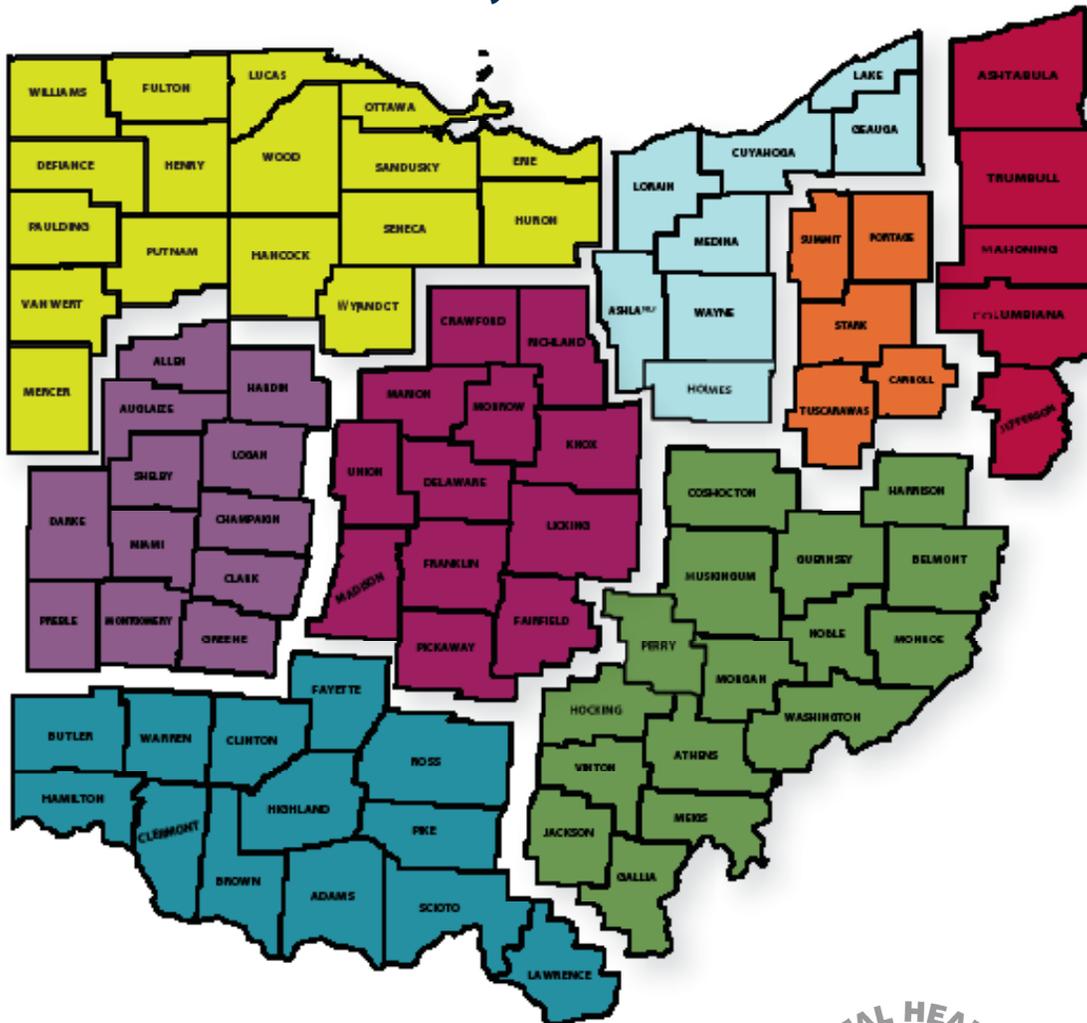




### Surveillance of Drug Abuse Trends in the State of Ohio

January - June 2015



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 2015

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### Toledo Region

- Methamphetamine, powdered cocaine & Suboxone® ↑
- Bath salts & synthetic marijuana ↓
- Used to cut heroin: methamphetamine, prescription opioids & Xanax®
- BCI continues to report fentanyl as heroin cut
- Heroin cut with powdered cocaine to increase potency
- High "quality" of heroin cited for many overdoses in the region
- Notable increase in pregnant heroin users entering treatment
- Methamphetamine highly available in Defiance & Williams counties

### Cleveland Region

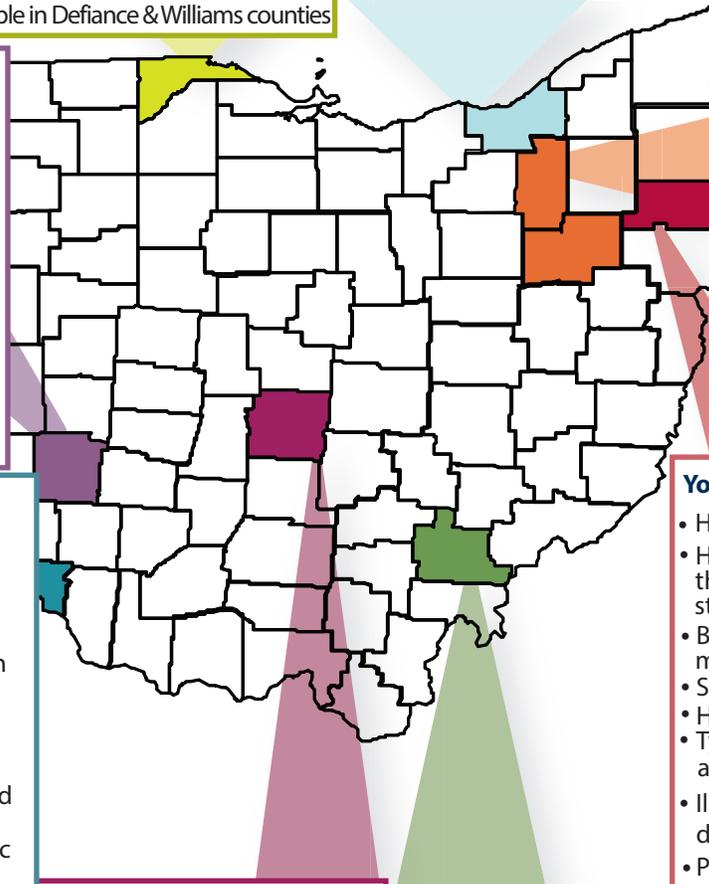
- Marijuana & Suboxone® ↑
- High availability of white powdered heroin, which often contains fentanyl
- Presence of pink-colored heroin known to contain fentanyl
- Fentanyl powder purchased via the Internet
- Users seek heroin linked to overdose
- High current availability of PCP; users dip a cigarette into PCP to smoke (aka "woo stick")

### Dayton Region

- Heroin ↑
- White powdered and "blue drop" heroin linked to fentanyl & overdose deaths
- Users seek heroin linked to overdose
- Fake Roxicodone® ("dirty 30s") highly available
- Heroin & cocaine in capsules
- Street availability of Neurontin® is high

### Akron-Canton Region

- Heroin & Suboxone® ↑
- Prescription opioids ↓
- Dealers moving from Detroit, MI into region to sell heroin
- Cocaine dealers also sell heroin
- Heroin overdoses ↑
- Heroin often cut with fentanyl
- Fentanyl often sold on street as heroin
- Crystal methamphetamine use becoming more prevalent



### Cincinnati Region

- Heroin & methamphetamine ↑
- Prescription opioids, Suboxone® & synthetic marijuana ↓
- Blue & pink colored fentanyl-heroin mixtures available
- Methamphetamine linked to heroin use for "speedballing"
- First report of "flakka," a synthetic stimulant, most often obtained via Internet
- Heroin users use Neurontin® to avoid "dope sickness"
- BCI processing synthetic psychedelic compounds: 25-I, 25-C & 25-B

### Youngstown Region

- Heroin addiction primary addiction
- Heroin more common on streets than prescription opioids due to strict regulations & lower prescribing
- Blue & pink colored fentanyl-heroin mixtures available
- Straight fentanyl sold as heroin
- Heroin-related overdose ↑
- Typical heroin users: 20-30 years of age & white
- Illicit methadone availability & use due to heroin ↑
- Popularity of methamphetamine ↑
- First report of kratom (a plant stimulant), bought via the Internet

### Columbus Region

- Methamphetamine & Suboxone® ↑
- Powdered cocaine ↓
- Continued reports of fentanyl-cut heroin
- Heroin use ↑ as drug more socially accepted
- Users starting with heroin because less stigma, wide availability & low price
- Typical heroin users are 30-years-old or younger & white
- Methamphetamine popularity ↑
- Chemical compounds (25-I, 25-B or 25-C) present & sold as LSD

### Athens Region

- Prescription opioids, Suboxone® & synthetic marijuana ↓
- Heroin most available drug next to marijuana
- Noted availability of blue powdered heroin
- BCI reports fake pharmaceutical tablets as pressed heroin
- Methamphetamine (aka "meth") availability remains high
- Many meth users are heroin users, too
- No known retail establishment in region selling synthetic marijuana





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

January - June 2015

## 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 June 26, 2015. It is based upon qualitative data collected from January through June 2015 via focus group interviews. Participants were 348 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 116 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 2015. OSAM research administrators in the Office of Quality, Planning and Research at OhioMHAS prepared regional reports and compiled this summary of major findings. Please refer to regional reports for more in-depth information about the drugs reported on in this section.

### Powdered Cocaine

Powdered cocaine is highly available in most OSAM regions and perhaps less available in Cleveland, Columbus and Dayton regions. Cleveland participants explained that a user seeking powdered cocaine would have to have the right connections to those who deal the drug; the drug is not often sold visibly on the street. Thus, for users with the right connections, powdered cocaine is highly available.

Availability of the drug has remained the same in most regions during the past six months, with the exception of decreased availability for Columbus and increased availability for Toledo. Community professionals in the Columbus region attributed decreased availability in the region to the high cost of the drug and the increased demand for and increased use of opiates. Contrarily, participants and community professionals in Toledo attributed the increase in powdered cocaine availability in their region to increased heroin use and availability, reporting that they believed heroin dealers now often adulterate (aka "cut") heroin with cocaine.

**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	High	No change
Cleveland	Variable	No change
Columbus	Moderate to High	Decrease
Dayton	Moderate	No change
Toledo	High	Increase
Youngstown	High	No change

Participants throughout OSAM regions most often rated the current overall quality of powdered cocaine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality); however, regional quality scores ranged from '3' for Cincinnati and Dayton to '10' for Columbus. The majority of participants from throughout regions noted either no change or a decrease in the overall quality of powdered cocaine during the past six months, with the exception of Athens where participants most often reported a quality increase. Despite the majority of Columbus participants reporting no change in quality, several participants indicated an increase in quality due to high competition among drug dealers, explaining that heroin and cocaine dealers are competing for business, thus cocaine dealers are cutting their product less to attract and keep customers.

Participants universally indicated that powdered cocaine is often cut with other substances: acetone, aspirin, baby formula, baby laxatives, baby powder, baking soda, caffeine (aka "energy pills"), car freshener, chalk, creatine, diuretics, ether, headache powder, local anesthetics, Miami Ice® (a powder found at headshops and sold as carpet deodorizer), Orajel® and other numbing agents, prescription opioids, protein powder, sedative-hypnotics (Soma® and Xanax®), sleep aids (NoDoz®), Tylenol® and various vitamins and dietary supplements. Crime labs throughout OSAM regions noted the following cutting agents for powdered cocaine: acetaminophen (analgesic), atropine (prescription heart medication), levamisole (livestock dewormer), local anesthetics (benzocaine, lidocaine and procaine) and mannitol (diuretic).

Current street jargon includes many names for powdered cocaine. Several participants indicated that street jargon is included in questions or statements spoken or in text message communications to obtain the drug. For example, a Columbus participant shared, "I always say, 'You wanna go skiing?' Like asking people on the phone ... 'Are ya up for skiin' this weekend?'" An Akron-Canton participant added, "Ghost... [as in] 'always tasting the ghost.'"

Current Street Names of Powdered Cocaine	
<b>Most Common Names</b>	<b>blow, Christina (Aguilera), girl, powder, snow, soft, white (white girl)</b>
<b>Other Names</b>	candy (nose candy), coke, fish scales, girl, yay-yo

The majority of participants reported that it is most common to purchase powdered cocaine in gram or 1/16 ounce amounts, while others reported purchasing smaller amounts. Akron-Canton participants reported the availability of a "\$40 set" (approximately 1/2 gram) and a "\$20 holler" (approximately 1/4 gram). In addition, participants in Cincinnati and Dayton reported that capsules (aka "caps") of cocaine have become common in their regions. Reportedly, a cap (1/10 gram or less) sells for \$7-10. Cincinnati participants reported that caps may be given free as a tester of a dealer's product. Cleveland participants also noted the presence of cocaine caps in their region, although they reported that caps there are still relatively rare.

Participants continued to report that the price of powdered cocaine depends on quality and the dealer. Dayton participants expressed that the actual amount of pure cocaine varies and is often lower than what is paid for due to the cut or the way the dealer distributes it. Participants indicated that connections with a dealer is important in getting what is paid for and that the drug is cheaper if a user purchases in larger quantities.

Depending on region, a gram of powdered cocaine currently sells for \$50-100; 1/16 ounce (aka "teener") sells for \$60-150; 1/8 ounce (aka "eight ball") sells for \$140-300; an ounce sells for \$1,000-1,400. Participants in Columbus and Youngstown generally reported that the price of powdered cocaine has increased during the past six months due to increased quality and demand for the drug in those regions.

Throughout OSAM regions, participants reported that the most common ways to use powdered cocaine remain snorting and intravenous injection (aka "shooting"). However, most participants agreed that route of administration depends more on the user's drug habits and/or social circle, meaning if a user typically injects other drugs, such as heroin, he or she would inject most other drugs, including powdered cocaine; and if a user uses with injectors or smokers, he or she would use the same route of administration. Additionally, Akron-Canton and Cleveland participants reported that some individuals smoke powdered cocaine (aka "free base," heating the drug on aluminum foil and inhaling the produced smoke), but they explained that this practice is not very common in these regions.

The majority of participants and community professionals continued to describe typical powdered cocaine users as middle-aged (30-60 years), of higher socio-economic status, white and employed in professional and blue-collar occupa-

tions. Many participants added that typical users are often those employed in physical labor or long-hour jobs such as truck drivers, oil riggers, third-shift workers and adult entertainers. Cleveland and Columbus participants noted college aged and young professionals (20s-30s) as powdered cocaine users, identifying the drug as a party drug. Moreover, Columbus and Toledo respondents reported powdered cocaine use as common among people who abuse alcohol.

Participants explained that powdered cocaine is most often used in combination with alcohol, ecstasy, heroin, marijuana and sedative-hypnotics (Xanax®). Participants reported that cocaine and heroin are often used together as a “speedball” to produce an upper and a downer effect. Reportedly, marijuana and sedative-hypnotics with powdered cocaine produces a similar speedball effect, as these drugs are said to be used to bring the user down from the extreme stimulant high of cocaine. Other substances used in combination with powdered cocaine which were not as frequently mentioned are prescription stimulants (Adderall®), methamphetamine (aka “meth”) and prescription opioids (Percocet®). These drugs combined with cocaine reportedly enhances the cocaine 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. Akron-Canton participants overwhelmingly described crack cocaine use as extremely popular in that region; a probation officer there reported that crack cocaine remains a primary drug of choice for many users. Dayton participants reported that crack cocaine is easier to obtain than marijuana; however, availability of the drug is reportedly considerably lower in more rural areas of that region.

Participants overall credited heroin use for the consistent availability of crack cocaine because so many users use both drugs. Similarly, several treatment providers noted

that crack cocaine is frequently used in conjunction with heroin. Treatment providers in Columbus reported that crack cocaine is no longer a primary drug of choice for many of their clients; clients report crack cocaine use in addition to heroin. However, as many viewed crack cocaine use as increasing with increasing heroin use, some participants argued that increases in demand and availability of other substances have made crack cocaine more difficult to obtain, arguing that crack cocaine use has become overshadowed by heroin use in many communities.

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

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

Participants throughout OSAM regions most often rated the current overall quality of crack cocaine as ‘8’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); however, participants in Cincinnati and Dayton most often reported much lower quality scores (‘4’ and ‘3’ respectively). Participants in the aforementioned two regions reported that the crack cocaine currently available is “stomped on” (adulterated) so much; moreover, they reported that it is very difficult to obtain powdered cocaine that is “cook able” (able to be formed into crack cocaine) because the purity of powdered cocaine has become so poor in these regions. The majority of participants from throughout regions reported that the quality of crack cocaine has remained the same during the past six months, with the exception of Dayton where participants most often reported a quality decrease.

Participants throughout regions continued to report baking soda most often as an adulterant (aka “cut”) for crack cocaine and that many of the same adulterants found in powdered cocaine are also found in crack cocaine: ammonia, aspirin, baby formula, baby laxatives, baby powder,

diuretics, dry wall, embalming fluid, ethanol, ether, heroin, lactose, macadamia nuts, mozzarella cheese, Orajel®, quinine (antimalarial), Seroquel® (an antipsychotic medication), soap, and vitamin B-12. Crime labs throughout OSAM regions noted the following cutting agents for crack cocaine: acetaminophen (analgesic), atropine (prescription heart medication), levamisole (livestock dewormer), local anesthetics (benzocaine, lidocaine and procaine) and mannitol (diuretic). Participants reported that crack cocaine comes in a variety of colors including white, yellow, gray, brown and seasonal colors (e.g., red and green for Christmas). Reportedly white and yellow crack cocaine are most common throughout OSAM regions.

Current street jargon includes a few names for crack cocaine.

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

Participants continued to report that the price of crack cocaine depends on amount desired and the quality of the drug. Participants again indicated that crack cocaine is not typically weighed out, rather it is sold by pieces or 'rocks' (1/10-2/10 gram). However, several individuals throughout OSAM regions said crack cocaine dealers will sell the drug for any amount of money. A participant in Akron-Canton commented, "If you have \$5, they give you a '5-dollar holler' (\$5 piece of crack cocaine)." Reports of current street prices for crack cocaine were consistent among participants with experience buying the drug: a 'rock' typically sells for \$10-20; a gram sells for \$50-100; 1/8 ounce (aka "eight ball") sells for \$125-300.

Participants continued to report that the most common way to use crack cocaine remains smoking, followed by intravenous injection (aka "shooting"). Participants estimated that out of 10 crack cocaine users, 5-9 would smoke and 1-5 would shoot the drug. Reportedly, it is also common to smoke crack cocaine in a marijuana joint (aka "primo," "cigamo," or "side dish"). Participants stated that heroin users are more likely to shoot crack cocaine. In addition, participants noted that when the quality of crack cocaine is poor, users break the drug down for shooting in an attempt to increase their high.

While participants and community professionals varied in their descriptions of a typical crack cocaine user, most described typical users as people of lower socio-economic status and often African American. Many respondents continued to associate crack cocaine use with prostitution and drug dealing. Columbus and Youngstown community professionals noted more young people (20s-30s) using crack cocaine than previously.

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 cocaine users come down off the stimulant high. Several participants indicated that users are able to drink more alcohol while using crack cocaine. Other participants described using heroin with crack cocaine in a speedball. Also of note, several participants mentioned using tobacco with crack cocaine. Participants reported users smoke a lot of cigarettes when smoking crack cocaine.

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

## Heroin

The current availability of heroin remains high throughout OSAM regions; availability has increased in three of the eight regions during the past six months. Participants in most regions identified heroin as one of the easiest drugs, if not the easiest drug, to obtain. Increases in availability were almost universally attributed to a general increase in the number of heroin users, as well as to an overall increase in the number of drug dealers selling heroin. Participants said many cocaine dealers now also sell heroin as the sale of heroin has become extremely lucrative. Thus, due to increased competition among heroin dealers, Cleveland participants reported the availability of free samples of the drug with dealers trying to lure potential customers with a taste of a quality product. Participants in this region described dealers in known drug areas of Cleveland calling out "boy," a common street name for heroin, to motorists driving through. Reportedly, all a user needs to do is honk his or her car horn and a "dope boy" (heroin dealer) will approach the car for a sale. Law enforcement in Akron-Canton

reported that individuals are moving into their region from Detroit (Michigan) to sell the drug.

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 & white powdered
Cincinnati	High	Increase	brown/white powdered
Cleveland	High	No change	brown powdered
Columbus	High	No change	black tar & brown powdered
Dayton	High	Increase	brown/white powdered
Toledo	High	No change	white powdered
Youngstown	High	No consensus	brown powdered

Treatment providers in Akron-Canton and Columbus observed less stigma today towards heroin use, thus the drug has become more common and acceptable, particularly since the drug is so widely available and cheap. These providers also noted that some users are starting drug use with heroin and not progressing from traditional “gateway” drugs (prescription opioids). Along with increases in heroin availability and use, participants and community professionals throughout OSAM regions noted increases in heroin overdose and death, with every region attributing overdose most often to fentanyl-laced heroin and to fentanyl substitutions for heroin. A law enforcement officer in Akron-Canton cited an overdose case in which the drug lab discovered that the substance thought to be heroin was actually acetyl fentanyl, a designer drug that was never licensed for medical use and is reportedly many times more potent than heroin and often purchased via the Internet.

“China white” heroin, as well as recently reported blue and pink heroin, is sought by users as these types of heroin have been directly linked to fentanyl and deemed most potent. Participants in Athens and Dayton specifically discussed “blue drop” as a type of fentanyl-heroin mix available in their regions. One participant commented, “‘Blue drop’ is killing people.” Community professionals also noted “blue drop” as a specific heroin type in these regions which has been lethal. The BCI London Crime Lab continued to report that a lot of powdered heroin cases they process in their labs are a heroin-fentanyl mixture, sometimes even straight fentanyl.

Participants throughout OSAM regions most often reported the overall current quality of heroin as high; in fact, participants in five of the eight regions, most often reported current quality as ‘10’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality). Participants most often noted that the overall quality of heroin has generally remained the same during the past six months; participants in Toledo only most often reported decreased quality. Participants were generally in agreement that the quality of heroin continues to depend primarily upon from whom one gets the drug.

Participants universally indicated that heroin is often cut with other substances: acetone, aspirin, baby formula (Similac®), baby laxatives, baby powder, baking soda, brown sugar, cocoa, coffee, cosmetics, creatine, dark sodas, flour, isotol (dietary supplement), lactose, laxatives, mannitol (diuretic), melatonin, methamphetamine, Miami Ice® (a powder found at headshops and sold as carpet deodorizer), phencyclidine (aka “PCP”), powdered cocaine, powdered coffee creamer, powdered sugar, prescription opioids (fentanyl, morphine, naproxen, oxycodone), prescription stimulants, procaine (local anesthetic), protein powder, salt, sedative-hypnotics (Xanax®), Seroquel®, sleep aids (Sleepinol®), soap, sugar, talcum powder, tea, vinegar and vitamin B-12. Crime labs throughout OSAM regions noted the following cutting agents for heroin: acetaminophen (analgesic), caffeine, diphenhydramine (antihistamine), fentanyl, mannitol, quinine (antimalarial) and triacetin (glycerin triacetate, a food additive).

Current street jargon includes many names for heroin. Several names refer to the type of heroin; for instance, “tar” or “clay” for black tar heroin and “white” for white powdered heroin and “brown” or “mexican mud” for brown powdered heroin. Youngstown participants and community professionals mentioned “fire” and participants explained this often refers to a high quality brown powdered heroin; a participant remarked, “(Dealers) say, ‘I got fire in.’ What do you do? You run to get to it!”

Current Street Names of Heroin	
<b>Most Common Names</b>	<b>boy (brown), dog food, dope, H</b>
<b>Other Names</b>	brown, china white, fire, girl (white), puppy chow, tar (black tar)

Participants reported that the price of heroin is dependent upon demand, how much is purchased, quality, relationship with the dealer, other drugs purchased and location. Reportedly, it is not uncommon for some dealers to charge less if a user buys in larger amounts. However, participants reported that it is most common to purchase heroin by 1/10 gram or gram. Participants in Athens agreed that heroin is most often purchased in 1/10 gram amounts referred to as “berries,” while Dayton participants continued to report that capsules (aka “caps”) containing 1/10 gram of heroin are popular, and “stamps,” which are folded pieces of paper or lottery tickets with approximately 1/10 gram heroin enclosed, are most often purchased in Youngstown.

In addition, participants reported that some users barter for heroin with methamphetamine cooks and/or trade personal services for heroin, such as sexual favors, driving the drug dealer around, delivering drugs for the dealer and selling drugs for the dealer. Reports of current street prices for heroin were variable among OSAM regions: 1/10 gram sells for \$10-40; 1/2 gram sells for \$40-90; a gram sells for \$80-200. Toledo participants noted that heroin is less expensive to purchase in Toledo as opposed to more rural areas in that region, such as Defiance and Williams counties.

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 again frequently mentioned that heroin users most often begin use by snorting and then progress to shooting the drug.

Participants reported most often obtaining needles (aka “pins,” “points,” “rigs” and “stickers”) from dealers, diabetics, pharmacies and needle exchange programs. Participants in Akron-Canton reported that there are many pharmacies in their region that sell needles without a prescription. However, these participants explained that some pharmacies will ask questions and may refuse to sell needles if it seems the purchaser is a heroin user based on the pharmacist’s judgment and individual’s appearance. Participants reported that having some basic, accurate knowledge about diabetes

and treatment would often suffice for obtaining needles from pharmacies. Purchasing needles from a pharmacy is least expensive for users. Participants reported that injection needles are often sold by dealers for \$2-5 each.

Participants reported that it is very common to share needles, although no participants wanted to admit to sharing; they often acknowledged giving or selling their used needles to others. Participants and community professionals expressed concerns about needle use, particularly noting Hepatitis C as of grave concern for users who reuse and/or share needles.

Although participants and community professionals most often described typical users of heroin as white and between 18-40 years of age, respondents throughout OSAM regions believed anyone and everyone could use heroin, universally expressing that the current heroin epidemic is widespread. For instance, participants in Cincinnati indicated that use has increased among blacks and additionally noted the ages of heroin users as expanding in both directions, meaning they believed greater numbers of those less than 30 years and of those older than 40 years are now using heroin than previously. In Toledo, treatment providers mentioned an increase in the number of pregnant heroin users coming in for treatment.

Participants reported that heroin is often used with other substances. Participants explained that alcohol, sedative-hypnotics (Xanax®) and prescription opioids (fentanyl, Opana®, Percocet® and Roxicet®) are most often used in combination with heroin to increase the intensity of the high. Many participants acknowledged the dangerous effects of mixing heroin with sedative-hypnotics, but admitted that users still combine them because of the desired intensity the combination provides. Participants noted that cocaine (crack or powdered), prescription stimulants and bath salts are most often used in combination with heroin to “speedball;” which means to simultaneously use or alternate between the stimulant high and the heroin low.

Substances Most Often Combined with Heroin
<ul style="list-style-type: none"> <li>• alcohol • crack cocaine • marijuana •</li> <li>• prescription opioids • prescription stimulants •</li> <li>• powdered cocaine • sedative-hypnotics •</li> </ul>

## Prescription Opioids

Prescription opioids are moderately to highly available throughout most OSAM regions, with the exception of Cleveland where current street availability is variable. Treatment providers in Cleveland indicated that prescription opioids are available to those who have access to them, but might not be as available to those who do not have connections. Availability of these drugs has decreased during the past six months for Akron-Canton, Athens and Cincinnati. Participants in Akron-Canton reported that the “old formulation” OxyContin® OC is not available at all.

No region reported an increase in availability during the past six months. The consensus throughout regions is that heroin and marijuana are considerably easier to obtain than prescription opioids. The majority of treatment providers believed that heroin is more of a problem than prescription opioids, noting that many illicit prescription opioid users have moved to using heroin. However, a Cincinnati treatment provider relayed reports from students that indicate these drugs remain readily available in schools; and a probation officer in Akron-Canton reported that police logs in that region continue to report people stealing narcotics from citizens there.

Corroborating data in many regions indicated the continued high availability of prescription opioids for illicit use. For instance, the Scioto County Coroner’s Office (Cincinnati region) reported that 74 percent of the drug overdose deaths it recorded this reporting period involved prescription opioids, with fentanyl reported in 57 percent of these deaths. Nevertheless, respondents throughout regions noted that doctors are prescribing prescription opioids less readily and that more restrictions on dispensing these medications have been introduced. Youngstown participants reported that doctors often tell patients up front that they will not prescribe narcotics and refer patients to pain management clinics; several participants discussed the difficulty in getting into a clinic for pain.

Also of note this reporting period, participants in Dayton identified a fake Roxicodone® 30 mg pill that they reported to be highly available on the street and referred to them as “dirty 30s,” explaining that the pill is pressed oxycodone with fentanyl. Participants believed that these fake pills are pressed locally and in Michigan as well as imported from Mexico. The BCI London Crime Lab reported seeing fake pharmaceutical tablets during the past six months, although not that often. Reportedly, alprazolam (Xanax®) has been found in “OxyContin®” tablets, and a few tablets have actually been found to be pressed heroin.

Current street jargon includes many names for prescription opioids (aka “beans,” “downers,” “goodies,” “hoppers,” “painers,” “poppers” and “skittles”). Participants reported the following

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® Roxicodone® Vicodin®
Athens	High	Decrease	Percocet® Roxicodone®
Cincinnati	Moderate	Decrease	OxyContin® Percocet®
Cleveland	Variable	No consensus	Percocet® Vicodin®
Columbus	High	No change	Percocet® Vicodin®
Dayton	Moderate to High	No change	Percocet®
Toledo	High	No consensus	Percocet® Roxicodone®
Youngstown	High	No consensus	Percocet®

Current Street Names of Prescription Opioids	
<b>Dilaudid®</b>	dilaudo, Ds
<b>fentanyl</b>	fen-fen, gel, patches, suckers
<b>Lortab®</b>	tabs
<b>methadone</b>	dones, tangs, wafers
<b>Norco®</b>	norks
<b>Opana®</b>	OPs, pandas, pannas, stop signs, yellow busses
<b>OxyContin®</b>	30s, cotton, OCs, OPs, oxy, oxies
<b>oxycodone</b>	M&Ms, M boxes
<b>Percocet®</b>	Bs, blues, blue pain, blueberries, Ps, PCs, perks
<b>Roxicodone®</b>	15s (15 mg), 30s (30 mg), perk 30 (30 mg), roxies
<b>Ultram®/ tramadol</b>	tram
<b>Vicodin®</b>	500s (500 mg), 750s (750 mg), babies, Vs, vikes, vike pies, vike tips

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” and Roxicet® and Roxicodone® are both referred to as “roxies.”

Reports of current street prices for prescription opioids were consistent among participants with experience buying these drugs. Many participants throughout OSAM regions reported a general increase in price for these medications and again reiterated that they have become too expensive and that heroin is a lot cheaper. For the most part, prescription opioids continue to sell for \$1-2 per milligram. Several Columbus participants discussed purchasing Percocet® in bulk quantities, reporting that a month’s prescription of Percocet® 5 mg sells for \$30-50 and a month’s prescription of 30 mg sells for \$100.

In addition to obtaining prescription opioids on the street from dealers, participants also reported getting them from emergency rooms, doctors, pain management clinics, individuals with a prescription and by stealing them. Reportedly, drug dealers often secure pills and prescriptions through trade with individuals for heroin. Participants discussed how people with prescriptions sell their medication and that some make a pretty good living from doing so. Community professionals reported that illicit prescription opioid users obtain these drugs from dealers, doctors (including dentists) or through theft. A treatment provider in Toledo reported that users there often drive to Michigan to visit pain doctors for prescription opioids to sell.

While there were a few reported ways of consuming prescription opioids, and variations in methods of use were noted among types of prescription opioids, generally the most common route of administration for illicit use remains snorting, followed by oral consumption (chewing and swallowing). Intravenous injection (aka “shooting”) is not as common a method of administration now as previously reported because many of these medications have been reformulated, making it more difficult to shoot the drugs.

A profile of a typical illicit prescription opioid user did not emerge from the data. The majority of participants continued to report anyone as abusing prescription opioids, although mentions of adolescent use was consistent throughout OSAM regions. Community professionals reported there is no typical illicit prescription opioid user as the age of users ranges from adolescents to older adults. Treatment providers in Dayton discussed multi-generational illicit use within some families in their region.

Many treatment providers noted typical illicit users as heroin addicts, as well as adolescents who feel these drugs are safer than

other drugs and whose status in school is perceived as dependent upon purchasing these drugs. Reportedly, these younger illicit users are new to the drug scene and switch to heroin a lot sooner than in the past. Community professionals, as well as participants, also described individuals who have incurred a sport or occupational injury and are treated with opioids as often turning to heroin when their doctors stop prescribing prescription opioids as typical.

Prescription opioids are often used in combination with other substances. The majority of participants reported that alcohol, heroin, marijuana and sedative-hypnotics (i.e., Xanax® and other benzodiazepines) are used with prescription opioids in order to intensify the high. One participant explained that marijuana is often used after using prescription opioids, “to help settle your stomach.” A treatment provider noted, “I’m seeing a lot of opiate-benzo combinations.” Another participant shared, “The pills were like a jump start to heroin ... one guy I know would actually call it that, ‘jump start’ ... you take a ‘perk’ (Percocet®) first and then use the heroin after ... he told me that it would make the heroin better.” Further, participants noted that cocaine (crack or powdered) and methamphetamine are often used with prescription opioids for a different type of high (aka “speedball,” where users seek the stimulant and depressant effects of the mixture of drugs). A participant shared, “People just like the buzz ... being high and then slowing down.”

### Substances Most Often Combined with Prescription Opioids

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

### Suboxone®

Suboxone® remains highly available in most regions. Street availability has increased for half of the OSAM regions during the past six months, while it has decreased for Athens and Cincinnati. Throughout regions participants continued to report the Suboxone® filmstrip (aka “strips”) as the most common form of the drug available. However, participants in all regions, with the exception of Athens, reported that Suboxone® tablets are also available. Participants in Dayton reported a generic pill form of Suboxone® as fairly common. A Youngstown participant noted a doctor in that region who reportedly will prescribe the tablet if that form is preferred by the user. Additionally, respondents in Akron-Canton, Cincinnati and Youngstown regions reported

availability of Subutex®, which many users prefer over Suboxone® because it can easily be crushed and snorted, allowing some users to experience a high.

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

Corroborating data in many regions indicated the continued high availability of Suboxone® for illicit use. For instance, the Hancock County Adult Probation Department (Toledo region) reported that 30 percent of the positive drug tests it logged during the past six months were positive for buprenorphine (Suboxone®).

In regions where street availability has increased, respondents noted a link between availability of Suboxone® and availability of heroin, indicating that as heroin use increases so too does the use of Suboxone®, both licit and illicit use. Participants and treatment providers in these regions reported an overall increase in the number of people prescribed Suboxone®, which in turn, they observed has increased diversion of the drug; many users are said to sell all or part of their prescription to either buy heroin or to supplement for other living expenses. Participants commonly reported that some users trade Suboxone® for heroin and that heroin dealers also sell the drug. In addition, respondents observed more facilities as dispensing Suboxone® and quite a few more doctors as writing prescriptions for the drug than previously. A Youngstown treatment provider noted that with the opening of several new Suboxone® clinics, the illegal black market for Suboxone® has increased in that region.

In Athens and Cincinnati, regions where Suboxone® street availability has decreased, participants and treatment providers reported an overall increase in monitoring and in medical board regulations for dispensing Suboxone®, thus

there are now fewer clinics that “just give the Suboxone® out.” A law enforcement officer in Cincinnati shared that three Suboxone® clinics in that region have been shut down after being monitored by law enforcement.

Participants reported several street names for Suboxone®. A couple names referred to the brand name of Suboxone®: “boxes,” “boxies” and “subs.” A Youngstown participant added that Subutex® is often called “tex.”

Current Street Names of Suboxone®	
filmstrip	strips
tablet	halves, half-moons, oranges, orange jubilees, stop signs

Reports of current street prices for Suboxone® were consistent among participants with experience buying the drug. Participants reported that Suboxone® 8 mg filmstrip and tablet forms sell for \$10-35. Participants noted that the price varies depending on how badly the buyer needs the drug. Reportedly, 8 mg Suboxone® can sell for as high as \$35 if a buyer is going into withdrawal.

In addition to obtaining Suboxone® on the street from dealers, participants also reported getting the drug from other users who have prescriptions (generally friends and family members) and through personal prescriptions obtained through area physicians and Suboxone® clinics. Participants in Akron-Canton and Dayton emphasized that there are now numerous clinics treating with Suboxone® in their regions, stressing the ease in which one can obtain a Suboxone® prescription.

While there were a few reported ways of consuming Suboxone®, generally, the most common route of administration for illicit use is sublingual for the filmstrip (placing the film underneath the tongue for absorption) and oral consumption for the tablet (swallowing and “eating”). A Youngstown participant pointed out that the manner in which Suboxone® is mostly illicitly used is by taking more than the prescribed amount. Other methods reported for illicit use included snorting the tablets and filmstrips (aka “puddle up” by dissolving the strip in water and snorting the liquid), as well as intravenous injection (aka “shooting”).

Participants throughout OSAM regions continued to most often describe typical illicit users of Suboxone® as heroin addicts who self-medicate, trying to remain sober on their

own or those who are avoiding withdrawal in between heroin use. Treatment providers similarly described typical illicit users as heroin addicts.

Although several participants insisted that Suboxone® is not used in combination with other substances, many participants listed a variety of other substances used in combination with the drug. Participants mentioned that sedative-hypnotics (Xanax® and benzodiazepines in general) are widely used in combination with Suboxone®. An Athens participant added that powdered cocaine and prescription stimulants (Adderall®) are often used in combination with Suboxone® because Suboxone® only blocks opiate use; thus, a user can experience a high with stimulant drugs while taking Suboxone®. Reportedly, alcohol, crack cocaine and marijuana taken with Suboxone® intensifies the high produced by each of the aforementioned drugs.

**Substances Most Often Combined with Suboxone®**

- alcohol • crack cocaine • marijuana •
- powdered cocaine •
- prescription stimulants • sedative-hypnotics •

## Sedative-Hypnotics

Sedative-hypnotics are reported as moderately to highly available in Columbus while remaining highly available throughout all other OSAM regions. There was general consensus among participants and community professionals that sedative-hypnotics are easy to obtain; Akron-Canton participants reported that these medications are easier to obtain than prescription opioids. Treatment providers in Youngstown described benzodiazepines (Xanax®) as the “go-to thing” or the “good ole standby” when users can’t find other drugs to use.

Corroborating data in many regions indicated the continued high availability of sedative-hypnotics for illicit use. For instance, the Scioto County Coroner’s Office (Cincinnati region) reported that 37 percent of the drug overdose deaths it recorded this reporting period involved sedative-hypnotics, with Xanax® reported in 71 percent of these deaths; the Mahoning County Coroner’s Office (Youngstown region) reported that benzodiazepines were present at time of death in 41 percent of the drug-related deaths it processed during the past six months.

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

While the majority of both types of respondents indicated that the high availability of sedative-hypnotics has remained the same during the past six months, there were some who thought availability has changed. Those perceiving an availability decrease attributed this to doctors’ reluctance to prescribe these medications, as well as to increased law enforcement efforts. An Athens participant noted fewer people selling their personal prescriptions and instead, holding onto them for their own use. Akron-Canton treatment providers attributed perceived availability increase to an overall increase in use among users who like to combine sedative-hypnotics with heroin and alcohol. Community professionals in both Athens and Dayton reported an increase in Valium® availability during the past six months.

Current street jargon includes many names for sedative-hypnotics (aka “benzos,” “downers,” “panty droppers”). Typically, street jargon for these pills reflects the brand name or the description of the pill; for instance, “klonies” for Klonopin® or “peaches” referring to both Valium® and Xanax® since they both have a peach-colored pill. A Youngstown participant explained, “A lot of people call [Klonopin®] ‘mints’ because when you snort them, they taste like peppermints.”

Street prices for sedative-hypnotics were variable among OSAM regions. Currently, sedative-hypnotics generally

**Current Street Names of Sedative-Hypnotics**

<b>Ativan®</b>	vans
<b>Klonopin®</b>	forget-a-pins, green monsters, Ks, klonies, k-pin, mind erasers, mints, pins, pinner
<b>Soma®</b>	soma coma
<b>Valium®</b>	footballs, peaches, Vs
<b>Xanax®</b>	bars (2 mg), blues (1 mg), busses, footballs (1 mg), ladders (2 mg), peaches (0.5 mg), purple football (1 mg), xanies

sell for \$1-3 per milligram with price dependent on the type, brand and dosage of the pill. Xanax® sells 0.50 mg for \$0.50-2, 1 mg for \$1.5-3 and 2 mg for \$2-7. Participants indicated that pills could sell for higher depending on how desperate the buyer is. One participant explained that Xanax® 2 mg sold for as high as \$12 and remarked, "If someone is in pain (going through withdrawal), they will pay anything."

Participants reported that these medications are not typically purchased from dealers; rather they are most often obtained from people who have a prescription, through personal prescription from a physician, as well as through fraudulent prescriptions. A Cincinnati treatment provider commented, "It's real easy to get a prescription."

Participants reported that the most common routes of administration for illicit use of sedative-hypnotics are snorting and oral consumption, including parachuting (crushing the pill, wrapping it in tissue and swallowing). A Youngstown participant added, "Chew them up so they get into your system quicker." Participants in Cleveland explained that some users "parachute" (crush the pills, wrapping the powder in tissue and swallowing) these drugs because they don't like the taste of the crushed pills, but want the quicker high. Participants agreed that intravenous injection (aka "shooting") of these medications is uncommon.

Throughout OSAM regions, participants were not in agreement as to a description of typical illicit users of sedative-hypnotics. Some participants reported younger, high-school aged users, while others reported use among middle-aged individuals. Many participants stated that everybody uses these drugs. However, there was consensus among participants that heroin users often seek out and use sedative-hypnotics when they cannot find heroin or when the quality of heroin is low. They often mix these drugs into heroin. Community professionals generally

agreed that white females use these medications, both licitly and illicitly, more so than other demographic groups. Community professionals also indicated an increase in illicit use among younger users.

Participants and community professionals reported that sedative-hypnotics are generally used in combination with other substances. A treatment provider in Dayton commented, "Usually, around here, they're mixing it with something else." Participants reported that alcohol, heroin, marijuana and prescription opioids are used in combination with sedative-hypnotics to intensify the effects of each of the aforementioned drugs; whereas sedative-hypnotics are used to bring users down from the stimulant highs of cocaine, methamphetamine and prescription stimulants (e.g., Adderall®). Treatment providers in Akron-Canton noted an increase in sedative-hypnotic use (Xanax®) with alcohol and heroin.

**Substances Most Often Combined with Sedative-Hypnotics**

- alcohol • crack cocaine • heroin • marijuana •
- methamphetamine • powdered cocaine •
- prescription opioids • prescription stimulants •

**Marijuana**

Marijuana remains highly available throughout OSAM regions. In addition, respondents in all regions mentioned availability of marijuana extracts and concentrates (aka "dabs"), which refer to oil or wax forms of the drug that are known to have up to 90 percent THC (tetrahydrocannabinol, the psychoactive chemical in marijuana). Participants who reported current availability of dabs most often suggested low to moderate availability for this form of marijuana.

An increase in availability of marijuana during the past six months was noted in the Cleveland region. Furthermore, Cleveland and Youngstown participants reported an increase in high quality marijuana. Dayton and Youngstown participants reported an increase in availability and popularity of marijuana extracts and concentrates. Participants and community professionals from Akron-Canton, Athens and Cincinnati reported increased social acceptance of the drug, but believed that availability has remained the same. BCI Bowling Green, London and Richfield crime labs, as well as the Lake County Crime Lab, all reported that the number of marijuana cases they process has increased during the past six months.

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

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

Corroborating data in many regions indicated the continued high availability of marijuana. For instance, Ohio's Screening, Brief Intervention and Referral for Treatment (SBIRT) program reported that 80.5 percent of the individuals in the Dayton region it screened as positive for any drug use during the past six months reported having used marijuana and/or hashish during the past 30 days. In addition, the Logan County Family Court (Dayton region) reported that 42.1 percent of the juvenile drug screens it conducted during the past six months were positive for THC.

Participants reported high quality for high-grade marijuana and low to moderate quality for low-grade marijuana. Participants generally believed that quality of marijuana has remained the same during the past six months, but those who believed there has been an increase in quality reasoned that more people are utilizing better growing processes for marijuana, which has resulted in an increase in quality, including the general quality of low-grade marijuana.

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 referred to the strain of the marijuana; many times referring to flavor of the product: for example, "blueberry," "bubblegum" and "lemon G."

**Current Street Names of Marijuana**

<b>Most Common</b>	bud, green, pot, smoke, weed
<b>Low grade</b>	brown frown, commercial, dirt, Mexican, mids, reggie
<b>High grade</b>	chronic, dank, dro, fire, hydro, kush, loud

Reported prices for marijuana were variable throughout OSAM regions. Low-grade marijuana is the cheapest form of the drug, while high-grade marijuana (including extracts and concentrates) sells for significantly more. Generally, low-grade marijuana sells a "blunt" (cigar) or two "joints" (cigarettes) for \$5; 1/4 ounce for \$30; an ounce for \$120; and a pound for \$500-1,100. High-grade marijuana prices are also variable, but generally sell a blunt or two joints for \$10; 1/4 ounce for \$80-90; an ounce for \$300; and a pound for \$2,600-3,200. Akron-Canton and Dayton participants reported that dabs most often sell by the gram. Current pricing for dabs is variable: \$60-80 per gram (Akron-Canton) and \$25 per gram (Dayton).

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

A profile of a typical marijuana user did not emerge from the data. Participants and community professionals described marijuana users as everyone. Dayton participants described extract and concentrate users as young, suburban and white.

The majority of participants reported that marijuana is most often used in combination with other substances. Participants remarked: "If you're doing anything else, you are smoking pot, too; It is like cigarettes, it goes with anything." A few participants mentioned lacing marijuana with cough syrup, codeine or promethazine, and explained that this helps the marijuana burn slower. However, participants added that marijuana is not typically purchased already laced with other substances.

**Substances Most Often Combined with Marijuana**

- alcohol • cough syrup • crack cocaine • heroin •
- phencyclidine (PCP) • powdered cocaine •
- sedative-hypnotics •

**Methamphetamine**

Methamphetamine availability remains variable for half of OSAM regions, while availability remains high for the other half of regions. Not many Cleveland participants

experienced this drug during the past six months, but those who did reported higher availability of powdered methamphetamine than crystal methamphetamine. Toledo respondents reported higher availability of methamphetamine generally in more rural areas of the region. Nearly all regions reported current availability of both crystal and powdered forms of methamphetamine; Akron-Canton was the only region reporting availability of anhydrous methamphetamine. Crime labs around the state reported processing crystal, brown, white and off-white powdered methamphetamine during the past six months.

A few regions reported that availability has remained the same during the past six months, while others indicated an increase. The BCI Richfield Crime Lab reported that the number of methamphetamine cases it processes has decreased during the past six months, while BCI Bowling Green and London crime labs, as well as the Lake County Crime Lab, all reported increases in the number of cases they process.

**Reported Availability Change of Methamphetamine during the Past 6 Months**

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

Several participants and law enforcement reported that crystal methamphetamine is imported, often from Mexico. The powdered form of the drug is referred to as “shake-and-bake” or “one-pot.” 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). Participants often recalled people they knew who made the drug and a Youngstown participant remarked, “If you can bake cookies, you can cook dope (methamphetamine).”

Participants most often reported high quality of crystal methamphetamine, while reporting moderate quality of powdered methamphetamine. Throughout OSAM regions, the current quality of crystal methamphetamine was most often reported as ‘10’ and of powdered methamphetamine as ‘5’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous overall quality score was ‘6-10’ for either form of the drug. Cleveland participants reported that powdered methamphetamine is adulterated (aka “cut”) with Drano® and believed crystal methamphetamine to be pure methamphetamine. Additionally, Toledo participants reported powdered methamphetamine cut with horse tranquilizer.

The majority of respondents suggested that the overall quality of methamphetamine has remained the same during the past six months. Nevertheless, Akron-Canton and Toledo participants reported a general increase in quality, while Cincinnati participants reported increased quality of crystal methamphetamine, specifically.

Participants provided numerous street names for methamphetamine. Several additional names referred to girl’s names, pop stars/movie characters; for example: “Annie,” “Chrissy,” “Lucy,” “Tina,” “Mariah” and “Ricky Bobby.” Other names referred to the stimulant effect of the drug; for example: “coffee,” “giddy-up,” “go-go,” “mambo,” “pick up,” “rocket fuel” and “zippity do.”

**Current Street Names of Methamphetamine**

<b>Most Common Names</b>	crank, crystal, glass, ice, meth, shake-and-bake
<b>Other Names</b>	dope, go fast, go, jib, shards, speed, tweak

Reports of current street prices for methamphetamine were variable among participants with experience purchasing the drug. Generally, methamphetamine sells 1/2 gram for \$50 and a gram for \$100; reportedly, crystal methamphetamine can cost just a bit higher depending on location. However, most participants reported that this drug is not as often purchased as it is traded for. Participants and community professionals reported that a box of pseudoephedrine is most often traded for \$50 or 1/2 gram of methamphetamine. An Akron-Canton police officer reported that the purchasing of cold medicine for a methamphetamine cook is known as “smurfing.”

Participants reported that the most common routes of administration for methamphetamine are smoking, intravenous injection (aka “shooting”) and snorting (aka “hot railing”). Participants shared that crystal methamphetamine is most often the form used for shooting. Other participants explained that hot railing is when the drug is heated in a glass tube or foil and the resulting fumes are inhaled. Participants and community professionals most often described typical methamphetamine users as white, rural, 20 to 30 years of age and heroin addicts. Participants added that users often work longer hours. Community professionals added that users are often of lower socio-economic status.

Participants reported that methamphetamine is commonly used by itself, but it is also used with other substances. Participants discussed that prescription stimulants, such as Adderall® or Ritalin®, and powdered cocaine are sometimes used in combination to intensify the effect of the drug. Other users admitted drinking alcohol with methamphetamine; one participant explained, “I’m a drinker and I would use cocaine or meth – that means I could drink more that day - all night.” Heroin is reportedly used in combination with methamphetamine to “speedball;” which means the user administers the drugs either simultaneously or alternately in order to feel both the stimulant and depressant effects of each drug. Participants also noted that marijuana, sedative-hypnotics (specifically benzodiazepines such as Xanax®) and prescription opioids are most often used to take the edge off of the stimulant high of methamphetamine.

**Substances Most Often Combined with Methamphetamine**

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

**Prescription Stimulants**

Prescription stimulants remain moderately to highly available throughout OSAM regions. Youngstown participants reported high availability of these drugs, but treatment providers reported low street availability of these medications. In general, the availability of prescription stimulants has remained the same during the past six months. The BCI

Bowling Green and Richfield crime labs, as well as the Lake County Crime Lab reported an increase in the number of Adderall® cases they process during the past six months. Adderall® remains the most popular prescription stimulant in terms of widespread illicit use throughout regions.

**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	High	No change	Adderall® Focalin® Ritalin® Vyvanse®
Cincinnati	High	No consensus	Adderall®
Cleveland	Moderate to High	No change	Adderall®
Columbus	Moderate	No consensus	Adderall®
Dayton	Moderate	No change	Adderall®
Toledo	Moderate to High	No change	Adderall®
Youngstown	No consensus	No change	Adderall®

Current street jargon includes a few names for prescription stimulants.

**Current Street Names of Prescription Stimulants**

<b>General</b>	poor man’s coke, speed
<b>Adderall®</b>	addies

Reports of current street prices were provided by participants with experience purchasing these drugs. The most common prices reported were \$5-8 for 30 mg Adderall® and \$5 for 5 mg Ritalin®. Participants reported that these medications can be obtained for illicit use from dealers, but are most often purchased from those who have access to prescriptions (either their own or their child’s) or by getting a personal prescription. Participants reported that the most common routes of administration for illicit use of prescription stimulants are oral consumption and

snorting. Oral consumption is most often swallowing or parachuting the pills. Akron-Canton and Dayton participants added that some users intravenously inject (aka “shoot”) these drugs.

**Substances Most Often Combined with Prescription Stimulants**

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

**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 availability of the powdered form (aka “molly”). Note, not all participants and community professionals responded, especially in rating ecstasy, since many had no experience with the drug during the past six months. The majority of OSAM regions reported no change in availability of ecstasy, but half the regions indicated an increase in availability of molly due to preference for that form of the drug. The BCI Richfield and London crime labs reported decreased number of ecstasy/molly cases processed during the past six months, while the BCI Bowling Green lab reported an increased number of cases.

**Reported Availability Change of Ecstasy during the Past 6 Months**

Region	Current Availability		Availability/Change
	Tablet Form (ecstasy)	Powdered Form (molly)	Ecstasy/Molly
Akron-Canton	Low	Moderate	No change
Athens	Low to Moderate	Moderate	No change
Cincinnati	Moderate	Moderate	No change
Cleveland	Moderate to High	Moderate	No change
Columbus	Moderate	High	No consensus
Dayton	Low to Moderate	Moderate	No change
Toledo	High	High	No change
Youngstown	Low	Low	No consensus

Participants were mostly unable to report on the quality of ecstasy, but Dayton and Toledo participants reported higher quality/purity of molly and added that it is rarely adulterated with other substances. Dayton participants described molly as rock or crystal in appearance. Several street names for ecstasy and molly were provided by participants.

**Current Street Names Ecstasy/Molly**

<b>Ecstasy (tablet form)</b>	beans, rolls, skittles, X
<b>Molly (powdered form)</b>	molly, pink, pixie dust, powder

Reports of current street prices for ecstasy and molly were provided by participants with experience purchasing the drug(s). Depending on the dose amount of the drug, pressed ecstasy tablets sell for \$5-25 apiece. Participants indicated lower prices for users who buy tablets in bulk; for instance, one participant reported purchasing tablets for \$2 apiece in bulk and another participant reported that a ‘jar’ of 100 tablets sells for \$300-500. Participants shared that molly is most often sold in 1/10 gram capsules for \$10. Reportedly, users can also purchase molly for \$75-100 per gram. Participants and community professionals reported that these drugs are most often obtained at dance parties (aka “raves”) and music festivals.

Participants continued to report that the most common routes of administration remain oral consumption and snorting. Participants clarified that oral consumption includes chewing the tablets and “parachuting” (crushing the pills, wrapping the powder in tissue and swallowing). Other methods of administration include intravenous injection (aka “shooting”), anal insertion (aka “plugging”) and smoking (aka “freebase”).

Participants and community professionals described typical ecstasy and molly users as middle class, young (high school to college age), white and those who attend dance parties (aka “raves”), dance clubs and music festivals. Participants added that ecstasy/molly users are often drug dealers and exotic dancers (including strippers). Treatment providers added that these substances are not typically a drug of choice for their clients and that most users they treat for ecstasy and molly are experimental drug users.

Participants reported that ecstasy and molly are most often used in combination with alcohol due to the substance being a social drug; one in which the users are almost exclusively at a bar or night club at time of consumption. Participants further specified that this drug is used with hallucinogens, which is called “candy flipping” or “hippy flipping.”

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

- alcohol • hallucinogens • marijuana •

**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. However, most participants and community professionals reported no experience with the drug during the past six months. The majority of regions reported current low to moderate availability of synthetic marijuana. Akron-Canton participants and community professionals noted variable availability throughout the region based on location; for instance, Portage County participants reported no availability, while participants in other areas of the region reported high availability. Columbus participants reported low availability, while community professionals reported moderate to high availability of the drug.

A decrease in availability was noted for Athens, Cincinnati and Toledo regions. Participants and community professionals cited decreased popularity of the drug due to publicized negative side effects and increased legal efforts as the reasons for decreased availability. The BCI Richfield and London crime labs reported an increase in number of synthetic marijuana cases they process during the past six months, while the BCI Bowling Green Crime Lab reported a decrease in cases.

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

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

Generally, participants were unable to rate the current quality of synthetic marijuana due to their lack of exposure to the substance during the past six months. However, those who discussed quality indicated poor quality and reasoned that the side effects associated with the drug make the substance undesirable. Participants were able to provide numerous names for synthetic marijuana, but most were not well-known or shared names among users.

**Current Street Names of Synthetic Marijuana**

<b>Most Common Names</b>	K2, spice
<b>Other Common Names</b>	incense

Reports of current street prices of synthetic marijuana were variable among participants with experience purchasing the drug. Participants reported smaller amounts (approximately 1-3 grams) sell for \$20-30 and Columbus participants reported that 10 grams sell for \$100 and five 10-gram bags sell for \$400. Participants continued to report that synthetic marijuana is available at some head shops, corner stores, gas stations and through a few dealers, but noted that the drug is most often obtained nowadays via Internet purchase.

Participants continued to report the only route of administration for synthetic marijuana as smoking. Participants and community professionals described typical synthetic marijuana users as young (high school and college age), incarcerated populations and those subjected to regular drug testing who continue to believe that the drug is not detectable through standard

urine drug screens (including those tested at their place of employment, as well as people on probation/parole and people in alcohol and other drug treatment programs). Participants added that marijuana users often smoke synthetic marijuana, especially if they cannot obtain real marijuana. Community professionals noted that users are often white and male. Columbus law enforcement noted an increase in high schoolers using the drug.

Participants reported that synthetic marijuana is most often used by itself or in combination with alcohol or marijuana in order to “intensify the buzz.”

**Substances Most Often Combined with Synthetic Marijuana**

- alcohol • marijuana •

**Other Drugs by Region**

**Alpha-PVP**

Alpha-PVP (alpha-pyrrolidinopentiophenone, aka “flakka,” a synthetic stimulant similar to bath salts) is reportedly highly available for a few participants in the Cincinnati region, especially in rural areas. Current street prices for this drug were provided by one participant who had experience purchasing alpha-PVP during the past six

months. Reportedly, 1/2 gram sells for \$100 and a gram sells for \$200. Participants noted that this substance does not show up on typical drug screens and is most often obtained via Internet purchase. Participants stated that the most common routes of administration for this drug are snorting and intravenous injection (aka “shooting”). Reportedly, the drug is often used with heroin to “speedball” (concurrent or consecutive use of stimulant and depressant drugs for a high and a low effect).

**Bath Salts**

Bath salts (synthetic compounds containing methyldone, mephedrone, MDPV or other chemical analogues) remain available, but vary in availability throughout OSAM regions. A few participants in Akron-Canton, Athens and Columbus only reported moderate to high current availability of bath salts, the remainder of regions reported very limited availability. A Columbus participant said that bath salts are available for those who want them and rated current availability as high. Many respondents reported that bath salts are readily available via Internet purchase.

The majority of regions reported no change in availability for bath salts during the past six months; Toledo participants reported decreased availability. Several regions reported high stigma surrounding the highly publicized negative effects of bath salts use as the reason for the current low popularity of the drug. Three crime labs (BCI London, BCI Richfield and Lake County) reported an increase in number of cases of bath salts

**Reported Availability of Other Drugs by Region**

Region	Drugs
Akron-Canton	bath salts, hallucinogens (LSD, psilocybin mushrooms)
Athens	bath salts, hallucinogen (LSD, psilocybin mushrooms), inhalants, Lyrica® and Neurontin®, OTC cold and cough medications, Seroquel®
Cincinnati	alpha-PVP, bath salts, hallucinogens (LSD and psilocybin mushrooms), Neurontin®, psychedelic compounds (25-I, 25-B, 25-C)
Cleveland	bath salts, hallucinogens (LSD, PCP, psilocybin mushrooms)
Columbus	bath salts, hallucinogens (psilocybin mushrooms), ketamine, Seroquel®
Dayton	bath salts, Neurontin®, OTC cold and cough medications
Toledo	bath salts, hallucinogens (psilocybin mushrooms)
Youngstown	Bath salts, hallucinogens (LSD, psilocybin mushrooms), inhalants, kratom, OTC and prescribed cold and cough medications, Seroquel®

processed during the past six months, while BCI Bowling Green reported a decrease in cases.

Reports of current street prices were variable among the few participants with experience purchasing the drug. Participants reported purchasing bath salts for \$40-50, but provided a variety of quantities (spanning from 1/4 gram to 1 gram) and one participant described purchasing a 'vial' that looked like lip balm for \$10-20. Respondents noted that bath salts are less available in corner shops, but reported that the substance can still be purchased from some dealers or tattoo parlors.

Participants reported that snorting and intravenous injection (aka "shooting") are the most common routes of administration for bath salts and added that a few users might also smoke the drug. Participants described typical bath salts users as young (teens through 20s). Community professionals also described typical users as more often female, white and subjected to drug testing (typically court ordered). Participants reported that bath salts are often used in combination with alcohol, heroin, marijuana and sedative-hypnotics (Xanax®).

## Hallucinogens

Hallucinogens remain available throughout OSAM regions. Hallucinogens mostly included lysergic acid diethylamide (LSD) and psilocybin mushrooms, but Cleveland respondents also provided information on phencyclidine (PCP). Five of eight of the regions reported on LSD availability: Akron-Canton, Athens, Cincinnati, Cleveland and Youngstown. Generally, participants reported moderate or high availability, with Akron-Canton participants reporting LSD as rarely available. Athens and Cincinnati participants reported increased availability of this drug, while the other regions reported no change in availability during the past six months. BCI Richfield Crime Lab reported a decrease in number of cases of LSD it processes during the past six months, while BCI London Crime Lab reported an increase in cases.

Reports of current street prices for LSD were consistent among participants with experience purchasing the drug. Participants reported that a dose (aka "hit") of LSD sells for \$5-10, a 10-hit strip sells for approximately \$70 and a 100-hit sheet sells for \$500-600. Participants noted that LSD is most often obtained during the summer at outdoor music festivals, but can be purchased from dealers or through personal drug connections.

Participants reported that the most common route of administration for LSD is oral consumption. Other methods of administration include intravenous injection (aka "shooting") and ocular absorption via eye drops. Respondents described typical LSD users as white, music festival attendees, young (high school or college age), as well as older "hippies" and "stoners" (people who use marijuana). Participants reported that LSD is most often used in combination with marijuana.

PCP was reported as highly available by Cleveland participants, who also reported that the availability of the drug has remained high during the past six months. The BCI Richfield Crime Lab reported an increase in number of PCP cases it processes during the past six months. Participants reported smoking as the only route of administration for PCP.

A majority of regions reported availability of psilocybin mushrooms. Akron-Canton and Youngstown regions reported limited availability, while other regions reported moderate to high availability. The majority of regions reported no change in availability during the past six months and most reported highest availability during summer months. BCI Richfield and London crime labs reported an increase in the number of psilocybin mushroom cases they process during the past six months.

Reports of current street prices were fairly consistent among regional participants with experience purchasing the drug. Reportedly, one piece of chocolate candy laced with psilocybin mushrooms sells for \$10, 1/8 ounce sells for \$25-30, 1/4 ounce sells for \$50-60. Participants said that users can obtain psilocybin mushrooms from dealers, as well as at outdoor music festivals and concerts. The only route of administration mentioned by participants was oral consumption, eating the drug or drinking it in the form of a tea. Reportedly, typical psilocybin mushroom users are similar to LSD users: white, young (teens through 20s), older "hippies" and concert/festival goers. Participants stated that psilocybin mushrooms are most often used in combination with alcohol, heroin, LSD and marijuana.

## Inhalants

Inhalants were discussed by treatment providers in two regions only: Athens and Youngstown. Both regions reported very limited use of inhalants among their clients during the past six months and added that inhalants are mostly used by teens.

## Ketamine

Ketamine (a prescribed type of anesthetic) is reported as rarely available by Columbus participants. Participants noted decreased availability of the drug during the past six months and indicated that the most common route of administration for it is snorting. Participants described a typical user as people who attend outdoor music festivals. Reportedly, ketamine is used with ecstasy and marijuana.

## Kratom

Kratom (*Mitragyna speciosa* korth, a plant stimulant, or rather a tropical tree indigenous to Southeast Asia that is in the same family as the coffee tree) was reported as rarely available by Youngstown treatment providers, one of which noted that the drug was just recently brought up in conversation with a client. This provider explained that the drug is most often obtained via Internet purchase and reportedly has a pain relieving effect, as well as a stimulant effect on users.

## Lyrica® and Neurontin®

Lyrica® and Neurontin® (anti-convulsants) are reportedly highly available by a few participants in Athens, Cincinnati and Dayton regions. Neurontin® was mentioned in all three regions, while Lyrica® was mentioned only in Athens. Participants in Cincinnati shared that users will often use this sort of medication illicitly to avoid withdrawal symptoms. Athens participants reported that Lyrica® 75 mg pill sells for \$1.50 and Neurontin® 300 mg sells for \$2. Participants indicated that these pills are easily prescribed and are purchased from dealers, adding that they are found among incarcerated populations. Oral consumption was the only route of administration mentioned by participants.

## OTCs

OTCs (over-the-counter) and prescription cold and cough medications are readily available throughout OSAM regions, but popularity of illicit use of these drugs is variable. Participants and law enforcement in Dayton reported low popularity of these medications, while treatment providers in Athens, Dayton and Youngstown reported high popularity. Treatment providers in Athens reported that they have had clients seeking treatment for abuse of these drugs during the past six months. Several regions reported use of “lean,” which is promethazine and/or codeine syrup typically mixed in Sprite® or cream soda.

A Youngstown participant report-ed, “I used to get bottles and I would sell them for anywhere from \$80 to \$100 ... and there’s different kinds. If you have the thick syrup, it costs more.” Typical users were described as young (12-17 years of age). Law enforcement added that OTC medications (pseudoephedrine) are often purchased by users for methamphetamine production.

## Psychedelic Compounds

Participants in the Cincinnati region reported low availability of psychedelic compounds known as 25-I, 25-C and 25-B. Columbus law enforcement reported these psychedelic compounds were being sold as LSD and has resulted in the death of at least one Central Ohio woman ([www.10tv.com](http://www.10tv.com), Feb. 25, 2015). Participants reported that these chemicals are often adulterated with molly (powdered MDMA). The BCI London Crime Lab reported that blotter paper with these chemicals was processed in its lab during the past six months. Reportedly, one ‘hit’ (dose) sells for \$5 on the street. Participants shared that these research chemicals are being made by users, but can also be ordered online.

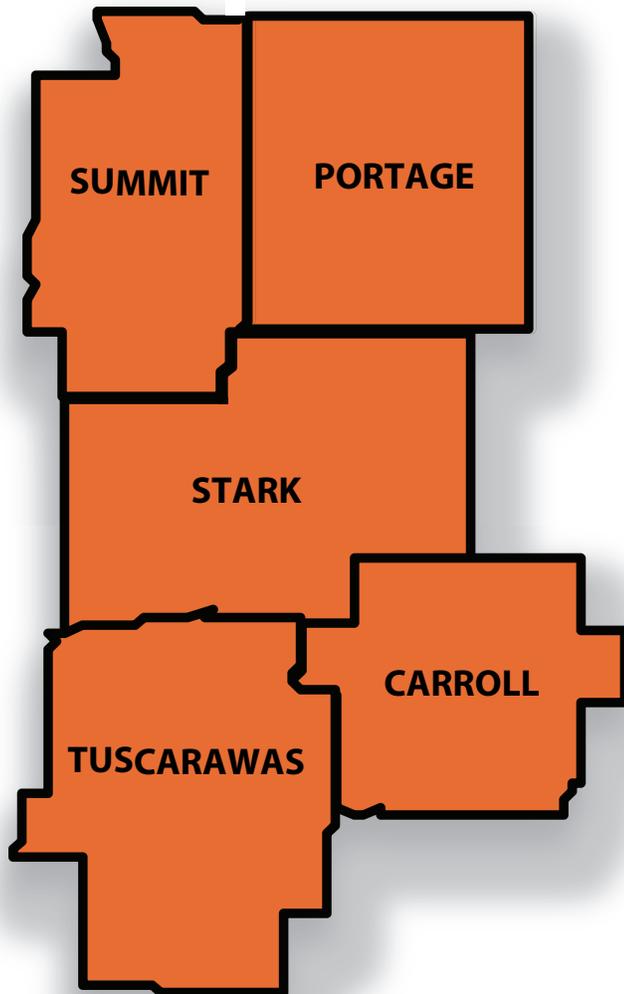
## Seroquel®

Seroquel® (anti-psychotic) is reported as moderately to highly available in Athens, Columbus and Youngstown regions. Respondents indicated an increase in availability for this medication within these three regions during the past six months. Columbus participants reported that a single Seroquel® pill sells for \$1. Oral consumption was the only noted route of administration for illicit use of this drug. Athens participants shared that this medication is most often obtained in jail. Youngstown treatment providers described a typical illicit Seroquel® user as younger, as well as of the same population as opiate users. A Columbus participant reported that Seroquel® is used in combination with alcohol and Elavil® (anti-depressant) to intensify the effect of these drugs.

