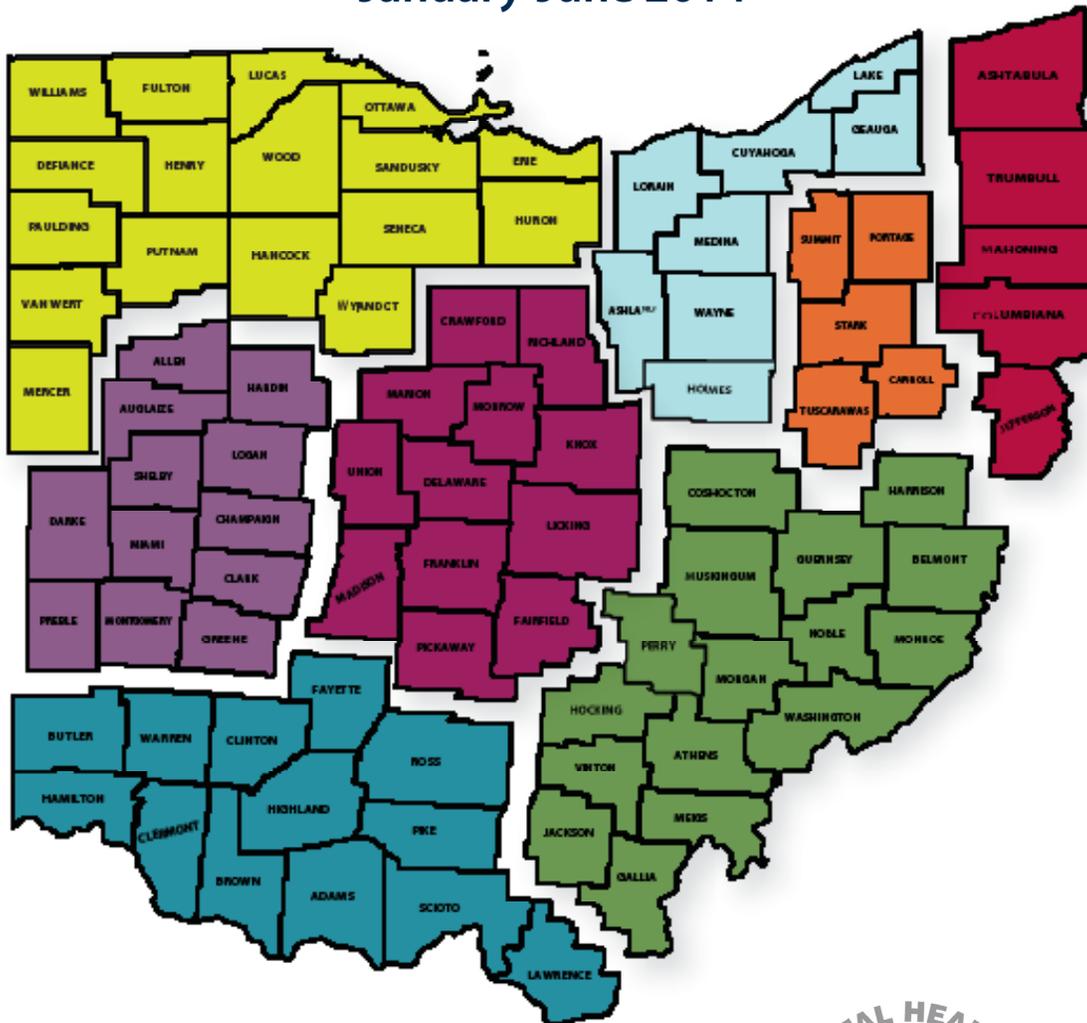




Surveillance of Drug Abuse Trends in the State of Ohio

January-June 2014



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



Ohio Substance Abuse Monitoring Network

Surveillance of Drug Abuse Trends in the State of Ohio

January-June 2014

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Toledo Region

- Heroin & Suboxone® availability ↑
- Heroin more available than crack cocaine
- More heroin users in treatment than prescription opioid addicts
- White powdered heroin cut with fentanyl; causing increased overdoses
- Participants want a needle exchange in the region
- Bath salts and prescription opioids availability ↓
- Prescription opioids availability ↓ ... fewer prescriptions written
- Suboxone® availability ↑ because clinic prescriptions ↑

Cleveland Region

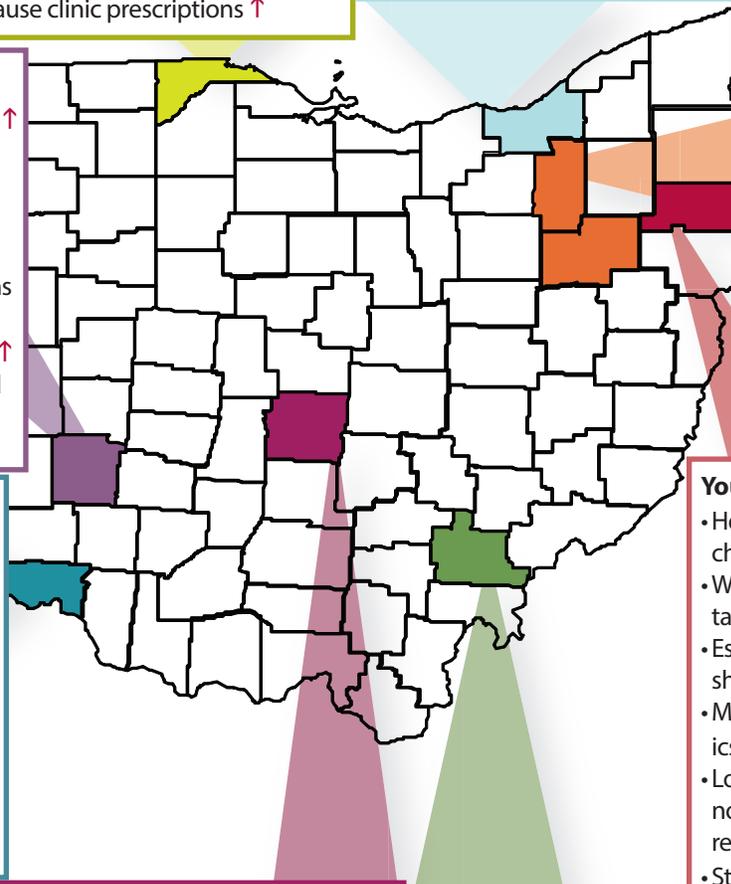
- Heroin, marijuana & Suboxone® availability ↑
- Heroin is the most available drug in the region
- Gray-colored heroin more available now throughout Cuyahoga Cty.
- Fentanyl in heroin trending; causing frequent heroin overdoses
- Suboxone® ↑ attributed to pain management clinics prescribing drug
- Marijuana concentrates availability ↑ in past six months
- Ecstasy (molly) & sedative-hypnotics availability ↑
- "Molly" (MDMA) cut with bath salts, cocaine & methamphetamine

Dayton Region

- Heroin & Suboxone® availability ↑
- Powdered cocaine ↓
- Crack cocaine ↓
- Heroin favored over cocaine due to the low cost of heroin
- Prescription pain pill regulations makes them difficult to obtain
- Fentanyl boosts heroin overdoses ↑
- Mitragynine (aka "kratom") and hashish emerging drug trends

