of sedative-hypnotics has] *gone up for sure because I never used to hear about it.*" The BCI London Crime Lab reported that the number of sedative-hypnotic cases it processes has generally remained the same during the past six months; however, the following exceptions were noted: increased cases for Valium® and Xanax® and decreased cases for Ambien® and Ativan®.

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

Reportedly, many different types of sedative-hypnotics (aka "*slow jams*," "*sleep walkers*" and "*Zs*") are currently sold on the region's streets. Reports of current street prices for sedative-hypnotics were variable among participants with experience buying the drugs.

Sedative-Hypnotics	Current Street Prices for Sedative-Hypnotics	
	Klonopin®	$0.50-1 for 1 mg $2-3 for 10 mg
	Xanax®	$0.50-2 for 0.5 mg $4-5 for 1 mg $8-10 for 2 mg

In addition to obtaining sedative-hypnotics on the street from dealers, participants also reported getting them from family members or prescribed by doctors. A Participant stated "*I get them for free because my mom has a whole script.*" Treatment providers discussed how some doctors in the region are known to prescribe sedative-hypnotics and that users know exactly who and where to go to get a prescription.

While there were a few reported ways of consuming sedative-hypnotics, generally the most common route of administration for illicit use is snorting (aka "bumps"). A community professional noted, "[I] *hear people (clients in treatment for substance abuse) talk about doing bumps of 'k-pins' (Klonopin®).*"

A profile for a typical illicit user of sedative-hypnotics did not emerge from the data. Participants described typical illicit users of sedative-hypnotics as anyone. A participant commented, "*People you would think use drugs … use benzos.*" Likewise, community professionals reported typical illicit users of sedative-hypnotics as everyone. A treatment provider from Athens County said clients often think, "*Well the doctors are giving it to them, so it's ok.*" An intern at a behavioral health agency described illicit use of sedative-hypnotics with college students and commented, "*On campus I have seen* [illicit use of sedative-hypnotics] *go up so much … So many students are doing* [Xanax®] *now.*"

Marijuana

Marijuana remains highly available in the region. Participants most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10.' A participant commented, "*Yeah,* [marijuana is] *the easiest thing you can get.*"

Community professionals continued to rate current availability of marijuana as '10;' the previous most common score was also '10.' A treatment provider commented, "You can always get [marijuana]." Another professional shared, "*You can smell* [marijuana when you're] *walking down the streets.*" Treatment providers shared their client's perspectives when asked about marijuana use: "*You would be surprised at the people who say 'no drug use'* [upon intake], *but then say, 'Yeah, I smoke marijuana;' They don't think marijuana is a drug; I'll do an assessment and I'll ask about marijuana and they will say 'Well yeah,* [I use marijuana] *everyday, but I'm not here for marijuana.' I think they actually believe it's acceptable and it's getting more and more that way.*"

Media outlets reported on law enforcement seizures in the region this reporting period. The high availability of marijuana is evidenced in the number of marijuana plants that have been confiscated in the region; by August 14, 2014 Athens and Meigs counties led the state with over 2,500 plants seized (www.athensnews.com, Aug. 20, 2014). A speeding violation in Clermont County (Cincinnati OSAM region) led to the arrest of a major marijuana dealer from

Gallia County when an Ohio State Highway Patrol (OSHP) K-9 officer alerted to the vehicle and 651 pounds of marijuana were discovered (www.wsaz.com, Jan. 30, 2015).

Participants reported that the availability of marijuana has increased during the past six months. A participant remarked, "[Marijuana is] *everywhere, especially this time of the year, harvest was just a month or two ago*." Community professionals reported that availability of marijuana has remained the same during the past six months, but indicated a slight increase around the time of the interview because of "*harvest season*." In addition, community professionals noted an increase in marijuana extracts and concentrates (aka "dabs"), often in the form of an oil or wax, which are becoming more prevalent in the region. A treatment provider specifically spoke about dabs and explained, "*'Dabs' are around here. I have heard of people talking about that. Dabs are … you take butane to separate the THC (tetrahydrocannabinol) from the marijuana and it's like a dangerous thing to do, but it turns* [the THC] *like an almost liquid form … or a sticky paste form and they use that in the e-cigarettes. It's pure THC, so it's real strong … it was actually adolescents that told me about it.*" 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

Participant 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.' Several participants explained that the quality of marijuana depends on whether the user buys "commercial weed" (low- to mid-grade marijuana) or hydroponically grown (high-grade marijuana). Participants explained: "*There's different grades (qualities of marijuana), but it's all good; Yeah, it just depends on what you want to spend; Mids (mid-grade marijuana) are over. People want quality - even for beginner smokers.*"

Reports of current street prices for marijuana were provided by participants with experience buying the drug. Participants said the price of marijuana depends on the quality and quantity desired. Participants reported lower prices for higher quantities purchased and added the higher the quality, the higher the price. A medical professional commented, "*You would think with all the marijuana busts that they have had, because they are confiscating so much it, that the prices would be outrageous ….*" Participants were unable to provide pricing for dabs.

Marijuana	Current Street Prices for Marijuana	
	Low grade:	
	A blunt (cigar) or two joints (cigarettes)	$5
	A gram	$10
	1/8 ounce	$25-30
	1/4 ounce	$60
	An ounce	$100-150
	High grade:	
	A blunt (cigar) or two joints (cigarettes)	$10
	A gram	$20
	1/8 ounce	$50
	1/4 ounce	$100
	An ounce	$350

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 would smoke the substance. Although participants did discuss an increase of vaporizing marijuana, few had personal experience with that method of use. One participant commented, "*I hear about* [vaporizing marijuana], *but I don't see it*."

A typical profile of a marijuana user did not emerge from the data. Participants described typical users of marijuana as everyone. Community professionals described typical users of marijuana also as everyone from adolescents to older adults. A treatment provider remarked, "*Every one of our clients* [is a typical marijuana user] *really*." A social work

intern responded, "*This is a college town and I haven't been to a party where there isn't weed (marijuana)*."

Methamphetamine

Methamphetamine remains highly available in the region. Participants most often reported the current availability of the drug as '9' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10.' Reportedly, methamphetamine is most available in powdered (aka "shake-and-bake") form; crystal form is moderately ('7-8') available. A participant reported, "[Crystal methamphetamine is] *coming through the pipeline (workers coming into the region, installing natural gas pipeline)*."

Community professionals most often reported current availability of methamphetamine as '10;' the previous most common score was '8.' Treatment providers commented: "*Meth (methamphetamine) is the drug of choice right now; I live in Hocking County and it seems like every day there is a meth lab busted*." Another treatment provider added, "*Shake-and-bake (powdered methamphetamine) is what's prevalent. Yeah, it's everywhere*."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Six people were charged in Meigs County in connection to meth labs discovered by the county sheriff's office in Rutland Township (www.athensohiotoday.com, Aug. 1, 2014). A woman was arrested in Crooksville, when Perry County Sheriff's deputies responded to numerous complaints regarding drug activity at the residence; methamphetamine was found on the premises (www.nbc4i.com, Aug. 20, 2014). Hocking County Sheriff's Office arrested two individuals after following up on an anonymous tip regarding a home in Laurelville; a methamphetamine lab was discovered in a garage (www.nbc4i.com, Aug 21, 2014). Athens County Sheriff's deputies were called to a carry-out where they found a woman passed out in her vehicle; the woman was taken to the hospital and deputies found a small amount of methamphetamine in her car (www.nbc4i.com, Jan. 6, 2015). Two women were arrested in Buchtel (Athens County) for manufacturing methamphetamine, as well as possession of the drug; the charges were elevated because the residence was within 1,000 feet of a school (www.athensnews.com, Jan. 7, 2015). Executing an arrest warrant, Meigs County deputies and Gallia-Meigs Major Crimes Task Force agents went to apprehend a man and discovered 30 methamphetamine labs on the property (www.wsaz.com, Jan. 24, 2015).

Participants reported that the availability of methamphetamine has increased during the past six months. Participants specifically commented about the increasing production of "one-pot" or "shake-and-bake," 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), individuals can produce the drug in approximately 30 minutes in nearly any location by mixing ingredients in small containers. One participant reported "*You can just walk around certain areas and just smell* [methamphetamine production]." Another participant commented "*Everybody is making* [methamphetamine]."

Community professionals also reported an increase in methamphetamine availability during the past six months. A medical professional, referring to bottles used in one-pot labs, commented, "*Anymore you see a bottle* [lying around] - *I am not about to touch it. Those things can explode literally*." 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 and off-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.' One participant noted differences in quality between the two forms of methamphetamine and commented, "*You can get some good 'shake-and-bake'*

(powdered methamphetamine), but it's nothing compared to some 'ice' (crystal methamphetamine)." Another participant shared, "*It depends on who's making* [the methamphetamine] …." Overall, participants reported that the quality of methamphetamine has increased during the past six months. A participant explained, "*People are learning new methods and refining the process (of methamphetamine production)."*

Reports of current street prices for methamphetamine were variable among participants with experience buying the drug. Several participants discussed alternative methods of obtaining the drug and often mentioned trading a box of Sudafed® in exchange for 1/4 gram of powdered methamphetamine.

Methamphetamine	Current Street Prices for Methamphetamine	
	Powdered (aka "shake-and-bake" or "one-pot")	$10 for 1/10 gram $100-120 for a gram

While there were a few reported ways of consuming methamphetamine, generally the most common routes of administration are smoking and intravenous inject (aka "shooting"). Participants estimated that out of 10 methamphetamine users, seven would smoke and three would shoot the drug. One participant remarked, "*Most* [methamphetamine users] *do both* [smoke and shoot the drug]." A participant from Athens County went into further detail "*Everybody I know always smoked* [methamphetamine], *but a few of us shot it."* Community professionals reported an increase in intravenous injection of methamphetamine and commented: "*I have seen more people who are shooting up meth; I learned a lot more people are getting into shooting meth up and in rural areas. I mean that's where it's made and … I have even seen … remnants of it."*

A profile of a typical methamphetamine user did not emerge from the data. However, community professionals described typical methamphetamine users as coming from more rural areas. Participants and community professionals gave examples of physical characteristics to describe methamphetamine users. Community professionals commented: "*Weight loss, and then they gain 40 pounds once they're off it; They come in looking like the walking dead and by the end of our program they're nice and plump; Teeth problems … the nurses have to review health history and we review dental history and* [identify methamphetamine use]."

Prescription Stimulants

Prescription stimulants are highly available in the region. Participants most often reported current availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '2-3.' However, participants commented on the low availability of Ritalin®: "*You don't hear of Ritalin® a whole lot; I think they made a new drug to replace Ritalin®."* Community professionals most often reported current availability as '10;' the previous most common score was also '10.' A medical professional reflected, "*I don't think* [Ritalin® is] *as popular. Adderall® and Vyvanse® is typically what's prescribed, so that helps with availability*." Participants and community professionals identified Adderall® and Vyvanse® as the most popular prescription stimulants in terms of widespread use.

Participants reported that the general availability of prescription stimulants has remained the same during the past six months, although a few participants suggested availability varies by location. Community professionals also reported that availability has remained the same during the past six months. A medical professional noted that while prescription stimulants are highly available, other stimulants are more commonly abused in the region: "*I think that meth outrides all of it because it gives them all the energy they want."* An intern at a substance abuse treatment facility and college student in the region suggested "*I think those types of drugs … have like a cycle of how often people use it on campus at least, it's more midterms and finals …."* 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 consistent among participants with experience buying the drugs. Participants reported that Vyvanse® pricing is similar to Adderall®, but did not provide specific pricing for this particular stimulant.

Prescription Stimulants	Current Street Prices for Prescription Stimulants	
	Adderall®	$3-5 for 5 mg $4-5 for 15 mg $6-7 for 30 mg

In addition to obtaining prescription stimulants on the street from dealers, participants also reported getting them from someone they know who has a prescription. Community professionals reported that parents of children who are prescribed prescription stimulants commonly take the pills from their children, and one professional speculated, "*Doctors are going to have to start registering* [prescription stimulants] *because of the parents taking it from the kids*."

While there were a few reported ways of consuming prescription stimulants, generally the most common route of administration for illicit use is snorting. Participants explained: "Y*ou crush the beads* [inside the capsules]*; You have to chase* [the beads] *all over the table for about five minutes because they are rolling everywhere* [and then you] *snort them*." Participants had difficulty describing typical illicit users of prescription stimulants and a participant reported, "*It could be anybody*." Community professionals described typical illicit users as parents of children who are prescribed the drug, as well as college students who abuse it for "*performance enhancement*."

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 '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 not reported due to limited encounters with the drug. Most participants discussed availability of synthetic marijuana while simultaneously indicating a decrease in the availability of the drug. Participants commented: "[Synthetic marijuana] *came out and everyone was trying it, but it's died down; Not very many people smoke* [synthetic marijuana] *around here; Some people still do it though*." Participants spoke of synthetic marijuana as a previous drug they might have tried, which ended in a negative experience for most, as they reported: "[Synthetic marijuana] *gives you a headache from hell; I thought I was going to die;* [Synthetic marijuana is] *terrible; It scared me*."

Community professionals most often reported the drug's current availability as '1;' the previous most common scores were '10' for treatment providers and '6' for law enforcement. Community professionals commented: "*I mean I know* [synthetic marijuana is] *available, but we don't hear about it; Not so much anymore, we used to have it a lot* [in clients]; [Synthetic marijuana availability] *would be low, but I just had somebody last week and the week before - she jumped through a window because she smoked K2*." A treatment provider reported, "*I hear about* [synthetic marijuana use] *over there (inpatient services), more than I do here (outpatient services)*." Another treatment provider similarly reflected, "*On the inpatient side I do hear of people using K2 (synthetic marijuana)*."

Participants reported that the availability of synthetic marijuana has decreased during the past six months. A participant reported, "[Synthetic marijuana is] *harder to get now, but I know people making it in their house now*." Community professionals reported that the availability of synthetic marijuana has remained the same during the past six months. A treatment provider reported, "*They actually have a new synthetic marijuana, and it's all liquid form … and people are using those e-cigs and put the juice in them and they are using them*." 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 participants with experience buying the drug. Participants reported that synthetic marijuana sells for $25 (5 gram bag). Despite legislation enacted in October 2011, synthetic marijuana continues to be available on the street from dealers as well as from the Internet and tobacco stores. A participant added, "*You can still get* [synthetic marijuana] *at some head shops*."

Participants described typical synthetic marijuana users as "*pot heads*" and younger people. Community professionals described typical users as marijuana smokers and those who are still young and experimenting with drugs. Several community professionals commented: "[Synthetic marijuana users are] *younger people; Younger people who don't realize that it's worse* [than actual marijuana]*; People in high school.*"

Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) current availability remains variable in the region, depending on the form of the drug. Participants most often reported the current availability of ecstasy (pressed tablet form) 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 '4.' One participant replied, "*Haven't seen* [ecstasy] *in a long time*," while other participants reported: "*Everybody is doing* [ecstasy] *in Steubenville (Jefferson County); I could get it from my dealer.*" Participants most often reported the current availability of "molly" (often considered the "pure," powdered form of MDMA) as '10;' the previous most common score was also '10.' Participants commented on the ease of access to molly: "*I know several people who deal with molly; Molly is pretty fairly easy to get, too; I can get molly.*"

Community professionals were unable to report ecstasy's current availability, but the previous most common score was '8;' however, they most often reported the current availability of molly as '3.' Treatment providers commented: "*I'm sure they can get* [molly]*; Molly is huge; It's huge on campus.*" Another professional reasoned the popularity of the drug is reflected in and encouraged by pop culture: "[Molly is mentioned] *in every rap song, so that ought to tell you something.*"

Participants reported that the availability of both ecstasy and molly has decreased during the past six months. One participant explained, "[The availability is] *going down. The* [ecstasy] *pills are getting more scarce and the 'shards' (molly) have things being passed off as them. There's a worldwide shortage of MDMA. So now people are passing off bath salts or whatever* [for molly]." A Belmont County participant disagreed with others' reports of decreased availability and reasoned, "*We are so close to Pittsburgh (Pennsylvania), it's just so easy to get anything they have.*" Community professionals reported that availability of molly has remained the same during the past six months. However, a treatment provider commented, "[Molly] *used to be more popular….*" The BCI London Crime Lab reported that the number of ecstasy cases it processes has decreased during the past six months.

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

Participants and community professionals mentioned that molly is often cut with other substances. A participant shared, "*I would say it's just as much bath salts as it is molly.*" A treatment provided remarked, "*… but now they are cutting* [molly] *with more things like meth so … a lot of people on campus are worrying.*"

Reports of current street prices for ecstasy were consistent among participants with experience buying the drug. Participants reported an ecstasy tablet sells for $20-25 unless you buy more than one tablet at a time. Reports of current street prices for molly were varied among participants with experience buying the drug. Several participants with experience using molly had difficulty reporting prices because the drug is often given away, as one participant explained, "*I always get mine free.*" Reportedly, molly sells $10 for 1/10 gram and $125 for a gram.

While there were a few reported ways of consuming ecstasy and molly, generally the most common route of administration remains oral consumption. Participants estimated that out of 10 ecstasy users, nine would orally consume and one would anally administer the drug. As participants explained the ecstasy tablets were typically swallowed like a pill, molly can be taken in a capsule, sublingually or parachuted. Participants explained: "*Parachute it. You put* [molly powder in] *a little piece of toilet paper and swallow it; People put* [molly] *in capsules too, fill up a capsule that way you don't have to eat toilet people; I put* [molly] *under my tongue.*"

Participants described typical ecstasy users as dealers, those who like to have fun and often attend clubs or raves (dance parties), as well as "*preppy, nerdy looking college kids.*" A participant remarked, "*It's a college thing.*" A treatment provider described typical molly users as, "*adoles-*

cents so far, but some adults do talk about it." A healthcare worker similarly reported, "*We hear a little about* [molly] *from the kids*."

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 (DMT [dimethyltryptamine], LSD [lysergic acid diethylamide] and psilocybin mushrooms), inhalants, Seroquel® and over-the-counter (OTC) medication.

Bath Salts

Bath salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues) remain available in the region. Participants were not able to rate the current availability of bath salts this cycle or the past cycle due to lack of personal experience with the drug; however, they continued to report that the substance is still available in the region, especially via Internet purchase. Community professionals were also unable to rate the current availability of bath salts, but the previous most common scores for treatment providers was '7-8,' while probation officers rated previous availability as '1' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Community professionals reported few encounters with clients who abuse bath salts. One treatment provider reflected, "*I heard of two people do* [bath salts]*, but … I don't think it's that common*." Community professionals reported that the availability of bath salts has decreased during the past six months. A treatment provider commented, "*I think it's going down*." A healthcare worker reported, "*About a year ago it was really big, but not now*." The BCI London Crime Lab reported that the number of bath salts cases it processes has decreased during the past six months.

Hallucinogens

Hallucinogens are highly available in the region, although DMT is reportedly rare in the region. Participant comments included: "*Very rare; Hard to get, all the time.*" However, a participant with experience purchasing the drug reported that DMT sells for $150-175 a gram.

Participants reported high availability of LSD (aka "acid") and most often rated 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 '5.' Participant comments included: "*I know a lot of people who have* [LSD]*; Acid's pretty easy to get*." Participants shared that hallucinogens are most available at music festivals. Community professionals did not report current availability of LSD; the previous most common score was '7-8.' Referring to the overall availability of hallucinogens, a treatment provider noted "[LSD is] *really common on campus*." Participants and community professionals indicated that the availability of LSD has remained the same during the past six months. Current prices for LSD were consistent among participants with experience buying the drug: one hit/dose sells for $10, one sheet (approximately 100 doses) sells for $200-300. The BCI London Crime Lab reported that the number of LSD cases it processes has increased during the past six months.

Participants reported high availability of psilocybin mushrooms (aka "shrooms") and most often reported current availability as '8;' the previous most common score was '5-10.' However, it seems availability varies throughout the region as a majority of those with experience using this drug agreed, "*Mushrooms are really easy to get*," several other participants commented: "*Unless you grow them,* [psilocybin mushrooms are] *not available; You have to go out of town to get that;* [Psilocybin mushrooms are] *hard for me to find*." Community professionals did not report on current availability of psilocybin mushroom; the previous most common score was '3-4' or '7-8' (bimodal). A treatment provider clarified, "[Psilocybin mushrooms] *are around, but people aren't seeking treatment for it*."

Participants and community professionals indicated no change in availability of psilocybin mushrooms during the past six months. Participant comments included: "[Availability of psilocybin mushrooms] *really just depends on who you know; You got to find one of them hippie looking people*." The BCI London Crime Lab reported that the number of psilocybin mushroom cases it processes has decreased during the past six months. Reports of current street prices for psilocybin mushrooms were consistent among participants with experience buying the drug: a single cap (top of a mushroom) sells for $5; 1/8 ounce sells for $25; 1/4 ounce sells for $50 and an ounce sells for $125. Oral consumption remains the most common route of administration for both LSD and psilocybin mushrooms,

while smoking and intravenous injection are most common for DMT. Participants shared: "*Put* [psilocybin mushrooms] *on sandwiches and stuff; On pizza; make 'shroom tea*."

Participants continued to describe typical hallucinogen users as hippies and those who use a lot of marijuana. Participants explained: "*You can tell when someone is burnt out on* [hallucinogens]*; Not old school, but hippie kind o' people and stuff like that.* [People] *that go to raves (dance parties) and things of that nature; Metal people (who like heavy metal music)*."

Inhalants

Inhalants, such as nitrous oxide, are reportedly most available at music festivals or adult book stores throughout the region. A participant reported that although he has access to nitrous oxide, it is not generally available in the Athens region. The participant commented, "*I am a big nitrous oxide fan. I will mix that with anything.*" This participant further stated, "*It's hard to get medical-grade nitrous, but you can get industrial grade. I have a catering license, so I can just go get them (commercial-grade nitrous canisters). I will go and take them to festivals and just bury them* [in the ground to hide from authorities]." A community professional explained: "*We don't see a whole lot of* [inhalant use] *here. I haven't had one client. I mean, I'm sure there is some that have tried* [inhalants]*, but it's* [not] *something they are seeking treatment for.*" Other professionals added that users might use inhalants when they, "*Can't get anything else*" or "*At the end of the month, maybe when there is no money*."

Seroquel®

Community professionals reported current street availability of Seroquel® (psychiatric drug) as high, most often rating current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). A treatment provider shared, "*Seroquel® is the rehab drug of choice*." Participants reported higher availability of Seroquel® in jails. One participant divulged, "*In prison or whatever, I would mix tramadol and Seroquel® and then juice. Take a little bit of Kool-Aid® or whatever and then shake it up real good - and you have to drink the whole thing and it's really gross, but it gives you a buzz and then you just sleep for days*." Participants explained that these concoctions are called "foxies." Outside jail settings, Seroquel® is often used with heroin to enhance the high.

OTCs

Over-the-counter medications are highly available in the region, as treatment providers commented: "*I mean it's been available because you can get* [these medications] *at the store; You can buy it right off of the shelf*." However, OCT medication is reportedly not a popular choice for drug users. Only two treatment providers reported having had clients during past six months who sought treatment for OCT abuse such as cough syrups. A participant commented, "*It's a high school thing*." Community professionals described typical illicit OCT users as most often high school aged.

Conclusion

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

Participants and community professionals continued to report that marijuana is extremely easy to obtain in the region. Both respondent groups reported that the availability of marijuana has increased during the past six months. In addition, community professionals noted an increase in marijuana extracts and concentrates (aka "dabs"), often in the form of an oil or wax, which are becoming more prevalent in the region. Participants discussed an increase in vaporizing marijuana, although few had personal experience with that method of use. The BCI London Crime Lab reported that the number of marijuana cases it processes has also increased during the past six months. Community professionals described typical users of marijuana as everyone from adolescents to older adults.

Treatment providers commented that methamphetamine is a drug of choice currently in the region and reported "shake-and-bake" (powdered methamphetamine made in mobile labs) as the most prevalent type. Participants reported that the availability of methamphetamine has increased during the past six months, specifically "shake-and-bake" due to increasing production. Participants also noted the presence of the imported crystal form of the drug which they believed to be coming into the region

through the pipeline (workers installing natural gas pipelines). 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 and off-white powdered methamphetamine. Community professionals described typical methamphetamine users as coming from more rural areas.

Prescription stimulants are highly available in the region, although participants commented on the low availability of Ritalin®. Participants and community professionals identified Adderall® and Vyvanse® as the most popular prescription stimulants in terms of widespread use. While a medical professional noted that prescription stimulants are highly available, other stimulants are more commonly abused in the region, such as methamphetamine. The BCI London Crime Lab reported an increase in Adderall® cases and a decrease in Ritalin® cases it processes during the past six months. Community professionals reported that parents of children who are prescribed prescription stimulants commonly take the pills from their children, describing typical illicit users as parents of children who are prescribed the drug, as well as college students who abuse for "performance enhancement."

Participants reported that the availability of both ecstasy and molly has decreased during the past six months, citing a shortage of MDMA as the reason for decreased availability. Participants and community professionals reported that other substances, such as bath salts and methamphetamine, are often sold as molly; respondents mentioned that molly is often cut with these substances as well. The BCI London Crime Lab reported that the number of ecstasy cases it processes has decreased during the past six months. Participants described typical ecstasy/molly users as drug dealers, those who often attend clubs or raves (dance parties), as well as college students.

Lastly, participants had no personal experience with bath salts and community professionals reported few encounters with clients who abuse bath salts. The BCI London Crime Lab reported that the number of bath salts cases it processes has decreased during the past six months.

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 (AOD) treatment programs in Clinton, 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 Scioto County Coroner and the Bureau of Criminal Investigation (BCI) London office, which serves central and southern Ohio. All secondary data are summary data of cases processed from January through June 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:

Kelly S. Obert, MSW

OSAM Staff:

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

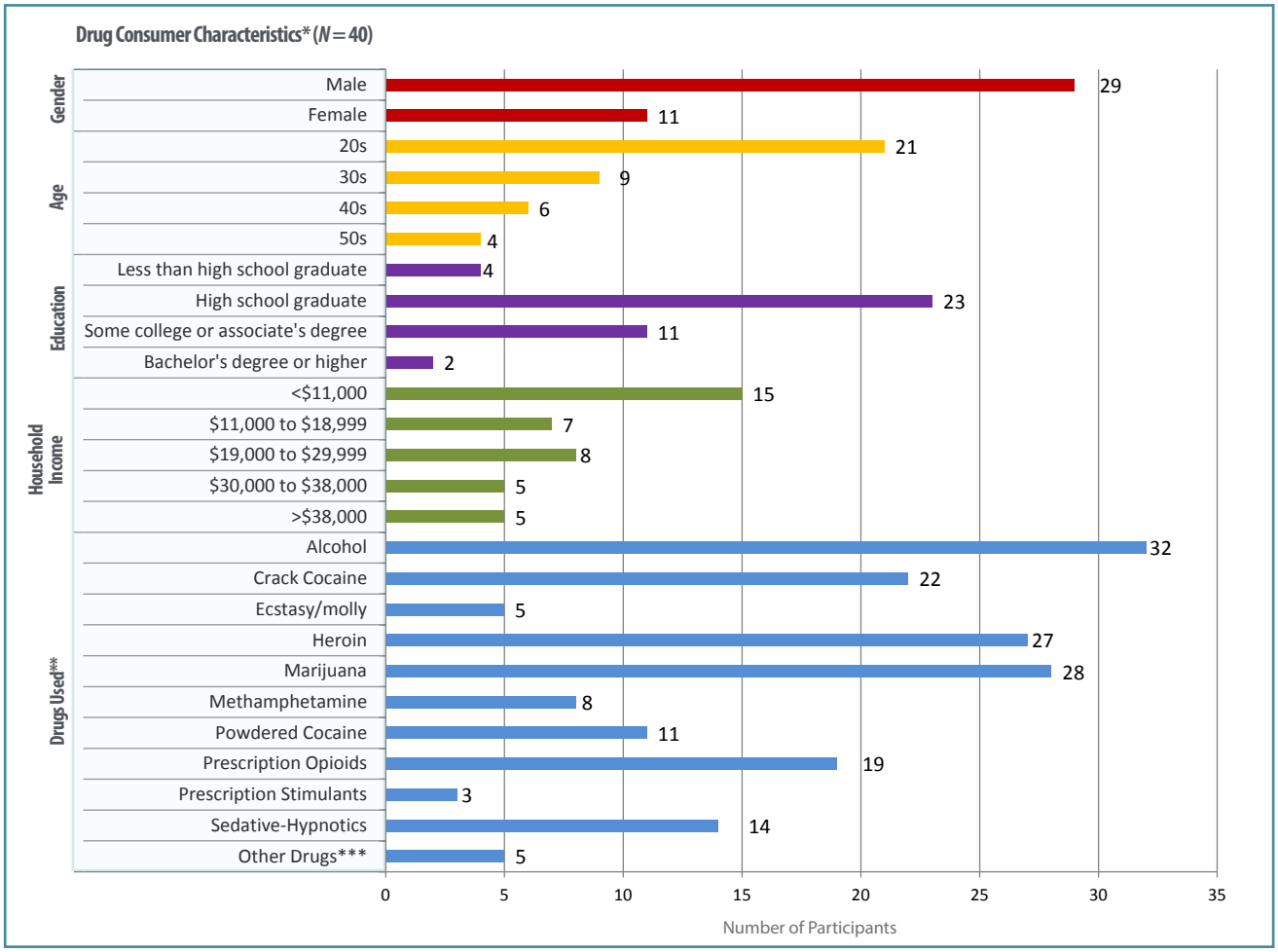
Beth E. Gersper, MPA
OSAM Coordinator

Regional Profile

Indicator[1]	Ohio	Cincinnati Region	OSAM Drug Consumers
Total Population, 2010	11,536,504	2,017,337	40
Gender (female), 2010	51.1%	50.5%	27.5%
Whites, 2010	83.2%	92.4%	75.0%
African Americans, 2010	12.5%	4.5%	17.5%
Hispanic or Latino origin, 2010	3.4%	1.6%	5.6%
High School Graduation rate, 2010	88.5%	84%	90.0%
Median Household Income, 2013	$48,308	$46,399	$11,000 to $14,999[2]
Persons Below Poverty Level, 2013	15.8%	17.4%	50.0%

[1]Ohio and Cincinnati region statistics are derived from the most recent US Census, ; OSAM drug consumers were participants for this reporting period: July 2014- January 2015.
[2]Participants reported income by selecting a category that best represented their household's approximate income.

Cincinnati Regional Participant Characteristics



*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: inhalants and Suboxone® .

Historical Summary

In the previous reporting period (January – June 2014), crack cocaine, heroin, marijuana, prescription opioids, prescription stimulants and sedative-hypnotics remained highly available in the Cincinnati region; also highly available was powdered cocaine. Increased availability existed for heroin, prescription stimulants and Suboxone®; decreased availability existed for synthetic marijuana. Data also indicated possible decreased availability for synthetic marijuana.

Black tar and brown powdered heroin were reported as the most available heroin types in the region; however, the BCI London Crime Lab reported processing all types of heroin during the previous six months. Participants attributed the continuing increase in heroin availability to increased demand for the drug, as more users addicted to prescription opioids migrated to heroin use upon learning that the drug was widely available and cheaper than prescription opioids. The most common route of administration for heroin remained intravenous injection. Participants reported obtaining injection needles from people with diabetes, drug dealers and through Internet purchase. Reportedly, drug dealers would sell needles for $2 apiece. Community professionals described typical heroin users as young and white. Participants acknowledged that young people had easy access to heroin.

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

Participants and community professionals identified Adderall® as the most popular and widely abused prescription stimulant. While participants reported a few ways of consuming prescription stimulants, the most common route of administration for illicit use was oral consumption. Participants described typical illicit users of prescription stimulants as young, white and male.

Finally, participants and community professionals reported availability of synthetic marijuana, but noted a decrease during the previous six months. Both participants and community professionals mentioned that users obtained synthetic marijuana through the U.S. mail. Participants described typical synthetic marijuana users as teens and people who need to pass a drug test.

Current Trends

Powdered Cocaine

Powdered cocaine's availability is variable in the region. Participants most often reported the drug's current availability as '4' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '3.' Several participants noted the lack of demand for powdered cocaine: "*It's about supply and demand. Less people want* [powdered cocaine] *because most people use heroin; Once you start using heroin, you really don't want 'coke' (powdered cocaine) anymore. You don't want anything but heroin*." Another participant remarked, "'*Dope boys' (drug dealers) make more money from heroin*." Treatment providers and law enforcement most often reported the drug's current availability as '1' and '8;' the previous most common score was '6.'

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Ohio State Highway Patrol (OSHP) stopped a vehicle in Scioto County and found that the driver did not have a valid license and as he was asked to get out of the vehicle, the man threw 48 grams of cocaine into a nearby corn field; both driver and passenger were arrested (www.statepatrol.ohio.gov, Aug. 8, 2014).

Participants reported that the availability of powdered cocaine has decreased during the past six months. One participant shared her recent experience trying to buy cocaine: "*The dealers are telling me that it's harder to get, so they have less and charge more*." Another participant reasoned, "[Powdered cocaine] *has a longer boat ride. Cocaine comes from Mexico, so it has a lot further to come. Heroin comes from Dayton*." Treatment providers and law enforcement reported that the availability of powdered cocaine has remained the same during the past six months. The BCI London Crime Lab reported that the number of powdered cocaine cases it processes has increased during the past six months.

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

Participants most often rated the current overall quality of powdered cocaine as '6' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '5.' Participants reported that powdered cocaine in the region is cut (adulterated) with baby laxatives, baby powder, ethanol, mannitol (diuretic) and NoDoz®. Participants agreed that powdered cocaine is most frequently cut and commented: "*By the time you buy* [powdered cocaine], *it's been stepped on (cut with other substances) so many times; I'm not sure what all it's cut with.*" Overall, participants reported that the quality of powdered cocaine has decreased during the past six months. One participant stated, "*Dope boys are about money. The more they step on it (cut powdered cocaine with other substances) and stretch it, the more money they make.*" Another participant noted, "*People are getting greedy and want more money, so everyone stepped on it.*"

Powdered Cocaine	Cutting Agents Reported by Crime Lab
	• levamisole (livestock dewormer) • benzocaine (local anesthetic)

Reports of current street prices for powdered cocaine were consistent among participants with experience buying the drug. Participants explained that price is dependent upon quality. One participant noted that price can be lower if the user is sharing with others and buying in bulk: "*People are willing to share cocaine, it's probably one of the only hard drugs people are willing to share. So sometimes, it can be cheaper.*" Another participant explained that price is often better if you go to the same dealer and commented, "*Someone you get from constantly, the price is better. Dealers are loyal. They get mad if you're not loyal.*" Still another participant divulged receiving powdered cocaine free with purchase of heroin: "*If you buy heroin, one or two caps of cocaine come with it.*"

Powdered Cocaine	Current Street Prices for Powdered Cocaine
A gram	$50-120
1/8 ounce (aka "eight ball")	$200-325
An ounce	$1,000

Participants reported that the most common routes of administration for powdered cocaine are snorting and intravenous injection (aka "shooting"). Participants estimated that out of 10 powdered cocaine users, half would snort and half would shoot the drug.

Participants described typical users of powdered cocaine as in their 20s or 30s, white, employed and more financially stable. A participant commented, "*Cocaine is more of a rich man's drug.*" Other participants supported this comment and shared about professionals they knew who used powdered cocaine: "*My lawyer used coke … he lost his license; I partied with a pharmaceutical rep who used cocaine all the time.*"

Community professionals described typical users of powdered cocaine as white. A community professional noted the difference between powdered cocaine and crack cocaine users: "*We just talked to a gentleman* [who is] *educated* [and] *works*. [Powdered cocaine] *just helps keep him going and get everything done. Typically, when it passes over to crack there are different demographics.*"

Crack Cocaine

Crack cocaine remains highly available in the region. Participants most often reported the drug's current availability 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.' Treatment providers and law enforcement professionals most often reported the drug's current availability as '9;' the previous most common score was '6.' A treatment provider stated, "*There are areas of this county you can smell* [crack cocaine] *cooking, so it's available.*" A law enforcement professional stated, "*For those who want* [crack cocaine], *it's available as ever.*"

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. OSHP troopers seized 54 grams of crack cocaine, a gram of heroin and

two ecstasy pills during a traffic stop in Scioto County; the driver and passenger were subsequently arrested (www.statepatrol.ohio.gov, July 8, 2014). A Chillicothe (Ross County) man faced drug charges after deputies executed a search warrant and found crack cocaine and prescription opioids in his residence (www.nbc4i.com, Jan. 28, 2015).

Participants and community professionals reported that the availability of crack cocaine has remained the same during the past six months. One participant stated, "*You can always find crack in the city (Cincinnati).* [Dealers] *offer samples even.*" The BCI London Crime Lab reported that the number of crack cocaine cases it processes has remained the same during the past six months.

Crack Cocaine	Reported Availability Change during the Past 6 Months	
	Participants	No change
	Law enforcement	No 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 '9.' One participant explained that he re-cooks crack cocaine to improve the quality of the drug: "*I re-cook it to purify it. I get a little less but it's much better* [quality]." Participants reported that crack cocaine in the region is cut (adulterated) with baking soda and Drano®. Overall, participants reported that the quality of crack cocaine has remained the same during the past six months.

Crack Cocaine	Cutting Agents Reported by Crime Lab
	• levamisole (livestock dewormer) • benzocaine (local anesthetic)

Reports of current street prices for crack cocaine were consistent among participants with experience buying the drug. Again, participants explained that price is dependent upon quality, and as with most drugs, a participant noted, "*The price went down the more you buy.*" Participants noted that dealers will sell just about any amount of crack cocaine: "*Shit, you can get crack from $2 on up; Anything from a quarter to a nickel to a penny, they got a rock for you.*"

One participant suggested that dealers will trade items for crack cocaine and explained, "*You can trade anything … watches, rings, sex … for crack. Or you can trade other drugs … marijuana, pain pills.*"

Crack Cocaine	Current Street Prices for Crack Cocaine	
	1/10 gram	$10
	A gram	$50-75
	1/8 ounce (aka "eight ball")	$250-300
	1/2 ounce	$600

Participants reported that the most common routes of administration for crack cocaine are smoking and intravenous injection (aka "shooting"). Participants estimated that out of 10 crack cocaine users, eight would smoke and two would shoot the drug. One participant noted, "*Once people start using needles, everything is used with needles.*" Another participant stated, "*It takes a lot of time to get* [crack cocaine] *ready to shoot. You have to break it down with vinegar or lemon juice, so it just depends on what you're looking for.*"

Participants described typical users of crack cocaine as ranging in age from 30-60 years, people with less money and 'dope boys' (heroin dealers). A participant commented, "*The demographic has changed. There's some … using crack now because they can't get powder (cocaine). I was in a nice part of town and no one had a crack pipe, but this business guy had one. A guy you would never expect.*" One participant reported that people who use crack cocaine are usually looking for other substances and explained, "*Crack is what you get when you can't get what you want.* [They say,] '*I can't get heroin, so I'll do a little crack.*'"

Community professionals described typical users of crack cocaine as older, involved with legal issues and typically using other drugs besides crack cocaine. A treatment provider commented, "*A lot of ladies and men in their 30s and 40s.*" Another treatment provider explained, "*By the time they get to that stage* [of using crack cocaine], *they're more involved in the legal system, maybe some family or job problems (too).*"

Heroin

Heroin remains highly available in the region. Participants and community professionals most often reported the overall availability of heroin as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10.' While many types of heroin are currently available in the region, participant and community professional groups reported white and brown powdered heroin as the most available type throughout the region. A participant shared, "[Brown powder heroin] *is always available so it's the most common, but you use what the dealers have. If they have pink heroin, you're using pink heroin*." A treatment provider stated, "*I hear about the tar (black tar heroin), but not as often as the brown powder. The 'caps' (capsules of brown powdered heroin) … that's what I hear about most often*." Similarly, a law enforcement officer said, "*We see brown powder* [heroin] *most frequently*." Another officer added that the brown powdered heroin they see is coming into the United States from Mexico.

Participants rated black tar heroin's availability as '2' (previous most common score was '10'), while community professionals rated it as '5' (previous most common score was '6'). Participants suggested that black tar heroin is more available in urban areas of the region, as one participant explained, "*The Mexicans sell* [black tar heroin], *if you go to that area* [of the inner city]." A rural participant said, "*I haven't seen black tar around here*."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Two women were arrested when OSHP stopped them for a marked lanes violation in Scioto County and a drug-sniffing canine alerted to the vehicle; 100 grams of heroin were seized (www.statepatrol.ohio.gov, July 3, 2014). The Butler County Undercover Regional Narcotics Unit arrested three individuals when the unit executed two search warrants in one evening; they seized approximately 5 grams of heroin at each location, as well as marijuana from the second location (www.wlwt.com, July 14, 2014). Ross County deputies discovered heroin during a traffic stop with the assistance of their K-9 Officer (www.nbc4i.com, July 14, 2014). New Richmond (Clermont County) Police Chief shared how overwhelmed the village is with heroin trafficking; the community has responded and many want to help addicts and law enforcement efforts (www.local12.com, July 21, 2014). A drug raid in Waverly (Pike County) led to the arrest of four individuals and removal of a 7-month-old boy; heroin trafficking was one of the many charges (www. nbc4i.com, Aug. 7, 2014). Two young children called out of a window to their neighbor for help, who entered the house, found their mother overdosed (OD) on heroin and used Narcan® to begin reversing the OD until EMS arrived (www.wlwt.com, Jan. 15, 2015). Two men were arrested during a traffic stop in Scioto County; one man, who had 11 grams of heroin, was also wanted in Gallia County (Athens OSAM region) for drug trafficking and possession charges (www.wsaz.com, Jan. 26, 2015).

Participants and community professionals reported increased availability of brown and white powdered heroin during the past six months, while participants also indicated decreased availability of black tar heroin. 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.

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

Participants most often rated the current quality of heroin as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '8.' Participants reported that most users in the region are seeking white powdered heroin due to the high potency of the drug. A participant explained, "*The white heroin has fentanyl in it. People look for it*." The danger of using fentanyl-cut heroin is well understood, but most participants expressed seeking it out despite their understanding of possible overdose danger, as a participant remarked, "*That's the most potent … I've had in 12 years. We try to find* [fentanyl-cut heroin] *even though it's dangerous. I hear someone OD'd (overdosed) on something strong like that and I try to find it*." Another participant agreed, "*I'd look for* [strong heroin], *but do it slow … if I don't overdose, then I'd do more*." Several participants shared stories of friends who died using fentanyl-cut heroin. One participant shared,

"*It's killing people - cutting* [heroin] *with fentanyl. My baby's dad … He overdosed* [and] *they did open heart surgery. He's a vegetable now.*" The BCI London Crime Lab reported that a lot of powdered heroin cases that come into the lab are a heroin-fentanyl mixture, sometimes even straight fentanyl.

Participants reported that brown and white powdered heroin is cut with apple cider vinegar, baby laxatives, melatonin, morphine and vitamin B-12. In addition, white powdered heroin is thought to be cut with fentanyl, powdered cocaine, prescription opioids (Percocet®) and muscle relaxers. Participants reported that black tar heroin is cut with dark sodas and marijuana resin. Participants reported that the general overall quality of heroin has increased during the past six months, with the exception of black tar heroin quality which reportedly has decreased.

Heroin	Cutting Agents Reported by Crime Lab
	• caffeine • diphenhydramine (antihistamine) • fentanyl • mannitol (diuretic) • triacetin (glycerin triacetate, a food additive)

Reports of current street prices for heroin were consistent for small quantities, but variable for larger quantities among participants with experience buying the drug. Further, participants shared that the prices are the same for any form of the drug and a participant explained, "*You buy what the dealer has, so the prices don't vary. If you look for something, it might cost a little more, but it's usually just about what the dope boys have.*"

Heroin	Current Street Prices for Powdered or Black Tar Heroin	
	1/10 gram (capsule, aka "cap")	$10
	A gram	$60-120
	An ounce	$1,900-2,200

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 users would shoot the drug. A participant purported, "*If you're using heroin, you're shooting it. Eventually, everyone moves to using the needle.*"

Clean needle availability varies throughout the region as some participants reported being able to obtain them easily through pharmacies, while others reported being required to have a prescription. In addition to buying needles from pharmacies, participants reported purchasing needles from dealers, friends and family. Participants also divulged that many users will steal them from stores, homes and medical facilities. Still other participants said it is common practice to reuse needles from other users or merely finding them on the ground and reusing those.

One participant purchased needles at a pharmacy and commented, "*I can buy 100 needles for about $20.*" Another participant shared, "*The dealers will sell* [needles] *to you for about $2 each.*" Still another participant recently sold a used needle to another user and shared, "*I told him I had used it and I told him I have Hepatitis. He didn't care. He paid me $10 for it.*" There is one needle exchange program that some participants were aware of in the region, but, reportedly, it has opened and closed several times over the last year or so and its location changes each time it reopens.

A profile of a typical user of heroin did not emerge from the data. Participants described typical heroin users as everybody. One participant illustrated, "*There are 13 people in this unit. Only two aren't here for heroin.*" Another participant stated, "*Everyone is using heroin, from young kids to my grandma.*"

Community professionals described typical heroin users as younger adults, females and those of low socio-economic status. A treatment provider shared, "*The scariest thing we're seeing is young adolescent users starting with heroin at 15 or 16 years of age.*" Another treatment provider explained, "*If anything,* [typical user age categories are] *getting broader - older and younger. Older people who are addicted to pills also use heroin.*" One treatment provider explained, "*People who are more financially able can cover* [their cost of addiction and] *get a lawyer to avoid legal problems.*" A treatment administrator explained a recent clinic audit showed the primary diagnosis for clients was 50 percent opiate addiction and 50 percent alcohol addiction. The same audit showed that opiate addiction occurs equally in males and females at this particular clinic.