Current Street Names of Other Drugs	
Bath salts	moon rocks, salts
Ketamine	cat man, K, special K
LSD	acid, blotter, paper, sid
Psilocybin mushrooms	boomers, shrooms
OTC	lean, robotrippin’, syrup



## Drug Abuse Trends in the Akron-Canton Region



### Data Sources for the Akron-Canton Region

This regional report was based upon qualitative data collected via focus group interviews. Participants were active and recovering drug users recruited from alcohol and other drug treatment programs in Portage, Stark, Summit and Tuscarawas counties. Data triangulation was achieved through comparison of participant data to qualitative data collected from regional community professionals (treatment providers and law enforcement) via focus group interviews, as well as to data surveyed from the Portage County Coroner's Office, 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 July through December 2014. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for January through June 2015.

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

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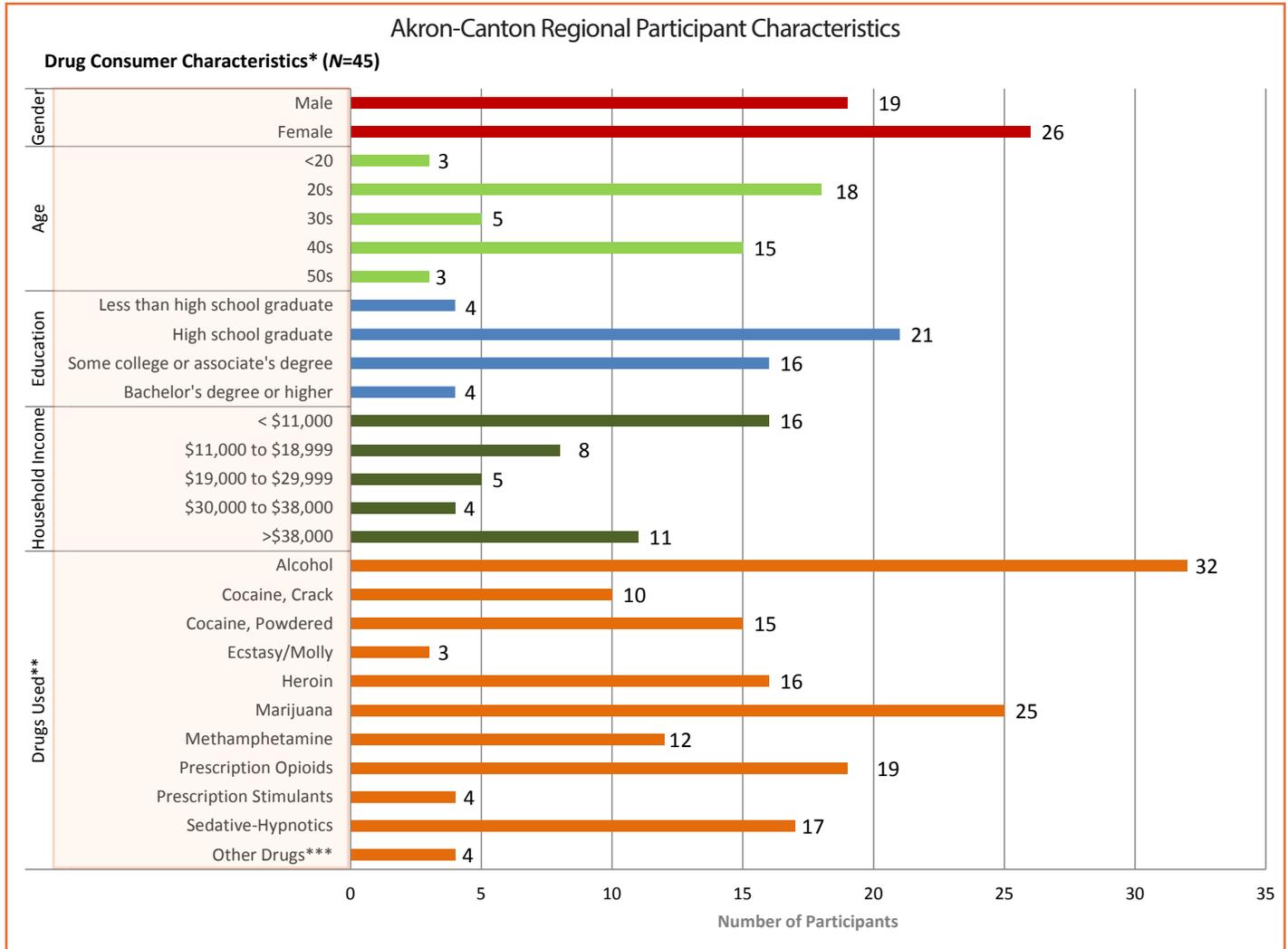
## Regional Profile

Indicator <sup>1</sup>	Ohio	Akron-Canton Region	OSAM Drug Consumers
Total Population, 2010	11,536,504	1,200,204	45
Gender (female), 2010	51.2%	51.5%	57.8%
Whites, 2010	81.1%	85.4%	84.4%
African Americans, 2010	12.0%	9.4%	11.1%
Hispanic or Latino origin, 2010	3.1%	1.6%	0.0%
High School Graduation rate, 2010	84.3%	86.3%	91.1%
Median Household Income, 2013	\$48,308	\$47,105	\$15,000 to \$18,999 <sup>2</sup>
Persons Below Poverty Level, 2013	15.8%	15.3%	51.1% <sup>3</sup>

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

<sup>2</sup>Participants reported income by selecting a category that best represented their household's approximate income for the previous year. Income status was unable to be determined for 1 participant due to missing data.

<sup>3</sup>Poverty status was unable to be determined for 1 participant due to missing data.



\*Not all participants filled out forms completely; therefore, numbers may not equal 45.

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

\*\*\* Other drugs included: ketamine, Suboxone® and synthetic marijuana.

## Historical Summary

In the previous reporting period (July 2014 – January 2015), crack cocaine, ecstasy (“molly,” powdered MDMA), heroin, marijuana, methamphetamine, powdered cocaine, prescription stimulants, sedative-hypnotics and Suboxone® were highly available in the Akron-Canton region. Increased availability existed for heroin and decreased availability existed for bath salts, prescription opioids and synthetic marijuana.

Community professionals indicated that heroin was the most available drug in the region. Brown powdered heroin continued to be the most available heroin type. Many participants reported travelling outside the region (Franklin and Trumbull counties) to obtain black tar heroin. Similarly, treatment providers reported not hearing about black tar heroin and law enforcement reported few encounters with that particular type of heroin during the previous six months. The BCI Richfield Crime Lab reported an increased number of powdered heroin cases it processed during the reporting period; the lab reported processing powdered heroin in a variety of colors (brown, gray, off-white and white), with no cases of black tar heroin.

All respondent groups reported increased availability of heroin and participants often referred to heroin as an epidemic. Participants attributed economic reasons for the increased availability of heroin and cited how inexpensive and available heroin was compared to the price of prescription opioids which were increasingly difficult to obtain. Treatment providers also suggested heroin availability had increased due to fewer pain pills on the street. Law enforcement observed a correlation between the tightening of doctor prescribing and the growth in heroin use. Some treatment providers noted a trend in younger clients who began heroin use without the traditional progression from pain medication. Law enforcement also observed an increase in younger, teenage individuals who used heroin.

Participants and community professionals reported a general decrease in availability of prescription opioids. Participants cited several reasons for the decrease including limited legal and illegal sources for these drugs and noted that heroin was less expensive and easier to obtain. Treatment providers also reported that some pain pills were especially difficult to obtain, such as Dilaudid® and OxyContin® due to increased regulation of these medica-

tions. Law enforcement attributed the decreased availability to the closure of several “pill mills” in the area.

Participants reported that the increase in methamphetamine availability was due to the ease with which the drug is made. Law enforcement noted an increase in imported methamphetamine (crystal form) from Mexico. The BCI Richfield Crime Lab reported an increase in number of methamphetamine cases it processed, which included off-white powder and crystal forms of the drug.

Finally, all respondent groups reported decreased availability of bath salts (synthetic compounds containing methy-lone, mephedrone, MDPV or other chemical analogues). Not one participant reported having any first-hand knowledge of the drug and community professionals reported not hearing about or encountering bath salts.

## Current Trends

### Powdered Cocaine

Powdered 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’. While some participants, especially from Stark County, commented, “[Availability] depends on who you hang with; You have to go to certain areas of Canton [to find cocaine];” most participant comments echoed the following: “I can get [powdered cocaine] anywhere in town; I can walk down the street and get it.” Another person reported, “The person I got my heroin from offered [powdered cocaine] to me every day.”

Community professionals reported moderate to high availability of the drug. Treatment providers most often reported the drug’s current availability as ‘6’; while law enforcement most often reported current availability as ‘8’; the previous most common scores were ‘6’ and ‘7’ respectively. Treatment providers reported that clients who mention using powdered cocaine most often referred to past use. A law enforcement officer commented, “[Powdered cocaine] availability is there, but more are gravitating over to heroin. We are working exclusively with heroin complaints.”

Corroborating data also indicated that cocaine is readily available in the region. The Portage County Coroner’s Office reported that 30 percent of the 27 drug overdose

deaths it recorded this reporting period involved cocaine toxicity, with majority of these cases indicating heroin and cocaine combined toxicity.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Two men were arrested in Meyers Lake when Stark County drug agents and Jackson Township Police found 63.8 grams of cocaine on one man and 8.4 grams of cocaine on the other ([www.cantonrep.com](http://www.cantonrep.com), Feb. 26, 2015). A 911 caller in Alliance (Stark and Mahoning counties) was arrested after calling to say his wife stole his cocaine ([www.nbc4i.com](http://www.nbc4i.com), March 6, 2015). An Akron firefighter was arrested and put on suspension without pay when Summit County officers found a small bag of cocaine in the car he was driving ([www.cleveland.com](http://www.cleveland.com), March 6, 2015). Federal agents interrupted a large, complex drug ring from northern Indiana to Akron when they raided four Akron houses; the network brought weekly shipments of 20-40 pounds of cocaine to the Akron area and recently began delivering several pounds of heroin ([www.cleveland.com](http://www.cleveland.com), June 4, 2015). An indictment of 17 individuals in December 2014 led to prison sentences for 14 of those for their role in a cocaine and heroin drug trafficking operation in Stark County ([www.wkyc.com](http://www.wkyc.com), June 16, 2015).

Participants reported that the availability of powdered cocaine has increased or remained the same during the past six months. Participants perceiving an increase in availability explained: "[Powdered cocaine is] *more acceptable; The popularity is up.*" Community professionals 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 decreased 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 either '5' or '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '0.' Most participants reported that the overall quality of powdered cocaine has decreased during the past six months, with some participants noting that quality often varies depending on where or from whom one purchases the drug. A participant commented, "People want to make money on it, [so] they are just 'whacking' (adulterating) it more." Another participant further explained that "big shipments [of cocaine] have not been coming in," which results in dealers cutting the drug more in order to have more product to sell. Participants reported that powdered cocaine in the region is most often cut with acetone, aspirin, baby formula, baby laxative, baking soda, "energy pills," inositol (dietary supplement), NoDoz® and vitamin B. One participant commented that powdered cocaine is cut with, "Anything white."

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

Current street prices for powdered cocaine were consistent among participants with experience buying the drug. Although one participant commented, "Money is on heroin right now;" several participants agreed that the price of powdered cocaine depends on "how much [product] the dealer has at the time and how easy it is to get." Most participants reported that it is most common to purchase powdered cocaine in gram or 1/16 ounce amounts, while others reported purchasing smaller amounts. A participant explained, "It depends on how much money you have, if you don't have \$80, they will give you a '\$40 set' (approximately 1/2 gram) or a '\$20 holler' (approximately 1/4 gram)." Other participants reported that cocaine is cheaper if a user purchases the substance in larger quantities.

Powdered Cocaine	Current Street Prices for Powdered Cocaine	
	a gram	\$75-100
	1/16 ounce (aka "teener")	\$100-150
	1/8 ounce (aka "eight ball")	\$150-250

Participants reported that the most common ways to use powdered cocaine is snorting and intravenous injection (aka “shooting”). Participants estimated that out of 10 powdered cocaine users, six would snort and four would shoot the drug. However, most participants agreed that route of administration depends more on the user’s drug habits and/or social circle. One participant shared, “[Route of powdered cocaine administration] varies with the demographics. If you use heroin, you will shoot. Pure coke users snort.” Other participants commented: “It depends on who you hang with; More and more people are injecting it.” Participants also reported that some individuals smoke powdered cocaine (aka “free base”), but it was explained that this practice is not common in the area.

Participants described typical powdered cocaine users as employed individuals of middle to upper socio-economic status, and specifically mentioned business men, white and blue-collar workers and people in sales (especially commission sales). Participants added that users are also often those employed in physical labor or long hour jobs such as truck drivers, oil riggers and third-shift workers. A participant explained, “Several people work midnights. They stay up all night and use cocaine to stay up.” Some participants reported that powdered cocaine users were more likely to be white.

Community professionals differed in their opinions as to typical powdered cocaine users. Treatment providers described typical users of powdered cocaine as middle to upper socio-economic status, white and over 30 years of age. Probation officers indicated that they see more male users between 18 and 25 years old. Local law enforcement described typical powdered cocaine users as younger males, both white and African American.

## 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 overwhelmingly described crack cocaine use as extremely popular in the region: “Around here, people are up all hours of the night just for that substance (crack cocaine); The high is better; When you get that high, some of us don’t want to

come back down; It’s cheaper; You feel like you get more than when you buy [powdered] cocaine.”

Treatment providers most often reported the drug’s current availability as ‘9’; the previous most common score was also ‘9.’ In addition, treatment providers reported hearing from clients that an increasing number of individuals of upper socio-economic status are using crack cocaine in combination with heroin. Law enforcement reported the drug’s current availability as ‘8’; the previous most common score was ‘7’ or ‘8.’ Probation officers reported current availability as ‘7.’ A probation officer commented: “Crack cocaine is cheaper [than powdered cocaine]. We tend to have individuals that locate here, set up shop, and the word goes out. I’m hearing you can go three blocks from here (county court house) and get it.”

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Two individuals were arrested when a home was raided in northeast Canton; Stark County Metro Narcotics Unit agents seized 13.2 grams of crack cocaine that was packaged to sell ([www.cantonrep.com](http://www.cantonrep.com), Feb. 26, 2015). An Akron firefighter was arrested by Akron police who say they found a small amount of crack cocaine in the vehicle he was driving ([www.newsnet5.com](http://www.newsnet5.com), April 8, 2015). A traffic stop in Ravenna (Portage County) led to an arrest of a woman when officers found six grams of crack cocaine and six grams of heroin in her vehicle ([www.wkyc.com](http://www.wkyc.com), May 6, 2015).

Participants and community professionals reported that the availability of crack cocaine has remained the same during the past six months. A probation officer commented that other drugs have “captured the headlines,” but for some individuals, crack cocaine remains a primary drug of choice. The BCI Richfield Crime Lab reported that the number of crack cocaine cases it processes has increased during the past six months.

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

Participants most often rated the current overall quality of crack cocaine as '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '8.' Participants reported that crack cocaine in the region is cut (adulterated) with ammonia, baking soda, dry wall, ether, heroin, macadamia nuts and mozzarella cheese. All participant groups commented that the quality of crack cocaine depends on from where one gets the drug. Overall, participants reported that the quality of crack cocaine has remained the same during the past six months.

<b>Crack Cocaine</b>	<b>Cutting Agents Reported by Crime Lab</b>	
	●	levamisole (livestock dewormer)
	●	procaine (local anesthetics)

Current street prices for crack cocaine were variable among participants with experience buying the drug. However, participants consistently reported that it is most common to purchase crack cocaine by "the piece," rather than by weight. Crack cocaine is most commonly sold as \$20 or \$30 "pieces." Participant comments included: "It depends on what you have, if you have \$5, they give you a '5-dollar holler;' If you want to get something out of it, you'll buy \$100, you get a better deal, otherwise you keep going back."

<b>Crack Cocaine</b>	<b>Current Street Prices for Crack Cocaine</b>	
	1/10-2/10 gram	\$20-30
	1/2 gram	\$80
	1/16 ounce (aka "teener")	\$100-200
	1/8 ounce (aka "eight ball")	\$150
	1/4 ounce	\$650
	an ounce	\$1,000-2,000

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, it is also common to smoke crack cocaine in a marijuana joint (aka "primo," "cigamo," or "side dish"). Participants stated that heroin users are more likely to shoot crack cocaine. In addition, participants noted the fol-

lowing: "Because crack is so bad (of poor quality), people are breaking it down and shooting it."

Participants and treatment providers described typical crack cocaine users as individuals of lower socio-economic status, those living in the inner city and noted that crack cocaine use is more prevalent in the African-American community. However, treatment providers also reported that clients have indicated an increase in the number of individuals of upper socio-economic status who use crack cocaine in combination with heroin. Law enforcement described typical users as over 40 years of age and reported no distinction between race and gender. Probation officers described typical users as over the age of 25 years and of lower socio-economic status, including individuals receiving disability benefits

### Heroin



Heroin remains highly available in the region. Participants most often reported the 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, "Everybody is doing it (using heroin)." Another participant remarked, "It's easier to find than [prescription] pills." While many types of heroin are currently available in the region, participants reported the availability of brown powdered heroin as most available. However, the color of powdered heroin reportedly ranges from white to brown, including such descriptions as tan, charcoal gray, beige and cream. A couple of participant groups reported that the color of heroin can also be a "bluish-purple." Participants reported that the texture of powdered heroin ranges from "powdery" to "rocky."

Community professionals unanimously reported current availability of heroin as '10,' the previous most common score was also '10.' A law enforcement officer commented: "It seems like everyone's got [heroin]. Cocaine dealers are now selling heroin because people need it on a daily basis." Community professionals also reported brown powdered heroin as the most available type in the region. Law enforcement officers described powdered heroin as "light tan" in color with more of a "chunky" consistency rather than a fine powder; in addition, they reported that individuals are moving into the area from Detroit (Michigan) to sell the drug.

Participants most often reported the current availability of black tar heroin as '6,' the previous most common score was '1-2'. Participants explained: *"I don't see [black tar heroin] too much, but it's out there; It's not easy to find; Dealers will get what most people want, and not everyone wants tar (black tar heroin)."* Treatment providers reported that there was recently a story in the news about a "big bust" of black tar heroin in the region, but had not heard about black tar from clients. Law enforcement reported: *"We see almost exclusively powder heroin; I've seen tar, but it was quite a while ago. It's pretty much all powder."*

Corroborating data also indicated that heroin is readily available in the region. The Portage County Coroner's Office reported that 67 percent of the 27 drug overdose deaths it recorded this reporting period involved heroin.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A child was found in a car with two passengers who were unconscious, one with a syringe in their arm; a small amount of marijuana was also found in the vehicle ([www.19actionnews.com](http://www.19actionnews.com), Feb. 5, 2015). An overdose death led to a seven-year prison sentence of a Cuyahoga Falls (Summit County) resident for selling heroin to the victim and possession of heroin; 3.7 grams of powdered fentanyl and prescription opioids were seized ([www.wkyc.com](http://www.wkyc.com), Feb. 25, 2015). A young Akron man was arrested when Summit County Drug Task Force officers responded to activity in a rarely-used residence; upon stopping one of the vehicles after it left the house, a trooper found more than 88 grams of heroin; the task force raided the home and seized 400 grams of black tar heroin, as well as 1,600 grams of brown powdered heroin ([www.wkyc.com](http://www.wkyc.com), March 10, 2015). FBI agents tracked two Akron men's suspicious trip to Chicago and back and when police stopped the vehicle, one of the men had approximately five grams of heroin with him ([www.cleveland.com](http://www.cleveland.com), March 23, 2015). Canton (Stark County) police were called to a McDonald's parking lot where they found a three-year-old child in the back seat of a vehicle with the child's mother and her roommate doing heroin in the front seats of the car; the roommate had suffered an overdose ([www.cantonrep.com](http://www.cantonrep.com), April 3, 2015). A woman, the girlfriend of an Akron man who was arrested for selling a fatal dose of heroin to a drug user, was arrested after investigators caught her selling the exact same drug to other users; Akron police found an ounce of heroin, a small amount of cocaine and some powder used to adulterate drugs during a search of

the residence ([www.cleveland.com](http://www.cleveland.com), April 9, 2015). Canton police found heroin in a CD case and more on the passenger when the two people were pulled over for a traffic violation ([www.cantonrep.com](http://www.cantonrep.com), April 10, 2015). A man was sent to jail on heroin trafficking charges and is now facing additional charges after he smuggled heroin into the Stark County Jail in his body and three inmates were found overdosed on the substance ([www.newsnet5.com](http://www.newsnet5.com), April 20, 2015).

Several additional media stories in the Akron-Canton region focused on individuals who are facing manslaughter charges for the overdose deaths of those to whom they sold or gave heroin. These individuals include a Cuyahoga Falls man, three Akron men and a Mogadore (Portage and Summit counties) woman who all gave their victims the drug ([www.wkyc.com](http://www.wkyc.com), February 25, 2015; [www.newsnet5.com](http://www.newsnet5.com), May 15, 2015; [www.cleveland.com](http://www.cleveland.com), May 19, 2015). An Akron man, who was saved with Narcan®, subsequently pled guilty to selling an Akron woman fentanyl-laced heroin of which she died ([www.cleveland.com](http://www.cleveland.com), May 4, 2015).

Participants and law enforcement most often reported an increase in the availability of brown powdered heroin during the past six months. Participants explained: *"The number of heroin addicts are going up; The more people who do [heroin], the more [dealers] will sell it."* A law enforcement officer commented, *"A lot of dealers see [heroin sales] as a steady paycheck, easy money, because people have to come back two and three times a day."* Probation officers noted that the Tuscarawas County Court is referring increased numbers of heroin addicts for medication assisted treatment (MAT). A few participants with knowledge about black tar heroin reported that the availability of this particular type of heroin has either decreased or remained the same during the past six months.

Treatment providers reported that the availability of brown powdered heroin has remained the same during the past six months. However, most treatment providers were quick to point out that there has been an increase in the number of overdose heroin deaths in the region. Law enforcement also noted an increase in the number of heroin overdoses throughout 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, beige, white and tan 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	No change

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 also '7'. Participants generally agreed that the quality of heroin continues to depend primarily upon from whom one gets the drug. However, participants in Portage County reported: *"The last couple of months, [the quality of heroin] is high, which is causing a lot of people to die (overdose)." Other participants reported high quality of bluish-purple colored heroin, which according to a participant, "gives a very intense high."*

Participants reported that brown powdered heroin in the region is most often cut (adulterated) with baby powder, laxatives, melatonin, powdered cocaine, prescription opioids (fentanyl and morphine), prescription stimulants, sugar, vinegar, vitamin B-12 and Xanax®. A participant in Stark County explained that heroin is often cut with fentanyl, and as a result, *"A lot of people are dying."* Another participant said that white powdered heroin is, *"pure fentanyl, or is more likely to have fentanyl in it."* Community professionals also noted fentanyl-cut heroin in the region. In fact, law enforcement reported that pure fentanyl is often sold on the street as heroin. An officer supported this by citing one overdose case in which the drug lab discovered that the substance thought to be heroin was actually acetyl fentanyl; he further explained that this is a designer drug that was never licensed for medical use and is reportedly five times more potent than heroin. In this particular case, the drug was reportedly purchased by the dealer from Hong Kong via the Internet.

Heroin	Cutting Agents Reported by Crime Lab	
	<ul style="list-style-type: none"> <li> diphenhydramine (antihistamine)</li> <li> quinine (antimalarial)</li> </ul>	

Participants reported that heroin is available in different quantities and that prices vary based on dealers, demand and the quality of the substance. Participants remarked: *"[Heroin is] the cheapest drug out there right now and you get a good high; It's cheaper than [prescription] pills."* However one participant group suggested that they believed that the price of heroin is increasing. Participants reported that it is most common to purchase heroin by the half-gram or the gram, although many reported that heroin can be purchased in smaller amounts based on amount of money one has rather than by weight; for instance, \$10 (aka "a dime") or \$20 (aka "a twenty"). A participant shared, *"If you are a loyal customer, you'll get deals ... really good deals. If I go back a second time [to a dealer], I can get a gram for \$60."*

Heroin	Current Street Prices for Heroin	
	<b>Brown powdered heroin:</b>	
	1/10 gram (aka "balloon")	\$20-40
	1/2 gram	\$40-90
	a gram	\$80-200
	an ounce	\$1,500

While there were a few reported ways of using heroin, generally, the most common route of administration is intravenous injection (aka "shooting"). Participants estimated that out of 10 heroin users, eight or nine would shoot and the other one or two would snort the drug. Many participants agreed with a respondent who informed, *"People start out snorting, then they shoot."* Another participant further explained, *"A lot of people do it (progress) by starting on pain pills. The tolerance gets too high, they switch to heroin."* And still another participant expounded on the progression from pills to heroin by informing, *"[Users] stopped being able to shoot OxyContin®."*

Participants unanimously reported that injection needles are highly available, reporting that there are many pharmacies that sell needles without a prescription. However, it was also reported that some pharmacies will ask questions and may refuse to sell needles if it seems the purchaser is a heroin user based on the pharmacist's judgment and individual's appearance. Participants reported that having some basic, accurate knowledge about diabetes and treatment would often suffice for obtaining needles from pharmacies.

Purchasing needles from a pharmacy is least expensive for users as they reported being able to obtain 10 needles for \$2. Participants further explained that users could also purchase needles from individuals with prescriptions (often diabetics) and also from heroin dealers. Reportedly, the street price is \$1-2 per needle. Street names for needles include: "gears," "points," "rigs," "sharps" and "tips." Participants reported that it is very common to share needles, although no participant wanted to admit to sharing; they often acknowledged giving their used needles to others. Participant comments included: "[Sharing needles is] more common than you think; People will ask you, 'Can I have that when you are done?'" One participant shared, "Everyone I know shared needles. They try to dip it in Listerine® or alcohol [before using]." While participants were unaware of any needle exchange program in the region, a few participants noted that there is a program in Cleveland.

A profile of a typical heroin user did not emerge from the data. Participants described typical users of heroin as: "Anybody; People from every walk of life - doctors to teachers; Blue-collar workers to businessmen and lawyers." Likewise, treatment providers reported that heroin users tend to come from all socio-economic groups, although some providers posited that heroin use is more prevalent among the middle class. Treatment providers also reported that "all races" are represented among heroin users. However, law enforcement described heroin users as "almost exclusively white," and often 18 to 40 years old.

## Prescription Opioids



Prescription opioids are moderately to highly available in the region. Participants most often reported the current availability of these drugs as '5' or '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 Dilaudid®, morphine, Percocet®, Opana®, Roxicodone® and Vicodin® as the most popular prescription opioids in terms of widespread illicit use. OxyContin® was reportedly "more difficult to find," some participants reported that the "old formulation" OxyContin® OC is not available at all. Most participants shared similar thoughts regarding the availability of OxyContin®: "Not that easy [to find]; Even the pain management clinics don't give them." However, one participant group reported, "The old ones are out there - very expensive, from Mexico."

Treatment providers most often reported current availability as '6'; the previous most common score was '4'. A treatment provider commented, "Heroin is so available and cheaper. Pills are being pushed out economically." Law enforcement reported current prescription opioid availability as '4'; the previous most common score was '5'. Law enforcement commented, "We don't hear about [prescription opioids] too much ... seems like everyone is on heroin. We don't get the volumes of calls about pills." A probation officer shared, "[Finding prescription opioids] is not as easy as it used to be. ER's (emergency rooms) are red-flagging people. But they are still out there - police logs often have reports of people stealing narcotics from citizens."

Corroborating data also indicated the availability of prescription opioids in the region. The Portage County Coroner's Office reported that 22 percent of the 27 drug overdose deaths it recorded this reporting period involved prescription opioids, with fentanyl most often reported.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Three pharmacies in Summit County were the target for robbery, specifically for oxymorphone (a prescription opioid); two of them were robbed, but the final pharmacist recognized the suspect prior to the attempt and called the police ([www.newsnet5.com](http://www.newsnet5.com), Feb. 19, 2015). A prescription drop-off box was broken into by a former Fairlawn (Summit County) police officer, who was subsequently arrested and ordered to seek help for prescription opioid addiction ([www.newsnet5.com](http://www.newsnet5.com), Feb. 25, 2015). An Akron doctor was sentenced to prison for writing "tens of thousands" of fraudulent opioid prescriptions ([www.newsnet5.com](http://www.newsnet5.com), March 16, 2015). A Barberton man, who was playing music too loudly from his car, was arrested after police asked him to step out of his vehicle and he threw a handful of Vicodin® across the parking lot ([www.cantonrep.com](http://www.cantonrep.com), March 31, 2015). An ambulance employee from Rootstown (Portage County) was arrested after being caught diverting prescription opioids by forging eight doctors' signatures on prescription pads he stole while on the job ([www.wkyc.com](http://www.wkyc.com), April 1, 2015). An Akron emergency room doctor was indicted for writing 46 prescriptions for pain pills in exchange for money or sex acts ([www.fox8.com](http://www.fox8.com), May 29, 2015). Two Akron men were sentenced for an overdose death of a woman to whom they sold fentanyl under the guise of heroin ([www.wkyc.com](http://www.wkyc.com), June 17, 2015).

Participants reported that the general availability of prescription opioids for illicit use has decreased during the past six months. Participants reasoned that lowered avail-

ability of these pills is due to decreased prescription writing: "Hospitals are ... cutting back; ER's (emergency rooms) are trying not to prescribe pain killers; Doc's aren't prescribing them." Another participant shared, "I have arthritis and, because of my history, I can't get anything for pain."

Treatment providers also reported that the availability of prescription opioids has decreased during the past six months. Treatment providers often cited heroin as the reason for the decreased availability, as several commented: "People are turning to heroin because doctors have quit prescribing [prescription opioids]; [Users] get higher faster with heroin; Heroin is easier to shoot; There is less stigma with heroin use (now than previously)." Law enforcement reported that availability of prescription opioids has remained the same or has decreased during the past six months. The BCI Richfield Crime Lab reported that the number of fentanyl, Kadian®, methadone, morphine, Percocet® and Vicodin® cases it processes has increased during the past six months, while the number of other prescription opioid cases it processes has either remained the same or has decreased.

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

Reports of current street prices for prescription opioids were consistent among participants with experience buying these drugs. A participant remarked, "They are too expensive. It's cheaper to buy heroin."

Prescription Opioids	Current Street Prices for Prescription Opioids	
	Dilaudid®	\$10-15 for 4 mg \$20-25 for 8 mg
	morphine	\$1 per mg
	Opana®	\$10 for 10 mg \$20 for 40 mg \$30-50 for 80 mg
	OxyContin® OP	\$40 for 40 mg \$25-30 for 80 mg
	OxyContin® OC (old formulation from Mexico)	\$80-160 for 80 mg
	Percocet®	\$5 for 5 mg \$8-10 for 10 mg
	Roxicodone®	\$25-30 for 30 mg
	Vicodin®	\$2-5 for 5 mg \$5-7 for 7.5 mg

In addition to obtaining prescription opioids on the street from dealers, participants also reported getting them from emergency rooms, doctors, pain management clinics and individuals with a prescription. Participants commented: "If you go in [the emergency room] with a sprained ankle, you are coming out with 'percs' (Percocet®) or 'vikes' (Vicodin®) after they 'shoot' (inject) you with morphine; It depends on your story." However, another participant noted, "Doctors are more hesitant [to prescribe opioids] ... they will send you to pain management." Several participants shared stories of obtaining pills from individuals with prescriptions: "I got my Opana® from someone who had cancer; A girl I know, people sell their scripts to her and she sells the pills; Older people sell their prescriptions readily to make ends meet." Two participants disclosed: "Drug dealers get them from people who trade them for heroin; I know someone who is in pain management and someone takes her to the clinic, then she gives her script to the driver for money to buy crack (cocaine)."

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 remain snorting and oral ingestion. Participants estimated that out of 10 illicit prescription opioid users, five would snort and five would orally ingest these drugs. Intravenous injection (aka "shooting") is not as common a method of administra-

tion now as previously reported because many of these medications have been reformulated, making it more difficult to shoot the drugs.

Participants described typical illicit prescription opioid users as “wealthy” and people with chronic health problems. Treatment providers described typical illicit users as “working class,” often construction laborers, noting the increased risk of injury among this group. In addition, treatment providers noted that many illicit opioid users are younger and new to the drug scene who switch to heroin “a lot faster” than in the past. Law enforcement also reported typical illicit users as individuals who have incurred an occupational injury and are treated with opioids who turn to heroin when their doctors “cut them off” from prescription opioids.

### Suboxone®



Suboxone® remains highly available in the region. Participants most often reported the current street availability of Suboxone® as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was also ‘10.’ Community professionals most often reported current availability as ‘6,’ the previous most common score was ‘5.’ Law enforcement reported, “People who sell heroin also sell Suboxone®.” A probation officer reported, “We have a ‘cash and carry’ clinic in town ... Users know they can go to the clinic and get Suboxone® ... They are using it to sell for heroin and keep a little for themselves just in case.”

Participants reported that the availability of Suboxone® has increased during the past six months. Community professional comments were substantiated when participants discussed the increase in street availability of Suboxone®: “A lot of clinics are prescribing [Suboxone®] and people are selling them; Drug dealers are selling them. People trade Suboxone® to dealers for heroin.” Treatment providers observed a different change and reported that “legal” availability of Suboxone® has increased, while street availability of the drug has decreased during the past six months. Treatment providers explained: “Abuse seems to be waning; Clinics are following clients better; Some Suboxone® doc’s have been shut down.” Law enforcement reported that the availability of Suboxone has increased during the past six months. A law enforcement officer commented, “[Suboxone® is] much more available than last year.” The BCI Richfield Crime Lab reported that the number of Suboxone®

cases it processes has decreased during the past six months while the number of Subutex® cases has increased.

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

Current street prices for Suboxone® were consistent among participants with experience buying the drug. Participants reported that Suboxone® filmstrip is the most common available form of the drug throughout the region. A participant stated that Suboxone® tablet form is, “very hard to find,” while another participant added that Subutex® was “very easy to find.”

Suboxone®	Current Street Prices for Suboxone®	
	filmstrip	\$15-30 for 8 mg
	tablet	\$15-25 for 8 mg
	Subutex®	\$25-30 per pill

In addition to obtaining Suboxone® on the street from dealers, participants also reported getting the drug prescribed from clinics and physicians. Participants reported that there are a number of treatment clinics that prescribe Suboxone® and explained: “Clinics are handing them out; People get prescribed [Suboxone®], then sell them for money or heroin to support their habit.” A number of participants reported that it is common practice to sell most of the Suboxone® prescription for heroin, but to keep a few on hand, “just in case” they are unable to find heroin on a given day.

While there were a few reported ways of consuming Suboxone®, generally, the most common route of administration for illicit use is sublingual (placing the film underneath the tongue for absorption). Participants estimated that out of 10 illicit Suboxone® users, six would sublingually dissolve the substance, two would intravenously inject (aka “shoot”) and two would snort the drug.

Participants and law enforcement described typical illicit Suboxone® users as individuals who are addicted to heroin and other opiates. Treatment providers described typical illicit users as low-income, younger and more likely white. A treatment provider added, *"We still hear about Suboxone® in incarceration settings."*

### 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 '7' or '8'. Participants commented: *"[Sedative-hypnotics are] easy to get; A little easier [to obtain] than opiates."* Participants identified Ativan®, Klonopin®, Valium® and Xanax® as the most popular sedative-hypnotics in terms of widespread illicit use.

Community professionals most often reported current availability as '8'; the previous most common score was '5'. A probation officer commented, *"I've not seen a lot lately,"* noting that the local mental health services provider prescribes these types of medications with less frequency. Community professionals identified Klonopin® and Xanax® as the most popular sedative-hypnotics in terms of widespread illicit use. Law enforcement reported that they encounter Xanax® during investigations of other drugs.

Participants reported that the general availability of sedative-hypnotics has remained the same during the past six months and attributed this to doctors' reluctance to prescribe these medications, as well as increased law enforcement efforts. Several participants agreed: *"Doctors won't prescribe them; They are tightening up, especially on 'xanies' (Xanax®)."* Another participant said, *"They (law enforcement) are doing more drug busts."*

Treatment providers reported that availability of sedative-hypnotics has increased during the past six months, particularly use in combination with heroin or alcohol. Law enforcement reported that the availability of sedative-hypnotics has remained the same during the past six months. However, a probation officer suggested a decrease in these medications due to *"prescription practices."* The BCI Richfield Crime Lab reported that the number of Valium® cases it processes has increased during the past six months while the number of Xanax® cases has de-

creased; number of cases for all other sedative-hypnotics has remained the same.

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 "benzos" and "downers") are currently sold on the region's streets. Street prices for sedative-hypnotics were consistent among participants with experience buying the drugs. Participants indicated that pills could sell for higher depending on how desperate the buyer is. One participant explained that Xanax® 2 mg sells for as high as \$12 and remarked, *"If someone is in pain (going through withdrawals), they will pay anything."*

Sedative-Hypnotics	Current Street Prices for Sedative-Hypnotics	
	Ativan®	\$2 per pill (dosage unspecified)
	Klonopin®	\$2 per pill (1 mg or 2 mg)
	Valium®	\$2-5 for 5 mg \$10 for 10 mg
	Xanax®	\$1.50-3 for 1 mg \$2-5 for 2 mg

In addition to obtaining sedative-hypnotics on the street from dealers, participants also reported getting them prescribed from doctors and from individuals who sell their prescriptions. A participant commented that these medications are found, *"not on the streets, but from a psychiatrist."* Other participants commented: *"[Sedative-hypnotics] are easily prescribed; You just have to have a couple symptoms, go to the doctor, then you get them ... then you sell them to get money; People want to make money, so they trade them for other pills."* Another participant explained that these prescription drugs can be obtained through, *"Dealers of other drugs. If you ask for it, they will get it for you."* One participant group reported, *"A lot [of prescription sedative-hypnotics] are coming in from Mexico and Canada."*

While there were a few reported ways of consuming sedative-hypnotics, generally the most common route of administration for illicit use is snorting. Participants estimated that out of 10 illicit sedative-hypnotic users, six would snort and three would orally ingest the drugs. Two participant groups reported that sedative-hypnotics could also be intravenously injected, but added that this method is rare.

Participants were not in agreement as to a description of typical illicit users of sedative-hypnotics. Some participants reported younger, high-school aged users, while others reported use among “middle aged” individuals. Many participants stated that “everybody” uses the drug. Participants reported heroin users will often seek out and use sedative-hypnotics when they cannot find heroin or when the quality of the heroin is lower; illicit users will also mix these drugs into heroin. One participant reflected, *“For me, it’s 50/50. If I can’t find heroin I will use benzos to try to sleep, and if I do have heroin, I will use them together.”*

Treatment providers described typical illicit sedative-hypnotic users as younger individuals (under 40 years of age) who abuse other substances such as alcohol and heroin. Furthermore, treatment providers indicated an increase in illicit use among younger clients. Law enforcement agreed and added that these younger illicit users are often white females.

## 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 couple participants remarked: *“[Marijuana is] the number one drug; The easiest to find.”* Although there are several different qualities of marijuana, most participants described high quality marijuana as “readily available” and added that this is the most available type of marijuana throughout the region. Participants commented: *“‘Reggie’ (lower-grade marijuana) is hard to find, nobody wants it; People don’t want reggie; ‘Mids’ (middle-grade marijuana) are non-existent.”*

Community professionals most often reported the drug’s current availability as ‘10’; the previous most common score was ‘9’ or ‘10’. Reportedly, marijuana availability is so high that one treatment provider quipped, *“Do they sell it at [grocery stores] yet?”* Treatment providers noted that

they generally do not see *“just marijuana users;”* but that most clients report marijuana use in conjunction with other drug use. A law enforcement officer commented, *“In Canton (Stark County), at least one house a block has a [marijuana] grow.”* A probation officer reflected, *“When someone fails a UDS (urine drug screen) test, it is almost always for their drug of choice and for marijuana (as marijuana is often used in combination with other drugs).”*

Many participants reported about a form of marijuana, commonly called “dabs” or “wax.” Participants explained that this is a form of *“pure THC, extracted from the marijuana plant”* in the form of an oil or wax. Reports of availability of marijuana concentrates and extracts varied throughout the region. Stark County participants rated the availability of marijuana concentrates and extracts as ‘2’ or ‘3’; while Tuscarawas County participants rated the availability of these forms of marijuana as ‘10’. Stark County participants stated: *“[Dabs is] not as popular as people think; Many don’t know about it.”* Contrarily, Tuscarawas County participants reported: *“Dabs are pretty common. People who sell weed (marijuana) also sell dabs.”*

Community professionals did not rate availability of marijuana concentrates and extracts; however, law enforcement reported that they are beginning to investigate “BHO (Butane Honey Oil) labs” where dabs are being produced through extracting THC from plant stalks and leaves via a process involving butane.

Corroborating data also indicated that marijuana is readily available in the region. Summit County Juvenile Court reported that 23 percent of all drug screens ordered during the past six months were positive for marijuana. In addition, Stark County Day Reporting of the Stark County Court of Common Pleas reported that 6 percent of all drug screens it ordered during the past six months were positive for marijuana.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A student was arrested in North Canton (Stark County) for bringing marijuana to school ([www.wkyc.com](http://www.wkyc.com), Feb. 5, 2015). A Stark County resident was arrested during delivery of two UPS packages containing approximately 10 pounds of marijuana, some of which was shipped from California ([www.cantonrep.com](http://www.cantonrep.com), March 13, 2015). A father and son marijuana ‘dabs’ operation was interrupted in Twinsburg (Summit County) when an informant led police to a residence from which they seized equipment, a wooden box of marijuana

and about eight ounces of marijuana trimmings and stems ([www.cleveland.com](http://www.cleveland.com), March 26, 2015). A Tuscarawas Valley Middle School principal was placed on unpaid leave when Ohio State Highway Patrol troopers found a small bag of marijuana in his coat pocket ([www.newsnet5.com](http://www.newsnet5.com), March 28, 2015). An Akron man was arrested during a delivery of a 12-pound shipment of marijuana from California through the U.S. Postal Service ([www.cleveland.com](http://www.cleveland.com), April 6, 2015). More than 11 pounds of marijuana were seized when drug task force agents raided a Stow (Summit County) hotel room; two Oregon men were arrested ([www.cleveland.com](http://www.cleveland.com), April 17, 2015). A Canton woman was arrested for possession of marijuana and hashish near a school; police believed she was there to sell the drugs ([www.newsnet5.com](http://www.newsnet5.com), April 21, 2015). Cuyahoga Falls (Summit County) police raided a residence and seized 43 marijuana plants about a block from an elementary school ([www.cleveland.com](http://www.cleveland.com), April 24, 2015). A Coventry Township (Summit County) man was arrested when sequential tips led to three houses connected by a marijuana growing operation; a total of 478 marijuana plants and 45 bags of marijuana were confiscated ([www.newsnet5.com](http://www.newsnet5.com), April, 29, 2015). A Summit County Drug Unit investigation resulted in the confiscation of 129 marijuana plants being grown in an Akron residence ([www.19actionnews.com](http://www.19actionnews.com), May 15, 2015). Investigators found and seized 177 marijuana plants from a Hudson (Summit County) home during a raid; the man arrested pled guilty to drug trafficking ([www.cleveland.com](http://www.cleveland.com), June 3, 2015).

Participants reported that the availability of marijuana has remained the same during the past six months. However, a group in Tuscarawas County reported increased availability and agreed with one participant who expressed, *"It's more acceptable. It's going to be legal."*

Community professionals reported that availability of marijuana has remained the same during the past six months. Law enforcement noted that availability of marijuana has been very high for a long while. 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 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). Participant most often reported the quality of higher grade marijuana as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '9'. Reportedly, dabs are of very high quality due to the concentrated THC. Participants most often reported the quality of low-grade marijuana as '5'.

Participants were evenly split on whether the overall quality of marijuana has increased during the past six months or has remained the same. Participants who suggested an increase in marijuana quality reasoned: *"With medical marijuana, large, legitimate grows are going up (increasing in number); It's becoming legal, so people are taking an interest in making a better product; People are learning to grow it better."*

Street prices of marijuana and marijuana concentrates were provided by participants with experience purchasing the drug. Participants reported that prices depend on the quality desired and stated that commercial, or low-grade, marijuana is the cheapest form of the drug. Most participants reported that it is common to purchase 1/8 or 1/4 ounce of marijuana at a time. One participant shared that a user only needs 1/10 gram of marijuana concentrate to produce an "intense high."

Marijuana	Current Street Prices for Marijuana	
	<b>Low grade:</b>	
	a blunt (cigar) or two joints (cigarettes)	\$5
	1/8 ounce	\$15-20
	1/4 ounce	\$25-40
	1/2 ounce	\$60
	1/4 pound	\$300
	<b>High grade:</b>	
	a blunt (cigar) or two joints (cigarettes)	\$10-15
	1/8 ounce	\$45-50
	1/4 ounce	\$70-100
	1/2 ounce	\$130-150
	an ounce	\$300
	1/4 pound	\$700-1,000
<b>Extracts and concentrates:</b>		
a gram	\$60-80	

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. Reportedly, the oil form of marijuana is consumed by inhaling the vapor produced from heating the substance. All participant groups reported knowledge of baking marijuana in food, but indicated that the practice is not very popular and only occasionally done.

Participants were unable to describe a typical marijuana user, reporting that the use of the drug is so pervasive. Likewise, community professionals were not able to identify a typical user, also stating that use of the drug is very common. A treatment provider commented, *"All groups [use marijuana] - old and young, rich and poor, all ages."* Treatment providers added that there is a lot of *"inter-generational pot use,"* as clients often report that marijuana use is commonly practiced in their families. Many treatment providers agreed that they often hear clients report similar comments, such as, *"My grandparents got me started."* Treatment providers also noted that marijuana use is very prevalent among individuals with severe mental illness. One treatment provider explained, *"Marijuana is often the last drug clients are willing to give up. Many use marijuana to self-medicate, to reduce anxiety, reduce ADHD symptoms and to reduce pain."*

## Methamphetamine

Methamphetamine remains highly available in the region. Participants most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. A participant commented, *"It's easily found."* Community professionals reported moderate to high availability of methamphetamine. Treatment providers most often rated current availability of methamphetamine as '7', while law enforcement rated it as '10'; the previous most common score was '8' for both groups. Treatment providers reported, *"Not hearing much about it [from clients],"* while a probation officer remarked, *"It's everywhere."*

Participants reported that methamphetamine is available in powder, anhydrous and crystal (aka "ice") forms. Participants from Portage, Summit and Tuscarawas counties reported powdered methamphetamine (aka "one-pot" or "shake-and-bake") as the most common form of

the drug in the region. This form of methamphetamine is produced by using common household chemicals along with ammonium nitrate (found in cold packs) and pseudoephedrine (found in some allergy medications); manufactured in approximately 30 minutes in nearly any location by mixing ingredients in a single-sealed container, such as a two-liter soda bottle. A participant shared, *"I know a lot of people who make [methamphetamine]."*

Participants from Stark County reported that there are still many "old school meth labs" that are producing anhydrous methamphetamine and indicated that this form is more popular than the shake-and-bake. Summit and Tuscarawas counties' participants reported that crystal methamphetamine is being imported into the region. One participant reported, *"It is very easy to get."* A Stark County officer reported that the methamphetamine being produced in the area is shake-and-bake and reported that he has not seen a traditional anhydrous lab during the past six months; however, he did note availability of crystal methamphetamine and added that this particular type of methamphetamine is being imported into the region from Mexico.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. An Akron man was sentenced to seven years in prison for making methamphetamine ([www.wkyc.com](http://www.wkyc.com), Feb. 25, 2015). A man was arrested from a Massillon (Stark County) residence when he accepted and opened a package delivered from California which contained more than two pounds of methamphetamine; law enforcement placed an electronic tracking device in the shipment which informed investigators when the box was opened ([www.cantonrep.com](http://www.cantonrep.com), April 9, 2015). Two individuals in Coventry Township (Summit County) ended up in a hospital for burns from one of their small meth labs when it exploded; authorities found an additional four similar meth labs inside the residence ([www.ohio.com](http://www.ohio.com), April 16, 2015). In a combined effort with FBI's Safe Street Task Force, the Stark County Sheriff's Metro Agents arrested a Jackson Township resident when Fed-Ex delivered a package containing 454 grams of crystal methamphetamine to the man ([www.OTFCA.com](http://www.OTFCA.com), April 27, 2015).

Participants reported that the availability of methamphetamine has increased during the past six months. Participants explained: *"More people are using [methamphetamine]; It's cheap; More people are learning how to cook it; More people are teaching others to make it."* Treatment providers reported that availability of methamphetamine has remained the same during the past six months,

though some treatment providers posited that the popularity of the drug is decreasing. Treatment providers cited increased stigma surrounding methamphetamine use as having an effect, as one clinician commented, *"People are ashamed."* Clinicians also reported that clients who do talk about methamphetamine use speak of it as if they had used it a long time ago.

Law enforcement and probation officers, however, reported that the availability of methamphetamine as increased during the past six months. Law enforcement cited a particular increase in the availability of imported methamphetamine (aka "ice") in the region. Law enforcement commented, *"It's really starting to become prevalent."* An officer explained that in Stark County, there were between 10 and 12 meth lab clean-ups in 2014; as of early June 2015, there had already been 13 lab clean-ups. A probation officer cited the ease of manufacturing the drug as contributing to the increase of methamphetamine in the region. The BCI Richfield Crime Lab reported that the number of methamphetamine cases it processes has decreased during the past six months; the lab reported processing mostly crystal, off-white and white powdered methamphetamine.

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

Only a few participants had experience with methamphetamine during the past six months and were able to report on the quality of the drug, which they most often reported as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '6'. However, several participants explained: *"[Quality of methamphetamine] depends on how you cook it, what chemicals you use, who cooks it; It varies heavily, based on who made it."* During the past six months, these participants reported that the quality of methamphetamine has either remained the same or has increased. Several Stark County participants reported that the quality of methamphetamine has increased, as one participant explained, *"They are perfecting it. You learn and, every batch [of methamphetamine] you make ... they get better with it."*

Current street prices for methamphetamine were consistent among participants with experience buying the drug. Participants reported that it is most common to buy between \$20-100 worth at a time and added that methamphetamine is most often traded for ingredients to make the substance. One participant noted, *"I've never seen someone buy that much (an ounce of) shake-and-bake."* Another participant explained, *"Cooks (people who make methamphetamine) will give you money to buy Sudafed® and other chemicals, then give you \$50 worth of meth (approximately 1/2 gram)."* Interestingly, a participant shared, *"You can offer heroin to someone to get Sudafed® for you."*

Law enforcement reported that methamphetamine in the area is often "traded for" and is rather difficult to obtain on the streets through purchase. An officer explained that a cook will have five to 10 people purchase Sudafed® and supplies and then give them half a gram of methamphetamine in exchange; a practice known as "smurfing."

Methamphetamine	Current Street Prices for Methamphetamine	
	<b>Powdered:</b>	
	a gram	\$70-100
	an ounce	\$900
	<b>Crystal:</b>	
	a gram	\$100-180
1/8 ounce	\$380	
an ounce	\$1,500	

While there were a few reported ways of consuming methamphetamine, generally the most common routes of administration are intravenous injection (aka "shooting") and smoking. Participants reported that shooting methamphetamine is increasing in popularity and estimated that out of 10 methamphetamine users, six would shoot and three would smoke the drug. Reportedly, additional routes of administration include snorting and "hot railing" (heating the substance up on foil and breathing in the fumes), but these practices are said to be rare.

Participants described typical methamphetamine users as primarily white. One participant reported truck drivers use the drug and explained, *"[Methamphetamine] keeps you up for days."* Treatment providers described typical users as white, with "low education" and of lower socio-economic status. Additionally, treatment providers noted that meth-

amphetamine use tends to be intergenerational, as a clinician commented, *"a family business."* Moreover, some treatment providers also reported a pattern of females beginning with methamphetamine use and switching to heroin use. A law enforcement officer described typical methamphetamine users as, *"almost exclusively white, mainly poorer people, between 18 to 40 years old."* A probation officer added, *"People already with a criminal background"* and noted that meth users are typically individuals who are already on probation for other substance use related offenses and, *"now they are making meth."*

### Prescription Stimulants

Prescription stimulants remain highly available in the region. Participants most often reported current prescription stimulant availability as '9' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10.' Participants identified Adderall® and Vyvanse® as the most popular prescription stimulants in terms of widespread illicit use. Despite the high availability rating reported, many participants clarified that prescription stimulants are difficult to find on the streets and explained that the availability is considered high due to the frequency of the drug being prescribed by physicians. Therefore, comments regarding availability focused on the difficulty of finding them on the street. Participants commented: *"Not that easy to find [on the streets]; When I stopped getting [stimulants] prescribed, it was very hard; For me, it was easy [to find stimulants] 'cause I knew a couple of people with prescriptions."*

Community professionals most often reported current availability of prescription stimulants as '4'; the previous most common score was also '4.' Treatment providers identified Adderall®, Ritalin® and Vyvanse® as the most popular prescription stimulants in terms of widespread illicit use. However, treatment providers reported that illicit prescription stimulant use is not common with the clients they serve. A probation officer reported that individuals they have encountered abusing prescription stimulants were being treated with the medication by a physician.

The majority of participants reported that the general availability of prescription stimulants has remained the same during the past six months, while participants from Tuscarawas County reported an increase in these drugs. A participant explained, *"More doctors are prescribing it."* Another participant posited, *"More people like that feeling,*

*like cocaine."* Community professionals reported decreased availability of prescription stimulants during the past six months. Treatment providers cited a decrease in prescribing of these drugs by physicians as the reason for decreased availability. The BCI Richfield Crime Lab reported that for most prescription stimulants the number of cases it processes has either remained the same or has decreased during the past six months; however, the number of cases of Adderall® the lab processes has increased.

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

Reports of current street prices for prescription stimulants were consistent among participants with experience buying the drugs. Participants indicated that Vyvanse® sells for the same price as Adderall®. One participant shared, *"I sold my girlfriend's 30 pill [Ritalin®] prescription for \$90."*

Current Street Prices for Prescription Stimulants	
Prescription Stimulants	Adderall®
	\$2-3 for 20 mg
	\$5-15 for 30 mg
	\$2-5 for 30 mg (extended release)

Most participants reported getting prescription stimulants from individuals who have prescriptions or personally being prescribed them from physicians. Several participants commented: *"Doctors prescribe [stimulants] a lot; They are overly prescribed to kids, who don't take them."* A couple participants disclosed: *"My girlfriend's daughter has them prescribed and she sells them; People sell it to get money."*

Participants reported the most common routes of administration for illicit use of prescription stimulants remain snorting and oral ingestion. Participants estimated that out of 10 illicit prescription stimulant users, six would snort and four would orally ingest the drugs. Participants also reported intravenous injection of the drug, but said that the practice is difficult and rare.

Participants described typical illicit users of prescription stimulants as younger, students in high school or college.

One participant said, “People in school use it to stay up to study.” Community professionals also described typical illicit users of prescription stimulants as young, between the ages of 18 and 25 years. A probation officer reported that prescription stimulant users are more often male.

## Ecstasy

Ecstasy’s (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) availability is variable in the region. Most participants reported having little or no knowledge of the drug, but those that did have experience with the drug during the past six months most often reported ecstasy availability as ‘3’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous score was ‘10’ for participants in Tuscarawas County. A couple participants commented: “[Ecstasy] is hard to get; It’s not that easy to find.”

Participants also discussed the drug, “molly” (powdered MDMA). Most groups reported low availability for molly with the exception of one Summit County participant group that reported high availability. The availability rating was bimodal among those who had experience with molly during the past six months: half the respondents reported availability of molly as ‘1’ and the other half reported it 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 ‘10.’ A Summit County participant reported that molly is readily available, “All day, every day.”

Community professionals were unable to report on ecstasy availability as they had not encountered the substance during the past six months. Additionally, treatment providers did not report having knowledge of current availability of molly, but law enforcement rated current availability of molly as ‘6,’ the previous most common score was ‘5-6.’ Law enforcement shared about a case in which 11 ounces of molly was confiscated among a group of “rich, white kids” who intended to follow a band on tour and sell the drug at the performances. A probation officer also shared knowledge of people on probation that have tested positive for MDMA during the past six months.

Media outlets reported on law enforcement ecstasy seizures and arrests in the region this reporting period. Akron police went to a residence to conduct a welfare check on a 4-year-old girl and discovered a lab in which ecstasy and hallucinogens (similar to LSD) were being manufactured, as well as a marijuana grow operation; 76 plants were seized ([www.newsnet5.com](http://www.newsnet5.com), May 20, 2015).

Participants reported that the availability of both ecstasy and molly has remained the same or has slightly decreased during the past six months. Law enforcement reported that the availability of molly has remained the same. The BCI Richfield Crime Lab reported that the number of ecstasy cases it processes has decreased during the past six months.

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

Although participants did not rate the quality of either ecstasy or molly, most participants, with the exception of Summit County participants, indicated poor quality of molly. One participant explained, “A lot of it is knock-off, fake shit. People don’t mess with it.” These participants reported a pesticide (aka “formic”) or MDA (aka “sassafras”) being sold as MDMA.

Reports of current street prices for ecstasy and molly were consistent among participants with experience buying the drug. One participant remarked, “It’s very expensive.” Participants shared that molly typically comes in powdered form sold in packets containing 1/10 gram, which is reportedly the most common unit of purchase in the region.

Ecstasy/Molly	Current Street Prices for Ecstasy/Molly	
	<b>Ecstasy:</b>	
	low dose (aka “single stack”)	\$5-10
	high dose (aka “triple stack”)	\$10-15
	<b>Molly:</b>	
	1/10 gram (aka “a point”)	\$10-15
a gram	\$80-100	

Participants reported that the most common routes of administration of ecstasy or molly are snorting and oral ingestion. Participants estimated that out of 10 ecstasy or molly users, six would snort and three would orally ingest the drug. Participants explained that oral ingestion typically involves either mixing the drug with water or wrapping it in tissue and swallowing (aka “parachuting”). Stark County participants also reported that some users smoke the drug (aka “free base”).

Participants described typical ecstasy and molly users as being at least middle class due to the expense of the drug, as well as individuals who attend clubs or ‘raves’ (dance parties). Law enforcement described typical ecstasy users as, “rich, white kids.”

### Synthetic Marijuana

Synthetic marijuana (synthetic cannabinoids; aka “K2” and “spice”) remains available in the region. Participants most often reported the drug’s current availability as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was also ‘10.’ A participant responded, “In most places, anyone can get it, until they get busted.” Another participant commented, “[Synthetic marijuana is] out there, but it depends on where you go.” Portage County participants agreed when one person reported, “It’s non-existent in Portage County. It’s sold in Cleveland and Akron.”

Treatment providers most often reported the drug’s current availability as ‘3,’ while a probation officer rated availability as ‘10;’ the previous most common score was ‘4.’ Treatment providers reported that users who purchase the drug in convenience stores, “have to really know who sells it and have to be trusted.” A probation officer reported that synthetic marijuana users typically go to larger cities to purchase it in stores, but added that many people are purchasing chemicals online and selling it for “a good profit.”

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Eight pounds of synthetic marijuana and a methamphetamine lab were confiscated at a residence in Tuscarawas County ([www.OTFCA.com](http://www.OTFCA.com), June 24, 2015). Participants reported that the availability of synthetic marijuana has decreased during the past six months. A participant explained, “More people are getting busted for selling it.” Another participant commented, “Not many places are selling it. Those that

do, it’s under the counter, hush-hush.” Treatment providers reported that the availability of synthetic marijuana has decreased during the past six months. A treatment provider commented, “It’s going down, but still there.” Law enforcement reported that the availability of synthetic marijuana has remained the same during the past six months. The BCI Richfield Crime Lab reported that the number of synthetic marijuana cases it processes has increased during the past six months.

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

Reports of current street prices for synthetic marijuana were variable among participants with experience buying the drug. Reportedly, synthetic marijuana sells for between \$10-15 per gram on the streets. However, a participant group in Portage County reported that synthetic marijuana sells for \$30 for 1.5 grams.

Despite legislation enacted in October 2011, synthetic marijuana continues to be available on the street from dealers as well as from the Internet and stores (“drive thru’s” and “head shops”). A participant explained: “People got to know you [if you go to buy synthetic marijuana in a shop], sometimes there is a code.” Stark County participants reported that users will often go out of the region to West Virginia and bring the drug back to the area. Participants and community professionals reported that synthetic marijuana is commonly found in correctional facilities.

Participants continued to report smoking as the only route of administration of synthetic marijuana. Participants described typical users of synthetic marijuana as young and individuals who are on probation or subject to drug testing. Treatment providers described typical users of synthetic marijuana as “younger, white males.” Law enforcement agreed and described typical users as young, but noted more recently “older men, in their late 40s.”

## 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 and hallucinogens (LSD [lysergic acid diethylamide] and psilocybin mushrooms).

### Bath Salts

Bath salts (synthetic compounds containing methylene, mephedrone, MDPV or other chemical analogues) are moderately available in the region, though only a few participants in two counties (Summit and Portage) had first-hand knowledge or experience with the drug. 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). A Portage County participant commented, *"They still sell [bath salts], but not found in Portage County. You have to go to Cleveland, at the [small corner] stores."*

Treatment providers most often reported bath salts current availability as '1', while other professionals had not seen or heard of the drug during the past six months. Treatment providers noted that the use of bath salts has become very stigmatized. Law enforcement reported encountering no cases of bath salts during the past six months and posited that state laws have had a positive effect. One officer remarked, *"We got a hold on it."*

Participants and community professionals reported that the availability of bath salts has remained the same during the past six months. Despite legislation enacted in October 2011, participants reported that bath salts continue to be available, but are increasingly difficult to find. Participants in Summit County reported bath salts can be purchased off the streets or from certain corner stores. Other participants mentioned that users would have to go out of the region, to Cleveland, to obtain the substance. The BCI Richfield Crime Lab reported that the number of bath salts cases it processes has increased during the past six months.

Participants were unable to provide pricing information for bath salts. Participants reported that the most common route of administration for bath salts as snorting. A less common method mentioned by participants is intravenous injection. A participant described typical bath salts users as people who have to pass a drug test. Community professionals were unable to provide a typical user profile for bath salts.

### Hallucinogens

LSD is reportedly rare in the region. Most participants reported not seeing LSD at all during the past year. Participants described availability of LSD as: *"Super hard to find; Not easy to get anymore; Every once in a while (you can get LSD), during festival season."* Treatment providers also reported unknown recent use of LSD among clients, yet a probation officer reported that the drug is available, but seemingly very few individuals seek it out. The BCI Richfield Crime Lab reported that the number of LSD cases it processes has decreased during the past six months.

Participants reported that LSD sells for \$5-30 per dose (aka "a hit"), \$70 for a "strip" (10 hits), and \$500-600 per "sheet" (100 hits). One participant reported that the liquid form is also available and shared that a sugar cube laced with LSD sells for \$2. Participants reported that the most common route of administration is oral consumption and out of 10 users, all would orally ingest the drug. However, one participant group reported that a few individuals would use the liquid form by putting drops in their eyes. Participants described typical LSD users as younger (high school and college aged), *"hippies"* and individuals who attend music festivals.

Psilocybin mushrooms are also reportedly rare in availability. While most participants 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); a Summit County participant group rated availability of this drug as '7'. Participants explained that psilocybin mushrooms are available seasonally and several reported that they are more difficult to find from late autumn through winter. However, some participants reported that individuals grow their own psilocybin mushrooms year round.

Treatment providers were unable to comment on psilocybin mushrooms, while law enforcement most often reported the current availability of psilocybin mushroom as '5'. Reports of current prices of psilocybin mushrooms were limited: \$15-60 for 1/8 ounce. Participants reported that these drugs are most often found at concerts, while law enforcement reported that users can purchase spores legally via the Internet. The only route of administration mentioned by participants is oral consumption. Participants shared that psilocybin mushrooms are often cooked with other food. Participants described typical users of psilocybin mushrooms as similar to LSD users: younger (high school and college aged), hippies, and individuals who attend music festivals.

## DMT

Media outlets reported on law enforcement seizures and arrests in the region this reporting period involving dimethyltryptamine (5-MeO-DMT, aka “DMT,” a psychedelic compound of the tryptamine family). Summit County park rangers stopped a group of young adults in a regional metro park after they had gone off-trail and one of the young men was found carrying DMT in his pocket; a forensic scientist from BCI in Richfield told reporters that there has been an increase in DMT seizures throughout the last several years ([www.newsnet5.com](http://www.newsnet5.com), March 27, 2015).

## Conclusion

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

While many types of heroin are currently available in the region, participants and community professionals continued to report brown powdered heroin as the most available heroin type. Community professionals unanimously reported current availability of heroin as ‘10’ (highly available, extremely easy to get). A law enforcement officer reported that cocaine dealers are now selling heroin because heroin users need the drug on a daily basis, thus heroin sales are a “steady paycheck.” Law enforcement also reported individuals moving into the area from Detroit (Michigan) to sell heroin.

The BCI Richfield Crime Lab reported that the number of powdered heroin cases it processes has increased during the past six months. Probation officers noted that the Tuscarawas County Court is referring increased numbers of heroin addicts for medication assisted treatment (MAT).

Corroborating data also indicated that heroin is readily available in the region. The Portage County Coroner’s Office reported that 67 percent of the 27 drug overdose deaths it recorded this reporting period involved heroin. Most treatment providers were quick to point out that there has been an increase in number of heroin overdose deaths in the region. Law enforcement also noted an increase in number of heroin overdoses. Participants reported that heroin is often cut with fentanyl, and as a result, “A lot of people are dying.” Reportedly, white powdered heroin is, “pure fentanyl, or is more likely to have fentanyl in it.”

Community professionals also noted fentanyl-cut heroin in the region. Law enforcement corroborated participant reports that pure fentanyl is often sold on the street as heroin. Several media stories in the region reported on individuals facing manslaughter charges for the overdose deaths of those to whom they sold or gave heroin.