Akron-Canton Region

- Heroin & methamphetamine ↑
- Heroin use considered "trendy"
- Prescription opioids & fentanyl used to cut heroin ↑
- Methamphetamine use high
- Crack cocaine, ecstasy, marijuana & Suboxone® availability ↑
- Marijuana used more openly
- First time "hash oil" (aka "THC wax" or "dabs") reported
- Bath salts, prescription opioids & synthetic marijuana ↓



Cincinnati Region

- Heroin and Suboxone® availability ↑
- Heroin & marijuana prevalent
- Heroin likely from Mexico
- Heroin cut with Fentanyl involved in over half drug-related deaths in Hamilton Cty.
- Opiate treatment clinics (aka "Suboxone® clinics") prevalent
- "Kratom" subs for heroin high
- Synthetic marijuana ↓

Youngstown Region

- Heroin availability ↑, considerably cheaper than prescription opioids
- White powdered heroin cut with fentanyl; causing increased overdoses
- Estimated 6 out of 10 heroin users share injection needles
- Methamphetamine, sedative-hypnotics & Suboxone® availability ↑
- Local coroner's report sedative-hypnotics present in over 50% of all drug-related deaths in past six months
- Street use of Suboxone® ↑ attributed to an increase in drug prescriptions
- Synthetic marijuana availability ↓

Columbus Region

- Bath salts availability ↓
- Powdered cocaine popularity ↓ due to lure of opiates & heroin ↑
- Methamphetamine & Suboxone® availability ↑
- Prescriptions ↑ contribute to increased street availability of Suboxone®
- Methamphetamine & black tar heroin cross U.S.-Mexican border
- Methamphetamine users likely white, 20-40 years old & lower income
- "Kratom" (a psychoactive plant substance that produces a heroin-like high) reported in Delaware County during the past six months

Athens Region

- Methamphetamine & Suboxone® availability ↑
- After heroin, methamphetamine most available drug in region
- Crystal forms of methamphetamine (aka "ice") now in the region
- Sedative-hypnotics availability ↑, commonly prescribed with Suboxone®
- Bath salts, ecstasy & synthetic marijuana drastically ↓



Surveillance of Drug Abuse Trends in the State of Ohio

January-June 2014

Executive Summary

The Ohio Substance Abuse Monitoring (OSAM) Network consists of eight regional epidemiologists (REPIs) located in the following regions of the state: Akron-Canton, Athens, Cincinnati, Cleveland, Columbus, Dayton, Toledo and Youngstown. The OSAM Network conducts focus groups and individual qualitative interviews with active and recovering drug users and community professionals (treatments providers, law enforcement officials, etc.) to produce epidemiological descriptions of local substance abuse trends. Qualitative findings are supplemented with available statistical data such as coroner's reports and crime laboratory data. Mass media sources, such as local newspapers, are also monitored for information related to substance abuse trends. Once integrated, these valuable sources provide the Ohio Department of Mental Health and Addiction Services (OhioMHAS) with a real-time method of providing accurate 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 June 27, 2014. It is based upon qualitative data collected from January through June 2014 via focus group interviews. Participants were 336 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 117 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 January through June 2014. 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 and Dayton, the availability of powdered cocaine has remained the same during the past six months. While participants from various counties within the Columbus region agreed that cocaine is readily available in their communities, participants and community professionals noted that powdered cocaine is beginning to decrease in popularity due to the ever-increasing popularity of opiate and heroin use. The Columbus Police Crime Lab reported that the number of cocaine cases it processes has decreased during the past six months. Dayton respondents also linked reduction in powdered cocaine availability in their region to the increase in desirability and availability of heroin. In addition, law enforcement efforts in the Dayton region were also credited with limiting availability of the drug.

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

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

Participants throughout OSAM regions continued to report the current quality of powdered cocaine as low to moderate: '3-7' on a scale of '0' (poor quality, "garbage") to '10' (high quality). The majority of participants from throughout regions noted 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, caffeine, diuretics, ether, head shop cuts (products designed to be used as adulterates), laxatives, local anesthetics, methamphetamine, numbing agents, powdered milk, powdered sugar, protein powder, sleep aids, sugar, talc, various vitamins and dietary supplements. Crime labs throughout OSAM regions most often noted the following cutting agents for powdered cocaine: levamisole (livestock dewormer), lidocaine and procaine (local anesthetics).

Current street jargon includes many names for powdered cocaine. A Youngstown region participant commented, "They don't call [powdered cocaine] 'girl' no more, that's too easy for the police to recognize."

Current Street Names of Powdered Cocaine	
Most Common Names	blow, girl, powder, snow, soft, white girl, (white lady), yay-yo (yay)
Other Names	betty, bitch, blonde, booger sugar, butter, cheese, Christina Aguilera (christina, tina), coke, flour, fluff, gack, ice, Miley Cyrus, nose candy, piff, queen, Scooby snacks, snow bunny, sugar

Depending on the region, desired quality and from whom one buys, a gram of powdered cocaine sells for \$70-80; 1/16 ounce (aka "teener") sells for \$80-100; 1/8 ounce (aka "eight ball") sells for \$160-200; an ounce sells for \$800-1,000. Several participants noted that it is difficult to obtain large amounts of powdered cocaine. Reportedly, users most often buy a gram of cocaine at a time, though some participants reported buying an eight-ball more often.

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 Dayton and Toledo estimated that out of 10 powdered cocaine users, half

would snort and half would shoot the drug. Participants and community professionals continued to most often describe typical powdered cocaine users as middle class or higher in terms of socio-economic status and racially/ ethnically white or Hispanic.

Many other substances are used in combination with powdered cocaine. Participants reported that powdered cocaine is often used in combination with heroin or prescription opioids to take the edge off the stimulant high and also to "speedball," creating alternate stimulant and depressant highs. Treatment providers in Athens reported seeing more cocaine and opiate use together during the past six months. Marijuana and sedative-hypnotics also assist the user in coming down off the stimulant high of powdered cocaine. Participants mentioned Xanax® as the sedative-hypnotic most likely to be used with powdered cocaine. When powdered cocaine is laced into marijuana joints, participants called these "frosty," "laser," or "primo."

Substances Most Often Combined with Powdered Cocaine

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

Crack Cocaine

Crack cocaine remains highly available throughout most OSAM regions. Overall, most participants and community professionals reported that availability has remained the same during the past six months. Those who noted a change in availability attributed the change to heroin. Increases were attributed to heroin dealers also selling crack cocaine and decreases were attributed to the growing demand for heroin making crack cocaine less desirable.

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

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

Participants throughout OSAM regions reported the quality of crack cocaine as moderate to high, rating current quality most often as '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality); participants also noted that the overall quality of crack cocaine has generally remained the same during the past six months. Participants noted that crack cocaine is cut with many of the same agents used to cut powdered cocaine, while continuing to report baking soda as the most common cutting agent for crack cocaine. Crime labs throughout OSAM regions continued to most often report levamisole (livestock dewormer) as the typical cutting agent for crack cocaine.

Current street jargon includes many names for crack cocaine.

Current Street Names of Crack Cocaine

Most Common Names	butter , crack, hard, rock, work
Other Names	boy, crinak, diesel, dope, drop, hardware, pearl, rock candy, stones, yack, yay-yo

Participants most often noted that users purchase crack cocaine by 1/10 gram, although many participants reported that they would buy based on how much money they had to spend. Several participants noted switching to crack cocaine after powdered cocaine became too expensive. Current street prices for crack cocaine were consistent among participants with experience buying the drug: 1/10 gram (aka "rock") sells for \$20; a gram sells for \$50-85;

1/16 ounce (aka "teener") sells for \$80-120; 1/8 ounce (aka "eight ball") sells for \$200-220.