Prescription Opioids

Prescription opioids are moderately available in the region. Participants most often reported the current availability of these drugs as '7' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10.' Treatment providers most often reported current availability as '7,' while law enforcement reported current availability as '9;' the previous most common score for both groups was '8.' A treatment provider reported, "*One student explained that her status in the school depended on her peers knowing she purchased pills (prescription opioids).*" A law enforcement officer reported, "*Pills are still available on the streets.*" Participants and community professionals alike identified Percocet® and Vicodin® as the most popular prescription opioids in terms of widespread use.

Corroborating data also indicated the presence of prescription opioids in the region. The Scioto County Coroner reported that over 50 percent of the 11 drug overdose deaths it processed during the past six months involved at least one prescription opioid (two deaths involved fentanyl). In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. OSHP troopers arrested two individuals in Scioto County after being pulled over for speeding and discovering 1,673 oxycodone pills and 179 oxymorphone on the car's passenger (www.statepatrol.ohio.gov, July 26, 2014).

Participants reported that the availability of prescription opioids has decreased during the past six months. One participant explained, "*Heroin is more available and cheaper* [than prescription opiates]." Another participant purported, "*People only use opiates when they can't shoot heroin, to avoid getting sick.*" Community professionals reported that availability has remained the same during the past six months. However, a law enforcement officer noted, "[Opioids are] *harder to get a prescription for.*" The BCI London Crime Lab reported that the number of prescription opioid cases it processes has generally increased with the exception of decreased numbers for Dilaudid®, morphine and Vicodin®.

Prescription Opioids	Reported Availability Change during the Past 6 Months	
	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 drug.

Prescription Opioids	Current Street Prices for Prescription Opioids	
	methadone	$15 per liquid dose (quantity unspecified)
	Percocet®	$5-6 for 5 mg $10 for 10 mg
	Roxicodone®	$12-13 for 15 mg $30-35 for 30 mg
	Vicodin®	$2-3 for 5 mg $5-7 for 10 mg

In addition to obtaining prescription opioids on the street from dealers, participants also reported getting these drugs from friends or by prescription. A participant explained, "*People just fake injuries and go to the hospital* [to obtain opioids]. *I've seen all kinds of things, it's ridiculous.*" A treatment provider reported, "[Clients] *talk about getting* [prescription opioid pills] *from Canada and ordering them off the Internet.*"

While there were a few reported ways of consuming prescription opioids, generally, the most common routes of administration for illicit use remain oral consumption and intravenous injection (aka "shooting"). Participants estimated that out of 10 illicit prescription opioid users, eight would swallow and two would inject the pills. One participant explained, "*It depends on what* [specific pill] *you have. Some things are easier to eat 'cause cooking them down takes a lot of work.*"

A profile of a typical illicit prescription opioid user did not emerge from the data. Participants described typical illicit users as everyone. One participant explained, "*Eventually, people move to heroin. Unless they refuse to shoot. Then they stay with pills.*" Another reported, "*Anyone will use pills, it's just that most people prefer heroin.*" Community professionals described typical illicit users also as everyone. A treatment provider explained, "*Most people don't think* [prescription opioids are] *dangerous because they're prescribed. So, they don't understand that they can get addicted.*"

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.' One participant explained, "*There are nine Suboxone® clinics in the area. If I drive thirty minutes in any direction, I'm good.*" Community professionals most often reported current availability also as '10;' the previous most common score was '9.'

Participants reported that the availability of Suboxone® has increased during the past six months. Participants suggested the increase in availability is due to how easily a user can obtain a prescription. One participant explained, "*Anyone can get a script for the strips (Suboxone® sublingual film). I have one. Some people take it, some take half and sell the rest … other people sell their whole dose or trade it for heroin.*"

Community professionals also reported an increase in availability of Suboxone® during the past six months, suggesting the increase is a result of the number of Suboxone® clinics that are in the region. A treatment provider reported, "*There are new* [Suboxone®] *clinics all the time. We prescribe it here* [at our treatment facility]." A law enforcement professional reported, "[Suboxone® clinics are] *hard to regulate, so new clinics pop up and then close down or move.*" The BCI London Crime Lab reported that the number of Suboxone® cases it processes has increased during the past six months.

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

Reports of current street prices for Suboxone® were variable among participants with experience buying the drug.

Suboxone®	Current Street Prices for Suboxone®	
	filmstrip	$15-25 for 8 mg
	tablet	$15-20 for 8 mg
	Subutex®	$10-30 for 8 mg

In addition to obtaining Suboxone® on the street from dealers, participants also reported obtaining the drug from friends or through prescription from a clinic. While there were a few reported ways of consuming Suboxone®, the most common route of administration for illicit use is intravenous injection (aka "shooting"). Participants estimated that out of 10 illicit Suboxone® users, nine would shoot and one would sublingually consume the drug. One participant reported, "*The VA (Veteran's Administration) has a form of Subutex® that you can shoot now, it doesn't gel up.*"

Participants described typical illicit users of Suboxone® as heroin users and people trying to detox from heroin or avoid withdrawal symptoms when they cannot get heroin. One participant shared, "*I've used the strips to not get sick.*" Treatment providers also described typical illicit users as heroin users who are attempting to detox. A treatment provider explained, "*A lot of clients get on Suboxone® to detox and get into treatment.*"

Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain highly available in the region. Participants most often reported the current availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10.' One participant stated, "*I could get 'benzos' (benzodiazepines) all day, everyday.*" Another participant suggested that prescriptions for sedative-hypnotics are easily obtained: "*If you have a traumatic past, like me, you can get them.*" Participants identified Ambien®, Klonopin® and Xanax® as the most popular sedative-hypnotics in terms of widespread use. Community professionals most often reported current availability of sedative-hypnotics as '7;' the previous most common score was '9.' Community professionals identified Klonopin® and Xanax® as the most popular sedative-hypnotics in terms of widespread use.

Participants reported that the availability of sedative-hypnotics has increased during the past six months. One participant explained, "*People like to use* [sedative-hypnotics] *with heroin and heroin is big right now*." Contrarily, treatment providers and law enforcement reported that availability has decreased during the past six months. A treatment provider supposed, "*They're not using* [sedative-hypnotics] *as often because they're afraid of overdosing*." A law enforcement professional reasoned a decrease in prescribing has led to a decrease in availability and commented, "*Doctors are not prescribing as often, especially in primary care.*" The BCI London Crime Lab reported that the number of sedative-hypnotic cases it processes has generally remained the same during the past six months; however, the following exceptions were noted: increased cases for Valium® and Xanax® and decreased cases for Ambien® and Ativan®.

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

Reports of current street prices for sedative-hypnotics were consistent among participants with experience buying the drugs. Reportedly, Ambien® has little to no street value.

Sedative-Hypnotics	Current Street Prices for Sedative-Hypnotics	
	Klonopin®	$1 for 1 mg $2 for 5 mg
	Xanax®	$0.50-1 for 0.5 mg $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 friends who have prescriptions or by obtaining a prescription from a physician. A participant remarked, "*It's easy to get a prescription, and it's easy to get* [sedative-hypnotics] *on the street*."

While there were a few reported ways of consuming sedative-hypnotics, generally the most common route of administration is oral consumption. Participants estimated that out of 10 illicit sedative-hypnotic users, all 10 would orally consume the drug. A profile of a typical illicit sedative-hypnotic user did not emerge from the data. Participants described typical illicit users as everyone. Community professionals had similar difficulty in describing a typical illicit user, as one professional commented, "*There are no typical users, anyone with an anxiety disorder or who has any anxiety at all*."

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.' One participant noted, "*It's harvest season now, so* [marijuana is] *pretty available*." Community professionals most often reported the drug's current availability as '10;' the previous most common score was also '10.' A treatment provider remarked, "*I think* [marijuana is] *always available, isn't it?*"

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A Springdale (Hamilton County) man was arrested for giving a 12-year-old marijuana and then having sex with her (www.wlwt.com, July 3, 2014). A vehicle was stopped by OSHP in Warren County and a drug-sniffing canine alerted troopers to two pounds of marijuana (www.statepatrol.ohio.gov, Aug. 1, 2014). The Ohio eradication program, which removes marijuana plants and crops growing illegally throughout the state, seized 964 marijuana plants from Scioto County and 14 plants from Hamilton County during the past year (www.cleveland.com, Aug. 8, 2014). Chillicothe Police (Ross County) began investigation into a case in which 34 marijuana plants were found in an area park; the marijuana plants, ranging in height from one to five feet tall, were subsequently confiscated to be destroyed (www.nbc4i.com, Aug. 11, 2014).

Participants and community professionals reported that the availability of marijuana has remained the same during the past six months. However, a participant noted, "*I can find heroin easier than I can find weed (marijuana)*." 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 overall quality of marijuana as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '5.' However, participants reported that the quality of marijuana varies greatly. One participant stated, "[Marijuana] *all gets me high, some a little more, some a little less.*"

Several participants explained that the quality of marijuana depends on whether the user buys "commercial weed" (low- to mid-grade marijuana) or hydroponically grown (high-grade marijuana). Several participants indicated that high-grade marijuana is most available. One participant stated, "*It's hard to find reggie (low-grade marijuana) anymore.*" However, another participant retorted, "*I can find reggie all day.*" Others reported growing their own or having friends who grow high-quality marijuana.

Reports of current street prices for marijuana were variable among participants with experience buying the drug. Participants added that price continues to be dependent upon quality. Participants reported low-grade marijuana as the cheapest form, but a participant commented, "*I can't afford weed (marijuana) anymore. I've been looking for a 'dime bag' ($10 worth).*" Several participants noted they purchase higher quality marijuana through the mail from California and Colorado. Another participant divulged, "*I just order* [marijuana] *from the Internet.*"

Marijuana	Current Street Prices for Marijuana	
	Low grade:	
	A blunt (single cigar) or two joints (cigarettes)	$3
	1/4 ounce	$20-25
	An ounce	$80-100
	A pound	$700-800
	High grade:	
	A blunt (single cigar) or two joints (cigarettes)	$10
	An ounce	$280-320
	A pound	as high as $5,000

While there were a few reported ways of consuming marijuana, the most common route of administration remains smoking. Participants estimated that out of 10 marijuana users, all 10 would smoke the drug. One participant replied, "*Is there some other way to use it?*" Participants and community professionals continued to agree that there is no profile of a typical marijuana user.

Methamphetamine

Methamphetamine continues to vary in availability throughout the region. Participants most often reported current availability of the drug as '2' in urban areas and as '9' in rural areas on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was either '2' or '7' respectively. Participants reported that methamphetamine is available in powder and crystal forms. Participants from rural communities commented about the production of "one-pot" or "shake-and-bake," which means users are producing methamphetamine in a single sealed container, such as a two-liter soda bottle. By using common household chemicals along with ammonium nitrate (found in cold packs) and pseudoephedrine (found in some allergy medications), people who make methamphetamine can produce the drug in approximately 30 minutes in nearly any location by mixing ingredients in small containers.

Treatment providers most often rated the drug's current availability as '6;' the previous most common score was '4.' Community professionals also indicated availability varies depending on location. A treatment provider commented, "*People who want* [methamphetamine] *know right where to go.*" A law enforcement officer stated, "[Methamphetamine is] *more concentrated in rural areas.*"

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Ross County Sheriff's Office worked in conjunction with the U.S. 23 Major Crimes Task Force to execute a warrant and seize materials used in the manufacturing of methamphetamine (www.nbc4i.com, July 14, 2014). Three men were arrested in Ross County when the sheriff's office responded to citizen concerns at a home and discovered a methamphetamine operation (www.nbc4i.com, Aug. 19, 2014). An anonymous tip led the Butler County Sheriff's Office and Butler County Children Services to a home in Morgan Township where three children were found among a large scale methamphetamine lab, chemicals and other drug paraphernalia; four adults were arrested

(www.19actionnews.com, Jan. 9, 2015). OSHP arrested two people when they stopped a pickup truck for a traffic violation in Portsmouth (Scioto County) and found a tank of anhydrous ammonia (used for making methamphetamine) in the back of the vehicle, as well as methamphetamine and Suboxone® on the driver (www.wsaz.com, Jan 21, 2015).

Participants reported that the availability of methamphetamine has remained the same during the past six months. One rural participant stated, "*You just have to know where to go. You don't buy* [methamphetamine] *from dealers; you have to know who's making it.*" An urban participant stated, "*I go to gay clubs to buy* [methamphetamine]." Treatment providers and law enforcement professionals also reported that availability of methamphetamine has remained the same during the past six months. One professional suggested that methamphetamine is not the main drug of concern in the region and commented, "*There's so much law enforcement concentration on heroin that meth (methamphetamine) is going under the radar.*" 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 and off-white powdered methamphetamine.

Methamphetamine	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 methamphetamine as '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was also '7.' Overall, participants reported that the quality of methamphetamine has remained the same during the past six months.

Reports of current street prices for methamphetamine were variable among participants with experience buying the drug.

Methamphetamine	Current Street Prices for Powdered Methamphetamine
1/2 gram	$40-60
An ounce	$1,800-2,900

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 shoot and three would smoke the drug.

Participants described typical users of methamphetamine as younger (aged 20s or 30s), white, third-shift workers, truck drivers, people who live in rural areas, college students, gay men and people with less money. Community professionals described typical methamphetamine users as young, white and rural.

Prescription Stimulants

Prescription stimulants remain available in the region. Participants most often reported the current availability of these drugs 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 '8.' Community professionals most often reported current availability as '8;' the previous most common score was also '8.' Participants and community professionals identified Adderall® as the most popular prescription stimulant in terms of widespread use. A treatment provider reported, "[Illicit use of prescription stimulants is] *more of a kid thing. I don't hear a lot of adults abusing these kinds of stimulants.*" One participant questioned, "*Why would you buy* [prescription stimulants] *when you could buy crack (cocaine) or meth (methamphetamine)?*"

Participants and community professionals reported that the general availability of prescription stimulants has remained the same during the past 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	No change
	Law enforcement	No change
	Treatment providers	No change

Current street prices for prescription stimulants were not known among participants who reported that prescription stimulants are rarely sold on the streets. One explained, "*That's not anything you get from a dealer.*" Participants continued to report 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 the drug.

Participants described typical illicit users of prescription stimulants as teenagers and college students. A participant remarked, "[Prescription stimulants are] *something college kids and angry moms mess with.*" Community professionals described typical illicit users as teens and young adults

Synthetic Marijuana

Synthetic marijuana (synthetic cannabinoids; aka "K2" and "Spice") is moderately available throughout 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 '1.' Community professionals most often reported current availability as '6;' the previous most common score was '4.'

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

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

Participants were unable to provide pricing for synthetic marijuana due to their lack of personal experience buying the drug during the past six months. Despite legislation enacted in October 2011, synthetic marijuana continues to be available. One participant explained, "*You wouldn't get* [synthetic marijuana] *from a dealer. You just have to know where to go. Lots of head shops sell it.*"

Participants continued to report that the most common route of administration for synthetic marijuana is smoking. Participants estimated that out of 10 synthetic marijuana users, all 10 would smoke the drug. Participants described typical synthetic marijuana users as young (teenagers) and individuals on probation. A participant commented, "[Synthetic marijuana is] *a thing young people, like high school kids, do.*" Another participant added, "*I've heard of people on probation using* [synthetic marijuana] *so they can drop clean (pass a drug test).*"

Community professionals described typical synthetic marijuana users similarly as teenagers and those on probation. A treatment provider commented, "[Synthetic marijuana] *is a drug I hear about from adolescents.*" Another professional stated, *"It's mainly people who need to drop clean for some reason."*

Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) availability is variable depending on the form of the drug. Participants most often reported the current availability of ecstasy tablets 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 '1.' One participant remarked, "*No one wants to use ecstasy* [tablets] *when they could do 'molly' (powdered MDMA).*" Participants most often reported the current availability of "molly" (presumed to be powdered MDMA) as '6;' the previous most common

score was '4.' A participant noted, "[Molly is] *something kids use in clubs … it's not really mainstream*."

Community professionals most often reported current availability of ecstasy as '3' and current availability of molly as '6;' the previous most common scores were '3' and '8' respectively.

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

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

Participants were unable to provide pricing for ecstasy tablets due to their lack of personal experience buying this form of the drug during the past six months. Reports of current street prices for molly were consistent among participants with experience buying the drug. Molly typically comes in capsule form. Reportedly, a capsule of molly sells for $5 and a gram sells for $80-100.

While there were a few reported ways of consuming ecstasy and molly, generally, the most common route of administration remains oral consumption. Participants estimated that out of 10 ecstasy or molly users, all 10 would orally ingest the drug.

Participants and community professionals described typical ecstasy users as adolescents and college-aged. Participants were more descriptive of typical molly users and described them as young, white, college-aged and concert or club goers. One participant stated, "*Dope boys (drug dealers) will use molly.*" Community professionals described typical molly users as young.

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

Bath Salts

Bath salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues) remain available in the region. Participants most often reported the current availability of these drugs as '3' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); participants did not report on bath salts in the last report. Community professionals most often reported current availability as '5;' community professionals did not report on bath salts in the last report. A treatment provider stated, "[Bath salts are] *around. I really don't hear much about them from adult clients*." Another treatment provider added, "*Clients pretty much know to stay away from* [bath salts]. *They have a bad reputation*."

Participants reported that the availability of bath salts has decreased during the past six months, while community professionals reported that availability has remained the same. The BCI London Crime Lab reported that the number of bath salts cases it processes has decreased during the past six months. Current street prices for bath salts were unknown among participants as none had experience using the drug during the past six months. Despite legislation enacted in October 2011, bath salts continue to be available. One participant shared, "[Bath salts are] *available like in gas stations or head shops or online, but no one would want to use them … kids maybe*." Participants and community professionals described typical bath salts users as young (high school or college age).

Hallucinogens

A participant shared that she has heard her 25-year-old daughter talk about using LSD. The participant shared, "*She*

said she was going to some concert where everyone was going to be using LSD, like they're hippies or something. They don't know anything about being a hippie." The BCI London Crime Lab reported that the number of LSD cases it processes has increased during the past six months. One participant reported on psilocybin mushrooms: "*Mushrooms are making a comeback. Young people use them … you can't tell what will happen while you're on them*." The BCI London Crime Lab reported that the number of psilocybin mushroom cases it processes has decreased during the past six months.

Lastly, one participant reported on the increasing availability of synthetic amphetamines on the Internet, stating, "*There's all sort of new amphetamines on the Internet, coming from other countries. They're not illegal because of how the laws are written. It's mostly younger people I know that's using them*."

Conclusion

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

While many types of heroin are currently available in the region, participant and community professionals reported white and brown powdered heroin as the most available types throughout the region. Law enforcement reported that the brown powdered heroin they see is coming into the United States from Mexico. Participants suggested that black tar heroin is more available in urban areas of the region.

Participants reported that most users seek white powdered heroin due to the high potency of the drug, explaining that this type of heroin often contains fentanyl. The danger of using fentanyl-cut heroin is well understood, but most participants expressed seeking it out despite their understanding of possible overdose danger. Several participants shared stories of friends who died using fentanyl-cut heroin. The BCI London Crime Lab reported that a lot of powdered heroin cases that come into the lab are a heroin-fentanyl mixture, sometimes even straight fentanyl.

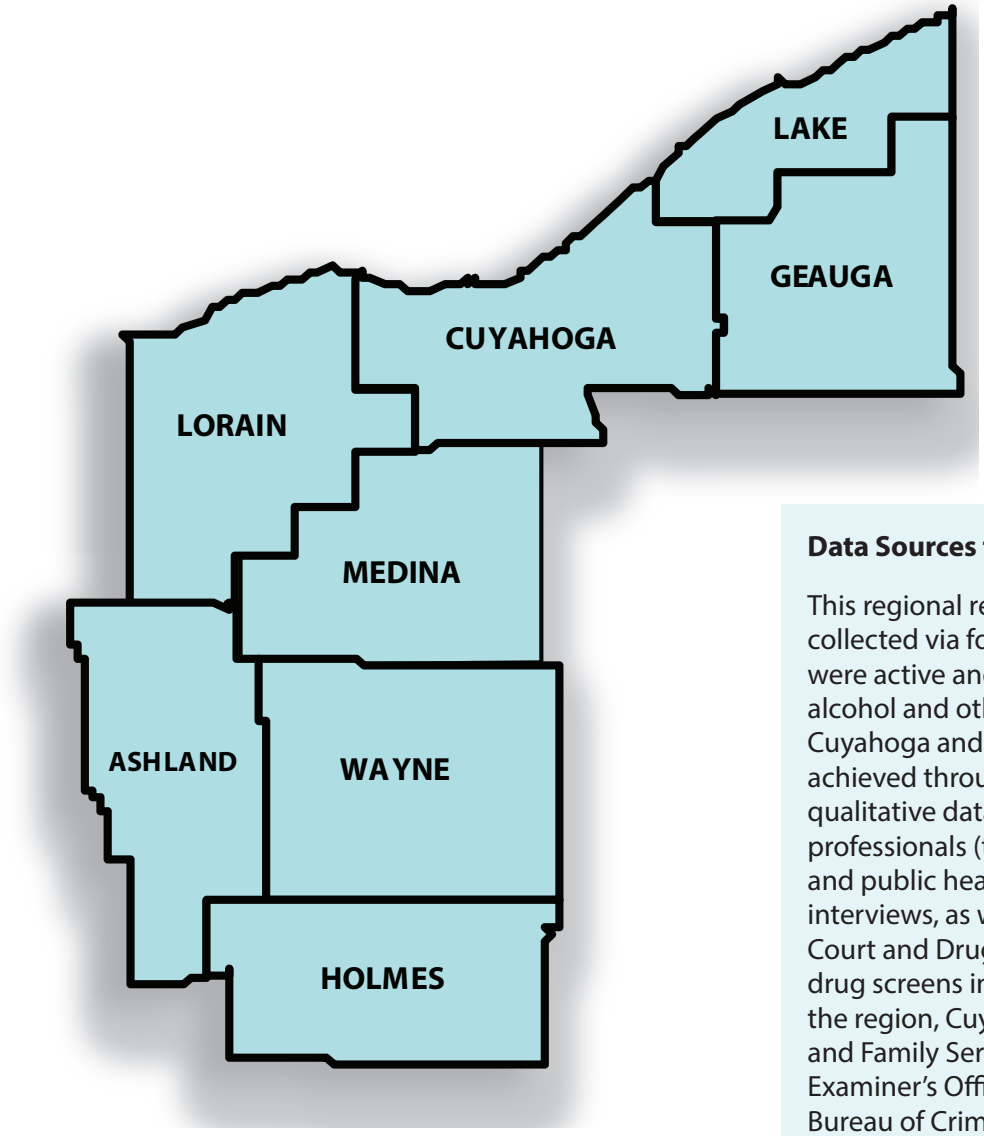
The most common route of administration for heroin remains intravenous injection (aka "shooting"). Participants estimated that out of 10 heroin users, all 10 users would shoot the drug. Clean needle availability varies throughout the region as some participants reported being able to obtain them easily through pharmacies, while others reported being required to have a prescription. Participants said it is common practice to reuse needles from other users or merely find them on the ground and reuse those. Participants described typical heroin users as everybody, while community professionals described typical heroin users as younger adults, females and those of low socioeconomic status.

Participants reported that the availability of Suboxone® has increased during the past six months and suggested the increase is due to how easily a user can obtain a prescription. Community professionals also reported an increase in availability of Suboxone® during the past six months, suggesting the increase is a result of the increased number of Suboxone® clinics in the region. The BCI London Crime Lab reported that the number of Suboxone® cases it processes has increased during the past six months.

While there were a few reported ways of consuming Suboxone®, the most common route of administration for illicit use is shooting. Participants described typical illicit users of Suboxone® as heroin users trying to detox from the drug or trying to avoid withdrawal symptoms when they cannot get heroin. Treatment providers also described typical illicit users as heroin users who are attempting to detox.

Lastly, bath salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues) remain available in the region, although participants reported that availability has decreased during the past six months. Treatment providers explained that they do not hear about bath salts use among their adult clients; they believed clients stay away from bath salts use due to the bad reputation of the drug. The BCI London Crime Lab reported that the number of bath salts cases it processes has decreased during the past six months. Participants and community professionals described typical bath salts users as young (high school or college age).

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 (AOD) treatment programs in Cuyahoga and Lake counties. Data triangulation was achieved through comparison of participant data to qualitative data collected from regional community professionals (treatment providers, law enforcement and public health representatives) via focus group interviews, as well as to data surveyed from American Court and Drug Testing Services, which processes drug screens in Medina (Medina County) from across the region, Cuyahoga County Department of Children and Family Services, Cuyahoga County Medical Examiner's Office, Lake County Crime Lab and the Bureau of Criminal Investigation (BCI) Richfield office, which serves the Cleveland, Akron and Youngstown areas. All secondary data are summary data of cases processed from January through June 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.

OSAM Staff:

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

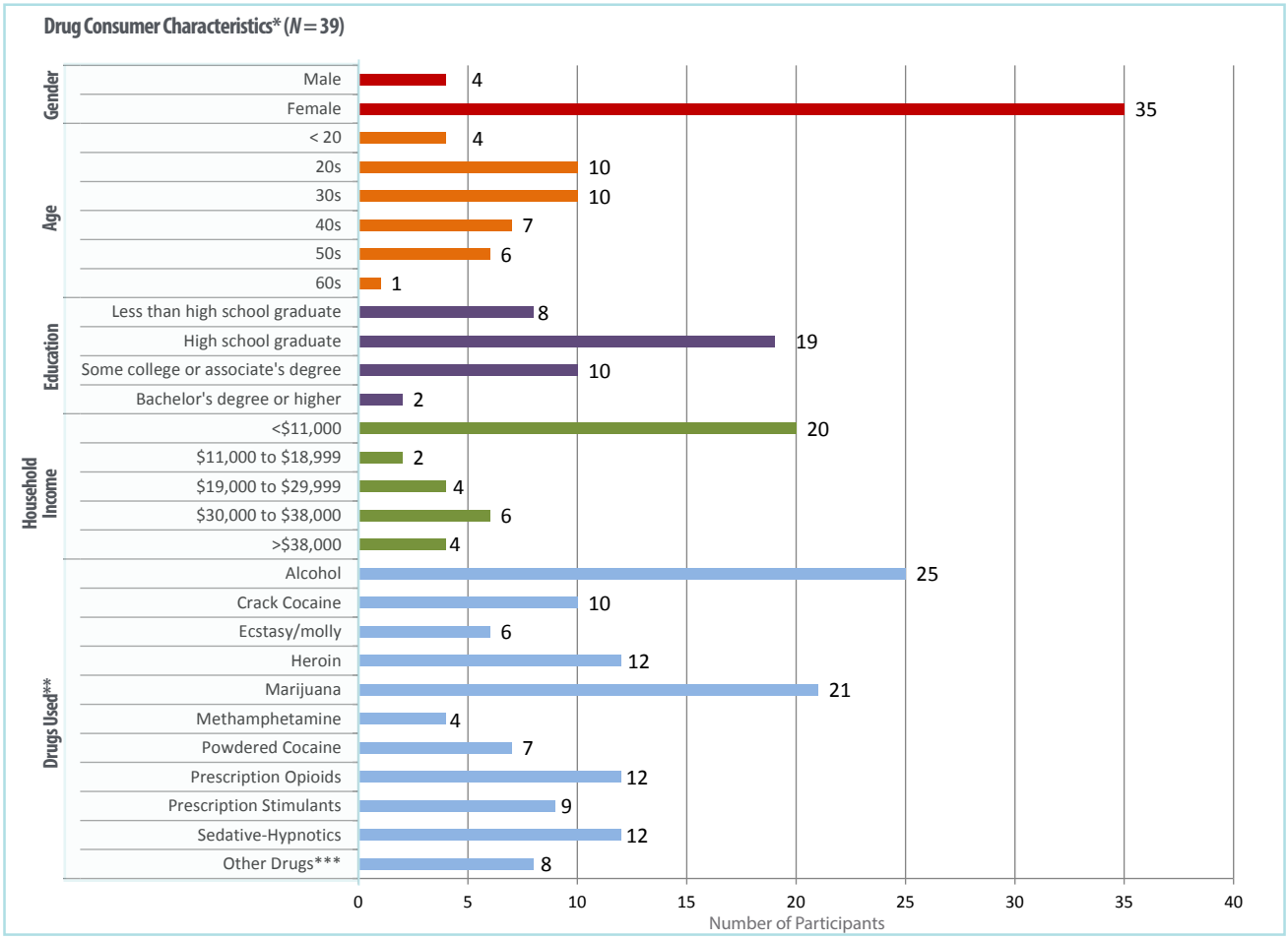
Beth E. Gersper, MPA
OSAM Coordinator

Regional Profile

Indicator[1]	Ohio	Cleveland Region	OSAM Drug Consumers
Total Population, 2010	11,536,504	2,287,265	39
Gender (female), 2010	51.2%	51.8%	89.7%
Whites, 2010	81.1%	74.0%	66.7%
African Americans, 2010	12.0%	18.0%	25.6%
Hispanic or Latino Origin, 2010	3.1%	4.4%	5.3%
High School Graduation Rate, 2010	84.3%	82.8%	79.5%
Median Household Income, 2013	$48,308	$53,302	Below $11,000[2]
Persons Below Poverty Level, 2013	15.8%	12.8%	66.7%[3]

[1]Ohio and Cleveland 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]Participants reported income by selecting a category that best represented their household's approximate income. Income status was unable to be determined for 2 participants due to missing and/or invalid data.
[3]Poverty status was unable to be determined for 4 participants due to missing and/or invalid data.

Cleveland Regional Participant Characteristics



*Not all participants filled out forms; therefore, numbers may not equal 39.
**Some respondents reported multiple drugs of use during the past six months.
***Other drugs: GHB, hallucinogens, ketamine, PCP and Suboxone®.

Historical Summary

In the previous reporting period (January – June 2014), crack cocaine, ecstasy, heroin, marijuana, prescription opioids and Suboxone® remained highly available in the Cleveland region; also highly available was methamphetamine. Increased availability existed for heroin, marijuana and Suboxone®. Data also indicated possible increased availability for ecstasy (molly) and sedative-hypnotics.

Participants noted fewer differences in heroin availability between the west and east sides of the City of Cleveland than previously and reported that heroin was everywhere. Community professionals continued to cite heroin as the most available drug in the region. Brown powdered heroin remained the most available form of the drug. Law enforcement reported that gray-colored heroin was increasingly available throughout Cuyahoga County. The BCI Richfield Crime Lab reported an increase in number of heroin cases it processed during the previous six months; the lab reported processing primarily white, brown and gray powdered heroin.

Participants and community professionals agreed that powerful economic forces were driving the increase in heroin availability. Despite law enforcement activity, the network of heroin and dealers appeared limitless. Participants and community professionals discussed fentanyl-cut heroin. Treatment providers observed that fentanyl in heroin was trending. Both respondent groups expressed concern about how frequently overdose occurs. Heroin use continued to span a wide range of individuals.

Participants attributed increased Suboxone® availability to pain management clinics which began prescribing the drug to patients. Community professionals also attributed the increase in Suboxone® availability to increased numbers of prescriptions written and the overall increased use of heroin. In addition to obtaining Suboxone® by prescription from drug treatment centers and pain management clinics, participants reported acquiring this drug from friends and dealers, particularly connected with heroin. Participants and community professionals indicated that Suboxone® was commonly abused.

Participants and community professionals reported no change, or perhaps a decrease, in availability of low-grade marijuana and increased availability of high-grade marijuana. Participants remarked upon the increased availability of high-grade marijuana due to the proximity of states where marijuana is legal. Reportedly, higher quality marijuana is the most available type of marijuana throughout the region. Participants commented that regular, low-grade marijuana could not be found.

Additionally, participants reported increased availability of marijuana concentrates during the previous six months. Marijuana concentrates and extracts 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 substance. These concentrates are known to contain very high THC content. Participants attributed the increased availability of this drug, in part, to the increased availability of tools and equipment needed to create and consume the extracted product. Participants and community professionals remarked that these extracts were very potent.

Participants estimated that out of 10 marijuana concentrate users, all of them would smoke the drug with a vaporizer device. Universally, respondents felt marijuana use was widespread. A treatment provider remarked on how marijuana was consistently the most identified drug of use by clients during intake interviews despite any demographic. Participants and law enforcement described typical concentrate and extract users as marijuana connoisseurs.

Participants reported increased availability of methamphetamine and purported that heroin and methamphetamine trafficking were interrelated. Generally, participants reported obtaining methamphetamine from outside the region in adjacent OSAM regions: Akron-Canton and Youngstown.

Finally, ecstasy remained highly available in the region. Participants reported loose powder as the most popular form of the drug and purported it to be pure MDMA known as "molly." Although molly was often sold as a "pure" form of MDMA, several participants related that the powder was cut with other substances, such as bath salts, cocaine and methamphetamine. Participants reported that the most common locations to obtain ecstasy or molly were nightclubs, strip clubs and raves (dance parties). Participants described typical ecstasy/molly users as people who are drawn to hallucinogens, as well as young club-goers.

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 '8.' One participant shared, "[Powdered cocaine is] *easy to get. I could go to one person and I know where to get it or go to multiple people … it's around*. [The availability of powdered cocaine is] *a '9' or a '10*.'" Another participant added, "*Most of my dealers had heroin and* [powdered] *cocaine*." Community professionals most often reported current availability as '6' or '7;' the previous most common score was '5.' Several treatment providers stated: "[Powdered cocaine is] *still there*." One treatment provider went on to say, "[Availability of powdered cocaine is] *really bad (prevalent)*."

Corroborating data also indicated the presence of cocaine in the region. American Court and Drug Testing Services reported that 5.8 percent of the 1,474 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 33.7 percent of the 163 drug overdose deaths it processed during the past six months involved cocaine (crack and/or powdered cocaine). In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. A tip from a concerned citizen led to the arrest of three men in Cuyahoga County who were found with cocaine and marijuana in their possession (www.cleveland.com, Aug. 31, 2014).

Participants reported that the availability of powdered cocaine has remained the same during the past six months. One participant stated, "*You can get* [powdered cocaine] *whenever you want it*." Treatment providers also reported that availability has remained the same. One treatment provider stated, "[Powdered cocaine is] *there … it's just the trend is heroin right now and not* [cocaine], *but there are people who like to use it together*." One detective shared that few powdered cocaine arrests have been made during the past six months in the village where he works and suggested a decrease in availability of the substance. He stated, "*We just don't see* [powdered cocaine] *right now*." The BCI Richfield Crime Lab reported that the number of powdered cocaine cases it processes has increased during the past six months, while the Lake County Crime Lab reported a decreased number of cases.

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 '7-8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '7.' Participants reported that powdered cocaine in the region is most often cut (adulterated) with baking powder. Other cuts reported were aspirin, baby laxatives, baking soda, Novocain® (procaine), prescription opioids and vitamin B-12. One participant explained that Novocain® is used because it produces a numbing sensation similar to cocaine when snorted, which makes buyers think that the powdered cocaine they are purchasing is pure. One participant suggested increased quality of powdered cocaine during the past six months and reasoned, "[Powdered cocaine quality] *got better because more people are using it*."

Powdered Cocaine	Cutting Agents Reported by Crime Lab
	acetaminophen levamisole (livestock dewormer) benzocaine, lidocaine and procaine (local anesthetics) mannitol (diuretic)

Reports of current street prices for powdered cocaine were fairly consistent among participants with experience buying the drug; however, several responses indicated fluctuation in pricing depending on amount purchased and connections with the dealer. A participant commented, "Y*ou can get more for the money when you buy more*." Another participant stated, "*I always just eyeballed* [the quantity, instead of weighing it out] *because I was close with* [the dealers]." Participants reported that powdered cocaine is most often purchased in gram amounts.

Powdered Cocaine	Current Street Prices for Powdered Cocaine	
	1/10 gram	$10
	1/2 gram	$50
	1/8 ounce (aka "eight ball")	$100

Participants reported that the most common route of administration for powdered cocaine remains snorting (aka "railing"). Participants estimated that out of 10 powdered cocaine users, six or seven would snort and three or four would smoke the drug. One participant replied, "*Most people snort* [powdered cocaine] … *90 percent probably snort*." Another participant explained, "*You can smoke* [powdered cocaine], *too. Some people lace it with their cigarettes*."

A profile for a typical powdered cocaine user did not emerge from the data. A participant commented, "*I know people in the medical field* [who use powdered cocaine] *and bums on the street. It don't matter. There are no stereotypes*." Another participant said, "*There are celebrities and rich people* [using powdered cocaine], *too. It's used at parties because it is quick and clean to do it*." One participant stated, "*Young black people smoke it*," while another commented, "*Young white girls use it most*." Both statements had participants agreeing with them, thus supporting the lack of a consistent profile of a user.

Community professionals agreed that typical powdered cocaine users are often white individuals who are already using marijuana and heroin. A treatment provider commented, "*I think there are more Caucasians using* [powdered cocaine] – *middle-age, both males and females*." A law enforcement officer reflected, "*Right now* [the powdered cocaine users we see] *would be male, Caucasian. Age? I don't really know right now because we have not had a lot of contact with powdered cocaine in a while*." A treatment provider explained, "*Heroin users would also use powdered cocaine because they mix the heroin with the 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.' Participants stated: "*I can get* [crack cocaine] *when I want; It's easy to get, it's everywhere; It's all around*." A few participants suggested availability differs depending on location, as one participant explained, "*Where I live at, I think* [crack cocaine availability] *is a '6,' but in actuality with transportation it would be at a '10.'*" Another participant added, "*All my dope boys (heroin dealers) sold both heroin and crack (cocaine)*."

Treatment providers most often reported the current availability of crack cocaine as '8;' the previous most common score was '7.' One treatment provider stated, "*I don't hear people saying they are using something else because they can't get crack*." Several treatment providers suggested location determines availability for crack cocaine and commented: "*You won't find crack rolling down the streets in Willoughby (Lake County) like you would in East Cleveland (Cuyahoga County); You won't find crack in suburbs as easy as the inner city … It's availability is a '6' in the suburbs, but '10' in inner cities*." Similarly, law enforcement in a small village reported, "*We don't see crack*."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A Cleveland man is facing drug charges after being shot while riding a bicycle due to crack cocaine found at the scene of the shooting (www.cleveland.com, Aug. 12, 2014). A young adult is now connected with a Cleveland residential center that serves adult survivors of human trafficking; taken from her home town of Barberton (Summit County; Akron-Canton OSAM region) at age 16, the person she thought was her boyfriend forced her to have sex with people from Ohio to New York and took the money she brought in to support his crack cocaine habit (www.newsnet5.com, Jan. 21, 2015).

Participants reported that the availability of crack cocaine has remained the same during the past six months. A participant said, "*For me* [availability of crack cocaine] *pretty much stayed the same*." Another participant stated, "*I don't do* [crack cocaine], *but I know people who do, so* [the availability] *stayed the same*." Treatment providers also reported that availability of crack cocaine has remained the same during the past six months. One counselor reported, "*We still see* [crack addicts] *in treatment*." 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 comment
	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 '9.' When asked to explain a high quality rating one participant said, "*Crack is like a ghost, you chase it. You go back again and again and again. You keep coming back.*" Another said, "[My dealer] *cooks his own 'shit' (crack), so* [quality is] *a '10.'*"

Participants reported that crack cocaine in the region is cut (adulterated) with baby laxatives, baby formula, baking powder, baking soda, ether, Novocain®, Orajel® and vitamin B-12. One participant reported, "*They put everything in* [crack cocaine]." Another participant said, "*There is something else they put in it and it actually 'blows it up' (makes it appear as a larger quantity), it's called 'blow up' or 'blow' but I don't know what it is.*" Overall, participants reported that the quality of crack cocaine has remained the same during the past six months.

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

Participants indicated that crack cocaine is primarily sold by the 'rock' (small pieces). This reporting period participants found it difficult to identify the amounts of crack cocaine by weight of the pieces purchased, but provided the descriptions instead. The smallest unit discussed was a one hit, or dose amount, that was also called a 'dot.' A participant explained, "*It's like the size of a Nerd® candy and costs two bucks.*" However, most participants reported the smallest unit of crack purchased is approximately 1/10 gram, $10 increments, called a 'dime;' several participants agreed with a participant who commented, "[Crack dealers] *do not sell anything less than dimes (1/10 gram amounts) unless you special, and it's $10.*" Still other participants spoke of purchasing a 'rock' or 'chunk' of crack the size of a Skittles® candy which cost about $20, as one participant explained, "*It is $20 a rock, but not really weighed.*" Still another participant noted a $40 amount of crack called '20 dubs,' which is now sold in the region for only $20. Participants did not give details about why purchasing 'dubs' is less expensive.

Crack Cocaine	Current Street Prices for Crack Cocaine	
	One dose (aka 'hit' or 'dot')	$2
	1/10 gram (aka 'dime')	$10
	2/10 gram (aka 'chunk')	$20

Participants reported that the most common way to use 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. Reportedly, the smoking method of crack cocaine varies. For instance, while one participant said, "*You smoke* [crack cocaine] *in a crack pipe,*" another participant stated, "*You … roll it in cigarettes.*" However, another participant replied, "*I tried* [to roll crack cocaine in cigarettes], *but it didn't do anything for me.*" Still others went on to explain: "*You mix* [crack cocaine] *with your weed or cigarette tobacco; You smoke it on a can; I melted it down before and shot it.*" A participant said, "*I seen people shoot* [crack cocaine], *but it's not that common* [as smoking]."

A profile for a typical crack cocaine user did not emerge from the data. Several participants commented: "[Crack cocaine] *don't discriminate; It doesn't matter who you are.*" However, a couple female participants explained that, for them, using crack cocaine means prostitution: "*When I was smoking* [crack cocaine], *I was prostituting. I can't do one without the other; Me, too.*"

Community professionals also found it difficult to describe a typical crack cocaine user. Treatment providers differed in their reporting: "*It's African-American males and females; There are probably equal amounts of* [crack cocaine addicted] *males and females in treatment; It's African-American males and females and inner-city Caucasians, especially white older men; It's African-American females where I see it most.*" Another treatment provider added, "*Heroin users use a lot of crack, too.*" Law enforcement reported, "*Caucasian male is the higher* [crack] *user* [I see] … *and if in adolescence,* [crack use is] *eighth grade up.*"

Heroin

Heroin remains highly available in the region. Participants and community professionals continued to report the general 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.' Several participants agreed: "[Heroin is] *everywhere and easy to get; I knew six or seven people who had it every day.* [Availability is] *definitely a '10.'*" A participant shared, "[Heroin availability is] *more than a '10.'* [I don't call dealers], *dealers call me*." Treatment providers commented: "[Heroin is] *all I see. The trend is heroin now; Heroin is like the cocaine of the '80s ... you go to a party and heroin is there*; [Heroin is] *being passed around at parties. They want what is exciting out there. If someone is getting that high, they want it*." A public health professional stated, "*From our standpoint, there was that fear of using the needle and being labeled a 'junkie,' but that fear is not there ... It's scary how powerful and available* [heroin] *is*."

While many types of heroin are currently available in the region, participants and community professionals reported that powdered heroin, brown or white in color, is most available. One participant stated, "*Powder* [heroin], *in general, is more available, but brown powder more so* [than white powder]." A few participants described brown powdered heroin: "*Like white/tan powder; Brown* [heroin] *is light brown, like a beige* [color]." Other participants described white powdered heroin: "*Looks like powder, you know … like baby powder; It looks like a crushed up pill, but a little different color … but the same consistency; It looks like white* [powder], *but not totally white, kinda dirty white and consistency is like cocaine*." Still another participant shared, "*I had gray heroin, pink heroin and blue heroin*." Treatment providers were also aware of greater availability of powdered heroin, as one provider commented, "[Available heroin is] *all powder now*." Treatment providers also discussed a variety of heroin colors: "*Recently, I've even been hearing about pink heroin; I heard them saying there was blue heroin, too*."

Corroborating data also indicated the high presence of heroin in the region. American Court and Drug Testing Services reported that 16.5 percent of the 1,474 individuals screened through its Medina lab during the past six months were positive for opiates. The Cuyahoga County Medical Examiner's Office reported that 55.2 percent of the 163 drug overdose deaths it processed during the past six months involved heroin.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Thirty-one individuals were arrested and face charges following one of Cleveland's largest heroin ring drug busts (www.cleveland.com, July 12, 2014); the majority of those arrested have been chosen to participate in a new drug court and naloxone distribution program in Cuyahoga County which focuses efforts on treatment and recovery of addicts who are in trouble with the law (www.cleveland.com, Aug. 20, 2014). A year-long investigation led to the arrest of seven people who were part of a large heroin drug ring in Lorain and Cuyahoga counties; 1,100 grams of heroin were seized during the raid (www.cleveland.com, July 31, 2014). Detectives witnessed a drug deal at a convenience store in Cleveland and subsequently arrested two men; one had 20 grams of heroin, a small amount of marijuana and baby formula (often used as a cutting agent), while the other man had three bags of heroin, some marijuana and 16 unspecified pills (www.cleveland.com, Aug. 8, 2014). Two men face drug charges in Medina (Medina County); one for trafficking heroin and the other for allowing drug deals in his residence (www.cleveland.com, Aug. 11, 2014). A woman was arrested in Willoughby (Lake County) when she was caught stealing steak and shrimp from a grocery store with the intent to sell them to support a heroin habit (www.fox8.com, Jan. 14, 2015). A two-month investigation led to the arrest of four adults; charges focused on heroin trafficking and possession, yet cocaine and codeine syrup were also found at the scene (www.cleveland.com, Jan. 16, 2015). A Mentor (Lake County) man was arrested and faces charges for trafficking heroin within 1,000 feet of a school (www.newsnet5.com, Jan. 26, 2015).