Along with increased availability of heroin, participants and law enforcement reported increased street availability of Suboxone® during the past six months. Law enforcement reported that heroin dealers also sell the drug. Participants reported that there are a number of treatment clinics in the region that treat with Suboxone®. A number of participants reported that it is common practice to sell most of the Suboxone® prescription for heroin, but to keep a few on hand, in case they are unable to find heroin on a given day. Participants and law enforcement described typical illicit Suboxone® users as individuals who are addicted to heroin and other opiates. Treatment providers described typical illicit users as low-income, younger and more likely white.

Methamphetamine remains highly available in the region. Participants reported that methamphetamine is available in powder, anhydrous and crystal (aka “ice”) forms. Participants reported powdered methamphetamine (aka “one-pot” or “shake-and-bake”) as the most common form of the drug in the region. Participants reported that crystal methamphetamine is being imported into the region; law enforcement also noted current availability of crystal and added that this particular type of methamphetamine is being imported from Mexico.

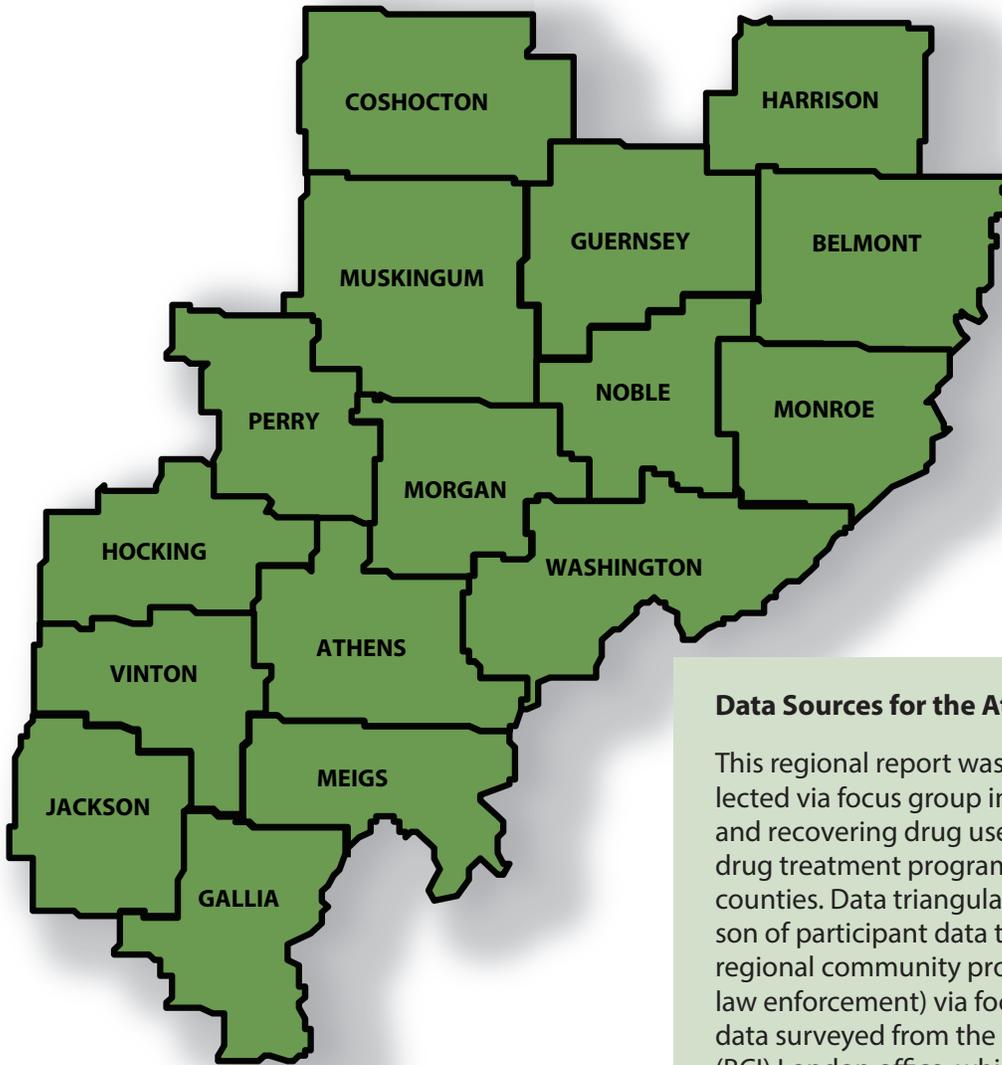
Participants, law enforcement and probation officers reported that the availability of methamphetamine has increased during the past six months, with law enforcement citing a particular increase in the availability of imported crystal methamphetamine. Law enforcement commented that crystal methamphetamine use is becoming prevalent. Law enforcement also reported that methamphetamine in the area is often traded for and is rather difficult to obtain on the streets through purchase. An officer explained that a cook will have five to 10 people purchase Sudafed® and supplies, and then give them half a gram of methamphetamine in exchange; a practice known as “smurfing.”

Participants described typical methamphetamine users as primarily white. Treatment providers described typical users as white, with “low education” and of lower socioeconomic status. Additionally, treatment providers noted that methamphetamine use tends to be intergenerational within families.





## Drug Abuse Trends in the Athens Region



**Regional Epidemiologist:**  
**Faith M. Kelleher, MSW**

### Data Sources for the Athens Region

This regional report was based upon qualitative data collected via focus group interviews. Participants were active and recovering drug users recruited from alcohol and other drug treatment programs in Athens and Muskingum counties. Data triangulation was achieved through comparison of participant data to qualitative data collected from regional community professionals (treatment providers and law enforcement) via focus group interviews, as well as to data surveyed from the Bureau of Criminal Investigation (BCI) London office, which serves central and southern Ohio. All secondary data are summary data of cases processed from July through December 2014. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for January through June 2015.

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

### OSAM Staff:

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

**Beth E. Gersper, MPA**  
 OSAM Coordinator

## Regional Profile

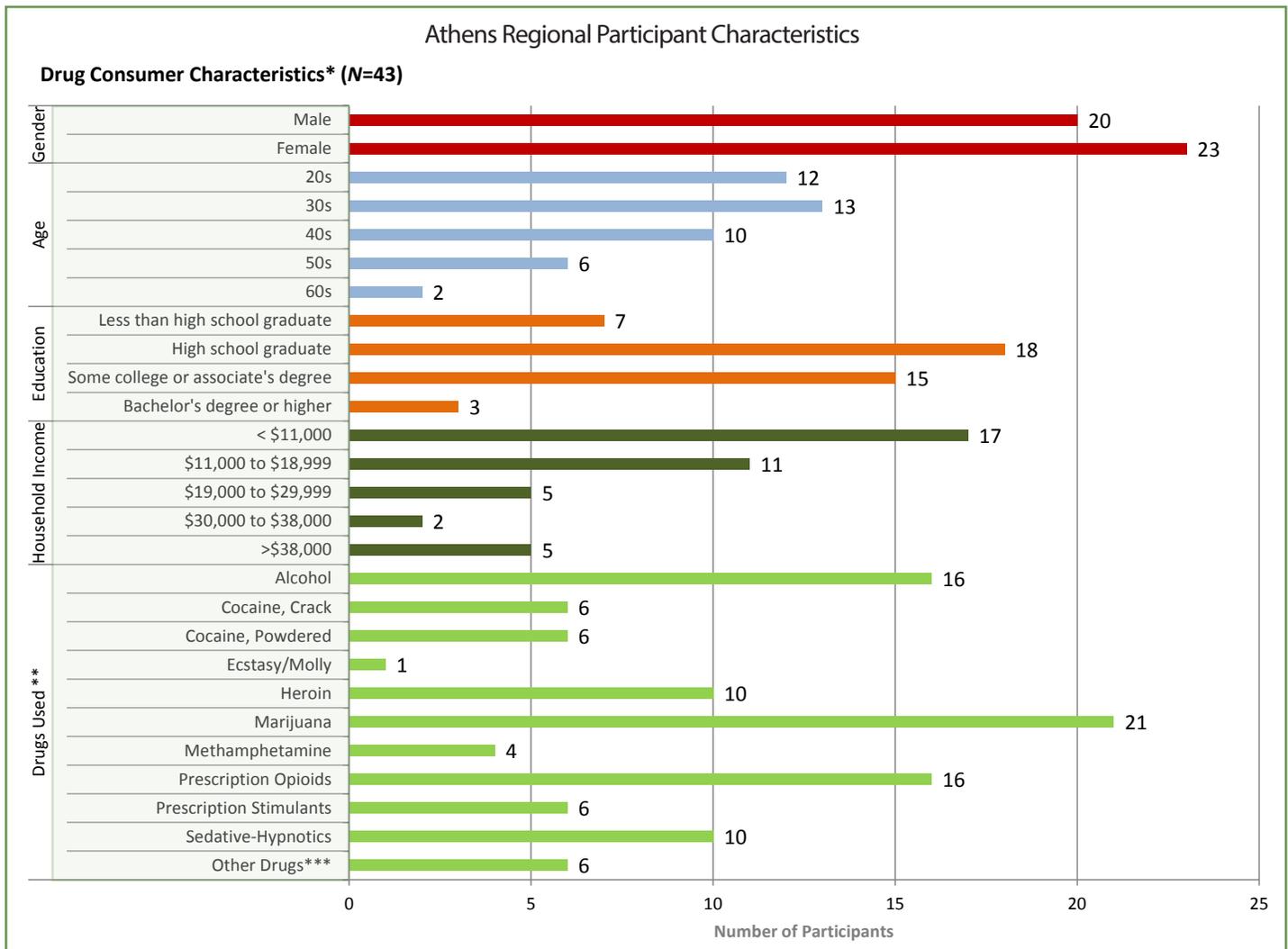
Indicator <sup>1</sup>	Ohio	Athens Region	OSAM Drug Consumers
Total Population, 2010	11,536,504	587,004	43
Gender (female), 2010	51.2%	50.4%	53.5%
Whites, 2010	81.1%	94.7%	93.0%
African Americans, 2010	12.0%	2.1%	0.0%
Hispanic or Latino Origin, 2010	3.1%	0.8%	0.0% <sup>2</sup>
High School Graduation Rate, 2010	84.3%	92.9%	83.7%
Median Household Income, 2013	\$48,308	\$39,116	\$11,000 to \$14, 999 <sup>3</sup>
Persons Below Poverty Level, 2013	15.8%	19.4%	51.2% <sup>4</sup>

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

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

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

<sup>4</sup>Poverty status was unable to be determined for 6 participants due to missing and/or invalid data.



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

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

\*\*\*Other drugs were illicit Suboxone® use.

## Historical Summary

In the previous reporting period (July 2014 – January 2015), crack and powdered cocaine, heroin, marijuana, methamphetamine, prescription opioids, prescription stimulants, sedative-hypnotics and Suboxone® were highly available in the Athens region. Increased availability existed for marijuana and methamphetamine. Data also indicated possible decreased availability for bath salts and ecstasy.

Participants and community professionals reported that marijuana was extremely easy to obtain and that availability had increased. Community professionals noted an increase in use of marijuana extracts and concentrates, often available in the form of an oil or wax (aka “dabs”). Participants reported an increase in marijuana being vaporized, although few had personal experience with that method of use. The BCI London Crime Lab reported an increase in number of marijuana cases it processed during the reporting period.

Treatment providers reported that methamphetamine was a drug of choice in the region and reported powdered methamphetamine (aka “shake-and-bake”) as the most prevalent form of the drug. Participants reported that the availability of methamphetamine had increased, specifically shake-and-bake, due to ease of production. Participants noted an increase in availability of the imported crystal form of the drug which they reported was brought into the region by pipeline workers. The BCI London Crime Lab reported that the number of methamphetamine cases it processed had increased; the lab reported processing crystal, brown and off-white powdered methamphetamine. Community professionals described typical methamphetamine users as individuals living in more rural areas.

Participants reported high availability of prescription stimulants and noted Adderall® and Vyvanse® as the most popular in terms of widespread illicit use. A medical professional also noted high availability of prescription stimulants, but indicated that other stimulants, such as methamphetamine, were more commonly abused in the region. The BCI London Crime Lab reported an increase in Adderall® cases and a decrease in Ritalin® cases it processed during the reporting period. Community professionals often reported that parents of children who are prescribed stimulants as typical users or sellers of these drugs. College students were also identified as typical illicit users of prescription stimulants.

Decreased availability of ecstasy and molly was reported by participants, who explained there was a shortage of

MDMA. The BCI London Crime Lab reported a decreased number of ecstasy cases it processed during the reporting period. Other substances, such as bath salts and methamphetamine, were mentioned as a ‘cut’ (adulterate) for molly. Participants and community professionals further reported that these substances were often sold as molly. Participants described typical ecstasy and molly users as drug dealers, those who often attend clubs or ‘raves’ (dance parties), as well as college students.

Finally, participants reported no personal experience with bath salts and treatment providers reported few encounters with clients who abused this drug. The BCI London Crime Lab reported a decrease in number of bath salts cases it processed during the reporting period.

## 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.’ Participant comments on current powdered cocaine availability included: “*Depends on where you go; I think [availability] depends on who you know.*” Community professionals most often reported the drug’s current availability as ‘5’; the previous most common score was ‘3.’ A county coroner reported, “*I know of one case, in the fall, that was the only cocaine related death there was.*” A law enforcement officer commented, “[Cocaine is] *not as popular as heroin.*”

Participants reported that the availability of powdered cocaine has increased 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 powdered cocaine cases it processes has decreased during the past six months.

Powdered 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 powdered cocaine as '6-7' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '10'. While most participants did not have experience with powdered cocaine during the past six months, one participant commented: "It's usually pretty good (quality)." Participants reported that powdered cocaine in the region is cut (adulterated) with aspirin, baby laxative, creatine, niacin (vitamin B-3) and Orajel®. Overall, participants reported that the quality of powdered cocaine has increased during the past six months.

<b>Powdered Cocaine</b>	<b>Cutting Agents Reported by Crime Lab</b>	
	●	levamisole (livestock dewormer)

Reports of current street prices for powdered cocaine were consistent among participants with experience buying the drug. One participant noted that price, "Depends on who [you] get it from." Another participant added that although they have used powdered cocaine, they "never bought it" because it was shared.

<b>Powdered Cocaine</b>	<b>Current Street Prices for Powdered Cocaine</b>	
	1/10 gram	\$10
	1/2 gram	\$50
	a gram	\$100

Participants reported that the most common routes of administration for powdered cocaine remain intravenous injection (aka "shooting") and snorting. Participants estimated that out of 10 powdered cocaine users, five would snort, four would shoot and one would smoke the drug. However, participants reported that route of administration is often dictated by the setting in which one uses powdered cocaine. Participants explained: "It all depends on who you hang out with. If you hang out with your friends, you are usually going to hang out with people that [use cocaine] the same way that you do it; Depends on who you know ... I mean I know a lot of people shoot dope (heroin) [so they shoot cocaine, too]." Another participant remarked, "Honestly, around here most people don't snort [powdered cocaine], they just 'go straight to the vein' (inject it). It's been like that for about 10 years now."

A profile of a typical powdered cocaine user did not emerge from the data, as participants shared many different descriptions. One participant said, "[A typical powdered cocaine user] could pretty much look like any of us." Some participants described typical users as: "A white man with a decent job; Business person; People who have money; Rich." Other participants shared that typical powdered cocaine users really varied in profession and commented: "Prostitutes; I knew lawyers, doctors, street people, all kinds [who use powdered cocaine]."

Community professionals also had difficulty describing typical users of powdered cocaine. A mental health professional reported, "I think that typically [powdered cocaine is] considered a rich person's drug." However, a probation officer noted, "It's considered [a rich persons drug], but I do not see that on probation ... they will find a way to get what they want to get, whether it be stealing or whatever. I see people on probation that get cocaine that aren't employed or anything." An officer also commented, "I think that [powdered cocaine use] encompasses all of the ages and socio-economic statuses ... just everyone."

### 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'. However, a few participants indicated that users have to travel to obtain crack cocaine: "I did all my 'scoring' (purchasing of crack cocaine) in Dayton, so I don't know where to find anything around here; I think most of the people that I ever did know [who used crack cocaine] around here, they just went up to Columbus to get it."

Community professionals most often reported the current availability of crack cocaine as '5'; the previous most common score was '3'. A mental health professional shared, "What we hear a lot of times is people refer to [crack] as cocaine, but when you really start questioning them and talking to them about it, crack is what they are doing." Another treatment provider explained, "I think, too, that over the years ... there has been a stigma attached to it, so people don't want to say that they use crack." A law enforcement agent commented, "When I think of crack cocaine, I think of like the mid-80s, but it's actually more popular than I ever thought it was ... I came down here (Muskingum County) and it's just

amazing how much it's come back. It's a lot more available than you would think."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. State troopers arrested two individuals traveling in Muskingum County for possession of 40 grams of crack cocaine and three pain pills ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), March 18, 2015). A Glouster (Athens County) man was arrested for trafficking crack cocaine in a school zone ([www.athensnews.com](http://www.athensnews.com), March 25, 2015).

Most participants reported that the availability of crack cocaine has remained the same during the past six months. However, some participants argued that increases in demand and availability of other substances in the region have made crack cocaine more difficult to obtain. Participants who purported decreased availability of crack cocaine reasoned: "Harder [to obtain] because heroin is around so much. Most people have switched; A heroin user doesn't usually use crack. In fact, I would say pretty much everything has gone down since heroin has gotten big." Community professionals also reported that availability has remained the same during the past six months. The BCI London Crime Lab reported that the number of crack cocaine cases it processes has decreased during the past six months.

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

Participants most often rated the current overall quality of crack cocaine as '5-6' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '10.' One participant clarified that "White [colored crack cocaine] seems to be the most popular." Reportedly, crack cocaine in the region is adulterated (aka "cut") with baking soda and vitamin B-12. Overall, participants reported that the quality of crack cocaine has remained the same during the past six months. However, several participants explained that the quality of crack cocaine varies, as one participant shared, "It ranges just like anything else. It's about who you know."

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. Participants across the region agreed that a '10 piece' (aka "\$10 rock") or '20 piece' (aka "\$20 rock") is by far the most common units of purchase. Although these amounts have historically been reported as approximately 1/10th and 2/10th gram amounts, a participant explained, "No organized weight sales, just by the piece"

Crack Cocaine	Current Street Prices for Powdered Cocaine	
	1/2 gram	\$50
	a gram	\$100
	1/4 ounce	\$600-700

Participants reported that the most common route of administration of crack cocaine remains smoking. Participants estimated that out of 10 crack cocaine users, nine would smoke and one would intravenously inject (aka "shoot") the drug. A profile for a typical crack cocaine user did not emerge from the data, although one participant remarked: "[Crack cocaine is] for prostitutes." Community professionals described typical crack cocaine users as: "Same as cocaine users."

## Heroin

Heroin remains highly available in the region. Participants most often reported overall availability for 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 agreed that heroin is one of the most available substances in the region and commented: "[Heroin is] easy as hell [to get]; All you gotta do is make a phone call and it will be delivered right to you; [Heroin is] easier to get than alcohol because you can get it after 2 am." Community professionals most often reported current availability of heroin as '10,' the previous most common score was also '10.' A coroner

remarked, "My gosh, based on the sheer number of cases that we have had, I would say that the availability has to be high ... It certainly seems like the most available drug aside from marijuana."

While many types of heroin are currently available in the region, participants reported the availability of black tar and white powdered heroin as most available. One participant commented, "I have always gotten black tar down here," while another participant shared, "White powder is all I have seen." Participants also mentioned brown and blue colored powdered heroin. Community professionals reported black tar as the most available type of heroin in the region. A probation officer also commented on the availability of blue powdered heroin in the region: "I just had someone OD (overdose) on it in March."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Two businesses in Gallipolis (Gallia County) ended up involved in heroin overdose death investigations within 24 hours of one another when individuals at both locations went into the public restroom, used heroin and died of overdose ([www.wsaz.com](http://www.wsaz.com), Feb. 11, 2015). Two individuals were arrested after officers searched their residence in Gallia County and found 7.5 grams of heroin and a pound of marijuana ([www.wxaz.com](http://www.wxaz.com), Feb. 13, 2015). A Gallipolis man was sentenced to 15 months in prison for selling heroin in Ohio and West Virginia (Mason County) ([www.wsaz.com](http://www.wsaz.com), March 2, 2015). Four individuals were arrested in Glouster (Athens County) when 15 doses of heroin were found and seized during a residential raid ([www.athensnews.com](http://www.athensnews.com), March 25, 2015). Another two people were arrested after a search of their residence (Coshocton County) and 28 grams of heroin was discovered and confiscated ([www.coshoc-tontribune.com](http://www.coshoc-tontribune.com), April 11, 2015). In what was reported as the "largest bust in a three-county area," Hocking County deputies seized 2.2 pounds of heroin at one residence and 50 marijuana plants at another in a collaborative search of the two houses; the three arrested individuals were a mother, son and the son's girlfriend ([www.nbc4i.com](http://www.nbc4i.com), May 19, 2015). An increase in heroin and methamphetamine addiction has led to increased child custody cases in Coshocton County (a 142 percent increase to be exact) which is not only a financial strain on the local public service, but has proven injurious to many children in the area ([www.coshoc-tontribune.com](http://www.coshoc-tontribune.com), May 24, 2015). Two individuals were arrested in Chauncey (Athens County) for possession of black tar heroin ([www.athensmessenger.com](http://www.athensmessenger.com), May 29, 2015). Eleven individuals were arrested for their participation in a large heroin ring that ran from

Columbus to Athens, which recently began selling cocaine as well ([www.nbc4i.com](http://www.nbc4i.com), June 29, 2015).

Participants reported that the overall availability of heroin has remained the same during the past six months. Furthermore, participants specifically said that black tar heroin availability has increased, brown powdered heroin availability has remained the same and white powdered heroin availability has decreased. Treatment providers most often reported that availability of heroin has remained the same during the past six months, but one clinician commented, "I think there's more people using [heroin] because it's cheap." Law enforcement reported an increase in heroin availability during the past six months. A probation officer professed, "I think that the availability of [heroin] has gone up because they have cracked down on the opiate prescriptions." The BCI London Crime Lab reported that the number of powdered heroin cases it processes has increased during the past six months, while the number of black tar heroin cases has remained the same; the lab noted having processed beige, brown, tan and white powdered heroin.

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

Participants most often rated the current overall quality of heroin as '2' or '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '8.' One participant shared, "I would say [quality of heroin] probably depends on what dealer you get it from and how much he 'steps on it' (adulterates it with other substances)." Those who rated the quality as low, reported: "It's junk - people are getting greedy and 'cutting' (adulterating) it so bad. You can buy a \$30 bag and there is probably \$4 in actual drugs in there; Yeah, some people really try to rip you off; [Drug dealers] know when you're 'sick' (going through withdrawal) and they know you will buy anything, whether it's good (quality) or bad." Two participants discussed the quality of blue heroin and shared: "The blue stuff is supposed to be better (quality); Well, my boyfriend's brother OD'd on [blue heroin] a couple of weeks ago, so probably pretty good (quality)."

Participants reported that heroin in the region is adulter-

ated (aka “cut”) with aspirin, prescription opioids and vinegar. Additionally, participants reported that black tar heroin is also cut with coffee and tea, while white powdered heroin is also cut with baby laxative, baking soda, salt and talcum powder. Overall, participants reported that the general quality of heroin has remained the same during the past six months. The BCI London Crime Lab noted that “lots of powdered heroin coming in as a heroin-fentanyl mix, sometimes even straight fentanyl.”

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

Reports of current street prices of heroin were consistent among participants with experience purchasing the drug. Most participants agreed that heroin is most often purchased in 1/10 gram amounts, as participants commented: “Berries’ (1/10 gram heroin) is the most common [unit of purchase]; Usually, you’re just buying a couple berries at a time.” A participant also said that heroin can be bartered and explained: “Someone who cooks meth all the time can trade it for heroin ‘cause meth’s worth more than heroin.” Participants also mentioned that heroin is less expensive in other OSAM regions, particularly Columbus.

Heroin	Current Street Prices for Black Tar and Brown Powdered Heroin	
	1/10 gram (aka “balloons,” “berries” or “packs”)	\$30
10-12 packs (approximately a gram; aka “bundles”)	\$150-180	

Participants reported the most common route of administration as intravenous injection (aka “shooting”). Participants estimated that out of 10 heroin users, nine would shoot and one would snort the drug. Also discussed was the progression of methods of use, as some participants commented: “I think a lot of people start by snorting [heroin], then after a while they go to [shooting] it; I knew people that snorted it and used to tell me, ‘I will never shoot it’ ... Now they all do.”

A majority of participants in the Athens region conveyed that clean, unused needles have been increasingly difficult to obtain during the past six months. One participant commented on the change in availability of needles: “It used to be easy to get clean needles ... you could just go to the pharmacy and say you were diabetic or whatever. Well then they thought if they cut out the needles they would cut out the junkies. Well they didn’t get rid of the junkies and ... they are just passing diseases around sharing needles. [Addicts] are buying used [needles] and using them over and over and over. Just because they can’t get clean needles ... doesn’t mean they are going to stop using.” Other participants commented: “It’s gotten a lot harder to get a clean needle; [Clean] needles aren’t easy to find down here.” However, participants from Muskingum County shared that needles are obtained easily in their county, as a participant explained, “You can go to the pharmacy and buy them [without a prescription].”

In addition, participants reported purchasing needles from drug dealers. A participant shared, “The people who can get clean needles take them to their dope (heroin) dealer and trade for dope and then he turns around and sells them to people who don’t have needles for \$5-10 each.” Reports of current street prices for clean needles were consistent among participants with experience purchasing them. Participants reported that needles most commonly sell for \$5. A participant commented, “A lot of people make up their own prices, you know, on how bad [the user] needs it.” Another participant shared, “I know people who will buy used needles for \$3-5.” Participants indicated that sharing needles is common practice. A participant explained, “If you get your dope and you don’t have a needle, but someone in the room does, you’re going to use it. I don’t care what they say about sharing needles, you’re going to use it.”

Participants and community professionals expressed concerns about needle use. A participant commented, “Everyone I know that has shot up heroin has hepatitis.” Another participant proffered, “I think it would cut way back on AIDS and hepatitis if they would give out needles because I don’t think they are going to stop [using].” A Muskingum County medical provider also reported, “In the last year, our number of cases of ‘Hep C’ (hepatitis C) has tripled. They may not be great (large) numbers, but for our area I think it’s very significant.”

A profile of a typical heroin user did not emerge from the data. One participant shared, “Dope has no boundaries. It takes whoever wants it, and even if they don’t want it they are still attached.” Another participant remarked, “You can be

poor, rich, it just doesn't matter." Still another participant commented, "It's when you're at your lowest point, is when you want to do [heroin] ... doesn't matter who you are."

Likewise, community professionals described typical heroin users as anyone "across the board." A probation officer reflected, "My thoughts on that (typical user) are that it can range. You would be surprised. I mean those starting from prescription drugs then moving to heroin and ... [heroin is] cheaper. That's all I see is people that start out with like an injury or whatever and they get on prescription drugs, then it goes to heroin. I got a guy who's on my case load now ... he's someone you would not even think about [as] using heroin. I mean, he was a star athlete in high school. He went to college. It's just sad."

### 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'. Community professionals most often reported current availability as '5-8'; the previous most common score was '10'. A treatment provider reflected on availability of these drugs and commented, "Probably just a little less (available) than heroin or marijuana." Participants identified Dilaudid®, Percocet®, Roxicodone®, tramadol and Vicodin® as the most popular prescription opioids in terms of widespread illicit use, while community professionals identified Percocet® and Roxicodone® as most popular.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. State troopers arrested a driver in Jackson County after they pulled him over for traffic and speeding violations and discovered 580 oxymorphone pills and 506 oxycodone pills ([www.state-patrol.ohio.gov](http://www.state-patrol.ohio.gov), Feb. 25, 2015). A driver was arrested in Guernsey County when troopers discovered 55 acetaminophen/oxycodone pills in his possession ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), March 14, 2015).

Participants reported that the general availability of prescription opioids has decreased during the past six months. Some participants commented: "They are getting to be few and far between; I could never find [prescription opioids] when I was using, that's why I went to heroin; I think

they are harder [to find], that's why I went to heroin." Another participant clarified, "[The availability is high] if you wanted to go get one or two 'perks' (Percocet®) or something, but if you're taking them like a lot of us were, then it's harder than hell to get the quantity. One or two is fine, but to keep up your habit it's hard to find [enough]."

Community professionals also reported that availability of prescription opioids has decreased during the past six months. Treatment providers proposed that decreased availability is due to fewer prescriptions being written. A treatment provider commented: "I don't really have any evidence either way. Certainly all of the doctors, and myself, with the Ohio controlled substance reporting have really tightened down on who's prescribed." Nevertheless, a probation officer observed, "I think it's about the same (availability) because I get a lot of heroin users that are still going to the emergency room and getting whatever they can get." The BCI London Crime Lab reported that the number of prescription opioid cases it processes has generally either decreased or remained the same during the past six months, with the exception of increased numbers for Dilaudid®, Tylenol® 3/Tylenol®4, Ultram® and Vicodin®. In addition, the lab reported seeing fake pharmaceutical tablets, although not that often. Reportedly, alprazolam (Xanax®) has been found in "OxyContin®" tablets, and a few tablets have actually been found to be pressed heroin.

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

Reportedly, many different types of prescription opioids (aka "painers") 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. Participants noted that Percocet® is sold for \$1 per milligram plus a few dollars "tax" on top of that.

Prescription Opioids	Current Street Prices for Prescription Opioids	
	Dilaudid®	\$7 for 2 mg \$15 for 4 mg
	Oxycodone®	\$30 for 20 mg
	Percocet®	\$8 for 5 mg \$12-14 for 10 mg
	Roxicodone®	\$18-20 for 15 mg \$35-50 for 30 mg
	Vicodin®	\$3-5 for 5 mg \$7.50 for 7.5 mg \$10 for 10 mg

In addition to obtaining prescription opioids on the street from dealers, participants also reported getting them from a family member or friend who has a prescription or by obtaining a prescription themselves. One participant commented, "You have to know someone with a script (prescription)." Treatment providers also discussed how users will seek out these medications. A community professional commented, "In the emergency room it's gotten to the point that [addicts] know which doctors are more lenient, so they scope out who's working ... so people come in and know which doctors are going to give them their drugs."

Participants reported that the most common route of administration for illicit use of prescription opioids is snorting. Participants estimated that out of 10 illicit prescription opioid users, all 10 would snort the drugs. However, participants noted that a few of these pills can be intravenously injected.

A profile of a typical illicit user of prescription opioids did not emerge from the data. Participants described typical illicit users as anyone. Multiple participants emphasized that addiction "doesn't discriminate." Likewise, community professionals had difficulty in describing a typical illicit user of these medications, as several commented: "It's anybody; Across the board." A treatment provider added, "Usually, they have had some sort of injury and that's how it started."

## Suboxone®



Suboxone® remains highly available in the region. Participants most often reported the current street availability of Suboxone® as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. A participant remarked, "They are easy to get." Community professionals most often reported current availability as '7-8'; the previous most common score was '10'.

Participants reported that the availability of Suboxone® has increased during the past six months. Although some participants disagreed and explained: "It's getting a little harder with some of the programs they have down here; [Suboxone®] availability on the streets is getting less." Community professionals reported that availability of Suboxone® has decreased during the past six months. The BCI London Crime Lab reported that the number of Suboxone® and Subutex® cases it processes has decreased during the past six months.

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

Reports of current street prices for Suboxone® were consistent among participants with experience buying the drug. Participants reported that Suboxone® 8 mg sells for \$20. Participants noted that the price will vary depending on how badly the buyer needs the drug and reported that 8 mg Suboxone® can sell for as high as \$35 if a buyer is going into withdrawal. In addition to obtaining Suboxone® on the street from dealers, participants also reported getting the drug from those selling their prescription.

Participants reported that the most common routes of administration for illicit use are sublingual and intravenous injection (aka "shooting"). Participants estimated that out of 10 illicit Suboxone® users, five would sublingually ingest and five would shoot the drug. A profile of a typical illicit user of Suboxone® did not emerge from the data.

## Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain highly available in the region. Participants most often reported the current street availability of these drugs as '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.' However, one participant commented, *"Again, it's kind of like the opioids, you can get one or two, but you won't be able to get much more than that."*

Community professionals most often rated the current availability of sedative-hypnotics as '9;' the previous most common score was '10.' One treatment provider reasoned, *"They are still easily prescribed."* A coroner reflected, *"I have seen [sedative-hypnotics] in 'tox' (toxicology) reports. Usually if you see that, that's usually not considered the cause of death, but certainly the majority of my patients will have that in their toxicology reports."*

Participants identified Ativan®, Klonopin® and Xanax® as the most popular sedative-hypnotics in terms of widespread illicit use. Likewise, community professionals identified Ativan®, Klonopin®, Valium® and Xanax® as most popular. A treatment provider noted, *"We have been seeing a lot of Valium® lately and I don't know why."*

Participants reported that the general availability of sedative-hypnotics has decreased during the past six months. One participant indicated that fewer people are selling their personal prescriptions and commented, *"People don't come off of these anymore."* One participant shared that his doctor had recently stopped prescribing him sedatives, while another participant stated, *"It's harder to get a script."*

Community professionals reported that the availability of sedative-hypnotics has remained the same during the past six months. A probation officer commented, *"Most of my 'benzo' (benzodiazepine) users have a 30-day prescriptions, but 10 days into their script they are all gone."* The BCI London Crime Lab reported that the number of sedative-hypnotic cases it processes has either decreased or remained the same during the past six months, with the exception of increased numbers for Ambien®, Restoril® and Valium®.

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

Reports of current street prices for sedative-hypnotics were consistent among participants with experience buying these drugs. A participant indicated that dealers will work around available funds and explained, *"If you smoke weed (marijuana) with [the dealer] but you don't have a lot of money, they will sell it to you for cheaper."*

Sedative-Hypnotics	Current Street Prices for Sedative-Hypnotics	
	Klonopin®	\$1 per milligram
	Xanax®	\$2-3 for 1 mg \$5-6 for 2 mg

In addition to obtaining sedative-hypnotics on the street from dealers, participants also reported getting them from friends who are prescribed these medications. A participant disclosed, *"I had a friend who would get them every month, but I would have to get them right when he got them or else they would be gone fast."* Another participant shared, *"In my area, I know about four to five people that have [a prescription for sedative-hypnotics] and they just sell their script."*

Participants reported that the most common routes of administration for illicit use of sedative-hypnotics are snorting and oral consumption. Participants estimated that out of 10 illicit sedative-hypnotic users, eight would snort and two would orally ingest these drugs. One participant added, *"I know a couple that 'shoot' (intravenously inject) them."* Participants agreed that shooting these medications is less common.

A profile of a typical illicit user of sedative-hypnotics did not emerge from the data. Participants described typical illicit users as anybody and everybody. Community professionals reported that many illicit users began taking these medications legitimately. A treatment provider explained,

“Someone who had a legitimate script and problem at one point, but then cannot get off them.” Another treatment provider reflected, “We see a lot of times [that] once the doctors find out that they are abusing them, they just cut them off and then usually those people are looking for something desperately.” A coroner described typical illicit sedative-hypnotic users as: “The same users as pain medication.”

## Marijuana

Marijuana remains highly available in the region. Participants and community professionals continued to most often report the drug’s current availability as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score for both groups was also ‘10.’ One participant proffered, “Marijuana is real available, but not as available as heroin. It’s like I said, everyone has started using heroin. I used to know people who would drink every day, or smoke pot (marijuana) every day, now they just do heroin ... you can’t afford two drugs ....” Community professionals also discussed the high availability of marijuana in the region. A medical professional commented, “People we see in the emergency room, it’s just almost a given that if we do a drug screen they are going to have marijuana.” A county coroner commented, “I would say it is nearly as available as heroin.” An officer noted, “I get a lot of people who self-medicate with it ... or at least that’s what they say.”

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Three individuals were arrested while traveling in Muskingum County when state troopers discovered 390 grams of marijuana in their vehicle ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), March 16, 2015). A canine officer alerted state troopers to a vehicle in Jackson County from which three pounds of marijuana were confiscated and the driver arrested ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), March 21, 2015). State troopers discovered two pounds of marijuana in a vehicle pulled over for multiple traffic violations in Guernsey County; the driver was arrested ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), April 18, 2015). Two individuals were arrested after they were pulled over in Guernsey County and state troopers discovered three pounds of marijuana concealed in a duffle bag in the vehicle ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), May 1, 2015). A large marijuana grow operation was busted in Nelsonville (Athens County) when the Athens and Hocking Counties Major Crimes Units seized 84 plants in a residence during their search for a woman with

a warrant out for her arrest ([www.athensnews.com](http://www.athensnews.com), May 25, 2015).

Participants and community professionals reported that the availability of marijuana has remained the same during the past six months. Many participants noted that the substance is becoming more socially acceptable in their region. A participant said, “It seems just like a matter of fact that most everyone you know smokes pot.” Likewise, community professionals agreed that marijuana is more socially acceptable, as one professional commented, “I think [using marijuana] has become so much more open. People just talk about it. I mean I was at an auction last week and I met this lady who was 74 years old and she was like, ‘I smoke marijuana.’ And then she was telling me about how she makes these brownies that were laced with marijuana. It just seems like it’s so much more acceptable to talk about it.” The BCI London Crime Lab reported that the number of marijuana cases it processes has increased during the past six months.

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

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 commented: “I think [quality] ranges; It just depends on what they have, ‘dank’ (high-grade) or commercial.” Many participants agreed that marijuana in southeast Ohio is the best in the state. One participant remarked, “Meigs County gold, which is 25 miles from here, so [high-quality marijuana is] everywhere.” Another participant noted, “Our low [low-grade marijuana] is other places’ high [high-grade marijuana].”

Reports of current marijuana prices were provided by participants with experience purchasing the drug. Participants expressed that the price of marijuana depends on the quality purchased, with commercial-grade marijuana as the cheapest form of the drug and high-grade selling for significantly more.

Marijuana	Current Street Prices for Marijuana	
	<b>Low grade:</b>	
	a blunt (cigar) or two joints (cigarettes)	\$5
	1/8 ounce	\$25
	1/4 ounce	\$50
	an ounce	\$150
	<b>High grade:</b>	
	a blunt (cigar) or two joints (cigarettes)	\$10
	1/8 ounce	\$50
	1/4 ounce	\$100
	an ounce	\$250-400
	1/4 pound	\$300-400

Participants reported the most common route of administration remains smoking. Participants estimated that out of 10 marijuana users, all 10 would smoke the drug. However, many participants noted a surge in vaporizing marijuana extracts and concentrates (aka "dabs"). A participant explained, "I know these guys now that do this 'dabbing.' They go and buy this bad weed and they strip the weed for its THC (tetrahydrocannabinol) and they take this real hot iron or something and then 'hit it' (inhale the resulting vapors) like a bong."

A typical profile of a marijuana user did not emerge from the data. Participants continued to describe marijuana users as anybody. A participant remarked, "Everybody smokes pot here (Athens County), unless you're getting tested here at [the local treatment center]." Likewise, community professionals described typical users of marijuana as "across the board." However, a treatment provider noted, "I think

with veterans, there's a lot of marijuana use. My experience has been that it seems to help them with PTSD." Community professionals from throughout the region discussed generational use of marijuana and commented: "Parents put it in Christmas stockings; They smoke it around the dinner table." A probation officer reflected, "In probation ... I would say most of them have been daily smokers [of marijuana] since they were teenagers."

### Methamphetamine

Methamphetamine remains highly available in the region. Participants most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '9.' One participant commented, "Everybody's making it." However, the majority of those interviewed had no first-hand experience with the substance. Community professionals most often reported the drug's current availability as '10'; the previous most common score was also '10.' A treatment provider reported, "I don't have any clients that use [methamphetamine], but I hear them say that it's everywhere." Another community professional indicated that there is more methamphetamine in Morgan and Perry counties than in Muskingum County.

Participants reported that methamphetamine is available in powdered (aka "one-pot" or "shake-and-bake") and crystal (aka "shards") forms, as one participant expressed, "You can get either: shake-and-bake or shards." Participants from across the region commented about the production of 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), powdered methamphetamine can be produced in approximately 30 minutes in nearly any location by mixing the ingredients in small containers. A participant explained, "It's such an easy product. It's just so easy to make."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Children's services took two children into custody when Gallia County Sheriff's Office and Gallipolis Police officers dismantled a

methamphetamine lab at their residence ([www.wsaz.com](http://www.wsaz.com), Feb. 13, 2015). Three individuals were arraigned in Coshocton County Common Pleas Court for manufacturing methamphetamine ([www.coshocotribune.com](http://www.coshocotribune.com), March 3, 2015). A Muskingum County Sheriff's detective reported that they find about one meth lab per week, but one Sunday afternoon they found hundreds of bottles used for one-pot meth manufacturing inside a cattle trailer in a remote barn; the search is on for those connected to the stockpile ([www.otfca.net](http://www.otfca.net), March 17, 2015). Two residential methamphetamine labs were discovered in Perry County ([www.otfca.net](http://www.otfca.net), March 22, 2015). Perry County deputies and the Central Ohio Drug Enforcement Task Force arrested a man during a sting operation as he was traveling in Junction City (Perry County) with all components for methamphetamine manufacturing ([www.whiznews.com](http://www.whiznews.com), March 27, 2015). An active meth lab was discovered in a garage of a Thornville (Perry County) home; one man was arrested ([www.nbc4i.com](http://www.nbc4i.com), May 12, 2015).

Participants and community professionals reported that the general availability of methamphetamine has remained the same during the past six months. A law enforcement officer mentioned, "We have so many remote areas to dump [methamphetamine], it makes it easy for [users]. One guy who had a remotely located barn found [a one-pot lab] in his barn and didn't even know it was in there." The BCI London Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months; the lab reported processing crystal, brown, off-white and white powdered methamphetamine.

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

Participants most often rated the current overall quality of methamphetamine as '10' and of powdered methamphetamine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common overall

score was also '10.' However, a few participants reported that quality varies. One participant said the quality of methamphetamine depends on who makes it. Another participant commented, "[Quality of methamphetamine] depends on how they make it, like what they cut (adulterate) it with." 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 consistent among participants with experience buying the drug. Participants also divulged that many users will purchase a box of pseudoephedrine and receive a 1/2 gram of methamphetamine or \$50 for the trade, as one participant explained, "The hardest part is getting the tablets (pseudoephedrine), but there is a hundred people out there, and if you give them \$50, they will go buy you a box." A few participants shared that some people in rural areas "bake [methamphetamine] for the money," and do not use the substance themselves.

Methamphetamine	Current Street Prices for Methamphetamine	
	Powdered methamphetamine:	
	1/4 gram	\$30
	1/2 gram	\$50
	a gram	\$100
	1/16 ounce (aka "teener")	\$140
	1/8 ounce	\$225

Participants reported that the most common routes of administration for methamphetamine remain smoking and intravenous injection (aka "shooting"). Participants estimated that out of 10 methamphetamine users, five would smoke, four would shoot and one would snort the drug. A participant reported, "Not too many people will snort [methamphetamine] because it burns like fire."

A profile for a typical methamphetamine user did not emerge from the data. While participants and community professionals were unable to provide a typical user description, a probation officer observed, "I have noticed that a lot of my meth users use heroin, too."

## Prescription Stimulants

Prescription stimulants remain highly available in the region. Participants most often reported current availability these drugs for illicit use 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 "If you got kids [prescription stimulants are available]." Treatment providers most often reported current prescription stimulant availability as '9-10,' while law enforcement reported current availability as '5-6,' the previous most common score was '10' for all community professionals. A law enforcement officer commented, "There are some (users) that do them, but I don't think that it is a big part of our (drug using) population right now." Participants identified Adderall®, Focalin® and Ritalin® as the most popular prescription stimulants in terms of widespread illicit use, while treatment providers identified Vyvanse® as most popular.

Participants reported that the general availability of prescription stimulants has remained the same during the past six months. A participant commented, "I know quite a few people who have been prescribed them for a long time." Community professionals also indicated that availability has remained the same. The BCI London Crime Lab reported that the number of prescription stimulant cases it processes has remained the same during the past six months, with the exception of a decrease in Adderall® cases and an increase 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 provided by participants with experience purchasing, or personal knowledge of someone selling the drugs.

Prescription Stimulants	Current Street Prices for Prescription Stimulants	
	Adderall®	\$5-8 for 30 mg
	Ritalin®	\$5 for 5 mg

In addition to obtaining prescription stimulants on the street from dealers, participants also reported getting them from people who have access to a prescription. A couple participants mentioned parents who sell their children's medication. One participant shared, "I know someone who does that ... they don't even give them to their kids, they just sell them." Another participant also explained, "You got parents whose kids are prescribed [prescription stimulants] and the parents are on heroin, so they are selling their kids pills to get heroin." A treatment provider reported, "College students and anyone who has kids can get them."

Participants reported that the most common route of administration for illicit use remains snorting. Participants estimated that out of 10 illicit prescription stimulant users, all would snort the drugs.

Participants described typical illicit users of prescription stimulants as college students. A participant commenting on stimulant use in college students explained, "It helps them study for exams." Another participant added, "A lot of the 'frat' (fraternity) kids ... it seems like a lot of the frat boys are on Adderall®. Drinking those Monster® [energy drinks] and eating Adderall®." Treatment providers described typical users of prescription stimulants as college students and added, "Users who are now on Suboxone® because they can still feel that buzz."

## Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) remains available in the region. However, participants were unable to discuss traditional ecstasy tablets as none had experience with this form of the drug during the past six months. Participants reported on the powdered form of MDMA (aka "molly"). They reported that the current availability of molly is variable, rating current availability inconsistently as between '1-7' 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' for molly and '7' for traditional ecstasy tablets. One participant commented, "I think [molly] is pretty available for college kids." Similarly, community professionals most often reported current availability of molly as '4-6,' the previous most common score was '3.' One treatment provider reported, "I have not seen a positive test for ecstasy or MDMA in years ... I think that there is a sub-culture."

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 during the Past 6 Months	
	 Participants	No change
	 Law enforcement	No change
	 Treatment providers	No change

Participants were unable to report on current pricing for molly. Participants reported that the most common routes of administration for ecstasy and molly are snorting and oral ingestion. A participant added that ‘parachuting’ molly is also common and explained, “My friends will put the powder in a little piece of toilet paper and then just swallow it.”

Participants described typical users of molly as “college kids.” A participant shared, “I have a class with quite a few younger guys, like 18-22 [years old], and they have molly on the weekends.” Another participant reported, “I hear about [ecstasy and molly] at [music] festivals.” Community professionals also described typical users of molly as college students. A treatment provider explained, “Remember, the college population is a very mobile culture and that’s very different from what the locals are involved with, and the mobile population would be who might be handling the MDMA.”

## Synthetic Marijuana



Synthetic marijuana (synthetic cannabinoids; aka “K2” and “spice”) remains available in the region, albeit its current availability is low as reported by participants. Participants most often reported the current availability of synthetic marijuana 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 ‘7-8’. Community professionals most often reported current availability as ‘2;’ the previous most common score was ‘1.’ A treatment provider commented, “It’s considered passé [to use synthetic marijuana]. It’s not even on their radar. Marijuana is so readily available, why would you even bother with K2?”

Participants reported that the availability of synthetic marijuana has decreased during the past six months. One participant explained, “It’s gotten more difficult [to obtain].” However, another participant responded, “I guess [the availability is] probably the same because if you just order it off line you can get it delivered to your house.” Community professionals agreed that the availability of synthetic marijuana has decreased during the past six months. A treatment provider reasoned, “There is no interest.” However, the BCI London Crime Lab reported that the number of synthetic marijuana cases it processes has increased during the past six months.

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

Reports of current street prices for synthetic marijuana were inconsistent among participants with experience buying the drug. Reportedly, synthetic marijuana sells for between \$25-50 per gram. Despite legislation enacted in October 2011, synthetic marijuana continues to be available from online stores. A participant reported, “You can get [synthetic marijuana] off the Internet still. You can get it delivered to your house.”

Participants continued to report that the only route of administration for synthetic marijuana is smoking. Participants described typical synthetic marijuana users as “little stoners” and younger kids. Community professionals described typical users as a younger and those on probation.

## Other Drugs in the Athens Region

Participants and community professionals listed a variety of other drugs as being present in the region, but these drugs were not mentioned by the majority of people interviewed: bath salts, hallucinogens (lysergic acid diethylamide [LSD] and psilocybin mushrooms), inhalants, Lyrica® and Neurontin®, over-the-counter (OTC) medications and Seroquel®.

### Bath Salts

Bath salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues) remain available in the region. Participant most often reported current availability of bath salts as '3-9' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Community professionals reported no exposure to this drug during the past six months.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A bath salts operation was interrupted when Jackson County deputies ran a sting operation at an area motel and seized more than 40 grams of bath salts and arrested eight people ([www.wsaz.com](http://www.wsaz.com), May 18, 2015).

Participants reported that the availability of bath salts has remained the same during the past six months, but indicated that demand of the substance has decreased. The BCI London Crime Lab reported that the number of bath salts cases it processes has increased during the past six months.

Reports of current street prices for bath salts were inconsistent among participants with experience buying the drug. Reportedly, a small container which contains between 1/4 and 1/2 gram of bath salts sells for \$50. Participants reported that bath salts are not available in corner stores as previously, but are still available for online purchase. One participant commented, *"Pretty much all that synthetic stuff is on the Internet. You can order it still ... it's just your 'call' (risk) on getting caught."*

Participants reported that the most common route of administration remains snorting, but they also indicated additional methods. One participant explained, *"You can do the same thing to bath salts that you do with heroin, coke or anything. You can snort, 'shoot' (inject) it, smoke it."* Reportedly, bath salts are used in combination with marijuana and Xanax®.

### Hallucinogens

Participants reported on the availability of LSD (aka "blotter") and psilocybin mushrooms (aka "shrooms") in the region. Participants most often reported the current availability of both 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' for LSD and '8' for psilocybin mushrooms. One participant commented, *"It's not as common, but it is the season for shrooms."*

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. An Athens man was arrested for selling LSD to a confidential informant; a total of 200 unit doses of liquid and 'blotter paper' forms of LSD were confiscated between the sale and search of his apartment ([www.woub.org](http://www.woub.org), March 3, 2015).

Participants reported that the availability of LSD and psilocybin mushrooms has increased during the past six months. One participant commented *"Yeah, [availability has] changed 'cause it's the summer. For some reason the summer and hallucinogens go hand-in-hand."* The BCI London Crime Lab reported that the number of LSD and psilocybin mushroom cases it processes has increased during the past six months.

Reports of current street prices for LSD and psilocybin mushrooms were consistent among participants with experience buying the drugs. Reportedly, LSD sells one "hit" (dose) for \$5-10; psilocybin mushrooms sell for \$20 for 1/8 ounce and \$60 for 1/4 ounce. Participants reported that hallucinogens are most often available at music festivals or through friends and acquaintances. Participants reported that the most common route of administration for these drugs is oral ingestion. Participants described typical users of hallucinogens as college age and "hippies." Reportedly, LSD and psilocybin mushrooms are often used in combination with marijuana.

### Inhalants

Although participants did not discuss inhalants, community professionals mentioned a few things. A treatment provider commented on the prevalence of inhalants, *"People get very creative with 'huffing' (inhaling intoxicants). They will take different things and put them in a bag and huff it and get high on the fumes ... like feces. There are people out there that are huffing rather unusual things to get high. I think that huffing is quietly kind of out there, but I think there is a lot of shame about it, so no one is talking about it."* Community professionals described inhalant users as typically teenagers.

### Lyrica® and Neurontin®

Few participants reported that Lyrica® and Neurontin® (anti-convulsants) are also available on the street. Participants most often reported the current availability for Lyrica® and Neurontin® as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely

easy to get). Participants reported that the availability of these drugs has increased during the past six months. Reports of current street prices for Lyrica® and Neurontin® were consistent among participants with experience buying these drugs. Reportedly, Lyrica® 75 mg sells for \$1.50; Neurontin® 300 mg sells for \$2. The most common route of administration for either drug is oral ingestion.

### OTC Medications

Treatment providers reported that they have had clients who sought treatment for OTC medications (codeine syrup, Coricidin®, dextromethorphan, pseudoephedrine and Robitussin DM®) during the past six months. Also, a medical professional shared, *"I had one case, a woman, who passed away. [She] had overdosed on 60 or 90 tablets of Mucinex® D. I think that since it's a decongestant, at super high doses people are able to get high."*

### Seroquel®

Interestingly, both participant and community professional groups continued to report on the availability of Seroquel® (anti-psychotic) in the region. Participants reported high availability of the drug and most often reported its current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Community professionals reported moderate availability of Seroquel® and most often reported current availability as '6;' the previous most common score was '10.' A treatment provider explained, *"So in treatment when we say 'You can't use this.' 'We are testing for this,' that's when they go after the Seroquel® and ... you know that they are on something."*

Participants reported that the availability of Seroquel® has increased during the past six months. Community professionals reported that the availability of Seroquel® has remained the same during the past six months. A probation officer commented, *"I think we are just more aware of [Seroquel® abuse] now."*

Participants reported that the most common route of administration is oral ingestion. A participant shared, *"Chew it up so it will hit you faster."* Participants discussed how Seroquel® is obtained and one commented, *"It's easy to get from the doctor and off the street."* Another participant explained, *"When you're coming off of addiction, they give it to you to help you sleep."* Another participant added, *"[Seroquel® is] mostly in jail."*

## Conclusion

Heroin, marijuana, methamphetamine, powdered cocaine, prescription opioids, prescription stimulants, sedative-hypnotics and Suboxone® remain highly available in the Athens region. Changes in availability during the past six months include decreased availability for prescription opioids and synthetic marijuana and likely decreased availability for Suboxone®.

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

A probation officer commented on the availability of blue powdered heroin, reporting that a person on his caseload overdosed on blue heroin this past March. Participants discussed the quality of blue heroin and shared that its quality is supposedly "better" than other types of heroin. A participant further shared knowing someone who overdosed on blue heroin recently. The BCI London Crime Lab noted that much of the powdered heroin cases they've processed during the past six months have been a heroin-fentanyl mix, and sometimes even straight fentanyl.

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

Participants and community professionals reported that the general availability of prescription opioids has decreased during the past six months. Several participants explained that they turned to heroin use because they could not obtain prescription opioids, or enough prescription opioids, to maintain their addiction. Treatment providers proposed that decreased availability is due to fewer prescriptions being written. The BCI London Crime Lab reported that the number of prescription opioid cases it processes has generally either decreased or remained the same during the past six months. In addition, the lab reported seeing fake pharmaceutical tablets, although

not that often. Reportedly, alprazolam (Xanax®) has been found in “OxyContin®” tablets, and a few tablets have actually been found to be pressed heroin.

Methamphetamine remains highly available in the region. The BCI London Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months; the lab reported processing crystal, brown, off-white and white powdered methamphetamine. Participants divulged that many users will purchase a box of pseudoephedrine (an ingredient necessary for methamphetamine production) and receive a 1/2 gram of methamphetamine or \$50 for the trade. In addition, a few participants shared that some people in rural areas manufacture methamphetamine for sale and not for personal

use. And, while participants and community professionals were unable to provide a typical user description, a probation officer observed that many methamphetamine users are heroin users, too.

Finally, despite legislation enacted in October 2011 banning the sale of synthetic marijuana, the drug continues to be available from online stores. Participants reported not knowing of any retail establishments in the region which continue to sell synthetic marijuana. Participants and community professionals continued to describe typical users of synthetic marijuana as “younger kids” and individuals on probation.



## Drug Abuse Trends in the Cincinnati Region



### Data Sources for the Cincinnati Region

This regional report was based upon qualitative data collected via focus group interviews. Participants were active and recovering drug users recruited from alcohol and other drug treatment programs in Clinton, Hamilton and Lawrence counties. Data triangulation was achieved through comparison of participant data to qualitative data collected from regional community professionals (treatment providers and law enforcement) via focus group interviews, as well as to data surveyed from the 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 July through December 2014. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for January through June 2015.

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

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## Regional Profile

Indicator <sup>1</sup>	Ohio	Cincinnati Region	OSAM Drug Consumers
Total Population, 2010	11,536,504	2,017,337	41
Gender (female), 2010	51.1%	51.1%	34.1%
Whites, 2010	81.1%	81.3%	87.8%
African Americans, 2010	12.0%	12.5%	9.8%
Hispanic or Latino origin, 2010	3.1%	2.3%	0.0%
High School Graduation rate, 2010	84.3%	88.0%	78.0%
Median Household Income, 2013	\$48,308	\$46,399	\$19,000 to \$21,999 <sup>2</sup>
Persons Below Poverty Level, 2013	15.8%	17.4%	51.2% <sup>3</sup>

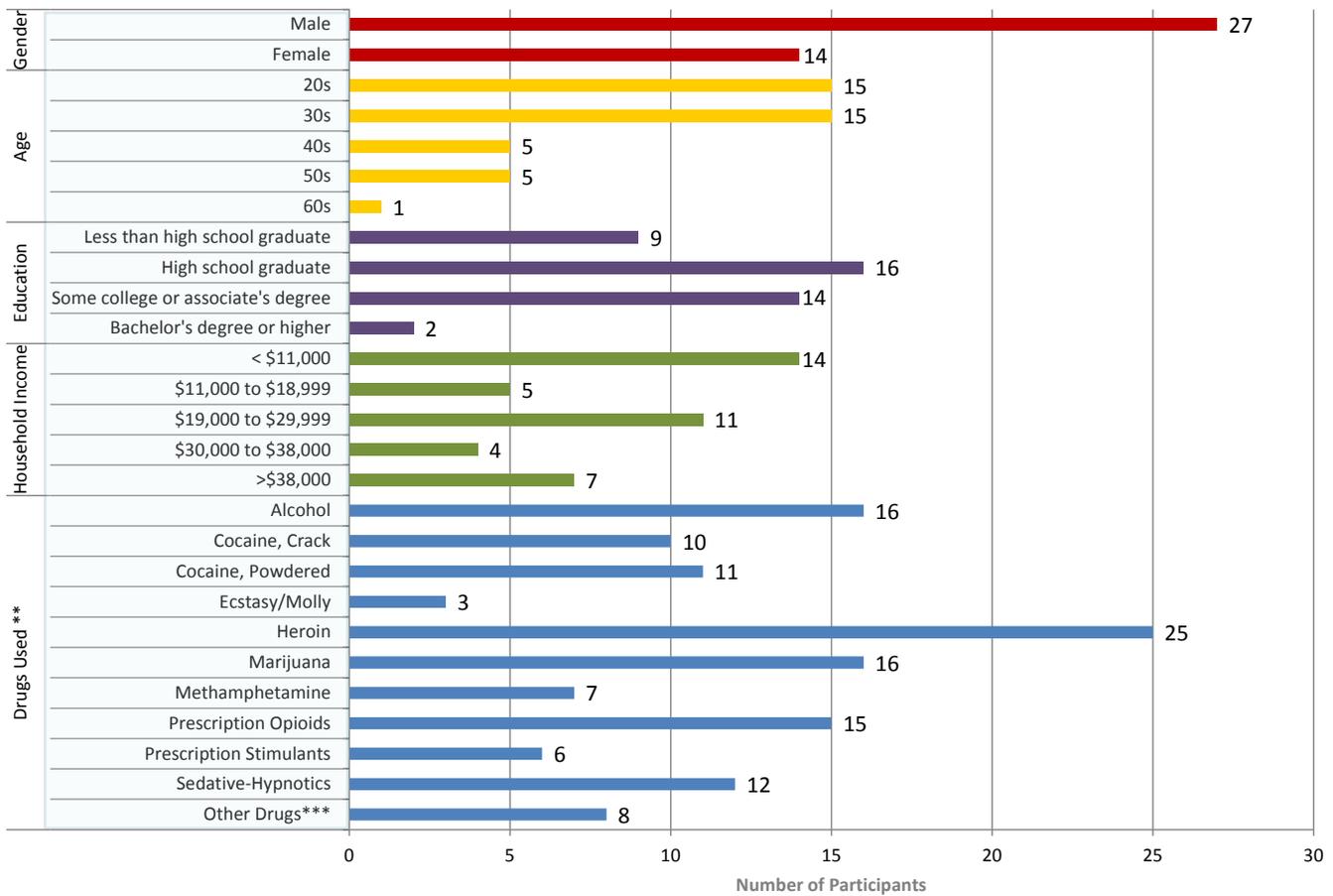
<sup>1</sup>Ohio and Cincinnati region statistics are derived from the most recent US Census; OSAM drug consumers were participants for this reporting period: January - June 2015.

<sup>2</sup>Participants reported income by selecting a category that best represented their household's approximate income for the previous year.

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

### Cincinnati Regional Participant Characteristics

#### Drug Consumer Characteristics\* (N=41)



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

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

\*\*\*Other drugs included: 25-l and 2CB, Suboxone® and Subutex®.

## Historical Summary

In the previous reporting period (July 2014 – January 2015), crack cocaine, heroin, marijuana, methamphetamine, prescription stimulants, sedative-hypnotics and Suboxone® remained highly available in the Cincinnati region. An increase in availability existed for heroin and Suboxone®, and a decrease in availability existed for synthetic marijuana. Data also indicated possible decreased availability for bath salts.

Participants and community professionals reported white and brown powdered heroin as the most available heroin types throughout the region. Law enforcement reported that the brown powdered heroin they encountered had come into the United States from Mexico. Participants suggested that black tar heroin was more available in urban areas of the region.

Participants reported that users sought white powdered heroin due to the high potency of the drug and explained that this type of heroin often contained fentanyl. The danger of using fentanyl-cut heroin was well understood, yet most participants shared they continued to seek 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 many powdered heroin cases they processed in the lab were heroin-fentanyl mixtures and sometimes straight fentanyl.

The most common route of administration for heroin remained intravenous injection (aka “shooting”). Participants estimated that out of 10 heroin users, all 10 users would shoot the drug. Clean needle availability varied throughout the region as some participants reported easily obtaining them through pharmacies, while others reported increased difficulty as pharmacies were requiring prescriptions for needle purchase. Participants said it was common practice to reuse needles from other users or to use those found on the ground. Participants described typical heroin users as everybody, while community professionals described typical users as younger adults, females and those of lower socio-economic status.

Participants and community professionals reported an increase in the street availability of Suboxone®. Participants attributed the increase to how easily a user could obtain a prescription, while community professionals cited an

increase in number of Suboxone® clinics in the region. The BCI London Crime Lab reported that the number of Suboxone® cases it processed had increased.

Reportedly, the most common route of administration for illicit use of Suboxone® was intravenous injection. Participants described typical illicit Suboxone® users as heroin users trying to detox or trying to avoid withdrawal symptoms when they could not obtain heroin. Treatment providers also described typical illicit Suboxone® users as those attempting to detox from heroin.

Finally, participants reported decreased availability of bath salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues) in the region. Treatment providers explained that they did not hear about bath salts use among their adult clients and believed the reason was due to the bad reputation of the drug. The BCI London Crime Lab reported a decrease in the number of bath salts cases it processed. Participants and community professionals described typical bath salts users as younger, high school or college aged.

## Current Trends

### Powdered Cocaine

Powdered cocaine is 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 ‘4.’ One participant explained, “*When the pill mills (pain clinics) got shut down, a lot of people went to ‘alpha’ (alpha-PVP or alpha-pyrrolidinopentiophenone, aka “flakka,” a synthetic stimulant similar to bath salts) or cocaine.*” Community professionals most often reported the drug’s current availability as ‘6;’ the previous most common score was bimodal (‘1’ and ‘8’). A treatment provider stated, “*I give it an ‘8’ ... well, usually when you buy your heroin, they throw in a couple caps (capsules) of cocaine, too, so it’s a bonus, yeah.*”

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A man was arrested in Scioto County by the Southern Ohio Drug Task Force for trafficking cocaine near a school ([www.wsaz.com](http://www.wsaz.com), Feb. 2, 2015). A large-scale law enforcement operation interrupted a significant cocaine and heroin distribution network in Cincinnati; more than a kilogram of cocaine

and one-quarter kilogram of heroin were confiscated in the raids of several “stash” houses around the city ([www.cincinnati.com](http://www.cincinnati.com), April 17, 2015).

Participants reported that the availability of powdered cocaine has remained the same during the past six months. Treatment providers reported an increase in availability of powdered cocaine during the past six months, while law enforcement reported that availability has remained the same. A treatment provider commented, *“I see an increase in cocaine ... I’ve had a few [clients report cocaine use] in the past couple months ... cocaine’s coming back it seems.”* The BCI London Crime Lab reported that the number of powdered cocaine cases it processes has decreased during the past six months.

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

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 ‘6.’ A participant said, *“[Quality of powdered cocaine] probably depends on where you go, really.”* Other participants responded: *“It’s garbage; it’s pretty bad; It’s just junk.”*

Participants discussed how powdered cocaine is often adulterated (aka “cut” or “stomped on”) with other substances. One participant explained, *“Too many people stompin’ on it, people mostly just get ripped off.”* Participants reported that powdered cocaine in the region is cut with aspirin, baby laxatives, baking soda, isotol (dietary supplement), mannitol (diuretic), NoDoz® and vitamins (including B-12). A participant reflected, *“Probably whatever these (dealers) can find in the medicine cabinet to add to it.”* Another participant explained, *“They ‘rock it up’ (turn the powder into crack) and add baby laxatives to it ‘cause they get more out of it that way ... more product.”* 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 were consistent among participants with experience buying the drug. Participants reported that small amounts of cocaine are often sold in capsules. A few participants reported obtaining powdered cocaine for free, as one participant explained, *“Get it free, testers or whatever.”* A few participants reported an increase in prices of powdered cocaine and commented: *“It’s more now; You can get a \$5 ‘cap’ (capsule) ... of heroin, you get \$7 [per cap] for ‘coke’ (powdered cocaine).”* A participant explained, *“We usually run into people who are willing to share from what I’ve experienced. It’s a sharing drug ... People are willing to share cocaine, they’re not willing to share crack.”* Additionally, a participant reported leaving the region to purchase cocaine and shared, *“I always went to Dayton and if they had heroin, then they always had cocaine, too.”*

Powdered Cocaine	Current Street Prices for Powdered Cocaine	
	1/10 gram (aka “cap”)	\$10
	a gram	\$60-70
	1/16 ounce (aka “teener”)	\$100-120
1/8 ounce (aka “eight ball”)	\$200-300	

Participants reported that the most common routes of administration for powdered cocaine remain snorting and intravenous injection (aka “shooting”). One participant explained, *“Just depends on if they use the needle. If they do, they’re injecting [the powdered cocaine].”*

The majority of participants described typical powdered cocaine users as middle-aged, white and employed in professional and blue collar occupations. A participant stated, *“I think [typical powdered cocaine users] would be older folks, 30-55 [years of age], males primarily.”* A couple of participants noted black men as typical powdered cocaine users and shared: *“I don’t want to sound racist, but most of the time I would buy heroin off black guys and they were do-*

ing cocaine; Yeah, black men and younger men, 18-25 [years of age]."

Several participants made reference to socio-economic status of powdered cocaine users and commented: "[Powdered cocaine users are] financially stable; A little bit older, they have to have money (to afford powdered cocaine); I always heard it was a rich man's drug." Participants identified several professions connected with cocaine use and shared: "Blue collar, lawyers, some cops; Nurses ... you wouldn't think so because they have so much education and they're taking care of you, but we got [powdered cocaine] from a nurse." Several participants also indicated that powdered cocaine is a drug used to enhance sexual experiences.