Participants reported the most common route of administration for crack cocaine remains smoking. However, participants in Toledo and Youngstown observed equal number of users smoking as intravenously injecting (aka "shooting") the drug. Participants in these regions estimated that out of 10 crack cocaine users, five would smoke and five would shoot. Participants explained that crack cocaine is used intravenously by breaking it down with lemon juice. Several participants in Akron-Canton noted that a user can purchase a "party kit" at various gas stations and convenience stores that contains everything needed to smoke crack cocaine.

While a profile of a typical crack cocaine user did not emerge from the data of half the regions, several stereotypical characteristics continue to be associated with crack cocaine use. Many participants and community professionals continued to describe typical crack cocaine users as African American, living in the inner city and of lower socio-economic status. In addition, this reporting period several treatment providers reported that they found that many heroin users are also using crack cocaine or are relapsing on crack cocaine.

Many other substances are used in combination with crack cocaine. As with powdered cocaine, typically other substances are used with crack cocaine to help balance the effects of the stimulant high or to assist the user in coming down off the high. Heroin is often used with crack cocaine for the "speed-ball" effect, alternating between the two different highs.

Substances Most Often Combined with Crack Cocaine

- Alcohol • Heroin •
- Marijuana • Prescription Opioids •
- 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. In addition, several crime labs throughout the state have reported that the number of heroin cases they process has increased during the past six months. Respondents continued to speak of

heroin use as epidemic with community professionals in several regions currently naming heroin as the most available drug. All respondent groups indicating an increase in heroin availability attributed the increase to growing demand for the drug due to its low price-point compared to the high price of prescription opioid pills along with the new formulations of previously popular pills, which make them difficult to break down and intravenously inject. Participants and treatment providers also commented that doctors are not prescribing opioid medication as often due to increased regulation of these drugs. Treatment providers noted that heroin use is losing its stigma.

Participants universally indicated that heroin is often cut (adulterated) with other substances: baby laxative, cocoa powder, coffee, dark colored soda, dietary supplements, lactose, methamphetamine, over-the-counter (OTC) pain medications, powdered sugar, prescription opioids (especially fentanyl), sedative-hypnotics, OTC sleep aids, sugar and vinegar. Crime labs throughout OSAM regions most often noted the following cutting agents for heroin: diphenhydramine (antihistamine) and quinine (antimalarial), as well as cocaine, fentanyl and lidocaine (local anesthetic).

Participants and community professionals further discussed fentanyl cut heroin. Most participants echoed the sentiment that white powdered heroin is being cut with fentanyl more often. A participant described fentanyl cut heroin as having a grayish color. Community professionals were also aware of fentanyl cut heroin. Participants and crime lab staff explained that the fentanyl being used is clandestine and not made for medical use. Throughout regions, participants discussed the high number of heroin overdoses, continuing to link many overdose deaths to fentanyl cut heroin. Fear over legal penalties when reporting overdoses remains high among participants and participants discussed leaving individuals or being left themselves when overdosing. Treatment providers noted that overdose often goes underreported, as many do not count or report overdoses that do not end in death.

Current street jargon includes many names for heroin. Several participants revealed colloquial phrases that signal the availability of heroin. For instance, Akron-Canton participants shared “the train is coming through” as street jargon for heroin availability.

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

Participants throughout OSAM regions reported that the quality of heroin varies depending on type; however, they reported the overall current quality of heroin as moderate to high, rating current quality most often as ‘8’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality). Participants in half of the regions noted that the overall quality of heroin has remained the same during the past six months; participants in Akron-Canton, Athens and Toledo reported increased quality, while participants in Dayton reported decreased quality. Participants who perceived an increase in quality interpreted the increasing number of heroin overdoses as a sign of increased quality of the drug.

Current Street Names of Heroin	
Most Common Names	boy, dog food, (chow, dog, food, pup, puppy chow, puppy food), dope, ‘H’, smack
Other Names	black gold (black rain), brown, fire (flame), Charlie Brown, Chris Brown, Hank, Jackie Chan, man (grown man)

Current street prices for heroin were variable among participants with experience buying the drug: 1/10 gram sells for \$10-20; 1/2 gram sells for \$50-70; a gram sells for \$100-125. Participants suggested that price is often dependent on quality and location. Reportedly, heroin is most often sold in smaller amounts (1/10 gram) in balloons or “baggies.” However, participants clarified that pricing is lower if purchasing in larger quantities. In addition, participants in Dayton continued to report that powdered heroin in their region is typically sold in capsules. Moreover, participants and law enforcement in Dayton also continued to discuss the common practice of dealers who provide free samples of heroin to prospective buyers.

Universally, participants reported that the most common route of administration for heroin remains intravenous injection (aka “shooting” or “banging”). In addition to purchasing needles (aka “rigs” or “tools”) off the street from dealers, participants reported obtaining needles from local pharmacies or from diabetics. Street prices for needles varied among participants with experience buying them; participants reported needles selling anywhere between \$1-10 per needle with reported prices varying depending on how badly the user appeared to need a needle. Participants discussed the practice of sharing needles and approximately half of the participants interviewed in the Columbus region were adamant about not sharing needles, while the other half admitted to sharing. Participants in a few regions indicated that obtaining needles through pharmacies is becoming more difficult as some pharmacies have restricted their sale to only those with a prescription. In Dayton, participants and community professionals discussed the increased occurrences of Hepatitis C among heroin users during the past six months, while treatment providers in Columbus, especially in Richland County, indicated an increase in intravenous injection in their heroin-addicted clientele, as well as an increase in Hepatitis C among the same population due to needle sharing. Treatment providers pointed out that the stigma of needle use has decreased and there seems to be less fear of needles among drug users overall. Additionally, participants talked about users trying to sharpen dull needles with a knife or a knife sharpener and reusing it time and time again. Several participants expressed a need for a needle exchange in their region.

Heroin use continues to span a wide range of individuals. Both participants and community professionals reported heroin use among white adult males and females, Hispanics, suburbanites, young whites aged 15-25 years, opiate users and older users who have run out of pain pills (can no longer obtain prescription opioids). Many participants noted that heroin dealers are more likely to be black, but users are more likely to be white. Heroin use remains linked with users of prescription opioids. Participants and community professionals continued to explain the progression of abuse from prescription opioids to heroin. The majority of treatment providers in Youngstown reported an increase in adolescent use of heroin.

Participants reported that heroin is often used in combination with other substances. Participants shared several reasons why marijuana is used with heroin; however, the primary reason is to intensify the heroin high. Likewise, law enforcement officers in the Athens region reported heroin users using mitragynine (aka “kratom,” a psychoactive plant substance that produces a heroin-like high) to enhance their opiate high. Treatment providers noted an increase in “speedballing” as users seek a combined up and down high, which is established by using heroin with a stimulant (i.e., cocaine, prescription stimulants, methamphetamine). And, despite knowledge that heroin should not be used with sedative-hypnotics, participants continued to report that this is a popular combination. Participants attributed this combination to an increase in overdose rates.

