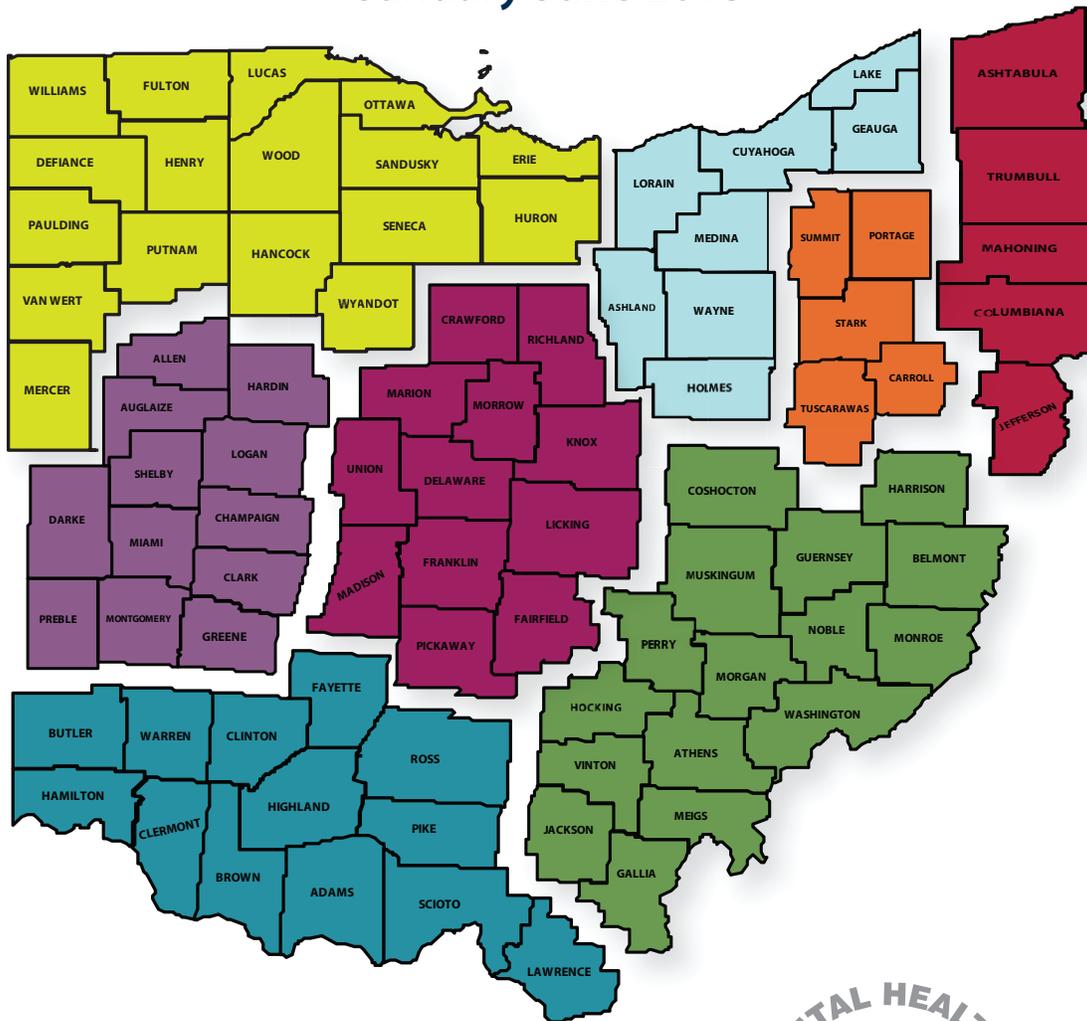




### Surveillance of Drug Abuse Trends in the State of Ohio January-June 2013



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 2013

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### Toledo Region

- Likely increased availability of heroin, methamphetamine and Suboxone®
- White powdered heroin (aka "China white") remains most available heroin type
- Emergence of a gray-colored heroin that looks like gravel (aka "gravel")
- Participants now buying heroin in Toledo instead of Detroit
- Treatment providers attribute high street availability of Suboxone® to private physicians who prescribe and do not monitor its use
- Increased availability of methamphetamine driven by increased rural use

### Cleveland Region

- Increased availability of high-grade marijuana; low-grade marijuana has virtually disappeared
- Lower-quality marijuana often sprayed with a synthetic cannabinoid to "increase" quality
- Users reported increased availability of ecstasy and of "pure" powdered MDMA (aka "molly")
- Law enforcement reported bath salts sold as molly
- Time of progression from snorting to intravenous injection of heroin said to be shrinking; progression can occur in as little as a couple of days

### Dayton Region

- Decreased availability for bath salts and synthetic marijuana
- Likely increased availability of methamphetamine, powdered cocaine and Suboxone®
- Powdered cocaine increase attributed to increased popularity of "speedballing" (heroin used with cocaine)
- Methamphetamine increase due to ease of production via "shake-and-bake" method; availability particularly high in rural areas

### Cincinnati Region

- Increased availability of heroin
- Likely increased availability for marijuana, methamphetamine and Suboxone®
- Likely decreased availability of powdered cocaine
- Increased number of overdoses attributed to combining heroin use with benzodiazepine use
- High-grade marijuana increase due to more users now growing the drug indoors
- Methamphetamine increase due to ease of production via "shake-and-bake" method

### Columbus Region

- Increased availability of heroin
- Likely increased availability of bath salts and marijuana
- Practice of "speedball" (heroin use combined with cocaine use) increasing
- High-grade marijuana increase due to more users growing the drug indoors
- Bath salts used in place of heroin when heroin unavailable
- Increased availability of "pure" powdered MDMA (aka "molly")

### Athens Region

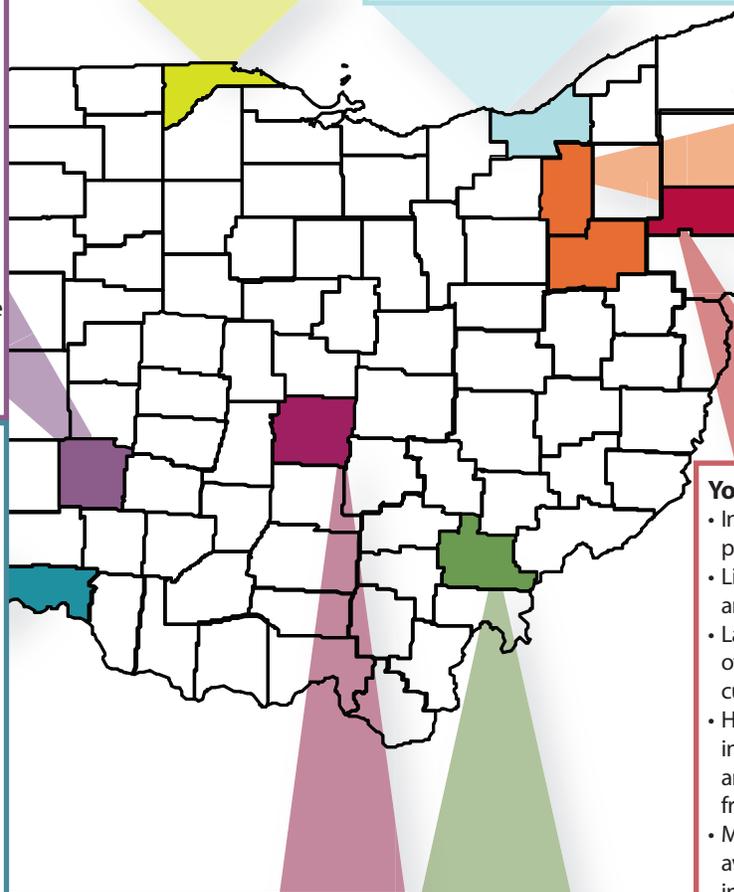
- Increased availability of heroin and methamphetamine
- Likely decreased availability of synthetic marijuana
- Low ecstasy availability, while availability of "pure" powdered MDMA (aka "molly") said to be high
- Ease of methamphetamine production via "shake-and-bake" method
- Decreased quality of synthetic marijuana due to users making their own product following Internet instructions

### Akron-Canton Region

- Increased availability of heroin and methamphetamine
- Decreased availability of bath salts, ecstasy and synthetic marijuana
- Increased heroin use among adolescents, particularly young females
- Ease of methamphetamine production via "shake-and-bake" method
- Law enforcement intercepting "homemade" synthetic marijuana as users turn to the Internet to learn how to make synthetic drugs

### Youngstown Region

- Increased availability of ecstasy and "pure" powdered MDMA (aka "molly")
- Likely increased availability of marijuana and methamphetamine
- Law enforcement rarely find's molly; often police seizures prove to be ecstasy cut with cocaine or bath salts
- High-grade marijuana increase due to an increase in hydroponic grow operations and shipments of medical-grade marijuana from western states
- Methamphetamine remains highly available in Ashtabula County; and has increased in Trumbull County due to migration of "meth cooks" from Ashtabula Co.





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

January-June 2013

## Executive Summary

The Ohio Substance Abuse Monitoring (OSAM) Network consists of eight regional epidemiologists (REPIs)\* located in the following regions: 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 epidemiologic descriptions that policy makers 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 24, 2013. It is based upon qualitative data collected by six REPIs from January through June 2013 via focus group interviews. Participants were 378 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 107 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 2013. OSAM researchers 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.

In addition to its primary responsibility for the prevention and treatment of substance use disorders, OhioMHAS is responsible for the prevention and treatment of problem and pathological gambling. For this reason, the OSAM Network amended its protocol in June 2011 to include collection of data related to problem and pathological gambling. The OSAM Network now collects data related to problem and pathological gambling, publishing its findings every six months in conjunction with its drug trend reports. A summary of gambling data is included in this executive summary.

### Powdered Cocaine

Powdered cocaine remains moderately to highly available throughout all regions. Data indicated changes in availability during the past six months for Cincinnati and Dayton only; likely decreasing in Cincinnati and likely increasing in Dayton. In both regions where availability has likely changed, respondents pointed to increased heroin use and availability as the possible reason behind the drug's availability change. In Cincinnati, participants felt that the current low quality of powdered cocaine along with the ever-increasing presence of heroin in the region has pushed powdered cocaine to the side, as more users are bypassing poor-quality cocaine for heroin. In Dayton, law enforcement speculated that the practice of cutting heroin with cocaine and the uptick in the popularity of "speedballing" (concurrent or subsequent use of heroin with cocaine) among heroin users have driven the increase in powdered cocaine availability there. Collaborating data for the Dayton region also indicated the presence of cocaine. The Logan County Family Court reported that 28.4 percent of all positive adult drug screens administered by the court during the past six months were positive for cocaine (crack and/or powdered cocaine).

\*Note: Two REPIs covered two regions each.

Participants throughout the regions reported that the quality of powdered cocaine depends on location of purchase and from whom one buys. The most common quality scores varied by region from '1-2' to '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the most common quality score across regions was '5'. Participants in Akron-Canton, Athens, Cincinnati and Dayton reported an overall decrease in quality of powdered cocaine during the past six months, while participants in all other regions stated that quality has remained the same. A participant in Akron-Canton disclosed that because the quality of the cocaine was so poor, he switched to methamphetamine. Participants listed numerous agents used to cut (adulterate) powdered cocaine, including other drugs. Individuals in Cincinnati, Cleveland and Youngstown reported methamphetamine as a cutting agent, while participants in Columbus reported powdered cocaine cut with bath salts. Regional crime labs listed the following substances as cutting agents: boric acid, caffeine, levamisole (livestock dewormer), local anesthetics (benzocaine, lidocaine and procaine), sucrose (table sugar) and sugar substitutes (mannitol and sorbitol).

Current street jargon includes many names for powdered cocaine. The most commonly cited names remain "blow," "girl," "powder," "snow," "soft," "white" and "white girl." Depending on desired quality and from whom one buys, a gram of powdered cocaine currently sells for \$40-100 throughout the regions.

Participants stated that the most common way to use powdered cocaine is snorting, followed by intravenous injection. Reportedly, powdered cocaine use varies and depends on the social group with which the individual associates. Participants in Akron-Canton noted that "recreational users" more often use powdered cocaine by snorting, while "addicts" more often intravenously inject the drug. Participants and community professionals generally described the typical powdered cocaine user as white and of middle- to upper- socio-economic status. However, many participants and community professionals noted an increase in use among individuals age 30 and younger; these respondents attributed increased social acceptance of powdered cocaine as the reason for the gain in popularity. In addition, participants continued to describe powdered cocaine as most often used in a social settings such as bars. Overall, participants viewed the drug as used occasionally, often on weekends, rather than every day.

Reportedly, other substances used in combination with powdered cocaine include: alcohol, crack cocaine, ecstasy, heroin, marijuana, prescription opioids, sedative-hypnotics and tobacco. Participants explained that it is very common to use powdered cocaine with alcohol because it allows the user to drink for longer periods of time. Alcohol and benzodiazepines used in combination with powdered cocaine help reduce withdrawal symptoms, such as jitters, as users come down off the stimulant high. Reportedly, heroin is commonly used with powdered cocaine by those users seeking the "speedball" (up and down) effect. Participants explained that smoking marijuana with powdered cocaine intensifies the cocaine high and helps in coming down from cocaine use.

## Crack Cocaine

As was the case in the previous reporting period, crack cocaine continues to be highly available statewide. Participants in every region overwhelmingly stated that crack cocaine is easy to obtain. Moreover, there was consensus that crack cocaine is more available than powdered cocaine. While law enforcement in Athens reported mostly buying powdered cocaine in undercover deals, they said that most of the powdered cocaine is manufactured into crack cocaine for street sale. Reportedly, crack cocaine continues to be easily available with one or two phone calls to a dealer. Incidences of anonymous street transactions are reportedly less common in areas of Cleveland where "walk-up" service was previously available; and while the drug remains highly available in all regions, participants in rural communities report having to drive to cities to obtain crack cocaine. Treatment providers often commented that heroin is taking the place of crack cocaine as the most popular "hard" drug in terms of widespread use.

Participants statewide reported that, like powdered cocaine, the current quality of crack cocaine varies by purchase location and seller. The most common quality scores varied by region from '3' to '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the most common quality score across regions was '5'. Participants in Akron-Canton, Cincinnati and Cleveland reported an overall decrease in quality of crack cocaine during the past six months, while participants in all other regions reported that quality has remained the same. In Cleveland, almost all participants agreed it has become standard practice for crack cocaine users to "recook" the product they receive to remove impurities due to lower quality of the drug; treatment providers there have heard similar reports.

Many participants noted that when availability of powdered cocaine becomes scarce, buyers are more likely to get low-concentration crack cocaine or “fake crack.” Cleveland participants explained having received wax balls, candle wax, Stove Top Stuffing®, peanuts and knots of plastic in place of crack cocaine. Regional crime labs reported the following substances as cutting agents for crack cocaine: caffeine, diltiazem (high blood pressure medication), levamisole (livestock dewormer) local anesthetics (benzocaine, lidocaine and procaine) and mannitol (sugar substitute). Participants throughout the regions most often reported baking soda as a cutting agent, while participants in Youngstown also noted use of methamphetamine to cut crack cocaine.

Current street jargon includes many names for crack cocaine. The most cited names remain “butter,” “crack,” “hard,” “rock” and “work.” Depending on desired quality and from whom one buys, 1/8 ounce (aka “eight ball”) sells for \$80-200 throughout the regions, and 1/10 gram (aka “point”) generally sells for \$10. Participants universally continued to report that a user could buy any dollar amount of crack cocaine. They clarified that crack cocaine usually sells in smaller increments (\$10, \$20 and \$50 pieces), varying in size between a chocolate chip and a peanut. These smaller transactions are quick, and the drug is seldom measured by users. Larger quantities are more commonly weighed. In addition, participants in Cincinnati and Youngstown noted that crack cocaine can be obtained by trading items of value for the drug, including stolen packages of meat, sneakers, cigarettes or sex.

The most common route of administration for crack cocaine throughout the regions remains smoking. Participants also mentioned intravenous injection (aka “shooting”), snorting and eating the drug. Reportedly, vinegar and lemon juice are the agents typically used to prepare crack cocaine for shooting. While participants and community professionals consistently noted that drug use spans all demographic categories, the themes of the previous reporting period related to typical crack cocaine use again emerged from the data during this cycle: typical users are often of lower socio-economic status, African-American, residents of an urban or inner-city location and involved in prostitution. However, participants in Cleveland and Dayton noted “younger” individuals experimenting with the drug. In Cleveland, participants reported users as young as 13. Participants in Columbus associated theft with crack cocaine use.

Reportedly, crack cocaine is used in combination with alcohol, heroin, marijuana, prescription opioids and sedative-hypnotics to aid in coming down from the stimulant high produced by crack cocaine. Participants said that it is quite common to use heroin with crack cocaine, and several individuals mentioned lacing marijuana with crack cocaine as a common practice. Participants in Akron-Canton also reported ecstasy was used with crack cocaine; one participant group in the region referred to this combination as “street Viagra®.”

## Heroin

As was the case during the previous reporting period, heroin remains highly available throughout all regions. Participants were in unanimous agreement, most often reporting the current availability of heroin as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get). During the past six months, heroin availability increased in Akron-Canton, Athens, Cincinnati and Columbus, and likely increased in Toledo. The current sentiment throughout Ohio is that heroin is the easiest drug to obtain. A participant in the Akron-Canton region stated that heroin seems easier to get than alcohol. Moreover, many participants noted that heroin is available from crack cocaine dealers and can be found at “crack houses.” Treatment providers in Columbus discussed the high percentage of clients who are entering treatment addicted to heroin, with one provider estimating that 70 to 75 percent of clients are currently addicted to the drug.

Participants and community professionals continued to describe the progression of users graduating from prescription opioids to heroin. Respondents agreed that the change in formulation of some popular prescription opioids, along with the lower price of heroin, has resulted in prescription opioid users switching to heroin. Law enforcement noted a link between increased monitoring of prescription opioids and increased use of heroin, which many participants acknowledged made heroin the easier of the two to obtain. However, some Cleveland participants felt that the increase in heroin is slowing down due to prescription drug controls which are making it less likely for individuals to be prescribed opioids, and thus less likely to become addicted to opioids in the first place.

While many types of heroin are currently available throughout the regions, participants continued to report brown powdered heroin as most available in Akron-Canton, Cleveland and Youngstown; black tar heroin most

available in Columbus; and white powdered heroin most available in Toledo. Brown powdered and black tar heroin are both currently most available in Athens and Dayton, while brown and white powdered heroin are currently most available in Cincinnati. In addition, participants and community professionals reported the emergence of a gray-colored heroin called “gravel” because of its appearance.

Participants throughout the regions often noted that the quality of heroin varies from day to day. The most common quality scores varied by region from ‘6’ to ‘10’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the most common score across regions was ‘8.’ Participants in all regions except Athens and Toledo reported an overall decrease in heroin quality during the past six months. The Athens and Toledo participants reported that quality has remained the same.

Often, participants commented that increased demand has resulted in dealers cutting heroin more to increase sales/profit from the drug. A long-term user of heroin in Cincinnati claimed that the practice of cutting heroin with other substances has increased. Participants throughout regions reported heroin cut with the following drugs: methamphetamine, “molly” (powdered MDMA), PCP (phencyclidine), prescription opioids and sedative-hypnotics. In Cincinnati, Cleveland and Toledo, there was considerable debate concerning the use of fentanyl as a cutting agent. Some participants believed there is no use of fentanyl in heroin and that users are just purchasing potent heroin. The Cuyahoga County Medical Examiner’s Office (Cleveland region) reported no fentanyl in heroin after extensive scrutiny.

In Dayton, a few participants discussed cutting heroin with morphine. Participants in Youngstown noted the danger of overdose when mixing heroin with benzodiazepines. The Mahoning County Coroner’s Office (Youngstown region) reported that 42.4 percent of all drug-related deaths (N = 59) it processed during the past six months were caused either by acute heroin intoxication or by combined effects of heroin with another substance(s). The BCI London Crime Lab reported the following cutting agents for heroin: boric acid, diphenhydramine (antihistamine), levamisole (livestock dewormer), local anesthetics (lidocaine and procaine), mannitol (sugar substitute) and sucrose (table sugar). The BCI Richfield Crime Lab reported that there are few cutting agents in the heroin cases they process.

Current street jargon includes many names for heroin. The most commonly cited names were “boy,” “dog food,” “dope” and “H.” Participants reported that heroin is available in different quantities, most commonly sold in traditional balloons or chunks for black tar heroin, and baggies or bundles for powdered heroin. However, participants in Dayton reported that powdered heroin is most often available in capsule form (aka “caps”) containing approximately 1/10 gram. Participants reported a variety of pricing dependent on location: 1/10 gram of powdered heroin (aka “point”) sells for \$10-20; a gram sells for \$80-200. Reportedly, black tar heroin sells for significantly more: 1/10 gram for \$20-40.

While there were a few reported ways of using heroin, the most common route of administration remains intravenous injection (aka “shooting”). Participants mentioned other less popular routes of ingestion to include snorting and smoking. Participants and community professionals continued to report that individuals new to heroin use are more likely to snort it before progressing to shooting. However, a few participants added that the time span of progression is shortening. In addition, several Columbus participants talked about snorting heroin with water (aka “mud slide,” “mud water” or “monkey water”).

Participants described obtaining injection needles by posing as a diabetic patient at a chain pharmacy, by stealing them from hospitals/pharmacies or by purchasing them from drug dealers, other users or over the Internet. Reportedly, dealers sell needles for \$1-5. The Cleveland region has a needle exchange program operated by The Free Clinic of Greater Cleveland, and many users reported obtaining needles from there. Universally, there seems to be increasing use of and concern over dirty or shared needles. Many participants claimed to know people who use dirty needles and share needles and have contracted Hepatitis C.

Participants and community professionals continued to most often describe the typical heroin user as white and younger than age 30. However, several participants and professionals throughout Ohio reported an increase in use by adolescents and females. Reportedly, other substances used in combination with heroin include alcohol, bath salts, crack cocaine, ecstasy, marijuana, methamphetamine, powdered cocaine, prescription opioids, prescription stimulants and sedative-hypnotics. Heroin is used with other drugs to help balance or intensify its effects.

## Prescription Opioids

Prescription opioids are moderately to highly available throughout Ohio. More specifically, availability remains high in all regions except Akron-Canton and Dayton where current availability is moderate to high. Data indicated that there were no regional changes in availability for prescription opioids during the past six months. However, many participants throughout regions believed the availability of these drugs has decreased during the past six months. Participants who held this viewpoint explained that decreased availability is mainly due to formulation changes that have made some popular prescription opioids more difficult to abuse. They also noted legal measures that have reduced the number of prescriptions a doctor can write and increased law enforcement efforts. Other common reasons provided for decreased availability are the high price of these drugs and the low cost of heroin as an alternative.

Participants and community professionals listed the following prescription opioids as most popular in terms of illicit use: fentanyl, Lortab®, methadone, Opana®, OxyContin® OP (new formulation), Percocet®, Roxicet®, Roxicodone®, Ultram® and Vicodin®. Participants also discussed the difference and availability of old versus new formula prescription opioids. They reported the old formulation of OxyContin® OC as unavailable and the old formulation of Opana® as still available, though increasingly difficult to find. In addition, participants in Columbus reported that there are fake prescription opioids selling in the region. They explained that dealers are pressing their own pills that look similar to actual prescription opioids. When asked what dealers are using to make fake prescription opioids, one participant named a powdered cleanser.

In addition to obtaining prescription opioids from street-level drug dealers, participants continued to report getting them from doctors, dentists, hospital emergency rooms, pain clinics, the Internet, family, friends and anyone who is being treated with these medications. Participants also reported that these medications are traded for other drugs and commented that legitimate patients sell their prescriptions. Participants in Athens shared that prescription opioids are far easier to obtain through a pain clinic than a hospital emergency room, while participants in Cleveland explained that medical channels, pill networks and personal connections are preferred to street dealers. Pill networks are reportedly formed to deal these drugs.

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 ingestion methods were snorting and oral consumption (swallowing or chewing). According to participant reports, there are only a few prescription opioids that can still be intravenously injected. Although rarely reported, smoking was also mentioned by a minority of participants as a route of administration.

With the exception of the Youngstown region, a profile of a typical illicit prescription opioid user did not emerge. In Youngstown, respondents reported typical illicit use to occur more often among whites under age 30. All other respondent groups felt that anyone can abuse these drugs. Reportedly, when used in combination with other drugs, prescription opioids are most often used with alcohol, crack and powdered cocaine, heroin, marijuana, methamphetamine, prescription stimulants, psilocybin mushrooms and sedative-hypnotics. The consensus among participants was that it is more common to use prescription opioids in combination with other drugs than it is to use them by themselves. Reportedly, alcohol, benzodiazepine and marijuana use increases the effect of the prescription opioids. Stimulants, such as cocaine and methamphetamine, are used with prescription opioids by those seeking the “speedball” effect.

## Suboxone®

Suboxone® is highly available for street purchase throughout Ohio. During the past six months, availability has likely increased for Cincinnati, Dayton and Toledo, while remaining high in all other regions. Participants and community professionals continued to link illicit Suboxone® use to heroin use. There was consensus among respondent groups that heroin and illicit prescription opioid users seek Suboxone® when their drug of choice is unavailable. Moreover, these users will often obtain Suboxone® to sell or trade for opiates. However, treatment providers commonly reported that individuals who seek Suboxone®, even illicitly, often do so in an attempt to get off heroin and to avoid withdrawal.

Many community professionals attributed availability of Suboxone® to an increase in Suboxone® clinics and to private physicians who prescribe the drug and do not monitor its use. Collaborating data also indicated the presence of Suboxone®. American Court and Drug Testing Services reported that 11.6 percent of the 2,420 individuals

screened through its Columbus and Lancaster labs during the past six months were positive for buprenorphine (a chemical component of Suboxone®). Reportedly, the Suboxone® sublingual strip is now the most available form of the drug; the pill form has become difficult to obtain.

Current street jargon includes a few names for Suboxone®. Those most commonly cited were “boxes,” “oranges,” “stop signs,” “strips,” “subs,” “subway” and “tangerines.” Participants reported that an 8 mg tablet sells for \$10-30; an 8 mg strip sells for \$7-25. Participants reported that common routes of administration for Suboxone® include oral consumption, snorting and intravenous injection (aka “shooting”). Most often, participants reported taking Suboxone® sublingually (dissolving it under the tongue); however, participants reported abuse by snorting of pills and shooting for strips. A participant group in the Akron-Canton region also mentioned that Suboxone® strips are cut and then chewed. Further, participants in several regions specified that Subutex® is more likely to be intravenously injected due to its particular formulation without naloxone. Participants were also quick to note that both the pills and the strips can be intravenously injected. Nevertheless, these alternative practices were reported to be far less common.

Participants shared that Suboxone® continues to be primarily acquired by prescription from drug abuse treatment centers and pain management clinics, as well as from friends and dealers, particularly those connected with heroin. Participants and community professionals continued to describe typical illicit users of Suboxone® as heroin users who are trying to avoid withdrawal symptoms when heroin cannot be obtained. Reportedly, when used in combination with other drugs, Suboxone® is combined with alcohol, crack and powdered cocaine, marijuana, prescription stimulants and sedative-hypnotics. Participants reported that Xanax® or other benzodiazepines used with Suboxone® intensifies the effect of the benzodiazepine.

## Sedative-hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain highly available throughout Ohio. Participants and community professionals listed the following sedative-hypnotics as most popular in terms of widespread use: Ambien®, Ativan®, Klonopin®, Lunesta®, Soma®, Valium® and Xanax®. Treatment providers noted

that sedative-hypnotics remain easy to obtain from physicians. Many participants throughout the regions reported an increase in use and availability of these drugs, paralleling an increase in use and availability of heroin. Reportedly, sedative-hypnotics and heroin use go hand in hand. Users will take benzodiazepines in particular to help with withdrawal symptoms from heroin.

Collaborating data also indicated the presence of sedative-hypnotics. The Cuyahoga County Medical Examiner’s Office (Cleveland region) reported Xanax® as commonly present in OVI (operating a vehicle under the influence of alcohol or drugs) test results. The Mahoning County Coroner’s office (Youngstown region) reported that 44.1 percent of all drug-related deaths it processed during the past six months were caused by acute intoxication from the combined effects of a benzodiazepine(s) with another substance(s). The Franklin County Coroner’s office (Columbus region) reported sedative-hypnotics as a contributor in 24.8 percent of all drug-related deaths it processed during the past six months.

Participants continued to report most often obtaining sedative-hypnotics from doctors, friends and family members with prescriptions. Reportedly, these drugs are not commonly obtained from street-level drug dealers. 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 ingestion methods remain snorting and oral consumption (swallowing and chewing). Participants described typical illicit users of sedative-hypnotics as very diverse in terms of race, gender, geography and socio-economic class. Nevertheless, many participant groups reported that typical users are often under age 30 and addicted to other drugs (especially heroin). Many treatment provider groups agreed that users are typically “younger.”

Reportedly, when used in combination with other drugs, sedative-hypnotics are most often combined with alcohol, crack cocaine, ecstasy, heroin, marijuana, methamphetamine, prescription opioids and Suboxone®. Participants reported that sedative-hypnotics are often used in combination with other drugs because the mix intensifies the effects of the other drug(s). Additionally, sedative-hypnotics are used to help come down from the high of stimulant drugs and to alleviate withdrawal symptoms from heroin.

## Marijuana

Marijuana remains highly available throughout Ohio. Participants from every region most often reported the overall availability of marijuana as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants and community professionals commonly reported that many users do not consider marijuana illegal or even unhealthy. Two distinct quality categories continue to be evident: commercial-grade (low- to mid-grade marijuana) or hydroponically grown (high-grade) marijuana. Users, even young users, prefer to purchase the high-grade marijuana. There are likely increases in high-grade (hydroponic or medical) marijuana in Cincinnati, Cleveland and Columbus regions. Participants reported that marijuana is often grown indoors throughout Ohio, and law enforcement agreed with participants that there has been an increase of high-grade marijuana, noting in particular medical marijuana being brought in from states in which the drug is legal.

Collaborating data also indicated the presence of marijuana. For instance, the Stark County Day Reporting Program of the Stark County Court of Common Pleas (Akron-Canton region) reported that 58.5 percent of its positive drug screens during the past six months were positive for marijuana. The Logan County Family Court (Dayton region) reported that marijuana was found in 24 percent of all positive adult drug screens and in 77 percent of all positive youth drug screens it administered during the past six months.

Every grade of marijuana is available throughout all regions, and participants continued to explain that the quality depends on whether the user purchases commercial-grade or hydroponically grown marijuana. Participants most commonly rated the quality of commercial-grade marijuana as between '2' and '5', while they rated the high-grade marijuana most often as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality). In at least two regions, Dayton and Toledo, participants reported that they could no longer find lower-quality marijuana. Participants in Columbus reported that low-grade marijuana is progressively getting lower in quality while high-grade marijuana continues to increase in quality.

Law enforcement reported that THC (the mind-altering ingredient tetrahydrocannabinol) levels have increased dramatically and that the lower-quality marijuana typically originates from Mexico, while high-grade marijuana

is being sent through the mail or brought in by suitcase from states that have legalized the drug. Reportedly, in Cleveland, a synthetic cannabinoid is commonly sprayed on lower-quality marijuana to increase the potency and to deceive users into thinking they have purchased high-quality marijuana. This might contribute to the perception of increased availability of high-grade marijuana within this particular region.

Current street jargon includes countless names for marijuana, the most commonly cited being "weed." Participants listed the following as other common street names: "dirt," "reggie," "regular" and "swag" for low-grade marijuana; "dank," "drop," "hydro," "kush" and "loud" for high-grade or hydroponically grown marijuana. Prices for marijuana continue to depend upon the quantity and quality desired: for commercial-grade marijuana a "blunt" (cigar) or two "joints" (cigarettes) sells for \$5-10; an ounce sells for about \$100. High-grade marijuana sells for significantly more: about \$20 for a blunt or two joints, and between \$250-300 for an ounce.

The most common route of administration for marijuana remains smoking. Along with many smoking devices reported, an increased number of participants mentioned using vaporizers with the drug. Participants also noted marijuana can be consumed in edibles. Participants in Athens, Columbus and Dayton reported an increase in this method of consumption and explained that it provides a different type of buzz and is perceived as healthier than smoking marijuana. Participants also added that edibles are most often used during festivals and special events. Columbus participants specifically mentioned candies and treats containing marijuana as coming in from California and other states that have legalized the use of marijuana. Dayton participants reported an increase in use of marijuana in condiments, such as butter and oils.

A profile of a typical marijuana user did not emerge from the data. Participants and community professionals continued to report that marijuana use is widespread across all segments of the population. However, participants and community professionals often reported an increase in "younger" users, noting users as young as ages 8-10. Athens and Dayton regions particularly mentioned generational use of marijuana where children begin smoking marijuana with family members as early as age eight.

Reportedly, other substances used in combination with marijuana include alcohol, crack and powdered cocaine,

ecstasy, heroin, methamphetamine, PCP (phencyclidine), prescription opioids and sedative-hypnotics. Participants throughout Ohio reported lacing marijuana with crack or powdered cocaine. However, Youngstown and Cleveland participants most often reported lacing blunts; they recounted lacing marijuana with cocaine, prescription pills, promethazine codeine and Viagra®. Participants also reported that users will often use marijuana after whatever drug of choice they choose to enhance the high of the primary drug. In addition, participants in Cleveland reported using cough syrups, honey and synthetic cannabinoids on joints to make the joint burn more slowly. A treatment provider echoed the sentiment of many in stating that typically any client that uses any illegal drug also is using marijuana.

## Methamphetamine

Methamphetamine remains highly available in Akron-Canton, moderately available in Toledo and variable in Cleveland; current availability is high in Athens and Cincinnati, moderate to high in Columbus, moderate in Dayton and variable in Youngstown. Changes in availability during the past six months include increased availability for Akron-Canton and Athens regions, as well as likely increased availability for Cincinnati, Dayton, Toledo and Youngstown regions. Cleveland and Youngstown noted variable availability because methamphetamine availability is reportedly higher in rural areas and lower in more urban areas.

Collaborating data also indicated that methamphetamine is available throughout many regions. Media outlets reported on methamphetamine seizures and arrests this reporting period. Authorities in Brown County (Cincinnati region) indicted 14 people for making, selling and bringing methamphetamine to Southwest Ohio communities ([www.herald-dispatch.com](http://www.herald-dispatch.com), March 2, 2013). Chillicothe (Cincinnati region) police raided a local residence, making the largest methamphetamine bust in that city's history; police seized between 30-40 "one-pot" methamphetamine labs ([www.10tv.com](http://www.10tv.com), April 25, 2013). In addition, the Toledo Police Crime Lab and the BCI Richfield Crime Lab reported increases in the number of methamphetamine cases they processed during the past six months.

Participants and community professionals connected increases in availability to ease of production of powdered methamphetamine. Participants and law enforcement continued to report on the production of "one-pot" (aka

"shake-and-bake") methamphetamine, 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 typically found in some allergy medications, drug manufacturers (aka "cooks") can produce methamphetamine in approximately 30 minutes at nearly any location. Participants throughout the regions reported "shake-and-bake" methamphetamine as the most prevalent form available. Treatment providers continued to report that methamphetamine does not seem to be a drug of choice for most of their clients. Law enforcement reported that Hispanic heroin cells are increasingly building a market for methamphetamine and compared it to how they built their customer base for heroin.

Participants with experience using methamphetamine shared that "crystal" methamphetamine and locally produced "red phosphorous" methamphetamine are not as available to users, but are reportedly higher-quality forms of the drug. Participants most often reported the current quality of these methamphetamine types as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality), while most often reporting the current quality of "one-pot" methamphetamine as '2' to '7'. Participants and law enforcement reported methamphetamine occasionally cut with bath salts.

Current street jargon includes a few names for methamphetamine. Those most commonly cited were "crank" and "ice." Prices for methamphetamine continue to depend on the quantity and quality of the drug (prices were not provided for the higher-quality methamphetamine): a gram of powdered methamphetamine most often sells for \$100; smaller quantities were also reported as available in several of the regions; for instance, 1/4-1/2 gram sells for \$25-50. Participants in Cincinnati and Athens reported that users can buy capsules of methamphetamine for as little as \$10 in those regions. Several participants and law enforcement throughout Ohio discussed the "meth-to-heroin" trend of users selling methamphetamine to support their own drug habits (typically heroin), or users exchanging boxes of Sudafed® or other pseudoephedrine products for methamphetamine or heroin. A participant in the Akron-Canton region reported that a box of Sudafed® could be exchanged for 1/4 gram of methamphetamine.

While there are several reported ways of using methamphetamine, the most common method remains smoking. Other routes of administration include snorting,

intravenous injection (aka “shooting”), taking the drug orally in a piece of toilet paper (aka “parachuting”) and letting the crystal methamphetamine dissolve under the tongue. The only region where smoking was not reported as the most common route of administration was Akron-Canton, where participants reported intravenous injection as the most common way to use methamphetamine.

Throughout the regions, respondents agreed that the typical methamphetamine user is white. Typical users were also described as rural, mostly male, of a lower socioeconomic level and ranging in age from 20-40. In a few regions, participants and law enforcement explained that methamphetamine users are often in very small social circles that are difficult to get into to obtain the drug. Others mentioned that methamphetamine is often found in trailer-park communities, Appalachian communities and gay communities. Treatment providers in the Toledo region reported an increase in female users.

Reportedly, many users choose to use methamphetamine by itself. However, the following other substances are reportedly used in combination with the drug: alcohol, bath salts, crack cocaine, heroin, inhalants, marijuana, prescription opioids and sedative-hypnotics. Participants explained that heroin is used in combination with methamphetamine for the “speedball” effect, while crack cocaine and bath salts are used to intensify the drug’s effects. Participants added that the remaining other substances are typically used to assist in “coming down” from the effects of methamphetamine use.

## Prescription Stimulants

Prescription stimulants are moderately to highly available in all regions; they remain highly available in Cleveland, Columbus and Youngstown, and are currently highly available in Cincinnati and Dayton, moderately to highly available in Athens, and moderately available in Akron-Canton and Toledo. Data indicated that there were no regional changes in availability for prescription stimulants during the past six months. Adderall® is the number one prescription stimulant in terms of widespread use throughout all regions. Other prescription stimulants reported as available include Concerta®, Ritalin® and Vyvanse®. In addition, the BCI Richfield Crime Lab in northeast Ohio also reported cases of Dexedrine®. The Lake County Crime Lab (Cleveland region) reported an increase in the number of Adderall® cases it processes during the past six months.

Current street jargon includes many names for prescription stimulants. The most commonly cited were “kiddie meth,” “poor man’s coke,” “speed” and “synthetic coke.” In addition, Adderall® is often referred to as “adds” or “addies,” while Ritalin® is referred to as “ritz.” Pricing is similar for each prescription stimulant. However, participants reported the following prices specific to Adderall®: 20 mg sells for \$2-5; 30 mg sells for \$5-10; an entire prescription sells for \$100. Participants often stated that users can get prescription stimulants for free or for as little as 50 cents-\$3 a piece because users do not typically obtain these drugs from dealers. Rather, they’re obtained from friends and family or from individuals who have prescriptions or from physicians who prescribe them. As a result, users often can get prescription stimulants for a lot less than the street prices reported above.

While there were several reported ways of using prescription stimulants, the most common ingestion methods for abusers remain oral consumption (swallowing and chewing) and snorting. Participants in Athens also mention intravenous injection as popular, reporting that five out of 10 illicit users in that region would snort while the other five would inject the drugs. Additionally, participants in Athens and Cincinnati explained that prescription stimulants are often added to alcoholic beverages; the capsules are opened and their contents mixed into a drink.

Participants and community professionals described typical illicit users of prescription stimulants as high-school and college-age individuals who use the drugs to party or to study. Participants also reported that people who work long hours, like truck drivers, use prescription stimulants. Participants and law enforcement also noted that typical users are addicts of other stimulant drugs, particularly methamphetamine and cocaine; these users use prescription stimulants when their stimulant of choice cannot be obtained.

Reportedly, substances used in combination with prescription stimulants include alcohol, caffeine, cough syrup, crack and powdered cocaine, heroin, marijuana, methamphetamine, prescription opioids, sedative-hypnotics, Suboxone® and tobacco. Dayton region participants explained that crack cocaine, caffeine and alcohol all intensify the effects of the prescription stimulants. Participants from the Akron-Canton and Columbus regions explained that sedative-hypnotics are often used to “come down” from the high produced from the abuse of prescription stimulants.

## Bath Salts

Bath Salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues) remain available throughout all regions despite October 2011 legislation that banned its sale and use. Current availability is high in Cleveland and Toledo; availability is variable to low in all other regions. Reportedly, bath salts continue to be available from some convenience stores, beverage drive-thru stores and “head shops.” However, several participants shared that bath salts are typically behind the counter and the user has to know the person(s) selling them to purchase. Akron-Canton region participants said it is often easier to obtain bath salts from Pennsylvania or via the Internet. Most participants expressed an aversion for bath salts and did not report attempting to purchase them; many participants were repulsed by media stories of the negative consequences of bath salts use. Participants in Toledo specifically stated that the use of bath salts is stigmatized; treatment providers in Athens supported this notion when they reported that clients are not willing to talk about their use of bath salts.

Data indicated changes in availability during the past six months for the Akron-Canton, Columbus and Dayton regions only; availability has likely decreased in the Akron-Canton and Dayton regions and likely increased in the Columbus region. Hospital staff in Athens reported that they are still seeing a lot of bath salts users and remain concerned with limited treatment options; they reported that they still do not know what to do for bath salts users while they are in that state of aggression. Participants could not rate the current quality of bath salts, but participants and treatment providers in Cleveland discussed an increase of reports of “bad trips” with the drug. Also, Cleveland participants stated that bath salts are occasionally being sold as cocaine when powdered cocaine is unavailable and that heroin is often cut with bath salts with the buyer unaware.

Current street jargon includes a few names for bath salts. Participants shared that bath salts are sold under labels such as “incense,” “pipe cleaner” and brand names such as “Posh” and “White Horse.” Most participants, while uncertain as to the quantity of bath salts a common package contains (reportedly anywhere from 1/2 gram to a gram), said that packages of the drug sell for \$20-60.

Collaborating data also indicated that bath salts are available throughout Ohio. Media outlets reported on bath

salts seizures and arrests this reporting period. During March 2013, police raided a smoke shop in the Oregon District of Dayton and arrested two individuals on drug-trafficking charges; drugs seized included synthetic marijuana and 1,087 units of bath salts being sold under the name “Eight Ballz Ultra Premium Glass Cleaner” for \$40 per gram ([www.daytondailynews.com](http://www.daytondailynews.com), April 18, 2013).

The most common route of administration of bath salts remains intravenous injection and snorting, followed by smoking. Participants in the Akron-Canton and Toledo regions reported that more users inject than snort the substance. Participants and community professionals described typical bath salts users as between the ages of 20-40 years, white, individuals on probation, people who use stimulants (cocaine or methamphetamine) and laborers (construction workers and coal miners).

Reportedly, substances used in combination with bath salts include alcohol, crack and powdered cocaine, heroin, marijuana, methamphetamine, prescription opioids and synthetic marijuana. Participants explained that heroin and prescription opioids help the user to “come down” from the effects of the bath salts, and that people on probation use bath salts and synthetic marijuana to pass drug screens. Participants in Toledo said bath salts are mostly used alone without any other substances.

## Synthetic Marijuana

Synthetic marijuana (synthetic cannabinoids, aka “K2” and “Spice”) remains available throughout regions despite October 2011 legislation that banned its sale and use. Current availability remains high in the Cleveland and Toledo regions, is high in the Cincinnati and Youngstown regions, is moderate to high in the Akron-Canton region, is low in the Dayton region and is variable in the Athens and Columbus regions. Participants in Athens and Columbus reported high availability of synthetic marijuana, while community professionals in those regions reported low availability. Changes during this reporting period include a decrease in availability for Dayton and likely decreases in availability for Akron-Canton and Athens.

As with bath salts, participants throughout the regions reported that synthetic marijuana continues to be available on the street from dealers, as well as from convenience stores, beverage drive-thru stores, tattoo parlors and “head shops.” However, participants and law enforcement reported that these outlets are much more discreet with

their sale of synthetic marijuana. As is the case with bath salts, the user has to be recognized by the seller to purchase the drug, which is most often sold from behind the counter. Participants added that synthetic marijuana can be purchased via the Internet. Law enforcement reported difficulty in enforcement of synthetic marijuana laws due to the number of chemical changes producers make to skirt the law. A media report revealed that, as a result of a three-month investigation originating in Parma (Cuyahoga County, Cleveland region), police seized synthetic marijuana and bath salts worth more than \$900,000; police reported that the confiscated synthetic marijuana filled more than 61,000 containers ([www.cleveland.com](http://www.cleveland.com), April 18, 2013).

There was a general consensus among participants who have used synthetic marijuana that the drug is not very desirable due to the bad smell and taste, and the negative effects (paranoia, hallucinations, memory loss, general “bad trips”). Thus, most prefer to smoke marijuana. Law enforcement professionals from the Akron-Canton and Athens regions noted that individuals are making their own synthetic marijuana using ingredients purchased through the Internet and by following instructions from videos posted online. Participants throughout most regions suggested that the quality of synthetic marijuana has remained the same during the past six months; only in Cincinnati did some participants suggest the quality of synthetic marijuana was increasing.

Current street jargon includes a few names/labels for synthetic marijuana. The most commonly cited remain “K2” and “Spice.” Other common street names/labels include “incense” and “scooby snacks.” The price of synthetic marijuana varies greatly throughout regions: a gram sells for \$15-50. Participants reported only one way of ingesting synthetic marijuana: smoking. Participants and community professionals continued to describe typical users as: experimental drug users, “younger” (teens, high-school aged, 12-20 years), marijuana users, people on probation/parole or residing in a halfway house, as well as anyone who has to pass any sort of drug test for employment.

Generally, participants reported that synthetic marijuana is not used in combination with other substances. However, they reported the following substances as occasionally used with the drug: alcohol, crack cocaine and prescription opioids. Participants in Cincinnati shared that using alcohol with synthetic marijuana assists users in balancing the effects of the drug.

## Ecstasy

Ecstasy (methylenedioxyamphetamine: MDMA, or other derivatives containing BZP, MDA and/or TFMPP) is moderately to highly available throughout Ohio. Ecstasy (recognized as pressed pills that are stamped or have pictures on them) and “molly” (recognized as the powdered form of MDMA) remain highly available in the Cincinnati and Cleveland regions, are highly available in the Akron-Canton and Youngstown regions, are moderately to highly available in the Athens and Columbus regions, and are moderately available in the Dayton and Toledo regions. Changes in availability during the past six months include increased availability for the Youngstown region and likely decreased availability for the Akron-Canton region. Treatment providers in the Akron-Canton region said that clients are not reporting use.

Media reported arrests and seizures of ecstasy during this reporting period. The Ohio State Highway Patrol arrested two teenage girls during a traffic stop in Lima (Allen County, Dayton region) after a K-9 unit alerted the officers to drugs in the vehicle; police seized 155 ecstasy tablets worth \$5,000 ([www.northwestohio.com](http://www.northwestohio.com), Jan. 16, 2013). Most participants throughout regions suggested a general increase in molly throughout the state, adding that in many areas molly is currently more available than ecstasy. Molly is described as a yellowish loose powder that is sold in a plastic bag, folded in paper or packed in capsules.

Few participants reported on the current quality of ecstasy or molly. However, in Akron-Canton, Cincinnati and Youngstown regions, participants reported that molly is of higher quality than ecstasy. Cincinnati and Youngstown participants added that molly is being cut with powdered cocaine and bath salts, which was verified by law enforcement professionals in the Youngstown region.

Current street jargon includes several names for each drug: Ecstasy is most often called “X” and “rolls” or referred to by the picture or stamp on the pill; powdered MDMA is most often called molly. Participants throughout Ohio reported on current pricing for ecstasy and molly. Ecstasy “single stack” (low dose) tablet sells for \$10-15; a “double stack” (higher dose) tablet sells for \$20-25. Reportedly, there are “triple” and “quadruple” stacks available in several regions, but pricing is not consistent. Cleveland participants reported pricing that was about \$5 below the other regions for all quantities of ecstasy. Columbus participants reported that a jar (100 ecstasy pills) sells for \$500.

Participant pricing for molly was variable: Akron-Canton and Athens participants reported 1/10 gram sells for \$10-20, while Cleveland participants reported the same amount sells for \$20-30. A gram of molly sells for \$50-125 throughout the regions. Cleveland participants also mentioned availability of liquid MDMA, which sells at two drops for \$30. These drugs are reportedly a social or event drug obtained and used most often at clubs, bars, raves and concerts.

Participants reported only a few ways of using these drugs. The most common routes of administration for ecstasy are oral consumption (swallowing) and anal insertion (aka "plugging"). Participants also noted that ecstasy is infrequently crushed and smoked with marijuana or snorted. The most common ingestion of molly is through oral consumption or snorting. Participants also noted that molly is infrequently intravenously injected, or mixed into food or beverages. Participants and community professionals described typical ecstasy and molly users as white, "younger" (between 15 and 30 years of age), drug dealers and individuals who go to parties, clubs or raves.

Reportedly, other substances used in combination with ecstasy include alcohol, crack and powdered cocaine, hallucinogens (LSD and psilocybin mushrooms) and marijuana. Molly is reportedly used in combination with alcohol, ecstasy, heroin, "lean" (promethazine codeine mixed into soft drinks), marijuana, prescription opioids and sedative-hypnotics. Participants explained that these combinations typically intensify the effects of ecstasy and molly.

## Other Drugs

OSAM Network participants listed a variety of other drugs as available in Ohio, but these drugs were not reported in all regions. Participant groups in most regions reported availability of hallucinogens [lysergic acid diethylamide (LSD) and psilocybin mushrooms], as well as abuse of inhalants and cold/cough medications. Participants in some regions were more specific: Cleveland participants reported PCP (phencyclidine) as available; Cincinnati and Dayton participants reported high availability for anabolic steroids; Athens and Columbus participants reported abuse of Seroquel® (atypical antipsychotic).

Hallucinogens are currently available in most regions. Participants and community professionals shared that LSD and psilocybin mushrooms are typically obtained through

marijuana or ecstasy dealers or at festivals, concerts and raves. Typical users of hallucinogens were described as adolescent to college aged, "hippies," skateboarders, inexperienced/new drug users, marijuana users and drug dealers. A treatment provider in Athens described typical users as often unemployed and living with their parents. LSD and psilocybin mushrooms are used in combination with alcohol, ecstasy and molly, heroin, marijuana and prescription opioids.

While LSD is reportedly difficult to obtain in the Akron-Canton region, it is moderately available in the Athens, Cincinnati, Columbus and Youngstown regions. Availability of LSD has remained the same during the past six months. The drug comes in several forms: tabs, gel tabs, liquid and pill. Street names for LSD include "acid," "cid," "Lucy," "tabs" and "trip." Prices are variable throughout the regions: a "hit" (single dose) of paper tabs sells for \$5-15. Columbus participants reported that a sheet of paper tabs sells for \$300-400, while Dayton participants reported the sheet of tabs sells for \$150. Columbus participants also reported that a hit of liquid LSD sells for \$12.

Psilocybin mushrooms are available in the majority of the regions. Changes in availability during the past six months include decreased availability for Akron-Canton and increased availability for Toledo, specifically in the more rural areas of the region. Current street jargon includes a few names for psilocybin mushrooms. The most commonly cited were "boomers," "caps" and "shrooms." Participants throughout the regions reported that 1/8 ounce of psilocybin mushrooms sells for \$25-30; 1/4 ounce sells for \$50.

Inhalants remain highly available throughout most of the regions due to their legality and ease of purchase from stores; however, these substances are not preferred by most drug users. Participants and community providers identified several types of inhalants as being abused: aerosols, keyboard cleaners, gasoline and nitrous oxide. Athens participants reported increased use and cited "duster," "hippie crack," "rush" and "whippets" as the most common street names for inhalants. Inhalant use is most often found at festivals or in the privacy of a residence. Inhalants are breathed into the lungs, or "huffed." Participants and community professionals identified typical users of inhalants as in their teens to mid-20s, males more often than female, individuals on probation and people who have difficulty obtaining other drugs, or new and experimenting drug users.

Over-the-counter (OTC) medications and promethazine codeine syrups are commonly abused in several regions. Coricidin® and Robitussin® are the most popular. These drugs are easily obtained from retail stores and are likely to be abused by younger users. During this reporting period, there was increased discussion regarding the use of “lean” or “dirty Sprite™” (mixing promethazine codeine with beverages such as Kool-Aid®, Sprite® or alcohol). Athens participants reported that lean is sold on the streets at \$50 for seven to eight ounces. Reportedly, these cocktails are often used in combination with marijuana and sedative-hypnotics.

PCP remains highly available in one area of the City of Cleveland, often referred to as “water world.” The Cleveland Crime Lab reported that the number of PCP cases it processes increased during the past six months. Reportedly, PCP is obtained from a tight network of dealers and is sold for \$10-20 per dip (dip of a cigarette or joint into liquid PCP). The only route of administration reported by participants is smoking. PCP users were described as younger, smokers (of tobacco or marijuana) and more likely women than men. PCP is also used in combination with alcohol, crack cocaine, marijuana and tobacco.

Reportedly, anabolic steroids are highly available in the Cincinnati and Dayton regions and moderately available in the Youngstown region. Youngstown participants reported an increase in this drug during the past six months. Cincinnati participants provided a couple of brand names for anabolic steroids: Deca® and Winstrol®. Participants reported that anabolic steroids are purchased in cycles (three-month supplies). Participants in Cincinnati reported that one cycle of anabolic steroids sells for \$225, while Dayton participants reported that one cycle sells for \$70-150. Anabolic steroids are obtained at gyms and through the Internet. Participants did not comment on the route of administration for the drug. Participants and community professionals described typical users of anabolic steroids as 17-30 years of age, athletic males who work out (lift weights at a gym) or high school students who play football. Anabolic steroids are most often used in combination with creatine.

Lastly, Athens and Columbus participants reported limited abuse of Seroquel®, which is often obtained in jails and traded among inmates. Athens participants described Seroquel® as readily prescribed, but noted a decrease in street availability during the past six months. In addition

to obtaining the drug on the street, this medication is also obtained from inmates, friends or by prescription. Participants in Athens reported that Seroquel® pills sell for \$1-2 each. Participants in Columbus reported that Seroquel® is often crushed and smoked in cigarettes. In addition, participants explained that Seroquel® is often used to “come down” from a crack cocaine high.

## Gambling

When participants were asked to describe gambling behaviors in their communities, several trends regarding the popularity of particular gambling types again emerged from the data. Lottery and scratch-offs remain the most common forms of gambling and are highly popular within each OSAM region. Reportedly, casino gambling is also popular in Athens, Cleveland, Columbus, Dayton, Toledo and Youngstown, while Internet cafés are common throughout all of the regions. Participants in Youngstown reported that the number of Internet cafés within that region continues to grow. This trend may be of particular concern, as participants in the Cleveland region identified Internet cafés as a source for illicit drugs.

In addition to Internet cafés, participants reported several common venues for both legal and illegal forms of gambling. Some participants reported having increased their casino gambling in recent months as a result of a casino opening in their region. Keno is popular among participants in Akron-Canton, Columbus and Youngstown. Dice, poker and other street games are currently popular within most of the regions, with the exception of Athens. Participants within the Athens, Cincinnati, Cleveland, Columbus and Youngstown regions reported betting on horse races. Bingo remains popular, particularly in Athens, Cleveland, Columbus and Youngstown. Sports betting is available in all regions, but is most popular in Cincinnati, Cleveland, Columbus and Youngstown.

There was no consensus among participants in regard to a relationship between gambling and drug use. However, some patterns did emerge from the data. Participants from several regions reported little or no relationship between gambling and drug use. In fact, the majority of participants within the Akron-Canton, Cincinnati, Columbus, Dayton and Toledo regions did not see a connection between gambling and drug use. Moreover, the majority of participants overall reported that their gambling is secondary to their drug use. Gambling was often seen as

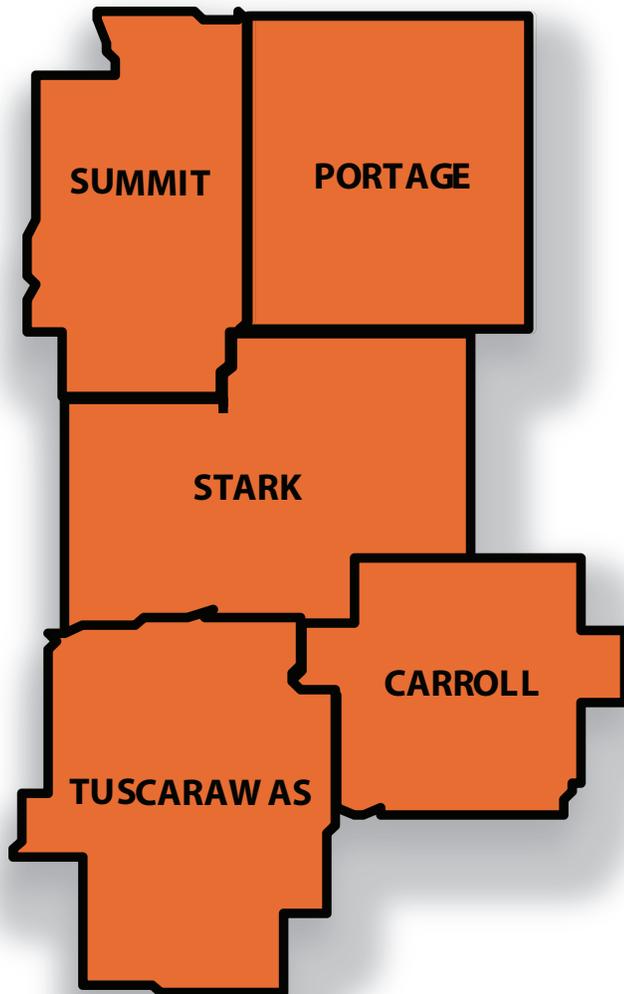
a consumer of money and time which could be used to acquire drugs. Some participants reported not having sufficient funds for both gambling and drug use, reporting no regular gambling. On the other hand, the majority of participants within the Akron-Canton and Cleveland regions described a relationship between gambling and drug use. Akron-Canton participants generally reported gambling more frequently when they were high on drugs. Cleveland participants suggested that certain drugs are related to certain types of gambling. For instance, they noted marijuana use as common when shooting dice/craps and alcohol and cocaine use as common when participating in casino gambling. Finally, Dayton participants compared gambling to a drug-induced high.

In contrast to illicit drugs, there was consensus among participants that a relationship exists between gambling and

alcohol use. Participants continued to note that alcohol use is common within gambling venues, such as bars and casinos. Participants within the Youngstown region reported increasing their alcohol use when they gambled. Other participants reported spending more money on gambling when they drank alcohol. Participants in Athens, Cincinnati and Dayton reported that individuals in recovery are more likely to gamble than users who are not.

Lastly, some participants suggested that an “addictive personality” may be a factor determining one’s vulnerability to gambling addiction. However, within most regions, participants did not report struggling with problem or pathological gambling. Only one participant from the Toledo region reported selling drugs to support a gambling addiction. No participant reported seeking help for gambling addiction during this reporting period.

## 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, law enforcement and public health officials) via individual and focus group interviews, as well as to data surveyed from the Stark County Sheriff's Department, the Stark County Day Reporting Program of the Stark County Court of Common Pleas, the Summit County Juvenile Court 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 2012. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for January through June 2013.

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

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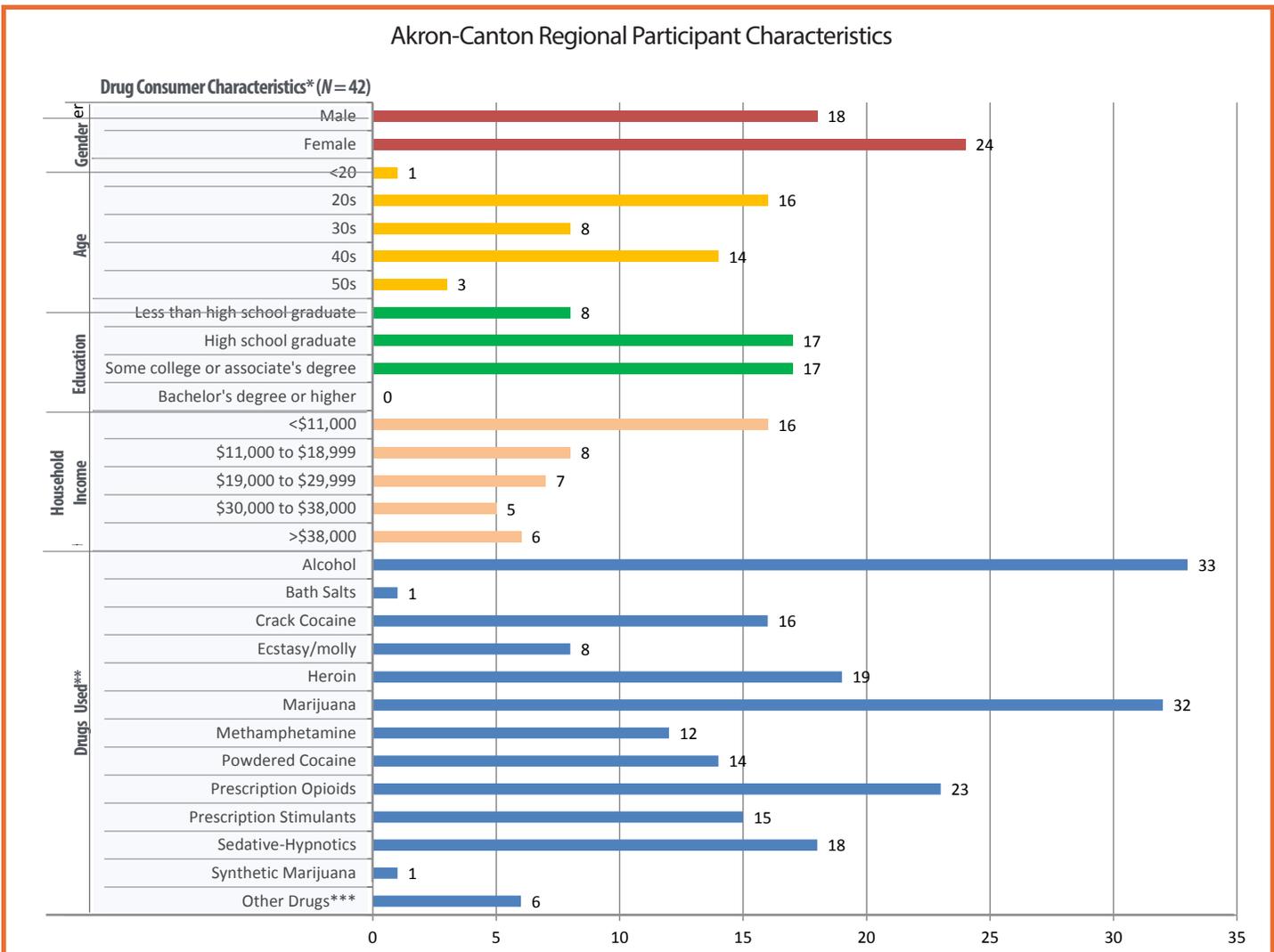
## Regional Profile

Indicator <sup>1</sup>	Ohio	Akron-Canton Region	OSAM Drug Consumers
Total Population, 2010	11,536,504	1,200,204	42
Gender (female), 2010	51.2%	51.5%	57.1%
Whites, 2010	81.1%	85.4%	85.7%
African Americans, 2010	12.0%	9.4%	9.5%
Hispanic or Latino origin, 2010	3.1%	1.6%	14.6%
High School Graduation rate, 2010	84.3%	86.3%	81.0%
Median Household Income, 2011	\$45,803	\$44,250	\$11,000 to \$18,999 <sup>2</sup>
Persons Below Poverty Level, 2011	16.3%	15.9%	50.0% <sup>3</sup>

<sup>1</sup>Ohio and Akron-Canton statistics are derived from the most recent US Census, and OSAM drug consumers were participants for this reporting period: January-June 2013.

<sup>2</sup>Participants reported income by selecting a category that best represented their household's approximate income for 2012. Income status was unable to be determined for six participants due to missing data.

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



\*Not all participants completed forms; numbers may not equal 42.

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

\*\*\* Other drugs refer to DMT, LSD, psilocybin mushrooms and Seroquel.®

## Historical Summary

During the previous reporting period (July–December 2012), bath salts, crack cocaine, heroin, marijuana, methamphetamine, prescription opioids, prescription stimulants, sedative-hypnotics, Suboxone® and synthetic marijuana remained highly available in the Akron-Canton region. Increased availability existed for heroin and Suboxone®. Data also indicated likely increased availability for methamphetamine and sedative-hypnotics, a decrease in availability for ecstasy, and a likely decrease in availability for powdered cocaine.

All data sources indicated an increase in heroin availability. Community planners in Stark County reported that the coroner declared heroin overdoses an epidemic. Treatment providers attributed the increase of heroin availability to increased difficulty in obtaining prescription opioids. Participants continued to note an increase in availability and use in more rural areas of the region. Brown powdered heroin remained the most available type and intravenous injection remained the most common route of administration for this drug. However, participants reported that it was becoming more difficult to buy injection needles without a prescription at area pharmacies and that it was common for individuals to share needles. Participants noted that there were no needle exchange programs in the immediate area.

Participants stated that as opiate use continued to increase, so did the availability of Suboxone®. The BCI Richfield Crime Lab reported processing an increased number of Suboxone® cases during that reporting period. Treatment providers said that there seemed to be a demand for Suboxone®. Treatment providers noted that there were billboards advertising free Suboxone® in the region and that it was common for individuals who were prescribed Suboxone® to share it with friends.

Participants throughout the region commented about the “one-pot” or “shake-and-bake” forms of methamphetamine as being prevalent in the region and reported that the availability of methamphetamine had increased during the previous reporting period. Participants noted that methamphetamine was cheaper and easier to make. They described typical users as white, from working/middle- to lower-class socio-economically, “younger” and more often male, though some treatment providers noted an increase in use among females.

Many participants agreed that it was easy to find a physician who would prescribe sedative-hypnotics, and it was also easy to find these medications on the street. Participants and community professionals identified Klonopin® and Xanax® as the most popular sedative-hypnotics in terms of illicit use. Participants noted that opiate abusers tended to use sedative-hypnotics more than other users to help alleviate withdrawal symptoms.

All data sources indicated a decrease in ecstasy availability during the previous reporting period. Treatment providers noted that ecstasy is sometimes heard about, but mostly in the context of experimental use among high school and college students.

Participants from most groups in the region reported the availability of powdered cocaine had decreased during the previous six months. Participants identified a number of reasons for the decrease in availability, such as police targeting major dealers of the drug and the interception of large shipments coming into the country.

Participants and community professionals reported that despite legislation, bath salts and synthetic marijuana continued to be available on the street from dealers as well as from many convenience stores and “head shops.” However, law enforcement noted that recent legislation had caused bath salts and synthetic marijuana to be far less available at retail stores in the region and that those stores which did sell these drugs were much more discreet.

## 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 ‘5’. Participant comments on current availability of powdered cocaine included: *“It’s extremely available. I can make a phone call and get it in a half hour or less; Just as easy [to obtain] as heroin.”* However, a participant noted, *“I have to go into the ‘hood [inner city] to find a dope boy [drug dealer] to get the powder [powdered cocaine] before it is cooked into crack [cocaine].”* Treatment providers most often reported the current availability of powdered cocaine as ‘8’; the previous most common score was ‘5’. A treatment provider commented, *“Clients report they don’t struggle to find it.”*

Law enforcement most often reported current availability of powdered cocaine as '6'. An officer commented, *"It's out there, but you need to know the right people. A lot of cocaine dealers have converted to selling heroin."*

Collaborating data also indicated that powdered cocaine is readily available in the region. The Stark County Day Reporting Program said that 22.1 percent of its positive drug screens during the past six months were positive for cocaine. In addition, media outlets reported on cocaine seizures and arrests this reporting period. The Ohio State Highway Patrol found \$100,000 worth of cocaine concealed in a shoebox in a car's trunk during a traffic stop in Stark County (<http://statepatrol.ohio.gov/media.stm>, Jan. 30, 2013). In Akron, a grand jury indicted 17 people for conspiracy to distribute cocaine, heroin and marijuana in northeast Ohio ([www.newsnet5.com](http://www.newsnet5.com), June 25, 2013).

Participants, treatment providers and law enforcement all reported that the availability of powdered cocaine has remained the same during the past six months. While some participants reported that dealers are switching to selling other drugs such as heroin and methamphetamine, many participants reported that the dealers also continue to sell powdered cocaine. One participant disclosed, *"My guy [dealer] had both [heroin and cocaine], so it's still easy to get [powdered cocaine]."* Both the BCI Richfield Crime Lab and the Stark County Sheriff's office reported that the number of powdered cocaine cases they process has remained the same during the past six months.

Most participants rated the current quality of powdered cocaine as '5' or '6' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '5'. Participants reported that powdered cocaine in the region is cut (adulterated) with aspirin, baby laxative, baby powder, baking soda, creatine and vitamin B. The BCI Richfield Crime Lab reported that powdered cocaine is cut with caffeine, levamisole (livestock dewormer) and lidocaine (local anesthetic). Several participants commented on the variable quality of powdered cocaine. One participant stated, *"If you buy it from old-timers, it's pretty good ... in the 'hood, there's a chance of being ripped off."* Another participant said he switched to methamphetamine because the quality of powdered cocaine was bad. During the past six months, participants reported that the quality of powdered cocaine has generally decreased.

Current street jargon includes many names for powdered cocaine. The most commonly cited were "blow" and "snow."

Participants listed other common street names of "girl," "powder," "ski" and "white." Current street prices for powdered cocaine were consistent among participants with experience buying the drug, yet pricing continues to be dependent on quality: 1/2 gram sells for \$50-80; a gram sells for \$70-100; 1/16 ounce (aka "teener") sells for \$90; 1/8 ounce (aka "eight ball") sells for \$125-150. Participants reported that it is common to purchase powdered cocaine by the 1/2 gram or gram, with a few participants noting a price discount if they buy a gram.

Participants continued to report that the most common way to use powdered cocaine is snorting. Out of 10 powdered cocaine users, participants estimated that six would snort, three would intravenously inject or "shoot," and another one would smoke the drug. Participants noted that "recreational users" more often use powdered cocaine by snorting, while "addicts" more often intravenously inject it.

Participants described typical users of powdered cocaine as white and of middle-to-upper socio-economic status. One participant described users as *"upper class, white males, from the medical field – doctors [and] lawyers."* However, some participants disagreed and stated that, while powdered cocaine was more commonly used by individuals with high economic means in the past, anyone could be a user today. A participant commented, *"It's so accessible, anyone can be using cocaine. You don't know. You have no clue who is using cocaine."* Treatment providers generally agreed that powdered cocaine use is more common among whites, and more common among individuals who are *"more financially able."* Law enforcement noted that a powdered cocaine user can be anyone.