In continuing efforts to mitigate the heroin epidemic, law enforcement is arresting individuals who have a role in the overdose deaths of addicts. A Cleveland woman is facing charges for her role in the heroin overdose death of her boyfriend (www.kpho.com, July 23, 2014). A man is facing charges for driving two women from Euclid (Cuyahoga County) to Cleveland to purchase heroin and one of the women died in Mentor (Lake County) the next day from heroin overdose (www.cleveland.com, Jan. 14, 2015). Media followed a story concerning an inmate who overdosed on fentanyl-laced heroin that his girlfriend sewed into clothing that she brought into the jail (www.newsnet5.com, Jan. 28,

2015); the woman was arrested and after the original dealers sold heroin/fentanyl to undercover officers and attempted to flee, they were apprehended (www.19actionnews.com, Jan. 28, 2015).

Participants indicated that black tar heroin is less available and described this substance as follows: "*Tar (black tar heroin) is sticky, like molasses; Tar is like wet instant coffee, gooey and sticky, dark brown or blackish and oily.*" A participant explained, "*If you want* [powdered heroin], *it's not hard to find … But* [availability of black] *tar* [heroin] *is like a '5.'*" Other participants agreed and stated: "*Black tar is hard to get; There aren't many places I can find* [black tar heroin]*; I haven't seen tar in like six months.*"

Participants reported that the general availability of heroin has increased during the past six months. Participants remarked: "[Availability of heroin is] *getting worse and worse (increasing) every day;* [Heroin is increasing in availability because] *it's more cheaper than pills (prescription opioids) and crack.*" Community professionals also reported that the general availability of heroin has increased during the past six months. Treatment providers commented: "*Yes,* [heroin availability is] *increasing and seems like more people are becoming addicted in general;* [Heroin] *has steadily … been on the increase as the pills have become less available; It's cheaper than the pills.*"

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. Lake County Crime Lab reported that the number of powdered heroin (white, tan, brown and gray) cases it processes has declined, while the number of black tar heroin cases has remained the same 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 reported the current overall quality of heroin as '7' and the quality of white powdered heroin as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); previous scores were '6' and '9' respectively. A participants commented "*They cut* [heroin] *with a lot of stuff now.*" Participants reported that heroin in the region is often cut (adulterated) with fentanyl. One participant commented, "*Cutting* [heroin] *with fentanyl keeps it cheap.*" Additional cuts include: baby formula, cold medicine, prescription opioids and sedative-hypnotics. Overall, participants most often reported that the general quality of heroin has decreased during the past six months, while noting that the quality of black tar heroin has remained the same.

Heroin	Cutting Agents Reported by Crime Lab
	acetaminophen
	caffeine
	diphenhydramine (antihistamine)
	mannitol (diuretic)
	quinine (antimalarial)

Reports of current street prices for heroin were consistent among participants with experience buying the drug. Participants and community professionals often commented on how cheap heroin is compared to other drugs, especially prescription opioids. One participant specifically reported that heroin is less expensive than prescription pills or crack cocaine, while another participant explained, "[The price of heroin is low] *because a lot of people are using it.*" Other participants shared that dealers typically buy in larger quantities and pay less for the drug.

Heroin	Current Street Prices for Brown Powdered and Black Tar Heroin	
	1/10 gram	$20
	1/2 gram	$80
	A gram	$130-160

While there were a few reported ways of using heroin, generally the most common routes of administration are snorting and intravenous injection (aka "shooting"). Participants estimated that the majority of heroin users begin by snorting and progress to shooting the drug. A participant added, "*Some people smoke* [heroin], *but rarely.*" Another participant explained, "*I know most people shoot* [heroin] *after a while … but you mostly only smoke tar.*" Community

professionals recognized intravenous injection as the most common route of administration for heroin. A law enforcement officer commented, "*Our arrests are typically with intravenous* [heroin users]." A public health professional explained, "*There was a fear with using a needle, but now* [new users] *can snort* [heroin]*, so there isn't the fear anymore … Fear is just not there when they try it* [for the first time]." A treatment provider shared, "[Heroin users] *have a relationship with the needle …* [Even when they don't have heroin, clients tell me that] *they put warm water in the syringe just to feel that rush. It's a love of that* [needle]."

In addition to purchasing needles from dealers, participants also reported buying them from diabetics and pharmacies. Participants who had experience purchasing needles from dealers shared pricing information: "*25 units (needles) sold for about $60;* [Needles] *were $3 apiece on the street*." Several participants shared that they obtained needles from diabetics and commented: "*I would get needles from my diabetic friends; There is all these diabetics running around here … so most people get* [needles] *from them*." Participants agreed that purchasing needles from pharmacies is becoming more difficult as many stores are limiting purchases or requiring a prescription for needle purchases. One participant divulged, "*I would steal* [needles] *from my doctor*."

A profile of a typical heroin user did not emerge from the data. Participants and community professionals found it difficult to profile a typical user because as infrequent heroin use becomes an addiction, the profile seems to change. For that reason, several participants and professionals commented that heroin does not discriminate and often encompasses a wide range of individuals. One participant commented, "*There's no type, everyone uses.*" A treatment provider stated, "*Heroin users go across the spectrum*."

However, both participants and community professionals described users as suburban, but indicated that once users are addicted, they often lose their jobs and/or move to the inner city. Participants commented: "*The biggest thing I see is suburban people; It's a lot of middle class using heroin; You don't have too many people in occupations that use*." A treatment provider explained, "*It starts in the suburbs and then moves to city living …* [Heroin users] *are raised in the suburbs and then moving to the inner city when addicted*." In addition, both participants and community professionals indicated that prescription opioid users often turn to heroin. A participant commented, "*People on painkillers use heroin*." A public health professional also commented, "*A lot of it is pills and heroin … because* [prescription opioids] *usually are a stepping stone before heroin*."

Prescription Opioids

Prescription opioids remain highly available in the region. Participants and community professionals continued to the report 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 for both groups was also '10'. A participant commented, "[Opioids] *are prescribed, a lot of people have them*." Other participants shared: "*It ain't hard to get* [prescription opioids] *on the streets; They are, for sure, on the streets*" A treatment provider remarked, "*Anything you can get a prescription for is a '10'*." Likewise, a law enforcement officer reflected, "*Any investigation I am on, on the diversion end, it is a '10' … Anything you want to get a script for, you can get*. [Prescription opioids are] *everywhere*."

Participants identified Percocet® as the most popular prescription opioid in terms of widespread illicit use, followed by Vicodin® and Suboxone®. Similarly, community professionals identified Percocet® as most popular. A treatment provider explained, "*Percocet® is like a step to heroin*." Other treatment providers noted some other drugs: "*I see methadone being abused; I see more Opana® now*."

Corroborating data also indicated the presence of illicit prescription opioids in the region. American Court and Drug Testing Services reported that 7.7 percent of the 1,474 individuals screened through its Medina lab during the past six months were positive for oxycodone. The Cuyahoga County Medical Examiner's Office reported that 30.7 percent of the 163 drug overdose deaths it processed during the past six months involved one or more prescription opioids; of note, 22 percent of these prescription opioid cases involved fentanyl.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A man crashed his vehicle into a tree while high on oxycodone; he was taken to the nearest hospital and faces OVI (operating a vehicle impaired) and drug possession charges (www.cleveland.com, July 15, 2014). An 18-year-old was arrested after attempting to evade police in Shaker Heights (Cuyahoga County); with the help of canine officer, the man was found in possession

of prescription opioids and marijuana (www.cleveland.com, July 25, 2014).

There was an equal number of participants reporting that the general availability of prescription opioids has increased as there was reporting that general availability has decreased during the past six months. Participants who perceived an increase in availability stated: "*There are more prescriptions around, so people know who to ask; More Suboxone® and Percocet® are around.*" Those who felt prescription opioids are less available reasoned: "*Doctors are limiting quantities now . . . it has to be something excruciating for you to get a prescription; Cops are targeting pill mills and doctors now, so there are less prescriptions out there.*" Still another participant suggested, "*There are less pain pills because of less prescriptions, but more Suboxone®.*" Treatment providers reported a slight decrease in availability of prescription opioids during the past six months. One treatment provider reasoned, "*Doctors have to run the OARRS (Ohio Automated Rx Reporting System) reports now, so there is more monitoring.*"

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. Lake County Crime Lab reported that number of fentanyl cases it process has increased during the past six months, while the number of OxyContin®, Percocet® and Vicodin® cases has decreased.

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

Reportedly, many different types of prescription opioids are currently sold on the region's streets. Most participants stated that prescription opioids are most often sold for $1 per milligram. However, a participant noted, "*Opana® and 'oxys' (OxyContin®) may be more expensive.*"

Prescription Opioids	Current Street Prices for Prescription Opioids	
	Percocet®	$1 per mg
	Vicodin®	$.50 per mg
	Norco®	$8 per pill (mg unspecified)
	Opana®	$120 for 80 mg
	OxyContin®	$40 for 20 mg
	Ultram®	$1 per pill (mg unspecified)

In addition to obtaining prescription opioids on the street from dealers, participants also reported getting them from people who have prescriptions. A participant remarked, "*People buy* [prescription opioids] *from poor people.*" One participant shared, "*My friend's mom who had cancer had* [prescription opioids]." Other participants shared how their primary source of these drugs changed throughout their addiction: "*I was prescribed* [prescription opioids] *at first and then just got them from my dealer; My mom had them, but then I got* [prescription opioids] *off the streets.*"

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. A participant remarked, "*You take* [prescription opioids] *like Tic Tacs®.*" Other participants shared details in how they snorted prescription opioids: "*You crush the pills and snort them; I melt 'em down and I snort 'em.*" Additional routes of administration included intravenous injection (aka "shooting") and parachuting. A participant explained parachuting: "*You crush* [the pill] *up in napkin and then swallow it.*" Other participants elaborated on injecting these drugs: "*You crush* [pain pills], *mix 'em with meth (methamphetamine) and shoot. A lot of people I know shoot 'percs' (Percocet®).*"

Participants described typical illicit users of prescription opioids as heroin users, suburban kids, individuals who got addicted to pain pills due to injury and older adults. Community professionals described typical illicit users of prescription opioids as heroin users, 20-50 years of age, suburban, white and more often female. A treatment provider commented, "*Heroin users, but if not on heroin ... 20 to 30 year old Caucasian females from the suburbs.*" Another treatment provider agreed and described illicit prescription opioid users as: "*Young, female, Caucasians, suburbs, sprinkled in with older women.*" Law enforcement reflected, "*We would see a little broader demographic with pills (prescription opioids) than we do with heroin ... more apt to be a higher age range ... with*

pills there is a wider demographic on arrests. We will see typically, again based upon location, is Caucasian, but a wider demographic of males and females … and it ranges from 30 to 50 plus [years in age]."

Suboxone®

Suboxone® remains highly available in the region. Participants most often reported 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.' Participants shared: "[Suboxone® is] *easy to get, real easy; Suboxone® is the easiest thing for me to get on the streets.*" A participant added, "*I know drug dealers that send people to Suboxone® clinics just to get it to sell.*" Another participant explained, "*You buy* [Suboxone®] *on the streets* [so as] *not to get sick when coming off heroin.*" Community professionals most often reported current availability as '9;' the previous most common score was '7.' A treatment provider stated, "*If* [addicts] *can't find heroin or 'oxys' (OxyContin®), they get Suboxone® off the streets.*" Another treatment provider agreed and commented, "*Yeah* [addicts] *use* [Suboxone®] *to curb withdrawal until they find more heroin.*"

Corroborating data also indicated the presence of Suboxone® in the region. American Court and Drug Testing Services reported that 7.9 percent of the 1,474 individuals screened through its Medina lab during the past six months were positive for buprenorphine, an ingredient in Suboxone®. In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. An Ashtabula man was arrested in Bratenahl (Cuyahoga County) following a traffic stop; drug charges included possession for nine Suboxone® sublingual strips, 1.8 grams of heroin and over 100 sedative-hypnotic pills found in his vehicle (www.cleveland.com, July 16, 2014).

Participants reported that the availability of Suboxone® has remained the same during the past six months. A participant replied, "[Suboxone® is] *still very easy to get.*" Community professionals also reported that availability of Suboxone® has remained the same. The BCI Richfield and Lake County crime labs reported that the number of Suboxone® and Subutex® cases they process has increased during the past six months.

Suboxone®	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 Suboxone® (pill and sublingual film) were consistent among participants with experience buying the drug: 8 mg sells for $10-15. However, one participant boasted, "*I can sell* [Suboxone®] *for $15 - $20 a pill.*" In addition to obtaining Suboxone® on the street from dealers, participants also reported getting the drug prescribed from a physician or Suboxone® clinic. A participant shared, "*I just get mine* [Suboxone®] *on the streets.*" Another participant commented, "*I know some people who just sell their Suboxone® for heroin.*"

While there were a few reported ways of consuming Suboxone®, generally the most common route of administration remains oral consumption. A participant stated, "*You can chew 'subs' (Suboxone®) … the 'orange stop signs' (orange-colored, octagonal-shaped Suboxone® pills).*" Additional methods include snorting and intravenous injection (aka "shooting"). A participant shared, "*You can shoot the 'strip' (Suboxone® sublingual filmstrip) ... You put water on the spoon with a little piece of cotton and let* [the Suboxone®] *dissolve and then shoot it.*"

Participants described typical illicit users of Suboxone® as people who are self-medicating. Participants explained that most illicit users are: "*Trying to get off pills and heroin; … trying to detox.*" Community professionals also noted that typical illicit users are those who are self-medicating, most often to avoid withdrawal. A treatment provider commented, "*I see that in treatment … they may have a legitimate reason to use* [Suboxone®] *… to try and stay away from withdrawal.*" A public health professional stated, "*I see* [heroin addicts] *using* [Suboxone®] *to control withdrawal.*"

Sedative-Hypnotics

Sedative-hypnotics hypnotics (benzodiazepines, barbiturates and muscle relaxants) are highly available in the region. Participants most often reported the current availability of these drugs as '8' on a scale of '0' (not avail-

able, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10.' Participants identified Xanax® as the most popular sedative-hypnotic in terms of widespread illicit use, followed closely by Klonopin® and Valium®. Most participants reported only two or three sedative-hypnotic drugs encountered during the past six months and comments were similar: "*Valium®, Klonopin® and Xanax® is pretty much all I've seen; I see Xanax®, Valium® and Klonopin® the most these days; I'm seeing Soma® and Xanax® … that is about it.*"

Community professionals most often reported current availability of sedative-hypnotics as '10;' the previous most common score was '7.' Community professionals identified Xanax® as the most popular sedative-hypnotic in terms of widespread illicit use. A treatment provider commented, "*I'm seeing a lot of Xanax®, Klonopin®, Ambien®.*" Another treatment provider responded, "*When reading charts, the benzos (benzodiazepines) … I am seeing Ambien®, Klonopin® and Soma®.*"

Corroborating data also indicated the presence of sedative-hypnotics in the region. American Court and Drug Testing Services reported that 5.6 percent of the 1474 individuals screened through its Medina lab during the past six months were positive for benzodiazepines. The Cuyahoga County Medical Examiner's Office reported that 18.4 percent of the 163 drug overdose deaths it processed during the past six months involved sedative-hypnotics.

Participants reported that the general availability of sedative-hypnotics has decreased during the past six months, while treatment providers and law enforcement reported that general availability has remained with the following exceptions: "*There are more prescriptions for Xanax® out there for sale now; Soma® is on a resurgence … I've seen an increase in the last six months; Klonopin® is increasing.*" 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; Lake County Crime Lab reported a decrease in the number of sedative-hypnotics cases it processes.

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

Reportedly, many different types of sedative-hypnotics are currently sold on the region's streets. Reports of current street prices for sedative-hypnotics were consistent among participants with experience buying these drugs. Most participants talked about Xanax® by referring to the shape or color of the pill; one participant explained, "*Different colors are just different brands and different makes.*" Participants also had limited knowledge as to the dosage amounts of some pills. For example, participants simply reported: "*Klonopin® is $2 a pill;* [Klonopin® is] *a couple o' bucks apiece.*"

Sedative-Hypnotics	Current Street Prices for Sedative-Hypnotics	
	Klonopin®	$2 per pill (mg unspecified)
	Xanax®	$2-2.50 for 0.5 mg $2 for 1 mg $4-5 for 2 mg

In addition to obtaining sedative-hypnotics on the street from dealers, participants also reported getting these drugs from family members or by prescription from physicians. One participant commented, "*I would get them from other users.*" Still other participants divulged: "*My grandma had Ambien® that I took; I never bought pills* [on the street], *but bought Xanax® from my aunt.*"

While there were a few reported ways of consuming sedative-hypnotics, generally the most common route of administration for illicit use remains oral consumption (aka "popping"), followed by snorting. Participants elaborated on oral consumption and reported that several people who orally ingest these pills will 'parachute' them, which means placing a crushed pill in a piece of tissue and swallowing it. Participants estimated that out of 10 illicit sedative-hypnotic users, eight would orally consume (including parachuting) and two would snort the drugs.

Participants described typical illicit sedative-hypnotic users as mothers, people with anxiety and heroin users. One participant described typical illicit users of these drugs as, "*Soccer moms with anxiety.*" Treatment providers described typical illicit users as more often white, 18-34 years of age and female. Treatment providers commented: "*Young Caucasians; I see it more in young white females … 18–34 year olds mostly; 18-34 is the most common age group.*" Law enforcement stated, "*Xanax® is highly abused by*

adolescents, but I've seen it trend away in last 12 months. It's white females … 30 [years] *plus now; The young 18-30 year olds … Caucasian, unemployed, drug dealing*."

Marijuana

Marijuana remains highly available in the region. Participants and community professionals continued to most often report 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 for both groups was also '10.' Participant comments included: "[Marijuana availability is] *like a '20' in availability; Ha, I'd say it's like '100;' It's all over because it's legal in a few states.*" A treatment provider remarked, "[Clients] *don't even consider* [marijuana] *a drug*." Another treatment provider explained, "[Clients] *come in to detox and don't tell us they smoke 'pot' (marijuana) and then when we ask them later on they tell us they smoke pot daily … It never even crosses their mind to tell … at intake because it is like a cigarette to them*."

"Marijuana concentrates" and "marijuana extracts" reference products derived from medicinal alchemy of marijuana: an extraction of tetrahydrocannabinol (THC) from high-grade marijuana leaves by heating it with butane and creating a brown, waxy, hard substance. Reportedly, marijuana concentrates and extracts (aka "dabs") are also available throughout the region, although participants did not rate the current availability of this marijuana product; the previous most common score was '10.' These concentrates are known to contain over 90 percent THC. A participant explained, "*There are also 'dabs' (marijuana waxy derivative) … There is a couple of different types of dabs … you have to cook it like meth almost. You take the weed and you extract all the THC out of it … and it's like 100 percent THC*."

Corroborating data also indicated the high presence of marijuana in the region. American Court and Drug Testing Services reported that 18.2 percent of the 1,474 individuals screened through its Medina lab during the past six months were positive for marijuana. The Cuyahoga County Department of Children and Family Services reported that marijuana represented 67 percent of the cases with their START Unit (Sobriety Treatment and Recovery Teams) as the moms' drug of choice during the past six months.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. While officers searched a vehicle following a traffic stop in Cuyahoga County, the driver was found eating marijuana in the back of a cruiser (www.cleveland.com, July 10, 2014). Police were called to a residence in Cuyahoga County for marijuana odor; officers found a man smoking marijuana and additional marijuana inside the apartment (www.cleveland.com, July 10, 2014). Several young adults were arrested and/or face charges after disorderly conduct and resisting arrest during a community festival in South Euclid (Cuyahoga County); one teen attempted to evade police, but was apprehended and had several baggies of marijuana in his pants (www.cleveland.com, July 14, 2014). Police arrested a mother after neighbors called police because her 3-year-old boy was found wandering around outside while she slept; marijuana and other drug paraphernalia were seized from the residence (www.cleveland.com, July 30, 2014). A driver was arrested following a traffic violation when the officer saw him attempt to conceal a bag of marijuana (www.cleveland.com, July 8, 2014). While geocaching with his family, a man contacted the police after finding a bag containing marijuana, three needles and a spoon (www.cleveland.com, July 12, 2014). Two small bags of marijuana were found in a vehicle during a traffic stop in Cuyahoga County (www.cleveland.com, July 18, 2014). Ohio's BCI Marijuana Eradication, a program which removes marijuana plants and crops growing illegally throughout the state, seized 729 marijuana plants from Cuyahoga County during the past year which is a large amount for an urban county (www.cleveland.com, Aug. 8, 2014). Just over 100 marijuana plants were found throughout a residence in Olmsted Falls (Cuyahoga County); the resident will be charged for drugs, as well as child endangerment as a minor was located in the home (www.newsnet5.com, Aug. 31, 2014). A routine traffic stop in Lorain County turned into an arrest and seizure of more than six pounds of marijuana (www.statepatrol.ohio.gov, Jan. 6, 2015). A man and woman are facing drug charges due to 235 pounds of marijuana found in their pickup truck when Ohio State Highway Patrol (OSHP) pulled them over in Lorain County for a marked lanes violation (www.wkyc.com, Jan. 29, 2015).

Participants reported that the availability of marijuana has remained the same during the past six months; however, participants noted an increase in marijuana concentrates and extracts. Participants commented: "*Anyone can get* [marijuana] *still;* [Marijuana] *being legal in some states helps because it's more accepted*." One participant suggested that the demand for high-grade marijuana has increased availability of the substance and noted, "'*Loud' (high-grade marijuana) is more available because it is better*." Participants also discussed marijuana concentrates and extracts: "*Dabs is like,*

definitely a lot more common; Definitely, increased in the last six months. It's more now because you can make them at home."

Community professionals also reported that availability of marijuana has remained the same during the past six months. A treatment provider remarked, "*I've never heard anyone say they can't get marijuana.*" Another treatment provider reasoned, "[Marijuana is consistently] *available to the user and the perception is like … that it is a cigarette because it is legal in so many places now.*" The BCI Richfield Crime Lab reported that the number of marijuana cases it processes has increased during the past six months, while Lake County Crime Lab reported that the number of cases it processes has decreased.

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

Despite a wide range of scores reported for quality of marijuana during the past six months, participants most often reported the general overall quality of the drug as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was also '10.' Several participants explained that the quality of marijuana depends on whether the user buys "commercial weed" (low- to mid-grade marijuana) or hydroponic (high-grade marijuana). A participant explained, "*When* [marijuana is] *really green, it is good stuff.*" Logically, participants related that high-grade marijuana is consistently higher in quality throughout the region when compared to its low-grade counterpart, as participants explained: "*Good 'weed' (marijuana) is called 'dank;' Dank is the best; 'Dro' (hydroponically grown marijuana) is same as dank; Dank is a '10'* [for quality], *but 'reggie' (lower quality regular marijuana) is a '3' or '4'* [for quality]." Lower quality marijuana was also discussed among participants who shared: "*'Whack weed' - it's regular mess (marijuana) and is around, but quality is a '1;' Reggie is brownish-green and hard looking … like a '4'* [on the quality scale]."

Participants further discussed different types of high-grade marijuana: "*'California' is marijuana shipped from California and it is better quality; I buy 'kush' … it's stronger; 'Loud' lasts longer, but is just as good as kush; There is 'purple kush' … it has purple hairs on them and quality is like a '10' for sure; There is also 'white widow' that is really good weed. It's lighter green and is better than kush.*" A few participants referred to marijuana concentrates and extracts and reported: "*Then there is hash oil … it's pure THC and oil you can smoke.*" Law enforcement also noted the high quality of marijuana throughout the region, as one officer commented, "[Law enforcement is] *seeing that the quality* [of marijuana] *is exceedingly better in the last five years.*"

Reports of current street prices for marijuana were consistent among participants with experience buying 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.

Marijuana	Current Street Prices for Marijuana	
	Low-grade:	
	A blunt (cigar) or two joints (cigarettes)	$5 (or $10 if laced with PCP and/or embalming fluid, aka 'wet')
	A gram	$10-15
	1/8 ounce	$45
	High-grade:	
	A blunt (cigar) or two joints (cigarettes)	$10
	1/8 ounce	$60

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 also reported that marijuana concentrates and extracts are also primarily smoked and explained: "*Nowadays, it's common to smoke dabs. You need a dab rigs to smoke or you can smoke it out of a 'pen' (vaporizing device). The most common way is like getting a glass bowl and you get a stick and there is a blow stick and you like light it up with the blow torch. The wax goes down into like a smoke … it's called 'dabbing.'*"

In addition, participants mentioned using marijuana in edibles. One participant shared, "*There are edibles, too … I used butter or oil and then you put the weed in it and simmer it and then you bake food with it.*" Another participant agreed and commented, "*Yeah, you cook weed with vegetable oil and then use it to make brownies.*"

A profile for a typical marijuana user did not emerge from the data. Participants continued to relate that marijuana is used

by all demographics and commented: "*Nowadays, anyone can smoke pot; It's all people, starting in teens and becoming more and more common and accepted because states legalize it.*"

Likewise, community professionals commented: *"It's equally used; It's across the board."* Treatment providers elaborated: "*All clients smoke marijuana; I see young African-American males using it more; It's younger kids in college for sure; Younger black males use mostly kush; I think young black males' drug of choice is marijuana along with alcohol.*" Other treatment providers reasoned: "*Legalization* [of marijuana] *has produced a younger generation that thinks it is acceptable.* [Marijuana is] *at home a lot now, so kids don't have to go far to get it.*" Law enforcement shared, "*We see a high percent of* [marijuana] *arrests with juveniles.*

Methamphetamine

Methamphetamine remains available in the region, although only a few participants had personal experience with this drug. Participants most often reported current of methamphetamine 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.' One participant knew a lot of people who use methamphetamine and stated, "*I know a lot of people using* [methamphetamine] *because … it's like a steroids version of 'molly' (powdered MDMA). It last way longer and is way cheaper to get.*" Treatment providers continued to report low availability of methamphetamine and rated current availability as '1;' the previous most common score was also '1.' A treatment provider stated, "*I just don't see it here* [in treatment]."

Participants reported that methamphetamine is available in crystal and powdered forms and shared: "*I've just seen 'glass' (crystal form of methamphetamine) which is like crystally clear; 'Crank' (powdered methamphetamine) ... looks like cocaine.*" Nevertheless, most of the discussions centered around powdered methamphetamine often referred to as "one-pot" or "shake-and-bake," which means users are producing the drug by mixing ingredients in small containers. 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 a single sealed container, such as a two-liter soda bottle, in approximately 30 minutes in nearly any location.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A man was arrested in Independence (Cuyahoga County) after police found tools and chemicals used in the manufacturing of methamphetamine while executing a search warrant of the man's residence (www.cleveland.com, Jan. 28, 2015).

Participants familiar with methamphetamine reported that the availability of methamphetamine has decreased during the past six months, while community professionals were unable to provide information on change of availability. 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. Lake County Crime Lab reported that the number of methamphetamine cases it processes has decreased during the past six months; the lab reported processing white powder and crystal methamphetamine.

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

Participants familiar with methamphetamine reported the current overall quality of the drug as an '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score ranged '5-7.' A participant commented, "*Meth lasts longer than molly and is cheaper.*"

Reports of current street prices for methamphetamine were consistent among participants with experience buying the drug. However, participants were not able to differentiate between crystal and powdered form pricing, but reported methamphetamine sells 1/2 gram for $60. A participant added, "*I would never buy* [methamphetamine] *… I'd buy the Sudafed® for the people to make* [methamphetamine] *and then they would give me some.*"

While there were a few reported ways of consuming methamphetamine, generally the most common routes of administration are smoking and snorting, followed by intravenous injection (aka "shooting"). One participant shared, "*I've smoked* [methamphetamine], *snorted … I shot it too.*" Another participant explained, "*Yeah, I snorted*

[methamphetamine] ...." Other participants further discussed intravenous injection.

Participants described typical users of methamphetamine as white. One participant explained, "*More white people use meth because black people smoke crack*." Community professionals also described typical methamphetamine users as white and added that users are typically aged in their 20s and 30s.

Prescription Stimulants

Prescription stimulants are moderately to highly available in the region. Participants most often reported the current 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 '9-10.' Participants reported limited personal experience with stimulants, but identified Adderall® as the most popular prescription stimulant in terms of widespread use. A participant stated, "*'Addies' (Adderall®) and Ritalin® is* [sic] *out there, but addies* [are what] *more people want*." Community professionals most often reported current availability as '10.'

Corroborating data also indicated the presence of prescription stimulants in the region. American Court and Drug Testing Services reported that 4.5 percent of the 1474 individuals screened through its Medina lab during the past six months were positive for amphetamines.

Participants and community professionals reported that the availability of prescription stimulants has remained the same during the past six months. One participant stated, "*There are still people prescribed* [stimulants] … *I was, but I was abusing.*" The BCI Richfield Crime Lab reported that the number of prescription stimulant cases it processes has increased during the past six months, while Lake County Crime Lab reported that the number of cases it processes has decreased.

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 unknown to most participants, but two participants shared: "*30 mg Adderall® is $6; Ritalin® is less expensive*." Participants reported obtaining prescription stimulants from friends or by prescription from doctors. One participant divulged, "*I had a prescription for Adderall®, but just abused them*." The most common route of administration for illicit use of prescription stimulants remains oral consumption.

Participants were unable to describe typical illicit prescription stimulant users, but community professionals described users as college-aged students. A public health professional reflected, "*I see a lot* [of illicit prescription stimulant use] *in colleges. There is a lot of misuse by students taking them to stay up late*."

Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) remains available in the region. Participants reported that the most popular form of the drug is the loose powder that is purported to be pure MDMA known as "molly." Participants most often reported molly's current availability 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 '9.' Participants did not assign a current availability rating for ecstasy pressed tablet form. Community professionals most often reported current availability (not differentiating between ecstasy tablets and molly) as either '1' or '5;' the previous most common score was '2.' A law enforcement officer stated, "*I'd give* [ecstasy an availability rating of] *a '5' because … if somebody wants it, they can still get it*."

Participants reported decreased availability of ecstasy and molly during the past six months. One participant stated, "*You used to be able to get* [ecstasy and other drugs] *at this campground with a music venue, but it's not privately owned now and you can't get them as much there anymore*." Community professionals also indicated decreased availability of ecstasy during the past six months. A treatment provider reported, "[Ecstasy use is] *trending away (down) now*."

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, while Lake County Crime Lab reported that the number of cases it processes has decreased.

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

Participants most often reported the current quality of molly as '3' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common quality score was '4.' A participant described molly quality as, "*It's mostly mediocre, but you can get really good stuff … you just have to know people.*" Participants indicated that molly varies in quality and is often cut (adulterated) with other substances, including vitamins C and E. A previous dealer of molly explained, "*We would sell chemical research drugs as molly when I was selling it.*" Another participant added, "*I would cut* [molly] *with powdered milk … I know it's crazy but it works.*"

Reports of current street prices for molly were consistent among participants with experience buying the drug. Reportedly, molly is most frequently sold in one gram amounts for $85-90. However, smaller amounts were also reported as available, as one participant shared, "*I'd get $20 for 'two points' … that's 0.2 grams.*"

Participants reported that the most common route of administration for molly is snorting. A participant shared, "*You can snort* [molly and] *parachute it (place the drug in tissue and swallow it).*" A typical profile for an ecstasy/molly user was limited. Participants described typical users as: "*Music going people; People who like going to concerts.*" A treatment provider said, "[Clients who have used molly] *were females in their 20s.*" A law enforcement officer reflected, "*Our typical user would be a high-school female with molly being the* [drug] *that was preferred* [over ecstasy] *because they like to snort instead of popping* (orally ingesting) *the pill.*"

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: bath salts, hallucinogens (LSD [lysergic acid diethylamide] and PCP [phencyclidine), over-the-counter (OTC) cold and cough syrups and synthetic marijuana.

Bath Salts

Despite legislation enacted in October 2011, bath salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues) remain available in the region. However, similar to the previous report, only a few participants had experience with bath salts and most often reported the drug's current availability as '5' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10.' Community professionals were unable to comment on current availability of bath salts; the previous most common availability score was '2.'

Participants reported that the availability of bath salts has decreased during the past six months. A participant reasoned, "[Ohio legislators] *keep making the chemicals* [used in bath salts] *illegal, so it's harder to make and get.*" Community professionals were unable to report on change in availability of bath salts during the past six months, as a treatment provider explained, "*I just don't know because we don't see* [bath salts addicts] *a lot.*" The BCI Richfield and Lake County crime labs reported that the number of bath salts cases they process has decreased during the past six months.

Reports of current street prices for bath salts were consistent among the few participants with experience buying the drug. Reportedly, bath salts sell for $20 per gram. A participant suggested, "*The more money* [bath salts] *costs, the better (higher quality) it is.*" Only one participant commented on how bath salts are usually obtained: "*I don't know if you can get* [bath salts] *in convenience stores anymore, but that is where I got them.*" Participants continued to report that the most common route of administration for bath salts is snorting, followed by intravenous injection (aka "shooting"). One participant stated, "*Some people would snort, but I'd shoot* [bath salts] *sometimes with heroin.*" Participants described typical users of bath salts as younger, while community professionals were unable provide a description.

Hallucinogens

Hallucinogens are available in the region. The BCI Richfield Crime Lab reported that the number of LSD and PCP cases it processes has increased during the past six months. Participants most often reported the current availability of LSD as '7' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Community professionals most often reported current availability of LSD as either '1' or '8.' Participants indicated that LSD is available in paper or liquid forms.

Participants did not rate quality of LSD, but discussed purity of liquid LSD and adulterants (aka "cuts"). One participant explained, "*I heard of liquid LSD, and liquid is more expensive ... because it is supposed to be more pure. They can dilute it, though, so* [price] *depends on how pure it really is. If it's liquid, you can just cut it with water.*" Another participant added, "*You can cut* [LSD] *with baby laxatives too because it looks and tastes the same*." Still another participant, and previous LSD dealer, explained how she did not use cuts, but would cheat the buyer: "'*Acid' (LSD) comes in ... it's just perforated paper ... a type of paper called 'perforated paper' that absorbs liquid ... I used to sell* [LSD] *hits and half would be index cards*."

A participant explained that LSD is sold by the 'hit' (a dose), 'strips' (10 hits) or 'sheets' (100 hits). One participant knew about pricing and responded, "*I get acid for like 4 or 5 bucks a hit*." Participant discussed route of administration of liquid LSD and reported: "*They sometimes put* [liquid LSD] *on sugar cubes or make gummy bears; You can also put* [liquid LSD] *in your eye ... not the smartest idea, but I've seen people do this*." Although community professionals did not have much information on hallucinogens, a law enforcement officer shared a description of the typical LSD users, as well as recent use of synthetic LSD: "*I would say* [the typical LSD user] *is the male ... 16-20 year olds ... They use this 25i which is a synthetic derivative of LSD ... I know of an overdose with three kids using it*."

PCP (phencyclidine) is highly available in the region. Participants most often reported current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Community professionals rated PCP availability as '1' or '8.' Participants reported that the general availability of PCP has remained the same during the past six months, while community professionals reported decreased availability.

Reports of current street prices for PCP were provided by an individual with experience purchasing the drug: "*Two sticks* [cigarettes] *is for $25. A cigarette … it's dipped halfway* [in the PCP liquid]." Participants reported that the most common route of administration is smoking. A participant commented, "[PCP] *is smoked … it's not used any other way*." Treatment providers described typical users of PCP as predominately African American. A treatment provider reported, "*I hear about* [PCP] *from the women … African American … from the East side* [of Cleveland]." Other treatment providers agreed and informed: "*African-American women in their 30s, 40s and 50s; East side African-American females; More young, African-American males and females; Inner city people*."

OTCs

Over-the-counter or prescription cold and cough syrups (DXM [dextromethorphan], codeine syrups and Robitussin® DM) are available in the region. However, few participants had experience with these drugs. Participants with experience most often reported current street availability these medications as '5' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). One participant reported, "[Cold and cough syrup is] *easy to get, it can get you buzzed … I would buy from drug dealers*." Law enforcement concurred and rated availability as '5.' One law enforcement officer responded, "*If it is wanted, they can get* [cold and cough syrup]." Law enforcement suggested a decrease in availability during the past six months.

Reports of current street prices were unknown by participants. The most common route of administration for OTCs is oral consumption. One participant said, "*I'd just drink* [cold and cough syrup] *like a drink*," while several other participants reported orally consuming the drug with alcohol. A law enforcement officer stated, "*I used to see this on the East side* [of Cleveland] *with younger women in their 20s . . . with alcohol abusers*."

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 '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.' Participants reported, "[Synthetic marijuana is] *still available even though they banned it in some shops*." Community professionals were unable to rate the current availability of synthetic marijuana. Participants and community professionals reported a decrease in availability of synthetic marijuana during the past six months. The BCI Richfield and Lake County crime labs reported that the number of synthetic marijuana cases they process has decreased during the past six months.

Reports of current street prices for synthetic marijuana were inconsistent among the few participants who had experience buying the drug. One participant reported, "[Synthetic marijuana] *sold for $10 for 1 gram*." Despite legislation enacted in October 2011, synthetic marijuana continues to be available on the street from dealers as well as from some convenience stores. Smoking remains the only reported route of administration. Participants described typical synthetic marijuana users as individuals on probation and reasoned that it is more difficult to detect synthetic marijuana use through urine drug screenings which are often required for those on probation. Participants also agreed that younger people use synthetic marijuana, as one participant described, "*Adolescents who can't get marijuana*." Community professionals agreed that this drug is used by individuals who have to submit to regular drug screens, as well as adolescents. A law enforcement officer stated, "[Synthetic marijuana users are] *adolescents … kids who can't get the weed (marijuana)."*

Conclusion

Crack cocaine, heroin, marijuana, prescription opioids and Suboxone® remain highly available in the Cleveland region; also highly available are powdered cocaine and sedative-hypnotics. Changes in availability during the past six months include increased availability for heroin, decreased availability for bath salts, ecstasy 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 reported that powdered heroin, brown or white in color, is most available. Participants and community professionals reported that the general availability of heroin has increased during the past six months, citing the low cost of heroin compared to the high cost of prescription opioids as the driver behind the continuing increase in heroin demand.

Participants reported that heroin in the region is often cut (adulterated) with fentanyl. The Cuyahoga County Medical Examiner's Office reported that 55.2 percent of the 163 drug overdose deaths it processed during the past six months involved heroin. Participants and community professionals described typical heroin users as suburban, but indicated that once users are addicted, they often lose their jobs and/or move to the inner city. In addition, both participants and community professionals indicated that prescription opioid users often turn to heroin.

Participants and community professionals reported a slight decrease in availability of prescription opioids during the past six months. Both respondent groups cited increased prescription monitoring of these medications as the reason for their limited current availability. Treatment providers specifically noted increased doctor participation in OARRS (Ohio Automated Rx Reporting System) as having a positive impact on reducing availability for illicit use, as well as increased law enforcement efforts targeting "pill mills."

Participants and community professionals identified Percocet® as the most popular prescription opioid in terms of widespread illicit use, followed by Vicodin® and Suboxone®. The Cuyahoga County Medical Examiner's Office reported that 30.7 percent of the 163 drug overdose deaths it processed during the past six months

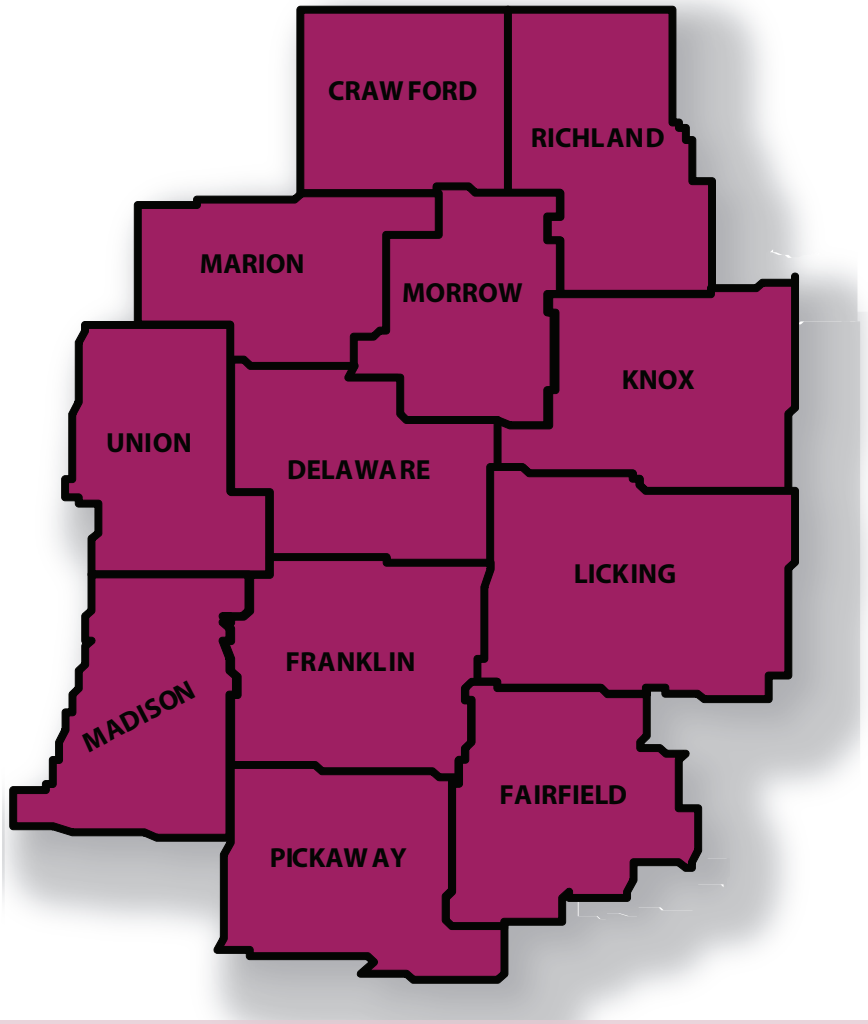
involved one or more prescription opioids; of note, 22 percent of these prescription opioid cases involved fentanyl.

Participants and community professionals reported a decrease in availability of ecstasy during the past six months. Participants reported that the most popular form of ecstasy is the loose powder that is purported to be pure MDMA known as "molly." Both respondent groups noted a trend away from ecstasy to other drugs. Participants indicated that molly varies in quality and is often cut (adulterated) with other substances. The most common route of administration for molly is snorting. A typical profile for an ecstasy/molly user was limited. Participants described typical ecstasy and molly users as concert goers, while community professionals described molly users as young females (high school aged through 20s).

Lastly, participants reported that the availability of bath salts and synthetic marijuana has decreased during the past six months. Participants cited legislation making the drugs illegal as a major factor for decreased availability. The BCI Richfield and Lake County crime labs reported that the number of bath salts and synthetic marijuana cases they process has decreased during the past six months.

Reportedly, synthetic marijuana is more available than bath salts. Participants described typical synthetic marijuana users as individuals on probation and reasoned that it is more difficult to detect synthetic marijuana use through urine drug screenings which are often required for those on probation. Participants also agreed that younger people who cannot obtain real marijuana use synthetic marijuana. Community professionals agreed that this drug is used by individuals who have to submit to regular drug screens, as well as adolescents.

Drug Abuse Trends in the Columbus Region



Regional Epidemiologist:

Kathryn Coxe, MSW

OSAM Staff:

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

Beth E. Gersper, MPA
OSAM Coordinator

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 (AOD) treatment programs in Delaware, Franklin, Marion and Richland counties. Data triangulation was achieved through comparison of participant data to qualitative data collected from regional community professionals (treatment providers, law enforcement and pharmacy representatives) via focus group interviews, as well as to data surveyed from American Court and Drug Testing Services, which processes drug screens in Columbus and Lancaster (Fairfield County) from throughout the region and the Bureau of Criminal Investigation (BCI) London office, which serves central and southern Ohio. All secondary data are summary data of cases processed from January through June 2014. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for July 2014 through January 2015.