Substances Most Often Combined with Heroin

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

Prescription Opioids

Prescription opioids remain highly available throughout most OSAM regions. With the exception of Akron-Canton, Cleveland and Toledo, the availability of prescription opioids has remained the same during the past six months. Participants continued to report higher difficulty in obtaining “premium” prescription opioids such as Dilaudid®, fentanyl, crushable Opana® and morphine. Participants who reported decreased availability of prescription opioids often attributed the decrease to a decline in prescription

writing by doctors. Community professionals also connected decreases in availability to reluctance of doctors to prescribe opioids, as well as to increased security measures such as electronic submission of prescriptions. Law enforcement and treatment providers in Akron-Canton mentioned pain clinics that were recently shut down as having had an impact on prescription pain pill availability in their region. Respondents throughout regions noted that prescription opioids are expensive and heroin is much cheaper, leading people to use heroin in place of pills. In addition, law enforcement in Toledo reported that there are now drop-off locations to facilitate prescription disposal in their region, decreasing opportunity for diversion of medications.

Current street jargon includes many names for prescription opioids (aka “painers, 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	Moderate to High	Decrease	Percocet®, Vicodin®
Athens	High	No Change	OxyContin®, Percocet®, Roxicodone®, Vicodin®
Cincinnati	High	No Change	Percocet®, Vicodin®
Cleveland	High	No Consensus	Percocet®, Vicodin®
Columbus	High	No Change	Percocet®, Vicodin®, Ultram®
Dayton	High	No Change	Percocet®, Vicodin®
Toledo	High	Decrease	Percocet®, Roxicodone®,
Youngstown	High	No Change	Percocet®

Current Street Names of Prescription Opioids	
Dilaudid®	Ds, K2 (2 mg), K4 (4 mg), K8 (8 mg), superman
Fentanyl	patches
Methadone	dones
Opana®	octagons, OP, pandas, pans
OxyContin®	blue coats (30 mg), blueberries (30 mg), blues (30 mg), green apples (80 mg), gumballs, jumpin’ beans, OCs (old formulation), OPs (new formulation), oxies, oxy
Percocet®	blueberries (5 mg), blueberry muffins (5 mg), blues (5 mg), busses (10 mg) (school busses), jerks, Ps, perk 5 (5 mg), perk 10 (10 mg), perks, smurfs (5 mg)
Roxicodone®	15s (15 mg), 30s (30 mg), beans, bigsies, blueboys, fat boys, green beans, IR 30s (30 mg), perk 15 (15 mg), perk 30 (30 mg), roxies
Tylenol® 3	T-3
Ultram®	trammies, trams, trims
Vicodin®	baby vikes (5 mg), candy, coffins, veggies, vickies, victor, vikes, vitamins, Vs

Reportedly, many different types of prescription opioids are currently sold on Ohio’s streets. Current street prices for prescription opioids varied between type and OSAM region. However, generally prescription opioids sell for \$0.50-5 per milligram. Participants consistently remarked that the price for prescription opioids is high. In addition to obtaining prescription opioids on the street from dealers, participants also reported getting them from friends, doctors, dentists, hospitals, the Internet, emergency rooms and through fraudulent prescriptions. Several participants indicated that people are selling their prescriptions as a way to make ends meet or trading them to obtain their drug of choice, and while more difficult to do, several participants admitted still being able to obtain prescriptions from doctors (aka “doctor shopping”).

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.

A profile of a typical illicit user of prescription opioids did not emerge from the data. Participants reported that illicit users of prescription opioids could be anyone, especially those being treated for pain; several participants described illicit users to include heroin addicts and people (under the age of 25 years). Treatment providers were also unable to describe characteristics of a typical illicit prescription opioid user. However, treatment providers noted an increase in the number of younger individuals who use these drugs and added that many people who become addicted to these drugs began with legitimately prescribed treatment. Treatment providers also observed that the age of first use of prescription opioids tends to be older teens due to ease of access whose addiction to these pills continues into their twenties and eventually switches to heroin addiction.

Prescription opioids are often used in combination with other substances. Participants reported users most often combine other substances to intensify the high. However, a few participants clarified that marijuana used in combination with prescription opioids provides a “relaxing kind of buzz.” Other participants explained that crack cocaine is used in combination with prescription opioids to get a “speedball” effect, which means to alternate between the highs and lows of two different drugs.

Substances Most Often Combined with Prescription Opioids

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

Suboxone®

Suboxone® remains highly available and has increased in availability throughout OSAM regions during the past six months. More specifically, participants reported that the availability of Suboxone® in strip form has increased during the past six months, while the availability of Suboxone® in pill form has decreased. Participants explained that Suboxone® pills have, for the most part, been replaced by Suboxone® strips because the strips are more abuse resistant; previously, users crushed the pills for snorting and injecting. Reportedly, doctors now almost always prescribe the strip form. Treatment providers also cited increased prescription writing

from doctors as contributing to the increased street availability of Suboxone®. Participants and community professionals in Cincinnati and Cleveland attributed increased availability to pain management clinics in those regions, which are now prescribing Suboxone® to patients. Participants shared knowledge of Suboxone® pill mill type operations. Community professionals also linked the increase to the overall increase in heroin use; they, along with participants, spoke of a street market for Suboxone® as more people are abusing and trying to get off heroin.

Reported Availability Change of Suboxone® during the Past 6 Months

Region	Current Availability	Availability Change
Akron-Canton	High	Increase
Athens	High	Increase
Cincinnati	High	Increase
Cleveland	High	Increase
Columbus	Moderate to High	Increase
Dayton	High	Increase
Toledo	High	Increase
Youngstown	High	Increase

Current street jargon includes a few names for Suboxone®.

Current Street Names of Suboxone®

General	boxes, subs, subways
Sublingual film	Band-Aids®, films, strips
Tablet	candy, octagons, oranges, stop signs

Current street prices for Suboxone® were consistent among participants with experience buying the drug. Participants reported that the sublingual strip form is less expensive than the sublingual tablet form. Participants suggested that prices have increased during the past six months: 2 mg sells for \$5-10; 4 mg sells for \$10-15; 8 mg sells for \$15-20. In addition to obtaining Suboxone® on the street from dealers and through opiate treatment centers, participants also reported getting it from people who sell their Suboxone®. Participants commonly stated that some users readily sell their Suboxone® prescriptions

and/or trade them for other drugs. Treatment providers also shared that some individuals sell their prescribed Suboxone® to buy heroin.

While there were a few reported ways of consuming Suboxone®, generally the most common route for administration remains sublingual (dissolving it under the tongue). Participants also reported snorting or intravenously injecting both the pills and the strips. Participants explained that snorting is performed by letting the strip dissolve in water and then snorting it similar to the administration of a nasal spray. Participants described typical illicit Suboxone® users as heroin and other opiate addicts, self-medicating either attempting to quit opiate use or using the drug between highs to avoid withdrawal symptoms. Community professionals also described typical illicit users of Suboxone® as opiate users seeking treatment, abusing between highs or selling/trading the drug to obtain other drugs.

Although the majority of participants reported that Suboxone® is typically used by itself, an increasing number of participants reported that Suboxone® is being used in combination with other substances for different effects. Several participants shared that alcohol, marijuana and Xanax® are used in combination with Suboxone® to intensify the high.