Reportedly, powdered cocaine is used in combination with alcohol, heroin, marijuana and sedative-hypnotics. It is reportedly very common to use powdered cocaine with alcohol because it allows the user to drink for longer periods of time. Alcohol and benzodiazepines used in combination with powdered cocaine help reduce withdrawal symptoms, such as jitters, as users come down off the stimulant high. Reportedly, heroin is commonly used with powdered cocaine by those users seeking the "speedball" (up and down) effect. Participants explained that smoking marijuana with powdered cocaine helps to intensify the cocaine high, produces a speedball effect and helps in coming down from cocaine use.

## 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 agreed, making comments such as, *"It's extremely easy [to get crack cocaine]; it's everywhere."* Treatment providers most often reported the drug's current availability as '9'; the previous most common score was also '9'. Treatment providers comments on current crack cocaine availability included: *"You can get it anywhere you go; it's around the corner ... next door; I hear a lot more use of crack than I do of powdered cocaine."* Law enforcement most often reported the drug's current availability as '6'; the previous most common score was '3'. Law enforcement believed crack cocaine to be a bit harder to find than other drugs.

Participants reported that the availability of crack cocaine has remained the same or increased during the past six months. One participant who stated an increase in availability commented, *"[Crack cocaine] is more addictive ... it grabs you."* Some participants also mentioned an increase in crack cocaine dealers in the region: *"It's an open market, a lot more people are dealing it [crack cocaine]. Dealers are making a fortune. Heroin dealers also sell crack; There's more competition. Younger people are trying to sell it."* Treatment providers and law enforcement reported that availability of crack cocaine has remained the same during the past six months. Treatment providers commented that crack cocaine was very available six months ago. *"[Availability of crack cocaine] it's the same today, running right under heroin,"* said one treatment provider. Both the BCI Richfield Crime Lab and the Stark County Sheriff's office reported that the number of crack cocaine cases they process has remained the same during the past six months.

Most participants rated the current quality of crack cocaine as '6' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '4'. Participants reported that crack cocaine in the region is cut with baking soda. A participant commented on the variability of crack cocaine quality in the region: *"Sometimes you get something great. Other times, it's messed up."* Overall, participants reported that the quality of crack cocaine has decreased during the past six months.

Current street jargon includes many names for crack cocaine. The most commonly cited name remains "hard."

Participants listed the following as other common street names: "butter," "rock" and "work." Current street prices for crack cocaine were consistent among participants with experience buying the drug. Participants reported that 1/16 ounce (aka "teener") sells for \$60-80, depending on the quality; 1/8 ounce (aka "eight ball") sells for \$80-120. All participant groups noted, however, that it is most common to purchase crack cocaine by "pieces," with sizes varying depending on the amount of money the consumer has to spend. Several participants commented on the practice of purchasing crack cocaine with whatever amount of money a user can muster: *"It does not matter; you can buy a 5 [\$5] piece [of crack cocaine] or a 10 [\$10] piece. Any [amount of] money, in general ... even if you have a dollar."*

While there were a few reported ways of administering crack cocaine, generally, the most common route of administration remains smoking. Out of 10 crack cocaine users, participants reported that approximately nine would smoke; and one would intravenously inject or "shoot" the drug.

Although the majority of participants noted there were no typical characteristics of a crack user, a couple of the participant groups described users of crack cocaine as most often African-American and residing in low-income areas. A participant commented, *"It does not matter if you are rich or poor. It [crack cocaine] does not discriminate. I've seen old, kids, mayors, attorneys."* Treatment providers reported that crack cocaine use is more common among individuals who have less money and are under-educated. A treatment provider added, *"Crack is less costly than powdered cocaine, so it's more popular with people with lower incomes."* Treatment providers also noted that users are more likely African-American. Law enforcement reported that crack cocaine users are typically inner-city African-Americans.

Although most participants reported it is most common to use crack cocaine by itself, one participant said, *"A lot more people are using crack in combination with other drugs. It's always a side dish, used with something else."* Reportedly, crack cocaine is most often used in combination with alcohol, ecstasy, heroin, marijuana, prescription opioids and sedative-hypnotics. Several participants mentioned that alcohol, heroin and sedative-hypnotics assist a user in coming down from the stimulant high of crack cocaine. A participant explained, *"I would not shoot crack if I did not have heroin. I did not like the paranoid feeling. I liked the buzz, but I'd come down with heroin."* Concerning the use of prescription opioids with crack cocaine, a participant

said, "Some crack does not last long. Opiates keep them going until they can get more crack." One group referred to the combination of ecstasy with crack cocaine as, "street Viagra®."

## Heroin

Heroin remains highly available in the region. Participants 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 was also '10.' A participant stated, "[Heroin is] as accessible as alcohol." Participants often compared heroin availability to other drug availability: "Sometimes it's easier to get heroin than it is marijuana; A lot easier to find [heroin] than scripts [prescription opioids]. You only get one or two scripts of pills a month, while heroin is unlimited." Treatment providers most often reported the drug's current availability as '10,' the previous most common score was '9.' Treatment providers commented on

the availability and popularity of heroin: "It's the thing; It's everywhere; It's cheaper than pills [prescription opioids]." A treatment provider shared, "A lot of clients say they are offered heroin before they even know what it is." Law enforcement most often reported the drug's current availability as '10,' the previous most common score was also '10.'

While many types of heroin are currently available in the region, participants reported that brown powdered heroin remains the most available type. Law enforcement agreed. The BCI Richfield Crime Lab also reported brown powdered heroin as most available in the region. Participants reported the availability of black tar heroin to be low, rating its availability as '3' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants stated, "Once in a while you come across black tar [heroin]; You have to go to Cleveland to get tar; it's hard to get around here." Law enforcement, likewise, reported the availability of black tar to be low, explaining they encountering it twice during the past six months. Treatment providers did not report specifically on types of heroin because, as one stated, "Clients don't talk about the specifics about type." The BCI Richfield Crime Lab also reported low availability of black tar heroin in the region.

Media outlets in the region reported on heroin seizures and arrests this reporting period. The Summit County

Sheriff's office reported charging a local woman in the heroin overdose deaths of two men; the most recent of the two deaths occurred in December 2012 at a motel in the city of Green ([www.wkyc.com](http://www.wkyc.com), Jan. 31, 2013). The Portage County Drug Task Force arrested two individuals at their home in Paris Township: one for soliciting and possession of heroin and the other for promoting prostitution and permitting drug abuse ([www.wkyc.com](http://www.wkyc.com), April 19, 2013).

Participants reported that the availability of brown powdered heroin has increased during the past six months. One participant explained: "Pharmacy companies switched [the formula of] oxy's [OxyContin®] and other drugs. They gel up when you want to snort or shoot them." Another said, "Pain pills are harder to get. Heroin is cheaper and stronger than pain pills." Treatment providers agreed that the availability of brown powdered heroin has increased during the past six months due to the same reasons that participants gave. Law enforcement reported that the availability of brown powdered heroin has remained the same during the past six months. Both the BCI Richfield Crime Lab and the Stark County Sheriff's office reported that the number of brown powdered heroin cases they process has increased during the past six months. The BCI Richfield Crime Lab reported that the number of black tar heroin cases it processes has remained the same; the Stark County Sheriff's office does not track black tar heroin cases.

Most participants rated the current overall quality of heroin as '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '6.' Participants reported that brown powdered heroin in the region is cut with other opiates (Dilaudid® or fentanyl), sedatives-hypnotics (phenobarbital or Xanax®), vitamin B-12, and as one stated, "anything that looks like it [heroin] and is water-soluble." Participants often noted that the quality of heroin varies from day to day. The BCI Richfield Crime Lab reported that there are "not a lot of cutting agents" in the heroin cases they process. Overall, participants reported that the quality of heroin has decreased during the past six months. Participants often commented that increased demand has resulted in dealers cutting heroin to get more sales/profit out of the drug. A participant explained that due to high demand, dealers are bringing more lower quality heroin in from outside the region. A participant reported that demand for heroin is high, saying, "They [dealers] can't get enough of it. They go to Detroit to get it ... it's already stomped [adulterated] five times [before it reaches the region]."

Current street jargon includes many names for heroin. The most commonly cited names remain “boy” and “dog food.” Other common street names for heroin include: “brown,” “H,” “horse,” and “ron.” Participants reported that brown powdered heroin is available in different quantities: a “20 bag” containing about 1/10 gram sells for \$20; a “50 bag” containing between 2/10 – 3/10 gram sells for \$50; 1/2 gram of sells for \$60-100; a gram sells for \$100-150. Participants reported that heroin is often purchased by weight: *“It [purchase of heroin] depends on how much money you have at a time; it used to be stamps, bundles, or bags. Now it’s by the weight.”* However, a number of participants reported that it is most common to purchase \$50 worth (aka “50 bag”), but one may purchase as little as a \$20 bag. Participants did not have information regarding the current pricing for black tar heroin.

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, eight would intravenously inject; and two would snort the drug. A participant commented, *“Everybody goes to the needle.”*

Participants reported obtaining needles from several venues. When purchasing needles from pharmacies, one has to purchase a large amount and often has to provide proof of prescription (for diabetic medication). Participants reported that needles can also be purchased from many heroin dealers for \$2 each. A participant group reported on the practice of purchasing “dog needles” from pet stores, even though they are larger. Other participants reported taking needles from relatives who are being treated for diabetes. A participant group in Stark County reported that there are pastors who give needles out as part of disease prevention. Participants reported that sharing needles continues to be a common practice, making comments such as: *“People reuse and share needles because they cannot get them readily; You will use someone else’s needle before you snort it [heroin].”* Participants were not aware of any needle-exchange programs within the region.

Participants described typical users of heroin as white, young (teens–20s) and from lower- to middle-income brackets. Several participants commented on heroin use among younger groups: *“Age is getting lower; teens are using heroin; High schoolers . . . a lot more today, 15 and 16 years old. It keeps getting younger and younger.”* A participant suggested cocaine users are switching over to heroin: *“Cocaine [quality] sucks, so they are doing heroin to*

*get the high.”* Treatment providers consistently reported that heroin users are often white and younger (early- to mid-20s/college-aged). In addition, a treatment provider group reported that heroin use is increasing among young females. Law enforcement reported that heroin users come from *“all walks of life, inner city, suburbs,”* and also reported an increase in the number of teenagers who are using heroin.

Reportedly, heroin is used in combination with alcohol, crack and powdered cocaine, marijuana, methamphetamine and sedative-hypnotics. Crack and powdered cocaine are used for the “speedball” effect. Marijuana used in combination with heroin reportedly *“makes you higher,”* according to a participant. Participants identified the practice of using heroin with benzodiazepines as *“the number one way to O.D. [overdose].”* Overall, participants had mixed opinions regarding whether it is more common to use heroin by itself or to use it in combination with other substances in an attempt to increase the impact of the drug.

## Prescription Opioids

Prescription opioids are moderately to highly available in the region. Participants most often reported current availability of these drugs as ‘6’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was ‘10.’ Participants identified Opana®, Percocet® and Vicodin® as the most available and popular prescription opioids in terms of widespread use. Participants discussed availability of specific prescription opioids. Reportedly, Dilaudid® and fentanyl availability are low. A participant in Tuscarawas County reported, *“[Fentanyl] it’s not easy to find, but when it is around, it’s very popular.”* Reportedly, Vicodin® and Percocet® are readily available but low in demand. Participants also discussed the difference and availability of old and new formula prescription opioids. They reported the old formulation of OxyContin® OC as unavailable, and the old formulation of Opana® as still available, though increasingly difficult to find. A participant in Tuscarawas County stated, *“Opana® is very popular around here.”*

Treatment providers most often reported the current availability of prescription opioids as ‘9,’ the previous most common score was ‘8.’ Treatment providers identified Percocet® and Vicodin® as the most popular prescription opioids in terms of widespread use. Law enforcement

most often reported current availability as '7'; the previous most common score was also '7'. Law enforcement identified Opana®, OxyContin® and Roxicet® as most popular. Media outlets in the region reported on seizures and arrests this reporting period involving prescription opioids. The Ohio State Highway Patrol seized ecstasy, heroin and oxycodone pills during a traffic stop on the Ohio Turnpike in Summit County ([www.wkyc.com](http://www.wkyc.com), May 16, 2013).

Participants reported that the availability of prescription opioids has decreased during the past six months, attributing this mainly due to formulation changes that have made prescription opioids more difficult to abuse. The high price of these drugs was also commonly noted as a reason. Treatment providers did not agree on whether the availability of prescription opioids increased or remained the same. Law enforcement reported that the availability of prescription opioids has remained the same, though there is more attention being given to them. An officer explained, "Law enforcement has increased efforts, looking into prescription pill [opioid] abuse. Special task forces have been set up." The BCI Richfield Crime Lab reported the number of prescription opioid cases it processes has generally remained the same during the past six months, with the exception of an increase in Ultram® cases and a decrease in OxyContin® cases.

Reportedly, many different types of prescription opioids are currently sold on the region's streets. Current street prices for prescription opioids were consistent among participants with experience buying the drugs. Participants reported the following prescription opioids as available to street-level users (Note: When reported, current street names and prices are indicated in parentheses): Dilaudid® (aka "D's;" 4 mg sells for \$10-15; 8 mg sells for \$20-25), morphine (100 mg sells for \$20), Opana® (aka "Os," "pans" and "pandas;" 40 mg, aka "biggs," sells for \$80-100 for the old formula and \$15 or higher for the new formula), OxyContin® (old formulation, aka "OCs" and "oxy's;" 80 mg sells for \$100; new formulation, aka "OP's;" 80 mg often sells for \$20), Percocet® (aka "Ps" and "percs;" 5 mg sells for \$3-5; 10 mg sells for \$5-8), Roxicodone® (aka "blues" and "roxies;" 30 mg sells for \$15-30) and Vicodin® (aka "Vs" and "vics;" 5 mg sells for \$3-5; 7.5 mg sells for \$7; 10 mg sells for \$7-8).

In addition to obtaining prescription opioids on the street from dealers, participants continued to report getting them from doctors, pain clinics, families, friends and anyone who is being treated with these medications. Participants also often reported that different medications

are traded and swapped to get other drugs. Participants often commented on legitimate patients who sell their prescriptions. A participant shared, "I have a friend who gets scripts [prescriptions] for oxy's, Percocet® and Vicodin®. She would take out so many for herself and sell the rest." Another participant admitted, "I stand outside the pharmacy and ask, 'Do you want to let go of anything?'" One focus group discussed a network of "old-timers" who can find any opiate one desires. A participant from that group said, "I can get any pill you want, any milligram. If they did not have it, they would get it and call me. I'd put in orders with them." Treatment providers agreed that there are many ways for people to get prescription opioids, noting: "doctor shopping, friends and relatives, on the street. Most [illicit users] get them from people with prescriptions."

While there were a few reported ways of consuming prescription opioids, and variations in methods of use were noted among types of prescription opioids, the most common routes of administration are oral ingestion, snorting and intravenous injection (aka "shooting"). Participants estimated that out of 10 prescription opioid users, five would orally ingest, three would snort and two would intravenously inject the drugs. In addition, smoking was mentioned by a minority of participants; this route of administration for prescription opioids is reportedly rare.

A profile of a typical illicit user of prescription opioids did not emerge from the data. Participants noted that older individuals tend to have greater access to prescription opioids, while individuals of all ages use them. Participants observed that younger people often obtain these drugs from older individuals. A participant explained, "Older people are not seen as drug seeking, so doctors more readily prescribe these medications to this population." A law enforcement officer agreed, commenting, "Even legitimate older people sell one or two [pills] just to get by ... some pills sell for \$40-80 a piece on the streets." Treatment providers also reported that users tend to be older or know older people with ailments and can get their medications. Participants commonly reported that prescription opioids are, "very popular [for abuse] across all lines; all races, all ages, all genders." Treatment providers reported that typical illicit users of prescription opioids are more likely to be white with some income (employed) to be able to pay for the drugs. Some treatment providers noted that use of prescription opioids is increasing among African-American males and white suburban adolescents. Law enforcement did not report a typical illicit user of prescription opioids. One officer said that a user "could be anybody."

Reportedly, when used in combination with other drugs, prescription opioids are most often combined with alcohol, crack and powdered cocaine, marijuana, methamphetamine and sedative-hypnotics. The consensus among participants was that it is more common to use prescription opioids in combination with other drugs than it is to use them by themselves. Reportedly, alcohol and benzodiazepine use increases the effect of the prescription opioids. Stimulants such as cocaine and methamphetamine are used with prescription opioids by those seeking the “speedball” effect. Several participants reported using prescription opioids with marijuana because, as one stated, “both are downers ... they make you feel more down, relaxed.”

### Suboxone®

Suboxone® remains highly available in the region. Participants reported current street availability of Suboxone® as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was also ‘10’. Participants suggested fraudulent use of Suboxone® prescriptions: “People lie about their drug use ... will get two or three [Suboxone®] pills a day and sell them; Many sell them [Suboxone®] to get what they really want [heroin].”

Treatment providers most often reported the drug’s current availability as ‘10’; the previous most common score was ‘7’. A treatment provider commented, “There is a market. People who are prescribed [Suboxone®] hold on to it and sell it.” However, treatment providers commonly reported that individuals who seek Suboxone®, even illicitly, often do so in an attempt to get off heroin and to avoid withdrawal. A treatment provider commented, “[Illicit use of Suboxone®] it’s uncontrolled treatment. Providers [of Suboxone®] are not doing their piece of getting them [patients] off ... keeping them accountable.” Law enforcement reported, “I’ve seen it [Suboxone®] a few times. It’s getting into the [county] jail. People sneak it in [under stamps] to help a person in jail who is in withdrawal.”

Participants reported that the availability of Suboxone® has remained the same during the past six months, while treatment providers reported that availability has increased. The BCI Richfield Crime Lab reported the number of Suboxone® cases it processes has remained the same during the past six months.

Participants did not identify any current street names for Suboxone®. Street prices for Suboxone® were variable among participants with experience buying the drug. Participants reported that they preferred the less-available Suboxone® 8 mg pills over the 8 mg sublingual strips: an 8 mg pill sells for \$10-30; an 8 mg sublingual strip sells for \$8-25. In addition to obtaining Suboxone® on the street from dealers, participants reported getting the drug from physicians, treatment agencies and people with prescriptions. A participant said, “You find a doctor who doesn’t require a [counseling or treatment] program.” Another participant admitted, “We’d lie about our drug use to get extras in order to make money. A friend of mine was prescribed 150 pills a month. She’d sell them to get heroin.”

Most often, participants reported taking Suboxone® sublingually. Participants estimated that out of 10 illicit Suboxone® users, eight would sublingually use the strips; between one and two would intravenously inject the strips, and some would snort the pills. A participant group also mentioned that Suboxone® strips are cut and then chewed by users. Further, it was specified that Subutex® is more likely to be intravenously injected due to its particular formulation without naloxone. Participants were also quick to note that both the pills and the strips can be intravenously injected. Nevertheless, these alternative practices were reported to be far less common.

Participants reported no descriptor of typical illicit users of Suboxone®. Treatment providers reported that illicit Suboxone® users are typically young, white, employed and have medical insurance.

Reportedly, when used in combination with other substances, Suboxone® is used with alcohol, crack and powdered cocaine, marijuana and sedative-hypnotics. The effect of alcohol use was reported to be intensified when used with Suboxone®. Participants reported using other drugs such as benzodiazepines with Suboxone® because as one stated, “You can’t get high on heroin [while taking Suboxone®], so it’s switch time.” A participant explained that those using benzodiazepines often are, “seeking the same [opiate] high they were getting before.” A participant group noted, “Even though it [Suboxone® use with benzodiazepines] can be fatal, they still do it.”

## Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain highly available in the region. Participants most often reported current availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. Participants identified Ativan®, Klonopin®, Valium® and Xanax® as the most popular sedative-hypnotics in terms of widespread use. Participants commented: *"I could get them [sedative-hypnotics] anywhere, and I was highly addicted to them; Doctors are giving [prescribing] Ativan® to taper off Xanax®."*

Treatment providers most often reported current availability of sedative-hypnotics as '8'; the previous most common score was '9'. Treatment providers continued to identify Klonopin® and Xanax® as the most popular sedative-hypnotics in terms of widespread use. Treatment providers commented: *"[Sedative-hypnotics are] not so much a 'drug of choice,' but they are available. People tend to use it episodically, one or two times a month; If they are stressed, they take one of mom's Xanax®."* Law enforcement reported current availability as '6' or '7' and identified Xanax® as most popular. Law enforcement believed that Xanax® in particular is readily available. A law enforcement officer stated, *"There's a lot of [Xanax®] prescriptions, and one is able to get it [Xanax®] from grandma's or mom's purse."*

Participants reported that the availability of sedative-hypnotics has increased during the past six months. A participant stated, *"I've noticed that because heroin has gone up, so have the benzos [benzodiazepines]. They go hand in hand. They [benzodiazepines] take the edge off when you are dope sick [in withdrawal]."* Treatment providers and law enforcement reported that the availability of sedative-hypnotics has remained the same during the past six months. The BCI Richfield Crime Lab reported that the number of sedative-hypnotics cases it processes has remained the same during the past six months, with the exception of a decrease in the number of Soma® cases.

Reportedly, many different types of sedative-hypnotics are currently sold on the region's streets. Current street prices for sedative-hypnotics were consistent among participants with experience buying the drugs. Participants reported the following sedative-hypnotics as available to street-level users (Note: When reported, current street names and prices are indicated in parentheses): Ativan® (aka "A's" and "vans;" sells for \$1 per milligram; 2 mg sells

for \$1.50-2), Klonopin® (aka "forget-a-pins" and "pins;" 1 mg sells for under \$3), Xanax® (aka "busses;" "wagon wheels" and "xanies;" 0.25 mg, aka "footballs" and "peaches," sells for 50 cents-\$2.50; 0.5 mg, aka "green footballs," sells for \$2-3; 1 mg, aka "blue footballs" and "blues," sells for \$2-4; 2 mg, aka "bars" or "logs," sells for \$5-7) and Valium® (sells for less than \$1 per milligram; 5 mg sells for \$3).

In addition to obtaining sedative-hypnotics on the street from dealers, participants reported getting them from physicians, psychiatrists, friends and family members. Participant comments included: *"I went to my doctor. He gave me anything I want. I told him I was trying to get off of alcohol; You can go to a doctor, tell him someone in your family died, say you're depressed and he will give you Valium®."* Participants also reported that it is common practice for people with prescriptions to sell them. A participant stated, *"My 30-day script for Xanax® lasts five days. Then, the rest of the month, I am chasing it. Friends, family, they swap this for that."*

While there were a few reported ways of consuming sedative-hypnotics, generally, the most common methods are oral ingestion and snorting. Participants estimated that out of 10 sedative-hypnotic users, seven would orally ingest; and three would snort the drugs. Participants reported that users will often chew the pills, or ingest sublingually to get the drug into the system quicker.

Participants described typical illicit users of sedative-hypnotics as either young (teens-mid 20s) or older (over age 40). Participants reported that sedative-hypnotic use is common with opiate users because *"It helps take away [dope] sickness,"* and cocaine users *"to come down from the buzz [stimulant high]."* Treatment providers reported that typical illicit users of sedative-hypnotics are most often white. Some providers noted that veterans coming back from the Middle East commonly use sedative-hypnotics, as well as people with mental health issues.

Reportedly, when used in combination with other drugs, sedative-hypnotics are most often combined with alcohol, crack and powdered cocaine, ecstasy, heroin, marijuana and methamphetamine. According to participants, sedative-hypnotics are, *"almost always part of a cocktail [mix of drugs],"* because, *"If you take it by itself, you just fall asleep."* Participants reported that sedative-hypnotics intensify the effect of marijuana and heroin. Users combine use with crack and powdered cocaine, ecstasy and methamphetamine to "come down" from the stimulant high of those

drugs. Participants said that they use sedative-hypnotics with alcohol to “intensify the high” produced by alcohol.

## Marijuana

Marijuana remains highly available in the region. Participants and community professionals most often reported the drug’s current availability as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was also unanimous at ‘10’. A participant stated, “*People I know usually have some weed [marijuana] on them.*” There was also consensus among participants that even higher grades of marijuana are “*very easy to get, year round.*” A treatment provider commented, “*It used to be, ‘Thank God my kids are only using cigarettes, not other drugs.’ Now they say, ‘Thank God my kids are only using marijuana [and not other drugs].’*” Another treatment provider reported that seven out of 10 clients test positive for marijuana upon admission, but marijuana is often not the drug of choice. Law enforcement cited three types of marijuana in the region: “*Mexican skunk weed,*” “*B.C. bud*” (from British Columbia, described as having a high THC level) and “*home grown.*” They reported all three types as readily available.

Collaborating data also indicated that marijuana is readily available in the region. The Stark County Day Reporting Program said that 58.5 percent of its positive drug screens during the past six months were positive for marijuana. In addition, the Summit County Juvenile Court reported that 19.2 percent of all drug screens processed during the past six months were positive for marijuana.

Media outlets in the region covered a number of marijuana seizures and arrests this reporting period. Police in Alliance (Stark County) arrested a man in what was believed to be the largest marijuana-growing operation in Alliance police history, confiscating 260 marijuana plants at a home ([www.wkyc.com](http://www.wkyc.com), Feb. 27, 2013). An Akron man was sentenced on felony drug-trafficking charges stemming from an arrest in March when the man was caught accepting a package containing five pounds of marijuana ([www.wkyc.com](http://www.wkyc.com), June 11, 2013). The Portage County Drug Task Force made two arrests of individuals trafficking in marijuana, one at a motel where several marijuana plants were found and the other at a home in Kent ([www.wkyc.com](http://www.wkyc.com), June 18, 2013); and Stark County law enforcement reported seizing 332 pounds of marijuana with an estimated street value of \$500,000 ([www.wkyc.com](http://www.wkyc.com), June 27, 2013).

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

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 described “*commercial weed*” as being “*dark brownish-green,*” dry, and containing stems and seeds. Higher grades of marijuana were described as having “*vibrant colors*” (aka “*bright green,*” at times with “*red hairs*” and a “*purple hue*”), fluffy, sometimes with crystals, “*strong smelling,*” often “*sticky*” to the touch. Participants most often reported the current quality of marijuana as ‘10’ for high-grade marijuana and ‘7’ for low-grade marijuana on a scale of ‘0’ (poor quality, “*garbage*”) to ‘10’ (high quality); the previous most common scores were ‘10’ for high-grade marijuana and ‘5’ for low-grade marijuana. Most participants reported that they will usually buy higher grades of marijuana. Several treatment providers agreed, with one stating, “*Young people are smoking higher potency marijuana.*”

Current street jargon includes countless names for marijuana, but the most commonly cited name remains “*weed.*” Participants listed the following as other common street names: “*mids,*” “*reggie,*” “*regular*” and “*swag*” for commercial-grade (lower-quality) marijuana; “*dank*” and “*dro*” for high-grade or hydroponically grown marijuana. The price of marijuana depends on the quality desired; current street prices for marijuana were consistent among participants with experience buying the drug. Participants reported commercial-grade marijuana as the cheapest form: a blunt (cigar) or two joints (cigarettes) sells for \$10; 1/8 ounce sells for \$15-25; 1/4 ounce sells for \$35-45; and an ounce sells for \$100. Higher-quality marijuana (“*hydro*”) sells for significantly more: a blunt or two joints sells for \$15; 1/8 ounce sells for \$40-60, 1/4 ounce sells for \$80-100; and an ounce sells for \$200-350. Participants commonly reported that users typically purchase between 1/8 ounce and 1/4 ounce of marijuana at a time and that prices vary depending on geographical location. A participant from Tuscarawas County noted, “*You can get more weed for \$20 in Canton [Stark County] than you do for \$20 around here.*”

While there were several reported ways of consuming marijuana, the most common route of administration remains smoking. Out of 10 marijuana users, participants

reported that approximately all 10 would smoke the drug. While marijuana can also be consumed by eating baked goods, participants commonly reported that this manner of use is the exception. A profile for a typical marijuana user did not emerge from the data. Participants and community professionals reported that marijuana use is common among all population groups.

Reportedly, marijuana is used in combination with just about any other drug. Many participant groups noted that marijuana is “used with everything.” A participant explained, “If I am using meth [methamphetamine], I’m going to smoke some weed. If I’m smoking coke, I’m going to smoke some weed. If I’m drinking [alcohol], I’m going to get me a blunt.” It was noted that there are a few users who only smoke marijuana, but it was more commonly reported that users of any other drug will also use marijuana. As a treatment provider noted, “Anyone who uses any illegal drug is probably using marijuana with it.”

## Methamphetamine



Methamphetamine remains highly available in the region. Participants 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). Participants reported that methamphetamine is available in powdered form. A participant explained the consistency: “sometimes chunky, breaks down into powder.” Participants agreed that prevalence of methamphetamine is high: “Pretty common; every day a meth [methamphetamine] lab is being busted.” Participants from throughout the region commented about the production of “one-pot” or “shake-and-bake” methamphetamine. 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 (typically found in over-the-counter cold and allergy medications), methamphetamine manufacturers (aka “cooks”) can produce the drug in approximately 30 minutes at nearly any location by mixing ingredients in easily found containers. This form of methamphetamine is increasingly more available in the region. As one participant commented, “You don’t see old-school cooks. It takes too long – up to a week – and they need too many ingredients.” Another participant reported, “Around

here, there are still 24-hour cooks, but shake-and-bake is more popular.” Imported methamphetamine (aka “crystal ice”) reportedly is very hard to find.

Treatment providers most often reported the drug’s current availability as ‘8’; the previous most common score was ‘9’. A treatment provider commented, “So many people are making their own [methamphetamine].” Law enforcement reported the drug’s current availability as ‘10’; the previous most common score was ‘4.’ (Note: for this report, law enforcement from Summit County was interviewed, while in the previous report, law enforcement was from Stark County only). Law enforcement reported that 90 percent of the labs in the region are in Summit County; they also reported that in the past year, there has been an average of 39 labs found by law enforcement per quarter year. According to law enforcement: “We don’t see red phosphorous [“old-school” method] anymore, it’s all one-pot; anyone can make it now.”

Media outlets in the region reported on a number of methamphetamine seizures and arrests this reporting period. A jury found an Akron man guilty of manufacturing methamphetamine in a local apartment ([www.wkyc.com](http://www.wkyc.com), Feb. 6, 2013). Streetsboro (Portage County) police arrested two people at a local motel for possession of an ounce of crystal methamphetamine (aka, “ice” or “glass”) with an approximate street value of \$6,000; this was a significant find as this type of methamphetamine is thought to be rare in the region ([www.wkyc.com](http://www.wkyc.com), Feb. 27, 2013). Several meth labs were discovered in the region: the Portage County Drug Task Force discovered a meth lab in a Ravenna apartment complex ([www.wkyc.com](http://www.wkyc.com), March 6, 2013); in Akron, a five-year-old child was removed from a home when a meth lab was discovered in one of the home’s bedrooms ([www.wkyc.com](http://www.wkyc.com), March 12, 2013); and the Portage County Drug Task Force busted two additional meth labs, arresting four people ([www.wkyc.com](http://www.wkyc.com), March 28, 2013). Law enforcement in Summit County reported busting 11 meth labs, putting the county on track for a record number of meth lab busts for 2013 ([www.wkyc.com](http://www.wkyc.com), April 30, 2013). Brimfield (Portage County) police arrested two men and two teens after discovering a mobile meth lab near I-76 ([www.wkyc.com](http://www.wkyc.com), June 8, 2013).

Participants reported that the availability of methamphetamine has increased during the past six months. Participants often commented on the change of manufacture as the reason for increased availability: “[Methamphetamine] it’s easy to make, and everyone is

*making it. Teenagers are making it now; We went from a 24-hour cook, to 'shake-and-bake' in one hour; ... get me two boxes of Sudafed®, and I will guarantee an eight-ball [1/8 ounce of methamphetamine].” One group reported an increase in the number of people who make methamphetamine to sell it: “There’s a ton of money in making it [methamphetamine] ... fast cash.”*

Treatment providers reported that the availability of methamphetamine has remained the same during the past six months, while law enforcement reported that availability has increased during the past six months, primarily due to ease of production. The majority of methamphetamine lab busts throughout the region are reportedly the “shake-and-bake” type; labs are often found discarded along the road or in vehicles, homes and motels. The BCI Richfield Crime Lab said the number of methamphetamine cases it processes has increased during the past six months.

Participants most often rated the current quality of powdered methamphetamine as ‘10’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was ‘6.’ However, quality of powdered methamphetamine was said to vary widely. A participant stated, *“It’s like heroin. You don’t know what you are going to get.”* Another participant shared, *“It’s a rough game out there. They [dealers] will sit with you and use some really good shit with you, then sell you some garbage.”* A participant group reported that methamphetamine is often cut with bath salts. Participants did not agree on whether the quality of methamphetamine has increased or decreased during the past six months. However, they did agree that the quality of “shake-and-bake” methamphetamine is not as good as red phosphorous methamphetamine.

Current street jargon includes a few names for methamphetamine. However, although there have been other street names for methamphetamine mentioned in past reports, participants during this reporting period only mentioned “crystal.” Current street prices for methamphetamine were consistent among participants with experience buying the drug. Participants reported that a gram of crystal methamphetamine sells for \$120-160; a gram of powdered methamphetamine sells for \$80-110. However, a participant noted, *“If you make it [methamphetamine] yourself, it will cost you \$20, and you will get four grams.”* Participants also reported that one can purchase a “vial” of an unspecified amount of methamphetamine for \$20; some participants reported that this is the most common way to purchase the drug.

Many participants reported exchanging boxes of pseudoephedrine for methamphetamine. Participants noted that one could purchase a limited amount of medication containing pseudoephedrine each month per state law, and many participants reported doing so to trade for methamphetamine, or to sell to a methamphetamine cook for money to buy their drug of choice. A participant explained exchanging Sudafed® for methamphetamine: *“You can get a quarter gram of meth [in exchange] for a box of Sudafed®.”* Another participant explained how they exchange Sudafed® for money: *“I would get Sudafed® ... sell three boxes for \$100 to support my heroin use.”*

While there are several ways of using methamphetamine, the most common method remains intravenous injection. Out of 10 methamphetamine users, participants estimated that six would intravenously inject, three would snort and another one would smoke the drug. However, participants noted that imported methamphetamine (aka “crystal ice”) is almost always smoked.

Participants described typical users of methamphetamine as white, male, middle- to lower-income status, middle-aged or younger. In addition, participants often noted methamphetamine use as common among those who work long hours, including seasonal landscapers and construction workers, as well as truck drivers; and reportedly, the drug is commonly used in the gay community. Treatment providers described typical users of methamphetamine as white, under-educated and often of lower income because *“it’s cheap.”* Law enforcement agreed that typical users of methamphetamine are most often white and of lower socio-economic status.

Reportedly, methamphetamine is used in combination with alcohol, bath salts, heroin, marijuana and sedative-hypnotics. Participants said that these other drugs are generally used to assist with “coming down” from the stimulant high produced by methamphetamine. A participant explained, *“Some meth users are up for days and need something to calm them down.”* Another participant shared, *“I’d shoot meth [and] then come down with heroin.”* Several participants also reported that it is common to use methamphetamine by itself, not in combination with other drugs. Participants explained: *“Meth makes other drugs ineffectual; I used meth by itself. In fact, I quit drinking [alcohol] because of meth.”*

## Prescription Stimulants

Prescription stimulants are moderately available in the region. Specifically, participants reported on the availability of Adderall®. Participants were not consistent in rating prescription stimulant availability. The most common scores were between '3' 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.' A participant remarked, *"If you want it [Adderall®] bad enough, you can find it, but you may need to knock on a few doors."* Participants spoke about the need to call around to different pharmacies even when they have a legitimate prescription, as many pharmacies are not able to fill prescriptions for Adderall® because they have run out. Consequently, a participant surmised, *"The manufacturer is not making them readily available."* Law enforcement most often reported current availability of prescription stimulants as '5.' The BCI Richfield Crime Lab reported Adderall® and Dexedrine® as available in the region.

Participants did not agree on whether the availability of prescription stimulants has increased, decreased or remained the same during the past six months. Some participants reported that it is more difficult to have these drugs prescribed by a doctor, commenting: *"It used to be easy to get a prescription [for a stimulant]. Now, you need to know the key words, like 'paying attention;' Doctors are being wiser, starting to drug test to make sure you are not on cocaine; People who are prescribed it [Adderall®] want to hang on to it."* However, one participant said, *"A doctor moved into the area who is writing scripts left and right. I found out about him in jail!"* Community professionals did not report on a change of availability for prescription stimulants. The BCI Richfield Crime Lab reported that the number of prescription stimulant cases it processes has remained the same during the past six months.

Current street jargon includes a few names for prescription stimulants. The most commonly cited names were "addies," "blues," "legal meth," "speed" and "XRs." Current street prices for prescription stimulants were consistent among participants with experience buying the drug. The following prescription stimulant prices were provided by participants: generic prescription stimulant 20 mg sells for \$4; Adderall® 30 mg sells for \$5-10; an entire month's prescription sells for \$100.

In addition to obtaining prescription stimulants on the street from dealers, participants reported getting them

from physicians and family members or friends who have been prescribed the medication. A participant commented, *"I thieved from my son. I got hooked, went to my doctor and said I have ADD [attention deficit disorder], got a script for 60 pills. Then, I'd use them in five days. Then I'd have to go buy them for \$6 or \$7 a pill."* Another participant added, *"If I wanted it [prescription stimulants], I would go to the high school, as so many kids are prescribed it, and are willing to sell it for cash."* While there were several reported ways of using prescription stimulants, the most common method is snorting. Out of 10 illicit prescription stimulant users, participants estimated that nine would snort; and one would orally ingest the drugs (either by swallowing or chewing them).

Participants described typical illicit users of prescription stimulants as college students. Reportedly, truck drivers also commonly use the drug. Participants stated that these drugs are used in combination with alcohol, heroin, prescription opioids and sedative-hypnotics to help to "come down" from the effect of the stimulant.

## Bath Salts

Bath salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues) remain available in the region. Participants most often reported the drug's current availability as '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.' A participant commented, *"You can't get it [bath salts] anymore."* Treatment providers most often reported current availability as '7.' Treatment providers commented: *"If they [users] cannot find heroin or meth, or are tired of heroin or meth, they will turn to bath salts; People that are using bath salts are not talking about it."* Law enforcement reported that while bath salts are still available in some stores, availability is somewhat scarce.

Participants, treatment providers and law enforcement reported that the availability of bath salts has decreased during the past six months. Participant comments included: *"You used to be able to buy it [bath salts] on every corner until they outlawed it."* A treatment provider commented, *"The conversation is going down, which means that either it [bath salts] is going away, or they [clients] are afraid of it."* The BCI Richfield Crime Lab reported that the number of



bath salt cases it processes has remained the same during the past six months.

Participants did not identify any street names for bath salts, though one group noted that it is currently being sold in the region with the brand name, "White Horse." Participants shared their knowledge and experience of purchasing the drug. Reportedly, bath salts most often sell for \$40-60 per gram. However, the price varies, as one focus group reported 1/2 gram sells for \$35. Another group said that bath salts are sold in "little vials," for \$15, but did not report how much drug each vial contains.

Despite legislation enacted in October 2011, several participants noted that bath salts are still sold in certain "head shops," convenient stores and beverage drive-thru stores. However, participants often reported: "*Some [retail outlets] won't sell it [bath salts] unless they know you; You have to know the name of what they call it, you can't just ask for bath salts; You have to know the right 'code word.'*" Participants disclosed, "*There's only one place in Canton that still sells it [bath salts], but it's not worth it ... poor quality ....*" Participants also said that one can drive to Pennsylvania and purchase bath salts easier than obtaining it in the Akron-Canton region. A participant group noted, "*If nothing else, [you] look it [bath salts] up on the Internet, learn how to make it or order it online.*"

While there were several reported ways of using bath salts, the most common methods are intravenous injection and snorting. Participants estimated that out of 10 bath salt users, five would intravenously inject, three would snort and two would smoke the drug.

A participant group described typical users of bath salts as being the same as cocaine users, but otherwise no typical characteristics were identified. Reportedly, bath salts are used in combination with alcohol, crack and powdered cocaine, heroin and methamphetamine to either enhance/intensify the effects of the other drugs, or to assist with "coming down" off of bath salts. Participants did not comment as to how common it is to use bath salts with other drugs as opposed as to using bath salts alone.

## Synthetic Marijuana

Synthetic marijuana (synthetic cannabinoids, aka "K2" and "Spice") is moderately to highly available in the region.

Participants were not consistent in rating its availability.

Most common scores were between '6' 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'. Similar to bath salts, participants reported that synthetic marijuana is still available in "head shops," convenience stores, beverage drive-thru stores and tattoo parlors. However, these vendors are more discreet than they used to be regarding sales. Treatment providers and law enforcement did not rate the current availability of syn-

thetic marijuana. Previously, the most common score was '6'. Treatment providers noted that clients rarely talk about synthetic marijuana. Law enforcement said that the majority of synthetic marijuana they encounter is "homemade," explaining that users purchase the ingredients through the Internet: "*When we [law enforcement] find it [synthetic marijuana], we have it tested to identify illegal components.*"

Participants reported that the availability of synthetic marijuana has remained the same or decreased during the past six months. A participant noted, "*They [law enforcement] are trying to outlaw it [synthetic marijuana] and are cracking down on it.*" Treatment providers and law enforcement reported that the availability of synthetic marijuana has decreased during the past six months, although law enforcement reported, "*We still see it occasionally.*" The BCI Richfield Crime Lab reported that the number of synthetic marijuana cases it processes has remained the same during the past six months.

Participants reported that synthetic marijuana may be sold under labels like "potpourri." Reportedly, synthetic marijuana sells for \$5-10 per gram and can be purchased in 1-, 2- or 3-gram bags. Several participants commented that "head shops" are the only place one can purchase synthetic marijuana currently; while other participants continued to report purchasing this drug at convenience and beverage drive-thru stores. The only route of administration reported by participants was smoking.

Participants described typical users of synthetic marijuana as any individual, "*being drug tested for their job or for probation.*" Reportedly, synthetic marijuana can be used in



combination with “anything,” although participants indicated that it is most commonly used by itself.

## Ecstasy



Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA and/or TFMP) 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). Participants reported that ecstasy almost exclusively is found in strip clubs or at raves (dance parties) and is not commonly available on the streets. Treatment providers and law enforcement did not rate the drug's current availability. As one treatment provider commented, *“No one talks about these [ecstasy] anymore.”* Law enforcement reported the availability as being, *“hit and miss.”* A law enforcement officer stated, *“As far as large amounts [of ecstasy], we don't see it. On occasion we will get a big seizure, but other than that, it's a few pills here and there.”*

Participants reported that the availability of ecstasy has decreased during the past six months. A participant reasoned, *“Harder drugs are taking over. Ecstasy people [users] are going to heroin.”* Participants also reported that there are fewer dealers selling the drug. A participant stated, *“Many of my ecstasy hooks [dealers] are in jail now.”* The BCI Richfield Crime Lab reported that the number of ecstasy cases it processes has decreased during the past six months.

Participants did not report any street names for ecstasy. Current street prices for ecstasy were consistent among participants with experience buying the drug. Participants reported a “single stack” (low dose) ecstasy tablet sells for \$10-15; a “double stack” (high dose) sells for \$20. While there were several reported ways of using ecstasy, the most common method is oral ingestion.

Participants described typical users of ecstasy as individuals who frequent clubs. Law enforcement described the typical ecstasy users as, *“young, party kids.”* Participants did not report any other drugs used in combination with ecstasy.

## Other Drugs

Participants and community professionals listed a few other drugs as being present in the region, but these drugs were not mentioned by the majority of people interviewed: hallucinogens [lysergic acid diethylamide (LSD) and psilocybin mushrooms] and “lean” (promethazine with codeine typically mixed into a soft drink).

Participants commented on the availability of LSD (aka “acid”), reporting it to be, *“hard to find; not as common [as psilocybin mushrooms].”* No participant reported recent experience using LSD. Participants reported the availability of psilocybin mushrooms to be variable. A participant said, *“If you are looking for it [psilocybin mushrooms], you can find it, but it's seasonal.”* Another participant commented, *“[Psilocybin mushrooms are] hard to find around here, only at festivals or people at festivals bring them home.”* Participants suggested availability of psilocybin mushrooms has decreased, as one stated, *“It used to be 24/7. Now, depends on the time of year.”* Only one group in Stark County reported high availability: *“Shrooms [psilocybin mushrooms] are big around here.”* Stark County participants rated the current availability of psilocybin mushrooms as '8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get).

Treatment providers reported that hallucinogenic drugs (LSD and psilocybin mushrooms) are not very available. A treatment provider commented, *“[Hallucinogens] are one of the hardest things [drugs] to find, no one talks about these anymore.”* Law enforcement reported, *“We don't see [hallucinogens] much . . . mostly they're mushrooms.”* The BCI Richfield Crime Lab reported that the number of cases of LSD and psilocybin mushrooms it processes has decreased during the past six months. Participants reported that a quarter ounce of psilocybin mushrooms sells for \$50. Participants reported that use of psilocybin mushrooms is very popular among marijuana smokers. Community professionals suggested that hallucinogens are seen more at rock concerts than on the street. A treatment provider commented that use is more common with, *“the older generation.”*

One treatment provider group reported on the use of “lean.” Reportedly, the use of this substance is popular with youth and young adults and also very commonly used in the “rap scene” and in the “rave scene” as it is promoted by many rap artists.

## Conclusion

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

While many types of heroin are currently available in the region, participants, law enforcement and the BCI Richfield Crime Lab reported brown powdered heroin as the most available heroin type in the region; all of the data sources also were in consensus on the low availability of black tar heroin regionally. Respondents continued to attribute the increased availability of brown powdered heroin during the past six months to the reformulation of several prescription opioids that made them more difficult to abuse, increased difficulty in obtaining prescription opioids and the significantly cheaper price of heroin. However, participants reported that the quality of heroin has decreased during the past six months. Participants often commented that increased demand has resulted in dealers cutting heroin more to their profit margin.

Participants and community professionals consistently commented on the decreased age among heroin users. Treatment providers consistently reported that heroin users are often white and younger (early- to mid-20s/college aged). In addition, a treatment provider group reported that heroin use is increasing among young females. Law enforcement also reported an increase in the number of teenagers who are using heroin.

Participants continued to report the current availability of methamphetamine as '10' (highly available). Participants agreed that the prevalence of methamphetamine is high. Most of the available methamphetamine is the powdered "shake-and-bake" type, which is locally produced. Law enforcement reported that 90 percent of the meth labs in the region are in Summit County; they also estimated an average of 39 labs found by law enforcement per quarter year. Imported methamphetamine (aka "crystal ice") is reportedly rarely available.

Participants and law enforcement reported that methamphetamine availability has increased during the past six

months, primarily due to ease of production. A participant group reported an increase in the number of people who make methamphetamine to sell the drug. Many participants reported exchanging boxes of pseudoephedrine for methamphetamine. Participants noted that one could purchase a limited amount of medication containing pseudoephedrine each month per state law, and many participants reported doing so to trade for methamphetamine, or to sell to a methamphetamine cook for money to buy their drug of choice. Typical users of methamphetamine continue to be predominately white, male, middle- to lower-income status and middle aged or younger.

Despite legislation enacted in October 2011, participants noted that bath salts and synthetic marijuana are still sold in certain "head shops," convenience stores and beverage drive-thru stores. However, these vendors are more discreet than they used to be regarding sales. Law enforcement added that while bath salts are still available in some stores, availability is somewhat scarce. Participants noted that one can drive to Pennsylvania and purchase bath salts easier than obtaining the drug in the Akron-Canton region. Treatment providers noted that clients rarely talk about synthetic marijuana.

Participants and law enforcement reported that some users are turning to the Internet to learn how to make their own synthetic drugs. Law enforcement explained that the majority of synthetic marijuana they encounter is "homemade." Law enforcement informed that users purchase the ingredients via the Internet, and when they find suspected synthetic marijuana, they send it to be tested for any illegal components.

Lastly, while ecstasy availability was thought to remain high in the region, participants reported that availability has decreased during the past six months. In addition, the BCI Richfield Crime Lab reported that the number of ecstasy cases it processes has decreased during the past six months. Participants reported that ecstasy is almost exclusively found in strip clubs or at raves (underground dance parties) and not commonly available on the streets. Participants explained that there are fewer drug dealers selling ecstasy. Treatment providers stated that clients do not talk about ecstasy anymore, and law enforcement described ecstasy availability as "hit and miss."





### Drug Abuse Trends in the Athens Region



**Regional Epidemiologist:**  
**Beth E. Gersper, MPA**

#### Data Sources for the Athens Region

This regional report was based upon qualitative data collected via focus group interviews. Participants were active and recovering drug users recruited from alcohol and other drug treatment programs in Athens, Belmont and 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 individual and focus group interviews, as well as to data surveyed from the Bureau of Criminal Investigation (BCI) London office, which serves central and southern Ohio, and the Athens County Coroner's office. All secondary data are summary data of cases processed from July through December 2012. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for January through June 2013.

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

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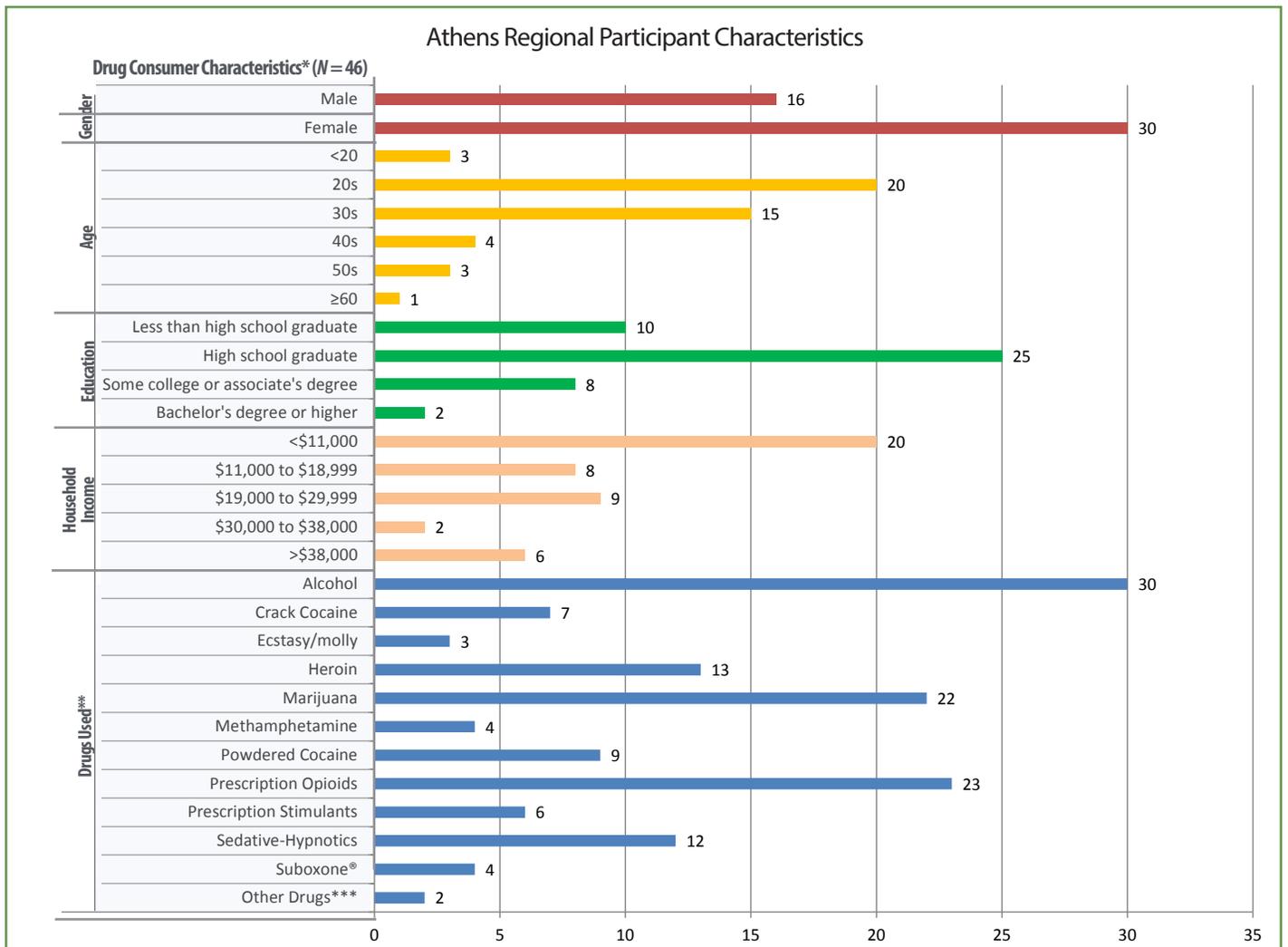
## Regional Profile

Indicator <sup>1</sup>	Ohio	Athens Region	OSAM Drug Consumers
Total Population, 2010	11,536,504	587,004	46
Gender (female), 2010	51.2%	50.4%	65.2%
Whites, 2010	81.1%	94.7%	93.3%
African Americans, 2010	12.0%	2.1%	4.4%
Hispanic or Latino origin, 2010	3.1%	0.8%	0.0%
High School Graduation rate, 2010	84.3%	92.9%	77.8%
Median Household Income, 2011	\$45,803	\$38,150	\$11,000 to \$14,999 <sup>2</sup>
Persons Below Poverty Level, 2011	16.3%	19.8%	67.4% <sup>3</sup>

<sup>1</sup>Ohio and Athens statistics are derived from the most recent US Census, and OSAM drug consumers were participants for this reporting period: January-June 2013.

<sup>2</sup>Participants reported income by selecting a category that best represented their household's approximate income for 2012. Income status was unable to be determined for one participant due to missing data.

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



\*Not all participants completed forms; numbers may not equal 46.

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

\*\*\* Other drugs refer to Subutex®, synthetic marijuana.

## Historical Summary

In the previous reporting period (July–December 2012), crack cocaine, heroin, marijuana, powdered cocaine, prescription opioids, prescription stimulants, sedative-hypnotics and Suboxone® remained highly available in the region. Changes in availability during the previous six months included: increased availability for methamphetamine, likely increased availability for heroin and likely decreased availability for powdered cocaine.

Methamphetamine was moderately to highly available in the region. Participants from Athens County reported methamphetamine as readily available. Participants from across the region commented about the production of “one-pot” or “shake-and-bake” methamphetamine, which most participants reported as the only type of methamphetamine in the area. Law enforcement reported that the availability of methamphetamine coming from Mexico had decreased since users could make their own. Many who reported an increase in availability expressed the belief that the poor quality of cocaine in the region was the reason for increased use of methamphetamine. Many community professionals cited the ease by which methamphetamine is made as driving increased availability and use. The BCI London Crime Lab reported that the number of methamphetamine cases it processes had increased during the past six months. Participants and community professionals agreed that methamphetamine users were typically white and of lower socio-economic status.

While many types of heroin were available in the region, participants reported black tar heroin as most available. Treatment providers reported an increase in the number of users entering treatment who identified heroin as their primary drug of choice. Law enforcement reported that many dealers were getting their supply of heroin in Columbus and selling locally. Participants and community professionals reported that availability of heroin had increased during the previous six months. Participants continued to note changes to the formulation of some prescription opioids, aimed at making them more difficult to abuse, had caused users to switch to heroin. Treatment providers speculated that because heroin was cheaper than other opiates, there was an increase in its popularity.

Participants in Belmont County noted an increase in quality, particularly in powdered heroin purchased in its “raw” form. The most common route of administration remained intravenous injection. Participants reported that it was

increasingly more difficult to purchase needles at pharmacies and that it was common to share needles. Participants were very aware of the health risks associated with this practice. Treatment providers noticed an increased number of young females seeking treatment for heroin use. Community professionals also reported higher representation among individuals of lower, working-class socio-economic status, while law enforcement noted an increase of heroin users in their late teens.

While powdered cocaine remained highly available in the region, there was general consensus among community professionals that its availability had decreased during the reporting period. Some participants said that the demand for powdered cocaine had decreased as the demand for heroin had increased. A participant stated, “*We are in the middle of an opiate epidemic. No one cares about cocaine anymore.*” Participants also noted the influence of law enforcement as a factor in the likely decrease in availability. Participants reported that the quality of powdered cocaine had decreased during the previous six months, commonly noting that the drug was adulterated more during the reporting period than in the past.

Lastly, participants throughout the region reported that despite legislation enacted in October 2011, bath salts and synthetic marijuana continued to be available from some retail outlets (convenience stores, gas stations and “head shops”), although these outlets were more discrete, not openly advertising the drug’s continued availability.

## Current Trends

### Powdered Cocaine

Powdered cocaine is moderately to highly available in the region. Participants most often reported the drug’s current availability as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was also ‘10’. A participant explained the ease with which he obtained powdered cocaine: “*All I would have to do is go to a bar and look at somebody, and I would know I could get [powdered cocaine] from [them].*” Community professionals most often reported the drug’s current availability as ‘6-7’; the previous most common score was ‘5’ or ‘8’. A community professional remarked, “*Cocaine’s still big.*”

Participants reported that the availability of powdered cocaine has remained the same during the past six months.

A participant said, *"I think you can still get it [powdered cocaine] everywhere. You just gotta know who [deals]."* Another participant stated, *"I don't think availability [of powdered cocaine has] decreased as much as quality [has decreased]."* Many community professionals thought that the availability of powdered cocaine has increased during the past six months. A sheriff's deputy commented, *"[Availability of powdered cocaine] it's up. We've been buying it real well lately."* The BCI London Crime Lab reported that the number of powdered cocaine cases it processes has decreased during the past six months.

Most participants rated the current quality of powdered cocaine as '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '4.' Many participants complained about the quality of powdered cocaine: *"Quality's usually good the first few times you get it [powdered cocaine] off a person, then it slowly goes downhill ... they [dealers] start cutting [adulterating] it."* A law enforcement officer stated, *"God only knows [what powdered cocaine is adulterated with]. Inositol [B vitamin]. That's one of the big things ... the inositol burns the nose a little bit. That's why they [dealers] like it because people think it's really good coke."*

Participants reported that powdered cocaine in the region is cut with inositol, isotol (diuretic), laxatives, Orajel®, sedative-hypnotics and Tylenol®. Overall, participants reported that the quality of powdered cocaine has decreased during the past six months. The BCI London Crime Lab reported the following cutting agents for powdered cocaine: boric acid, levamisole (livestock dewormer), local anesthetics (lidocaine and procaine), sucrose (table sugar) and sugar substitutes (mannitol and sorbitol).

Current street jargon includes many names for powdered cocaine. The most commonly cited names were "blow," "girl," "snow" and "soft." Participants listed the following as other common street names: "candy," "chicken," "white lady" and "white T-shirts." Current street prices for powdered cocaine were consistent among participants with experience buying the drug. Participants reported that 1/10 gram (aka "point") sells for \$10; a gram sells for \$100; 1/8 ounce (aka "eight ball") sells for \$180-200. The most common way to purchase powdered cocaine is by the point amount. A sheriff's deputy shared, *"These guys [dealers], they don't want to sell an ounce ... the most people are selling are what's called point for point ... they want to maximize their money [profit] ... do it [sell] point for point ..."*

Participants reported that the most common routes of administration for powdered cocaine remain snorting and intravenous injection (aka "shooting"). Participants estimated that out of 10 powdered cocaine users, eight would snort and two would intravenously inject the drug. In addition, participants said that users smoke powdered cocaine, making it into crack cocaine.

Participants described typical users of powdered cocaine as white and most likely employed. Participants named a variety of occupations that might lend themselves to using powdered cocaine, including restaurant workers and truck drivers. A participant explained, *"Semi-truck driver needs something to keep them awake."* Community professionals described typical users as white, ranging in age from 20s through 60s, and often male. A sheriff's deputy shared, *"It seems the users of powder cocaine are mostly white. We're seeing mostly males. Age doesn't really matter."*

Reportedly, powdered cocaine is used in combination with alcohol, crack cocaine, heroin, marijuana, prescription opioids and sedative-hypnotics. Participants reported that the practice of 'speedballing' (combining powdered cocaine with heroin and/or prescription opioids) is increasing; this combination produces a high-and-low effect. A participant stated, *"I've noticed a lot more people doing it."*

## Crack Cocaine

Crack cocaine remains highly available in the region. Participants most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10.' Participant comments regarding availability included: *"All I have to do is pick up the phone and say I'm on my way [to obtain crack cocaine]; You can get crack [cocaine] easier than you can get coke [powdered cocaine] ... crack's easiest thing to get around here. You can go about every corner and find it."* Community professionals most often reported the current availability of crack cocaine as '9'; the previous most common score was '8.' While law enforcement reported mostly buying powdered cocaine in undercover deals, they stated that most of the powdered cocaine is manufactured into crack cocaine for street sale. A sheriff's deputy explained, *"[Law enforcement] we're buying ounces and stuff at a time ... and most the time we're getting powder. That's the way they [dealers and users] want it, and they cut it and they cook it. But, almost everything we're buying is going into crack for the most part."*

Participants reported that the general availability of crack cocaine has remained the same during the past six months. However, participants noted that availability has increased in smaller cities and in rural locations. A participant stated, *"Seems like all the bad drugs are going from the city to all the small towns."* Another participant shared, *"It [crack cocaine] is coming from the city [Columbus], that's where my dad would go get his stuff."* Participants described available crack cocaine in the region as primarily white in color. A participant reported, *"You used to be able to find yellow crack, now it's all white."* Community professionals reported that the availability of crack cocaine has increased during the past six months. Law enforcement reported a comeback of powdered and crack cocaine, as noted by one officer, *"We had it knocked down pretty good, but it's coming back strong."* The BCI London Crime Lab reported that the number of crack cocaine cases it processes has decreased during the past six months.

Most participants rated the current quality of crack cocaine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was also '5'. Participants reported that crack cocaine in the region is cut with ammonia and baking soda. A participant added, *"Anymore, it's hard to tell what they [dealers] cut their crack with. I've heard some crazy stuff like pesticides, embalming fluid."* The BCI London Crime Lab continued to cite levamisole (livestock dewormer) as the typical cutting agent for crack cocaine. Participants reported that the general quality of crack cocaine has remained the same during the past six months, albeit variable.

Current street jargon includes many names for crack cocaine. The most commonly cited names remain "hard" and "rock." Participants listed the following as other common street names: "boy," "pebbles" and "yellow." Current street prices for crack cocaine were consistent among participants with experience buying the drug. Reportedly, dealers estimate the weight and sell by size and quantity of rocks. A former dealer explained, *"Half a pop tab [size of crack cocaine rock] would be 20 bucks ... depending on how good it was too ... half of it [1/2 a pop tab] could be 50 bucks ... that's how much it varied depending on the quality."* Participants reported that 1/10 gram (aka "point") sells for \$10; a rock the size of a quarter or five small rocks sells for \$100; 1/8 ounce (aka "eight ball") sells for \$150-200. Yellow crack sells for a bit more: 1/16 ounce (aka "teener") sells for \$150; 1/8 ounce sells for \$300.

While there were a few reported ways of administering crack cocaine, generally the most common route of administration remains smoking. Participants also mentioned intravenous injection (aka "shooting"), snorting and eating the drug. Reportedly, vinegar and lemon juice are the agents used to prepare crack cocaine for shooting.

Participants described typical crack cocaine users as lower class, white, younger and involved in prostitution. A participant explained, *"I would say anyone can start [crack cocaine use], but by the time you're done, I don't know if you'd have a job. Life starts going downhill from there. You might have a house and wife and everything else, but that's all gone too."* Another participant said, *"I know a lot of girls that are on crack that they go to that [prostitution] to get their money. I've seen that happen plenty of times."* Community professionals described the typical crack cocaine user as ranging in age from 20s through 60s, and often African American. A law enforcement officer reported, *"Crack cocaine, it's more in the black community ... we got a guy the other day that was 60 [years old and] dealing [crack cocaine]. He was 60, 62? ... down to 21-year-olds are slingin' it [selling crack cocaine], so the customer base is huge on it."*

Reportedly, crack cocaine is used in combination with alcohol, heroin, marijuana, prescription opioids and sedative-hypnotics. Several participants mentioned lacing marijuana with crack cocaine. Another participant shared about using crack cocaine with heroin: *"... like we would do crack and heroin together. Like smoking two different pipes, I guess ... like you would hit one and then hit the other."* Another participant explained why she takes Xanax® with crack cocaine: *"The crack cocaine makes me so paranoid ... I hate the high. That's why I take the Xanax® to bring me down."*

## Heroin

Heroin remains highly available in the region. Participants and community professionals most often reported the



overall current availability of heroin as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. While many types of heroin are currently available in the region, participants reported the availability of black tar and brown powdered heroin as most available, rating both types as '10'. Participants and community professionals did not report availability of white heroin in the region.

Participant comments on the availability of heroin included: "[Heroin] *that's easier to find than crack and stuff; Any more, I think [heroin] that's the easiest thing to get around here.*" A participant reported that heroin can be obtained at crack houses: "*I live three miles away from crack houses, so I'd get a tenth [of heroin from them] every day.*"

Participants and community professionals reported that the availability of black tar and brown powdered heroin has increased during the past six months. One participant shared: "*I don't know if people from the city are coming down and realizing this place is a gold mine [for heroin sales] because [heroin] it's a lot less rare ... a lot more of it around.*" A program coordinator for a regional drug court said, "*I think the amount of people that are using [heroin] has increased a hundred-fold.*" The BCI London Crime Lab reported that the number of black tar and powdered heroin cases it processes has increased during the past six months.

A participant described the progression from other drug use to heroin: "*We're getting flooded with heroin. A lot of dope heads doing 30s [Roxicodone®] and oxys [OxyContin®] and stuff. They go to heroin because it's cheaper. It's a lot easier to get a hold of. I know people went from weed to coke to pills [prescription opioids] to heroin ... you never was able to find heroin around this area until recently. Now, it seems everybody's got some [heroin].*"

Participants most often rated the general quality of heroin as '7-8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '5.' Participants reported that heroin in the region is cut with artificial sweeteners, coffee grounds, cola, sedatives, Seroquel® (antipsychotic) and vitamin B-12. Overall, participants reported that the quality of heroin has remained the same during the past six months, which is variable. A participant stated, "*Every time I'd go [to buy heroin], it'd be different ... it [quality] varies.*" The BCI London Crime Lab reported the following cutting agents for heroin: diphenhydramine (antihistamine), boric acid, levamisole (livestock dewormer), local anesthetics (lidocaine and procaine), mannitol (sugar substitute) and sucrose (table sugar).

Current street jargon includes many names for heroin. The most commonly cited names were "boy," "brown," "dog food," "food," "H," "junk" and "puppy chow." Current street prices for heroin were variable among participants with experience buying the drug. Overall, participants reported that heroin pricing has remained the same or maybe even increased during the past six months: 1/10 gram of brown

heroin (aka "stamp") sells for \$15-20, while 1/10 gram of black tar heroin (aka "berry") sells for \$30. Reportedly, a "brick" of black tar heroin (one pound) sells for \$10,000-15,000. Price varies depending not only on quality, but also on how well the user knows the dealer.

While there were a few reported ways of using heroin, generally the most common route of administration remains intravenous injection (aka "shooting"). Participants also reported snorting and smoking of the drug (aka "chasing the dragon"). A participant explained, "*Sometimes you'll meet people that just snort it [heroin]. Sometimes you'll meet people that just smoke it, but it's very rarely ... very few people [users who do not inject heroin] ... maybe one or two [heroin users] out of a hundred.*" A participant explained the toll injecting takes on the body: "*Some people say they do it [inject heroin] in between their toes and stuff [because bigger veins have collapsed] ... I've seen people with bruises up and down their arms.*" A hospital staff member shared, "*We are still seeing a lot of people [users] with cellulitis – an inflammation of the skin – they shoot up so much [heroin] that they don't have any veins left, or they shoot up, and it gets infected and they have to be on IV [intravenous] antibiotics for 10 days. It's an opportunity to say, 'you know, you could lose your arm.'*"

Participants reported obtaining injection needles (aka "darts," "points," "rigs," "shooters," "spikes," "stems," "sticks" or "jeringa" - Spanish word for syringe) from diabetics, drug dealers and pharmacies. There seems to be increasing use of and concern over dirty needles and/or sharing of needles. Many participants claimed to know people who have contracted Hepatitis C and users who use dirty or shared needles, while denying that they use dirty needles themselves. A participant reported, "*I always sold new needles. They were still in the package, and I always used clean needles, but I don't think people around here care if it's a dirty needle or not.*"

A profile of a typical user of heroin did not emerge from the data. Participants described users as "anyone," nurses, prostitutes and exotic dancers; age 14 through 60s. Community professionals also noted a wide range of ages among heroin users from age 18 through 40s; they also noted that typical users often become unemployed.

Reportedly, heroin is used in combination with alcohol, crack and powdered cocaine, marijuana, prescription opioids and sedative-hypnotics. Participants stated that sedative-hypnotics are particularly popular with heroin:

*"I did it [heroin] with Xanax® ... and Valium®s with it ... and Klonopin®s ...; Xanax® to intensify it [heroin high]."*

## 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'. Participants identified Opana®, OxyContin®, Percocet® and Vicodin® as the most popular prescription opioids in terms of widespread use. Reportedly, morphine, OxyContin® OP, Percocet® and Vicodin® have high availability, while Dilaudid®, fentanyl, Lortab®, Norco® and OxyContin® OC have low availability. Community professionals most often reported prescription opioid availability as '10'; the previous most common score was '6'. Community professionals listed the most available prescription opioids as methadone, OxyContin® OP, Percocet®, Roxicodone®, Ultram® and Vicodin®.

Media outlets in the region reported on prescription opioid abuse. An article appeared in *The Post* newspaper in Athens highlighting the alarming overdose death rate in Athens and its surrounding counties. In the article, the Athens County Health Commissioner explained: *"When the economy is way down [like in Southeast Ohio], people use way more opioids than they do when it's better"* ([www.thepost.ohiou.edu](http://www.thepost.ohiou.edu), June 3, 2013).