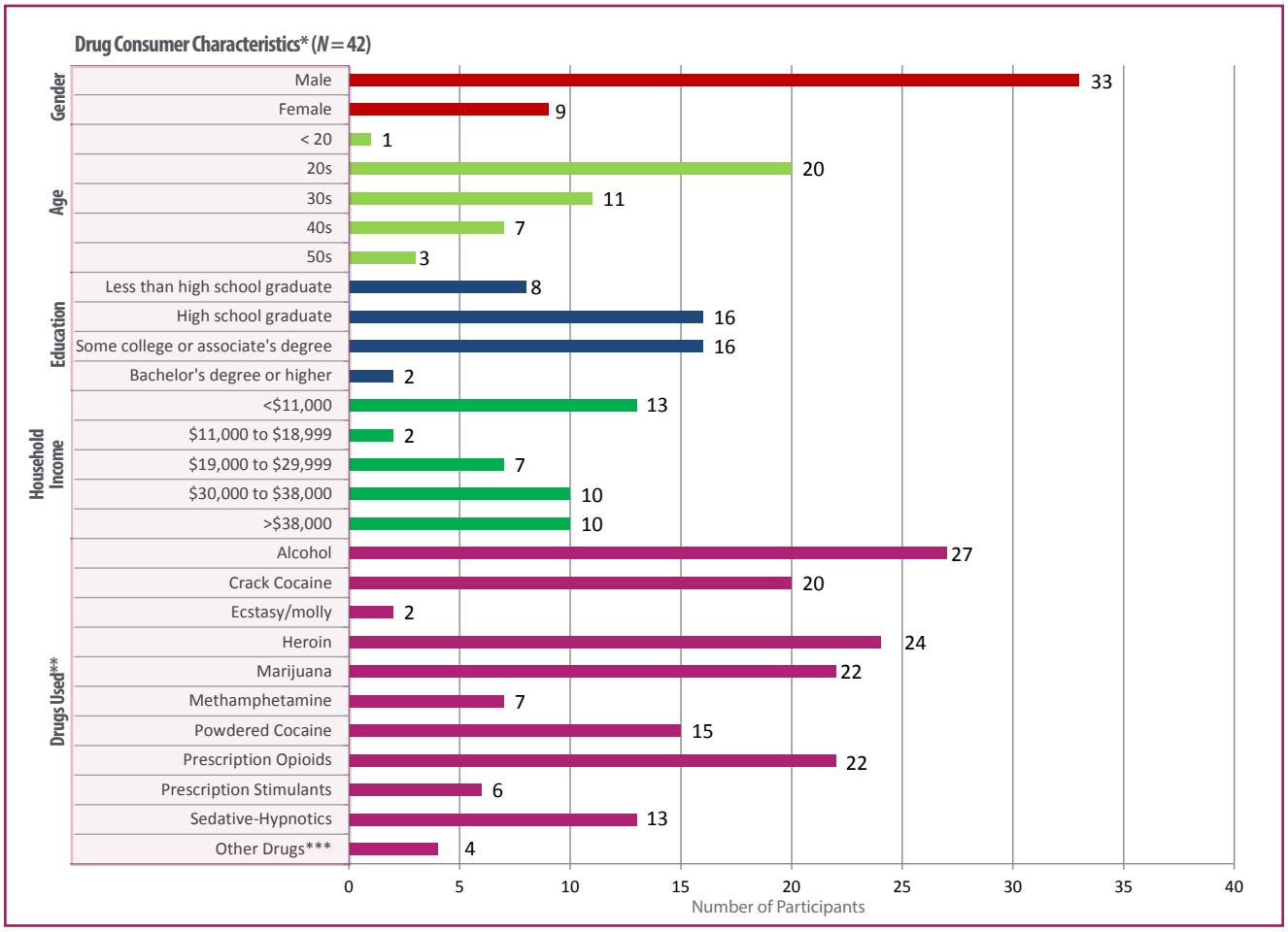
Note: OSAM participants were asked to report on drug use/knowledge pertaining to the past six months prior to the interview; thus, current secondary data correspond to the reporting period of participants.

Regional Profile

Indicator[1]	Ohio	Columbus Region	OSAM Drug Consumers
Total Population, 2010	11,536,504	2,132,217	42
Gender (female), 2010	51.2%	50.7%	21.4%
Whites, 2010	81.1%	78.0%	73.8%
African Americans, 2010	12.0%	13.4%	19.1%
Hispanic or Latino Origin, 2010	3.1%	3.3%	0.0%
High School Graduation Rate, 2010	84.3%	77.0%	81.0%
Median Household Income, 2013	$46,873	$53,422	$22,000 to $25,999[2]
Persons Below Poverty Level, 2013	16.2%	13.9%	38.1%

[1]Ohio and Columbus 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]Participants reported income by selecting a category that best represented their household's approximate income.

Columbus Regional Participant Characteristics



*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: bath salts, hallucinogens, promethazine and Suboxone®.

Historical Summary

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

Participants noted that powdered cocaine was decreasing in popularity due to the ever increasing lure of opiates and heroin. Community professionals reported that the availability of powdered cocaine had decreased during the previous six months. The Columbus Police Crime Lab reported that the number of cocaine cases it processes had decreased during that same time period. Community professionals described typical powdered cocaine users as more often white, middle-aged, white-collar working males.

Participants reported that the availability of Suboxone® in strip form had increased, while the availability of Suboxone® pill form had decreased. Participants explained that Suboxone® pills had, for the most part, been replaced through doctor prescription by Suboxone® strips because the strips were more abuse resistant; illicit users previously crushed the pills for snorting and injecting. Participants and treatment providers cited increased prescription from doctors as contributing to the increased street availability of the drug.

In addition to obtaining Suboxone® on the street from dealers and other users, participants and community professionals also reported users getting the drug from Suboxone® clinics, which many described as operating as "pill mills." Participants commented that it was easy to get a prescription for Suboxone®. Moreover, participants commonly stated that some users readily sold their prescribed Suboxone® and/or traded it for other drugs, particularly heroin. Participants and community professionals similarly described typical illicit users of Suboxone® as former or current prescription opioid or heroin users who were either self-medicating or trading the drug for other drugs.

Fairfield County participants reported moderate to high availability of powdered methamphetamine and low to moderate availability of crystal methamphetamine. Community professionals reported that the availability of methamphetamine had increased during the previous six months. Law enforcement indicated that methamphetamine was coming from across the U.S.-Mexican border along with black tar heroin. The same groups that were bringing in black tar heroin were thought to be bringing in methamphetamine as well. Treatment providers described typical methamphetamine users as more often white, 20-40 years of age and of lower socio-economic status.

Participants and community professionals reported that the availability of bath salts had decreased. Participants and treatment providers reasoned that the decreased availability of this drug was due to law enforcement efforts and legislation enacted in October 2011 banning the drug's sale. Detectives added that they had not seen bath salts at all in the previous year. The Columbus Police Crime Lab reported that the number of bath salts cases it processes had decreased during the previous six months.

Finally, treatment providers in Delaware County reported having seen one client who used mitragynine ("kratom," a psychoactive plant substance that produces a heroin-like high) during the previous six months. Treatment providers believed the drug to be very popular overseas and reported that the client ordered kratom through the Internet. Reportedly, the drug was also found in a few head shops.

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 also '10.' One participant indicated that people are trying to make ends meet by selling cocaine and stated, "*More people tryin' to make that extra dollar*." Community professionals most often reported powdered cocaine availability as '7;' the previous most common score was '6.' One treatment provider commented, "*I think people are doing* [powdered cocaine] *together with heroin*."

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

reported that 5.4 percent of the 2,878 individuals screened through its Columbus and Lancaster labs during the past six months were positive for cocaine (crack and/or powdered cocaine).

Participants reported that the availability of powdered cocaine has decreased during the past six months. When participants were asked why the availability of powdered cocaine has decreased, several participants reported that crack cocaine or heroin were preferred drugs over powdered cocaine in the region. One participant indicated an increase in powdered cocaine in their locale and explained, "*More dealers of* [powdered cocaine], *so … more people slingin' it (selling it) where I'm at*."

Community professionals reported an increase in availability of powdered cocaine during the past six months. One treatment provider reasoned, "*There seems to be something about avoiding the crack* [cocaine] *and going to the powder* [cocaine] *because it says something about your status*." However, several clinicians suggested that the new MAT (medication assisted treatment) drug, Vivitrol®, is one reason for an increase in powdered cocaine, as one clinician explained, "*With the Vivitrol® shot* [it] *means people aren't able to get high on opiates and so cocaine has quickly become the replacement drug because it's still something people can get high on.*" The BCI London 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	Decrease
Law enforcement	Increase
Treatment providers	Increase

Participants most often rated the current overall quality of powdered cocaine as '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '5.' One participant commented, "*People 'cut' (adulterate)* [powdered cocaine] *like crazy … it's been really hard to find quality stuff*." Participants reported the top cutting agents (adulterates) for powdered cocaine are baking soda, creatine and vitamin B-12. Other adulterates mentioned include: aspirin, baby laxatives, dry wall, ether, flour, lidocaine (local anesthetic), methamphetamine, NoDoz®, Novocain®, penicillin, Similac®, Tylenol® and anything else that is, or can be crushed down into white powder. One participant explained that Novocain® is used, "*So you get the 'nummies' (numbing sensation)*." Overall, participants reported that the quality of powdered cocaine has decreased during the past six months.

Powdered Cocaine

Cutting Agents Reported by Crime Lab

- levamisole (livestock dewormer)
- benzocaine (local anesthetic)

Reports of current street prices for powdered cocaine were consistent among participants with experience buying the drug. Overall, participants reported that the price of powdered cocaine has increased during the past six months. One participant reasoned, "*I think* [price of powdered cocaine] *increased just because it's become more of a demand, ya know? More people are not just buying … powder cocaine, they're buying powder cocaine with heroin, you know? They gotta have both, you know? Not everybody wants to be down all the time. You gotta have an upper, or a medium*."

Powdered Cocaine

Current Street Prices for Powdered Cocaine	
A gram	$60-80
1/16 ounce (aka "teener")	$100-150
1/8 ounce (aka "eight ball")	$150-200
1/2 ounce	$450-500
An ounce	$1,100-1,200

Participants reported that the most common route of administration for powdered cocaine remains snorting and intravenous injection (aka "shooting"). While many participants reported snorting as the most common route of administration, participants most often estimated that out of 10 powdered cocaine users, five would snort and five would shoot the drug. A participant shared, "*I see shooting more common with other IV (intravenous) drugs that are used, but if they're not typically a shooter, they usually snort* [powdered cocaine]."

A profile for a typical powdered cocaine user did not emerge from the data. One participant stated, "[A typical powdered cocaine user is] *almost as broad as opiates - from kids to old people*." Another participant explained that powdered cocaine users tend to have more money and added,

"*You always want more*!" Law enforcement also found it difficult to describe the typical powdered cocaine user. A law enforcement officer explained, "[The typical powdered cocaine user profile is] *a pretty wide range. We've had the same demographics as the heroin, but also the older crowd in their 40s, 50s*." Another officer added that a powdered cocaine user is usually someone who also uses crack cocaine, but has a little more money and may come to the inner city of Columbus from the suburbs to obtain the drug.

Crack Cocaine

Crack 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 also '10.' One participant stated, "[Crack cocaine is] *just everywhere. I mean, you can't get away from it*." Another participant remarked, "*If I wanted* [crack], *I could get it*." Community professionals most often reported current availability as '7;' the previous most common score was '5-7.' A law enforcement officer stated, "*Crack has remained huge (widely available and popular)*."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A Whitehall (Franklin County) older adult was arrested for selling crack cocaine out of his senior housing apartment building; detectives witnessed two deals and obtained a search warrant which resulted in seizure of about 23 grams of crack cocaine, 270 grams of marijuana and some pills (www.nbc4i.com, July 22, 2014). Another search warrant in Marion (Marion County) resulted in the seizure of 2.8 grams of crack cocaine (www.nbc4i.com, Jan. 17, 2015).

Participants reported that the availability of crack cocaine has remained the same during the past six months. One participant explained, "*There's new dope boys (dealers) every day*." Several participants suggested that crack cocaine continues to remain highly available due to the popularity of using crack cocaine in combination with heroin for a "speedball" effect (consecutive stimulant and depressant highs). Other participants discussed the new medical assistance treatment for opiate addiction, Vivitrol®, as contributing to more frequent use of crack cocaine. One participant explained, "*Because everybody's getting on this Vivitrol® shot and they can't get high on anything else, so they're goin' to crack*." Treatment providers reported that crack cocaine availability has remained the same during the past six months, while law enforcement indicated an increase. The BCI London Crime Lab reported that the number of crack cocaine cases it processes has remained the same during the past six months.

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

Participants most often rated the current overall quality of crack cocaine as '7-8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '6.' Participants indicated that crack cocaine is often cut with other substances (aka "stepped on") in order to increase profit. One participant commented, "*Everybody's steppin' on* [crack cocaine], *cuttin' it, tryin' to make more profit*." Participants reported that crack cocaine in the region is cut with alcohol, baby formula, baby laxatives, baking soda, bath salts, caffeine, ether, lidocaine (local anesthetic) and vitamin B-12. One participant explained, "[Crack cocaine cut with bath salts is] *called 'crack salt.' It's bath salt and crack mixed together*."

Overall, participants reported that the quality of crack cocaine has remained the same during the past six months. One participant commented, "*I think* [quality of crack cocaine] *goes down every year. Seriously, when I started smoking crack back in the day, it was good shit. Now it's shit (poor quality)*." Participants reported that the top adulterates, or cutting agents, used in crack cocaine are baking soda and baby laxatives.

Crack Cocaine	Cutting Agents Reported by Crime Lab
	• levamisole (livestock dewormer) • benzocaine (local anesthetic)

Reports of current street prices for crack cocaine were consistent among participants with experience buying the drug. Although participants were able to report the prices for an ounce of crack, participants laughed and agreed as one person remarked, "*It's hard to find an ounce*

of crack. Nobody buys ounces of crack." A participant also reported that the number of crack dealers has increased, so finding a decent price is easier: "*There was a select amount of dope boys that lived around here and now … because there's so many people sellin'* [crack cocaine] *that whatever you're gonna charge me, if it's expensive, I can just go to the next* [dealer]."

Crack Cocaine	Current Street Prices for Crack Cocaine	
	1/16 ounce (aka "teener")	$65-90
	An ounce	$900-1,200

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

Participants described typical crack cocaine users as males and females, 30 to 50 years of age and more African American than Caucasian. One participant said, "*I would say it's getting a lot more popular in the younger generation now.*" Other participants agreed and explained that the drug is beginning to gain popularity among younger users due to an increase in users combining crack cocaine with heroin. Community professionals described typical crack cocaine users as 20 to 40 years of age, lower socio-economic status, more Caucasian than African American, and individuals who have more labor intensive jobs such as construction or landscaping.

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 commented, "*I feel like* [heroin is] *very easy to find. If you want it, it's there. It's right around the corner.*" Other participants shared similar sentiments: "*Can we go higher than '10?'; You can walk outside your front door and walk 20 feet in any direction and [heroin is] there; Almost everybody sells it or does it; It was pretty much, you walk down the road and it's a gauntlet of drug dealers.*" Community professionals most often reported current availability as '9;' the previous most common score was '10.'

While many types of heroin are currently available in the region, participants and community professionals reported brown powdered and black tar heroin as most available. Participants commented: "*Everybody wants to be a drug dealer. So it's way easier to get the powder* [heroin] *than it is anything else; It got WAY easier to get* [heroin] *where I'm at. More people slingin' it (selling it).*" A law enforcement officer reflected, "*It seems like* [heroin dealers] *either get a shipment of tar or a shipment of powder.* [The type of heroin that is available] *depends on what they're sittin' on at the time.*"

White powdered heroin ranges in availability throughout the region, as participants most often reported current availability for this type of heroin as either '4' or '10;' law enforcement reported current availability of white powdered heroin as '3.' A couple participants explained: "*A lot of dealers won't sell their 'china' (white powdered heroin) to everybody either; V.I.P clientele only.*" A law enforcement officer stated, "[White powdered heroin] *doesn't really come around very often.*"

Corroborating data also indicated the presence of heroin in the region. American Court and Drug Testing Services reported that 16.3 percent of the 2,878 individuals screened through its Columbus and Lancaster labs during the past six months were positive for opiates.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A large-scale multi-state drug ring was interrupted when 35 pounds of heroin and 18 pounds of cocaine were seized and 14 people arrested; two key drug traffickers were caught coordinating shipments to local non-incarcerated drug traffickers from the London Correction Facility (Madison County) (www.nbc4i.com, July 18, 2014). An Ohio State Highway Patrol (OSHP) officer was stuck with a needle while doing a pat down at the Ohio State Fair; the man admitted using it for heroin and the officer had to undergo a medical regimen to rid his body of potential drug and communicable disease (www.nbc4i.com, Aug. 13, 2014). A search warrant was served in Marion (Marion County) during which 8.1 grams of heroin were found and a man arrested for possession and trafficking (www.nbc4i.com, Jan. 8, 2015). A woman reported suspicious activity after two women stopped and asked for directions and then proceeded to go the opposite way; Delaware County deputies

caught up to the two woman and found them in possession of heroin and prescription pills (www.thisweeknews.com, Jan. 10, 2015). Three individuals were arrested after detectives raided a residence in Marion and discovered 42.3 grams of heroin (www.nbc4i.com, Jan. 17, 2015).

Participants reported that the availability of heroin has increased during the past six months. One participant stated, "[Heroin is] *easier to get a hold of now than marijuana* [or] *cocaine*." Another participant specifically added, "*I would say, on the* [availability] *scale, the black tar is easily a '10' … and it's increased*." Still another participant reported, "[Brown powdered heroin is] *just more available. It's more around*." Participant also noted an increase in availability of white powdered heroin and commented: "*It's been easier to come across the 'china' (white powdered heroin); Oh, the drought is over. It's here*."

Community professionals reported that the general availability of heroin has increased during the past six months. A treatment provider reasoned, "[The clients] *wind up going to heroin for pain relief and that starts a rather unpleasant cycle*." 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.

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 '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '8-9'. One participant shared, "*The* [users] *that keep coming back* [to the same dealer] *and don't go to anyone else get the good* [quality heroin]." Participants discussed adulterants (aka "cuts") that affect the quality of the drug. A participant explained, "*If they're down to the bottom of their batch, they'll cut it I guess* [to] *make it last longer*." Several participants discussed quality of specific types of heroin and commented: "*Everybody's got* [brown powdered heroin], *everybody stomps on it (cuts it with other substances); Mainly I don't think* [white powdered heroin is] *supposed to be cut all that much; They cut* [white powdered heroin] *and let it back out (to be sold on the street) and it's a '10'* [in quality] *still*." Overall, participants reported that the general quality of heroin has remained the same during the past six months.

Participants reported that the top cutting agents (adulterates) for powdered heroin are prescription opioids; specifically mentioned were fentanyl, Percocet® and Vicodin®. A participant reported, "[Percocet® is] *a huge, huge* [heroin adulterant]." Additional cuts mentioned include: nutritional supplements (creatine, protein powder and vitamin B-12), powdered cocaine and sedative-hypnotics (Klonopin®, NoDoz®, trazadone and Xanax®). Reportedly, brown powdered heroin and black tar heroin are also cut with aspirin, baby laxative, bath salts, brown sugar, darker drinks (cocoa powder, coffee and colas) and shoe polish; white powdered heroin is also cut with baby formula, powdered sugar and regular sugar. The BCI London Crime Lab reported that a lot of powdered heroin cases that are processed in the lab are a heroin-fentanyl mixture, sometimes even straight fentanyl.

Heroin	Cutting Agents Reported by Crime Lab
	• cocaine • diphenhydramine (antihistamine) • fentanyl • mannitol (diuretic) • triacetin (glycerin triacetate, a food additive)

Reports of current prices for heroin varied among participants with experience purchasing the drug. Participants reported that faithful customers who return to the same dealer typically receive lower prices; however, because of the high price of white powdered heroin, users will often shop around for lower prices. Participants noted that the price of white powdered heroin depends on the quality of the drug and the quantity purchased.

Heroin	Current Street Prices for Heroin	
	Black tar or brown powdered heroin:	
	1/10 gram (aka "balloon")	$20-40
	1/2 gram	$50-60
	A gram	$100-150
	1/4 ounce	$200-350
	An ounce	$1,000-1,500
	White powdered heroin:	
	1/10 gram (aka "balloon")	$20-40
	1/2 gram	$40
	A gram	$150-175
	1/4 ounce	$400
	An ounce	$2,000-2,100

While there were a few reported ways of using heroin, generally, the most common route of administration remains intravenous injection (aka "shooting") and snorting. One participant stated, "*I think it don't matter where you go, whatever neighborhood you go to, if 10 people do heroin, most of 'em are shootin'.*" Participants reported that injection needles are readily available at regional retailers and added that buying needles on the street is less common since users can go to the store and obtain clean ones easily.

In addition to going to stores to purchase needles, participants also reported getting them from friends, diabetics or heroin dealers. The most common street price for needles on the street is $5 per needle; however, some participants reported getting a discount on needles if they buy heroin. A participant stated, "*In Richland County the dealers sell 'rigs' (needles) with their packs* [of heroin]. *And, yeah, they'll sell 'em for 5 bucks apiece.*" Other participants shared: "*I know* [dealers] *that give out needles with their dope; Sometimes they throw 'em in - buy two bags* [of heroin], *get a rig!*"

Sharing needles is reportedly common, as participants explained that if there was only one needle in a room of 10 heroin users, all 10 users would share the one needle. Although participants agreed that sharing needles is more common among friends than among strangers, a participant divulged, "*I've had people I don't even know use* [my needle]." Another participant explained, "*I don't think anybody wants to do the sharing, but if you're sick enough* [from withdrawal], *you will.*" Other participants confirmed: "*Once the drug arrives it's just as quickly as you can get it in ya; They talk about wantin' to use a new* [needle], *but when it comes right down to it, you put an addict next to a dirty rig … they're gonna use.*"

Participants described typical users of heroin as males and females, 30 years of age and younger, predominantly white and often someone who began using prescription opioid medication, but switched to heroin because it is cheaper. One participant reflected, "*I think* [the profile of a typical heroin user is] *getting older … A lot o' the people I know start with, ya know, 'perks' (Percocet®), 'perk 30s' (Roxicodone® 30 mg), whatever, and they're chargin' 30 dollars for a perk 30 and you can buy a bag of heroin for 20 bucks and get twice the buzz.*" Other participants reported an increase in younger heroin users and commented: "*You don't see many old people shootin' dope; It's getting younger and younger … I heard of a 12-year-old doin' it.*" Often participants would agree that the demographic of a typical heroin user is diversifying.

Community professionals agreed with participant descriptions, except for providing an age range of 18-40 years of age and adding that users are often of low socio-economic status. Similar to participant responses, treatment providers agreed the age range of heroin users is expanding. A treatment provider stated, "[Heroin use is] *not so much encapsulated into one particular area. It's starting to expand into many other areas of age, race, ethnicity ... using pain medication and then going on to something cheaper like the heroin has ... expanded the range of users that we see right now.*" Another treatment provider stated, "*As far as occupation goes, I would say, 'What occupation?' None of them come through saying, 'I have a job,' or they're doing stuff … 'under the table' type stuff that they can't report.*"

Prescription Opioids

Prescription opioids remain highly available in the region. Participants most often reported the current availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10.' A participant commented on the general availability of opioids and stated, "[Prescription opioid pills are] *everywhere. It's easy to get. Like they were saying … literally, you can just walk through the alley right here.*" Community professionals most often reported prescription opioid current availability as '7;' the previous most common score was also '7.'

Participants and community professionals identified Percocet® and Vicodin® as the most popular prescription opioids in terms of widespread illicit use. A participant stated, "*Nowadays, you can get* [prescription opioids] *by the thousands. You get bulk and stock up on 'em ... and, when there's no heroin around the neighborhood everybody wants the 'perks' (Percocet®).*" A pharmacist reasoned that Vicodin® is popular, "*because right now it's schedule III, so you can get refills on it.*"

Corroborating data also indicated the presence of prescription opioids in the region. American Court and Drug Testing Services reported that 11.5 percent of the 2,878 individuals screened through its Columbus and Lancaster labs during the past six months were positive for oxycodone.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Madison County Sheriff's office joined with London and West Jefferson police departments in a roundup of 31 individuals connected in a drug ring discovered trafficking prescription opioids and heroin (www.nbc4i.com, July 23, 2014). A Union County man was arrested for murder and domestic violence after detectives investigated his bedridden wife's death and found that he had been administering a deadly combination of tramadol and an antidepressant to her (www.10tv.com, July 23, 2014). OSHP arrested two individuals in Fairfield County when troopers discovered 1,152 hydromorphone pills hidden in the trunk of the vehicle; the passenger also handed over a small amount of marijuana (www.statepatrol.ohio.gov, July 26, 2014). Marysville (Union County) police arrested three individuals for stealing from a pharmaceutical vehicle (www.nbc4i.com, Jan. 14, 2015). Marion County physicians are attempting to reduce the number of prescriptions in that area as it was ranked as prescribing the highest number of pills per capita throughout the state (www.marionstar.com, Jan. 23, 2015).

Participants and community professionals agreed that the general availability of prescription opioids has remained the same during the past six months. A participant stated, "*I just see* [availability of prescription opioids] *like any other thing … economically, it's supply and demand … if people are gonna make money off of it, they're gonna make sure it's available for those who are gonna buy it.*" The BCI London Crime Lab reported that the number of prescription opioid cases it processes has generally increased with the exception of decreased numbers for Dilaudid®, morphine and Vicodin®.

Prescription Opioids	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 opioids were consistent among participants with experience buying the drug. Reportedly, the majority of prescription opioids sell for $1 per milligram; popular, "stronger" opioids are often more expensive, whereas opioids are said to be significantly cheaper if considered a weaker substance (Ultram® or Vicodin®) or if they are abuse-deterrent formulations (OxyContin® OP). A participant commented on the popularity of Dilaudid® and said, "*That's the granddaddy of all the pills.*" Another participant shared, "*Tramadol is almost worthless to an opiate addict.*"

Prescription Opioids	Current Street Prices for Prescription Opioids	
	Dilaudid®	$5-10 for 2 mg $20 for 4 mg
	fentanyl	$40 for 80 mcg
	methadone	$5 for 5 mg $7-10 for 10 mg $20 for 20 mg
	OxyContin® OP (*new* formulation)	$15 for 30 mg $40 for 80 mg
	Percocet®	$5 for 5 mg $10 for 10 mg
	Roxicodone®	$15 for 15 mg $30 for 30 mg
	Vicodin®	$0.50-1 for 5 mg $4-6 for 7.5 mg $5-7 for 10 mg

In addition to obtaining prescription opioids on the street from dealers, participants also reported getting these drugs from family members, friends, nursing homes, and through personal or fraudulent prescriptions. While there were a few reported ways of consuming prescription opioids, and variations in methods of use were noted among types of prescription opioids, generally the most common

routes of administration for illicit use are snorting and intravenous injection (aka "shooting"). Participants estimated that out of 10 illicit prescription opioid users, five would snort and five would shoot the drugs.

A profile of a typical illicit prescription opioid user did not emerge from the data. Participants described users as people in physical pain or anyone. A participant stated, "*I think it's an opiate society*." Another participant remarked, "*It's everywhere! I mean, I know a girl who tried to break her wrist to get* [prescription pain medicine] ... *I mean it's everywhere*." Community professionals described typical users of prescription opioids as heroin users and persons with a legitimate physical pain problem who become addicted to the drugs. A treatment provider stated, "*I think it's a little bit of everybody*." A law enforcement officer stated, "*I see a lot of people that just got an injury or whatever and they just get a bunch of pills*." A pharmacist in the community stated, "*These drugs are very addicting ... and it's very unfortunate ... that 80 percent of the people don't believe they're addicted ... and that's the problem*."

Suboxone®

Suboxone® remains highly available in the region. Participants most often reported the current availability of Suboxone® in sublingual strip form as '10' and in pill form as '2' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were '8' and '6' respectively. Community professionals most often reported current availability generally as '8;' the previous most common score was '6.' A pharmacist stated, "*What I am seeing is very sad for this drug. There are certain physicians in Franklin County that are prescribing* [Suboxone®] *like it's water*." A treatment provider stated, "[Users] *can get* [Suboxone®] *just about any time they are without their drug of choice, or if they're in between stages. It just seems like that's what the go-to is*."

Corroborating data also indicated the presence of Suboxone® in the region. American Court and Drug Testing Services reported that 13.1 percent of the 2,878 individuals screened through its Columbus and Lancaster labs during the past six months were positive for buprenorphine, an ingredient in Suboxone®.

Participants reported that the availability of Suboxone® in strip form has remained the same during the past six months, while availability in pill form has decreased. Participants suggested that the decrease in pill form of the drug is due to doctors prescribing it less. Treatment providers reported that the availability of Suboxone® has increased during the past six months. A treatment provider explained, "[Availability of Suboxone®] *has gone up in the last six months because there a lot more providers and prescribers … it is much more readily available and with the way that it is not being regulated in this area, people are able to sell what meds they don't use*." Another treatment provider added, "*Two* [Suboxone®] *providers are within a stone's throw*." The BCI London Crime Lab reported that the number of Suboxone® cases it processes has increased during the past six months.

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

Reports of current street prices for Suboxone® were consistent among participants with experience buying the drug. In addition to obtaining Suboxone® on the street from dealers, participants also reported getting the drug through personal prescriptions or from clients in Suboxone® programs who sell the drug for heroin. A participant stated, "*Everybody's trying to get on Suboxone® so they can turn around and sell 'em to get dope (heroin)*."

Suboxone®	Current Street Prices for Suboxone®	
	filmstrip	$10-15 for 4 mg $15-30 for 8 mg $25 for 12 mg
	tablet	$5 for 8 mg

Participants reported that the most common route of administration for Suboxone® strip form is sublingual, followed by intravenous injection (aka "shooting"); the most common routes of administration for Suboxone® pill form are shooting and snorting. Participants and community professionals described typical illicit users of Suboxone® as opiate addicts and those trying to recover from heroin use. A treatment provider stated, "*Anyone who uses opiates or heroin*."

Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain highly available in the region. Participants most often reported current availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10.' Participants generally agreed that sedative-hypnotic availability is highest at the beginning of the month. Community professionals most often reported current availability of sedative-hypnotics as '8;' the previous most common score was '9.' A treatment provider stated, "*People are learning what they need to say in order to get prescribed* [sedative-hypnotics]."

Participants and community professionals identified Xanax®, Klonopin® and Valium® as the most popular sedative-hypnotics in terms of widespread illicit use. A participant stated, "[Xanax® is] *everywhere*."

Corroborating data also indicated the presence of sedative-hypnotics in the region. American Court and Drug Testing Services reported that 7.0 percent of the 2,878 individuals screened through its Columbus and Lancaster labs during the past six months were positive for benzodiazepines. In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. A search warrant led to the arrest of a man in Marion (Marion County) when officers discovered 14 ecstasy pills, 16 alprazolam (Xanax®) pills, 2.2 grams of marijuana, 41.6 grams of heroin and 58 oxycodone pills (www.nbc4i.com, Jan 8, 2015).

Participants and law enforcement reported that the general availability of sedative-hypnotics has remained the same during the past six months, while treatment providers reported an increase. The BCI London Crime Lab reported that the number of sedative-hypnotic cases it processes has generally remained the same during the past six months; however, the following exceptions were noted: increased cases for Valium® and Xanax® and decreased cases for Ambien® and Ativan®.

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

Reportedly, many different types of sedative-hypnotics (aka "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.

Sedative-Hypnotics	Current Street Prices for Sedative-Hypnotics	
	Ambien®	$3-5 per pill (unspecified dosage)
	Ativan®	$3 for 2 mg
	Klonopin®	$2-3 for 0.5 mg $2-4 for 1 mg
	Soma®	$1 per pill (unspecified dosage)
	Valium®	$1 for 2 mg $2 for 2.5 mg $4-5 for 5 mg $7 for 10 mg
	Xanax®	$1-3 for 0.25 mg $2 for 1 mg $5-7 for 2 mg

In addition to obtaining sedative-hypnotics on the street from dealers, participants also reported getting them prescribed by physicians or from friends and family members who have prescriptions. Participants also reported that they can readily obtain the drug in bars and social hangout areas. A participant stated, "*They're pretty social. Like if you're hangin' out somewhere,* [sedative-hypnotics are] *usually sittin' there.*"

While there were a few reported ways of consuming sedative-hypnotics, generally the most common route of administration is snorting. Participants estimated that out of 10 illicit sedative-hypnotic users, five would snort the drugs and the other five would either intravenously inject (aka "shoot") or orally consume the drugs.

Participants described typical illicit users of sedative-hypnotics as most often teens and females (mothers or housewives). A participant remarked, "*A lot o' women are big on 'benzos' (benzodiazepines). That's huge among girls.*" Likewise, community professionals described typical illicit sedative-hypnotic users as female and 20-30 years of age. A narcotics detective reflected, "*Well, within the last six months it seems more female … with Xanax®, 20s to 30s.*"

Marijuana

Marijuana remains highly available in the region. Participants and community professionals continued to most often report 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. Law enforcement rated the availability of hash oil as '5.' Treatment providers discussed how normal marijuana use is in their client's everyday lives and commented: "*The habit is they have* [marijuana] *before dessert; A midnight snack.*"

Corroborating data also indicated the presence of marijuana in the region. American Court and Drug Testing Services reported that 19.2 percent of the 2,878 individuals screened through its Columbus and Lancaster labs during the past six months were positive for marijuana.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. An attempted robbery of a marijuana grow operation led to the arrest and life-sentencing of a young Franklin County man, who shot and killed the owner (www.fox19.com, July 22, 2014). OHSP troopers say a crash that killed three teens in Licking County was the result of the driver, who was found to have 45.7 nanograms per milliliter of marijuana in his blood system; the legal limit is 5 nanograms per milliliter (www.nbc4i.com, Aug. 27, 2014). A woman was rushed to a hospital after eating a brownie that was laced with marijuana; officers seized the rest of the brownies from her Worthington (Franklin County) residence (www.thisweeknews.com, Jan. 7, 2015).

Participants 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. A participant explained, "*Nobody wants to smoke crap after they get the good stuff.*" Participants from different groups also agreed that using marijuana concentrates and extracts in the form of oils, 'dabs' or wax is becoming increasingly more common. Participants commented on using marijuana concentrates and extracts: "*It's the hip thing!; Yeah, I mean, everybody wants to try somethin' new. Weed's been around a long time ... it's a new way.*"

Community professionals reported that the availability of marijuana has increased during the past six months. A treatment provider reported, "[Marijuana availability] *consistently increases*." Another treatment provider responded, "[Marijuana availability has increased] *definitely!*" A law enforcement officer stated, "*I'd say definitely an uptick* [in marijuana availability]." Law enforcement officers also reported an increase in marijuana extracts and concentrates, often referring to hash oil. Law enforcement attributed the increase in marijuana extracts and concentrates to vaporizing being a new way to consume the drug. 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

Several participants explained that the quality of marijuana depends on whether the user buys "commercial weed" (low- to mid-grade marijuana) or hydroponically grown (high-grade marijuana). Participants most often 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 '3' for low-grade marijuana and '10' for high-grade marijuana. Participants indicated that the quality of low-grade marijuana has remained the same during the past six months, as one participant commented, "[The quality of low-grade marijuana] *remained the same. Dirt weed's always 'dirt weed' (low quality marijuana).*" A participant also noted, "*We have a lot of 'mids' (lower grade marijuana) that are trying to contend with the high-grade marijuana, so* [dealers try] *passing it off as high grade when it's really mid.*"

Participants indicated that the quality of high-grade marijuana has increased during the past six months, as one participant explained, "[Quality of marijuana is high] *'cause people are getting' smarter about making* [marijuana]. *I mean they're growing better* [marijuana]. *There are so many different types and so many different strains.*" Another participant agreed and reasoned, "*So many different growers now, ya know. Since* [marijuana is] *legalized now we, all the underground growers, are now able to come out with their new strands of high-grade marijuana.*" A participant added, "*The quality* [of marijuana] *has definitely increased, but I don't*

think it can get much better than what it is right now since they came out with 'dabs' (marijuana extract/concentrate) or whatever. It's like 95 percent THC (tetrahydrocannabinol)."

Reports of current street prices for marijuana were provided by participants with experience buying the drug, who reiterated that the price is dependent upon quality. Similar to previous reports, commercial grade marijuana is the least expensive form of the drug.

Marijuana	Current Street Prices for Marijuana	
	Low grade:	
	A blunt (cigar) or two joints (cigarettes)	$5
	1/4 ounce	$20-25
	1/2 ounce	$45-60
	An ounce	$80-100
	A pound	$800-1,200
	High grade:	
	1/2 gram	$10
	A blunt (cigar) or two joints (cigarettes)	$20
	1/8 ounce	$50
	An ounce	$250-450
	A pound	$1,200-2,400

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, all 10 would smoke the drug. However, a substantial number of participants added that five out of 10 high-grade marijuana users would vaporize the drug and reported that it is easier to get away with smoking marijuana at a bar using an vaporizing device (similar to an electronic cigarette). Participants reported: "[Vaporizing marijuana] *triples, quadruples the effect of the buzz; When you vape (vaporize) the low-grade stuff it just gunks up your unit*." Additionally, participants reported that a few marijuana users would orally ingest the substance in baked goods.

Although a profile for a typical marijuana user did not emerge from the data, participants noted that people of lower socio-economic status, as well as habitual users, tend to use lower grade marijuana most often due to lower cost. A treatment provider stated, "*Marijuana knows no race, creed, or gender. If it's in the house, everybody has it. The neighbors have it, it's in the back yard, it's on the front porch, it's like a roach*."

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 '5.' A participant stated, "[Availability of methamphetamine is] *pretty much guaranteed. If you want it, you can get it*." Community professionals were unable to report on availability of methamphetamine; the previous most common availability score for methamphetamine among treatment providers was '5.'

Participants reported that methamphetamine is available in powdered and crystal forms throughout the region. However, powdered methamphetamine is the most prevalent form in the region and 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. A participant stated, "*There's a lot of people shakin' and bakin,' ya know, these days*." Another participant shared, "[Chrystal methamphetamine is] *really not that common*."

Participants reported that the availability of powder methamphetamine has increased during the past six months, while the availability of crystal methamphetamine has remained the same. A participant explained, "*You can buy the shit to make* [methamphetamine] at the store, that's why [availability of powdered meth has increased]." Another participant explained that crystal methamphetamine is, "*A little harder to make, a little more time consuming*." 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 and off-white powdered methamphetamine.

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

Participants most often rated the current overall quality of crystal methamphetamine as '9-10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '5.' Participants rated the quality of powdered methamphetamine as '6;' the previous most common scores were '3' and '7.' Overall, participants reported that the quality of crystal methamphetamine has decreased during the past six months, while the quality of powdered methamphetamine has remained the same.

Reports of current street prices for methamphetamine were consistent among participants with experience buying the drug.

Methamphetamine	Current Street Prices for Methamphetamine
Powdered (aka "shake-and-bake" or "one-pot"):	
1/2 gram	$30
A gram	$80-100
1/16 ounce (aka "teener")	$150-180
1/8 ounce (aka "eight ball")	$250-300
An ounce	$1,200-2,200
Crystal:	
1/2 gram	$80
A gram	$100

Participants reported that the most common route of administration for methamphetamine remains intravenous injection (aka "shooting"), smoking or snorting. Participants estimated that out of 10 crystal methamphetamine users, eight would shoot and two would either smoke or snort the drug; while powdered users would be split, five shooting and the other five smoking or snorting the drug.

Participants described typical methamphetamine users as 30-40 year-old white males. One participant noted that demographics of methamphetamine users are beginning to shift which is purportedly creating an increase in the drug's popularity and availability. That participant stated, "*More black people are starting to use meth.*"

Prescription Stimulants

Prescription stimulants are moderately available in the region. Participants most often reported current availability of these drugs as '5' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10' among the few participants who were able to report on the drug. Similarly, community professionals most often reported current availability of prescription stimulants as '6,' with the exception of Concerta®, which they reported most often as '3;' the previous scores were '4' and '8-9' among the couple clinicians who were able to comment on the drug.

Participants identified Adderall® and Ritalin® as the most popular prescription stimulants in terms of widespread use. A participant stated, "*… Everybody's on Adderall® or Ritalin® or somethin'.*" Another participant remarked, "*'Rits' (Ritalin®) are everywhere.*" Community professionals identified Adderall® as the most popular prescription stimulant in terms of widespread illicit use. A treatment provider stated, "*You can't go a week without seeing an Adderall® prescription.*"

Corroborating data also indicated the presence of prescription stimulants in the region. American Court and Drug Testing Services reported that 3.6 percent of the 2,878 individuals screened through its Columbus and Lancaster labs during the past six months were positive for amphetamines.

Participants reported that the general availability of prescription stimulants has decreased during the past six months. A participant commented, "[Adderall® is] *getting a little bit harder to get now.*" Contrarily, community professionals reported increased availability of prescription stimulants during the past 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	Increase
	Treatment providers	Increase

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

Prescription Stimulants	Current Street Prices for Prescription Stimulants	
	Adderall®	$2-5 for 30 mg
	Ritalin®	$2-3 for 20 mg $5 for 40 mg
	Vyvanse®	$60 for 60 mg ER

In addition to obtaining prescription stimulants on the street from dealers, participants also reported getting personal prescriptions from doctors and often selling them to friends or people they know. Participants reported that the most common routes of administration for illicit use of prescription stimulants are intravenous injection (aka "shooting") and snorting. Participants estimated that out of 10 illicit prescription stimulant users, eight would shoot and two would snort the drugs.

Participants described typical illicit users of prescription stimulants as high school and college students, as well as adult women. A participant stated, "*I don't think I knew anyone at school* [not] *studying with* [prescription stimulants]." Other participants commented: "*Women like 'speed' (prescription stimulants); They like to* [take prescription stimulants to] *clean the house*." Likewise, community professionals described typical illicit prescription stimulant users as high school and college aged individuals. Law enforcement also observed that high school students from higher socio-economic status families are more likely to abuse prescription stimulants.

Synthetic Marijuana

Synthetic marijuana (synthetic cannabinoids; "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 ranged from '3-4' or '8-9' depending on location within the region. There was only one treatment provider able to report on the current availability of synthetic marijuana, rating it as '3;' the previous most common score was '8' or '10.' Law enforcement discussed the availability of 'crown', a form of synthetic liquid cannabinoid, in the region. Officers rated availability of this form of synthetic marijuana as '7.'

Participants reported that the availability of synthetic marijuana has increased during the past six months. Several participants suggested that this increase is due to the number of people who are in legal trouble or on parole now using this drug since the drug is not detectable on most drug screens. A participant remarked, "[Availability of synthetic marijuana has] *skyrocketed. Everybody's on parole.*"

The treatment provider reported decreased availability of synthetic marijuana during the past six months and explained, "[Synthetic marijuana is] *not widely sought out. There are other drugs that do similar things that are more publicized.*" Law enforcement reported that the availability of crown has increased in the past six months due to new trending e-cigarettes. 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	Increase
	Law enforcement	Increase
	Treatment providers	Decrease

Reports of current street prices for synthetic marijuana were consistent among participants with experience buying the drug. A participant suggested that prices have increased during the past six months and commented, "*It used to be 10. Ten* [dollars] *for 3.5 grams and then once it became popular it just kind of sky-rocketed.*" Another participant said, "*If you're comparing to a standard weed (marijuana) price, it's definitely more expensive.*"

Synthetic Marijuana	Current Street Prices for Synthetic Marijuana	
	A blunt (cigar)	$10
	3.5 grams	$25-30
	1/8 ounce	$50
	1/4 ounce	$60
	A pound	$700-800

Despite legislation enacted in October 2011, participants reported that synthetic marijuana continues to be available on the street from dealers, as well as from the Internet, head shops and corner stores. A participant stated, "*You can order* [synthetic marijuana] *off the Internet and they'll ship it straight to your door step.*"

While there were a few 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 users would smoke the drug. Reportedly, crown is vaporized. A law enforcement officer stated, "*Well* [crown is] *used in those electronic cigarette things.*"

Participants described typical synthetic marijuana users as people on probation and young (mid-teens to 20 years of age). A participant replied, "*Someone that wants to pass a drug screen.*" Similarly, a treatment provider described typical users as young teenagers between 14 to 18 years of age. Law enforcement described the typical user of crown as people in high school into their twenties.

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 '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 '0–4.' Participants most often reported the current availability of "molly" (MDMA powdered form) as '10;' the previous most common scores were '3' and '6.' Participants commented: "*Molly's everywhere; 'Cause all these rappers rappin' about it, everybody wants to do it, n' it's just the cool thing to do now.*" Treatment providers most often reported ecstasy current availability as '7' and were unable to provide information on molly.

Participants reported a decrease in availability of ecstasy during the past six months, while reporting an increase in molly. Participants commented: "*You just don't hear about* [ecstasy] *as much anymore;* [Ecstasy is] *not the designer drug that it used to be.*" Other participants reported: "*Molly came in and knocked 'X' (ecstasy) out the picture;* [Molly is] *more popular now than it was six months ago.*" Community professionals reported decreased availability of ecstasy during the past six months. The BCI London Crime Lab reported that the number of ecstasy cases it processes has decreased during the past six months.

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

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

Participants suggested that ecstasy is not always pure and commented: "*A lot of the times* [what] *X is cut with … is heroin based*." Another participant concurred, "*Yeah, ecstasy usually has heroin in it*."

Reports of current street prices for ecstasy were consistent among participants with experience buying the drug; however, current street prices for molly were variable among participants with experience buying it. Participants reported that molly is typically sold in capsules. Reportedly, prices for molly are lower in urban areas and higher in more rural areas.

Ecstasy/Molly	
Current Street Prices Ecstasy	
Low dose (aka "single stack")	$10-15
Medium dose (aka "double stack")	$20
High dose (aka "triple stack")	$25
Current Street Prices Molly	
1/2 gram	$20-60
A gram	$30-75
3.5 grams	$200

Participants indicated that molly is obtained primarily at social events. A participant shared, "'*Cause pretty much if you know where the party's at, you know where the molly's at. And there's always a party for one, and for two … if they're on molly in that party, it does not matter if you know them or not - all you gotta do is say, 'Where the molly at!?*'"

Participants reported that the most common routes of administration for ecstasy and molly are oral consumption and snorting. Participants estimated that out of 10 ecstasy and molly users, the majority would orally consume the drug and up to five might snort it.

Participants described typical ecstasy users as younger males and females who often attend 'raves' (dance parties) and festivals. Participants also described users as hippies. A participant stated, "*Usually like young kids who like to go out and party, ya know, take* [ecstasy]." Treatment providers described typical ecstasy users as younger (20-year-olds).

Participants described typical molly users as younger males and females, partiers and drug dealers. A participant put forth a drug dealer's reasoning: "*I'm sellin' drugs all night, so I can't sleep, so I'm a go 'head and get this molly up into me*." Another participant agreed and observed, "*I see more drug dealers do* [molly] *than average people*."

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), khat (an edible plant containing cathinone, an amphetamine-like stimulant) and Neurontin® (an anti-convulsant medication).

Bath Salts

Bath salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues) remain available in the region. Participants most often reported the drug's current availability as '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 '7.' Law enforcement most often reported current availability as '3;' the previous most common score was not reported since community professionals had not received reports of the drug during the previous six months. A law enforcement officer reported, "*I feel like* [bath salts has] *lost a little bit of popularity*."