Community professionals described typical users of powdered cocaine as white, adult women or middle-aged professionals. A treatment provider reflected, "A gentleman recently ... educated, works, you know, [cocaine is] kind of one of those things that helps keep him goin' and helps him get all the stuff done that he needs to get done. He doesn't think it's a problem because it helps him be more productive at work."

### 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 '8.' A few participants commented: "[Crack cocaine has] always been easy to get; Right across the street; Just ask ... it's around; I'm also able to call someone and find it." One participant shared, "You can always tell who the seller is ... worst house on the block with the nicest cars and people coming in and out." Community professionals most often reported the drug's current availability as '8;' the previous most common score was '9.' A treatment provider reflected, "According to my clients, specific areas in Warren County, you can smell it cookin' throughout the whole area and if you want it, you got it ... so it's readily available." Another clinician commented, "I'd say a '9' because I think a lot of heroin addicts ... they speed-ball ... they're using crack, too."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Two people were arrested in Hamilton (Butler County) for trafficking crack cocaine, heroin and marijuana; law enforcement was quoted

saying, "We are seeing crack cocaine more frequently in both small and large scale seizures. Not only are we dealing with heroin, but it looks like now users may be mixing or using both (heroin and cocaine) at the same time" ([www.wlwt.com](http://www.wlwt.com), Feb. 4, 2015). Ohio State Highway Patrol (OSHP) confiscated 125 grams of crack cocaine and 74 grams of heroin found by a canine officer when a vehicle was pulled over for a traffic violation in Ross County ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), Feb. 5, 2015). Two men were arrested for trafficking about 50 grams of crack cocaine in immediate proximity of a school in Portsmouth (Scioto County) ([www.wsaz.com](http://www.wsaz.com), April 29, 2015).

Most participants reported that the availability of crack cocaine has remained the same during the past six months. However, a couple of participants felt that there was a recent increase in demand for crack cocaine, which created an increase in availability of the drug, as they explained: "[Availability is] increasing, but the quality is decreasing; After they shut down the pill mills and stuff, they (opioid users) went to crack." Community professionals also reported that availability of crack cocaine has remained the same during the past six months. A treatment provider stated, "For those that want it, it is as readily available now as it always has been." The BCI London Crime Lab reported that the number of crack cocaine cases it processes has decreased during the past six months.

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

Participants most often rated the current overall quality of crack cocaine as '4' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '8.' One participant shared that users often prefer crack cocaine over powdered cocaine and explained, "If you up on 'blow' (powdered cocaine) all night long, I mean, you'll come down for hours and just be miserable unless you got a shit load of lines. Crack goes faster, come down faster." Several participants noted that the quality of crack cocaine fluctuates. A couple participants explained: "It depends on where you went to get [crack cocaine]. Who you got it from; Different corners have different product."

Participants reported that crack cocaine in the region is 'cut' (adulterated) with ammonia, aspirin, baby laxatives, baking soda, ethanol and vitamin B-12. One participant explained, "They're cutting [crack cocaine] with pretty much the same stuff as [powdered] cocaine." Overall, participants reported that the quality of crack cocaine has remained the same during the past six months. However, participants from more rural areas of the region reported a decrease in quality and commented: "Around here [quality of crack cocaine is] not so good; It's dirt quality. Like going out and smoking dirt."

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

Reports of current street prices for crack were consistent among participants with experience purchasing the drug. Most participants reported that users will often purchase \$20 worth of crack cocaine, as one participant explained, "You can nickel and dime it. It's expensive that way ... less than \$20, you'll only get a hit or two." Participants stated that crack cocaine is most often sold by the piece and not necessarily weighed out. Participants commented: "I just buy by the piece ... I'd usually get a \$50 piece; I would go get a 'twenty' (\$20 worth) of crack and from there, I'd go get a 'fifty' (\$50 worth) of heroin." Several individuals said crack cocaine dealers will sell the drug for any amount of money. Participants shared: "If you got two pennies, you could, pretty much, get some crack ... you could trade anything for it ... Kindles, iPads, other drugs ... marijuana. Usually people will want marijuana for crack; Yeah, like trade pain pills for crack."

<b>Crack Cocaine</b>	<b>Current Street Prices for Crack Cocaine</b>	
	1/10 gram	\$10
	a gram	\$50-60
	1/16 ounce (aka "teener")	\$75-100
	1/8 ounce (aka "eight ball")	\$150-250

Participants reported that the most common routes of administration for crack cocaine remain smoking or intrave-

nous injection (aka "shooting"). Participants estimated that out of 10 crack cocaine users, eight would smoke and two would shoot the drug. A participant commented, "Smokin' it. It's the only way, really." Other participants observed, "More people now went to shootin'; I hear more and more people shooting crack." A treatment provider who rated availability as higher also commented on users shooting crack: "I learned that now you can shoot crack, too. I didn't know that, but about six months ago I learned that one."

While participants varied in their descriptions of a typical crack cocaine user, most described users as people of lower socio-economic status and drug dealers. A participant commented, "It's so weird, though, because most the people that I've seen sell crack, do crack, though ... like most the people I seen sell 'dog' (heroin), they don't do dog ...." Other participants shared: "I've known a variety of different people to use [crack cocaine] - from young males to old ladies; They're either really rich or really poor ... usually homeless people ... thieves, hookers." A participant remarked, "It's usually the drug that people get when they can't get their drug (of choice) these days, like if you can't get 'hairon' (heroin) ... if you can't get some 'meth' (methamphetamine)." Community professionals described typical crack cocaine users as heroin or other drug addicted, in their 30s, white and male. A clinician clarified, "I see more IV [cocaine use] with women, more smoking [crack cocaine] with males."

### Heroin



Heroin remains highly available in the region. Participants and community professionals continued to report 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'. A treatment provider commented, "Yeah, '9' to '10' because it's cheap."

While many types of heroin are currently available in the region, participants reported powdered heroin as most prevalent. Participants discussed colors of powdered heroin that are available in the region and commented: "I don't think I've even seen brown powder anymore. It's mainly white or gray; More of the white stuff out now ... that's fentanyl; Gray. It's pretty much like the white; A lot of gray [heroin] goin' around; If you have the right connections, you can find the brown."

Several participants also mentioned seeing pink- or blue-colored powdered heroin and most often reported pink

heroin availability as '2' and blue heroin availability as '10.' A participant talked about the blue-colored heroin and shared, "When you draw it up in the needle, it turns purple. It's called 'purple magic.'" Participants most often reported the current availability of black tar heroin as '3' and commented: "Up here, man, it's all white and brown. Columbus is all tar; The Mexicans (dealers) have [tar heroin], but not around here." Community professionals were unaware of what type of heroin is most available in the region.

Corroborating data also indicated that heroin is readily available in the region. The Scioto County Coroner's Office reported that 26 percent of the 19 drug overdose deaths it recorded this reporting period involved heroin.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Three individuals were taken into custody in Lawrence County for trafficking more than 10 grams of heroin ([www.wsaz.com](http://www.wsaz.com), Feb. 4, 2015). Following a car and foot chase, a man was arrested in Elmwood Place (Hamilton County) and three pounds of heroin were confiscated from his vehicle ([www.local12.com](http://www.local12.com), Feb. 5, 2015). Two Columbus (Franklin County) gang members were sentenced to 40 years in prison at a trial in Portsmouth (Scioto County) for their roles in trafficking heroin between the two cities; 22 gang members were arrested in this operation which was intercepted in June 2014 and found to distribute up to 400 grams of heroin per day in the region ([www.wsaz.com](http://www.wsaz.com), Feb. 5 & 11, 2015). A Goshen Township (Clermont County) young man died of a heroin overdose while his friends took pictures of him and posted them on Facebook; the man who injected the drug into him faces involuntary manslaughter and corrupting another with drugs charges ([www.wlwt.com](http://www.wlwt.com), Feb. 18, 2015). A Warren County woman was arrested after it was discovered that she was dropping her 11-year-old daughter off at a man's house in exchange for heroin; reportedly, she injected her daughter with heroin at least once ([www.cincinnati.com](http://www.cincinnati.com), March 24, 2015). A driver was arrested in Scioto County when a canine officer alerted OSHP troopers to a vehicle and 26 grams of heroin were found taped behind a headlight ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), May 23, 2015). Eight individuals overdosed on heroin in Portsmouth (Scioto County) one Friday night and an additional four overdoses were reported on Saturday; Police Chief Ware, who suspected the drug was cut with fentanyl, sent out a warning and credited the availability of Narcan® for saving the lives of these 12 individuals

([www.portsmouthdailytimes.com](http://www.portsmouthdailytimes.com), May 23 and 26, 2015). Four individuals were arrested and charged with trafficking the previously mentioned deadly batch of heroin into Portsmouth; 53 grams of tainted heroin were seized during their arrests ([www.wsaz.com](http://www.wsaz.com), May 26, 2015). Two individuals were arrested for the overdose death of a young man from Arlington Heights (Hamilton County) for selling him a fatal dose of fentanyl under the guise of heroin; police seized heroin and prescription pills when they arrested the two ([www.otfcs.net/news](http://www.otfcs.net/news), June 16, 2015).

Additionally, media reported on efforts to curb the effects of heroin addiction in the region. Hamilton County media reported about difficulty for heroin addicts, their families and friends to obtain naloxone (the antidote to heroin overdose); apparently only a couple pharmacies stock this drug, others can get it by request, but it can take up to three weeks ([www.local12.com](http://www.local12.com), Feb. 5, 2015). Mount Orab (Brown County) law enforcement reported an average of about three overdoses per week and came together with the community to see what they could do to curb these overdoses, as well as drug-related crimes in their area ([www.wcpo.com](http://www.wcpo.com), March 2, 2015). Lawrence County law enforcement received naloxone kits in order to reduce the number of overdose victims in their community ([www.wsaz.com](http://www.wsaz.com), May 21, 2015).

Participants reported that the general availability of heroin has increased during the past six months. Specifically, participants noted an increase in white powdered heroin and a decrease in black tar heroin. A participant commented, "Since they closed them pill mills, people goin' to heroin and meth ... a lot." Community professionals reported that the general availability of heroin has increased during the past six months. A treatment provider stated, "I think we have more people coming forward and saying they have a problem (with heroin) than we did before." Another treatment provider commented, "We're seeing an increase in heroin, prescription opiates, alcohol and marijuana." The BCI London Crime Lab reported that the number of powdered heroin cases it processes has increased during the past six months, while the number of black tar heroin cases has remained the same; 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 overall quality of heroin as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was also '10'. Several participants suggested that the quality of heroin fluctuates, as one participant explained, "Depends, you know what I mean? Some could be a '10,' some could be a '0.'" The majority of participants felt that the gray or white powdered heroin was the most potent and commented: "The gray [heroin] is better. It's hard. It has more heroin in it; I don't know what they're mixin' with it, but it's a '10' [for quality]." Another participant asserted, "Gray and blue [heroin] are stronger. The potency [is due to] how much heroin is in there." A participant remarked, "Most of the white powder heroin around here is 'cut' (adulterated) with fentanyl."

Several participants did not know what substances were cut into heroin and responded: "It's cut with so much different stuff; They cut [heroin] with all kinds of stuff; It's hard to say because you don't know what you're getting." However, other participants were able to identify some cuts and reported that brown and white powdered heroin are most often cut with baby laxative, baking soda, cocaine, prescription opioids (oxycodone, fentanyl and morphine), Similac® and vitamins. Additionally, participants shared that brown powdered heroin is also cut with make-up and vinegar, while white heroin is cut with sedative-hypnotics (benzodiazepines) and black tar is cut with Coca-Cola® and coffee. One participant remarked, "Definitely vinegar. You can smell it and taste it."

Several participants discussed fentanyl-cut heroin and commented: "I think right now, a lot of it is that fentanyl stuff 'cause of how it breaks down; It's hard to sort out what's heroin and what's fentanyl. You could just get a whole thing of fentanyl. And that's what's making people die apparently." Many participants discussed a number of local overdoses on the white and gray powdered heroin. A participant stated, "In Sabina (Clinton County), about a week ago, there were six OD's (overdoses) and that's just from two 'caps' (capsules of heroin). One of them resulted in death." A participant

from a different focus group shared similar information and expounded, "They had eight overdoses in Sabina (Clinton County) a couple weeks ago and all but one survived. They were using heroin and meth together. The EMS gave 'em Narcan® (naloxone). The police have [naloxone] now, so when they go [on overdose calls] they can try to save somebody." Another participant added, "The health department has Narcan®, you can pick one [Narcan® kit] up yourself. You have to go down there and take a class, but ... they give you two, one for you and if someone else if overdosing. It's like an EpiPen® shot." Another participant reported, "There's been 30 overdoses in this area in the last few months ... all heroin."

Overall, participants reported that the general quality of heroin has remained the same during the past six months. The BCI London Crime Lab noted that "lots of powdered heroin coming in as a heroin-fentanyl mix, sometimes even straight fentanyl!"

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

Reports of current street prices of heroin were provided by participants with experience purchasing the drug during the past six months. A participant commented, "Main reason why people doing heroin is because pills are too high [in price]." Participants added that users can trade services for heroin. Some services mentioned by participants included sexual favors, driving the drug dealer around, delivering drugs for the dealer and selling drugs for the dealer. One participant asserted that prices are lower and reasoned, "There's less heroin in it, more fentanyl." Another participant explained, "I would buy in larger quantities, therefore the price goes down." Still others observed: "There's lot of competition out there; [There are] so many dope fiends, [dealers] can afford to lower the prices."

Heroin	Current Street Prices for Powdered Heroin	
	1/10 gram	\$20-30
	1/2 gram	\$50-60
	a gram	\$100-120

Participants continued to report the most common route of administration for heroin as intravenous injection (aka “shooting”). Participants estimated that out of 10 heroin users, nine would shoot and one would snort the drug. A participant stated: *“Shooting it in this region.”*

Participants reported that heroin users will use whatever needle is available, often sharing or reusing needles. One participant plainly stated, *“Whoever has [a needle], you use it.”* Several participants knew the danger of this sort of practice and one participant commented, *“Yeah, ‘Hep C’ (hepatitis C) and, I’m telling you HIV is going to take off ... like I’ve been tested. One person’s going to do it and it’s going to take off.”*

Participants reported obtaining needles from dealers, diabetics and pharmacies. One participant simply remarked, *“You steal ‘em or buy ‘em.”* A few participants noted that there is increasing difficulty with getting needles from diabetics, as one participant explained, *“Most people with diabetes are getting the pumps now. They don’t give ‘em needles, because of heroin [epidemic].”*

Several participants were aware of needle exchanges in the region and how to access them. In fact, three needle exchange locations in Cincinnati were identified by participants. Additionally, a few health departments were known to offer similar services, as a couple participants shared: *“You can get [clean needles] at the health department; You can trade your old ones in for new ones in Huntington (Ross County) [at the health department].”*

Reports of current dealer prices for needles were \$2-3 each and one participant disclosed, *“If you buy enough heroin, the dealer just gives [needles] to you.”* Participants also reported that pharmacies will sell 100 needles for \$10-12, but sometimes require prescriptions. One participant explained, *“In pharmacies, it just depends on the pharmacist. There’s a few that will [sell needles without a prescription].”*

A profile of a typical heroin user did not emerge from the data. Participants described typical users as more often white and as *“everyone and anyone.”* One participant remarked, *“I think it’s 10-90 [years old], all races.”* Although more whites were reported to use heroin, a participant indicated an increase in use by black individuals and explained, *“Black people [use heroin] under cover. There’s a lot of black people around here that sell it, but they use it, too.”* Additionally, participants noted that the ages of heroin users as expanding in both directions. A participant shared, *“I mean my neighbor is 14 [or] 15 [years old and is] shooting*

*heroin. Selling it, doin’ it. Her Dad don’t know she’s doing it, she just goes up to her room. Her dad is dying of cancer, she steals his [pain medication] and everything. Her boyfriend just went to prison.”* Another participant shared, *“I have a 73-year-old Grandma who’s getting high on heroin. She was on pain pills. She don’t inject it, but yeah, she snorts it.”*

Community professionals most often described typical heroin users as younger and female. A couple of treatment providers agreed with a description another clinician gave, when she reflected, *“I would say, 25-year-old female with one or more kids possibly not in her care and lower socio-economic status.”* However, several treatment providers were quick to note: *“I have seen a lot of different ages; I have 60-year-old [clients using heroin].”* Further discussion centered on age of first-time use: *“It seem like young folks are being targeted; The scariest thing that I saw ... was first-time adolescent users going straight to heroin. Not alcohol, not marijuana. First time ... heroin ... at 15, 16 years old.”*

## Prescription Opioids



Prescription opioids remain 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 also ‘7’. Likewise, community professionals most often reported current availability as ‘7’; the previous most common score was ‘7’ for treatment providers and ‘9’ for law enforcement. A treatment provider remarked, *“It’s easier to get heroin than it is to get [prescription opioids].”* Another treatment provider commented, *“More individuals ... related to prescription drug abuse, either possession of substances they don’t have prescriptions for themselves or for trafficking ... primarily opiates ....”* A clinician commented, *“Students tell us they’re readily available in schools.”*

Participants identified fentanyl, methadone, Norco®, OxyContin® and Percocet® as the most popular prescription opioids in terms of widespread illicit use. Participants specified that the fentanyl to which they are referring in this section come in patches and sticks (lollipop) forms, not the clandestine fentanyl that is often cut into heroin. Community professionals identified Opana®, OxyContin®, Percocet® and Vicodin® as the most popular prescription opioids in terms of widespread illicit use.

Corroborating data also indicated the availability of prescription opioids for illicit use in the region. The Scioto County Coroner’s Office reported that 74 percent of the 19 drug overdose deaths it recorded this reporting period involved prescription opioids, with fentanyl reported in 57 percent of these deaths.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. The owner of a Lucasville (Scioto County) pain clinic was convicted on drug charges and for money laundering after law enforcement identified the establishment as a “pill mill” where prescriptions for primarily narcotics (oxycodone) and some sedative-hypnotics (Xanax®) were being handed out to patients who would pay \$200 cash per visit ([www.wsaz.com](http://www.wsaz.com), Feb. 19, 2015).

Participants reported that the general availability of prescription opioids has decreased during the past six months. A participant complained, *“It’s hard to get them prescribed and they’re too expensive on the streets.”* Treatment providers reported that availability of prescription opioids has decreased during the past six months, while law enforcement reported no change in availability. A treatment provider recalled, *“We’ve had a lot of doctors leave the area. I think that’s when we saw the decrease.”* Another clinician added, *“I think there’s been some policy changes at the hospital, too.”*

The BCI London Crime Lab reported that the number of prescription opioid cases it processes has generally either decreased or remained the same during the past six months, with the exception of increased numbers for Dilaudid®, Tylenol® 3/Tylenol®4, Ultram® and Vicodin®. In addition, the lab reported seeing fake pharmaceutical tablets, although not that often. Reportedly, alprazolam (Xanax®) has been found in “OxyContin®” tablets, and a few tablets have actually been found to be pressed heroin.

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

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

Prescription Opioids	Current Street Prices for Prescription Opioids	
	fentanyl (patches)	\$20-40 for 15 mcg \$50 for 100 mcg
	methadone	\$3-5 for 10 mg (tablet) \$0.50-1.50 per ml (liquid)
	Norco®	\$2-3 for 5 mg
	OxyContin® OP	\$35-40 for 30 mg
	Roxicodone®	\$40-55 for 30 mg

In addition to obtaining prescription opioids on the street from dealers, participants also reported getting them from friends, prescribed by a physician and by stealing them. One participant commented, *“Anyone can get to the hospital and get a ‘script’ (prescription) for Norco®. I mean, that’s what they’re giving instead of Vicodin®.”*

Participants reported that the most common routes of administration for illicit use of prescription opioids remain oral consumption and intravenous injection (aka “shooting”). Participants estimated that out of 10 illicit prescription opioid users, eight would shoot and two would orally consume (“eat”) these drugs. One participant indicated that some pills were easier to shoot than others and illustrated, *“The new [OxyContin® pills], they got gel in ‘em. Put it in the microwave and put ‘em in the freezer [in order to help break them down to shoot them] so many times it’s not even worth it.”*

A profile of a typical illicit prescription opioid user did not emerge from the data. The majority of participants reported everyone is abusing prescription opioids. One participant reported that his daughter was offered pain pills at school and shared, *“My daughter is 12 [years old] and she was just offered to snort some pills at school, but she’s smart ‘cause she’s seen me and her mom go through this. She knows better.”* One participant identified older adults as more often addicted to these medications and commented: *“Old people and cancer patients ... people with arthritis and back problems.”* Community professionals reported there is no

typical illicit prescription opioid user as the age of users ranges from adolescents to older adults. Treatment providers also noted typical illicit users as heroin addicts, as well as adolescents who feel these drugs are safer than other drugs and whose status in school is perceived as dependent upon purchasing these drugs.

### Suboxone®

 Suboxone® remains highly available in the region. Participants most often reported current street availability of this drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. A participant remarked, "[Suboxone® is] *the biggest thing right now.*" Another participant was quick to comment, "*Suboxone's a popular one that's goin' around.*" Community professionals most often reported current availability as '5'; the previous most common score was '10'.

Participants reported that the availability of Suboxone® has remained the same during the past six months and reported both filmstrip and pill forms as available, as well as Subutex®. However, community professionals reported that Suboxone® availability has decreased during the past six months. A treatment provider stated, "*I think [Suboxone® is] getting harder to find. With the increase in monitoring and the medical board regulations, there's fewer clinics that just ... give them out.*" A law enforcement officer shared, "*Three clinics in the area have been shut down after being monitored by law enforcement.*" The BCI London Crime Lab reported that the number of Suboxone® and Subutex® cases it processes has decreased during the past six months.

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

Reports of current street prices for Suboxone® were consistent among participants with experience buying the drug. One participant stated, "*I've seen people chase [abuse Suboxone®] more than heroin. It's cheaper and easier to get.*"

Suboxone®	Current Street Prices for Suboxone®	
	filmstrip	\$15-25 for 8 mg
	tablet	\$5 for 2 mg
Subutex®	\$15-20 for 8 mg	

In addition to obtaining Suboxone® on the street from dealers, participants also reported getting the drug from friends who have prescriptions and through personal prescriptions obtained through Suboxone® clinics. A participant shared, "[Heroin addicts] *are tryin' to stay clean and buyin' 'em off the street.*" Another participant explained, "*A lot of people get 'em [by prescription] and sell 'em.*" A clinician said, "[Users are] *buying [Suboxone®] off the street.*"

Participants reported multiple routes of administration for illicit use of Suboxone®, including oral ingestion, snorting (aka "puddle up", dissolving filmstrips in water and squirting in nose) and intravenous injection (aka "shooting"). One participant discussed how the milligram of the Subutex® pills determines route of administration and explained, "*A lot of people snort or shoot [Subutex®]. The 2mg ... they're easier to break down and shoot 'em, but 8 mg pills most people snort 'cause they're too hard to break down.*"

Participants described typical illicit Suboxone® users as heroin addicts who are either trying to remain sober or those who are avoiding withdrawal in between heroin use. One participant shared, "*When we bought [Suboxone®], we just got to stop from getting sick. I was trying to get clean without a program 'cause I didn't have insurance. I was buying on the streets and takin' 'em like I was supposed to ....*" Treatment providers similarly described typical illicit users as heroin addicts. One treatment provider explained, "*There's a lot of people getting Suboxone® to get off heroin until they can get into a treatment program.*"

### Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain highly available in the region. Participants most often reported the current street availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. A participant remarked, "*We had people callin' us about Ambien® all the time.*" Community professionals reported current sedative-hypnotic availability as '7'; the previous

most common score was also '7.' A treatment provider commented, "[Treatment clients] *don't think they can get addicted to it or it's [not] a problem because it's prescribed.*" Participants and community professionals identified Klonopin® and Xanax® as the most popular sedative-hypnotics in terms of widespread illicit use.

Corroborating data also indicated the availability of sedative-hypnotics for illicit use in the region. The Scioto County Coroner's Office reported that 37 percent of the 19 drug overdose deaths it recorded this reporting period involved sedative-hypnotics, with Xanax® reported in 71 percent of these deaths.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Fast food workers in South Lebanon (Warren County) alerted police officers to a woman who appeared to be under the influence while driving; the woman had a 4-year-old child with her; police found the woman nodding out while driving her car and discovered 94 sedative-hypnotic pills (clonazepam or Klonopin®), as well as approximately 100 prescription opioid pills and a some heroin ([www.wlwt.com](http://www.wlwt.com), March 3, 2015).

Participants and community professionals reported that the general availability of sedative-hypnotics has remained the same during the past six months. A treatment provider commented, "*I think availability's the same ... it's just they're not using them 'cause they've got other stuff they're using now.*" The BCI London Crime Lab reported that the number of sedative-hypnotic cases it processes has either decreased or remained the same during the past six months, with the exception of increased numbers for Ambien®, Restoril® and Valium®.

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

Reports of current street prices for sedative-hypnotics were consistent among participants with experience buying the drugs. One participant reported, "*Free. It's who you know.*"

Sedative-Hypnotics	Current Street Prices for Sedative-Hypnotics	
	Klonopin®	\$2 for 5 mg
	Xanax®	\$1.50 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 these drugs from friends who have prescriptions. Also, a treatment provider commented, "*It's real easy to get a prescription.*"

Participants reported that the most common route of administration for illicit use of sedative-hypnotics remains oral consumption. Participants estimated that out of 10 illicit sedative-hypnotic users, all users would orally consume the pills by either eating or swallowing them. Participants described typical illicit sedative-hypnotic users most often as older women, marijuana users and everyone. Community professionals described typical illicit users as people who are trying to stay sober, who have mental health disorders and are female. A treatment provider noted, "*I think I've seen an increase with males, actually ... mid-30s.*"

### 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 groups was also '10'. One participant commented, "[Marijuana is] *pretty easy to find, I mean, people grow it out here.*" A treatment provider stated, "*Marijuana is right up there along with alcohol [both widely available].*" Another clinician reported, "*Lots of people grow their own [marijuana]. I mean, it's like growing a tomato. That's how common it is.*" Other treatment providers commented: "*I think [marijuana is] more acceptable now; And with the kids, I'm seeing an increase ... they can order the brownies and suckers and goodies and all that stuff online.*" A law enforcement officer reported, "[Marijuana is] *always available. Grow your own or not.*"

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A large marijuana grow operation was taken down in Warren County; in addition to the 430 plants that were seized, law enforcement confiscated 15 gallons of hashish oil and butter and many THC-laced edibles including ice cream, brownies, fudge, candy and cookies ([www.otfcs.net/news](http://www.otfcs.net/news), Feb. 26, 2015). A driver was arrested in Butler County when OSHP troopers discovered more than two pounds of marijuana in the vehicle ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), March 7, 2015). A man was arrested in Oxford (Butler County) after officers searched a residence and discovered four pounds of marijuana and bottles of hash ([www.cincinnati.com](http://www.cincinnati.com), March 28, 2015). Butler County Sheriff's Office and the City of Hamilton Police Department conducted an investigation based on citizen complaints which resulted in the seizure of 63 marijuana plants from a residential grow operation ([www.otfcs.net/news](http://www.otfcs.net/news), April 8, 2015).

Participants reported that the availability of marijuana has remained the same during the past six months. However, one participant thought availability of marijuana has decreased and stated, "Weed' (marijuana) is harder to find than heroin. How many times have we seen people looking for weed and not been able to find it for weeks ... weeks!" Community professionals also reported that the availability of marijuana has remained the same during the past six months. However, a treatment provider noted an increase in social acceptability of the drug and responded, "Because [marijuana has] been legalized in some places and approved medically, people talk more openly about using it. It's like a separate class [of drugs]. It's acceptable." 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	Increase

Participant most often rated the current overall quality of marijuana as '9' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '8'. A participant explained, "People take growing their 'pot' (marijuana) plants like an art. Like fertilizers and talking to their plants. They take it real serious." One participant remarked, "I've heard it's pretty good ... [the quality of marijuana has] gotten better over the last couple years." Treatment providers commented: "I'm getting people (clients) that are getting the medical [marijuana] from Colorado; I've had a guy that's gotten a couple things from Michigan."

Several participants explained that the price of marijuana depends on whether the user buys "commercial weed" (low- to mid-grade marijuana) or hydroponically grown (high-grade marijuana). Reports of current street prices were provided by participants with experience buying the drug who reported significant differences in price between low- and high-grade marijuana.

Marijuana	Current Street Prices for Marijuana	
	<b>Low grade:</b>	
	a blunt (single cigar) or two joints (cigarettes)	\$10
	1/4 ounce	\$30
	1/2 ounce	\$50
	an ounce	\$120
	1/4 pound	\$700-800
	<b>High grade:</b>	
	a blunt (single cigar) or two joints (cigarettes)	\$20
	1/4 ounce	\$70
	an ounce	\$280-300
	a pound	\$3,200

A couple of participants mentioned derivatives of marijuana, including a waxy type (aka "dabs"), but did not provide much specific information on the product. A treatment provider divulged that adolescent clients discussed 'dabs'. A treatment provider said, "Well, one of [the clients] had to teach me what that was, first of all ... yeah, like puttin' it in e-cigarettes and stuff? Putting it in that and smokin' it."

Participants reported that the most common route of administration for marijuana remains smoking. In fact, participants estimated that out of 10 marijuana users, all 10 would smoke the drug. A typical profile of a marijuana user did not emerge from the data. Participants and community professionals alike described typical marijuana users as everyone. A participant remarked, "13 (years of age) on up."

## Methamphetamine



Methamphetamine 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 '2' in urban areas and '9' in rural areas. A participant commented, "I can find it, but I don't want it." Community professionals most often reported the drug's current availability as '10'; the previous most common score was '6'. A treatment provider commented, "People that I've worked with that want [methamphetamine], they know right where to go. Somebody brand new, they know areas where they could probably find it pretty easy."

Participants reported that methamphetamine is most available in powdered (aka "shake-and-bake") and crystal (aka "ice" or "glass") forms. One participant explained, "There's like two different kinds [of methamphetamine], you got your shake-and-bake, which anyone can make and then you got your crystal, or glass, which is more crystal like rock salt."

Participants varied in opinions regarding availability of crystal methamphetamine in the region. A participant commented, "There's a lot of 'anhydrous' (methamphetamine) around here, though;" while other participants reported: "People got busted where I live. It was just shake-and-bake. Ain't no one around here trying to make crystal; I could get 'crank' (powdered methamphetamine) anywhere." Still other participants commented: "[Crystal methamphetamine is] everywhere. It's up there with heroin. 'Ice storms in June,' you know what I'm sayin'?; There was a bust in Huntington. They had a big tent set up and was making that crystal right there in the tent; You can smell the shit all the time."

Participants from across the region commented about the production shake-and-bake methamphetamine, which means users are producing methamphetamine in a single sealed container, such as a two-liter soda bottle. By using common household chemicals along with ammonium

nitrate (found in cold packs) and pseudoephedrine (found in some allergy medications), users can produce the drug in approximately 30 minutes in nearly any location by mixing ingredients in small containers.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. The Butler County Undercover Regional Narcotics (BURN) Task force worked with the Regional SWAT team and raided a Middletown residence; 2 ounces of crystal methamphetamine were seized, as well as some marijuana ([www.otfcs.net/news](http://www.otfcs.net/news), March 26, 2015). BURN educated businesses in identifying purchases for the use of illegal drug manufacturing; two men were subsequently arrested after a business reported the two were purchasing supplies a couple days in a row, which they admitted was intended for manufacturing methamphetamine ([www.otfcs.net/news](http://www.otfcs.net/news), April 21, 2015).

Participants reported that the general availability of methamphetamine has increased during the past six months. Likewise, community professionals reported increased availability of methamphetamine during the past six months. One treatment provider remarked, "It came back. For a while it was pretty low and it seems like it's coming back... when heroin came in, meth kind o' went out, but now they're seeing the two both here pretty strong." A clinician commented, "I've heard since there's been so much concentration in law enforcement on opiates and heroin, that meth is going under the radar and it's still readily available." The BCI London Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months; the lab reported processing crystal, brown, off-white and white powdered methamphetamine.

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

Participants most often rated the current quality of crystal methamphetamine as '10' and of powdered methamphetamine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common scores was '7' for the general quality of methamphetamine. Participants

reported variability in quality of powdered methamphetamine and commented: “[Quality of powdered methamphetamine] fluctuates, it depends on whose shakin’ (making the shake-and-bake); Sometimes it’s good and sometimes it’s bad. Just depends on who’s cooking it.” Participants agreed that crystal methamphetamine is of higher quality. One participant explained, “Ice. It’s real crystal meth. It’s more pure. It looks like little glass shards.”

Overall, participants reported that the quality of powdered methamphetamine has remained the same, while the quality of crystal methamphetamine has increased during the past six months. A participant reasoned, “Well, with [the majority of methamphetamine] being ice now, not shake-and-bake, [quality has] gotten a lot better.”

Reports of current street prices for methamphetamine were consistent among participants with experience buying the drug. Participants also reported trading ingredients for the drug or getting it for free from friends or family members who produce the drug. A participant divulged, “I just give my box (of Sudafed®) and they give me half a gram [of powdered methamphetamine].”

Methamphetamine	Current Street Prices for Methamphetamine	
	<b>Powdered:</b>	
	a gram	\$30-60
	<b>Crystal:</b>	
a gram	\$70-100	

Participants reported that the most common routes of administration for methamphetamine are intravenous injection (aka “shooting”) and snorting. Participants estimated that out of 10 methamphetamine users, five would shoot and five would snort the drug. Participants also mentioned smoking and “hot railing” this drug. Participants explained hot railing as follows: “You get a glass tube and heat [it] up ... and then put a line of meth and then snort it real fast with the hot end down ... and then you blow out; It’s like powder in your nose and smoke out your mouth.”

Participants described typical users of methamphetamine as older individuals. One participant presented, “It’s mostly older people right now, but younger people is getting into it, too.” Community professionals described typical users of methamphetamine as white, aged 20s to 30s. A treatment provider

noted, “More teens are starting to use meth.” A law enforcement officer observed, “The males make it and the females hang out and use it.” A treatment provider commented, “I think it’s more of a sub-culture ....”

### Prescription Stimulants

Prescription stimulants are moderately to highly available in the region. Participants most often reported the current street availability of these drugs as ‘8’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was ‘3.’ Community professionals most often reported current availability as ‘4;’ the previous most common score was ‘8.’ Participants and community professionals identified Adderall® as the most popular prescription stimulant in terms of widespread illicit use.

Participants reported that the general availability of prescription stimulants has remained the same during the past six months, while community professionals reported that availability has decreased. 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 a decrease in Adderall® cases and an increase in Ritalin® cases.

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

Reports of current street prices for Adderall® were consistent among participants with experience buying the drug. Participants reported that Adderall® 30 mg sells for \$2-3 apiece. In addition to obtaining prescription stimulants on the street from dealers, participants also reported getting them prescribed by a doctor, as well as from people they know who have access to prescriptions. One participant remarked, “Just get a prescription. Ask a dealer. Ask around, if there’s someone who’s on it, they might sell you one.” Another participant shared, “[Parents] got it [via prescription] for their kids, but they don’t give it to them ... they sell it.”

Participants reported the most common route of administration for illicit use of prescription stimulants remains oral consumption (swallowing). Participants estimated that out of 10 illicit prescription stimulant users, all 10 would orally consume the drugs.

Participants described typical illicit prescription stimulant users as college kids and those who want to lose weight. Similarly, community professionals described illicit users as younger. A treatment provider stated, *"We see illicit use with kids more. Sometimes parents overusing it with their kids (giving more medication than is prescribed)."*

## Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) is moderately available in the region. Participants referred to ecstasy (pill form) and 'molly' (powdered MDMA) similarly and most often reported the current availability of both forms 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 '2' for ecstasy pills and '6' for molly. One participant stated, *"I haven't heard about ecstasy in a while. Occasionally you hear about it."* Community providers reported ecstasy and molly availability generally as '3,' the previous most common score was '3' for ecstasy and '8' for molly.

Participants and community professionals reported that the availability of ecstasy and molly has remained the same during the past six months. However, 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 during the Past 6 Months	
	 Participants	No change
	 Law enforcement	No change
	 Treatment providers	No change

Participants reported that ecstasy comes in tablet form and price is determined by dosage amount, while molly is typically packaged in capsules (aka "caps"). Reports of current street prices for ecstasy and molly were consistent among participants with experience buying the drug.

Current Street Prices for Ecstasy/Molly		
Ecstasy/Molly	<b>Ecstasy:</b>	
	low dose (aka "single stack")	\$10
	medium dose (aka "double stack")	\$20
	<b>Molly:</b>	
	1/10 gram (one capsule)	\$5-10
	a gram	\$70

Participants reported that the most common route of administration for ecstasy is oral consumption and for molly is snorting. Reportedly, this drug is most often obtained at parties and music festivals. Participants described typical ecstasy and molly users as young, white, club-goers and drug dealers. Community professionals described typical users of ecstasy and molly as teens and young adults. A clinician, who works with adolescents and young adults, commented, *"From how much I hear about it, it's more of a party thing."*

## Synthetic Marijuana

 Synthetic marijuana (synthetic cannabinoids; aka "K2" and "spice") remains moderately 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 '5'. None of the participants admitted to using synthetic marijuana during this reporting period. One participant stated, *"It's not around here anymore."* Community professionals most often reported the drug's current availability as '5,' the previous most common score was '6'. A treatment provider reported, *"I've had a couple people say that they use it."* Another clinician explained, *"I think law enforcement has been good at tryin' to shut these places down"*

[that sold synthetic marijuana], but people know where they can still go, so they might have to work a little harder for it."

Participants and community professionals reported that the availability of synthetic marijuana has decreased during the past six months. A participant replied, "Decreased. It ain't legal anymore." The BCI London Crime Lab reported that the number of synthetic marijuana cases it processes has increased during the past six months.

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

Participants were unable to rate the current quality of synthetic marijuana as they lacked exposure to the substance during the past six months. However, one participant reported no longer using synthetic marijuana after a negative experience and explained, "I used it once, but I couldn't even talk." Another participant commented, "I don't know about the quality because I didn't use it all that much. But when I did, it's a lot stronger than weed."

Participants were unable to report on current street prices of synthetic marijuana due to lack of experience with the drug during the past six months. Most participants did not know where users could obtain synthetic marijuana, however one participant explained, "It's popular in jail ... In jail, when people smoke it, they call it 'putting you in the rack' because you'll go straight to bed." Participants continued to report the only route of administration for synthetic marijuana as smoking.

Participants described typical users of synthetic marijuana as younger and individuals on probation or in jail. Community professionals described users as adolescents and young adults, males, those who need to pass a drug screen, as well as individuals on probation. A treatment provider reflected, "I've only had a few people use [synthetic marijuana] ... developmentally young and/or ... with co-occurring mental health disorders."

## Other Drugs in the Cincinnati Region

Participants listed a variety of other drugs as being present in the region, but these drugs were not mentioned by the majority of people interviewed: alpha-PVP (alpha-pyrrolidinopentiophenone, aka "flakka"), bath salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues), hallucinogens (LSD [lysergic acid diethylamide] and psilocybin mushrooms), Neurontin® and psychedelic compounds (25-I, 25-B, 25-C).

### Alpha-PVP

A few participants discussed availability of alpha-PVP (a synthetic stimulant similar to bath salts). These participants reported high current availability of this drug in the region. One participant remarked, "A guy shot himself on it, so it seems dangerous." Participants reported increased availability of the drug, especially in rural areas. Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Early in the year, the media alerted parents to a synthetic drug called alpha-PDP and similar drugs (aka "flakka"); news articles encouraged increased awareness of this drug that was not widespread in Ohio, but appearing in headlines ([www.wcpo.com](http://www.wcpo.com), April 20, 2015). Shortly thereafter, Lawrence County law enforcement arrested four individuals for multiple sales of alpha-PVP to a confidential informant ([www.otfcs.net/news](http://www.otfcs.net/news), May 13, 2015).

Reports of current street prices for alpha-PVP were provided by participants who had experience with this drug during the past six months. Reportedly, 1/2 gram sells for \$100 and a gram sells for \$200. Participants described this drug as a synthetic amphetamine that is most often ordered from the Internet and does not show up on drug screens. Participants reported that the most common routes of administration for this drug are snorting and intravenous injection (aka "shooting"). Participants reported that the drug produces hallucinations and added that it is often used with heroin to "speedball" (concurrent or consecutive use of stimulant and depressant drugs for a high and a low effect).

## Bath Salts

Bath salts (synthetic compounds containing methyldone, 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). One participant remarked, *"Just put 'em down as obsolete."* Another participant stated, *"No one is using that. Once you see someone eat their own intestines on the news, you stay away from it."* Community professionals most often reported bath salts current availability as '1.' A treatment provider said, *"I think the news [reporting negative side effects] really scared everyone."*

Participants and community professionals reported that the availability of bath salts has decreased during the past six months. Several participants reported that bath salts may be sold under names like "moon rocks." Participants were unable to provide current street prices for bath salts. Regarding bath salts sales, one participant disclosed, *"I do know people who look for meth and they're like, 'I'm looking for meth.' But you don't got meth, so you sell 'em bath salts and make 'em think it's meth."* The BCI London Crime Lab reported that the number of bath salts cases it processes has increased during the past six months.

## Hallucinogens

Participants reported moderate to high availability of hallucinogens, including LSD and psilocybin mushrooms (aka "shrooms"). Participants reported current availability of LSD as '5' and '8' for psilocybin mushrooms on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). A treatment provider stated, *"[LSD] seems more available than what I thought it was."* Participants reported increased availability of LSD and no change in availability for psilocybin mushrooms during the past six months. The BCI London Crime Lab reported that the number of LSD and psilocybin mushroom cases it processes has increased during the past six months.

Reports of current street prices of LSD and psilocybin mushrooms were provided by the few participants with experience purchasing these drugs during the past six months. A participant remarked, *"Cheap as heck."* Reportedly, LSD sells one hit (dose) for \$5-10; mushrooms are \$25 for 1/8 ounce and \$100-120 for an ounce. Participants reported obtaining LSD from dealers on the street. Typi-

cal users for both of these hallucinogenic drugs were described similarly by participants as young teenagers, white, males, hippies and concert/festival goers.

## Neurontin®

Participants reported current street availability of Neurontin®. One participant remarked, *"I know ... people that are abusing it."* Another participant quipped, *"You don't fail a drug test for [using Neurontin®]."* A few participants explained: *"People are using [Neurontin®] to not get dope sick; It lessens some of the effects of withdrawal."* A participant added, *"I know a lot of people who got clean on it."* Participants reported that Neurontin® can be obtained from dealers and that it is easily prescribed. One participant stated, *"You can get a prescription. It's not a narcotic, so it's easy to get."*

## Psychedelic Compounds

Participants reported low availability of synthetic psychedelic compounds known as 25-I, 25-C and 25-B and rated current availability of these drugs as '2' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). A participant commented, *"Where I come from, there's not a lot of 'acid' (LSD), so there's a lot of research chemicals."* Participants reported that availability has increased during the past six months. A participant shared, *"They keep changing [the chemical compounds], so I don't know if they're legal or not."* Reportedly, one hit of this drug sells for \$5 on the street. Participants divulged that people are making these drugs, but that these compounds can also be ordered online. A participant reported that 25-I is often cut with molly (powdered MDMA). The BCI London Crime Lab reported having seen blotter paper with 25-I, 25-C and 25-B come through the lab during the past six months.

## Conclusion

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

While many types of heroin are currently available in the region, participants reported white powdered heroin as most prevalent. Participants also discussed gray-colored heroin and several participants mentioned seeing pink- or blue-colored heroin. Reportedly, these pink and blue varieties of heroin are fentanyl-heroin mixtures, although participants suspected gray and white powdered heroin as oftentimes adulterated with fentanyl as well. The BCI London Crime Lab reported that a lot of heroin cases coming through the lab are fentanyl-heroin mixtures and sometimes even straight fentanyl. Many participants discussed a number of local overdoses on heroin during this reporting period.

Participants continued to report the most common route of administration for heroin as intravenous injection (aka "shooting"), and reported that heroin users will use whatever needle is available, often sharing or reusing needles. Participants and community professionals noted that the typical age for heroin use is expanding in both directions with increases in heroin use observed in adolescents and older adults. Additionally, community professionals discussed first-time adolescent users going straight to heroin, bypassing traditional gateway drugs.

Participants and community professionals reported increased availability of methamphetamine. Many treatment providers commented on a relationship of methamphetamine with heroin, as both are readily available and often used conjointly. Participants reported availability of powdered (aka "shake-and-bake") and crystal (aka "ice") methamphetamine. The BCI London Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months; the lab reported processing crystal, brown, off-white and white powdered methamphetamine.

Participants reported trading precursor ingredients (pseudoephedrine) needed for methamphetamine production for the drug or getting the drug for free from friends or family members who produce the drug. Community professionals described typical users of methamphetamine as white, aged 20s to 30s. A treatment provider also noted more teens are starting to use the drug.

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

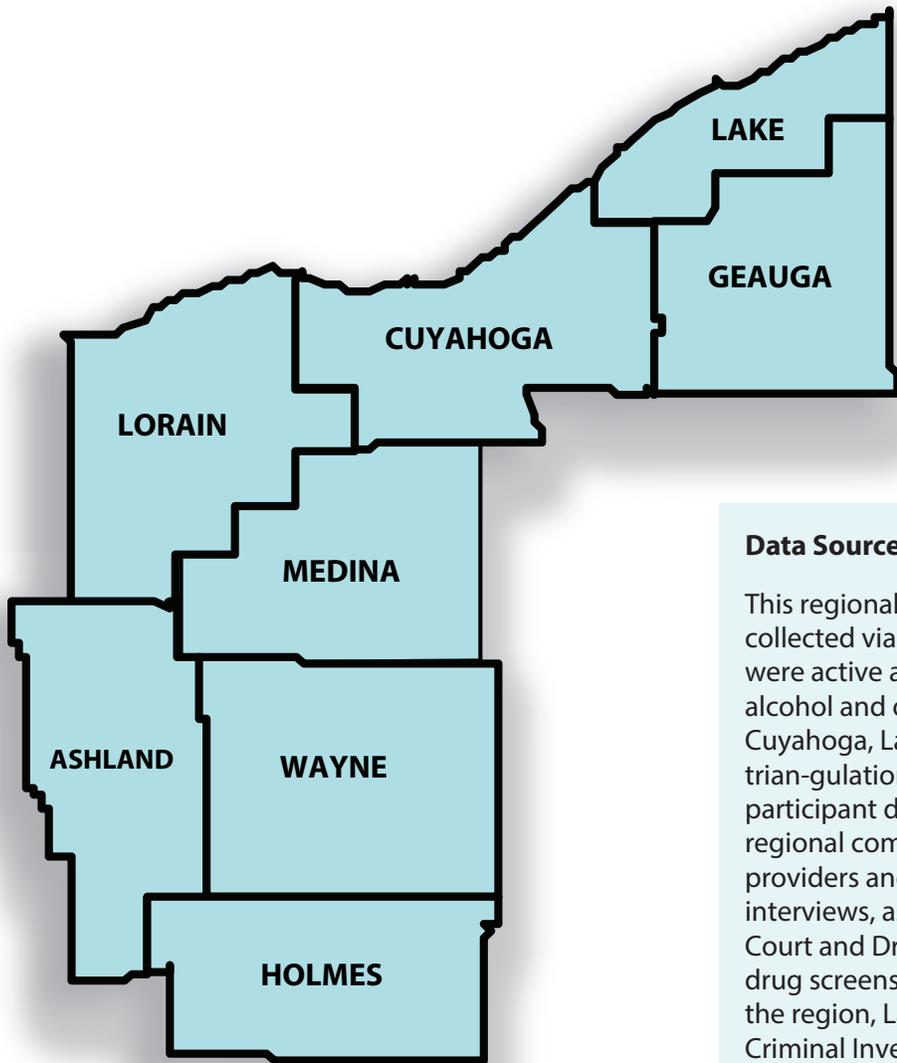
Participants reported current street availability of Neurontin®. Participants explained that heroin users are using Neurontin® to not get "dope sick" (experience with withdrawal), as the drug reportedly lessens some of the effects of withdrawal. Participants reported that Neurontin® can be obtained from dealers and that it is easily prescribed.

Lastly, while participants reported low availability of synthetic psychedelic compounds known as 25-I, 25-C and 25-B, they reported that availability for these substances has increased during the past six months. Participants divulged that people are making these drugs, but that these compounds can also be ordered online. A participant reported that 25-I is often cut with "molly" (powdered MDMA). The BCI London Crime Lab reported having seen blotter paper with 25-I, 25-C and 25-B come through the lab during the past six months.





### Drug Abuse Trends in the Cleveland Region



**Regional Epidemiologist:**  
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#### Data Sources for the Cleveland Region

This regional report was based upon qualitative data collected via focus group interviews. Participants were active and recovering drug users recruited from alcohol and other drug treatment programs in Cuyahoga, Lake, Lorain and Medina 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 American Court and Drug Testing Services, which processes drug screens in Medina (Medina County) from across the region, Lake County Crime Lab and the Bureau of Criminal Investigation (BCI) Richfield office, which serves the Cleveland, Akron and Youngstown areas. All secondary data are summary data of cases processed from July through December 2014. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for January through June 2015.

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

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## Regional Profile

Indicator <sup>1</sup>	Ohio	Cleveland Region	OSAM Drug Consumers
Total Population, 2010	11,536,504	2,287,265	42
Gender (female), 2010	51.2%	51.8%	31.0%
Whites, 2010	81.1%	74.0%	78.6% <sup>2</sup>
African Americans, 2010	12.0%	18.0%	16.7%
Hispanic or Latino Origin, 2010	3.1%	4.4%	4.8% <sup>3</sup>
High School Graduation Rate, 2010	84.3%	82.8%	90.5% <sup>4</sup>
Median Household Income, 2013	\$48,308	\$53,302	\$11,000 to \$14,999 <sup>5</sup>
Persons Below Poverty Level, 2013	15.8%	12.8%	52.4% <sup>6</sup>

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

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

<sup>3</sup>Hispanic/Latino origin was unable to be determined for 5 participants due to missing and/or invalid data.

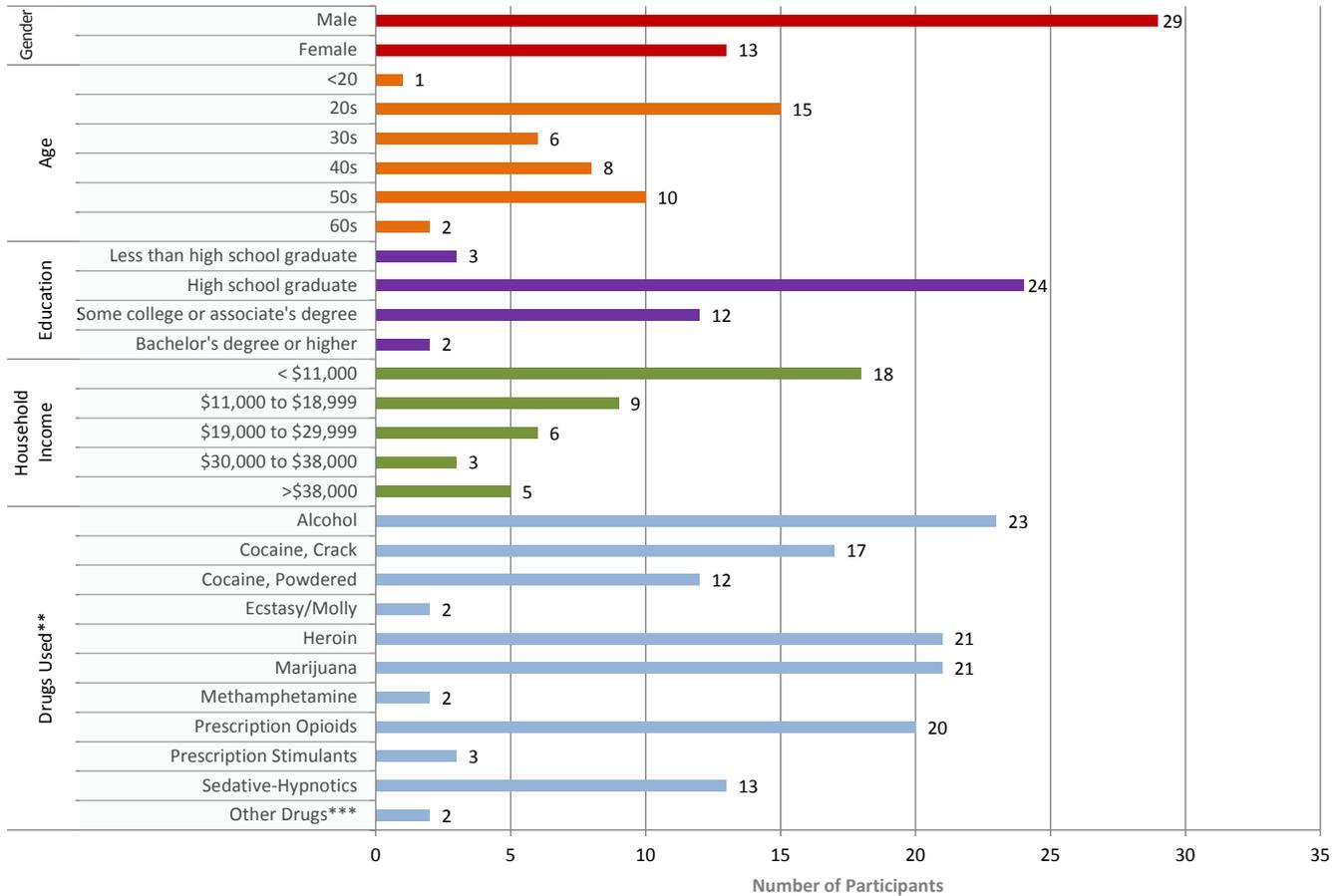
<sup>4</sup>High school graduation was unable to be determined for 1 participant due to missing and/or invalid data.

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

<sup>6</sup>Poverty status was unable to be determined for 3 participants due to missing and/or invalid data.

### Cleveland Regional Participant Characteristics

#### Drug Consumer Characteristics\* (N=42)



\*Not all participants filled out forms; therefore, numbers may not equal 42.

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

\*\*\*Other drugs included: Suboxone® and synthetic marijuana.

## Historical Summary

In the previous reporting period (July 2014 – January 2015), crack and powdered cocaine, heroin, marijuana, prescription opioids, sedative-hypnotics and Suboxone® were highly available in the Cleveland region. An increase in availability existed for heroin, while a decrease existed for bath salts, ecstasy and synthetic marijuana. Data also indicated possible decreased availability for prescription opioids.

Participants and community professionals reported that powdered heroin, brown or white in color, was the most available type of heroin in the region. An observed increase in the general availability of heroin was attributed to the low cost of the drug compared to the high cost and lower availability of prescription opioids. Participants reported that heroin in the region was 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 reporting period involved heroin. Participants and community professionals described typical heroin users as suburban, but indicated that once users were addicted, they often lost their jobs and/or moved to the inner city. Additionally, both respondent groups indicated that prescription opioid users often turned to heroin.

Participants and community professionals reported decreased availability of prescription opioids. Both respondent groups cited increased prescription monitoring of these medications as the reason for limited availability. Treatment providers specifically noted increased doctor participation in OARRS (Ohio Automated Rx Reporting System) and increased law enforcement efforts targeting “pill mills” (pain clinics) as positively impacting reduction in availability for illicit use.

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

Participants and community professionals reported decreased availability of ecstasy and noted that the most

popular form of the drug 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 varied in quality and was often cut with other substances. The most common route of administration for molly was snorting. A typical profile for an ecstasy/molly user was limited; participants described typical users as concert goers, while community professionals described molly users as young females (high school aged through 20s).

Finally, participants reported that synthetic marijuana was more available than bath salts, but the availability of both had decreased. Participants cited legislation 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 processed had decreased during the reporting period. 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 for a drug-related offense.

Participants also agreed that younger people, who had limited access to real marijuana, were typical users of synthetic marijuana. Similarly, community professionals described typical synthetic marijuana users as individuals who regularly submitted to drug screens, as well as adolescents.

## Current Trends

### Powdered Cocaine

Powdered cocaine’s availability varies within the region. Participants most often reported the drug’s current availability as either ‘0’ or ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was ‘10’. Participants explained that a user seeking powdered cocaine would have to have the right connections to those who deal the drug; the drug is not often sold visibly on the street. Participants who rated low current availability stated: *“I haven’t seen ‘powder’ (powdered cocaine) in a while; It seems like powder is a whole lot harder to find because [dealers] are making better money off ‘crack’ (crack cocaine);*

*It's not around here."* Whereas, participants who rated high availability reported: *"I can find [powdered cocaine] almost anywhere; It's pretty readily available if you can get the dealer before they cook it up (into crack cocaine) ... I have someone I can call; It's still around a lot and I can pretty much buy it whenever I want; Yep, it's here still."*

Treatment providers most often reported moderate availability of powdered cocaine, rating the drug's current availability as '5-8;' the previous most common score was '6' and '7'. A treatment provider stated, *"I think it is readily available."* However, other treatment providers commented: *"I'm not sure if it's readily available because I don't see a lot of 'coke' (cocaine) for some reason; There is so much heroin and an occasional cocaine client ... I just don't hear about clients using cocaine anymore, it's just crack and heroin."*

Corroborating data indicated the presence of cocaine in the region. American Court and Drug Testing Services reported that 7.7 percent of the 1,918 individuals screened through its Medina lab during the past six months were positive for cocaine (crack and/or powdered cocaine).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A Willoughby Hills (Lake County) man was arrested and sentenced for laundering drug money from his fairly large cocaine distribution operation in Northeast Ohio at a local casino ([www.wkyc.com](http://www.wkyc.com), Feb. 20, 2015). Officers arrested two individuals after they fell asleep in their car at a stop light; 13 capsules of cocaine and 3.5 grams of heroin were confiscated ([www.cleveland.com](http://www.cleveland.com), March 9, 2015). Several media outlets reported on a large cocaine distribution ring that was interrupted when a partnership of several law enforcement agencies across Lorain County worked together in arresting 30 individuals and confiscating 3.3 kilograms of cocaine, 20 grams of heroin, and 97.9 grams of marijuana ([www.otfca.com](http://www.otfca.com), March 18, 2015). Two Cleveland men were arrested by FBI agents and Cleveland drug task force officers for their million dollar drug ring; more than 77 pounds of cocaine and over 24 pounds of heroin were seized during the investigation; the two admitted to moving 70 kilograms of cocaine just prior to the arrest and said they were waiting on 440 pounds of cocaine to arrive from California ([www.cleveland.com](http://www.cleveland.com), April 9, 2015). A large group of individuals were arrested when they gathered together to rob a drug stash house in Cleveland of nine kilograms of cocaine; by June, 58 out of the 60 defendants had been found guilty ([www.wkyc.com](http://www.wkyc.com),

June 1, 2015). A Cleveland man faces a possible life sentence in prison for his role in a cocaine drug ring and violent gang activity ([www.cleveland.com](http://www.cleveland.com), June 8, 2015).

Participants reported that the availability of powdered cocaine has remained the same during the past six months. However, a participant suggested decreased popularity of cocaine and explained, *"Cocaine is not around as much because everyone is smoking crack ... [Powdered cocaine] used to be the party drug and it was fun, but now crack came into play and that is where the money is ... it's quick money."* Treatment providers reported that availability of powdered cocaine has remained the same during the past six months. One treatment provider stated, *"I think it is the same, it's not as used as heroin, but [cocaine is] there, I guess."* The BCI Richfield Crime Lab reported that the number of powdered cocaine cases it processes has decreased during the past six months, while the Lake County Crime Lab reported an increase in cocaine cases (note, the lab does not differentiate between powdered and crack cocaine).

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

Participants most often rated the current overall quality of powdered cocaine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '7-8.' One participant shared that quality of powdered cocaine is not highly rated and explained, *"By the time you get to Cleveland, [powdered cocaine is] always 'stepped on' (adulterated with other substances)."* Overall, participants reported that the quality of powdered cocaine has remained the same during the past six months.

Participants reported that powdered cocaine in the region is cut (adulterated) most often with baby laxatives and baking powder. Other cuts listed were isotol (diuretic), lidocaine (local anesthetic), NoDoz®, prescription opioids and vitamins. A participant stated, *"There is this old drug called Stanback® (headache powder) and it's an over-the-counter medication and it's a powder and you mix that with 'coke' (cocaine), too."* Other participants shared: *"You can cut [powdered cocaine] with baby formula, baking soda, even*

*baby laxatives; Coke is cut with a bunch of stuff, isotol and vitamins because they look like it ... lidocaine because of the numbness."*

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

Current street prices for powdered cocaine were fairly consistent among participants with experience buying the drug. Although rare for the region, a participant reported cocaine being sold in a capsule and stated, "Cocaine in a capsule is not that common ... maybe in a nightclub it's seen, but probably only if you are in a big, big, city ... You know, the bigger club areas and probably college campuses." A treatment provider commented, "I hear [heroin is] cheaper [than cocaine]."

Powdered Cocaine	Current Street Prices for Powdered Cocaine	
	1/4 gram	\$20-25
	1/2 gram	\$35-50
	a gram	\$80-100
	1/16 ounce	\$125-225
	1/8 ounce	\$160-225
	1/4 ounce	\$225-300
	1/2 ounce (aka "halfie," "half of a zip")	\$500
	an ounce	\$800-1,400

Participants reported that the most common routes of administration of powdered cocaine are snorting (aka "railing") and smoking. Participants estimated that out of 10 powdered cocaine users, eight would either smoke or snort, while the other two would intravenously inject (aka "shoot") the drug. One participant said, "I see more and more people are using needles because of the heroin and they aren't afraid of needles anymore."

Participants described typical powdered cocaine users as primarily singles who are college aged (20s), as well as those who are adult entertainers. One participant revealed, "Young, like early 20s. The first time I tried [powdered cocaine] I was 17 (years old)." Another participant commented, "Hollywood ... actors, musicians, people who have money, singles, rappers, clinicians, hair dressers, suburbans, a lot of gay people." Another participant explained, "[Powdered cocaine] is really an entertainer drug, so strippers like it because it 'gets you up' (gives you energy)." Another participant remarked, "Then (back in the 'old' days), it was the party drug for the hippies, but we old and now the new generation thinks it's bad." Treatment providers found it difficult to describe a typical powdered cocaine user. One treatment provider reflected, "There seems to be a pretty wide range from the younger folks ... I have this guy now ... he is forty-plus and that is his drug of choice." Another treatment provider commented, "I'd say maybe more men than women."

### 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: "You can find [crack cocaine] everywhere; Crack is extremely available in Cleveland (Cuyahoga County); In Painesville (Lake County) it is very easy to get; Crack is really easy to find, it's on every corner; I would say it's like every other house sells crack cocaine ... in every neighborhood; You can go right outside and get some." One participant explained that availability of crack cocaine fluctuates based on time of day and reported, "It all depends on the time of day ... if it's two, three or four o'clock in the morning ... people deliver to you ... I was sober for 3 1/2 years and I decided to step right back in and it was easy to get." Treatment providers most often reported current availability of crack and rated it as '5-7'; the previous most common score was '8.' A treatment provider commented, "Most of the people (clients) I have are using crack cocaine."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Willoughby Hills (Lake County) police arrested a woman during a traffic stop when they found crack cocaine, a 'crack pipe' and heroin in her possession ([www.newsnet5.com](http://www.newsnet5.com), May 18, 2015).

Participants and treatment providers reported that the availability of crack cocaine has remained the same during the past six months. A participant commented, "It's not less. It's the same ... exactly the same." A treatment provider commented, "I don't hear that [availability of crack cocaine] is much different around here (Cleveland), so I guess it is the same ... We are still treating as many individuals using crack as we have been in the past year." 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 also '8.' One participant reported that crack cocaine can come in an array of colors and shared, "There are different colors sometimes ... yellow is pure (high-quality crack), brown is called 'peanut butter,' but I am not sure what it is 'cut' (adulterated) with ... They also made it green for St. Patty's Day." Several participants discussed variability when it comes to quality of crack cocaine. A participant commented, "[Quality of crack] depends on who you deal with." Another participant shared, "I would say it's in between [good and bad quality overall] because of the simple fact that some is good ... and you go to another dealer it can be bad because it is mixed with chemicals."

Overall, participants reported that the quality of crack cocaine has remained the same during the past six months. One participant shared, "The people I get it from ... it is usually a '10' (quality rating) and it has been that way for a year and a half." Another participant indicated an increase in crack cocaine quality and clarified, "It's gotten better for me because I changed dealers."

Participants reported the top cutting agents (adulterates) for crack cocaine are baby laxatives, baking soda and vitamin B-12. A participant commented, "I know they use baking soda and stuff from the head shop." Other cuts mentioned in-

cluded: baby powder, diuretics (isotol and mannitol), Orajel® and quinine (antimalarial). A participant explained, "It's like this, you got shooting dope, smoking dope and snorting dope. The difference is the cut. Shooting is cut with B-12 (vitamin), so you can shoot everything and nothing is left. Lactose or baby powder for smoking ... it's called 'ready rock' and snorting is cut with quinine." A participant stated: "Basically, [crack cocaine is cut with] anything that has a numbness to it."

Crack Cocaine	Cutting Agents Reported by Crime Lab	
	<input type="radio"/>	acetaminophen (analgesic)
<input type="radio"/>	atropine (prescription heart medication)	
<input type="radio"/>	levamisole (livestock dewormer)	
<input type="radio"/>	local anesthetics (benzocaine, lidocaine and procaine)	
<input type="radio"/>	mannitol (diuretic)	

Reports of current street prices for crack cocaine were consistent among participants with experience buying the drug. Most participants said that price depends on quality. One previous crack cocaine dealer said price is variable and depends on the, "quality of crack I get, who I get it from, what price I bought it for." Participants indicated that crack cocaine is not typically weighed out; rather it is sold by pieces or 'rocks.' One participant explained, "A 'rock' is about a quarter of an inch around and costs \$20 and then they do three pieces for \$50 and then five [or six rocks] for \$100." Participants generally reported that a 'twenty' (\$20 worth of crack) is the most common unit purchased. However, a previous crack cocaine dealer argued, "I can make you a cut for \$2, if you got two dollars ... you know, it depend on if I like you or not ... so it all depends on that person and what type of business we ... what type of relationship we have with each other."