Participants reported that the availability of prescription opioids has decreased during the past six months. Their comments included: *"[Availability of prescription opioids] it's decreased, but it's still all out there; All [prescription] opiates are getting harder and harder to come by, at least in this town anyway."* Several participants cited the new laws in Ohio as having an impact on the availability of prescription opioids: *"There's a lot stricter laws for doctors, and when you get a narcotic filled, you're on the patient reporting list. They can go back and trace to see when you had your last refill. They control it by that ... yeah, because if you run out, you don't get anymore."*

Community professionals reported that availability of prescription opioids has remained the same during the past six months. However, they reported a slight decrease in methadone, OxyContin® OP, Percocet®, Roxicodone® and Vicodin®. A hospital doctor suggested that availability is based on insurance approval: *"My guess is Medicaid's taken*

*it [Kadian®] off the formulary. Opana® is on the formulary. I think your drug thing [availability] will change as Medicaid changes what they're going to pay for."* The doctor went on to attribute the decrease in OxyContin® availability to policy change: *"The ER has shut down what they had been providing, and they were providing a lot OxyContin® ... I really think they cut that off."* The BCI London Crime Lab reported that the number of prescription opioid cases it processes has generally remained the same during the past six months with a couple of exceptions: a decrease in Vicodin® cases and an increase in Kadian® cases.

Reportedly, many different types of prescription opioids (aka "beans," "Easter eggs" and "goodies") are currently sold on the region's streets. Current street prices for prescription opioids were consistent among participants with experience buying the drugs. Participants reported the following prescription opioids as available to street-level users (Note: When reported, current street names and prices are indicated in parentheses): Dilaudid® (2 mg sells for \$15; 8 mg sells for \$20-25), fentanyl (aka "patches;" generally sells for \$1 per milligram), methadone (10 mg sells for \$10-20), morphine (8 mg sells for \$15; 60 mg sells for \$40-50; 100 mg sells for \$65), Opana® (aka "Ps;" *old* formulation 40 mg that is able to be abused more easily, aka "yellow bellies;" sells for \$100-160; *new* formulation 20 mg sells for \$30; 80 mg sells for \$60), OxyContin® OC (*old* formulation, aka "OCs" and "oxy's," generally sells for \$2 or more per milligram), OxyContin® OP (*new* formulation, aka "OPs" and "oxys;" generally sells for \$0.50 per milligram), Percocet® (aka "Ps," "Pauls," "percs" and "percichu;" 5 mg sells for \$3-5; 10 mg sells for \$8-10), Roxicodone® (15 mg, aka "blues," sells for \$10-20; 30 mg, aka "30s" and "perc 30s," sells for \$25-35) and Ultram® (sells for less than 50 cents per pill).

Street names without pricing were provided for the following: Vicodin® (aka "Vs," "Vicki," "vikes," "kitty cats," "tic tacs" and "vitamins"); Norco® (aka "footballs") and Lortab® (aka "tabs"). A participant shared the expense of his prescription opioid habit: *"I spent a little over almost a thousand dollars in one week on nothing but 30s [Roxicodone®] that were \$40 a pop [each]. We were spending \$500 to a grand a day."*

While there were a few reported ways of consuming prescription opioids, and variations in methods of use were noted among types of prescription opioids, generally the most common routes of administration are snorting and oral consumption. Reportedly, Roxicodone® is typically administered through intravenous injection.

In addition to obtaining prescription opioids on the street from dealers, participants reported getting them from emergency rooms, pain management clinics, family, friends and through trading. Reportedly, prescription opioids are often traded for other prescription opioids of the user's choosing or for other drugs. A participant reported, *"The people that's got 'em [fentanyl], they need them, but they'll trade 'em for crack. Yeah, they'll use 'em for trade."* Participants shared that prescription opioids are far easier to obtain through a pain clinic than a hospital emergency room. Participants also reported that some users continue to "doctor shop" to obtain the drugs. A law enforcement officer agreed: *"We see a lot of doctor shoppers."*

A profile of a typical illicit user of prescription opioids did not emerge from the data. A participant remarked, *"I know a doctor that came to lead a meeting in AA [Alcoholics Anonymous] and she got hooked on 'em [prescription opioids]. So, I think anybody really."* Participants continued to explain that sometimes users get started with prescription opioids legitimately but then switch over to illegitimate use and often progress to heroin use. Community professionals specifically mentioned higher illicit prescription opioid use in females aged 20 through 30s. A treatment provider stated, *"As far as demographics, we've had a lot of young girls using the opiate pills – early 20s to mid-30s – and it's all the pills."*

Reportedly, when used in combination with other drugs, prescription opioids are most often combined with alcohol, crack and powdered cocaine, marijuana and sedative-hypnotics. A participant shared, *"We used to snort them [prescription opioids] with heroin or crack ... smoking crack and snorting pills."*

### Suboxone®

Suboxone® remains highly available in the region. Participants rated the street availability of Suboxone® as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. Treatment providers most often reported the drug's current availability as '7'; the previous most common score was '9'. A treatment provider said *"Suboxone®, we've seen two different ways, people buying it off the street so that if they can't get something [heroin or prescription opioids], they don't crash [go through withdrawal]. But, we've also had people come through that are going through Suboxone® clinics, and it's a requirement for*

*them to get treatment. So ... we're seeing it [Suboxone®] used legally and illegally."*

Participants reported that the street availability of Suboxone® has remained the same during the past six months, while treatment providers reported that street availability has increased. A treatment provider stated, *"As far as Suboxone®, we've had clients that have been abusing it and selling it ... we have had quite a few that have been getting it and selling it."* The BCI London Crime Lab reported that the number of Suboxone® cases it processes has remained the same during the past six months.

Current street jargon includes a few names for Suboxone®. Participants reported the following street names as common: "oranges," "stop signs," "subs," "subway" and "tangerines." Current street prices for Suboxone® was variable among participants with experience buying the drug. Participants reported the Suboxone® 8 mg pill sells for \$20-25, whereas the 8 mg sublingual strip sells for \$15-40. Subutex® IR 8 mg sells for \$20-40. A treatment provider said, *"People [users] are stealing it [Subutex®] to get high."*

Participants reported that the most common routes of administration for the abuse of Suboxone® are snorting and oral consumption for pills and intravenous injection (aka "shooting") for strips. A participant stated, *"I've heard of people shooting those [Suboxone®] strips and everything."*

Participants described typical illicit users of Suboxone® as, any opiate addict, while community professionals specifically mentioned heroin addicts. A drug-court representative added that there are a lot of younger people abusing Suboxone®: *"I think the trend I'm seeing the most among our juveniles is abuse of Suboxone®."* Reportedly, when used in combination with other substances, Suboxone® is most commonly used with Xanax®.

### Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain highly available in the region. Participants most often reported the current availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. Participants identified Ambien®, Klonopin®, Soma®, Valium® and Xanax® as the most popular and available sedative-hypnotics. A participant stated, *"It seems like everyone you talk to is on Xanax®."* Community professionals most often

reported current availability as '8-10,' the previous most common score was '9-10.' Community professionals identified Ativan®, Klonopin®, Soma® and Xanax® as the most popular and available sedative-hypnotics.

Participants reported that the availability of sedative-hypnotics has remained the same or has slightly increased during the past six months. Community professionals reported that availability has remained the same. A treatment provider said, "Abuse [of sedative-hypnotics] is probably steady. I don't see any increase or change." Another provider remarked, "Xanax® just seems like a daily drug ... there are so many of our parents on it legally and then the kids use it illegally." The BCI London Crime Lab reported that the number of sedative-hypnotics cases it processes has remained the same during the past six months.

Reportedly, many different types of sedative-hypnotics (aka "beans," "benzos" and "nervies") are currently sold on the region's streets. Current street prices for sedative-hypnotics were fairly consistent among participants with experience buying the drug. Participants reported the following sedative-hypnotics as available to street-level users (Note: When reported, current street names and prices are indicated in parentheses): Ativan® (generally sells for \$1 per milligram), Klonopin® (aka "forgot-a-pins," "forget-me-nots," "green monsters," "k-pins" and "klonies;" 0.5 mg sells for \$1-2; 1 mg sells for \$2-4; wafers sell for \$4-5), Valium® (aka "Vs;" generally sells for \$0.50 or less per milligram; 5 mg sells for \$1; 10 mg sells for \$2-3) and Xanax® (aka "bars," "blues," "footballs," "peaches" and "xanies;" 0.5 mg sells for 50 cents to \$1; 1 mg sells for \$2; 2 mg sells for \$2-3). Street names without pricing were provided for Soma®: "soma coma" and "somatose." Participants reported little change in sedative-hypnotics pricing during the past six months. A participant stated, "The benzos, they don't seem to increase on their price unless somebody is desperate."

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 remain oral consumption and snorting. Participants estimated that out of 10 users, six would orally consume, three would snort and one would intravenously inject the drugs. Specifically, participants reported that Valium® is often taken under the tongue and dissolved, while Klonopin® and Xanax® are often intravenously injected.

In addition to obtaining sedative-hypnotics on the street from dealers, participants continued to report getting the drugs through doctor shopping and from family and friends. Participants reported: "... I know people that will get a prescription [for sedative-hypnotics] from their doctor and either take them all or sell 'em all ... and go buy crack or go buy heroin with the money; My mom gets those Ativan®, so I steal them off of her."

A profile of a typical illicit user of sedative-hypnotics did not emerge from the data. However, participants discussed closet users of sedative-hypnotics. A participant stated, "They [sedative-hypnotics users] can be someone like you guys [researchers], and no one would ever know. It could be like that ... you can't really tell who does it." Community professionals shared that typical illicit users are often 20 to 40 years of age.

Reportedly, when used in combination with other drugs, sedative-hypnotics are most often combined with alcohol, heroin, powdered cocaine, prescription opioids and other sedative-hypnotics. A participant explained his brother's habit of using Xanax® after cocaine: "My brother used to deal cocaine and do cocaine, so ... he would take Xanax® at night to come back down." Another participant shared, "I know a girl who gets them [sedative-hypnotics] prescribed. She takes them like two or four [at a time]. She abuses them and goes right out there and searches for crack. Yeah, they'll get her started ... she uses them and then drinks like a 40 [ounce of beer] with 'em, and ... then she goes right out and gets her crack."

## Marijuana

Marijuana remains highly available in the region. Participants and community professionals most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10.' A participant stated, "If you can't find nothing else, you can always find weed [marijuana]." A community professional reported, "[Marijuana] it's in everybody's back pocket is my impression. It is so obvious that it is so well accepted by people ... literally, when people talk about it, they talk about it like they do about smoking cigarettes. Alcohol's worse these days than marijuana." A treatment professional remarked, "All of our clients come in with positive drug screens for marijuana and whatever else."

Marijuana in the region is not only obtained through dealers, but a lot of it is grown regionally, both outdoors and indoors (hydroponic). A program coordinator of a regional drug court said, *"Our county [Hocking] is very rural, and people just grow their own marijuana. We've even seen a local attorney busted for cultivating marijuana, and a dentist ... yesterday, he went to prison."* A sheriff's deputy recounted how he recently dismantled a grower's operation, *"This guy had his stuff together. Indoor. Beautiful. I mean probably \$20,000 of equipment."* Media outlets in the region reported on marijuana seizures and arrests this reporting period. Ohio State Highway Patrol officers seized seven pounds of marijuana with an estimated worth of \$32,000 during a traffic stop in Jackson County ([www.athensohiotoday.com](http://www.athensohiotoday.com), Feb. 8, 2013).

Participants and community professionals reported that the availability of marijuana has remained the same during the past six months. A drug court staff member commented, *"I think it's still strong with marijuana. Not seeing a change there."* The BCI London Crime Lab reported that the number of marijuana cases it processes has increased during the past six months.

Participants most commonly reported the overall quality of marijuana as '5-6' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was extremely variable from '2' to '10'. Several participants continued to explain 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 high-grade marijuana quality as '7-10' while rating low-grade marijuana as '2-3'. Participants shared that higher-quality marijuana has become increasingly available. A participant stated, *"Last summer there was like a two-month period when there was no [low-grade] marijuana. That's when they got that higher dose stuff [marijuana]. The cheaper stuff disappeared."* A deputy shared his views concerning the higher quality of current marijuana: *"What people don't understand is [that] when I was a kid, the THC level was like what? ... 2 percent, and now it's up to 13 percent. So, you know [current marijuana] it's several times stronger than when I was a kid because of the cross-breeding and all this stuff and how they do it."*

Current street jargon includes countless names for marijuana. The most commonly cited names were "bud," "buddha," "chicken," "dope," "ganja," "grass," "green," "mary jane," "mary jo," "reefer," "smoke" and "trees." Participants

listed the following as other common street names: "dirt," "charlie brown," "reggie" and "regular" for commercial grade marijuana and "dank," "dro," "kush," "loud" and "purple haze" for high-grade or hydroponically grown marijuana.

The price of marijuana depends on the quality desired. Current street prices for marijuana were consistent among participants with experience buying the drug. Participants reported that commercial-grade marijuana is the cheapest form: a blunt (cigar) sells for \$10; 1/4 ounce sells for \$50; higher quality marijuana sells for significantly more: a blunt sells for \$20; 1/4 ounce sells for \$50-100.

While there were several reported ways of consuming marijuana, the most common remains smoking. However, an increasing number of participants mentioned eating marijuana in edibles (brownies and other baked goods, butter, fudge, hash and teas). Participants said that users often use water bongs to smoke marijuana and that some users utilize vaporizers to breathe in THC without smoking.

A profile for a typical marijuana user did not emerge from the data. Participants described typical users of marijuana as, *"my grandma; my boyfriend's dad; police officers; the world."* Community professionals agreed and added that marijuana use is often generational (grandparents, parents and children in the same family). There was consensus among participants and community professionals that marijuana use spans all ages, starting as young as age eight and extending to beyond age 70. A probation officer remarked, *"Anybody and everybody [uses marijuana]. It's generational. In Hocking County, we see the grandparents all the way down to grandchildren use marijuana."* A coroner added, *"[Vinton] and Meigs counties – even Athens County – what I'm seeing is people don't even consider it [marijuana] a drug anymore. It's like, 'it's just marijuana.'"*

Reportedly, marijuana is used in combination with alcohol, crack and powdered cocaine, heroin, prescription opioids, psilocybin mushrooms, sedatives-hypnotics and laced with embalming fluid. A participant said, *"Marijuana's used with everything. All my friends used it, like you know, smoke a joint after they did their stuff [drug of choice] ... [marijuana] kind of enhanced it [the high of the other drug] a little bit."*

## 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 '7'. A participant stated, "You can get it [methamphetamine]. Yeah, I think it's probably beginning to get like crack ... you know how like crack's pretty available here." Community professionals most often reported the current availability of methamphetamine as '7-10'; the previous most common score was '10'.

Participants reported that methamphetamine is available in crystal and "shake-and-bake" forms. 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, typically found in some allergy medications, drug manufacturers (aka "cooks") can produce the drug in approximately 30 minutes at nearly any location by mixing ingredients in easily found containers.

A participant reported, "They [law enforcement] found one of these [mobile meth labs] in the dugout where the baseball fields are. They found them in there ... and then picking up trash on [a highway] ... and someone found one, and they didn't know [what it was] ... like they just picked up the glass bottle and it exploded." Media outlets in the region reported on methamphetamine seizures and arrests this reporting period. The Athens County Sheriff's office reported busting a methamphetamine lab at a trailer park in The Plains ([www.athensnews.com](http://www.athensnews.com), Jan. 30, 2013). Hocking County Sheriff's deputies arrested a man in Logan following a traffic stop when the man admitted to having bags of methamphetamine ([www.10tv.com](http://www.10tv.com), July 3, 2013).

Participants and community professionals agreed that the availability of methamphetamine has increased during the past six months. A treatment provider stated, "We're having more people test positive for meth here, and so, I think [availability] it's increased." Several participants and law enforcement attributed the increased availability of methamphetamine to the "one-pot" method production. A participant

explained, "It's like one person knows how to make it [methamphetamine] ... and they just keep teaching everybody, so it's just like this group. Maybe one person gets mad because they didn't get their money and then this person goes off by theirself [sic] ... I just know a bunch of people [producing methamphetamine]."

A sheriff's office staff member shared, "[Methamphetamine availability] it's up ... the one-pot method is killing us ... we dodged meth forever... the drug dealers kept it out of here because, 'if I keep selling 'em crack, they come back every 30, 40 minutes, an hour and a half. If they get high on meth, they don't come back for two days' ... they actually kept people from selling it [methamphetamine], but when the one-pot [method] come around, everybody can make it themselves." The BCI London Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months.

Most participants rated the current quality of powdered ("shake-and-bake") methamphetamine as '2-3' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was between '5-10'. Participants did not report experience with or knowledge of crystal methamphetamine (aka "ice"). Overall, participants reported that the quality of methamphetamine has varied considerably during the past six months. A participant remarked, "[Methamphetamine production] the whole thing's just a big experiment."

Current street jargon includes a few names for methamphetamine. The most commonly cited names were "crank," "ice" and "shake." Current street prices for methamphetamine were consistent among participants with experience buying the drug: a gram sells for \$100. Reportedly, most often methamphetamine is made for personal use and not sold. A participant stated, "Most the people making it [methamphetamine] are using it themselves. They don't really sell it."

While there were several reported ways of using methamphetamine, the most common route of administration remains smoking, followed by intravenous injection. A few participants also remarked on snorting and oral consumption of the drug. A participant shared, "I know a girl who has a hole in her nose from snorting it [methamphetamine]." Another participant reported, "Capsules [are] rare ... take it or empty the crystals under your tongue which tastes like hell ... I knew people using the capsules even for weight loss, and like to stay awake for work. People weren't trying to get high."

Participants described typical users of methamphetamine as white, males, 20-35 years of age, and of lower socio-economic status. A participant remarked, *"The trailer park where I live, [law enforcement] they're busting meth there every day."* Community professionals also described typical methamphetamine users as white, males, aged 20-40 years, and often unemployed.

Reportedly, methamphetamine is used in combination with alcohol, heroin (aka "speedball"), marijuana, sedative-hypnotics and tobacco.

## Prescription Stimulants

Prescription stimulants are moderately to 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 '8'. A participant stated, *"I know a person and she goes to [a nearby town] to get 'em [prescription stimulants] every day."* Participants identified Adderall®, Concerta® and Ritalin® as the most popular prescription stimulants in terms of widespread use. Community professionals most often reported current availability as '7'; in the previous reporting period, community professionals were unable to rate the availability of prescription stimulants. A drug-court professional remarked, *"Youth were distributing Adderall® in school."* Community professionals identified Adderall®, Concerta®, Ritalin® and Vyvanse® as most popular in terms of widespread use.

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

Several street names were provided for stimulants. In general, stimulants are called "kiddie meth" and "synthetic coke." Current street prices for prescription stimulants were consistent among participants with experience buying the drug. Participants reported the following prescription stimulants as available to street-level users (Note: When reported, current street names and prices are indicated in parentheses): Adderall® (aka "adds" and "addies;" sells for 75 cents per pill), and Ritalin® (aka "ritz;" 30 mg sells for \$5-7). Participants noted that often prescription stimulants are provided free of charge from a "friend." A participant

reported, *"If someone has a prescription for it [stimulant], they'll take it or give it to their friends in high school."*

While there were several reported ways of using prescription stimulants, the most common routes of administration for abuse are snorting and intravenous injection. Participants reported that out of 10 illicit users, five would snort and five would intravenously inject the drugs. One participant commented on his oral consumption of prescription stimulants by opening a capsule to *"eat the beads ... that's how I would [abuse prescription stimulants]."*

In addition to obtaining prescription stimulants on the street from dealers, participants reported getting them from doctors and from children's prescriptions. Community professionals agreed. A health care provider reported, *"All they [users] have to do is go to the docs and say, 'I'm having trouble concentrating' ... and then other people will steal it or they'll share it with their friend."*

Participants described typical illicit users of prescription stimulants as younger, high school and college aged. Participants shared that college students take prescription stimulants as a study aid: *"I knew a couple people who used Adderall® before taking big tests; Those [prescription stimulants] are flooded in the colleges. Kids take them to study. My cousin who doesn't even do drugs is eating Adderall® right now off the street."* Community professionals also described typical illicit users as college aged (20s through 30s), as well as "soccer moms."

Reportedly, prescription stimulants are used in combination with alcohol, marijuana and Suboxone®. A participant reported, *"I know a girl who does Adderall® with Suboxone® and pot [marijuana]."* Another participant reported, *"I'm taking Concerta® and one time me and my friend did a whole bottle of it in one night when we were drinking [alcohol]. And, oh my God, I thought I was going to die the next day. I couldn't see, like it blurred my vision. I was freakin' out."*

## Bath Salts

Bath salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues) remain available in the region. Participants most often reported the drug's current availability as '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 '2'. Participants reported that bath salts are easier to get in larger cities within the region (Zanesville) and in cities in surrounding regions (Columbus and Delaware). A partici-

participant stated, "I know a couple people who bring bath salts around. I know where to get 'em." Treatment providers most often reported current availability as '7-8.' Law enforcement reported low availability of bath salts, giving it a '1-2' rating. In the previous reporting period community professionals were unable to provide an availability rating of bath salts.

Despite legislation enacted in October 2011, bath salts continue to be available on the street from dealers as well as through the Internet, corner shops, "head shops" and beverage drive thrus. Participants reported that obtaining bath salts isn't as easy as it was previously. A participant reported, "If you didn't go to the place before they took it [bath salts] off the shelves, you ain't walkin' in there and getting bath salts. They had to know you before. There's a place by my house that sells it, and I can go in there and get it ... I walk in there, I put my purse on the counter [they put it in] and [I walk] right back out." Another participant reported, "You can buy it [bath salts] off the Internet. I had a friend; he'd buy it and come up to my apartment just to shoot it up."

Participants reported that the availability of bath salts has remained the same or has possibly decreased during the past six months. Community professionals reported that the availability of bath salts has decreased during the past six months. A sheriff's deputy stated, "You've got to know 'em [retailer] to get it [bath salts]." The BCI London Crime Lab reported that the number of bath salts cases it processes has increased during the past six months.

Participants reported that the most common names/labels for bath salts are "pipe cleaner," "poor man's coke" and "salt." New street names for bath salts have emerged to help circumvent the laws. A participant explained, "They went from 'bath salts' to 'pipe cleaner' – that is what it was called afterwards. It went around and it was called 'pipe cleaner.' They just kept on changing the name ... that way they can keep it on the shelves I guess." Current prices for bath salts were variable among participants with experience buying the drug. Participants often did not know quantity when they reported pricing. Reportedly, bath salts sell for \$20-50 for a package of the drug. While there were several reported ways of using bath salts, the most common route of administration is snorting, followed by smoking and intravenous injection.

Participants described typical users of bath salts as laborers who work long hours. A participant remarked, "Working people ... mainly I know some coal miners, some construc-

tion workers [who use bath salts] ... like long-hour jobs ... physical labor." Professionals described bath salts users as younger (late teens to early 20s), white and often male.

There is concern for the user among health professionals and law enforcement. A medical professional expressed, "We are still seeing a lot of bath salts. I don't know what to do for them. It's been late teens and early 20s ... as far as taking care of that patient, there's nothing we can do and I think the effects of it last longer than what the people who take it realize. I've seen a lot of aggression. We had a patient who was in metal handcuffs, steel handcuffs, and broke them on bath salts. Of all the drug overdoses, those are the scariest because you don't know where they're gonna go. You don't know what's going to happen." Reportedly, bath salts are used in combination with alcohol, marijuana and powdered cocaine.

## 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.' Despite legislation enacted in October 2011, synthetic marijuana continues to be available on the street from dealers, as well as through the Internet, beverage drive thrus and corner stores. A participant stated, "People don't think [synthetic marijuana] it's around, but it's around ... you just have to know the right people [to obtain it]. You can't go to like a drive-thru and get it now, but it's still out there ... order it online."

Community professionals most often reported the drug's current availability as '4;' community professionals were unable to provide an availability rating in the previous reporting period. A drug court program coordinator disclosed, "I know our male probation officer has mentioned that there is [availability of synthetic marijuana]." Media outlets in the region reported on current synthetic marijuana use. Athens County emergency crews were called to a home in Albany when an 18-year-old man was found unresponsive after smoking a synthetic marijuana product called "Deathgrip;" the man reportedly bought the product from a smoke shop in Athens ([www.athensohiotoday.com](http://www.athensohiotoday.com), June 25, 2013).



Participants and community professionals agreed that the availability of synthetic marijuana has decreased during the past six months. A juvenile probation officer observed, *"We went through a phase when it [synthetic marijuana] was very popular. I think when the kids realized that we could [drug] screen [for synthetic marijuana], they quit using it and stuck with marijuana. It's not as easy to get as what it used to be just because the DEA [Drug Enforcement Administration] has made it illegal. So, a lot of places quit selling it."*

A sheriff's deputy shared difficulty in purchasing synthetic marijuana: *"[Law enforcement] we've tried to buy some [synthetic marijuana] because we got some reports. It's real hard to buy. I mean, we know a couple places that are selling it, but you got to be a certain person to go in and get it. Where before [the legislation] we were just going in and buying it. It's died off so far as what we're hearing. You see a little bit of it, but you don't really need to get it when you can just go buy regular weed."* The BCI London Crime Lab reported that the number of synthetic marijuana cases it processes has remained the same during the past six months.

Participant comments on the current quality of synthetic marijuana included: *"It makes you real paranoid; If you're gonna smoke something, you better to smoke the real stuff."* A probation officer reported about homemade synthetic marijuana: *"Kids are making their own synthetic marijuana. I'm not really sure how they're making it . . . they've gone on YouTube and the Internet to find out how to make it, and they are successfully making it on their own."*

Current street jargon includes a few names for synthetic marijuana. The most commonly cited names were "fake weed," "incense," "potpourri," "scooby doo," "scooby snacks," "synthetic pot," and brand names (K2, Fairly Legal, Mad Hatter, Spice and Wonderland). Current street prices for synthetic marijuana were variable among participants with experience buying the drug. Reportedly, synthetic marijuana sells 3 grams for \$20-30. Participants reported that the most common route of administration for synthetic marijuana remains smoking.

Participants described typical users of synthetic marijuana as younger, between 12 and 22 years old, anyone in a halfway house or on probation or parole. A participant shared, *"I smoked that [synthetic marijuana] for two years. . . I said to myself, 'well, I'm on probation, so I have to be able to pass the drug test.'" Community professionals agreed that users are typically young, between 13 and 17 years of age. A treatment provider reported, "We're not seeing the*

*adults use it [synthetic marijuana]. We are still seeing some of the kids use it."* Reportedly, synthetic marijuana is used in combination with alcohol, crack cocaine and prescription opioids.

## Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) current availability is variable in the region, depending on whether users are seeking ecstasy tablets or "pure" powdered MDMA (aka "molly"). Participants most often reported ecstasy's current availability as '3-5' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get) and the current availability of molly as '10'. Participant comments of molly availability included: *"I can get it [molly] right now down the street; Yeah, and they're making songs about it [molly]."* Community professionals were unable to assign current availability ratings to these drugs; participants and community professionals did not rate availability for ecstasy and molly in the previous reporting period. A law enforcement officer commented, *"We're not getting much into that [ecstasy] . . . we've heard about molly coming to our area."*

Participants reported that the availability of ecstasy has decreased during the past six months, while the availability of molly has increased. A participant stated, *"Molly's really easy to get, but ecstasy seems to be getting harder to get."* The BCI London Crime Lab reported that the number of ecstasy cases it processes has remained the same during the past six months.

In terms of current quality, participants reported low general quality of ecstasy during the past six months. A participant stated, *"There's a lot of weak [ecstasy] pills going around. They're just horrible, not worth paying for."* Reportedly, molly is of high quality.

Current street jargon includes several names for ecstasy. The most commonly cited name was "X." Participants listed the following as other common street names: "rolls," "skates" and "stamps;" and ecstasy is also referred to by what's imprinted on the tablet. A participant reported, *"When you take an ecstasy, they [users] call it 'rollin'."* Current street prices for ecstasy were consistent among participants with experience buying the drug: a "single stack" (low-dose) ecstasy tablet sells for \$10-15; a "double stack" or "triple stack" (higher-dose) tablet sells for \$25-30. Current street prices for molly were consistent among partici-

pants with experience buying the drug: 1/10 gram (aka "point") sells for \$10-15.

While there were several reported ways of using ecstasy, the most common routes of administration are snorting and oral consumption. Reportedly, the most common route of administration for molly is snorting. Participants also mentioned intravenous injection and mixing molly into food and beverages. A participant commented, "[Molly] it's just a powder, and you just snort it, or drink it or eat it."

Participants described typical users of ecstasy as younger, white, and people who attend raves (dance parties) and concerts. Participants stated: "Mostly white people I know use X; I know people take 'em [ecstasy] before they go to concerts and stuff like that; People like to take it [ecstasy] to go to the club . . ." Participants described typical users of molly similarly as younger, between 16 and 35 years of age, white and people who attend raves. A law enforcement officer remarked, "[ecstasy and/or molly use] that's more the college group."

Reportedly, ecstasy is used in combination with alcohol, LSD (lysergic acid diethylamide), powdered cocaine and psilocybin mushrooms. Molly is used in combination with alcohol, heroin, prescription opioids and sedative-hypnotics.

## Other Drugs

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

Hallucinogens are moderately available in the region. Participants most often reported the current general availability of hallucinogenic drugs as '5' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Specifically, participants rated availability as follows: LSD as '5', PCP as '5' and psilocybin mushrooms as variable from '2' to '10'. Participants reported that the general availability of hallucinogens has remained the same during the past six months. The BCI London Crime Lab reported that the number of hallucinogenic cases it processes has remained the same during the past six months.

Participants reported that different forms of LSD are available in the region. A participant described, "[LSD] it's paper, gel tabs, there's liquid . . . all kinds." Another participant described, "[Dealers] they'll have it [LSD] in pill form or liquid or like the little stickers . . . you put them on your tongue." The most common street names for LSD include: "acid," "tabs" and "trip." Reportedly, LSD currently sells for \$12-15 per tab or hit.

The most commonly cited street names for psilocybin mushrooms include: "caps," "magical mushrooms" and "shrooms." Current street prices for psilocybin mushrooms were variable among participants with experience buying the drug: 1/8 ounce sells for \$25-35; 1/4 ounce sells for \$50-60; and an ounce sells for around \$150. Reportedly, prices are lower if the user gets them from a friend who picks them when they are in season. Participants reported that psilocybin mushrooms are often used orally with other substances, including alcohol, marijuana and regular food and drink. Participants shared: "I just smoked them [psilocybin mushrooms] with weed; Put 'em [psilocybin mushrooms] in salsa . . . there was just a bunch of the spores left at the bottom of the bag and we just poured those in the salsa and ate 'em with chips; Yeah, because a lot of people don't like the taste of them [psilocybin mushrooms], so they'll put them on their food. Like I've seen somebody eat it on a cheeseburger."

Participants reported obtaining hallucinogens from drug dealers and described typical hallucinogenic users as college-aged, "hippies" and marijuana users. A health care provider described typical users as college-aged, unemployed and living with parents.

Inhalants are highly available in the region, particularly due to the legality of the substances and ease of purchasing these from stores. Participants noted the most common types of inhalants as aerosols, keyboard cleaners (aka "duster") and "whippets" (nitrous oxide cartridges usually from whipped cream canisters). Participants said use of inhalants is increasing in the region. A participant commented, "I actually think that duster stuff is real popular around here and something called 'rush.' It's like in a bottle. They shove it in their nose [and inhale] . . . My brother talks about it all the time. You just buy it from a store."

Collaborating data also indicated that inhalants are currently used in the region. The Athens County Coroner's office reported that a 57-year-old white male died from difluoroethane intoxication (freon huffing) during the past

six months. Along with “duster” and “whippets,” participants reported that street names for inhalants include, “hippie crack.” Participants described typical users as high-school aged. Community professionals described typical users as young males and typically on probation.

OTC cough and cold medications are highly available in the region and several are being abused. These include Coricidin® D, Robitussin®, other cough syrups containing codeine and “lean” (promethazine with codeine). OTC cough and cold medications are typically abused by teens, and both participants and community professionals reported an increase in abuse of these medications. A legal professional stated, “[Coricidin® D] it’s just something they [teens] can get their hands on that they know they can get high on.” A participant shared how easy it is to obtain these drugs: “You can buy it [Coricidin® D] at the dollar store.”

Participants reported that Robitussin® abuse is commonly referred to as “robo trips.” Participant comment on the ease of obtaining the drug included: “Buy it [Robitussin®] at the store; I used to steal cough syrup from like pharmacies. I’d put like 15 of them inside my pockets and walk out ... [drank it] with a little bit of Captain Morgan® [rum].” Participants and community professionals reported that teen users most often drink the cough syrups with soft drinks. A representative of a children’s after school program shared, “I hear about it [abuse of OTC’s] a lot ... kids talking about it a lot because it’s in all the songs and a lot of videos that they watch. It’s all they see ... ‘red Kool-Aid®’ and all that. They drink it ... mixture of the cough syrup and [Sprite® or Kool-Aid®]. They take it to school ... they talk about drinking their ‘Kool-Aid®.’” Reportedly, codeine cough syrups are often used with marijuana and sedative-hypnotics.

Participants also reported that lean has become increasingly popular. A participant discussed, “Promethazine with codeine ... it’s a cough suppressant. They call it ‘lean’ and that is really big right now. Almost as big as pain prescription pills because a lot of the rappers are talking about it, and it’s easy to get from your doctor. You just go in and tell them you have bronchitis.” Another participant explained, “[Lean] it’s real mild. Makes you lean back – that’s why they call it lean. It makes you nod out and lean back.” Reportedly, promethazine with codeine is available for street purchase. A participant stated, “You can get it [promethazine with codeine] on the street too ... \$50 for the little bottle. I think it’s like 7 or 8 ounces.”

Participants reported that there is currently limited street availability of Seroquel®. A participant stated, “If you need ‘em [Seroquel®], you can get ‘em.” Another participant added that Seroquel® is easily prescribed. Participants suggested a decrease in street availability during the past six months: “I have heard about them [Seroquel®] being abused, but that’s a decrease in them.” Participants explained that current street jargon for Seroquel® includes: “You got that sleeping pill?” In terms of pricing, participants often reported that Seroquel® is free from friends or prescribed to the illicit user. However, a participant reported, “I have friends that buy ‘em [Seroquel®] ... they’re only a dollar or two dollars.” Participants reported that Seroquel® is typically used after smoking crack cocaine. A participant explained that illicit users use the drug, “to bring them down off of something else.”

Lastly, GHB (gamma-hydroxybutyric acid) is moderately available. Participants most often rated current availability as ‘6-7’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get). Participants also reported that availability has remained the same during the past six months. The BCI London Crime Lab reported that the number of GHB cases it processes has remained the same during the past six months. Street names for GHB are “G” and “juice.” In terms of pricing, a participant reported, “You can get one of them five-hour [energy] shot bottles filled with that [GHB] for 50 bucks.” Participants described typical GHB users as those who “party” or often work out (lift weights) at a gym. Reportedly, users drink GHB with alcohol and other beverages.

## Conclusion

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

While many types of heroin are currently available in the region, participants reported the availability of black tar and brown powdered heroin as most available, rating both types as ‘10’ (highly available). Participants and community professionals did not report availability of white heroin in the region. The most common route of administration for heroin remains intravenous injection. There seems to be increasing use of and concern over dirty needles and/

or sharing of needles. Many participants claimed to know people who use dirty needles and share needles and have contracted Hepatitis C.

Several participants cited new laws in Ohio as having an impact on the availability of prescription opioids. Participants reported that the availability of prescription opioids has decreased during the past six months; community professionals reported slight availability decreases for methadone, OxyContin® OP, Percocet®, Roxicet® and Vicodin®. Participants continued to explain that sometimes users get started with prescription opioids legitimately, but then switch over to illegitimate use and often progress to heroin use. Community professionals specifically mentioned higher illicit prescription opioid use in females who are early 20s through 30s in age.

Participants reported that the street availability of Suboxone® has remained the same during the past six months, while treatment providers reported that street availability has increased. A treatment provider stated, *"As far as Suboxone®, we've had clients that have been abusing it and selling it ... we have had quite a few."* Participants reported that the most common routes of administration for the abuse of Suboxone® are snorting and oral consumption for pills and intravenous injection for strips. Participants described typical illicit users of Suboxone® as any opiate addict, while community professionals specifically mentioned heroin addicts. A drug court representative added that there are a lot of *"younger folks"* abusing Suboxone®. Reportedly, when used in combination with other substances, Suboxone® is most commonly used with Xanax®.

Several participants and law enforcement officers attributed increased availability of methamphetamine to

the "one-pot" method of production. The BCI London Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months. Overall, participants reported that the quality of methamphetamine has varied considerably. Reportedly, most often methamphetamine is made for personal use and not for sale. Participants and community professionals described typical users of methamphetamine as white, males, 20-45 years of age, of lower socio-economic status and often unemployed.

Participants and community professionals agreed that the availability of synthetic marijuana has decreased during the past six months. Participants reported decreased quality of synthetic marijuana. A probation officer reported about "homemade" synthetic marijuana, saying that young people are producing their own synthetic drug using recipes and instructions found on the Internet. Participants and community professionals agreed that users are typically younger, between 12 and 22 years of age.

Lastly, current availability of ecstasy is variable in the region, depending on whether users are seeking ecstasy tablets or "pure" powdered MDMA (aka molly). Participants most often reported low to moderate availability for ecstasy, while reporting current availability of molly as '10' (highly available). Reportedly, molly is of high quality. The most common route of administration for molly is snorting. Participants also mentioned intravenous injection and mixing molly into food and beverages. Participants described typical users of molly as similar to those of ecstasy – between 16 and 35 years of age, white and people who attend raves and concerts. A law enforcement officer reported ecstasy and/or molly use among "the college group."





### 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 Butler and Hamilton counties. Data triangulation was achieved through comparison of participant data to qualitative data collected from regional 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 2012. In addition to the data sources, Ohio media outlets were queried for information regarding regional drug abuse for January through June 2013.

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

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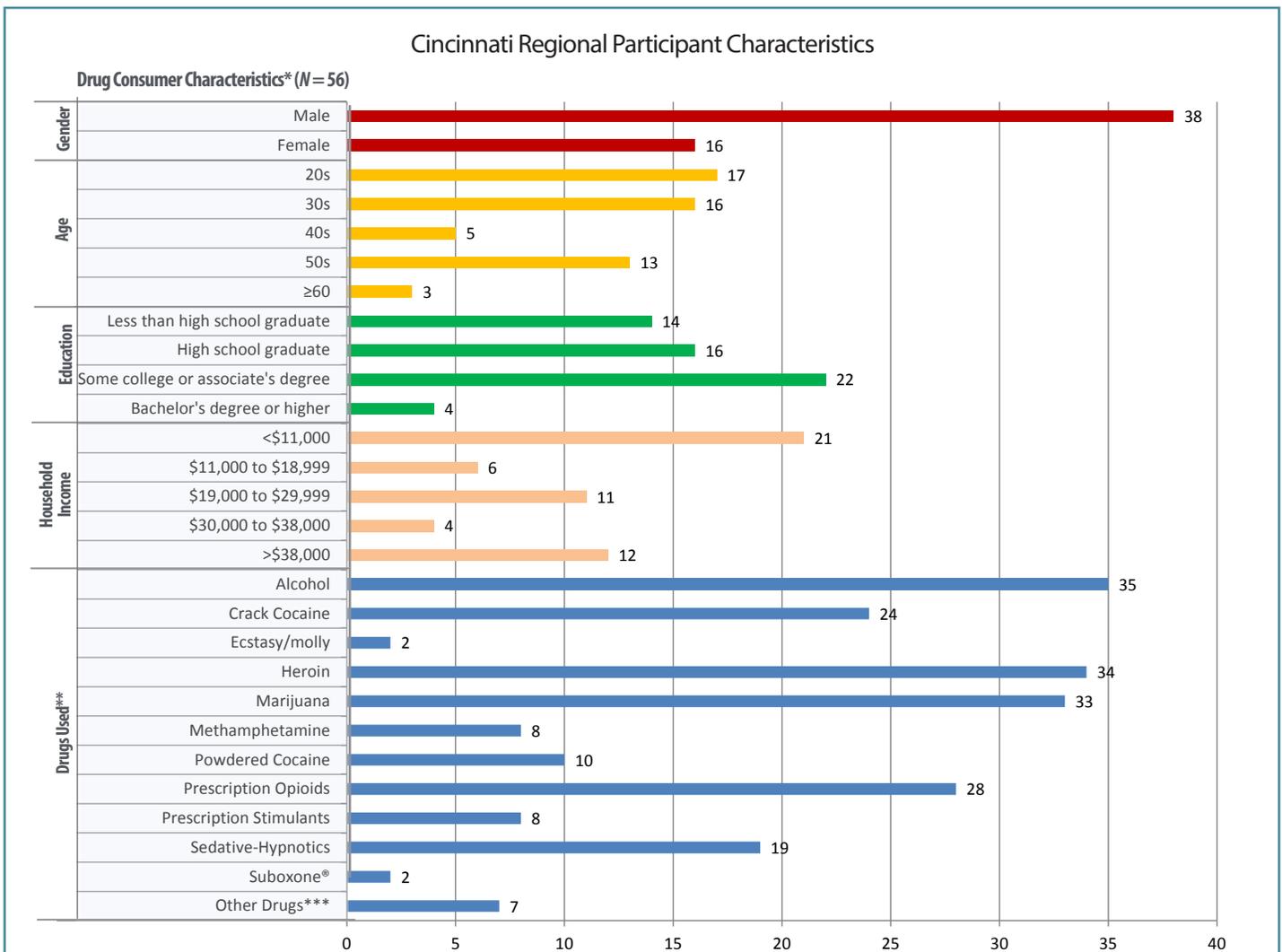
## Regional Profile

Indicator <sup>1</sup>	Ohio	Cincinnati Region	OSAM Drug Consumers
Total Population, 2010	11,536,504	2,017,337	56
Gender (female), 2010	51.2%	51.1%	29.6%
Whites, 2010	81.1%	81.3%	69.6%
African Americans, 2010	12.0%	12.5%	28.6%
Hispanic or Latino origin, 2010	3.1%	2.3%	0.0%
High School Graduation rate, 2010	84.3%	88%	75.0%
Median Household Income, 2011	\$45,803	\$44,046	\$15,000 to \$21,999 <sup>2</sup>
Persons Below Poverty Level, 2011	16.3%	17.7%	48.1% <sup>3</sup>

<sup>1</sup>Ohio and Cincinnati statistics are derived from the most recent US Census, and OSAM drug consumers were participants for this reporting period: January 2013 - June 2013.

<sup>2</sup>Participants reported income by selecting a category that best represented their household's approximate income for 2012. Income status was unable to be determined for four participants due to missing data.

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



\*Not all participants completed forms; numbers may not equal 56.

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

\*\*\*Other drugs refer to LSD, psilocybin mushrooms, and synthetic marijuana.

## Historical Summary

In the previous reporting period (July–December 2012), crack cocaine, ecstasy, heroin, marijuana, prescription opioids, Suboxone® and sedative-hypnotics remained highly available in the region. Changes in availability included: likely decreased availability for bath salts and ecstasy.

The demand for heroin reportedly remained high because of the high cost of abusing prescription opioids which encouraged users to seek a cheaper alternative. While many types of heroin were available in the region, participants reported the availability of brown powdered heroin as most available. However, the Drug Enforcement Administration (DEA), which investigates larger criminal enterprises, reported that they saw more black tar heroin coming into the region during the reporting period.

Participants and community professionals most often reported the street availability of Suboxone® as '10' (highly available). Treatment providers noted more doctors were able to prescribe Suboxone® than previously; they also reported opiate-addicted individuals were using the drug until they could get more heroin or get into treatment. Participants agreed that the typical illicit user of Suboxone® was someone addicted to heroin or prescription opioids who did not want to experience symptoms related to opiate withdrawal.

Methamphetamine availability remained variable in the region. Participants and community professionals reported low availability in the City of Cincinnati and high availability in rural areas around Cincinnati. The BCI London Crime Lab reported that the number of methamphetamine cases it processes had increased during the reporting period.

Availability of ecstasy remained high in the region, though participants and treatment providers alike reported that the availability of ecstasy had decreased. Participants described typical users of ecstasy as African-American, club goers, "hippies," urban youth and "younger" people. Participants explained that users of ecstasy liked to use the drug to enhance the night club experience or to enhance a sexual experience.

Lastly, participants throughout the region reported that despite legislation enacted in October 2011, bath salts and synthetic marijuana continued to be available from some retail outlets (convenience stores, gas stations and "head shops"), although these outlets were more discrete about

whom they sold to, not openly advertising the drug's continued availability. The BCI London Crime Lab reported that the number of synthetic marijuana cases it processes had increased during the reporting period, while the number of bath salts cases had decreased. Treatment providers reported availability of bath salts had decreased. While the DEA reported there may have been a decline in the use of bath salts, they also reported that the drug remained obtainable to those who desired it.

## Current Trends

### Powdered Cocaine

Powdered cocaine is moderately to highly available in the region. Participants most often reported the drug's current availability with a bimodal score of '7' and '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 '4'. Community professionals most often reported the drug's current availability as '8'; the previous most common score was '6-9'. A treatment provider commented on the availability of powdered cocaine: *"It may not be the number one drug of choice, but it's certainly available."*



Media outlets in the region reported on powdered cocaine seizures and arrests this reporting period. The Ohio State Highway Patrol seized two ounces of cocaine along with two ounces of heroin during a traffic stop in Scioto County (<http://statepatrol.ohio.gov/media.stm>, Feb. 12, 2013). Chillicothe (Ross County) police arrested five people during a drug raid of a local hotel, seizing heroin, cocaine, drug paraphernalia and more than \$5,000 in cash ([www.nbc4i.com](http://www.nbc4i.com), May 30, 2013).

Participants reported that the availability of powdered cocaine has decreased during the past six months. A participant observed, *"I'd say [availability of powdered cocaine] it's gone down for me at least in the past few years ... probably because of the prevalence of heroin, and also maybe people not spending ... not having as much money ... the economy and everything."* Although participants often commented on a perceived decrease in availability of powdered cocaine, a participant speculated, *"I really don't think that [powdered cocaine] availability's changed. I just think, like everybody else is saying, a lot of people's drug of*

*choice has changed to heroin, but I don't think the availability [has changed]. If I want coke [powdered cocaine], I can get it in five minutes."*

Community professionals reported that availability of powdered cocaine has remained the same during the past six months. A member of law enforcement explained current availability of powdered cocaine: *"It's interesting talking to some of the senior guys in the group that have been here [in law enforcement] for 10-15 years. It used to [be] 10 years ago, they weren't getting any heroin. It was all cocaine, and it flipped upside down where they weren't seeing cocaine ... and, I think, now in the past two years or so we're seeing cocaine again, and heroin certainly continuing to rise up."* The BCI London Crime Lab reported that the number of powdered cocaine cases it processes has decreased during the past six months.

Participants most often rated the current quality of powdered cocaine as '1-2' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '5'. A participant explained that quality of powdered cocaine varies, but overall quality remains low in the region: *"There's always gonna be some fire [high-quality powdered cocaine] everywhere but the overall [quality is low] ... now [dealers] they're cutting heroin with cocaine, so that kind of tells you."* Participants reported that powdered cocaine in the region is cut (adulterated) with Adderall®, baby laxatives, baking soda, Enfamil®, ephedrine (appetite suppressant), ether, isotol (diuretic), lidocaine (local anesthetic), manitol (sugar substitute), methamphetamine, Orajel®, salt, sugar and vitamin B-12. A participant explained, powdered cocaine is cut with, *"Anything you can find under the kitchen sink."*

A participant commented on how the quality of powdered cocaine led him to use other substances: *"If I could've found good cocaine, I probably would've stuck with that and not gone to heroin."* Changes in the quality of powdered cocaine have also altered the method of using powdered cocaine, as a participant explained: *"It [powdered cocaine] used to be high [quality] around here, and I used to snort it. And then it started ... it was just bad. It would burn my head, burn my nose, burn the roof of my mouth, so instead of snorting it, I started smoking it because I didn't want to feel all that pain."* Overall, participants reported that the quality of powdered cocaine has decreased during the past six months. The BCI London Crime Lab reported the following cutting agents for powdered cocaine: boric acid, levamisole (livestock dewormer), local anesthetics (lidocaine

and procaine), sucrose (table sugar) and sugar substitutes (mannitol and sorbitol).

Current street jargon includes many names for powdered cocaine. The most commonly cited names remain "girl" and "soft." Participants listed the following as other common street names: "candy," "christina aguilera," "bitch," "fish scale," "flake," "lady," "powder," "snowing" and "white girl." Current street prices for powdered cocaine were varied among participants with experience buying powdered cocaine. Participants reported that a gram of powdered cocaine sells for \$40-100, depending on the quality; 1/16 ounce (aka "teener") sells for \$75-250; 1/8 ounce (aka "eight ball") sells for \$150-400; 1/4 ounce sells for \$300-340; an ounce sells for \$1,300-1,400; a kilo sells for \$1,750.

Participants reported that the most common routes of administration for powdered cocaine are intravenous injection (aka "shooting") and snorting. A participant explained, *"You know, [if] you got powder, there was only one to two ways you was gonna do the powder ... and it was a waste to snort it, so you shot it."* A treatment provider commented on the link between powdered cocaine and intravenous (IV) heroin use: *"Very seldom have I had a client who is an IV heroin user who has not shot cocaine."*

Many participants identified older males as more likely to use powdered cocaine, but other participants identified younger people, exotic dancers, business people and restaurant workers. Participants agreed that use is more likely occurs in middle-to upper-class areas. A participant commented, *"I find because it [powdered cocaine] is a more expensive drug, you'll find more professionals do it. High end people who are more socio-economically up the ladder. It's ... socially a 'cooler' or 'cleaner' drug than the others."* Treatment providers observed that powdered cocaine users are getting younger, in part due to what they described as increased social acceptability for the substance. Another treatment provider commented on the link between powdered cocaine and gang activity: *"It's like peer pressure for some in the schools and everything with gangs ... you do this or we'll do this to you, so the kids find themselves [sic] doing those things."*

Reportedly, powdered cocaine is used in combination with alcohol, heroin, marijuana and sedative-hypnotics. A participant commented on the practice of combining other substances with powdered cocaine: *"I'd take the alcohol and pot [marijuana] to level out the cocaine [high]."*

## Crack Cocaine

Crack cocaine remains highly available in the region. Participants most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. A participant quipped, "How about a block every way you go ... either way you go, one block either way [you'll find crack cocaine]." Another participant commented on the popularity of crack cocaine: "Cause once you take that first hit [of crack cocaine], you want more and more, so you'll keep going out and spend all your money ... that's where the dealers are making their money [on crack cocaine sales]." Community professionals most often reported the drug's current availability as '8'; the previous most common score was '10'.

Media outlets in the region reported on crack cocaine seizures and arrests during this reporting period. The Ohio State Highway Patrol reported confiscating 29 grams of crack cocaine during a traffic stop in Scioto County (<http://statepatrol.ohio.gov/media.stm>, Jan. 22, 2013).

Participants and community professionals reported that the availability of crack cocaine has remained the same during the past six months. However, treatment providers suggested that the popularity of the drug has decreased during the past six months, often commenting on how opiates are taking the place of crack cocaine. A treatment provider stated, "I mean crack cocaine ... it's available, but what I've really noticed is a lot of the referrals that we are getting, the clients that are coming in, it's a lot of them, they are turning towards the opiates." The BCI London Crime Lab reported that the number of crack cocaine cases it processes has decreased during the past six months.

Most participants rated the current quality of crack cocaine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '6'. Participants reported that crack cocaine in the region is cut with baking soda. The BCI London Crime Lab continued to cite levamisole (livestock dewormer) as the typical cutting agent for crack cocaine.

Participants reported that the quality of crack cocaine has decreased during the past six months and linked this decrease with the reduced quality of powdered cocaine. A participant commented, "Well, the quality of [powdered] cocaine in the area is down, so then obviously, crack is gonna be down too." Another participant commented on his ex-

perience using crack cocaine: "You know I was using \$2,000 dollars [of crack cocaine] almost every other day, and it was so bad that I had to re-cook it, re-cook it again and re-cook it again just to get the good quality that I know it used to be. So, that's a lot of work when you're trying to get high."

Current street jargon includes many names for crack cocaine. The most commonly cited names were "hard" and "rock." Participants listed other common street names of "melt" and "yammers." Current street prices for crack cocaine were varied among participants with experience buying crack cocaine. Participants reported: 1/2 gram sells for \$30, depending on the quality; a gram sells for \$40-100. However, participants reported that crack cocaine sells for any dollar amount, from \$5 and up. Another participant shared that crack cocaine can even be traded for other items such as, "a pair of shoes, half pack of cigarettes, whatever you can trade for it."

While there were a few reported ways of ingesting crack cocaine, generally, the most common route of administration remains smoking. Participants estimated that out of 10 crack cocaine users, seven to nine would smoke and one to three would intravenously inject the drug. A participant commented on increased IV use of crack cocaine: "There's quite a few IV users on crack now."

A profile of a typical crack cocaine user did not emerge from the data. A participant stated that crack cocaine is "an equal-opportunity destroyer." However, a few participants felt that crack cocaine is more popular among an older generation. A participant reported, "[Crack cocaine users] it's like older black people, for real. Because, I mean, it just seems like the older people to me because that's their generation of drugs, you know. Yeah, like heroin is just like taking over for this generation."

A treatment provider commented on the variety of individuals using crack cocaine: "I would say the majority of clients do anything [any drug/poly-drug use], but I think you know crack is something that the African-American population typically uses, but construction workers who make good money, they can buy crack ... they can afford [to support a] crack [addiction]." Another treatment provider observed a shift from certain populations of users: "I just had a conversation with a young man the other day, and he was informing me that the African-American population in the predominately black area here in Hamilton [Butler County] ... more older black gentlemen are using heroin and that crack is fading."

Reportedly, crack cocaine is used in combination with alcohol, heroin, marijuana and sedative-hypnotics to aid in coming down from the stimulant high produced by crack cocaine use. Participants reported that it is quite common to use heroin with crack cocaine. A participant commented, *"I can't do crack if I don't have heroin; I gotta have heroin when I'm coming down."*

## Heroin

Heroin remains highly available in the region. Participants most often reported the overall availability of heroin as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. While many types of heroin are currently available in the region, participants reported brown and white powdered heroin as most available. The BCI London Crime Lab agreed that powdered heroin is the most available heroin type in the region.

A participant reflected on the wide availability of heroin: *"It [heroin] seems to be on every street corner."* Community professionals also reported the overall current availability of heroin as '10'; their previous most common score was also '10'. A treatment provider said, *"In every neighborhood ... rural, city, everywhere [heroin is available]. It's in areas that it never was before."* Treatment providers also discussed the impact that high heroin availability has on individuals leaving treatment centers. A treatment provider reported, *"We have a lot of clients transitioning out of residential [treatment programs] [who] have a lot of fear because someone in the house is using [heroin], or their next door neighbor is a dealer, so I mean it is in the homes and down the street in the neighborhood."*

Media outlets in the region reported on heroin seizures and arrests during this reporting period. The Southern Ohio Drug Task Force arrested a Portsmouth (Scioto County) woman at a local residence, seizing heroin and \$500 in cash, busted three individuals in Portsmouth, seizing roughly 130 grams of heroin with a street value of \$18,200, and later arrested two more people in Portsmouth, seizing 17 grams of suspected heroin ([www.herald-dispatch.com](http://www.herald-dispatch.com), Feb. 8, 2013; April 21, 2013; and April 30, 2013, respectively). A woman was arrested in Washington Court House (Fayette County) following a traffic stop, during which po-

lice found several suspected bags of heroin, marijuana and methamphetamine ([www.10tv.com](http://www.10tv.com), April 19, 2013). Law enforcement in Portsmouth arrested 18 people for allegedly operating a heroin distribution ring, which brought heroin to Portsmouth from Dayton ([www.10tv.com](http://www.10tv.com), May 23, 2013).

Participants reported the availability of black tar heroin to be low, rating its 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 '5'. A participant claimed, *"You can get it [black tar heroin] if you know the right people."* Community professionals most often reported the current availability of black tar heroin as '10'. A law enforcement officer commented, *"We've gotten some [black tar heroin] of late."*

Participants reported that the availability of heroin has generally increased during the past six months. A participant noted the ease of access with highway routes as a contributing factor to the increase of heroin: *"I mean we [Ohio] have the two main highways. We have 70 and we have 75, with 75 going from Florida all the way up [and] 70 going from California all the way [to the east coast], so there's a lot of drugs that come through Ohio."* Participants identified formula changes in prescription opioids, making them more difficult to abuse, as a reason for switching to heroin. A participant explained, *"OxyContin® was at an all-time high years ago, but they have manufactured OxyContin® now to the point where you can't break it down to use it, so IV drugs users is [sic] now like, 'there's a way around it' ... so we get heroin once again."*

Community professionals also reported that availability of heroin has increased during the past six months. Treatment providers agreed that the change in formulation of some popular prescription opioids, along with the lower price of heroin, has resulted in prescription opioid users switching to heroin use. A law enforcement professional reflected on the link between increased monitoring of prescription opioids and increased use of heroin: *"When we [law enforcement] really made the push on the oxy's [OxyContin®] and on the pain clinics, it really kinda pushed it [drug abusers] over into the heroin ... and you're seeing it almost as a national trend now. The more enforcement we do on the pain clinics ... that's pushing the folks [users] over into the heroin."* The BCI London Crime Lab reported that the number of powdered and black tar heroin cases they process has increased during the past six months.

Participants most often rated the current quality of heroin as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '10'. Participants reported that powdered heroin in the region is cut with aspirin, Benefiber®, fentanyl, mannitol (sugar substitute), methamphetamine, powdered cocaine and Tylenol®. A participant remarked on cutting agents, *"I know I only done [sic] heroin, and I got a drug test and tested positive for cocaine too."* A long-term user of heroin claimed that the practice of cutting heroin with other substances has increased: *"Personally I've been doing heroin for the past 13 years, and 13 years ago you could get better quality heroin ... Nowadays, I noticed that [dealers] they're cutting it with stronger pharmaceuticals or other drugs to make it better than it really, actually is."* Participants reported that the overall quality of heroin has decreased during the past six months. The BCI London Crime Lab reported the following cutting agents for heroin: diphenhydramine (antihistamine), boric acid, levamisole (livestock dewormer), local anesthetics (lidocaine and procaine), mannitol (sugar substitute) and sucrose (table sugar).

Current street jargon includes many names for heroin. The most commonly cited names were "boy" and "dog food." Participants reported that powdered heroin is available in various quantities: 1/10 gram (aka "bag") sells for \$15-20; 1/2 gram sells for \$70-80; a gram sells for \$100-120. A participant also reported purchasing two capsules (aka "caps") for \$20. However, most participants did not prefer to purchase heroin in capsules. A participant explained, *"'cause they [dealers] rip you off selling it [heroin] in caps."* Participants reported that they can travel to Dayton and get 10 caps for \$60 or 15 caps for \$100. A participant commented on the difference in heroin sales between Cincinnati and Dayton: *"Down here [Cincinnati], [heroin] it's in the grams, up there [Dayton], it's in the caps."*

While there were a few reported ways of using heroin, the most common route of administration remains intravenous injection (aka "shooting"). Participants estimated that out of 10 heroin users, seven to nine would intravenously inject and another one to three would snort the drug. Participants explained a progression in heroin use from snorting to injecting. One participant reported, *"Most people snort [heroin] at first because ... you know, the stigma about the needle, but once somebody tells you, 'you're wasting your money' [users will progress to injecting heroin]."* A treatment provider also commented on the progression to IV use in the region: *"When they [users] say, 'I'm a heroin*

*addict,' [and] we [treatment providers] ask if they're an IV [user], it's rare for them to say, 'no.'"*

Participants reported that injection needles are available from diabetics, some regional stores and from drug dealers who sell needles for \$1-5 per syringe. A participant shared, *"My dude [dealer], you buy a gram [of heroin], and you get a free needle."* Reportedly, needle sharing is a common practice in the region. A participant remarked, *"[There's] lot of sharing. People just don't care anymore."* A participant reported that many users have a desire to use clean needles, but explained, *"It [using a clean needle] kinda goes to the wayside when you're sick [going through withdrawal] and you want to get well."* Individuals reported trying to clean needles with bleach, hydrogen peroxide and water.

Participants believed that Hepatitis C has increased throughout the region. Most participants reported knowing someone with Hepatitis C or contracting it themselves. A participant commented, *"Practically everybody in my circle [using network] got Hep [Hepatitis] C, and you know it's ... it's just a way of life."* Hepatitis C as a result of needle sharing was also a big concern with treatment providers in the region. A treatment provider commented, *"We're seeing a high percentage of our women who have Hepatitis C through needle using [sharing]. There's definitely not education and prevention in that aspect."* Treatment providers agreed that the number of treatment clients with Hepatitis C has increased. A treatment provider commented on the increasing numbers of women with Hepatitis C in treatment groups: *"In a room full of 30 women [users], probably about 20-25 [have Hepatitis C]."*

Participants and community professionals also observed that heroin overdose rates have increased in the region. Participants linked overdose deaths to combining heroin use with the use of benzodiazepines and to users returning to heroin use after a period of sobriety. A participant reported, *"It's people getting out of jail too [who are overdosing on heroin]. Their tolerance goes down real fast, and then there's no treatment in jail. So, the first thing they do when they get out [of jail] is shoot [inject heroin], and they try to shoot the same amount [they were doing before incarceration], and then they die."*

Participants also expressed reluctance in calling for assistance when someone overdoses. One explained *"Yeah, because a lot of times you call the ambulance [and] in order*

*for them to hit [administer] you with Narcan,® the cops have to be there. A lot of people don't want to get into trouble because they haven't gotten rid of their [heroin] and won't get rid of their [heroin], so, you know, people that you think are your friends will just leave you lying there."* Treatment providers shared trends in overdoses in populations that they did not previously see. A treatment provider stated, *"I've seen some of my pregnant clients who have overdosed, and I have never seen that before,"* Another treatment provider remarked, *"We're losing more clients [to overdose]."*

Participants described typical heroin users as white, primarily ranging in age from 18 to 26. Treatment providers also identified whites and pain-clinic patients as typical heroin users. A treatment provider commented, *"We [treatment providers] all have seen an increase in the number of ... kids that are using it [heroin] ... not only suburbia, but inner-city [as well]. The population of [heroin addicts in] our local treatment facilities, I would have to say would be somewhere in the neighborhood of 95 percent Caucasian ... females and males. It's gotten bad."*

Reportedly, heroin is used in combination with alcohol, crack and powdered cocaine, marijuana and sedative-hypnotics. Participants explained that alcohol and sedative-hypnotics are very popular with heroin use because they intensify the heroin effect. A participant explained, *"Once your tolerance goes up, a benzo [benzodiazepine] will help you get to where you want to be when you can't get there just off heroin anymore ... alcohol too."*

## Prescription Opioids

Prescription opioids remain highly available in the region. Participants most often reported the current availability of these drugs as '8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10'. Participants identified methadone, Opana® and Percocet® as the most popular prescription opioids in terms of widespread use. Community professionals also reported the current availability of prescription opioids as '8'; the previous most common score was '10'. Community professionals identified Opana® and Percocet® as most available in terms of widespread use. A treatment provider commented, *"Let's face it ... you know the pharmaceutical companies are driving the medical profession, so the availability [of prescription opioids] is there."*

Media outlets in the region covered prescription opioid seizures and arrests during this reporting period. The Ohio State Highway Patrol reported seizing 1,004 oxycodone pills worth in excess of \$24,000 in Scioto County (<http://statepatrol.ohio.gov/media.stm>, Feb. 12, 2013). The Southern Ohio Drug Task Force confiscated \$5,000 in cash, a hand gun, hydrocodone, oxycodone and suspected Suboxone® from a residence in Portsmouth ([www.herald-dispatch.com](http://www.herald-dispatch.com), Feb. 28, 2013). Law enforcement served a search warrant on a suspected "pill mill" in Ironton (Lawrence County) after investigating the clinic for more than a year ([www.herald-dispatch.com](http://www.herald-dispatch.com), March 12, 2013). The Southern Ohio Drug Task Force arrested a woman in Wheelersburg (Scioto County) for trafficking and possession of drugs; authorities seized 120 oxycodone pills ([www.herald-dispatch.com](http://www.herald-dispatch.com), June 21, 2013).

Participants reported that the availability of prescription opioids has decreased during the past six months. Participants often shared that prescription opioid users are turning to heroin because of its lower price. A participant stated, *"Heroin ... it's cheaper and easier to get [than prescription opioids]."* Participants attributed law enforcement and legislation for decreased availability. A participant explained, *"A lot of people used to go to Florida to get 'em [prescription opioids], and now they're getting busted doing that."* Another participant added, *"And the changed laws, too, ... The doctors don't prescribe like they used to."*

Treatment providers in Butler County reported that availability of prescription opioids has decreased, while treatment providers in Hamilton County felt that overall availability has remained the same during the past six months. A law enforcement professional reiterated what the participants said about cost as a factor in individuals seeking out heroin rather than prescription pain pills: *"I think [prescription opioids] they're still relatively available, but they're getting prohibitively expensive."* The BCI London Crime Lab reported that the number of prescription opioid cases it processes has generally remained the same during the past six months, with a couple of exceptions: a decrease in Vicodin® cases and an increase in Kadian® cases.

Reportedly, many different types of prescription opioids are currently sold on the region's streets. Current street prices for prescription opioids were consistent among participants with experience buying the drugs and were typically priced between 75 cents-\$1 per milligram. Participants reported the following prescription opioids as available to street-level users (Note: When reported, cur-

rent street names and prices are indicated in parentheses): methadone (5 mg sells for \$2), Opana® (40 mg sells for \$40), Roxycodone® (30 mg, aka “perc 30’s,” sells for \$25-30), Percocet® (aka “Ps” and “percs;” 5 mg sells for \$4-5; 10 mg sells for \$8-10) and Vicodin® (aka “Vs;” “vikes” and “vikings;” 375 mg, aka “baby vikes;” sells for \$2).

In addition to obtaining prescription opioids on the street from dealers, participants reported getting them from pain clinics, family members and friends. A participant said, *“Those [prescription opioids] were always free from my friend’s mom.”* Another participant shared his experience with trading to obtain prescription opioids: *“I had like four people, four or five people that lived [in] the same area as I do ... I’d just go [to] the one girl ... she would keep me supplied [with prescription opioids] for every day ... I would go and steal her the stuff that she needed, and ... you know, like face product [cosmetics], make-up, everything you could think of ... and every day she’d bring me one [prescription opioids].”*

While there were a few reported ways of consuming prescription opioids, and variations in methods of use were noted, generally, the most common routes of administration remain snorting and intravenous injection (aka “shooting”). Participants estimated that out of 10 illicit prescription opioid users, zero to three would orally ingest, two to five would intravenously inject and six to eight would snort the drugs.

A profile of a typical illicit user of prescription opioids did not emerge from the data. Participants described typical illicit users as all ages and those with previous injuries. A participant shared about younger students using prescription opioids: *“My son ... he said it was during class, and the one boy was like, ‘watch, watch out for me’ ... and he turned around ... he had a Percocet®. Crushed [it] right in the classroom ... like snorting it, and the teacher was right there.”*

Reportedly, when used in combination with other drugs, prescription opioids are most often combined with alcohol, crack and powdered cocaine, marijuana, prescription stimulants and sedative-hypnotics. A participant commented on the use of sedative-hypnotics with prescription opioids: *“Some people like to take benzos [benzodiazepines] with anything just because it levels them down to where they need to be or kicks in ... like the Percocet® buzz.”*

## Suboxone®

Suboxone® remains highly available in the region. Participants reported the current street availability of Suboxone® as ‘8’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was ‘10.’ Treatment providers most often reported the drug’s current availability as ‘10,’ while law enforcement reported it as ‘4;’ the previous most common score for community professionals was ‘10.’ Treatment providers commented on the way clients use Suboxone®. A treatment provider reported, *“You have some that take it [Suboxone®] as prescribed. They get in a routine, and they don’t defer from that routine. And then, you got others that think that [Suboxone®] is a miracle pill or strip and automatically abuse it and buy it on the street. I’ve had a client that bought it on the street for [sexual] favors.”*

Participants and community professionals reported that the availability of Suboxone® has increased during the past six months. A treatment provider expressed concern that clients are using Suboxone® for longer than intended: *“A lot of times people will come back the second or third time into treatment, so it will be a year or two or even three years later, and they’re still using Suboxone®.”* The BCI London Crime Lab reported that the number of Suboxone® cases it processes has remained the same during the past six months.

Participants did not report any current street names for Suboxone®. Current street prices for Suboxone® were consistent among participants with experience buying the drug. Participants reported that Suboxone® 8 mg strips sell for \$10-20; 8 mg pills sell for \$10-15. A participant explained that Suboxone® is more expensive through clinics: *“To go see the doctor initially [for Suboxone®], it costs you like a few hundred bucks or whatever.”*

Participants reported that common routes of administration for the abuse of Suboxone® include oral consumption, snorting and intravenous injection (aka “shooting”). Most often participants reported taking Suboxone® sublingually; however, participants reported abuse by snorting of pills and shooting for strips. Participants made the distinction that Subutex® is preferred for shooting. A participant explained, *“I was high off it [Subutex®]. I mean it was like doing dope [heroin]. I nodded out and everything when I*



*shot [Subutex®].* Another participant shared about intravenously injecting Suboxone®: *"I made that mistake once [shooting Suboxone®]. I shot it and ... I felt it running from my feet all the way up my body, and I didn't know what to do. I was scared and shit."*

Participants described typical illicit users of Suboxone® as white and addicted to heroin. Treatment providers described illicit users as someone who likes opiates. Reportedly, when used in combination with other substances, Suboxone® is combined with crack cocaine, heroin and sedative-hypnotics (specifically, Xanax®).

## Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain highly available in the region. Participants most often reported the current availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10.' Treatment providers most often reported current availability as '7;' the previous most common score was '10.' Participants and treatment providers identified Klonopin® and Xanax® as the most popular sedative-hypnotics in terms of widespread use. Treatment providers reported that sedative-hypnotics remain easy to obtain through doctors. A treatment provider commented, *"It seems like doctors will prescribe the benzos [benzodiazepines] more than they will prescribe the opiates, so you can go and get Xanax® or whatever benzo ... Ativan® ... easier than you can go get your Vicodin®."*

Participants reported that the availability of sedative-hypnotics has decreased during the past six months. Participants attributed reduced availability to increased communication among pharmacies. A participant explained: *"The pharmacies ... all the computer systems tied into one, so people that were doctor shopping, in my instance, going out of town and getting them, we couldn't go to other pharmacies and get 'em filled now. So, we get multiple prescriptions and can't get 'em filled."* Community professionals reported that availability of sedative-hypnotics has remained the same during the past six months. The BCI London Crime Lab reported that the number of sedative-hypnotic cases it processes has remained the same during the past six months.