Participants and community professionals reported that the availability of bath salts has decreased during the past six months. Participants purported that the decrease in availably is due to legislation and law enforcement. Participants commented: "*Yeah* [availability of bath salts] *decreased around here dramatically; It's a definite decrease because of the laws; Because of the laws changing and people getting arrested*." A law enforcement officer commented, "[Bath salts are] *harder to get than it used to be when it was newer*." The BCI London Crime Lab reported that the number of bath salts cases it processes has decreased during the past six months.

Reports of current street pricing for bath salts was provided by a few participants with experience purchasing the drug during the past six months. Reportedly, 2 grams sell for $35; 3 grams sell for $40; 10 grams sell for $150. Despite legislation enacted in October 2011, participants reported that

bath salts continue to be available. Participants reported ease of obtaining bath salts off the Internet since the drugs are delivered right to their door.

While there were a few reported ways of consuming bath salts, generally the most common route of administration is snorting. Participants estimated that out of 10 bath salts users, eight would snort and two would smoke the drug. Participants described typical bath salts users as 25-40 years of age, women, cocaine users and individuals who do not have access to other drugs. Community professionals were unable to describe a typical user, however one law enforcement officer stated, "*It takes a very unique person to want to use* [bath salts]."

Hallucinogens

Participants most often reported the current availability of LSD as '4' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '8.' Participants most often reported the current availability of psilocybin mushrooms as '10;" the previous most common score was bimodal, '3' and '5.' Community professionals did not report on LSD and psilocybin mushrooms.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A local band in New Albany (Franklin County) reported an increase in hallucinogens, including DMT (dimethyltryptamine) and psilocybin mushrooms; these drugs can be very dangerous for teens and young adults as they effect blood pressure, heart rate, increase agitation and sometimes result in seizures (www.10tv.com, July 14, 2014).

Participants reported that the availability of LSD and psilocybin mushrooms remained the same during the past six months. 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 it processes has decreased.

Reports of current street prices for LSD were provided by participants with experience buying the drug. Participants reported a perforated square (one dose, aka "a hit") sells for $10-15; a strip (approximately 10 hits) sells for $150; and a low concentrated sheet (approximately 100 hits) sells for $100, while a high concentrated sheet sells for $700-800. Current street prices for psilocybin mushrooms were also consistent among participants with experience buying the drug. Participants reported 1/8 ounce sells for $25; 1/4 ounce sells for $45; and one ounce sells for $140.

In addition to obtaining LSD on the street from dealers, participants also reported getting the drug at festivals, concerts and sporting events on college campuses. A participant stated, "*Festivals is a huge* [venue] *for 'acid'* (LSD)." Participants reported that the most common route of administration for LSD is oral consumption. Participants estimated that out of 10 users, all would orally consume the drug by placing it under their tongue or mixing it in a drink. Participants described typical users of LSD as white, young, sometimes older generations, and people who attend 'raves' (dance parties) and music festivals.

Participants revealed that psilocybin mushrooms are most often grown by users, obtained on college campuses or sought for in the woods. Participants reported the most common route of administration is oral consumption. Participants estimated that out of 10 users, eight would orally consume and two would smoke the drug. Participants reported that psilocybin mushrooms are most often placed in food, but can also be brewed into a tea. Participants described typical users of mushrooms as young people.

Khat

Khat was reported as available in the region by two law enforcement officers. These professionals reported the current availability of this substance as '6-7,' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was bimodal, '2' and '5.' The officers reported an increase in availability of khat during the past six months. Law enforcement described typical khat users as Somalian, aged 30-40 years. Law enforcement reported that Somali relatives will ship the drug from Somalia to their family members since the drug is not native to North America.

Neurontin®

Neurontin® (an analgesic, anti-epileptic agent) 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); treatment providers most often reported current availability as '8-10.' Participants reported no change in availability of Neurontin® during the past six months, while treatment provider indicated an increase. Treatment

providers purported that an increase in prescription writing of Neurontin® has led to increased street availability of the drug. A pharmacist remarked, "*I'm blown away that* [Neurontin® is] *not controlled*."

Participants with experience purchasing the drug said it sells for $0.50-1 per pill (unspecified dosage). In addition to obtaining Neurontin® on the street from dealers, participants also reported getting personal prescriptions from doctors, as one participant stated, "*They're easy to get prescribed, too*." Participants reported using Neurontin® to avoid withdrawal from other drugs. Participants described typical Neurontin® users as individuals on probation, because most drug screens do not detect this drug, or people who illicitly use prescription opioids. A treatment provider described typical users as males and females in their twenties.

Conclusion

Heroin, marijuana, prescription opioids, sedative-hypnotics and Suboxone® remain highly available in the Columbus region; also highly available is methamphetamine. Changes in availability during the past six months include increased availability for heroin and marijuana, decreased availability for bath salts and ecstasy, and likely increased availability for powdered cocaine.

While many types of heroin are currently available in the region, participants and community professionals reported brown powdered and black tar heroin as most available. Both respondent groups reported that availability of heroin has increased during the past six months. Corroborating data also indicated a high presence of heroin in the region. American Court and Drug Testing Services reported that 16.3 percent of the 2,878 individuals screened through its Columbus and Lancaster labs during the past six months were positive for opiates. In addition, 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 reported that heroin is often cut with pharmaceutical drugs, such as prescription opioids (fentanyl, morphine, OxyContin®, Percocet® and Vicodin®) and sedative-hypnotics (Klonopin®, NoDoz®, trazadone and Xanax®). The BCI London Crime Lab reported that a lot of powdered heroin cases that come into the lab are a heroin-fentanyl mixture, sometimes even straight fentanyl.

The most common route of administration for heroin remains intravenous injection; sharing needles is reportedly common. Participants described typical users of heroin as males and females, 30 years of age and younger, predominantly white and often someone who began by using prescription opioid medication, but switched to heroin because it is cheaper. Community professionals agreed with participant descriptions, except for providing an age range of 18-40 years of age and adding that users are often of low socio-economic status. Similar to participant responses, treatment providers agreed the age range of heroin users is expanding.

Treatment providers discussed how "normal" marijuana use is in their clients' everyday lives. Corroborating data also indicated the high presence of marijuana in the region. American Court and Drug Testing Services reported that 19.2 percent of the 2,878 individuals screened through its Columbus and Lancaster labs during the past six months were positive for marijuana.

While participants reported that the availability of low-grade marijuana has decreased, they reported that the availability of the high-grade marijuana has increased during the past six months. Participants from different groups agreed that using marijuana concentrates and extracts in the form of oils, "dabs" or wax is becoming increasingly more common. Community professionals also reported that the availability of marijuana has increased. In addition, law enforcement officers reported an increase in marijuana extracts and concentrates, often referring to hash oil. Law enforcement attributed the increase in marijuana extracts and concentrates to vaporizing being a new way to consume the drug. The BCI London Crime Lab reported that the number of marijuana cases it processes has increased during the past six months.

Community professionals reported an increase in availability of powdered cocaine during the past six months. Several clinicians suggested that the new MAT (medication assisted treatment) drug, Vivitrol®, is one reason for an increase in powdered cocaine, explaining that with this drug an opiate high is not possible while a cocaine high is. The BCI London Crime Lab reported that the number of powdered cocaine cases it processes has increased during the past six months.

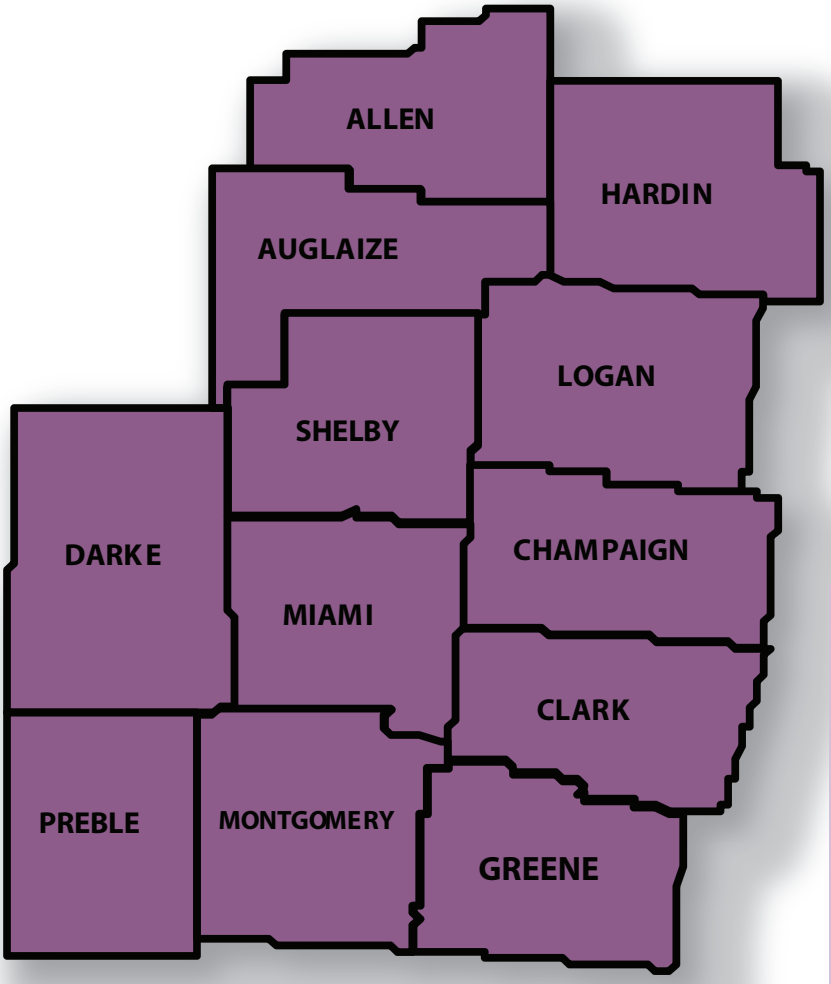
Participants reported that methamphetamine is available in powdered and crystal forms throughout the region. However, powdered methamphetamine is the most prevalent form in the region and is typically referred to as "one-pot" or "shake-and-bake." Participants reported that the availability of powdered methamphetamine has increased during the past six months, while the availability of crystal methamphetamine has remained the same. 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 and off-white powdered methamphetamine.

Participants described typical methamphetamine users as 30- to 40-year-old white males. One participant noted that demographics of methamphetamine users are beginning to shift which is purportedly creating an increase in the drug's popularity and availability.

While both respondent groups reported decreased availability of ecstasy pressed tablets, participants reported an increase in availability of powdered MDMA (aka "molly"). Participants described typical molly users as younger males and females, partiers and drug dealers. Participants also suggested that ecstasy is not always pure, commenting that it is often adulterated with heroin.

Lastly, participants and community professionals reported that the availability of bath salts has decreased during the past six months. Participants purported that the decrease in availably is due to legislation and law enforcement. The BCI Crime Lab reported that the number of bath salts cases it processes has decreased during the past six months.

Drug Abuse Trends in the Dayton Region



Regional Epidemiologist:

Lisa M. Belton, MSW

OSAM Staff:

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

Beth E. Gersper, MPA
OSAM Coordinator

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 (AOD) treatment programs in Hardin, Miami and Montgomery counties. Data triangulation was achieved through comparison of participant data to qualitative data collected from regional community professionals (treatment providers and law enforcement) via focus group interviews, as well as to data surveyed from the Miami Valley Regional Crime Lab and the Bureau of Criminal Investigation (BCI) London office, which serves central and southern Ohio. All secondary data are summary data of cases processed from January through June 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 Profile

Indicator[1]	Ohio	Dayton Region	OSAM Drug Consumers
Total Population, 2010	11,536,504	1,352,510	40
Gender (female), 2010	51.2%	51.2%	40.0%
Whites, 2010	81.1%	83.1%	85.0%
African Americans, 2010	12.0%	11.3%	7.5%
Hispanic or Latino Origin, 2010	3.1%	2.0%	0.0%
High School Graduation Rate, 2010	84.3%	88.1%	74.4% [2]
Median Household Income, 2013	$46,873	$47,061	$11,000 to $14,999[3]
Persons Below Poverty Level, 2013	16.2%	14.4%	40.5%[4]

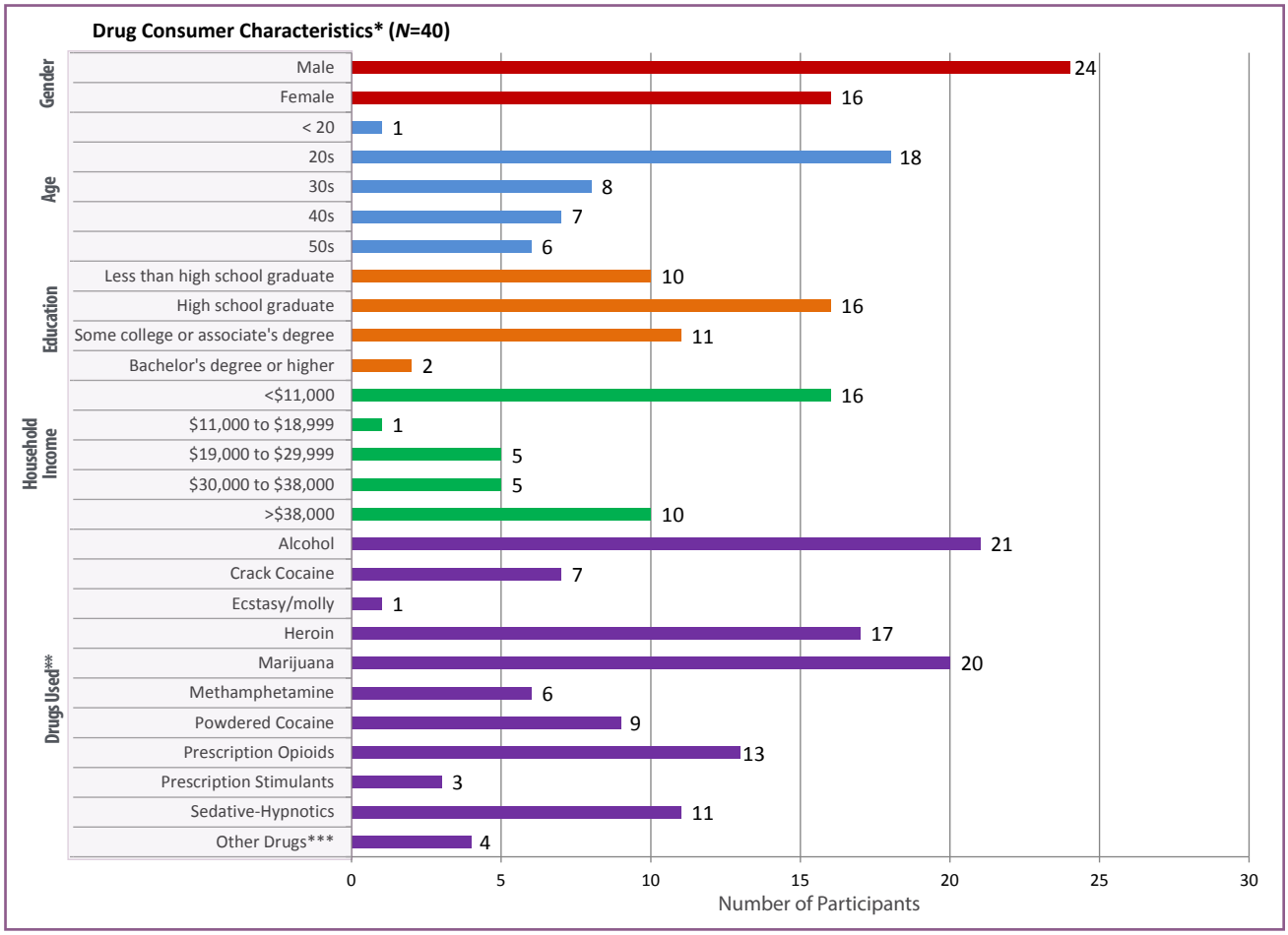
[1]Ohio and Dayton region statistics are derived from the most recent US Census, and OSAM drug consumers were participants for this reporting period: July 2014-January 2015.

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

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

Dayton Regional Participant Characteristics



*Not all participants filled out forms completely; therefore, numbers may not equal 40.
** Some participants reported multiple drugs of use during the past six months.
***Other drugs: Neurontin® and 'molly' (powdered MDMA).

Historical Summary

In the previous reporting period (January – June 2014), crack cocaine, heroin, marijuana, prescription opioids, prescription stimulants, sedative-hypnotics and Suboxone® remained highly available in the Dayton region. Increased availability existed for heroin and Suboxone®; decreased availability existed for powdered cocaine. Data also indicated possible decreased availability for crack cocaine.

Participants and community professionals most often reported the overall availability of heroin as '10' (highly available). Participants described the ability to locate the drug wherever they went. Referring to the status of heroin use as an epidemic, a probation officer pointed out that there were billboards in the region which advertised hotline numbers to report drug dealing and to locate addiction treatment. Many speculated that the continued high availability and increased use of heroin had impacted the availability of other substances, namely crack and powdered cocaine; participants and community professionals alike both thought these drugs took a backseat to heroin and had fallen out of favor with users, making them less available.

Participants and community professionals reported that the general availability of heroin had increased during the previous six months. Several participants noted increased heroin use due to increased prescription pain pill regulation, which made them more difficult to obtain. Law enforcement attributed the increase in heroin availability to increased demand for the drug, noting how inexpensive the drug was to purchase.

While many types of heroin were available in the region, participants reported brown powdered heroin as most available overall; although, participants also noted that white powdered heroin was most available in Allen County and black tar heroin was most available in Hardin County. Participants shared that there were two types of white powdered heroin available: white powdered heroin that was cut with fentanyl and "china white," which was supposedly pure heroin. Participants explained that the fentanyl used to cut heroin was clandestine and not made for medical use. The Miami Valley Regional Crime Lab reported that the number of fentanyl cases it processes had increased during the previous six months and that all of the fentanyl cases were clandestine.

Participants continued to address the high number of heroin overdoses in the region. They linked many overdose deaths to fentanyl-cut heroin. Fear over legal penalties if users reported overdoses remained high among participants. Participants also discussed leaving individuals or having been left themselves when overdosing on heroin. Treatment providers noted that overdose often went unreported.

Montgomery County participants continued to report lower pricing and the highest availability for heroin capsules (aka "caps"). Participants and law enforcement also continued to discuss the common practice of dealers who provided free samples of heroin to prospective buyers.

Participants and community professionals agreed that Suboxone® availability had increased during the previous six months. The increase, in part, was attributed to increased medication assisted treatment (MAT) programs. Treatment providers observed that more clients were being prescribed the medication. While many participants felt that Suboxone® was most often used as intended, participants continued to report users selling some or all of their prescriptions. The Miami Valley Regional Crime Lab reported that the number of Suboxone® cases it processes had increased during the previous six months.

In addition to obtaining Suboxone® on the street from dealers, participants also reported obtaining it by prescription through pain clinics and doctors. A probation officer shared knowledge of family physicians writing Suboxone® prescriptions. Participants and community professionals described typical illicit Suboxone® users as heroin addicts either self-medicating in between highs or attempting to quit heroin use.

Finally, the Miami Valley Crime Lab noted the following substances as possible emerging drug trends: mitragynine (aka "kratom"), steroids, hashish (THC solid and liquid preparations) and cathinone (an amphetamine-like stimulant found naturally in the khat plant; synthetic chemical cathinones are used in the manufacture of some designer drugs like bath salts).

Current Trends

Powdered Cocaine

Powdered cocaine is highly available in some areas of 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), but rated availability as lower in more rural areas ('2-3'); the previous most common score was '3.' One participant reported, "*Just about anybody who sells heroin or 'crack'* [cocaine] *also has powdered cocaine. Especially with doing heroin, because* [dealers] *know that you want to 'speedball,' which is heroin and cocaine at the same time.*" Another participant stated, "*All I have to do is make a phone call* [to obtain powdered cocaine]." On the contrary, rural participants expressed: "*I don't think* [powdered cocaine is] *really around in Hardin County … it's mostly heroin, pain pills, stuff like that; You gotta go out of town, if you want* [powdered cocaine]." One participant said availability varies depending on quality and commented, "*The good stuff (high quality cocaine) is about a '2' or '3'* [in availability], *the junk (poor quality cocaine) is about an '8.'*"

Community professionals most often reported current availability of powdered cocaine as '3-5;' the previous most common score was '2.' A treatment provider reported, "*Heroin dealers currently supply the cocaine. Almost every heroin dealer in Dayton's gonna have cocaine.*"

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. An arrest was made in Dayton when a neighbor complained and, upon investigation, police found cocaine and heroin at the residence (www.abc22now.com, July 14, 2014). A 35-year-old woman was taken to Montgomery County Jail for an outstanding warrant and eventually officers recovered cocaine, heroin and marijuana from her body (www.whio.com, Aug. 6, 2014). Two individuals from Eaton (Preble County) were arrested during a traffic stop when 25 capsules of cocaine were found on the passenger who admitted that they had just been up to buy cocaine in Dayton (www.wdtn.com, Jan. 16, 2015). A concerned citizen alerted police of a man selling drugs out of his Moraine (Montgomery County) apartment; investigators found marijuana and large amounts of cocaine and heroin throughout the residence (www.wdtn.com, Jan. 27, 2015).

Participants most often reported decreased availability of powdered cocaine during the past six months. Community professionals reported that availability of powdered cocaine has remained the same during the past six months. However, a treatment provider commented, "*I don't see as many people as I used to see actively using powdered cocaine now.*" Another clinician explained, "[Powdered cocaine is] *not a drug of choice, but a lot of our people are 'speedballing.*'" The Miami Valley Regional 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 consensus
	Law enforcement	No change
	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 '3.' Participants indicated that quality is often variable and commented: "[Quality of powdered cocaine] *just depends on the amount you get, and who you get it from; If It's somebody higher up, you probably can get it before people cut it down (adulterate it with other substances) more.*" One participant concluded, "*There's always the people that have that '10,' then … people get it off of them and then they cut it and then* [their buyers] *cut it.*"

Participants reported that powdered cocaine in the region is 'cut' (adulterated) with baby laxative, creatine, ether and isotol (diuretic). Overall, participants reported that the quality of powdered cocaine has decreased during the past six months. One participant reported, "*I've done* [powdered cocaine] *recently and it has just dramatically changed for the worst.*" Another participant agreed and explained, "*A while back* [quality of powdered cocaine] *was really good and then they just keep cutting it and it gets bad.*" Participants reported that some dealers will sell baby laxative or creatine as powdered cocaine. Participant's reported that this practice is referred to as "fleecing."

Powdered Cocaine	Cutting Agents Reported by Crime Lab
	• levamisole (livestock dewormer) • benzocaine (local anesthetic)

Current street prices for powdered cocaine were variable among participants with experience buying the drug. Most participants reported purchasing powdered cocaine in capsules (aka "caps"). One participant commented, "[Powdered cocaine is] *definitely a rich man's drug*."

Powdered Cocaine	Current Street Prices for Powdered Cocaine	
	A capsule	$5-20
	1/10 gram	$20
	1/2 gram	$50
	A gram	$60-100
	1/8 ounce (aka "eight ball")	$150-300

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. One participant shared, "*You've got more snorters than you got shooters*." Other participants explained: "*Mainly people who shoot* [powdered cocaine] *are the people who use heroin. If you're out at a bar or just kind of a weekend warrior or a little bit drunk, they'll snort it; Anyone who injects* [other drugs] *is going to inject* [powdered cocaine]. *They will not snort it unless they don't have a needle on them … that's the only time they won't inject it*." Participants reported that users usually begin with snorting and move to shooting cocaine if they shoot another drug such as heroin and shared: "*I've been doing 'coke' (powdered cocaine) off and on … and I never even thought about picking up a needle until I was doing heroin; I never shot cocaine, until I shot heroin*."

Participants described typical powdered cocaine users similarly: "*White, more educated, more money, better job, more professional; upbeat, good jobs, executive type, doctors, and lawyers; white women; rich white kids.*" One participant noted, "*There are actually a lot of people you would never even think* [who use powdered cocaine]." Other participants responded: "*I know some lawyers* [who] *do* [powdered cocaine] *and someone who works for a big corporation.*" Treatment providers were unable to describe a typical powdered cocaine user, as one clinician explained, "[The typical profile for powdered cocaine users] *changes - you can't put a face on it*." However, law enforcement described powdered cocaine users as, "*white, female, and lower class.*"

Crack Cocaine

Crack cocaine remains highly available in the region, especially in more urban areas. 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: "*You can go out there right now and probably get* [crack cocaine]*; It's everywhere*." Another participant explained, "*Every 'dope boy' (heroin dealer) you run into in the city is gonna either have a cousin* [who sells crack cocaine] *or he's gonna have it himself*." Nevertheless, rural participants most often reported current availability of crack cocaine as '2-3,' as one participant explained, "*It's very rare around here. There might be like one person that has it after that it's gone*."

Law enforcement most often reported crack cocaine's current availability as '1-2' and treatment providers most often reported current availability as '3-5'; the previous most common scores were '9-10' for urban areas and '2-4' for rural areas. One treatment provider commented, "*They go to Dayton and … bring back a whole bunch* [of crack cocaine to sell]."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Despite more than 40 arrests at one house, Dayton police continue seeing drug addicts (crack cocaine and heroin specifically mentioned) and prostitutes return to the same house; the city is working to help officers restrict access to this home, which is not coming soon enough for neighbors (www.daytondailynews.com, July 15, 2014).

Participants reported that the availability of crack cocaine has remained the same during the past six months, while community professionals reported that availability has increased. One treatment provider reported, "[Crack cocaine is] *kind of trending … I've seen more and more crack use. I have a few clients right now that* [crack cocaine is] *their primary drug of choice.*" The BCI London Crime Lab reported that the number of crack cocaine cases it processes has remained the same during the past six months.

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

Participants most often rated the current overall quality of crack cocaine as '3' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '7.' A participant commented, "[Crack cocaine quality is] *not as good as if you would go out of town and get it*." Participants reported that quality of crack cocaine depends on where the substance is purchased, from whom and if it has been cut (adulterated) with other substances. One participant reported, "*It depends on where they went and got* [crack cocaine]. *If they went and got it from Columbus, if they didn't need to make money or needed to 'stomp' (adulterate) it ... Every situation's different*." Other participants explained: "[Quality of crack cocaine] *varies on who cooks it; Basically it's like making a cake. Some people put too much sugar, some people don't put enough in*."

Participants reported that crack cocaine in the region is cut with baking soda and ether. One participant explained, "*You can tell* [quality of crack] *by the yellow of the color and how hard it is. If it's like that, then it's top stuff.*" Another participant shared, "*You can really tell* [quality] *by the strength of the 'dope' (crack) … sometimes you got some soft stuff that's cut with a whole lot.*"

Crack Cocaine

Cutting Agents Reported by Crime Lab

- levamisole (livestock dewormer)
- benzocaine (local anesthetic)

Reports of current street prices for crack cocaine were consistent among participants with experience buying the drug. Participants indicated that crack cocaine is more expensive in rural areas where a gram can sell for $90-100. One participant reported, "*They say* [crack cocaine is] *the poor man's drug, but man, you're paying … it's expensive.*"

Crack Cocaine

Current Street Prices for Crack Cocaine	
A gram	$50
1/8 ounce (aka "eight ball")	$300
1/4 ounce	$350

Participants continued to report that the most common route of administration for crack cocaine is smoking and intravenous injection (aka "shooting"). Participants estimated that out of 10 crack cocaine users, eight would smoke and two would shoot the drug. One participant ventured, "*If you shoot* [crack cocaine], *you're gonna shoot half of it, you're gonna smoke half of it.*" However, another participant explained, "*Once you shoot* [crack cocaine], *it's such a better high that you don't want to go to the lesser high.*" Participants reported having to break down crack cocaine in order to inject it: "*You have to dilute* [crack cocaine] *with like lemon juice or vinegar; Kool-Aid® to shoot it ... that's how you break it down*." Participants reported using car antennas, plastic pens, tire gages, and the glass stems of fake roses to smoke the drug. One participant reported, "*I've seen people take a plastic pen, dissect it, put some Brillo® in there and smoke* [crack cocaine]."

Participants described typical crack cocaine users as black and people of lower socio-economic status. One participant commented, "*Lower class to homeless because that 'shit' (crack cocaine) will keep you that way*." Participants also described users appearing to be older, as one participant commented, "Y*ou can usually tell a crack user - late 40s, looking 20 years older than they should be. They'll tell you they're 30 and you'll think they're 50*." Another participant explained, "*To me, there's 'crack heads' (chronic users) and there's smokers ... a smoker is someone that takes care of their business as well as works ... and a crack head is someone that is just like far gone*." Another participant added, "*Yeah* [crack heads] *walk in your house while you're there and try to steal your TV.*"

Treatment providers described typical crack cocaine users as older. One treatment provider reported, "Y*ou're gonna see your older clients, or patients, with crack. That's their drug of choice for 40 years.*" Another treatment provider reflected, "*That was the most important relationship, and the longest relationship,* [one of my clients] *had - was with her 'dope man' (drug dealer)*." Law enforcement described typical crack cocaine users as female.

Heroin

Heroin remains highly available in the region. Participants most often reported the current overall availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10.' While many types of heroin are currently available in the region, participants reported the availability of brown and white powdered heroin as most available, with the exception of Hardin County participants who reported black tar heroin as most available. Participants described: "*There's tan,*

white, brown, and dark gray [colored heroin]*; It's brown. It's white. It varies*." Hardin County participants explained, "*'Tar'* [black tar heroin] *is in Columbus, which is where everyone gets it at. It ain't like we have a dealer here in Hardin County. They have to go to Columbus to get it, or Dayton, and bring it back in bulk; Somebody always has* [black tar heroin] *here … It's everywhere here*."

Community professionals also most often reported current availability of heroin as '10;' the previous rating was also '10.' A treatment provider remarked, "*There's probably some* [heroin] *right outside the door*." Treatment providers reported white and brown powdered heroin as most available in the region and commented: "*We don't have a lot of black* [tar heroin] *here; We don't see that*." However, law enforcement reported high availability of black tar heroin.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. When police responded to a suspicious activity report, they found a man next to a van who fled on foot; when they caught him, they confiscated heroin and gel caps in a baggie (www.daytondailynews.com, July 7, 2014). Dayton police stopped a vehicle for a turn signal violation and when asked if they could search the vehicle, one of the passengers handed over a bag of heroin to the officers (www.daytondailynews.com, July 8, 2014). Three individuals were arrested by Clark County Sheriff's deputies for heroin trafficking when a search warrant turned up drugs and one of the suspects asked the officers if they would like to buy any heroin while they were arresting him (www.abc22now.com, July 14, 2014). Investigators arrested a man who smuggled heroin pellets in his body from Mexico to Dayton customers; police recovered 71 pellets, approximately 2 pounds, from his body prior to taking him into custody (www.daytondailynews.com, July 24, 2014). During a traffic stop, while a K-9 officer was searching for drugs, the cruiser camera caught a passenger shoving drugs into his buttocks; Dayton police recovered 1.56 grams of heroin from the man (www.daytondailynews.com, July 27, 2014). A man was arrested when police found 58 capsules of heroin and cocaine inside a vacant home that he admittedly was living in (www.whio.com, Aug. 7, 2014). Heroin use by a Wright-Patterson (Greene and Montgomery counties) airman led to a reduction in rank, restriction to base and forfeiture of part of her pay (www.daytondailynews.com, Aug. 8, 2014). A 22-year-old mother was arrested during a traffic stop when Dayton officers found four heroin capsules in her bag (www.daytondailynews.com, Aug. 11, 2014). Police arrested a "desperate heroin addict" who attempted to rob a convenience store (www.daytondailynews.com, Aug. 12, 2014).

Participants reported that the availability of heroin has increased during the past six months, particularly for lower quality white, tan and brown powdered types which participants referred to as "everyday heroin." One participant remarked, "[Heroin is] *on the rise*." Participants also reported a slight decrease in availability of black tar heroin during the past six months, as a couple participants noted: "[Black tar heroin is] *harder to find. Hardin County is really breaking down on people using. A lot of people are getting clean, so in six months, it's changed drastically;* [Black tar heroin supply has] *slowed down a little bit ... It's harder to get*." Law enforcement reported that the availability of black tar heroin has remained the same during the past six months. The Miami Valley Regional Crime Lab reported that the number of heroin cases it processes has decreased during the past six months.

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

Participants most often rated the current quality of heroin as '7-8' for both powdered and black tar heroin on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '10' for brown powdered heroin and '7' for white powdered and black tar heroin. One participant remarked, "*Tar is better*." Participants often indicated variable quality for powdered heroin and commented: "*It fluctuates a lot; There's times I've done like two 'caps' (capsules, approximately 1/10th gram each) and a shot (injection, quantity unspecified) and not felt anything. And then there's times I've done two caps and was falling asleep while I was driving home*." A participant explained, "*Depends on who you know … and what dope boy you know*."

Participants reported that white and brown powdered heroin are 'cut' (adulterated) with baby formula, baby laxative, fentanyl, mannitol (diuretic) and morphine. Participants reported that black tar heroin in Dayton is cut with morphine. During the past six months, participants reported that the general quality of heroin has remained

the same, although one participant reflected, "*White* [powdered heroin] *would be more of the pure quality that I've encountered in the past six months*." And another participant shared, "[Quality of powdered cocaine is] *junk, that was my reason to stop using it*."

Media outlets reported on heroin overdose in the region this reporting period. Eight individuals in Montgomery County died from using fentanyl-cut heroin in one weekend; the coroner's office reported that this is the highest number of overdose deaths in such a short amount of time in recent history (www.daytondailynews.com, Aug. 7, 2014).

Heroin	Cutting Agents Reported by Crime Lab
	caffeine
	diphenhydramine (antihistamine)
	fentanyl
	mannitol (diuretic)
	triacetin (glycerin triacetate, a food additive)

Reports of current street prices for heroin were variable among participants with experience buying the drug. The majority of participants reported purchasing capsules (aka 'caps') of powdered heroin, but indicated that the price is dependent upon the quality. Participant comments on purchasing heroin included: "*I prefer buying weight over caps; If you're getting a gram or more then it might not be caps*." The Clark County Sheriff was surprised to learn, during an investigation, that heroin is selling 21 capsules for $100 (www.abc22now.com, July 14, 2014).

Heroin	Current Street Prices for Heroin	
	Powdered heroin:	
	1/10 gram (aka "cap")	$5-20
	1/2 gram	$40-60
	A gram	$100-180
	Black tar heroin:	
	1/10 gram (aka "foil")	$20-25

While there were a few reported ways of using heroin, generally the most common routes of administration remain intravenous injection (aka "shooting"), followed by snorting. Participants estimated that out of 10 heroin users, all 10 would shoot the drug. However, participants clarified that snorting heroin is most common for new users prior to injecting the substance. A participant explained, "*At first you feel high. You feel really good, but eventually you don't feel that high anymore, so people tell you to shoot* [heroin] *up and you'll get that high again*." Participants further explained that the first time a heroin user injects the drug, a more experienced users typically administers it while teaching the technique. Another participant shared, "*Somebody shot me up for the first two months and then you start learning and you do it yourself*."

Participants reported that needles are generally purchased from diabetics, drug dealers, local convenience stores and pharmacies. Participants reported purchasing needles from diabetics and drug dealers for $1-5 each. Participants shared: "*Diabetics who get needles, they'll go downtown and sell them; You'll pay anywhere from $1 to $5 for a needle from a dope boy if he's got them, but sometimes they're hard to come by*." Some participants expressed difficulty in obtaining needles from local stores and pharmacies and commented: "*Here you can't get* [needles from a pharmacy]; [Users will] *send the young females into* [a large box store] *and tell them to say they're getting* [needles] *for their diabetic parent*." Other participants explained: "*When I went to Columbus to pick my 'dope' (heroin) up I would stop at* [a large box store] *and get a box of 100 needles for $11.83, come back and sell the dope and the needles; There's a lot of addicts that bag their* [drug dealer's] *stuff up for them .. and they just have them pick up the balloons and the needles at the same time ... and then they get paid for doing that*." Another participant explained, "*In old north Dayton, in the rougher neighborhoods, those delis - they're gonna cater to their clients. They're not going to sell espressos and cappuccinos, it's not that crowd. 'Yeah, I'll take a double latte and a 10-box of needles*."

Participants expressed concern over not having a needle exchange in the region. One participant explained, "*A lot of times needles are hard to come by and that's why you got people using old dull dirty needles or sharing needles*." Treatment providers reported that many of their clients obtain needles from diabetics and pharmacies, but also share or use dirty needles when they cannot obtain clean ones. Treatment providers also mentioned that it was becoming more difficult for addicts to obtain needles from stores. A treatment provider suggested there is not much money in selling needles and commented, "[Selling heroin and selling needles is] *kind of kept separate in a way because* [dealers] *make a living off of selling 'points' (0.1 gram amounts of*

heroin) and they'll sell maybe 2 [needles] for $5." However, a law enforcement officer shared, "*I know some* [drug dealers] *set up shop like it's a buffet. When you go in and get* [heroin], *they'll have the needles lined up.*"

Participants described typical users of heroin as young, white and female. One participant reported, "*I think* [typical heroin users are] *generally young, like 18-26* [years of age]. *That's the age group that generally starts* [using heroin] *because a lot of people start with pharmaceuticals towards the end of high school and then they move on to heroin.*" Community professionals were unable to profile a typical heroin user. A law enforcement officer reflected, "*I run recovery court and we have almost 50 participants in it. I would say* [typical heroin users are] *all the age groups to male and female.*"

Prescription Opioids

Prescription opioids remain highly available in the region. Participants most often reported current availability of these drugs as '8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '8-10.' Participants remarked: "*You can find* [prescription opioids] *anywhere; Sometimes I don't even have to make a phone call.*" Participants identified Percocet® and Vicodin® as the most popular prescription opioids in terms of widespread illicit use, as one participant remarked, "'*Perks' (Percocet®) and 'vikes' (Vicodin®) would be your top two.*" Another participant explained, "*Any heroin addict doesn't want Vicodin®, they want Percocets®.*" A participant added, "*If you can't get the Percocet®, you're gonna get the Vicodin®. If you can't get that, you're gonna get the others.*"

Community professionals most often reported current availability of prescription opioids as '8-10;' the previous most common score was also '8-10.' Community professionals identified Percocet®, tramadol and Vicodin® as the most popular prescription opioids in terms of widespread illicit use. One treatment provider remarked, "[Tramadol is] *all over the street,*" while another treatment provider explained, "[Tramadol] *just became a scheduled drug. It didn't used to be.*" Law enforcement also expounded, "[Tramadol is] *more like an alternative* [for doctors] *to not give the Percocet® and the Vicodin®.* [Physicians] *realize* [users] *can get high off of it by taking lots of them. They said 30 of them is like taking two Percocets®.*"

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Ohio State Highway Patrol (OHSP) arrested a man in Allen County after he consented to a search of his vehicle and troopers found 100 capsules of crushed OxyContin® and four packets of heroin (www.statepatrol.ohio.gov, July 26, 2014). Three people were arrested in Dayton for their role in a fake prescription drug ring (www.whio.com, Aug. 7, 2014). A doctor and his wife were released on bond for running a "pill mill" in which at least seven individuals died; drugs were sent to other states including Florida, Kentucky, Oklahoma, South Carolina, Tennessee, Texas and West Virginia (www.daytondailynews.com, Jan. 7, 2015).

Participants reported that the general availability of prescription opioids has decreased during the past six months. Participants commented: "*Pills used to be everywhere; There has been a shortage.*" Other participants explained: "*A lot of people are getting cut off of them (not able to obtain prescriptions);* [Prescriptions for opioids are] *getting harder to come by because they're making new laws.*" Treatment providers reported that availability of prescription opioids has remained the same during the past six months. The Miami Valley Regional Crime Lab reported that the number of prescription opioid cases it processes has generally remained the same during the past six months; exceptions included decreased number of cases for Percocet® and Vicodin® and an increased number of fentanyl cases.

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

Reportedly, many different types of prescription opioids (aka "tic tacs," "skittles," or "chicklets") are currently sold on the region's streets. Current street prices for prescription opioids were variable among participants with experience buying the drugs. Although a participant commented, "*Vicodin®s are a little cheaper,*" participants indicated that price is often determined by several factors including the dealer or source, what the user wants, how desperate the user is, and quantity. One participant explained, "[Price of opioids] *depends on how bad the person's looking (how desperate they are) and if you're getting it through another*

person and another person (through several dealers). Everybody adds their own dollar to it." Another participant remarked, "[When] *you sell* [prescription opioids] *in smaller quantities, you can charge more.*" One participant reported, "*I used to get a script of 150 Norco® tens and I would sell that 150 pills to a guy and I would charge him $5 a pill so he would give me $750.*"

Prescription Opioids	Current Street Prices for Prescription Opioids	
	methadone	$0.50-1 per ml (liquid) $3-5 for 5 mg $10 for 10 mg
	OxyContin®	$30-40 for 30 mg
	Percocet®	$5-7 for 5 mg $6-7 for 7.5 mg $7-10 for 10 mg
	Roxicodone®	$15 for 15 mg $20-30 for 30 mg
	Vicodin®	$3-5 for 5 mg $6-8 for 7.5 mg $8-10 for 10 mg

In addition to obtaining prescription opioids on the street from dealers, participants also reported getting them prescribed from physicians or from family and friends who have prescriptions. One participant explained, "*If you got your script (prescription opioids), that's not enough so you're out there buying* [prescription opioids] *on the streets.*" Another participant commented, "*I know guys that will break their hand, just so they can go get the pills (prescription opioids) so they can sell them.*"

Community professionals also discussed the ease with which prescription opioids are obtained. Although a law enforcement professional said that prescription opioids are most often obtained from doctors, dealers, and family members, other law enforcement and treatment professionals identified hospitals as being a main source of prescription opioids. A treatment provider commented, "*You can go to the ER and fake it, 'Oh, my fingernail hurts.'*" A n officer agreed, "*Yeah, they give* [prescription opioids] *out like it's nothing.*"

While there were a few reported ways of consuming prescription opioids, and variations in methods of use were noted among types of prescription opioids, generally the most common routes of administration remain snorting and oral consumption. However, participants reported that the majority of illicit prescription opioid users would snort the drugs. In addition, some participants reported intravenously injecting (aka "shooting") certain prescription opioids, as one participant explained, "*Vicodin® and Percocet® you wouldn't shoot because it's got Tylenol® in it - acetaminophen, and that's dangerous. Even being sick and addicted you gotta know that's out of the question. It's gotta be an old 'oxy' (OxyContin® OC, old formulation).*" Another participant explained that the new OxyContin® OP formulation has, "*a blocker where if you try to melt it down, it won't turn into just liquid ... it's a gel.*" Participants reported that working around abuse-deterrent formulations is difficult and time consuming and commented: "*It's possible, it's just a very complicated technique; You're more likely to mess it up, so I think a lot of people steer away from trying to do that. It's way easier to just get heroin.*"

A profile for a typical illicit user of prescription opioids did not emerge from the data. One participant shared, "*There are all sorts of ethnicities, ages, and groups of people that* [misuse/abuse prescription opioids]."

Suboxone®

Suboxone® is moderately 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.' One participant remarked, "[Suboxone® is] *everywhere.*" Participants indicated that Suboxone® is most available in sublingual strip form throughout the region. Treatment providers most often reported current availability as '8;' the previous most common score was '10.'

Participants reported that the availability of Suboxone® has remained the same during the past six months. However, more rural participants reported an increase in Suboxone® availability. One participant reported, "*It's become more available here because they started that MAT program here … Medically Assisted Treatment.*" Law enforcement reported that availability of Suboxone® has decreased during the past six months. One law enforcement professional reported, "*Not as much as it used to be. When I first started, it was pretty common to have Suboxone® on the street moving around, but now it's kind of come down because a lot of doctors aren't prescribing*

it." The Miami Valley Regional Crime Lab reported that the number of Suboxone® cases it processes has decreased during the past six months.

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

Current street prices for Suboxone® were consistent among participants with experience buying the drug. Participants reported that price is dependent on the level of withdrawal the user is experiencing. One participant reported, "*If they're sick, they're gonna pay $20.*"

Suboxone®	Current Street Prices for Suboxone®	
	filmstrip	$3-5 for 4 mg $10-20 for 8 mg

In addition to obtaining Suboxone® on the street from dealers, participants also reported getting it from heroin users. Participants explained: "*Most drug addicts take* [Suboxone®] *just so they're not gonna get sick* [from withdrawal]*; Some use* [Suboxone®] *because they want to stay clean and some don't and sell them and keep enough of it in their system* [not to get caught]." Another participant reported, "*The people that get the scripts, they're making money off of it. They might get three strips a day and they'll take one and they've got two to sell. They'll lie [to their doctors] and say their addiction is so high or they've done so much dope they need a bigger dose* [of Suboxone®]." A participant noted, "[Suboxone® is] *getting traded through Dayton back pages (classified ads) and* [over the Internet]."

While there were a few reported ways of consuming Suboxone®, generally the most common route of administration for illicit use is sublingual, followed by snorting. Participants estimated that out of 10 illicit Suboxone® users, nine would sublingually use and one would snort the drug. One participant explained, "*You just let it dissolve on your tongue.*" Participants and community professionals described typical illicit users of Suboxone® as heroin or prescription opioid addicts.

Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants)) remain highly available in the region. Participants most often reported the current availability of these drugs as '8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10.' Participants identified Ativan®, Klonopin®, Valium® and Xanax® as the most prevalent sedative-hypnotics in the region. One participant commented, "*I can always get* [sedative-hypnotics] *really easily.*" Participants identified Xanax® as the most popular sedative-hypnotic in terms of widespread illicit use. One participant reported, "*Everyone wants a Xanax®, they're stronger.*"

Community professionals most often reported current availability as '8;' the previous most common score was '8-10.' Community professionals identified Klonopin®, Valium® and Xanax® as the most popular sedative-hypnotics in terms of widespread illicit use.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Two grams of marijuana and 271 Xanax® pills were seized and the driver arrested when OSHP troopers pulled over a vehicle for speeding in Allen County (www.statepatrol.ohio.gov, June 2, 2014).

Participants reported that the general availability of sedative-hypnotics has remained the same during the past six months, but can be variable depending on the source. One participant explained, "[Sedative-hypnotics are] *more* [available when] *people get scripts in the beginning of the month. Depending on how quickly they sell out … then you can't get it.*" Community professionals reported that availability of sedative-hypnotics has remained the same during the past six months. The Miami Valley Regional Crime Lab reported that the number of Ativan® and Klonopin® cases it processes has increased during the past six months, while the number of Valium® and Xanax® cases has decreased.

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

Current street prices for sedative-hypnotics (aka "benzos" and "blackouts") were consistent among participants with experience buying the drugs.

Sedative-Hypnotics	Current Street Prices for Sedative-Hypnotics	
	Ativan®	$1 per milligram
	Klonopin®	$1 apiece (dose unspecified)
	Xanax®	$0.50 for 0.25 mg $2-3 for 0.5 mg $3-4 for 1 mg $5-7 for 2 mg

In addition to obtaining sedative-hypnotics by prescription, participants also reported getting them from family, friends and others who have prescriptions. A participant explained, "*I've never ran into an actual* [sedative-hypnotic] *dealer that buys them from multiple people. It's usually someone who's prescribed them and either they're not taking them, don't want to take them, or they just need the money.*" A participant presumed, "*People get those 'as needed' prescriptions and then they sell them.*" One participant shared, "[Sedative-hypnotics] *were always available in my grandmother's refrigerator.*" A treatment provider reported, "[Sedative-hypnotic users] *go to the ER and leave with like 15* [pills]."

While there were a few reported ways of consuming sedative-hypnotics, and variations in methods of use were noted among types of sedative-hypnotics, generally the most common route of administration for illicit use is oral consumption, followed by snorting. Participants estimated that out of 10 illicit sedative-hypnotic users, nine would orally consume and one would snort the drugs. Participants explained reasons for oral consumption of these particular drugs: "*I'd say 'benzos' (benzodiazepines) are typically orally because of the taste; Some* [illicit users] *will still snort your benzos, but that shit burns; I always just ate them. The ones I had were wax bars so you couldn't crush them.*"

Participants most often described illicit sedative-hypnotic users as female. Participants agreed: "*I think more women use benzos then guys; White, older women … my mom.*" Law enforcement described typical illicit sedative-hypnotic users as heroin addicts. An officer reflected, "*Usually the heroin addicts will use any type of pill there is to get past the withdrawals, or pretty much to get high.*"

Marijuana

Marijuana remains highly available in the region. Participants most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were also '10.' Community professionals most often reported current availability as '8;' the previous most common score was '10.' A treatment provider noted, "*It's like talking about cigarettes …* [marijuana is] *no big deal.*" Another treatment provider followed, "*As clinicians we battle that because* [clients] *don't think marijuana's a problem.*" A law enforcement officer reported, "*Everybody's always got* [marijuana]." In addition to traditional forms of marijuana, law enforcement shared about the availability and use of marijuana extracts and concentrates (aka "dabs") in the region during the past six months. One law enforcement professional explained, "*You need some equipment to do it … They extract the THC (tetrahydrocannabinol) out of the marijuana* [and] *with the oil, with the wax … It's really dangerous. It's really explosive* [because] *you use a butane torch. It's real big in Columbus.*"

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. OSHP made its second-largest marijuana seizure when troopers conducted a traffic stop in Preble County and discovered 2,330 pounds of marijuana in a truck (www.statepatrol.ohio.gov, June 14, 2014). After stopping a driver for license plate violation, a Dayton police officer smelled marijuana and after the man said he had no marijuana on him, the officer found a bag of marijuana during a pat down; two more times the officer asked if he had marijuana and the man said, 'no,' but after each time, more marijuana was found – a total of 5 bags of marijuana were seized (www.daytondailynews.com, July 4, 2014). Following a high-speed chase which led to the death of a pedestrian, Trotwood (Montgomery County) police reported finding marijuana in the vehicle; one of the suspects was retained for a previous unrelated drug possession charge (www.abc22now.com, July 29, 2014). Troopers seized two pounds of marijuana in Allen County, found behind the driver's seat in a duffle bag (www.statepatrol.ohio.gov, July 31, 2014). The Ohio eradication program, which removes marijuana plants and crops growing illegally throughout the state, seized 31 marijuana plants from Montgomery County during the past year (www.cleveland.com, Aug. 8, 2014). First responders were called to a scene where an apartment had exploded; the resident admitted to making hashish when it happened (www.wdtn.com, Jan. 27, 2015).

Participants reported that the availability of marijuana has remained the same during the past six months. One participant reported, "*It's been the same forever.*" Another participant commented, "*I don't think it could go higher.*" Community professionals reported that availability of marijuana has remained the same during the past six months. A treatment provider commented, "*Marijuana has been consistent, it's always been.*" A law enforcement officer reported, "*Everybody's always got* [marijuana]." The Miami Valley Regional Crime Lab reported that the number of marijuana cases it processes has decreased during the past six months.

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

Although there was a wide range of ratings, 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 '10.' Several participants explained that the quality of marijuana depends on whether the user buys "commercial weed" (low- to mid-grade marijuana) or hydroponically grown (high-grade) marijuana. Participants reported that the quality of low-grade marijuana is '3-5' on the quality rating scale. Participants suggested that the quality of marijuana has remained the same during the past six months and one participant noted, "*The only thing that's changed is prices.*"

Current street prices for marijuana were provided by participants with experience buying the drug. Participants reported that the price depends on the quality purchased and that low-grade marijuana sells for significantly less than high-grade marijuana.

Marijuana	Current Street Prices for Marijuana	
	Low grade:	
	A gram	$10
	1/8 ounce	$20
	1/4 ounce	$25
	An ounce	$100
	High grade:	
	A gram	$20
	An ounce	$200-300

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. Some participants referred to users who would orally consume marijuana. A participant divulged, "*I know a couple dealers that sell a lot of the* [THC-laced] *candy and snacks … He ain't making it, he bought it. It's all packaged up, so it's gotta come from somewhere where* [marijuana is] *legal.*"

A profile of a typical marijuana user did not emerge from the data. Participants described typical users as anybody and everybody. One treatment provider reported, "*It used to be teenagers, but that's not true anymore.* [Marijuana use] *kind of spans the ages.*"

Methamphetamine

Methamphetamine availability remains variable in the region. Participants most often reported the drug's current availability as '5' in Montgomery County, but '2-3' in Hardin and Miami counties, on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous scores were also variable: '10' in Montgomery County and '0-1' in Allen and Hardin counties. Participants indicated that users have to know someone to obtain the drug and that methamphetamine availability really does vary from time to time and from place to place. Participants reported that methamphetamine is available in powdered and crystal forms and one participant reported, "*You can get both* [crystal and powdered methamphetamine], *it just depends who you go to.*"

Treatment providers most often reported current availability of methamphetamine as '1-2;' the previous community professional scores were '2' in Montgomery and Hardin counties and '10' in Allen County. Law enforcement professionals indicated current variability in methamphetamine availability, as officers explained: "*A little bit here and there; It goes in spurts. Last year … we had two meth busts and this year we've only had one. It's just someone who … thinks that they can make a big batch and make some money.*"

Montgomery County participants reported an increase in methamphetamine availability during the past six months. One participant reported, "*The farther south you go, the easier it is to get* [methamphetamine] *… because there's a lot of open area.*" Another participant shared, "*People that I know go to Kentucky to get* [methamphetamine]." Law enforcement indicated no change in availability. The Miami

Valley Regional Crime Lab reported that the number of methamphetamine cases it processes has decreased during the past six months.

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

Participants most often rated the current overall quality of both types of methamphetamine as '7-8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common quality score was '10.' One participant shared, "*Everybody says that meth is better than cocaine and that a lot of people like it better now*." Participants reported that methamphetamine in the region is 'cut' (adulterated) with unknown substances. Participants commented: "*Shit, everything's in* [methamphetamine]. *It's got all kinds of chemicals in it; Everything under the (kitchen) sink*."

Law enforcement reported 'shake-and-bake' as the most prevalent type of methamphetamine throughout the region. This means users are producing methamphetamine in a single sealed container, such as a two-liter soda bottle. By using common household chemicals along with ammonium nitrate (found in cold packs) and pseudoephedrine (found in some allergy medication), people who make methamphetamine can produce the drug in approximately 30 minutes in nearly any location.

Reports of current street prices for methamphetamine varied among participants with experience buying the drug. One participant remarked, "*It's dirt cheap!*" Several participants were unsure about the quantity they receive when purchasing 'dimes' ($10 amounts) or 'twenties' ($20 amounts). A participant commented, "*I don't know* [amount], *really. I just know 'tens' ($10 amounts), twenties – people spend $40 whatever, but they usually get quite a bit*." Other participants reported purchasing a box of Sudafed® in exchange for an unspecified quantity of methamphetamine. One participant reported, "*I would go buy that Sudafed® box because you can get three a month. I would buy the box for the guy and he would cook* [methamphetamine] *up and he gave me some. It cost me $12 and he gave me, supposedly, $30 worth*."

While there were a few reported ways of consuming methamphetamine, generally the most common route of administration is smoking. Participants estimated that out of 10 methamphetamine users, all 10 would smoke the drug. Less common routes of administration include intravenous injection (aka "shooting"), snorting and orally consuming the drug. One participant explained, "[Methamphetamine users] *snort the fumes off of it. They 'hot rail' it … they'll make the glass tube real hot and snort it in and blow it out*."

Participants described typical methamphetamine users as white, of lower socio-economic status, older in age, as well as truckers and bikers. One participant replied, "*When I think of crystal meth, it seems like it's the old timers and the young guys. They're all the heroin addicts*." Another participant noted, "*Someone that likes going fast and faster*." Community professionals described typical methamphetamine users as someone who prefers stimulants (aka "uppers"). A treatment provider described, "*Someone who is a 'roofer' ... like to be up*."

Prescription Stimulants

Prescription stimulants are moderately available in the region. Participants most often reported current availability of these drugs as '7' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '8.' One participant reported, "*As long as the people you know keep getting* [prescriptions for stimulants] *from their doctor and selling it, then it's available. I've never had a problem getting it*." Participants identified Adderall® as the most popular prescription stimulant in terms of widespread illicit use. A participant noted, "*I've heard people say* [Adderall® is] *like cocaine. I've seen people do it and they was zooming their asses off*."

One treatment provider reported challenges with monitoring prescription stimulants in clients and commented, "*You can't test how they took it and it's only in their system for like 4-6 hours, so you can't regulate like if it's therapeutic*."

Participants reported that the general availability of prescription stimulants has remained the same during the past six months. The Miami Valley Regional Crime Lab reported that the number of Adderall® cases it processes has increased during the past six months.

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

Reports of current street prices of prescription stimulants (aka "baby cocaine" and "poor man's coke") were consistent among participants with experience buying the drug. Participants reported that Adderall® 30 mg sells for $4. In addition to obtaining prescription opioids on the street from dealers, participants also reported getting them from people who have prescriptions or from parents whose children are prescribed them. A participant indicated that there are small circles of stimulant users and explained, "*Somebody's got a 'script' (prescription). It goes back to that same circle somebody knows.*" Another participant commented, "*Or* [someone will] *take her kids' script and sell them.*"

While there were a few reported ways of consuming prescription stimulants, generally the most common routes of administration for illicit use are snorting and oral consumption. Some participants also reported intravenously injecting (aka "shooting") the drugs. One participant reported, "*You can shoot Adderall® and Ritalin®.*"

Participants described typical illicit prescription stimulant users as college students. A participant explained, "*They said it's supposed to help them study more.*" Another participant shared that Adderall® is used by people who want to lose weight because the drug is known to suppress appetite and increase energy: "*People that are overweight, that aren't really addicted to anything, but will just buy Adderall®.*" Law enforcement professionals described typical users of prescription stimulants as younger and an officer commented, "*I feel like a lot of younger kids get it and they'll sell it.*"

Synthetic Marijuana

Synthetic marijuana (synthetic cannabinoids; aka "K2" and "Spice") is rarely available in the region. Participants most often reported the drug's current availability as '3' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '1.' Law enforcement professionals most often reported current availability as '4;' the previous most common score was '2.' Law enforcement indicated variability in synthetic marijuana availability. An officer reported, "*We had a couple places around here selling* [synthetic marijuana] *and we went and closed them down … after that, we've just been seeing it like here or there. It's just like hit or miss.*"

Participants reported that the availability of synthetic marijuana has decreased during the past six months. One participant commented, "[Legislation is] *making it harder and harder by restricting certain chemicals they put in it.*" Community professionals reported that availability has remained the same during the past six months. Professional comments included: "*We still see some spice here and there; Every once in a while some spice.*" The Miami Valley Regional 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 consensus
	Treatment providers	No change

Participants most often rated the current quality of synthetic marijuana as '8-9' on a scale of '0' (poor quality, "garbage") to '10' (high quality); quality was not rated in the previous report. However, participants indicated variability in quality of synthetic marijuana and reported: "*Once* [law enforcement] *find out what's in* [synthetic marijuana] *they outlaw that, then* [synthetic marijuana makers] *make a new version* [and] *then they outlaw that and it just keeps on going back and forth; Some stuff was shitty, and there was some stuff I loved.*" Another participant stated, "[Synthetic marijuana] *can have all different types of stuff in it that they don't have to put on the labels … It's a risk you might smoke some and it'll do absolutely nothing or you might smoke some and try to eat somebody's face.*" Participants reported that synthetic marijuana highs differ from traditional marijuana and commented: "*It's not like a weed high,* [synthetic marijuana] *makes you feel weird; It's not the same high. It's close to weed, it just has different effects.*"

Reports of current street prices for synthetic marijuana were consistent among participants with experience buying the drug; reportedly, a gram sells for $10-20. Despite legislation enacted in October 2011, synthetic marijuana

continues to be available from head shops, as one participant reported, "*You would have to go to like a specialty shop, like a head shop*." Participants reported that the most common route of administration remains smoking.

Participants described typical synthetic marijuana users as young or those who are subjected to regular drug testing. Law enforcement described typical users as marijuana users or users trying to pass a drug test. However, an officer clarified, "*It could be any user. If you're looking for cocaine and all you have is 'K2' (synthetic marijuana), they're gonna take that. Any kind of drug user or addict is going to take whatever you have available*."

Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) remains available in the region in both pill (ecstasy) and powdered (molly) forms. Participants most often reported availability of ecstasy as '4' and 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 for both substances was '4-5.' One participant commented, "*It's not really around ... if it is, it's junk*." Another participant added, "*I know people are takin' more the molly than ecstasy pills*."

Participants reported that the availability of ecstasy and molly has remained the same during the past six months. The Miami Valley Regional Crime Lab reported that the number of ecstasy cases it processes has decreased during the past six months; the lab does not differentiate between pill and powdered forms.

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

Reports of current street pricing for these drugs were unknown by participants. However one participant reported, "[Ecstasy is] *cheaper than heroin and coke*." Another participant did not know quantity, but commented, "[Molly is] *sold in 'tens' ($10 amounts), 'twenties' ($20 amounts) and 'thirties' ($30 amounts)*."

Participants reported that the most common routes of administration for ecstasy and/or molly are snorting and intravenous injection (aka "shooting"). Participants estimated that out of 10 ecstasy or molly users, five would shoot and five would snort the drug.

Participants described typical molly users as younger and people who attend 'raves' (dance parties) or dance clubs. Community professionals described typical molly users also as younger. A treatment provider reported, "*I see a lot of kids, like 17 to 25 (years old), that have done molly.*" A law enforcement officer reported, "*they younger crowd, like juveniles, will do the molly.*"

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: bath salts, hallucinogens (lysergic acid diethylamide [LSD] and salvia divinorum); inhalants (duster); Neurontin® and over-the-counter (OTC) cold and cough medications.

Bath Salts

Bath salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues) are rarely available in the region. Participants and community professionals 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 scores were '1' for participants, '1' for law enforcement and '7-10' for treatment providers. One participant noted, "*Every now and then, you'll hear somebody going crazy* [as a result of bath salts use]." One treatment provider reported, "*I've only seen a few people* [who have admitted to using bath salts] *and they tried it two or three years ago when it was big*."

Participants reported that the availability of bath salts has decreased during the past six months. A participant noted, "[Bath salts] *came and went*." One participant explained, "*They took* [bath salts] *off the shelves so you couldn't just walk into a mini-mart and buy it. That stopped it real quick, too*." Some participant credited the decrease in availability to the stigma attached to the drug; one participant explained, "*People saw everyone going nuts off it*." Community professionals also reported a decrease in availability of bath salts during the past six months. An officer recalled, "*Bath salts was three years ago when I was here. It was real big and it went*

strong for like three months and we dealt with the craziness ...." The Miami Valley Regional Crime Lab reported that the number of bath salts cases it processes has remained the same during the past six months.

Reports of current street prices for bath salts were consistent among participants with experience buying the drug. Reportedly, bath salts sell for $30 per gram and $50 for 2 grams. While there were a few reported ways of consuming bath salts, generally the most common route of administration is snorting. Another method of use is intravenous injection (aka "shooting"). One participant reported, "*This girl, she shot bath salts. She came to jail last time … and she was like going crazy*." Participants described typical users of bath salts as younger. One participant reported, "*When it came out there was a lot of young kids, high school kids* [who used bath salts]."

Hallucinogens

Hallucinogens remain low to moderately available in the region. Participants most often reported the current availability of LSD (aka "acid") as '5-6' and of salvia divinorum (aka "salvia," a psychoactive plant) as '1-2' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous scores was '5' for hallucinogens in general (LSD and psilocybin mushrooms; salvia was not mentioned in the previous report). A participant shared, "*Sometimes 'pot' (marijuana) dealers will also keep* [salvia] *around, but it's not as popular, so it's harder to find*."

Participants reported that LSD sells for $5 per hit (dose). A participant described typical LSD users as *"people that go to 'raves'* (dance parties)." Another participant reflected on hallucinogen users in general and shared, "*I know a lot of people like to go out and like camp and sit around the fire and kind of like … do the Native American thing and try to do like vision quests* [by using hallucinogens]."

Inhalants

Inhalants remain highly available in the region, but are not reported as preferred drug(s) of choice. Participants most often reported availability of these substances as '10' because inhalants are legally sold in stores. A participant commented, "[Inhalants are] *like alcohol, you can get it wherever*." A treatment provider shared that it is rare to see this type of addiction and added, "*An inhalant addiction is very hard to treat*." Similarly, law enforcement reported rare involvement with inhalant use, as one officer recalled, "*On my caseload, ever, I've only had like three of them that deal with cases of huffing the aerosol cans*." Participants and community professionals described typical inhalant users as younger, high-school age. A law enforcement officer commented, "'*Whippets' (nitrous oxide found in aerosol whipped cream cannisters which is inhaled to produce a high) are pretty big in high school still ... but around here, there's not a lot of huffing going on as far as adults. Might be juveniles, but I don't hear about it*."

Neurontin®

Neurontin® (an analgesic, anti-epileptic agent) was mentioned by law enforcement professionals, who reported, "*That's the big one right now*." Although not much information was available, officers reported that Neurontin® is most often snorted or orally consumed.

OTCs

Over-the-counter (OTC) cold and cough medications were discussed by participants as being available in the region. Street names for these medicines include "robotrippin'" (Robitussin®) and "lean" (promethazine and codeine). A participant reported, "*I know if you go to the doctor you can only get* [stronger cough syrup] *prescribed once a year. They keep track of it*." Participants described typical illicit OTC users as younger. A participant commented, "*That's a high school thing*." Other participants added that users are also those who follow rap music trends, as 'lean' is mentioned in popular rap song lyrics.

Conclusion

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

Powdered cocaine is highly available in some areas of the region. Participants most often reported high availability in cities and lower availability in more rural areas of the region. Reportedly, heroin dealers now supply cocaine because of demand for the drug among heroin users who like to "speedball" heroin with cocaine for the extreme up-and-down highs the combination produces.

Overall, participants reported that the quality of powdered cocaine has decreased during the past six months. Participants noted that some dealers sell baby laxative or creatine under the guise of powdered cocaine. Participant's reported that this practice is referred to as "fleece" or "getting fleeced."

While many types of heroin are currently available in the region, participants and community professionals most often reported the availability of brown and white powdered heroin as most available. However, law enforcement and some participants also reported high availability of black tar heroin. Participants reported that the general availability of heroin has increased during the past six months.

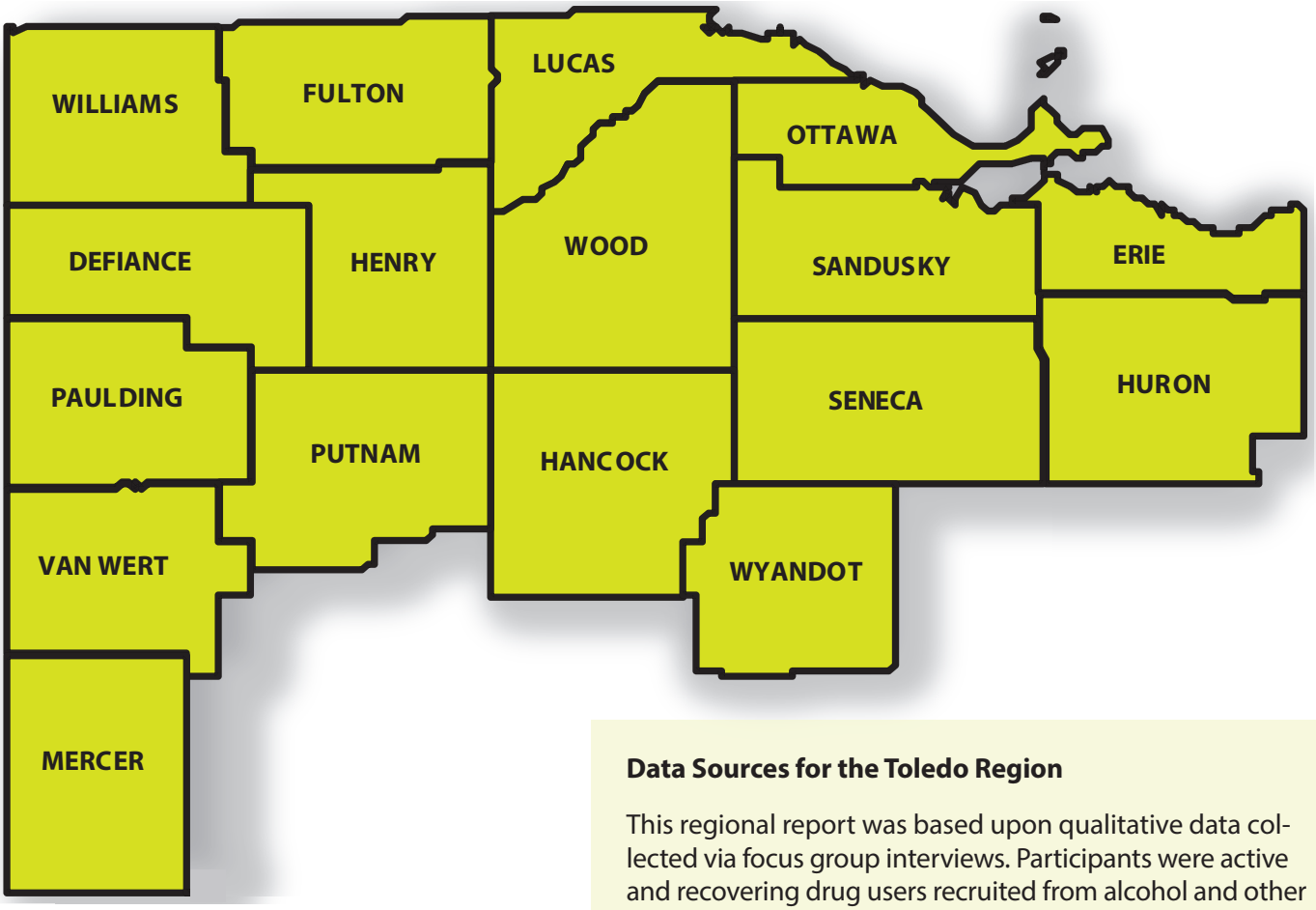
Media outlets reported on heroin overdose in the region this reporting period. Eight individuals in Montgomery County died from using fentanyl-cut heroin in one weekend; the coroner's office reported that this is the highest number of overdose deaths in such a short amount of time in recent history (www.daytondailynews.com, Aug. 7, 2014).

The most common route of administration for heroin remains intravenous injection; participants expressed concern over not having a needle exchange in the region. Treatment providers reported that many of their clients obtain needles from diabetics and pharmacies, but also share or use dirty needles when they cannot obtain clean ones. Treatment providers mentioned that it was becoming more difficult for addicts to obtain needles from stores. Participants described typical users of heroin as young, white and female.

Participants reported that the availability of bath salts and synthetic marijuana has decreased during the past six months. Participants attributed decreased availability to legislation outlawing the use of many of the chemicals used to manufacture these substances. In addition, some participants credited the decrease in availability to the stigma attached to the drugs, particularly bath salts. Participants described typical bath salts and synthetic marijuana users as young or those who are subjected to regular drug testing. Law enforcement also noted marijuana users as typical synthetic marijuana users.

Lastly, Neurontin® (an analgesic, anti-epileptic agent) was mentioned by law enforcement professionals, who reported that the drug seems to be gaining in popularity right now. Although not much information was available, officers reported that Neurontin® is most often snorted or orally consumed.

Drug Abuse Trends in the Toledo Region



Regional Epidemiologist:

Celia Williamson, PhD

OSAM Staff:

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

Beth E. Gersper, MPA
OSAM Coordinator

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 (AOD) treatment programs in Defiance, Fulton, Lucas and Williams counties. Data triangulation was achieved through comparison of participant data to qualitative data collected from regional community professionals (treatment providers, law enforcement and toxicologists) via focus group interviews, as well as to data surveyed from the Bureau of Criminal Investigation (BCI) Bowling Green office 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.

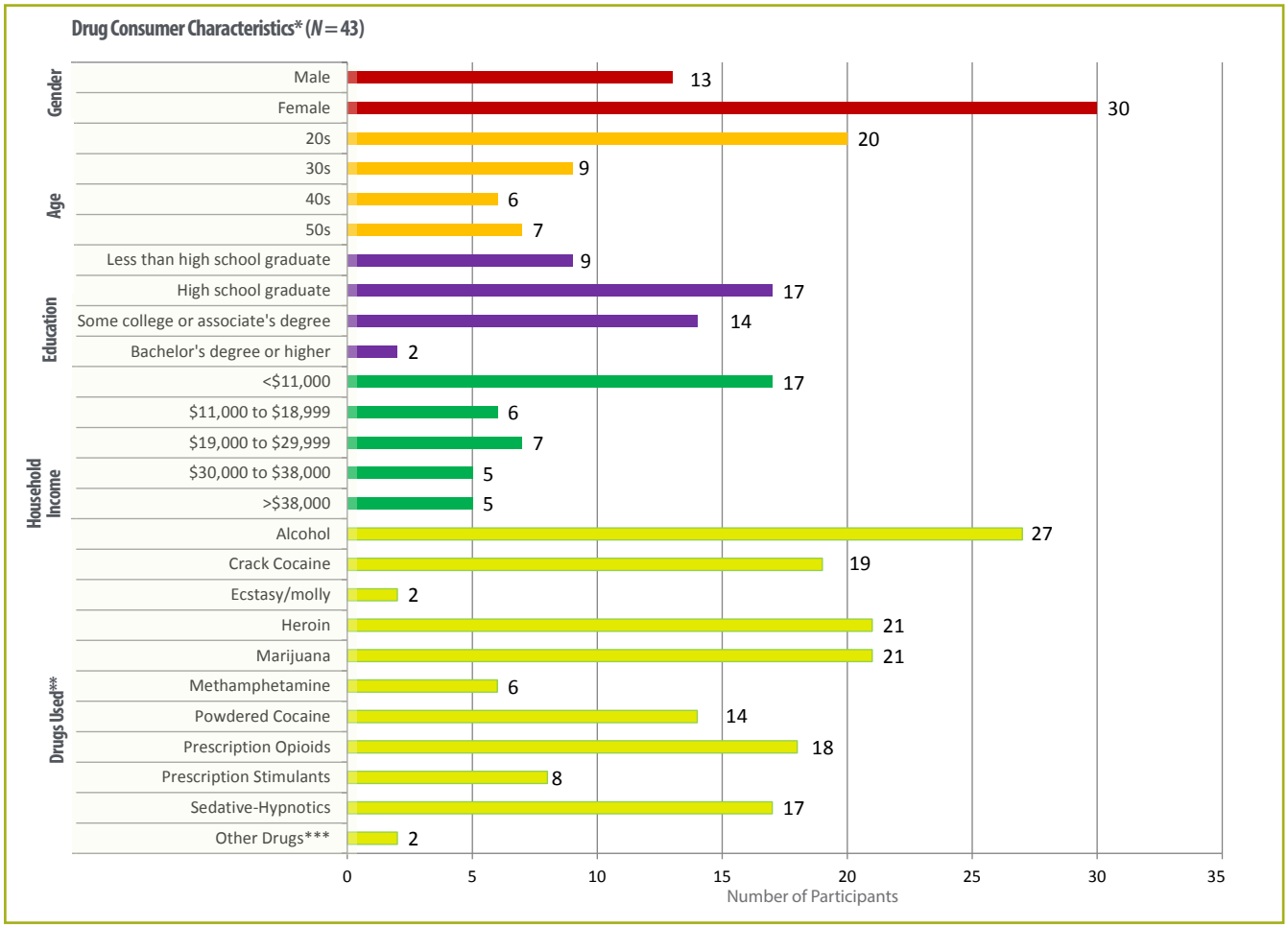
Note: OSAM participants were asked to report on drug use/knowledge pertaining to the past six months prior to the interview; thus, current secondary data correspond to the reporting period of participants.

Regional Profile

Indicator[1]	Ohio	Toledo Region	OSAM Drug Consumers
Total Population, 2010	11,536,504	1,231,785	43
Gender (female), 2010	51.2%	51.1%	69.8%
Whites, 2010	81.1%	83.7%	72.1%
African Americans, 2010	12.0%	8.0%	20.9%
Hispanic or Latino origin, 2010	3.1%	5.4%	15.8% [2]
High School Graduation rate, 2010	84.3%	83.8%	78.6%
Median Household Income, 2013	$46,873	$47,682	$11,000 to $14,999[3]
Persons Below Poverty Level, 2013	16.2%	12.8%	55.0%[4]

[1]Ohio and Toledo 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. Income status was unable to be determined for 3 participants due to missing and/or invalid data.
[4]Poverty status was unable to be determined for 3 participants due to missing and/or invalid data.

Toledo Regional Participant Characteristics



*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: Suboxone®.

Historical Summary

In the previous reporting period (January–June 2014), crack cocaine, heroin, marijuana, powdered cocaine, prescription opioids, sedative-hypnotics and Suboxone® remained highly available in the Toledo region. Increased availability existed for heroin and Suboxone®; decreased availability existed for bath salts and prescription opioids.

Participants and community professionals reported an increase in the general availability of heroin during the previous six months. Participants remarked that heroin was more available than crack cocaine; in fact, participants noted that many crack cocaine dealers had switched to heroin selling. Participants agreed with the belief that the region was experiencing an epidemic of heroin use. Treatment providers reported that they treated more heroin users than prescription opioid addicts.

While many types of heroin were available in the region, participants and community professionals reported the availability of white powdered heroin (aka "china white") as most available, followed by tan and brown powdered heroin. Participants reported low availability for black tar heroin.

Most participants echoed the sentiments of one participant who said that white powdered heroin was being cut with fentanyl more often than previously. A participant described fentanyl-cut heroin as having a grayish color. Community professionals were also aware of fentanyl-cut heroin and observed an increase in overdoses as a result. Law enforcement observed more heroin overdoses during the previous six months.

The most common route of administration for heroin remained intravenous injection; participants noted difficulty in purchasing injection needles. Reportedly, in smaller towns outside of Toledo, it was more difficult to purchase needles from stores and retail pharmacies, as some require a prescription for purchase. Participants discussed users trying to sharpen dull needles with a knife or a knife sharpener and reusing needles. Several participants expressed a necessity for a needle exchange in the region.

Participants described typical heroin users as white, middle-class, from the suburbs and between the ages of 16 and 30 years. Police officers also described a second group of typical users: older individuals who initially were prescribed opioids to address a pain issue, got addicted and switched to heroin.

Participants often attributed the decrease in availability of prescription opioids to decreased writing of prescriptions by doctors. Similar to participants' responses, community professionals connected the decrease in availably to the reluctance of doctors to prescribe these drugs, as well as increased security measures. According to participants and community professionals, some prescription opioids, such as OxyContin® and Opana®, have fallen out of favor because of their new abuse-deterrent formulations; users were not interested in pills that cannot be easily snorted or injected.

Participants and community professionals identified Percocet® and Roxicet® as the most popular prescription opioids in terms of widespread illicit use. Vicodin® was readily available, but not preferred. The BCI Bowling Green Crime Lab reported that the number of prescription opioid cases it processes had generally decreased during the previous six months.

Law enforcement reported that illicit use of Suboxone® had become a problem, especially in correctional settings as inmates were getting Suboxone® mailed to them. Both participants and community professionals reported high and increased street availability of Suboxone®. Community professionals also noted an increase in the number of clinics that prescribed the drug. Participants only had knowledge of the filmstrip form of Suboxone; tablets were not reported as available during the reporting cycle. Participants and community professionals continued to describe typical illicit users of Suboxone® as heroin users who self-medicate to avoid withdrawal symptoms.

Finally, participants and community professionals indicated a decrease in bath salts availability during the previous six months. Law enforcement attributed the decrease to focused enforcement efforts.

Current Trends

Powdered Cocaine

Powdered cocaine is moderately to highly available in the region. Participants most often reported the drug's current availability as '6' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10.' Participants rarely identified cocaine as a drug of choice. Community professionals most often reported current availability as '10;' the previous most common score was also '10.' Treatment providers suggested that powdered cocaine availability is high due to users combining the drug with heroin use.

Both participants and community professionals reported that the availability of powdered cocaine has remained consistent during the past six months. The BCI Bowling Green Crime Lab reported that the number of cocaine cases it processes has increased during the past six months; note, the crime 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' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '5.' A participant indicated that color is an aspect of quality of powdered cocaine and remarked, "*If it doesn't have yellow in it, I don't even buy it.*" Other participants reported that the quality of powdered cocaine depends on "*how many people stepped on it*," meaning how much the drug has been adulterated (aka "cut") by other substances. Participants reported that powdered cocaine is cut with aspirin, baby laxatives, baking soda, dry milk and vitamin B-12. Overall, participants reported that the quality of powdered cocaine has remained the same during the past six months.

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

Reports of current street prices for powdered cocaine varied among participants with experience buying the drug because pricing depends on location and quality. Reportedly, powdered cocaine costs more in rural areas. A participant explained, "*If I have junk (poor quality cocaine), I'll sell it to you for $40 … If I have fire (high quality cocaine), I'll sell it to you for $80.*" Participants also said that dealers prefer to sell powdered cocaine in smaller quantities to make more money. One participant reported, "*I always 'wacked people's heads' (charged more) when they wanted smaller amounts.*"

Powdered Cocaine	Current Street Prices for Powdered Cocaine
A gram	$50-80
1/16 ounce (aka "teener")	$70-100
1/8 ounce (aka "eight ball")	$100-250

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, six would snort and four would shoot the drug. One participant shared, "*I don't like needles, so I don't shoot* [powdered cocaine]."

Participants described typical powdered cocaine users as "upwardly mobile" and "rich people" between the ages of 16 and 24 years. Community professionals described typical users as "middle-class," 20s to 30s, white and more often male. A treatment provider added, "*The typical cocaine user is also the typical heroin user.*"

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, rural participants indicated low availability in their area (Defiance and Williams counties) and one said, "*I've never really got 'crack' (crack cocaine) out here. You have to drive 30 miles to get crack.*" Community professionals most often reported current availability of crack cocaine as '4;' the previous most common score was '4-6.' A law enforcement deputy reported, "*We're just not seeing* [much crack cocaine]. *If we see someone who's using it, we think, 'Oh, they went retro on us.'*"

Participants most often reported that the availability of crack cocaine has remained the same during the past six months, but indicated that the drug may now be concentrated in low-income areas. One participant shared, "*I was in a public housing unit and* [crack cocaine] *was everywhere.*" Several participants also agreed when a participant commented, "*People stopped using* [crack cocaine] *and moved on to heroin.*" Community professionals reported that availability of crack cocaine has decreased during the past six months. A sherriff's deputy reported, "*There's a lower demand for it.*" The BCI Bowling Green Crime Lab reported that the number of cocaine cases

it processes has increased during the past six months; note, the crime lab does not differentiate between powdered and crack cocaine.

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

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 '7.' There were several complaints about the quality, as demonstrated by one participant who remarked, "[Quality is] *zero, past minus.*" Participants reported that crack cocaine in the region is cut with acetone, baby formula, baking soda, laxatives, Midol®, quinine (antimalarial), sleep aids and vitamin B-12. Overall, participants reported that the quality of crack cocaine has remained the same during the past six months. Participants said quality depends on amount and types of adulterants in the drug. One participant explained, "*People cut it down to make money ... It's easy to cut it and double, triple, quadruple your money with crack.*"

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

Reports of current street prices for crack cocaine were consistent among participants with experience buying the drug. One participant explained, "*Most street vendors ain't selling 'eight balls' (1/8 ounce amounts) . . . They're piecing it out. That's a good way to make money.*"

Crack Cocaine	Current Street Prices for Crack Cocaine	
	1/10-2/10 grams (aka "rock")	$10-20
	A gram	$50-60
	1/8 ounce (aka "eight ball")	$100-120
	1/16 ounce (aka "teener")	$150

While there were a few reported ways of administering crack cocaine, generally the most common route of administration is smoking. Participants estimated that out of 10 crack cocaine users, nine would smoke and one would intravenously inject (aka "shoot") the drug. One participant explained that users who inject are, "*gonna need some vinegar to break the rock down.*" Participants also mentioned typical items being used as 'crack pipes' and reported, "*breaking* [an] *antenna off of a car*" to use as a crack pipe or buying a rose from a gas station and using the glass tube at the base of the rose as a pipe.

Participants described typical crack cocaine users as older, lower-income and African American. Community professionals agreed with the coroner's toxicologist report: "*More African-American males, than females.*" One participant also reported that crack cocaine attracts users who are drawn to "*drugs for the heavy rush . . . the initial heavy rush.*" Another participant noted, "[Crack cocaine users are] *people who have been using crack cocaine for years, not new users.*" A participant explained the difference between a 'crack head' (aka crack cocaine "fiend") and a social crack cocaine smoker: "*A smoker will go and get some money and smoke good* [crack cocaine]. *A fiend will do anything for it, for little or nothing . . . or get high with little amounts.*"

Heroin

Heroin remains highly available in the region. Participants most often reported the overall 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 remarked, "[Heroin use is] *an epidemic.*" Other participants commented on how easily the drug is obtained: "*One phone call away; Walk to somebody's house.*"

While many types of heroin are currently available in the region, participants reported the availability of white and brown powdered heroin as most available. One participant described powdered heroin: "*It varies from tan to a brown color.*" Participants varied in their opinions as to availability of black tar heroin, rating it from '2' to '10;' the previous most common score for this type of heroin was '1.' A participant confirmed, "*Not too many people sell black tar (heroin).*"

Treatment providers most often reported the drug's current availability as '10,' while law enforcement most often

reported it as '7;' the previous most common score for all professionals was '10.' A Sheriff's deputy commented, "*If we could go above a '10,' we could* … [Heroin is] *everywhere*." One treatment provider commented, "*We're seeing a lot of people come in* [for treatment] *who aren't going from drug to drug. They just used heroin for the first time and that's all they use*." A treatment provider reported, "*We've gone from 239* [patients] *in July to 426 in the last four months … This could be due to an increase in knowledge of our services … we have to cap the number of assessments per week to 25 and we reach that* [early] *every week because there are so many people coming in*." Community professionals also reported powdered heroin as the most available type of heroin in the region; however, law enforcement added that black tar heroin is also highly available.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. The Lucas County Sheriff's Office announced that they will begin treating heroin overdose deaths like homicides (www.13abc.com, July 16, 2014). Celina police (Mercer County) found three heroin capsules when they searched an apartment of a man who was arrested for probation violation; that same day, they found an additional 51 heroin capsules when they stopped an SUV following a reported drug deal (www.daytondailynews.com, Aug. 6, 2014). The Ohio State Highway Patrol (OSHP) seized 103 grams of heroin during a traffic stop in Wood County (www.toledonewsnow.com, Jan. 8, 2015). The Heroin Interdiction Team (HIT) of Mercer County, a newly formed drug task force, is making a difference: they already found 25 heroin capsules inside a residence they searched; seized nine heroin capsules and two prescription bottles of pills during a traffic stop and found a bag of marijuana and additional capsules of heroin in another traffic stop (www.wdtn.com, Jan. 21 and 29, 2015).

Both participants and community professionals reported an increase in the availability of white and tan/brown powdered heroin during the past six months. A law enforcement officer commented, "[Heroin availability has] *gotten worse (increased) … We've probably had about eight overdoses and four deaths in the last six months*." The Multi-Area Narcotics (MAN) Task Force reported that emergency medical technicians now carry Narcan® on overdose emergency calls. A coroner's toxicologist also confirmed the use of this treatment and stated, "*There's a push to distribute naloxone. It's very effective … instantaneous reversal* [an opiate overdose]. *It hits the receptor and blocks. It's wear off … but it's a rescue technique on the way to the hospital*." MAN representatives reported that, in the case of overdose deaths, they will attempt to, "*go after* [dealers for] *an involuntary manslaughter or some type of homicide charge*." The BCI Bowling Green Crime Lab reported that the number of powdered heroin cases it processes has increased during the past six months, while the number of black tar heroin cases has decreased. The lab noted having processed powdered heroin that was white, off-white, tan, gray, brown, as well as any mixture of these colors.

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 '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was also '10.' One participant commented, "[Quality of heroin is] *obviously pretty good because a lot of people are overdosing*." Participants explained that heroin dealers are so prevalent that they must deliver a high-quality product to maintain customers, as exemplified by a participant who commented, "*I got 25 dealers at least that sell heroin … The first day that he has bad dope … I'll go to the next guy*."

Participants in more rural areas reported variability in quality, as one participant explained, "*There's all these junkies now and they have to get their fix and they're cutting everything more and more. A lot of people around here are junkies and they're selling* [heroin] *because they're supporting their habit. The worse their habit gets, the worse the quality of the dope gets*." Another participant agreed and stated, "*Ninety-nine percent of dealers in these small towns are only dealers … supporting their habit*." Contrarily, participants from more urban areas agreed with a participant when he said, "*In Toledo,* [dealers are] *not doing the 'dope' (heroin). They're just selling it*."

Participants reported that white powdered heroin in the region is most often cut with fentanyl; however, both white and brown powdered heroin may also be cut with baby formula, baby laxatives, powdered cocaine and vitamin B-12. Toledo treatment providers explained that unbeknownst to users, some china white heroin is cur-

rently being cut with powdered cocaine. Thus at treatment intake, while many clients report they used heroin cut with fentanyl, client testing often reveals that in many cases, participants have ingested heroin cut with cocaine. One provider commented, "*They think they're getting china white* [with] … *fentanyl and heroin, but they're not. They're getting the coke and heroin*." Another treatment provider added, "*I don't think they realize it at first, because then they'll 'drop' (submit to random urine drug screening) and say, 'I didn't use cocaine*'."

Overall, participants reported that the general quality of heroin has remained the same during the past six months. Treatment providers reported that while most clients believe and report they have used heroin cut with fentanyl, drug screens reveal that heroin is often cut with cocaine. A toxicologist reported that greater than 50 percent of heroin-related deaths included Benadryl® or fentanyl.

Heroin	Cutting Agents Reported by Crime Lab
	• diphenhydramine (antihistamine) • fentanyl

Participants reported no longer obtaining heroin from dealers at a residence, but rather on the street by using phone connections. Several participants explained: "*You're meeting* [the heroin dealer] *in the alley. You're meeting on the street; It's just phones ... prepaid phones* [aka "burners"]; *They pass the phone around. There's one number, but there'd be like 10 different people that run that number and you'd meet them in different locations*."

Reportedly, established dealers will attempt to hold on to their drug dealing business even when incarcerated by entrusting their cell phones to a family member until their release. One participant reported, "*That's all you hear in jail, 'My little brother's got my phone. Call my phone number when you get out of jail*'." Nevertheless, competition can become fierce as one participant explained, "*I've seen in the paper there'd be 15-20 people get busted … and then right after, you'll see a huge rise in availability of* [heroin] *because there's all these other people trying to step up*."

Contrarily, rural participants reported that users know their drug dealer very well. One participant commented, "*It's people you … grew up with and it's just, you go to their house*." Another participant interjected, "*Or you meet them where there is a high population of people, so as not to be suspicious …* [retailer parking lots]*, food places, fast food*."