Substances Most Often Combined with Suboxone®
<ul style="list-style-type: none"> • Alcohol • Bath Salts • Heroin • Marijuana • • Prescription Opioids • Sedative-Hypnotics •

Sedative-Hypnotics

Sedative-hypnotics remain highly available throughout most OSAM regions. Data for Athens, Cleveland and Youngstown indicate a likely increase in availability in these regions during the past six months. Participants and community professionals generally suggested that increased availability of sedative-hypnotics is due to increased prescribing of these drugs by physicians. Treatment providers in Youngstown added that increasing tolerance levels of users is driving increased use of sedative-hypnotics as users mix these drugs with other substances, like heroin, to intensify their high. Corroborating data also indicated sedative-hypnotic availability throughout Ohio. Several crime labs throughout the state have reported that the number of sedative-hypnotic cases they

process has increased during the past six months. In addition, the Mahoning County Coroner’s Office (Youngstown region) reported that sedative-hypnotics were present at time of death in 54.8 percent of all drug-related deaths it processed during the past six months. Participants and community professionals overwhelmingly cited Xanax® as the top sedative-hypnotic in terms of widespread use and popularity.

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

Current street jargon includes many names for sedative-hypnotics (aka “benzos, downers, nervies, brain erasers”). One participant added “time machines” and explained, “because when you drink [alcohol] on [sedative-hypnotics] you don’t remember anything for like three days.”

Current Street Names of Sedative-Hypnotics	
Klonopin®	forgot-a-pins, going bowling, Ks, klonies, k-pins, green monsters
Soma®	soma-coma
Valium®	blues (10 mg), V-cuts (10 mg), Vs
Xanax®	(general) forget-me-nots, pant droppers, xanies; (0.25 – 0.5 mg) peaches; (1 mg) blues, blue footballs, footballs; (2 mg) bars, ladders, school busses, xanie bars, yellow busses; (3 mg XR) greens

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 \$0.50-7 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 \$1-3, 1 mg for \$2-3 and 2mg for \$5-7. In addition to obtaining sedative-hypnotics on the street from dealers, participants more often reported getting them from people they know who have prescriptions or by getting them prescribed by a physician.

While there are a few reported ways of consuming sedative-hypnotics and variations in methods of use were noted among types of sedative-hypnotics, generally the most common routes of administration for illicit use remain oral consumption followed by snorting. Some participants also mentioned intravenous injection (aka “shooting”) these pills. Participants in the Cleveland region explained that snorting or shooting these pills are more common when sedative-hypnotics are used in combination with other drugs. Participants and community professionals described typical illicit users of sedative-hypnotics as opiate addicts, middle class, females more than males and younger “partiers” who use alcohol and sedative-hypnotics in social settings. Reportedly, heroin and prescription opioid users will use sedative-hypnotics when experiencing withdrawal symptoms.

Participants reported that sedative-hypnotics are generally used in combination with other substances to intensify the effect of the other drug (i.e., alcohol, heroin and prescription opioids) and to come down off a stimulant high.

Substances Most Often Combined with Sedative-Hypnotics

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

Marijuana

Marijuana remains highly available throughout OSAM regions. The only changes in availability during the past six months were increased availability (particularly for high-grade marijuana) for Akron-Canton and Cleveland. Participants and law enforcement in these regions suggested that an increase in social acceptability of marijuana has spurred an increase in availability. Participants also added that there is an increase in users growing their own

marijuana. Law enforcement noted an increase in local parcel interdiction in , which canine units are finding increased amounts of THC laced products (i.e., brownies and chocolates), as well as an increase in higher grade marijuana coming in from states where marijuana use is legal.

Reported Availability Change of Marijuana during the Past 6 Months

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

Participants continued to report moderate to high quality for all types of marijuana. All regions reported preference for high-grade marijuana and decreased availability of low-grade marijuana. Most participants agreed that there has been an increase in quality of marijuana during the past six months. However, Cincinnati and Youngstown participants mentioned that low-grade marijuana is sprayed with flavors or dipped into “stuff” to make it better. Youngstown treatment providers suggested an increase in lacing marijuana with other substances, such as methamphetamine, “molly” (powdered MDMA) and PCP (phencyclidine, aka “embalming fluid” or “wet”).

In addition, more than half the regions reported availability of marijuana concentrates and extracts, which are 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). This form of the drug is believed to contain over 90 percent THC. Participants in Akron-Canton, Cincinnati, Cleveland, Columbus and Youngstown mentioned increased availability of these marijuana products. A few participants suggested the increase in availability is due to the increase in availability of tools for the extraction process and for consuming the product as well as an increase in the know-how.

Current street jargon includes countless names for marijuana. High-grade marijuana street names often refer to particular strains or name brands typically referring to flavors (“blueberry, bubblegum/bubble kush, grape, lemon zest, strawberry”) or places (“California”) or colors (“green, green crack, green rhino, purple haze, purple Urkel, silver/silver haze, white, white amnesia, white haze, white rhino, white widow”). A Cleveland area participant explained, *“Dope’ is not [a term used for] weed anymore. Nobody says that word unless they mean heroin.”* Participants explained that different names can refer to different qualities of the marijuana product. A treatment provider in the Cleveland region commented, *“I don’t think I’ve even heard [high-grade marijuana] called ‘marijuana.’ They say ‘dro’ or ‘kush.’ They don’t even call it ‘weed.’”*

Current Street Names of Marijuana	
Most Common	bud, grass, pot, trees, weed
Low grade	brick, brown (Youngstown brown, bobby brown), commercial (commersh, mersh), dirt, green, middies (mids), rag, reggie (reg, regs), swag/schwag, trash/garbage
High grade	chronic, dank, fire/flame, gasoline/diesel (sour diesel), haze, hydro/dro, kind bud, kush, loud, medicinal/medical

Throughout OSAM regions, prices for marijuana continue to depend upon the quantity and quality desired. Participants continued to report low-grade marijuana as the cheapest form of the drug, while high-grade marijuana sells for significantly more. Some participants suggested price also has to do with a user’s relationship with a dealer and admitted that prices are lower if the user is a friend. Currently, for low-grade marijuana, a “blunt” (cigar) or two “joints” (cigarettes) sell for \$5; 1/8 ounce sells for \$20-25; 1/4 ounce sells for \$40; an ounce sells for \$100-120. For high-grade marijuana, a “blunt” (cigar) or two “joints” (cigarettes) sell for \$10-20; 1/8 ounce sells for \$50; 1/4 ounce sells for \$100; an ounce sells for \$200-275. A few regional participants also provided pricing for marijuana concentrates and extracts: 1/2 gram sells for \$60; a gram sells for \$80-120.

Participants continued to report smoking as the most common route of administration for marijuana. However, more than half the regions also mentioned that one to three out of ten users would also orally consume the drug

via food and beverages (chocolates, brownies, butter, tea). Also, Athens, Cleveland, Columbus and Youngstown participants mentioned vaporizing marijuana. Participants explained that hash oil is generally consumed by placing a dab on a heated piece of glass with the user immediately breathes the resulting fumes.

A profile of a typical marijuana user did not emerge from the data. Participants included heroin dealers and younger kids as typical marijuana users. A few participants also mentioned that high-grade marijuana is more often used by males than females. Community professionals also found it difficult to describe the typical marijuana user and included generational use in their descriptions: grandparents, parents and kids.

Participants and community professionals reported that marijuana is most often used in combination with other substances. Participants explained that marijuana is used with other drugs to enhance the high, although several participants admitted to knowing people who use only marijuana with no other drugs.