Reportedly, many different types of sedative-hypnotics are currently sold on the region's streets. Current street

prices for sedative-hypnotics were consistent among participants with experience buying the drugs. Participants reported the following sedative-hypnotics as available to street-level users (Note: When reported, current street names and prices are indicated in parentheses): Klonopin® (1 mg sells for \$1; 2 mg sells for \$3), Soma® (500 mg sells for \$2), Valium® (10 mg sells for \$2-3) and Xanax® (0.25 mg, aka "footballs" and "peaches," sells for \$0.25; 0.5 mg, aka "footballs," sells for \$1; 1 mg, aka "blues" and "footballs," sells for \$2; 2 mg, aka "totem poles" and "xanibars," sells for \$5). A participant commented that buying large quantities can help with pricing: *"I'd sell 120 [sedative-hypnotics pills] for \$100."*

In addition to obtaining sedative-hypnotics on the street from dealers, participants reported getting them from doctors and family members. A participant shared, *"My grandma, she has bottles [of sedative-hypnotics] stacked up. That's why I said my availability is easy 'cause I'll go grab a bottle up and be gone."* Participants commented on obtaining prescriptions from doctors, with one participant claiming, *"My doctor was prescribing anything I wanted ... and she still will."*

While there were a few reported ways of consuming sedative-hypnotics, and variations in methods of abuse were noted among types of sedative-hypnotics, generally the most common routes of administration remain snorting and oral consumption. Participants estimated that out of 10 illicit sedative-hypnotics users, approximately two to five would orally ingest and five to eight would snort the drugs.

A profile of a typical illicit user of sedative-hypnotics did not emerge from the data. Participants described typical users of sedative-hypnotics as, addicts and people with mental problems. A treatment provider discussed the use of sedative-hypnotics with heroin: *"And I just asked this question yesterday ... I said, 'How many of you guys who use heroin or opiates IV [intravenously] use benzos simultaneously with those drugs?' And it was 100 percent across the board."*

Reportedly, when used in combination with other drugs, sedative-hypnotics are most often combined with alcohol, crack and powdered cocaine, heroin and prescription opioids. Participants explained that sedative-hypnotics are used with alcohol and opiates to intensify the effect of these drugs, and that cocaine is used with sedative-hypnotics to "speedball."

## Marijuana



Marijuana remains highly available in the region. Participants and community professionals most often reported current availability of marijuana as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. A participant commented, *"I don't even smoke it [marijuana], but I know it's easy as hell to get."* A treatment provider commented, *"I just think that nowadays marijuana is like ... it's at an all-time high. I feel like that because everybody knows somebody that you can get it [from]."*

Media outlets in the region reported on marijuana seizures and arrests during this reporting period. The Ohio State Highway Patrol reported confiscating 45 grams of marijuana during a traffic stop in Scioto County (<http://statepatrol.ohio.gov/media.stm>, Jan. 22, 2013).

Participants reported that the availability of marijuana has increased during the past six months and noted that high-grade marijuana (aka "hydroponic") in particular is becoming more available. A participant reported, *"The availability of the high-grade [marijuana] has gone up because ... people are growing that shit indoors."* Multiple participants discussed a recent case of a teenager growing high-grade marijuana in the region. A participant commented, *"I know the dude in Fairfield ... he had a goddamn warehouse [full of marijuana] ... and he was only 17 years old. It was all straight medical-grade marijuana."* Community professionals reported that availability of marijuana has remained the same during the past six months. The BCI London Crime Lab reported that the number of marijuana cases it processes has increased during the past six months.

Participant quality scores of marijuana ranged from '1' to '5' for low-grade and '8' to '10' for high-grade with the most common score being '10' for high-grade on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previously reported most common scores were '7' for low-grade and '10' for high-grade. 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). A law enforcement professional commented on different qualities of marijuana: *"We're seeing certainly Mexican marijuana coming up in the [tractor] trailer for, you know, the large*

*quantity ... and then we're seeing the high-grade marijuana coming from California, Washington, Oregon, you know, either in suitcases or packages being delivered here. You know ... 10, 20, 30 pounds at a time."*

Current street jargon includes countless names for marijuana. Participants listed the following as common: "dirt," "middies" and "reggies" for commercial, low-grade marijuana; "dro," "kush" and "loud" for hydroponically grown, high-grade marijuana. The price of marijuana depends on the quality desired. Current street prices for marijuana were consistent among participants with experience buying the drug. Participants reported commercial grade marijuana as the cheapest form: a blunt (single cigar) or two joints (cigarettes) sells for \$5; 1/8 ounce sells for \$15-20; an ounce sells for \$90-100; 1/4 pound sells for \$375. Higher-quality marijuana sells for significantly more: a blunt or two joints sells for \$20-25; 1/8 ounce sells for \$50; 1/4 ounce sells for \$100; an ounce sells for \$350-400. A participant explained differences in pricing based on quality: *"I paid \$650 an ounce for real deal 'perp' [high-grade marijuana] not too long before I came in here [treatment]. Real deal 'perp,' so it all depends on how high quality you want it."*

While there were several reported ways of consuming marijuana, the most common route of administration remains smoking. Participants estimated that out of 10 marijuana users, nine to 10 would smoke; and zero to one would consume the drug in baked goods or vaporize it. A participant identified that "rich people" might be more likely to vaporize marijuana. Another participant commented, *"If I spent \$400 on an ounce on some loud [high-grade marijuana], you better believe I'm not going to eat the whole ounce."*

A profile for a typical marijuana user did not emerge from the data. Participants described typical users of marijuana as everybody. A participant commented, *"I mean anyone from 10-year-olds to 80-year-olds smoking it [marijuana] for glaucoma."* A treatment provider commented on the trend of younger individuals using marijuana: *"We personally do a marijuana-specific group and 99 percent of our referees are from the local school system under the age of 17, and ... we've had eighth-graders as a part of our program. It has become a rite of passage in the clients and consumers that we're seeing. The growth and use of it [marijuana] is unprecedented."*

Reportedly, marijuana is used in combination with crack and powdered cocaine, heroin and PCP (phencyclidine).

Participants reported that lacing marijuana with cocaine is popular. However, participants varied on who was more likely to combine cocaine use with marijuana: A participant claimed, “*lower-class areas,*” while another participant claimed, “*I think it’s higher class. In suburbs they would lace joints with cocaine to bump it up [to increase the potency of the marijuana].*”

## 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 also ‘10’. A participant explained that methamphetamine is advertised on Craigslist in “dating” profiles: “*The initials ‘PNP’ means party and play. You see the word party with a capital T, it means you’re getting ‘tina,’ crystal [methamphetamine]. That’s right as you’re posting your ads.*”

Law enforcement most often reported the drug’s current availability as ‘3’; the previous most common score was ‘4’. A treatment provider commented on availability in the region: “[Methamphetamine] *it’s available, but I don’t think in our area ... it’s not one of the top drugs of choice.*” Although participants rated methamphetamine highly available overall, they generally reported that the drug is not highly available within the city limits of Cincinnati. A participant commented, “*It’s not very available at all [in the city]. [Methamphetamine] it’s more or less available in the country.*”

Participants reported that methamphetamine is available in anhydrous and “shake-and-bake” forms. A participant claimed, “*There’s pink stuff and then there’s clear stuff, there’s all kind of shit.*” Participants from throughout the region 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, typically found in some allergy medications, drug manufacturers (aka “cooks”) can produce the drug in approximately 30 minutes at nearly any location by mixing ingredients in easily found containers. A participant mentioned, “[Methamphetamine] *it’s so easy [to make].*” The BCI London Crime Lab reported that

the methamphetamine it processed during the past six months is mostly the powdered “*make-for-yourself*” type of low quality (aka “shake-and-bake”).

Media outlets in the region reported on methamphetamine seizures and arrests during this reporting period. Brown County authorities indicted 14 people for making, selling and bringing methamphetamine to southwest Ohio communities ([www.herald-dispatch.com](http://www.herald-dispatch.com), March 2, 2013). The Southern Ohio Drug Task Force arrested two individuals in Portsmouth for the manufacture and possession of methamphetamine ([www.herald-dispatch.com](http://www.herald-dispatch.com), March 7, 2013); and Middletown (Warren County) police busted a methamphetamine “one-pot” lab in a residential garage ([www.daytondailynews.com](http://www.daytondailynews.com), March 1, 2013). Chillicothe police raided a local residence, making the largest methamphetamine bust in that city’s history by seizing between 30-40 “one-pot” methamphetamine labs ([www.10tv.com](http://www.10tv.com), April 25, 2013).

Participants reported that the availability of methamphetamine has remained the same during the past six months, while law enforcement reported that availability has increased. A law enforcement professional commented, “[Methamphetamine] *it’s a huge thing down south, and I think probably the next time we talk, it’ll start moving northbound because all of our intelligence from informants from the [Mexican] cartels ... are saying, you know, they’re trying to do what they did with heroin ... they’re trying to get a foothold with the methamphetamine trade up here and establish a market.*” The BCI London Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months.

Participants most often rated the overall quality of methamphetamine as ‘10’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); participants did not rate quality of methamphetamine in the previous reporting period. This reporting period a participant commented, “*The best [quality methamphetamine] is in your rural areas.*”

Current street jargon includes a few names for methamphetamine. The most commonly cited names were “crank,” “crystal” and “ice.” Current street prices for methamphetamine were consistent among participants with experience buying the drug. Participants reported that a 1/4 gram of methamphetamine sells for \$25-30; 1/2 gram sells for \$50; a gram sells for \$100; 1/16 ounce (aka “teener”) sells for \$150; and 1/8 ounce (aka “eight ball”) sells for \$260-300. A participant mentioned purchasing methamphetamine in capsules (aka “caps”) at \$10 each.

While there were several reported ways of using methamphetamine, the most common route of administration remains smoking. Participants estimated that out of 10 methamphetamine users, seven to eight would smoke and the other two to three users would either intravenously inject or snort the drug.

Participants described typical methamphetamine users as bikers, lower-income individuals, gay people and “country folk.” A treatment provider commented, “[Methamphetamine] it’s like a biker drug.” Reportedly, methamphetamine is used in combination with alcohol, heroin, inhalants (amyl nitrate, aka “poppers”), prescription opioids and sedative-hypnotics. These other substances are used to relax and “come down” from the effects of methamphetamine.

### Prescription Stimulants

Prescription stimulants are highly available in the region. Participants most often reported current availability of these drugs as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get). A participant commented on ease of access: “[Availability of prescription stimulants is high] because a lot of kids are on it, and a lot of people are taking their children’s prescriptions ....” Treatment providers also reported prescription stimulants as highly available, but did not assign a score for current street availability.

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

Street jargon for prescription stimulants is limited. However, participants reported that prescription stimulants are referred to as, “cheap man’s coke.” Current street prices for prescription stimulants were consistent among participants with experience buying the drugs. The following prescription stimulants are available to street-level users: Adderall® (20 mg sells for \$5; 30 mg sells for \$3-6) and Ritalin® (20 mg sells for \$3).

Participants described typical illicit users of prescription stimulants as college students or individuals who are unable to get their drug of choice. Community professionals linked illicit use of prescription stimulants with the use of illegal stimulants. A community professional reported, “A

*lot of people, their drug of choice will be crack cocaine and then somehow they get prescribed Adderall®.”*

Reportedly, prescription stimulants are used in combination with alcohol, heroin, prescription opioids and sedative-hypnotics. Participants explained that alcohol is often combined with prescription stimulants because it allows the user to drink more alcohol. A participant commented, “If you speed [use stimulants], you drink alcohol . . . I smoke crack, take an Adderall® and some Xanax® together.”

### Bath Salts

Bath salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues) remain available in the region. Participants most often reported the drug’s current availability as ‘4’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous reporting period reflected variable ratings for bath salts from ‘3’ to ‘10.’ A participant commented on a perceived decreased interest in bath salts: “There was a lot more curiosity at first. Still, a lot of people use it [bath salts], but I think the market’s smaller.” Community professionals were unable to provide an availability rating for bath salts; the previous most common score was ‘10.’ The BCI London Crime Lab reported that the number of bath salts cases it processes has increased during the past six months.

Despite legislation enacted in October 2011, bath salts continue to be available on the street from dealers, as well as from some retail stores. A treatment provider said bath salts can be purchased “at any corner store.” Reportedly, bath salts sell for \$30 per gram. Participants described typical users of bath salts as teenagers and people on probation. Community professionals described the typical user as someone who uses methamphetamine. A treatment provider commented, “Clients that did bath salts were also the clients that did meth.” Reportedly, alcohol is the substance most typically combined with bath salts use.

### Synthetic Marijuana

Synthetic marijuana (synthetic cannabinoids; aka “K2” and “Spice”) is highly available in the region. Participants most often reported the drug’s current 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.’ A participant commented, “You can still find a lot of stores and stuff like that around here [that sell

synthetic marijuana]. *If you ask for it, they'll pull it up from out behind the counter.*" Treatment providers most often reported current availability as '10'; in the last reporting period treatment providers were unable to provide an availability rating for synthetic marijuana. A treatment provider commented on easy access of the drug, *"You want to buy some [synthetic marijuana]? You can go up the street here."*

Participants reported that the availability of synthetic marijuana has decreased during the past six months. Community professionals were unsure about change in availability. A treatment provider commented, *"I don't know if [availability of synthetic marijuana] it's really increasing. I think [law enforcement] they've tried to target here lately and that's only been lately."* The BCI London Crime Lab reported that the number of synthetic marijuana cases it processes has remained the same during the past six months.

Participants did not agree on the overall current quality of synthetic marijuana. Some participants believed that the quality of synthetic marijuana continues to increase. A participant stated, *"[Synthetic marijuana] it's going up with quality because every time it gets illegal, they [manufacturers] change the molecule to make it better ... and it becomes like 1,000 times more powerful than it was before."* Other participants felt that quality has decreased during the past six months.

Despite legislation enacted in October 2011, synthetic marijuana continues to be available on the street from dealers, as well as from convenience stores. A treatment provider commented, *"You can walk right into just about any corner store and, you know [and purchase synthetic marijuana]."* Participants reported that synthetic marijuana sells for \$15-50 per gram or \$2 per joint on the street. Participants described typical users of synthetic marijuana as probationers and high-school aged. Community professionals described a typical synthetic marijuana user as, *"somebody trying to pass a urine analysis; somebody desperate; younger kids."* Reportedly, synthetic marijuana is used in combination with alcohol to even out the effects of synthetic marijuana.

## Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMP) remains highly available in the region. Participants most often reported current availability as '8' on a scale of '0'

(not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10'. Treatment providers most often reported current availability as '9'; the previous most common score was '8'. The BCI London Crime Lab reported that the number of ecstasy cases it processes has remained the same during the past six months.

Media outlets in the region reported on ecstasy seizures and arrests during this reporting period. Police were called to a Monroe (Warren County) business due to the suspicious behavior of a male customer; police arrested the man for possession of powdered ecstasy ([www.daytondailynews.com](http://www.daytondailynews.com), Mar. 18, 2013).

Participants reported that an ecstasy tablet sells for \$20-25; for "molly" ("pure" powdered MDMA) 1/10 gram sells for \$10-20; a gram sells for \$100-125. Participants described ecstasy users as people in the gay community, "hippies" and "ravers" (those who attend dance parties, aka "raves"). Treatment providers described typical users as, "kids" ranging from 15-30 years. A treatment provider explained, *"[Ecstasy/molly] that's the drug that a lot of the kids are using now. When you wake up and see all these crazy crimes on the news, that's what they [sic] on."* Reportedly, cocaine is used in combination with ecstasy to intensify the effects of ecstasy.

## Other Drugs

Participants and community professionals listed a variety of other drugs as being present in the region, but these drugs were not mentioned by the majority of people interviewed: anabolic steroids, inhalants, cough and cold medications and hallucinogens – dimethyltryptamine (DMT), lysergic acid diethylamide (LSD) and psilocybin mushrooms.

Participants reported that anabolic steroids are highly available in the region. A participant reported that these drugs are available for purchase through the Internet, stating, *"I get a vial of Deca® [anabolic steroid] ... Deca® bulks you up, Winstrol® [anabolic steroid] cuts you down, so there's different types. I usually get about a cycle, which is ... a cycle is a three-month supply for about \$225 which is a good price."* A treatment provider commented that anabolic steroid use is not popular among drug users. Participants described typical users of anabolic steroids as athletes and people who work out/weight train at area gyms. Media outlets in the region reported on illicit use of anabolic

steroids during this reporting period. The Greater Warren County Drug Task Force began investigating employees of the Lebanon Correctional Institution (state prison) for use and distribution of steroids ([www.herald-dispatch.com](http://www.herald-dispatch.com), April 26, 2013).

Hallucinogens are moderately available in the region. Participants most often reported the current availability of these drugs as '6' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '8.' A participant commented, *"If you're on the streets, [hallucinogens] it's very difficult to find because your dealer usually doesn't have that kind of access."* Another participant added, *"If you don't know where [to obtain hallucinogens] it [availability] is ... it's pretty much a zero."* The BCI London Crime Lab reported that the number of hallucinogenic cases it processes has remained the same during the past six months, but added that they have seen an increase in hallucinogenic phenethylamine derivatives, both 2C-E and 2C-I, as well as the N-benzylmethylether of 2C-I (251-NBOMe).

Participants with experience purchasing hallucinogens reported pricing information for a variety of substances: DMT (1/10 gram sells for \$20), LSD (sells for \$5-15 a hit), and psilocybin mushrooms (1/8 ounce sells for \$25-30; 1/4 ounce sells for \$40-60). Participants described typical users of hallucinogenic drugs as "skateboarders," "hippies" and young people. Reportedly, hallucinogens are used with alcohol, heroin, marijuana and prescription opioids.

Inhalants are highly available in the region, particularly due to the legality of the substances and ease of purchasing them from retail stores; however, these substances were not desired by participants. A participant quipped, *"We're not 12 [years old] anymore."* Participants claimed that typical users of inhalants are often adolescents from lower-income families.

Cough and cold medicines remain highly available in the region, also due to the legality of the substances and ease of purchasing these from retail stores; however, these substances were not desired by participants. Participants and treatment providers identified typical illicit users of these medications as young people. Both groups of respondents identified promethazine (cough medication with codeine) as the most popular medicine of this type for abuse. A participant described how promethazine is typically abused: *"They [users] mix it with Jolly Ranchers® and orange pop or red pop ... they mix it together [and drink]."* Another partici-

pant commented, *"[Promethazine] it's called 'liquid heroin.'" Participants reported that this substance is often obtained from medical professionals. A participant remarked, "I got it [promethazine] from my doctor because I told him I couldn't sleep, and my cough was keeping me up at night."*

## Conclusion

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

Participants reported that the availability of powdered cocaine has decreased during the past six months; many participants attributed the decreased availability to the increasing prevalence of heroin in the region. Participants reported that the overall quality of powdered cocaine has decreased during the past six months. Participants most often rated the current quality of powdered cocaine as '1-2' (poor quality, "garbage"). A participant commented on how the quality of powdered cocaine led him to using other substances: *"If I could've found good cocaine, I probably would've stuck with that and not gone to heroin."*

Changes in the quality of powdered cocaine have also altered the method of using powdered cocaine. A participant described snorting poor-quality powdered cocaine as painful, explaining that many users will smoke poor-quality product instead. Treatment providers observed that powdered cocaine users are getting younger, in part due to what they described as increased social acceptability for the substance.

While many types of heroin are currently available in the region, participants reported brown and white powdered heroin as most available. The BCI London Crime Lab agreed that powdered heroin is the most available heroin type in the region. Participants and community professionals identified formula changes in popular prescription opioids, making them more difficult to abuse, as a reason for switching to heroin. Both groups of respondents also noted the substantially lower price of heroin as another factor driving users to progress from prescription opioids.

Participants reported that the overall quality of heroin has decreased during the past six months. A long-term user of heroin claimed that the practice of cutting heroin with other substances has increased. The most common route of administration for heroin remains intravenous injection. Reportedly, needle sharing is a common practice in the region and as result of this practice, participants believed that Hepatitis C has increased. Most participants reported knowing someone with Hepatitis C or contracting it themselves. Treatment providers agreed that the number of treatment clients with Hepatitis C has increased.

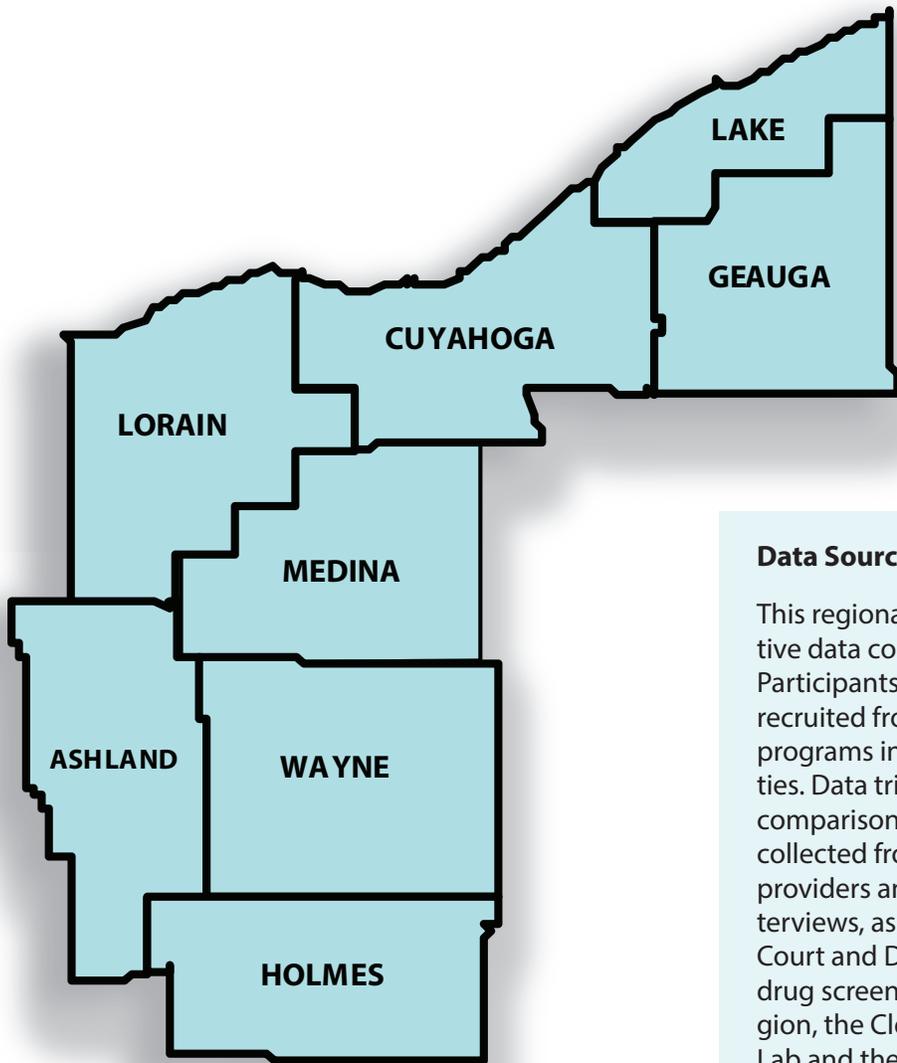
Participants and community professionals also observed that heroin overdose rates have increased in the region. Participants linked overdoses to combining heroin use with the use of benzodiazepines. Participants also linked heroin overdose deaths to users returning to heroin use after a period of sobriety. Participants also expressed concern about calling for assistance when someone overdoses due to fear of law enforcement involvement. Participants described typical heroin users as white, primarily ranging in age from 18 to 26 years.

Participants reported that the availability of marijuana has increased during the past six months, particularly availability of high-grade marijuana (aka "hydroponic") due to an increase of individuals in the region now growing the drug indoors. The BCI London Crime Lab reported that the number of marijuana cases it processes has increased during the past six months. A treatment provider commented, *"I just think that nowadays marijuana is like ... it's at an all-time high. I feel like that because everybody knows somebody that you can get it [from]."*

Lastly, participants reported that methamphetamine is available in anhydrous and "shake-and-bake" forms. The BCI London Crime Lab reported that the methamphetamine it processed during the past six months is mostly the powdered "make-for-yourself" type of low quality (aka "shake-and-bake"). Law enforcement reported that methamphetamine availability has increased during the past six months. A participant explained that methamphetamine is advertised on Craigslist in dating profiles. The BCI London Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months. Participants most often rated the overall quality of methamphetamine as '10' (high quality).



### Drug Abuse Trends in the Cleveland Region



**Regional Epidemiologist:**  
**Angela Arnold, MS**

#### Data Sources for the Cleveland Region

This regional report was based upon qualitative data collected via focus group interviews. Participants were active and recovering drug users recruited from alcohol and other drug treatment programs in Cuyahoga, Geauga and Lorain counties. Data triangulation was achieved through comparison of participant data to qualitative data collected from regional 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 from throughout the region, the Cleveland Crime Lab, 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 2012. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for January through June 2013.

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

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## Regional Profile

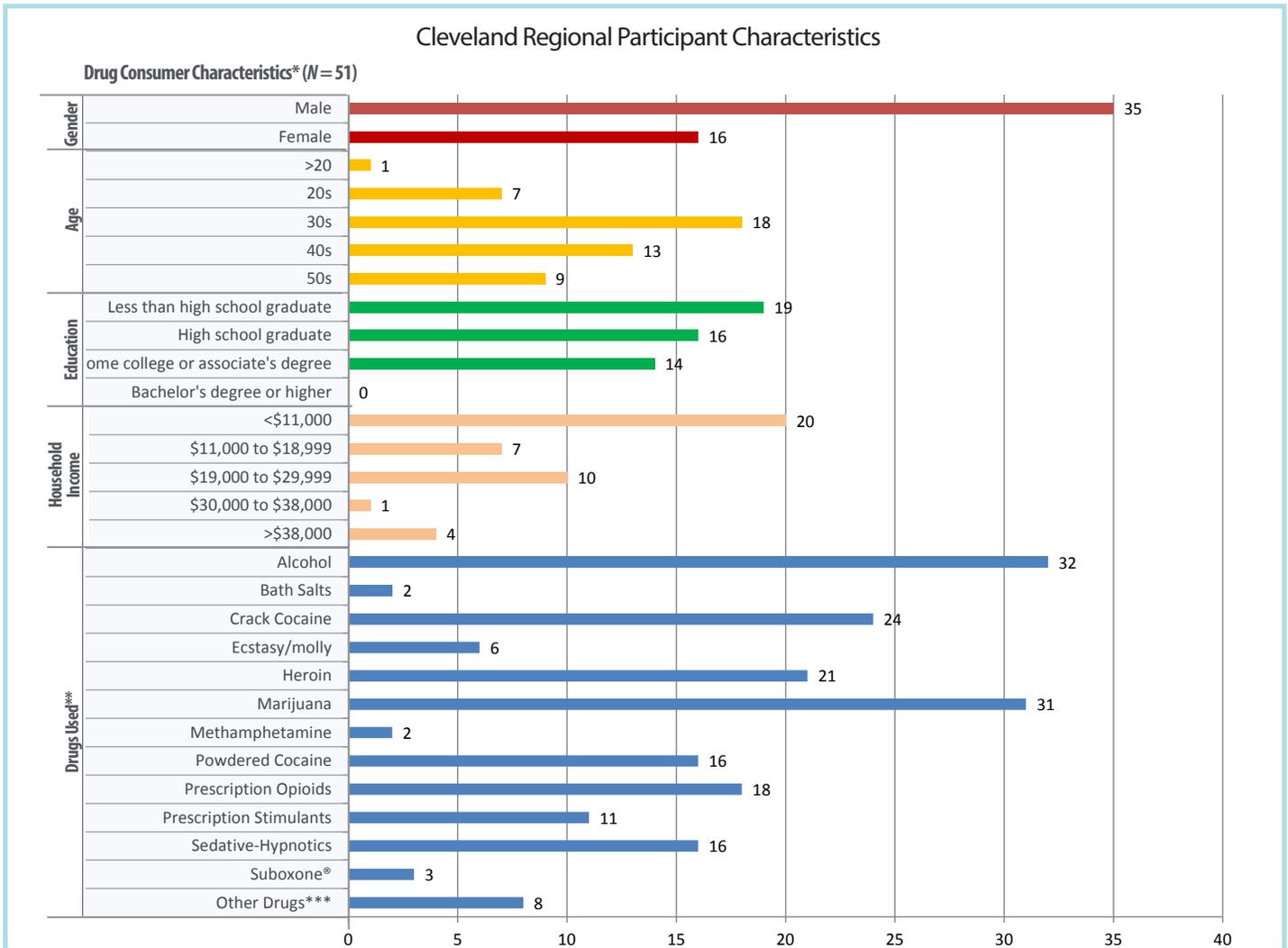
Indicator <sup>1</sup>	Ohio	Cleveland Region	OSAM Drug Consumers
Total Population, 2010	11,536,504	2,287,265	51
Gender (female), 2010	51.2%	51.8%	52.5% <sup>2</sup>
Whites, 2010	81.1%	74.0%	36.6%
African Americans, 2010	12.0%	18.0%	56.1%
Hispanic or Latino origin, 2010	3.1%	4.4%	6.7%
High School Graduation rate, 2010	84.3%	82.8%	63.4%
Median Household Income, 2011	\$45,803	\$50,957	Less than \$11,000 <sup>3</sup>
Persons Below Poverty Level, 2011	16.3%	12.9%	80.5% <sup>4</sup>

<sup>1</sup>Ohio and Cleveland statistics are derived from the most recent US Census, and OSAM drug consumers were participants for this reporting period: January 2013-June 2013.

<sup>2</sup>Gender was unable to be determined for one participant due to missing data.

<sup>3</sup>Participants reported income by selecting a category that best represented their household's approximate income for 2012. Income status was unable to be determined for two participants due to missing data.

<sup>4</sup>Poverty status was unable to be determined for two participants due to missing data.



\*Not all participants filled out forms; therefore, numbers may not equal 51.

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

\*\*\*Other drugs refer to DXM, LSD, psilocybin mushrooms, PCP and Trazodone.®

## Historical Summary

In the previous reporting period (July–December 2012), crack cocaine, ecstasy, heroin, marijuana, methamphetamine, prescription opioids, prescription stimulants, sedative-hypnotics, Suboxone® and synthetic marijuana remained highly available in the region. Changes in availability during the reporting period included likely increased availability for heroin and methamphetamine and likely decreased availability for powdered cocaine.

While several types of heroin remained available in the Cleveland region, participants continued to report the availability of brown powdered heroin as most available throughout the east and west sides, as well as within the City of Cleveland. Treatment providers cited a rise in the number of clients they treated with heroin addiction and the progression from prescription opioids to heroin these users often undergo. The BCI Richfield Crime Lab reported that the overall number of powdered heroin cases it processes had increased during the reporting period. Heroin use spanned all ages, but many participants felt heroin appealed more to younger people, including “high schoolers.” In addition, participants and community professionals reported that they did not tend to encounter many young, African-American heroin users.

Participants reported that the availability of methamphetamine fluctuated, and that the region had experienced a period of high availability. Participants attributed high availability to the ease of the “one-pot” method of production, with increased production in nearby Akron. Participants and law enforcement reported that the availability of methamphetamine had increased. The BCI Richfield Crime Lab reported that the number of methamphetamine cases it processes had also increased during the reporting period. Participants and law enforcement supplied their perceptions about who used the drug, including whites, “younger,” rural, gay males and motorcycle gang members.

Participants most often rated general street availability of powdered cocaine as moderate and reiterated that the availability of powdered cocaine varied greatly, depending on a user’s relative closeness to a mid- to high-level supplier. Participants reported that the availability of powdered cocaine had slightly decreased during the reporting period and attributed the decrease to dealers not releasing the drug in powdered form, but rather using it to manufacture crack cocaine to maximize profits. Par-

ticipants also reported that police activity had influenced availability. Law enforcement corroborated participants’ views on decreased availability of powdered cocaine and cited large scale police busts involving the drug. Participants and community professionals described typical users of powdered cocaine as “younger,” those who “rock up” crack cocaine, and intravenous injectors who paired powdered cocaine with heroin for injection (aka “speedball”). No participant indicated powdered cocaine as a primary drug of choice.

## Powdered Cocaine

Powdered cocaine is moderately available in the region. Participants reported the drug’s current availability as ‘5’ (mean score) 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.’ Also, it should be noted that participants often mixed questions about powdered cocaine with crack cocaine, as powdered cocaine is the primary ingredient of crack cocaine. Participants continued to report that availability of this drug varies greatly, depending on a user’s relative closeness to a mid- to high-level supplier. A participant explained, “[Powdered cocaine] *it’s a phone call because it’s a little bit hard to get ... heroin is one phone call, powder [cocaine] is six phone calls.*” Another participant shared, “*No, it’s not easy to get [powdered cocaine]. If you got a big stack of money, you can get powder.*”

Community professionals most often reported the drug’s current availability as ‘6;’ the previous most common score was ‘8.’ Law enforcement officers and other community professionals did not cite powdered cocaine as an emerging or urgent drug trend during the past six months, and as a result, supplied little data on the drug. However, collaborating data indicated the presence of cocaine in the region. American Court and Drug Testing Services reported that 5.2 percent of the 669 individuals screened through its Medina lab during the past six months were positive for cocaine (crack and/or powdered cocaine).

Media outlets in the region reported on powdered cocaine seizures and arrests during this reporting period. Workers found a plastic tube containing powdered cocaine residue in a group home in Parma (Cuyahoga County) ([www.cleveland.com](http://www.cleveland.com), April 13, 2013). A traffic stop in Mentor (Lake County) led to the arrest of two individuals for trafficking and possession of cocaine and marijuana; three

grams of powdered cocaine was found in one person's pocket, and the other individual unsuccessfully attempted to hide 76 grams of powdered cocaine between his buttocks ([www.fox8.com](http://www.fox8.com), May 29, 2013).

Most participants reported that the availability of powdered cocaine has decreased during the past six months. A participant said, *"In the last six months, it [powdered cocaine] is hard to get ... and you have to know someone ... [the person buying powdered cocaine] it'll be like a high-end connection person [dealer], someone who rocks it up to sell crack [cocaine]."* Participants reported that law enforcement activity has influenced availability. A participant stated, *"No, it's not easy to get [powdered cocaine]. Law enforcement has really put a toll on that."*

The few community professionals who were able to report on the availability of powdered cocaine indicated that availability has remained the same during the past six months. A treatment provider said, *"[Powdered cocaine] it's always popular."* The Cleveland and BCI Richfield crime labs reported that the number of powdered cocaine cases they process has remained the same during the past six months.

Participants most often rated the current quality of powdered cocaine as '3' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score averaged to '5'. Participants suggested that powdered cocaine quality varies, and several participants mentioned that there are different qualities available for various routes of administration. A participant explained, *"[Dealers] they've got some [powdered cocaine] for shooting [injecting], snorting or smoking. They [dealers] ask you which one you want ... and some is good for this, some is good for that."* Other participants admitted to being caught off-guard by higher-quality powdered cocaine. One participant stated that after consuming "really pure" powdered cocaine in a speedball (combined with heroin), he ended up in the MetroHealth Hospital.

Participants reported that powdered cocaine in the region is cut (adulterated) with amphetamines (aka "speed"), baby formula, baby laxatives, baking soda, bath salts, opiates, vinegar and vitamin B-12. A participant shared, *"I saw an individual with a big bag of bath salts cut it in with his cocaine. It's more common now. They're cheap and they have a higher effect on you."* Several participants also mentioned branded cutting agents sold in "head shops:" "Miami Ice," "Fish Scale" and "Super Caine." A participant reported, *"Su-*

*per Caine is something you can get at a head shop. I would take that and convince people that it was cocaine."*

Staff of a medical examiner's office reported the presence of diltiazem (high blood pressure medication) and levamisole (livestock dewormer) with cocaine cases they've processed during the past six months. Regional crime labs also reported those substances as cutting agents for powdered cocaine, along with caffeine, local anesthetics (benzocaine, lidocaine and procaine) and mannitol (sugar substitute).

Current street jargon includes many names for powdered cocaine. The most commonly cited names remain "blow," "powder" and "white girl." Participants listed the following as other common street names: "coke," "pelico," "snow," "soft" and "ya-yo." Current street prices for powdered cocaine were consistent among participants with experience buying the drug. Participants reported that a gram of powdered cocaine sells for \$50-80, depending on the quality; 1/8 ounce (aka "eight ball") sells for \$150-160, with higher prices reported from rural or outlying suburbs; an ounce sells for \$1,300-1,400. Regarding pricing in general, a participant said, *"If [powdered cocaine] it's good, you're going to pay more. If it's not good, you're going to have to use more."*

Participants reported that the most common route of administration for powdered cocaine is snorting. Participants estimated that out of 10 powdered cocaine users, six would snort, two would intravenously inject, and two would smoke the drug. Note: due to this drug's relation to crack cocaine, when users reported on administration via smoking, they almost always meant "rocked up" as crack cocaine.

A profile of a typical powdered cocaine user did not emerge from the data. However, participants noted that affluence is a significant factor in determining whether a drug user uses powdered cocaine. A participant explained, *"It [typical use of powdered cocaine] doesn't have to do with race. It's where you live, your income level ... not white, black, Puerto Rican. If you're poor, it's going to be crack [cocaine]."* Another participant reported, *"A huge variety of people use powdered cocaine ... But, if you come down here [Cleveland] there will be more crack users ... [crack cocaine] it's cheaper. When I had a higher income, I used powder, and when I became an addict, I started using crack."* In addition, participants and community professionals reported an increase in powdered cocaine use among teenage individu-

als. A participant shared, *"They use it [powdered cocaine] in the clubs. I've seen a lot of teenagers at the backyard parties. They're looking for the weed [marijuana] and then powder."*

Reportedly, powdered cocaine is used in combination with alcohol, ecstasy, heroin, marijuana, prescription opioids and tobacco. Common practices among users include lacing marijuana (aka "primo") or lacing cigarettes with powdered cocaine. A treatment provider said, *"I've heard a lot of younger users who only like it [powdered cocaine] in a primo."* Mixing cocaine with heroin, either together in the same syringe or in sequence is called a "speedball." Other participants said other drugs are used to help come down from the cocaine high: *"You need the weed [marijuana] later to be able to go to sleep; Klonopin® and Xanax® are used after the cocaine, later to come down."* Several participants also mentioned cocaine used as an aphrodisiac.

## 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 stated that crack cocaine is easy to obtain. While pointing out the window of the interview room, a participant noted, *"Sure, [crack cocaine] it's easy to get. There's some for sale at that house right there."* Crack cocaine continues to be most easily available with one or two phone calls to a dealer. Incidences of anonymous street transactions are reportedly less common in areas where "walk-up" service was previously available. Community professionals most often reported the drug's current availability as '10'; the previous most common score was '7'. A treatment provider said, *"[Crack cocaine] it's even easier to get than powder [cocaine]. They [users] can get both."*

Media outlets in the region reported on crack cocaine seizures and arrests during this reporting period. Police stopped a car in North Ridgeville (Lorain County) because the driver was believed to be driving under a suspended license; after searching the vehicle, police cited the driver for possession of crack cocaine and marijuana ([www.cleveland.com](http://www.cleveland.com), Feb. 1, 2013).

The majority of participants reported that the availability of crack cocaine has remained the same during the past six months. Participants who felt crack cocaine availability has decreased cited active law enforcement as the reason. A participant stated, *"In my neighborhood, my councilman*

*is very involved. We have a patrol car riding down every street all the time. We also have an off-duty officer who volunteers his time at the park to keep the kids safe."* Those who felt crack cocaine has become more available cited warm, seasonal weather. Community professionals suggested that availability has remained the same or perhaps has decreased during the past six months. The Cleveland and BCI Richfield crime labs reported that the number of crack cocaine cases they process has remained the same during the past six months.

Participants most often rated the current quality of crack cocaine as '3' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '0'. Almost all participants agreed it has become standard practice for crack users to "re-cook" the product they receive to remove impurities due to lower quality of the drug. Treatment providers have heard similar reports. A treatment provider reported, *"One client told me that they can turn crack back into powder, because the quality is poor."*

Participants reported that crack cocaine in the region is cut with Anbesol®, amphetamines (aka "speed"), aspirin, baby formula, baby laxative, baking soda, bath salts, live-stock dewormer (levamisole), heroin, Miami Ice (a cutting agent sold in "head shops") and vitamin B-12. A participant commented, *"You never know what's in it [crack cocaine]."* Many participants noted that when availability of powdered cocaine becomes scarce, buyers are more likely to get low-concentration crack cocaine or fake crack. Participants explained having received wax balls, candle wax, Stove Top® stuffing, peanuts and knots of plastic in place of crack cocaine. Overall, most participants reported that the quality of crack cocaine has decreased during the past six months. Regional crime labs reported the following substances as cutting agents for crack cocaine: caffeine, diltiazem (high blood pressure medication), levamisole, local anesthetics (benzocaine, lidocaine and procaine) and mannitol (sugar substitute).

Current street jargon includes many names for crack cocaine. The most commonly cited names were "crack" and "hard." Participants listed the following as other common street names: "cheese," "five piece," "flour," "good," "rock," "stones," "ten piece" and "work." Current street prices for crack cocaine were consistent among participants with experience buying the drug: .2-.4 gram pieces sell for \$20; 1/8 ounce (aka "eight ball") sells for \$125-175; 1/4 ounce sells for \$250; an ounce sells for \$1,000-1,100. Participants clarified that crack cocaine usually sells in smaller incre-

ments (\$10, \$20 and \$50 pieces), varying in size from that of a chocolate chip to that of a peanut. These smaller transactions are quick, and the drug is seldom measured by users. Larger quantities are more commonly weighed. Furthermore, like powdered cocaine, crack cocaine is reportedly priced higher as buyers travel out from the city. A participant explained, *"I could sell an eight ball for \$175 [in the city], but in the suburbs you could get rid of it for \$220."*

Although there were a few reported ways of administering crack cocaine, the most common route of administration remains smoking. Out of 10 crack cocaine users, participants reported that approximately nine would smoke; the remaining user would either snort or intravenously inject the drug. A participant remarked, *"They [users] keep breaking it [crack cocaine] down 'til it's like powder and snort it."*

A profile of a typical crack cocaine user did not emerge from the data. Participants described crack cocaine users as whites, blacks, Hispanics, east-siders and west-siders, as well as rural and urban. They also noted that the drug is consumed by individuals as young as age 13 and as old as age 75. As with powdered cocaine, socio-economic level and geography are reportedly more important predictors for crack cocaine use. Participants suggested that crack cocaine remains more of an urban drug. A participant commented, *"Crack's not out in the wilderness ... it's in the city where the most people are."* Another participant observed, *"When I was in the 'hood, this guy used to pull up in a BMW and would get it [crack cocaine] on the way to work."* A staff person in the medical examiner's office also noted that crack cocaine use is not limited by age: *"We get people over 40, over 50 [years of age] who are cocaine-present."*

Reportedly, crack cocaine is used in combination with alcohol, heroin (aka "speedball"), marijuana (aka "primo") and sedative-hypnotics. Participants explained the purpose of these combinations: *"I use marijuana to calm down [after crack cocaine use]; Everyone I know who smokes crack does heroin, too. If I smoked crack, I would start to feel anxious, then I would do some heroin. Then do it again; [I use] Valium® and Xanax® to help me go to sleep; Speedball is common."*

## Heroin

Heroin remains highly available in the region. Participants most often reported overall current availability of heroin as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous

most common score was also '10'. A participant said, *"I can get [black] tar and powder [heroin], anything I want."* Participants reported that heroin is found quickly. A participant said, *"I could leave here, walk the street and be back in 10 minutes with some [heroin]."* Participants continued to report that heroin is available from dealers who historically sold only crack cocaine. Community professionals overwhelmingly cited heroin as the most available drug in the region, and they continued to rate current availability as '10'. A medical examiner's staff member shared, *"Nothing we're seeing is like heroin. That's why the county executive did the big mobilization in our county [Cuyahoga] ... it [heroin use] was becoming painfully, glaringly obvious that it was a problem. In terms of availability, the number of people who are ODing [overdosing] is higher in the non-Cleveland part of our county than in Cleveland proper."* A law enforcement officer commented, *"We [law enforcement] find heroin needles in cars like we used to find marijuana paraphernalia."*

Collaborating data also indicated the presence of heroin in the region. American Court and Drug Testing Services reported that 15.1 percent of the 669 individuals screened through its Medina lab during the past six months were positive for opiates.

In addition, media outlets in the region reported on heroin seizures and arrests during this reporting period. A woman was pulled over in Solon (Cuyahoga County) twice in less than two weeks and charged both times with possession of heroin and drug abuse instruments ([www.wkyc.com](http://www.wkyc.com), Feb. 14, 2013). The Ohio State Highway Patrol found 390 grams of heroin valued at more than \$58,000 during a traffic stop on the Ohio Turnpike in Lorain County (<http://statepatrol.ohio.gov/media.stm>, April 10, 2013). A two-month investigation resulted in a drug raid in Elyria (Lorain County) in which the Cleveland Drug Enforcement Administration assisted police in arresting four people for trafficking and possession of heroin and cocaine; police seized heroin worth \$1,200, cocaine worth \$700, 100 syringes and an undisclosed amount of prescription opioid pills ([www.morningjournal.com](http://www.morningjournal.com), May 31, 2013).

Several types of heroin are currently available in the region. Participants continued to report brown powdered heroin as the most available type. A participant commented, *"Brown powder, and white powder are most available. To get [black] tar you have to know a certain person."* Participants most often rated current availability of brown powdered heroin as '10', white powdered heroin as '9' and black tar heroin as '4'. The BCI Richfield Crime Lab also re-

ported low availability of black tar heroin in the region; the lab reported that they see all colors of powdered heroin. A medical examiner's staff member said, "We see 99 percent tan powder [heroin], with occasional gray [heroin]." Participants also reported availability of gray powdered heroin, which reportedly is extremely potent. Several participants described gray heroin: "I've seen a lot of gray [heroin], or 'granite.' It was gray, black, shiny. It looks like cement; The gray [heroin] smells like vinegar; I've seen gray ... it looks like drywall."

Participants reported that heroin availability has generally remained the same during the past six months. However, some participants felt that the increase in heroin is slowing down due to prescription drug controls, which are making it less likely for individuals to be prescribed opioids, and thus less likely to become addicted to opioids in the first place. A participant described the pill-to-heroin progression: "They [heroin users] start off on the pain pills. Then they find they can get the same high with heroin and it's cheaper."

Community professionals reported that the availability of heroin has remained the same during the past six months. A law enforcement officer said, "In the past year to year-and-a-half, [heroin] it's been more [available], but now it's the same." Regional crime labs reported that the number of powdered heroin cases they process has increased during the past six months, while the number of black tar heroin cases has remained the same.

Participants most often reported the current quality of brown powdered heroin as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '10'. Participants rated current quality of white powdered heroin as '10' and current quality of black tar heroin as '9'. Participant comments on current quality included: "If you go on the street, you don't know what you're getting. You go to your boy's [dealer's] house to get it [heroin] off the rock; I didn't want it [heroin] if it was in powder already. It had been stepped on [adulterated]. Sure, it could be stepped on as a chunk, but it's a lesser chance; If it's [heroin] white, it's been stepped on."

Participants reported that heroin in the region is cut with dissolvable powders such as baby laxative, cocaine, fentanyl, "molly" (pure form of MDMA/ecstasy), as well as PCP (phencyclidine), sedative-hypnotics and vitamin B-12. A participant shared, "When I overdosed [on heroin], I tested positive for PCP, too." Participants continued to cite the presence of fentanyl in heroin. A participant stated,

"I've heard of it [heroin] cut with fentanyl. It's killing people." After extensive scrutiny into this claim, a staff member in the medical examiner's office stated, "There's no fentanyl in heroin because the prep [scraping the gel] on that is a lot. We were targeting heroin for a while because we thought it might have fentanyl coming through, but we didn't see anything." Another staff member added, "There's diphenhydramine [antihistamine] in heroin: We think it's added intentionally." Overall, participants reported that the quality of heroin has decreased during the past six months.

The BCI Richfield Crime Lab reported that there are not a lot of cutting agents in the heroin cases they process. The Lake County Crime Lab reported the following substances as cutting agents for heroin: diphenhydramine (antihistamine), mannitol (sugar substitute), noscapine (cough suppressant), papaverine (medication used in the treatment of visceral muscle spasms) and quinine (antimalarial).

Current street jargon includes many names for heroin. The most commonly cited names remain "boy" and "dog food." Other names used in the region include: "chiva," "choco flan," "dope," "H," "heron," "mantequilla/manteca/man (butter)," "smack" and "tecata." Participants reported that heroin is available in different quantities, most commonly sold in traditional balloons or chunks for black tar heroin and baggies or bundles for powdered heroin. Participants reported a variety of pricing: 1/10 gram of powdered heroin (aka "point") sells for \$10-20; 8-12 bags (aka "bundle;" each bag contains .1-.2 grams) sells for \$80-180; 10 grams (aka "finger") sells for \$1,000; 1/10 gram of black tar heroin (aka "balloon") sells for \$20. Reportedly, larger quantities are usually weighed and sold as a loose chunk scraped off a solidified block. Community professionals expressed concern that the low cost of heroin is contributing to increased use: "Heroin is prevalent in this community, but I would add that this area is depressed economically, and [heroin] it's easy to get because it's so cheap right now; Even kids in the schools are able to access [afford] it [heroin] ... the price is going down."

Participants reported that the most common route of administration for heroin remains intravenous injection (aka "shooting"). Participants estimated that out of 10 heroin users, seven to eight would inject, and two to three would snort the drug. Participants continued to report that those who are new to heroin are more likely to snort before progressing to intravenous injection. However, a participant added that the time of progression is shrinking, and he shared his experience: "I'd like to say that new users snort

[heroin], but I did that for 48 hours before I went to the needle [injection]. People do that now [go to the needle quickly] and they don't know what they're doing. They have no fear these days. And the quality [of heroin is higher] ... that's why they're dropping dead." A law enforcement officer agreed, "When they first start off, they're snorting. But, as they get further along and they don't have the money, and they have half a gram, they're going to shoot it up. You'll get higher faster with half as much and make it last a lot longer."

Participants and community professionals noted how the high quality of the region's heroin is dangerous for the opiate-naïve population to inject. Both respondent groups commented on the increase in overdosing after a period of abstinence. Participants observed: "You get clean in jail or rehab or sobriety, and then they run out and do it [heroin] ... and then they die; We had a girl who was here [in treatment] for two months, got out for three hours and then OD'd [overdosed on heroin]; Quality is so good ... you get clean and then you overdose." A staff member in the medical examiner's office agreed, "People coming out of rehab go back to using opiates at the same level they were using before they went in. A day or two after coming out of rehab, they're dead."

The Cleveland region has a needle-exchange program operated by The Free Clinic of Greater Cleveland, and many users reported obtaining needles there, as well as from dealers, at chain pharmacies by posing as a diabetic patient, buying them from other users or stealing them from hospitals/pharmacies. Some participants reported it has become more difficult to get clean needles. A participant shared experience buying needles on the street: "Also, some people have a lot of syringes. They sell them for \$2-5 ... and sometimes [the needle] it's dirty."

Participants and community professionals continued to report that heroin use spans a wide range of ages and socio-economic status. Participants reported knowledge of heroin use in youth as young as age 12, while a treatment provider reported having a 16-year-old client. Universally, there is growing concern for the increase in younger heroin users. A participant commented, "It's an epidemic. All the people that you hear die [of heroin overdose] are younger. It's everywhere."

Many participants commented that white and Hispanic individuals are more often seen using heroin than black individuals, who are more often seen selling heroin. Community professionals agreed: "I think the most active population is Caucasian; A lot of the females we see in drug

court [for heroin arrests] are 19-25 [years of age], Caucasian." However, a couple of the participants mentioned African-Americans who use heroin, and suggested that there might be a difference in user profiles between the east and west sides of Cleveland: "I used to see a lot of black people selling crack, now they sell 'H' [heroin]. I see black dope [heroin] addicts, too; I go to a Narcotics Anonymous meeting on the east side of Cleveland and it's full of heroin users who got clean, and they're black and old-school ... late 40s."

Community professionals added another dimension to the typical user profile, suggesting that males typically lead females into using heroin. A treatment provider observed, "It is the males that are starting the women using the heroin ... the majority [of women] we see started [heroin use] because of a boyfriend."

Reportedly, heroin is used in combination with alcohol, bath salts, crack and powdered cocaine, ecstasy, marijuana, PCP (phencyclidine), prescription opioids and sedative-hypnotics. A participant shared, "People would make the heroin last longer by using crushed opioids. Snorters would use pills and snort it with heroin. If they could get pills cheaper than heroin, then they would mix it with the powder [heroin]. It would make a bigger pile. They could stretch it out more." A couple participants commented on smoking heroin with marijuana: "When you smoke it [heroin] with weed ... they [users] sprinkle it on the weed ... it's called a 'philly mommy.'" Other participants explained that mixing heroin with benzodiazepines is often how users overdose. Nevertheless, participants shared that heroin use is often combined with benzodiazepine use to avoid withdrawal symptoms. A participant shared, "I did it [used heroin] a lot with Xanax® ... before, during and after the heroin ... it's a downer thing, and it helps with the sickness after and mellows the sickness. It levels things out."

## 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 also most often reported current availability as '10'; the previous most common score was '7'. A treatment provider stated, "[Prescription opioids] they're all easy to get. Cost is the only prohibitive factor." Participants and community professionals continued to identify Opana®,

OxyContin® OP, Percocet® and Vicodin® as the most popular prescription opioids in terms of widespread use. The medical examiner's office staff agreed, with one person stating, *"We see a lot of oxycodone and a lot of Vicodin."*

Collaborating data also indicated the presence of prescription opioids in the region. American Court and Drug Testing Services reported that 10.8 percent of the 669 individuals screened through its Medina lab during the past six months were positive for oxycodone.

Participants reported that the availability of prescription opioids has remained the same during the past six months. However, a participant shared the urgency of obtaining prescription opioids when available, *"If you call around, you can get them [prescription opioids], but when you get that call [to purchase] ... if you don't jump, they're gone in 10 hours. You grab them when you can ... and as many as you can. Scripts [prescriptions] run out, and so, you have to be ready."* Community professionals also reported that the availability of these drugs has remained the same during the past six months. A treatment provider said, *"Street availability [for prescription opioids] is the same. But, I have reports of non-users [people who do not abuse prescription opioids] reporting increased problems getting needed pain pills from pain-managing doctors due to fears they would end up sold on the street ... and non-users having to pay to see a doctor monthly for refills, even if they have chronic pain and/or have seen the doctor for years."*

Community professionals and participants continued to cite concern over the pill progression to heroin. A medical examiner's office staff member said, *"As the state pushed more about prescription opiates, heroin has supplanted them. We created the addicts with prescriptions, and then drove them to heroin."* The BCI Richfield Crime Lab reported that the number of prescription opioid cases it processes has generally remained the same during the past six months, with the exception of an increase in Ultram® cases and a decrease in OxyContin® cases.

Reportedly, many different types of prescription opioids are currently sold on the region's streets. Participants reported the following prescription opioids as available to street-level users (Note: When reported, current street names and prices are indicated in parentheses): Dilaudid® ("D's," "dilaula" and "lizzies;" 2-4 mg sells for \$4-6; 8 mg sells for \$10), fentanyl (sells for \$1-1.25 per milligram), Opana® (aka "Pandas;" sells for 50 cents-\$1 per milligram), OxyContin® OP, (aka "OP's;" sells for 20-50 cents per milligram),

Percocet® (aka "percs;" 5 mg sells for \$4-5; 10 mg sells for \$8-9), Roxicet® (aka "Roxies" and "perc 30s;" 30 mg sells for \$30) and Vicodin® (aka "Vs" and "vikes;" 5 mg sells for \$1-3; 7.5 mg sells for \$4-6; 10 mg sells for \$6-10).

Participants expressed a preference for liquid forms of prescription opioids if available, as well as for formulations that could be crushed, snorted, combined with other drugs or used as cutting agents. Many participants discussed how manufacturers' efforts to make pills tamper resistant have affected pricing and availability. Participants said, *"Certain ones like Opana® are less available because they changed them and no one wants them; Opana® [prices] are going down now that they're gelled up. Now, it's 50 cents per milligram."*

Prescription opioids remain highly available through friends, doctors, family members and specialized pill dealers. Participants explained that medical channels, pill networks and personal connections are preferred to street dealers. Pill networks are reportedly formed to deal these drugs. A participant shared, *"When I was 19, 20 [years of age], I would work with people who would get doctor scripts, and the scripts would be in my name and I would bring them back. I would get a percentage. There was a whole team of people working together."* Several participants commented on purchasing entire prescriptions: *"I could call certain people right now, and they would come and deliver them. Sometimes if they're selling their scripts, you need to buy them all or you get none. If they have 120 pills at \$4 each, you buy them all or they will sell them to someone else; You can get three or four people together to buy a whole script."*

While there were a few reported ways of consuming prescription opioids, the most common route of administration is oral consumption. Out of 10 illicit prescription opioid users, participants reported that approximately seven would take the drugs by mouth (including crushing, wrapping in tissue and swallowing, aka "parachuting"); two would snort; and one would intravenously inject the drugs. Exceptions were noted based on medication formulation (liquid, pill, wafer, mucosal irritant) and the nature of the drug's effect on the body. A drug court officer observed, *"I've seen an increase in pills being snorted and crushed to be injected, even in people who do not use heroin."*

A profile of a typical illicit user of prescription opioids did not emerge from the data. Several participants agreed, *"Everybody uses them [prescription opioids]."* Community professionals agreed, *"[Illicit use of prescription opioids] it's*

*all ages, occupations, socio-economic status, races, ethnicity, education ... no one is exempt."* Nevertheless, observations were made about race and geographical location. Participants commented: *"It seems like black people selling and white people buying; It's mostly suburbans. More people in suburbs are using pharmaceuticals than street drugs."* Community professionals shared similar observations: *"When I was speaking with our treatment assessment person, she was saying that we have so many more Caucasians than Hispanics and blacks [abusing prescription opioids]; The people who had never heard of these pills were African-American."* Participants noted that illicit users of prescription opioids are often those who are prescribed the drug. A participant commented, *"They use more than they need ... and that's how addiction starts."*

Reportedly, when used in combination with other drugs, prescription opioids are most often used in combination with alcohol, crack and powdered cocaine, heroin, marijuana, psilocybin mushrooms and sedative-hypnotics. A participant explained that using prescription opioids before or after using heroin, *"keeps you high longer."*

### Suboxone®

Suboxone® remains highly available in the region. Participants 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.' According to several participants, Suboxone® pills are more desirable than the film strip form of the drug because they can be crushed or injected and do not include the tracking numbers that strips have. A participant explained, *"Since they put the numbers on the [Suboxone®] strips, it'll come back to them [the user]. If they do sell them, they want to take them out of the foil pack, but then people don't want to buy them."*

Community professionals were mixed in their opinions about street availability of Suboxone®. West-side community professionals reported moderate to high availability, while east-side professionals reported low availability of the drug. The previous most common availability score among community professionals was '10.' A treatment provider commented, *"[Suboxone®] it's available, but not readily available. The clients are seeking out the clients who have it."* A law enforcement officer commented, *"The only ones who really want it [Suboxone®] are the ones [heroin users] that are sick or in jail."*

Collaborating data also indicated the presence of Suboxone® in the region. American Court and Drug Testing Services reported that 7.3 percent of the 669 individuals screened through its Medina lab during the past six months were positive for buprenorphine.

Participants reported that the availability of Suboxone® has remained the same during the past six months. Community professionals were split on whether the drug has become more available or has remained the same. The BCI Richfield Crime Lab reported the number of Suboxone® cases it processes remained the same during the past six months.

The only street name reported for Suboxone® remained "subs." Street prices for Suboxone® were consistent among participants with experience buying the drug. Participants indicated that Suboxone® 8 mg strips sell for \$8-\$20; 8 mg Suboxone® and Subutex® pills sell for \$20. Most often, participants reported taking Suboxone® sublingually (dissolving it under the tongue). Participants estimated that out of 10 illicit Suboxone® users, nine would use it sublingually and one would intravenously inject the drug.

Participants shared that Suboxone® continues to be primarily acquired by prescription from drug abuse treatment centers and pain management clinics, as well as from friends and dealers, particularly those connected with heroin. Participants continued to describe typical illicit users of Suboxone® as heroin users who are trying to avoid withdrawal symptoms when heroin cannot be obtained and those who use it as part of a physician-prescribed treatment program for sobriety. Treatment providers and drug court officers were more specific, citing more use among a demographic that is female, "younger," white, pregnant/or a new mother. A drug court officer said, *"I see more new mothers, younger females. More females are getting it [Suboxone®] and abusing it because they have insurance. They sell it to get the drug they want, and they take just enough to get a positive screen [for Suboxone®]."*

Reportedly, when used in combination with other drugs, Suboxone® is combined with alcohol, crack and powdered cocaine, marijuana, prescription stimulants and sedative-hypnotics. A participant explained using Suboxone® with Adderall® and Xanax®: *"Suboxone® keeps you from being sick. I would take Adderall® with it to get extra energy, then I would take Xanax® at night to come down."*

## Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain highly available in the region. Participants most often reported the current availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. Participants continued to identify Ambien®, Klonopin®, Soma®, Valium® and Xanax® as the most popular sedative-hypnotics in terms of widespread use. A participant commented, "[Sedative-hypnotics] they're super easy to get. Ambien®, Klonopin® and Xanax® are most available for me."

Community professionals most often reported current availability as '7'; the previous most common score was '10'. Community professionals identified Valium® and Xanax® as most popular. A treatment provider commented, "This group of drugs [sedative-hypnotics] is easy to get when they're looking for it ... Xanax® is more prevalent because it's more highly prescribed for [adults] 40-50-year-old age range. The kids are taking them from the medicine cabinet when they're not noticed. If you [the prescribed adult] take one a month [and] your kid [is] taking three or four pills, you wouldn't notice."

Collaborating data also indicated the presence of sedative-hypnotics in the region. American Court and Drug Testing Services reported that 4.9 percent of the 669 individuals screened through its Medina lab during the past six months were positive for benzodiazepines.

Participants reported that the availability of sedative-hypnotics has remained the same during the past six months, with the exception of Xanax®, which seems to be slightly more popular, especially among heroin users. A participant explained, "There's more Xanax®. They're pairing them with heroin. Some people use them when they're dope sick for the anxiety you feel during withdrawal. People who like heroin like the relaxed feeling they get from these pills." With the exception of Xanax®, community professionals did not report on change in availability for sedative-hypnotics during the past six months. Several community professionals alluded to an increase in Xanax®: "With Xanax®, we see that [use] with the juveniles. I have also seen an increase in prescriptions; You don't hear Valium®, it's always Xanax®. It's prescribed so much; I think Xanax® is on its way up." A medical examiner's office staff member mentioned that Xanax® is commonly present in OVI (operating a vehicle under the influence of alcohol or drugs) test results.

The BCI Richfield Crime Lab reported that the number of sedative-hypnotics cases it processes has remained the same during the past six months, with the exception of a decrease in the number of Soma® cases. The Cleveland and Lake County crime labs reported an increase in the number of Xanax® cases they process during the past six months.

Reportedly, many different types of sedative-hypnotics (aka "benzos" and "downers") are currently sold on the region's streets. Participants reported the following sedative-hypnotics as available to street-level users: Ambien®, Klonopin®, Soma®, Valium® and Xanax® (aka "xanies"). Participants reported that sedative-hypnotics generally sell for \$2-5 per pill, with slightly higher pricing reported for 10 mg Valium®. A treatment provider reported that clients have told her that, "Valium® is the most expensive because people don't want to get rid of it." Participants most often reported obtaining sedative-hypnotics from doctors, friends and family members. A participant said, "It's easier for me to get a script [prescription for sedative-hypnotics] than to call people." Reportedly, this drug is not commonly obtained from street-level drug dealers.

While there were a few reported ways of consuming sedative-hypnotics, and variations in methods of use were noted among types of sedative-hypnotics, the most common route of administration remains oral consumption. Participants estimated that out of 10 illicit sedative-hypnotics users, eight to nine would take the drugs orally (including crushing, wrapping in tissue and swallowing, aka "parachuting") and one to two would either snort or intravenously inject the drug. A participant commented, "People like to do both eating and snorting [of sedative-hypnotics] at the same time." Another participant added, "It depends on the pill, too. Nobody snorts Ambien® or Lunesta®, but Valium®, Xanax®, Klonopin®, Ativan® they snort."

Participants described typical illicit users of sedative-hypnotics as very diverse in terms of race, gender, geography and socio-economic class. Nevertheless, participants reported that typical users are often under 25 years of age and addicted to other drugs (especially heroin). A participant reported, "Addicts use these pills [sedative-hypnotics] because ... if you don't have your drug of choice, you use these." A treatment provider agreed that users are typically younger: "It's a younger trend in terms of abusing it [sedative-hypnotics]. I haven't seen the older clients abusing it."

Reportedly, when used in combination with other drugs,

sedative-hypnotics are most often combined with alcohol, crack cocaine, heroin and marijuana. Participants reported that sedative-hypnotics are often combined with other drugs because of the effect the user experiences when mixing the drugs. Several participants mentioned using Xanax® with alcohol. A participant explained, *"There's more abuse of Xanax® and alcohol because of the intense effect."* Treatment professionals concurred, *"Addicts have been increasingly mixing these [sedative-hypnotics] with heroin or crack to get a 'different' high; The teenagers are putting it [sedative-hypnotics] in beer for a different kind of high."*

## Marijuana



Marijuana remains highly available in the region. Participants most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. Marijuana continues to be the most easily obtained illegal drug in the region. Nearly every participant had consumed it or could obtain it. One participant said, *"It's easy to get [marijuana]. You can buy it in the [beverage] drive-thru now. They work at the drive-thru, and you ask for 'red bud' and some 'kush,' and they put it in the bag."* Community professionals also reported current availability as '10'; their previous most common score was also '10'. Based on cases processed, a medical examiner's office staff member reported, *"Marijuana is our number one [drug found] and cocaine is still number two."*

Collaborating data also indicated the presence of marijuana in the region. American Court and Drug Testing Services reported that 22.9 percent of the 669 individuals screened through its Medina lab during the past six months were positive for marijuana.

Media outlets in the region reported on marijuana seizures and arrests during this reporting period. In Lorain County, a group of men were found sitting in a vehicle outside a North Ridgeville bowling alley where a K-9 unit alerted an officer to narcotics; marijuana and drug paraphernalia were found in the vehicle ([www.cleveland.com](http://www.cleveland.com), Jan, 17, 2013). Also in North Ridgeville, a vehicle was stopped by police for an equipment violation and subsequently, two individuals were arrested: one for possession of marijuana and drug paraphernalia and the other because of an outstanding warrant ([www.cleveland.com](http://www.cleveland.com), Jan. 19, 2013).

Several arrests in Cuyahoga County were reported. Two people were cited for jaywalking in Beachwood, and the officer found marijuana residue in one of their belongings and arrested them for possession of drug paraphernalia ([www.cleveland.com](http://www.cleveland.com), April 10, 2013). That same day, officers were called to a residential area near Parma to look into a suspicious vehicle and arrested the driver after finding 29 bags of marijuana in the car ([www.cleveland.com](http://www.cleveland.com), April 10, 2013). A woman was taken into custody when police were called to her Olmsted Township residence and cited her with possession of marijuana and drug paraphernalia ([www.cleveland.com](http://www.cleveland.com), April 18, 2013). Cleveland Indians player Chris Perez and his wife were charged after a package of marijuana was delivered to their home in Rocky River ([www.cleveland.com](http://www.cleveland.com), June 7, 2013).

Three individuals in Brunswick and Brunswick Hills (Medina County) were stopped for traffic violations and all three were cited for possessing marijuana and drug paraphernalia ([www.cleveland.com](http://www.cleveland.com), April 2, 13-14, 2013).

Reportedly, there are two types of marijuana available within the region: high-grade marijuana (aka "loud," "dro" or "kush") and regular-grade marijuana (aka "reggie"). Every participant rated current availability for both types of marijuana as '10'. A participant commented on the availability of high-grade marijuana: *"They're making loud [high-grade marijuana] as fast as people can buy it."*

Participants reported that the availability of marijuana has increased during the past six months, especially availability for high-grade marijuana. A participant said, *"[Marijuana] it's available, and going up on hydro, kush and medical [all types of high-grade marijuana]."* Another participant observed that lower-grade, imported marijuana has virtually disappeared due to the high availability and low pricing of the two grades: *"You don't see 'Mexican brick' [low-grade marijuana] anymore."* Community professionals reported that the availability of marijuana has remained the same during the past six months. The BCI Richfield Crime Lab reported that the number of marijuana cases it processes has remained the same during the past six months, while the Cleveland and Lake County crime labs reported that the number of marijuana cases they process has increased.

Participants most often rated the overall current 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'. Reportedly, high-grade marijuana is preferred, but

low-grade is purchased when high-grade isn't available or when users have little money. During this reporting cycle, many more participants mentioned marijuana additives compared to reports from the previous six months. One type of additive, a synthetic cannabinoid, is reported to enhance the quality of regular marijuana. Participant comments on the synthetic cannabinoid additive included: *"The people who sell it [regular-grade marijuana], they spray it [synthetic cannabinoid] on and now it's 'kush' ... it's 'loud' [high-quality marijuana]. They don't even tell you they did that. It's spray-on from the head shop; They [dealers] put 'reggie' in the oven, let the seeds pop out, and then they spray it ... bottle sprays are like 'kush mills.'"* The increased mention of this practice may explain the perceived increase in the availability of high-grade marijuana.

Current street jargon includes countless names for marijuana. The most commonly cited names remain "kush," "loud" and "hydro." Participants also listed the following as common street names for high-grade marijuana: "acapulco gold," "blueberry," "bubble gum," "kind bud," "lemon skunk," "purple haze," "red bud," "train wreck" and "white widow." Participants listed the following as common street names for regular-grade marijuana: "commercial," "mersh" and "reggie." Two tiers of standard pricing correspond with the two grades of marijuana. For regular, low-grade marijuana: a blunt (cigar) or two joints (cigarettes) sell for \$5; 1/8 ounce sells for \$15-20; 1/4 ounce sells for \$25-\$40; an ounce sells for about \$100. High-grade marijuana continues to sell at a premium: a blunt or two joints sell for \$10-20; all other pricing is roughly two to three times more than that of regular grade pricing; participants reported upper-end pricing to be as much as \$400 an ounce and \$6,000 for a pound.