Reports of current street prices for heroin were consistent among participants with experience buying the drug. Small amounts of powdered heroin are typically sold in "packs" or "papers," which are often folded lottery tickets; whereas, small amounts of black tar heroin are typically wrapped in foil and sold in "balloons" or "baggies." In Toledo, participants reported that dealers often give out free samples, as one participant explained, "*My dealer, if he'd get new stuff [and] before I even buy it, he'd let me get a free taste test because he didn't want to sell me no garbage*." This practice was not reported by rural participants. Participant clarified that black tar heroin is more difficult to find and that dealers do not typically offer larger quantities of this type of heroin. Furthermore, larger quantities of tar are often unaffordable. Reportedly, black tar heroin is most often reserved for professional dealers to cut and distribute.

Heroin	Current Street Prices for Heroin	
	Brown & white powdered heroin:	
	1/10 gram	$10-20
	A gram	$75-100
	1/4 ounce	$450
	Black tar heroin:	
	1/10 gram	$20
	A gram	$140

While there were a few reported ways of using heroin, generally the most common route of administration is intravenous injection (aka "shooting"), followed by snorting. Participants estimated that out of 10 heroin users, eight would shoot and two would snort the drug.

Participants reported that injection users often share needles. A participant stated, "*In rural areas you have limited choices*." Another participant explained, "*Because when you're 'dope sick' (going through withdrawal), you'll do anything to get high*." A third participant added, "*The insanity of this whole thing is someone will tell you, 'Hey, I have such-and-such disease or whatever, but you can use* [my needle] *if you want.' If I was dope sick and I had 'dope' (heroin) and no needle, I'd say, 'Screw it. Give me it.*'"

Reports of current prices of needles were consistent among participants with experience purchasing them. The most common pricing was $1.85 for 10 or $9.00 for a case of 100. Reportedly, needles are most often purchased at local pharmacies. However, several participants reported fear of being turned away by a pharmacy and would share needles as an alternative. Participants reported it is common for pharmacies to refuse to sell needles without a prescription or identification. One participant commented, "*It can be hard or embarrassing to go to these stores and a lot of the stores won't give them to you without a prescription and the one's that will, it's still awkward going there to get them.*"

A profile of a typical heroin user did not emerge from the data. Participants described typical heroin users as any ethnicity or race and between the ages of 14 and 40 years. Referring to the age range, one participant supposed, "*A lot of older people know better ... or they're dead.*" Community professionals also had difficulty in describing typical heroin users and reported both younger and older users from ages 18-78 years. Treatment providers specifically noted an increase in heroin users ranging in age from 18-24 years. A toxicologist reported that overdose deaths have been more often white males aged 17-70 years, with the average age being 38 years. A police officer reflected, "*We've had some prominent families in the area. Their children are becoming addicted to* [heroin]*, so it covers everybody (all socio-economic classes).*"

Prescription Opioids

Prescription opioids remain highly available in the region. Participants most often reported current availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '8.' Participants identified Percocet® and Roxicodone® as the most popular prescription opioids in terms of widespread illicit use. Participants explained that other prescription opioids are available, but not preferred because many of these pills, such as Opana® and OxyContin®, were reformulated with abuse-deterrent that makes them more difficult to inject. A participant commented, "*You can find* [others]*, but not everybody messes with them.*" Participants also thought prescription opioids in general are expensive. One participant confirmed, "[Prescription opioids] *got a lot harder* [to obtain] … *and a lot more expensive.*"

Community professionals most often reported current availability of prescription opioids as '10;' the previous most common score was '8.' One treatment provider commented, "[Users] *get started on Vicodin® or Percocet® and it leads to other stuff.*" Community professionals identified Percocet® as the most popular prescription opioid in terms of widespread illicit use. A community professional discussed how the addition of abuse-deterrent formulations of prescription opioids has changed drug of choice for many users: "[Users] *can no longer shoot* [many prescription opioids] *intravenously, so they go to heroin.*"

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Two individuals were arrested and 310 oxycodone pills seized during a traffic stop in Hancock County (www.statepatrol.ohio.gov, June 27, 2014). A driver was arrested in Hancock County when OHSP troopers discovered 479 oxycodone pills and nearly eight grams of marijuana hidden in the trunk of his vehicle (www.statepatrol.ohio.gov, July 30, 2014). OSHP stopped a vehicle in Hancock County and the troopers located 139 oxycodone pills in the glove box and some marijuana (www.statepatrol.ohio.gov, Aug. 8, 2014). OSHP stopped a driver for speeding in Hancock County and, while questioning the driver, a bag of marijuana fell out of the drivers pocket and troopers found 200 hydrocodone pills in a briefcase during a search of the vehicle (www.statepatrol.ohio.gov, Jan. 27, 2015).

Both participants and community professionals reported that the availability of prescription opioids has decreased during the past six months. Reasons given were doctor, pharmacy and law enforcement intervention. One participant commented, "*A lot of doctors stopped prescribing them. That's how I got into heroin, because they started cutting me off.*" One sheriff's deputy commented, "*I gotta give credit to the pharmacies and the DEA with the crack down on it. Prescription drugs … they are really trying to watch, and it is bringing down the availability.*" The BCI Bowling Green Crime Lab reported that the number of prescription opioid cases it processes has decreased during the past six months, with the exception of increased number of cases for fentanyl.

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

Reports of current street prices for prescription opioids (aka "beans," "pennies") were consistent among participants with experience buying the drugs. One participant commented, "[Prescription opioids] *got a lot harder* [to obtain] … *and a lot more expensive*." Another participant further explained, "[Doctor's] *changed my 'oxy's' (OxyContin®) to Opana® and it was so hard to bust my script* [fill my script], *it wasn't funny. It costs so much, my God … you have to get the pharmacist to basically let you fill just half of it … 'cause I gotta go sell the first half and come get the other half*."

Prescription Opioids	Current Street Prices for Prescription Opioids	
	fentanyl	$50 for 100 mcg
	Percocet®	$10 for 10 mg
	Roxicet®	$25-30 for 30 mg

In addition to obtaining prescription opioids on the street from dealers, participants also reported getting these drugs from family, friends, and older adults who have prescriptions or through personal prescription from doctors. A couple participants revealed: "*Older people; Doctors have tightened up … The older people are selling their scripts to survive … That's their other source of income is selling their pills*." A few participants also reported dentists as a good source for prescription opioids. One participant commented, "*I went to the dentist last week and I got 40 Vicodin®*."

While there were a few reported ways of consuming prescription opioids, generally the most common routes of administration for illicit use are snorting and oral consumption. Participants estimated that out of 10 illicit prescription opioid users, approximately five would snort and five would orally consume the drugs. A participant stated, "*Most people I know snort* [prescription opioids]."

A profile of a typical illicit user of prescription opioids did not emerge from the data. Participants described typical users of prescription opioids as everybody. Community professionals were also likely to report that users were "*across the board*." However, one treatment provider reported, "*Most are younger. They start on Percocet® and go to 'china.' China white (heroin) is cheaper.*" This treatment provider further stated, "*Parents don't realize how addictive* [prescription opioids] *can be. Their kid falls down and they give them a pill (prescription opioid)*."

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 '9.' One participant commented, "*They're readily available*." Community professionals most often reported the drug's current availability as '10;' the previous most common score was also '10.' One treatment provider commented, "*That's a 10 plus.*" Suboxone® strips are more available than the Suboxone® pill form. One treatment provider commented, "*That's all you hear about are the* [Suboxone®] *strips*". One Sherriff's officer commented, "*I'm not seeing the pills. It's more the instant dissolve strips. They're very popular on the street*". Most participants confirmed that it is easier for them to get the strips on the street as one participant commented, "*It's all strips, no pills*." However, another participant commented, "*I can get the pills, the generic*."

Both participants and community professionals reported that the availability of Suboxone® has remained the same during the past six months. One treatment provider commented, "*I think it's been pretty steady. When they can't get heroin on the street, they'll get Suboxone® so they don't go through withdrawal*." Some participants alluded to the lack of access to prescribed Suboxone® fueling the illegal use of Suboxone®. One participant commented, "*They shouldn't make Suboxone® so hard to get. People are trying to get off heroin and opiates and they gotta jump through hoops. It doesn't matter if you're a felon or your own probation or off probation … if you're trying to get clean, it shouldn't be so hard to get. There'd be less people dying with a needle in their arm.*" However, an officer from the Multi-Area Narcotics Task Force pointed out that some users will, "*go to* [a treatment program] *and get their* [Suboxone®]*script; they'll sell it and … go buy heroin*." The BCI Bowling Green 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 change
	Treatment providers	No change

Current street prices for Suboxone® were consistent among participants with experience buying the drug. Participants reported that Suboxone® 8 mg sublingual filmstrips sell for $10-20. One participant shared that the lower price, "*is someone being nice.*" Another participant added, "*They'll pay whatever, because they are 'dope sick' (going through withdrawal).*"

In addition to obtaining Suboxone® on the street from dealers, participants also reported getting the drug prescribed from physicians. A law enforcement officer from the Multi-Area Narcotics (MAN) Task Force reported, "[Users will] *go to* [a Suboxone® clinic] *and get their script. They'll sell it and … go buy heroin.*"

While there were a few reported ways of consuming Suboxone®, generally the most common routes of administration for illicit use are sublingual or intravenous injection (aka "shooting"). One participant commented, "*You can dissolve* [Suboxone® strips] *in water … You can shoot them.*"

Participants described typical illicit Suboxone® users as heroin addicts. One participant reported that heroin users will purchase Suboxone® when they are "dope sick" and can't find their drug of choice. Community professionals suggested typical illicit Suboxone® users are more often young males. A treatment provider also reported: "[Addicts are] *using* [Suboxone®] *to not feel sick. If they can't find what they really want on the streets, they'll use the Suboxone® until they find what they really want.*"

Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain highly available in the region. Participants and community professionals continued to most often report 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 for both groups was also '10.' Additionally, both participant and community professional groups identified Xanax® and Klonopin® as the most popular sedative-hypnotics in terms of widespread illicit use. A treatment provider suggested that Xanax® is preferred over Klonopin® and explained, "[Klonopin® is] *not strong enough … they'd rather have the Xanax®.*" Further, treatment providers indicated that Xanax® has become a secondary drug of choice for most users and explained: "*You don't see* [Xanax® as] *the main addiction, but it runs hand-in-hand with the other stuff.*"

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A canine officer alerted to a vehicle during a traffic stop in Hancock County, which led to the arrest of a woman when 620 Xanax® pills were discovered hidden in the trunk (www.statepatrol.ohio.gov, June 29, 2014).

Participants and community professionals reported that the availability of sedative-hypnotics has remained the same during the past six months. 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, with the exception of increased number of cases for Valium® and Xanax®.

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

Reportedly, many different types of sedative-hypnotics are currently sold on the region's streets. Reports of current street prices for sedative-hypnotics were consistent among participants with experience buying the drug.

Sedative-Hypnotics	Current Street Prices for Sedative-Hypnotics	
	Klonopin®	$1-2 apiece (dosage unspecified)
	Xanax®	$1.75 for 0.5 mg $2 for 1 mg $5 for 2 mg

In addition to obtaining sedative-hypnotics on the street from dealers, participants also reported getting them from friends or others who have prescriptions, as well as getting personal prescriptions from doctors. One participant reported, "*Most of* [the people you get sedative-hypnotics from] *are just like friends or people that get prescriptions.*" Another participant reported, "*It's very, very easy to go to a psychologist and say, 'I'm having all of this anxiety and whatnot,' and they don't know if you're telling the truth and so of course they are going to medicate you. But if you go to the doctor saying, 'I'm having this physical pain, this physical injury,' they can do things to try and see if it's real or not and that's why opiates and pain killers are harder to get* [than sedative-hypnotics]."

While there were a few reported ways of consuming sedative-hypnotics, generally the most common route of administration for illicit use is oral consumption. However, participants were quick to point out that those who liked injecting drugs would prefer to 'shoot' (inject) sedative-hypnotics as well.

A profile of a typical illicit user of sedative-hypnotics did not emerge from the data. Participants most often described typical illicit users as anybody. A few participants described illicit sedative-hypnotic users as 'drug addicts' or 'women,' but no one could identify a illicit typical user in terms of age, race/ethnicity, or socio-economic status.

Marijuana

Marijuana remains highly available in the region. . Participants and community professionals continued to most often report 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 for both groups was also '10.' Participants agreed that marijuana was everywhere. A participant shared, "*A lot of people are growing* [marijuana], *too*." A Sheriff's deputy remarked, "[Marijuana is] *just about as available as cigarettes*."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. OSHP troopers discovered approximately two pounds of marijuana in a vehicle they stopped in Wood County for speed and lane change violations; the drug was divided into three freezer bags (www.statepatrol.ohio.gov, July 1, 2014).

Participants reported that the availability of marijuana has remained the same during the past six months. However, participants suggested an increase in availability of high quality marijuana. A participant explained, "*As soon as they passed the medicinal (marijuana) law* [in Michigan], *that's all you can find* [in Toledo region] *is 'chronic' (high quality marijuana)*." Several agreed when a participant reiterated, "'*Mids' (lower quality marijuana) aren't as available as chronic*." Community professionals also reported that the availability of marijuana has remained the same during the past six months, but they also indicated an increase in the availability of higher quality marijuana. The BCI Bowling Green Crime Lab reported that the number of marijuana cases it processes has decreased during the past six months.

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

Participant 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 '7' for low-grade and '10' for high-grade marijuana. Several participants explained that the quality of marijuana depends on whether the user buys "commercial weed" (low-grade marijuana) or "hydro" (hydroponic, high-grade marijuana). One treatment provider commented, "*It might be an insult now to smoke … 'reggie,' or regular weed. It's all 'loud' (high quality).* [User THC] *levels are at an all-time high and it's blowing the counselors' minds*."

Reports of current street prices for marijuana were consistent among participants with experience buying the drug. Participants reported that the price depends on quality purchased and reported that commercial grade marijuana is the cheapest form of the drug.

Marijuana	Current Street Prices for Marijuana	
	Low grade:	
	A blunt (cigar) or two joints (cigarettes)	$5
	1/4 pound	$250
	A pound	$1,000
	High grade:	
	A blunt (cigar) or two joints (cigarettes)	$10-20
	1/8 ounce	$50
	1/4 ounce	$100
	1/4 pound	$500
	A pound	$1,500

While there were several reported ways of consuming marijuana, the most common route of administration remains

smoking. A profile for a typical marijuana user did not emerge from the data. Participants and community professionals alike were unable to identify a typical user. Community professionals commented: "*It's everybody. You could pull up at a stop sign and smell* [marijuana] *next to you; Marijuana doesn't discriminate. It's all races, all class, all ages.*"

Methamphetamine

Methamphetamine remains variable throughout the region. Participants most often reported higher availability in more rural areas of the region. Participants in rural areas (Defiance and Williams counties) most often reported the current availability of methamphetamine as '10,' while urban participants most often reported current availability as '1' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were the same, '10' in rural areas and '1' in the Toledo area. Rural participants remarked: "*It's everywhere;* [Methamphetamine] *dealers* [are] *a dime a dozen*." Community professionals most often reported rural availability of methamphetamine as '9;' the previous most common scores were '7-10' for rural and '1-4' for more urban areas. An officer of the Multi-Area Narcotics (MAN) Task Force reported, "*We are investigating a lot of* [methamphetamine cases]."

While participants reported that methamphetamine is available in both powdered and crystal forms, they reported the powdered form as the most prevalent type in the region. A participant described, "[Powdered methamphetamine is] *white powder. It's got crystals in it* [which] *you can see a little bit* … [while] *crystal meth looks like broken glass … You know if you get crystal glass shards it was made somewhere else 'cause you need a sophisticated lab* [to make that type of methamphetamine]." Another participant remarked, "*You can make 'shake-and-bake' (powdered methamphetamine) almost to an 'ice' (crystal methamphetamine) texture, but it's not the same*." A participant explained, "*They are trying to push* [powdered methamphetamine] *off as 'ice' (crystal methamphetamine), and it ain't really ice, you know? A lot of people fall for* [that]."

When participants refer to "one-pot" or "shake-and-bake" methamphetamine, this 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), users can produce the drug in approximately 30 minutes in nearly any location. A few participants reported that users often make the drug on their own property and use some and sell the rest. A law enforcement officer commented, "*They're reverting to their own one-pot method, where they can make* [methamphetamine] *themselves … and consume it*." Task force officers explained: "*There are different recipes; They make* [methamphetamine] *in their vehicles and at home … right in the kitchen … anywhere*."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Toledo HAZMAT (hazardous materials) crews were called to the scene of a drug bust after police found an established methamphetamine lab inside a house they went to search (www.toledonewsnow.com, Aug. 13, 2014). A fire broke out in a Bryan (Williams County) duplex when a one-pot methamphetamine lab burst causing serious injuries to one individual (www.toledoblade.com, Jan. 3, 2015).

Both participants and community professionals reported that the availability of methamphetamine has increased during the past six months. A rural participant explained, "[Methamphetamine] *used to be nowhere. In the last six months, it's gone up 99 percent* [here], *but zero in Toledo*." An officer commented, "*I think it's on the rise, especially in Williams County.*" The BCI Bowling Green Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months.

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

Participants most often reported the current quality of both types of methamphetamine as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score for both types was also '10.' Even though both were highly rated, one participant offered the comparison in the quality of powdered methamphetamine versus crystal methamphetamine when he said, "*It's like comparing 'mids' (lower quality marijuana) to 'chronic' (high*

quality marijuana). Shake-and-bake (lower quality methamphetamine) to 'crystal' (higher quality methamphetamine)." A participant said, "*When I had it,* [methamphetamine quality] *was like an '8' to '10.'*" Another participant shared, "*I always cooked mine (methamphetamine), so I always liked it.*" Overall, participants reported that the general quality of methamphetamine has remained the same during the last six months.

Reports of current street prices for methamphetamine were consistent among participants with experience buying the drug. Participants reported that methamphetamine sells for $170-180 per gram. One participant reported he purchased methamphetamine for $20. He commented, "*It's just like heroin, $20 for a tenth of a gram.*" Although a task force officer explained, "*Four times we've dealt with the same people, moving around counties … They're not doing it to make money. They are just basically users.*"

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, five would shoot and five would smoke the drug. Participants described typical users of methamphetamine as of lower socio-economic status, white, and young (18-25 years of age).

Prescription Stimulants

Prescription stimulants are moderately available in the region. Participants most often reported current availability of these drugs as '5' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); participants did not report on this class of drugs in the previous reporting period. One participant explained the current moderate availability of prescription stimulants is due to those with prescriptions holding onto their prescriptions: "*People don't like to get rid of* [prescription stimulants] … *because they use them.*" Community professionals most often reported current availability as '6.' Participants and community professionals identified Adderall® as the most popular prescription stimulant for widespread illicit use. A treatment provider remarked, "*It's rare to see Ritalin®* [or] *Concerta®… It's Adderall®.*"

Both participants and community professionals reported that the availability of prescription stimulants has remained the same during the past six months. The BCI Bowling Green Crime Lab reported that the number of Adderall® cases it processes has decreased during the past six months, while the number of Ritalin® and Concerta® 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 consistent among participants with experience buying the drugs. Participants reported that Adderall® sells 30 mg for $5. In addition to obtaining prescription stimulants on the street from dealers, participants most often reported getting these drugs from people they knew who have prescriptions, or who have children with prescriptions. Reportedly, prescription stimulants are not as easily accessed as an adult by prescription through doctors. One participant remarked that these drugs are obtained from "*anybody that's got a kid* [with a prescription]."

While there were several reported ways of using prescription stimulants, the most common route of administration for illicit use is oral consumption. Participants most often described typical illicit users as 'speeders' (those who enjoy stimulants), aged 16-30 years, white and those who attend clubs/bars. A treatment provider commented, "*You'll see* [illicit prescription stimulant use] *with the cocaine users. If they can't get cocaine, they'll use Adderall®.*" Another treatment provider added that illicit prescription stimulant users are often, "*College students, so they can study for long periods of time.*"

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); only one participant reported on synthetic marijuana in the previous reporting period. Participants reported that synthetic marijuana is not a drug of choice, as there are many negative effects associated with its use. Participants with experience using this drug described: "*Chest tightening; Zoned out; Horrible; Scary.*" One participant shared, "*I only 'hit it' (smoked it) one time and I*

went straight to my bed and started praying and said, 'Jesus, please forgive me.' I thought I was fixin' to die." Community professionals most often reported current availability of synthetic marijuana as '4;' community professionals did not report on this drug during the previous reporting period.

Both participants and community professionals reported that the availability of synthetic marijuana has decreased during the past six months. The BCI Bowling Green 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	Decrease
	Treatment providers	Decrease

Reports of current street prices for synthetic marijuana were consistent among participants with experience buying the drug. Reportedly, synthetic marijuana sells for $15-20 per bag (quantity unspecified). One participant described a bag of synthetic marijuana as the size of a deck of playing cards and informed it was called a "packet." Another participant added that users can get "*three or four 'blunts' (cigars) out of* [a packet]."

Legislation enacted in October 2011 limited the availability of synthetic marijuana to a few gas stations; a participant added, "*You get it at the 'head' (headshop).*" Participants continued to report that the only route of administration for synthetic marijuana is smoking.

Participants described typical synthetic marijuana users as young, white, and people subjected to regular drug testing (probation, job related, etc.). Erroneously believing that programs cannot test for synthetic marijuana, one participant commented, "*I know a lot of people that can't smoke weed that went to K2.*" Another participant reflected, "*A lot of younger kids are smoking Spice.*" The few treatment providers who had knowledge of synthetic marijuana described typical users as aged 18 to 25 years and more often African-American males. One treatment provider commented, "[Synthetic marijuana use] *goes hand-in-hand with the marijuana smokers. If they can't smoke weed, they smoke K2.*"

Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) remains available in the region. Participants most often reported the current availability of ecstasy as '4' and '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 '2.' Participants indicated that this drug is more available in urban locations, as is evidenced by participant comments: "*You can't really find it* [here, Defiance and Williams counties]; *You have to go to Toledo for that.*" Community professionals most often reported the current availability of ecstasy as '4;' the previous most common score was '7.' A treatment provider commented, "[Ecstasy is] *socially acceptable in the inner city and suburban* [areas of region]."

Both participants and community professionals reported that the availability of ecstasy has increased in urban areas during the past six months. The BCI Bowling Green Crime Lab reported that the number of ecstasy cases it processes has increased during the past six months.

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

Participants who had experience with the drug reported a decrease in quality of ecstasy and an increase in quality of 'molly' (powdered MDMA). Current street prices for ecstasy were consistent among participants with experience buying the drug. Participants reported ecstasy sells for $5 per tablet, despite strength of the drug. Additionally, participants shared that molly sells for approximately $20 for 1/4 gram.

Participants reported the most common route of administration for ecstasy is oral consumption. Participants referred to both ecstasy and molly as "party drugs." Participants described typical ecstasy users as young (under the age of 21 years), African American, 'dope boys' (heroin dealers) and people who attend clubs. Participants also specified that molly is often used by

people who attend outdoor music festivals, as well as college students and members of the gay community. Community professionals had difficulty identifying a typical ecstasy or molly user, as treatment providers explained: "*You don't see many people addicted* [to ecstasy or molly]*; You hear about* [ecstasy use by clients]*, but never diagnosed* [it as an addiction] *here.*" One treatment provider added, "*The rappers talk about it and stuff.*"

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 and hallucinogens (psilocybin mushrooms).

Bath Salts

Bath salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues) are rarely available in the region. Participants most often reported the drug's current availability as '1' 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 remarked, "[Bath salts are] *not available anymore.*" Community professionals most often reported bath salts current availability as '2;' the previous most common score was '3.' Treatment providers explained that clients previously used bath salts to avoid testing positive for drugs and one provider added, "*Now we have a test that tests for* [bath salts]."

Participants and community professionals reported that the availability of bath salts has decreased during the past six months. Several participants agreed when one shared that the decrease in bath salts availability has happened over the last year to two years. Participants indicated negative perceptions surrounding the use of this drug and commented: *"You go crazy. You don't ever come back;* [Using bath salts] *fries your brain;* [You go] *psycho; You never know what you're gonna get … a bad trip.*" The BCI Bowling Green Crime Lab reported that the number of bath salts cases it processes has increased during the past six months.

Reportedly the most available brand of the drug in the region is *Jumpstart*. Reports of current street prices for bath salts were consistent among participants with experience buying the drug. Participant shared that bath salts typically sell for $20 per 1/2 gram. Participants reported knowing very few places from which to purchase the drug.

Participants reported that the most common route of administration for bath salts is intravenous injection (aka "shooting") and snorting. Participants estimated that out of 10 bath salt users, six would shoot and four would snort the drug. One participant reported, "*I snorted* [bath salts] *and it burned. It actually tasted like salt going down your throat.*" Participants described typical users of bath salts as younger (20s and 30s), male, white and those who enjoy stimulants.

Hallucinogens

Participants discussed psilocybin mushrooms as being present in the region. Rural participants in Defiance and Williams counties continued to report high availability of the drug year-round. In fact, participants most often reported current psilocybin mushroom 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.'

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Two Rossford (Wood County) individuals face charges after police found psilocybin mushrooms inside their residence (www.13abc.com, July 9, 2014).

Although participants lacked much information on this particular drug, they identified typical users as white and of lower to middle class. One participant also said, "*People who like to 'trip' (get high on psychedelics/hallucinogens).*"

Conclusion

Crack cocaine, heroin, marijuana, prescription opioids, sedative-hypnotics and Suboxone® remain highly available in the Toledo region. Changes in availability during the past six months include increased availability for ecstasy, heroin and methamphetamine, as well as decreased availability for bath salts, prescription opioids and synthetic marijuana.

While many types of heroin are currently available in the region, participants reported the availability of white and brown powdered heroin as most available. However, law

enforcement added that black tar heroin is also highly available. Treatment providers noted that they are seeing more people who began drug use with heroin, instead of the typical progression from prescription opioids to heroin.

Both participants and community professionals reported increased availability of white and tan/brown powdered heroin during the past six months. The Multi-Area Narcotics (MAN) Task Force reported that emergency medical technicians (EMTs) now carry Narcan® on overdose emergency calls. Participants reported that white powdered heroin in the region is most often cut with fentanyl. Treatment providers reported that while most clients report use of heroin cut with fentanyl, agency drug screens reveal that heroin is often cut with cocaine. Nonetheless, a toxicologist reported greater than 50 percent of heroin-related deaths include Benadryl® or fentanyl.

Participants most often rated the current general quality of heroin as '10' (high quality). Participants explained that heroin dealers are so prevalent that they must deliver a high quality product to maintain customers. However, participants in more rural areas reported variability in quality and explained that dealers in rural areas are selling to support their own heroin habits, thus they adulterate the drug more to compensate for the product they use. Participants reported no longer obtaining heroin from dealers at a residence, rather on the street by using phone connections; and reportedly, established dealers will attempt to hold onto their drug dealing business even while incarcerated by entrusting their cell phones to a family member until their release.

Participants identified Percocet® and Roxicodone® as the most popular prescription opioids in terms of widespread illicit use. Participants explained that other prescription opioids are available, but not preferred because many of these pills, such as Opana® and OxyContin®, were reformulated with abuse-deterrent that makes them more difficult to inject. Both participants and community professionals reported that the availability of prescription opioids has decreased during the past six months. Reasons given were doctor, pharmacy and law enforcement intervention.

Methamphetamine remains variable throughout the region. Participants and community professionals most often reported high availability in more rural areas of the region and low availability in urban areas. While participants reported that methamphetamine is available in both powdered and crystal forms, they reported the powdered form as the most prevalent type in the region. The BCI Bowling Green Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months.

Participants reported that the most common routes of administration for methamphetamine are intravenous injection (aka "shooting") and smoking. Participants described typical users of methamphetamine as of lower socio-economic status, white and young (18-25 years of age).

Participants reported that synthetic marijuana is not a drug of choice, as there are many negative effects associated with its use. Both participants and community professionals reported that the availability of synthetic marijuana has decreased during the past six months. The BCI Bowling Green Crime Lab reported that the number of synthetic marijuana cases it processes has decreased during the past six months.

Ecstasy remains available in the region. Participants indicated that this drug is more available in urban locations. Both participants and community professionals reported that the availability of ecstasy has increased in urban areas during the past six months. The BCI Bowling Green Crime Lab reported that the number of ecstasy cases it processes has increased during the past six months.

Participants referred to both ecstasy and molly as "party drugs." Participants described typical ecstasy users as young (under the age of 21 years), African American, 'dope boys' (heroin dealers) and people "*going out to the clubs.*" Participants also specified that molly is often used by people who attend outdoor music festivals.

Lastly, bath salts are rarely available in the region. Treatment providers explained that clients previously used bath salts to avoid testing positive for drugs, and now most programs test for bath salts use. Participants indicated that negative perceptions surrounding the use of bath salts have led to its decreased popularity and availability.

Reportedly the most available brand of bath salts in the region is *Jumpstart*. However, participants reported knowing very few places from which to purchase the drug. Participants reported that the most common route of administration for bath salts is intravenous injection and snorting. Participants described typical users of bath salts as younger (20s and 30s), male, white and those who enjoy stimulants.

Drug Abuse Trends in the Youngstown Region

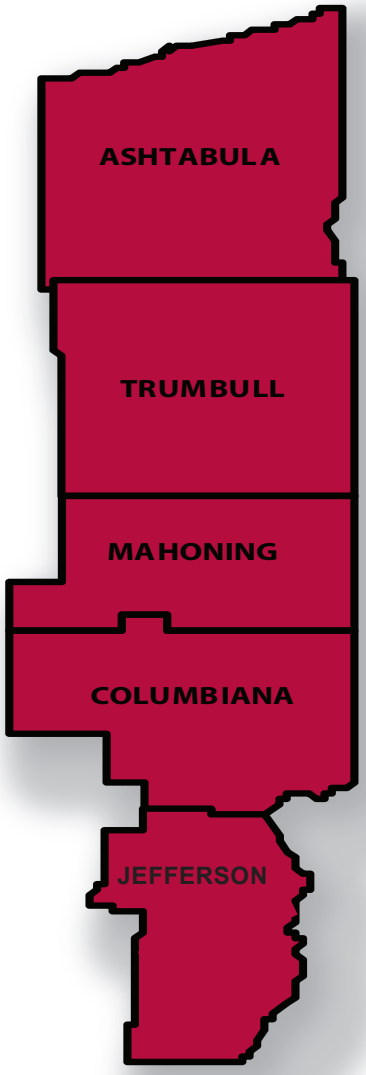
Regional Epidemiologist:

Sarah Balser, MS, MPH

OSAM Staff:

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

Beth E. Gersper, MPA
OSAM Coordinator



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 (AOD) treatment programs in Ashtabula, Columbiana, Jefferson, Mahoning and Trumbull counties. Data triangulation was achieved through comparison of participant data to qualitative data collected from regional community professionals (treatment providers and law enforcement) via focus group interviews, as well as to data surveyed from Mahoning County Coroner's Office and the Bureau of Criminal Investigation (BCI) Richfield office, which serves the Cleveland, Akron and Youngstown areas. All secondary data are summary data of cases processed from January through June 2014. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for July 2014 through January 2015.

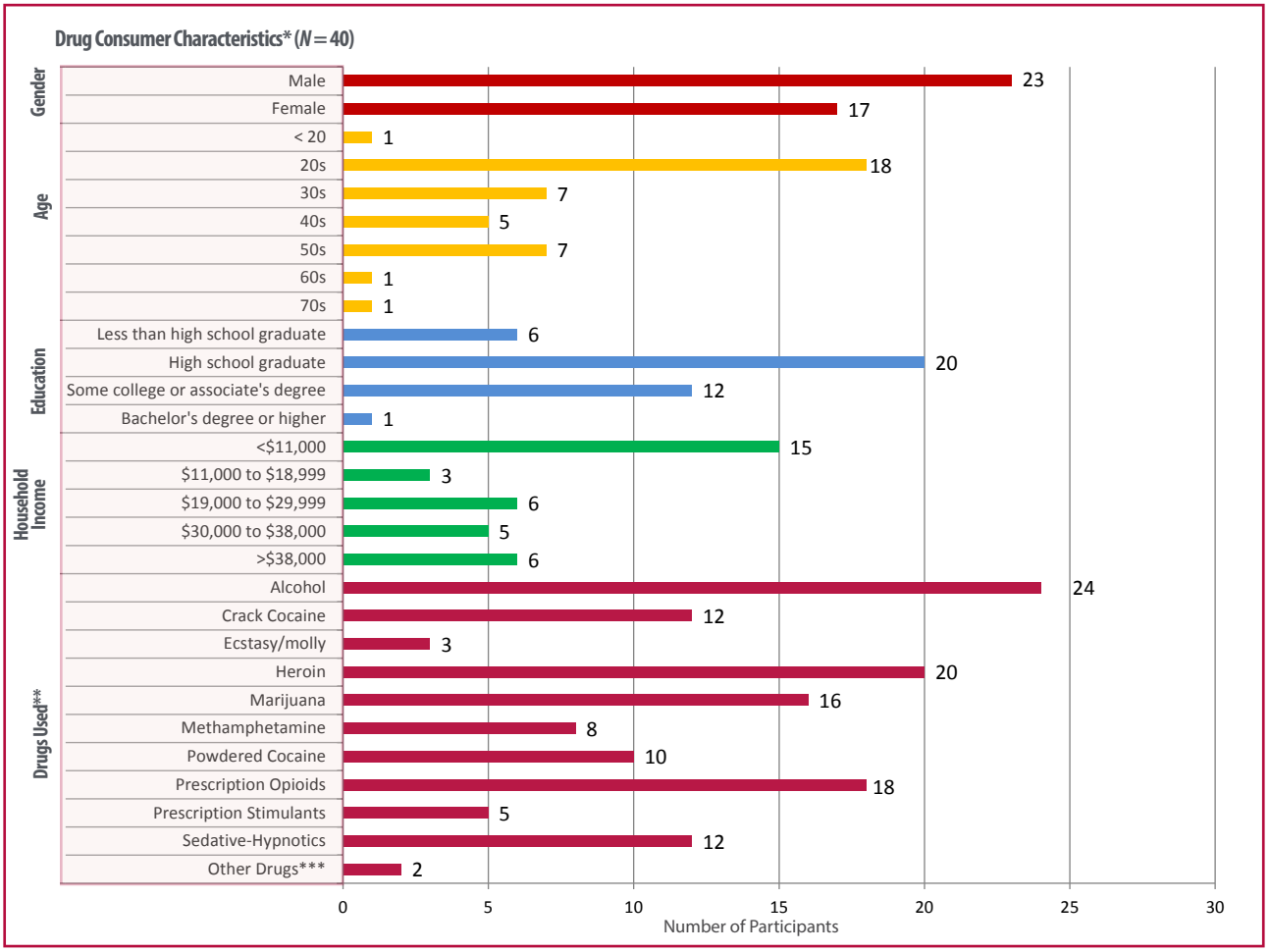
Note: OSAM participants were asked to report on drug use/knowledge pertaining to the past six months prior to the interview; thus, current secondary data correspond to the reporting period of participants.

Regional Profile

Indicator[1]	Ohio	Youngstown Region	OSAM Drug Consumers
Total Population, 2010	11,536,504	728,182	40
Gender (female), 2010	51.2%	51.1%	42.5%
Whites, 2010	81.1%	86.3%	90.0%
African Americans, 2010	12.0%	8.7%	7.5%
Hispanic or Latino Origin, 2010	3.1%	2.7%	2.6%
High School Graduation Rate, 2010	84.3%	86.8%	84.6%[2]
Median Household Income, 2013	$45,873	$40,388	$11,000 to $14,999[3]
Persons Below Poverty Level, 2013	16.2%	17.9%	40.0%[4]

[1]Ohio and Youngstown region statistics are derived from the most recent US Census, and OSAM drug consumers were participants for the 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. Income status was unable to be determined due to missing and/or invalid data.
[4]Poverty status was unable to be determined for 5 participant due to missing and/or invalid data.

Youngstown Regional Participant Characteristics



*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: hallucinogens.

Historical Summary

In the previous reporting period (January – June 2014), crack cocaine, heroin, marijuana, powdered cocaine, prescription opioids, sedative-hypnotics and Suboxone® remained highly available in the Youngstown region. Increased availability existed for heroin. Data also indicated possible increased availability for methamphetamine, sedative-hypnotics and Suboxone®, as well as possible decreased availability for synthetic marijuana.

While many types of heroin were available in the region, participants reported the availability of brown powdered heroin as most available. Very few participants reported black tar heroin as available. Corroborating data also indicated heroin availability in the region. The Mahoning County Coroner's Office reported that heroin was present at time of death in 43.5 percent of all drug-related deaths it processed during the previous six months. Community professionals explained that dealers were pushing heroin more and users were realizing that heroin was considerably cheaper than prescription opioids.

Participants continued to report heroin cut with fentanyl and specifically reported that white powdered heroin was most often cut with fentanyl, which they frequently cited as the reason behind increases in overdoses throughout the region. Participants estimated that out of 10 heroin users, eight or nine would inject or snort and the other one or two would smoke the drug. Moreover, participants estimated that about six out of 10 users would share an injection needle. While a profile of a typical heroin user did not emerge from the data, the majority of treatment providers reported increased use in adolescents.

Participants and treatment providers reported increased street availability of Suboxone® during the previous six months. Both groups of respondents noted an increase in number of users prescribed the drug. Treatment providers also noted illicit use of Suboxone® by first-time opiate users. The BCI Richfield Crime Lab reported that the number of Suboxone® cases it processes had increased during the previous six months. Participants estimated that seven out of 10 people with prescriptions would sell their Suboxone®. Treatment providers also shared that some individuals sold their prescribed Suboxone® to buy heroin. Participants estimated that out of 10 illicit Suboxone® users, four would sublingually consume, four would snort and two would inject the drug. Participants and treatment providers described typical illicit users of Suboxone® as opiate addicts who self-medicate with the drug to avoid withdrawal symptoms.

Participants and community professionals identified Xanax® as the most popular sedative-hypnotic in terms of widespread illicit use. Community professionals reported that availability of sedative-hypnotics had generally increased during the previous six months. Treatment providers suggested the increase was due to tolerance levels of heroin users who often mixed these drugs to intensify their high, as well as to an overall increase in number of prescriptions written in the region. Participants reported most often getting these drugs through prescription from primary care physicians.

Corroborating data also indicated sedative-hypnotic availability in the region. The Mahoning County Coroner's Office reported that sedative-hypnotics were present at time of death in 54.8 percent of all drug-related deaths it processed during the previous six months. Participants estimated that out of 10 illicit sedative-hypnotic users, six would snort and four would inject these drugs. Participants described typical illicit users of sedative-hypnotics as teenagers. Community professionals specifically described illicit Xanax® users as younger and illicit Ativan® users as 25-35 years of age.

Methamphetamine remained highly available, yet availability varied depending upon location within the region. Overall, participants most often reported availability of the drug as '0' (not available) in Mahoning County and '10' (highly available) in Ashtabula, Columbiana and Trumbull counties. Likewise, treatment providers (Mahoning County) reported low availability of methamphetamine, while law enforcement (Ashtabula and Trumbull counties) reported moderate to high availability. Participants and treatment providers reported that the availability of methamphetamine had increased in the region during the previous six months. The BCI Richfield Crime Lab reported that the number of methamphetamine cases it processes had increased during the same reporting period; the lab reported processing off-white powder and some crystal methamphetamine.

Participants described typical users of methamphetamine as more often white. Treatment providers and law enforcement officers described typical users of methamphetamine as younger (typically in their 20s).

Finally, synthetic marijuana remained available in the region. However, only one participant reported having used synthetic marijuana during the previous six months. A law enforcement officer in Ashtabula County shared that law enforcement there had not seized any synthetic marijuana during the previous six months.

Current Trends

Powdered Cocaine

Powdered cocaine is moderately available in the region. Participants most often reported the drug's current availability as '5' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10.' Community professionals were not in consensus in their reporting of current availability of powdered cocaine. Treatment providers most often reported current availability as '3,' while law enforcement most often reported it as '9;' the previous most common score for both groups combined was '3.' Treatment providers explained: "*Clients we've been getting in haven't been reporting cocaine; I'm sure it could be had on the streets … it's just not a lot of people are talking about it.*"

Corroborating data also indicated cocaine availability in the region. The Mahoning County Coroner's Office reported that cocaine was present at time of death in 17.2 percent of the 29 drug-related deaths it processed during the past six months. Note: the coroner's office does not differentiate powdered cocaine versus crack cocaine.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Two traffic stops by Youngstown Police turned up two bags of powdered cocaine in one vehicle, a bag of crack cocaine and two bags of marijuana in the other (www.wkbn.com, July 6, 2014). One man was sentenced to more than six years in prison for his role in a cocaine/heroin drug ring operating between Warren (Trumbull County) and Detroit, MI (www.vindy.com, Aug. 13, 2014). As police pulled over a vehicle in Youngstown, the passenger threw a bag of cocaine and 13 pills out the window; five more pills were found in the vehicle (www.vindy.com, Jan. 1, 2015).

Participants reported that the availability of powdered cocaine has remained the same during the past six months. Community professionals reported similarly, but a few suggested a slight decrease. A treatment provider shared, "*Maybe a little less.*" A law enforcement officer commented, "*Cocaine has tailed off over the past couple of years with the drastic increase of heroin.*" 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	No change

Participants most often rated the current overall quality of powdered cocaine as '3' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '4.' A participant commented that the current quality of powdered cocaine is, "*not very good.*" Another participant shared, "*In higher class areas, your cocaine is better grade, and your 'project' (public housing authority) areas, where it comes through four or five different people before you get it, it's graded down a bit.*"

Participants reported that powdered cocaine in the region is cut (adulterated) with baby laxative, baking soda, BC® Powder (a pain reliever, aka "goodies"), creatine, isotol (diuretic), Orajel®, sleep aids and vitamin B. A participant shared that fake powdered cocaine is available in the region and explained, "*Some people even take baking soda and Orajel®. They wet the baking soda down with Orajel® and throw a little isotol in there, mix it up, let it dry, and sell it as cocaine.*" 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
	• acetaminophen • levamisole (livestock dewormer) • benzocaine, lidocaine and procaine (local anesthetics) • mannitol (diuretic)

Reports of current prices for powdered cocaine were variable among participants with experience buying the drug. Participants explained that the pricing for powdered cocaine depends on quality of the product and familiarity with the dealer. A participant stated, "[Price of powdered cocaine] *probably depends on who you're getting it from. Because the price will go up … usually it's more higher depending on the quality of it, too.*"

Powdered Cocaine	Current Street Prices for Powdered Cocaine	
	A gram	$80-100
	1/16 ounce (aka "teener")	$70
	1/8 ounce (aka "eight ball")	$150-200
	An ounce	$1,200-1,400

Participants reported that the most common route of administration for powdered cocaine is intravenous injection (aka "shooting"). Participants estimated that out of 10 powdered cocaine users, eight would shoot and two would snort the drug. A participant explained, "*I know people who may shoot* [powdered cocaine] *just because it's a faster buzz.*" Another participant said, "*Some people think that snorting* [powdered cocaine] *makes them a better person than someone who 'shoots' (injects) it.*" A participant added that some users orally consume the drug.

It was difficult for participants to narrow powdered cocaine users into a typical profile group. Participants described several groups of typical powdered cocaine users, including white males, white collar workers (managers and directors) and professionals (doctors and nurses), age ranging from mid-20s to 40s, homosexuals, third-shift workers and strippers. Participants often agreed, "*Everybody from doctors, nurses, to average people; I've seen all kinds of people do powdered cocaine … white, black, Puerto Rican, male, female, young, old.*" Other participants replied: "*White people mid-20s to mid-30s, 40s; More of a guy thing. I don't see a lot of girls who shoot* [powdered cocaine]."

Community professionals also found it difficult to narrow the powdered cocaine demographic and most professionals responded, everyone. Nevertheless, several professionals offered descriptions of different groups of powdered cocaine users. Treatment providers described users as: "*Older; People who make more money.*" A treatment provider shared that many users might have, "*A family history* [of drug use]. *I have one* [client] *who has an extended family history of cocaine use, so maybe it was something he … was raised around.*" A law enforcement officer stated, "*For me, cocaine and crack cocaine, I'd say older. The age demographic is going to be probably older late 20s on up.*"

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.' One participant described availability of crack cocaine as, "*It's everywhere.*" Participants reported that crack cocaine is available in a variety of colors, including white, yellow and brown. Reportedly, yellow and brown are rarely available. Participants rated availability of yellow-colored crack as '2-4' and brown-colored crack as '3.'

Community professionals most often reported current availability of crack cocaine as '8;' the previous most common score was '10.' Treatment providers commented: "*I'm pretty sure* [crack cocaine is] *on every street corner; It's available, readily available; You can go within a two-block radius* [of] *here and get crack.*" A treatment provider explained, "[Availability of cocaine is] *more 'crack' (crack cocaine) than 'powder' (powdered cocaine).*" Community professionals did not mention different colors of crack cocaine.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Columbiana County Sheriff's Office and the U.S. Marshal Service raided a home in Lisbon; more than 60 grams of crack cocaine and over eight grams of heroin were confiscated, two people were arrested and several suspects are under investigation (www.wkbn.com, July 10, 2014). A woman found a man sleeping in her vehicle and called police; after police arrived, they found the man had taken some items from the car and after being booked into jail, officers found a crack pipe in his underwear (www.vindy.com, July 29, 2014). A drug raid covering two locations in Salem (Columbiana County) resulted in seizure of crack cocaine and $3,000 cash (www.vindy.com, Aug. 3, 2014). A 24-year-old man was arrested when Boardman (Mahoning County) police stopped his vehicle because the license plates did not match the car and discovered a bag of crack cocaine, as well as a bag of (gray powdered) methamphetamine (www.vindy.com, Aug. 8, 2014). Youngstown police were called for a drug investigation and when they asked to search one of the suspects, he ran away and threw a bag of crack cocaine and a bag

of marijuana to the ground; eventually he was caught and arrested (www.vindy.com, Aug. 8, 2014).