Crack Cocaine	Current Street Prices for Crack Cocaine	
	1/10 gram (aka "dime," "10-piece")	\$10
	1/2 gram	\$50-60
	a gram	\$70-100
	1/8 ounce	\$160
	1/4 ounce	\$475
	an ounce	\$1200-2,000

Participants reported that the most common route of administration for crack cocaine remains smoking. Participants estimated that out of 10 crack cocaine users, eight would smoke the drug and two would choose an alternative method. Other methods of administration mentioned were intravenous injection (aka “shooting”), snorting and sublingual. One participant contemplated, “*Out of 10 people, I would say one would crush it and then snort it and one would crush it and lace a cigarette with it and one puts it under her tongue and rest smoke it.*” Another participant admitted, “*If I had a toothache, I’d put a piece of crack on it to numb it.*”

A description of a typical crack cocaine user did not emerge from the data. Participants reported that the drug is used by a wide range of people, but most commonly attributed crack cocaine use to prostitutes. Participants commented: “*Anybody [can] use it ... old, black, white, young, it doesn’t discriminate ... it might be a judge smoking and then you might have a homeless person smoking; It’s used by police officers, lawyers, judges ... all races; It’s used by prostitutes.*”

Treatment providers described typical crack cocaine users as more often male, and more specifically older African-American males. Treatment providers commented: “*A wide range, but more men than women, but I am surprised to see how many older people are using crack. It amazes me that folks sixty and above are using crack; I see inner-city males generally.*” One clinician noted, “*I’ve noticed with the male clients it is their only drug of choice, but with women they also use alcohol and marijuana.*” Another provider observed, “*Some clients ... say they have not smoked other drugs in twenty years, but keep circling back through treatment because of crack.*”

## Heroin

Heroin remains highly available in the region. Participants most often reported the drug’s current overall 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: “*[Heroin is] everywhere; It’s supply and demand. More people are using it, so you can get it anywhere.*” A participant ventured, “*[Heroin is] pretty much everywhere you turn in Lorain and Cleveland. You just need to know their walk ... [heroin dealers] usually got nice clothes on and their demeanor says ‘dope boys.’ I can go to Alaska and know who’s a dope boy by the way they walk.*” Other participants added: “*Sample*

*bags [of heroin] sometimes are given so you can try what [a dealer] has; Sometimes you can drive around and people yell ‘boy’ (heroin) and if you honk your horn once they come right up to you and give you a free sample so you can try it ... see who has the best stuff.*”

Community professionals most often reported current overall availability as ‘10’; the previous most common score was also ‘10’. Treatment providers stated: “*Heroin hits the top of the list, it is absolutely an epidemic and I see a lot of it; What I frequently hear the clients saying is, you can get it on every street corner; It’s readily available.*” A clinician reflected, “*Basically I would say two-thirds of my patients are using heroin.*” A staff member of a recovery house for women added, “*About fifty percent of women who have lived at the house are addicted to heroin.*” A local judge responded, “*Sixty to sixty-five percent of my criminal docket is dedicated to heroin and that involves direct use, trafficking and ancillary crime like burglary.*”

While many types of heroin are currently available in the region, participants reported brown powdered heroin as the most available type of heroin. Participants commented: “*I would never have trouble finding brown [heroin], it’s the most widely available; Brown powder is more available than white powder.*” Another participant shared, “*[Brown powdered heroin is] on every street. There is even a store out there where I can get a loaf of bread and a bag [of heroin].*” Likewise, treatment providers reported that powdered heroin is the most available type in the region. Law enforcement stated, “*We see a lot of tan or brown heroin and then there is a selection of white that is laced with fentanyl - and there is a street form called ‘gravel’ that is a chunky form, not like powder.*”

Participants also reported high availability of white powdered heroin and commented: “*[White powdered heroin is] just about anywhere, but it’s depending on who you know; I would say it’s less available than brown and I can only find it by bigger cities; It’s a little bit harder to find.*” A participant added, “*Recently there is some out there that is gray, it’s not ‘gravel’ ... this is just gray heroin.*”

Reports of black tar heroin availability varied throughout the region. Several participants reported that black tar heroin is difficult to obtain and commented: “*Black tar is hard to find; I have never done back tar because it’s hard to find; I have not been able to find it, but I keep hearing about it so there has to be some out there.*” However, other individuals shared: “*When I would find [black tar heroin], it was in (Medina*

County); You can get it in Huron (Erie County; Toledo OSAM region) and Cleveland, but everywhere else you don't really see it; I can get it anywhere - Lorain, Cleveland, Westlake even; It's right up the road. My guy (drug dealer) has it all the time." Community professionals also reported low availability of black tar heroin. A law enforcement officer from Cleveland's west side stated, "We see minimal amount of tar."

Corroborating data indicated the presence of heroin in the region. American Court and Drug Testing Services reported that 15.8 percent of the 1,918 individuals screened through its Medina lab 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 prostitute was arrested after being found in a hotel room with 10 syringes, some of which had heroin residue in them ([www.cleveland.com](http://www.cleveland.com), Feb. 4, 2015). Lake County law enforcement began targeting businesses that knowingly buy and then sell stolen items from heroin addicts ([www.cleveland.com](http://www.cleveland.com), March 24, 2015). Cuyahoga County reported a drastic increase in fentanyl-related overdose deaths in the first three months of the year; this strong narcotic is being mixed in or substituted for heroin and addicts are dying at record levels; five people died of fentanyl overdose in 2013 and 17 people died from January through mid-March 2015 ([www.cleveland.com](http://www.cleveland.com), March 11, 2015). A man was arrested in Painesville Township (Lake County) when he was caught trafficking heroin and marijuana between Lake and Ashtabula counties; two kilograms of heroin and two pounds of marijuana were seized ([www.wkyc.com](http://www.wkyc.com), April 7, 2015). Three individuals overdosed on a batch of heroin that was traced back to a suspect who was arrested in Medina (Medina County) ([www.newsnet5.com](http://www.newsnet5.com), May 15, 2015).

Participants reported that the availability of brown powdered heroin has increased during the past six months and explained: "It's more available because there are more dealers popping up; More kids are thirsty for it; There are more addicts, so supply and demand make it big." However, participants noted that black tar and white powdered heroin availability has remained the same.

Community professionals most often reported that the general availability of heroin has remained the same during the past six months. Treatment providers commented: "I don't think [availability of heroin] has actually changed because we have been hearing this for a while now; It's all the same. All the clients have the dealers on speed dial on

Reported Availability Change during the Past 6 Months		
Heroin	 Participants	Increase (brown powdered)
	 Participants	No change (black tar and white powdered)
	 Law enforcement	No change
	 Treatment providers	No change

their phone." The BCI Richfield Crime Lab reported that the number of powdered heroin cases it processes has increased during the past six months, while the Lake County Crime Lab reported a decreased number of cases; the labs reported processing brown, beige, gray, tan and white powdered heroin with no black tar heroin cases reported.

Participants most often reported the current overall quality of heroin as '10,' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous scores was '7.' However, participants shared varying opinions regarding consistency of quality: "It's pretty good; Depending on the area, [heroin quality is] better in the city; Quality was better for me in the country because they are hardcore there; It's all about who you know."

Several participants discussed the general high quality of heroin and overdose. A participant commented, "If someone OD's (overdoses) on it, you think it is better." Another participant remembered, "This one time, this girl I was using with, she overdosed and died and I called her dealer right then and there and told him I wanted some of that shit that she just OD'd on. Dude thought I was crazy, but he brought it over and it knocked me out ...."

Participants reported that the most common adulterates used to cut powdered heroin are fentanyl and lactose. Other adulterates mentioned were: acetone, creatine, sleeping pills and vitamin B-12. Participants mostly talked about fentanyl-cut heroin: "They are adding fentanyl to all of it, so [quality] is good; [Dealers are] cutting it with fentanyl and people like that; Quality varies when it is mixed with fentanyl." Other participants added, "If [it's] pink heroin, it is probably cut with fentanyl because the gel from the (fentanyl) patch is pink; You can get fentanyl powder online, too, that is pink." Overall, participants reported an increase in quality of brown powdered heroin during the past six

months, but noted that black tar and white powdered heroin qualities remained the same.

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

Reports of current street prices for heroin were consistent among participants with experience purchasing the drug. Participants reported that price is often dependent upon how much is purchased, quality, relationship with the dealer, other drugs purchased and location. Some dealers would charge less if a user buys more, as one participant illustrated, "You can get 10 bags ... it's called a 'bundle' ... you can buy a 10-bag for \$100 if you pay cash." Another participant shared, "I get a sample of heroin from my regular dealer. If you were buying straight cocaine, like one to one and a half grams of coke, you get free heroin. It's like a free twenty dollars' worth of heroin when buying a gram or gram and half of coke." Few participants knew black tar heroin prices.

Heroin	Current Street Prices for Heroin	
	1/10-2/10 gram (aka "point," "dub," "twenty")	\$10-20
	1/2 gram	\$60-80
	a gram	\$120-150
	an ounce	\$1,800-2,500

While there were a few reported ways of using heroin, generally the most common routes of administration remain snorting and intravenous injection (aka "shooting"). Participants estimated that out of 10 powdered heroin users, seven would shoot, two would snort and one would smoke the drug. Participants further specified that out of 10 black tar heroin users, nine would shoot and one would snort the drug. One participant explained, "It's hard to snort tar because it's gooey." Treatment providers also commented on routes of administration and commented, "We see a lot of the injection users; [Younger users] are starting off with snorting and gradually moving to using a needle."

In addition to purchasing needles from dealers, participants continued to report buying them from diabetics and pharmacies or obtaining them through a needle exchange program. One participant stated, "I buy mine from the pharmacy ... most [pharmacists] just ask you a bunch of questions [about diabetes] and take down your name." Not all participants knew about a needle exchange program in the region. One participant commented, "I get 'em at the needle exchange," while another stated, "I know there is [a needle exchange] in Cleveland, but I have no idea where." A participant explained, "[The needle exchange is] not convenient because of where it's at and the times you have to go. It's also not publicly advertised." Participants reported purchasing needles (aka "rigs" and "points") from dealers for \$2-5 apiece.

Participants varied in their descriptions of a typical heroin user, but most often reported that users are typically white and between the ages of 16 and 30 years. Many participants focused on age descriptions of typical heroin users and commented: "I know 15 and 16 year [olds] that are strung out [on heroin]; I see more white people ... young, 16 to 25 year olds; A lot of young girls like 16 to 19 (years old); I think late teens to 20s and 30s." Other participants pointed out different sub-groups or races that are more often heroin users: "It's a lot of young white people, especially young white girls; I sold to a lot of different aged people, but I ain't never seen an African American mess with heroin; I seen a lot of Spanish people and a lot of white people."

Community professionals described typical heroin users as late teens to early 30s, female and white. Treatment providers reflected: "I would say that people are starting to use heroin at a younger age; It does seem like we are seeing more females now; It's 19 to 35 year old Caucasians and I know there are pregnant moms using, too." A clinician expounded, "[Female clients] are saying, 'Well, my boyfriend or my husband started me and then I am off to the races.'" An owner of recovery house stated, "I only work with women ... but I did not see it in the African-American population much." An officer commented, "It is widespread ... but we see mostly 19 to 30 year olds using [heroin]." A judge stated, "I've had everyone, 18 to mid-60s, but I'm not seeing young black males."

### Prescription Opioids

Prescription opioid availability appears variable throughout the region. Only two participants admitted illicit use of prescription opioids during the past six months, while the majority of those interviewed had already progressed to

heroin use. Participants most often reported the current availability of these drugs 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 '10'. Participants commented: *"Availability is maybe a '2' because the doctors are really shutting down on it; It used to be really easy to get them, but now it just doesn't happen."*

Treatment providers most often reported the current availability of prescription opioids as '5'; while law enforcement most often reported current availability as '8'; the previous most common score for both groups was '10'. Some treatment providers indicated that prescription opioids are available to those who have access to them, but might not be as available to those who do not have connections.

Participants identified Percocet® and Vicodin® as the most popular prescription opioids in terms of widespread use. Community professionals identified oxycodone, Percocet® and Vicodin® as the most available. Treatment providers commented: *"I have heard about Percocet® and they seem to be readily available, but perhaps not as much as Vicodin®; In my head I think of Vicodin® and Percocet® because I hear those together a lot from like dental work and pain."* A law enforcement officer stated, *"Vicodin® is one of our top three of what we are seeing in our doctor shopping cases ... Opana® seem to be scattered among the rest ... in fact, those seeking Opana® that I interviewed ... have said it's a difficult pill to get their hands on."* Another officer reported: *"Percocet® is as available as Vicodin®, but more on the street and not as much from doctors."*

Corroborating data also indicated the presence of prescription opioids in the region. American Court and Drug Testing Services reported that 6.8 percent of the 1918 individuals screened through its Medina lab during the past six months were positive for oxycodone.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Six counties in north-east Ohio were included in a fraudulent prescription drug ring, of which 15 individuals have been indicted ([www.wkyc.com](http://www.wkyc.com), Feb. 12, 2015). A nurse was indicted for stealing injectable pain management drugs from a Lorain hospital where she was employed ([www.otfca.com](http://www.otfca.com), March 23, 2015). Two Lake County men face charges for a drug deal made in front of police; oxycodone and cocaine were seized ([www.news-net5.com](http://www.news-net5.com), May 16, 2015). The media also covered a successful prescription drug drop-off event by Lorain County Drug Task Force; over 2,000 pounds of prescription medications were deposited during a six-month period ([www.otfca.com](http://www.otfca.com), April 20, 2015).

Participants reported that the availability of prescription opioids have decreased during the past six months, while community professionals reported that availability has remained the same. However, law enforcement specifically noted a decreased availability of Opana® and increased availability of Ultram®, as well as oxycodone 40, 60 and 80 milligram pills. The BCI Richfield Crime Lab reported that the number of fentanyl, Kadian®, methadone, morphine, Percocet® and Vicodin® cases it processes has increased during the past six months, while the Lake County Crime Lab reported increased numbers of fentanyl, oxycodone, Percocet® and Vicodin® cases; the numbers for all other prescription opioid cases has either remained the same or 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 street prices for prescription opioids were consistent among participants with experience purchasing these drugs. Most participants stated that pills are sold for \$1 per milligram and that Percocet® pills were a bit more; participants reported that Percocet® 10 mg sells for \$10-15.

Community professionals reported that illicit prescription opioid users would obtain these drugs from dealers, doctors or through theft. A treatment provider commented, *"I think Vicodin® and Percocet® are easier to get from dentists; One client went to [real estate] open houses and got them from medicine cabinets; It's knowing the right doctor; I have two women [in treatment] ... and they get it from their doctor."*

Participants reported that the most common route of administration for illicit use of prescription opioids is oral consumption, citing changes to abuse-deterrent formulations as the reason users no longer snort or inject these medications. A participant reported, *"I haven't heard of anyone snorting [prescription opioids] anymore, so it is mainly eating them."*

Participants described typical illicit prescription opioid users as teens. Participants commented: *"15 to 16 year olds; By the time they are 25 (years old) they graduated to heroin."* Treatment providers described illicit users as similar to heroin users: late teens to early 30s, female and white.

## Suboxone®



Suboxone® is moderately to highly available in the region. Participants most often reported the current street availability of the drug as '4-7' 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 stated, *"For me it is not hard (to obtain Suboxone®) ... I have someone right next door that sells [Suboxone®]."* Another participant shared, *"I say a '10' (availability score) because I see those wrappers all over the streets. [Suboxone®] come in blue and white wraps and they are all over the ground."*

Community professionals most often reported Suboxone® current street availability as '8'; the previous most common score was '9.' A treatment provider stated, *"It's readily available through doctors and on the street. No problem to get."* Other treatment providers noted that those seeking Suboxone® prescriptions legitimately tend to experience the drug on the street first. One treatment provider reported, *"I am a Suboxone® provider so at least half the people I see knew about [Suboxone®] and were using it on the street ... but they came to me wanting to get a legit Suboxone® prescription."* Recovery house staff shared, *"Everyone living in the house is not on Suboxone®, but at some point in time they have abused it. When they get to the stage of take-homes (take-home medication), that is when they start abusing."*

Corroborating data also indicated the presence of Suboxone® in the region. American Court and Drug Testing Services reported that 8.3 percent of the 1,918 individuals screened through its Medina lab during the past six months were positive for buprenorphine (the main ingredient and generic name for Suboxone®). In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. A shoplifter in Mentor (Lake County) was arrested and found in possession of six boxes of Suboxone® ([www.otfca.com](http://www.otfca.com), March 19, 2015).

Participants reported that the availability of Suboxone® has increased during the past six months. Participant comments included: *"It's easier to get for sure; I used to never be able to find [Suboxone®] and now I see them everywhere."* Likewise, community professionals reported increased availability of Suboxone® during the past six months. A treatment provider shared, *"[Suboxone® availability has] increased because more doctors are prescribing it."* A law enforcement officer commented, *"I see an increase in ..."*

Suboxone®." The BCI Richfield Crime Lab reported that the number of Suboxone® cases it processes has decreased during the past six months while the number of Subutex® cases has increased; the Lake County Crime Lab reported decreased number of cases for both Suboxone® and Subutex®.

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

Participants reported that sublingual filmstrip (aka "strip") and pill forms of Suboxone® are both available throughout the region. Participants reported: *"People like the strips and pills the same; They taste the same and do the same ... it tastes kind of like orange."* Reports of current street prices for Suboxone® were fairly consistent among participants with experience buying the drug. In addition, several participants reported that heroin dealers sell Suboxone® along with heroin.

Current Street Prices for Suboxone®	
Suboxone®	filmstrip or tablet
	\$10 for 2 mg \$15-20 for 8 mg

While there were a few reported ways of consuming Suboxone®, generally the most common route of administration for illicit use remains oral consumption. A participant explained: *"The strips you put under your tongue and pills you use orally."* Other methods of administration included snorting the tablet and intravenous injection (aka "shooting") of the filmstrip. A participant shared, *"I had a couple of friends shoot up. They dissolve [Suboxone® filmstrip form] and then shoot them up."*

Participants and community professionals described typical illicit Suboxone® users as opiate addicts and those aged 20s through 30s. One participant explained, *"I'd plan ahead. I'd buy 10 bags of heroin and about five 'subs' (Suboxone®) just to last me through the withdrawal until I can get more money for 'dope' (heroin)."* Other participants explained: *"[Suboxone® is] used by people who don't want to go through withdrawal; Someone who wants to avoid a craving."* A treatment provider explained, *"Almost every heroin"*

abuser uses Suboxone® if they can get their hands on it as a stop-gap measure until they can score heroin again." Another treatment provider imparted, "It seems to be higher functioning people who are trying to maintain employment and are trying to keep it together [who use Suboxone® this way]."

## Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain highly available in the region. Participants most often reported current street availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '8.' Participants identified Xanax® as the most popular sedative-hypnotic in terms of widespread illicit use. A participant commented, "[Xanax® is] everywhere, just like 'dope' (heroin)." Treatment providers most often reported current availability of these drugs as '8-9'; the previous most common score was '10.' Treatment providers identified Xanax® and Klonopin® as the most popular sedative-hypnotics in terms of widespread illicit use. A couple clinicians commented: "Xanax® and Klonopin® are widely available; It's amazingly available on the streets."

Corroborating data also indicated the presence of sedative-hypnotics in the region. American Court and Drug Testing Services reported that 5.7 percent of the 1,918 individuals screened through its Medina lab during the past six months were positive for benzodiazepines.

Participants reported that the general availability of sedative-hypnotics has increased during the past six months. Participants stated: "It's more available because more people are using it; Just about anyone I know is getting a script for 'xanies' (Xanax®); Klonopin® is easier to get. Doctors usually start you on Klonopin® ...." Treatment providers reported that availability of sedative-hypnotics has remained the same during the past six months. The BCI Richfield Crime Lab reported that the number of Valium® cases it processes has increased during the past six months while the number of Xanax® cases has decreased; the number of cases for all other sedative-hypnotics remained the same. The Lake County Crime Lab reported that the number of Ativan® cases it processes has increased during the past six months while the number of cases for all other sedative-hypnotics decreased.

Reports of current street prices for sedative-hypnotics were consistent among participants with experience buying the drugs. A participant remarked, "Blue [Klono-

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

pin®) are 'point five' (0.5) milligrams and are 50 cents ... they ain't really worth much." A participant commented, "[Xanax® is] everywhere because it's easy to get prescribed."

Sedative-Hypnotics	Current Street Prices for Sedative-Hypnotics	
	Klonopin®	\$.50 for 0.5 mg \$2 for 30 mg
	Xanax®	\$2 for 1 mg \$5-7 for 2 mg

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 parachuting (crushing the pill, wrapping it in tissue and swallowing it) and snorting. Participants estimated that out of 10 illicit users, seven would parachute and three would snort the drugs. A participant explained, "Some people parachute because they don't like the taste of the pill." Another participant added, "It's a quicker high ... so they say."

Participants described typical illicit users of sedative-hypnotics as female and heroin users. A participant shared, "I would take Xanax® to pass out. I'd take it when I was dope sick because it was something powerful enough to take the edge off." Treatment providers also described typical illicit users of these drugs as female. A treatment provider commented, "Pretty wide age range [of users], but more females."

## 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 remarked, "[Marijuana] is

everywhere, east, west, north and south, in your backyard ... everywhere." Participants discussed high-grade and low-grade marijuana availability. Several participants commented: "It's easier now to get high-grade than low-grade; You can barely find just 'regular' marijuana anywhere, it's all high-grade and it's everywhere." Participants most often continued to report low-grade marijuana availability as '10', but noted: "You don't see (low-grade marijuana) as often as 'loud' (high-grade) now ... You can find it if you look for it ... It isn't as open because most people get high-grade; Basically your average 'weed' (marijuana) is out there and more white people grow it because it is like a science."

Community professionals most often reported current availability as '10'; the previous most common score was also '10'. Treatment providers commented: "[Marijuana is] very readily available; Parents think that it is not that big of a deal and my own son said these kids just think that it's no big deal ... It's very concerning; It seems like they can walk out of their front door and it is right there, on the corner, at the bus stop, on the bus; It seems more common than nicotine." One treatment provider stated, "I would say one hundred percent of my patients are using [marijuana]." A local judge reported, "I'm seeing a ton of interceptions at UPS and (US) postal offices."

Corroborating data indicated the presence of marijuana in the region. American Court and Drug Testing Services reported that 22.4 percent of the 1,918 individuals screened through its Medina lab during the past six months were positive for marijuana.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A new ordinance in Fairport Harbor (Lake County) has increased the penalty for possession of hashish in any form to match marijuana penalties ([www.otfca.net](http://www.otfca.net), Feb. 3, 2015). Two pounds of hashish and more than 19 pounds of marijuana were found inside a home near Solon Middle School (Cuyahoga County); the products were seized and a couple now face charges of trafficking and drug possession ([www.cleveland.com](http://www.cleveland.com), Feb. 5, 2015). Parma (Cuyahoga County) police arrested a man after they witnessed him participating in a suspected drug deal and pulled his car over to find him attempting to eat a bag of marijuana ([www.cleveland.com](http://www.cleveland.com), Feb. 26, 2015). A marijuana grow operation was dismantled in South Euclid (Cuyahoga County) when police seized 110 marijuana plants ([www.cleveland.com](http://www.cleveland.com), May 14, 2015). Brunswick (Medina County) police arrested a man after officers found more than six pounds of marijuana in the trunk of his vehicle during a traffic stop ([www.cleveland.com](http://www.cleveland.com), May 18, 2015). Two individuals

were arrested in South Euclid when police approached their illegally parked car and found an open alcohol container and seven baggies of marijuana in the passenger's purse ([www.19actionnews.com](http://www.19actionnews.com), May 21, 2015).

Participants reported that the availability of high-grade marijuana has increased during the past six months. Participants explained: "Definitely increasing as far as the availability, as more states around legalize it; It's more available because more people are growing it and more people would rather spend the money on it [than on low-grade marijuana]." Participants varied in responses to availability change of low-grade marijuana; most reported decreased or no change in availability. A participant commented, "I'd say availability is about the same because it wasn't easy to find six months ago and it's the same now."

Similar to participants, community professionals reported that the availability of high-grade marijuana has increased during the past six months, while the availability of low-grade marijuana has decreased or remained the same. Community professional comments included: "I think it has increased for high grade but low grade is the same ... nobody wants it; It's increased because of the Internet and the fact that people don't find it that big of a deal ... they are decriminalizing it; I see it increasing because of the options ... with all the states legalizing it ...." The BCI Richfield and Lake County crime labs reported that the number of marijuana cases it processes has increased during the past six months.

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

Participants most often reported the current overall quality of marijuana as '10' for high-grade and '6' for low-grade on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '10' for both grades of marijuana. 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).

Regarding the quality of high grade, participants stated, *"You don't have to smoke as much; You got hydroponic weed that is grown in water and is the strongest weed because you get the most THC out of it."* One participant reported there is still "bottom-shelf high-grade" marijuana, meaning that quality even varies within high-grade marijuana. Regarding low-grade marijuana, a participant stated, *"Nobody wants it anymore even if you can find it because it don't even look right."* A treatment provider commented, *"THC levels are so high. It's gone from a sedative, in my opinion, to a hallucinogen."* A law enforcement officer explained, *"It's oftentimes laced or dusted with other products with hallucinogenic effects."*

Street prices of marijuana and marijuana concentrates were provided by participants with experience purchasing the drug. Participants continued to report commercial grade marijuana as the cheapest form.

Marijuana	Current Street Prices for Marijuana	
	<b>Low-grade:</b>	
	a blunt (cigar) or two joints (cigarettes)	\$10
	1/4 ounce	\$25-50
	1/2 ounce	\$60-65
	an ounce	\$120
	<b>High-grade:</b>	
	a blunt (cigar) or two joints (cigarettes)	\$15
	1/4 ounce	\$45-50
	1/2 ounce	\$120-150
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 10 would smoke the drug. One participant added, *"There may be one person from time to time that may grind the low-grade 'pot' (marijuana) to make edibles because they don't want to smoke it ... it's so bad."* Another participant added, *"One out of 10 may make edibles if they are real connoisseurs."* In addition, a participant reported, *"'Dabbing' (smoking marijuana oils and extracts) has big time increased the last six months because it is pure THC ... and you aren't getting any of the plant material ..."*

A typical user of marijuana did not emerge from the data. Participants stated: *"No restriction anymore; They are starting younger, even at eight and nine years old; I know people who are sixty and seventy years old smoking weekly; It is absolutely everyone, old folk, young folk, everybody."* Community professionals stated: *"There are no trends but I see a lot of people in their 20s and 30s, both men and women but maybe slightly more men; It's a wide range of ages, 13 to 55 ... 60 years old; I think it is everyone, it's one hundred percent in every age group, every demographic; It's more prevalent with the younger crowd."*

## Methamphetamine

Methamphetamine remains available in the region. However, only a few participants had experience with this drug during the past six months; these participants most often reported current availability of powdered methamphetamine as '8' and current availability of crystal methamphetamine 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' for both types of methamphetamine. Treatment providers reported not encountering clients with methamphetamine experience during the past six months, thus they could not comment on the current availability of the drug.

Regarding the powdered form, participants reported: *"It's everywhere; You can learn how to make it on YouTube; It's everywhere but you need to know where to get it ... you can't just go to any corner to get it."* Regarding the crystal form participants reported: *"It's not common here, but it comes from out west; It's back out near Akron but not here."*

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

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A Wooster (Wayne County) man was arrested when officers searched his residence and disposed of 32 one-pot methamphetamine labs ([www.newsnet5.com](http://www.newsnet5.com), Feb. 6, 2015). A Cleveland

woman reported to police that her boyfriend made her smoke methamphetamine and chained her to a bedroom floor for two days; the man was arrested after police broke through the door and he admitted to smoking the drug ([www.cleveland.com](http://www.cleveland.com), Feb. 9, 2015). Geauga County deputies discovered a meth lab while serving an arrest warrant in Auburn Township ([www.wkyc.com](http://www.wkyc.com), April 2, 2015). Geauga County Sheriff's officers investigated a meth lab in a Huntsburg home where two corrections officers were found to be part of a methamphetamine manufacturing operation ([www.newsnet5.com](http://www.newsnet5.com), April 10, 2015). Willoughby (Lake County) police pulled over a woman for a suspected drug deal they witnessed; she admitted to purchasing heroin, and upon search of the vehicle, police found a mobile meth lab in the trunk ([www.newsnet5.com](http://www.newsnet5.com), April 20, 2015).

Participants with experience with methamphetamine reported that the availability of powdered methamphetamine has increased during the past six months, while the availability of crystal methamphetamine has remained the same. One participant stated, "It's more available to me ... but it's a drug that is under the cover, so it's like you got to know someone [to obtain methamphetamine]." The BCI Richfield Crime Lab reported that the number of methamphetamine cases it processes has decreased during the past six months; the lab reported processing mostly crystal, off-white and white powdered methamphetamine. The Lake County 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 white powdered methamphetamine.

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

Participants with experience with the drug during the past six months most often rated the current quality of powdered methamphetamine as '4' and of crystal methamphetamine as '6' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common overall quality score was '8.' Regarding the quality of powdered methamphetamine, participants reported: "Shake-and-bake is the worst grade of meth there is; The stuff today is

made with Drano® and whatever pills they can find; Ingredients to make (methamphetamine) is lithium, lye, fuel, cold packs, hydro-chloride, acid, crystal Drano®." Regarding the quality of crystal methamphetamine a participant explained, "Crystal is supposed to be one of the purest forms, but it depends on what they are using to make it." Overall, participants reported that the overall quality of methamphetamine has remained the same during the past six months.

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

Methamphetamine	Current Street Prices for Methamphetamine	
	<b>Powdered:</b>	
	1/2 gram	\$50
	<b>Crystal:</b>	
1/2 gram	\$50-180	

While there were a few reported ways of consuming methamphetamine, generally the most common route of administration is smoking. Participants reported that out of 10 methamphetamine users, six would smoke and four would snort the drug. One participant explained, "A lot of people don't like the burn when you snort it, so they smoke it." Participants also noted that a few users of imported crystal methamphetamine (aka "ice") would intravenously inject (aka "shoot") this type of the drug. Participants described typical methamphetamine users as "crack users." Participants reported: "Ex-crack (cocaine) users because it is a cheaper high ... lasts longer; Most meth addicts who can't find meth go to crack and vice versa."

### Prescription Stimulants

Prescription stimulants remain moderately available in the region. Participants most often reported current street availability of prescription stimulants as '6' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '6.' While participants reported little experience with prescription stimulants, they identified Adderall® as the most popular prescription stimulant in terms of widespread illicit use. Participant comments included: "It's not too hard to get Adderall®; It's pretty easy to find 'em." Community professionals most often reported current availability as '7;'

the previous most common score was '10.' Community professional comment included: *"It is readily and widely available but less (available) than marijuana ... maybe equal to crack; Less than marijuana and less than heroin but still available."*

Participants and community professionals reported that the general availability of prescription stimulants has remained the same during the past six months. A participant stated, *"There are still people prescribed them ... I was, but I was abusing."* The BCI Richfield and Lake County crime labs reported that for most prescription stimulants the number of cases they process has either remained the same or has decreased during the past six months; however, the number of cases of Adderall® the labs process has increased.

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

Reportedly, many different types of prescription stimulants are currently sold on the region's streets. However, current street prices for specific prescription stimulants were not known by participants. Participants reported that prescription stimulants sell for about \$1 per milligram. A participant explained, *"A 30 milligram Adderall® costs you 30 bucks."*

While there were a few reported ways of consuming prescription stimulants, generally the most common routes of administration for illicit use are oral consumption and snorting. Participants estimated that out of 10 illicit prescription stimulant users, five would orally consume (with one user 'parachuting,' crushing the tablet and swallowing) and five would snort the drugs.

Participants and community professionals described typical illicit users of prescription stimulants as high school and college students. A participant reported, *"I know people in school use it to focus ... they use them to stay up and focus."* A treatment provider reported, *"College students is where I will see it more than anywhere else ... and I would say that since I prescribe it."* Another treatment provider observed illicit use in, *"Soccer moms, whether it is taking their children's or taking their own prescription."*

## Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMP) 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 '8.' Participant comments on current availability included: *"It depends on who you know; It's everywhere; It's like candy."* Participants most often reported the current availability of "molly" (powdered MDMA) as '6-7'; the previous most common score was '8.'

Only one treatment provider was able to report on the current availability of ecstasy and molly; this provider reported current availability of both as '6'; the previous most common score was '1' and '5' respectively. The treatment provider stated, *"I have one person in group whose drug of choice is this ... it seems like it was a part of the party scene, like he wasn't sitting at home using alone."*

Participants reported that the availability of ecstasy has remained the same, while the availability of molly has increased during the past six months. Participants commented: *"There is more molly because more people are making it; [Molly] is more available now because it has become a party drug at the bars."* The BCI Richfield 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	No change
	 Law enforcement	No comment
	 Treatment providers	No comment

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

Participants with experience buying ecstasy and molly reported consistent pricing. However, some participants reported different pricing by location. One participant reported, *"People on the east side (of Cleveland) don't know the prices on the west side (of Cleveland), so we charge people different depending on where they live."*

Ecstasy/Molly	Current Street Prices for Ecstasy/Molly	
	Ecstasy:	
	low dose (aka "single stack")	\$5
	high dose (aka "triple stack")	\$10-25
	Molly:	
a gram	\$75-100	

While there were a few reported ways of consuming ecstasy and molly, participants reported snorting, intravenous injection (aka "shooting") and anal insertion as common routes of administration. Participants reported the following regarding use of ecstasy: *"Some chew it; A lot snort, but it burns so some people don't like it; We do it up the butt for a dare because it gets you higher quicker; Some chew it and it gets you higher quicker; You can parachute (crush, wrap in tissue and swallow), it dissolves and it gets you higher faster."* Participants reported the following regarding use of molly: *"You shoot, a lot of old school dudes shoot it; They put them in a capsule; You can vape it; Some people plug it (insert it anally) because (absorption of the drug is) quicker; People parachute, too ... they put it in napkin and swallow it because then you don't taste it ... the taste is bitter."*

Participants described typical users of ecstasy/molly as people who like to attend dance parties (aka "ravers"), as well as exotic dancers (aka "strippers"). Participants also reported that ecstasy/molly is popular with college students. A participant stated, *"[Ecstasy is] common in colleges, like big universities with raves."* Participants also reported that ecstasy/molly is "sex drugs," explaining that the drugs are thought to enhance sexual experiences.

### 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 and hallucinogens (LSD [lysergic acid diethylamide], PCP [phencyclidine] and psilocybin mushrooms).

### Bath Salts

Bath salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues) remain available in the region. However, none of the participants had experience with bath salts during the past six months, thus they could not report on current availability; the previous most common availability score was '5' 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 of bath salts as '2,' and they reported the availability of bath salts has decreased during the past six months. A treatment provider stated, *"I had one or two cases in the last six months because it is really hard to get now, but a year ago we had a lot and every single one was out of their mind ... they were psychotic, one man tried to get a transmitter out of his mind; A lot of people won't use it because it makes you crazy."* The BCI Richfield and Lake County crime labs reported that the number of bath salts cases they process has increased during the past six months.

As for a description of a typical bath salts user, one treatment provider stated, *"I only saw two clients (who reported bath salts use) and ... they were in their 20s."*

### Hallucinogens

Participants most often reported the current availability of hallucinogens as '6' for psilocybin mushrooms; '4' for LSD; and '10' for PCP on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants reported that the availability of psilocybin mushrooms has decreased, while the availability of LSD and PCP has remained the same during the past six months. The BCI Richfield Crime Lab reported that the number of LSD cases it processes has decreased during the past six months, while the number of psilocybin mushroom and PCP cases has increased.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Three young men were arrested in Middlefield Township (Geauga County) after a deputy pulled them over for speeding and found 250 hits of LSD, two vials of LSD liquid, a bag of DMT (dimeth-

yltryptamine, a psychedelic compound of the tryptamine family), marijuana 'dabs' and cocaine ([www.fox8.com](http://www.fox8.com), May 30, 2015).

Regarding psilocybin mushroom availability, participants reported, *"I have to come to the west side (of Cleveland) to get them; I would have to go to Erie County to get them; They are less available because people don't want to travel like to Alabama to get them; It's somewhat hard to find, it has been a while since I've seen them."* Only two participants were able to provide pricing information for psilocybin mushrooms, and they agreed that 1/8 ounce currently sells for \$25-35 and 1/4 ounces currently sells for \$50. Participants estimated that out of 10 psilocybin mushroom users, all would put the mushrooms in tea to drink.

Regarding LSD availability, participants reported: *"It kind of comes and goes; It comes in waves; Like it's either around or not around at all."* Participants estimated that out of 10 LSD users, all would sublingually use the drug. Participants reported: *"You put it under your tongue; It's \$10 for a hit, and it gets you high for six to eight hours."*

Regarding PCP availability, participants reported: *"You can get 'wet' (PCP) just like you can get marijuana; It's very easy to get; You dip a cigarette and let (PCP) absorb into it ... it's called a 'woo stick'; A cigarette dipped sells for ten dollars."* One treatment provider reported, *"I have not seen anyone in over a year (who uses PCP), but I know people use it ... everyone has a story about such and such was on [PCP] ...."*

## Conclusion

Crack cocaine, heroin, marijuana and sedative-hypnotics remain highly available in the Cleveland region; also highly available are ecstasy and PCP (phencyclidine). Changes in availability during the past six months include increased availability for marijuana and Suboxone®.

While many types of heroin are currently available in the region, participants and community professionals reported brown powdered heroin as the most available type of heroin. Participants reported that the availability of brown powdered heroin has increased during the past six months. In addition, participants and community professionals reported current high availability of white powdered heroin, which reportedly, often contains fentanyl.

Several participants discussed the general high quality of heroin and overdose, often explaining that the heroin involved in an overdose is sought by other users because that heroin has been proven to be strong, or rather, "better." Participants reported that the most common adulterates used to cut powdered heroin are fentanyl and lactose. In addition, participants reported on the presence of pink-colored heroin in the region which is known to contain fentanyl; participants explained that fentanyl powder can be purchased through the Internet; and reportedly, this powder is often pink in color.

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

Participants and community professionals reported that the availability of Suboxone® has increased during the past six months. Participant commented on the ease in which one could locate the drug; community professionals noted that more doctors are currently prescribing Suboxone®. Participants and community professionals described typical illicit Suboxone® users as opiate addicts and those aged 20s through 30s.

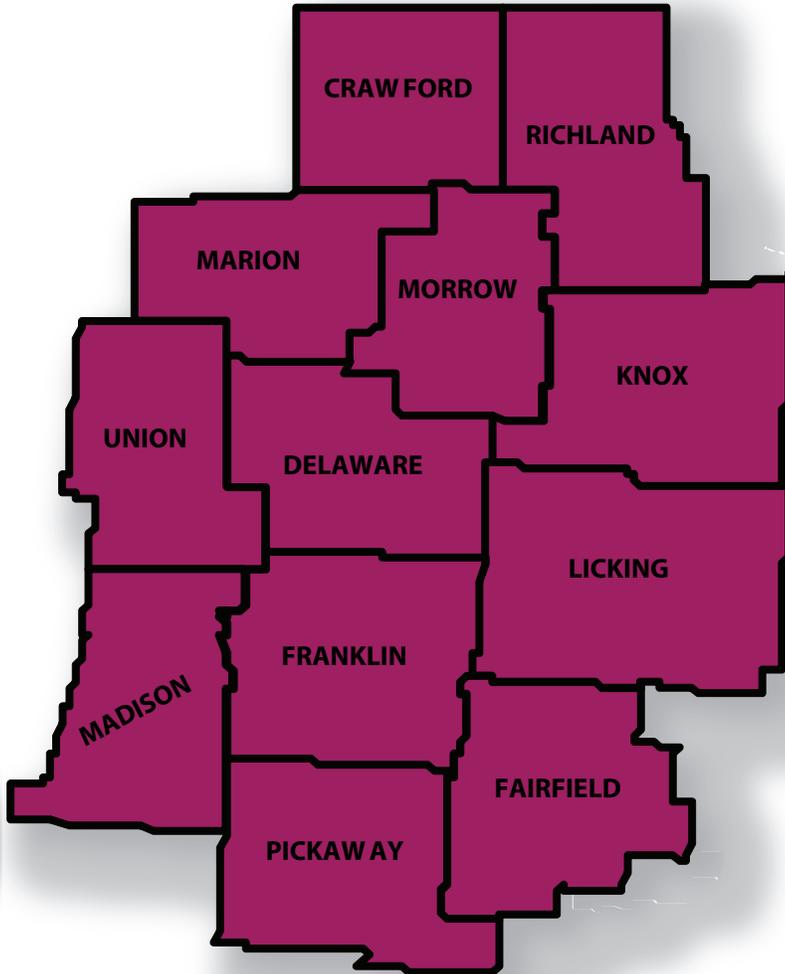
Corroborating data indicated the presence of marijuana in the region. American Court and Drug Testing Services reported that 22.4 percent of the 1,918 individuals screened through its Medina lab during the past six months were positive for marijuana. Participants and community professionals reported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

Participants with experience with methamphetamine 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 Richfield Crime Lab reported that the number of methamphetamine cases it processes has decreased during the past six months, while the Lake County Crime Lab reported an increased number of cases; the labs reported processing crystal, brown, off-white and white powdered methamphetamine. Participants described typical methamphetamine users as "crack users."

Lastly, participants reported high current availability of PCP (aka "wet"). Participants reported that the practice of users is to dip a cigarette into PCP to smoke (aka "woo stick"). A participant reported that a dipped cigarette sells for \$10. The BCI Richfield Crime Lab reported that the number of PCP cases it processes has increased during the past six months.



### Drug Abuse Trends in the Columbus Region



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**Data Sources for the Columbus Region**

This regional report was based upon qualitative data collected via focus group interviews. Participants were active and recovering drug users recruited from alcohol and other drug treatment programs in Delaware, Franklin, Licking and Morrow 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 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 July through December 2014. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for January through June 2015.

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

## Regional Profile

Indicator <sup>1</sup>	Ohio	Columbus Region	OSAM Drug Consumers
Total Population, 2010	11,536,504	2,132,217	43
Gender (female), 2010	51.2%	50.7%	39.5% <sup>2</sup>
Whites, 2010	81.1%	78.0%	81.4%
African Americans, 2010	12.0%	13.4%	14.0%
Hispanic or Latino Origin, 2010	3.1%	3.3%	4.7% <sup>3</sup>
High School Graduation Rate, 2010	84.3%	77.0%	86.0% <sup>4</sup>
Median Household Income, 2012	\$48,308	\$54,584	\$19,000 to \$21,999 <sup>5</sup>
Persons Below Poverty Level, 2012	15.8%	13.1%	44.2% <sup>6</sup>

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

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

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

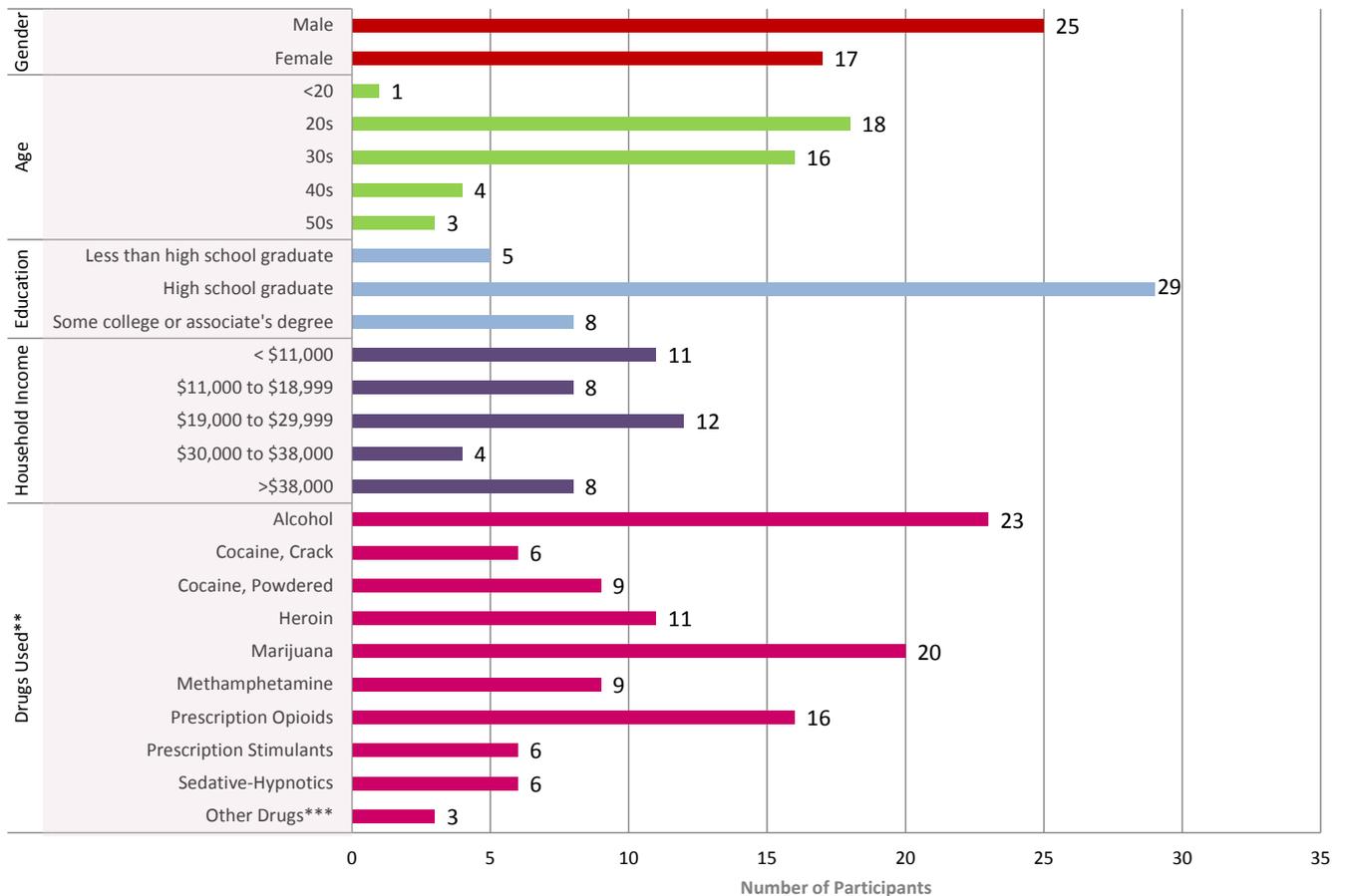
<sup>4</sup>High school graduation was unable to be determined for 2 participants due to missing and/or invalid data.

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

<sup>6</sup>Poverty status was unable to be determined for 4 participants due to missing and/or invalid data.

### Columbus Regional Participant Characteristics

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



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

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

\*\*\*Other drugs included: hallucinogens, Suboxone® and synthetic marijuana.

## Historical Summary

In the previous reporting period (July 2014 – January 2015), heroin, marijuana, methamphetamine, prescription opioids, sedative-hypnotics and Suboxone® were highly available in the Columbus region. Increased availability existed for heroin and marijuana, and likely increased availability existed for powdered cocaine. Data also indicated decreased availability for bath salts and ecstasy.

Participants and community professionals reported brown powdered and black tar heroin as the most available types of heroin within the region. Both respondent groups reported increased availability. Corroborating data also indicated a high presence of heroin. 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 reporting period were positive for opiates. In addition, the BCI London Crime Lab reported that the number of black tar and powdered heroin cases it processed had increased.

Participants reported that heroin was often ‘cut’ (adulterated) with pharmaceutical drugs, such as prescription opioids and sedative-hypnotics. The BCI London Crime Lab reported that a lot of powdered heroin cases that came into the lab were a heroin-fentanyl mixture, sometimes even straight fentanyl.

The most common route of administration for heroin use remained intravenous injection; sharing needles was reportedly common practice. Participants described typical heroin users as males and females, 30 years of age and younger, predominantly white and often someone who began drug use by using prescription opioid medications, but switched to heroin because it was cheaper. Community professionals agreed with participant descriptions, except in estimating the typical age range of users as 18-40 years and added that users are often lower in socio-economic status. Participants and treatment providers noted that the age range of heroin users was expanding.

Treatment providers discussed how “normal” marijuana use was in their clients’ everyday lives. Corroborating data also indicated 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 reporting period were positive for marijuana.

While participants reported decreased availability for low-grade marijuana, they reported that the availability of high-

grade marijuana had increased. Participants from different groups noted increased use of marijuana concentrates and extracts in the form of oils or wax (aka “dabs”).

Community professionals also reported increased availability of marijuana. Law enforcement officers reported increased use of marijuana extracts and concentrates and often referred to hash oil. Law enforcement attributed the increase in marijuana extracts and concentrates to vaporizing as a new method to consume the drug. The BCI London Crime Lab reported that the number of marijuana cases it processed had increased.

Community professionals reported increased availability of powdered cocaine. Several clinicians suggested that the new MAT (medication assisted treatment) drug, Vivitrol®, was a reason for the increase and explained that although an opiate high is not possible with this drug, a cocaine high is possible. The BCI London Crime Lab reported that the number of powdered cocaine cases it processed had increased.

Participants reported that methamphetamine was available in powdered and crystal forms throughout the region. However, powdered methamphetamine was the most prevalent form in the region and was typically referred to as “one-pot” or “shake-and-bake.” Participants reported that the availability of powdered methamphetamine had increased, while the availability of the crystal form of the drug had remained the same. The BCI London Crime Lab reported that the number of methamphetamine cases it processed had increased; the lab reported processing crystal, brown and off-white powdered methamphetamine.

Participants described typical methamphetamine users as 30-40 years of age, white and male. One participant noted that demographics of methamphetamine users were beginning to shift which was purportedly creating an increase in the drug’s popularity and availability.

While both respondent groups reported decreased availability of ecstasy pressed tablet form, participants reported increased availability of powdered MDMA (aka “molly”). Participants suggested that ecstasy was often cut with heroin. Participants described typical molly users as younger, males and females, partiers and drug dealers.

Finally, participants and community professionals reported that the availability of bath salts had decreased. Participants purported the decrease in availability was due to legislation and law enforcement efforts. The BCI London Crime Lab reported that the number of bath salts cases it processed had decreased.

## Current Trends

### Powdered Cocaine



Powdered cocaine remains moderately to highly available in the region. Participants most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. A participant reported, *"It's just always available."* Another participant commented, *"It's pretty commonly used."* Treatment providers most often reported current availability of powdered cocaine as '8', while law enforcement most often reported it as '5'; the previous most common score was '7' for both groups. A treatment provider stated, *"I think if you like cocaine you know how to find it."* A detective stated, *"I think [cocaine is] not used as often as heroin now. More and more people are using heroin, so we're not hearing about the cocaine, but it's still being used."*

Corroborating data also indicated the presence of cocaine in the region. American Court and Drug Testing Services reported that 5.6 percent of the 3,179 individuals screened through its Columbus and Lancaster labs during the past six months were positive for cocaine (crack and/or powdered cocaine).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A Bucyrus (Crawford County) man was sentenced to life in prison after admitting to killing four people during a cocaine binge ([www.nbc4i.com](http://www.nbc4i.com), Feb. 13, 2015). A freight company called Columbus police regarding a suspicious piece of freight; after the drug task force arrived, they found 12 kilos of cocaine in a hydraulic cylinder ([www.nbc4i.com](http://www.nbc4i.com), Feb. 14, 2015).

Participants reported that the availability of powdered cocaine has remained the same during the past six months. However, a participant stated, *"It's kind of been a stable. It's always been there."* Law enforcement and treatment providers reported that availability has decreased during the past six months. A detective stated, *"It's a little harder [to find], in my opinion, because of the price of it and more people are using opiate-based drugs now than cocaine."* The

BCI London Crime Lab reported that the number of powdered cocaine cases it processes has decreased during the past six months.

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

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 '7'. However, a participant shared, *"[Quality] depends on where and who [obtains the drug]."* Participants reported that powdered cocaine in the region is 'cut' (adulterated) with baby formula, baby laxatives, baking soda, car freshener, ether, isotol (dietary supplement), laxatives, Miami Ice® (a powder found at a headshop and sold as a carpet deodorizer), numbing agents (e.g., procaine, a local anesthetic), prescription opioids and protein powders. A few participants reported that buyers lack knowledge of what powdered cocaine is cut with and often stated: *"Who knows!?"*

Overall, participants reported that the quality of powdered cocaine has remained the same during the past six months. Despite the majority of participants reporting no change in quality, several participants indicated an increase in quality due to high competition among drug dealers. A few participants reported that heroin and cocaine dealers are competing for business and one participant explained, *"It's like Coke® and Pepsi® and it's like there's been a craze for quality product. I think [quality] has been more important than ever right now for all drugs, so people will, instead of cutting it, will keep it high quality."* Another participant agreed and stated, *"The guys that aren't cutting it are getting all the business."*

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

Reports of current street prices for powdered cocaine were provided by participants with experience buying the drug. Participants agreed when one person stated, *“With the quality increase, the price has increased.”*

Powdered Cocaine	Current Street Prices for Powdered Cocaine	
	a gram	\$80-100
	1/16 ounce (aka “teener”)	\$100-150
	1/8 ounce (aka “eight ball”)	\$150-200
	an ounce	\$1,000
	a kilo	\$20,000-30,000

Participants reported that the most common way to use powdered cocaine is snorting. Participants estimated that out of 10 powdered cocaine users, all 10 users would most often snort the drug.

Participants described typical powdered cocaine users as rich, young professionals in their late 20s and 30s, as well as older adults in their 50s and 60s. One participant stated, *“I would say more the old school ... 50 to 60 I guess.”* Another participant reflected, *“I’ve never seen young kids doin’ it.”* Treatment providers described typical users as white males and females, 30 years of age and older. One treatment provider reported powdered cocaine use as common among people who abuse alcohol.

### Crack Cocaine

Crack 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 also ‘10’. A participant stated, *“A lotta people do it.”* Treatment providers most often reported current availability of crack cocaine as ‘8’, and law enforcement most often reported the drug’s current availability as ‘5’; the previous most common score was ‘7’ for both groups. A treatment provider reported, *“Very available.”* Law enforcement stated, *“It’s just that people aren’t usin’ [crack cocaine] as much as they were. Right now everybody wants heroin, but I think cocaine’s still out there as easy as it was before ... if they wanted it.”*

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Marion (Marion County) police arrested a passenger of a car that had been pulled over for a traffic violation, who threw some crack cocaine on the ground as detectives were approaching him ([www.marionstar.com](http://www.marionstar.com), March 17, 2015). Ohio State Highway Patrol (OSHP) arrested a man in Fairfield County during a traffic stop when troopers spotted 56 grams of crack cocaine, 24 ounces of liquid codeine and 253 various prescription pills in plain sight ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), April 14, 2015). Two men were arrested during a raid in which Marion County Sheriff’s deputies and Marion Police officers seized 43 grams of crack cocaine and 25 grams of heroin ([www.marionstar.com](http://www.marionstar.com), April 21, 2015). Law enforcement arrested 13 individuals in connection with two raids in Richland County; more than 3.5 grams of crack cocaine, prescription drugs and marijuana were confiscated in total ([www.otfca.net](http://www.otfca.net), March 20, 2015).

Participants reported that the availability of crack cocaine has increased during the past six months, while community professionals most often reported that availability has remained the same. Several treatment providers noted that crack cocaine use is frequently overshadowed by or used in conjunction with heroin. One treatment provider speculated, *“I think with the increase in heroin, [crack cocaine is] also increasing.”* A clinician reported, *“I’m seeing [crack cocaine] more as a drug that was used, not being currently used.”* Another treatment provider added, *“If someone doesn’t have the availability of heroin, then crack cocaine is used.”* Still another treatment provider reflected, *“Just in my most recent assessments, crack’s not the primary [drug of choice]. It’s just in addition to the thing most talked about ... the heroin.”* The BCI London Crime Lab reported that the number of crack cocaine cases it processes has decreased during the past six months.

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

Participants most often rated the current overall quality of crack cocaine as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '7-8'. One participant commented, "[Quality] depends on how it's manufactured." Participants agreed that the dealer plays a large role in the quality of crack cocaine. A participant commented, "Depends a whole lot on who you're buying it from." Participants reported that crack cocaine in the region is "cut" (adulterated) with ammonia, baby formula, baking soda, drywall, Orajel® soap and vitamin B-12. Overall, participants reported that the quality of crack cocaine has remained the same during the past six months.

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

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

<b>Crack Cocaine</b>	<b>Current Street Prices for Crack Cocaine</b>	
	1/10 gram (aka "rock")	\$10
	a gram	\$50-100
	1/16 ounce (aka "teener")	\$75-90
	1/8 ounce (aka "eight ball")	\$175

Participants reported that the most common way to use crack cocaine remains smoking. Participants estimated that out of 10 crack cocaine users, all would smoke the drug. Participants described typical crack cocaine users as older males and females. Participants commonly stated that crack cocaine is used more often in the African-American community. However, one participant stated, "[Crack cocaine use is] reaching a lot, lot more people than it used to." When asked why the more types of people are using crack cocaine, participants commented: "Accessibility really; if you're using heroin, why not do everything else?"

Community professionals described typical crack cocaine users as younger people in their 20s to 30s, as well as older veterans. One treatment provider reflected on the clients she serves who use crack and stated, "I often get

veterans. People who have been using [crack cocaine] for 10 or 30 years ... people like that." Another treatment provider stated, "I think with chronic alcohol users, too ... [crack cocaine use is] definitely there ... combining alcohol with crack." Another treatment provider stated, "I think some people have an intent: 'There's some drugs I'll never do;' and once heroin's tried, anything goes."

## Heroin

Heroin remains highly available in the region. Participants most often reported the 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'. One participant explained, "The dealers that used to only have 'coke' (cocaine), all have heroin now because it's like they wanna tap into this huge market now, too." Community professionals most often reported current availability of heroin as '10'; the previous most common score was also '10'. A treatment provider remarked, "Very, very available, like '10!'" Another clinician stated, "I think heroin is becoming more accepted, if you will. Before, it was a last resort ... now I'm seeing people starting with heroin because it's less ... stigma[tized], more common, so cheap."

While many types of heroin are currently available in the region, participants reported brown powdered heroin as the most available type. A participant stated, "Yeah, more dealers and they all have [brown powder]." Treatment providers often did not know what type of heroin their clients used, while law enforcement reported brown powdered as most available. Treatment providers reported: "[Black tar heroin is] available within five to ten minutes within this location; I hear people talking about parts of town you can go and who to approach even if you're new to town ... just knowing what area to start in." Law enforcement reported, "I believe in the last six months [brown powder has been] readily available."

Participants noted that black tar heroin is nearly as easy to get as brown powdered heroin and rated it's current availability as '10'; while rating the current availability of white powdered heroin (aka "china") as '6' or '8'. A participant commented, "The china's what's everybody's wantin' right now." Community professionals were unable to comment on availability of white powdered heroin.

Corroborating data also indicated the presence of heroin in the region. American Court and Drug Testing Services reported that 14.8 percent of the 3,179 individuals screened through its Columbus and Lancaster labs during the past six months were positive for opiates.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. OSHP troopers arrested a driver and passenger in Fairfield County when a probable cause search led to the discovery of 149 grams of heroin and a small amount of marijuana ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), March 25, 2015). Circleville (Pickaway County) was the location of a large heroin and cocaine drug ring that “ran like a pizza business” before it was busted by a law enforcement collaborative; over 70 people were arrested ([www.10tv.com](http://www.10tv.com), March 25, 2015). Five people were arrested after Marion (Marion County) police executed a search warrant and discovered 149.9 grams of heroin, 8.2 grams of marijuana and 46.9 grams of cocaine, plus 15 additional bindles of cocaine (small folded pieces of paper containing the drug) ([www.nbc4i.com](http://www.nbc4i.com), March 26, 2015). The Crawford County Sheriff’s office, in collaboration with Galion Police and a Bucyrus K-9 officer, located seven ‘balls’ (approximately 1/8 ounce amounts in each) of heroin in a vehicle that was pulled over for a traffic stop in connection with a drug investigation ([www.otfca.net](http://www.otfca.net), April 11, 2015). OSHP and Franklin County Sheriff’s Office teamed up in “Operation Shield” to focus on highways south of I-70; during the two-day effort, over 26,000 units of heroin were seized ([www.nbc4i.com](http://www.nbc4i.com), May 7, 2015). Two people were arrested in Circleville when stopped for a traffic violation and police found black tar heroin and crack cocaine in their vehicle ([www.nbc4i.com](http://www.nbc4i.com), June 1, 2015). Several media reports focused on a deadly batch of heroin called “blue drop,” due to its blue hue. Fentanyl in this heroin was the leading cause of over 30 overdoses in Ohio, many of which were in Marion County; in less than two weeks a collaborative of local, state and federal agencies were able to identify and arrest the main supplier of the deadly drug ([www.otfca.net](http://www.otfca.net), June 11, 2015).

Additionally, Ohio media reported increasing children services cases due to heroin use ([www.coshoctontribune.com](http://www.coshoctontribune.com), May 23, 2015). Also, there was an Ohio symposium that focused on tackling the drug issue throughout the state, most of which focused on heroin and how organizations need to work together to address the problem ([www.wkbn.com](http://www.wkbn.com), June 16, 2015). One media report discussed how overdose deaths were outnumbering incarceration rates

for drug trafficking and how that number was increasing ([www.bucyrustelegraphforum.com](http://www.bucyrustelegraphforum.com), May 11, 2015). Attorney General Mike DeWine requested a rebate to the state for the high cost of Narcan® (naloxone) because it is needed by first responders to reverse opiate overdoses ([www.daytondaily-news.com](http://www.daytondaily-news.com), Feb. 17, 2015). Shortly afterwards, a naloxone manufacturer negotiated a lower price in Ohio, which will allow for more first responders to have it on hand ([www.cleveland.com](http://www.cleveland.com), March 4, 2015).

Participants and community professionals most often reported that the general availability of heroin has remained the same during the past six months. Participants commented: *“It’s easy to get in one form or another; It’s just been always easy to get for me; It’s just the same people that I know always have it.”* Additionally, most participants perceived that the availability of white powdered heroin has increased during the past six months, as one participant explained, *“So I think [availability] increased because demand has increased.”* The BCI London Crime Lab reported that the number of powdered heroin cases it processes has increased during the past six months, while the number of black tar heroin cases has remained the same; the lab noted having processed beige, brown, tan and white powdered heroin.

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

Participants most often rated the current overall quality of heroin as ‘10’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was ‘8.’ A participant stated, *“Ever since [heroin] hit the market it’s been really good [quality].”* Another participant stated, *“It really just depends on who you go to and what part of town.”* Overall, participants reported that the general quality of heroin has remained the same during the past six months and commented: *“It was always good; It’s always been decent.”* However, several participants noted that there might have been an increase in quality specifically in white powdered heroin. A participant stated, *“Some of the stuff has gotten super, super potent.”*

Participants reported the top cutting agents for heroin as baby formula, brown sugar, coffee, dark sodas, laxatives and protein powder. Other cuts reported include diet supplements, mannitol (diuretic) and sleep aids for black tar heroin; powdered coffee creamer and vitamin B for brown powdered heroin; and flour, head shop cuts (e.g., Miami Ice®), prescription opioids (fentanyl), powdered sugar and procaine (local anesthetic) for white powdered heroin.

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

Reports of current street prices for heroin were variable among participants with experience buying the drug. Reportedly, black tar heroin and brown powdered heroin are similar in pricing and white powdered heroin is a bit more expensive. Several participants believed the price of heroin has increased during the past six months and commented: *"The more people want it, the more they're gonna charge you; I heard a lot of people say if you want it not cut (pure form), then you gotta pay higher."*

Heroin	Current Street Prices for Heroin	
	<b>Black tar or brown powdered heroin:</b>	
1/10 gram (aka "balloons," "folds" or "papers")	\$10-20	
a gram	\$80	
1/8 ounce	\$200	
1/4 ounce	\$300	
an ounce	\$900-1,100	
<b>White powdered heroin:</b>		
1/10 gram (aka "balloon")	\$20	
a gram	\$100-150	
1/8 ounce	\$300-325	
an ounce	\$1,100	

While there were a few reported ways of using heroin, generally the most common route of administration is intravenous injection (aka "shooting"). Participants estimated that out of 10 heroin users, nearly all would shoot the drug. A treatment provider stated, *"Most of our folks (clients) are injecting [heroin]."* Reportedly, needles are more often obtained from drug stores than from the street due to price and quantity. Participants reported paying anywhere from \$1-5 per needle when purchased on the street.

A profile of a typical heroin user did not emerge from the data. Participants described typical heroin users as anyone and commented: *"There's no discrimination anymore; It's epic, so I mean anybody. It's becoming pretty normal for everybody."* Another participant commented, *"It seems like a younger crowd ... definitely 20s."*

Community professionals described typical heroin users as 30 years of age or younger, white and more often unemployed. A treatment provider stated, *"Unemployed or sporadically employed."* Another treatment provider reflected, *"With the females, a lot of JFS (Job and Family Services) involvement ... and a lot of treatment court and [justice system involvement]."*

### Prescription Opioids

Prescription opioids remain highly available in the region. Participants most often reported the current street availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. Treatment providers most often reported current availability of prescription opioids as '7', while law enforcement most often reported current availability as '9'; the previous most common score was '7' for both groups. A law enforcement officer commented, *"It's pretty available."* Participants and community professionals identified Percocet® and Vicodin® as the most popular prescription opioids in terms of widespread illicit use.

Corroborating data also indicated the presence of prescription opioids in the region. American Court and Drug Testing Services reported that 10.0 percent of the 3,179 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. Two people were sentenced in Knox County for their connection with

a prescription pill ring that brought oxycodone, methadone and Xanax® in from other states, including Florida, Virginia, Pennsylvania, Maryland and Indiana ([www.dispatch.com](http://www.dispatch.com), Feb. 14, 2015). Two men were arrested in Westerville (Franklin County) for robbing three pharmacies of prescription pills ([www.nbc4i.com](http://www.nbc4i.com), March 23, 2015). Marion (Marion County) police officers worked together with other law enforcement in an overnight operation in which 56 tramadol pills, 61 grams of heroin and a gram of cocaine were recovered from a residence ([www.otfca.net](http://www.otfca.net), April 10, 2015). A group of 20 people were sentenced for their participation in drug trafficking of oxycodone, cocaine and marijuana in central Ohio, as well as laundering their drug money at a local casino ([www.nbc4i.com](http://www.nbc4i.com), June 22, 2015).

Participants most often reported that the general availability of prescription opioids has remained the same during the past six months. Nevertheless, several participants noted that doctors are prescribing these pills less readily and/or more restrictions have been introduced. Participants commented: *"A lot of the doctors around here have put their foot down; The doctors are pretty much not prescribing it as much or putting limitations on, like, the prescription that they give someone [so] they don't have a tendency to sell; I think the pain clinics are tightening up."*

Treatment provider most often reported that the availability of prescription opioids has decreased during the past six months, while law enforcement reported that availability has remained the same. A treatment provider pondered, *"I think if you want [prescription opioids] you can go out and get it, and it's just kinda the same people, but cost ... it's really cost prohibitive."* The BCI London Crime Lab reported that the number of prescription opioid cases it processes has generally either decreased or remained the same during the past six months, with the exception of increased number of cases for Dilaudid®, Tylenol® 3/ Tylenol®4, Ultram® and Vicodin®. In addition, the lab reported seeing fake pharmaceutical tablets, although not that often. Reportedly, alprazolam (Xanax®) has been found in "OxyContin®" tablets, and a few tablets have actually been found to be pressed heroin.

Reports of current street prices for prescription opioids were consistent among participants with experience buying these drugs. Several participants discussed purchasing Percocet® in bulk quantities, reporting that a month's prescription of Percocet® 5 mg sells for \$30-50 and a month's prescription of 30 mg sells for \$100.

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

Prescription Opioids	Current Street Prices for Prescription Opioids	
	Dilaudid®	\$8-10 for 8 mg
	fentanyl	\$50 for 30 mcg \$50-75 for 50 mcg \$100-150 for 100 mcg
	Lortab®	\$1 per milligram
	methadone	\$5 for 5 mg \$10 for 10 mg
	Norco®	\$1 per milligram
	Opana®	\$15 for 10 mg \$20 for 30 mg
	OxyContin® OP	\$10-15 for 20 mg \$40 for 40 mg \$80 for 80 mg
	Percocet®	\$5 for 5 mg \$10 for 10 mg \$15 for 15 mg \$30-35 for 30 mg
	Roxicodone®	\$30 for 30 mg
	Tylenol® 3	\$1-3 for 5 mg
	Ultram®	\$1 for 50 mg \$2 for 100 mg
	Vicodin®	\$3-5 for 5 mg \$8-9 for 7.5 mg \$15 for 15 mg \$20-30 for 30 mg

In addition to buying prescription opioids from dealers, participants also reported obtaining these medications through personal prescriptions, others who sell their prescriptions, taking from grandparents who have prescriptions or by traveling to other counties or states to purchase them.