While there are several reported ways of consuming marijuana, the most common route of administration remains smoking. Participants commented on using various devices for smoking the substance. A participant shared, *"I've seen vaporizers. I saw somebody use a gas mask [to consume marijuana]."*

A profile for a typical marijuana user did not emerge from the data; every participant and community professional felt that marijuana use is widespread. Participants observed that high-grade marijuana is primarily sold by black dealers. A participant said, *"Now it seems like only black people have the good stuff."* Another participant shared, *"My little brother [a black male] sells to the white boys in the suburbs."* A law enforcement officer commented on

how lax society has gotten over the marijuana issue: *"I get frustrated with marijuana. It seems, in many people's eyes, [marijuana use] it's not even an issue. They convince themselves that it's the lesser of all evils. And yes, when you put in perspective, we don't have people dying of overdose from marijuana. Yet, every person who dies of overdose started off with marijuana."*

Reportedly, marijuana is used in combination with alcohol, crack and powdered cocaine, ecstasy, heroin, methamphetamine, PCP (phencyclidine), prescription opioids and sedative-hypnotics. Community professionals and participants mentioned marijuana use with other drugs more often this reporting cycle than previously. A drug court counselor reported, *"I'm seeing an increase in people saying they used cigars, cigarettes and THC laced with PCP, heroin, meth [methamphetamine], etc."* Several participants discussed other substances used on marijuana blunts. Reportedly, some substances are used to make the blunt burn more slowly: *"They lace the 'tussin [dextromethorphan] with the blunt. It's sticky, and then you smoke it. That's so it won't go [burn] as fast; I've heard about rolling up a blunt and they spray it with some chemicals [synthetic cannabinoid] or sometimes they put honey on the blunt and then the chemical on top. The honey makes the blunt burn slower."*

## Methamphetamine

Methamphetamine's availability is variable in the region. Participants reported the current availability of methamphetamine as '4' (mean score) 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 drug's availability fluctuates and that the Cleveland region is currently experiencing a period of low availability, possibly due to low demand and increased law enforcement activity. Geography seemed to influence scores, with participants reporting greater availability in the region's rural east and southern areas closer to Summit County (Akron-Canton region). A participant commented, *"In Painesville [Lake County], you can find it all day long."* Another participant shared, *"I haven't seen it around here [in Cleveland]. You have to go down south to Akron."* Participants nearer to the city center reported lower availability. One said, *"I'm surprised it's not in Cleveland. I don't even see it being sent in from anywhere. Nobody wants it."* Another participant speculated, *"The police cracked down on it [methamphetamine] ... and a house blew up in my neighborhood, and now they don't make it"*

Community professionals most often reported the current availability of methamphetamine as '1,' the previous most common score was '6.' A treatment provider observed, *"The crackdown on [methamphetamine] labs and jail time is a deterrent."* A drug court officer said, *"I don't think I've seen even one kid with this [methamphetamine]."* A treatment provider contemplated, *"This [methamphetamine] is either not a problem, or [treatment clients] they're not disclosing that it is."* A law enforcement officer commented, *"If you're in that [methamphetamine user] circle, you have no problems getting it [methamphetamine]. If you're not in the circle, it's harder."*

Participants and community professionals reported that the availability of methamphetamine has remained the same during the past six months; however, a staff member in the medical examiner's office reported that availability appears to have decreased, stating, *"In 2012, we had 11 decedents [where methamphetamine was involved], and this year we have had one."* However, east side law enforcement officers described growing concern about methamphetamine and its use in relation to heroin use. An officer explained, *"We're seeing users sell more meth to buy heroin ... We are seeing folks who are doing the 'shake and bakes' [mobile methamphetamine production]. Whatever proceeds they gain from selling the meth, they use to fund heroin use ... We're very concerned about the meth-to-heroin trend."* The BCI Richfield and Lake County crime labs reported the number of methamphetamine cases they process has increased during the past six months.

Participants did not rate the current quality of methamphetamine; the previous most common quality score was '6' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants did not have information on cutting agents for methamphetamine; however, a law enforcement officer commented, *"In the last couple of weeks, we've had a couple inmates who are going through tough withdrawals, and they're saying [that] they [meth cooks] were cutting meth with battery acid and bath salts."*

Current street jargon includes several names for methamphetamine. The most commonly cited names were "ice" and "meth." Participants did not have experience buying the drug and could not report on current pricing for the drug. The only reported route of administration of methamphetamine was smoking.

Participants described typical methamphetamine users as white, rural, poor and younger. A participant commented

on the tight-knit group of methamphetamine users: *"It's not easy to get [methamphetamine] because you have to hang out with a lot of white junkies to get it."* Community professionals seemed to agree with the description. A law enforcement officer observed: *"The ones [methamphetamine users] we're looking at now are 30 to 40 years old ... not so much rich ... definitely white. I've never heard of a black person doing it."* A treatment provider added, *"There's been a huge increase in younger people using this and 'rolling meth labs' being reported."* Participants did not report other substances used in combination with methamphetamine.

## Prescription Stimulants

Prescription stimulants remain highly available in the region. Participants most often reported the current availability of prescription stimulants as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10.' A participant stated, *"[Prescription stimulants] they're easy to find."* Community professionals also most often reported current availability as '10;' their previous most common score was also '10.' A law enforcement officer reported, *"[Prescription stimulants] it's everywhere, and everybody takes it for something different."*

Participants and community professionals did not report on change of availability for prescription stimulants during the past six months, although a participant noted, *"Adderall® is becoming popular."* Regional crime labs reported that the overall number of prescription stimulant cases they process has remained the same during the past six months; however, the Lake County Crime Lab reported an exception, an increase in the number of Adderall® cases it processes.

Participants reported no slang terms or common street names for prescription stimulants, and they were unable to report on current street pricing for these drugs. However, a participant alluded to pricing: *"My son has ADHD [attention deficit hyperactivity disorder], and he's on Vyvanse® ... a lot of these mothers are taking their kids' medicine [prescription stimulants], and they're selling them. They're selling \$6, \$8, \$10 a pill, depending on the milligram."*

Several participants mentioned that the most common way of obtaining prescription stimulants is through parents of children who have prescriptions for the drugs, rather than through a drug dealer. Participants commented: *"You have to know somebody [to obtain prescription stimulants] ... It's just from somebody that can get it"*

from someone else; They [parents] go to the doctors and get scripts for their kids and sell them." Community professionals provided similar information. A law enforcement officer shared, "We had an older lady who had a prescription for it [a stimulant drug]. She said it was for her kid, and she was addicted to lots of other drugs." A drug court officer commented, "These [prescription stimulants] are obtained from other students. Kids sell them, and it's a good source of money." A treatment provider added, "They [juveniles] sell it [prescription stimulant medication], so they can buy marijuana."

While there were several reported ways of using prescription stimulants, the most common route of administration is oral consumption. Although not the most common route of administration, a participant added, "They open the [prescription stimulant] capsules and snort it. It's just like snorting a lot of coke [cocaine] except for you don't get the coke drain." Treatment providers commented: "They [users] put the pills [prescription stimulants] in drinks [alcohol]; And people are crushing and snorting also."

Participants and community professionals described typical illicit users of prescription stimulants as younger, students, people addicted to other stimulants, and those whose occupations require them to work long or late hours. A participant commented, "[Prescription stimulants] it's for people who need to stay awake, but then it becomes a regular habit." Treatment providers commented: "Kids [students] take it around exam time. They are doing very well, but they take it [prescription stimulant] to get an extra bump; Apparently, everyone is being told they have ADHD ... This is a socially acceptable drug to put any kid on. Teens love it to get good grades or to party more." Reportedly, prescription stimulants are used in combination with Suboxone®.

## Bath Salts

Bath salts (synthetic compounds containing methylone, mephedrone or MDPV) are highly available in the region. Participants most often reported the current availability of bath salts as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); in the previous report, participants were unable to rate the availability of bath salts. A participant shared, "My sister detoxed herself off heroin and got on those [bath salts]. She was getting hers from the east side somewhere. It's disgusting what it [bath salts use] does to people." Community professionals most often reported the drug's current availability as between '4' and '10'; the previous most common score was '6'. A treatment provider stated, "Apparently, several

easy to get to stores have stopped selling them [bath salts], but addicts just find new ways, including ordering them off the Internet." Another treatment provider remarked, "These [bath salts] are still obtainable on streets." East side law enforcement officers reported three incidents involving bath salts during the past six months.

Most participants reported that the availability of bath salts has decreased during the past six months. Community professionals were not in agreement as to change in availability of bath salts. The BCI Richfield Crime Lab reported that the number of bath salt cases it processes has remained the same during the past six months; however, the Cleveland and Lake County crime labs reported that the number of bath salts cases they process have increased during the past six months.

Participants did not report a rating for the current quality of bath salts. However, a participant said this about the drug: "Everyone I know who's ever done it [bath salts] has had a bad experience ... paranoid, went crazy. I keep thinking, 'I don't have time for that!'" Community professionals also shared similar reports. A treatment provider said, "There are an increased number of addicts stating they had a 'bad trip', negative side effects or didn't like how it [bath salts] made them feel." A law enforcement officer shared, "An inmate said he thinks his heroin was cut with bath salts because he's going through psychosis ... he's aggressive, he'll say things that aren't true. He suspects this is due to bath salts."

Participants did not report any street names for bath salts, and they did not have information about pricing of these drugs. However, a participant commented on bath salts being sold as cocaine on the street: "When he [the dealer] didn't have regular cocaine, he would sell the powder bath salt like it was cocaine and charge them the regular price as if it was cocaine. For a gram, he would charge \$80 and tell them it was cocaine."

In addition to street purchase, participants continued to report being able to obtain bath salts from some area stores. A participant reported, "[Bath salts] it's behind the counters now. You just have to know the people behind the counters." Another participant observed, "There's people who get them [bath salts] from other states or Mexico." A participant shared his knowledge of obtaining bath salts on the street: "When the head shop got busted, the owner hooked up some guy. He makes it [bath salts] at his house now, like selling crack or coke. He has the whole street lined up waiting for bath salts."

Participants reported that routes of administration for bath salts include snorting and intravenous injection (aka “shooting”). A profile for a typical bath salts user did not emerge from the data. Reportedly, bath salts are most often combined with powdered cocaine. A drug court counselor reported, “[Dealers/users] *they’re crushing it [bath salts] down and mixing with cocaine.*”

## Synthetic Marijuana

Synthetic marijuana (synthetic cannabinoids, aka “K2” and “Spice”) remains highly available in the region. Participants most often reported the current availability of the drug as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was also ‘10’. A participant reported, “*If you know where to get it [synthetic marijuana], you can always get it. You can still go to the stores. You don’t have to know anybody.*” Community professionals most often reported current availability as ‘9’; the previous most common score was ‘10’. A medical examiner’s office staff member described the types of synthetic marijuana seen recently: “*We are seeing PB22 and fluorinated PB22. Those are the only ones not scheduled that we see. PB22 is a cannabinoid, smoked; it’s something sprinkled on a vegetation substrate.*”

Media outlets in the region reported on a major synthetic marijuana seizure during this reporting period. As a result of a three-month investigation originating in Parma (Cuyahoga County), police seized synthetic marijuana and bath salts worth more than \$900,000 and reported that the confiscated amount filled more than 61,000 containers ([www.cleveland.com](http://www.cleveland.com), April 18, 2013).

Participants reported that the availability of synthetic marijuana has remained the same or has slightly decreased during the past six months. Community professionals also suggested a decrease in availability during the past six months. A medical examiner’s office staff member recalled, “*The synthetics spiked about mid-2012. Since then, it’s been trending down. We’re not seeing that [synthetic marijuana] much now anymore. That’s due to changes in Ohio law where everything is now schedule one.*” The BCI Richfield Crime Lab reported that the number of synthetic marijuana cases it processes has remained the same during the past six months; however, the Cleveland and Lake County crime labs reported that the number of synthetic marijuana cases they process has increased during the past six months.

Participants most often reported the current quality of synthetic marijuana as between ‘7’ and ‘9’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was ‘10’. However, the majority of participants shared stories reflecting poor quality of synthetic marijuana: “[Synthetic marijuana] *it’s got a lot of chemicals in it. It made me forget things. Still, to this day, I forget things, and I think it affected my memory; I’ve seen people smoke too much and have a seizure; This [synthetic marijuana] makes you hallucinate and paranoid and apprehensive and memory loss in a way that regular marijuana does not.*” Community professionals shared similar stories. A treatment provider said, “*I’ve seen a huge increase in people saying they used synthetic THC with poor results. They had a ‘bad trip.’*” A law enforcement officer recalled, “*We had the owner of the gas station, and he was messed up, seriously messed up. All we found was a blunt with some Spice [synthetic marijuana] in it.*” Reportedly, the quality of synthetic marijuana has decreased during the past six months. A participant said, “*Quality-wise, [synthetic marijuana] it’s probably gone down a little bit.*”

Current street jargon includes several different names for synthetic marijuana, including the following brands or labels: “gerbil food,” “Hydro,” “K2,” “Scooby Doo Snacks” and “Spice.” A drug court counselor reported, “*I found out something interesting from my clients: At a gas station, clients would ask for a \$10-20 bottle of incense. ‘Do you want a burning stick or a jar?’ If you ask for Spice, you get kicked out ... and if you ask for a burning stick [synthetic marijuana], that’s what you get.*” Participants had limited experience purchasing this drug, but reported that a gram bag sells for \$10-20; small jars and bottles sell for \$20. Participants reported on only one route of administration for synthetic marijuana: smoking. Participants described typical users of synthetic marijuana as marijuana users. As with real marijuana, synthetic marijuana is reportedly used with alcohol.

## Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) remains highly available in the region. Participants reported two forms of the drug as currently available: traditional ecstasy tablets available in single, double, or triple stacks (doses), as well as a loose powder that is purported to be pure MDMA, known as “molly.” Participants most often reported availability of each 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 ecstasy tablets was also '10'. Community professionals reported the current availability of ecstasy as '6-7'; the previous most common score was '9'. A treatment provider said, "I rarely hear about this, [but] today I just heard about a kid doing both 'X' [ecstasy] and 'molly.'" A law enforcement officer commented, "[ecstasy] it's pretty easy to get."

Media outlets in the region reported on an investigation and seizure of ecstasy during this reporting period. Police were called to investigate a disturbance at a Parma (Cuyahoga County) motel where they found ecstasy tablets on an individual ([www.cleveland.com](http://www.cleveland.com), April 8, 2013).

Participants reported that the availability of ecstasy, and "molly," in particular, has increased during the past six months. A participant shared, "Over the past year, I've seen molly go from nothing to everywhere." Another participant added, "I feel like there's definitely a rise of people doing it [ecstasy and/or molly], more of it around." Community professionals were mixed as to whether the drug's availability has increased, decreased or remained the same during the past six months. A law enforcement officer commented, "We're getting reports that [ecstasy] it's back, especially around Chardon [Geauga County]." The BCI Richfield and Cleveland crime labs reported that the number of ecstasy cases they process has decreased during the past six months; the Lake County Crime Lab reported an increased number of cases.

Most participants rated the current quality of ecstasy and molly as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); previous most common scores were not reported. Several participants believed that there is fake molly on the street: "A lot of people are selling it [molly], but it's not real molly; A lot of it ['molly'] for sale is research chemicals, but they'll say it's MDMA. It has the same effect, so it must be similar." An officer confirmed this suspicion, "I know officers in Kirtland Hills and Mentor [Lake County] ... and the last molly [buy] they [law enforcement] got had bath salts in it. They [dealers] pass the bath salts off as molly." Participants reported that the quality of ecstasy has remained inconsistent during the past six months, whereas the current quality of molly is quite high. A participant commented, "The ecstasy around these days is garbage. That's why they got molly."

Current street jargon includes only a few names for ecstasy. The most commonly cited names remain "molly" and "X." Ecstasy in tablet form is sold as small, colored pills

featuring stamped logos or images, while molly is typically sold as a yellowish, loose powder. A participant said, "[Molly] it's sold in a plastic bag or sold loose in a folded paper." A law enforcement officer added, "[Law enforcement] we're buying it [molly] by the capsule and by the gram." Participants reported that a "single stack" (low dose) ecstasy tablet sells for \$5-10; a "double stack" or "triple stack" (high dose) ecstasy tablet sells for \$6-12; a dose of "molly" (packaged loose in a fold or capsule, usually 1/10 gram) sells for \$20-30; a gram sells for \$50-90.

Participants shared their experiences purchasing the drug. A participant reported, "It [molly] was in folds or in bags as a powder. I've had it as a liquid, too. They sell a couple drops for \$30. I had to go to a certain bar for the liquid. You feel it for eight to ten hours." Participants reported that the most common place to obtain both ecstasy and molly is at bars and clubs, as well as through phone calls to dealers and friends. A participant shared, "[Ecstasy and/or molly] it's in the clubs, on the streets. It's a dealer drug. Sometimes they let you taste it, sometimes they won't and you just have to buy it."

While there were few reported ways of administering ecstasy and/or molly, the most common route of administration remains oral consumption. Participants estimated that out of 10 ecstasy users, eight would orally consume, one to two would snort and another one to two would absorb the drug through anal/vaginal insertion. A participant said, "You parachute [wrap molly in tissue and swallow] and feel it right away."

Participants suggested typical users of ecstasy and/or molly are younger club goers. A participant commented, "Yeah, [ecstasy and/or molly] it's in the younger generation, now ... definitely in the clubs, the concerts." Participants indicated that the age range for typical use is teens through age 20. Participant comments on typical use included: "Everybody uses this [ecstasy], even 14-15 year olds. My 16-year-old neighbor was talking about it at school; Once it's in the music, then young people from 16-28 [years] go to the clubs and they're looking for it. They want to feel like ... [rap artists] or whoever is affiliated with it." Community professionals also linked ecstasy and/or molly to promiscuous sexual behavior. A treatment provider stated: "The young guys tell me about sex and this drug [ecstasy], they say it's wild; When a guy gets a female, he gets two [ecstasy] hits [one] for both of them."

Reportedly, ecstasy is used in combination with alcohol and marijuana because of its association as a party drug. A

participant explained, *"Good weed, with X and water. There's no sleeping. You are riding and grinding."*

## Other Drugs

Participants and community professionals listed PCP (phencyclidine) as another drug that is present in the region, but this drug was not mentioned by the majority of people interviewed. PCP is highly available in the City of Cleveland. Participants rated its 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'. An area referred to as 'Water World' on the northeast side of Cleveland continues to be reported as the place to obtain PCP. (Note that the interview location and participants' proximity to the city's northeast corridor influences their availability scores.) A participant said, *"Nowadays, [PCP] it's still easy to get."* Another participant added, *"It [PCP] has recently become way more socially acceptable, it's more popular."* Community professionals most often rated current availability as '7'; the previous most common score was '10'. A medical examiner's staff member recounted, *"PCP is a drug we consistently see in Cleveland. Especially with our OVI cases, it seems to be a popular thing, and all of them with marijuana. It seems pretty ubiquitous. It never left Cleveland."*

Participants reported the current quality of PCP generally as '8' (mean score) on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants and community professionals did not report on change in availability of the drug during the past six months. However, the Cleveland Crime Lab reported that the number of PCP cases it processes has increased during the past six months.

Liquid PCP (aka "embalming fluid," "water," "wet," or "woo") is commonly sold on a per-dip basis. Participants did not report knowledge of the crystalline powdered form of the drug. Current pricing for PCP is consistent with the previous reporting period: a dip of a cigarette costs \$10-20. A participant commented, *"The price [for PCP] is going up. If they want to charge \$100 for the cigarette, where I'm at, they don't play. If that's what they wanted to charge, they get it."* PCP remains available through a tight network of PCP dealers.

Reportedly, the most common route of administration remains smoking. A participant explained, *"Dip it [PCP] in cigarettes, weed ... anything that will absorb it, and you can smoke."* A participant warned, "No shooting it, no powder. I

don't think that'll work out anyway." Participants described typical users of PCP as younger, a smoker of cigarettes and/or marijuana. A participant observed, *"There are more women doing it [PCP] now ... definitely more than men, almost."*

PCP is most commonly used in combination with alcohol, crack cocaine, marijuana and tobacco. A participant described using PCP with crack cocaine: *"You're doing both at the same. You put crack at the tip of the cigarette and push back. The first hit will be crack and wet [PCP] at the same time. While it's burning out, you're still smoking both."*

## Conclusion

Crack cocaine, ecstasy, heroin, marijuana, prescription opioids, prescription stimulants, sedative-hypnotics, Suboxone® and synthetic marijuana remain highly available in the Cleveland region. Also highly available are bath salts and PCP (phencyclidine). Changes in availability during the past six months include increased availability for marijuana.

Participants reported that heroin is found quickly throughout the region. Community professionals overwhelmingly cited heroin as the most available drug in the region. Currently, all types of heroin remain available in the region; however, participants continued to report brown powdered heroin as most available. The BCI Richfield Crime Lab reported low availability of black tar heroin in the region but reported encountering all colors of powdered heroin. Several participants reported availability of gray powdered heroin, which they described as extremely potent.

While participants and community professionals reported that the high availability of heroin has remained the same during the past six months, some participants felt that the increase in heroin is slowing down due to prescription drug controls, which are making it less likely for individuals to be prescribed opioids and, subsequently, less likely to become addicted to opioids in the first place. Therefore, participants perceived the progression of heroin use as slowing down.

Participants reported that the most common route of administration for heroin remains intravenous injection. Participants continued to report that those who are new to heroin are more likely to snort the drug before progressing to intravenous injection. However, a few participants noted that the time of this progression is shrinking,

citing movement from snorting to injection of heroin to be as short as a couple of days from first use. Participants and community professionals also noted the high quality of the region's heroin as dangerous for the opiate-naïve population to inject. Both respondent groups commented on the increase in overdosing after a period of heroin abstinence.

Participants reported that the availability of sedative-hypnotics has remained the same during the past six months, with the exception of Xanax®, which seems to be slightly more popular, especially among heroin users. Several community professionals also alluded to an increase in Xanax®. A medical examiner's office staff member mentioned that Xanax® is commonly present in OVI (operating a vehicle under the influence of alcohol or drugs) test results. The Cleveland and Lake County crime labs reported an increase in the number of Xanax® cases they process during the past six months. Typical illicit users are often younger (under 25 years of age) and addicted to other drugs (especially heroin). Several participants noted the practice of using Xanax® with alcohol said to intensify the effects of alcohol.

Marijuana continues to be the most easily obtained illegal drug in the region. Nearly every participant had consumed it or could obtain it. Reportedly, there are two types of marijuana available within the region: high-grade marijuana and regular-grade marijuana. Every participant rated current availability for both types of marijuana as '10' (highly available). Participants reported that the availability of marijuana has increased during the past six months, especially availability for high-grade marijuana. A participant observed that low-grade, imported marijuana has virtually disappeared due to the high availability and low pricing of the two marijuana grades.

During this reporting cycle, many more participants mentioned marijuana additives compared to reports from the previous six months. One type of additive, a synthetic cannabinoid, is reported to enhance the quality of regular-grade marijuana. Reportedly, lower-quality marijuana is often sprayed with a synthetic cannabinoid to improve quality to that of high-grade marijuana. The increased mention of this practice may explain the perceived increase in the availability of high-grade marijuana in the region during the past six months.

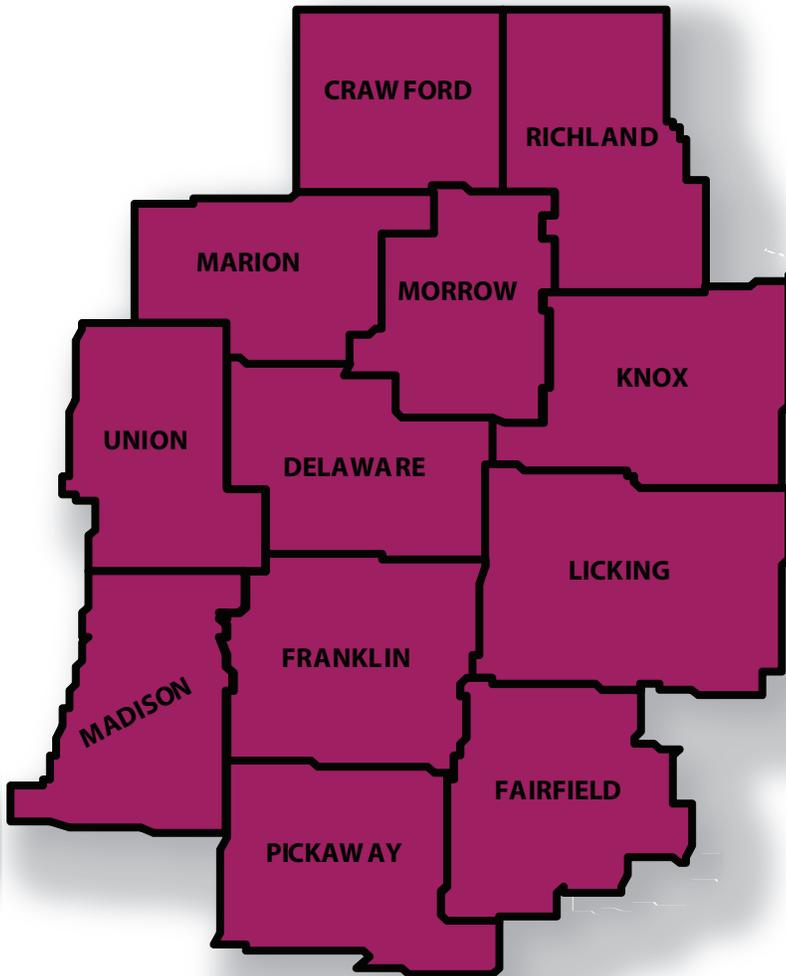
Participants also reported two forms of ecstasy as currently available: traditional ecstasy tablets available in single, double, or triple stacks (doses), as well as a loose powder that is purported to be pure MDMA, known as molly. Participants most often reported availability of each as '10' (highly available). Participants reported that the availability of ecstasy, and molly in particular, has increased during the past six months. In addition, several participants believed that there is fake molly on the street. Law enforcement reported that bath salts have been sold as molly during the past six months. Participants reported that the quality of ecstasy has remained inconsistent.

Lastly, PCP is highly available in the City of Cleveland. A staff member in the medical examiner's office said, "*PCP is a drug we consistently see in Cleveland. Especially with our OVI cases, it seems to be a popular thing, and all of them with marijuana. It seems pretty ubiquitous. It [PCP] never left Cleveland.*" PCP remains available through a tight network of PCP dealers. Participants described typical users as younger smokers of cigarettes and/or marijuana. The Cleveland 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 and Licking counties. Data triangulation was achieved through comparison of participant data to qualitative data collected from regional 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, the

Franklin County Coroner’s office, Knox County Juvenile Court 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 2012. In addition to the data sources, Ohio media outlets were queried for information regarding regional drug abuse for January through June 2013.

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

## Regional Profile

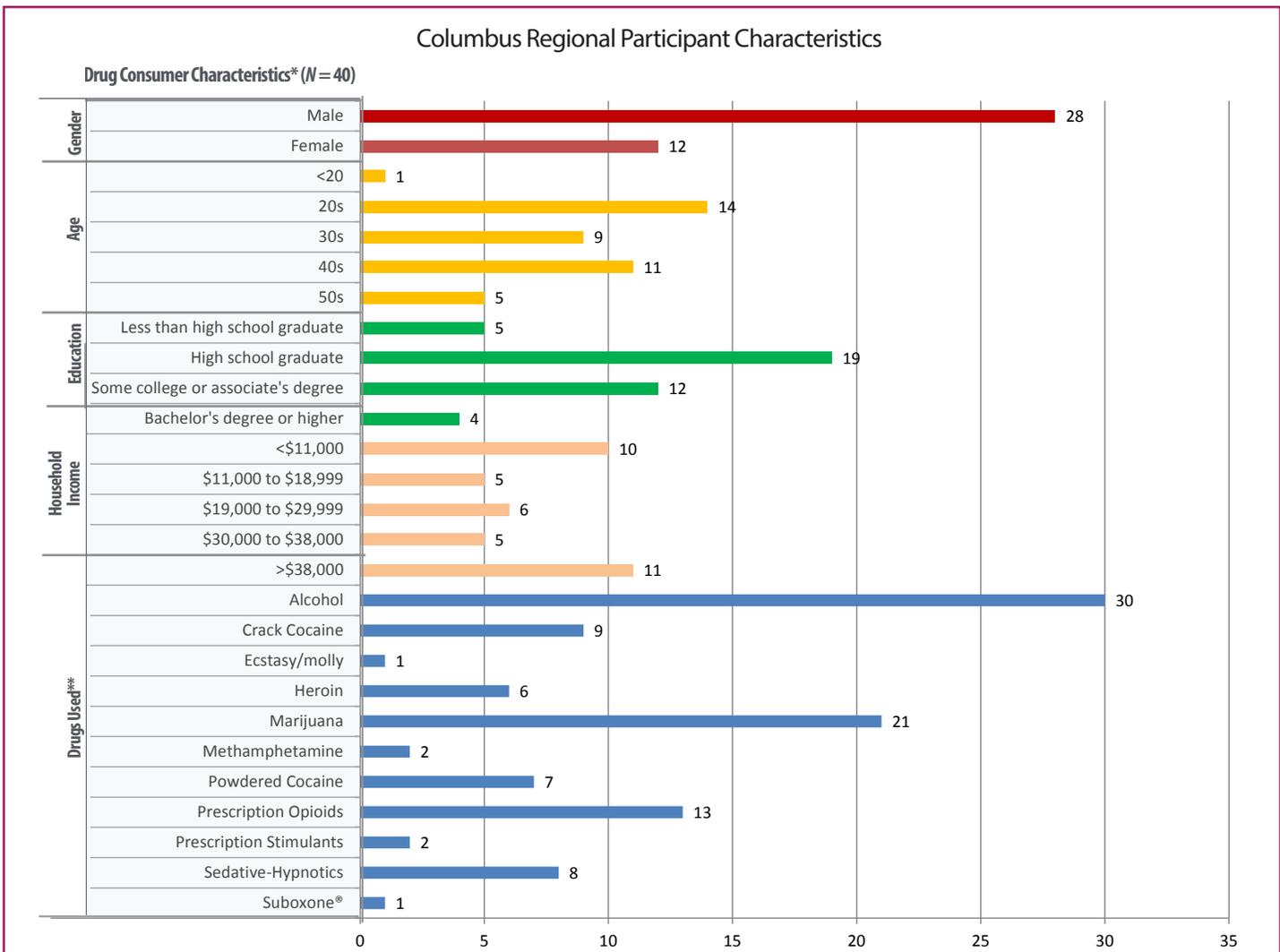
Indicator <sup>1</sup>	Ohio	Columbus Region	OSAM Drug Consumers
Total Population, 2010	11,536,504	2,132,217	40
Gender (female), 2010	51.2%	50.7%	30.0%
Whites, 2010	81.1%	78.0%	75.0%
African Americans, 2010	12.0%	13.4%	10.0%
Hispanic or Latino origin, 2010	3.1%	3.3%	5.3%
High School Graduation rate, 2010	84.3%	77.0%	87.5% <sup>2</sup>
Median Household Income, 2011	\$45,803	\$53,213	\$26,000 to \$29,999 <sup>3</sup>
Persons Below Poverty Level, 2011	16.3%	13.6%	35.0% <sup>4</sup>

<sup>1</sup>Ohio and Columbus statistics are derived from the most recent US Census, and OSAM drug consumers were participants for this reporting period: January-June 2013.

<sup>2</sup>Graduation status was unable to be determined for one participant due to missing data.

<sup>3</sup>Participants reported income by selecting a category that best represented their household's approximate income for 2012. Income status was unable to be determined for one participant due to missing data.

<sup>4</sup>Poverty status was unable to be determined for one participant due to missing data.



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

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

## Historical Summary

In the previous reporting period (July–December 2012), bath salts, crack cocaine, heroin, marijuana, powdered cocaine, prescription opioids, prescription stimulants and sedative-hypnotics remained highly available in the Columbus region. Changes in availability during the reporting period included likely increased availability for heroin, Suboxone® and methamphetamine.

Participants and community professionals most often reported the overall availability of heroin as '10' (highly available). While many types of heroin were available in the region, participants continued to report the availability of black tar heroin as most available. Participants explained that heroin was easily obtained by calling a dealer and arranging to meet in a parking lot. Community professionals reported heroin as the most prevalent drug they encountered.

Participants described typical users of heroin as younger (as young as age 12), white, working in service industries or unemployed, and "opiate addicts." Community professionals expressed growing concern about the use of heroin by younger people, and they continued to share observations of users switching from prescription opioids to heroin. An officer reported that law enforcement encountered more people that predominantly used crack cocaine but switched to heroin use because of heroin's wide availability and low cost. A treatment provider reported that some new users were starting their drug use with heroin, as the stigma regarding heroin use had diminished and heroin was extremely available.

Participants and community professionals most often reported the street availability of Suboxone® as '10'. Treatment providers reported knowledge of users who got high off Suboxone® and those who self-medicated with it. Participants and community professionals reported that the availability of Suboxone® had increased during the reporting period. Participants reported that users were switching from methadone to Suboxone®, and also reported an increase in Suboxone® use at treatment centers.

Methamphetamine's availability remained variable in the region. Participants in Licking County most often reported availability as '10', while participants in other areas of the region most often reported availability as '3'. Eight of 10 participants interviewed in Licking County reported personal use of methamphetamine during the reporting

period, with all 10 reporting having seen the drug. Participants felt that the availability of methamphetamine had increased during the reporting period, specifically availability of "shake-and-bake" methamphetamine. The BCI London Crime Lab reported that the number of methamphetamine cases it processes had increased during the reporting period. Law enforcement reported that most methamphetamine users they had been in contact with were between 30-35 years of age. Treatment providers described typical methamphetamine users as white, of lower income and often unemployed.

Lastly, participants throughout the region reported that despite legislation enacted in October 2011, bath salts and synthetic marijuana continued to be available from some retail outlets (convenience stores, gas stations and "head shops"), although these outlets were more discrete about whom they sold to, not openly advertising the drug's continued availability.

## Current Trends

### Powdered Cocaine

Powdered cocaine is moderately to highly available in the region. Participants most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. A participant commented on the easy availability and type of powdered cocaine: *"I can get coke [powdered cocaine] pretty easily ... There's white, and then there's the 'hint of blush' cocaine ... it's pinkish."* Community professionals most often reported current availability of powdered cocaine as '5'; the previous most common score was '8'. A treatment provider commented, *"The more you travel outside the outer belt (I-270), it's about equal [availability of crack and powdered cocaine]."*

Collaborating data also indicated the presence of cocaine in the region. American Court and Drug Testing Services reported that 6.8 percent of the 2,420 individuals screened through its Columbus and Lancaster labs during the past six months were positive for cocaine (crack and/or powdered cocaine). In addition, the Franklin County Coroner's office reported that 23.9 percent of all drug-related deaths it processed during the past six months were caused either by acute intoxication by cocaine or by combined effects of cocaine with another substance(s).

Participants reported that the availability of powdered cocaine has increased during the past six months. A participant commented on perceived social acceptability of powdered cocaine: *"Powder [cocaine] is more of a social – in the bar [drug activity]. People think, 'it's OK to snort coke.'" Treatment providers reported that availability of powdered cocaine has remained the same during the past six months. A treatment provider said, "To me, it [availability of powdered cocaine] hasn't changed."* The BCI London Crime Lab reported that the number of powdered cocaine cases it processes has decreased during the past six months.

Participants most often rated the current quality of powdered cocaine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '2-4'. Participants reported that powdered cocaine in the region is cut (adulterated) with baby formula, baby powder, baking soda, bath salts, beach oil, flour, laxatives, lidocaine (local anesthetic), Orajel® and vitamin B-12. A participant explained, *"People get 'grade-A' [premium powdered cocaine] and want to make more money, so [dealers] they're cuttin' it."* A participant commented, *"[The quality of powdered cocaine] depends on who you're dealing with and how it's cut ... yeah, who's stepped on it."* Overall, participants reported that the quality of powdered cocaine has remained the same during the past six months. The BCI London Crime Lab reported the following cutting agents for powdered cocaine: boric acid, levamisole (livestock dewormer), local anesthetics (lidocaine and procaine), sucrose (table sugar) and sugar substitutes (mannitol and sorbitol).

Current street jargon includes many names for powdered cocaine. The most commonly cited names were "blow," "white" and "white girl." Participants listed the following as other common street names: "bitch," "criti" (as in "critical stuff") and "glow." Current street prices for powdered cocaine were consistent among participants with experience buying the drug: 1/10 gram (aka "point") sells for \$10; a gram sells for \$60, depending on quality; 1/8 ounce (aka "eight ball") sells for \$80-120; an ounce sells for \$1,400. A participant commented, *"[When] the price [of powdered cocaine] goes up, you get less [for your money]."* According to a police detective, *"Powder cocaine [is] more expensive ... powder costs money. Crack [cocaine] is quite a bit cheaper."*

Participants reported that the most common routes of administration for powdered cocaine are snorting and intravenous injection (aka "shooting"). Participants agreed that there is typically a progression that leads a user from

snorting powdered cocaine to injecting it. One participant stated, *"Once you start on the needle, it's hard to go any other route."* Another participant described smoking as the most common route of administration for powdered cocaine among his using network: *"Eight out of 10 people [in his group is] smoking it [powdered cocaine], nobody shooting it unless you hang out with people doing the heroin stuff."* A method called "parachuting" was explained by another participant: *"Parachuting is [when] you take a piece of toilet paper, and you put the amount [of powdered cocaine] that you want in there, and you take it down [swallow it] ... and once it hits [the stomach], the toilet paper dissolves."* Reportedly, the absorption of the cocaine is quicker this way, and the user also avoids the taste of the drug.

Participants described typical users of powdered cocaine as between 20-40 years of age. Participants also described powdered cocaine as most often used in social scenes such as bars, and viewed the drug as used occasionally/on weekends rather than every day. In addition, participants pointed out that populations often viewed as associated with people using powdered cocaine include construction workers, drug dealers, prostitutes and truck drivers. A participant commented, *"So-called dope boys [drug dealers] – they used to be doin' 'X' [ecstasy], but then they went from 'X' and now they [are] snortin' [powdered] cocaine."*

Regarding typical use of powdered cocaine, community professionals reported similar observations as participants. However, they also observed that typical users are more often white with a higher socio-economic status. A police detective shared, *"You'll find Hispanics [who deal drugs] will have a stash of powder cocaine for personal use. That seems to be very common ... They'll do coke and sell the heroin."*

Reportedly, powdered cocaine is used in combination with alcohol, heroin and marijuana. Participants reported an increase in "speedballing" (concurrent or sequential use of cocaine with heroin), indicating that 50 percent of users who inject powdered cocaine would also speedball with heroin.

## 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'. Participant comments on current availability included: *"Crack [cocaine] is*

more available than powder; it's quicker and easier to get; You can always get it [crack cocaine] anytime of the day or the night; You go down to [the] gas station, and people try to sell you that stuff [crack cocaine]." Community professionals most often reported current availability as '7-8;' the previous most common score was '6.'

Media outlets in the region reported on crack cocaine seizures and arrests during this reporting period. Multiple Marion-area (Marion County) law enforcement participated in a crime sweep called "Operation Summer Heat" and arrested two people for possession of crack cocaine ([www.nbc4i.com](http://www.nbc4i.com), June 18, 2013).

Participants and treatment providers reported that the availability of crack cocaine has remained the same during the past six months, while law enforcement reported an increase. A law enforcement officer reported, "I think [crack cocaine availability] it's gone up ... I mean, you can get it, especially in Columbus. You can get it a lot of places. We're seeing more people with traffic stops who have crack pipes, you know – small amounts, residue, stuff like that – people who admit to using it. That seems to be increasing more than powder cocaine." The BCI London Crime Lab reported that the number of crack cocaine cases it processes has decreased during the past six months.

Participants most often rated the current quality of crack cocaine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '7'. Participants reported that crack cocaine in the region is cut with Alka-Seltzer®, baby formula, baking soda, Ex-lax®, Orajel® and vitamin B-12. A participant commented, "The best way to get your stuff [crack cocaine] is to buy your powder and cook it yourself." Overall, participants reported that the quality of crack cocaine has remained the same during the past six months. The BCI London Crime Lab continued to cite levamisole (livestock dewormer) as the typical cutting agent for crack cocaine.

Current street jargon includes many names for crack cocaine. The most commonly cited names were "crack," "food," "hard" and "rock." Participants listed other common street names: "boulders," "drop," "sizzle" and "work." Current street prices for crack cocaine were consistent among participants with experience buying the drug: one to two "points" (1/10-2/10 gram) sells for \$10; a gram of crack cocaine sells for \$50; 1/8 ounce (aka "eight ball") sells for \$100-150, depending on quality. A theme emerged during participant discussion that pricing is not standard for crack

cocaine. One participant said: "I would say the crack cocaine game is so shady as far as the person who is going to sell it to you ... I mean, there's really not even a set price. It's just like, 'here's a little rock ... this is how much it costs.'"

While there were a few reported ways of administering crack cocaine, generally the most common methods are smoking and intravenous injection (aka "shooting"). A participant said, "Eighty percent of the time it [crack cocaine] is smoked ... put that shit in a pipe and smoke it." Other routes of administration that were mentioned included snorting and "chasing the dragon" (heating the crack cocaine on foil, and as it moves around, the user follows the smoke with a straw inhaling it).

Participants described typical users of crack cocaine as unemployed, living in the inner-city and including a wide range in age, from 15 to 60. Community professionals agreed and added that typical users are often African-American, have life-long addictions and are of lower socioeconomic status. Both respondent groups noted that typical users are often involved in prostitution. Participants also discussed that theft is associated with crack cocaine use. A participant shared, "A lot of people thieve on crack. Well, a lot of people thieve on heroin, too, but your 'crack heads' going to steal a lot more because your crack habit's a lot ... you can go out and smoke a hundred dollars of crack an hour. You might be able to shoot up a hundred dollars of heroin in an hour, but you'd be lucky you don't OD [overdose] or pass out ... you'll be good for eight to 10 hours ... But with crack ... you're ready for your next hit." Law enforcement agreed, with one officer commenting, "In a lot of cases they [crack users] steal, and you see them stealing clearly not out of any kind of need for what they're taking, but more for resale value [to raise money to purchase crack cocaine]."

Reportedly, crack cocaine is used in combination with alcohol, heroin, marijuana, prescription opioids and sedative-hypnotics. A participant suggested, "I'm sure if you smoke a bunch of crack, you shot heroin to come on down off the crack." Another participant revealed, "Just 'cuz how it affects your brain – I mean they better have a bunch of benzos [benzodiazepines]. Like the times I've tried crack cocaine, I felt like I was going insane. I couldn't wait for it to end, and I couldn't imagine doing it without some type of downer."

## Heroin



Heroin remains highly available in the region. Participants and community professionals most often reported the overall current availability of heroin as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10' for both groups of respondents. A participant disclosed, *"I know [heroin availability] it's really bad [high] ... a lot of my friends are dying [overdosing on heroin]. What is it ... like 700 percent increase in [heroin] usage?"* Another participant reported, *"[Heroin] it's easier to get than marijuana ... easier to get than weed."*

Treatment provider comments on the ease of availability of heroin included: *"Everyone talks about how easy it is to get [heroin]; Seems easy for people to get [heroin]. People are willing to drive to Franklin County [from Morrow County] to get it if they need to. I know a lot of it seems to be up in this area [Delaware, Marion and Morrow counties]. Marion seems to be the big county around here [for heroin sales] ... a lot of the clients that I see seem to say they need to stay away from Marion because that is where they go and get it [heroin]."* Law enforcement agreed, with one officer comparing efforts to combat the high availability to *"holding back an ocean with a whisk broom ... it literally consumes law enforcement ..."* Treatment providers also discussed the high percentage of clients who are entering treatment addicted to heroin. A treatment provider estimated, *"Seventy to 75 percent of clients are heroin addicts."*

Collaborating data also indicated the presence of heroin in the region. American Court and Drug Testing Services reported that 15.9 percent of the 2,420 individuals screened through its Columbus and Lancaster labs during the past six months were positive for opiates. In addition, the Franklin County Coroner's office reported that 29.9 percent of all drug-related deaths it processed during the past six months were caused either by acute intoxication by heroin or by combined effects of heroin with another substance(s).

Media outlets in the region reported on heroin seizures and arrests during this reporting period. The Ohio State Highway Patrol arrested a motorist during a traffic stop when a search revealed 225 balloons of heroin, approximately 40 grams, worth nearly \$6,000 (<http://statepatrol.ohio.gov/media.stm>, Jan. 6, 2013).

The Athens County Sheriff's office apprehended a man who was wanted in Clark County on three indictments charging trafficking in heroin and four indictments charging trafficking in LSD ([www.athensohiotoday.com](http://www.athensohiotoday.com), April 1, 2013). Sixteen people were arrested after a year-long federal investigation of heroin trafficking in central Ohio; law enforcement seized more than 11 kilograms of heroin, three firearms and more than \$115,000 in cash ([www.justice.gov/usao/ohs](http://www.justice.gov/usao/ohs), June 19, 2013).

While many types of heroin are currently available in the region, participants reported the availability of black tar heroin as most available, rating its current availability as '10'. A participant stated, *"All of the [black] tar is coming from Mexico."* Participants rated the current availability of brown powdered heroin as '8'. A participant described, *"Powder [heroin], it's like brown-sugar-looking stuff."* Participants did not rate the current availability of white powdered heroin (aka "China white" or "Asian white"), but a few participants did mention limited availability. A participant reported, *"Well, there is a type of heroin called 'China white' ... it's not comin' from Mexico, it's comin' down ... from Detroit ... may be even better than some tar."* Law enforcement rated the current availability of white powdered heroin in the region as '1-2'. An officer mentioned that white powdered heroin is not as available as other types of heroin: *"Asian white ... a lot of it is just supply and demand. That stuff is potent, and it's very expensive."* The BCI London Crime Lab reported processing all types of heroin during the past six months; however, the lab noted processing mostly black tar heroin for Columbus and its vicinity.

Participants and community professionals reported that the general availability of heroin has increased during the past six months. A participant commented, *"Oh yeah, it [heroin] just keeps getting easier and easier to get, to find."* A treatment provider said, *"It's brown powder heroin I guess that's real prevalent now on the street. It's easier to get ... a lot easier to get – there's a proliferation. It just seems to be everywhere; it's not just inner-city."* Another treatment provider stated, *"Heroin, to me, has increased due to the restrictions [on prescription opioids] and [heroin] is easier to get."* The BCI London Crime Lab reported that the number of powdered and black tar heroin cases it processes has increased during the past six months.

Participants most often rated the overall current 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 reported that heroin in the region is cut with brown sugar, cinnamon, Coca-Cola®, instant coffee, Nesquick® and sleeping pills. A participant reasoned, *"All the people who's selling it [heroin] is getting all strung out on it ... they're all cutting their [heroin] down."* Overall, participants reported that the quality of heroin has decreased during the past six months. The BCI London Crime Lab reported the following cutting agents for heroin: diphenhydramine (antihistamine), boric acid, levamisole (livestock dewormer), local anesthetics (lidocaine and procaine), mannitol (sugar substitute) and sucrose (table sugar).

Current street jargon includes many names for heroin. The most commonly cited names were "boy," "dog food," "dope" and "H." Participants reported the following as other common street names: "beans," "chiva" (a Spanish slang term for heroin), "junk," "puppy chow," "smack" and "vitamin H." Participants reported that pricing for black tar and brown powdered heroin is very similar: 1/10 gram (aka "balloon" or "berry") sells for \$20; a gram sells for \$80-140; an ounce sells for \$1,400-\$1,500. Overall, participants reported heroin pricing has remained the same during the past six months. Participants discussed the variability of pricing based on quantity purchased: *"The more you buy, the cheaper it [heroin] gets; I was going out to Columbus and hookin' up with some Mexicans that I believe are connected out of the country, and the more you spend, the more [heroin] you get."* A law enforcement officer added, *"Mexican [black] tar [heroin] is dirt cheap. The market is flooded. It's incredibly cheap and incredibly available."*

While there were a few reported ways of using heroin, generally, the most common route of administration remains intravenous injection (aka "shooting"). Participants mentioned other less popular methods include snorting and smoking. Several participants talked about snorting heroin with water (aka "mud slide," "mud water" or "monkey water"). A participant explained, *"Mix it [brown powdered heroin] with water and shoot it up the nose. Sometimes they [users] get an oral syringe [for medicine] or those little caps, like a pop cap ... you mix it in a spoon and just [sniff] or ... just shoot it in your nose."*

Participants reported obtaining injection needles (aka "jeringa" - Spanish word for syringe, "points," "rigs," "shooters," "spikes," "stems" and "sticks") primarily from diabetics and pharmacies, but also from pet shops, nurses and drug dealers on the street. Prices for needles have increased on the street, reportedly selling for \$5 each. Participants

reported that purchasing needles from a pharmacy or grocery store is far less expensive. A participant stated, *"I was buying like a hundred [needles] at a time for like \$13 [from an area retailer]."* In addition, participants also cited obtaining needles at pet stores. A participant stated, *"I've even heard of people saying, 'My cat or my dog is diabetic and I need needles' ... and it works."*

Participants described typical users of heroin as prescription opioid addicts, "younger" (teens to 30s), and often female. Several participants and community professionals continued to note the use progression from prescription opioids to heroin. A participant reported, *"[Typical heroin users are] anybody who was hooked on pain pills ... same crowd, they just can't afford the pain pills, and someone introduced them to heroin ... like the only reason I ever got into heroin was 'cuz I was addicted to pain pills."* Another participant explained that many heroin addicts are closet users. The participant said, *"I had a girlfriend die of that [heroin]. [I] never knew she was even messin' with that."*

Community professionals reported that heroin dealers are typically Hispanic, while users are typically white. A police detective said, *"I'm probably being lenient and leaving some percentage out, but I would say 95 percent of the people that we arrest that are dealing heroin are Hispanic males ... [heroin] it's all cartel controlled. It literally consumes law enforcement where we're working a Hispanic drug trafficking organization ... as soon as we take them off, it's not two weeks before another crew's back up and operating, selling to the exact same addicts ... it's a never-ending cycle."* A treatment provider summed up her observations of heroin users: *"Young, mid-20s to mid-30s, both male and female. We've seen a lot more females than males ... no employment ... some court involvement."*

Reportedly, heroin is most often used in combination with powdered cocaine. Participants also reported that heroin is often used in combination with alcohol, crack cocaine, marijuana, methamphetamine and sedative-hypnotics. Participants noted that the practice of "speedball" (heroin use coupled with cocaine use) as increasing in the region. A participant shared, *"Some people use a little crack cocaine and some of 'em use powder cocaine just to mellow them out so they're not so dope [heroin] sick."* Another participant shared that heroin is used with benzodiazepines such as Xanax®.

## 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'. Participants identified Lortab®, OxyContin® OP, Percocet®, Roxicet® and Vicodin® as the most available prescription opioids in terms of widespread use. Participants explained that availability primarily depends on how often the pills are prescribed and whether or not a user knows someone with a prescription. A participant reported, "*Vicodin®, Lortab® and Percocet® are pretty easy [to obtain] because they are lower milligram and prescribed more often ... the lowest milligram [opioids] are usually prescribed the most, so they're usually what's out there. I can get Dilaudid® pretty easy just because I know people that get scripts [prescriptions] of 'em.*"

Community professionals most often reported current availability of prescription opioids as '10'; the previous most common score was also '10'. Community professionals identified fentanyl, Opana®, OxyContin® OP, Percocet®, Roxicet® and Vicodin® as most popular. A law enforcement officer commented on the availability of prescription opioids in general: "*I feel like [availability of prescription opioids] it's high in the first place. I feel like it's hard to go up from that ... anyone who wants them [prescription opioids] can get them.*"

Collaborating data also indicated the presence of prescription opioids in the region. American Court and Drug Testing Services reported that 14.5 percent of the 2,420 individuals screened through its Columbus and Lancaster labs during the past six months were positive for oxycodone. In addition, the Franklin County Coroner's office reported that 58.1 percent of all drug-related deaths it processed during the past six months were caused either by acute intoxication by one or more prescription opioids or by combined effects of prescription opioids with another substance(s).

In addition, media outlets in the region reported on seizures and arrests involving prescription opioids during this reporting period. A man and woman in Marion were charged with drug trafficking in connection with selling prescription opioids ([www.10tv.com](http://www.10tv.com), April 12, 2013). Ohio BCI agents searched a Columbus clinic and two Columbus pharmacies as part of a prescription drug abuse investigation ([www.tv10.com](http://www.tv10.com), May 21, 2013).

Participants reported that the availability of prescription opioids has generally remained the same; however, participants noted a slight increase in the availability of Percocet® and Roxicet®, while also noting a possible decrease for Vicodin®. Community professionals reported that prescription opioid availability has decreased during the past six months. A treatment provider stated, "*Well, I say [prescription opioids] they're harder to get, and [users] they're going to heroin ... that's the trend.*" Community professionals specifically reported a decrease in availability for Demerol®, Dilaudid®, methadone, Norco®, Opana® and OxyContin® OP. The BCI London Crime Lab reported that the number of prescription opioid cases it processes has generally remained the same during the past six months with a couple of exceptions: a decrease in Vicodin® cases and an increase in Kadian® cases.

Reportedly, many different types of prescription opioids (aka "candy" and "chewies") are currently sold on the region's streets. Current street prices for prescription opioids were fairly consistent among participants with experience buying the drugs. Participants reported the following prescription opioids as available to street-level users (Note: When reported, current street names and prices are indicated in parentheses): Lortab® (sells for 50 cents per milligram), methadone (aka "doanies" and "doans;" 5 mg sells for \$3-5; 40 mg wafers sell for \$20-25), Opana® (old formulation, which can be crushed and snorted/injected, 40 mg sells for \$40-50; new formulation, which is abuse-resistant, 40 mg sells for \$25-40), OxyContin® (aka "oxys;" old formulation, aka "OCs;" 80 mg sells for \$80-120; new formulation, aka "OPs," sells for 50 cents-\$1), Percocet® (aka "Ps" and "percs;" 5 mg sells for \$3-5; 10 mg sells for \$8-10), Roxicodone® (aka "30s," "blues" and "perc 30s;" 30 mg sells for \$25-35) and Vicodin® (aka "vikes;" 10 mg sells for \$6-10).

In addition, participants reported that there are currently some fake prescription opioids selling in the region. A participant shared, "*They [dealers] fake them [prescription opioids] a lot ... Yeah, people are pressin' them now, man. Yeah, dude ... I bought 30s one time, and they were fake ... and they were legit lookin' I mean ... You can buy the presses. You used to be able to buy 'em at ['head shops'].*" When asked what dealers are using to make fake prescription opioids, a participant replied, "*Comet®. Green Comet®.*"

In addition to obtaining prescription opioids on the street from dealers, participants reported getting them through doctor shopping, the dentist, family and friends. Most often prescription opioids are obtained from people who

have prescriptions. A participant remarked, *"Someone's going to have a prescription [for opioids], and they're going to sell 'em."*

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 abuse are snorting and oral consumption (swallowing or chewing). According to participant reports, there are only a few prescription opioids that can still be intravenously injected. A participant explained, *"Basically, it comes down to if [the opioid] it's not jellified, you can shoot it up ... but if it's a high-milligram pill and you're able to crush it up and what not, then yeah, that's when you're gonna shoot it up. That's really what will spike the high levels of abuse and opiate dependence."*

A profile of a typical illicit user of prescription opioids did not emerge from the data. However, participants noted that illicit use of these drugs appears higher in certain populations (construction/warehouse work, prostitution and exotic dancing). Reportedly, when used in combination with other drugs, prescription opioids are most often used combined with alcohol, crack and powdered cocaine, heroin and marijuana.

### Suboxone®

Suboxone® remains highly available in the region. Participants and community professionals 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 shared, *"I've had people offer it [Suboxone®] to me back when I was buyin' pills [prescription opioids] all the time."* Another participant commented, *"I can get Subutex® just as easy as Suboxone®."* A treatment provider said, *"Suboxone® would be up at the top [of the availability rating scale] because I always hear of Suboxone®. I think [users] they're misusing it."*

Collaborating data also indicated the presence of Suboxone® in the region. American Court and Drug Testing Services reported that 11.6 percent of the 2,420 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® has remained the same during the past six months, while

community professionals reported that availability has increased. A treatment provider stated, *"Suboxone® is definitely up there recently."* The BCI London Crime Lab reported that the number of Suboxone® cases it processes has remained the same during the past six months.

Current street jargon includes a few names for Suboxone®. The most commonly cited names were "subs" and "boxes". A participant said people just ask, *"You got any boxes?"* Current street prices for Suboxone® were variable among participants with experience buying the drug. Participants reported that Suboxone® 2 mg pill sells for \$4; 8 mg pill sells for \$15-20; 8 mg strip sells for \$10-25. A participant mentioned Subutex® is higher in price and explained, *"Subutex® doesn't have the blocker [naloxone] in it ... which goes for way more [money]. That's what my step-mom was on ... was hooked on it for a while."*

In addition to obtaining Suboxone® on the street from dealers, participants most often reported getting the drug directly from those with prescriptions. On the street, the dealers who have Suboxone® are typically those who sell heroin and/or prescription opioids. A participant commented, *"Pill guy, or you know, the guy that sells heroin or pills [prescription opioids] ... any form of opiates. You know, they're sellin' Suboxone®. They're like, if they've got no pills and everyone's buggin' them ... you know, they'll buy some Suboxone® to get people off their back."*

According to participants, many Suboxone® clinic patients are selling their prescriptions. A participant reported: *"People with prescriptions [for Suboxone®] are selling them to support other [drug] habits ... whether it's pills or heroin. They're getting so much for them. They're making a killing."* Treatment providers agreed: *"A lot of times they get their prescription [and] sell it [Suboxone®] to get what they really want; I think, 'if I can take one [Suboxone®] and divert one to pay for the one I need,' a client may do that. If they end up relapsing, then they're going to sell their Suboxone® to get their dope [heroin]."*

While there were a few reported ways of consuming Suboxone®, generally the most common route of administration is oral consumption. Out of 10 Suboxone® users, participants reported that approximately eight would orally ingest; and two would intravenously inject the drug. Participant comments suggested that injection of Suboxone® might be increasing. A participant shared, *"I know a lot of people using it [Suboxone®] to get high. I know a lot of people who are shooting them up now."*

Participants described typical illicit users of Suboxone® as opiate addicts or self-medicating/recovering addicts aged 25-35 years. A participant commented, *"Most people ... they're just trying to ... not be sick."* Community professionals agreed that Suboxone® users are typically self-medicating or using Suboxone® between highs. A treatment provider said, *"There are some [users] trying to get clean on their own because we hear people coming in say, 'I've been trying to do this on my own on the street, but I just can't keep up enough of a supply [of Suboxone®] to meet my need ... and that's where I keep resorting to my heroin use again."*

Reportedly, when used in combination with other substances, Suboxone® is used with crack and powdered cocaine, heroin, marijuana and sedative-hypnotics. A participant reported, *"A lot of people smoke crack [cocaine] with them [Suboxone®]."*

## Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain highly available in the region. Participants most often reported the current availability of these drugs as '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 Ambien®, Klonopin®, Soma®, Valium® and Xanax® as the most available sedative-hypnotics in terms of widespread use. A participant remarked, *"Xanax® are available – I mean, not regularly [available] like pain pills [prescription opioids], because you don't get as many ... you'll only get 30 Xanax® ... But, you can get Valium® too. Soma® used to be around ... they're cheap ... everything's regular [availability], but like I don't know ... when you're an addict, and someone's gonna call you and say they got Xanax®, you're wantin' to buy everything they got."*

Community professionals most often reported current availability as '10'; the previous most common score was '8' and '10'. Community professionals identified Ambien®, Ativan®, Lunesta®, Soma® and Xanax® as the most available and popular sedative-hypnotics in terms of widespread use. A treatment provider said, *"[Users] they're going in [to see doctors] saying, 'I haven't been able to sleep. It's anxiety,' and the doctors are writing them prescriptions [for sedative-hypnotics]."* A police detective explained, *"[Law enforcement] we'll generally see some type of schedule IV drug [benzodiazepine] also being passed with the schedule II drug [narcotics], and most commonly it's Klonopin®, Valium®, Xanax® that will go hand in hand with the oxycodone ...*

*at least that's a trend that we definitely see here [Franklin County]."*

Collaborating data also indicated the presence of sedative-hypnotics in the region. American Court and Drug Testing Services reported that 6.5 percent of the 2,420 individuals screened through its Columbus and Lancaster labs during the past six months were positive for sedative-hypnotics. In addition, the Franklin County Coroner's office reported that 24.8 percent of all drug-related deaths it processed during the past six months were caused by combined effects of sedative-hypnotics with another substance(s).

Participants reported that the availability of sedative-hypnotics has generally remained the same during the past six months. However, several participants mentioned a perceived decrease in the availability for Xanax®. Participants stated: *"It's hard to get Xanax®; Nobody wants to get rid of their Xanax®."* Law enforcement also reported that availability of sedative-hypnotics has remained the same during the past six months, while treatment providers suggested a slight overall availability increase. Treatment providers indicated an increase specifically for Ambien®. A treatment provider said, *"Lunesta® and Ambien® ... we're getting a lot of people stopped for OVI!"* The BCI London Crime Lab reported that the number of sedative-hypnotic cases it processes has remained the same during the past six months.

Reportedly, many different types of sedative-hypnotics are currently sold on the region's streets. Current street prices for sedative-hypnotics were consistent among participants with experience buying the drugs. Participants reported the following sedative-hypnotics as available to street-level users (Note: When reported, current street names and prices are indicated in parentheses): Ativan® (sells for \$2 per milligram), Klonopin® (aka "forgot-a-pins," "K-pins" and "klonie;" 2 mg sells for \$3), Soma® (aka "shuffle" and "soma shuffle;" no prices provided), Valium® (aka "grandma" and "Vs;" 10 mg sells for \$2-3; 20 mg sells for \$6; 50 mg sells for \$10) and Xanax® (aka "bars," "footballs," "ladders" and "xanies;" sells for approximately \$2 per milligram).

In addition to obtaining sedative-hypnotics on the street from dealers, participants and community professionals reported continued availability through friends and family members who have prescriptions. A participant commented, *"[Sedative-hypnotics] they're just given to me by family and friends ... it was kind of like they would get 'em, and 'Here, do you want to do this?' ... or 'I'm going to crush*

*this up and snort it, do you want one?"* Another participant agreed, *"Basically, it'd be your friend that's got a prescription for it [sedative-hypnotics]."* A police detective shared that people are bringing sedative-hypnotics into the region from other states (Florida, Georgia, Massachusetts and Wisconsin).

While there were a few reported ways of consuming sedative-hypnotics, and variations in methods of use were noted among types of sedative-hypnotics, generally, the most common routes of administration for illicit use are oral consumption and snorting. Participants specifically reported snorting Xanax® and Klonopin®. A participant explained, *"Anything you can break into powder, you can sniff – not that you'd want to. Like Soma® and Vicodin®, you know, the point five (0.5 mg), you break 'em down ... you're ending up doin' a freakin' line like that, you know. It's gonna take you five minutes to huff it down when it's just as easy for you to [eat them]."*

A profile of a typical illicit user of sedative-hypnotics did not emerge from the data. Participants described typical illicit users as from a wide age range (20-60 years and older). A participant, a former construction worker shared, *"I would never take Xanax® on the job ... hell no ... you'd fall asleep and hurt yourself ... Xanax®, yeah, [I would take after work] because I fall asleep as soon as I do Xanax®!"* Community professionals were a bit more specific and described typical illicit users as college aged through 30s, and often white. A police detective said, *"I would say most [sedative-hypnotics] users that we've seen ... primarily Caucasian. I think that's across the board with prescription pills. It doesn't matter what it is, at least here [Franklin County] ... Maybe one out of ten may be African-American or other [race] I would say."*

Reportedly, when used in combination with other drugs, sedative-hypnotics are most often combined with alcohol, crack and powdered cocaine, heroin and marijuana. In addition, methamphetamine and prescription opioids were also mentioned albeit not as frequently. A participant clarified, *"Xanax® and alcohol, especially if you're trying to have a rough night, that's the combination you're looking for."* When asked why one would take sedative-hypnotics with heroin or prescription opioids, a participant mentioned a *"synergistic effect"* that intensifies one's high.

## Marijuana

Marijuana remains highly available in the region. Participants and community professionals most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. A participant stated, *"Let's just say [marijuana] it's plentiful all the time ... any kind ... all year round."* A police detective said, *"That's an easy '10' [on the availability scale]. It seems like weed's [marijuana's] everywhere."* Another detective commented, *"Without exaggerating, we can stop – each of us – four to five cars a night and maybe minus one or two cars, find either marijuana or evidence of marijuana usage. I mean it [marijuana use] is so prevalent and so prolific ... and the other thing is, every drug we have gone over so far, you'll find weed with it."* Treatment providers said: *"[Marijuana is] very easy to get; There's no stigma, no restrictions [to marijuana use] ..."* A treatment provider in Morrow County remarked, *"Everybody smokes it [marijuana], and we're rural, so people are growing it."*

Collaborating data also indicated the presence of marijuana in the region. American Court and Drug Testing Services reported that 23.5 percent of the 2,420 individuals screened through its Columbus and Lancaster labs during the past six months were positive for marijuana. In addition, media outlets in the region reported on marijuana seizures and arrests during this reporting period. Union County Sheriff's officers found 453 grams of marijuana growing in a basement and arrested the home owner, charging him with illegal cultivation of marijuana ([www.nbc4i.com](http://www.nbc4i.com), May 7, 2013).

Participants reported that the availability of marijuana has remained the same or has possibly increased during the past six months. Many participants indicated that high-grade marijuana (medical and hydroponic) is increasing. Community professionals reported that the availability of marijuana has remained the same during the past six months. The BCI London Crime Lab reported that the number of marijuana cases it processes has increased during the past six months.

Participant current quality scores of marijuana ranged from '5-7' in general on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common

scores were '8-10.' Several participants explained that the quality of marijuana depends on whether the user buys "commercial weed" (low- to mid-grade marijuana) or high-grade marijuana. Participants rated low-grade marijuana as '5' and high-grade marijuana as '10.' A participant replied, *"The lower-grade stuff has gotten worse [in quality], but some of the higher-quality stuff has really gone up."* Another participant explained the growing of better quality marijuana: *"The [indoor-grown marijuana] ... people can tend to it every day and manicure it and baby it ... when you're outdoor, people usually let it go unless you plant it on your land ... most people plant it out where no one goes ... plant in April or May and then go back in October and hope [it's still there] ... and most people grow [indoor] from clones. They won't grow from seed, so you know you're guaranteed [better marijuana]."*

Current street jargon includes countless names for marijuana. The most commonly cited names for marijuana in general were "mary jane" and "weed." Other common names mentioned for marijuana included "dope," "green," "nuggets," "pot," "reefer" and "trees." Participants listed the following as common names for commercial, low-grade marijuana specifically: "dirt weed," "fifty," "mids," "reggie" and "regular;" participants listed the following as common names for higher, hydroponically grown marijuana: "churro," "dro/hydro," "fire," "haze," "kush" and "loud." A police officer reported the following names as terms law enforcement often encounter: "ditch weed" for low-grade marijuana and "Jamaican fire" and "purple haze" for high-grade marijuana.

The price of marijuana depends on the quality desired. Current street prices for marijuana were variable among participants with experience buying the drug. Participants reported commercial-grade marijuana as the cheapest form: a gram sells for \$5; an ounce sells for \$100-150. Higher-quality marijuana sells for significantly more: a gram sells for \$20; 1/8 ounce sells for \$50; an ounce sells for \$250-300. A participant commented about the expense of higher-grade marijuana, *"I've heard people paying 50, 60 bucks for an eighth [of the higher grade marijuana], and I think that's outrageous. I'm from the country, man. That stuff grows in the dirt, so I can go on a hiking trip and find weed."*

While there were several reported ways of consuming marijuana, the most common routes of administration are smoking, vaporizing and eating the drug in edibles. Participants mentioned an increase in edibles containing marijuana, including: bread, brownies, butter, cake,

oil, Rice Krispies® treats and tea. A participant revealed, *"Now I've seen a lot of candies from it [marijuana] lately, like people will get it from ... like California ... like there will be hard candies and little chocolate drops."* When asked why users would choose to eat marijuana over smoking it, a participant reported that eating produces a different kind of buzz than smoking: *"Intense body buzz. [With smoking] you get so much more of a ... head buzz. [With eating, the high produced] it's a body buzz, and it's healthier for you than smoking."* Another participant explained, *"[Edibles are] increasing probably ... especially because [eating marijuana] it's become more of a medical thing now ... if doctors prescribe people marijuana, that's what they tell them to do ... not here in Ohio, but in the states that it [marijuana use] is legal ... they [doctors] suggest you buy the edibles from the dispensaries instead of just buyin' weed and smokin' it."*

A profile of a typical marijuana user did not emerge from the data. Participants described typical users of marijuana as, "anybody," aged 14 to 60 years and older and employed in any and all occupations. Participants commented: *"[Marijuana is] kind of like heroin ... [users] could be anybody. I used to sell weed to a middle school teacher; Anyone, all different shapes and sizes [of people] smoke weed."* Community professionals agreed and described marijuana initiation as occurring earlier in adolescence than previously. A treatment provider said, *"That [marijuana use] seems to be high school age, even middle school anymore."*

Reportedly, marijuana is most often used in combination with alcohol and powdered cocaine, but is also used with crack cocaine, formaldehyde or embalming fluid (aka "wet"), ecstasy, heroin and tobacco. Participants remarked: *"Everyone that I know that's into everything else smokes weed, too; I'd say about anything – alcohol, heroin, cocaine, ecstasy, anything."* Participants noted that marijuana in some form or another seems to be readily used with tobacco. A participant stated, *"I had a friend who used to lace her cigarette ... well, she used to take the tobacco, half of the tobacco out of the cigarette and mix it with the marijuana."*

## **Methamphetamine**

Methamphetamine is moderately to highly available in the region. Participants most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); in the previous reporting period, the most common score among Licking County participants was also '10,' while the most common score among participants throughout the

rest of the region was '3.' This reporting period, participants throughout the region agreed methamphetamine is highly available. Participants reported that methamphetamine is available in homemade form (aka "shake-and-bake") and in crystal form (clear to pink champagne in color).

Participants consistently reported on the production of "one-pot" or "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, typically found in some allergy medications, drug manufacturers (aka "cooks") can produce the drug in approximately 30 minutes at nearly any location by mixing ingredients in easily found containers. A participant commented, *"I think the knowledge of how to make it [methamphetamine] just keeps spreading. More and more people are making it for themselves."*

Community professionals most often reported the drug's current availability as '6;' the previous most common score was '3.' A police detective reported on imported methamphetamine: *"[Methamphetamine] it's right there with the Hispanic heroin cells ... labs popping up in Mexico and being able to generate large quantities of it relatively inexpensive and trucking it up along with the heroin."*

Media outlets in the region reported on seizures and arrests involving methamphetamine during this reporting period. A woman entering the Knox County Jail to serve time on a drug conviction was again arrested on drug charges when methamphetamine and Xanax<sup>®</sup> were found on her person during a search at the time of her booking ([www.10tv.com](http://www.10tv.com), June 10, 2013).