Substances Most Often Combined with Marijuana
<ul style="list-style-type: none"> • Alcohol • Codeine Syrup • • Crack & Powdered Cocaine (aka “cocoa puff”) • • Ecstasy • Heroin • Prescription Opioids • • Psilocybin Mushrooms • Sedative-Hypnotics •

Methamphetamine

Methamphetamine remains variable from region to region, yet availability is moderate to high in over half of the regions. In Dayton, Toledo and Youngstown, availability of methamphetamine varies within the region. In Dayton, current availability is high in Montgomery County while low in more rural counties of the region. In Toledo, participants most often reported higher availability in more rural areas. In Youngstown, high availability exists in Ashtabula, Columbiana and Trumbull counties while reportedly low availability exists in Mahoning County. The increased availability in half of the regions is most often attributed to users being able to make the drug themselves in a much quieter and less odious way so as not to draw attention to the labs. In addition, Columbus law enforcement noted an increase in methamphetamine coming into the region with heroin dealers. Several regional crime labs also reported an

increase in number of methamphetamine cases they process during the past six months.

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

Participants and community professionals throughout OSAM regions reported that the most prevalent type of methamphetamine is the powdered form, which is often referred to as “one-pot” or “shake-and-bake” due to the way this form of the drug is produced. Powdered methamphetamine is manufactured in a single sealed container, such as a two-liter soda bottle by using common household chemicals, along with ammonium nitrate (found in cold packs) and pseudoephedrine (typically found in some allergy medications). This form of methamphetamine can be made in as little as 30 minutes.

While the majority of participants interviewed did not have recent firsthand experience using methamphetamine, those with experience most often reported its current quality as ‘5-7’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality). Participants in Cincinnati purported that methamphetamine is sometimes adulterated with bath salts or powdered cocaine. Overall, participants reported that the quality of methamphetamine has generally increased during the past six months. Current street jargon includes a few names for methamphetamine and its various types.

Current Street Names of Methamphetamine	
General	geek, go-fast, meth, shards, skates, speed, tweak
Powdered Type	crank, one-pot, shake-and-bake
Crystal Type	bezel, crystal, glass, ice

Current street prices for methamphetamine continue to be dependent upon the quantity and quality of the drug. Participants reported that methamphetamine is often exchanged for its precursor ingredients such as Sudafed®. A gram of powdered methamphetamine sells for \$50-100; a gram of crystal methamphetamine sells for \$100.

Participants reported that the most common routes of administration for methamphetamine are smoking and intravenous injection (aka “shooting”), followed by snorting. Columbus participants also clarified that users shoot both crystal and powdered methamphetamine, but generally smoke and snort the powdered type. Cincinnati participants also mentioned parachuting (placing in tissue and swallowing) and plugging (anal insertion of) the drug.

Participants most often described typical methamphetamine users as white, rural or employed working long hours. Community professionals generally described a typical methamphetamine user as younger (20-40 years of age), white, lower socio-economic status, male and employed more often in hard labor or long hour occupations.

Several other substances are used in combination with methamphetamine. Using a sedative type drug, including alcohol, heroin and Xanax®, with methamphetamine is reported to produce a “speedball” effect that users often seek. Often times other drugs are used to bring the user down from the methamphetamine high.

Substances Most Often Combined with Methamphetamine

- Alcohol • Heroin •
- Marijuana • Sedative-Hypnotics (specifically Xanax®)•

Prescription Stimulants

Prescription stimulants remain highly available in most regions. Toledo participants and community professionals did not report on prescription stimulant use. In general, the availability of prescription stimulants has remained the same during the past six months. A treatment provider in Athens region suggested there are some doctors trying to control these substances more closely by conducting pill counts. The majority of crime labs surveyed also reported that the number of cases they process has remained the

same during the past six months. Adderall® remains the most popular prescription stimulant in terms of widespread illicit use throughout the majority of regions.

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

Current street jargon includes a couple names for Adderall®: addies, speed bump. Participants with experience purchasing the drug during the past six months reported current street prices as follows: Adderall® 20 mg sells for \$2-3; Adderall® 30 mg sells for \$5-8; Vyvanse® 20 mg sells for \$3. Participants reported obtaining these drugs most often from friends and family members with prescriptions, people who divert their children’s medication and through personal prescriptions from primary care physicians, psychiatrists and college health centers. A treatment provider added that some college students have admitted trading their marijuana to obtain Adderall® because the stimulant helps them focus with less side effects.

Participants throughout OSAM regions continued to report that the most common route of administration for illicit use of prescription stimulants remains oral ingestion and snorting. A participant further clarified that only certain pills can be snorted, while others cannot (extended release). Participants described typical illicit users of prescription stimulants as younger (high school and college aged) students, more often females with children and those who prefer cocaine. Community professionals

likewise described illicit users as younger (teens to mid-twenties), students, female (often mothers) and more often poly-substance users.

A few other substances are used in combination with prescription stimulants. Reportedly, alcohol, benzodiazepines and marijuana are used with prescription stimulants to assist the user in coming down off the stimulant high. In addition, a couple participants mentioned using heroin with these prescription stimulants to “speedball.”

Substances Most Often Combined with Prescription Stimulants

- Alcohol • Heroin • Marijuana • Sedative-Hypnotics •

Bath Salts

Bath salts (synthetic compounds containing methyone, mephedrone or MDPV) remain available throughout OSAM regions despite the October 2011 legislation that banned its sale and use. However there was a great deal of variability when it came to reporting on this drug. Only Akron-Canton reported moderate availability, while Youngstown reported low availability. Participant and community professionals in Cincinnati did not report on bath salts. Decreases in availability were reported for Akron-Canton, Athens, Columbus and Toledo regions. Most participants cited increased law enforcement as a reason for decreased availability. Participants also attributed purported negative side effects including hallucinations, amnesia and paranoia to the decline of bath salts popularity. The Columbus Police and the Miami Valley

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

Regional Crime Labs reported that the number of bath salts cases they process has decreased during the past six months.

Very few participants had direct experience with bath salts during the past six months; in fact, only two participants from Cleveland were able to comment on the quality of the product. These participants reported current quality of bath salts as '10' and '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Both participants reported decreased quality of the drug over the past six months.

Current street jargon for bath salts was known only by few participants in Cleveland and Toledo regions. Most often bath salts are referred to as "salts." However, they are often sold in stores as rim cleaner and window cleaner. Participants listed a few brand names of bath salts: *8-Ball, Infinity Green, Jumpstart and Sexy Tide*.

Due to limited experience with bath salts, participants had difficulty in identifying quantity with prices. Current pricing for bath salts generally ranged between \$20-30 and participants varied in their reports as to the quantity, more often quoting anywhere from 1/2 gram to 1 gram amounts. Participants reported buying bath salts most often from head shops, smoke shops and through the Internet.

Participants reported that the most common routes of administration for bath salts are snorting and smoking, with a few users reportedly intravenously injecting the drug. Participants and community professionals described typical users of bath salts as white and young (aged 15 to young twenties). Community professionals added that users are often on probation.

Participants reported that bath salts are most often used alone, but added a few substances used in combination with bath salts. Bath salts are used with methamphetamine to intensify the stimulant high.