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, five would snort and five would orally ingest the drugs. One participant stated, "A lot of people snort 'em now. Crush 'em down and snort 'em."

Participants described typical illicit users of prescription opioids as people who are in pain and ranging in age from 15 to 50 years. One participant stated, "Just about anybody nowadays. They usually start with opiates then go to heroin." Community professionals described typical illicit users as anyone or someone who is in pain. An officer remarked, "When it comes to opiates in general, I think it's everybody."

### Suboxone®



Suboxone® remains highly available in the region. Participants most often reported the current street availability of the drug as '10' for the sublingual filmstrip form and '6' for the pill form 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' for filmstrips

and '2' for pills. Participants indicated a link between availability of Suboxone® and heroin, as one participant remarked, "I mean this is a town full of heroin, so [Suboxone® availability is] definitely a '10.'"

Treatment providers most often reported current street availability of Suboxone® as '7-8'; the previous most common score was '8.' One treatment provider elaborated on the availability of Suboxone® at the street level and stated, "I don't know if ... there's more providers, but people are able to access [Suboxone®] and sometimes selling it to support what they need ... [clients will reason], 'Sell some of my prescription, take what I need ... supplement [my income].'"

Corroborating data also indicated the presence of Suboxone® in the region. American Court and Drug Testing Services reported that 14.2 percent of the 3,179 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 filmstrip form has increased during the past six months, while a few participants reported that availability of Suboxone® in pill form has remained the same. Participants believed that Suboxone® availability and use has increased due to the heroin epidemic. Treatment providers reported an increase in availability of Suboxone® during the past six months. A clinician reflected, "I think the availability has increased simply because of the number of prescribers. To me, it depends on how much cash you have as far as that availability." The BCI London Crime Lab reported that the number of Suboxone® and Subutex® cases it processes has decreased during the past six months.

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

Reports of current street prices for Suboxone® were consistent among participants with experience buying the drug. A treatment provider shared, "You can pay 10 or 20 dollars [on the street for Suboxone®]."

Suboxone®	Current Street Prices for Suboxone®	
	filmstrip	\$10 for 4 mg \$15-20 for 8 mg
	tablet	\$10-15 for 2 mg

In addition to obtaining Suboxone® on the street from dealers, participants also reported getting it from Suboxone® clinics, doctor's offices and from people who sell their prescriptions. A participant stated, "Most heroin dealers have Suboxone®, too." Another participant shared, "They get 90 [Suboxone®] prescribed to 'em for a month, and then they sell 'em all." A treatment provider surmised, "I think there's a perception that Suboxone® on the street is more available than through a doctor."

While there were a few reported ways of consuming Suboxone®, generally the most common routes of administration for illicit use are sublingual for the filmstrip and snorting or oral consumption for the tablet. Participants estimated that out of 10 illicit Suboxone® users, all 10 would place the filmstrip under their tongue to dissolve it; five illicit tablet users would snort and five would swallow the drug.

Participants across each focus group described typical illicit users of Suboxone® as prescription opioid or heroin users who self-medicate. Participants explained that Suboxone® is used to counteract withdrawal, as one commented, *“Anyone that doesn’t wanna be sick that day.”* Community professionals described typical illicit users as males and females ranging in age from 20-40 years, unemployed and trying to get off of heroin. A treatment provider stated, *“Although the opiate users start at a younger age, it’s not until they’re really feeling motivated to stop using that they go through the trouble of trying to find Suboxone® to be able to get off drugs.”*

### Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) are moderately to highly available in the region. Participants most often reported the current street availability of these drugs as ‘5’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was ‘10.’ One participant stated, *“Doctors hand ‘em out like candy.”*

Treatment providers most often reported sedative-hypnotics current street availability as ‘6,’ while law enforcement reported current availability as ‘8,’ the previous most common score was ‘8’ for both groups. A treatment provider stated, *“It seems people that want it can find it.”* A narcotics detective stated, *“I think it’s available everywhere.”*

Participants identified Klonopin® and Xanax® as the most popular sedative-hypnotics in terms of widespread illicit use; while community professionals identified Xanax® as most popular. A treatment provider explained, *“I’ve heard of Klonopin® and Ativan® more as prescribed, but Xanax® would be the one that’s getting abused.”*

Corroborating data also indicated the presence of sedative-hypnotics in the region. American Court and Drug Testing Services reported that 4.8 percent of the 3,179 individuals screened through its Columbus and

Lancaster labs during the past six months were positive for benzodiazepine.

Participants and community providers reported that the general availability of sedative-hypnotics has remained the same during the past six months. A law enforcement officer stated, *“In my opinion, it’s always available.”* Another officer shared, *“We still get complaints that people are going to Florida and makin’ those trips and getting whatever they want.”* The BCI London Crime Lab reported that the number of sedative-hypnotic cases it processes has either decreased or remained the same during the past six months, with the exception of increased numbers for Ambien®, Restoril® and Valium®.

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

Reports of current street prices for sedative-hypnotics were consistent among participants with experience buying the drugs.

Sedative-Hypnotics	Current Street Prices for Sedative-Hypnotics	
	Klonopin®	\$1 for 0.5 mg
		\$1-2 for 1 mg
		\$1-2 for 2 mg
Xanax®	\$0.50-1.50 for 0.25 mg	
	\$2-3 for 0.5 mg	
	\$5-7 for 1 mg	

In addition to obtaining sedative-hypnotics on the street from dealers, participants also reported getting them from friends and grandparents, through personal prescriptions from doctors, as well as through fraudulent prescriptions. One participant explained, *“Usually [you get these pills] within your circle of friends.”*

While there were a few reported ways of consuming sedative-hypnotics, generally the most common route of administration for illicit use remains snorting. Participants

estimated that out of 10 illicit sedative-hypnotic users, all would snort the drug. Participants described typical illicit users of sedative-hypnotics as females in their 40s. One participant who stated that females abuse them cited availability and reasoned, *"Females have the prescriptions for 'em more often."* Treatment providers described typical illicit sedative-hypnotic users as females who have history of anxiety, have a lot of life stressors, have multiple children and who are unemployed. One treatment provider remarked, *"Women far more. I'd say probably five to one ... It's more of a female drug."*

## 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'. One participant stated, *"A lotta people are growing [marijuana] at their house or claim to be prepping for the legalization of it here. They wanna, ya know, get a jump on it, I guess."*

Community professionals most often reported the drug's current availability as '10'; the previous most common score was also '10'. Treatment providers commented: *"Very available; My clients seem to be able to get whatever it is they're wanting fairly easy; I've heard more, slightly more, of people with friends who grow [marijuana] ... friends in town ... and they grow it in various quantities, so the supply is there."* A detective stated, *"I'd say it's a '10' because people are growin' it themselves and it's available anywhere. They can grow it outside, grow it inside, get it shipped [to their house]."*

Corroborating data also indicated the presence of marijuana in the region. American Court and Drug Testing Services reported that 19.7 percent of the 3,179 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. Legalization of marijuana continues to be a topic of conversation around the state ([www.cincinnati.com](http://www.cincinnati.com), Feb. 5, 2015; [www.nbc4i.com](http://www.nbc4i.com), Feb. 17, 2015; [www.toledoblade.com](http://www.toledoblade.com), Feb. 17, 2015). More than 11 pounds of marijuana were discovered in a Genoa Township (Delaware County) home when a woman called police regarding domestic violence ([www.myfox28.com](http://www.myfox28.com),

[columbus.com](http://columbus.com), Feb. 25, 2015). A Reynoldsburg man was arrested in Madison County by Ohio State Highway Patrol (OSHP) troopers when a drug-sniffing canine officer alerted to his vehicle and 13 pounds of marijuana were discovered ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), March 27, 2015). Five pounds of marijuana were confiscated in Pickaway County when OSHP troopers pulled over a vehicle ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), April 3, 2015). OSHP and Franklin County Sheriff's Office teamed up in a two-day operation which focused on highways south of I-70; during the operation, over 43 pounds of marijuana were seized ([www.nbc4i.com](http://www.nbc4i.com), May 7, 2015). OSHP troopers arrested the driver of a vehicle in Madison County after they discovered two pounds of marijuana and 10 ounces of liquid hash inside the vehicle ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), June 3, 2015).

Participants and community professionals reported that the availability of marijuana has remained the same during the past six months. A treatment provider stated, *"It's always been available."* An officer stated, *"It's always here."* The BCI London Crime Lab reported that the number of marijuana cases it processes has increased during the past six months.

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

Participants most often rated the current quality of high-grade marijuana as '10' and current quality of low-grade marijuana as '3' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common overall 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 "hydro" (hydroponically grown, high-grade marijuana). Participants commented: *"More people want high grade; Nobody wants that crap (low-grade marijuana)."* Overall, participants reported that the general quality of marijuana has remained the same during the past six months. However, one participant remarked, *"The quality has gotten better since it's been legalized [in other states]."*

Reports of current street prices were provided by participants with experience purchasing the drug. Participants reiterated that the price depends on the quality desired and reported that low-grade marijuana is the cheapest form of the drug, while high-grade sells for considerably more.

Marijuana	Current Street Prices for Marijuana	
	<b>Low grade:</b>	
	a blunt (cigar) or two joints (cigarettes)	\$5
	1/8 ounce	\$20
	1/2 ounce	\$50-70
	an ounce	\$80
	a pound	\$500
	<b>High grade:</b>	
	a blunt (cigar) or two joints (cigarettes)	\$10-20
	1/8 ounce	\$50
	1/2 ounce	\$150
	an ounce	\$300
	a pound	\$2,600-3,200

While there were a few reported ways of consuming marijuana, generally the most common route of administration is smoking or vaporizing. Participants estimated that out of 10 marijuana users, all would smoke or vaporize the drug. A few participants mentioned eating marijuana, but one participant admitted, "I haven't seen edibles in a long time." Several participants reported use of marijuana extracts and concentrates in the form of oils and "dabs" (generally a waxy form of the drug). A participant shared, "There's a lot more availability for the oils that you can put into the vaporizer." Other participants added: "It's easy to conceal. You can pretty much do it at McDonalds® if you wanted to; There's no smell unless you're puttin' straight 'herb' (marijuana) in it."

Participants described typical users of marijuana as anyone. A participant commented: "That drug don't discriminate really, especially since in other places it's being legalized." Another participant informed, "[Using dabs is] really increasing, especially among young people. I worked with a

lot of young people and it was probably about 90 percent of them that did dabs."

Community professionals also found it difficult to provide a description of a typical marijuana user and described as a broad array of individuals, including any race and gender. Treatment providers reported most marijuana users range in age from 20 to 50 years. One treatment provider considered heroin addicts and commented, "Heroin is probably the primary (drug of choice) and marijuana they might use for other things ... to manage anxiety or sleep or withdrawal symptoms or appetite or something ...."

### Methamphetamine



Methamphetamine remains highly available in the region. Participants most often reported the general availability of methamphetamine 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: "It's everywhere. It's easy to obtain; Everybody does it; It sells itself." Law enforcement most often reported the drug's current availability as '4' or '5.' An officer reasoned, "They're makin' it themselves. It's not for people to purchase though."

Participants reported that methamphetamine is highly available in both powdered (aka "shake-and-bake" or "one-pot") and crystal forms. Several participants from across the region commented about the production of 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), the drug can be produced in approximately 30 minutes in nearly any location. A narcotics detective reported, "The people that are involved in meth ... are manufacturing the ... one-pot, shake-and-bake meth."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Two women were arrested at their Bellville (Richland County) home when a search warrant was executed and meth-making chemicals and paraphernalia were found ([www.otfca.net](http://www.otfca.net), April 8, 2015). OSHP and Franklin County Sheriff's Office teamed up in a two-day operation to focus on highways south of I-70; 43 grams of methamphetamine were seized ([www.nbc4i.com](http://www.nbc4i.com), May 7, 2015).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Two women were arrested at their Bellville (Richland County) home when a search warrant was executed and meth-making chemicals and paraphernalia were found ([www.otfca.net](http://www.otfca.net), April 8, 2015). OSHP and Franklin County Sheriff's Office teamed up in a two-day operation to focus on highways south of I-70; 43 grams of methamphetamine were seized ([www.nbc4i.com](http://www.nbc4i.com), May 7, 2015).

Participants reported that the availability of methamphetamine has remained the same during the past six months. A couple participants explained: *“There’s just so many people that do it and the availability’s everywhere; I just know tons of people who make [methamphetamine], so if you can’t get it from one person, you go to the next. Somebody always has it.”* Another participant surmised, *“It’s becoming more popular than all the other drugs.”* Law enforcement reported that availability of methamphetamine has increased during the past six months. The BCI London Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months; the lab reported processing crystal, brown, off-white and white powdered methamphetamine.

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

Participants most often rated the current quality of crystal methamphetamine as ‘10’ and of powdered methamphetamine as ‘5’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was ‘9-10’ for crystal methamphetamine. One participant remarked, *“Everybody wants ‘ice’ (crystal methamphetamine).”*

Overall, participants reported that the quality of crystal methamphetamine has remained the same during the past six months, while the quality of powdered methamphetamine is variable. One participant stated, *“I’d say [quality has] stayed the same.”* In regards to shake-and-bake, a participant explained, *“[Quality] all depends on the cook! ... There’s a cook ... one guy to 20 people around here ... sometimes it’s better than the ice.”* Other participants agreed and commented: *“Depends on who made it; How they made it; What ingredients they use; Some of it could be just great! ... but then some of it is just horrible.”*

Reports of current street prices for methamphetamine were consistent among participants with experience buying the drug. A participant shared, *“If you’re buyin’ in bulk, [the price of methamphetamine] tends to drop.”* A few participants discussed large quantities of crystal methamphetamine in the region and commented: *“I’ve seen pounds ... pounds of it through this town; I’ve seen it go for \$30,000 but that’s a very good price.”*

Methamphetamine	Current Street Prices for Methamphetamine	
	<b>Crystal:</b>	
	1/2 gram	\$60
	a gram	\$100-120
	1/16 ounce	\$150
	1/8 ounce	\$250
	an ounce	\$700-800
a pound	\$30,000	

While there were a few reported ways of consuming methamphetamine, generally the most common routes of administration for crystal methamphetamine are smoking, intravenous injection (aka “shooting”), snorting and “hot railing.” Participants described hot railing as heating up a metal rod or glass pipe and inhaling the resulting vapors through the nose. Participants estimated that out of 10 methamphetamine users, three would smoke, three would shoot, two would snort, and two would hot rail the drug. Participants reported shooting and smoking as the most common routes of administration for shake-and-bake methamphetamine and estimated that out of 10 users, seven would shoot and three would smoke this form of the drug.

Participants described typical methamphetamine users as younger (ages 18-25 years), white, males and female equally. Another participant indicated that those who work long shifts use this drug and shared, *“I know a lot of people that use it to stay up. It’s called a workin’ man’s drug.”* Law enforcement described typical methamphetamine users as white and ranging in age from 18 to 60 years.

## Prescription Stimulants

Prescription stimulants are moderately to highly available in the region. However, only a couple of participants had personal experience with these drugs. One participant reported current street availability as '5' and the other participant reported it as '8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '5.' Participants identified Adderall® as the only prescription stimulant being widely used illicitly. Likewise, community professionals did not have much information on these medications. One treatment provider group reported prescription stimulant current street availability as '4,' the previous most common score was '6.' Community professionals identified Adderall® as the most popular prescription stimulant in terms of widespread illicit use.

The two participants with limited information for this drug reported differently on change of availability, with one stating an increase and the other suggesting availability has remained the same during the past six months. Interestingly, treatment providers reported a decrease in 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 a decrease in Adderall® cases and an increase in Ritalin® cases.

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

Reports of current street prices for prescription stimulants were provided by participants with experience purchasing the drug.

Prescription Stimulants	Current Street Prices for Prescription Stimulants	
	Adderall®	\$4 for 10 mg \$20 for 70 mg

In addition to obtaining prescription opioids on the street from dealers, participants also reported getting them through personal prescriptions or from family members and/or friends

who have prescriptions. While there were a few reported ways of consuming prescription stimulants, generally the most common route of administration for illicit use is snorting. Participants estimated that out of 10 illicit prescription stimulant users, nine would snort and one would eat the drugs. Participants described typical illicit prescription stimulant users as teenagers and college students. Treatment providers described typical illicit prescription stimulant users as females, typically ages 25 to 30 years.

## Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) is moderately to highly available in the region. Participants reported that both forms of the drug, traditional tablet (ecstasy) and powdered MDMA (aka "molly") as available in the region. Participants most often reported current availability of ecstasy as '7' 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 scores were '7' for ecstasy and '10' for molly. Treatment providers were unable to report on ecstasy, but rated molly's current availability as '3-4.'

Participants reported that the availability of ecstasy has remained the same during the past six months. However, participants specified that molly has increased in availability due to increasing demand and festival season. Treatment providers reported that the availability of molly has decreased 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	No change
	 Law enforcement	No comment
	 Treatment providers	No comment

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

Reports of current street prices for ecstasy and molly were consistent among participants with experience buying these drugs.

Ecstasy/Molly	Current Street Prices for Ecstasy/Molly	
	<b>Ecstasy:</b>	
	low dose (aka "single stack")	\$5
	medium dose (aka "double stack")	\$10-20
	high dose (aka "triple stack")	\$20-25
	a jar of 100 tablets	\$300-600
	<b>Molly:</b>	
	1/10 gram	\$10

While there were a few reported ways of consuming ecstasy and molly, generally, the most common route of administration is snorting. Participants estimated that out of 10 ecstasy or molly users, all would snort the drug. However, participants also commonly reported oral consumption of the drug.

Participants described typical ecstasy users as festival, "rave" (dance party) and party goers. Treatment providers described typical users as white and younger (high school and college age). A treatment provider added that ecstasy and molly tend not to be drugs of choice among the users in treatment.

## Synthetic Marijuana

Synthetic marijuana (synthetic cannabinoids; "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 '10'. One participant stated, "Now you don't even know where to buy it." Treatment providers most often reported current availability as '9-10'; while law enforcement reported current availability as '4-5'; the previous most common score was '3' among community professionals.

Participants reported that the availability of synthetic marijuana has decreased during the past six months. Several participants agreed when a participant explained, "[Synthetic marijuana] was pretty easy to get, but now it's

decreased because they're bustin' down on the shops that used to sell it all the time." Another participant shared, "Nowadays it's hard [to get]. You have to go to Columbus to get it." Treatment providers reported that the availability of synthetic marijuana has remained the same, while law enforcement reported an increase in availability of the drug during the past six months. The BCI London Crime Lab reported that the number of synthetic marijuana cases it processes has increased during the past six months.

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

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

Synthetic Marijuana	Current Street Prices for Synthetic Marijuana	
	a gram	\$20
	3 grams	\$30
	10 grams	\$100
	five 10-gram bags	\$400

Despite legislation enacted in October 2011, participants reported that synthetic marijuana continues to be available online. Participants continued to report smoking as the only route of administration for synthetic marijuana.

Participants described typical users of synthetic marijuana as teenagers, people who are on probation or marijuana users who are unable to obtain actual marijuana. One participant added, "Everybody in rehab was doin' it." Treatment providers described typical users of synthetic marijuana as people under 18 years of age and added that adults who are subjected to drug screens would also use the product. Law enforcement described typical users as white and African-American males, ages 18 to 25 years. Law enforcement also reported an increase in use of synthetic marijuana in high school students during the past six months.

## 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 (psilocybin mushrooms), ketamine and Seroquel®.

### Bath Salts

Bath salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues) remain available in the region. Although most participants did not have knowledge of this drug, one participant said that bath salts are available for those who want them and 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 '4'. A participant stated, *"Definitely, if I wanted to get it, it would be a '10' right now."* Treatment providers most often reported current availability of bath salts as '6' or '8'; the previous most common score was '3'. One treatment provider explained, *"It's very random. But when they like it, they like it. They seem able to get it when they like it."*

Treatment providers reported that the availability of bath salts has remained the same or has decreased during the past six months. The BCI London Crime Lab reported that the number of bath salts cases it processes has increased during the past six months.

One participant reported that bath salts sell for \$40 per gram. While there were a few reported ways of consuming bath salts, generally the most common route of administration is intravenous injection (aka "shooting"). Participants estimated that out of 10 bath salts users, five would shoot, three would snort and two would smoke the drug.

Participants described typical bath salts users as people in their late 20s, while treatment providers described typical users as females in their 20s to 30s who have court involvement and are unemployed with unstable living situations. Treatment providers also reported that people who use bath salts often choose heroin as their drug of choice, but gravitate towards other synthetic drugs, such as synthetic marijuana. Reportedly, bath salts are used in combination with heroin and marijuana.

### Hallucinogens

Psilocybin mushrooms are 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 '10'. Participants reported that the availability of psilocybin mushrooms has decreased in the past six months; however, several participants reported that availability is slowly increasing again due to summer festival season. The BCI London Crime Lab reported that the number of psilocybin mushroom cases it processes has increased during the past six months.

Prices of psilocybin mushrooms were consistent among participants with experience buying the drug. Participants reported that one piece of mushroom chocolate sells for \$10; 1/8 ounce sells for \$30; 1/4 ounce sells for \$60; 1/2 ounce sells for \$80; and one pound sells for \$275. Participants reported the most common route of administration for psilocybin mushrooms remains oral consumption. Participants reported typical psilocybin mushroom users as younger, as well as older hippies. Treatment providers reported typical users as college aged.

### Ketamine

Participants reported current availability of ketamine in the region. Participants most often reported current availability of this drug as '2' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Reportedly, availability of ketamine has decreased during the past six months. The most common route of administration for ketamine is snorting. Participants described typical ketamine users as festival goers.

### Seroquel®

Participants reported current street availability of Seroquel® in the region. Participants most often reported current street availability of this drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). A participant stated, *"'10,' definitely a '10.'" Participants indicated that availability of Seroquel® has increased during the past six months. Only one participant reported on pricing and said that Seroquel® sells for \$1 per pill (milligram unknown). The most common route of administration for illicit use of Seroquel® is oral consumption.*

## Psychedelic Compounds

Central Ohio police reported on a chemical compound known as 25-I, 25-B or 25-C that is in the area; they say it's being sold as LSD and has resulted in the death of at least one Central Ohio woman ([www.10tv.com](http://www.10tv.com), Feb. 25, 2015). The BCI London Crime Lab reported having seen blotter paper with 25-I, 25-C and 25-B come through the lab during the past six months.

## Conclusion

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

While many types of heroin are currently available in the region, participants and law enforcement reported brown powdered heroin as the most available type. However, participants stated that white powdered heroin (aka "china white") is most desired because this type of heroin is generally more potent than other types. Additionally, most participants perceived that the availability of white powdered heroin has increased during the past six months due to increased demand for it. Participants and the BCI London Crime Lab continued to report fentanyl as a cut for heroin. The crime lab reported that the number of powdered heroin cases it processes has increased during the past six months, noting having processed beige, brown, tan and white powdered heroin.

Corroborating data also indicated the presence of heroin in the region. American Court and Drug Testing Services reported that 14.8 percent of the 3,179 individuals screened through its Columbus and Lancaster labs during the past six months were positive for opiates.

Treatment providers noted that with more people using heroin, the drug seems to have become more socially accepted. Moreover, a treatment provider reported seeing users starting drug abuse with heroin because of lessened stigma for the drug and its wide availability and low purchase price. Community professionals described typical heroin users as 30 years of age or younger, white and, more often, unemployed.

While prescription opioids remain highly available in the region, several participants noted that doctors are prescribing these pills less readily and/or with more restrictions. In addition, the BCI London Crime Lab reported seeing fake pharmaceutical tablets, although not that often. Reportedly, alprazolam (Xanax®) has been found in "OxyContin®" tablets, and a few tablets have actually been found to be pressed heroin.

Participants believed that Suboxone® availability and use has increased due to the heroin epidemic. Treatment providers also reported an increase in availability during the past six months due to an increase in prescribers. Participants and treatment providers continued to note that some users sell all or part of their prescribed medications and some heroin dealers sell Suboxone® in addition to heroin.

Participants across each focus group described typical illicit users of Suboxone® as prescription opioid or heroin users who self-medicate. Participants explained that Suboxone® is used to counteract withdrawal. Community professionals described typical illicit users as males and females ranging in age from 20-40 years, unemployed and as also trying to get off of heroin.

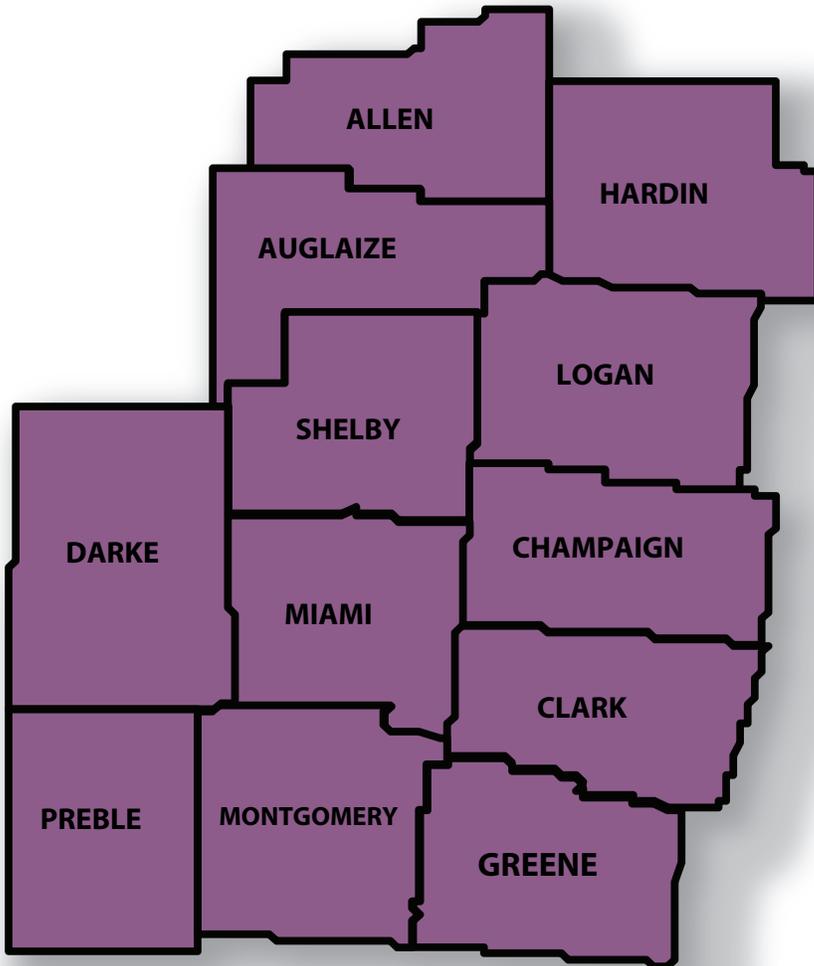
Participants reported that methamphetamine is highly available in both powdered (aka "shake-and-bake") and crystal forms. Participants remarked that methamphetamine is growing in popularity and may become the most popular drug in the region. Law enforcement reported that availability of methamphetamine has increased during the past six months. The BCI London Crime Lab reported that the number of methamphetamine cases it processes has also increased during the past six months; the lab reported processing crystal, brown, off-white and white powdered methamphetamine.

Participants described typical methamphetamine users as younger (ages 18-25 years), white, males and females, equally. Law enforcement described typical methamphetamine users as white and ranging in age from 18 to 60 years.

Lastly, Central Ohio police reported on a chemical compound known as 25-I, 25-B or 25-C that is in the area; they say it's being sold as LSD and has resulted in the death of at least one Central Ohio woman ([www.10tv.com](http://www.10tv.com), Feb. 25, 2015). The BCI London Crime Lab reported having seen blotter paper with 25-I, 25-C and 25-B come through the lab during the past six months.



## Drug Abuse Trends in the Dayton Region



### Regional Epidemiologist:

**Lisa M. Belton**, MSW

### Data Sources for the Dayton Region

This regional report was based upon qualitative data collected via focus group interviews. Participants were active and recovering drug users recruited from alcohol and other drug treatment programs in Allen, Hardin 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 Bureau of Criminal Investigation (BCI) London office, which serves central and southern Ohio, Logan County Family Court and OhioMHAS' Screening, Brief Intervention and Referral for Treatment (SBIRT) program which operates in federally qualified health centers in the region. All secondary data are summary data of cases processed from July through December 2014. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for January through June 2015.

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

### OSAM Staff:

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

**Beth E. Gersper**, MPA  
OSAM Coordinator

### Regional Profile

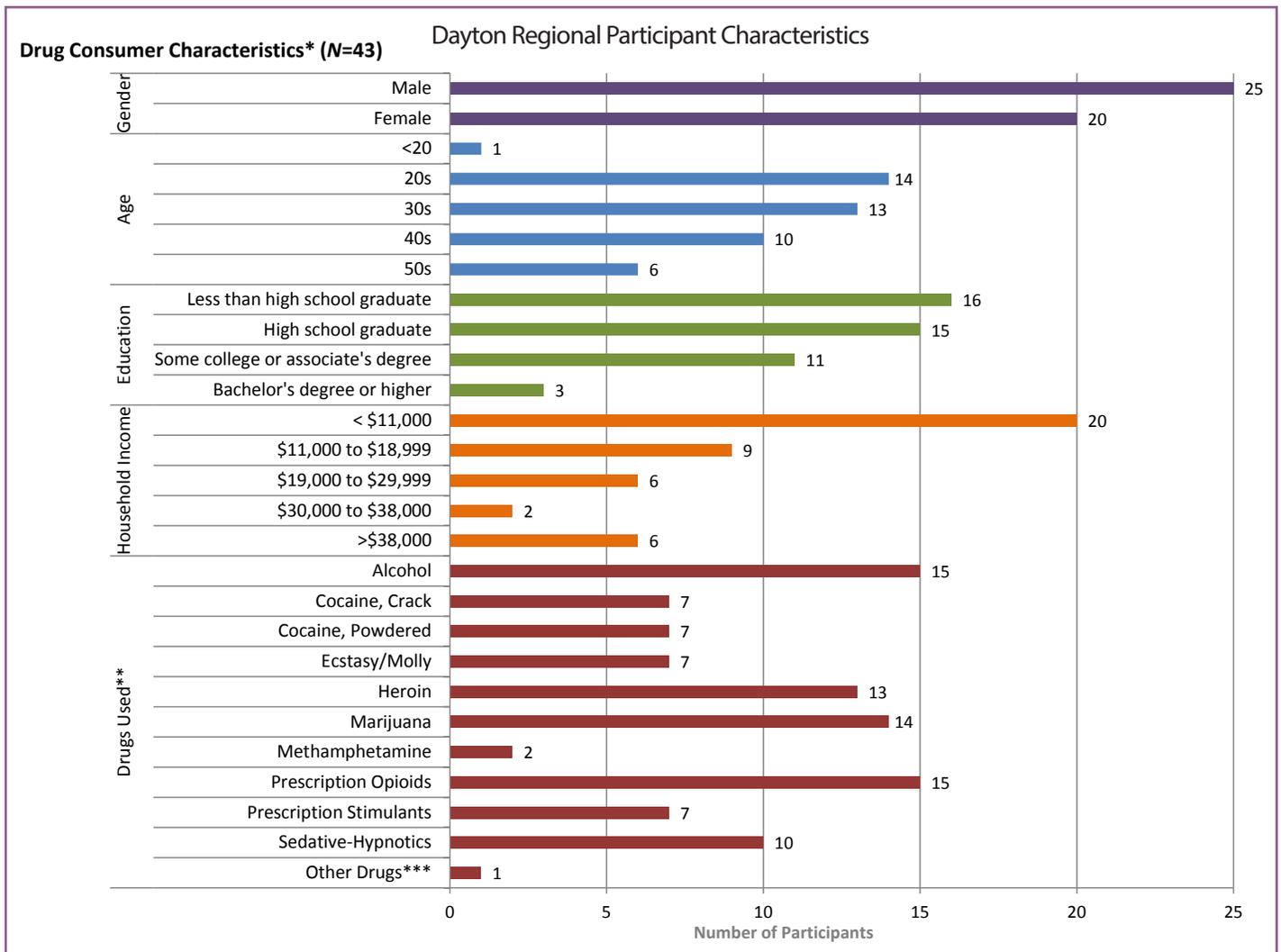
Indicator <sup>1</sup>	Ohio	Dayton Region	OSAM Drug Consumers
Total Population, 2010	11,536,504	1,352,510	45
Gender (female), 2010	51.2%	51.2%	44.4%
Whites, 2010	81.1%	83.1%	80.0%
African Americans, 2010	12.0%	11.3%	11.1%
Hispanic or Latino Origin, 2010	3.1%	2.0%	4.4% <sup>2</sup>
High School Graduation Rate, 2010	84.3%	88.1%	64.4%
Median Household Income, 2013	\$48,308	\$47,591	\$11,000 to \$14,999 <sup>3</sup>
Persons Below Poverty Level, 2013	15.8%	14.6%	46.7% <sup>4</sup>

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

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

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

<sup>4</sup>Poverty status was unable to be determined for 5 participants due to missing and/or invalid data.



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

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

\*\*\*Other drugs were hallucinogens.

## Historical Summary

In the previous reporting period (July 2014 – January 2015), crack and powdered cocaine, heroin, marijuana, prescription opioids and sedative-hypnotics remained highly available in the Dayton region. Decreased availability existed for bath salts and data also indicated possible decreased availability for synthetic marijuana.

Powdered cocaine was highly available in some areas of the region. Participants most often reported high availability in cities and lower availability in more rural areas. Reportedly, heroin dealers were supplying cocaine because of the demand for the drug among users who liked to “speedball” heroin with cocaine for the extreme up-and-down highs the combination produces.

Overall, participants reported decreased quality of powdered cocaine and noted that some dealers sold baby laxative or creatine under the guise of powdered cocaine. Participants reported that this practice was referred to as “getting fleeced.”

Participants and community professionals most often reported brown and white powdered heroin as the most available forms of the drug in terms of widespread use. Additionally, law enforcement and some participants also reported high availability of black tar heroin. Participants reported that the general availability of heroin had increased. Media outlets reported on heroin overdose in the region. Eight individuals in Montgomery County died from using fentanyl-cut heroin in one weekend; the coroner’s office reported that this was the highest number of overdose deaths in such a short amount of time in recent history ([www.daytondailynews.com](http://www.daytondailynews.com), Aug. 7, 2014).

The most common route of administration for heroin remained intravenous injection; participants expressed concern over not having a needle exchange in the region. Treatment providers reported that many of their clients obtained needles from diabetics and pharmacies, but also shared or used dirty needles when they could not obtain clean ones. Treatment providers reported increased difficulty for some addicts attempting to obtain needles from stores. Participants described typical heroin users as young, white and female.

Participants reported decreased availability for both bath salts and synthetic marijuana and attributed the decrease to legislation outlawing the use of many chemicals used

in the manufacturing of these substances. Some participants also reported decreased popularity because of the stigma attached to these substances, particularly to bath salts. Participants described typical bath salts and synthetic marijuana users as young or those regularly subjected to drug testing. Law enforcement also noted that marijuana users often use synthetic marijuana.

Finally, Neurontin® (an analgesic, anti-epileptic agent) was mentioned by law enforcement professionals, who reported that the drug seemed to have gained popularity. Although not much information was available, officers reported that Neurontin® was most often snorted or orally consumed.

## Current Trends

### Powdered Cocaine

Powdered cocaine is moderately 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’ in urban areas of the region and ‘2-3’ in rural areas. Participants commented: *“It’s available; You can get it.”* Other participants indicated that availability of powdered cocaine varies depending on location. A participant turned to another and stated, *“Where you live, it’s about an ‘8’ ... a whole bunch of (dealers there).”* Yet another participant reflected, *“I’m not hearin’ any cocaine around. I mean, crack (cocaine), but not ‘powder’ (powdered cocaine).”*

Community professionals most often reported the drug’s current availability as ‘7-8;’ the previous most common score was ‘3-5.’ However, treatment providers in more rural areas reported lower availability, as one commented, *“In this area? It’s not [available], you have to drive 50 miles [to obtain powdered cocaine].”*

Corroborating data also indicated the presence of cocaine in the region. The Screening, Brief Intervention and Referral for Treatment (SBIRT) program reported that 9.7 percent of the 267 individuals who screened positive for any drug use during the past six months reported cocaine use during the past 30 days (crack and/or powdered cocaine).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A woman was taken to Montgomery County Jail after police were called to a truck stop because she passed out in the bathroom; she had cocaine and heroin residue on a spoon and admitted to police that she regularly visits Dayton to purchase drugs ([www.wdtn.com](http://www.wdtn.com), April 5, 2015). Dayton police received a tip that a man was selling drugs and found him with capsules of cocaine and heroin ([www.whio.com](http://www.whio.com), April 16, 2015). An Allen County home was searched by law enforcement officers who found cocaine and 'crack pipes' inside the house ([www.otfca.net](http://www.otfca.net), April 22, 2015). An inmate in Allen County was caught operating a drug ring from jail with contraband cellphones and now faces further sentencing; he used friends and family to distribute cocaine, heroin and methamphetamine that was brought in from Indiana and Texas to various cities in Ohio ([www.cleveland.com](http://www.cleveland.com), June 3, 2015).

Participants reported that the availability of powdered cocaine has remained the same during the past six months. Participants commented: *"It's always been the same; No one really does [powdered cocaine]; They only care about heroin."* Likewise, treatment providers reported that availability of powdered cocaine has remained the same during the past six months, but law enforcement reported an increase in availability of the drug. One law enforcement professional stated, *"I would say it's increased."* Other officers agreed and commented: *"I would say the same thing according to the assessments; I think it's coming back a little. We've had a few cases where people have tested positive for it."* The BCI London Crime Lab reported that the number of powdered cocaine cases it processes has decreased during the past six months.

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

Participants most often rated the current overall quality of powdered cocaine as '3' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '8'. A participant reflected, *"In my experience it was low."* A few participants reported that quality fluctuates and commented: *"Every blue moon you'll find some real good cocaine; [Quality is] up and down; You gotta hunt for the good stuff."* Participants cited adulterated (aka "cut") cocaine as the reason for the poor quality. One participant reported, *"You got so much cut now."* Another participant explained, *"If you go to Dayton, you can get it like [high quality]. You have to cut it because ... it's pretty pure and you have to cut it because it will ruin your nose."* Other participants explained that powdered cocaine ends up cut more than once and sold in small increments to get the most money out of it, as one participant illustrated, *"The smaller cities ... they'll go down there and get it, cut it, 'stomp on it' (cut it more) and sell it ..."*

Participants reported that powdered cocaine in the region is cut with baby aspirin, baking soda and ether. One participant preferred powdered cocaine cut with ether and explained, *"I like ether-based cocaine because it's strong. It has a good drain ... it makes your throat feel like its swelling up, your teeth go numb, you feel it all over. I did it and one of my nostrils and one side of my face went completely numb like I was having a stroke. You start sweating, you're grinding your teeth and you smoke cigarette after cigarette ... your heart feels like it's going to come out of your chest."* Overall, participants reported that the quality of powdered cocaine has decreased during the past six months. One participant remarked, *"It sucks! Everything sucks now."* Another participant reported, *"The quality has gone down."*

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

Reports of current street prices for powdered cocaine were consistent among participants with experience buying the drug. Participants expressed that the actual amount of pure cocaine varies and is often lower than what is paid for due to the cut or the way the dealer distributes it. One participant expressed, *"They're selling a lot of 'caps' (capsules) and they're getting skimpy. They're making them half*

of a tenth ... [sometimes] it takes four caps to make a tenth ...." Another participant indicated that connections with a dealer is important to get what is paid for and explained, "If you go up to Dayton and you get with your old school and stuff, they'll give you, you know, 3.5 [grams]. Like down here, they'll still try to sell you three grams for an 'eight ball' (1/8 ounce or 3.5 grams) of powder."

Powdered Cocaine	Current Street Prices for Powdered Cocaine	
	three capsules (aka "caps;" approximately 1/10 gram or less)	\$20
	a gram	\$50-60
	1/8 ounce (aka "eight ball")	\$140-150

Participants reported that the most common route of administration for powdered cocaine remains snorting. Participants estimated that out of 10 powdered cocaine users, all would snort the drug. A participant remarked, "They would definitely snort it." Other methods of administration mentioned were smoking and intravenous injection (aka "shooting"). One participant explained, "[Route of administration] depends. There's different cocaine that you would snort and that ... you would shoot." A few participants referred to 'freebasing' powdered cocaine and one participant explained, "You can put it in aluminum foil and smoke it." Another participant shared, "I rub it all over my gums." One participant reported, "It depends on where you're from ... yuppie people ain't gonna 'bang it' (inject), they're gonna snort it. City people, hood people ... they're probably gonna bang it."

Participants described typical powdered cocaine users as white, rich and older. Participants commented: "In this area, [powdered cocaine users are] all white; I'd say probably, around here, probably older." Other participants added: "Probably richer; They call it 'the rich man's aspirin;' 'Rich man's drug,' they say." Community professionals described typical powdered cocaine users also as white and older. A treatment provider commented, "I think a lot of the older crowd is doing powdered cocaine."

## Crack Cocaine

Crack cocaine remains highly available in the region's more urban areas (Allen and Montgomery counties). Participants most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10.' Participants commented: "You can get 'crack' (crack cocaine) anywhere; It's more easy to get crack than 'weed' (marijuana); 100% it's available." Nonetheless, availability of crack cocaine was rated remarkably lower, '1-2,' in more rural areas (Hardin County); the previous most common score for this area was '2-3.' A participant explained, "A lot of people that used crack switched to heroin now [because] it's too hard to the get [good quality crack cocaine]." Another participant reported, "You have to go to Lima (Allen County). That's where I go."

Treatment providers most often reported the drug's current availability as '10' in urban areas and '3' in rural locations; the previous most common scores were '3-5' for urban areas and '1-2' for rural locations. Treatment providers explained: "But mostly here in Lima, it's crack cocaine more than it is any other drug; Because it's more urban." Consistent with participant reports, community professionals from more rural locations shared less contact with the drug. A treatment provider summarized, "See that's the difference, a little 30 miles ... Kenton (Hardin County) is nothing but opiates and heroin, but in Lima you got a variety of all that." An officer reflected, "I came across [crack cocaine] a few times." Another officer observed: "When they get a batch [of crack cocaine] coming through, then everybody will use it. That's kinda how it goes, but it's not like heroin [that's] always flowing in ...."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A Crime Stoppers tip line call led police to a Dayton residence where they found crack cocaine ([www.wdtn.com](http://www.wdtn.com), Feb. 16, 2015). A month-long investigation led to the arrest of a Trotwood (Montgomery County) man who was found in possession of crack cocaine ([www.whio.com](http://www.whio.com), March 13, 2015). A drug-sniffing canine officer alerted Ohio State Highway Patrol (OSHP) troopers to a vehicle in which they discovered 47 grams of crack cocaine ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), May 1, 2015).

Participants reported that the availability of crack cocaine has decreased in urban areas and remained the same in rural areas of the region. A participant in the city commented, "It's decreased a lot." Rural participants credited heroin use for the consistent availability of crack cocaine because so many users will use both drugs either concurrently or consecutively (aka "speedballing," alternating between stimulant and depressant highs). Community professionals reported that availability of crack cocaine has remained the same during the past six months. The BCI London Crime Lab reported that the number of crack cocaine cases it processes has decreased during the past six months.

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

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 also '3.' Participants often referred to the quality of crack cocaine as 'garbage.' One participant stated, "Ain't no good crack cocaine ... it's 'stomped on' (adulterated with other substances) so much." Participants explained: "Yeah, it's too hard to the get 'soft' (powdered cocaine) that's 'cookable' (able to be cooked into crack cocaine) because the purity of it [is bad]; Yeah, the purity of the 'coke' (powdered cocaine) has to be high; It has to be real good cocaine to make good crack."

Participants reported that crack cocaine in the region is adulterated (aka "cut") with baby laxative, baking soda, embalming fluid and Orajel®. A participant criticized, "[The crack that is found around here is] probably already junk ... it might be one percent, no more than three percent, cocaine and the rest is just crap. They'll mix it with anything ... embalming fluid and everything." Another participant added, "Yeah, they put a lot of chemicals in it now." Still another participant explained, "That's why people have heart attacks and strokes from it." Overall, participants reported that the quality of crack cocaine has decreased during the past six months. Participants remarked: "It's worse now; Ain't no good crack cocaine out there."

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, and several participants indicated that price depends on quality. Participants reported that the most common units of purchase are "tens" (approximately 1/10 gram or two hits) and "twenties" (approximately 2/10 gram). One participant explained, "Unless everybody here is big time dope sellers, they buy twenty (\$20) at a time ... I'm talking about the average, they spend \$20 at a time." A participant commented, "It all depends on how much money you got."

Crack Cocaine	Current Street Prices for Crack Cocaine	
	1/10 gram (aka "rock" or "ten")	\$10
	2/10 gram (aka "twenty")	\$20
	a gram	\$100

Participants continued to report the most common routes of administration for crack cocaine as smoking and intravenous injection (aka "shooting"). Participants estimated that out of 10 crack cocaine users, five would smoke and five would shoot the drug. A participant responded, "Five would be in the bathroom [shooting up] and five would be in the kitchen trying to [take a] hit."

Participants described typical crack cocaine users as from a lower socio-economic status. Participants generally agreed that race of the user would depend on location, as one participant explained, "In Kenton, they're white and in Lima, they're black." Likewise, treatment providers noted differences in race based on location and reported more black users in urban areas, while there are more white users in rural areas. Additionally, community professionals described crack cocaine users in rural areas as more often female, older and unemployed. A law enforcement officer remarked, "I can name maybe like five [crack cocaine users] off-hand that I know ... they're older people."

## Heroin



Heroin remains highly available in the region. Participants and community professionals continued to report 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' for both groups. One law enforcement officer remarked, *"I mean there's daily runs to Columbus, so [heroin is definitely available]." Law enforcement noted the resiliency of the drug networks and commented: "I mean there are so many people involved in the drug community that it's just a revolving door; Someone gets arrested and someone else picks up [the business] and takes off with it."*

While many types of heroin are currently available in the region, participants and treatment providers reported the availability of white and brown powdered heroin as most available, with the exception of Hardin County where participants reported black tar heroin as most available. Law enforcement most often reported black tar heroin's current availability as '5'. Reportedly, powdered heroin is available in a variety of different colors, as one participant shared, *"Now they're making all different kinds of colors: tan, white, brown, blue, gray."* Another participant noted, *"Yeah [white powdered heroin is] what's killin' everybody." Treatment providers indicated high demand for white powdered heroin, as one treatment provider explained, "They seek out the stuff that's killing them."*

Participants specifically discussed "blue drop" as a type of heroin available in the region. One participant commented, *"Blue drop is killing people."* Community professionals also noted "blue drop" as a specific type available in the area. Law enforcement reported: *"Blue drop with fentanyl ... that just come through. We had few people test for that; Well, the 'blue drop' now has been taken off the streets. The guy that brought it in, he's the one that got arrested in Marion (Columbus OSAM region) and had the 56 counts against him ... I mean it's still out there, but ... the main source ... they arrested him."*

Corroborating data also indicated the presence of heroin in the region. The Screening, Brief Intervention and Referral for Treatment (SBIRT) program reported that 7.1 percent of the 267 individuals who screened positive for any drug use during the past six months reported heroin use during the past 30 days. In addition, the Logan County Family Court reported that of the 1,403 adult drug screens

it conducted during the past six months, 7.9 percent were positive for opiates.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. An undercover drug investigation found a man selling heroin out of a public housing complex in Dayton ([www.wdtn.com](http://www.wdtn.com), Feb. 5, 2015). A four-year old called police when she found her mother shaking in bed; officers found the mom unconscious with a syringe in her arm and a two-month old by her side ([www.wdtn.com](http://www.wdtn.com), Feb. 8, 2015). Springfield Regional Medical Center (Clark County) treated just under 100 overdoses in its emergency room during February; shortly thereafter, Springfield police executed a search warrant of a nearby home from which they seized 20 grams of heroin and 14 grams of fentanyl which they believed were linked to the overdoses ([www.daytondailynews.com](http://www.daytondailynews.com), March 2, 2015). A Miamisburg (Montgomery County) man was sentenced to five years for the death of his friend, whom he assisted with using heroin and when the friend collapsed, the man ran away instead of calling for medical help ([www.wdtn.com](http://www.wdtn.com), March 13, 2015). A Dayton woman gave heroin in return for food stamps and then was caught trying to sell the food stamps ([www.toledoblade.com](http://www.toledoblade.com), April 15, 2015). Logan County detectives reported seizure of pressed heroin pills which they had originally believed to be Percocet® ([www.wlwt.com](http://www.wlwt.com), April 24, 2015). While a tornado in Beavercreek (Greene County) occupied many first responders, police arrested a man with 4.5 grams of heroin in his pocket ([www.daytondailynews.com](http://www.daytondailynews.com), May 27, 2015). Dayton police responded to 21 overdose calls in one night; three were fatal, but access to and administration of Narcan® (naloxone) saved the majority of the rest ([www.daytondailynews.com](http://www.daytondailynews.com), May 28, 2015). Montgomery County health officials reported an increase in youth who are beginning to use heroin, adding that they are being targeted by dealers ([www.wdtn.com](http://www.wdtn.com), June 1, 2015). The last five people from Dayton's "Diamond Cut" gang were federally indicted for their role in distributing more than 100 grams of heroin in the area ([www.daytondailynews.com](http://www.daytondailynews.com), June 1, 2015). A three-year old child might have saved her mother when she made her way to her grandpa's home to tell him that her mom had died; family and emergency crews found her on the bathroom floor overdosed on heroin, but still alive ([www.daytondailynews.com](http://www.daytondailynews.com), June 1, 2015).

Participants reported that the general availability of heroin has increased during the past six months. A participant

reported, "It's more available now." Other participants commented: "It's all over the news; It's probably increased." Community professionals reported that the general availability of heroin has remained the same during the past six months. Treatment providers commented: "It hasn't really increased or decreased in the past six months; It's been the same for fifteen years." Another treatment provider explained, "They'll go anywhere to get it." Specifically, treatment providers believed that white powdered heroin availability increased during the past six months, while law enforcement reported a decrease. However, law enforcement noted, "When they start going through withdrawals, they'll find any way to get it." The BCI London Crime Lab reported that the number of powdered heroin cases it processes has increased during the past six months, while the number of black tar heroin cases has remained the same; 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	No change
	 Treatment providers	Increase

Participants most often rated the current overall quality of heroin as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '7-8.' One participant specifically admitted that white powdered heroin is, "too strong ... because it kills everybody." Another participant reported mediocre quality of black tar heroin and said, "I had some and it wasn't that good, it wasn't that bad." However, a treatment provider reported, "I usually hear from the clients that the black tar is better." And law enforcement reported, "They use so much different stuff in it that sometimes [users] don't even know what they're getting."

Several participants indicated that quality is determined by which other substances are used to adulterate (aka "cut") the drug. Participants reported that all types of heroin are cut with fentanyl. One participant reported, "They're putting fentanyl in it. They're mixing it bad now and they're killing people." Another participant shared, "The last times I've had experiences with fentanyl, [the heroin] was blue." A treatment provider also commented. "We've been

hearing about [fentanyl] mixed with the heroin." Participants further specified that brown powdered heroin can also be cut with PCP (phencyclidine).

Overall, participants reported that the general quality of heroin has remained the same during the past six months. However, there were several participants who complained about the quality and explained: "The quality sucks ... These kids that are making it don't know what they're doing; These little kid drug dealers are trying to make a lot of money and they're killing [people]."

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

Reports of current prices for heroin were consistent among participants with experience purchasing the drug. A participant commented, "It's normal to buy 'caps' (approximately 1/10 gram heroin in a capsule)." Another participant countered, "See, now I buy weight ... larger habit and better price."

Heroin	Current Street Prices for Heroin	
	<b>Black tar or brown powdered heroin:</b>	
	1/10 gram (aka "caps," "points," "tens")	\$10
	three caps	\$20
	a gram	\$80-150
	<b>White powdered heroin:</b>	
	1/10 gram	\$10-20
	a gram	\$80
	<b>Black tar heroin:</b>	
1/10 gram	\$20-25	

While there were a few reported ways of using heroin, generally the most common route of administration remains intravenous injection (aka "shooting"). Participants estimated that out of 10 heroin users, nine would shoot and one would snort the drug. Only one participant reported oral ingestion of heroin and explained, "I ate it be-

fore, in the capsule. I didn't want anyone to know I was using [heroin]. I wanted them to think I was taking pain pills."

Participants reported that needles are often obtained from diabetics, drug dealers and local pharmacies. One participant commented, "There's a lot of diabetics that sell them." Another participant shared: "Oh yeah, drug dealers do sell those." Participants reported purchasing needles from drug dealers for up to \$5 each and one participant reflected, "Five dollars, yeah, that's the highest." Still another participant commented, "Dope boys usually give them to you with the dope." The subject of purchasing needles at pharmacies also received various comments. One participant reported, "I just go buy them ... at the pharmacy," while several participants expressed difficulty in obtaining needles from local pharmacies. One participant explained, "[Pharmacies] stop selling [needles] like that. You have to show them proof of being a diabetic." Still other participants reported: "There's pharmacies around that sell them. Not local though; You go out of town and buy them." A participant explained, "We use to be able to get them here until people started going to the bathroom and getting high at the pharmacy."

Participants described typical heroin users as white and financially unstable. One participant remarked, "All white here." Another participant clarified, "They was rich ... poor now." Treatment providers described typical users of heroin as white and unemployed. A treatment provider explained, "In this area, it's predominately white, period. The population in this [area is] white." Another provider commented, "[Heroin is] all over ... high school, middle school, all the way up to older people." Law enforcement professionals could not identify a typical heroin user and described them as everybody.

## Prescription Opioids

Prescription opioids are moderately to highly available in the region. Participants most often reported current street availability of these drugs 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 '8.' Community professionals most often reported current street availability as '10'; the previous most common score was '8-10.' A law enforcement officer reported, "Usually, they will start out with opiates then graduate [to using heroin] because heroin is cheaper."

Participants and community professionals identified Percocet® as the most popular prescription opioid in terms of widespread illicit use. Participants also identified a fake Roxicodone® 30 mg pill that is reportedly highly available on the street and referred to them as "dirty 30s." One participant explained, "Oxycodone with fentanyl is called the 'dirty 30.'" Other participants shared: "They make them on the street; They say it comes from Mexico, but everybody [gets] it from Michigan, here." Treatment providers had heard of these pills, but asserted that this is only a new street name for Roxicodone® 30 mg (aka "perk 30s"), as one treatment provider said, "'Dirty 30' is what they call them." In addition, the BCI London Crime Lab reported seeing fake pharmaceutical tablets, although not that often. Reportedly, alprazolam (Xanax®) has been found in "OxyContin" tablets, and a few tablets have actually been found to be pressed heroin.

Corroborating data also indicated the presence of illicit prescription opioids in the region. The Screening, Brief Intervention and Referral for Treatment (SBIRT) program reported that 6.4 percent of the 267 individuals who screened positive for any drug use during the past six months reported illicit use or misuse of at least one prescription opioid during the past 30 days.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A domestic dispute led to a drug search of the home; prescription pain pills, heroin, cocaine and marijuana were seized ([www.otfca.net](http://www.otfca.net), April 20, 2015). A Michigan man was arrested in Shelby County when OSHP troopers found 605 oxycodone pills in his vehicle ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), April 27, 2015). A Dayton doctor was prosecuted after at least seven people died from overdoses of painkillers prescribed by him; evidence leads officials to believe he was operating a pill mill ([www.daytondailynews.com](http://www.daytondailynews.com), June 2, 2015). Six Dayton residents face charges for obtaining oxycodone, Percocet® and Vicodin® through dozens of fraudulent prescriptions and then selling them on the street ([www.fox19.com](http://www.fox19.com), June 3, 2015).

Participants reported that the general availability of prescription opioids has decreased during the past six months. A participant responded, "It used to be a '10' (highly available) now it's cut down in half." A participant stated, "It's gotten a lot harder [to obtain prescription opioids] because of the DEA (U.S. Drug Enforcement Administration) crack down." Community professionals reported that availability of prescription opioids has remained the same during the past six months. The BCI London Crime Lab reported that the number of pre-

scription opioid cases it processes has generally either decreased or remained the same during the past six months, with the exception of increased number of cases for Dilaudid®, Tylenol® 3/Tylenol® 4, Ultram® 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 (aka “goodies” or “poppers”) were consistent among participants with experience buying the drugs. Participants noted an increase in cost of these medications and commented: “They’re very expensive ... you can get them, but they are very expensive; Yeah, it’s overpriced; It’s like \$2 a milligram almost, maybe \$1.50 a milligram.”

Prescription Opioids	Current Street Prices for Prescription Opioids	
	OxyContin® OP	\$80 for 80 mg
	Percocet®	\$7-8 for 5 mg \$10-15 for 10 mg
	Roxicodone®	\$17 for 15 mg \$35-40 for 30 mg
	Vicodin®	\$3-5 for 5 mg \$5 for 7.5 mg \$7-8 for 10 mg

In addition to obtaining prescription opioids on the street from dealers, participants also reported getting them from someone they know who has a prescription. Treatment providers were also aware of prescription diversion, as one treatment provider reported, “They’ll sell their Vicodin® to buy heroin. They’ll go to the doctor, get [prescription opioids] and sell them.”

While there were a few reported ways of consuming prescription opioids, generally, the most common route of administration for illicit use is snorting. Participants estimated that out of 10 illicit prescription opioid users, all would snort the drug. One participant reported, “It’s a waste of time ‘shooting it up’ (intravenously injecting) ... It only lasts for two minutes.”

A profile for a typical illicit prescription opioid user did not emerge from the data. A treatment provider reflected, “I would say the age group is any age. It’s very generational in this area ... the grandparents, to parents, to grandkids, to their kids.”

### Suboxone®

Suboxone® is highly available in the region. Participants most often reported current street availability of Suboxone® filmstrip (aka “strips”) as ‘10’ and current street availability of Suboxone® tablets as ‘5’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common overall score was ‘7.’ Treatment providers most often reported Suboxone® overall current street availability as ‘10,’ while law enforcement most often reported it as ‘7;’ the previous most common score was ‘8’ for treatment providers. One treatment provider commented, “It’s been readily available.”

Participants reported that the availability of Suboxone® has increased during the past six months. Participants commented: “It’s gone up; They have the generic pills now.” Community professionals reported that availability of Suboxone® has remained the same during the past six months. The BCI London Crime Lab reported that the number of Suboxone® and Subutex® cases it processes has decreased during the past six months.

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

Reports of current street prices for Suboxone® were consistent among participants with experience buying the drug. Participants maintained that the Suboxone® filmstrips and tablets are the same price. One participant reported, “You really only see the 8 mg.” Other participants commented: “Some people charge more, some people charge less; It gets cheaper if you buy more.”

Suboxone®	Current Street Prices for Suboxone®	
	filmstrip or tablet	\$10 for 4 mg \$20 for 8 mg \$30 for 12 mg

In addition to obtaining Suboxone® on the street from dealers, participants also reported getting the drug from Suboxone® clinics. One participant reported, "Buy them on the street." Another participant commented, "You can go to clinics all over and get it." However, participants noted: "There's not really anyone in Hardin County that prescribes Suboxone®; it's the surrounding counties that prescribe Suboxone® and it's being brought in by different clients using it to avoid getting sick." Community professionals also discussed how users obtain Suboxone®. A treatment provider reported, "We got Suboxone® clinics that hand [Suboxone®] out like it's nothing." However, a law enforcement officer reported users buy this drug off the street and reasoned, "Not everyone can get prescribed Suboxone®."

While there were a few reported ways of consuming Suboxone®, generally the most common route of administration is snorting. Other methods reported include intravenous injection (aka "shooting") and sublingual. Participants estimated that out of 10 illicit Suboxone® users, nine would snort and one would shoot the drug. A participant noted, "[Using Suboxone®] gets you addicted to something else." Another participant stated, "You put it under your tongue." Participants commented: "You can shoot Suboxone®; it's a buzz, very intense, for about five minutes."

Community professionals described typical illicit Suboxone® users as white, opiate users and often unemployed. A treatment provider commented, "We got 70-year-old opiate users and we got 19-year olds and 16-year olds ... it doesn't matter, the spectrum is just as broad as you can imagine." Another treatment provider reported, "It depends on what area you are in, but over here it will be white." A law enforcement officer reflected, "Well, I think their mind set is they think if they can get Suboxone®, they can try and get off the heroin."

### Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain highly available in the region. Participants and community professionals most often reported current street availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '8' for both groups. Participants identified Klonopin® and Xanax® as the most popular sedative-hypnotics in terms of widespread illicit use. A treatment provider reported, "When they 'drop dirty' (fail a drug screen) for the pills, most of the time its Xanax® or Klonopin®."

Media outlets reported on law enforcement arrests in the region this reporting period. Dayton police were called out to an intersection where a car was stopped in the middle of the street very early in the morning; officers woke the driver, who admitted to using Xanax® and alcohol ([www.wdtn.com](http://www.wdtn.com), March 15, 2015).

Participants and community professionals reported that the general availability of sedative-hypnotics has remained the same during the past six months. Law enforcement commented: "People have always been able to get [sedative-hypnotics]; I'd say Valium® has started popping up a lot more." The BCI London Crime Lab reported that the number of sedative-hypnotic cases it processes has either decreased or remained the same during the past six months, with the exception of increased numbers for Ambien®, Restoril® and Valium®.

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

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

Sedative-Hypnotics		Current Street Prices for Sedative-Hypnotics	
	Klonopin®	\$1 for 0.5 mg \$3 for 1 mg \$4-5 for 2 mg	
	Xanax®	\$1.50-2 for 0.5 mg \$3 for 1 mg \$5-6 for 2 mg	

In addition to obtaining sedative-hypnotics on the street from dealers, participants also reported getting them from hospital emergency rooms. One participant divulged, "I'd run all of the way to the hospital as fast as I could. I'd have them check me in. I'd tell them I'm having anxiety attacks [and] I'd get about 10 or 15 'blues' (1 mg Xanax®)."

While there were a few reported ways of consuming sedative-hypnotics, generally the most common route of administration for illicit use remains oral consumption.

Participants estimated that out of 10 illicit sedative-hypnotic users, nine would orally consume and one would snort the drug. One participant shared, *"It's a waste of time to try anything else."*

Participants most often described a typical illicit user of sedative-hypnotics as anyone, but several also noted white women as typical users. A participant remarked, *"Elderly women [and] 16-year-old kids."* Likewise, community professionals described typical illicit users as everyone, but law enforcement noted women. One law enforcement officer reflected, *"I feel like I see a lot of women suffering from emotional problems [who use sedative-hypnotics]."*

## Marijuana

Marijuana remains highly available in the region. Participants and community professionals most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were '10' for participants and '8' for professionals. A participant described availability of marijuana as, *"very available."* A treatment provider commented, *"It's so readily available now."* Law enforcement reported, *"It's always there."*

Participants and treatment providers also reported availability of marijuana extracts and concentrates (aka "dabs"), which reference products derived from medicinal alchemy of the drug: an extraction of tetrahydrocannabinol (THC) from high-grade marijuana leaves by heating it with butane and creating a brown, waxy, hard substance. There are also oils derived from the drug in a similar process. These concentrates are very potent and known to contain over 90 percent THC. Participants most often reported current availability of marijuana extracts as '5,' while treatment providers most often reported availability as '10.'

Corroborating data also indicated the presence of marijuana in the region. The Screening, Brief Intervention and Referral for Treatment (SBIRT) program reported that 80.5 percent of the 267 individuals who screened positive for any drug use during the past six months reported having used marijuana and/or hashish (aka "hash," a cannabis product) during the past 30 days. In addition, the Logan County Family Court reported that of the 727 juvenile drug screens it conducted during the past six months, 42.1 percent were positive for THC.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Thirty plants were seized from a marijuana grow operation which was found hidden in the basement of a Lima (Allen County) home ([www.otfca.net](http://www.otfca.net), Feb. 4, 2015). An Allen County resident was arrested after authorities discovered and confiscated 29 marijuana plants in two areas of the home ([www.otfca.net](http://www.otfca.net), March 9, 2015). A couple was indicted for intent to distribute more than 1,000 kilograms of marijuana and laundering drug money through real estate investments ([www.dea.gov](http://www.dea.gov), April 2, 2015). A Springboro (Warren County) high school student brought marijuana-laced brownies to school and is now facing drug trafficking and corruption charges ([www.wdtn.com](http://www.wdtn.com), April 15, 2015). A canine officer alerted OSHP troopers to a vehicle that was pulled over in Shelby County, in which they found over two pounds of hydroponic marijuana ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), April 20, 2015). Law enforcement seized 86 plants from a marijuana operation they found in Lima ([www.otfca.net](http://www.otfca.net), April 20, 2015). A Dayton man was arrested after law enforcement uncovered automated marijuana-grow operations in two residences and seized nearly 200 marijuana plants ([www.otfca.net](http://www.otfca.net), April 27, 2015). OSHP troopers found jars containing more than a pound of hydroponic marijuana in a vehicle they pulled over in Shelby County ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), May 14, 2015). Authorities dismantled a marijuana-grow operation in Miami Township (Montgomery County), confiscating 100 plants and a large amount of already processed marijuana ([www.wdtn.com](http://www.wdtn.com), May 27, 2015). The Montgomery County RANGE Task Force took down a marijuana-grow operation near Miamisburg, seizing more than 100 marijuana plants, already processed marijuana and cultivating equipment ([www.daytondailynews.com](http://www.daytondailynews.com), May 27, 2015). A grandmother was sentenced to three years of probation and no unsupervised contact with her granddaughter after allowing the girl to smoke marijuana in her vehicle ([www.daytondailynews.com](http://www.daytondailynews.com), May 27, 2015). Dayton firefighters were called to a home in flames due to a marijuana-grow operation in the basement ([www.wdtn.com](http://www.wdtn.com), May 29, 2015).

Participants reported that the availability of marijuana has remained the same during the past six months. Participants commented: *"That's always a '10'; It will change when they legalize it."* Participants reported an increase in general availability and popularity of marijuana extracts and concentrates.

Community professionals also reported that the availability of marijuana has remained the same during the past six months. One treatment provider reported, "They still get government weed ... Mainly states where they allow the cultivation for medicinal use." One treatment provider commented, "Everybody smokes 'loud' (high-grade marijuana). Everybody sells loud." A law enforcement officer commented, "They have (marijuana) plants in their house ... basements, closets, wherever. We've had drug raids where they just, you know, have mass plants growing." Another law enforcement officer added, "Yeah they find [marijuana plants] when they take the planes (law enforcement surveillance planes) out and the corn starts getting high ... [marijuana growers] put [marijuana plants] right in the middle of the corn fields." Treatment providers also noted an increase in marijuana concentrates and extracts. 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 reported the current overall quality of marijuana as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was also '10.' 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 specifically rated the quality of low-grade marijuana as '4.' One participant explained, "Sometimes you'll get a little bit higher [quality called] 'mids.'" Several participants reported that high-grade marijuana is extremely potent and explained: "We could all smoke a 'blunt' (marijuana cigar) and get high ... everyone in here; you just gotta take one hit."