Participants reported that the availability of methamphetamine has remained the same during the past six months, while community professionals reported that availability has decreased. A treatment provider suggested that the popularity of methamphetamine is waning: *"My guess is [methamphetamine] it's still available ... I just don't think people are using it because as bad as heroin is [in terms of negative consequences] ... I think people see people on meth [methamphetamine], and they think, 'that's worse.'" The BCI London Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months.*

Participants most often rated the general quality of methamphetamine as '8-10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common scores were '10' for crystal methamphetamine and '7' for powdered methamphetamine. During the past six months, participants reported that the quality of methamphetamine has varied. A participant stated, *"I hear the smaller batches [of methamphetamine] ... you know, the ones you'd see in the news, like in the trunk of a van or something ... I heard the smaller operations are poor quality and the bigger, like on the farm, I hear that's better [quality]."*

Current street jargon includes a few names for methamphetamine. The most commonly cited names were "chris," "ice," "juice," "meth" and "speed." Current street prices for methamphetamine were consistent among participants with experience buying the drug. Participants reported that a gram sells for \$100; 1/8 ounce (aka "eight ball") sells for \$250-350. Reportedly, smaller quantities are also available. A participant reported, *"Twenty dollars for like a quarter of a gram [of methamphetamine] ... compared to like cocaine ... you do a lot less."*

While there were several reported ways of using methamphetamine, the most common route of administration remains smoking. Participants also mentioned intravenous injection (aka "shooting"), snorting and freebasing (smoking methamphetamine off foil). A participant explained using a pipe: *"There's glass pipes you buy ... a glass pipe with a bubble on the end. You put it [methamphetamine] in there and light the bottom of the pipe ... and the flame never hits the crystal meth. It just heats it up into a liquid."*

Participants and treatment providers described typical users of methamphetamine as living in the country/rural communities. According to one participant, methamphetamine *"is in these rural towns ... small towns because they got these trailer parks, and they make the shit ... and they sell it to their friends. That's where it is mostly."* A treatment provider said, *"I'm personally not seeing a lot of it [methamphetamine] around in Columbus, [it is] more in rural areas."* Law enforcement described typical users as white and of low socio-economic status.

Reportedly, methamphetamine is used in combination with alcohol, heroin, marijuana and sedative-hypnotics. A treatment provider shared, *"I do have one client. She would 'speedball.' She would use methamphetamine to stay up for days and then use heroin to come down ... and that was a regular pattern for her for a couple years."*

## Prescription Stimulants

Prescription stimulants remain highly available in the region. Participants most often reported the current availability of these drugs as '9-10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10'. A participant commented, "You could get a prescription [for a stimulant] *pretty easily*." Community professionals most often reported current availability as '7-9'; the previous most common score was '10'. A treatment provider said, "[Users] *they're taking it* [prescription stimulants]. *They're getting it from their friends*." Participants identified Adderall®, Ritalin® and Vyvanse® as the most popular prescription stimulants in terms of widespread use.

Participants reported that the availability of prescription stimulants has remained the same or has slightly increased during the past six months, while community professionals reported that availability has remained the same. A law enforcement officer commented, "[Prescription stimulants] *it's not right in your face like bath salts*." The BCI London Crime Lab reported that the number of prescription stimulant cases it processes has remained the same during the past six months.

Street jargon for prescription stimulants is limited. However, participants reported that Adderall® is called "addies." Current street prices for prescription stimulants were consistent among participants with experience buying the drug, although Adderall® is the only prescription stimulant for which participants reported prices: Adderall® 5 mg sells for \$2-4; 20 mg sells for \$2; 30 mg sells for \$5. While there were several reported ways of using prescription stimulants, the most common routes of administration remain snorting and oral consumption.

In addition to obtaining prescription stimulants on the street from dealers, participants reported getting them from doctors, friends and family members. Reportedly, prescription stimulants are often diverted from those who have them either personally or through a family member. A police detective said, "*It's usually one of the high school kids* [who sells/distributes prescription stimulants]. *I know it's happening in the middle school where one of the kids gets the script and then decides to share and sell it to buddies*." A participant disclosed, "*My mom used to have me prescribed it* [stimulants], *so she could just take it ... sell it [and] take it*."

Participants described typical illicit users of prescription

stimulants as high-school and college-aged students, or parents (typically mothers) of children with prescriptions. A participant commented, "*I know people who go in* [to see a doctor], *get their kids put on it* [prescription stimulants]. *You know what I mean? Just kind of manipulate the doctor*." Another participant said, "*Younger* [are typical users] ... *I'd say high school, maybe early college*. *I've heard of a couple people using it* [prescription stimulants] *in college to write term papers and stuff*." A law enforcement officer added, "*College kids get arrested commonly here while taking it* [prescription stimulants] *because, 'We have finals,' and they use it 'to study' or 'It helps me focus*."

Reportedly, prescription stimulants are used in combination with marijuana, sedative-hypnotics and tobacco. A participant shared that some users take benzodiazepines subsequent to doing prescription stimulants: "[Users take] *benzos at the far end of it* [after doing stimulants] ... *like after you're done, like you're ready to come off of it*." Another participant explained when someone might want to use prescription stimulants: "*Anyone who likes uppers*. *Right, like if you like coke* [powdered cocaine], *and you don't have coke in your system, take Adderall*®."

## Bath Salts

Bath salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues) remain available in the region. Participants most often reported the drug's current availability as '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'. A participant shared, "[Bath salts] *that's hard to get now*." Nevertheless, community professionals reported that bath salts are highly available in the region. Law enforcement and treatment providers most often reported current availability as '9'; the previous most common score was '7'.

Participants reported that the availability of bath salts has decreased during the past six months. Participants offered a possible explanation for this perceived decrease in availability: the many reports of paranoia associated with using bath salts might be scaring people not to use the drug. Participants reported: "*That stuff* [bath salts] *makes you want to go hide; I don't even want to leave the room when I do bath salts*." Participants also attributed decreased availability to legal restrictions in purchasing the product.



However, participants reported knowledge of certain convenience stores and “head shops” that continue to sell bath salts, but they explained that a user would have to be known to the retailer to purchase the drug. A participant described, “You can buy it [bath salts] at the same places ... those quickie marts and gas stations ... You can make it illegal, but there’s so many chemicals in it, they just switch it. I bought bath salts that they put a sticker over it. Whatever they changed the name of it, they just put a sticker right over the name that they were selling it under.” Contrarily, community professionals reported that the availability of bath salts has increased during the past six months. A police detective said, “It [bath salts] comes in waves ... I think.” The BCI London Crime Lab reported that the number of bath salts cases it processes has increased during the past six months.

Although participants did not rate the quality of bath salts, they reported that different qualities existed. Street jargon for bath salts is limited. Participants reported “posh” as a new street name/label for the drug. Current street prices for bath salts were variable among participants with experience buying the drug. The variance in price was typically due to participants who purchased the drug earlier in the six-month time frame in comparison to those who more recently purchased the drug and reported higher pricing. Reportedly, bath salts sell for \$20-40 per gram.

Despite legislation enacted in October 2011 banning the sale of bath salts, the drug continues to be available through the street from dealers as well as from convenience stores, gas stations, “quickie” marts and over the Internet. While there were several reported ways of using bath salts, the most common routes of administration remain snorting and intravenous injection (aka “shooting”). A participant said, “Yeah, they [users] snort that [bath salts], man ... I know some people that were shootin’ it.”

Participants described typical users of bath salts as opiate users, white and “young.” A participant reported using bath salts in place of heroin when heroin was unavailable: “First time I used it [bath salts] ... we was sick [going through withdrawal], and the dude’s like, ‘We can’t get no heroin. We’ll just go get bath salt’ ... and he was right ... it helps with your sickness.” Community professionals shared that some regular users of bath salts are older than what they would expect. A treatment provider said, “I was gonna say the typical [user] is college kids or that age, but I get 40-45 [year olds] as well.” Another treatment provider stated, “[Bath salts users are] older, from what I’ve seen around here ... like the kids

*will say they’ve seen it [bath salts], but haven’t done anything with it ... but I hear like the older adults, like late ... well, really 30s and 40s [report bath salts use].” A police detective stated, “Of course we get them ‘old heads’ [older drug users] who get on bath salts pretty good.”*

Reportedly, bath salts are used in combination with heroin, prescription opioids and synthetic marijuana. Participants explained that heroin and/or prescription opioids are used to help come down from the stimulant high produced by bath salts. Participants explained that those on probation/parole use synthetic marijuana along with bath salts because both types of drugs are still widely believed not to be detected through standard drug screens.

## Synthetic Marijuana

Synthetic marijuana (synthetic cannabinoids; aka “K2” and “Spice”) remains available in the region. Respondent groups differed in their perception of current availability of the drug. 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.’ Community professionals most often reported current availability as ‘2;’ the previous most common score was ‘6.’ A participant disclosed, “You can go to gas stations and get it [synthetic marijuana] if you know people.” A treatment professional said, “I think [synthetic marijuana use] that’s kind of evened out or faded out. I think my experience with the drug screens had something to do with that because you might as well smoke regular pot [marijuana]. I’m not sure [synthetic marijuana] it’s as accessible as it used to be.”

Collaborating data also indicated the presence of synthetic marijuana in the region. The Knox County Juvenile Court reported an increase in the number of synthetic marijuana cases that has come through the court during the past six months; the court reports between 30-35 cases involving synthetic marijuana.

Participants and community professionals reported that the availability of synthetic marijuana has decreased during the past six months. A participant explained, “We used to walk into stores, and they had them [packages of synthetic marijuana] hanging on the shelves. Now, it’s under the counter. You know what I mean? That’s how you get it.” Another participant shared his opinion: “[Availability of synthetic marijuana] it went down. I don’t think they make it no more. I think people just got it in stock.” A treatment

provider reported, *"So, people were using that [synthetic marijuana] instead of marijuana because there wasn't a test for it, but now that they're going to get the same consequences as marijuana ... I think the actual K2 use, from what I'm seeing, is going down a little bit, and also, it's not as available. You used to just go into any head shop/corner shop and buy it."* The BCI London Crime Lab reported that the number of synthetic marijuana cases it processes has remained the same during the past six months.

Most participants discussed the current poor quality of synthetic marijuana, but did not assign a quality rating score. According to participants: *"You might as well get some dried leaves and smoke it [as opposed to smoking synthetic marijuana]; I tried it [synthetic marijuana], and it's just nasty; it [synthetic marijuana] smells like awful potpourri and it tastes like aerosol chemicals."* Many participants also complained about the hallucinatory effect of the synthetic marijuana. One participant remarked, *"I took one hit [of synthetic marijuana], and I didn't like it ... made me paranoid as hell."*

Current street jargon includes a few names for synthetic marijuana. Participants listed the following as common street names/labels: *"fake weed," "K2," "incense," "legal weed," "Scooby snacks" and "Spice."* Participants also reported that the drug is often advertised as potpourri. Current street prices for synthetic marijuana were variable among participants with experience buying the drug. Reportedly, synthetic marijuana sells for \$25-80 for 2-5 gram bags. A participant explained, *"You can go one place and get a four-gram bag for \$25 or you can go to another place and get two five-gram bags for \$25."*

Despite legislation enacted in October 2011 banning the sale of synthetic marijuana, the drug continues to be available on the street from dealers as well as from convenience stores (aka "corner stores") and gas stations. While there were several reported ways of using synthetic marijuana, the most common route of administration remains smoking.

Participants and community professionals described typical users of synthetic marijuana as younger (teens to 20s) and people on probation/parole. A treatment provider commented, *"I think with teenagers [synthetic marijuana] it's more popular with them ... like in schools ... I'd say like late junior high and high school. You see that they're trying to experiment or what not."* A law enforcement officer

reported, *"In my experience, K2 users were white ... people who were trying to figure out a way around [the law] or had the money to try to navigate the, whatever, legal questions ... they might try K2."*

Reportedly, synthetic marijuana is used in combination with alcohol. A participant shared, *"If you're buying that kind of stuff [synthetic marijuana], you probably aren't bothering with anything else, really."*

## Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) is moderately to highly available in the region. Participants most often reported the current availability for ecstasy as between '5' 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 '4-5'. Participants most often reported the current availability of powdered ecstasy ("pure" MDMA, aka molly) as '8'. A participant clarified, *"Yes, [molly] is the same thing as MDMA – which basically it's like ecstasy, but it's like the main ingredient – it's like the powder of it. They don't have all the cut – it's just straight [MDMA]."* A participant shared, *"I've got a niece who was in the hospital twice overdosed [on molly] and almost died, and ... there were four or five places in the apartment complex that she could go and get it ... any time of the night or day."*

Community professionals most often reported the current availability of ecstasy as '2-7'. A treatment provider stated, *"I think it [ecstasy] is pretty readily available."* Treatment providers also rated current availability of molly as '3-4'; there was no community professional rating for ecstasy and/or molly in the previous report.

Participants reported that the availability of ecstasy has remained the same or has possibly decreased during the past six months, while the availability of "molly" has increased. A participant explained, *"I almost think that [dealers] they've replaced the pressed pills [ecstasy] with 'molly.'" Another participant reported, "Now [users] they're into molly ... I think it's been more available, and there's a lot more chemists that are makin' it."* Community professionals also reported that the availability of ecstasy has decreased during the past six months, while the availability of molly has increased. A treatment provider commented, *"It ['molly'] has increased ... that's what they are saying Justin Bieber's on where he's spitting on people and doin' all this*

*stuff in London.*" The BCI London Crime Lab reported that the number of ecstasy cases it processes has remained the same during the past six months.

Current street jargon includes several different names for ecstasy. The most commonly cited names were "E," "X," "rolls," "rollin'" and "zoomin.'" Participants also referred to "molly" as "mandy" or "mo." A participant explained, "*They [users] call 'em [ecstasy] by what the name of the pill is typically [the name of the picture that is imprinted on them] ... is what I hear 'em say ... like they're 'Homers' [depiction of animated character Homer Simpson], my God, there's like all kinds of 'em.*" Another participant explained the different ways molly is sold: "*[Molly] can come in a pill, but usually it's a powder ... it can be loaded into those little clear cylinder pills, like a capsule, or usually it just comes bulk powder ... or it's more chunky, kind of like salt, bath salt.*"

Current street prices for ecstasy were consistent among participants with experience buying the drug. Participants reported a "single stack" (low dose) ecstasy tablet sells for \$10-15; a "double stack" (mid dose) sells for \$30-40; a "triple stack" (high dose) sells for \$30-40; a jar (100 ecstasy pills) sells for \$500. Reportedly, ecstasy is most often obtained through "friends."

While there were several reported ways of using ecstasy and/or molly, the most common route of administration remains oral consumption. Participants also mentioned snorting and "parachuting" ecstasy and/or molly, as well as anally inserting ecstasy tablets (aka "plugging"). A participant explained parachuting: "*So you don't have to taste it [ecstasy and/or molly] ... it's got a real bitter, nasty taste. You put it in a piece of toilet paper and twist it up and take it like a pill.*"

Participants described typical users of ecstasy as high-school and college-aged individuals who frequent clubs, bars and raves (dance parties). Participants also described typical users of molly as college aged, "dope boys" (drug dealers), and also those who frequent bars, clubs and raves. A participant explained, "*They usually drink it [molly with alcohol] in the clubs when you're drinking beer.*"

Reportedly, ecstasy is used in combination with alcohol and crack and powdered cocaine, while molly is used with alcohol, ecstasy and "lean" (promethazine with codeine syrup and soda). A participant noted using ecstasy and/or molly with powdered cocaine to "*keep the party goin'.*"

## Other Drugs

Participants and community professionals listed a variety of other drugs as being present in the region, but these drugs were not mentioned by the majority of people interviewed: hallucinogens [lysergic acid diethylamide (LSD) and psilocybin mushrooms], inhalants and Seroquel® (atypical antipsychotic).

Hallucinogens remain highly available in the region. Participants most often reported current availability of psilocybin mushrooms and LSD as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10.' Although they did not rate hallucinogens on the availability scale, community professionals reported limited availability of hallucinogens. A treatment professional said, "*The [psilocybin] mushrooms and the acid [LSD] you hear about every now and again ... like a one-time use.*" A participant described the appearance of psilocybin mushrooms: "*[Psilocybin mushrooms] they're usually dried out. They don't look like regular mushrooms.*"

Participants reported that the availability of psilocybin mushrooms has increased during the past six months due to their summer growing season, while the availability of LSD has remained the same or has slightly decreased. Community professionals reported that the overall availability of hallucinogens has remained the same or has slightly decreased during the past six months. A treatment provider said, "*[Hallucinogenic availability] it's definitely gone down.*" The BCI London Crime Lab reported that the number of hallucinogenic cases it processes has remained the same during the past six months.

Current street jargon includes several different names for hallucinogens. The most commonly cited street names for psilocybin mushrooms include: "boomers," "caps" and "shrooms." The most commonly cited street names for LSD include: "acid," "cid," "L," "lucy," "trip" and "uncle cid." Current street prices for hallucinogens were consistent among participants with experience buying the drugs. Participants reported that the pricing for psilocybin mushrooms is similar to that of low-grade marijuana: 1/8 ounce sells for \$20-40; an ounce sells for \$120-200; a pound sells for \$400. Participants reported LSD pricing as follows: a "hit" (dose) on a tab of paper/blotter sells for \$4-10; a sheet of paper tabs sells for \$300-400; a hit of liquid LSD sells for \$12.

The most common route of administration for hallucinogens remains oral consumption (eating with food or drinking in teas). Participants shared: *"I always made 'em [psilocybin mushrooms] into powder. Yeah, just grind them up, threw it in my mouth and take a drink of something; I used to shove them [psilocybin mushrooms] inside a doughnut. They don't taste good."* Reportedly, psilocybin mushrooms are also ground up and smoked with marijuana. A participant said, *"I've heard of them [psilocybin mushrooms] being sprinkled on top of marijuana and smoked."* In terms of LSD consumption, a participant described: *"Normally [LSD] comes on little pieces of paper. You just eat it or stick it on your tongue for a while. I've heard of people putting it in orange juice. It's like a little tiny piece of white paper. Yeah, you just kind of eat a small piece of paper ... I've heard people putting it in drinks and stuff. Sticking it in there and letting it dilute to whatever."* In addition, participants reported that liquid LSD is often dropped in the user's eyes for quick absorption. A participant stated, *"You can get liquid [LSD]. I've seen people put it in their eyes, like Visine® drops ... fast-absorbing [and] it burns a little bit."*

Participants continued to describe the typical user of hallucinogens as younger, "hippies" and college aged. Reportedly, LSD is often found at raves (dance parties) and is used by adolescents starting to explore drug use. Participants reported that hallucinogens are obtained through marijuana and/or ecstasy dealers, as well as at festivals and concerts; these drugs are used in combination with alcohol ecstasy and/or molly and marijuana.

Inhalants are moderately to highly available in the region, particularly due to the legality of the substances and ease of purchasing them from stores. Participants noted the most common type of inhalants as "whippets" (nitrous oxide cartridges usually from whipped cream canisters). Participants most often reported the current availability of inhalants as '4-5' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get), while law enforcement most often reported current availability as '10'. Participants reported "huffing" (inhalation) as the only route of administration for inhalants. Participants described typical users as teenagers, "hippies" and festival attendees.

Lastly, few participants had knowledge of illicit Seroquel® use; however, a couple of participants discussed Seroquel® abuse. A participant explained that the drug is often traded in jail among inmates. Another participant said, *"I've*

*seen 'em [users] roll it [Seroquel®] in cigarettes [and smoke] ... and it smells like they're smokin' a freakin' bread bag ... roll 'em up in cigarettes."*

## Conclusion

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

Participants and community professionals most often reported the overall current availability of heroin as '10' (highly available). Many participants perceived heroin to be easier to obtain than marijuana. Treatment providers also discussed the high percentage of clients who are entering treatment dependent on heroin. A treatment provider estimated that between 70-75 percent of clients are now heroin addicted.

While many types of heroin are currently available in the region, participants reported the availability of black tar heroin as most available. In addition, the BCI London Crime Lab reported processing all types of heroin during the past six months; however, the lab noted processing mostly black tar heroin for Columbus and its vicinity. Participants and community professionals were unanimous in reporting that the general availability of heroin has increased during the past six months. Several participants and community professionals continued to note the use progression from prescription opioids to heroin, attributing this current increase in heroin availability and use to the increased restrictions placed on prescription opioids and the substantially lower cost of heroin.

Participants described typical users of heroin as prescription opioid dependent, younger (teens to 30s), and often female. Community professionals reported that heroin dealers are typically Hispanic, while users are typically white. Additionally, participants noted that the practice of "speedball" (heroin use coupled with cocaine use) as increasing in the region.

Participants and community professionals reported that the availability of marijuana has generally remained the same during the past six months; however, participants indicated that high-grade marijuana (medical and hydro-

ponic) as increasing. The BCI London Crime Lab reported that the number of marijuana cases it processes has increased during the past six months. Participants attributed the wider availability and the increased quality of high-grade marijuana to an increase in the number of people regionally who are growing marijuana indoors.

Despite legislation enacted in October 2011 banning the sale of bath salts, the drug continues to be available in the region. Participants reported knowledge of certain convenience stores and “head shops” that continue to sell bath salts, but they explained that a user would have to be known to the retailer to purchase the drug. Community professionals reported that the availability of bath salts has increased during the past six months. The BCI London Crime Lab reported that the number of bath salts cases it processes has increased during the past six months.

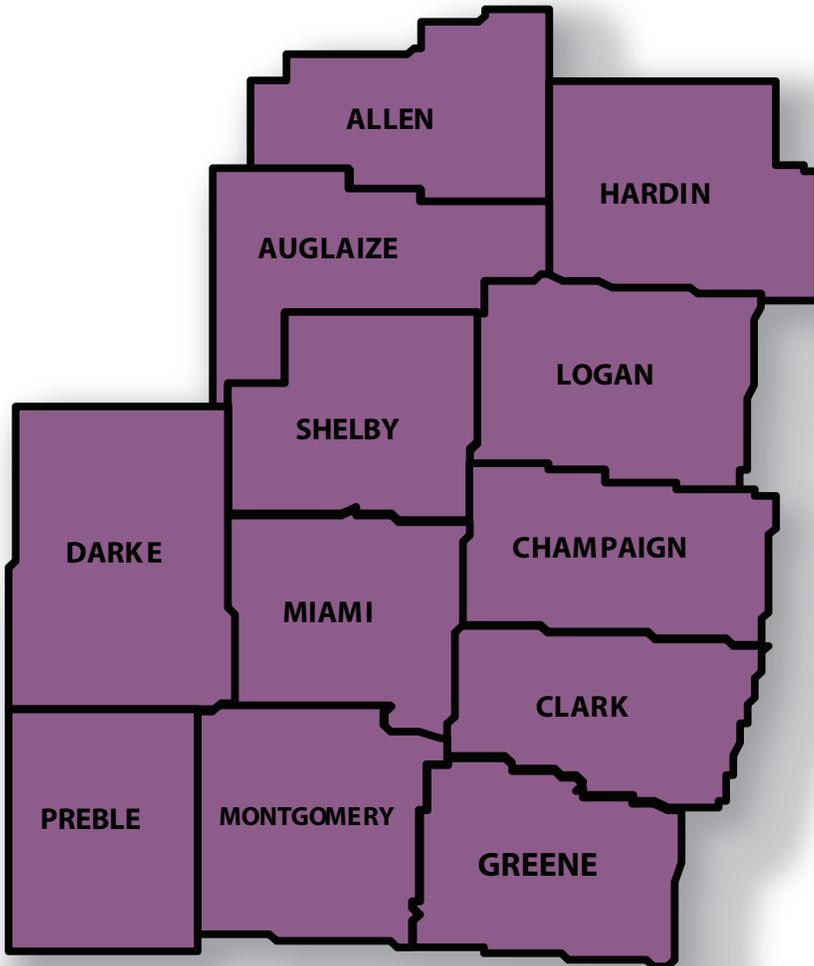
Participants described typical users of bath salts as opiate users, white and young. A participant reported using bath salts in place of heroin when heroin was unavailable. Participants explained that those on probation/parole use

bath salts along with synthetic marijuana because both types of drugs are still widely believed not to be detected through standard drug screens. Reportedly, bath salts are used in combination with heroin, prescription opioids and synthetic marijuana. Participants explained that heroin and/or prescription opioids are used to help come down from the stimulant high produced by bath salts.

Lastly, while participants and community professionals reported that the availability of ecstasy has remained the same or has possibly decreased during the past six months, they reported that the availability of powdered ecstasy (“pure” MDMA, aka molly) has increased. A participant stated, *“Now [users] they’re into molly . . . I think it’s been more available, and there’s a lot more chemists that are makin’ it.”* A participant shared that a family member has overdosed twice on molly. Participants described typical users of molly as college aged, “dope boys” (drug dealers), and also those who frequent bars, clubs and raves (dance parties). Reportedly, molly is used in combination with alcohol, ecstasy and “lean” (promethazine with codeine syrup and soda).



## Drug Abuse Trends in the Dayton Region



### Regional Epidemiologist:

**Tasha Perdue, 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, Miami and Montgomery counties. Data triangulation was achieved through comparison of participant data to qualitative data collected from regional professionals (treatment providers and law enforcement) via focus group interviews, as well as to data surveyed from the Logan County Family Court, the Miami Valley Regional Crime Lab and the Bureau of Criminal Investigation (BCI) London office, which serves central and southern Ohio. All secondary data are summary data of cases processed from July through December 2012. In addition to the data sources, Ohio media outlets were queried for information regarding regional drug abuse for January through June 2013.

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

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### Regional Profile

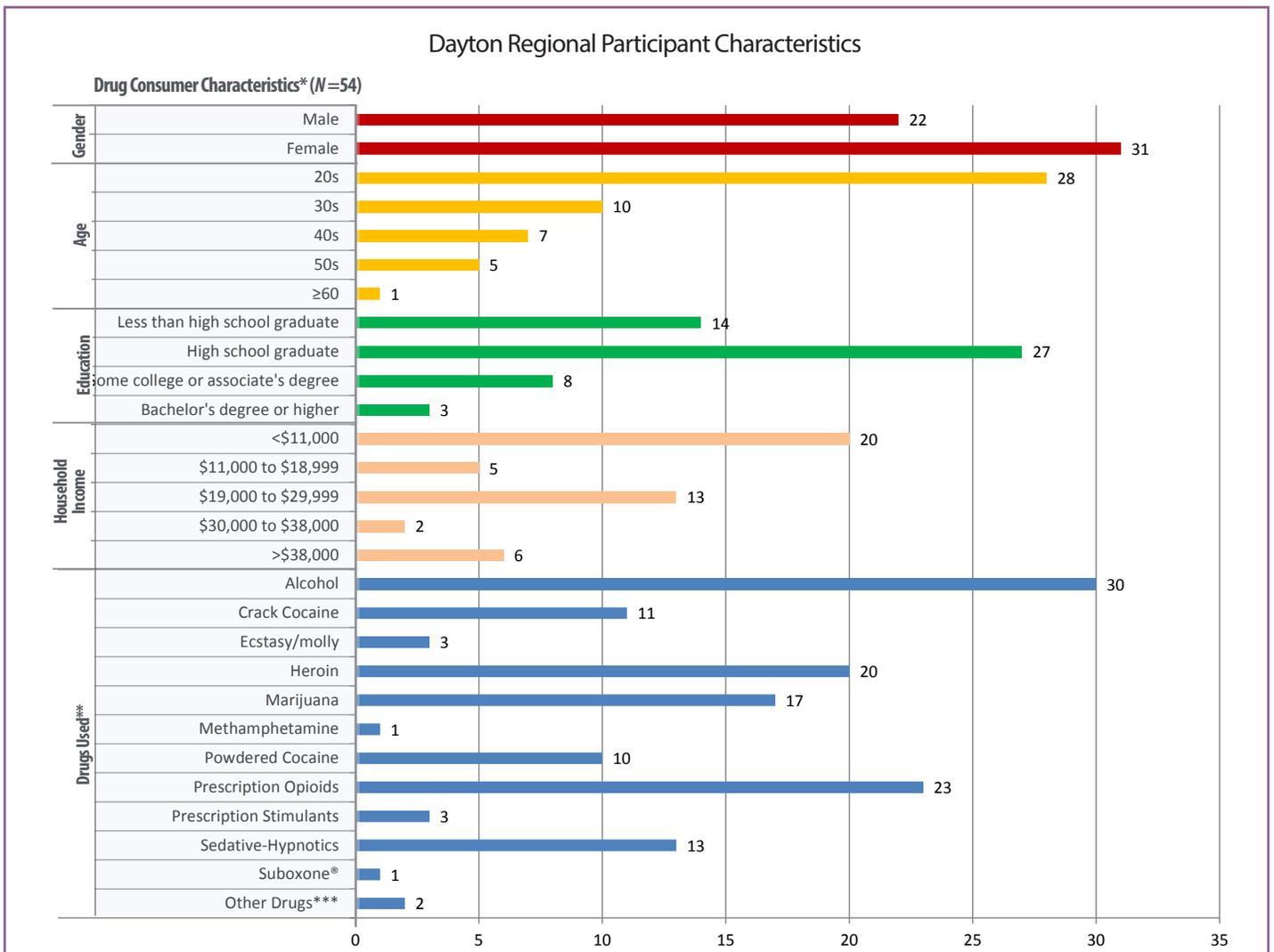
Indicator <sup>1</sup>	Ohio	Dayton Region	OSAM Drug Consumers
Total Population, 2010	11,536,504	1,352,510	54
Gender (female), 2010	51.2%	51.2%	58.5%
Whites, 2010	81.1%	83.1%	84.6%
African Americans, 2010	12.0%	11.3%	11.5%
Hispanic or Latino origin, 2010	3.1%	2.0%	4.3%
High School Graduation rate, 2010	84.3%	88.1%	73.6% <sup>2</sup>
Median Household Income, 2011	\$45,803	\$46,256	\$11,000 to \$14,999 <sup>3</sup>
Persons Below Poverty Level, 2011	16.3%	15.0%	47.2% <sup>4</sup>

<sup>1</sup>Ohio and Dayton statistics are derived from the most recent US Census, and OSAM drug consumers were participants for this reporting period: January-June 2013.

<sup>2</sup>Graduation status was unable to be determined for one participant due to missing data

<sup>3</sup>Respondents reported income by selecting a category that best represented their household's approximate income for 2012. Income status was unable to be determined for two participants due to missing data.

<sup>4</sup>Poverty status was unable to be determined for nine participants due to missing data.



\*Not all participants completed forms; numbers may not equal 54.

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

\*\*\*Other drugs refer to synthetic marijuana

## Historical Summary

In the previous reporting period (July–December 2012), crack cocaine, heroin, marijuana, prescription opioids and sedative-hypnotics remained highly available in the Dayton region. Changes in availability during that reporting period included likely decreases in availability for bath salts, powdered cocaine, sedative-hypnotics and Suboxone®.

Despite legislation enacted in October 2011, bath salts continued to be available on the street from dealers, online, and in regional “head shops” and gas stations. New labels for bath salts emerged to help circumvent the laws; participants said bath salts were sold under labels like “hookah cleaner.” Most participants had never tried bath salts and stated they were scared to try them. Participants and community professionals reported that the availability of bath salts had decreased during the reporting period and attributed legislation as a driving factor in this. The Miami Valley Regional Crime Lab reported a decrease in the number of cases it processed for bath salts, and also attributed the decrease in bath salts cases to legislative action, as well as to the bad reputation of the drug.

Participants and community professionals most often reported that the availability of powdered cocaine had decreased during the reporting period. Participants explained that dealers had held onto powdered cocaine to manufacture crack cocaine, a more profitable drug.

“Drug busts” and an increase in other substances (i.e., heroin) were also provided as reasons for general decreased availability of powdered cocaine throughout the region. However, participants noted that it had become more common for heroin dealers to carry powdered cocaine for the users who like to use the drug with heroin (aka “speedball”).

Participants and community professionals reported that the availability of sedative-hypnotics had decreased during the reporting period. Reasons for the decline in availability focused on users who were prescribed sedative-hypnotics not wanting to part with them either because they wanted them for personal use or because they were afraid of “getting busted.”

Participants and community professionals reported new concerns regarding sedative-hypnotics abuse. A participant said that users were abusing Ambien® in a different

way – to stay awake and not to sleep. Community professionals noted that sedative-hypnotics were being combined with other substances, which led to an increase in drug overdoses and deaths, particularly when heroin was combined with benzodiazepines. Also concerning was that participants described sedative-hypnotics use as more socially acceptable than previously. Community professionals identified individuals age 40 years and younger as likely to abuse sedative-hypnotics.

Participants and community professionals most often reported that the availability of Suboxone® had decreased during the reporting period. In outlying rural areas, participants discussed difficulty obtaining Suboxone® due to few or no doctors licensed to prescribe the drug. Community professionals attributed the reported decrease in street availability of Suboxone® to a change in prescribing patterns. They explained doctors were trying to limit diversion by prescribing the film form of the drug and requiring some patients to visit their office daily.

Lastly, while availability was variable within the region, methamphetamine use was a growing concern. The Miami Valley Regional Crime Lab reported that methamphetamine use might have been undetected in parts of the region as users typically made the drug solely for personal use and not for sale. The crime lab noted a rising trend of methamphetamine use with heroin which was corroborated by participants, who in past cycles referred to the concurrent use of methamphetamine with heroin as the “ultimate speedball.” Lastly, the crime lab noted an increase in intravenous methamphetamine use.

## 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’. Community professionals most often reported current availability as ‘6’; the previous most common score was ‘5’. Law enforcement reflected on demand for the drug: “*The availability [of powdered cocaine] is there, but I think the demand is lower because heroin use is so prevalent.*”

Collaborating data also indicated the presence of cocaine in the region. The Logan County Family Court reported that 5 percent of drug screens submitted by adults during the past six months were positive for cocaine (crack and/or powdered cocaine) – cocaine was found in 28.4 percent of all positive adult drug screens the court administered during the past six months.

Media outlets in the region reported on powdered cocaine seizures and arrests during this reporting period. Police in Dayton arrested a man during a traffic stop after uncovering 2.57 grams of cocaine hidden in the man's shoe; one of the arresting officers reported that several people have been arrested with drugs hidden in their socks ([www.daytondailynews.com](http://www.daytondailynews.com), Feb. 1, 2013). During an FBI drug investigation of the area near the Dayton Mall, a man was fatally shot and two others were taken into custody for cocaine trafficking; police report that car-to-car drug sales in parking lots in the mall area have become a real problem ([www.daytondailynews.com](http://www.daytondailynews.com), April 24, 2013).

Participants and community professionals reported that the availability of powdered cocaine has increased during the past six months. A law enforcement professional said, "[Powdered cocaine] it's starting to come back [gain in popularity] ... 'cause there's so many different things you can do with it you know: [cook it into] crack cocaine, you know, mixing it with heroin. I mean people are cutting heroin now with cocaine just to make it a little bit better of a product. I think people [dealers] are just getting smarter and diversifying their organizations and what they can sell." The Miami Valley Regional Crime Lab reported that the number of powdered cocaine cases it processes has decreased during the past six months.

Most participants rated the current quality of powdered cocaine as '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '6'. Participants reported that powdered cocaine in the region is cut (adulterated) with Adderall®, aspirin, baby Ex-Lax®, creatine, Orajel® and Vitamin B-12. Reportedly, cutting practices vary across the region and depend on the person supplying the powdered cocaine. A participant explained, "All you need is a little baking soda ... they [dealers] putting some sedative-hypnotics in there, some toothache medicine in there ... see they trying to cut it to sell it for another price." Another participant reported, "[Powdered cocaine] it could be cut with bath salts." According to one participant, "You not gonna get 100 percent [pure powdered cocaine]

*nowhere, unless you on the boat with it."* Several participants discussed variability of quality based on dealer and geography, with one stating, "*It all depends [on] who you get it [powdered cocaine] from [and what] area and vicinity [of the region]."*

Law enforcement confirmed participant views on current quality of powdered cocaine. A law enforcement professional stated, "[Quality of powdered cocaine varies] especially the part of town you are buying in and the quantity that people are selling at. If you got lower-level dealers ... you're gonna have less of a potent [quality] product ... but yeah, the quality around here right now is average I would say." Overall, participants reported that the quality of powdered cocaine has decreased during the past six months. The Miami Valley Regional Crime Lab reported levamisole (livestock dewormer) as the typical cutting agent for powdered cocaine.

Current street jargon includes many names for powdered cocaine. The most commonly cited were "girl" and "soft." Participants listed the following as other common street names: "bitch," "powder," "snow" and "white pony." Current street prices for powdered cocaine were variable among participants with experience buying the drug. Participants explained that pricing depends on location (rural versus urban). Participants reported that a gram of powdered cocaine sells for \$50-100, depending on the quality; 1/16 ounce (aka "teener") sells for \$75-100; 1/8 ounce (aka "eight ball") sells for \$125-250.

Participants stated that the most common way to use powdered cocaine is snorting, followed by intravenous injection (aka "shooting") and smoking. Reportedly, powdered cocaine use varies greatly and depends on the social group with which the individual associates. A participant commented, "*I'm a shooter and I don't really hang around smokers, so to be honest ... you're either shooting it [powdered cocaine] or snorting it when I'm around."*

A profile for a typical powdered cocaine user did not emerge from the data. Participants described typical users of powdered cocaine as everybody since, as one put it, "*drugs don't discriminate."* However, one participant said, "*Rich white people would be the stereotype [of powdered cocaine users]."* Participants discussed the increase in use among younger individuals, citing popular culture as a factor. According to one participant, "[Powdered cocaine use] it's especially in the younger generation 'cause they got a lot of songs that kind of promote it now ... promote cocaine

*use and stuff like that, so yeah, I believe it's become a major problem in the younger generation."*

Community professionals noted that typical users of powdered cocaine are white, and they agreed with participants that younger individuals are increasingly using powdered cocaine. A law enforcement professional said, *"We've seen it [powdered cocaine use] as early as 13 [years of age]."* The officer described powdered cocaine as more socially acceptable than other drugs: *"I think socially too ... a lot more powder's coming into the younger scene. Be it powder ecstasy, powder this stuff [cocaine] ... you can put into your drinks."*

Reportedly, powdered cocaine is used in combination with alcohol, heroin for "speedballing" (concurrent or subsequent use of a stimulant drug with a depressant drug), marijuana to "take the edge off" and sedative-hypnotics to "come down." Participants discussed the strong connection between alcohol and powdered cocaine: *"I think more [alcohol] because when you're on coke, you can't get drunk ... so people just drink and drink and drink; I'd say drinking [alcohol] ... the high gets you kind of nervous and everything, and the drinking kind of smooths it out a little bit and calms you down."*

## Crack Cocaine

Crack cocaine remains highly available in the region. Participants most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. However, participants in Hardin and Miami counties reported that while crack cocaine is accessible, a user would have to travel to obtain the drug. Participants in Hardin County reported traveling to Lima (Allen County), while participants in Miami County reported traveling to Dayton to obtain the drug. Treatment providers and law enforcement most often reported the drug's current availability as '10'; the previous most common score was also '10'. According to a treatment provider, *"You can really get it [crack cocaine] like [as easy as] a pack of cigarettes."* Another treatment provider commented, *"I have a lot of clients who are struggling with recovery from crack [cocaine] addiction."*

Media outlets in the region reported on crack cocaine seizures and arrests during this reporting period. A police investigation in Montgomery County led to the arrest of two men at a business in Dayton for planning to distribute

more than 28 grams of crack cocaine ([www.daytondailynews.com](http://www.daytondailynews.com), April 24, 2013). A man was arrested after flushing crack cocaine down the toilet during a narcotics search of his Dayton home; the man said he was selling drugs "to make ends meet" ([www.daytondailynews.com](http://www.daytondailynews.com), March 29, 2013). Two brothers were arrested in Dayton after a combined search and seizure of crack cocaine and marijuana at both of their residences ([www.daytondailynews.com](http://www.daytondailynews.com), April 12, 2013).

A Dayton woman was arrested as a result of a drug task force investigation, during which police seized crack cocaine and heroin from her residence ([www.daytondailynews.com](http://www.daytondailynews.com), June 25, 2013). Dayton narcotics officers obtained a search warrant for a housing duplex in the city where drug trafficking was thought to be occurring; police arrested two men for possession of crack cocaine and heroin ([www.daytondailynews.com](http://www.daytondailynews.com), June 18, 2013). A woman was robbed of \$9 after refusing to purchase \$15 of crack cocaine from a man who approached her at a gas station on the west side of Dayton; the man threatened to shoot the woman if she didn't buy crack cocaine ([www.daytondailynews.com](http://www.daytondailynews.com), June 21, 2013).

Participants reported that the availability of crack cocaine has remained the same during the past six months. Participants noted that availability of crack cocaine is similar to that of powdered cocaine in that if a user desires the drug, it can be obtained. A participant stated, *"I really think it depends ... you don't do that [crack cocaine regularly], it's hard to find ... but if you do that [regularly use crack cocaine], it's everywhere."* Treatment providers and law enforcement also 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.

Participants most often rated the current quality of crack cocaine as '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '5'. Participants continued to report that crack cocaine in the region is cut with baking soda. Participants also continued to report that the quality of the drug varies by purchase location and seller. A participant commented, *"[Crack cocaine quality] it's gonna be better down in Florida than it's gonna be up here 'cause by the time it gets up here, it's been cut, stomped on. Like he [another participant] said, they [dealers] can take half the coke out and put half bath salts in."* Overall, participants reported that the quality of crack co-

caine has remained the same during the past six months. The BCI London Crime Lab continued to cite levamisole (livestock dewormer) as the typical cutting agent for crack cocaine.

Current street jargon includes many names for crack cocaine. The most commonly cited names remain “hard” and “rock.” Participants listed the following as other common street names: “candy” and “crack.” Current street prices for crack cocaine were consistent among participants with experience buying the drug. Participants reported that a “point” (1/10 gram) sells for \$10. However, participants continued to report that a user could buy any dollar amount of crack cocaine. A participant explained, *“If you got \$3, and you got a dealer that’ll sell you \$3 worth [of crack cocaine], just give ‘em \$3 ... and sometimes [dealers] they’ll give [sell] you a nickel [\$5] or \$10 or \$20 [piece of crack cocaine] ... depend on who that person is ... how good they doin’ they [sic] little drug activity business.”*

While there were a few reported ways of using crack cocaine, generally the most common route of administration remains smoking. Out of 10 crack cocaine users, participants reported that approximately nine to 10 would smoke the drug.

A profile of a typical crack cocaine user did not emerge from the data. Participants described typical users of crack cocaine as anyone. However, participants noted “younger” individuals as experimenting with crack cocaine. A participant shared, *“I know a person that started smokin’ crack when they was 10 [years of age], and that’s terrible, you know what I mean?”* Community professionals also could not identify a typical crack cocaine user. A treatment provider stated, *“You know anyone [can use crack cocaine]. It really can be anyone; You know black, white, low income, medium income.”* A law enforcement professional stated, *“In this city [Dayton] there’s no boundary. I’ve seen businessmen down to, you know, people on welfare [using crack cocaine].”*

Reportedly, crack cocaine is used in combination with alcohol, heroin, marijuana, prescription opioids and sedative-hypnotics. A participant explained, *“Hit that, smoke something, drink something ... basically, you’re just trying to get a level keel ‘cause that cocaine will have you up here.”*

## Heroin

Heroin remains highly available in the region. Participants most often reported the overall availability of heroin as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was also ‘10’. Participants highlighted that many prescription opioid users are switching to heroin. A participant explained, *“I think more people are doing prescription drugs, and they get strung out on prescription drugs and they start doing heroin ‘cause it’s easier to get. I mean I can’t get pills on call anytime I want, but I can get heroin on call.”* Reportedly, other substances have become less available because of heroin. A participant explained, *“It’s like they took the powder cocaine drug lord out and pushed the heroin lord everywhere ... all you see is heroin now.”* The Miami Valley Regional Crime Lab described available heroin in the region as white, tan and brown powdered.

While many types of heroin are currently available in the region, participants continued to report the availability of brown powdered and black tar heroin as most available. Participants most often reported availability of brown powdered heroin as ‘10’, availability of white powdered heroin as ‘1’ and in Hardin County the availability of black tar heroin as ‘10’ (participants did not report availability of black tar heroin in other areas of the region). Reportedly, the availability of heroin by type varies throughout the region. A participant explained, *“Cause, like, in Kenton [Hardin County] it’s a bunch of tar [black tar heroin] ... and in Lima [Allen County] there is more powder [powdered heroin] than tar.”* Another participant agreed, *“Packs [of powdered heroin] more [available] in Lima, and I think balloons [of black tar heroin] are more [available] in Kenton.”*

Treatment providers did not distinguish between the different forms of heroin. However, a law enforcement professional in Dayton rated the current availability of black tar heroin as ‘2’ and commented, *“But the bottom line, we’re not really seeing the black tar on our buys. I mean we hear it’s here.”* Participants and law enforcement also mentioned gray heroin for the first time in this reporting cycle. A participant described, *“It’s a bluish-gray color [heroin] ... a level-seven potency [on a 10-point quality scale].”* Law enforcement commented, *“We just came across that ‘gravel’ ... that gravel [gray] heroin ... I mean it does look like gravel. I mean if I came up on a traffic stop and this guy had a bucket [of ‘gravel’] in the back ... if I didn’t know about it and stay up-to-date on my intel [police intelligence], I probably wouldn’t even think twice about it.”*

Collaborating data also indicated the presence of heroin in the region. The Logan County Family Court reported that 9.1 percent of drug screens submitted by adults during the past six months were positive for opiates (heroin and/or prescription opioids); opiates were found in 51.4 percent of all positive adult drug screens the court administered during the past six months.

Media outlets in the region reported on heroin seizures and arrests during this reporting period. A Dayton man was arrested for trafficking in heroin when a small amount of the drug was found along with scales, cash and a handgun during a search of his home ([www.daytondailynews.com](http://www.daytondailynews.com), Jan. 23, 2013). The Clark County Sheriff's office reported on a new trend in the county of drug users stealing steaks and trading them for heroin; reportedly, \$50 in steaks will get a user \$10 of heroin ([www.daytondailynews.com](http://www.daytondailynews.com), Feb. 27, 2013). Three young adults were arrested during a traffic stop in Dayton for possession of 18.55 grams of heroin ([www.daytondailynews.com](http://www.daytondailynews.com), March 15, 2013). A drug task force assisted in the seizure of hundreds of heroin gel caps and powdered cocaine at an apartment complex in West Carrollton (Montgomery County). This led to another seizure of hundreds of heroin gel caps and cocaine, and the arrest of four men who were staying at a motel in Washington Township (Montgomery County) and selling drugs to 50-100 people a day at parking lots near the Dayton Mall ([www.daytondailynews.com](http://www.daytondailynews.com), March 28, 2013).

Five young adults were arrested at a house in Urbana (Champaign County) during a police drug raid that uncovered heroin, marijuana and crack cocaine ([www.daytondailynews.com](http://www.daytondailynews.com), April 4, 2013). There was a high-profile case in which the FBI took custody of a prominent heroin trafficker known to give other drug users heroin in exchange for their transporting the drug from Dayton to Portsmouth (Scioto County, OSAM Cincinnati region); 30 indictments resulted from that investigation ([www.daytondailynews.com](http://www.daytondailynews.com), June 5, 2013). Four young adults were arrested on heroin charges when they were seen in a drug transaction at a gas station just west of Dayton ([www.daytondailynews.com](http://www.daytondailynews.com), June 18, 2013). Media outlets also focused on the increase of opiate overdose deaths within Montgomery County, reporting that there are about 500 deaths a year, of which more than half are heroin-related ([www.daytondailynews.com](http://www.daytondailynews.com), April 27, 2013).

Participants reported that the availability of heroin has increased during the past six months. One participant

claimed, *"You can find 10 [heroin] dealers sitting downtown [now]."* Another commented, *"You find needles on the ground."* Treatment providers and law enforcement reported that the availability of heroin has remained the same during the past six months. A member of law enforcement explained the steady supply of heroin: *"Yeah, I mean ... we have direct Mexican cartel connect. I think Columbus is the Midwest hub [for heroin distribution], and we're so close to Columbus [that] it's so convenient [to get heroin]."* The Miami Valley Regional Crime Lab and the BCI London Crime Lab both reported that the number of powdered heroin cases they process have increased during the last six months. The BCI London Crime Lab also saw an increase in black tar heroin cases.

Participants most often reported the overall current quality of heroin as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was also '8'. Participants reported that powdered heroin in the region is cut with Benefiber®, coffee, isotol (diuretic), morphine and ramen noodle flavor packets. A few participants discussed cutting heroin with morphine. A participant shared his confusion at drug test results, *"[I] failed [tested positive] for morphine. Like, how am I failing for morphine? I use heroin. And they told me most of it [heroin] is cut with morphine and that's why."* Several participants discussed the danger of cut heroin: *"Cause you got so much bad dope [heroin] floating around [that] you gotta be careful; You don't even know what you're shooting up [injecting] half the time. I mean if it smells like it [heroin] and tastes like it [heroin], you do it ... and if it has rat poisoning, it can kill ya."* Overall, participants reported that the quality of heroin has decreased during the past six months. The Miami Valley Regional Crime Lab reported caffeine and diphenhydramine (antihistamine) as typical cutting agents found in powdered heroin.

Participants discussed the quality of heroin as a factor in heroin overdoses in the region. A participant shared, *"Since I've been doing it [heroin], I've noticed a lot more people overdosing from stuff lately because there's a lot of bad dope going around."* Participants suggested that heroin overdoses have increased throughout the region. A participant commented, *"I think anybody that's used it [heroin] ... we all know quite a few people [who overdosed]."* Another participant claimed, *"[Heroin overdoses] it's off the Richter Scale [extremely high]."* Several participants mentioned increases in deaths due to heroin overdose. A treatment provider commented on users who overdose due to a period of heroin abstinence: *"And one of the things that I've*

*noticed with the overdoses, is people coming out of treatment and going back to ... getting high as they was, you know, ... away from it [heroin use] for a while, so their tolerance level [has decreased]."* Another treatment provider noted overdoses linked with new heroin users: *"What I see with the [heroin] overdoses is those that started with prescription drugs ... might not be as steady or sure ... they're using more [heroin than needed] to get the effect [high]."* A member of law enforcement commented on overdose in the region: *"The opiate abuse, or epidemic ... it's surpassed vehicle accident deaths in 2012 and 2013 so far. Vehicle accidents used to be the number one cause of [accidental] death in Ohio, and it's not [anymore]. Now, it's opiate overdose ... whether it's pills [prescription opioids] or heroin. We're definitely on the map for that."*

In addition, participants reported hesitation on the part of users to call for help when someone is overdosing. A participant explained, *"Yeah 'cause you don't want them [the person who is overdosing] in your possession 'cause you'll get in trouble [with law enforcement]. I've seen them [overdose victims] turn blue where I've thrown them in the tub with cold water to try and bring them back ... and hit on 'em [to try to revive them] ... and it's too late. Some of them wake up ... They don't even know what they are doing ... slobbering, foaming at the mouth ... it's just sickening."*

Current street jargon includes many names for heroin. The most commonly cited remain "boy" and "dog food." Current pricing was consistent among participants with experience buying the drug. Participants reported that brown powdered heroin is most often available in capsule form (aka "caps") containing approximately 1/10 gram of heroin. Participants reported that caps sell for \$10 a piece or \$20 for three; participants in Hardin County reported that a gram of brown powdered heroin sells for \$100; participants in Allen and Hardin counties reported that a bag or balloon of black tar heroin (1/10 gram) sells for \$20-25. Reportedly, black tar heroin pricing is less expensive in larger cities like Dayton and Columbus. A law enforcement professional commented on the low pricing of heroin in the region, *"I'm not sure you can find anywhere in the country where you would have any lower [heroin] prices than you would right here."* Law enforcement also reported heroin dealers are trying to establish their client base by providing free heroin samples called "testers."

While there were a few reported ways of using heroin, generally the most common routes of administration remain intravenous injection (aka "shooting") and snort-

ing. Participants estimated that out of 10 heroin users, five to nine would intravenously inject and one to five would snort the drug. Participants continued to note that users often start heroin use by snorting before progressing to intravenous injection.

Participants reported that availability of injection needles varies throughout the region. In Hardin County a participant reported, *"You gotta go out of town to a pharmacy unless you know a diabetic [to obtain injection needles]."* Another participant responded, *"That's not a good thing, actually ... there's people sharing needles and shooting up with dirty needles because they can't get one."* Participants often reported purchasing needles from diabetics who often sell them for \$2 each. Often, other users sell needles, as one participant admitted, *"I've sold them [needles] for \$5 apiece. It just depends on how desperate the user is for the needle."* Reportedly, many users resort to sharing needles because of the lack of access to clean needles. A participant commented, *"Actually, it gets to the point where they [users] could care less, and they say, 'Oh, I probably already got it [Hepatitis C], so they're gonna share ... and if they're sick ... if they're dope sick [in withdrawal], they're gonna use any needle ... so that way they're not dope sick no more.'" Reportedly, some heroin users rinse needles with water or bleach if they borrow a needle from another user, while other heroin users, "will use needles until they can't be used no more," according to one participant.*

Participants shared concerns regarding needle use and the prevalence of Hepatitis C. Participants reported: *"Just about everybody I know that uses [heroin], has it [Hepatitis C]; There's a lot of people around here that I know that have Hepatitis."* Participants also shared misinformation about the transmission of Hepatitis C: *"But you can get Hepatitis from your own blood ... using the same needle too long; You can give Hepatitis C to yourself from your own needle, so you don't have to use from somebody [to contract Hepatitis C] ... I mean you can give it to yourself."* A treatment provider commented, *"Right now, we got even youth heroin users already with Hep C. I'm talking about 17 [years of age] and even younger."*

Participants described typical users of heroin as illicit prescription opioid users and "younger" people (high school aged through early 20s). A younger participant commented, *"Ninety percent of the people I know that use heroin are my age ... like I went to school with all of them ... like all my friends I used to go to school with, they're all prostituting and stuff now."* Community professionals described typical

users as primarily white. A law enforcement professional described the variety of users they encounter with heroin: *"Old people – like old 'crack heads' – 55 years old, shooting heroin now and before they were just doing, smoking crack. Teenagers, girls, man, it seems like a lot of girls get turned onto it [heroin]; I have kids in every grade, and I mean it's high schools and the middle school ... 'cause you know kids, again, they can get pills from their mom's medicine cabinet, and a lot of these pill-head moms are doing heroin now."* Treatment providers agreed that they are encountering young, white females using heroin. A treatment provider remarked, *"They [typical heroin users are] younger and Caucasian. That's what I'm seeing [and] female."*

Participants and community professionals continued to link heroin use with previous use of prescription opioids. Both respondent groups identified increased tolerance, changes in pill formulation and the substantially lower price of heroin as contributing factors in the transition from pills to heroin.

Reportedly, heroin is used in combination with alcohol, crack and powdered cocaine, marijuana, prescription opioids and sedative-hypnotics. Reportedly, concurrent or subsequent use of heroin with crack or powdered cocaine (aka "speedballing") is popular. Participants reported that the combination of prescription opioids and/or sedative-hypnotics with heroin intensifies the effect (high) of heroin. And while participants readily acknowledged the dangers of using a benzodiazepine with heroin, they also acknowledged ignoring this danger and combining these drugs anyway. Participants explained: *"You get immune to like the high [tolerance increases], so you try to eat anything or do anything else to get back to where you was when you first started [heroin use] ... and that's how people overdose. You don't realize you are as high as you are; That'll kill you; [Mixing Xanax® and heroin] that's what so many of the overdoses are from."*

## Prescription Opioids

Prescription opioids are moderately to highly available in the region. Participants most often reported the current availability of these drugs 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 identified methadone, Percocet® and Vicodin® as the most popular prescription opioids in terms of widespread use. Community professionals most often reported

current availability as '10'; the previous most common score was also '10.' Community professionals identified Percocet®, Roxicet® and Vicodin® as most popular. A treatment provider observed, *"I have more clients that are using pills [prescription opioid], and I don't know if they are trying to back away from the heroin. I don't know what's going on with that. I'm not really sure."*

Media outlets in the region reported on prescription opioid seizures and arrests during this reporting period. A corrections officer at the Montgomery County Jail found 10 Vicodin® pills on a young woman being booked into the jail ([www.daytondailynews.com](http://www.daytondailynews.com), Feb. 5, 2013). The media also focused on efforts to mitigate the prescription opioid epidemic that the region faces. Several prescription drug drop-off programs have been initiated this reporting period, one in Fairborn (Greene County) ([www.daytondailynews.com](http://www.daytondailynews.com), Jan. 24, 2013) and several in Montgomery County ([www.daytondailynews.com](http://www.daytondailynews.com), March 13, 2013).

Participants reported that the availability of prescription opioids has decreased during the past six months. Participants attributed the perceived decrease in availability to new legislation resulting in a crackdown on doctor over-prescribing of prescription opioids. A participant commented, *"Now there ain't no family doctors that will prescribe the pain pills. You have to go to the pain clinic, and they do like pill counts [and drug] test you to make sure [prescribed opioid] it's in your system and all that stuff."* Another participant commented, *"Yeah, if you have someone [a dealer, family or friend] that has some, they're not having as many as they did, you know, so the amount to supply to everyone in town isn't as great."*

Treatment providers reported that availability of prescription opioids has remained the same or has slightly increased during the past six months. Law enforcement explained that users have to have contacts to obtain the drugs. A law enforcement professional explained, *"Your pill dealers ... you don't just walk up blind on Gettysburg [Avenue in Dayton] and say, 'Hey man, you have some Roxicodone®?' You know what I'm saying? You have to know that person or get an intro to that person and have a relationship ... You don't just go blind [unknown] to the house and say, 'Hey I heard you sell pills here ... what's up?'"* The Miami Valley Regional Crime Lab reported that the number of prescription opioid cases it processes has remained the same during the past six months with the exception of increased cases for Kadian® and Opana®.

Reportedly, many different types of prescription opioids (aka “M & Ms,” “pills” and “colors”) are currently sold on the region’s streets. Current street prices for prescription opioids were consistent among participants with experience buying the drug. Reportedly, prescription opioids generally sell for about a \$1 per milligram. Participants reported the following prescription opioids as available to street-level users (Note: When reported, current street names and prices are indicated in parentheses): OxyContin® (aka “oxy’s”), Percocet® (aka “Ps” and “percs;” 5 mg sells for \$6), Roxicodone® (aka “perc 30’s;” 30 mg sells for \$30-36), Vicodin® (aka “Vs,” “vikes” and “vikings;” 5 mg, aka “baby vikes,” sells for \$2; 7.5 mg sells for \$7-8; 10 mg sells for \$7-10,) and Ultram® (50 mg sells for 50 cents).

In addition to obtaining prescription opioids on the street from dealers, participants continued to report getting the drugs from family doctors, emergency rooms and family members. Participants reported that a lot of users get the drugs from a family member. A participant shared, *“That’s how I had started on them [prescription opioids]. My mom married somebody that had gotten a prescription of them, and I, you know ... instead of paying six or seven dollars a pill, I’d just grab one out of the cabinet and go on about my day.”*

While there were a few reported ways of consuming prescription opioids, and variations in methods of use were noted among types of prescription opioids, the most common routes of administration remain snorting and oral consumption. Participants estimated that out of 10 prescription opioid users, seven to 10 would snort and the remainder would orally consume the drugs.

A profile of a typical illicit user of prescription opioids did not emerge from the data. However, participants expressed concern over younger individuals using prescription opioids. A participant commented, *“I think [prescription opioids] that’s the worst drug possible to do for anybody because it is a gateway drug.”* A treatment provider agreed, *“That used to be the start-off point, the trials with the opiates and then it progressed to the heroin. So, that [prescription opioid use] usually start[s] with the younger group, 18 [years of age] ... even younger than that.”* A law enforcement professional commented on injuries leading to the abuse of prescription opioids: *“You know, ex-football player or football player or soccer player ... they get injured. They start on a prescription drug, you know. They go to school and they think, ‘It’s fun to toss a couple around.’ The next thing you know the kids want more and more.”* Reportedly, when used in combination with other drugs, prescription opioids are

most often combined with alcohol, heroin, marijuana and sedative-hypnotics.

## Suboxone®

Suboxone® is highly available in the region. Participants reported street availability of Suboxone® as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was ‘5’. Reportedly, the film form of Suboxone® is more available. Participants continued to link illicit Suboxone® use to heroin use. A participant commented, *“If you’re a heroin addict, you probably know how to get some Suboxone®.”* There was no consensus among community professionals as to the current street availability of Suboxone®. However, a treatment provider commented, *“The medication assistance [treatment] is starting to come more towards the forefront, so more people are seeking it [Suboxone®].”*



Collaborating data also indicated the presence of illicit Suboxone® use in the region. The Logan County Family Court reported that Suboxone® not prescribed was found in 4.3 percent of all positive adult drug screens the court administered during the past six months. In addition, media outlets in the region reported on Suboxone® seizures and arrests during this reporting period. Suboxone® was found hidden in a man’s shoe while the man was being booked into the Montgomery County Jail, which added another felony charge to the other felony charges the man was facing ([www.daytondailynews.com](http://www.daytondailynews.com), April 3, 2013).

Participants reported that the availability of Suboxone® has decreased during the past six months, while law enforcement reported that availability of Suboxone® through clinics has increased during the past six months. A law enforcement professional explained, *“Three [Suboxone®] clinics here in Dayton, and they’re trying to open up a fourth one.”* Treatment providers agreed with law enforcement, also reporting increased availability of Suboxone®. The Miami Valley Regional Crime Lab reported that the number of buprenorphine (Suboxone® and Subutex®) cases it processes has increased during the past six months.

Street pricing for Suboxone® was variable among participants with experience buying the drug. Participants reported that Suboxone® 8 mg strips sell for \$7-20 per strip; Suboxone® pills typically sell for \$10-15 per pill, but can

sell for as high as \$30. A participant commented, *"They've got them [generic Suboxone® pills] out now. They're like a peach or pink color and they're generics. They just came out like a month ago, and they're like \$3 [per pill] at the pharmacy, but they go for \$10-\$15 bucks a pill [on the street]."* Another participant commented on the high cost of Suboxone® without insurance: *"Yeah, if you don't got insurance, [Suboxone®] they're \$1,000 ... I got 60 of them a month and it was \$1,000, so there wouldn't have been no way I'd have been able to pay for them if I didn't have a medical card."* Reportedly, Suboxone® street prices are lower in Miami County (Troy) and higher in Hardin County.

Suboxone® is available on the street through dealers, through people who have prescriptions and through doctors and pain clinics. Participants and community professionals discussed easy availability through Suboxone® clinics. A participant reported, *"If you got money, you can go to a clinic. Like ... if you got money, they're gonna give them [Suboxone®] to you even if you are using."* A treatment provider shared concern about users getting Suboxone® prescriptions with the intent of selling them: *"Well, from what I'm understanding with the clientele that I'm working with, some of the people that are getting it [Suboxone®] from the clinics ... they're selling the scripts [prescriptions]. You know, so they're actually starting to traffic it."*

The most common routes of administration for Suboxone® strips are sublingual (dissolving it under the tongue) or intravenous injection, while the most common routes of administration for Suboxone® tablets are sublingual and snorting. A participant explained, *"If [Suboxone®] it's the pill, people snort them. If it's the strip, you put it under your tongue."* Participants and community professionals described the typical illicit user of Suboxone® as someone whose preferred drug is opiates. Law enforcement added that typical illicit users are often white.

Reportedly, when Suboxone® is used in combination with other substances, it is used with heroin and sedative-hypnotics (Xanax®). Participants shared varying opinions about when to use heroin with Suboxone®: *"Yeah, you can [use heroin on Suboxone®]. I shoot dope [inject heroin] with 'em [Suboxone®]; If you wait 24 hours and want to shoot dope, you good."* Participants reported that Xanax® or other benzodiazepines used with Suboxone® intensifies the effect of the benzodiazepines.

## Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain highly available in the region. Participants most often reported the current availability of these drugs as '8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10'. Community professionals most often reported current availability as '10'; the previous most common score was also '10'. Participants and community professionals identified Klonopin® and Xanax® as the most popular sedative-hypnotics in terms of widespread use.

Collaborating data also indicated the presence of sedative-hypnotics use in the region. The Logan County Family Court reported that benzodiazepines were found in 5.8 percent of all positive adult drug screens the court administered during the past six months.

Participants reported that the availability of sedative-hypnotics has decreased during the past six months. On the other hand, community professionals reported that availability of sedative-hypnotics has increased during the past six months. A law enforcement professional added, *"I think [illicit sedative-hypnotics use] it's way under-reported."* The Miami Valley Regional Crime Lab reported that the number of sedative-hypnotics cases it processes has generally remained the same during the past six months, with the following exceptions: a decreased number of cases for Xanax® and increased number of cases for Klonopin®, Restoril® and Soma®.

Reportedly, many different types of sedative-hypnotics (aka "candy") are currently sold on the region's streets. Current street prices for sedative-hypnotics were consistent among participants with experience buying the drugs. Participants reported the following sedative-hypnotics as available to street-level users (Note: When reported, current street names and prices are indicated in parentheses): Klonopin® (1 mg sells for \$2), Valium® (10 mg sells for \$2), and Xanax® (0.25 mg sells for \$1-2; 0.5 mg, aka "peaches," sells for \$1-3; 1 mg, aka "blues" and "footballs," sells for \$3; 2 mg, aka "bars," "totem poles" and "xanibars," sells for \$5-6).

In addition to obtaining sedative-hypnotics on the street from dealers, participants reported getting them from people who have prescriptions. A participant noted, *"From the pharmacy to the dealer's hands or to the person [sedative-hypnotics] it's prescribed to ... that's how it works."*

While there were a few reported ways of consuming sedative-hypnotics, and variations in methods of use were noted among types of sedative-hypnotics, the most common routes of administration remain oral consumption and snorting. Participants estimated that out of 10 sedative-hypnotic users, five to 10 would snort; and zero to five would swallow or “eat” the pills.

A profile of a typical illicit user of sedative-hypnotics did not emerge from the data; however, participants noted only adult use of these drugs. A participant stated, *“I would have to say over 18 [years of age] because all the kids [below 18 years] are experimenting with alcohol and stuff.”* A treatment provider suggested users begin with a legitimate anxiety issue and progress to illicit use of the drug: *“With my experience with clients is ... it [use of sedative-hypnotics] starts off with a legitimate anxiety issue ... and if that prescription gets cut, they will continue to get it from the street.”* Another treatment provider added, *“I’m seeing it [illicit use of sedative-hypnotics] more with the heroin users.”*

Reportedly, when used in combination with other drugs, sedative-hypnotics are most often used in combination with alcohol and marijuana. A member of law enforcement agreed that alcohol is often used with these drugs: *“There’s a lot of people that ... I know ... have legitimate jobs that are on Xanax® all the time – all the time. They’re going home at night and popping some Xanax® and drinking some wine.”* In addition, a participant shared using sedative-hypnotics in place of alcohol: *“Instead of drinking a shit ton of beer to get drunk, I’ll just take two or three of these [benzodiazepines] to get wasted.”* Lastly, a treatment provider commented on the use of heroin with sedative-hypnotics: *“[Users] they’re mixing it [heroin] with the Xanax®, especially ... and it’s a lethal combination.”*

## Marijuana

Marijuana remains highly available in the region. Participants and community professionals most often reported the drug’s current availability as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was also ‘10’. Participants explained that availability of marijuana is “unlimited.” A treatment provider commented, *“Marijuana is so available here. I just witnessed a marijuana bust Saturday ... in fact, it was one of a series of [busts].”* Some participants also commented on the high availability of medical-grade marijuana. A participant reported, *“You can get medical-grade marijuana here pretty readily.”*

Collaborating data also indicated the presence of marijuana in the region. The Logan County Family Court reported that marijuana was found in 24 percent of all positive adult drug screens and in 77 percent of all positive youth drug screens the court administered during the past six months. In addition, media outlets in the region reported on marijuana seizures and arrests during this reporting period. Two young adults were arrested in Dayton for possession of marijuana and cocaine as a result of neighborhood complaints of drug trafficking from their residence ([www.daytondailynews.com](http://www.daytondailynews.com), Jan. 14, 2013). A man was arrested on drug charges for possession of 5.4 pounds of high-grade marijuana ([www.daytondailynews.com](http://www.daytondailynews.com), March 12, 2013).

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

Participants most often reported the current quality of marijuana as between ‘2’ and ‘5’ for low-grade and ‘10’ for the high-grade marijuana on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common scores were ‘7’ for low-grade and ‘10’ for high-grade marijuana. Several participants explained that the quality of marijuana depends on whether the user buys “commercial weed” (low- to mid-grade marijuana) or hydroponically grown (high-grade marijuana). A participant commented on the increase in quality overall: *“I think that in the last few years, three or four years, the [marijuana] quality has gone up.”* Treatment providers also discussed an increase in marijuana quality, with one stating, *“You know they’re figuring out how to breed these [marijuana] plants and make them more and more potent. And, I ‘Googled’ it because a client of mine said, ‘You know you can get the seeds [to grow marijuana] from the Internet.’”* Law enforcement also discussed the trend in increased quality of marijuana. A law enforcement professional said, *“The medical marijuana has changed everything ... anybody can grow the same stuff that it took them [legal growers out west] four or five years to perfect. Kids are doing it now in homes across America.”*

Current street jargon includes countless names for marijuana. The most commonly cited names were “reggie” for low-grade marijuana and “loud” for high-grade marijuana. Participants listed the following as other common street names: “commersh” (short for “commercial”) and “schwag” for low-grade marijuana; “chronic,” “dank,” “hydro” and

“kush” for high-grade or hydroponically grown marijuana. The price of marijuana depends on the quality desired. Current street prices for marijuana were consistent among participants with experience buying the drug. Participants reported commercial-grade marijuana as the cheapest form: a blunt (cigar) or two joints (cigarettes) sell for \$5; 1/8 ounce sells for \$20-25; 1/4 ounce sells for \$50; an ounce sells for \$100-130. Higher-quality marijuana sells for significantly more: a blunt or two joints sell for \$15-30; 1/8 ounce sells for \$50-60; 1/4 ounce sells for \$100; an ounce sells for \$225-300.

While there were several reported ways of consuming marijuana, the most common route of administration remains smoking. Out of 10 marijuana users, participants reported that approximately nine would smoke, and one would consume the drug in edibles. Participants felt that edibles with marijuana in them are increasing in popularity, especially “marijuana butter” and “marijuana olive oil.” Participants identified users who are more health conscious and users who do not like to smoke as more likely to consume marijuana in edibles.