Participants and community professionals reported that the availability of crack cocaine has remained the same during the past six months. However, one treatment provider suggested a slight decrease and explained, "[Crack cocaine] *used to be the drug of choice in the area. For the most part now, I think, it's at most second … so I think cocaine usage has gone down slightly.*" 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 '3-4' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '10.' Participants varied in their opinion on the quality of the different types of crack. However, many participants believed: "*Yellow and brown* [crack cocaine] *are better than the white because the white just shows that there's more cut in it. It's got more baking soda in it than yellow does; If it's yellow, they call it 'butter.' It's buttery good.*"

Participants reported that crack cocaine in the region is cut with baking soda, Orajel® and WD-40® to add weight to the product. Overall, participants reported that the quality of crack cocaine has remained the same during the past six months.

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

Reports of current prices for crack cocaine were variable among participants with experience buying the drug. One participant explained, "*The more money you spend with crack, the more* [quantity] *you get.* [Dealers] *don't usually weigh it out, there's just different sized 'rocks' (pieces of crack cocaine). They take a big chunk of it and put like a big knife into it and break it open and then the little pieces they sell.*" Participants reported that rocks of crack cocaine sell for $10-40 depending on the size of the rock. Overall, the majority of participants believed that the price of crack cocaine has remained the same during the past six months; however, a couple participants suggested an increase in price and explained that it was due to: "*The big busts in Miami or New York; The drought.*"

Crack Cocaine	Current Street Prices for Crack Cocaine	
	A gram (aka "a fifty")	$90-100
	1/8 ounce (aka "eight ball")	$280

Participants reported that the most common routes of administration for crack cocaine remain smoking and intravenous injection (aka "shooting"), with many users utilizing multiple methods. Participants estimated that out of 10 crack cocaine users, all ten would smoke and up to seven would also shoot the drug. Participants explained that vinegar is used to break the crack cocaine rock down for injection.

A profile for a typical crack cocaine user did not emerge from the data. However, several participants mentioned that construction workers or other hard labor workers tend toward using crack cocaine. Community professionals also had difficulty identifying a typical crack user and described that a lot of users are older (late 20s and older). A treatment provider commented, "*When you get to crack, I think that goes across the board.*" Another provider recalled, "*I've had three other assessments, black males,* [crack cocaine] *was their drug of choice. They were pretty strung out on crack.*"

Heroin

Heroin remains highly available in the region. Participants and community professionals most often reported the overall 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 for both respondent groups was also '10.' A law enforcement officer reported, "*About 45 percent*

of our cases are heroin-related as opposed to … 18-20 percent for cocaine cases." A treatment provider stated, "[Heroin] *seems to be the drug of choice for this area … 'Queen of drugs.'"* Another treatment provider agreed and remarked, "*Heroin is the number one now.*"

While many types of heroin are currently available, participants and law enforcement reported brown powdered heroin as most available in the region. Participants indicated that the heroin they refer to as 'brown' heroin comes in several colors, including white, tan and gray; all the colors are due to other substances cut into the product. A participant said, "*White's (white heroin) more common. It means it's cut more*." Another participant said that the availability of gray heroin, "*depends on what side of town you go to.*" Law enforcement reported the availability of brown powdered heroin as the most available in the region stating, "*For the most part,* [heroin is] *all brown depending on what they're cutting it with.* [The cut is] *going to adjust the color, but for the most part I think it's mostly brown. Whether we are getting it in a chunk or solid form … it's all been brown.*"

Participants reported rare availability of black tar heroin, rating its current availability most often as '2' on the availability scale; the previous most common score was '1.' A participant commented, "*I haven't seen the black stuff in like a year.*" Another participant explained, "*Tar comes and goes. It's like back and forth. I think the people selling it get it from the big cities and they bring whatever is available at that time.*" Law enforcement reported, "*Not so much black tar, not in the past six months, for sure. We haven't had any black tar in the past six months.*"

Corroborating data also indicated heroin availability in the region. The Mahoning County Coroner's Office reported that heroin was present at time of death in 55.2 percent of the 29 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. Youngstown police found two individuals in a parking lot with a child acting erratic and nervous and, upon further investigation, found that the couple had just taken the child to purchase heroin which they injected (www.vindy.com, July 8, 2014). Youngstown police arrested a woman during a search of her home when they found a bag of heroin, a bag of powdered cocaine and two bags of substances used to cut the drugs (www.vindy.com, July 25, 2014). Vienna (Trumbull County) police responded to a burglary call and when they got there, the suspect jumped into the neighbor's vehicle and fled; eventually police noticed the vehicle in a Youngstown garage and confronted the suspect, who yelled that he was dope sick, addicted to heroin and didn't want to go back to prison (www.wfmj.com, July 28, 2014). In an on-going drug ring case in Trumbull County, several of the 43 individuals who face charges have been sentenced for possession and intent to distribute heroin and cocaine (www.vindy.com, Aug. 6, 13, 2014). A Youngstown woman, used as a pawn in a drug ring to test heroin for purity, was sentenced to three years' probation; she and the ringleader were arrested in a traffic stop during which Trumbull County deputies found several hundred grams of heroin in their vehicle – the man and four others, who were connected in the drug ring, face jail time for trafficking heroin (www.vindy.com, Aug. 7, 2014). A man was caught after a short foot-chase in Boardman (Mahoning County); police found heroin in his pocket, as well as heroin residue and drug instruments in a backpack he had thrown off during the chase (www.vindy.com, Aug. 7, 2014). Campbell (Mahoning County) police arrested three street-level drug dealers who were selling heroin and marijuana (www.wkbn.com, Jan. 27, 2015).

Participants reported that the overall availability of heroin has remained the same during the past six months. One participant shared that the heroin market is variable and explained, "*Since certain people (dealers) go away (get arrested), their stuff (heroin) isn't on the market as much.*" Community professionals reported that the general availability of heroin increased during the past six months. A treatment provider replied, "*I think* [availability of heroin is] *getting worse.*" Treatment providers attributed the increase to how inexpensive the drug is. A treatment provider added, "[Heroin] *seems to be the prevalent drug that most of our diagnoses are.*" 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	No change
	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.' Overall, participants reported a decrease in overall quality of heroin during the past six months. A participant said, "*Brown (heroin) fluctuates* [in quality]. *Sometimes brown* [quality] *is alright, and sometimes* [users are] *upset they even bought it*." Another participant asserted, "*I feel like every year the* [quality of heroin] *changes completely*." Still another participant quipped, "[Quality of heroin is] *like a box of chocolates. You never know what you're going to get*."

Participants reported that heroin is cut with brown sugar, cigarette ashes, cocaine, fentanyl, sand, sleeping pills and vitamin B-12. One participant said, "[Dealers] *started cutting* [heroin] *with pills*." Another participant reflected, "*It would be the really bad* [quality] *heroin, that you know wasn't going to be great … So they're* [cutting Xanax® into heroin] *just to make it seem stronger*." Participants also believed that the white powdered heroin is most often adulterated with fentanyl.

Heroin	Cutting Agents Reported by Crime Lab
	• acetaminophen • caffeine • diphenhydramine (antihistamine) • mannitol (diuretic) • quinine (antimalarial)

Reports of current prices for heroin were consistent among participants with experience buying the drug. One participant said the average heroin user will spend $20 at a time and commented, "*Usually, the first $20 he gets, he runs straight to the dealer man*." Another participant shared, "*I've paid more for the quality of* [heroin], *too. Depending on what you're getting, you could get the same amount, but yet it's quality … so you're going to pay a little more*." Several participants discussed how quantity is not an exact amount when dealers are working with heroin. One participant explained, "*A lot of the time, it comes in a chunk, the heroin. It's not like they're going to shave it off, the excess powder, they don't want to deal with that, so a lot of the time they'll give you the chunk if it weighs close to what they're dealing*."

Heroin	Current Street Prices for Heroin	
	1/10-2/10 gram	$20
	1/4 gram	$25
	1/2 gram	$70
	A gram	$130-180

While there were a few reported ways of using heroin, generally the most common routes of administration remain intravenous injection (aka "shooting") and snorting. Participants estimated that out of 10 heroin users, all ten would eventually shoot the drug; in a group with new users, up to five or six would snort the drug. Participants also mentioned that a few new users might smoke heroin. Participants shared: "*Beginners want to smoke and snort; I only know one person who smokes heroin; Usually you start out snorting it. Snorting it or smoking it, that's usually the same effect. But after a while, it doesn't have the same effect on you that it used to have, so you turn from smoking it to shooting it*." A treatment provider said, "*Most of my heroin addicts are using needles, were using needles, as oppose to sniffing*."

Participants discussed needle availability. Many participants shared difficulty in obtaining new needles and reported an increase in stores with signs stating that a prescription is required to purchase needles. A participant affirmed, "*It's hard to obtain* [needles], *so you end up using the same one over and over*." Participants estimated that out of ten heroin users, at least eight would reuse needles due to low availability of new ones. Participants commented: "*Use* [needles] *until they break; I had one break in my arm once*." Law enforcement agreed and commented: "*Users will certainly reuse the same needle themselves; They'll use it until they can't use it anymore….*"

Participants with experience purchasing needles reported that needles are $3-5 apiece from a dealer or $5 for a pack of ten from a drug store. Due to limited legitimate availability of new needles, participants shared that users will often purchase needles from heroin dealers or share needles. A participant shared, "*A lot of* [dealers] *will sell* [needles] *right out with the 'stamps' (heroin packets). They'll say, 'How you gonna do that? You shooting? You need* [a] *clean needle?' I personally wouldn't buy them from anybody else. If you have a 20 pack of needles and the bag is open, who's to say someone didn't put a needle back into that bag?*" Another partici-

pant expressed concern, "*Which is really scary because you have to rely on a dope dealer*."

Participants also discussed needle exchange programs. Some participants said that a few pharmacies and hospitals exchange dirty needles for clean ones. A participant said that the closest clean needle exchange program is in Cleveland. Another participant divulged, "*People will drive down to Steubenville (Jefferson County) and cross the border into West Virginia and exchange needles there. They do that so the local places don't know that you're getting needles*."

Additionally, participants shared about needle disposal. One participant shared, "*No biohazard places to go put those* [needles] *in*." Several participants commented on how they dispose of their needles: "*I used to go in the bathroom (public restroom) and throw a needle in the trash; Wrap them in toilet paper, wrap them and put them in the trash; I always put them in a pop can or bottle and throw it in the garbage*." Another participant said, "*It's easy to throw* [needles] *out the (car) window, but that's not really the safe thing to do*." When asked how many users throw needles out of the window, another participant responded, "*A lot of them*."

A profile of a typical heroin user did not emerge from the data. Participants most frequently described typical users as anybody. One participant illustrated, "*With heroin, everybody uses it. It could be the lady across the hall in the counselor's office. It could be the doctor down the street to the lawyer in the courthouse.* [Heroin is] *everywhere now. Heroin's probably the biggest drug … in the state, not just in this area*." Other participants were quick to point out younger users and commented: "*We worked our way up to doing heroin. The kids seem to jump right … into it; Big, big thing with younger … 16-24* [years old]." Participants contributed younger use to high availability of the drug. A participant explained, "*Once they started cracking down on all the pills (prescription opioids), heroin skyrocketed*."

Community providers also found it difficult to narrow demographics of typical heroin users and described users as prescription opioid users, all age ranges from late teen through adults, male and female, across races, pregnant or not pregnant. Law enforcement described the typical heroin user as, "*Late teens to the gamut again … we're seeing more of younger* [users]." A treatment provider described heroin users, "*They're usually opiate users, pill poppers*." Several professionals discussed the progression from pills to heroin and commented: "*I think a lot of people that become addicted to the opiates inevitably start using the heroin because it's easier and cheaper to use in the long run; As opposed to like $50 for a big 'xany' (Xanax®) bar, you can get three or four stamped heroin; It's cheaper*."

Prescription Opioids

Prescription opioids remain highly available in the region. Participants most often reported the current availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10.' One participant said, "*I can get* [prescription opioids] *whenever*." Participants identified Ultram® as the most popular prescription opioid in terms of widespread illicit use. Participants also reported moderate availability for Lortab®, Norco®, Percocet®, Tylenol® 3s and 4s, as well as Vicodin®; rare availability for Dilaudid®, fentanyl, methadone, Opana® and OxyContin®.

Community professionals most often reported current availability of prescription opioids as '8;' the previous most common score was '10' for treatment providers and '8' for law enforcement. A treatment provider explained, "*I think, for a lot of my clients anyway, there's kind of a stigma attached to using heroin because if you're using heroin, you're a junky … if you're doing 'perk 30s' (Roxicodone® 30 mg), you're not*." Treatment providers identified tramadol and Vicodin® as the most popular prescription opioids in terms of widespread illicit use. A treatment provider shared, "*I've heard* [tramadol] *a couple times more than I had six months ago*." A law enforcement officer commented, "[Tramadol] *certainly has always been high on the list of abuse and availability*." Another officer added: "*We've had a couple fentanyl patches overdoses … people prescribed their own fentanyl and … you know, abusing them that way … taking them orally* [by] *cutting the patch*."

Corroborating data also indicated high availability of prescription opioids in the region. The Mahoning County Coroner's Office reported that prescription opioids were present at time of death in 62.1 percent of the 29 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. Youngstown police spotted a suspicious car that had been parked in front of a local convenience store, when the vehicle made an improper turn, police stopped them and saw signs of drug use; upon search, the driver had pills in a bag taken

out of her pocket and a bag of marijuana taken out of her bra and, upon further questioning, she revealed another two bags containing a total of 22 pills out of her bra and officers found a bag of heroin near the passenger (www.vindy.com, July 25, 2014). Boardman (Mahoning County) police arrested a woman charged with stealing and consuming prescription opioid medication she was supposed to administer to a resident at the healthcare center where she worked (www.vindy.com, July 30, 2014).

Participants reported that the general availability of prescription opioids has decreased during the past six months; specifically mentioned for decreased availability were Lortab®, methadone, Norco®, Opana®, OxyContin®, Percocet® and Tylenol® 3s and 4s. One participant said, "*It's getting harder now* [to obtain prescription opioids]." Another participant explained, "*More people are not using as many* [prescription opioids] *because we were all doing like Percocets® and Vicodin® - and the biggest thing for us was OxyContin® - and when they changed the chemical makeup of OxyContin®, like everybody that I knew, just went to heroin. Everyone started doing heroin.*" A few participants noted an increase in availability of Vicodin® during the past six months.

Community professionals reported that the overall availability of prescription opioids has remained the same during the past six months. Treatment providers commented: "*I don't think* [availability of opioids is] *going down; I don't see it decreasing any time soon.*" However, community professionals noted a decrease in availability of methadone and Vicodin®, while noting an increase in availability of Percocet® and Ultram®. Treatment providers commented on the perceived decreased availability of methadone and Vicodin®: "*People aren't going to go out and buy* [methadone]*; I haven't heard as much* [Vicodin® use]." 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	No change
	Treatment providers	No change

Reports of current prices for prescription opioids (aka "beans," "candies" and "poppers") were consistent among participants with experience buying the drug. Treatment providers shared: "[Prescription opioid] *prices have gone up so much that they've all switched to heroin; Everybody's being turned on to heroin because it's a lot cheaper.*"

Prescription Opioids	Current Street Prices for Prescription Opioids	
	Dilaudid®	$20 for 8 mg
	Fentanyl	$100 for 100 mcg
	Methadone	$5 for 10 mg
	Norco®	$5 for 5 mg
	Opana®	$15-35 for 20 mg $10-20 for 40 mg $80-100 for 40 mg (*old formulation*)
	OxyContin®	$25 for 40 mg $45 for 80 mg
	Percocet®	$5 for 5 mg $6 for 7.5 mg $8-10 for 10 mg
	Roxicodone®	$15 for 15 mg $25 for 30 mg
	Tylenol® 3 or 4	$1 per pill
	Vicodin®	$10 for 10 mg

In addition to obtaining prescription opioids on the street from dealers, participants also reported obtaining a prescription for opioids from a doctor or pill mill, as well as getting them from people who have prescriptions. A participant remarked, "[Access to opioids is] *as easy as going to the doctor's office and telling them you're in pain.*" Another participant disclosed, "*They've got this thing right now we call 'millers.' A guy that's got the money finances the trip. He might start off taking me and you down and paying for our visit to the clinic which is $300 per person and they give you 150 'perc 30s' (Roxicodone® 30 mg), 150 'perc 15s' (Roxicodone® 15 mg), and 100 Xanax® 'bars' (2 mg). So that guy's fee for paying for your visit to the doctor … he wants part of the pills, like a quarter of each prescription or half of each prescription and then he sells those to finance the following trip.*" Other participants commented: "[Older people] *need them, but they still sell them; The people I know* [with opioid prescriptions] *don't take them, they just sell them. They just save 1 or 2 pills for when they go back to the doctor and are tested.*"

Community professionals agreed that many of these drugs are diverted. One treatment professional said, "*Most of the time, they get* [Vicodin®] *at the ER or from doctors more* [often] *than trading it*." Another treatment provider commented, "*The main supplier* [of OxyContin®] *are people who are about 65 to 80* [years of age]. *Grandma and grandpa's prescriptions are getting taken. They don't know. They don't realize. All they know is that their grandson wants some pills so they can feel better*." Law enforcement also said many of these drugs can be purchased, "*On the black market through folks selling their own*."

While there were a few reported ways of consuming prescription opioids, and variations in methods of use were noted among types of prescription opioids, generally the most common routes of administration are oral consumption, snorting and intravenous injection (aka "shooting"). Participants reported most users orally consume fentanyl, methadone, Norco® and Ultram®; snort Opana® and Percocet®; and shoot Dilaudid®. A few users also smoke fentanyl or shoot methadone and Opana®.

A profile for a typical illicit prescription opioid user did not emerge from the data. Participants described typical users as anybody, construction workers, someone in pain and young adults. Community professionals described typical illicit users as across the board, including those who are younger (in their 20s), white and often female. A treatment provider reflected, "*I see folks who have an opiate addiction based on a work injury and then that will lead to possibly heroin because they could no longer get a prescription*." One treatment provider said heroin addicts are typical illicit users of these drugs and explained, "*Especially when they can't get heroin, they will definitely go for the pills*." A law enforcement officer described typical illicit prescription opioid users as, "*Older, probably late 20s to up and then Caucasian, white*."

Suboxone®

Suboxone® is moderately to highly available in the region. Participants most often reported the current availability of Suboxone® as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10.' Community providers most often reported current availability as '7;' the previous most common score was '10.' Treatment providers commented: "[Suboxone® is] *the biggest problem in the area, along with heroin; Everybody wants it*." One treatment provider explained, "[Suboxone® is] *popular around here, definitely … we have a lot of clients who will ask about it - you know, if they can get on the Suboxone® program and how do they do it … A lot of our clients, if they're not on it already will* [be on it], *they find ways to get it*."

A law enforcement officer shared, "*It's not uncommon for someone to be on Suboxone®. It's going hand-in-hand with heroin and the other opiates*." Law enforcement reported sublingual strip form of the drug as most available in the region. An officer reflected, "*Normally, we are seizing a lot of* [Suboxone®] *strips. For the most part strips, sublingual strips*."

Participants reported that the availability of Suboxone® has increased during the past six months. A participant also said, "*Suboxone® is becoming more popular around here. It doesn't have the effect on you, but it keeps you from being dope sick*." Another participant said that the area treatment clinics, "*are really pushing the Suboxone®*." Likewise, community professionals also reported increased availability of Suboxone® during the past six months. A treatment provider remarked, "*I didn't notice* [as much Suboxone® use] *six months ago*." Other treatment providers attributed the increase in Suboxone® use to an increase in opiate use, as one commented, "*Because everyone is on heroin*." A law enforcement officer stated, "*I don't know if* [availability of Suboxone®] *increased, but it's certainly highly available*." 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	Increase
	Treatment providers	Increase

Reports of current prices for Suboxone® were consistent among participants with experience buying the drug. Participants reported that a tablet or filmstrip can sell for as high as $20-30 on the street.

Suboxone®	Current Street Prices for Suboxone® (tablet or filmstrip)
2 mg	$5
4 mg	$10
8 mg	$15-20

In addition to obtaining Suboxone® on the street from dealers, participants also reported obtaining the drug from treatment programs through prescription or from people who have prescriptions. A participant said that illicit users, "*Get* [Suboxone®] *in a legit way and sell* … [to] *get their drugs of choice.*" A treatment provider also commented that Suboxone® is, "*Readily available off the street, as well as* [by] *seeking a medical doctor to prescribe.*" A law enforcement officer commented, "*They either have a prescription* [for Suboxone®] *and they are selling it or other traffickers that do not have a prescription for it, but they are buying and then reselling or trading maybe a little bit of heroin for Suboxone®.*" Another officer explained, "*I know certainly folks will try to wean themselves off heroin that don't have a doctor* [and] *will seek out a trafficker that can get them Suboxone® and often times it's a heroin trafficker that has both … So they got you both ways. If you want to relapse, 'I'm gonna sell you heroin.' If you want to try to get yourself clean, 'I'm going to make the same money selling you a Suboxone® strip.'*"

While there were a few reported ways of consuming Suboxone®, generally the most common routes of administration for illicit use are oral consumption and intravenous injection (aka "shooting"). Participants estimated that out of 10 illicit Suboxone® users, all would place the filmstrip under the tongue to dissolve it, but up to three would also shoot and maybe one would snort the drug.

Participants indicated that illicit Suboxone® users are typically opiate addicts. Several participants reported that Suboxone® is often used to avoid withdrawal. Similarly, community professionals described typical illicit users of Suboxone® as opiate addicts. A treatment provider described illicit Suboxone® users as, "*Somebody that can't get heroin.*" Other providers confirmed: "*Yeah, they will self-medicate; They just don't want to be sick; Some of them have just been on Suboxone® for years because they just don't want to get sick.*"

Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain highly available in the region. Participants most often reported the current availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10.' Participants identified Xanax® as the most popular sedative-hypnotic in terms of widespread illicit use, as a participant remarked, "[Xanax® is] *pretty easy to come by.*" Additionally, participants reported high availability of Ambien® and Valium®, as well as moderate availability of Ativan®, Klonopin® and Soma®.

Community professional most often reported the current overall availability of sedative-hypnotics as '7;' the previous most common score was '10' for treatment providers and '7' for law enforcement. Treatment providers indicated illicit users will often have a preference for a particular sedative-hypnotic. Treatment providers shared: "*The thing about the 'benzos' (benzodiazepines) is* [users] *want the one that gets them the buzz; And they get particular as to what kind that they want and they'll argue with the doctor over 'I want this' or they'll want more of 'that.'*" Community professionals also identified Xanax® as the most popular sedative-hypnotics in terms of widespread illicit use. A treatment provider remarked, "*That's the one I hear about most often.*" Law enforcement replied, "*Xanax® is probably the most desirable benzo that folks want to abuse and its availability is probably a '7' or '8.'*" Additionally, community professionals reported high availability for Valium®, as well as moderate availability for Ambien®, Ativan® and Klonopin®.

Corroborating data also indicated high availability of sedative-hypnotics for illicit use in the region. The Mahoning County Coroner's Office reported that benzodiazepines were present at time of death in 55.2 percent of the 29 drug-related deaths it processed during the past six months.

Participants reported that the general availability of sedative-hypnotics has remained the same during the past six months. However, participants specifically reported a decrease in availability of Soma® and one participant added that Klonopin® is, "*harder to find.*" Community professionals reported an increase in availability of sedative-hypnotics during the past six months. A treatment provider shared, "*I've got*

a couple more clients [using sedative-hypnotics] *than I usually do … Not as much as the opiates."* Community professionals specifically reported that Ambien®, Klonopin® and Xanax® have increased in availability and commented: "*I've been hearing more of* [Klonopin® use] *now than six months ago; I've been hearing more about Xanax®.*" 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	Increase
	Treatment providers	Increase

Reports of current prices for sedative-hypnotics were consistent among participants with experience buying these drugs. In addition to obtaining sedative-hypnotics on the street from dealers, participants also reported getting them prescribed from doctors or from people they know who have prescriptions. A treatment provider confirmed, "*There's still a few doctors in the area that you know have a bad reputation for just writing scripts for* [pills]."

Sedative-Hypnotics	Current Street Prices for Sedative-Hypnotics	
	Ambien®	$0.50 per pill
	Ativan®	$2 for 1 mg
	Klonopin®	$0.50 for 0.5 mg
	Soma®	$1-3 per pill
	Valium®	$0.50 for 2 mg $1 for 5 mg $2 for 10 mg
	Xanax®	$0.50-1 for 0.5 mg $1-2 for 1 mg $3-4 for 2 mg (round pill) $5 for 2 mg (bar)

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 snorting, oral consumption and intravenous injection (aka "shooting").

Participants estimated that out of 10 illicit sedative-hypnotic users, all users would snort, but more than half might orally consume or shoot the drug depending on what other drugs they are using in combination.

A profile of a typical illicit user of sedative-hypnotics did not emerge from the data. Participants described typical users as someone with anxiety, anyone, "crazies" and young adults. One participant shared that those who use these drugs are often referred to as "*Debbie downers*." Community professionals also described typical illicit users as anyone, more female than male. Treatment providers commented: "*Overall male and female, though more women; I think it's both men and women. I've had more women recently who like to go to the emergency room and get pills.*" A treatment provider reasoned, "*Maybe* [females] *can admit they're anxious more than guys can.*" A law enforcement officer commented, "*Same demographic as a heroin addict.*"

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 for both respondent groups was also '10.' Treatment providers explained: "[Marijuana is] *everywhere … they don't get in as much legal trouble for it; The stigma's not attached to marijuana as it is to meth (methamphetamine) and heroin; They're all pretty much on* [marijuana] *… I don't even know if they consider it a drug.*" One treatment provider shared that clients will say, "*I drink coffee and smoke pot, sure, yeah.*" Another treatment provider remarked, "*There's still that belief that it's okay to smoke marijuana because it's going to be legalized in Ohio.*" Another provider added, "*They're just literally counting the seconds before* [marijuana is] *legalized.*"

Corroborating data also indicated availability of marijuana in the region. The Mahoning County Coroner's Office reported that marijuana was present at time of death in 27.6 percent of the 29 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. Two 19-year-olds were arrested after a dangerous chase through city streets in Campbell (Mahoning County); when the chase ended, the passenger admitted to throwing a bag of marijuana

out of the Jeep during the chase, which the officers found and took into evidence (www.wkbn.com, July 12, 2014). A woman was arrested when Austintown (Mahoning County) police responded to a burglary report and found the woman in the basement of the house where they also found a large marijuana-grow operation (www.wkbn.com, July 28, 2014). Warren (Trumbull County) police were called to a suspected burglary of a home; when police arrived and found remnants of drug use, they obtained a warrant and found nine pounds of marijuana, a bag of marijuana seeds, a small amount of crack cocaine and prescription pills (www.vindy.com, Aug. 1, 2014). Campbell police stopped two individuals within a few hours of one another who were both arrested for possession of drugs; one had 13.6 grams of marijuana in the car's center console, while the other had 0.2 grams of marijuana with drug paraphernalia (www.vindy.com, Aug. 6, 2014). A Youngstown man was arrested in Pennsylvania for possession and intent to distribute 18 grams of marijuana (www.wkbn.com, Aug. 6, 2014). Local coffee shop owners were sentenced after waiting nearly a year since the Columbiana County Drug Task Force executed a search warrant at their residence and found five pounds of marijuana (www.vindy.com, Aug. 12, 2014).

Participants and community professionals reported that the availability of marijuana has remained the same during the past six months. One participant noted, "*We had a dry spot not too long ago*." Treatment providers commented: "[There is] *less demand for the general … they call it 'regular' (lower quality marijuana); I hear more and more are getting the good quality as they call it, 'Loud*'." Law enforcement shared, "*Really no change* [in availability]. *Marijuana is about 17 percent again of our cases*." Although an officer noted that after several states made marijuana legal, there has been an increase in availability of high-grade marijuana, as he explained, "*We did notice once* [legalization] *happened, an increase of intercepted parcels of high-grade marijuana coming to this area*." 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

Participant quality scores of marijuana ranged from '2' to '10' with the most common score being '5,' '7,' and '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '8.' Several participants explained that the quality of marijuana depends on whether the user buys "commercial weed" (low-grade marijuana) or hydroponically grown (high-grade marijuana). A participant remarked, "*It's harvest season right now, so there's good quality*." Overall, participants suggested that the quality of marijuana has remained the same during the past six months.

Reportedly, the price of marijuana depends on the quality desired; reports of current prices for marijuana were provided by participants with experience buying the drug. Participants reported commercial grade marijuana as the cheapest form. Participants shared that high-grade marijuana is preferred.

Marijuana	Current Street Prices for Marijuana	
	Low grade:	
	A blunt (cigar) or two joints (cigarettes)	$5-10
	1/8 ounce	$20
	1/4 ounce	$40
	An ounce	$70-80
	High grade:	
	A blunt (cigar) or two joints (cigarettes)	$15-20
	A gram	$20
	1/8 ounce	$45-60
	1/4 ounce	$90-100
	An ounce	$450

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 users would smoke the drug. Additional methods of administration include oral consumption and vaporizing the drug.

A profile for a typical marijuana user did not emerge from the data. Participants described typical users as: "*Everybody and their momma; Even grandmas are doing it; A lot of teenagers*." One participant explained, "*Some older ones do* [marijuana] *for pain*." Community professionals described

typical marijuana users as all ages from teens to older age groups. A treatment provider estimated that one out of 10 marijuana users in treatment would like to quit using the drug and explained, "*Often times, kids don't want to quit* [using marijuana]. *Their goal is often to get through their probation period clean and that way they can get out of the system and begin using again*." A law enforcement officer described marijuana users as, "*Teens. You know, early teens, high-school age, middle-school age … up to, you know, the older hippies*."

Methamphetamine

Methamphetamine 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 scores were '10' in Ashtabula, Columbiana and Trumbull counties and '0' in Mahoning County. Community professionals most often reported current availability as '6;' the previous most common score was '3' for treatment providers and '6-9' for law enforcement. A treatment provider commented, "*That's right behind heroin*." Law enforcement shared, "*I would give it a higher number based on our seizure … going from 0 to 5 labs in a year*."

Participants reported that methamphetamine is available in "shake-and-bake," red phosphorous or anhydrous forms. Participants from Ashtabula and Trumbull counties commented about the production of "one-pot" or "shake-and-bake," which means users are producing methamphetamine in a single sealed container, such as a two-liter soda bottle. By using common household chemicals along with ammonium nitrate (found in cold packs) and pseudoephedrine (found in some allergy medications), people who make methamphetamine (aka "cooks") can produce the drug in approximately 30 minutes in nearly any location by mixing ingredients in small containers. A law enforcement officer reflected, "*Certainly the … one-pot, shake-and-bake method for manufacturing methamphetamine makes it easier to do. Someone can do it in their garage in an hour or two hours and you don't need to necessarily be skillful to do it to be successful at doing it … The novice cook can make meth*."

Community professionals were very aware of methamphetamine being manufactured in the region. A treatment provider explained, "*This area (Columbiana County) is a 'cook' area, more than a 'using' area. They cook it down here, so they can sell it down in Jefferson* [County] *or up in Mahoning* [County]." A law enforcement officer reflected, "*The labs that we've seized, they weren't really manufacturing to distribute (they were manufacturing for personal use)*." Treatment providers added that cooks often make methamphetamine for sale: "[Clients have] *outright told me, verbalized, that they have cooked meth. It's not necessarily that they're using it; In the last six months, I've had one client and he wasn't a user he was a manufacturer*."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Employees of a local Youngstown drug store called police regarding suspicious activity in the parking low; when police responded and approached the vehicles, they saw meth-making materials and the driver eventually admitted that the friends had gathered to make methamphetamine in the car (www.vindy.com, Aug. 2, 2014). The Mahoning Valley Violent Crimes Task Force found materials for manufacturing methamphetamine during a search of a residence in Austintown (Mahoning County) (www.wkbn.com, Aug. 6, 2014). Two people were arrested in Canfield (Mahoning County) when deputies found them in a motel room making methamphetamine (www.wkbn.com, Jan. 30, 2015). A one-pot methamphetamine lab was found in Salem (Columbiana County) when the Drug Task Force and Salem Police executed a search warrant (www.wkbn.com, Jan. 30, 2015).

Participants reported that the availability of methamphetamine has remained the same during the past six months, while community professionals reported an increase in availability. One treatment provider stated, "*I think* [methamphetamine] *becomes more and more available*." Another treatment provider presumed, "*I don't think it has decreased any for sure with the availability of, you know, the chemicals. You can go to the store. The person can make two stops right down the road and get everything they need and all they need is a little bit of time and viola*." Law enforcement stated, "*A little bit of an increase over the past six months, in meth labs …*." 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	No change
	Law enforcement	Increase
	Treatment providers	Increase

Most participants rated the quality of crystal methamphetamine as '10,' anhydrous/red phosphorous as '8' and powdered methamphetamine as '5'on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common scores were '4' and '9' for the overall quality of methamphetamine. Overall, participants reported that the general quality of methamphetamine has remained the same during the past six months.

Reports of current prices for methamphetamine were provided by participants with experience buying the drug. A participant commented, "[Methamphetamine is] *a lot cheaper than cocaine and it lasts a lot longer*." Another participant remarked, "*That's why methamphetamine is really catching on*." Additionally, a participant reported that red phosphorous methamphetamine sells for $20 and explained that the amount for that price is the equivalent of "10 lines."

Methamphetamine	Current Street Prices for Methamphetamine	
	Powdered (aka "shake-and-bake" or "one-pot")	$60-100 per gram
	Anhydrous (aka "old school")	$100-120 per gram
	Crystal	$100 per gram

While there were a few reported ways of consuming methamphetamine, generally the most common routes of administration are snorting, smoking and intravenous injection (aka "shooting"). Participants reported the majority of methamphetamine users would snort, followed by smoke or shoot the drug. A participant shared, "*A lot of people would smoke* [methamphetamine] *in light bulbs*." Additionally, participants indicated that a few users orally consume the drug.

Participants described a typical methamphetamine user as white and someone who likes to stay up and be focused. Community professionals described typical users of methamphetamine as white and male. Law enforcement officers commented: "*I'd say it's more White; I can't even think of a non-white meth person*." A treatment provider suggested, "*I think it's maybe 60:40 (male: female) split*." Officers explained, "*Females are participating in at least the procuring of the precursor materials; And male* [is] *more likely to cook*." Treatment providers also suggested that heroin users tend to also use methamphetamine and explained: "*They will go get meth when they can't get heroin; It's a substitute with heroin*." Other treatment providers noted a connection as well, and one commented: "*Last two to three years there's been like a relationship between heroin users and meth users because meth is so easily made and you can go to the store and buy products to produce it. People that are struggling with money situation, financial situation, they will make meth and trade it or sell it for heroin*."

Prescription Stimulants

Prescription stimulants are highly available in the region. Participants most often reported current availability of Adderall® 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 '8-9.' Adderall® was the only prescription stimulant on which participants reported. Community professionals most often reported the current availability of Adderall® as '8' and Ritalin® as '2;' the previous most common score for overall prescription stimulant availability was '5.' Community professionals identified Adderall® as the most popular prescription stimulants in terms of widespread illicit use. One treatment provider said, "*They'll do anything for Adderall®. It's like heroin or something. Once they get on it, they love that rush. They love losing weight. They love … everything about it*." A law enforcement officer added, "[Officers will] *seize one or two, maybe five Adderall® on a traffic stop, but there's not really a big case load from us on those*."

Participants and community professionals reported that the general availability of prescription stimulants has remained the same during the past six months. A treatment provider said, "[Availability of prescription stimulants has] *been fluctuating. It's not necessarily up or down*." 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 change
	Treatment providers	No change

Reports of current street prices for Adderall® were variable among participants with experience buying the drug. Participants reported that Adderall® 20 mg sells for $7-8. In addition to obtaining Adderall® on the street from dealers, participants also reported getting them from people who have a prescription or who have a child with a prescription. A participant stated that he got the drug for free because his girlfriend has a prescription. A treatment provider commented, "[Users] *have no problem getting* [Adderall®] *from their physician*."

While there were a few reported ways of consuming Adderall®, generally the most common routes of administration are snorting and oral consumption, followed by intravenous injection (aka "shooting"). A law enforcement officer commented, "*It's both folks without a prescription or folks just abusing their legitimate script, crushing them, snorting them*."

Participants described typical illicit Adderall® users as methamphetamine users and parents of children with ADHD (Attention Deficit Hyperactivity Disorder). A treatment provider added, "*Yes, the two* [prescription stimulant addicts] *I have both have kids … they're abusing their children's scripts.*" Community professionals also described typical illicit users of Adderall® as methamphetamine users and females. A law enforcement officer described illicit user age ranges as school aged through mid-30s. A treatment provider said, "*They'll do* [Adderall®] *when they can't get meth, but they're not happy with it*." A treatment provider said, "*I've had several clients tell me that that's what they will go for every time they've relapsed … if they come to treatment and they've been using meth and if they relapsed they say it all started with the Adderall®.*"

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 '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 '0.' Community professionals most often reported current availability as '1;' the previous most common score was '3.' A treatment provider said, "*If they're using it, they're not reporting it.*" Another treatment provider added, "*We can't really test for that with our standard dip test (urine drug screen).*"

Participants reported that the availability of synthetic marijuana has decreased during the past six months. Community professionals reported that the availability of synthetic marijuana has remained the same during the past six months. A treatment provider shared, "*I haven't heard* [of synthetic marijuana use] *recently*." The BCI Richfield 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 provided by participants with experience purchasing the drug. According to the few participants with knowledge of pricing, a gram of synthetic marijuana sells for $15 and two to three grams sell for $35.

Despite legislation enacted in October 2011, synthetic marijuana continues to be available on the street from dealers as well as from, "*stores in Pennsylvania*." The only reported route of administration for synthetic marijuana is smoking. A profile of a typical synthetic marijuana user did not emerge from the data.

Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) remains available in the region. Participants most often reported the drug's current availability as '5-8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most com-

mon score was '5.' Community professionals most often reported current availability of ecstasy as '1;' the previous most common score was '0' among treatment providers and '6' for law enforcement. A treatment provider speculated, "*I think it's less than 5 percent* [of our clients use ecstasy]. *I actually had one. I did one assessment from a fella that … his drug of choice was ecstasy*." Another treatment provider reflected, "*I've had a few* [clients] *who've actually* … [named ecstasy as] *their drug of choice*."

Participants most often reported the current availability of "molly" (powdered MDMA) as '6;' the previous most common score was '3.' Law enforcement most often reported current availability of molly as '7-8;' the previous most common score was '3' for law enforcement and '6' for treatment providers. A law enforcement officer shared, "*We just seized quite a bit of* [molly] *recently*."

Participants and community professionals reported that the availability of ecstasy has remained the same during the past six months. Participants and treatment providers also reported no change in availability for molly, while law enforcement reported an increase in this drug 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 does 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

Participants reported that ecstasy tablets are often imprinted with pictures of characters (e.g., Bart Simpson and Superman), as well as shapes (e.g., moons, stars and hearts). Although one participant shared, "*Picture doesn't mean anything. Anyone can have that stamp*;" another participant explained, "[Dealers] *mark them so you can say, 'There's Batman's going around that's really good.'*"

Reports of current street prices for ecstasy were variable among participants with experience buying the drug. Participants reported that lower doses of ecstasy are going to be less expensive than higher doses. Likewise, current street prices for molly were variable among participants with experience buying the drug. Molly typically comes in powdered form.

Ecstasy/Molly	Current Street Prices	
	Ecstasy	$5-20 per tablet
	Molly	$60-100 per gram

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 estimated that out of 10 ecstasy or molly users, about half would snort and half would orally consume the drug.

Participants described typical ecstasy users as anyone; whereas community professionals described typical users of ecstasy as festival goers and from more rural areas. A treatment provider recalled working with ecstasy addicts who were in their 20s or 30s and were male.

Participants described typical molly users as hippies, those who like to go to dance parties (aka "ravers") and members of the gay community. Community professionals described typical molly users as white and teenage to mid-20s in age.

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: bath salts, hallucinogens (lysergic acid diethylamide [LSD]), ketamine (general anesthesia used in veterinary medicine), over-the-counter (OTC) and prescribed cold and cough medicine and Seroquel® (an antipsychotic medication).

Bath Salts

Bath salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues) remain rarely available in the region. A treatment provider shared, "*I haven't heard of* [bath salts] … *I mean recently*." The BCI Richfield Crime Lab reported that the number of bath salts cases it processes has decreased during the past six months. Reports of current street prices for bath salts were

$40 per gram. Despite legislation enacted in October 2011, bath salts continue to be available on the street from dealers as well as from head shops, and as one participant said, "*In the city where meth (methamphetamine) isn't*." While there were a few reported ways of consuming bath salts, generally the most common routes of administration are smoking, snorting and intravenous injection (aka "shooting"). Participants said users would use any of the three methods. Participants described typical users of bath salts as "younger kids."

Hallucinogens

LSD remains available in the region. Community professionals reported that the availability of LSD has remained the same during the past six months. Law enforcement shared, *"Maybe a little bit of blotter (LSD on paper) here and there ... We probably had two LSD seizures in the past six months or maybe even the last year."* The BCI Richfield Crime Lab reported that the number of LSD cases it processes has increased during the past six months. Treatment providers described typical LSD users as young and marijuana users. Law enforcement described typical LSD users as: "*Teens to older hippies in* [their] *60s; In the past six months it's going to be the younger end of that ... teens to 25 ... 20s.*" An officer added, "*You're gonna have probably the same ones doing the bath salts or the marijuana* [that] *are going to be doing the LSD and hallucinogens, but we don't see it too much*."

Ketamine

Community professionals reported rare availability of ketamine in the region and most often reported current availability of the drug as a '1-2.' Community professionals reported that the availability of ketamine has remained the same during the past six months. Treatment providers described typical ketamine users as most often young (under 25 years of age) and female.

OTCs and prescribed cold and cough medicine

Promethazine with codeine cough syrup is reportedly 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 noted that the availability of promethazine with codeine has remained the same during the past six months. Participants with experience buying the drug reported that promethazine with codeine comes in syrup or pill forms and sells for $60 for an eight-ounce bottle of syrup or prescription of pills. Participants reported that most common route of administration for promethazine with codeine is oral consumption, followed by snorting or smoking. A profile for a typical promethazine with codeine user did not emerge from the data.

Community professionals reported on dextromethorphan (DXM) availability in the region and rated its current availability as '4-5.' Community professionals indicated an increase in availability and described the typical user as young (teens) because the drug is inexpensive and legal to obtain. Treatment providers commented: "*Cough syrup. It's usually your adolescents using them; They'll do* [cough syrup and] *drink some Xanax® with it and trip out*."

Seroquel®

Seroquel® 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). Community professionals most often reported Seroquel® availability as '3.' Although participants indicated that the availability of Seroquel® has remained the same during the past six months, community professionals reported increased availability of the drug. Only one participant had experience obtaining the drug for illicit use and reported that they got it free and explained, "*I know the person who has a prescription*." Participants reported that the most common route of administration for Seroquel® is oral consumption. A participant described the typical illicit user of Seroquel® as anyone. Treatment providers described users as: "*Someone who is anxious; Wanting to sleep*."

Conclusion

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

Treatment providers identified heroin as the number one drug of abuse in the region. While many types of heroin are currently available, participants and law enforcement reported brown powdered heroin as most available. Corroborating data also indicated high heroin availability in

the region. The Mahoning County Coroner's Office reported that heroin was present at time of death in 55.2 percent of the 29 drug-related deaths it processed during the past six months.

Treatment providers attributed increased heroin availability to how inexpensive the drug is. 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.

Participants reported that heroin is cut with cocaine, fentanyl and Xanax® to make the drug more potent. Participants also believed that white powdered heroin is most often adulterated with fentanyl. While there were a few reported ways of using heroin, generally the most common route of administration remains intravenous injection. Many participants described difficulty in obtaining new needles and reported an increase in stores with signs stating that a prescription is required to purchase needles.

Participants and community providers found it difficult to narrow demographics of typical heroin users. Community professionals described heroin users as prescription opioid users, all age ranges from late teen through adults, male and female, across races, pregnant or not pregnant. Several professionals continued to discuss the progression of drug abuse from pills to heroin.

Participants and community professionals reported high current street availability for Suboxone®, explaining that the drug goes hand-in-hand with heroin and other opiate use. Law enforcement reported sublingual strip form of Suboxone® as most available in the region. Participants explained that users take Suboxone® to keep from becoming "dope sick" or to combat withdrawal symptoms. Respondents attributed the increase in Suboxone® availability to an increase in opiate use. The BCI Richfield Crime Lab reported that the number of Suboxone® and Subutex® cases it processes has increased during the past six months. Participants and community professionals indicated that illicit Suboxone® users are typically opiate addicts.

Lastly, community professionals reported an increase in methamphetamine availability. Treatment providers suggested that some heroin users also use methamphetamine. Law enforcement reported a slight increase in methamphetamine labs found in the region during the past six months. The BCI Richfield Crime Lab reported that the number of methamphetamine cases it processes has also increased during the past six months; the lab reported processing off-white powder and crystal methamphetamine. Respondents described a typical methamphetamine user as male, white and someone who likes to stay up and be focused.

Tracy J. Plouck, Director • John R. Kasich, Governor

Contact information:
R. Thomas Sherba
Office of Quality, Planning and Research
30 E. Broad St., 8th Floor
Columbus, OH 43215
P: 614.466.9020 F: 614.488.4789