Substances Most Often Combined with Bath Salts

- Heroin • Marijuana • Methamphetamine •
- 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 rated synthetic marijuana

availability less available ('1-3') than what community professionals rated it ('8-10'). The majority of regions reported considerable variability in availability ratings: Cincinnati reported low availability, Cleveland reported moderate, while participants and community professionals in Toledo did not provide information on synthetic marijuana. In the Columbus region, availability is variable. Reportedly, the drug is rarely available in Franklin County, but highly available in Richland County. Law enforcement in Franklin County reported they had not seen synthetic marijuana during the past six months, while treatment providers in Richland County most often reported the drug's current availability as high.

Reported Availability Change of Synthetic Marijuana during the Past 6 Months

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

Half of the regions suggested a decrease in synthetic marijuana availability during the past six months. Participants and treatment providers attributed law enforcement efforts to the decreases in synthetic marijuana availability.

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, those who could speak about quality shared many stories of bad effects of the drug and indicated overall poor quality.

Current street jargon includes several names for synthetic marijuana. In addition to general street jargon for synthetic marijuana, participants mentioned a variety of brand names: *Brain Freeze, Crazy Monkey, Mr. Nice Guy, Purple Haze and Scooby Doo*.

Current Street Names of Synthetic Marijuana

Most Common Names	K2, Spice
Other Common	Bob Marley, fake weed, loud, posh, potpourri, stuff, tweak, tweed

The majority of participants were unable to provide pricing for synthetic marijuana; however, those with experience purchasing the drug provided the following: a “blunt” (cigar) or two “joints” (cigarettes) sell for \$5; a gram sells for \$10-20. Participants and community professionals reported that the drug is most often found in small convenience stores, smoke shops and online. Akron-Canton participants added that several users in their area are making their own synthetic marijuana through purchasing chemicals online.

Participants continued to report smoking as the only route of administration for synthetic marijuana. However, participants in Cleveland and Columbus added that the chemical, which is purchased online is often huffed or freebased. Chemicals specifically mentioned throughout those two regions included JWH-018 and AM series of cannabinoids (i.e., AM2201).

Participants and community professionals described the typical synthetic marijuana user as young (teens through young twenties) and in drug monitoring programs (i.e., work related, treatment related, probation, military). Alcohol and marijuana are the only two substances reported as being used in combination with synthetic marijuana. Participants reported that synthetic marijuana is more often used by itself.

Ecstasy

Ecstasy (methylenedioxyamphetamine: MDMA, or other derivatives containing BZP, MDA and/or TFMP) remains available throughout OSAM regions. The powdered form of MDMA (aka “molly”) is more popular and reportedly more available than the traditional pressed ecstasy tablet. Overall, the majority of regions reported no change in availability of ecstasy, but many participants suggested variability within their own regions during the past six months. Akron-Canton participants and law enforcement indicated an increase in molly, while reporting no change in availability of ecstasy tablets.

Reported Availability Change of Ecstasy during the Past 6 Months

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

Participants did not rate current quality of ecstasy tablets and only Cleveland participants were able to rate quality of molly, rating it as ‘4’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality). Nevertheless, participants most often perceived molly to be of higher quality than the pressed ecstasy tablets. Other regional participants and community professionals discussed quality in terms of substances with, which the drug is cut. Reportedly, the most common substances cut into molly are bath salts, methamphetamine and powdered cocaine. *The Athens News* interviewed law enforcement and a drug dealer in the Athens area who disclosed that the substance being sold commonly on the street called ‘molly’ is more often actually bath salts (www.athensnews.com, Jan. 12, 2014). Cleveland participants suggested a decrease in quality due to how much the drug is cut.

Current street jargon includes a few names for ecstasy and molly. Traditional ecstasy pressed tablets are often referred to by what is imprinted on them. Common street names also refer to dosage (e.g., “double stacks” for double dosed tablets) and to quantity (i.e., “rolls” for a roll of tablets, approximately 100). Powdered MDMA (aka “molly”) is most often referred to in colloquial conversations. Participants reported the following ways of asking for molly: “*Is molly coming over?; Is that girl molly in town?; Have you seen molly?; Have you seen that girl?*”

Participants explained that the amount of the drug in the tablet determines the price. Ecstasy typically comes in pressed tablets with imprints of characters on them, whereas molly typically is a powdered form of MDMA, which is generally loose or sold in a capsule. Current street prices were

Current Street Names of Ecstasy/Molly

Ecstasy Tablet	bureaus, candy flops, disco waffles, E, X,
Molly Powdered MDMA	girl, MDMA, molly, ringwald (in reference to the actress, Molly Ringwald)

Substances Most Often Combined with Ecstasy/Molly

- Alcohol • Cocaine •
- Hallucinogens • Heroin • Ketamine •
- Marijuana • Prescription Opioids •

consistent among participants with experience purchasing the drug: low-dose tablet (aka “single stack”) sells for \$10; high-dose tablet (aka “double stack” or “triple stack”) sells for \$20; a molly capsule (approximately 1/10-2/10 gram) sells for \$10-20; a gram of molly sells for \$80-100. Users in Akron-Canton region reported that it is common to buy three to seven tablets at a time. A treatment provider in Athens regions reported that a client recently informed her of ‘liquid molly’ being available in the region.

Reportedly, ecstasy and molly can be obtained most commonly at night clubs, strip clubs, raves (dance parties), outdoor music venues and from friends. The most common route of administration for ecstasy and molly remain oral ingestion and snorting. Other common ways of using ecstasy and molly include intravenous injection (aka “shooting”), ‘parachuting’ (wrapping the drug in tissue and swallowing it) and ‘plugging’ (wrapping the drug in tissue and inserting it anally).

Participants and community professionals described typical users of ecstasy and molly as younger (high school and college age; under age 30), people who attend raves (dance parties), use other psychedelic drugs (i.e., acid and psilocybin mushrooms) and strippers/exotic dancers. Participants added that users are often at outdoor music festivals or clubs and are often heroin dealers. Community professionals added that prostitutes will often use this drug.

Participants suggested that ecstasy and molly are more often used with other drugs than by itself. Participants explained that the use of other drugs with ecstasy produces different kinds of effects. Participants reported ecstasy is used with alcohol because it allows the user to drink more without feeling drunk and with heroin in order to increase the heroin high. Participants shared that some users prefer to use ecstasy with hallucinogens (DMT, LSD, aka “candy flipping”). Other participants shared that marijuana is used to help users come down from the ecstasy high.

Other Drugs

OSAM Network participants listed a variety of other drugs as available in Ohio, but these drugs were not reported in all regions: anabolic steroids, hallucinogens, inhalants, khat, kratom and cold and cough medications.

Hallucinogens remain available throughout OSAM regions. Hallucinogens included a variety of substances: dimethyltryptamine (DMT), lysergic acid diethylamide (LSD), psilocybin mushrooms and other psychedelic chemicals (2C-B, 2C-E, 2C-I). DMT was reported as low to moderate availability throughout Ohio and there was no consensus to availability change. Participants shared that DMT is available in a powdered form. Current prices for DMT were consistent among participants with experience purchasing the drug during the past six months: \$15 for 1/10 gram and \$60 for a gram. The most common route of administration is smoking. DMT is most often used in social settings and the typical user is younger (college age).