A profile for a typical marijuana user did not emerge from the data. Participants described typical users of marijuana as, “anybody and everybody.” A participant commented on the popularity of marijuana: “[Use of marijuana] *it’s more acceptable now because some of the states [have legalized marijuana use].*” Community professionals commented on the growing prevalence of children and adolescents using marijuana. A treatment provider reflected, “*Young ... they’ll start off [using marijuana] very young ... and by young, I mean 11, 10 [years of age].*” Another treatment provider responded, “*Parents are smoking it [marijuana]. Nobody tells them [children and adolescents] anything about it [marijuana]. Like kids are clueless as to what any long- or short-term effects [of marijuana use are] ... They have no idea. By the time a DARE [Drug Abuse Resistance Education] program comes into their school for intervention, they are already smoking pot, so they don’t believe what the DARE program tells them, you know, that [marijuana use] it’s going to make you ‘fall out’ and ‘lose your mind’ ... they’re not going to believe that because they’ve been smoking it [marijuana] for years.*” A treatment provider also discussed dealers using younger individuals in drug sales as “runners/mules” for the drug.

Reportedly, marijuana is most often used in combination with crack or powdered cocaine (aka “primos”), tobacco (aka “cigmo” or “momo”) and with prescription opioids.

Participants also reported that marijuana use can accompany any drug use.

## Methamphetamine

Methamphetamine 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’. Participants from throughout the region commented about the production of “one-pot” or “shake-and-bake” methamphetamine, 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, typically found in some allergy medications, drug manufacturers (aka “cooks”) can produce the drug in approximately 30 minutes at nearly any location by mixing ingredients in easily found containers. The Miami Valley Regional Crime Lab reported a variety of methamphetamine types available in the region including crystalline, tan, white and brown powdered.

Treatment providers and law enforcement in Dayton most often reported the drug’s current availability as ‘4,’ while treatment providers in Lima (Allen County) reported current availability as ‘8,’ the previous most common score for community professionals was ‘3.’ A treatment provider in Dayton commented that methamphetamine is not as available in Dayton as it is other areas of the region, stating, “*There is still a fear of crystal meth [methamphetamine]. There is still that stigma [that] you’re gonna get the ‘meth mouth’ ... all your teeth are gonna fall out; you’re gonna be speeding all the time; and you’re gonna lose weight and drop dead from a stroke or a heart attack. I mean they have ... they believe that, which is good ... it’s true.*” In Lima, a treatment provider commented on a recent police bust involving methamphetamine: “*Yeah, they’ve had a couple arrests of that [one-pot methamphetamine] too ... a couple of guys from out of Ada area [Hardin County]. One guy was known as the secret cook. He was selling his recipe on-line on how to cook it [methamphetamine].*”

Media outlets in the region reported on methamphetamine seizures and arrests during this reporting period. Dayton police arrested four individuals after finding a working one-pot meth lab during a raid at a residence on



the east side of the city ([www.daytondailynews.com](http://www.daytondailynews.com), April 22, 2013). Law enforcement in Darke County discovered a methamphetamine lab and arrested two young adults ([www.daytondailynews.com](http://www.daytondailynews.com), May 29, 2013). Dayton police responded to a drug complaint and found a man making one-pot methamphetamine in the basement of his residence ([www.daytondailynews.com](http://www.daytondailynews.com), June 2, 2013).

Participants and law enforcement reported that the availability of methamphetamine has increased during the past six months. A law enforcement professional commented, *"We're starting to see more [methamphetamine] cases or hearing about more cases around here."* However, treatment providers in Dayton cited a decrease in availability of methamphetamine. A treatment provider commented, *"It [methamphetamine] is not as available as I think it was at one time ... It seems to be more of a rural drug and it stays out on the outskirts out there in the country."* The Miami Valley Regional Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months.

Participants most often reported the current quality of methamphetamine as between '7' and '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); a quality estimate was not available from the previous reporting period. A participant commented, *"I guess it [methamphetamine quality] was good 'cause I watched my windshield crack ... and it didn't [actually] crack."*

The most commonly cited street name for methamphetamine was "glass." Current street prices for methamphetamine were consistent among participants with experience buying the drug. Participants reported that a gram of methamphetamine sells for \$50-100. While there were several reported ways of using methamphetamine, the most common route of administration is smoking. Participants estimated that out of 10 methamphetamine users, approximately three to 10 would smoke and the others would either intravenously inject or snort the drug.

Participants and community professionals described typical users of methamphetamine as male, rural and white. Reportedly, methamphetamine is most often used in small social circles. A law enforcement professional said, *"They're making it [methamphetamine] to use and enough to sell to [buy supplies to] make more ... it's a little bit of a cycle."* Participants reported that methamphetamine is used in combination with alcohol and marijuana to take the edge off and assist in reducing the effects of methamphetamine.

## Prescription Stimulants

Prescription stimulants are highly available in the region. Participants most often reported the current availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '8.' Treatment providers most often reported current availability as '10'; the previous most common score was '3.' Community professionals reported that while availability of prescription stimulants is high, the desirability for these drugs is not on the same level as other drugs. Participants and community professionals alike reported that Adderall® is the most popular prescription stimulant in the region in terms of widespread use. No change in availability for prescription stimulants was reported by participants, law enforcement or treatment providers. The Miami Valley Regional Crime Lab reported that the number of prescription stimulant cases it processes has increased during the past six months.

No slang terms or common street names were reported for prescription stimulants. Participants were unable to report on current street prices for prescription stimulants. Participants described typical illicit users of prescription stimulants as college students, people whose children have a prescription or people who cannot obtain cocaine. A participant commented, *"[Prescription stimulants] it's like really popular in colleges because people stay up and cram [study] ... I know so many people that never do any drug, not even smoke any weed [marijuana], but they take Adderall® just to stay up so they can cram everything in."* A treatment provider described the typical illicit prescription stimulant user as *"a normal drug user who can't get their drug of choice."*

Reportedly, prescription stimulants are used in combination with crack cocaine or coffee and alcohol to intensify the effect of the stimulant high. A treatment provider reported that these drugs are used in combination with other prescription medication, as well as alcohol: *"Especially when they're having those [pill] parties. I've been told that's when they make the cocktails and ... that one drink where they mix cough syrup, Sprite and something else with [aka 'lean']"*

## Bath Salts



Bath salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues) remain available in the region. However, participants most often reported the current availability of bath salts as '0' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '3'. Participants explained: *"I ain't seen that [bath salts] in a while; That hasn't been around."* While law enforcement in Dayton reported low availability of bath salts, rating current availability as '3,' treatment providers in Lima (Allen County) most often reported current availability as '10'. A treatment provider explained, *"[I] haven't had a client report use of bath salts ... so as far as prevalence, they [users] say that it [current availability of bath salts] is [high] ... but my clients themselves aren't using the salts [bath salts]."* Previously, community professionals reported availability of bath salts in the region as '4'.

Media outlets in the region reported on bath salts seizures and arrests during this reporting period. Police raided a smoke shop in the Oregon District of Dayton and arrested two individuals on drug trafficking charges; drugs seized included synthetic marijuana and 1,087 units of bath salts being sold under the name "Eight Ballz Ultra Premium Glass Cleaner" for \$40 per gram ([www.daytondailynews.com](http://www.daytondailynews.com), April 18, 2013).

Participants reported that the availability of bath salts has decreased during the past six months. Law enforcement also reported a decrease in availability. A law enforcement professional commented, *"The best thing that happened was YouTube ... putting those dumbasses on YouTube [and] showing 'em what happens to you [when you use bath salts]."* However, while treatment providers in Dayton reported reduced availability of bath salts, treatment providers in Lima (Allen County) reported increased availability of bath salts in their area. The Miami Valley Regional Crime Lab reported that the number of bath salt cases it processes has decreased during the past six months.

Participants were unable to provide much information on bath salts. Many participants stated: *"I don't mess with it [bath salts]; I never touched the salts."* A participant speculated about obtaining bath salts: *"Maybe if you know the*

*guy working behind the counter [you can buy bath salts]."* Overall, participants reported that bath salts are not their drug of choice and they have not pursued them.

## Synthetic Marijuana



Synthetic marijuana (synthetic cannabinoids; aka "K2" and "Spice") remains available in the region. Participants most often reported the drug's current availability as '2' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '5'. Treatment providers most often reported the drug's current availability as '3,' while law enforcement most often reported current availability as '4,' the previous most common score was '4'. A treatment provider discussed recently released information on the dangers of synthetic marijuana: *"There seems to be more information leaking out about how dangerous it [synthetic marijuana] is – what's actually in the synthetic marijuana. The psychotic breaks that people are having seem to be more prevalent ... [users] they'd rather smoke real marijuana, which is what they want to smoke anyway."*

Despite legislation enacted in October 2011, synthetic marijuana continues to be available on the street from dealers as well as from "head shops." Media outlets in the region reported on synthetic marijuana seizures and arrests during this reporting period. Police arrested the owner and a clerk of a food mart in Bethel Township (Clark County) after discovering large amounts of synthetic marijuana and bath salts, many of which were marketed toward children ([www.daytondailynews.com](http://www.daytondailynews.com), Feb. 1, 2013).

Participants and community professionals reported that the availability of synthetic marijuana has decreased during the past six months. Participants commented on the impact recent legislation has had on the availability of synthetic marijuana: *"There's a whole lot of stores that got busted for that [selling synthetic marijuana], so you got to go way out; Until last March, you could get that [synthetic marijuana] every day on the hour ... every minute."* A treatment provider commented, *"As far as a trend, [synthetic marijuana use] it's decreased."* Another treatment provider commented on how legislation affects availability: *"You can still get it [synthetic marijuana], but you know they have to keep chemically altering this formula to keep away from*

*the law.*"The Miami Valley Regional Crime Lab reported that the number of synthetic cannabinoid cases it processes has remained the same during the past six months.

The most commonly cited street names for synthetic marijuana remain "incense" and "K2". Current street prices for synthetic marijuana were consistent among participants with experience buying the drug. Reportedly, synthetic marijuana sells for \$10-25 per gram.

Participants described typical users of synthetic marijuana as individuals on probation and the younger generation. A community professional agreed, stating, "*The younger generation seems like they want to experiment with all sorts of drugs, as opposed to the older ones where they just want to stick with crack cocaine or heroin.*" Reportedly, synthetic marijuana is typically used alone. A participant said, "*Not really [used with anything else] 'cause that one drug pretty much did the trick.*"

## Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) is moderately available in the region. Participants most often reported the drug's current availability as '7' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '2'. Community professionals most often reported the drug's current availability as '6;' the previous most common score was '1.'

Media outlets in the region reported on ecstasy seizures and arrests during this reporting period. The Ohio State Highway Patrol arrested two teenage girls during a traffic stop in Lima (Allen County) after a K-9 unit alerted the officers to drugs in the vehicle; police seized 155 ecstasy tablets worth \$5,000 ([www.northwestohio.com](http://www.northwestohio.com), Jan. 16, 2013).

Participants reported that the availability of ecstasy has remained the same during the past six months. Community professionals reported that the availability of ecstasy has decreased during the past six months, with the exception of powdered MDMA (aka "molly") which has reportedly increased during the past six months. A law enforcement professional commented, "*Actually the powdered form of ecstasy [molly] has been really up and coming [increasing]. Especially, like I said, in the college communities. It's just*

*unheard of how much ... they call it, molly.*"The Miami Valley Regional Crime Lab reported that the number of cases of ecstasy it processes has remained the same during the last six months.

Current street prices for ecstasy were consistent among participants with experience buying the drug. Participants reported a "single stack" (low dose) tablet sells for \$10-15; a "double stack" (medium dose) tablet sells for \$20-\$25; a "triple stack" (high dose) tablet sells for \$25-30; and a "quad" (highest dose) tablet sells for \$35-40. Participants did not identify street prices for molly.

Participants described typical users of ecstasy as teenage and college aged and those in the party or "rave" (dance party) scene. A treatment provider suggested that drug dealers are also more likely to personally use ecstasy. Reportedly, ecstasy is used in combination with alcohol, cocaine and marijuana to intensify the high. A treatment provider said, "*You'll find [users] they'll take it [ecstasy] and smoke weed [marijuana], so they can party all night.*"

## Other Drugs

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

Anabolic steroids are highly available in the region. Participants most often reported the current availability of the drug as a '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). A participant commented, "*I'm gonna tell you the truth ... [anabolic steroids are] really available here in Miami County because there's a lot of big gyms that do that ... everybody in there [the gyms] juices [uses steroids].*"

Reportedly, anabolic steroids (aka "juice") sell for \$70-150 per cycle. Participants reported that it is common to use anabolic steroids with creatine. Participants described typical illicit users of anabolic steroids as someone who works out at a gym. A participant explained, "*If you're into going to the gym, you can find it [anabolic steroids] for sure.*" Community professionals could not comment on information related to anabolic steroids. The Miami Valley Regional Crime Lab reported that after increases in the past three

years, the number of anabolic steroid cases it processes has leveled off and remained the same during the past six months.

Hallucinogens (LSD and psilocybin mushrooms) are available in the region. Participants reported current availability as variable, ranging from '3' to '8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get), depending on location within the region; the previous most common score was '10'. Many participants commented that one would need a connection to buy hallucinogens. A participant stated, *"You gotta know somebody to find that [hallucinogens]."* Community professionals most often reported current availability of hallucinogens as a '2'; the previous most common score was '3'. Participants and community professionals did not report a change in availability for hallucinogens during the past six months. The Miami Valley Regional Crime Lab reported that the number of LSD cases it processes has decreased during the last six months, while the number of psilocybin mushroom cases it processes has increased.

Reportedly, the price of psilocybin mushrooms varies depending on geographical location and quality: 1/8 ounce sells for \$20-50; 1/4 ounce sells for \$50. Reportedly, a "hit" (one dose) of LSD sells for \$8-15; a "sheet" (100 hits) sells for \$150. Participants described typical users of hallucinogens as "hippies," while community professionals felt that younger kids are typical users. A law enforcement professional commented, *"I'll tell you, there was this seventh grader ... two weeks ago ingesting mushrooms in the [school] bathroom."* Reportedly, the most common substance used with hallucinogens is marijuana because as a participant explained, *"hippies and big-time pot heads"* are more likely to use these substances.

Inhalants remain highly available in the region, particularly due to the legality of the substances and the ease of store purchase; however, participants continued to report low desirability for them. A treatment provider commented, *"People are figuring out brand new ways all the time to get high with markers and glue and anything."* A treatment provider suggested individuals often avoid paying for substances by *"doing it [using inhalants, aka 'huffing'] in the store 'cause they can't afford it."* Participants claimed that typical users are "kids" and "broke people." Participants explained that typical inhalant users often have difficulty in obtaining other drugs to abuse. Reportedly, the age range for starting inhalant use is 13-17 years old. A treat-

ment provider described typical inhalant users as follows: *"Teenagers for sure, young adolescent teenagers, and men and boys more so than females. I'm not sure if it's a curiosity thing or they realize that it's a cheap stimulant. I know that there's a ton of ridiculous footage on YouTube with people doing it [using inhalants]."*

Over-the-counter (OTC) cough and cold medicines remain highly available in the region, particularly due to the legality of the substances and the ease of store purchase; however, participants reported low desirability for them. Participants and treatment providers identified typical abusers of OTC cough and cold medicines as "younger" individuals who are experimenting. Nevertheless, a participant suggested, *"Older people ... I know a lot of older people ... older than me even [who abuse OTC cough and cold medication]."* Another treatment provider suggested that males might be more likely to abuse these medications: *"Again, I think it's that curiosity thing. I think guys are more curious about getting high ... and finding escape than women are."* Treatment providers discussed users mixing OTC cough and cold medication with beverages: *"Those [OTCs] are big [popular] still because they [users] mix them now ... They make their own cocktails. It's a Sprite, a wine [and] Robitussin® [aka 'lean']."*

## Conclusion

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

Participants and community professionals reported that the availability of powdered cocaine has increased during the past six months. A law enforcement professional suggested that likely increased availability is due to the growing popularity of mixing powdered cocaine use with heroin (aka "speedballing"). Participants discussed the increase in use of this drug among "younger" individuals and cited popular culture as a factor in increased use among younger individuals, especially song lyrics that promote/glorify cocaine use. Community professionals noted that typical users of powdered cocaine are white, and they agreed with participants that "younger" individuals are increasingly using powdered cocaine. In addition, partici-

participants discussed the strong connection between alcohol and powdered cocaine, explaining that the drug allows users to consume more alcohol.

Participants and law enforcement reported that the availability of methamphetamine has increased during the past six months. The Miami Valley Regional Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months. Participants from throughout the region commented about the production of "one-pot" or "shake-and-bake" methamphetamine. The Miami Valley Regional Crime Lab reported a variety of methamphetamine types available in the region including crystalline, tan, white and brown powdered. A treatment provider in Dayton commented that methamphetamine is not as available in Dayton as it is other areas of the region, while treatment providers in Lima (Allen County) reported high availability. Participants described typical users of methamphetamine as male, rural and white. Reportedly, methamphetamine is most often used in smaller social circles.

Participants reported that the availability of bath salts has decreased during the past six months. Law enforcement also reported a decrease in availability. The Miami Valley

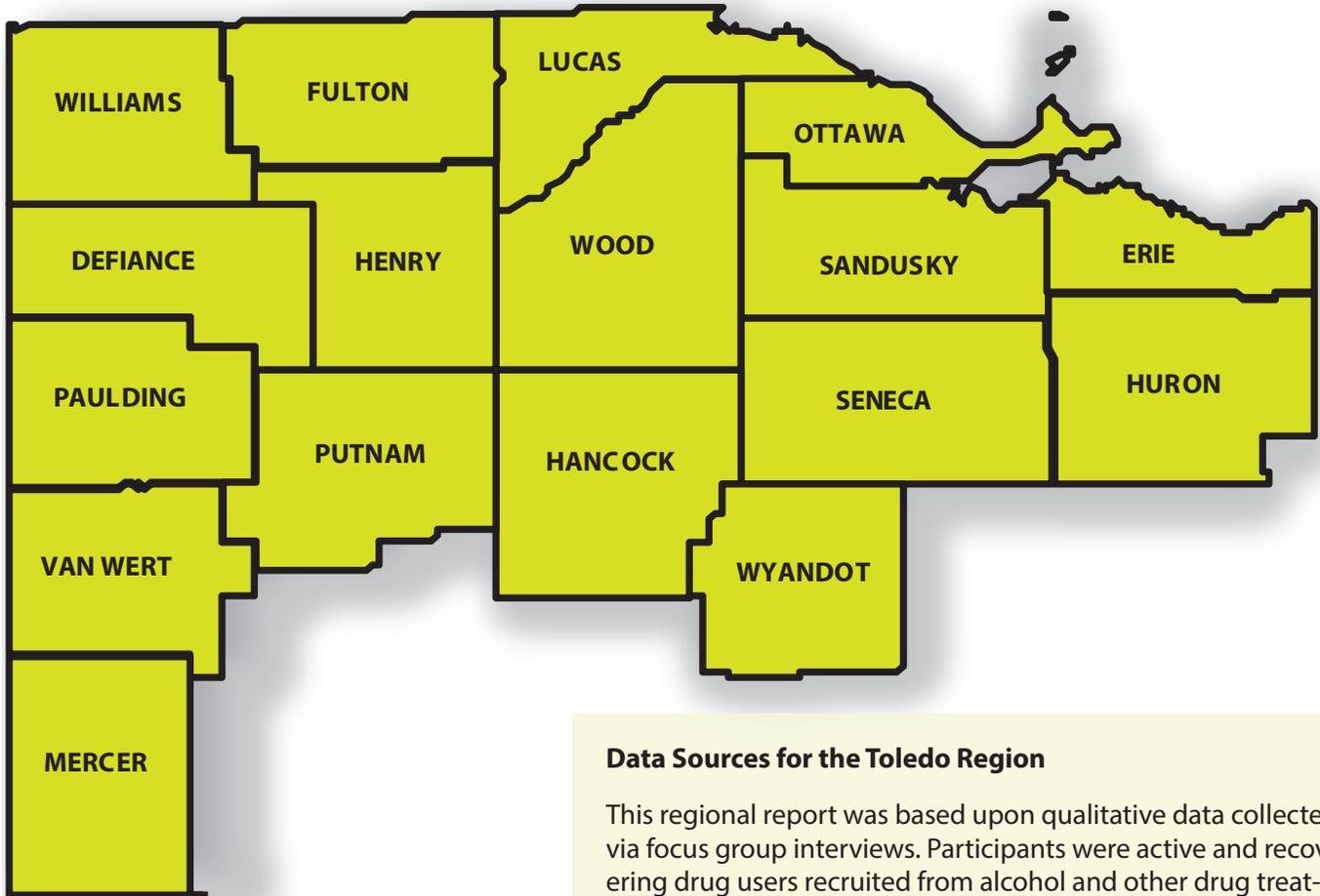
Regional Crime Lab reported that the number of bath salt cases it processes has decreased during the past six months. Overall, participants reported that bath salts are not their drug of choice and they have not pursued them.

Despite legislation enacted in October 2011, synthetic marijuana continues to be available on the street from dealers, as well as from "head shops." However, participants and community professionals reported that the availability of synthetic marijuana has decreased during the past six months. Both respondent groups commented on the impact recent legislation has had on the availability of the drug. In addition, a treatment provider discussed recently released information on the dangers of synthetic marijuana use as having had a positive effect in keeping users from using this drug. Treatment providers also noted that users prefer to smoke marijuana.

Lastly, community professionals reported that the availability of powdered MDMA (aka "molly") has increased during the past six months. A law enforcement professional commented, "*Actually the powdered form of ecstasy ['molly'] has been really up and coming [increasing]. Especially, like I said, in the college communities. It's just unheard of how much [the availability of molly has increased].*"



## 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 (law enforcement and treatment providers) via individual and focus group interviews, as well as data surveyed from the Toledo Police Crime Lab and the Bureau of Criminal Investigation (BCI) Bowling Green office, which serves north-west Ohio. All secondary data are summary data of cases processed from July through December 2012. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for January through June 2013.

Note: OSAM participants were asked to report on drug use/knowledge pertaining to the past six months (from the time of interview through prior six months); thus, current secondary data correspond to the current 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%	41.5%
Whites, 2010	81.1%	83.7%	61.0%
African Americans, 2010	12.0%	8.0%	26.8%
Hispanic or Latino origin, 2010	3.1%	5.4%	11.1%
High School Graduation rate, 2010	84.3%	83.8%	73.2%
Median Household Income, 2011	\$45,803	\$46,698	\$11,000 to \$14,999 <sup>2</sup>
Persons Below Poverty Level, 2011	16.3%	12.5%	46.3% <sup>3</sup>

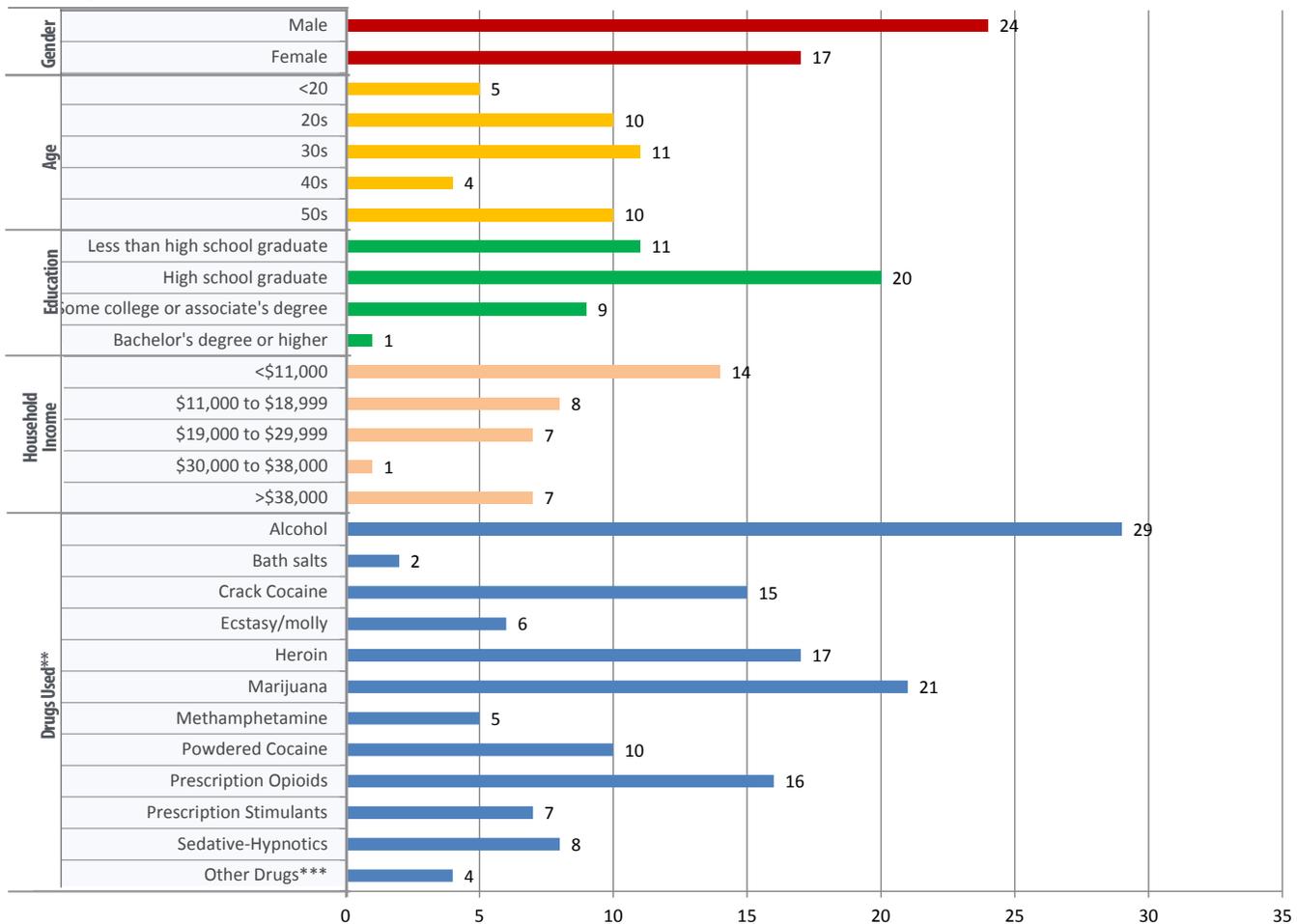
<sup>1</sup>Ohio and Toledo statistics are derived from the most recent US Census, and OSAM drug consumers were participants for this reporting period: January 2013-June 2013.

<sup>2</sup>Participants reported income by selecting a category that best represented their household's approximate income for 2012. Income status was unable to be determined for one participant due to missing data.

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

### Toledo Regional Participant Characteristics

Drug Consumer Characteristics\* (N = 41)



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

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

\*\*\*Other drugs refer to psilocybin mushrooms, LSD and synthetic marijuana.

## Historical Summary

In the previous reporting period (July–December 2012), crack cocaine, heroin, marijuana, prescription opioids, sedative-hypnotics, Suboxone® and synthetic marijuana remained highly available in the Toledo region. Changes in availability during the reporting period included increased availability for heroin and Suboxone®, as well as likely increased availability for sedative-hypnotics and synthetic marijuana.

While participants reported that the availability of white and brown powdered heroin had remained consistently high during the reporting period, treatment providers reported that availability of white and brown powdered heroin had increased. Treatment providers noted an increase in drug treatment requests for heroin addiction. The BCI Bowling Green and Toledo Police crime labs reported that the number of powdered heroin cases they processed had increased during the previous six months; The BCI Bowling Green Crime Lab also reported an increase in the number of black tar heroin cases it processed. Participants described the typical heroin user as someone who abused prescription opioids first, while treatment providers described the typical user as aged late teens through early 20s.

Treatment providers reported that street availability of Suboxone® had increased during the reporting period due to increased number of doctors who could prescribe the drug. The BCI Bowling Green and Toledo Police crime labs reported that the number of Suboxone® cases they processed had increased. In addition to obtaining Suboxone® on the street from dealers, participants also continued to report getting the drug from people who had prescriptions. Participants and treatment providers described typical illicit users of Suboxone® as individuals who were addicted to heroin and used Suboxone® to avoid experiencing physical withdrawals when they could not obtain heroin.

Participants and treatment providers identified Xanax® as the most popular sedative-hypnotic in terms of illicit use. Treatment providers reported that the availability of sedative-hypnotics had increased during the reporting period. The BCI Bowling Green and Toledo Police crime labs both reported that the number of Xanax® cases they processed had increased during the reporting period. Treatment providers continued to report that they were more likely to see women abuse sedatives-hypnotics.

Despite legislation enacted in October 2011, synthetic marijuana continued to be available from area convenience stores. Law enforcement reported that the availability of synthetic marijuana had increased during the reporting period. The BCI Bowling Green and Toledo Police crime labs reported that the number of synthetic marijuana cases they processed had increased during the reporting period. New street names for synthetic marijuana emerged to help circumvent the laws; participants said the drug sold under names, such as “scooby snacks.” Reportedly, some young people who used synthetic marijuana believed they would receive less of a penalty than if they were caught with marijuana, while other users reportedly smoked synthetic marijuana because they did not believe it would show up on drug screens.

## Current Trends

### Powdered Cocaine

Powdered cocaine is highly available in the region. Participants most often reported the drug’s current availability as ‘8-10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get), with those in urban areas rating current availability higher; the previous most common score was ‘6.’ Treatment providers and law enforcement followed a similar pattern and most often reported the drug’s current availability as ‘8’ in the City of Toledo and ‘5-7’ in more rural Defiance and Williams counties; the previous most common score in Toledo was ‘8.’ A treatment provider in Toledo commented, “[Availability of powdered cocaine] *it’s pretty high here.*” Law enforcement in Defiance and Williams counties reported that powdered cocaine in their area comes from Toledo, Columbus, Cleveland, Detroit, Chicago or Fort Wayne, Ind.

Media outlets in the region reported on powdered cocaine seizures and arrests during this reporting period. Police stopped a vehicle on I-75 in Wood County and found more than \$5,000 worth of drugs, including 32 grams of powdered cocaine, six grams of heroin and one gram of crack cocaine ([www.northwestohio.com](http://www.northwestohio.com), Jan.3, 2013). Police arrested two men on the Ohio Turnpike in Lake Township (Wood County) when a kilo of cocaine worth \$100,000 was discovered in their vehicle ([www.northwestohio.com](http://www.northwestohio.com), Jan. 31, 2013).

Participants and community professionals reported that the availability of powdered cocaine has remained the same during the past six months. A law enforcement of-

ficer stated that powdered cocaine “seemed to be a constant.” According to most participants, although powdered cocaine is regularly available, it is not a drug of choice for most users. A participant said, “There’s not a big demand in it [powdered cocaine]; they [users] more want crack [cocaine].” Another participant shared, “I’ve done it [powdered cocaine], but it wasn’t my drug of choice.” Treatment providers agreed, with one commenting, “I really haven’t seen too many clients that say one of their drugs of choice is powder cocaine.” The Toledo Police Crime Lab reported that the number of powdered cocaine cases it processes has remained the same during the past six months.

Participants most often reported the current quality of powdered cocaine as ‘8’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was also ‘8.’ Participants reported that powdered cocaine in the region is cut (adulterated) with acetone, baby aspirin, baby laxatives, baking soda and vitamin C. A participant added, “They [dealers] put everything in there [powdered cocaine] – Tylenol®, ibuprofen ... anything.” Participants often expressed that the quality of powdered cocaine depends on the dealer from whom one buys. A participant commented, “You gotta test it [powdered cocaine]; put it on your tongue and see how good it is.” Overall, participants reported that the quality of powdered cocaine has remained the same during the past six months. The BCI Bowling Green and Toledo Police crime labs cited levamisole (livestock dewormer) and lidocaine (local anesthetic) as cutting agents for powdered cocaine.

Current street jargon includes many names for powdered cocaine. The most commonly cited remain “soft” and “white girl.” Participants listed these other common street names: “girl,” “nose candy” and “powder.” Current street prices for powdered cocaine were consistent among participants with experience buying the drug. Participants reported that a gram of powdered cocaine sells for \$50, depending on the quality; 1/16 ounce (aka “teener”) sells for \$100; 1/8 ounce (aka “eight ball”) sells for \$250; an ounce sells for \$1,200. Participants in Defiance and Williams counties were more likely to purchase powdered cocaine in Toledo. A participant reported, “I could buy it [powdered cocaine] in my area, but I liked to go to Toledo because I knew it was better quality and cheaper too.”

Participants reported that the most common way to use powdered cocaine remains snorting. Participants estimated that out of 10 powdered cocaine users, eight would snort and two would intravenously inject (aka “shoot”). A

participant said, “You always have the percentage that’s gonna shoot it [powdered cocaine] if they like that more intense high.” Another participant reported, “We’ve done ‘follies’ ... You have aluminum foil and you put it [powdered cocaine] on top and light the bottom and smoke it with a straw.”

Participants described typical powdered cocaine users in the city as those from a younger generation, “partiers” and of higher socio-economic status. Law enforcement described typical powdered cocaine users in the rural areas as generational drug users who are limited in their drug use. A law enforcement officer stated, “Around here families are usually in the cycle of drugs.” Treatment providers reported that the powdered cocaine users they treat in rural areas are more likely to be, as one stated, “a little bit older ... really hasn’t gotten involved with anything besides alcohol, and maybe they tried marijuana.”

Reportedly, since powdered cocaine is not a drug of choice for many users, it is most commonly used in combination with something else. Participants reported that powdered cocaine is often used in combination with alcohol, heroin, marijuana, prescription opioids (specifically OxyContin®, and Percocet®) and sedative-hypnotics. Reasons participants gave for using other drugs with powdered cocaine included: “take the high down a little bit,” “take the edge off.”

## Crack Cocaine

Crack cocaine remains highly available in the region. Participants most often reported the drug’s current availability as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was also ‘10.’ A participant said, “I don’t even do crack [cocaine], and I can get crack in Toledo.” Participants in rural areas outside Toledo reported that they have to drive to Toledo to obtain crack cocaine. Treatment providers most often reported current availability as ‘8,’ while law enforcement reported current availability as ‘7;’ the previous most common score was ‘10.’

Media outlets in the region reported on crack cocaine seizures and arrests during this reporting period. A three-month law enforcement investigation ended in the arrest of a man in Tiffin (Seneca County) for trafficking cocaine; a search of his residence led to the seizure of crack cocaine, powdered cocaine and marijuana ([www.northwestohio.com](http://www.northwestohio.com), Feb. 12, 2013). The FBI, Wood County Sheriff’s office and Northwood (Wood County) police busted a prostitu-

tion ring, arresting 10 people and seizing crack cocaine, prescription pills and marijuana ([www.northwestohio.com](http://www.northwestohio.com), March 20, 2013).

Participants and community professionals reported that the availability of crack cocaine has remained the same during the past six months. Nevertheless, a police officer observed, “[The popularity of crack cocaine is] *steadily declining because of the popularity of the opiates. We’ve got a prescription drug epidemic going on ... and there is a demand for opiates [over] crack cocaine.*” The Toledo Police Crime Lab reported that the number of crack cocaine cases it processes has remained the same during the past six months.

Participants most often reported the current quality of crack cocaine in Toledo as ‘8’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was ‘5.’ Participants in Defiance and Williams counties most often described current quality as ‘6.’ A participant said, “*If you get it [crack cocaine] from Defiance, it’s not that great.*” Participants reported that crack cocaine in the region is cut with baking soda, creatine, lidocaine (local anesthetic) and mannitol (diuretic). A participant remarked, “*Yeah, you’re just buying it [crack cocaine] and don’t know what [dealers] they’re putting in it.*” Overall, participants reported that the quality of crack cocaine has remained the same during the past six months. The BCI Bowling Green and Toledo Police crime labs continued to cite levamisole (livestock dewormer) as the typical cutting agent for crack cocaine.

Current street jargon includes many names for crack cocaine. The most commonly cited were “butter” and “work.” Participants listed the following as other common street names: “hard,” “milk,” “ready,” “rock,” “toto” and “yak.” Current street prices for crack cocaine were consistent among participants with experience buying the drug. Although participants reported that most users purchase \$20 rocks (pieces of crack cocaine) to smoke in “crack pipes,” they provided the following additional prices: a gram sells for \$20; 1/16 ounce (aka “teener”) sells for \$70; 1/8 ounce (aka “eight ball”) sells for \$125; an ounce sells for \$1,100-1,300, depending on quality.

While there were a few reported ways of administering crack cocaine, generally the most common route of administration remains smoking. Participants estimated that out of 10 crack cocaine users, all 10 would smoke the drug. However, it was noted that those who prefer intravenous

injection for other drugs would choose to inject crack cocaine as well, but injection of crack cocaine is reportedly uncommon. A participant explained that to “shoot” (inject) crack cocaine, the user would have to break the drug down with baking soda, vinegar or lemon juice.

A profile of a typical crack cocaine user did not emerge from the data. Participants described typical users of crack cocaine as “everybody.” A participant echoed the sentiments of others when he said, “*It [crack cocaine] don’t discriminate ... [Typical users] it’s everybody, young and old.*” Community professionals agreed that typical crack cocaine users are a “pretty broad range” of people. However, a law enforcement officer reported, “*The majority [of crack cocaine users] are adult males; the old-time users.*”

Reportedly, crack cocaine is used in combination with alcohol, heroin and marijuana. A participant commented, “*I drank [alcohol] when I smoked crack ... It’s just a weird feeling because your mouth and your body gets numb, so I’d like to drink ... get more drunk [I can drink more alcohol when using crack cocaine].*” Another participant said, “*Sometimes [use] marijuana if you’re up too high, to bring you down just a little bit [from the stimulant high of crack cocaine use].*” A treatment provider also commented, “*With crack, usually it has to be combined with something that will bring them [users] down, so usually alcohol or pot [marijuana], or maybe an opiate [are used in combination with crack cocaine].*”

## Heroin

Heroin remains highly available in the region. Participants and community professionals most often reported the overall current availability of the drug as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common scores were also ‘10.’ A participant stated, “*In my neighborhood, it’s [heroin] easy to get.*” A treatment provider stated, “*[Availability of heroin] it’s been a ‘10’ for a while because it’s cheaper than pills [prescription opioids] on the streets.*” Another treatment provider shared, “*I think [heroin] that’s the main drug of choice. I’d say almost all of our clients here [more rural area of the region], except for maybe alcohol, can have [obtain] it [heroin] in two hours, tops.*”

Participants reported the availability of white powdered heroin, known as “China white,” as most available. A law



enforcement officer agreed with participants that white powdered heroin is most available in the region, stating, "You're looking at 'China white' here or the off-color white [powdered heroin]." Another law enforcement officer commented on the emergence of a gray-colored heroin: "There's a new form [of heroin] coming out. They call it 'gravel' because it looks like gravel." The BCI Bowling Green and Toledo Police crime labs reported beige, brown, gray, tan and white powdered heroin as available in the region.

Participants reported brown heroin as moderately available and rated its current availability as '7'; the previous most common score was '10'. A participant described brown heroin as "chunky, sticky ... looks like dog food." Participants reported the current availability of black tar heroin to be low, rating its current availability as '4'; the previous most common score was '2'. A law enforcement officer reported, "I'm not seeing too much of the black tar [heroin] in the area. Every once in a while you will see it."

Media outlets in the region reported on heroin seizures and arrests during this reporting period. Hancock County detectives and the METRICH Drug Task Force searched a residence in Findlay (Hancock County) and arrested three people for drug trafficking; drugs found included 19 grams of heroin, cocaine, marijuana and prescription pills ([www.northwestohio.com](http://www.northwestohio.com), June 18, 2013).

Participants and community professionals reported that the availability of brown and tan heroin has remained the same during the past six months, while the availability of white powdered heroin has increased. A participant remarked, "[White powdered heroin] it's just taking over." A treatment provider reported, "The only thing I ever hear [about] is 'China white.'" The BCI Bowling Green crime lab reported that the number of powdered heroin cases it processes has remained the same during the past six months. The Toledo Police Crime Lab reported that the number of powdered heroin cases it processes has increased during the past six months. Both the BCI Bowling Green and Toledo Police crimes labs reported that the number of black tar heroin cases they process has remained the same during the past six months.

Participants most often reported the current quality of black tar and white powdered heroin as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality), while reporting the current quality of brown powdered heroin most often as '7'; the previous most common quality score for heroin in general was '7'. A participant commented on the

variability of heroin quality: "One bag [of heroin] can be cut [adulterated], and the next bag can be so pure that it kills you." Participants reported that heroin seems to be better quality when you purchase it in more urban areas of the region. Brown or tan heroin is reportedly less potent than 'China white.'

Participants reported that powdered heroin in the region is cut with baby laxative and sedative-hypnotics (specifically Xanax® and sleep medication). In addition, there was considerable debate concerning the use of fentanyl as a cutting agent. Some participants continued to believe that white powdered heroin is being cut with fentanyl. Others believed there is no use of fentanyl in current heroin and that users are just purchasing potent, white powdered heroin. A treatment provider said, "[Clients] they're always confused about what's in it [heroin] ... Most of them think it's fentanyl, but I think it's mostly cocaine and heroin mixed together." Overall, participants reported that the quality of all types of heroin has remained the same during the past six months. The BCI Bowling Green and Toledo Police crime labs cited diphenhydramine (antihistamine) and mannitol (diuretic) as cutting agents for heroin.

Current street jargon includes many names for heroin. The most commonly cited were "boy" and "China." Participants listed the following as other common street names: "dog," "dog food," "dope," "food" and "papers." Participants also reported that brown powdered heroin in the region is often referred to as "Toledo brown." Participants reported that white and brown powdered heroin are available in different quantities: a "pack" or "paper" (1/10 gram, which is placed into a baggie or aluminum foil then folded into a lottery ticket) sells for \$10; a "mcspoon" (an old McDonald's coffee stirrer with a small spoon on the end which dealers use to measure powdered heroin) leveled off sells for \$10 or three "mcspoons" for \$20; 1/4 gram sells for \$40; 1/2 gram sells for \$70; a gram sells for \$100-120; 1/8 ounce (aka "eight-ball") sells for \$400; 1/4 ounce sells for \$700; an ounce sells for \$1,100-1,300.

Black tar heroin is considerably more expensive: a "pack" or "paper" (1/10 gram) sells for \$40; a gram sells for \$140; an ounce sells for \$3,200. A shift has occurred during the last few reports, as most participants now report buying their heroin in Toledo instead of Detroit. However, participants reported that heroin can be purchased for as little as \$5 now in Detroit. Overall, participants reported heroin pricing has remained the same during the past six months.

While there were a few reported ways of using heroin, the most common routes of administration are snorting and intravenous injection (aka “shooting”). Participants estimated that out of 10 heroin users, nine would shoot and one would snort the drug. A participant commented, *“Most of the people I’ve come across ... do inject it [heroin].”* Participants most often reported that intravenous users obtain needles from area pharmacies. A participant said *“You can go get them [injection needles] from any of the drug stores.”* However, some participants reported that to not raise suspicion, the user must be specific in their request at the pharmacy. A participant commented, *“I say I need a 10-day supply, U-100, ultra-fine 1 cc [injection needle].”*

Participants described the typical heroin user as someone in their 20s and 30s, white and of middle-to-upper socio-economic statuses. However, many participants and community professionals reported that initiation of heroin use is occurring in adolescence. A participant said, *“[Heroin use] it’s hitting the young kids really hard.”* Another participant commented, *“A lot of people are starting it [heroin use] young now, like 13 or 14 [years of age].”* A law enforcement officer agreed, *“[Law enforcement] we’re seeing a lot of the younger generation that are starting to use it [heroin]. Surprisingly, the people I run into also say, ‘My brother or sister [use heroin] as well. I say, ‘How old are they?’ [They say] ‘Fifteen or 16 [years of age].’ I’m like, ‘Are you kidding me?!’ They get introduced to it ... watching their parent or sibling use.”* Another law enforcement officer added, *“The female [heroin using] population has increased dramatically.”* Treatment providers reported that the typical heroin user could be anyone. A treatment provider commented, *“We’ve had nurses down here [in treatment for heroin use] ... we’ve had teachers; we’ve had iron workers; we’ve had engineers.”* Reportedly, heroin is used in combination with alcohol, crack and powdered cocaine and marijuana. Participants reported that cocaine is used with heroin to produce the *“up down, up down”* effect (aka “speedball”).

## Prescription Opioids

Prescription opioids remain highly available in the region. Participants and community professionals most often reported the current availability of these drugs as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common scores were also ‘10’. Participant comments on current availability included: *“Oh, [prescription opioids] it’s high*

*[availability]; it [prescription opioid abuse] really became an epidemic.”* Participants identified fentanyl, OxyContin® and Percocet® as the most popular prescription opioids in terms of widespread use, while community professionals identified Percocet® and Roxicodone® as most popular. In addition, community professionals indicated that fentanyl patches are highly sought after in the region. A law enforcement officer reported, *“We’ve had three people die in Bryan [Williams County] in the past couple of years [from] chewing the [fentanyl] patches.”*

Media outlets in the region reported on prescription opioids seizures and arrests during this reporting period. The Ohio Attorney General’s Office investigated a doctor in Toledo, which resulted in the doctor’s arrest for overprescribing prescription opioids (specifically oxycodone), as well as for fraudulent billing of Ohio Medicaid ([www.northwestohio.com](http://www.northwestohio.com), March 27, 2013). The Fostoria Police Department (Seneca County) and the Seneca County Drug Task Force arrested a Fostoria resident for illegal possession of prescription opioids, as well as possession of heroin and marijuana ([www.northwestohio.com](http://www.northwestohio.com), March 21, 2013). Media in the region also reported on the increase of overdose deaths due to prescription opioids and multiple drug use ([www.norwalkreflector.com](http://www.norwalkreflector.com), May 14, 2013).

Some participants reported that the availability of prescription opioids has remained the same during the past six months, while others believed it has decreased. Differences seem to be based in geographical locations. A participant commented, *“The doctors out here [in more rural areas of the region] are more lenient than they are in Toledo because there was a whole bunch of places to buy them from [here].”* Participants from urban centers commented: *“Doctors ain’t writing scripts [prescriptions] like they use to; That’s why heroin is getting so big [popular] because it’s easier to get [heroin than prescription opioids].”* Participants also mentioned that the demand for Opana® specifically has decreased because of the new abuse deterrents in its formulation. A participant explained, *“Opana® ... the new ones are chewy now ... the new OxyContin® you can still chew one of those and catch a buzz [high], but the new Opana®, you can chew up four 40-milligram pills and you won’t catch a buzz [high].”*

Community professionals reported that the availability of prescription opioids has remained the same during the past six months. However, a member of law enforcement commented, *“[Availability of prescription opioids]*

*it's slowly going down ... with the DEA [Drug Enforcement Administration] and pharmacists cracking down ... making sure [doctors] they're watching the scripts [prescriptions] ... [and] new coating on [some pills] ... that's why heroin use is going up because [prescription opioids] they're slowly being taken out of the market."* The BCI Bowling Green and Toledo Police crime labs reported that the number of prescription opioids cases they process has remained the same during the past six months, with the exception of Opana®, which has decreased.

Reportedly, many different types of prescription opioids are currently sold on the region's streets. Current street prices for prescription opioids were consistent among participants with experience buying these drugs, with pricing being more expensive in the rural areas of the region. A participant who sold drugs in these areas reported, *"OxyContin® and Opana® ... they are cheaper here [Toledo] than anywhere else, so you can buy them here and go 20-30 miles outside of town to Bryan or Bellevue and they're double the price."* Participants reported the following prescription opioids as available to street-level users (Note: When reported, current street names and prices are indicated in parentheses): fentanyl (100 mg patch sells for \$50), Opana® ER (new formulation, aka "OPs;" sells for \$1.50-2 per milligram), OxyContin® OP (new formulation, aka "oxys;" sells for \$1 per milligram) Percocet® (aka "percs;" sells for \$1 per milligram), Roxycodone® (30 mg, aka "perc 30s;" sells for \$25-30) and Vicodin® (aka "vikes;" 5 mg sells for \$1-2; 7.5 mg sells for \$6).

Participants reported obtaining prescription opioids more often from people with prescriptions than from drug dealers on the street. Some people sell pills individually, while other people sell their entire prescription in one transaction. A participant commented, *"Like everyone's getting prescriptions [for opioids]. You can literally go up to your neighbor and be like, 'Hey, you got any Percocet®?'"* Another participant said, *"I had just always gotten them [opioids] from people who had prescriptions for them."* A few participants continued to report being able to obtain prescription opioids from emergency rooms, as well as through the Internet.

While there were a few reported ways of consuming prescription opioids, the most common routes of administration for illicit use are snorting and intravenous injection (aka "shooting"). Participants reported that out of 10 illicit prescription opioid users, eight would snort and two would intravenously inject them. One participant shared

an exception, *"A lot of people snort it [prescription opioids], but they don't snort Vicodin®. Vicodin® has a lot of Tylenol®, and it burns and stuff. But Percocet® and stuff, they will snort."*

A profile of a typical illicit user of prescription opioids did not emerge from the data. Participants described typical users of prescription opioids as "anybody, really." Reportedly, when used in combination with other drugs, prescription opioids are most often combined with alcohol, prescription stimulants and sedative-hypnotics. In describing why a person would combine these drugs, participants responded: *"for more of an effect; It depends on how fast you want it to hit you, really; It depends on the high you want."*

### 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 '8'. Reportedly, Suboxone® sublingual strip form is more available than the pill form. A participant reported, *"They [doctors/clinics] really stopped giving out the [Suboxone®] pills. They're giving out the strips because every single strip has a serial number, so they can track it."* Treatment providers most often reported the drug's current availability as '10'; the previous most common score was '9'. A treatment provider commented, *"Nurses are checking lot numbers during 'randoms' [random drug screens]. [Treatment programs] we're doing everything we can to keep it [Suboxone®] from getting out on the streets."* However, another treatment provider thought availability on the street is high because *"private physicians prescribe it [Suboxone®] and don't monitor it."* Law enforcement most often reported the drug's current availability as '6-7'. A law enforcement officer reported, *"The way [Suboxone®] it's prescribed, the doctors aren't very careful. It's easy to get a script [prescription], a seven-day or two-week script; go get it filled, then never go back to a program again; just walk out and sell it."*

Media outlets in the region reported on Suboxone® seizures and arrests during this reporting period. Ohio State Highway Patrol officers arrested two Michigan residents when they searched their vehicle on I-75 in Wood County and found 90 Suboxone® strips along with prescription



opioids, marijuana and ecstasy ([www.northwestohio.com](http://www.northwestohio.com), April 29, 2013).

Participants reported that the availability of Suboxone® has increased during the past six months along with demand for and use of the drug. A participant reported, *"I'd say about five or six months ago they [Suboxone®] went up [became more available]."* Although treatment providers reported that the availability of Suboxone® has remained consistently high during the past six months, law enforcement officers with knowledge of Suboxone® reported an increase in availability during the past six months. A law enforcement officer reported, *"[Suboxone® is] just starting to increase as more and more is getting prescribed."* The Toledo Police Crime Lab reported that the number of Suboxone® cases it processes has remained the same during the past six months.

Participants did not identify street names for Suboxone®. Current street prices for Suboxone® were consistent among participants with experience buying the drug. They reported that Suboxone® 8 mg pills and strips sell for \$15-20 each; and noted that a user may pay as much as \$30 for an 8 mg pill/strip in more rural areas of the region.

Participants reported the most common routes of administration for Suboxone® are sublingual (dissolving it under the tongue) and intravenous injection (aka "shooting"). Participants estimated that out of 10 illicit Suboxone® users, half would orally ingest and half would intravenously inject them. A participant shared, *"I shot Suboxone® once, and I did it like six hours after I used [an opiate], and it put me in withdrawals. I was about 36 hours sick ... I thought I was dying."* Another participant explained that Suboxone® can also be snorted, *"You can dissolve the [Suboxone®] strip and snort that with a little water."*

In addition to obtaining Suboxone® on the street from dealers, participants also continued to report getting the drug from people with prescriptions. A participant stated, *"People that are addicts and usually have a script of them [Suboxone®], they'll sell them."* Participants described the typical illicit user of Suboxone® as someone not wishing to experience the sickness related to opiate withdrawal. Participants commented: *"They're sitting there and they can't get no heroin, that's the reason why [they use Suboxone®]; It's not like people are saying, 'Oh let me get some Suboxone® to party.' It's not that kind of drug."* Reportedly, Suboxone® is most often used alone. However, a few participants reported they used the drug in combination with Xanax®.

## Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain highly available in the region. Participants most often reported the current availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. Participants identified Xanax® as the most popular sedative-hypnotics in terms of widespread use, followed by Klonopin® and Valium®. Participant comments on current availability included: *"Xanax® is more known; Klonopin® ... it's there [available], but not really common; Valium® is kind of played out."* Treatment providers and law enforcement continued to rate current availability of sedative-hypnotics as '10'; the previous most common score was also '10'. A law enforcement officer said, *"Everybody has Xanax®. Everybody has an anxiety disorder."* Treatment providers and law enforcement identified Xanax®, followed by Klonopin® as the most popular sedative-hypnotics in terms of widespread use.

Participants and community professionals reported that the availability of sedative-hypnotics has remained the same during the past six months. A treatment provider commented, *"[Users like] the 'xanibars' [2 mg Xanax®] better [than other sedative-hypnotics]."* The BCI Bowling Green and Toledo Police crime labs reported that the number of sedative-hypnotics cases they process has remained the same, with the exception of Xanax® for which the Toledo Police Crime Lab reported processing fewer cases during the past six months.

Reportedly, many different types of sedative-hypnotics are currently sold on the region's streets. Current street prices for sedative-hypnotics were consistent among participants with experience buying the drugs. Participants reported the following sedative-hypnotics (aka 'benzos') as available to street-level users (Note: When reported, current street names and prices are indicated in parentheses): Klonopin® (1 mg sells for \$1-2); Xanax® (aka "xani;" 0.5 mg, aka "peaches," sells for 50 cents-\$1; 1 mg, aka "blues" and "footballs," sells for \$2; 2 mg, aka "xanibars," sells for \$3-4).

While there were a few reported ways of consuming sedative-hypnotics, the most common routes of administration remain oral ingestion and snorting. Participants estimated that out of 10 illicit sedative-hypnotics users, five would snort, and five would orally ingest the drugs. A participant commented, *"Some people can snort everything, but some people it [snorting sedative-hypnotics] hurts their*

*nasal cavities, so they eat them. But there's a couple Xanax® that everybody can snort ... the bars ['xanibars']."*

In addition to obtaining sedative-hypnotics on the street from dealers, participants often reported getting them from people selling their prescription, friends and family members. A participant explained, *"Well, like, what happens with all of the prescriptions is that people will go get their scripts filled and then sell them to a couple people and those are the dealers. The dealer seeks out people with scripts and buys their whole script the day they get them."*

A profile of a typical illicit user of sedative-hypnotics did not emerge from the data. Participants described typical illicit users of sedative-hypnotics as "anyone." However, participants noted that women are more likely to be able to obtain prescriptions from doctors. A participant commented, *"It's real easy for women to get scripts [prescriptions for sedative-hypnotics]."*

Reportedly, when used in combination with other drugs, sedative-hypnotics are most often used in combination with alcohol, crack and powdered cocaine, heroin, methadone and prescription opioids. Participants reported that combining sedative-hypnotics with prescription opioids provides more of an effect. When mixed with alcohol, participants reported that this combination produces an immediate blackout. With regards to heroin, a participant stated, *"Shooting heroin and mixing Xanax® will kill you."* Some participants reported using sedative-hypnotics after using cocaine. A participant shared, *"I used to like the take benzos [benzodiazepines] when I came down from coke [powdered cocaine]."* Finally, a participant reported using Xanax® with Suboxone® to intensify the feeling.

## 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 also '10'. A participant reported, *"You can get that [marijuana] anywhere."* Another participant responded, *"It's like it [marijuana] ain't even illegal anymore."* A law enforcement officer commented, *"You can get it [marijuana] about anytime you want."*

Media outlets in the region reported on marijuana seizures and arrests during this reporting period. Celina (Mercer

County) police and the Grand Lake Drug Task Force arrested a man after finding 500 grams of marijuana in his home ([www.daytondailynews.com](http://www.daytondailynews.com), Jan. 31, 2013). The Lucas County Sheriff's office charged an inmate for attempting to smuggle marijuana into the Lucas County Corrections Center ([www.northwestohio.com](http://www.northwestohio.com), Feb. 7, 2013). Media reported on concerns about medical marijuana making its way from Michigan into Toledo; nevertheless, marijuana legalization advocates suggested that Michigan residents did not want to chance arrest despite the increase of profits they would see if they were to sell to users in Ohio ([www.northwestohio.com](http://www.northwestohio.com), May 17, 2013). Advocates began mounting a campaign to legalize marijuana for medical use, targeted during the 2014 election ([www.toledoblade.com](http://www.toledoblade.com), May 27, 2013). Ohio and Michigan narcotics task forces arrested three individuals for trafficking 10-15 pounds of medical marijuana and heroin to Defiance and William counties ([www.northwestohio.com](http://www.northwestohio.com), June 3, 2013).

Participants reported that the availability of marijuana has remained the same during the past six months. However, participants also noted that the availability of higher quality marijuana has increased. A participant reported that in and around Toledo, *"It's mostly the real strong weed ... probably trying to keep with the medical weed [in Michigan]."* In contrast, the marijuana found in more rural counties of the region is reportedly of lesser quality. A participant commented, *"The quality of marijuana out here in the country is not as good as in the city."* Both treatment providers and law enforcement reported that availability of marijuana has remained the same during the past six months. A law enforcement officer reported, *"That [marijuana] will always be a 10 [highly available] ... because everybody thinks there's nothing wrong with smoking a little marijuana."* The BCI Bowling Green and Toledo Police crime labs reported that the number of marijuana cases they process has remained the same during the past six months.

Participants reported the overall current quality of marijuana as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common scores were '7' and '10'. Several participants continued to explain that the quality of marijuana depends on whether the user buys "commercial weed" (low- to mid-grade marijuana) or hydroponically grown (high-grade marijuana). A participant reported, *"Some people will buy the good stuff [high-grade marijuana] for themselves and the dirt weed [low-grade marijuana] to resell."*

Current street jargon includes countless names for marijuana. The most commonly cited remain “loud” and “weed.” Participants also listed other common street names: “bud,” “pot” and “reggie” for low-grade marijuana; “bin laden,” “dro,” “fruity,” “hydro,” “killer,” “kush,” “mike jones” and “sponge bob” for high-grade, or hydroponically grown, marijuana. The price of marijuana depends on the quality desired; current street prices for marijuana were consistent among participants with experience buying the drug. Participants reported commercial-grade marijuana as the cheapest form: a blunt (cigar) or two joints (cigarettes) sell for \$5; 1/8 ounce sells for \$20-25; an ounce sells for \$80-100; a pound sells for \$800-900. High-quality marijuana sells for significantly more: a blunt or two joints sell for \$20; 1/8 ounce sells for \$50; an ounce sells for \$300-350; a pound sells for \$2,400. However, a participant said, “*There’s some stuff [high-grade marijuana] that’s \$400 an ounce.*”

While there were several reported ways of consuming marijuana, the most common route of administration remains smoking. Participants reported that out of 10 marijuana users, all 10 people would smoke the drug. Although it is well known that some people bake marijuana in brownies, the participants reported this route of administration is rare in the region.

A profile for a typical marijuana user did not emerge from the data. Participants described typical users of marijuana as “every age, every race, every group.” Reportedly, marijuana is often used in combination with alcohol and many other drugs. A participant commented, “*Weed goes with everything.*” Participants also reported smoking crack or powdered cocaine with marijuana in a blunt or joint, calling this combination “*cocoa puff.*”

## Methamphetamine



Methamphetamine 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), with slightly higher availability in more rural areas of the region (‘6’); the previous most common score was ‘2.’ Participants reported that methamphetamine is available in both crystal and powdered forms. In addition, participants in rural areas knew substantially more about methamphetamine than participants from urban areas. Those

in the city were more likely to have seen or experienced methamphetamine in passing, as a participant reported, “*You might run into a mobile [methamphetamine] lab or something, but that’s not real popular here in this area.*”

Participants from throughout the region commented about the production of “one-pot” or “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, typically found in some allergy medications, drug manufacturers (aka “cooks”) can produce the drug in approximately 30 minutes at nearly any location by mixing ingredients in easily found containers. A participant, a poly-drug dealer looking to expand her “family business” reported that she traveled to Kentucky to learn how to make methamphetamine. That participant shared, “*We made it [methamphetamine] out of stuff like Drano® ... and like a lot of chemicals ... you just use two-liter pop bottles ... You get to know the chemicals behind it [methamphetamine manufacture] because it’s a lot of specific chemicals. [We used] the shake-and-bake method.*”

Toledo community professionals most often reported the current availability of methamphetamine as ‘2,’ while community professionals in rural areas reported slightly higher availability (‘5’); the previous most common score was ‘5.’ A law enforcement officer reported, “*Crystal meth around here is bathtub meth. We bought crystals, but depends on the cook ... it can look like brown sugar. Some looks like crack cocaine.*” The BCI Bowling Green crime lab reported processing mostly off-white powdered methamphetamine cases during the past six months.

Participants and treatment providers most often reported that the availability of methamphetamine has remained the same during the past six months. However, law enforcement in more rural areas of the region reported an increase in methamphetamine use. The Toledo Police Crime Lab reported an increase in number of methamphetamine cases it processes during the past six months.

Participants were unable to rate the quality of crystal or powdered methamphetamine. A participant commented, “*My buddy says he did a little bit [of methamphetamine] and was up for a day or two.*” Current street jargon includes a few names for methamphetamine. The most commonly cited names were “crystal” and “meth.” Participants listed the following as other common street names: “go-fast”

and “tug.” A participant also reported, “They [users] call it [methamphetamine], *trailer park cocaine*.” Current street prices for methamphetamine were not well-known among participants. Participants suggested methamphetamine users often make the drug for personal use. A participant explained, “They [users] make it [methamphetamine] and use it themselves. They could make enough meth for under \$40 to last three people a week.”

While there were many reported ways of using methamphetamine, the most common routes of administration are smoking or intravenous injection (aka “shooting”). However, participants were unable to report which route of administration is most common. A participant shared that she saw methamphetamine users who “shot it and ... other ones [who] smoked it ... The guys that made it, smoked it out of a little bowl they smoked weed out of.” Reportedly, there are several methods of smoking methamphetamine. A participant explained, “Some smoke it [methamphetamine] out of a light bulb. They take the bottom out where you screw it in; they unscrew it without breaking the light bulb and smoke it out of there.” A law enforcement officer commented: “[Users] smoke it [methamphetamine] off a foil ‘boat,’ [a piece of folded foil heated from underneath] or inject it.”

Participants described typical users of methamphetamine as white. A participant added, “I would say it’s a younger person drug, like 20s or 30s [years of age].” A law enforcement officer commented, “We’ve seen an increase in female [methamphetamine] users.” Reportedly, methamphetamine is used in combination with alcohol to “come down” after methamphetamine use or with crack cocaine to intensify the effect of methamphetamine. However, some participants reported that methamphetamine is often used by itself.

## Prescription Stimulants

Prescription stimulants are moderately available in the region. Participants most often reported the current availability of these drugs as ‘7’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was ‘9’. Participant comments on current availability included: “Adderall® is the favorite [prescription stimulant]; Adderall® is more available ... you can’t find Ritalin®.” A participant shared, “That [prescription stimulants] was my drug of choice.” Treatment providers most often reported current availability as ‘7’, with a slightly lower rating in more rural areas

of the region (‘5’); the previous most common score for Toledo was ‘5’. A law enforcement officer reported, “We [law enforcement] hear about it [prescription stimulant use], we just don’t see it or catch it.”

Participants and community professionals reported that the availability of prescription stimulants has remained the same during the past six months. The Toledo Police Crime Lab also reported that the number of prescription stimulant cases it processes has remained the same during the past six months.

No slang terms or common street names were reported for prescription stimulants. However, participants reported that these drugs are referred to as “poor man’s coke.” Participants were unable to provide current street prices for prescription stimulants, as not many participants had experience buying these drugs. However, a participant reported having purchased Adderall® for \$3, but couldn’t identify the milligram. Participants who reportedly used these drugs had gotten them for free.

While there were several reported ways of using prescription stimulants, the most common routes of administration are oral consumption and snorting. Participants described typical illicit users of prescription stimulants as students. Participant comments included: “[Prescription stimulants] it’s a school drug; They [students] use it [prescription stimulants] to stay up ... use it to study.” A treatment provider agreed, “[Students illicitly use prescription stimulants] for class or, you know, to keep focused.” Participants did not report other substances used in combination with prescription stimulants, as many participants thought these drugs are used to help focus and study.

## Bath Salts

Bath salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues) are highly available in the region. Participants most often reported the drug’s current availability as ‘9’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); in the previous report, participants were not able to assign an availability score. A participant with bath salts use experience commented, “There’s a lot of bath salts.” Community professionals most often reported current availability as ‘9’ or ‘10’ with slightly less availability in more rural areas of the region (‘8’); the previous most common score was ‘7’. Treatment providers commented on the stigma associated with using bath salts: “People

*don't like to admit they're taking [using] it [bath salts]; I think there's a bit of a stigma attached to it [using bath salts]. There are so many ingredients that go into it ... and if you're shooting it, you have an easier chance of getting all kinds of issues – cysts and things – and I think there's some stigma because people get real 'tweezy and geeky.'* A law enforcement officer commented, *"Wow, we [law enforcement] just dealt with a couple of them [bath salt users] in the past couple of months, and they're just, I mean, absolutely crazy to deal with."*

Participants reported that the availability of bath salts has remained the same during the past six months. A participant commented, *"[Bath salts] it's still in the stores."* Community professionals also reported that the availability of bath salts has remained the same during the past six months. The Toledo Police Crime Lab reported that the number of bath salts cases it processes has increased during the past six months.

Current street jargon includes a few names/labels for bath salts. The most commonly cited labels remain "incense" and "plant food." Current street prices for bath salts were consistent among participants with experience buying the drug. Reportedly, 500 milligrams of bath salts sell for \$20.

Despite legislation enacted in October 2011, participants continued to report that bath salts remain available on the street from dealers as well as from "head shops," convenience stores and gas stations. While there were several reported ways of using bath salts, the most common routes of administration are snorting and intravenous injection (aka "shooting"). Participants estimated that out of 10 bath salts users, eight would intravenously inject and two would snort the drug.

Participants described typical users of bath salts as people aged early 20s and younger, people who like the crack or powdered cocaine high, and people on probation who have to submit to urine drug screens. Law enforcement described typical bath salts users as mid 20s to 30s. A law enforcement officer remarked, *"[Bath salts users] they're paranoid; they're hallucinating. We had one girl ... we saw her in a car, and she was so high she couldn't talk to us."* Reportedly, bath salts are most commonly used alone. A participant explained, *"[Bath salts] that's something you do by itself. You can't even eat nothing [while using bath salts]."*

## Synthetic Marijuana

Synthetic marijuana (synthetic cannabinoids; aka "K2" and "Spice") 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 voiced the sentiment of others when she said: *"They took it [synthetic marijuana] out the stores, but people are still selling it who aren't supposed to."* Treatment providers and law enforcement most often reported the drug's current availability as '8' and '10' respectively; the previous most common score was '10'. A treatment provider reported, *"The problem is we're seeing some really negative issues with K2; people getting paralyzed for periods of time ... nasty seizures; a lot of seizures."*

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

Current street jargon includes a few names/labels for synthetic marijuana. The most commonly cited remain "K2" and "Spice." Other common street names/labels include "incense" and "scooby snacks." A law enforcement officer reported, *"A lot of what we see now are the scooby snacks. They're being sold around town, which are little Scooby-Doo!™ baggies called scooby snacks" ... and that's synthetic marijuana."* Current street prices for synthetic marijuana were consistent among participants with experience buying the drug. Reportedly, synthetic marijuana sells 10 grams for \$10-20. A participant said, *"It [synthetic marijuana] looks like potpourri."*

Despite legislation enacted in October 2011, synthetic marijuana continues to be available in local convenience stores and "head shops." Manufacturers continue to shift the chemical make-up of the drug so that it can be sold legally (skirting the law) while producing the same effects. A law enforcement officer who had recently obtained the altered drug reported, *"We sent it [synthetic marijuana] to the state [crime lab] for testing and it comes back, 'no controlled substance,' so we're at a standstill ... and we've talked to prosecutors about what we can do about it ... all because they [manufacturers] tweaked the chemicals."* Participants

continued to report that the most common route of administration for synthetic marijuana is smoking. Participants reported that out of 10 synthetic marijuana users, all would most likely smoke the drug.

Participants described typical users of synthetic marijuana as people who are trying to avoid testing positive on drug tests. A participant explained, *"Anybody who is on probation, who can't smoke weed, still uses K2 to get by."* Treatment providers described the typical synthetic marijuana user as young, most often teenaged. A treatment provider reported that adolescents watch videos depicting use of the drug on YouTube. Another treatment provider reported, *"My daughter says [synthetic marijuana use] it's everywhere in high school"*. Reportedly, synthetic marijuana is used in combination with alcohol to increase its effect.

## Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMP) is moderately available in the region. Participants most often reported the drug's current availability as '7' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10'. A participant remarked, *"I can get it [ecstasy] anywhere."* Participants agreed that "molly," the white powder that is reportedly "pure" MDMA, is more popular than the pill form of adulterated ecstasy. A participant explained, *"[Ecstasy] all turned to junk. Nobody wants to buy it anymore because like one out of every 10 pills you find might be OK."* Another participant commented, *"Molly is really bad [prevalent] in Defiance."* A participant from Toledo agreed, *"Yes, [molly] is more available than ecstasy."* Treatment providers most often reported ecstasy's current availability as '3,' while law enforcement rated it as '7,' the previous most common score was '2'. Neither treatment providers nor law enforcement rated the current availability of molly.

Participants reported that the availability of ecstasy is sporadic. A participant stated, *"Ecstasy goes up and down [in availability] more than molly does now."* Both treatment providers and law enforcement were unable to report on availability change for ecstasy or molly during the past six months. The Toledo Police Crime Lab reported that the number of ecstasy cases it processes has remained the same during the past six months.

Current street jargon includes a few names for ecstasy. The most commonly cited names remain "X" for ecstasy and

molly for powdered MDMA. Current street prices for ecstasy were consistent among participants with experience buying the drug. Participants reported a "single stack" (low dose) ecstasy tablet sells for \$2-5; a "double stack" or "triple stack" (higher dose) ecstasy tablet sells for \$5-10; molly sells for \$50 a gram. A participant reported, *"My friend was getting it [powdered MDMA] through the mail from China, and he would come over with a pound of it. He was paying \$30 a gram, but he was selling it for \$50 a gram."*

While there were several reported ways of using ecstasy and molly, the most common route of administration is snorting for molly and oral consumption for ecstasy. A participant reported that ecstasy is sometimes used rectally. Participants described typical users of ecstasy or molly as: *"club people; partiers; people in their teens up to mid-20s; 'young ballers' [aka crack cocaine dealers]; whites."* Reportedly, ecstasy and molly are used in combination with alcohol and marijuana to be social and to intensify their effects.

## Other Drugs

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: inhalants and psilocybin mushrooms.