However, high-grade marijuana is reportedly rarely available in Hardin County and participants in that county reported travelling to Lima to obtain it. A Hardin County treatment provider commented, "If they want 'chronic' (high-grade marijuana), they go out of town. They go to Columbus [or] Lima." Participants did not discuss the quality of mari-

juana extracts and concentrates, but a treatment provider commented, "It's 10 times more potent (than regular marijuana)." Overall, participants reported that the quality of all types of marijuana has remained the same during the past six months.

Reports of current street prices for marijuana were variable among participants with experience purchasing the drug. Participants continued to report higher pricing for high-grade marijuana, including extracts and concentrates, and added that prices of low-grade marijuana are higher in more rural areas. Participants reported that the most common unit purchased is 1/8 ounce. A participant informed, "If you're not gonna get at least an eighth (1/8 ounce), they'll tell you to go away." Several participants noted a change in price of marijuana in the region and one participant reflected, "Prices dropped since heroin picked up."

Marijuana	Current Street Prices for Marijuana	
	<b>Low grade:</b>	
	a blunt (cigar) or two joint (cigarettes)	\$5
	1/8 ounce	\$20-25
	1/4 ounce	\$30-40
	an ounce	\$90-140
	<b>High grade:</b>	
	a blunt (cigar) or two joint (cigarettes)	\$10-20
	1/4 ounce	\$80-90
	an ounce	\$300-400
	<b>Extracts and concentrates:</b>	
		\$25 per gram

While there were a few reported ways of consuming marijuana, generally the most common route of administration remains smoking. Participants estimated that out of 10 marijuana users, all would smoke the drug. One participant remarked, "We just smoke it." However, participants noted an increase in orally ingesting the substance through edibles and commented: "Eating is a lot more common now; Some teenagers will make brownies and take them to school." Smoking or vaporizing is the most common reported route of administration for marijuana concentrates and extracts. Participants explained: "They smoke it ... It's

basically a bong and instead of having a regular slide ... like a pipe in it ... it's got a little metal one that you put the wax on. You light it and it melts. It's like [smoking] crack (cocaine) basically; They use the e-cigs and put it in there."

A profile of a typical marijuana user did not emerge from the data. Participants continued to describe users as anybody. One participant remarked, "From preachers to teachers [use marijuana]." Several participants agreed when a respondent described users of marijuana extracts and concentrates as, "more like suburban, white kids." Likewise, community professionals most often described typical users of marijuana as everybody. A treatment provider commented, "It's a gateway drug." Other treatment providers commented: "The young population is using it a lot; I always hear kids saying, 'I can't wait until weed is legal'... They don't look at it as a drug." One treatment provider said that marijuana concentrates and extracts are, "For the younger ones."

## Methamphetamine

Methamphetamine availability remains variable 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 variable and ranged from '2-5'. However, community professionals most often reported methamphetamine's current availability as '1'; the previous most common score was '1-2'. A treatment provider commented, "[It's] not really around here." A treatment provider referenced, "There was a meth lab that exploded in Ada [Hardin County] about a month ago."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Huber Heights (Montgomery County) police arrested two individuals during a traffic stop after finding 20 ounces of liquid methamphetamine in their vehicle ([www.wdtn.com](http://www.wdtn.com), Feb. 7, 2015). Darke County deputies discovered a working methamphetamine lab, which happened to be the second bust at the same house in a five-month period ([www.wdtn.com](http://www.wdtn.com), March 11, 2015). Camden Police and Preble County Deputies discovered a methamphetamine lab in a residence during a raid ([www.wdtn.com](http://www.wdtn.com), March 12, 2015).

Participants most often referred to powdered (aka "one-pot" or "shake-and-bake") methamphetamine as the most available type in the region. This type is produced by users 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 shake-and-bake can produce it in approximately 30 minutes in nearly any location. Crystal methamphetamine was also reported as available in the region and a participant commented, "Yeah [crystal methamphetamine is] completely accessible." Community professionals reported powdered as the most common type of methamphetamine in terms of widespread use. A treatment provider shared, "In this area, the majority of meth (methamphetamine) users [are] manufacturing it themselves and for themselves."

Participants reported that the availability of methamphetamine has remained the same during the past six months. A participant reported, "It's a [stable] trend. It already hit the area, ripped through." Another participant predicted, "I think that will change next time you come. I think you'll hear a lot about it." Community professionals also reported that availability of methamphetamine has remained the same during the past six months. A law enforcement professional reported, "They get a little meth lab going on, like they had one in Ada (Hardin County) ... but that's like once a year." The BCI London Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months; the lab reported processing crystal, brown, off-white and white powdered methamphetamine.

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

Most participants did not rate the overall quality of methamphetamine and reported that quality is inconsistent. A participant explained, "It varies too much by how you cook it. There's different methods to making it, so it varies by the method of the chemist who is making it." Another participant agreed and stated, "There really isn't no consistency to it at all." However, one participant rated the current quality of methamphetamine in the area as '10' on a scale of '0' (poo quality, "garbage") to '10' (high quality); the previous most common score was '1-2'. 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 consistent among participants with experience buying the drug.

Methamphetamine	Current Street Prices for Methamphetamine	
	1/10 gram	\$10
	a gram	\$100

While there were a few reported ways of consuming methamphetamine, generally the most common routes of administration are smoking or intravenous injection (aka "shooting"). Participants estimated that out of 10 methamphetamine users, eight would smoke and two would shoot the drug. One participant commented, "All of them would probably smoke it." Another participant rebutted, "I don't know a lot of people that do [methamphetamine], but the people that do, shoot it."

Participants were unable to offer a profile description of the typical methamphetamine user. However, treatment providers described typical users as white, rural and unemployed, while law enforcement described users as lower socio-economic status and heroin addicts. A treatment provider reflected, "White, male, 21 to 30 (years old). That's who makes the labs." Law enforcement commented: "I think it's more lower class I would say; It would be everyone that's doing heroin. All the people in the drug community, if it comes out, they try it."

### Prescription Stimulants

Prescription stimulants remain moderately available in the region. Participants and community professionals most often reported the drug's current street 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 '7' for participants.

Participants identified Adderall® as the most popular prescription stimulant in terms of widespread illicit use and noted that Vyvanse® is also available. One participant reported, "Actually Adderall® has become more popular lately."

Another participant commented, "I've heard a lot of people having Vyvanse®." Community professionals also identified Adderall® as the most common prescription stimulant in terms of widespread illicit use. A treatment provider stated, "Adderall®. We had a couple people on that." A law enforcement officer reflected, "We had a couple people on [Adderall®]."

Participants and community professionals reported that the general availability of prescription stimulants has remained the same during the past six months. A treatment provider remarked, "It's always high." 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 a decrease in Adderall® cases and an increase 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 unknown by participants. Participants reported users obtaining these medications from doctors or dealers on college campuses. One participant reported, "Adderall® is no problem. You can get it on college campuses, that's what the students do, easy peasy." Community professionals also discussed how these medications are obtained. A treatment provider explained, "You hear of 'med swapping' that happens a lot, too ...." One law enforcement professional stated, "A lot of people get it prescribed and they'll sell it"

While there were a few reported ways of consuming prescription stimulants, 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 stimulant users, five would snort and five would shoot the drugs. A participant said, "I know people that snort it." Another participant shared, "All I've ever done is shoot it." Participants described illicit prescription stimulant users as high school or college students. A treatment provider commented, "A lot of times [prescription stimulant] users are kids."

## Ecstasy

Ecstasy (methylenedioxyamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) remains available in the region. Participants most often reported current availability as '5' for the ecstasy tablets and '7' for the powdered MDMA (aka "molly") on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '4' for ecstasy tablets and '8' for molly. One participant shared, "That's here, you know, a lot of molly." Treatment providers most often reported current availability of ecstasy as '1-2' and of molly as '5.' A treatment provider reported, "I've heard of people saying they tried them, but they just tried it once."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. After police found ecstasy in his pocket, a Dayton man admitted to purchasing it for \$40 from a man on a bike ([www.wdtn.com](http://www.wdtn.com), March 15, 2015).

Participants reported that the availability of ecstasy has decreased during the past six months. Participants commented: "Ecstasy is gone down a little bit I think; 'X' (ecstasy) is less available." Contrarily, participants reported an increase in availability of molly during the past six months. 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 during the Past 6 Months	
	 Participants	Decrease
	 Law enforcement	No change
	 Treatment providers	No change

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

Participants indicated that molly is of higher quality than ecstasy as they believed that it is rarely adulterated (aka "cut") with other substances. One participant explained, "They don't have to cut it to put it in pill form." Traditionally, molly is described as a powder, but participants in the Dayton region described molly as available in rock and crystal forms. One participant shared, "I've seen it like a rock. It's crystals." Another participant agreed, "Yeah, I've seen it like crystals, like a rock."

Reports of current street prices for molly were consistent among participants with experience buying the drug. Reportedly, molly sells 1 gram for \$75-100. A treatment provider reported, "I spoke to the pharmacist in town here a couple of weeks ago ... theft of Vicks® Vapor Rub has gone up dramatically. For ecstasy and molly users, they use Vicks® Vapor Rub and spread it ... on their bodies for heightened sensation."

Participants described typical users of molly as "kids" or young adults. One participant reported, "I know a lot of kids are getting it and taking it." Another participant agreed, "Kids love that stuff." Community professionals described typical users of molly as young and male. A treatment provider stated, "It's big with the boys smoking weed." A law enforcement professional reported, "All of them drugs are more for the juveniles, you know, ecstasy and 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: synthetic marijuana, bath salts, Neurontin® and over-the-counter (OTC) cold and cough medications.

### Synthetic Marijuana

Synthetic marijuana (synthetic cannabinoids; aka "K2" and "spice") remains available in the region, although participants and community professionals did not have first-hand knowledge of the drug. Treatment providers thought that the current availability of synthetic marijuana for juveniles to be '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 '4.' A law enforcement officer reported, "It's around here or there ...."

Participants reported that the availability of synthetic marijuana has decreased during the past six months and one participant commented, *"It's been gone for like a year or two."* Community professionals reported that the availability of synthetic marijuana has remained the same during the past six months. However, treatment providers indicated that availability for juveniles has increased. The BCI London Crime Lab reported that the number of synthetic marijuana cases it processes has increased during the past six months.

A participant indicated poor quality of the drug and described it as, *"Horrible, god-awful potpourri."* The only route of administration suggested for synthetic marijuana was smoking. Treatment providers identified typical users as someone trying to pass drug tests, such as probationers.

### Bath Salts

Bath salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues) remain rarely available in the region. Participants and community professionals had limited first-hand knowledge of the drug. A participant replied, *"I've never seen it."* A treatment provider commented, *"It's just not as bad as when it first came out."* One law enforcement professional simply stated, *"It's gone."* Respondents agreed that the availability of bath salts has remained the same during the past six months. One participant shared, *"I haven't seen it in two years."* The BCI London Crime Lab reported that the number of bath salts cases it processes has increased during the past six months.

Participants and treatment providers continued to reference an incident in Florida that has discouraged bath salts use and commented: *"After they ate somebody in Florida, nobody does that anymore; Pretty much after that guy ate that other guy's face."* A treatment provider commented, *"It scared the mess out of them."* A treatment provider also credited the justice system for the low availability of the drug and commented, *"The juvenile court was handling that. They were locking kids up right and left for that mess."* Treatment providers described typical bath salts user as young and white.

### Neurontin®

Neurontin® (an analgesic, anti-epileptic agent) was reported again by law enforcement, who rated current street availability as '10' for availability on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). A law enforcement officer commented, *"They get that*

*stuff all the time. They get it by the bottles."* Law enforcement reported that the availability of Neurontin® has remained the same during the past six months.

### OTCs

Over-the-counter (OTC) cold and cough medications are available in the region. In discussing availability of these drugs, participants and community professionals more often spoke to the popularity of the drugs. Participants reported low popularity of these drugs and rated current popularity as '2' on a scale of '0' (rarely used, not popular) to '10' (highly used, extremely popular). Treatment providers rated popularity of these medications as '10,' while law enforcement rated it as '2.' A treatment provider commented, *"Everybody's doing it."* Contrarily, a law enforcement officer shared, *"There's not a lot of it."* Participants reported that the most abused form of the drug is a mixture called "lean" which consists of promethazine and codeine. A treatment provider also mentioned this mixture and commented, *"All the kids, they drink lean ... what they call 'syrup."* Participants reported a decrease in popularity. One participant reflected, *"That's dropped, yeah, it's dropped a lot."*

Participants reported obtaining codeine syrup from a doctor. A participant stated, *"You need a doctor's prescription."* Community professionals described typical illicit OTC users as young. An officer commented, *"I think it's more like your younger crowd."* Treatment providers added that users are often black and male. Law enforcement added: *"And the bigger cities and stuff, they get into that; A lot of the rappers put it in their songs, you know? [They refer to] 'Robotrippin' [and] 'purple drank.'"*

## Conclusion

Crack cocaine, heroin, marijuana and sedative-hypnotics remain highly available in the Dayton region; also highly available is Suboxone®. Changes in availability during the past six months include increased availability for heroin.

Law enforcement reported that the flow of heroin remains high in the region and noted the resiliency of drug networks, in that as soon as law enforcement arrests a dealer, someone else takes his place. While many types of heroin are currently available in the region, participants and treatment providers reported the availability of white and

brown powdered heroin as most available, although reportedly, powdered heroin is available in a variety of different colors. Participants and treatment providers indicated high demand for white powdered heroin, as this type of heroin is thought to be the most potent heroin type; it has been linked to fentanyl and overdose. Treatment providers explained that users seek heroin linked to overdose.

Participants and community professionals also discussed “blue drop” as a type of heroin available in the region. Law enforcement reported that blue-drop heroin contains fentanyl; participants discussed the link between this type of heroin and recent media reports of overdose deaths in the region. Participants reported that all types of heroin are cut with fentanyl. Treatment providers concurred with participants in reporting the availability of fentanyl-heroin mixtures. The BCI London Crime Lab also reported processing fentanyl-cut heroin during the past six months. Participants and treatment providers described typical heroin users as white.

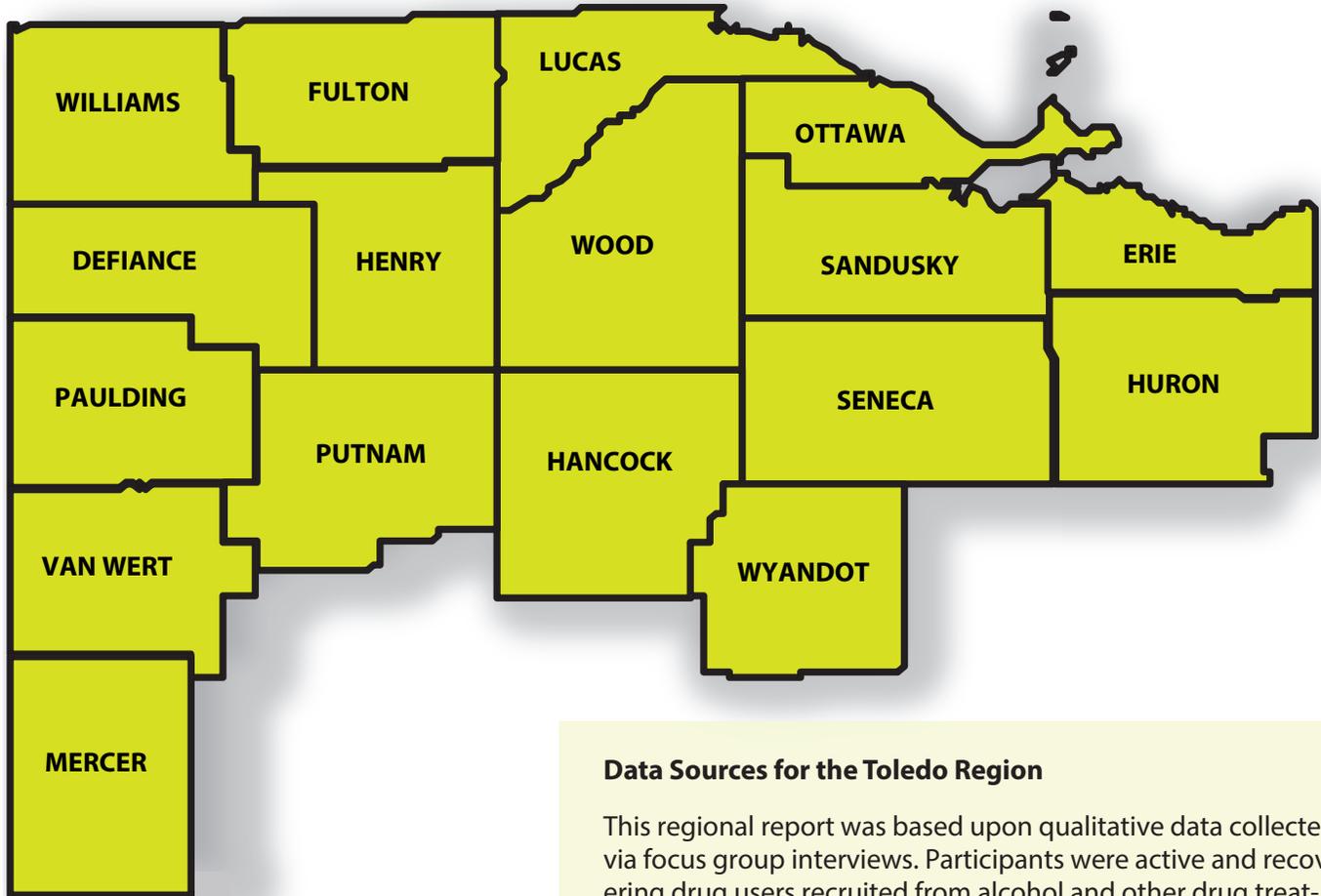
Participants and community professionals identified Percocet® as the most popular prescription opioid in terms

of widespread illicit use. Participants also identified a fake Roxicodone® 30 mg pill that they said is highly available on the street, referring to them as “dirty 30s.” Participants explained that these pills are either pressed locally or are imported from out of state or from Mexico. The BCI London Crime Lab reported seeing fake pharmaceutical tablets, although not that often. Reportedly, alprazolam (Xanax®) has been found in “OxyContin®” tablets, and a few tablets have actually been found to be pressed heroin. Additionally, participants continued to report the use of capsules for heroin distribution, and for the first time, they also reported capsules containing cocaine.

In terms of Suboxone®, participants reported the generic pill form of the drug as more available than previously. Both participants and community professionals commented on the growing number of Suboxone® clinics in the region as contributing to diversion of the drug. Community professionals described typical illicit Suboxone® users as white and opiate users self-medicating withdrawal. Lastly, law enforcement reported high street availability of Neurontin® during the past six months.



## Drug Abuse Trends in the Toledo Region



### Data Sources for the Toledo Region

This regional report was based upon qualitative data collected via focus group interviews. Participants were active and recovering drug users recruited from alcohol and other drug treatment programs in Defiance, Lucas and Williams counties. Data triangulation was achieved through comparison of participant data to qualitative data collected from regional community professionals (treatment providers and law enforcement) via focus group interviews, as well as to data surveyed from the Bureau of Criminal Investigation (BCI) Bowling Green office, the Hancock County Adult Probation Department and the Hancock County Probate and Juvenile Court. All secondary data are summary data of cases processed from July through December 2014. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for January through June 2015.

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

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### Regional Profile

Indicator <sup>1</sup>	Ohio	Toledo Region	OSAM Drug Consumers
Total Population, 2010	11,536,504	1,231,785	41
Gender (female), 2010	51.2%	51.1%	73.2%
Whites, 2010	81.1%	83.7%	80.0% <sup>2</sup>
African Americans, 2010	12.0%	8.0%	11.1%
Hispanic or Latino origin, 2010	3.1%	5.4%	17.1% <sup>3</sup>
High School Graduation rate, 2010	84.3%	83.8%	64.4%
Median Household Income, 2013	\$48,308	\$48,446	\$11,000 to \$14,999 <sup>4</sup>
Persons Below Poverty Level, 2013	15.8%	13.1%	61.0% <sup>5</sup>

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

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

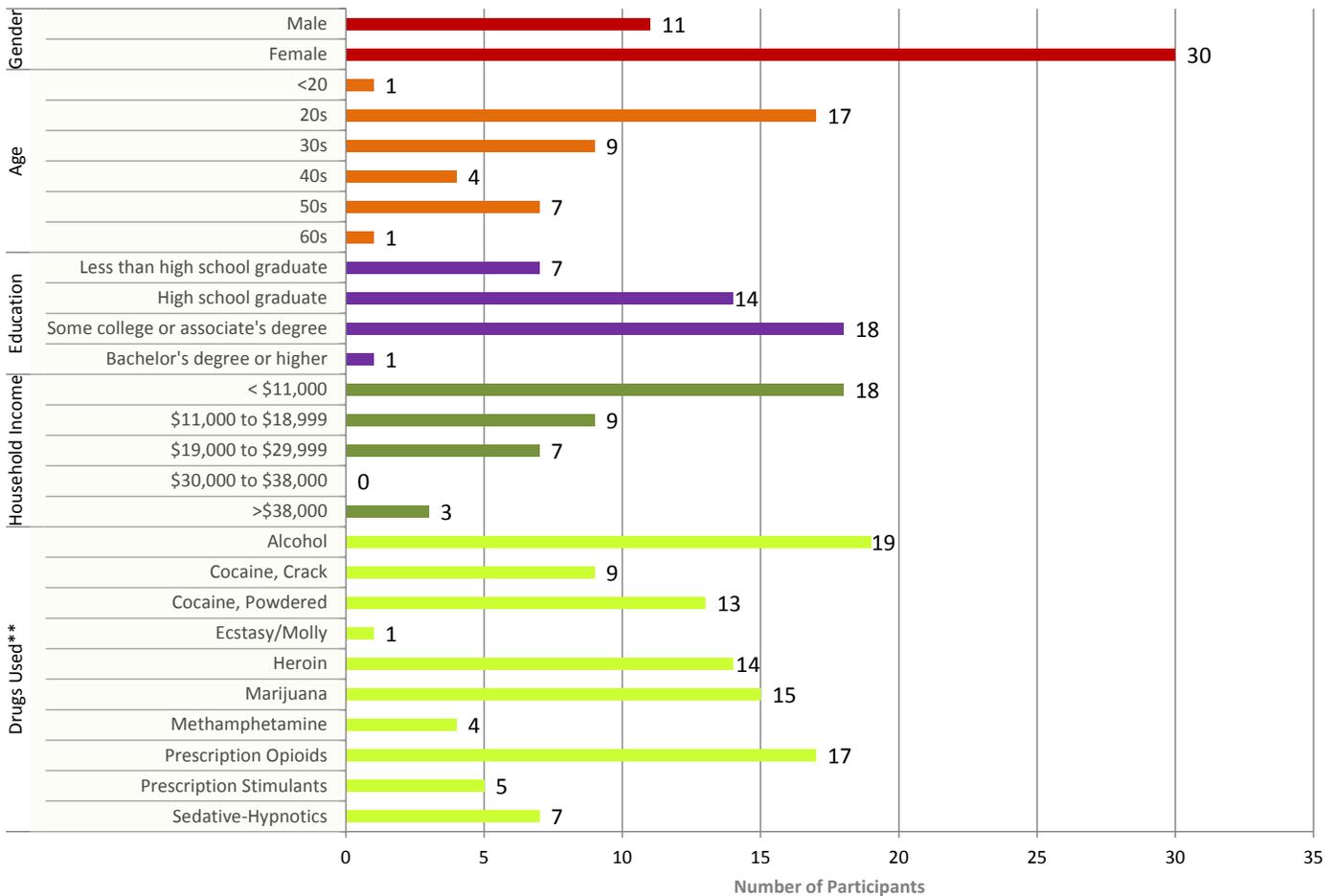
<sup>3</sup>Hispanic/Latino origin was unable to be determined for 1 participant due to missing and/or invalid data.

<sup>4</sup>Participants reported income by selecting a category that best represented their household's approximate income for the previous year. Income status was unable to be determined for 4 participants for missing and/or invalid data.

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

### Toledo Regional Participant Characteristics

#### Drug Consumer Characteristics\* (N=41)



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

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

## Historical Summary

In the previous reporting period (July 2014 – January 2015), crack cocaine, heroin, marijuana, prescription opioids, sedative-hypnotics and Suboxone® remained highly available in the Toledo region. An increase in availability existed for ecstasy, heroin and methamphetamine. Data also indicated decreased availability for bath salts, prescription opioids and synthetic marijuana.

Participants reported white and brown powdered heroin as the most available types of heroin in the region, while law enforcement added that black tar heroin was also highly available. Treatment providers reported an increase in clients who begin drug use with heroin, instead of the typical progression from prescription opioids to heroin.

Both participant and community professional groups reported increased availability of white and tan/brown powdered heroin. The Multi-Area Narcotics (MAN) Task Force reported that emergency medical technicians (EMTs) carry Narcan® (naloxone, an antidote to opiate overdose) on overdose emergency calls. Participants reported that white powdered heroin is most often 'cut' (adulterated) with fentanyl. Treatment providers reported that while most clients reported use of heroin cut with fentanyl, agency drug screens revealed that heroin was often cut with cocaine. A toxicologist in the region reported greater than 50 percent of heroin-related deaths included Benadryl® or fentanyl.

Participants most often rated the general quality of heroin as '10' (high quality) and explained that heroin dealers were so prevalent that they delivered high quality product to maintain customers. However, participants in more rural areas reported variability in quality and explained that dealers in rural areas were often selling to support their own heroin habits, thus they adulterated the drug more to compensate for the product they used. Participants no longer reported obtaining heroin from dealers at residences, rather on the street through phone connections; reportedly, established dealers attempted to hold onto their drug clientele, even while incarcerated, by entrusting their cell phones to family members 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 were available, but not preferred because many of them, such as Opana® and OxyContin®, were reformulated with abuse-deterrents that made them more difficult to inject. Both participants and community professionals reported that the availability of prescription opioids had decreased during the reporting period. The decrease was of-

ten attributed to doctor, pharmacy and law enforcement interventions.

Methamphetamine availability remained variable throughout the region. Participants and community professionals most often reported high availability in more rural areas and lower availability in urban areas. Participants reported that the powdered form of methamphetamine was the most prevalent type in the region. The BCI Bowling Green Crime Lab reported that the number of methamphetamine cases it processed had increased during the reporting period.

Participants reported that the most common routes of administration for methamphetamine were intravenous injection (aka "shooting") and smoking. Participants described typical methamphetamine users as of lower socioeconomic status, white and younger (18-25 years of age).

Participants reported that synthetic marijuana was not a drug of choice, as there were many known negative effects associated with its use. Both respondent groups reported decreased availability of this drug during the reporting period. The BCI Bowling Green Crime Lab reported decreased number of synthetic marijuana cases it processed.

Ecstasy remained available in the region. Participants indicated that this drug was more available in urban locations. Both participants and community professionals reported that the availability of ecstasy had increased in urban areas. The BCI Bowling Green Crime Lab reported an increased number of ecstasy cases it processed during the reporting period.

Participants referred to both ecstasy (traditionally pressed tablets) and 'molly' (purported as pure MDMA in powdered form) as "party drugs." Participants described typical ecstasy users as young (under the age of 21 years), African American, 'dope boys' (heroin dealers) and/or people who go to clubs. Participants specified that molly was used by people who attend outdoor music festivals.

Finally, bath salts were 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 led to its decreased popularity and availability. The most available brand of bath salts reported by participants was *Jumpstart*, however very few participants reported knowledge of places from which to purchase the drug. Participants reported that the most common route of administration for bath salts was intravenous injection (aka "shooting") and snorting. Participants described typical users as younger (20s and 30s), male, white and those who abuse or illicitly use stimulants.

## Current Trends

### Powdered Cocaine



Powdered cocaine is highly available in the region. Participants most often reported the drug's current availability as '7' and '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '6'. One participant commented, "More people are using it." Community professionals most often reported current availability as '10'; the previous most common score was also '10'. Treatment providers continued to comment that they believed powdered cocaine is often used as a 'cut' (adulterated) for heroin: "I think the [heroin] dealers are doing it to make their stuff seem more potent; [Users] have been coming up positive for cocaine and they say, 'I don't do cocaine.'"

Corroborating data also indicated the presence of cocaine in the region. The Hancock County Adult Probation Department reported that 11.8 percent of the 574 positive drug tests it logged during the past six months were positive for cocaine (crack and/or powdered cocaine).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. An 18-month long drug investigation led to the arrest of 27 people in Defiance County, plus four others in connection with the group; eight of the individuals face charges for cocaine trafficking ([www.wane.com](http://www.wane.com), Feb. 12, 2015). Two people were arrested in Bellevue (Erie, Huron and Sandusky counties) for cocaine trafficking near a middle school ([www.otfca.net](http://www.otfca.net), March 24, 2015). Hancock County METRICH Drug Task Force reported a raid of a Findlay apartment in which 28 packages of cocaine were seized ([www.otfca.net](http://www.otfca.net), March 27, 2015). A Michigan man was arrested in Port Clinton (Ottawa County) for possession of 10-20 grams of cocaine, 10-50 grams of heroin and some hydrocodone (prescription opioid) ([www.otfca.net](http://www.otfca.net), March 30, 2015). Five Ottawa County residents were indicted, one of which is an Oak Harbor man who faces six counts of trafficking cocaine ([www.otfca.net](http://www.otfca.net), May 19, 2015).

Both participants and treatment providers reported that the availability of powdered cocaine has increased during

the past six months. Participants and treatment provider clarified that the availability has increased due to heroin dealers using it as a cut. A treatment provider commented, "They put it in the heroin." The BCI Bowling Green Crime Lab reported that the number of cocaine cases it processes has decreased during the past six months.

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

Participants most often rated the current overall quality of powdered cocaine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '7'. Participants reported that powdered cocaine in the region is cut with acetone, amphetamines, baby laxative, chalk, ether, sedative-hypnotics (Soma® and Xanax®), Tylenol® and vitamin C. A participant commented, "Or anything they can get down to powder form." Overall, participants reported that the quality of powdered cocaine has decreased during the past six months. One participant reported, "They started mixing it with all this stuff. That's why the quality went down."

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

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

Powdered Cocaine	Current Street Prices for Powdered Cocaine	
	a gram	\$50
	1/16 ounce (aka "teener")	\$60-85
	1/8 ounce (aka "eight ball")	\$180-200

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

Participants most often described typical users of powdered cocaine as high profile people and older (30s to 60s). Some participants reported that laborers and those who work long hours or night hours also use powdered cocaine to stay awake; some occupations mentioned include construction workers, dry wallers, truck drivers and strippers. A participant explained that powdered cocaine can, "give you energy." Another participant mentioned that alcoholics often use powdered cocaine. Treatment providers described typical powdered cocaine users as someone younger (18 to mid-30s) and middle- to upper-class. An officer commented, "In the minority communities, I don't think [powdered cocaine use is] as prevalent as in the white-collar communities."

### 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 commented, "Just go around the corner." Another participant quipped, "Reach out of your window."

Treatment providers and law enforcement most often reported the drug's current availability as '8,' the previous most common score was '4.' Treatment providers commented: "I don't think it is as popular as it used to be; There is more of a stigma around crack (cocaine) ... low-class or something." Law enforcement reported: "You can find it in certain areas in Toledo ... It's not as popular as it used to be." Another officer replied, "People who are distributing [drugs] will move to the popular drug and right now, that's heroin."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Three search warrants were executed in Fostoria (Seneca County), in which \$400-500 worth of crack cocaine and some marijuana were seized ([www.otfca.net](http://www.otfca.net), Feb. 5, 2015). During a drug sweep operation, Toledo Police seized 100 grams of crack cocaine, five pounds of marijuana, 50 pharmaceutical pills and two grams of heroin ([www.nbc24.com](http://www.nbc24.com), Feb. 17, 2015).

Both participants and treatment providers reported that the availability of crack cocaine has remained the same during the past six months. A participant commented, "It's still a '10' (highly available)." Another participant added, "It depends on where you at ... and if they know your face [before dealers will sell crack cocaine]." The BCI Bowling Green Crime Lab reported that the number of 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 '6' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '5.' Participants indicated that quality often depends on what other adulterants (aka "cuts") are in the drug. A participant commented, "It depends on who's mixing it." Another participant complained, "Too much [baking] soda in it." Participants reported that crack cocaine in the region is most often cut with ammonia, baby laxative, baking soda, lactose and Seroquel®. Overall, participants reported that the quality of crack cocaine has remained the same during the past six months. One participant remarked, "It's gotten worse."

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. Participants reported that price depends on amount desired and quality of the drug. Participants reported that smaller units are often purchased and commented: "You can buy a piece of crack for five bucks now; Shoot (inject) two dollars [worth of crack]."

<b>Crack Cocaine</b>	<b>Current Street Prices for Crack Cocaine</b>	
	1/10 gram (aka "rock")	\$2, \$5, \$10, or \$20 (depending on size)
	a gram	\$50
	1/16 ounce (aka "teener")	\$75-85
	1/8 ounce (aka "eight ball")	\$125-150 (up to \$300 in rural areas)

Participants reported that the most common route of administration for crack cocaine remains smoking. Participants estimated that out of 10 crack cocaine users, seven would smoke and three would intravenously inject (aka "shoot") the drug. One participant divulged, "I shot it."

A profile for a typical crack cocaine user did not emerge from the data. Participants described a typical user as anybody and insisted that there is no longer a profile for crack cocaine users. One participant commented, "Everybody smokes it now." Community professionals most often described typical crack cocaine users as lower income, aged 40 years or older.

## Heroin

Heroin remains highly available in the region. Both participants and community professionals most often reported the current overall availability of heroin as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score for both groups of respondents was also '10'. A participant commented, "It's about three houses away." Treatment providers commented: "It's a '10' plus; [Clients] say they're coming here [for treatment] because they're scared. They're losing their friends, family [to overdose death]." A police officer reported, "With heroin, it's not uncommon to have two a day of overdoses, where the people are dying ... typically in a restaurant bathroom and all that kind of stuff. It's crazy."

While many types of heroin are currently available in the region, participants and treatment providers reported white powdered heroin (aka "china white") as most available in terms of widespread use. One participant remarked, "China's everywhere." A treatment provider

reflected, "All I hear is china white." Participants most often reported the current availability of black tar heroin as '4' and of brown powdered heroin as '6'; the previous most common scores were '2-10' for black tar and '10' for brown powdered heroin. Treatment providers most often reported black tar availability as '2' and brown powdered availability as '5'; the previous most common score was '10' for both types.

Corroborating data also indicated the presence of heroin in the region. The Hancock County Adult Probation Department reported that 14.5 percent of the 574 positive drug tests it logged during the past six months were positive for opiates.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. An 18-month long drug investigation led to the arrest of 27 people in Defiance County, plus four others in connection with the group; three of the individuals face charges for trafficking heroin ([www.wane.com](http://www.wane.com), Feb. 12, 2015). A motel across from the Seneca County Sheriff's Office was the location of a drug bust; heroin, crack cocaine and marijuana were seized ([www.otfca.net](http://www.otfca.net), March 6, 2015). A K-9 officer alerted to the presence of drugs in a vehicle that was pulled over in Bellevue (Erie, Huron and Sandusky counties); approximately \$10,000 worth of heroin was confiscated and went on record as one of the largest heroin seizures for the Bellevue Police Department ([www.wkyc.com](http://www.wkyc.com), April 9, 2015). Norwalk (Huron County) police seized more than a half ounce of pure, unadulterated heroin, as well as some crack and powdered cocaine when they raided a local residence ([www.otfca.net](http://www.otfca.net), April 12, 2015).

Media also reported on community efforts in dealing with the opiate epidemic in the Toledo area. Lucas County officials announced that they are going after those putting heroin on the street; heroin dealers will now be charged with involuntary manslaughter if one of their 'customers' dies from an overdose ([www.13abc.com](http://www.13abc.com), March 6, 2015). Experts began pointing out that the shortage of detoxification beds in the area is counter-effective to treating those with addiction; local treatment agencies are suggesting a special emergency unit for detoxification and visiting nurses for follow-up in hopes to decrease relapse for those struggling with opiate addiction ([www.toledo-blade.com](http://www.toledo-blade.com), May 7, 2015).

Both participants and treatment providers reported that the general availability of heroin has remained the same during the past six months. The BCI Bowling Green Crime Lab reported that the number of powdered heroin cases it processes has increased during the past six months, while the number of black tar heroin cases has decreased. The crime lab reported having processed brown, gray, tan, white and off-white powdered heroin

Heroin	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 heroin as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was also '10'. Participants indicated that the high quality of the drug is the reason for many overdoses in the region. One participant stated, "I had five close associates that have died [from heroin overdose]."

Participants reported that heroin in the region is adulterated (aka "cut") with cocoa, isotol (dietary supplement), lactose, mannitol (diuretic), methamphetamine, prescription opioids, sleep medication (Sleepinal<sup>®</sup>), Seroquel<sup>®</sup> and Xanax<sup>®</sup>. Overall, participants reported that the general quality of heroin, while generally thought to be potent, has become more adulterated during the past six months. Participants commented: "They cut it so bad; You could be getting something you think is china and you don't realize it's not china until you already shot it."

Heroin	Cutting Agents Reported by Crime Lab
	<ul style="list-style-type: none"> <li> diphenhydramine (antihistamine)</li> <li> fentanyl</li> <li> quinine (antimalarial)</li> </ul>

Reports of current street prices for heroin were reported by participants with experience purchasing the drug. Participants most often reported using 4-7 different dealers for heroin and stated it was less expensive to purchase in Toledo as opposed to more rural areas, such as Defiance and Williams counties.

Heroin	Current Street Prices for Heroin	
	<b>Black tar or brown powdered heroin:</b>	
	1/10 gram (aka "balloon")	\$30
	<b>Brown powdered heroin:</b>	
	1/10 gram (aka "folds" or "packs")	\$10-20
	a gram	\$80
	<b>White powdered heroin:</b>	
	1/10 gram (aka "balloon")	\$10-30
a gram	\$80-150	

While there were a few reported ways of using heroin, generally, the most common route of administration is intravenous injection (aka "shooting"). Participants estimated that out of 10 heroin users, seven would shoot and three would snort the drug. Participants most often reported obtaining needles from diabetics or from stores (either stealing or purchasing them). A participant who purchased needles at pharmacies shared that he would say, "I want a ten-day supply of U-100 ultrafine, 1 cc." A treatment provider reported, "A lot them are sharing ... so much 'Hep C' (hepatitis C). Eighty percent are positive for Hep C."

A profile of a typical heroin user did not emerge from the data. Both participants and community professionals described typical users as being from "across the board" and "all over the charts." A law enforcement officer reported, "There's heroin everywhere ... and nobody is exempt." Treatment providers also mentioned an increase in the number of pregnant heroin users coming in for treatment. One treatment provider commented, "I would say we had two or three [pregnant women] two years ago and we're up to 30 at this point ... today we had 380 [patients], so like [almost] 10 percent."

### Prescription Opioids

Prescription opioids remain highly available in the region. Participants and community professionals continued to most often rate the current street availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score for both groups was also '10.' A treat-

ment provider commented, "These doctors just prescribe them like crazy." A police officer remarked, "You can get a cocktail of any drug."

Participants identified Opana®, Percocet® and Roxicodone® as the most popular prescription opioids in terms of widespread illicit use. Reportedly, Percocet® are "real available," while Roxicodone® are "the most potent." Treatment providers identified Percocet®, Roxicodone® and Vicodin® as the most popular prescription opioids in terms of widespread illicit use.

Corroborating data also indicated the presence of prescription opioids in the region. The Hancock County Adult Probation Department reported that 10.5 percent of the 574 positive drug tests it logged during the past six months were positive for oxycodone.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. An 18-month long drug investigation led to the arrest of 27 people in Defiance County, plus four others in connection with the group; 10 of the individuals face charges for trafficking prescription opioids (specifically mentioned were dihydrocodeinone/hydrocodone, fentanyl, hydromorphone, methadone, morphine, oxycodone and oxymorphone) ([www.wane.com](http://www.wane.com), Feb. 12, 2015). Ohio State Highway Patrol (OSHP) troopers arrested a driver for possession of two marijuana cigarettes and 220 hydrocodone pills when he was stopped for speeding in Hancock County ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), March 5, 2015). A woman was arrested in Tiffin (Huron County) after several tips led authorities to discover eight bottles of pills, some of which contained oxycodone, for which she had no prescription ([www.otfca.net](http://www.otfca.net), May 14, 2015). A Port Clinton (Ottawa County) man was caught trying to obtain morphine and oxycodone illegally ([www.otfca.net](http://www.otfca.net), May 19, 2015). A driver was arrested in Wood County after OSHP troopers discovered 662 oxycodone pills hidden in the vehicle ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), June 2, 2015).

Participants reported that the general availability of prescription opioids has decreased during the past six months. Participants commented: "They're harder to find ... [Doctors] started cutting back; That's why everybody's going to heroin." Treatment providers reported that availability of prescription opioids has remained the same during the past six months. One treatment provider commented, "I hear patients telling me they are going to [specific] doctors ... They're driving to Michigan to pain doctors ... and they sell

[their prescribed opioids] on the streets." The BCI Bowling Green Crime Lab reported that the number of prescription opioid cases it processes has increased during the past six months; the exception was a decrease OxyContin® cases.

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

Reports of current street prices for prescription opioids were consistent among participants with experience purchasing the drugs. Generally, these medications sell for \$1 per milligram; for example, a 30 mg Roxicodone® could be purchased for \$30. In addition to obtaining prescription opioids on the street from dealers, participants also reported getting them from people with prescriptions (cancer patients, older adults) and by obtaining a prescription from a doctor.

While there were a few reported ways of consuming prescription opioids, generally the most common routes of administration for illicit use remain snorting and oral consumption. Participants estimated that out of 10 illicit prescription opioid users, five would snort and five would orally consume the drugs. One participant reported, "If they're regular 'percs' (Percocet®), you gotta sniff 'em. If they're '30s' (Roxicodone® 30 mg), you can 'bang' (intravenously inject) 'em."

Participants described typical illicit users of prescription opioids as everyone from teens to the elderly. Treatment providers described typical illicit users as more often teens to 30s. One treatment provider commented, "The younger ones start off with prescriptions ... [then switch to heroin because they are] too expensive and harder to find than heroin." A police officer commented, "I've seen just about everyone."

## Suboxone®



Suboxone® is moderately to highly available in the region. Participants most often reported the current street availability of Suboxone® sublingual filmstrips (aka “strips”) as ‘5’ and availability of the 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 ‘10.’ One participant commented, *“Never seen the pills.”* Treatment providers most often reported current street availability as ‘10;’ the previous most common score was also ‘10.’ A treatment provider reported, *“I think that’s real available. I just had a patient flash it at me the other day, saying I bought some Suboxone® ‘cause ya’ll dosing me down.”* Treatment providers reported that some patients prefer Suboxone® over methadone. One treatment provider explained, *“A lot of them think Suboxone® is so much better and they say, ‘I’m not gonna do that methadone.’ It’s like methadone is frowned upon.”*

Corroborating data also indicated the presence of Suboxone® in the region. The Hancock County Adult Probation Department reported that 30.0 percent of the 574 positive drug tests it logged during the past six months were positive for buprenorphine (a main ingredient in Suboxone®).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. An 18-month long drug investigation led to the arrest of 27 people in Defiance County, plus four others in connection with the group; six of the individuals face charges for trafficking Suboxone® ([www.wane.com](http://www.wane.com), Feb. 12, 2015).

Both participants and treatment providers reported that the availability of Suboxone® has increased during the past six months. A participant reasoned, *“More people are being prescribed them.”* The BCI Bowling Green Crime Lab reported that the number of Suboxone® and Subutex® cases it processes have increased during the past six months.

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

Reports of current street prices for Suboxone® were consistent among participants with experience buying the drug. One participant claimed, *“The price [of Suboxone® filmstrips] has gone up.”*

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

In addition to obtaining Suboxone® on the street from dealers, participants also reported getting it from users who have prescriptions. One participant said she gets them from, *“Whoever got ‘em.”* Another participant admitted that he would sell them. While there were a few reported ways of consuming Suboxone®, generally the most common route of administration for illicit use is sublingual. Participants estimated that out of 10 illicit Suboxone® users, all would sublingually use the drug.

Participants described typical illicit Suboxone® users as most often heroin addicts and explained that they use this drug, prescribed or not, to avoid heroin withdrawals or to try to get sober. A participant explained, *“[If a user can’t] get anything ... you’re down to Suboxone® level.”* Treatment providers described typical illicit users also as someone avoiding withdrawal. A treatment provider commented, *“Not to get high, but if they can’t get anything and [Suboxone® is] available to control the withdrawal until they can get something.”*

Some treatment providers also reported they that have seen an increase in pregnant women using Suboxone® and added that they never heard of patients buying Subutex®, an even safer alternative for pregnant women. One treatment provider shared, *“Once they find out they’re pregnant, they’re doing their best to get their hands on Suboxone® on the street ‘cause they know it’s one of the safer ways to go.”*

## Sedative-Hypnotics

Sedative -hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain highly available in the region. Participants and community professionals most often reported the current street availability of these drugs as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was also ‘10’ for both respondent

groups. Participants identified Klonopin® and Xanax® as the most popular prescription sedative-hypnotics in terms of widespread illicit use. Several participants agreed when one individual replied, “Most people take Xanax® and Klonopin®.” Treatment providers identified Ativan® and Xanax® as most popular; a treatment provider described the availability of these two medications as “abundant.”

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. An 18-month long drug investigation led to the arrest of 27 people in Defiance County, plus four others in connection with the group; six of the individuals face charges for trafficking sedative-hypnotics (specifically mentioned were clonazepam, lorazepam and alprazolam) ([www.wane.com](http://www.wane.com), Feb. 12, 2015). OSHP troopers arrested two individuals in Wood County when a probable cause search revealed a combined total of 637 oxycodone and Xanax® pills ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), June 19, 2015).

Participants and community professionals reported that the general availability of sedative-hypnotics has remained the same during the past six months. However, some participants reported that the availability of Xanax® has increased, while Klonopin® availability has decreased. A treatment provider shared, “They start off with [sedative-hypnotics] because they ... have issues and they take more and more and more.” Another treatment provider remarked, “They [are] taking [Xanax®] by the ‘bars’ (2 mg pills).” The BCI Bowling Green Crime Lab reported that the number of sedative-hypnotic cases it processes has generally decreased or has remained the same during the past six months; the exceptions were increases in Ambien®, Ativan® and Xanax® cases.

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

Reports of current street prices for sedative-hypnotics were consistent among participants with experience buying these drugs.

Sedative-Hypnotics	Current Street Prices for Sedative-Hypnotics	
	Klonopin®	\$0.25 for 0.25 mg \$0.50 for 0.50 mg \$1 for 1 mg \$2 for 2 mg
	Xanax®	\$1-3 for 1 mg \$2-5 for 2 mg

In addition to obtaining sedative-hypnotics on the street from dealers, participants also reported getting them from doctors, family members, friends and psychiatrists. A participant explained, “It starts with friends, ends with dealers.” A law enforcement officer commented, “When you see those pharmacy robberies, it’s related to that.”

While there were a few reported ways of consuming sedative-hypnotics, generally the most common route of administration for illicit use remains oral consumption. Participants estimated that out of 10 illicit sedative-hypnotic users, nine would orally ingest and one would snort the drugs. A participant explained, “With Xanax® you can just swallow those ... but with Ativan® and Klonopin® ... snorting it does do more [for the high].” Another participant added, “Xanax® burns when you snort ‘em.”

Participants described typical illicit users of sedative-hypnotics as heroin and prescription opioid users who cannot get their drug of choice. Participants commented: “Usually people that like heroin; Those who can’t get ‘percs’ (Percocet®); People who have a drug of choice [but] will abuse those drugs, too ....” Treatment providers described typical illicit users as more often younger, 18 to 30 years of age. One treatment provider noted, “I don’t see the older generation.” However, another clinician said, “Young to old [abuse sedative-hypnotics].”

## 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.' One participant commented, "I can get it every day, anytime." Another participant reported, "I know a lot of people that grow their own." A few participants noted the availability of marijuana concentrates and extracts, known as "dabs," throughout the region. Participants commented: "Now they got that stuff... dab; It's coming around." Participants most often reported the current availability of dabs as '5.' Participants described dabs as a waxy form of marijuana concentrate.

Community professionals most often reported the current availability of marijuana as '10;' the previous most common score was also '10.' A treatment provider commented, "I had a patient tell me recently, 'I don't understand why I can't smoke a blunt (marijuana cigar). I'm not here for marijuana, I'm here for opiates. I should be able to smoke a blunt.'" A law enforcement officer shared, "We've seen some places where people are growing their own [marijuana]."

Corroborating data also indicated the presence of marijuana in the region. The Hancock County Adult Probation Department reported that 26.5 percent of the 574 positive drug tests it logged during the past six months were positive for marijuana. In addition, The Hancock County and Probate Juvenile Court reported that 7.7 percent of 376 tests obtained from youth probationers and other youth ordered to submit to drug testing during the past six months were positive for marijuana.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. An 18-month long drug investigation led to the arrest of 27 people in Defiance County, plus four others in connection with the group; two of the individuals face charges for trafficking marijuana ([www.wane.com](http://www.wane.com), Feb. 12, 2015). OSHP troopers discovered a large mason jar and large zip-lock bag containing marijuana in a vehicle they stopped in Hancock County ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), March 19, 2015). OSHP troopers arrested a Tennessee man when they discovered a pound of marijuana in the trunk of his vehicle ([www.nbc24.com](http://www.nbc24.com), March 16, 2015). Toledo Police were called to the University of Toledo Medical Center where they learned of a woman who was being treated for a gunshot wound on her foot; she admitted to shooting herself in the foot accidentally by her own handgun when she pulled it out to defend herself after two men she was selling marijuana to pulled a gun on her; the men reportedly got away with her handgun and cash ([www.nbc24.com](http://www.nbc24.com), May 22, 2015). OSHP troopers discovered 11 pounds of hydro-

ponic marijuana and a small amount of marijuana paste in a vehicle they stopped in Wood County ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), June 10, 2015). OSHP troopers seized 600 grams of marijuana in various forms, including gummy candies and suckers, as well as two grams of hash wax when they stopped a vehicle in Erie County ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), June 21, 2015).

Both participants and treatment providers reported that the availability of marijuana has remained the same during the past six months. Participants remarked: "It's everywhere; At a stop light; In my neighbor's back yard." A few participants noted times during the year when marijuana may not be as available and commented: "There's times during the year, it goes 'dry' (not available); Election season 'cause that's when the indictments come out." The BCI Bowling Green Crime Lab reported that the number of marijuana cases it processes has increased during the past six months.

		Reported Availability Change during the Past 6 Months	
<b>Marijuana</b>		Participants	No change
		Law enforcement	No comment
		Treatment providers	No change

Participants most often reported the current overall quality of marijuana as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was also '10.' Several participants explained that the quality of marijuana depends on whether the user buys "commercial weed" (low-grade marijuana) or hydroponically grown (aka "hydro," high-grade marijuana). One participant commented, "The quality of hydro is way better, like past a '10.'" Another participant indicated that the quality of the drug is variable depending on how it is grown and commented, "They are cross-pollenating and growing all kinds of [marijuana]."

Reports of current prices of marijuana were provided by participants with experience purchasing the drug. Reportedly, the price of marijuana depends on the quality desired and participants continued to report low-grade marijuana as a lot cheaper than high-grade product.

Marijuana	Current Street Prices for Marijuana	
	<b>Low grade:</b>	
	a blunt (cigar) or two joints (cigarettes)	\$5-10
	1/4 ounce	\$25
	1/4 pound	\$250
	a pound	\$1,100
	<b>High grade:</b>	
	a blunt (cigar) or two joints (cigarettes)	\$10-20
	1/4 ounce	\$75-100
	1/4 pound	\$375-400
a pound	\$2,000-3,000+	

While there were a few reported ways of consuming marijuana, generally the most common route of administration remains smoking. Participants estimated that out of 10 marijuana users, nine would smoke and one would orally consume the drug in baked goods. Participants often reasoned that baking marijuana to get high is a waste of time, *“When we can just smoke it and get high.”*

A profile for a typical marijuana user did not emerge from the data. Participants and community professionals described marijuana users as anybody. One participant commented, *“It’s the most widespread [drug].”* A treatment provider reflected, *“It’s everybody and every age group.”*

## Methamphetamine



Methamphetamine remains variable in availability throughout the region, with participants reporting higher availability in more rural areas of the region, specifically Defiance and Williams counties. Participants most often reported current availability in rural areas as ‘10,’ while participants in Toledo most often reported current availability in the city as ‘3’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common scores were similar, ‘1’ in Toledo and ‘10’ in Defiance and Williams counties. A participant from Defiance County com-

mented, *“You can get [methamphetamine] in a couple of hours.”* A Toledo participant commented, *“Every once in a while you might see [methamphetamine].”*

Community professionals most often reported the drug’s current availability also as ‘3’ in the City of Toledo and ‘10’ in Defiance and Williams counties; the previous most common score provided by rural providers was ‘10.’ A treatment provider in a more rural area commented, *“We got these meth labs [here].”* Law enforcement informed, *“The rural area is where you’ll find a lot of the labs ... [Toledo has] smaller operations.”*

Rural participants reported that methamphetamine is available in both powdered and crystal forms; however, they said the powdered form is most available in terms of widespread use. Participants most often reported the current availability of crystal methamphetamine as ‘5’ and one participant commented, *“It’s harder to get.”*

Participants most familiar with methamphetamine during the past six months commented about the production of powdered methamphetamine (aka “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. One participant shared her experience, *“You gotta keep shaking it ... You gotta keep opening the cap every so often to let the pressure out or it will explode.”* Other participants explained that these small methamphetamine labs are often discarded in ditches on the side of the road to avoid having them discovered in their garbage by law enforcement.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A Grover Hill (Sandusky County) resident was found guilty of manufacturing methamphetamine in a rural Putnam County barn ([www.otfca.net](http://www.otfca.net), Feb. 12, 2015). Law enforcement found multiple one-pot methamphetamine labs in an apartment building in Clyde (Sandusky County); neighbors reported relief that something was being done about the drug issue in that building ([www.13abc.com](http://www.13abc.com), March 11, 2015). Media also reported that the Multi Area Narcotics (MAN) task force seized 95 methamphetamine labs in 2014 ([www.nbc24.com](http://www.nbc24.com), April 25, 2015).

Participants and treatment providers reported that the availability of methamphetamine has increased during the past six months. One participant reported, *"All I see in the paper is meth labs [being busted]."* The BCI Bowling Green Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months; the lab reported processing crystal, brown powdered, off-white and white powdered methamphetamine.

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

Participants most often rated the current quality of crystal methamphetamine as '10' and of powdered methamphetamine as '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '10' for both forms of the drug. Participants reported that powdered methamphetamine is not as good as crystal methamphetamine. Several participants agreed with one who reported that when purchasing powdered methamphetamine, they had to, *"buy double the amount [because] shake-and-bake's not gonna last that long."* A self-proclaimed methamphetamine cook commented on increasing the quality of powdered methamphetamine by using an adulterate and shared, *"We went and bought horse tranquilizer ... mixed it in."* Overall, participants reported that the quality of both crystal and powdered methamphetamine has increased during the past six months.

Reports of current street prices for methamphetamine were consistent among participants with experience buying the drug; however, no participant was able to provide specific quantities for their purchase. Participants specified that powdered methamphetamine is approximately \$20 less expensive than crystal methamphetamine. One participant reported purchasing *"three decent lines"* of powdered methamphetamine for \$20. Another participant reported spending \$50, but was unsure of the quantity and commented, *"You just get a bag."* Other participants reported trading boxes of Sudafed® for an undefined amount of the drug.

While there were a few reported ways of consuming methamphetamine, generally the most common route of administration is intravenous injection (aka "shooting"). Participants estimated that out of 10 methamphetamine users, seven would shoot, two would smoke and one would snort the drug. One participant commented on snorting the drug and commented, *"It burns really bad!"*

Participants often described typical methamphetamine users as truck drivers or people in professions where they need to stay awake for longer or nighttime hours. One participant connected individuals with attention deficit disorder to methamphetamine use and commented, *"I noticed a lot of people placed on (prescribed) Adderall® ... when they do start trying bigger, harder drugs, I noticed a lot of them tend to go for the meth."* Both participants and community professionals described typical users of methamphetamine as living in rural areas, with treatment providers also noting typical users as being from lower socio-economic populations.

### Prescription Stimulants

Prescription stimulants are moderately to highly available in the region. Participants most often reported the current street availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '5.' A participant reported that these medications are *"everywhere."* Community professionals most often reported prescription stimulant current street availability as '5-8'; the previous most common score was '6.' A law enforcement officer reflected, *"I don't see a whole lot of people pushing Adderall® on the street."*

Participants reported that Adderall®, Concerta® and Ritalin® are available throughout the region, but identified Adderall® as the most popular prescription stimulant in terms of widespread illicit use. Community professionals agreed, as one treatment provider remarked, *"Adderall® is probably the biggest."* However, neither participants nor community professionals indicated these medications as a primary drug of choice in the drug using community.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A University of Toledo student was caught selling Adderall® to another student for about \$100 ([www.nbc24.com](http://www.nbc24.com), Feb. 18, 2015).

Both participants and treatment providers reported that the general 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 increased during the past six months while the number of Ritalin® cases 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 were provided by participants with experience using these medications during the past six months. One participant shared that she had spent \$5-7 on a 30 mg Adderall®. However, these medications are reportedly not often obtained from drug dealers, but rather from acquaintances, friends or family who have prescriptions. Most participants hadn't purchased a prescription stimulant and if used, got them from people they knew.

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. A treatment provider commented, "Concerta®, you can't crush. It's in that shell, so they probably don't abuse it as much ... Adderall® you can snort."

Participants described typical illicit prescription stimulant users as more often college students. One participant commented, "It's more around college campuses [because it] keeps you super focused." Another participant divulged, "I used it a lot when I was in school." Another participant described users as, "People that got a lot of work to do." Community professionals similarly described illicit prescription stimulant users as younger, often college students, 18 to 30s in age. Treatment providers commented: "Some people like it for the weight loss; Like that extra energy." Law enforcement added that users often have to stay awake, such as third-shift workers. One officer explained, "They're using it as a way to stimulate the brain."

## Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) is highly available in the region. Participants and community professionals most often reported both ecstasy (traditional tablets) and molly (powdered MDMA) 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 '4' and '8' respectively.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. OSHP troopers arrested a driver in Hancock County after a drug-sniffing canine alerted to a vehicle in which 41 ecstasy tablets were discovered ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), April 16, 2015).

Both participants and treatment providers reported that the availability of ecstasy and molly has remained the same during the past six months. The BCI Bowling Green Crime Lab reported that the number of ecstasy cases it processes has increased during the past six months.

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

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

Several participants indicated preference for molly over ecstasy tablets. One participant commented, "Molly is way better." Another participant reported, "Ecstasy is mostly fake." One participant suggested that ecstasy is adulterated with other substances and commented, "Mostly animal dewormer." One participant reported on quality of molly and said, "Molly's gotten way better."

Reports of current street prices for ecstasy and molly were provided by participants with experience buying the drugs. Participants reported that these drugs are less expensive if the user purchases in high quantity. Participants reported that ecstasy sells for \$10 per tablet, but could be purchased for only \$2 apiece if purchased in bulk. Reports of molly prices were variable among participants, who reported that this form of the drug is most often sold in capsules. A participant reported purchasing three capsules (traditionally 1/10 grams each) for \$40-50. Other participants reported that it is common to spend \$5-25 on molly, but could not specify for what quantity. One participant compared sales of molly to sales of crack cocaine in that the drug could be purchased in any amount and quantity.

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, eight would orally consume and two would snort the drugs. One participant reported, *"You can't snort ecstasy, it burns."* Another route of administration mentioned was anal insertion (aka "plugging"). A participant shared that there is an advantage to this last method and explained, *"You wouldn't have to use nearly as much."*

Participants described typical users of ecstasy or molly as partiers and younger individuals between 18 and 25 years of age. Community professionals described typical ecstasy and molly users as teens through 20s. A treatment provider added, *"It's a party drug."* Law enforcement pointed out that people will put this drug in alcoholic drinks for date rape and explained, *"It makes you loosen up all your inhibitions, sexually."*

## 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: synthetic marijuana, bath salts and over-the-counter (OTC) cold and cough medications.

Media outlets also reported seizures and arrests of other drugs in the region this reporting period. An 18-month long drug investigation led to the arrest of 27 people in Defiance County, plus four others facing charges in connection with the group; one individual faces a charge for

trafficking 25I-NBOMe ([www.wane.com](http://www.wane.com), Feb. 12, 2015). OSHP troopers arrested a man near Elmore (Ottawa County) when they stopped him on the Ohio Turnpike and discovered psilocybin mushrooms and hash oil ([www.otfca.net](http://www.otfca.net), June 25, 2015).

### Synthetic Marijuana



Synthetic marijuana (synthetic cannabinoids; aka "K2" and "spice") remains available in the region. Participants most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. Treatment providers most often reported current availability as '6'; the previous most common score was '4'.

Participants and treatment providers reported that the availability of synthetic marijuana has decreased during the past six months. Participants commented: *"Nobody messes with that crap; Nobody uses it."* A participant indicated strong potency of the drug and commented, *"This guy hit it once and he was on the ground."* The BCI Bowling Green Crime Lab reported that the number of synthetic marijuana cases it processes has decreased during the past six months.

Reportedly, despite legislation enacted in October 2011, synthetic marijuana continues to be available from certain corner stores and gas stations. One participant explained, *"They still sell it on the down low."* The only route of administration reported remains smoking. Participants described typical users of synthetic marijuana as anybody. Treatment providers described typical users of synthetic marijuana as younger, 18 to 24 years of age and those trying to pass drug tests.

### Bath Salts



Bath salts (synthetic compounds containing methy-lone, mephedrone, MDPV or other chemical analogues) remain rarely available in the region. Participants most often reported the drug's current availability as '2' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '1'. Participants did not have personal experience with the drug and responded: *"No, hell no; It makes you a zombie."* Treatment

providers most often reported current availability also as '2,' the previous most common score was '2' as well. One treatment provider commented, *"I've heard of people doing the bath salt thing, but I'm not familiar with it."* Law enforcement reported occasionally receiving alerts to 'be on the lookout' (aka "BOLO") for bath salts.

Participants and community professionals reported that the availability of bath salts has decreased during the past six months. A participant reported, *"It's around, but it's not that easy to get."* A treatment provider commented, *"They're not using that as much."* The BCI Bowling Green 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 consistent among participants with experience buying the drug. Reportedly, bath salts sell for \$10-20 per vial, but participants did not know the amount of the drug in the vials. Participants described the vials as plastic and similar to packaging for lip gloss.

Despite legislation enacted in October 2011, bath salts continue to be available from certain corner stores and tattoo shops. One participant reported, *"It turned illegal and they started taking it out of stores, but the store I would go to get it from, he would still sell it."* A treatment provider described a typical bath salts user as late teens to early 20s. Law enforcement also reported younger users such as high school students, experimenting with drug use.

## OTCs

A few participants reported illicit use of cough syrup in the region. Participants reported high availability of these syrups due to the legality of the drugs. One participant commented, *"You can get that at the corner store."* A few participants identified typical users as young people, ages 12-17 years, who drink cough syrup which they call "syrup" or "lean." The most common route of administration for OTCs remains oral consumption through drinking the liquid syrup, reportedly, most often combined with Sprite® or cream soda.

## Conclusion

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

While many types of heroin are currently available in the region, participants and treatment providers reported white powdered heroin (aka "china white") as most available in terms of widespread use. Participants most often reported the current overall quality of heroin as '10' (high quality) and indicated that the high quality of the drug is the reason for many overdoses in the region. Participants reported that heroin is often cut with other drugs, such as methamphetamine, prescription opioids and Xanax®. The BCI Bowling Green Crime Lab reported fentanyl as a heroin cut.

In addition, both participants and treatment providers reported powdered cocaine, which they reported increased in availability during the past six months, is used to cut poor quality heroin by dealers attempting to make their product more potent. Treatment providers reported some heroin users as testing positive for cocaine on drug screens when they've reported no cocaine use, thus some users were unaware of cocaine in their heroin. And while participants and community professionals described typical heroin users as being from "across the board" and "all over the charts," treatment providers mentioned an increase in the number of pregnant heroin users coming in for treatment during the past six months.

The Hancock County Adult Probation Department reported that 30.0 percent of the 574 positive drug tests it logged during the past six months were positive for buprenorphine (a main ingredient in Suboxone®). Both participants and treatment providers reported that the street availability of Suboxone® has increased during the past six months, attributing the increase to an increase in the number of users prescribed the drug. The BCI Bowling Green Crime Lab also reported that the number of Suboxone® and Subutex® cases it processes have increased during the past six months.

Participants and community professionals continued to describe typical illicit Suboxone® users as most often

heroin addicts and explained that they use this drug, prescribed or not, to avoid heroin withdrawals or to try to get sober. Some treatment providers also noted that they have seen an increase in pregnant women using Suboxone® and added that they never heard of these clients buying Subutex®, an even safer alternative for pregnant women.

Lastly, participants and community professionals reported high availability of methamphetamine in Defiance and Williams counties, while reporting low availability for the drug in the City of Toledo. Participants reported that methamphetamine is available in both powdered and crystal forms. However, they said the powdered form is most available in terms of widespread use, but the quality is not as good as crystal methamphetamine. Reportedly, the powdered form is often cut with other substances, such as horse tranquilizers, to increase its potency.

Respondents continued to report that methamphetamine is most often produced for personal consumption following the “one-pot” or “shake-and-bake” method of manufacture. Participants explained that these small methamphetamine labs are often discarded in ditches on the side of the road to avoid having them discovered in the cook’s garbage by law enforcement. Participants reported users trading boxes of Sudafed® (a precursor ingredient for methamphetamine production) for the finished drug. Both participants and community professionals described typical users of methamphetamine as living in rural areas, with treatment providers also noting typical users as being from lower socio-economic populations.





## Drug Abuse Trends in the Youngstown Region

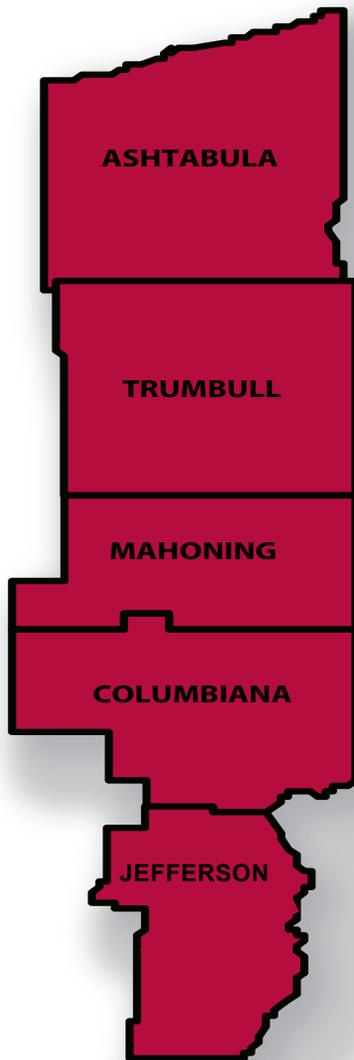
**Regional Epidemiologist:**

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**Data Sources for the Youngstown Region**

This regional report was based upon qualitative data collected via focus group interviews. Participants were active and recovering drug users recruited from alcohol and other drug treatment programs in Ashtabula, Columbiana, 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 the 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 July through December 2014. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for January through June 2015.