LSD remains moderately available throughout Ohio with participants and community professionals generally rating availability of the drug ‘5-8’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get). There have been a few large drug busts involving LSD during the past six months. For instance, media outlets in Athens region reported that law enforcement discovered 794 doses of LSD, some marijuana, ketamine and moonshine when they pulled over a 42-year old man in Athens County (www.athensohiotoday.com, Jan. 15, 2014).

Participants and community professionals agreed that the overall availability of LSD has remained the same during the past six months. Current street prices for the drug were consistent among participants with experience purchasing LSD: \$7-10 per dose (aka “hit”); \$700 for a sheet (approximately 100 hits). Participants reported that this drug is mostly obtained at concerts, outdoor music festivals and raves (dance parties). Reportedly the most common route of administration is oral ingestion; the drug is often mixed in drinks. Participants and community professionals

described typical LSD users as younger (high school and college age), more often white, those who like live music and hippies (young and old).

Psilocybin mushrooms also remain available throughout Ohio, with participants 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), while community professionals most often rated current availability as '3.' Both participants and community professionals reported no change in availability of psilocybin mushrooms during the past six months. Current street prices for psilocybin mushrooms varied throughout the state: \$15-25 for a gram and \$25-40 for 1/8 ounce. Participants reported obtaining the drug at outdoor music venues, concerts, raves and bonfires. The most common routes of administration are oral ingestion and smoking. The drug is most often dried out prior to use, the user grinds it into a fine powder and sprinkles it into food, brews it as a tea or smokes it in marijuana joints. Participants described typical mushroom users as younger (teens to college age), white, "junkies" (poly-drug users), drug dealers and hippies (young and old). Law enforcement reported that typical psilocybin mushroom users are similar to LSD users in that they are generally a certain group of individuals who enjoy hallucinogens.

Other psychedelic compounds mentioned by participants included 2C-B, 2C-E and 2C-I. 2C-B was mentioned by Akron-Canton participants, while the other two compounds were mentioned by Cincinnati participants. These compounds were reported as moderately available. Although this drug was not mentioned by Athens regional participants, the Jackson County Municipal Court reported on the availability of 251-NBOMe (aka "2C-I") in their county and referred to it as a new synthetic acid (memo from the Jackson County Municipal Court, Probation Department, March 31, 2014). Prices were not reported by participants, however one participant commented that users can purchase these compounds through the Internet. The compounds are most often in powdered form and are generally used orally, by dipping a finger into the powder and licking it off, or by snorting. Participants reported that not much of this drug is needed in order to feel a high. Typical users are similar to other hallucinogen users: concert goers, partiers and those who like raves.

Inhalants remain available throughout OSAM regions. Participants in Athens County reported high availability at music festivals. Participants reported that small nitrous

oxide (aka "whippets") canisters are most popular in terms of widespread use. Other common inhalants include computer keyboard duster, Freon® from air conditioners, gasoline, paint thinner and whipped cream in aerosol cans. Current street prices were reported only by participants in Youngstown region who had experience purchasing the drug during the past six months. A canister ranges anywhere from \$3-10, more popular brands such as Rush or Locker Room sell for \$12; a case of 24 whippets generally sell for \$25. Participants reported that whippets are sold in adult stores. The most common route of administration is "huffing." Participants and community professionals indicated that inhalant users are typically a niche group of individuals, generally younger (teens), who do not have access to or are not into harder drugs. Treatment providers in Athens region reported an increase in adolescent use of inhalants during the past six months.

Community professionals reported "kratom" (mitragynine, a psychoactive plant substance that produces a heroin-like high; its use is not detected by typical drug screening tests) as available throughout the state. A treatment

Reported Availability of Other Drugs by Region	
Region	Drugs
Akron-Canton	Anabolic steroids and hallucinogens (2C-B, LSD, psilocybin mushrooms)
Athens	Hallucinogens (DMT, LSD, psilocybin mushrooms), inhalants, ketamine
Cincinnati	Hallucinogens (DMT, 2C-I and 2C-E series and LSD), mitragynine (aka "kratom," a psychoactive plant substance that produces a heroin-like high)
Cleveland	DMT
Columbus	Hallucinogens (DMT, LSD, psilocybin mushrooms), khat (an edible plant containing cathinone, an amphetamine-like stimulant), kratom, cold and cough medications
Dayton	Hallucinogens (LSD and psilocybin mushrooms), inhalants, cold and cough medications
Toledo	Hallucinogens (psilocybin mushrooms), inhalants
Youngstown	Hallucinogens (LSD and psilocybin mushrooms), inhalants

provider in Franklin County (Columbus region) has already treated one client who used this drug and reported that the substance is more popular overseas. Law enforcement is closely following this new trend, which is reportedly sold in several forms. The Attorney General’s Office reported that kratom has a mild sedative effect at low doses, and at higher doses, it can have much more pronounced effects similar to heroin and the substance has already been located for sale at a Mahoning County (Youngstown region) shop (www.wkbn.com, April 30, 2014). In the Columbus region, some employees of a warehouse business in Fairfield County were arrested when law enforcement discovered kratom, nitrous oxide and Hawaiian baby woodrose seeds being sold in ‘stash containers’ (www.ohioattorneygeneral.com, Jan. 23, 2014). Kratom is most often obtained from tobacco shops, head shops and the Internet. Data indicates this drug is also used with other substances, as an officer in the Cincinnati region commented on reports of opiate addicts using kratom with heroin and other opiates.

Cold and cough medications remain highly available throughout the state, due to the legality of the substances and the ease of store purchase. Medications specifically mentioned by participants included Coricidin® D, promethazine and Robitussin®. Participants and community professionals in Dayton region reported a decrease in use of these drugs, while treatment providers in Columbus region reported an increase in the use of Coricidin® D in particular. Dayton participants attributed the decrease in availability and use of these drugs to waning desirability, while professionals cited increased regulations requiring an ID for purchase. Current prices were provided only by a Columbus participant with experience purchasing promethazine on the street: \$15-20 for an ounce of the liquid. Participants reported that promethazine is primarily purchased through a dealer or from someone the user knows who has a prescription, while over the counter (OTC) medications are available at the nearest convenience store or pharmacy. The most common route of administration remains oral ingestion. Participants indicated that typical users are generally younger and often influenced by popular rap or music artists. A treatment provider in Columbus region added that most of her clients who abuse cold and cough medications are male and begin as young as age 11 years. These medications are often used with alcohol and other carbonated beverages.

For detailed information on other drugs reported in a single region only, please see that region’s report: anabolic steroids (Akron-Canton), ketamine (Athens) and khat (Columbus). Participants throughout OSAM regions reported common street names for some of the other drugs discussed.

Current Street Names of Other Drugs	
DMT	Demetrius
Inhalants	N2O: balloons, hippie crack, huff dusters, nitrous crackers
LSD	acid, doses, fluff (all white strip), grateful dead, lucy, sid
Cold and cough medications	lean (promethazine), robo-trippin’ (Robitussin®); triple C’s (Coricidin®)
Psilocybin Mushrooms	boomers, caps, elephant ears, magic, shrooms

Participants reported a few substances used in combination with some of the other drugs mentioned in this section. Alcohol was generally reported to allow the user to “mellow out,” whereas the other drug combinations “makes you trip harder; Intensify the trip.”

Substances Most Often Combined with Other Drugs	
LSD	Alcohol, Ecstasy & Molly, Marijuana
Psilocybin Mushrooms	Alcohol, Marijuana
DMT	Ecstasy



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