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

## Regional Profile

Indicator <sup>1</sup>	Ohio	Youngstown Region	OSAM Drug Consumers
Total Population, 2010	11,536,504	728,182	48
Gender (female), 2010	51.2%	51.1%	27.1%
Whites, 2010	81.1%	86.3%	85.4% <sup>2</sup>
African Americans, 2010	12.0%	8.7%	6.3%
Hispanic or Latino Origin, 2010	3.1%	2.7%	2.1% <sup>3</sup>
High School Graduation Rate, 2010	84.3%	86.8%	98.6%
Median Household Income, 2013	\$45,873	\$40,388	\$19,000 to \$21,999 <sup>4</sup>
Persons Below Poverty Level, 2013	16.2%	17.9%	48.9% <sup>5</sup>

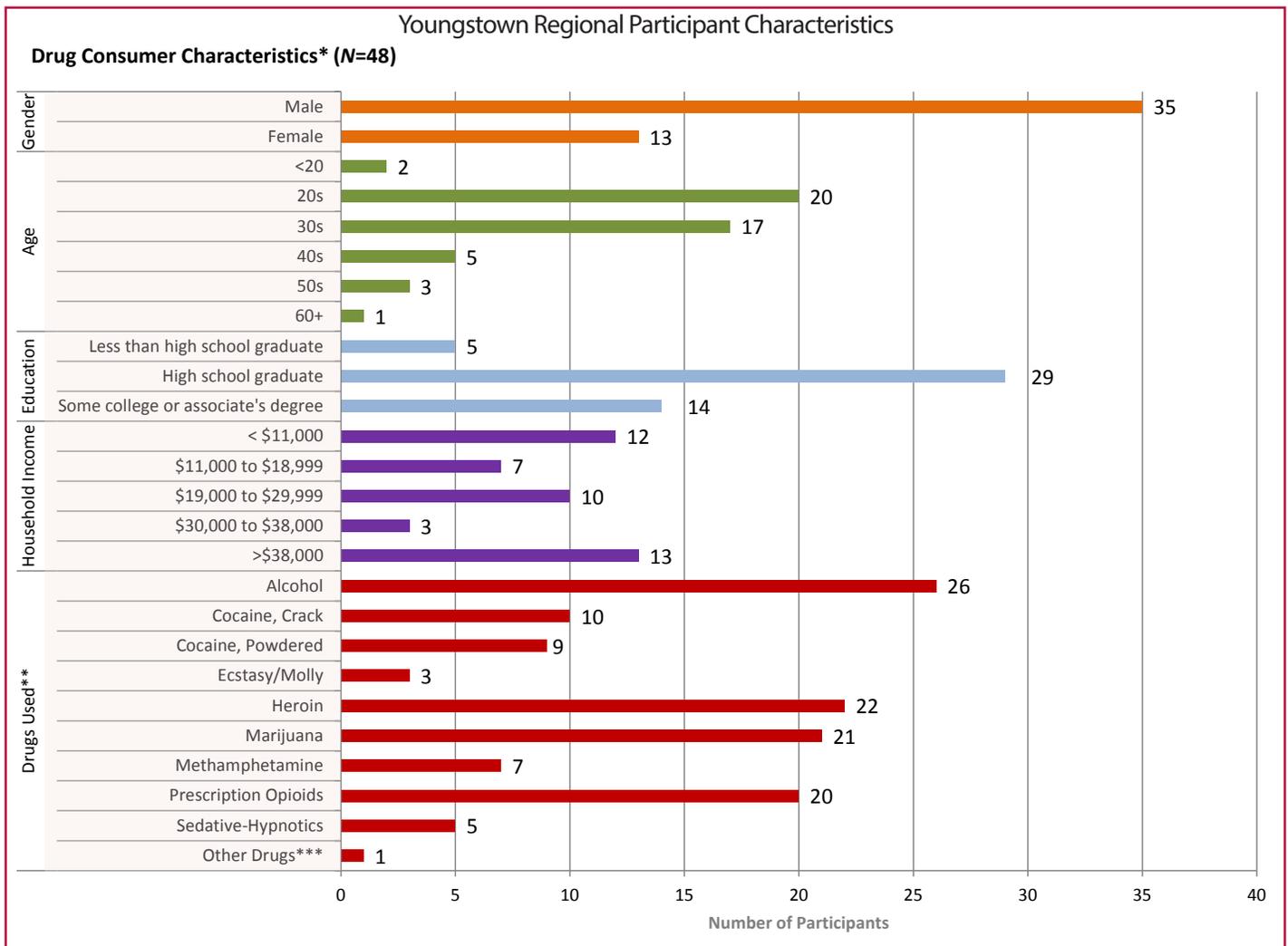
<sup>1</sup>Ohio and Youngstown region statistics are derived from the most recent US Census; OSAM drug consumers were participants for this reporting period: January - June 2015.

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

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

<sup>4</sup>Participants reported income by selecting a category that best represented their household's approximate income for the previous year. Income status was unable to be determined for 3 participants due to missing and/or invalid data.

<sup>5</sup>Poverty status was unable to be determined for 4 participants due to missing and/or invalid data.



\*Not all participants filled out forms completely; therefore, numbers may not equal 48.

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

\*\*\*Other drugs included: hallucinogens, Suboxone® and Subutex®.

## Historical Summary

In the previous reporting period (July 2014 – January 2015), crack cocaine, heroin, marijuana, prescription opioids, prescription stimulants, sedative-hypnotics and Suboxone® were highly available in the Youngstown region. An increase in availability existed for Suboxone®. Data also indicated possible increased availability for heroin, methamphetamine and sedative-hypnotics.

Treatment providers identified heroin as the number one drug of abuse in the region. Participants and law enforcement reported brown powdered heroin as the most available heroin type in the region. Corroborating data also indicated heroin availability. 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 reporting period. The BCI Richfield Crime Lab reported processing primarily brown, gray, off-white and white powdered heroin, with no black tar heroin cases noted.

Participants reported that heroin was cut with cocaine, fentanyl and Xanax® to make the drug more potent. Participants purported that white powdered heroin was most often adulterated with fentanyl. The most common route of administration for heroin remained intravenous injection. Many participants reported increased difficulty in obtaining new needles from stores and noted an increase in signs at pharmacies which stated that a prescription was required to purchase needles.

Participants and community professionals found it difficult to state specific demographics of typical heroin users. Community professionals described heroin users as prescription opioid users, all ages from late teens through adults, males and females, across races, pregnant or not pregnant. Several community professionals continued to discuss the progression of drug abuse from prescription opioids to heroin.

Participants and community professionals reported high street availability for Suboxone® and explained that the drug goes hand-in-hand with heroin and other opiate use. Law enforcement reported Suboxone® filmstrip as the most available form of the drug in the region. Respondents attributed the increase in Suboxone® street availability to an increase in opiate use. Participants explained that users would take Suboxone® to avoid opiate withdrawal symptoms.

The BCI Richfield Crime Lab reported an increase in the number of Suboxone® and Subutex® cases it processed during the reporting period. Participants and community professionals indicated that illicit Suboxone® users were typically opiate addicts.

Finally, community professionals reported increased availability of methamphetamine. Law enforcement reported a slight increase in the number of methamphetamine labs found in the region during the reporting period. The BCI Richfield Crime Lab reported an increase in the number of methamphetamine cases it processed; the lab reported processing off-white powder and crystal methamphetamine. Respondents described typical methamphetamine users as male, white and someone who likes to stay awake and be focused. Treatment providers suggested that heroin users would often also use methamphetamine.

## Current Trends

### Powdered Cocaine

Powdered cocaine is highly available in the region. Participants most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '5'. A participant explained that availability of powdered cocaine is often dependent upon people users know and commented, "*I can call eight to nine people right now that got it, but ... [someone else] might know two or three.*" Treatment Providers most often reported the drug's current availability as '5', while law enforcement most often reported '7-8'; the previous most common scores were '3' for treatment providers and '9' for law enforcement. Treatment providers commented: "*I'm sure it's available, we just don't hear about it. Not many of our clients do it; I have two clients that have cocaine problems.*"

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 30 percent of the 29 drug-related deaths it processed during the past six months. Note: the coroner's office does not differentiate between powdered and crack cocaine.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A man

was sentenced after Struthers (Mahoning County) Police caught him with 6.6 pounds of unadulterated cocaine and 3.3 pounds of pure heroin inside his car ([www.otfca.net](http://www.otfca.net), Feb. 3, 2015). Authorities raided a Columbiana County residence in which police discovered 200 grams of cocaine, 137 grams of marijuana, more than two grams of heroin and an additional 52 individual doses of heroin ([www.wkbn.com](http://www.wkbn.com), Feb. 20, 2015). Another residential raid in Columbiana County (Liverpool Township) resulted in seizure of four grams of cocaine and five grams of heroin ([www.otfca.net](http://www.otfca.net), March 21, 2015).

Participants and community professionals reported that the availability of powdered cocaine has remained the same during the past six months. A participant responded, "I don't think it's ever going to change." A law enforcement officer shared, "Yeah ... it hasn't changed and we aren't purchasing any significant amounts of it [in undercover operations], so it's stable." The BCI Richfield Crime Lab reported that the number of powdered cocaine cases it processes has decreased during the past six months.

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

Participants most often rated the current overall quality of powdered cocaine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '3.' One participant remarked, "I think the majority of it is garbage." Reportedly, powdered cocaine in the region is "cut" (adulterated) with baby laxative, baking soda, ether and vitamin B. A participant explained, "It's probably like ... 30 percent real [cocaine] and 70 percent baking soda." The majority of participants were unsure what powdered cocaine is cut with and one participant explained, "Sometimes you don't know what's in it, you know? So that's why you gotta cook it [to remove impurities]." Overall, participants reported that the quality of powdered cocaine has remained the same during the past six months.

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

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

drug. A participant shared, "It's not cheap." Participants also reported that the price depends on quality. Participants agreed with one individual who reported that powdered cocaine is usually sold in grams. Some participants felt that the price of powdered cocaine has increased during the past six months and one reasoned, "Supply and demand. I think more people are becoming addicts." Another participant added, "This is all [dealers] worry about ... the color green (money)."

Powdered Cocaine	Current Street Prices for Powdered Cocaine	
	a gram	\$100
	1/8 ounce (aka "eight ball")	\$200-250

Participants reported that the most common route of administration for powdered cocaine is snorting. Participants estimated that out of 10 powdered cocaine users, seven would snort and three would intravenously inject (aka "shoot") the drug. A participant shared, "I've seen high school kids snorting it." An additional method noted is smoking, and participants reported that five of the 10 users mentioned above would smoke the drug as well as snort or shoot it.

The majority of participants described typical users of powdered cocaine as having money, employed, older and partiers. A participant stated, "Partiers. Like people who like to go to the bar. Drinkers. It's like a party drug." Another participant reported, "Most of the folks who got money are the ones that do coke." Still another reported, "Somebody out working. It's a working man's drug." Other participants reflected: "It's more of like an old person's drug. Like our parents; I don't know, I just know that all my parents and all my uncles and aunts did that shit." A couple participants suggested that the younger users are not into powdered cocaine and reasoned: "Because 'meth' (methamphetamine) became more available and it's way better; And ... then some of them turned [powdered cocaine] into crack (cocaine)."

Treatment providers similarly described typical powdered

cocaine users as someone with money, a job and who is older (30 years and older); law enforcement added that users are often suburban. A treatment provider commented, *"Someone who's got a job, probably, or income."* A few treatment providers indicated that powdered cocaine users are more often males and one clinician clarified, *"I've had the male [cocaine users], younger ones."* Another treatment provider added, *"My experience is that it's been mostly African American, at least my experience here, but I mean that's not a high percent."*

### Crack Cocaine

Crack cocaine remains highly available in the region. Participants most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. Participants reported that crack cocaine comes in a variety of colors including white, yellow, gray, brown and seasonal colors (e.g., red and green for Christmas). Reportedly white and yellow crack cocaine are most common throughout the region.

Community professionals varied in their perceptions of availability. Treatment providers most often reported the drug's current availability as bimodal '4-5' and '10', while law enforcement most often reported '8'; the previous most common score was '8' for both groups. A treatment provider shared, *"I'm only seeing a couple of cocaine [users] and they were crack."* Law enforcement stated, *"Definitely have your steady crack users that aren't switching to anything else."*

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Search warrants of two Youngstown homes turned up four bags of crack cocaine, 10 unidentified pressed pills, four bags of heroin and a bag of marijuana ([www.vindy.com](http://www.vindy.com), March 28, 2015). A Youngstown man was sentenced after Mahoning County law enforcement found him with more than 28 grams of crack cocaine ([www.otfca.net](http://www.otfca.net), Feb. 23, 2015). Two individuals were arrested after authorities raided a Liverpool (Columbiana County) home and found 10 grams of crack cocaine, 18 grams of cocaine, 12 grams of heroin and 15 grams of marijuana ([www.otfca.net](http://www.otfca.net), March 16, 2015).

Participants reported that the availability of crack cocaine has remained the same during the past six months. A participant added, *"Some of the [crack cocaine] dealers switched to selling heroin from selling just crack."* Community professionals also reported that availability of crack cocaine has

remained the same. The BCI Richfield Crime Lab reported that the number of crack cocaine cases it processes has increased during the past six months.

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

Participants most often rated the current overall quality of crack cocaine as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '3-4'. Participants reported that crack cocaine in the region is "cut" (adulterated) with baby laxative and baking soda. As far as the seasonal Christmas crack cocaine, a participant thought, *"I don't know, I think they put food coloring in it."* Overall, participants reported that the quality of crack cocaine has remained the same during the past six weeks.

Crack Cocaine	Cutting Agents Reported by Crime Lab	
	<ul style="list-style-type: none"> <li><span style="color: red;">●</span> levamisole (livestock dewormer)</li> <li><span style="color: red;">●</span> procaine (local anesthetic)</li> </ul>	

Reports of current street prices for crack cocaine were variable among participants with experience buying the drug. Participants reported that crack cocaine is often purchased in smaller amounts and explained: *"A lot of people buy 10s (\$10 amounts), like a little 10 pack; It's just like a \$10 amount, you just get a little bit in a pack; I always bought 20s (\$20 worth)."* Participants explained that \$10 amounts are typically one hit, whereas \$20 amounts can range from three to six hits depending on what size "rock" (piece of crack cocaine) the dealer gives the user and how potent it is.

Crack Cocaine	Current Street Prices for Crack Cocaine	
	a gram	\$100
	1/8 ounce (aka "eight ball")	\$150-250

Participants reported that the most common route of administration for crack cocaine is smoking. Participants estimated that out of 10 crack cocaine users, nine would smoke and one would intravenously inject the drug. Participants described typical crack cocaine users as hustlers and con-artists and African Americans. However, a participant stated, "A lot of younger people are [using crack cocaine] now." Community professionals described typical users as more urban, African American and younger (20s-30s). A law enforcement officer commented, "Obviously, the people that use it are more city folks than anything else."

## Heroin

Heroin remains highly available in the region. Participants most often reported the 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'. Participants commented: "All day every day [heroin is available]; Heroin and 'meth' (methamphetamine) is very, very popular." One participant shared, "Yeah, went to the gas station and got it or called my dealer and he'd come right to my house." Another participant recalled, "First thing in the morning, a lot of people [do this], my dealer, he was up at 7 am. I'd get my, you know, [heroin] by 7:30 [or] 8 o'clock ... Usually the latest 8:30."

Community professionals most often reported the drug's current availability as '10'; the previous most common score was also '10'. Treatment providers stated: "It's prevalent; No doubt about it ... Because there's a market; Extremely problematic. That's the main thing that I deal with; Definitely an epidemic." One clinician reported, "I see heroin more often than I see people on opiate pain killers like Percocet® or Vicodin®. It's because it's more common to find heroin than it is to find a pain pill." A law enforcement officer elaborated on heroin availability in general: "You could walk outside and probably find some." Another officer stated, "I'm really focused on heroin right now ... because it's such a problem ... people are dying from the heroin."

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 37.9 percent of the 29 drug-related deaths it processed during the past six months.

While many types of heroin are currently available in the region, participants continued to report brown powdered heroin as the most available type of heroin in terms of

widespread use and added that gray and white-colored heroin are also readily available. A participant explained, "It's more or less tan, or brown." However, other colors are available; participants also mentioned blue, green and pink heroin. One participant reported, "[The green heroin] killed my 'bro' (brother). He died in the back seat of my car. I had to bring him back to life."

Participants reported that they have not encountered true black tar heroin during the past six months, explaining that black tar heroin in the region is cut with white powdered heroin to make gray-colored heroin. A participant explained, "The gray 'dope' (heroin) is the black tar, it's just 'cut up' (adulterated). They cut it up and take a white cut with it. The black stuff turns gray."

It is rare for treatment providers to hear about specific types of heroin. A treatment provider commented, "We're not hearing that it's all black tar, china white or anything like that." However, law enforcement reported brown powdered heroin as most available in the region. A law enforcement officer replied, "Brown, 98 percent brown." Law enforcement reported very little black tar heroin in the region. One officer shared, "One or two [undercover] buys we made were black tar."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Police located three bags of heroin and a bag of marijuana in a vehicle that was pulled over in Campbell (Mahoning County) ([www.wkbn.com](http://www.wkbn.com), Feb. 1, 2015). Police raided a residence in Warren (Trumbull County) and seized 1,800 grams of heroin ([www.vindy.com](http://www.vindy.com), Feb. 28, 2015). Six people were charged in connection to a violent heroin drug ring in Youngstown ([www.wkbn.com](http://www.wkbn.com), May 22, 2015).

Media also reported on community efforts surrounding this epidemic. The Ohio State Highway Patrol (OSHP) re-reported seizure of 36 grams of heroin in Mahoning County and 17 grams of heroin in Trumbull County during 2014 ([www.wkbn.com](http://www.wkbn.com), Feb. 18, 2015). Goshen Township (Mahoning County) Police Chief scheduled proper training of his staff for use of Narcan® (naloxone), the opiate overdose reversal drug; he believed this is important as officers are typically the first responders to overdose scenes ([www.wkbn.com](http://www.wkbn.com), Feb. 18, 2015). Trumbull County treatment providers stepped up and created First Step Recovery in Warren, the first detox facility in the county to help combat the heroin epidemic in the area ([www.vindy.com](http://www.vindy.com), Feb. 23, 2015). Trumbull County reported 30 overdoses in one

week, eight of which were fatal; first responders emphasized the need for naloxone kits to save people from overdose death ([www.wkbn.com](http://www.wkbn.com), April 9, 2015).

Participants reported that the general availability of heroin has remained the same during the past six months. One participant reflected, *"It's been that way for a while ... there's just a lot of heroin out there."* Despite reporting no change in availability, participants noted an increase in overdoses during the past six months. A participant stated, *"Yeah, there has been a lot of overdoses ... especially in the last few months."*

Treatment providers reported that the general availability of heroin has increased during the past six months, while law enforcement reported that availability of the drug has remained the same. Treatment providers commented: *"If anything, it's gotten worse ... because it's so lucrative. It's an easy money-maker; Increasingly so in the past few months."* Treatment providers also pointed out that overdoses on the drug have increased, as one reflected, *"Yeah, there has been a lot of overdoses ... especially in the last few months."* A law enforcement officer commented, *"I can't say it's increased, but heroin has been our biggest problem."* 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, beige, white and tan powdered heroin with no black tar heroin cases noted.

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

Participants most often reported the current overall quality of heroin as '7-8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '7'. Generally, participants reported difficulty rating the quality of heroin and explained: *"It's hard to rate; I don't know, it's good and bad. It's just all different; Like one time you can get it and it's junk and the next [time] you can overdose easy because it's so potent; Yeah, you'll think it's the same stuff you got yesterday and it will be so much stronger."* Overall, most participants reported that the general

quality of heroin has remained the same during the past six months, although several participants claimed that the brown powdered heroin has increased in quality. These participants explained: *"Getting better; Less cut; Availability is making it cheaper, so they aren't cutting it as much."* Participants noted higher quality for heroin obtained outside the region.

Reportedly, quality depends on what heroin is adulterated (aka "cut") with and from where it originated. Participants explained, *"It just matters how someone cuts it, or what they cut it with."* Treatment providers also discussed the high quality of the drug. One treatment provider remarked, *"It's more lethal now."* Others commented: *"Word on the street is 'the fire is here,' that's an extremely potent heroin. There's been a lot of overdoses regarding it; They call it 'fire' because you can actually feel it burning in your vein."*

Participants reported that heroin is cut with baby laxative, isotol (dietary supplement), prescription opioids (fentanyl, naproxen), sleep aids, soap and vitamin B-12. Participants speculated that the more colorful heroin (blue, green and yellow) is cut with a chemical or soap. When asked if the heroin is just dyed, participants explained: *"No; I believe it's cut; I believe the base of it is a chemical, so it turns it blue."*

Heroin	Cutting Agents Reported by Crime Lab
	<ul style="list-style-type: none"> <li> diphenhydramine (antihistamine)</li> <li> quinine (antimalarial)</li> </ul>

Participants reported that brown, pink and white heroin could all be cut with fentanyl. A participant shared: *"You can't tell that the fentanyl's in it. You can't. When you put your finger in it and taste it, it tastes just like dope."* A participant confessed, *"I've been sold straight fentanyl before that I was told was heroin."* Another participant shared, *"I 'died' (overdosed) on a 20 (\$20 amount of pink heroin) ... I had them do the toxicology when they had me at the hospital and it was fentanyl and ... I didn't do fentanyl at that time, so it was in the dope."* Participants explained that cutting the drug with fentanyl makes the heroin more potent and is cost effective. Several participants commented: *"Fentanyl ... They just mix it in with the dope. That makes it a lot stronger ... That's what people are 'OD-ing' (overdosing) on."* Participants estimated that out of 10 white powdered heroin purchases, five would be cut with fentanyl.

A treatment provider also shared, *"We are hearing ... that (heroin) it's being cut with fentanyl."* Law enforcement commented: *"Yeah we are seeing it, our heroin lab results are coming back with fentanyl; We've actually had people sell us heroin and it's all fentanyl; People are dying on that."*

Reports of current street prices for heroin were provided by participants with experience purchasing the drug during the past six months. Most participants reported purchasing heroin packaged in small amounts, called "stamps," which are folded pieces of paper or lottery tickets with approximately 1/10 gram heroin enclosed. However, many participants reported a gram as a common amount purchased. Several participants agreed when an individual clarified, *"Usually ... the more you buy, the cheaper it is."* Participants indicated that price depends on quality and the dealer. Several participants commented: *"Varies with the dealer; And the quality of the stuff; Yeah ... it really does depend on who you know; It depends on who you get it from."* A treatment provider commented, *"It's my understanding that they've, in the past several months, dropped the price of heroin."*

Heroin	Current Street Prices for Heroin	
	Powdered heroin:	
	1/10 gram (aka "point" or "stamp")	\$20
	1/4 gram	\$40
	three stamps	\$50
	1/2 gram	\$60-80
	a gram	\$100-200
	ten stamps (aka "bundle" or "bun")	\$120
	five buns (aka "brick")	\$400-450

While there were a few reported ways of using heroin, generally the most common route of administration is intravenous injection (aka "shooting"). Participants estimated that out of 10 heroin users, seven would shoot, three would snort and one would smoke the drug. However, participants noted that users typically begin heroin use by snorting or smoking, but would eventually

shoot the drug: *"Yeah it's eventually 10 [that shoot]; I started snorting it, but two months later I just shot it; The only reason I wouldn't shoot it is if I don't have a needle. Once you have that needle in your arm, it's never the same; Once you do the needle, you tend to stay with the needle."* Other participants pointed out that the type of heroin determines route of administration.

Participants discussed syringe use in detail and reported obtaining new needles from dealers, other addicts, pharmacies and diabetic family and friends with prescriptions for needles. Participants readily shared: *"I buy mine from the drug dealer; I would get a box of 500 of them if I used my mom's prescription."* Participants estimated that two of 10 heroin dealers would sell needles. Participants reported purchasing needles on the street for \$3-5 from dealers, other users or diabetics. A few participants admitted: *"Yeah, I made a lot of money off [selling needles]; I normally buy a box to make money off it."* Other participants noted difficulty in obtaining needles from pharmacies and commented: *"Yeah, 'cause I can't go to a pharmacy and buy them anymore [because they need a diabetic card]; I think you can go out of county or to a different state."*

Participants estimated that out of 10 users, five to eight would share needles. Participants admitted: *"I've shared; I don't know, I've shared a couple times; Me, too."* One participant reported, *"I had a family member that got needles, you know, she'd get a box of needles every month ... I'd give her a shot [and] because I'd only use them once on her, then I'd sell the one-time-used needle, you know, to addicts ... Yeah, I'd tell them [they were used once], you know, you gotta clean it out. It had insulin in it."* Furthermore, out of 10 users, participants estimated that all would reuse needles and explained: *"I use mine until it broke; You can clean them; [Everyone reuses needles] at least once or twice."*

Participants reported that users dispose of needles in the trash, out the window, in a dumpster or by burning them. One participant commented, *"Throw it away, use a needle disposing container and put into dumpster."* Although most participants reported that they would break off the tip prior to disposing the needle, participants confessed: *"Sometimes I break off the needle and other times not then ... out the window; I would throw it out the window, too, but I would always try to break the tip off."* Other participants discussed the spread of hepatitis and often suggested a needle exchange for the region.

A profile for a typical heroin user did not emerge from the data. Participants found it difficult to describe typical heroin users and reported everyone, but noted many heroin users are younger, 20-30 years of age. A participant commented, *"Past few years it's been a lot more younger people ... 15-16 [years of age]."* A participant suggested that the reason younger folks are using heroin is because the drug is, *"More common so more people want to try it."*

Community professionals described typical users of heroin as anyone 18-years old and older. A treatment provider commented, *"I think it's across the board, whether they're wealthy or not ...."* Another clinician shared, *"I see it all across the spectrum ... men, women, old, young."* Still another treatment provider reported, *"We're seeing mostly younger white people, men and women, who are addicted to heroin and may be using something else."* Treatment providers and law enforcement also mentioned that prescription opioid users will often transition to heroin. A treatment provider shared, *"A lot of our clients we've been getting, they started off with opiates, the pain pills. Their doctor cut them off [and] someone said, 'Here, try this.' And therefore, they go to heroin."*

## Prescription Opioids

Prescription opioids remain highly available in the region. Participants most often reported current street availability of these drugs as '7' and '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10.'

Community professionals most often reported current street availability as '10'; the previous most common score was '8.' Treatment providers stated, *"It's really available; They get the pills, whether it be Opana® or whatever they want; Opiates have been a big thing."* However, some treatment providers believed that heroin is more of a problem than prescription opioids, as one clinician remarked, *"They've moved on to heroin. They started on Ultram® and moved on."*

Participants identified Percocet® as the most popular prescription opioid in terms of widespread illicit use; community professionals identified Percocet® and Roxicodone® as most widely used. However, treatment providers noted a variety of other prescription opioids that are available: *"Normally, I hear a lot of clients say that they started out with Opana®; I would say [OxyContin® is] most desired; Ultram®. Everybody's taking Ultram®; I didn't use to hear of [Roxicet®] as much as I do now; Norco® ... a lot of Norco®. They get [Norco®] a lot when they go to emergency rooms."*

Law enforcement also mentioned higher availability for fentanyl due to the substance being an adulterate for heroin; one officer stated, *"We've actually made [undercover] purchases of what was told to us to be heroin and the lab results came back to be fentanyl!"*

Corroborating data also indicated high prescription opioid availability in the region. The Mahoning County Coroner's Office reported one or more prescription opioids present at time of death in 55.2 percent of the 29 drug-related deaths it processed during the past six months; the coroner's office also noted three cases with fentanyl present. In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. Police found 75 Vicodin® pills in a vehicle they stopped in Warren (Trumbull County); afterwards, they found out that a woman sold the pills to the man because he said he didn't have insurance and could not get them for himself ([www.vindy.com](http://www.vindy.com), March 5, 2015).

Participants reported that the general availability of prescription opioids has decreased during the past six months. Participants commented: *"It's hard now, to get them; I don't think [doctors are] giving them out like they did."* Specifically, participants indicated decreased availability for Dilaudid® and OxyContin®. Participants who had used OxyContin® complained: *"[OxyContin®] really changed, they're not powerful like they used to be; Yeah, you have to go through this process of putting them in the fridge and everything else [in order to inject them]."*

Although the majority of community professionals reported that availability of prescription opioids has remained the same during the past six months, several treatment providers indicated decreased availability for Percocet® and OxyContin®, as well as increased availability for Roxicet® and methadone. Treatment providers commented: *"A few still dabble with, like, Percocet® and that, but it's all about the heroin; I would say it continues to go down; [Decreased due to] stricter regulations; Heroin's becoming cheaper and more available; You don't hear so much of OxyContin® anymore since they've changed [the formula]."* One treatment provider said, *"What I've heard more of, maybe say in the last year than ever ... is the Roxicet®."* Other providers stated: *"We're seeing [methadone] everywhere; Increase 150 percent; As the heroin addiction increases, the methadone addiction also increased."* Law enforcement stated, *"It's the same [availability]. Our doctors and physicians are way over-prescribing opiates and that's specifically in Trumbull [County]."*

The BCI Richfield Crime Lab reported that the number of fentanyl, Kadian®, methadone, morphine, Percocet® and Vicodin® cases it processes has increased during the past six months, while the number of other prescription opioid cases it processes has either remained the same or has decreased.

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

Reportedly, many different types of prescription opioids (aka “beans,” “downers,” “hoppers” and “skittles”) are currently sold on the region’s streets. Current street prices for prescription opioids were consistent among participants with experience buying these drugs.

Prescription Opioids	Current Street Prices for Prescription Opioids	
	Dilaudid®	\$20 for 8 mg
	fentanyl	\$100 for 100 mcg
	methadone	\$7 for 10 mg
	Norco®	\$3-5 for 10 mg
	Opana® (oxymorphone)	\$40 for 40 mg
	Percocet®	\$5 for 5 mg \$7.50 for 7.5 mg \$10 for 10 mg
	Roxicodone®	\$15 for 15 mg \$30 for 30 mg
	Tylenol® 3 or 4	\$0.50 apiece
	Ultram®/tramadol	\$1 for 50 mg

Participants reported obtaining prescription opioids for illicit use from pain clinics, people with prescriptions (including friends and family) and by personal prescription from doctors. Participants divulged: “It can be anybody; It can be a dealer ... your grandmother.” Several participants discussed how people with prescriptions will sell their medication. A couple participants commented; “People

*just sell their whole prescription to somebody; Yeah, I mean people get it for pain and then they see they can make so much money ... and start selling it. They can make a great living off it.”* Another participant added: “Usually somebody that you know has cancer and doesn’t have enough money for their groceries, so they have to sell their medicine. They’ll keep like 10 and sell 90 of a script of 100.”

Participants admitted to illicit use of their medications. One participant explained, “Well yeah, of course [I abused them]. I did like one and go, ‘Well that feels pretty good’ and thought that maybe if I do another one, I’d feel even better and then it got to the point where I was doing like five or six of them.” Another participant remarked: “That’s what makes you turn to heroin. You need more and more.”

Participants reported that doctors often tell patients up front that they will not prescribe narcotics. Several participants discussed the difficulty in getting into a doctor for pain: “When you go in for your initial appointment, if [the doctor] thinks you need some kind of narcotic, they will refer you to a pain management center ... they’ll write up a referral and send it in and then that doctor will call you. So, it’s a lot harder to get into them; You gotta go to like pain management centers now, which are very hard to get into; Yeah, you need a referral.”

Community professionals were also aware of how users would obtain prescription opioids for illicit use. A treatment provider stated, “Well, they go to the doctor and get a prescription and they get it off the street.” Another treatment provider explained, “I would say off of the streets ... because they don’t have insurance. That’s what they say ... so they have to buy it on the streets.”

While there were a few reported ways of consuming prescription opioids, and variations in methods of use were noted among types of prescription opioids, generally the most common route of administration for illicit use is oral consumption. A participant commented, “I think a majority of them would just eat them.” Participants estimated that out of 10 users, all would orally consume the drug, but added that most would use it another way also. Other methods of administration mentioned included snorting, intravenous injection (aka “shooting”) and smoking. Participants indicated that the variety of methods pertain to individual differences between the drugs and explained: “Depends on what it is; I think it depends on the opiate because, like for instance, methadone, it burns when you snort it.” A participant discussed illicit use of fentanyl and shared,

*"I had a patch, like 100 mcg patch, like five months ago and just cut a little piece off and chewed it ..."*

Participants found it difficult to describe a typical illicit prescription opioid user. One participant commented, *"I would say a typical user is probably like people around the age of 18-27 [years]."* Another participant explained, *"Kids are starting in high school on Ultram®."* Treatment providers described typical users of prescription opioids as white, older and someone with chronic pain. A clinician said, *"I think that one of those factors that crosses all lines is the pain factor. You know, if they had an injury or something to start, that's how they get hooked."*

### Suboxone®

Suboxone® is highly available in the region. Participants most often reported the current street availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. Treatment providers most often reported current street availability as '8-10', while law enforcement most often reported current street availability as '4'; the previous most common score was '7' for both groups. Treatment providers commented: *"That's the biggie; We have heard ... people are buying it illegally off the streets; People trying to wean themselves off [opiates] and they try and do it on their own with Suboxone® ... illegally."* Law enforcement reported: *"We know definitely those being sold on the street; Yes, but very little."*

Participants reported that all forms of Suboxone® (sublingual filmstrips, aka "strips," and tablets), as well as Subutex® are readily available throughout the region. A couple participants commented: *"I think you see the strips now a little more; I haven't seen the pill in a while, it's the strip."* Another participant noted, *"There's one doctor in this area that will give you pills if you rather have the pills."* Likewise, treatment providers reported: *"Subutex®, Suboxone® ... we see both; I think Suboxone® is probably easier to get on the street; Yeah, but Subutex® they like if they abuse it because you can chop it up and snort it and get high off of it."*

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. An OSHP trooper noted a Suboxone® filmstrip that was thrown back into a vehicle with a cell phone when the driver stepped out to meet with him, which led to authorities finding 20 used needles in the car which the man admitted were for heroin

use ([www.vindy.com](http://www.vindy.com), Feb. 19, 2015). Youngstown police arrested a man who had just injected heroin; upon a search of the vehicle, police found two boxes of Suboxone® filmstrips ([www.vindy.com](http://www.vindy.com), Feb. 28, 2015).

Participants reported that the availability of Suboxone® has remained the same during the past six months. Treatment providers reported that availability of Suboxone® has increased during the past six months, while law enforcement reported that availability has remained the same. Treatment providers believed: *"I think maybe because more people are being prescribed it by a legitimate physician and then selling it; I just think that more facilities are starting to dispense it; There are a lot more doctors to write scripts for it."* A clinician further explained, *"With some of the clinics, and the opening of a lot of new clinics, I'd say that the illegal black market for Suboxone® has increased. What we hear from clients who have been to these clinics and have come back is that they're prescribing two to three strips (per dose) ... They don't need two or three strips, so they [take] one, and they sell the rest."* The BCI Richfield Crime Lab reported that the number of Suboxone® cases it processes has decreased during the past six months while the number of Subutex® cases has increased.

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

Reports of current street prices for Suboxone® were consistent among participants with experience buying the drug. Participants seemed to agree with an individual who reported, *"You usually buy the 8 mg. I've seen them in 2 mg, but you usually get the 8 mg strip."*

Suboxone®		Current Street Prices for Suboxone®	
	filmstrip	\$10-20 for 8 mg	
	tablet	\$20-25 for 12 mg	

In addition to obtaining Suboxone® on the street from dealers, participants also reported getting it from people who have prescriptions, friends and acquaintances and through personal prescriptions from physicians. A participant shared, "Usually you just call somebody that you know who has it." Several treatment providers noted: "We have dealers buying the Suboxone® off of the people trading for the heroin; I have clients who are buying it [off the street] and the dealers are selling it with instructions on how to detox; Our clients find it easier to detox on the streets than to go to clinics." Law enforcement seemed to think that Suboxone® is not being sold by the majority of heroin dealers or traded by the majority of users to obtain heroin.

While there were a few reported ways of consuming Suboxone®, generally the most common routes of administration for illicit use are oral consumption, intravenous injection (aka "shooting") and snorting. Participants commented: "Most people eat it. I've only seen a couple people shoot it; I've shot it a few times, but most times I just put it under my tongue; Just let it dissolve on your tongue." Another person added that the manner in which Suboxone® is most illicitly used is, "By taking more than you're supposed to."

Participants described typical illicit users of Suboxone® as opiate addicts. A participant explained, "Yeah, [heroin users] trying to hold off until their next fix or trying to get off of the opiates themselves ... self-medicating." Treatment providers described typical illicit users as opiate addicts and mostly 18 to 35 years of age. Treatment providers gave all sorts of reasons users would take Suboxone®. One provider stated, "They're just using it to detox on their own. I hear they use it when they can't get [their drug of choice] when they want." Another clinician commented, "They get it because they know they can sell them."

### Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain highly available in the region. Participants most often reported current street availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10.' Treatment providers most often reported current street availability as '8,' while law enforcement most often reported current street availability '6-7;' the previous most common score was '7' for both groups. A treatment provider commented, "Benzos' (benzodiazepines) can be problematic, and it seems like a lot of

our clients when they come in with heroin ... they have benzos in their system."

Participants identified Xanax® as the most popular sedative-hypnotic in terms of widespread illicit use. Community professionals reported Valium® and Xanax® as most widely used. Treatment providers commented: "It's the go-to thing when they can't find anything else around, they'll pop a Xanax® or whatever; Specifically like Xanax® ... Yeah, it's the good ole standby if they can't get what they need, but not a good combination with Suboxone®."

Corroborating data also indicated sedative-hypnotic availability in the region. The Mahoning County Coroner's Office reported that benzodiazepines were present at time of death in 41.4 percent of the 29 drug-related deaths it processed during the past six months. In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. Police arrested a Youngstown man after two neighbors reported medicine theft; police discovered 45 Xanax® pills in a bottle at his residence with one of the neighbor's name on it ([www.vindy.com](http://www.vindy.com), Feb. 26, 2015).

Participants and community professionals agreed that the general availability of sedative-hypnotics has remained the same during the past six months. The BCI Richfield Crime Lab reported that the number of Valium® cases it processes has increased during the past six months while the number of Xanax® cases has decreased; number of cases for all other sedative-hypnotics has remained the same.

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

Reportedly, many different types of sedative-hypnotics are currently sold on the region’s streets. Current street prices for sedative-hypnotics were variable among participants with experience buying the drugs.

Current Street Prices for Sedative-Hypnotics		
Sedative-Hypnotics	Ativan®	\$1 for 1 mg \$2 for 2 mg
	Klonopin®	\$1-2.50 for 2 mg
	Valium®	\$2 for 10 mg
	Xanax®	\$1-1.50 for 0.5 mg \$1-2.50 for 1 mg \$3-5 for 2mg

Participants reported that these medications are not often purchased from dealers; rather they are most often obtained through personal prescription from a physician or from people who have a prescription. While there were a few reported ways of consuming sedative-hypnotics, generally the most common routes of administration for illicit use are snorting and oral consumption. Participants estimated that out of 10 illicit sedative-hypnotic users, five would snort and five would orally ingest the drugs. A participant explained, *“Chew them up so they get into your system quicker.”*

A profile of a typical illicit sedative-hypnotic user did not emerge from the data. Participants described typical illicit users as people with anxiety and opiate addicts, but most often reported anybody. A participant shared, *“It can fall back mostly on an opiate abuser because ... the benzos are to try to sleep or relax or just to calm yourself down until your next fix.”* Another participant commented, *“Coming off of opiates, a lot of people take them to try and come off the sickness.”* Community professionals described illicit users most often of as anybody, but treatment providers added that users are often white, women and middle class.

## 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’. Participants also reported on the availability of marijuana concentrates and extracts

(aka “dabs”) and reported current availability of these THC products most often as ‘4’. A participant explained, *“They’ve got oils and stuff like that ... Hash oil ... And ‘dabs’ is what they call them ... Dabs, it’s like a wax substance.”* Another participant remarked, *“It’s really easy to make.”* Still another participant clarified, *“In Ashtabula [County], it’s not as available. You got to go to, like, Mentor [Lake County].”*

Community professionals most often reported marijuana current availability as ‘10’; the previous most common score was also ‘10’. Treatment providers shared: *“We still see a lot of that; People are more open to the idea of using marijuana [and reason], ‘Since it’s on the verge of being legalized.”* A law enforcement officer commented that marijuana is highly available, *“Just like heroin.”* Another officer shared, *“We’re constantly fighting that battle, it’s ridiculous, [legalization of marijuana is] going to make things worse.”*

Corroborating data also indicated marijuana availability in the region. The Mahoning County Coroner’s Office reported that cannabinoids were present at time of death in 17.2 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. Three people in the region were arrested during a drug bust in which several bags of marijuana were seized ([www.wkbn.com](http://www.wkbn.com), Feb. 13, 2015). A Youngstown police officer and his K-9 partner found six bags of marijuana, three bags of cocaine and three bags of heroin during a traffic stop ([www.vindy.com](http://www.vindy.com), Feb. 27, 2015). Another traffic stop turned up 5.8 grams of marijuana in Campbell (Mahoning County) ([www.vindy.com](http://www.vindy.com), Feb. 27, 2015). A marijuana growing operation was found in the basement of a residence in Campbell (Mahoning County); 50 marijuana plants were seized and police reported that the residents were extracting the oil out of the plants to create a highly concentrated THC product ([www.wkbn.com](http://www.wkbn.com), June 22, 2015). Canfield (Mahoning County) police found a small amount of marijuana concentrate in the form of wax during an OVI (operating a vehicle impaired) task force operation ([www.vindy.com](http://www.vindy.com), June 28, 2015).

Participants reported that the overall availability of marijuana has remained the same during the past six months. A participant reported that low-grade marijuana was, *“Easy to score.”* Other participants reported that high-grade marijuana has increased in demand and, hence, availability. One participant remarked, *“Yeah, everybody is looking for that.”* Participants also reported the availability of dabs

has increased during the past six months. Participants explained: *"Because it's pure THC; It's pure THC. All you need is a little bit."* Participants reported that dabs came to the region, *"Probably a year ago,"* and added: *"Actually when the vaporizers came around, when the e-cigarettes and everything started is when it started; And when 'weed' (marijuana) became legal in other states."*

Community professionals also reported that availability of marijuana has remained the same during the past six months. Treatment providers shared: *"It's available as it always was; It's an always thing. It's justified. Everyone says, 'It's just marijuana.'"* 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 most often reported the quality of high-grade marijuana as '10' and of low-grade marijuana as '2' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common scores were '5-7' for marijuana in general. A participant discussed the high quality of dabs and explained, *"It's a higher quantity of THC ... what you do is just take the weed ... shoot butane in it and it separates the THC from the plant ... harvest it and mellow it down into a glob (aka "dab")."*

Although participants generally reported that the quality of marijuana has remained the same during the past six months, several participants indicated that the quality of low-grade marijuana has increased. Participants commented: *"You can get some pretty good 'home grown' (low-grade marijuana) around here; If you know what you're doing, it's not crappy at all."* Another participant attributed the increased quality of low-grade marijuana to the growing process and commented: *"There's a lot more states [where you] can legally grow it [so the quality has improved due to] just more depth (knowledge) of the grow process and cure process."*

Participants indicated that growing marijuana is becoming more prevalent. A law enforcement officer reported, *"Over the last couple of years, we've seen an increase of people growing their own."* However, an officer also noted, *"A lot of it's coming in on semis and stuff like that ...."*

Reports of current prices for marijuana were provided by participants with experience purchasing the drug. Participants noted that the price depends on quality desired and that high-grade marijuana sells for quite a bit more than low-grade marijuana. A participant reported, *"Nobody buys dime bags (\$10 worth) [of low-grade marijuana] any more."* Participants suggested that the price of marijuana is changing and reported: *"I think the price has stayed the same, but the quantity is lower; Because they getting greedy."*

Marijuana	Current Street Prices for Marijuana	
	<b>Low grade:</b>	
	a blunt (cigar) or two joints (cigarettes)	\$5
	1/4 ounce	\$30
	1/2 ounce	\$50
	an ounce	\$80-120
	<b>High grade:</b>	
	a blunt (cigar) or two joints (cigarettes)	\$10
	1/4 ounce	\$50-100
	1/8 ounce	\$80-160
	an ounce	\$250-350

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 10 would smoke the drug. One participant noted, *"Or they use the vaporizers. I've seen that a lot."* Other participants explained: *"Vaping gets you like more of an extreme, like whole body high ...."* Participants added that dabs are vaporized and one individual explained, *"It's easier because everybody's got those vapor, e-pens ... and they just stick it in there and burn it."*

A profile of a typical marijuana user did not emerge from the data. Participants described typical users as everyone, hippies and teens. Treatment providers described typical users as adolescent, any age and everyone. One clinician reflected, *"When I do assessments, what's funny is, even in the past six months, what I've noticed is marijuana is always something that they've used. There's never not marijuana in the picture and it does start out younger ... They start using marijuana even before they drink (alcohol)."* Another treatment provider continued, *"They just don't think there's anything wrong with it. [Clients reason], 'It's going to be legalized. It helps me relax. It helps me sleep.' It's so easily accessible for the youth."*

## 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 also '10'. A participant reported, *"Heroin and 'meth' (methamphetamine) is [sic] very, very popular."* However, treatment providers most often reported current availability as '3', while law enforcement most often reported current availability as '8-9'; the previous most common score was '6' for both groups. One treatment provider commented, *"The area is seeing it, but we're not getting the clients (methamphetamine users) [in treatment]. It's in the newspaper."* Another clinician reflected, *"I've seen meth clients that have that, if not a primary drug of choice, then at least as a secondary or even tertiary."* Law enforcement shared: *"Yeah, we're actually working a case on meth ... we see it more in Ashtabula County. They have more labs than we do here (Trumbull County); They had over 60 labs in Ashtabula (County) last year and, I mean, we had five in Trumbull."* An officer added, *"Yeah, I think there is a substantial amount of users, but obviously we are seeing more heroin."*

Participants identified powdered (aka "one-pot" or "shake-and-bake") and crystal methamphetamine as available in the region. However, they reported shake-and-bake methamphetamine as most available throughout the region. One participant claimed, *"The only thing you're getting around here is shake-and-bake."* Another participant shared, *"There's 'glass' (crystal methamphetamine) a little bit, too ... 'shards.'"*

Participants referring to shake-and-bake discussed methamphetamine which is produced in a single sealed container, such as a two-liter soda bottle. By using common

household chemicals along with ammonium nitrate (found in cold packs) and pseudoephedrine (found in some allergy medications), people can produce the drug in approximately 30 minutes in nearly any location. A participant remarked, *"Dude, if you can bake cookies, you can cook dope (methamphetamine)."* Other participants shared: *"I've always made it; Almost everybody I know that does it, makes it. That's how easy and popular it is."* A treatment provider also commented, *"I think it's easy to manufacture. There's so many videos about how you can do it."* Reportedly, crystal methamphetamine takes longer to make, as one participant remarked, *"Nobody's going to sit and wait 13 hours for that [glass]."*

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Three people were indicted for operating a methamphetamine lab found in a Goshen (Mahoning County) residence ([www.wkbn.com](http://www.wkbn.com), April 9, 2015). Boardman (Mahoning County) Police responded to a Walmart that reported a robbery and found three people had stolen items with the intent of making methamphetamine, as admitted by one of the individuals ([www.wkbn.com](http://www.wkbn.com), June 4, 2015).

Participants and community professionals reported that the availability of methamphetamine has remained the same during the past six months. One participant stated, *"It's always there."* Treatment providers stated, *"Always a popular drug."* Law enforcement shared, *"Yeah, it's a problem for us ... it's steady though."* The BCI Richfield Crime Lab reported that the number of methamphetamine cases it processes has decreased during the past six months; the lab reported processing mostly crystal, off-white and 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 quality of powdered methamphetamine as '3' and of crystal methamphetamine as '9-10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common scores were '5' for powdered methamphetamine and '10'

for the crystal form. Several participants were quick to note that quality for the drug is extremely variable and commented: *"It's hard to say; It really matters who's doing it. Everybody does it different; You can't make the same batch twice."* Overall, participants reported that the general quality of methamphetamine has remained the same during the past six months.

Current street prices for methamphetamine were consistent among participants with experience buying the drug. However, participants indicated that most people get methamphetamine free through people they know who cook the drug or through trade. Participants shared: *"I always got it for free; You would trade like \$20 worth [of methamphetamine] for pills; For a box [of pseudoephedrine] you would get a three-quarters gram [or] two-quarters of a gram."*

There was also a noted connection between heroin addiction and methamphetamine. One participant explained, *"Meth cooks will pick up heroin because they know that dope fiends will do anything for dope."* Another participant reported, *"A lot of people will go and get boxes [of pseudoephedrine] and want you to get them heroin for it. A lot of people who use heroin do that."* A treatment provider commented, *"Because meth is so easy to manufacture, they'll do that (manufacture the drug) and then they can trade it for heroin. Or the people that are manufacturing the meth knows somebody that deals heroin, gets it cheap, and they will trade heroin for the boxes ... for the Sudafed®."*

Methamphetamine	Current Street Prices for Methamphetamine	
	<b>Powdered:</b>	
	1/4 gram	\$25
	1/2 gram	\$50
	a gram	\$100
	<b>Crystal:</b>	
	1/4 gram	\$40

Common routes of administration for methamphetamine are smoking, intravenous injection (aka "shooting"), snorting and oral consumption. A participant explained, *"[Route of administration] depends on where you're at, like at a bar or whatever."* Other participants clarified, *"Well 'glass' (crystal methamphetamine), you'd have to smoke it; it burns too bad, so I didn't snort it."*

Participants described typical methamphetamine users as users who like the speed effect (other stimulant users), white, someone who has to (or wants to) be awake for long periods of time and 20 to 40 years of age. As far as race, a participant shared, *"You don't see a lot of black 'tweakers' (methamphetamine users)."* However, another participant countered, *"Oh, there's a lot now. Out on [a nearby street], every black guy you know is [a] 'tweaker.' It's like big time."* Some participants reported that more males than females use methamphetamine and estimated that out of 10 users, seven would be male. Similarly, community professionals described typical users of methamphetamine as white and 20 to 40 years of age.

### Prescription Stimulants

Prescription stimulants are reportedly limited in availability within the region. Participants were unable to comment on these medications as none of the individuals interviewed had experience with these during the past six months; previously, participants most often reported availability as '8-9' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Community professionals most often reported current street availability of these drugs as '1-3'; the previous most common scores were '8' for Adderall® and '2' for Ritalin®. A treatment provider commented, *"It seems like everybody knows where [either through prescriptions or buying it illegally] they can get these things."* Other clinicians explained: *"Every once in a while, when I see somebody relapse, they're using stimulants as a relapse; Whenever they couldn't get ahold of anything else, [prescription stimulants] was the next available thing for them."*

Treatment providers identified Adderall® as the most popular prescription stimulant in terms of widespread illicit use, while law enforcement reported Ritalin® as most available. A treatment provider stated, *"We have clients that take [Adderall®] that are not prescribed."*

Community professionals reported that availability of prescription stimulants has remained the same during the past six months. A treatment provider remarked, *"I wouldn't say there's been any change in it."* The BCI Richfield Crime Lab reported that for most prescription stimulants the number of cases it processes has either remained the same or has decreased during the past six months; however, the number of Adderall® cases the lab processes has increased.

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

Community professionals were unable to report on current street prices of these medications, but reported that prescription stimulants are most often obtained from those with prescriptions or through seeking out a doctor to prescribe the drugs. A treatment provider reflected, "I've had a couple of clients that'll take them. One of their kids has a prescription for them and they'll take them from their kids or whatever." Another clinician noted, "More [college students] are buying scripts off of people who are prescribed it." A law enforcement officer explained, "It's doctor shopping. We're seeing specific people who may have had it prescribed to them before, so they are shopping around for it now."

Treatment providers described typical illicit prescription stimulant users as college age (mid- to late-20s); whereas law enforcement described illicit users as older (40s and 50s), female and white. A treatment provider explained, "[Prescription stimulant use] doesn't get the stigma that meth does ... because it's a prescription." Other treatment provider commented: "It's just people who are partying, like if they're partying and they want to be able to stay up longer, so they'll take it; Yeah, it could be like college, also those addicted to other drugs that just want to keep going." Another provider reflected, "From what I've seen and heard ... go to the doctor and say 'I can't focus' and they just write a script for Adderall® or Ritalin® ... mostly just Adderall®."

### Ecstasy

Ecstasy (methylenedioxyamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) is limited in availability in the region. Participants referred to both ecstasy (traditional tablet form) and 'molly' (powdered MDMA) and most often reported current availability of ecstasy as '3' and of molly 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 moderate ('5-8' for ecstasy and '6' for molly). A participant remarked, "No one wants [ecstasy] anymore. Everybody wants

heroin. Everybody wants molly." Another participant reflected, "I think there's more molly going around these days than ecstasy."

Treatment providers similarly most often reported current availability of ecstasy as '1' and of molly as '1-3'; the previous most common scores were '1' for ecstasy and '7-8' for molly. One treatment provider reported, "We don't hear about those and we do test for them." Another provider clarified, "Every once in a while, maybe one out of every 100 clients or so."

Participants reported that the availability of ecstasy has remained the same during the past six months, while availability of molly has increased. A participant reasoned, "More demand." Treatment providers reported that the availability of ecstasy and molly has remained the same during the past six months. The BCI Richfield Crime Lab reported that the number of ecstasy cases it processes has decreased during the past six months.

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

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

Reports of current street prices for ecstasy and molly were consistent among participants with experience buying the drugs.

Ecstasy/Molly	Current Street Prices for Ecstasy/Molly	
	<b>Ecstasy:</b>	
	low dose (aka "single stack")	\$10
	medium (aka "double stack") or high dose (aka "triple stack")	\$20-25
	<b>Molly:</b>	
1/10 gram	\$10-20	

While there were a few reported ways of consuming ecstasy and molly, generally the most common routes of administration remain oral consumption and snorting. Participants estimated that out of 10 ecstasy or molly users, five would orally consume and five would snort the drugs. Participants shared, *"You just eat it ... you can snort it, too."* Other methods of use included intravenous injection (aka "shooting") and parachuting (wrapping the powdered drug in tissue and swallowing). One participant commented, *"I've heard some shoot it because it works faster and goes right into like their blood vessels."* Another participant explained, *"I think we put it into like a mesh thing, like a toilet paper. Parachute it, yeah. I don't know why though."*

Participants and treatment providers described typical ecstasy and molly users as younger (teens to early 20s) and those who attend parties and 'raves' (dance parties). Participants shared, *"That's more of a teenager's drug."* A treatment provider reflected: *"I think it's somebody who experiments with anything and everything. If it's there, they'll use it. That's kind of the feel I get."*

### Synthetic Marijuana

Synthetic marijuana (synthetic cannabinoids; aka "K2" and "spice") is limited in availability in the region. Participants most often reported the current availability of the drug as '3-4' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '2.' Treatment providers most often reported current availability as '3;' the previous most common score was '1.' A prevention specialist stated, *"Well, what I've heard about K2 – because I do a lot of drug free workplace trainings and I work with clients as an EAP [Employment Assistance Program] ... I've heard that people are using spice ... because they don't test for it on drug tests ... on workplace drug tests."*

Participants reported that the availability of synthetic marijuana has decreased during the past six months. A participant stated, *"Yeah, [availability has] been going down ... it's getting harder and harder to find."* Treatment providers reported that the availability of synthetic marijuana has remained the same during the past six months. The BCI Richfield Crime Lab reported that the number of synthetic marijuana cases it processes has increased during the past six months.

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

One participant rated the quality of synthetic marijuana as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality). This participant stated, *"I'd put '10' ... it's pretty crazy."* Another participant indicated strange effects of the drug and shared, *"It'll send you for a loop in like a second. As soon as you smoke it, you're somewhere else."* A prevention specialist suggested that synthetic marijuana is of lower quality and commented, *"There's people who have tried it as a substitute for marijuana, but didn't like it and so have stopped because they weren't getting the same effect that they were from marijuana ... so it kind of defeated the whole purpose."*

Reports of current street prices for synthetic marijuana were consistent among participants with experience buying the drug, who informed that the drug sells for \$80 per gram. Despite legislation enacted in October 2011, synthetic marijuana continues to be available online. A participant stated, *"A lot of people have got it, buy it online ... and get it shipped."*

Participants continued to report the only route of administration for synthetic marijuana remains smoking. Participants described typical users of synthetic marijuana as young kids. Treatment providers described typical synthetic marijuana users as someone who is employed and/or is subjected to regular drug testing. A prevention specialist shared, *"Again, I'm only hearing this of people who have told me that they've used it as a [marijuana] substitute so they don't get caught on drug tests."*

### 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] and psilocybin mushrooms), inhalants, kratom (*mitragyna speciosa* korth, a plant stimulant, or rather a tropical tree

indigenous to Southeast Asia that is in the same family as the coffee tree), over-the-counter (OTC) and prescribed cold and cough medication and Seroquel® (an antipsychotic medication).

### **Bath Salts**

Bath salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues) is limited in availability in the region. Participants most often reported the current availability of the drug as '2' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Treatment providers also reported low availability of bath salts and most often reported current availability as '3.' A treatment provider reported, *"I had a couple individual clients that were affected by bath salts. We had one particular client, the whole reason she got involved with the court system was because of bath salts."*

Participants reported that the availability of bath salts has decreased during the past six months. A participant commented, *"Yeah, it's getting harder and harder for people to get, I think."* Treatment providers also reported decreased availability of bath salts during the past six months. A treatment provider noted, *"It was more of a popular trend, more than six months ago."* The BCI Richfield Crime Lab reported that the number of bath salts cases it processes has increased during the past six months.

Participants were not able to report on the current quality of bath salts, but a few indicated strange reactions to the drug. A participant commented, *"You get all whacked out. It's crazy."* Another participant shared, *"As soon as you do it, you're in a whole different state of mind, like, you're ready to kill someone or you're just happy laying on the floor rubbing the carpet or something ... You never know what you're going to do ... it's weird."*

Despite legislation enacted in October 2011, bath salts continue to be available. While there were a few reported ways of consuming bath salts, generally the most common route of administration is snorting. One participant remarked, *"I don't know if you can do anything else but snort it."* Treatment providers described typical bath salts users as younger (teens and 20s).

### **Hallucinogens**

Hallucinogens (LSD and psilocybin mushrooms) are rarely to moderately available in the region. Generally, treatment providers reported low availability of hallucinogens and one clinician remarked, *"No one likes to trip anymore."* Treatment providers indicated that availability of hallucinogens, in general, have remained the same during the past six months. One treatment provider reported, *"We see it pop up randomly. I don't think there's a significant change."* Another treatment provider said, *"I have one individual client that experiments with stuff like that."*

Specifically, participants most often reported the current availability of LSD as '5,' while treatment providers most often reported current availability as '1.' Participants and treatment providers agreed that the availability of LSD has remained the same during the past six months. However, a few participants reported decreased availability and reasoned: *"It's not the 70s no more; We're all looking for heroin or crack."* A treatment provider explained *"I hear a lot of people that experiment with it within the past six months, but they're like, 'No, not really my thing,' and they move on to their actual drug of choice."* The BCI Richfield Crime Lab reported that the number of LSD cases it processes has decreased during the past six months. Participants reported that LSD sells for \$10 per hit (dose). According to participants, LSD can be obtained from a dealer or through personal drug connections.

Reportedly, the most common route of administration is oral consumption. Other methods mentioned include intravenous injection (aka "shooting") and ocular absorption via eye drops. Participants estimated that out of 10 LSD users, all would orally ingest the drug, but 1-2 would also shoot the drug or use it in their eyes. A participant explained, *"Eat it, drop it in your eye, [place it on a] sugar cube, lick it ... You don't just eat it, you let it dissolve on your tongue."* Participants described typical LSD users as white, hippies, "stoners" (marijuana users) and those who attend music festivals. Treatment providers described users as younger.

Psilocybin mushrooms are reportedly rare in the region. Participants rated current availability of these mushrooms as '2,' while treatment providers rated current availability as '1-2.' Participants reported that the availability of psilocybin mushrooms has remained the same during the past six months. Reports of current prices for psilocybin mushrooms were provided by participants with experience purchasing the drug. Participants reported that 1/8 ounce sells for \$30 a

and 1/4 ounce sells for \$50-60. One participant stated that the chocolate candy with this drug embedded sells for \$10. Participants shared that psilocybin mushrooms can be obtained from a dealer.

### **Inhalants**

Treatment providers reported rare abuse of inhalants in the region. One treatment provider considered, *"I would say it's minimal. We have, in the past, sent out tests for that, but that was just for one client."* Another treatment provider stated, *"Not in a while ... Not even with the teenagers."*

### **Kratom**

Kratom is rarely availability in the region, but a treatment provider noted, *"Twice in the last week someone has brought up kratom to me. They buy it off of the Internet and it's supposed to have pain relieving characteristics ... They said it had like a stimulant effect."*

### **OTCs and prescribed cold and cough medicine**

OTCs and prescribed cold and cough medication are moderately to highly available in the region. Although participants did not report on the current street availability of these medications, treatment providers rated availability of codeine as '10' and availability of pseudoephedrine as '5-6' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Community professionals reported that the street availability of these medications has remained the same during the past six months. Law enforcement commented: *"No, still the same, stable; I think it's there. We're not really seeing a lot of increase in users like we are seeing with prescription pills and heroin."*

Reports of current street prices for these medications were provided by a participant with experience purchasing codeine: *"I used to get bottles and I would sell them for anywhere from \$80 to \$100. And, there's different kinds. If you have the thick syrup, it costs more."*

Community professionals described typical OTC users as white. A treatment provider shared, *"It's an adolescent thing."* Law enforcement connected pseudoephedrine purchasing with methamphetamine manufacturing and reported: *"We're tracking them. We know where the pills are going ... to the cook; if you want meth, you pretty much need to supply pills to the cook to get the meth."*

### **Seroquel®**

Seroquel® is moderately available in the region. Treatment providers reported current street availability of the drug as '4,' the previous most common score was '3.' Treatment providers reported an increase in availability of Seroquel® during the past six months. One treatment provider explained, *"I think we've had more clients on it."* A treatment provider described a typical illicit Seroquel® user as, *"Younger, same population that uses opiates."*

## **Conclusion**

Crack cocaine, heroin, marijuana, prescription opioids and sedative-hypnotics remain highly available in the Youngstown region; also highly available are methamphetamine, powdered cocaine and Suboxone®.

Participants and community professionals reported continued high availability of heroin. Treatment providers referred to a heroin epidemic and explained that heroin addiction is now the primary addiction that they currently treat, explaining that it is more common to find heroin on the streets than it is to find prescription opioids. The Mahoning County Coroner's Office reported that heroin was present at time of death in almost 40 percent of the drug-related deaths it processed during the past six months.

While many types of heroin are currently available in the region, participants continued to report brown powdered heroin as the most available type of heroin and added that gray and white colored heroin are also readily available. In addition, participants mentioned blue, green and pink heroin. The BCI Richfield Crime Lab reported that the number of powdered heroin cases it processes has increased during the past six months.

Despite reporting no change in availability of heroin, participants and community professionals noted an increase in heroin-related overdoses during the past six months. Both groups of respondents attributed the increase in overdose to an increased number of people using heroin due to the drugs wide availability, as well as to the current high potency of the drug. Respondents reported that heroin is often adulterated with fentanyl which has been linked to overdose deaths in the region. The Mahoning County Coroner's Office noted three cases with fentanyl present during the past six months. Participants estimated that out of 10 white powdered heroin purchases, five would be cut with fentanyl. Law enforcement and

participants reported that, in addition to being a cut for heroin, straight fentanyl is often sold as heroin.

The most common route of administration for heroin is intravenous injection. Participants estimated that out of 10 users, five to eight would share needles. In addition to several participants admitting to sharing needles, a participant admitted to selling used needles to other users. Furthermore, out of 10 users, participants estimated that all would reuse needles, explaining that many users will use a needle repeatedly until the needle's tip breaks off.

Participants reported that users dispose of needles in the trash, out the window, in a dumpster by burning them. Although most participants reported that they would break off the tips prior to disposing of their needles, a few participants confessed to disposing of needles with the tips intact by throwing it out a car window. Other participants discussed the spread of hepatitis and often suggested a needle exchange for the region.

Participants found it difficult to describe typical heroin users and reported everyone uses, but noted many heroin users are younger (20-30 years of age). A participant suggested that the reason younger individuals are using heroin is because the drug has become common, thus more people want to try it. Treatment providers described typical users as mostly younger white people, both male and female.

Participants reported that the general availability of prescription opioids has decreased during the past six months due to stricter regulations, decreased prescribing by area physicians and the cheap price and high availability of heroin. Participants reported that doctors often tell patients up front that they will not prescribe narcotics. Several participants discussed difficulty in getting treatment for pain, explaining that doctors will refer patients to pain clinics, which they described as difficult to get admitted into.

Participants identified Percocet® as the most popular prescription opioid in terms of widespread illicit use; community professionals identified Percocet® and Roxicodone® as most widely used. Additionally, treatment providers noted an increase in illicit methadone use and availability, tying this increase to the increase in heroin use. Law enforcement also mentioned higher availability for fentanyl due to the substance being an adulterate for heroin.

Participants and community professionals reported that all forms of Suboxone® as well as Subutex® are readily available throughout the region. Treatment providers reported that users prefer Subutex® because it can be crushed and snorted. Both respondent groups reported high street availability of Suboxone® due to over prescribing

and many users selling some or all of their prescriptions. Several treatment providers noted drug dealers buying prescriptions and trading heroin for prescriptions. Participants and treatment providers described typical illicit users of Suboxone® as opiate addicts who self-medicate with the drug to avoid withdrawal between "fixes" of heroin or those who wish to stop use and try to detox on their own.

Along with heroin, participants described "meth" (methamphetamine) as very popular in the region. Treatment providers also acknowledged the popularity of methamphetamine among users but reported that they see very few methamphetamine users in treatment. Law enforcement reported highest availability for the drug in Ashtabula County where most of the region's methamphetamine lab busts have occurred.

Participants identified powdered (aka "one-pot" or "shake-and-bake") and crystal methamphetamine as available in the region. However, they reported shake-and-bake methamphetamine as most available throughout the region. Participants and community professionals attributed the current high availability of methamphetamine to the ease in which users can produce the drug. Treatment providers pointed out that there are how-to videos online, making it very easy for anyone who desires to make the drug.

There was a noted connection between heroin addiction and methamphetamine. Participants and community professionals alike discussed how methamphetamine cooks purchase heroin to exchange with users for pseudoephedrine, a precursor ingredient necessary for manufacturing methamphetamine. Participants described typical methamphetamine users as stimulant users, white, someone who has to (or wants to) be awake for long periods of time and 20 to 40 years of age. Some participants reported that more males than females use methamphetamine and estimated that out of 10 users, seven would be male. Community professionals described typical users of methamphetamine as white and 20 to 40 years of age.

Finally, a treatment provider spoke of the availability and use of kratom (*mitragyna speciosa* korth, a plant stimulant, or rather a tropical tree indigenous to Southeast Asia that is in the same family as the coffee tree). The provider reported that two clients recently disclosed they bought the drug through the Internet.



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