Participants most often reported the current availability of psilocybin mushrooms as '8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participant comments on current availability included: *"Shrooms [psilocybin mushrooms] are really big [popular]; A lot of my friends do 'shrooms."* Several participants suggested an influx of psilocybin mushrooms in more rural areas of the region. The Toledo Police Crime Lab reported that the number of psilocybin mushroom cases it processes has increased during the past six months. Reportedly, the most common street name for psilocybin mushrooms is "shrooms." Participants also reported that the most common route of administration remains oral consumption. A participant commented, *"[Psilocybin mushrooms] they're disgusting. I put them on my pizza or something ... for hours you're trippin' [high]."*

Due to the legality of the substances and the ease of store purchase, participants most often reported inhalant availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participant comments on current availability included: *"You*

*can go to the store and get them [inhalants]; Sometimes they [store employees] catch on to you and call the cops. 'Cause I went there one day [to buy inhalants] ... and then left and came back, and they wouldn't let me buy anymore."* A law enforcement officer in a rural area reported, *"They're still doing the inhalants."* Another law enforcement officer added, *"We had a kid almost die from 'huffing' [inhaling] gasoline fumes."* Law enforcement reported the following substances were used for "huffing:" computer keyboard cleaner (aka "duster"), glue and spray paint.

A treatment provider reported, *"I had one [client] ... he came in [to treatment] for alcoholism, but then he switched it entirely to huffing ... and he was using nitrous [oxide] ... that you can buy from 'head shops,' [and] we had one [client] that mixed bleach [and] ammonia intentionally ... he was a 'huffer.'" The most common route of administration of inhalants is "huffing."* A participant explained, *"You spray [the inhalant] down a rag, put it to your face and huff it."* Participants and community professionals described typical users of inhalants as young adults ages 18 to mid-20s. Reportedly, inhalant use is more common in rural areas of the region than urban areas.

## Conclusion

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

Participants and community professionals reported that white powdered heroin (aka "China white") is the most available type of heroin in the region. Treatment providers and law enforcement reported that availability of white powdered heroin has increased during the past six months. The Toledo Police Crime Lab reported that the number of powdered heroin cases it processes has increased during the past six months. The BCI Bowling Green and Toledo Police crime labs reported beige, brown, gray, tan and white powdered heroin as available in the region.

Treatment providers continued to cite the cheaper price for heroin relative to the price of prescription opioids as driving the current heroin demand. Treatment providers in rural areas identified heroin as the primary drug of choice

for users in their area. In addition, law enforcement commented on the emergence of a gray-colored heroin called "gravel" due to its appearance.

A shift has occurred during the last few reports, as most participants now prefer buying their heroin in Toledo instead of Detroit, as expressed in earlier reports. However, participants reported that heroin can be purchased for as little as \$5 now in Detroit. Participants described the typical heroin user as aged in their 20s and 30s, white and of middle-to-upper socio-economic statuses. However, many participants and community professionals reported that initiation of heroin use is occurring in adolescence.

Participants reported that the availability of Suboxone® has increased during the past six months along with demand for and use of the drug. Although treatment providers reported that the availability of Suboxone® has remained consistently high during the past six months, law enforcement officers with knowledge of Suboxone® reported an increase in availability during that time frame. Treatment providers thought availability on the street is high because private physicians prescribe Suboxone® and don't monitor it. In addition to obtaining Suboxone® on the street from dealers, participants continued to report getting the drug from people with prescriptions. Participants described the typical illicit user of Suboxone® as someone not wishing to experience the sickness related to opiate withdrawal.

Law enforcement in more rural areas of the region reported an increase in methamphetamine use. The Toledo Police Crime Lab reported an increase in number of methamphetamine cases it processes during the past six months. Participants in rural areas knew substantially more about methamphetamine than participants from urban areas; participants in Toledo were more likely to have seen or experienced methamphetamine in passing. Participants reported that methamphetamine is available in both crystal and powdered forms. The BCI Bowling Green crime lab reported processing mostly off-white powdered methamphetamine cases during the past six months. Participants described typical users of methamphetamine as white; law enforcement reported an increase in female methamphetamine users.

Lastly, despite legislation enacted in October 2011, participants continued to report that bath salts remain available on the street from dealers as well as from "head shops," convenience stores and gas stations. The most commonly

cited labels remain “incense” and “plant food.” The Toledo Police Crime Lab reported that the number of bath salts cases it processes has increased during the past six months. Participants described typical users of bath salts as people aged early 20s and younger, people who like the crack or powdered cocaine high, and people on probation who have to submit to urine drug screens. Law enforcement described typical bath salts users as those aged mid 20s to 30s.

## Drug Abuse Trends in the Youngstown Region

### Regional Epidemiologist:

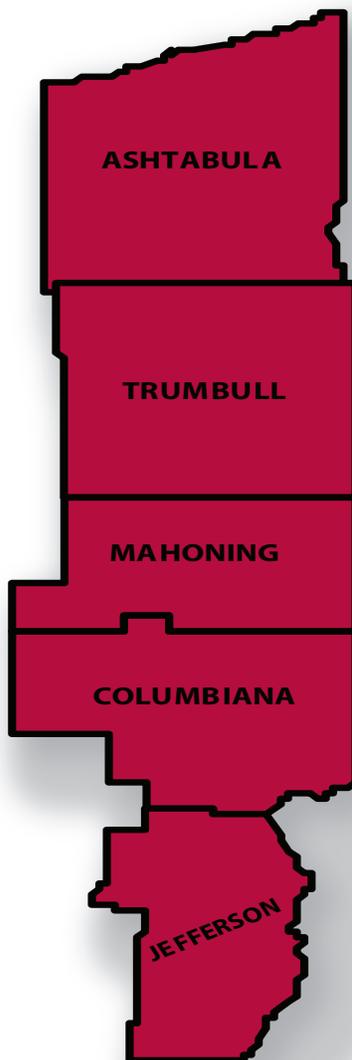
**Lisa Fedina**, MSW

### OSAM Staff:

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

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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, Mahoning and Trumbull counties. Data triangulation was achieved through comparison of participant data to qualitative data collected from regional community professionals (law enforcement and treatment providers) via individual and focus group interviews, as well as 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 2012. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for January through June 2013.

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

## Regional Profile

Indicator <sup>1</sup>	Ohio <sup>1</sup>	Youngstown Region	OSAM Drug Consumers
Total Population, 2010	11,536,504	728,182	48
Gender (female), 2010	51.2%	51.1%	29.2%
Whites, 2010	81.1%	86.3%	89.4%
African Americans, 2010	12.0%	8.7%	2.1%
Hispanic or Latino origin, 2010	3.1%	2.7%	6.2%
High School Graduation rate, 2010	84.3%	86.8%	85.4%
Median Household Income, 2011	\$45,803	\$40,447	\$11,000 to \$14,999 <sup>2</sup>
Persons Below Poverty Level, 2011	16.3%	17.7%	54.2% <sup>3</sup>

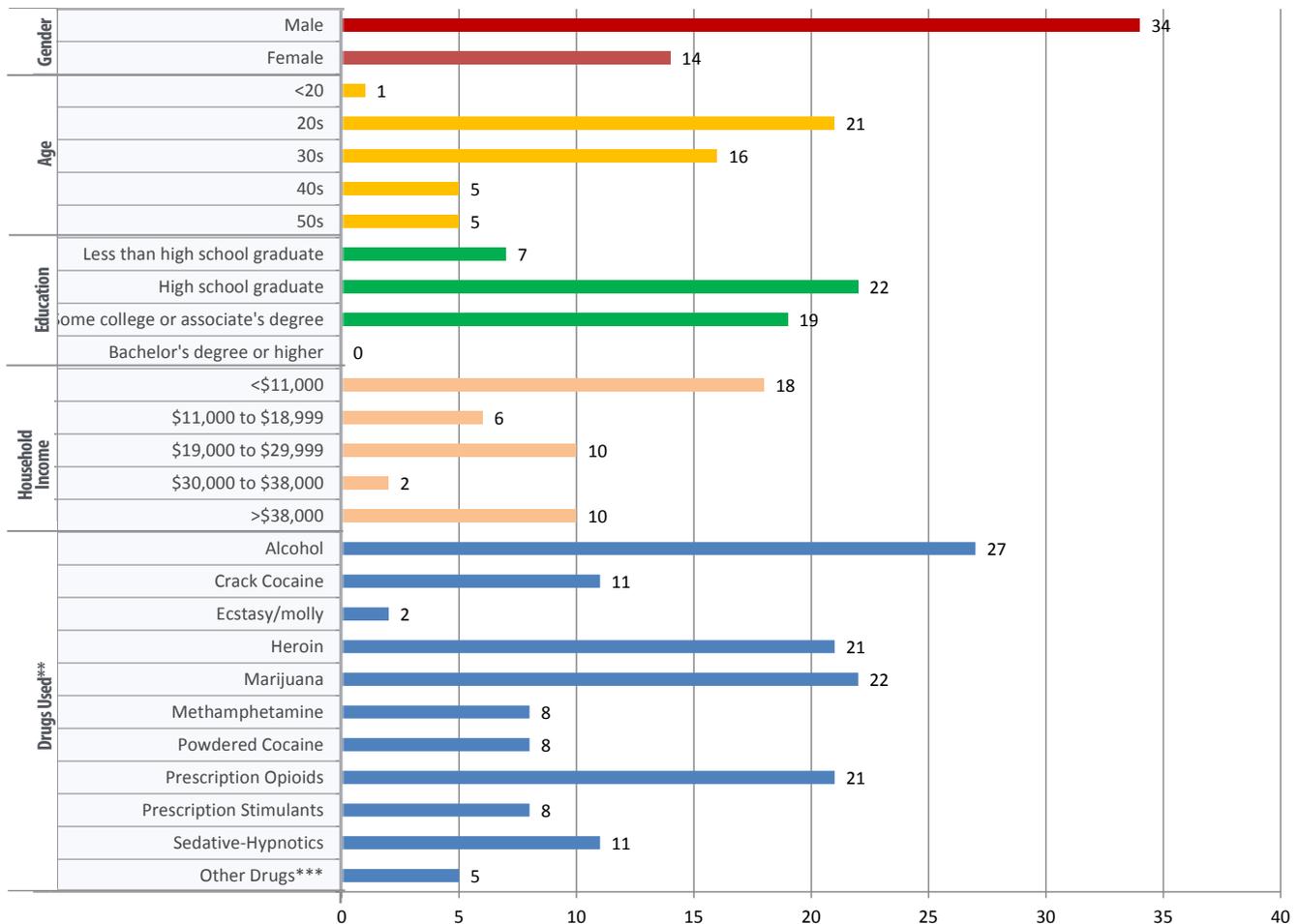
<sup>1</sup>Ohio and Youngstown statistics are derived from the most recent US Census, and OSAM drug consumers were participants for this reporting period: January 2013-June 2013.

<sup>2</sup>Participants reported income by selecting a category that best represented their household's approximate income for 2012. Income status was unable to be determined for one participant due to missing data.

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

### Youngstown Regional Participant Characteristics

Drug Consumer Characteristics\* (N = 48)



\*Not all participants filled out forms; therefore, numbers may not equal 48.

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

\*\*\*Other drugs refer to DMT, ketamine, psilocybin mushrooms, LSD, Seroquel®, trazodone and synthetic marijuana.

## Historical Summary

In the previous reporting period (July–December 2012), crack cocaine, heroin, marijuana, powdered cocaine, prescription opioids, prescription stimulants, sedative-hypnotics and Suboxone® remained highly available in the Youngstown region. Changes in availability during the reporting period included likely increased availability for methamphetamine and synthetic marijuana.

Overall, participants and community professionals identified heroin as the region's primary drug problem and labeled it an "epidemic." Many participants experienced in heroin use reported using prescription opioids first, which seemingly led to heroin use. While many types of heroin were available in the region, participants and law enforcement continued to report that brown powdered heroin was the most available and the availability of black tar heroin as low. The BCI Richfield Crime Lab reported that the overall number of heroin cases it processes had increased during the reporting period.

While there were a few reported ways of using heroin, the most common route of administration remained intravenous injection. Most participants agreed that needle-sharing was a problem in the region and shared concerns regarding Hepatitis C. Participants and community professionals continued to describe typical heroin users as predominately white and younger than age 30. Participants estimated that six to eight heroin users out of 10 would "speedball" heroin with crack and/or powdered cocaine.

Collaborating data indicated that prescription opioids remained readily available and abused in the region. The Mahoning County Coroner's office reported prescription opioids as present in 44 percent of all drug-related deaths during the reporting period. Participants and law enforcement reported street availability of Suboxone® as '10' (highly available). Law enforcement saw more Suboxone® on the street openly traded among people who have prescriptions. The BCI Richfield Crime Lab reported that the number of Suboxone® cases it processes had increased during the reporting period. In terms of illicit use of Suboxone®, participants most commonly reported injecting Suboxone® 8 mg strips and snorting Suboxone® 8 mg tablets. Participants and community professionals continued to describe typical illicit users of Suboxone® as heroin users.

Participants from Ashtabula and Columbiana counties most often reported the current availability of methamphetamine as '10'. A participant from Ashtabula County reported that methamphetamine, along with heroin, was the easiest substance to obtain. Law enforcement from Mahoning County noted a slight increase in methamphetamine during the reporting period, particularly in western Mahoning County. Many participants also reported purchasing boxes of pseudoephedrine and exchanging them for methamphetamine or for other drugs, particularly heroin. Participants continued to describe typical users of methamphetamine as predominately white.

The majority of participants expressed an aversion for bath salts and reported no attempts to purchase the drug. Community professionals reported knowledge of very few cases of bath salts during the reporting period. Participants also reported little firsthand experience with synthetic marijuana; however, law enforcement reported seeing a slight increase in synthetic marijuana. The BCI Richfield Crime Lab reported that the number of bath salts and synthetic marijuana cases it processes had increased during the reporting period.

Lastly, several participants discussed either growing or having access to hydroponically grown marijuana and believed higher-quality marijuana was highly available. Participants and law enforcement also discussed increased access to medical marijuana in the region. Law enforcement reported that medical marijuana from western states was being intercepted and seized more frequently; medical marijuana was increasingly shipped into the region via the U.S. Postal Service and other large retail shippers.

## 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 also '8'. A participant remarked, "*We can walk 100 feet in any direction and find it [powdered cocaine] right now.*" Other participants described the availability of powdered cocaine as being dependent on one's connections. A participant explained, "*I think it [access to powdered cocaine] depends on who you know and the community, whoever you surround yourself*

with. *Everyone I knew did coke [powdered cocaine], so it was very available [to me].*" Another participant shared, *"It [powdered cocaine] was never my drug of choice, so I was never around anyone that dealt with it, so I wouldn't know where to get it."*

Treatment providers most often reported the drug's current availability as '10,' the previous most common score was also '10.' Law enforcement described powdered cocaine as less available and less popular than crack cocaine. A law enforcement officer reported, *"I think ... the preference is [for] crack [cocaine] ... the dealers buying it [powdered cocaine] up are cooking it up [manufacturing crack cocaine] because that's what their customer base wants; [Law enforcement] we're not buying hardly any powder ... [powdered cocaine] it's almost always converted to crack."*

Collaborating data also indicated the presence of cocaine in the region. The Mahoning County Coroner's office reported that 28.8 percent of all drug-related deaths (N = 59) it processed during the past six months was caused either by acute intoxication by cocaine or by combined effects of cocaine with another substance(s).

Media outlets in the region reported on powdered cocaine seizures and arrests during this reporting period. Two men were arrested in Austintown (Mahoning County) after powdered cocaine, a marijuana joint and crack pipes were found in their possession; and ten individuals from Youngstown were among 17 people indicted by a federal grand jury for being part of a drug ring that distributed cocaine and heroin in the Youngstown area ([www.vindy.com](http://www.vindy.com), May 15 and June 26, 2013, respectively).

Participants reported that the availability of powdered cocaine has remained the same during the past six months. A participant explained, *"[Powdered cocaine] it's still pretty available. There's just more people [dealers] switching to heroin [sales], mainly because it [heroin] makes more money for them. If you're saying the sales-of-it-wise, coke's down and heroin's sales up."* Law enforcement and treatment providers also reported that the 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 remained the same during the past six months.

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

score was '6.' Participant comments on the current quality of powdered cocaine included: *"It's garbage; It's a negative 10 [on the quality scale]; The prevalence of finding good coke around here is slim to none compared to other places I've been."* A participant shared that quality often varies: *"Depends on who you know, where it [powdered cocaine] comes from. Sometimes you don't even want to do it because it's friggin' crap. A lot of times it's stomped down [adulterated/cut with other substances] by a lot of people."*

Participants reported that powdered cocaine in the region is cut (adulterated) with baking soda, baby laxative, Goody Powder® (a cutting agent sold at "head shops"), lidocaine (local anesthetic), methamphetamine, Tylenol® and vitamin B-12. A participant commented, *"I notice a lot of people cut everything with [vitamin] B-12 anymore."* Overall, participants reported that the quality of powdered cocaine has remained the same during the past six months. The BCI Richfield Crime Lab reported that powdered cocaine is cut with caffeine, levamisole (livestock dewormer) and lidocaine (local anesthetic).

Current street jargon includes many names for powdered cocaine. The most commonly cited remain "girl" and "soft." Participants listed these as other common street names: "bitch," "blow," "fish scale," "powder," "stuff," "white bitch," "white girl" and "ya-yo." Participants also reported the following phrases refer to powdered cocaine use: "Going skiing" and "Do you want to go skiing?" Current street prices for powdered cocaine were consistent among participants with experience buying the drug. Participants reported that 1/4 gram sells for \$25; a gram sells for \$50-70; 1/16 ounce (aka "teener") sells for \$90-125; 1/8 ounce (aka "eight ball") sells for \$150-200.

Participants reported that the most common way to use powdered cocaine remains snorting. Participants estimated that out of 10 powdered cocaine users, eight would snort and two would intravenously inject (aka "shoot") the drug. Most participants agreed that if users prefer heroin, they would inject powdered cocaine. A participant commented, *"Most people snort it [powdered cocaine] ... some people inject it."*

Participants described typical users of powdered cocaine as white adults over the age of 30. A participant stated, *"I don't see too many young people on cocaine anymore. You see lots of young people on heroin though."* Participants also shared that powdered cocaine is often used in bars: *"The bar crowd, you know, likes to do coke; Definitely at the bar"*

scene, [powdered cocaine] it's real popular." A treatment provider shared, "For the men, the ones over 30 [years of age], they're using powdered cocaine. They're snorting and sometimes rocking the cocaine up [into crack cocaine] and smoking it."

Reportedly, powdered cocaine is used in combination with alcohol, heroin, marijuana, prescription opioids, sedative-hypnotics and tobacco. A participant shared, "I used to snort a couple lines [of powdered cocaine] before I'd go out, and then have a couple [alcohol] drinks ... and I could party all night. If I started feeling down, snort a line, and I'd be off running again." Another participant commented: "Anything [is combined with powdered cocaine use] to come down off of it [the powdered cocaine high] ... downers, sleeping pills ... Valium®, Percocet® ... something to take the edge off the coke." Participants suggested that powdered cocaine users use the drug with heroin to "speedball" or intensify the high. A participant commented, "A lot of people are shooting, mixing that [powdered cocaine] and heroin together and booting it [injecting it]." One participant stated, "You can't stop smoking cigarettes when you're using coke."

## 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'. Most participants agreed that crack cocaine is more available than powdered cocaine. Participant comments on current availability included: "I mean for some reason, crack [cocaine] is more available. I tried, not too long ago, to get [powdered] cocaine and it was nowhere to be found ... but there was always crack; Most definitely [crack cocaine] it's more available than powdered cocaine; So [in regards to availability], heroin first, then crack cocaine – with the exception of marijuana, which is just really easy to get anywhere – then coke."

Community professionals most often reported current availability as '10'; the previous most common score was also '10'. There was consensus among community professionals that crack cocaine is preferred over powdered cocaine among users in the region. Treatment providers commented: "I don't know if [crack cocaine] it's more available than powder, but there's more people doing it [crack cocaine]; I think people are using crack more [than powdered cocaine]." Law enforcement commented: "Crack cocaine is

far more available ... than powder. We're not buying hardly any powder, it's almost always converted to crack; I think it's ... not so much that it's more available, but the preference is [for] crack in Trumbull [County]."

Media outlets in the region reported on crack cocaine seizures and arrests during this reporting period. Two adults were arrested in Warren (Trumbull County) after the Trumbull Ashtabula Group Law Enforcement Task Force, Warren Police Department and Trumbull County Sheriff's office searched a residence and found crack cocaine and other drugs; and a man was arrested on the south side of Youngstown after crack cocaine and heroin were found inside his residence ([www.vindy.com](http://www.vindy.com), May 6, and May 30, 2013, respectively).

Participants reported that the availability of crack cocaine has remained the same during the past six months. Treatment providers and law enforcement also reported that availability of crack cocaine has remained the same during the past six months. The BCI Richfield Crime Lab reported that the number of crack cocaine cases it processes has remained the same during the past six months.

Participants most often reported the current overall quality of crack cocaine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was also '5'. A participant reported, "[Crack cocaine is] crap. You have to re-cook it, meaning you have to get the crack that you're sold, put it in a spoon with water and cook it back down. And then re-rock it." Participants reported that crack cocaine in the region is primarily cut with baking soda, but suggested it could also be cut with flour and procaine (local anesthetic). One participant said, "People use cuts from the 'head shops' [to adulterate cocaine] ... procaine is one of them." Another said, "It's different with crack cocaine because you can make it as pure as you want it. You can always cook the soda [adulterates] out of it." Participants also reported that crack cocaine is being cut with methamphetamine. A participant shared, "I've know people take powder [cocaine] and cut it with meth [methamphetamine]. You know, they'll get the rush from the meth, thinking it's half-way decent coke or crack, but it's meth." Overall, participants reported that the quality of crack cocaine has remained the same during the past six months.

Current street jargon includes many names for crack cocaine. The most commonly cited remain "crack" and "hard." Participants listed the following as other common street names: "food," "knots," "nuggets," "rock" and "work." Current

street prices for crack cocaine were consistent among participants with experience buying the drug. A participant commented, "[Crack cocaine] *it's cheaper* [than powdered cocaine]. *You can buy it in lesser quantities.*" Participants reported that a gram of crack cocaine sells for \$50-75, depending on the quality; otherwise, crack cocaine is most commonly sold by the dollar amount for different-sized pieces (aka "rocks"). Participants explained that one can purchase a rock for any dollar amount. A couple participants said crack can be purchased for a little as a dollar or two. "*You can get crumbs* [of crack cocaine] *for a dollar; You can get it* [crack cocaine] *for \$2 if you have \$2. You can't do that with powder though, or heroin.*" Other participants reported that crack cocaine can be obtained by trading other items of value: "*I've seen a guy trade his sneakers at the dope house. Take off his sneakers for a crumb* [of crack cocaine]; *I know a guy who traded a half-gallon of milk for crack; I know a lot of people stealing like meat and stuff, going to the grocery store to steal meat and take it to the dope man's house; People sell their body too. My sister sold her body for heroin and crack.*"

While there were a few reported ways of administering crack cocaine, the most common routes of administration remain smoking and less commonly, intravenous injection (aka "shooting"). Participants estimated that out of ten crack cocaine users, eight would smoke and two would intravenously inject the drug. A treatment provider commented, "*People like to rock it* [powdered cocaine] *up. I say if they do get it in powder, they'll rock it up to smoke* [as crack cocaine]." Another treatment provider shared, "[Users] *they're also shooting crack cocaine.*"

Participants described typical users of crack cocaine as over 40 years of age and primarily African-American. Participant comments included: "[Typical crack cocaine users] *it's mostly African-American; I had a neighbor, her and her husband, she was in her 60s and he was in his 70s. They've been smoking crack their whole life; A lot of African-Americans in their 50s, 60s and up. But, I also see a lot of the younger crowd that are taking heroin with it* [crack cocaine], *for the up and the down, 'speed-balling.'*" Treatment providers described typical crack cocaine users similarly: "*Middle-aged, older people; More towards 35* [years of age] *and up. But, I've also had younger ones say they've used it* [crack cocaine] *before, but it's not their drug of choice; I say more African-American for crack, but it's a good mix, about the same for male and female; We* [treatment providers] *see 30 years old and up with it* [crack cocaine]."

Reportedly, crack cocaine is used in combination with alcohol, heroin, marijuana, prescription opioids and sedative-hypnotics. A participant commented, "*Smoke weed* [marijuana] *... something to come down off of* [crack cocaine] *... Xanax® or something.*" Another participant suggested, "*Pills, 'percs'* [Percocet®], *Xanax® ... people eat them, some snort, but mostly eat* [chew them and swallow] *after smoking* [crack cocaine] *or snorting* [powdered cocaine]." Participants also reported smoking crack cocaine and marijuana together. A participant stated, "*They* [users] *put it together – mixed – crack and weed.*" Most participants agreed that individuals who intravenously inject crack cocaine are often also injecting heroin to speedball. Participants shared: "*Crack or coke, it's whatever you can get your hands on; I think crack is more preferable* [to speedball with heroin] *because it's easier to get.*" A treatment provider also commented, "*I think they're using it* [crack cocaine] *with heroin. They'll use vinegar to make it more soluble and shoot both together.*"

## Heroin

Heroin remains highly available in the region. Participants most often reported the overall availability of heroin as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. Participant comments on current availability included: "*Heroin is a huge problem. Opiates, heroin, are a huge, huge, huge problem in this area; [Heroin availability] it's a '10'* [highly available] *all day; Heroin is an epidemic in this part of the state ... in this region of the country; It depends on what you consider a '10'. I mean if you consider a '10' that you can walk less than two minutes from this building and in any direction and find it* [heroin] *in four, five or more places, than yes, it's a '10.'*" Community professionals most often reported current availability as '10'; the previous most common score was also '10'. Law enforcement comments included, "*Heroin is still our biggest problem; We're just so inundated with the heroin....*"

Collaborating data also indicated the presence of heroin in the region. The Mahoning County Coroner's office reported that 42.4 percent of all drug-related deaths it processed during the past six months was caused either by acute intoxication by heroin or by combined effects of heroin with another substance(s).

Media outlets in the region reported on heroin seizures and arrests during this reporting period. Ninety-seven

individuals were charged in a successful drug and weapons sweep in Warren (Trumbull County); the individuals were involved in heroin, cocaine and marijuana trafficking, as well as illegal firearm sales ([www.10tv.com](http://www.10tv.com), April 17, 2013; [www.vindy.com](http://www.vindy.com), April 18, 2013). A drug dealer and a young man were arrested upon the death of a 17-year-old girl from Girard (Mahoning County) who overdosed on heroin they provided ([www.vindy.com](http://www.vindy.com), May 24, 2013).

While many types of heroin are currently available in the region, participants and law enforcement reported brown powdered heroin as the most available type. Participants rated brown powdered heroin's availability as '10,' the previous most common score was also '10.' Participants described brown powdered heroin as follows: "Brown sugar, chunky, depends on how much you get. If you buy a lot, it's a rock. If you buy a little bit, it's powder; Sand. It's the way brown sugar would look, maybe a little lighter; Tan-ish, kind of like cocoa, chunks." Law enforcement noted, "[Available heroin is] mostly brown powder." The BCI Richfield Crime Lab also reported brown powdered heroin as most available in the region.

Participants reported the availability of black tar heroin as low, rating its 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 also '2.' A participant commented, "Black tar [heroin] is more upper class ... it's around, but more expensive." Law enforcement also continued to report low availability of black tar heroin, rating its current availability as '2,' the previous most common score was also '2.' A law enforcement officer reported, "We've had a little bit of black tar in Ashtabula; We've never bought it [black tar heroin] in a seizure here [in Trumbull County]." Another law enforcement officer reported, "As part of the big roundup [drug sweep] we [law enforcement] just did, one of the main players here in Warren, all he wanted was black tar ... he found that when he bought the black tar, he could put more cut on it to make it worth more money ... it [black tar heroin] was coming ... from Mexico to Chicago to Columbus and Dayton and then up to here." The BCI Richfield Crime Lab reported low availability of black tar heroin in the region.

Participants were unable to determine the overall availability change of heroin, but suggested it has either remained the same or has slightly increased during the past six months. A participant suggesting that availability has remained the same commented: "I don't think an

increase [in availability of heroin] as much as [an increase in heroin use as] the painkillers come off the shelf [and] more and more people turn to dope [heroin]." Other participants commented on no change in availability, even after a recent drug bust: "With the [recent heroin] bust, it [availability of heroin] really hasn't changed; You'll always have new people [selling heroin]; No matter how many people they put in jail, there's still somebody out there [selling heroin]." Community professionals reported that the availability of heroin has remained the same during the past six months. A treatment provider described high availability of heroin as being "steady for a long time." A law enforcement officer reported that availability of heroin has "remained very high for the past couple years." The BCI Richfield Crime Lab reported that the number of brown powdered heroin cases it processes has increased during the past six months, while the number of black tar heroin cases has remained the same.

Participants generally rated the current overall quality of heroin as '6' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score ranged from '3' to '9.' Several participants continued to discuss the variability in heroin quality. A participant stated, "You get some really good [heroin], and then you get some bunk [bad heroin]; It's hit or miss." Participants reported that brown powdered heroin in the region is cut with benzodiazepines (specifically Xanax®), methamphetamine, joint supplements, quinine (antimalarial) and vitamin B. A participant claimed, "I know one of the biggest leading causes of overdoses from what I've seen in this area is from cutting dope [heroin] with benzos [benzodiazepines], Xanax®, etc." Another participant reported, "I know for sure that they [dealers] cut it [heroin] with methamphetamines. These guys [other participants] might argue with me, but I know for sure they have, I've seen it; Meth and Xanax® together [cut into heroin] too because it's not too high and it's not too low. Xanax® is obviously going to give you that hard nod and when people do it, they think they're doing good dope." Overall, participants agreed that the quality of powdered heroin has decreased during the past six months. The BCI Richfield Crime Lab reported that there are not a lot of cutting agents in the heroin cases they process.

Current street jargon includes many names for heroin. The most commonly cited names were "boy" and "dog food." Participants listed the following as other common street names: "alpo," "China," "D," "dope," "food," "downtown julie brown," "H," "fire" and "smack." Participants reported that

brown powdered heroin is available in different quantities: 1/10 gram sells for \$10; 1/2 gram sells for \$60-100; a gram sells for \$150-200. A participant recalled, *"I've paid \$60 for a half [gram of heroin], and I've paid up to \$100 for a half ... just depends on the quality and who you're dealing with. It [pricing] varies."* Several participants reported that heroin is most often bought in "bags" or "folds" and sells for \$20. Overall, participants reported heroin pricing has remained the same during the past six months.

While there were a few reported ways of using heroin, generally the most common routes of administration are intravenous injection (aka "shooting") and snorting. Participants estimated that out of 10 heroin users, eight would intravenously inject and two would snort the drug. A participant said, *"Most [heroin users] inject, some snort, some smoke it ... most people inject it though."* Several participants continued to suggest a progression of use: *"[Heroin users] they'll end up shooting. Most people start out snorting, but end up shooting up later because after a while your tolerance builds; New users usually snort it, but they end up shooting up; It don't take long, they'll eventually shoot it up."* Treatment providers agreed, reporting: *"Most all of them [heroin users] are IV [intravenous] users. I'd say about eight out of 10 are typically IV users; eight or nine would shoot, one might snort and most start off that way [snorting heroin]."*

Participants reported purchasing needles from heroin dealers, pharmacies, friends, family members and others with diabetes and through the Internet. Reportedly, injection needles on the street sell for \$5 each. Participant comments included: *"I buy them [injection needles] by the bag, and I've never been asked [for ID]; They're readily available at pharmacies; You can go to tractor trailer supply and get horse needles easily; People get them [injection needles] off the Internet. Usually, the person that sells it to you can buy a big pack online and knows someone in the area that can get needles because of diabetes or something."* A participant recalled travelling out of the region to obtain needles: *"I know people that go to Cleveland to the needle exchanges ... bring their dirty needles, and they [The Free Clinic of Greater Cleveland] give you free clean ones. However many you bring ... you bring a couple hundred, they give you a couple hundred, so they go up there ... and I mean sometimes you going up there to get your dope anyway."*

Participants estimated that roughly five out of 10 heroin users share needles. A participant commented, *"A lot of people share [needles]. I know a lot of people with Hep C [Hepatitis C] because of it [needle sharing]."* Most partici-

pants agreed that Hepatitis C is a problem in the region. Participants commented: *"Hep C for sure is a problem here; A third of the people here probably have it [Hepatitis C]; My sister has Hepatitis C. It's beginning to be a much bigger problem; Making needles not readily available is causing more harm than good – spreads Hep C and HIV."* A participant suggested, *"We need a needle exchange up here. People are using old needles, reusing and then people get so desperate they end up sharing them."* A treatment provider added, *"[Heroin users] start IV [intravenous] using at 18, 19 [years of age] and are coming in [for treatment] at 20, 21 [years of age]."*

Participants and community professionals described typical heroin users as white, male and female, between the ages of 18 and 30. Participant comments on typical users included: *"I'd say a lot more younger now [using heroin] ... 16-25 [years of age]; A lot of high schoolers are starting to use it [heroin]; There's a lot of suburban kids doing it [heroin] too. You don't just got to be from an urban area [to use heroin], it's getting everywhere."* Treatment providers reported, *"Generally, [heroin users] they're around 28 years old on average; It does seem like over time [heroin use] it's been trending younger ... and definitely in the last six months, we've had calls from other folks working with the 18, 19 year old asking, 'What do I with them? They need a detox bed.'" Many participants and community professionals also continued to describe typical users as those who progressed from using prescription opioids to using heroin: *"People who were taking pills [prescription opioids] previously and can't get them anymore [use heroin]; Most of my opiate addicts [in treatment program] are heroin users; however, they started out using Vicodin®, then Opana®, 'roxies' [Roxicodone®]."**

Reportedly, heroin is used in combination with crack and powdered cocaine, marijuana, methamphetamine, prescription opioids and sedative-hypnotics. Several participants explained that heroin is used with other drugs to increase the heroin high: *"Crack, benzos [benzodiazepines], weed [marijuana] ... it increases the high; You know, if you don't feel the effects of heroin, you take a benzo to nod; Any kind of benzos ... benzos get you higher."* Many participants with experience using heroin reported "speedballing" with crack cocaine, powdered cocaine or methamphetamine. Participants reported that roughly half of heroin users speedball: *"I'd say half of the people do. If people shoot cocaine, they're 'speedballing' [with heroin]; They mix them together and speedball right then and there."*

## Prescription Opioids

Prescription opioids remain highly available in the region. Participants most often reported the current availability as of these drugs as '8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10'. Participants identified Percocet® and Roxicodone® as the most popular prescription opioids in terms of widespread use; they identified Ultram® as also highly available but less desired. Several participants commented on Ultram®: *"I'd say [Ultram®] it's easily available because it's commonly prescribed; They're weak, nobody really looks for them [Ultram®]; My brother has a bottle of 800 of them [Ultram®] in his house from his doctor ... just keeps feeding it to him; If you eat a lot of them [Ultram®], like six or eight, they help you with your sickness [from heroin withdrawal]; You can go to the hospital and get those [Ultram®]; Anybody can have those."*

Community professionals most often reported the current availability of prescription opioids as ranging from '7' to '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get), depending on the prescription type; the previous most common score was '10'. Community professionals identified Percocet®, Roxicodone® and Ultram® as the most popular prescription opioids in terms of widespread use. A law enforcement officer commented, *"Definitely here in Trumbull [County], heroin, along with prescription pills, is a problem ... opiates, hydrocodone, oxycodone are probably equal ... any prescribed opiate [is available]."* Another law enforcement officer shared, *"Up north [in Ashtabula County], Percocet® is what [law enforcement] we're purchasing the most – or oxycodone [through undercover drug buys]. The availability of Percocet® in Ashtabula is far higher than anything else we're having an opportunity to buy, and I would say it's a '9' or '10' [highly available]."*

Collaborating data also indicated the presence of prescription opioid use in the region. The Mahoning County Coroner's office reported that 44.1 percent of all drug-related deaths it processed during the past six months were caused either by acute intoxication by a prescription opioid(s) or by combined effects of a prescription opioid(s) with another substance(s).

Media outlets in the region reported on prescription opioids seizures and arrests during this reporting period. Four nurses were indicted for stealing prescription opioids (Dilaudid®, fentanyl, morphine and Vicodin®) from a hos-

pital in Boardman (Mahoning County); and Liberty Police (Trumbull County), who were tipped off about a wanted man staying in a local hotel, entered the room and arrested the man after finding prescription opioids ([www.vindy.com](http://www.vindy.com), May 9 and June 25, 2013, respectively).

Participants reported that the availability of prescription opioids has decreased during the past six months. Participants shared: *"[Law enforcement] they're cracking down on doctors [who overprescribe] I think; 'Roxies' [Roxicodone®] ... they've definitely been harder to get; A lot of them [prescription opioids] have gone down, especially Percocet® went down; [Prescription opioids] they're too much energy to get and sell them."* Treatment providers and law enforcement reported that availability of prescription opioids has remained the same during the past six months. However, a law enforcement professional reported lower incident rates of prescription opioids arrests in Youngstown: *"Not [seeing prescription opioids] so much, [law enforcement] we're doing probably about 8 percent of our trafficking caseloads ... are pharmaceutical cases as opposed to nearly 40 percent heroin."* The BCI Richfield Crime Lab reported the number of prescription opioid cases it processes has generally remained the same during the past six months, with the exception of an increase in Ultram® cases and a decrease in OxyContin® cases.

Reportedly, many different types of prescription opioids (aka "beans," "candy," "poppers," "skittles" and "vitamins") are currently sold on the region's streets. Current street prices for prescription opioids were consistent among participants with experience buying the drugs. Participants reported the following prescription opioids as available to street-level users (Note: When reported, current street names and prices are indicated in parentheses): Norco® (sells for \$5 per pill), Opana® (aka "panas" and "pandas;" old formulation, 40 mg sells for \$40-60; new formulation, 40 mg sells for \$20-30), Percocet® (aka "peaches" and "percs;" 7.5 mg sells for \$3-5; 10 mg sells for \$6-8), Roxicodone® (aka "IR 15s," "IR 30s," "blues," "blueberries" and "roxies;" 15 mg sells for \$10-15; 30 mg sells for \$25-30), Ultram® (aka "trams" and "trims;" sells for 50 cents-\$1.50 per pill) and Vicodin® (aka "vikes;" 5 mg sells for \$1-2; 7.5 mg sells for \$2-3; 10 mg sells for \$4-5). Most participants agreed that Opana® 40 mg old formulation is very rare in the region: *"You might come across them, but they're rare now; There's none around here. I know one person that leaves the state and comes back with them, the 40's; I've paid \$78 for an Opana® 40 [old formulation]."*

While there were a few reported ways of consuming prescription opioids, and variations in methods of use were noted among types of prescription opioids, the most common routes of administration remain snorting and oral consumption (swallowing and/or “eating,” crushing/ chewing). Participants reported that out of 10 illicit prescription opioids users, eight would orally consume and two would snort the drugs. Participants explained: *“Most people [users] chew them [prescription opioids] ... gets into your system faster; I know a lot of people will chew them [prescription opioids] because they like the taste of it. Like I would chew them because I liked it.”* Participants also noted other routes of administration including intravenous injection, smoking and dissolving prescription opioids in drinks. Most participants agreed that injecting prescription opioids is common among intravenous heroin users.

In addition to obtaining prescription opioids on the street from dealers, participants reported getting them through the Internet, pain clinics, emergency rooms and family physicians. A participant commented: *“Some [prescription opioids are obtained through] prescription, many [obtained] off the street. I know when I was using, I had a buddy that had 5,000 [prescription opioid pills] sent to him every couple weeks from California. I know it was gang organized and the shipment was split between specific people.”* However, most participants agreed that the most common way to obtain prescription opioids is through people who have prescriptions. Participant comments included: *“Either older people who sell them [prescription opioids] or you know someone, family members ... and steal them; I stole them out of the bathroom; A lot of people have prescriptions [for opioids], and they never take them. That was their income every month. You can buy the whole script [prescription].”* Several participants also reported selling prescription opioids to obtain a preferred drug of choice: *“People here [Ashtabula County] are selling Percocet® to get heroin; I know someone who sold their script, had 180 of them [Percocet®], and they probably sell about 150 of them a month to get their heroin.”*

Participants described typical illicit users of prescription opioids as white and under age 30. A participant observed, *“The young people are buying them off the street, and the older people have the prescriptions and are selling them [opioids]. They’ll take half [use half the prescription] and sell the other half.”* Two participants noted that their own initiation of illicit use occurred in adolescence, at age 14 and 16. Law enforcement reported that illicit users of prescription opioids are diverse, although more often white than black.

Reportedly, when used in combination with other drugs, prescription opioids are most often used in combination with alcohol, marijuana, methamphetamine and sedative-hypnotics. Participants shared that other substances are used to intensify the high of the prescription opioid(s). A participant stated, *“You get real messed up when you drink alcohol and take pills [prescription opioids].”* Another participant explained, *“People smoke weed [marijuana] just before they pop them [prescription opioids] to get high ... just before the pill kicks in.”*

### Suboxone®

Suboxone® remains highly available in the region. Participants reported the current street availability of Suboxone® as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was also ‘10’. A participant commented, *“I know a lot of people that got those [Suboxone®]. It’s everywhere now.”* Another participant shared, *“People take them [Suboxone®] when they can’t get their dope [heroin] or pain pills to not get sick. I don’t think people abuse them and shoot them. I would buy them in bulk and save them for when I couldn’t get dope, so I wouldn’t get sick.”* Treatment providers and law enforcement most often reported the drug’s current availability as ‘10’; the previous most common score was ‘8’. Treatment provider comments on current availability included: *“You can find it [Suboxone®] ... all the heroin dealers have it; I think it’s high [highly available].”* A treatment provider also observed, *“[Heroin users] they’re trading their Suboxone® with the heroin dealers for the heroin.”*

Collaborating data also indicated the presence of Suboxone® in the region. The Mahoning County Coroner’s office reported that 8.5 percent of all drug-related deaths it processed during the past six months was caused by acute intoxication by combined effects of buprenorphine – an ingredient in Suboxone® – with another substance(s).

Participants reported that the availability of Suboxone® has remained the same during the past six months. Although most community professionals agreed that availability of Suboxone® has generally remained the same during the past six months, some treatment providers reported an increase in use. Their comments included: *“I don’t know if [Suboxone®] it’s more available, but we’ve seen an increase in the amount of people using Suboxone® in the last six months; I think the biggest change here [in substance*

abuse trends] is the increase in Suboxone®. More and more clients are using it." The BCI Richfield Crime Lab reported the number of Suboxone® cases it processes remained the same during the past six months.

No current street jargon was reported for Suboxone®. Current street prices for Suboxone® were consistent among participants with experience buying the drug. Participants reported that Suboxone® 8 mg (strips and pills) sell for \$15-20. Participants suggested that pricing has increased during the past six months: "I used to pay two [Suboxone®] for \$25 but now they're \$20 apiece. They went up a lot; I used to get the 8 mg [Suboxone®] strips for \$10 a piece ... they went up." Most participants reported that 8 mg pills are rarely available in the region and that 8 mg sublingual strips are much more available: "You don't really see the [Suboxone®] pills too often, it's the 8 mg strips; [I] haven't seen [Suboxone®] pills lately, it's mostly the films. They're doing away with the [Suboxone®] pills."

While there were a few reported ways of consuming Suboxone®, the most common route of administration is sublingual (dissolving it under the tongue). Participants estimated that out of 10 illicit Suboxone® users, nine would orally ingest and one would intravenously inject (aka "shoot") the drug. A participant observed, "Most people just let it [Suboxone®] dissolve under their tongue." Other participants commented on injecting the drug: "I know people that shoot them [Suboxone®], that's not real common; Some people have injected it. I don't think it's as common. [Injection of Suboxone®] that's really for the heavy, heavy heroin user; I've heard of people shooting them up, but no, I've never done it. It's not real common."

In addition to obtaining Suboxone® on the street from dealers, participants also reported obtaining the drug through prescriptions from clinics and doctors. A participant commented, "People go to the doctor get a [Suboxone®] prescription, and then they sell their prescription; All you got to do is piss dirty [fail a drug screen] and go to the thing [clinic] and get Suboxone®." Other participants suggested: "If you really want them [Suboxone®], you can go to a clinic and sit there all day and I'm sure you can get them; Either get a prescription or go to the dope [heroin] dealer, they sell that [Suboxone®] too; Get your heroin and Suboxone® all in one shot." Some participants reported giving Suboxone® to heroin dealers in exchange for heroin: "A lot of dope [heroin] dealers do carry it [Suboxone®] ... they'll get it from the user who's sick and swap them for the heroin. He'll have

a prescription for 30 strips and sell them to dealer for heroin. Just trading it, back and forth; Either sell it [Suboxone®] to the dealer or to other people who want it, either way." A treatment provider also reported, "I see a lot of people selling Suboxone®. They get a prescription for it and sell it for their drug of choice."

Participants and community professionals described typical illicit Suboxone® users as having the same profile as heroin users. Participant comments on typical illicit use included: "Heroin users ... people going through withdrawals; People who are addicted to an opiate or heroin. There aren't people who use other drugs that would go use Suboxone® for the fun of it." Treatment providers explained, "When opiate addicts can't get anything, they're buying Suboxone® off the street to not be sick; They know if they can't get the other [drug of choice – typically heroin], [Suboxone®] it'll keep them from getting sick." Reportedly, when used in combination with other substances, Suboxone® is used with marijuana, prescription opioids and sedative-hypnotics.

## Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain highly available in the region. Participants most often reported the current availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. Participants identified Xanax®, followed by Klonopin®, as the most popular sedative-hypnotic in terms of widespread use. Participants also identified Ativan® and Valium® as highly available in the region; however, less desirable than Xanax® and Klonopin®. A participant commented, "I know a lot of people who are prescribed Klonopin®, and they're like, 'Hey you want one?'"

Community professionals most often reported current availability of sedative-hypnotics as '6'; the previous most common score was '8'. Community professionals identified Ativan®, Klonopin® and Xanax® as most popular. A treatment provider reported, "Xanax®, Ativan® and Klonopin® – we see all of those [in client use histories]. A lot of them [clients] are prescribed it ... They can go to their doctor or psychiatrist [to obtain sedative-hypnotics]." A law enforcement officer added: "We've bought Xanax® ... I think it's not nearly available as Percocet® ... the opiates are still more of an issue [than sedative-hypnotics]."

Collaborating data also indicated the presence of sedative-hypnotics in the region. The Mahoning County Coroner's office reported that 44.1 percent of all drug-related deaths it processed during the past six months was caused by acute intoxication by combined effects of a benzodiazepine(s) with another substance(s).

Participants reported that the availability of sedative-hypnotics has remained the same during the past six months. A participant remarked, "No changes [in availability of sedative-hypnotics] ... probably never will [be]." Community professionals also reported that the availability of sedative-hypnotics has remained the same during the past six months. The BCI Richfield Crime Lab reported that the number of sedative-hypnotics cases it processes has remained the same during the past six months, with the exception of a decrease in the number of Soma® cases.

Reportedly, many different types of sedative-hypnotics (aka "benzos" and "skittles") are currently sold on the region's streets. Current street prices for sedative-hypnotics were consistent among participants with experience buying the drugs. Participants reported the following sedative-hypnotics as available to street-level users (Note: When reported, current street names and prices are indicated in parentheses): Ativan® (sells for 50 cents-\$1 per pill), Klonopin® (aka "k-pins" and "pins;" 2 mg sells for \$1-2), Valium® (10 mg sells for \$1-2) and Xanax® (aka "blues," "footies," "forget-me-nots," "greens," "mind-erasers," "peaches" and "xanies;" 0.5 mg sells for 50 cents-\$1; 1 mg, aka "footballs," sells for \$1-3; 2 mg, aka "bars," "handle bars," "ladders" and "xanibar," sells for \$3-5).

While there were a few reported ways of consuming sedative-hypnotics, and variations in methods of use were noted between types of sedative-hypnotics, the most common routes of administration remain snorting and oral consumption (swallowing and "eating," crushing/chewing). Participants reported that out of 10 illicit sedative-hypnotics users, eight would snort and two would "eat," or swallow, these drugs. Participants explained: "Xanax® is more common to snort I think then the other ones [sedative-hypnotics]; I didn't see too many people who were abusing them [sedative-hypnotics] not chewing them ... people who abuse them most of the time chew them up."

In addition to obtaining sedative-hypnotics on the street from dealers, participants continued to report getting them from physicians and family doctors, as well as from people with prescriptions. A participant commented,

*"Mine [sedative-hypnotics] was free because my insurance covered [them], so I would just trade them for other things [other drugs]; Some people will buy the whole script [prescription] from the person." Another participant said, "Dealers sell them [sedative-hypnotics], too; You can walk in and see heroin, weed, crack, pills, all in the same room."*

Participants described typical illicit users of sedative-hypnotics as under age of 30. Participants also noted additional profiles of individuals who use sedative-hypnotics, reporting: "I notice people more that drink [alcohol] and party [abuse sedative-hypnotics]; I notice that people that sell drugs use benzos [benzodiazepines] more than anything else." Several participants with experiencing using heroin reported that sedative-hypnotics are often used as a substitute for heroin when heroin cannot be obtained. A participant reported, "When you want dope [heroin] and can't find dope or don't have money ... the benzos are the first thing they go for ... Xanax®, Valium®, Klonopin®... helps with the withdrawals."

A treatment provider reported, "Opiate addicts [use sedative-hypnotics] ... when they can't get heroin, they'll use the benzos to fill in. That's what I hear a lot of." Treatment providers also observed additional characteristics of typical sedative-hypnotic users: "The guys [clients] I've had that use Xanax® are between the ages of 18 and 30 [years]; We do see it [sedative-hypnotic use] among younger, adolescents, although I'd say for women who are using Xanax®, [they] are older, like 35 [years of age] and up – more so than men of that age; Before I thought it was more females [using Xanax®], but I've seen a lot of males too."

Reportedly, when used in combination with other drugs, sedative-hypnotics are most often used in combination with alcohol, crack and powdered cocaine, heroin, marijuana, methamphetamine, prescription opioids and Suboxone®. Several participants commented that these drugs are used with a variety of other drugs: "Everything ... weed, alcohol; Pain killers, coke, crack ... benzos help you come down from coke or crack or whatever ... to help you come down or sleep; A lot of people taking Suboxone® take them [sedative-hypnotics] ... to get higher or to help sleep; People are mixing anything and everything these days."

## Marijuana



Marijuana remains highly available in the region. Participants and community professionals most often reported the current availability of marijuana as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were also '10'. Participants remarked: "[Marijuana availability] it's a '12' ... a '15' [extremely available]; Everybody's growing it [marijuana] in their backyards." Participants commented on the high prevalence of high-grade marijuana: "I've never ever seen regular stuff [low- to mid-grade marijuana] ... before I got locked up [incarcerated] that's all I would see is high quality stuff [marijuana]; Most of it [high-grade marijuana] is grown indoors. The good stuff ... hydroponically [grown]; Good weed's around here. You don't normally find the crap, commercial [marijuana] ... it's all kush [high grade]." Law enforcement observed, "Every dealer has marijuana in his house. Every dealer no matter what they're dealing has marijuana in his house. Even where there's hard drugs, there's soft drugs."

Collaborating data also indicated the presence of marijuana in the region. The Mahoning County Coroner's office reported that 15.3 percent of all drug-related deaths it processed during the past six months involved cannabinoids.

Media outlets in the region reported on marijuana seizures and arrests during this reporting period. A young man in Youngstown was shot and hospitalized after a marijuana drug deal went bad; two individuals were arrested on the west side of Youngstown because of marijuana found in a vehicle and in baby food jars throughout their residence, as well as for possession of other drugs including heroin, ecstasy and crack cocaine; and two young adults were arrested in Boardman Township (Mahoning County) for possession of marijuana ([www.vindy.com](http://www.vindy.com), Jan. 11, Jan. 16 and June 10, 2013, respectively).

In general, participants reported that the availability of marijuana has remained the same during the past six months. However, participants noted that the availability of high-quality marijuana has increased: "I've seen an increase in high-quality [marijuana], indoor-grown marijuana in the last six months; It seems like ... more and more people are getting it [marijuana] [and] selling it, in higher and better

quality." In general, community professionals reported that the availability of marijuana has remained the same during the past six months. However, law enforcement also noted increases of high-quality marijuana in the region. A law enforcement officer reported, "We continue to see increases in medical marijuana [high-grade marijuana] from the legal states, medical marijuana states – California, Colorado, more so from California than Colorado. It's been more and more, continuously increasing." Treatment providers also reported that high-quality marijuana is preferred among clients: "My young clients get low-grade marijuana because they don't have money, but they prefer the higher grade; We have more people claiming, you know, to be addicted to the [high-quality] marijuana when they come in. They have more trouble stopping the use of it." The BCI Richfield Crime Lab reported that the number of marijuana cases it processes has remained the same during the past six months.

Participants most often reported the overall quality of marijuana as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '7'. 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). Participant comments on current quality included: "I heard we got some of the best weed in the country - in Ohio; Everybody's into selling the high-grade kush around here. They don't mess with the garbage; I ain't seen no regs [regular, low-grade marijuana] around here lately; I mean some of that [high-grade marijuana], you take one hit and you're stoned [high]."

Current street jargon includes countless names for marijuana. The most commonly cited were "bud" and "weed." Participants listed the following as other common street names for low-grade marijuana: "bobby brown," "commercial," "commerish," "dirt," "downtown brown," "headache," "lows," "mersh," "reggie," "schwag" and "Youngstown brown." Participants listed the following as other common street names for high-grade marijuana: "Afghani," "baby dro," "blueberry," "bubble gum," "chronic," "dank," "diesel," "dro," "fire," "hydro," "kind bud," "kush," "loud," "premium," "purple," "purple haze," "red hair," "sugar bush" and "Vietnam bud." Current street prices for marijuana were consistent among participants with experience buying the drug and were based on the quality of the drug. Participants reported commercial-grade marijuana as the cheapest form: a blunt (single cigar) or two joints (cigarettes) sell for \$10-15; 1/8 ounce sells for \$15-20; 1/4 ounce sells for \$40-50; an ounce

sells for \$100-120; 1/4 pound sells for \$350; a pound sells for \$500-800. Higher-quality marijuana sells for significantly more: a blunt or two joints sells for \$20-30; 1/8 ounce sells for \$50-80; 1/4 ounce sells for \$100-120; an ounce sells for \$250-350; 1/4 pound sells for \$1,200.

While there were several reported ways of consuming marijuana, the most common route of administration remains smoking. Participants estimated that 10 out of 10 marijuana users would smoke the drug. A participant listed smoking devices used with marijuana as, *"bongs, bowls, blunts, papers."* Participants commented on using marijuana in edibles as less common than smoking: *"You might get them hippies eating a brownie or something [containing marijuana], but they're smoking a blunt while they're eating it; More like festivals is where they have edibles; People eat it in brownies, make butter; I made a lot of concentrates, oils; I guess some eat it – maybe at parties. I don't see people doing it though, just sitting, eating pot all day."*

A profile for a typical marijuana user did not emerge from the data. Participants described typical users of marijuana as: *"Ages 5 to 90 [years]; Black, white, Hispanic, males, females, everybody; I think just about everybody around here smokes marijuana; From normal people to judges; I'd say a lot of high-schoolers, too, when they first start experimenting with drugs; Everybody, and they're starting younger."* Community professionals also described typical users of marijuana as "everybody."

Reportedly, marijuana is used in combination with alcohol, crack and powdered cocaine, heroin, methamphetamine, prescription opioids and sedative-hypnotics. Participants estimated that out of 10 marijuana users, two would lace marijuana with crack or powdered cocaine (aka "woolie"). Participants also reported lacing marijuana with promethazine/codeine and prescription pills. Participant comments included: *"Dip it [marijuana blunt] in promethazine and let it dry out. Oh yeah, that's common ... you smoke it, dip the blunt wraps; I've seen people crush up pain killers and throw it on top of weed and smoke it ... Vicodin®, Percocet®; I know people around here that take blunts and lace blunts with Viagra®. It's called a 'woody.'"*

## Methamphetamine

Methamphetamine is rarely available in some areas of the region, while highly available in other areas. Participants and community professionals from Ashtabula, Mahoning and Trumbull counties all provided varying reports on the availability of methamphetamine among the region's counties. However, reports on availability from respondents were consistent within each county. Participants in Mahoning County most often reported current availability of methamphetamine 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 also '2'. Mahoning County participants reported: *"I don't think [methamphetamine] it's very popular at all. Around Ashtabula, yes, but not around here; [Methamphetamine] it's in more rural areas; That's for people that can't get real drugs."* A Mahoning County law enforcement professional also reported low incidence rates of methamphetamine in the county: *"We haven't had any methamphetamine cases in the last six months, but that's not saying it's not available."*

Participants reported high availability elsewhere in the region. Participants rated availability as '8' in Trumbull County and '10' in Ashtabula County; previous scores were '2' for Trumbull County and '10' for Ashtabula County. Trumbull County participants commented: *"I know some people that have smoked it [methamphetamine] ... bought it here in Warren; It just lasts so much longer because you spend \$20 on coke and that's it, but you smoke it [methamphetamine] and spend a little more and be up for days."* A participant in Ashtabula remarked, *"[Methamphetamine] it's the easiest [drug to get] around here."*

There was no consensus between the community professionals of the two counties in regards to current availability. Treatment providers from Trumbull County most often reported current availability as '5', while law enforcement in the county continued to report low availability, rating current availability as '3'. Community professionals in Ashtabula County reported current availability in their county as '10'. A law enforcement officer from Trumbull County commented: *"The deputies up there [in Ashtabula County] have lived it [high availability of methamphetamine] the last 10 years ... They're getting [busting] several [methamphetamine] labs a week up there; Usually anybody*



we [law enforcement] *arrest down here* [Trumbull County] *for meth is from Ashtabula or has some kind of connection to Ashtabula; There's still a significant connection with meth down here* [Trumbull] *that can go back to Ashtabula. Some of their people* [methamphetamine cooks] *are migrating down here to make their product or to turn people on to it, showing them how to make it here in Trumbull County."*

Participants reported that methamphetamine is primarily available in "shake-and-bake" or "one-pot" method forms. 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 typically found in some allergy medications, drug manufacturers (aka "cooks") can produce the drug in approximately 30 minutes at nearly any location by mixing ingredients in easily found containers.

Participants from Ashtabula County reported that other forms of methamphetamine are also available, specifically anhydrous and red phosphorous types. However, law enforcement from Ashtabula County reported low incidence rates of anhydrous and red phosphorous methamphetamine. A law enforcement officer stated, *"The one-pot method by far is the most common. The anhydrous method is almost becoming extinct, because there's no reason to have to go out and steal it* [precursor materials]. *Why take the chance when you can just get a cold pack and go have somebody go to the local drug store to get those?"*

Participants reported that the availability of methamphetamine has remained the same in Mahoning County, has increased in Trumbull County and has decreased in Ashtabula County during the past six months. A Trumbull County participant remarked, *"I think more people are learning how to do it* [manufacture methamphetamine] *here. It's pretty easy."* Ashtabula participants explained a perceived decrease in availability as follows: *"[Methamphetamine] it's still easy to get, but I definitely think it's harder* [to obtain], *and a lot of people are getting in trouble; Like everyone I know* [who produces methamphetamine], *they just got out* [of jail] *and just got popped* [arrested] *again ... and now going back* [to jail]; *... small groups of people making it* [methamphetamine], *and people are more paranoid about selling it to people they don't know. It's not widespread like crack."*

Treatment providers reported that methamphetamine has increased in Mahoning County and has remained the

same in the rest of the region. However, treatment providers explained that the increase in methamphetamine users can be attributed to clients who were referred from Ashtabula County. Law enforcement reported that the availability of methamphetamine has increased in Trumbull County and has remained the same in Mahoning and Ashtabula counties. A Trumbull County law enforcement professional shared, *"We've had a lot more* [methamphetamine] *labs this year compared to any other year ... and we're not proactively working them like Ashtabula. They're definitely here and we're coming across a lot more of them."* The BCI Richfield Crime Lab reported the number of methamphetamine cases it processes has increased during the past six months.

Participants most often reported the current overall quality of shake-and-bake methamphetamine as '6' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '7.' Overall, participants reported that the quality of methamphetamine has decreased during the past six months.

Current street jargon includes a few names for methamphetamine. The most commonly cited names were "chicken feet," "crank," "glass," "go-fast," "jib," "shards" and "speed." Participants with experience buying the drug were able to provide pricing for shake-and-bake methamphetamine: 1/4 gram sells for \$20-25; 1/2 gram sells for \$40; a gram sells for \$80-100. In Ashtabula, most participants agreed that 10 out of 10 methamphetamine users would purchase pseudoephedrine in exchange for methamphetamine. Participants reported: *"It's very common* [to exchange pseudoephedrine for methamphetamine]; *At one time, they* [meth cooks] *wouldn't even take cash ... meth dealers, all they would want was the* [pseudoephedrine] *boxes."* Participants also continued to report purchasing boxes of pseudoephedrine in exchange for other drugs, primarily heroin. Law enforcement from Ashtabula County also reported trends of heroin users purchasing pseudoephedrine in exchange for heroin or making methamphetamine themselves. A law enforcement officer reported, *"What we're finding now is that heroin addicts are trying to make meth ... they're making meth to sell it to support their heroin addiction. So, that's helping, creating and making the* [methamphetamine] *problem even bigger because there are more people out there cooking it."*

While there were several reported ways of using methamphetamine, the most common route of administration remains smoking, followed by snorting and intravenous

injection (aka “shooting”). Participant comments included: *“I think smoking is most common [route of administration for methamphetamine], then snorting and then injecting; People shoot it [methamphetamine], snort it, parachute it [wrap methamphetamine in tissue and swallow], take it in capsule form. Whatever meth you got, you can put it in a capsule.”*

Participants continued to describe typical users of methamphetamine as primarily white. Participants observed typical use as follows: *“White people ... under 30 [years of age] ... a lot of mountain folk [Appalachian population]; White people, old, young, male, female; Mostly white people. Really though, for real, you seen any black people in that ‘operation meth head’? No ... maybe Hispanic.”* Community professionals agreed that the typical methamphetamine user is white. A law enforcement officer commented, *“White ... I can think of one time the whole time I been up there [Ashtabula County] of one person [user] who was black that we had any kind of meth issues with. [Typical methamphetamine use] it’s white people.”*

Reportedly, methamphetamine is used in combination with alcohol, heroin, marijuana and sedative-hypnotics. A participant explained, *“[Methamphetamine users use] heroin to ‘speedball’ and benzos to come down.”* Other participants agreed: *“People will take Xanax® [with methamphetamine] to come down; You need something to help come down because when you come down, it’s a real bad crash, so alcohol, weed a lot ... I smoked weed a lot with it [methamphetamine]; Anything to come down.”* A treatment provider shared, *“We have seen more people testing positive for both marijuana and methamphetamine. Dealers are sprinkling ... methamphetamine on marijuana. Some people are reporting this, but mostly people are just testing positive [for both drugs].”*

## Prescription Stimulants

Prescription stimulants remain highly available in the region. Participants most often reported the current availability of Adderall® as a ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was also ‘10’. A participant commented, *“I can like find, the lower [milligram] Adderall® and Ritalin®, you know. Adderall®, I mean it’s not as strong [as methamphetamine], but I could probably find that before I’d be able to find meth on the street.”* Participants most often reported the current availability of Concerta® as ‘8’ and identified the drug as less available than

Adderall®. Conversely, treatment providers most often reported the availability of Adderall® as a ‘2’. A treatment provider remarked, *“Rarely ... we just don’t see it [Adderall®].”* The BCI Richfield Crime Lab reported Adderall® and Dexedrine® as available in the region.

Participants reported that the availability of prescription stimulants has remained the same during the past six months. The BCI Richfield Crime Lab reported that the number of prescription stimulant cases it processes has remained the same during the past six months.

No slang terms or common street names were reported for prescription stimulants. Current street prices for prescription stimulants were variable among participants with experience buying the drug. Participants only provided pricing information for Adderall®: 15 mg sells for 50 cents-\$2; 20 mg sells for \$3-5; 30 mg sells for \$5-10. In addition to obtaining prescription stimulants on the street from dealers, participants continued to report getting them from family doctors, physicians or from others who have prescriptions. While there were several reported ways of using prescription stimulants, the most common routes of administration remain oral consumption and snorting. A participant commented, *“Most people snort them [prescription stimulants] or eat them ... chew them up.”*

Participants described typical illicit users of prescription stimulants as high school and college students. Participants explained: *“College kids [use prescription stimulants], so they can stay up all night; High-schoolers, college kids, mainly school people who use it to study, focus.”* In addition, participants named methamphetamine users as often illicit users of prescription stimulants: *“I know a lot of people that can’t find any meth do that; It’s used kind of like a substitute for speed, methamphetamine.”* Treatment providers also reported use of prescription stimulants as typical among adolescent populations. A treatment provider said, *“[Use of prescription stimulants] it’s popular with kids – a lot of the kids take it.”* Another treatment provider shared, *“I’ve had a few [clients] that have been prescribed it [stimulants], but they’ve also abused it.”*

## Bath Salts

Bath salts (synthetic compounds containing methyldone, mephedrone, MDPV or other chemical analogues) remain available in the region. However, most participants and community professionals were unable to provide an availability rating for bath salts and did not have experience using the drug. A participant suggested bath salts are still available: *"I tried that [bath salts]. Nope, it's crazy. There's still stores that sell them."* A participant discussed: *"[Bath salts] they were big but not since they got taken out of the stores. I haven't seen it really."* A treatment provider remarked, *"[Bath salts] they came out in a storm and I think they just dwindled down."* A law enforcement professional also reported, *"We've heard some stores in Ashtabula that are still selling salts [bath salts] and synthetic weed ... primarily synthetic marijuana."* Another law enforcement officer explained, *"I don't think we're getting a lot of tips on it [bath salts]. I think since the change in the law, it's kind of dropped off. Our job is basically what our informants tell us ... It doesn't mean [bath salts] it's still not existing out there, but we haven't seen any, no new tips."*

Media outlets in the region reported on bath salts seizures and arrests during this reporting period. In June, two people from Newton Falls (Trumbull County) were indicted on charges of intent to distribute bath salts via the Internet ([www.newsnet5.com](http://www.newsnet5.com), June 26, 2013).

A treatment professional suggested the availability of bath salts has decreased during the past six months: *"Since the stores have stopped selling [bath salts], we've seen a decrease in it. Plus, all the hype around it ... the stories people heard about it scared some people off [bath salts]."* The BCI Richfield Crime Lab reported that the number of bath salt cases it processes has remained the same during the past six months.

Participants were unable to provide any street names for bath salts. Also, participants did not have experience purchasing the drug, so they could not provide information on pricing. Participants described typical users of bath salts as *"younger; adolescents; mid-to-late teens."* However, a treatment provider shared, *"We've had a few [bath salt users]. They were older, Caucasian, 30s to 40s [in age] [and] female."*

## Synthetic Marijuana

Synthetic marijuana (synthetic cannabinoids; aka "K2" and "Spice") remains available in the region. However, most participants were unable to report on availability of synthetic marijuana because they did not have experience using the drug. A participant said, *"Spice [synthetic marijuana], it was just huge for a while and now ... done."* Another participant commented, *"You can buy it [synthetic marijuana] online. Like, the bath salts, K2 ... a lot of the pills you mentioned ... you can buy that online, so that makes those easily available."*

The BCI Richfield Crime Lab reported that the number of synthetic marijuana cases it processes has remained the same during the past six months.

Participants were unable to provide any street names for synthetic marijuana. Also, participants did not have experience purchasing the drug, so they could not provide information on pricing. Participants described typical users of synthetic marijuana as people who do not want to fail a drug screen. A participant commented, *"People on probation and shit use that [synthetic marijuana], but they test for that now, too."* Another participant said, *"Younger [people] or people with good jobs that don't want to fail a drug test [use synthetic marijuana]."*

## Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) is highly available in the region. Participants most often reported the drug's current 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 '6.' Most participants agreed that powdered MDMA (aka "molly") is more available than ecstasy in the region. Participant comments on current availability included: *"Molly's more common than 'X' [ecstasy]; Nobody really does ecstasy no more. It's molly [that is common]; Somebody just tried selling me molly."*

Participants from all participating counties in the region consistently reported that the availability of ecstasy, or more specifically, molly, has increased during the past six months. A participant remarked, *"I never even heard of molly until a year ago ... I think it's increased significantly"*



*in the past six months.*" Other participants commented: *"Everybody's talking about it [molly]; It's definitely more popular in the last six months than it's ever been; I've heard a lot more [about molly] lately."* Treatment providers agreed that the availability of powdered MDMA, or molly, has increased during the past six months. A treatment provider commented, *"It's been in the last six months that I've heard a lot about molly than I have had in the past."* A law enforcement professional reported increases in ecstasy availability during the past six months, *"[Law enforcement] we're seeing big increase in ecstasy in the last six months up north [Ashtabula] ... We not only bought, but also did a seizure two to three weeks ago and got over 225 ecstasy pills..."* The BCI Richfield Crime Lab reported that the number of ecstasy cases it processes has decreased during the past six months.

Participants with experience using powdered MDMA reported that the current quality of the drug is high. However, some participants noted that powdered MDMA in the region is being cut with cocaine or bath salts. A participant shared, *"Molly is more available than 'X,' but most of the molly is bath salts - or it's cut with coke, really anything else they [dealers] could put in it."* A law enforcement professional agreed, reporting, *"I know a lot of our lab reports, at least of what I've seen through the city, through the PD [police department] and the case we did here with that big roundup, was bath salts ... or the people arrested said it's molly, and it was actually cocaine-cut ecstasy. We're very rarely seeing pure MDMA on the labs here in Trumbull County."*

Current street jargon includes several different names for ecstasy. The most commonly cited remain molly for powdered MDMA and X for ecstasy. Current street prices for ecstasy and powdered MDMA were variable among participants with experience buying the drugs. Participants reported that a "double stack" or "triple stack" (high dose) of ecstasy tablets sell for \$10-20; a gram of powdered MDMA sells for \$75-100.

While there were several reported ways of using ecstasy and powdered MDMA, the most common route of administration remains oral consumption. Some participants also reported inserting ecstasy tablets rectally. A participant shared, *"I've done that once. It was an X pill. Just put the whole pill up there [in the rectum] and it dissolves. Any pill you can do it with, but for me it was more common with ecstasy. Everybody was doing it that way."*

Participants described typical users of ecstasy as younger. A participant commented, *"[ecstasy use] it's in that 16 to 25 [year age] range ... males and females."* Another participant observed, *"Ravers' [people who attend dance parties, aka 'raves'], I think more girls, more female, more younger, white kids."* A participant added, *"I think drug lords mainly use molly. I'm saying, like richer people use molly, and it happens to be the drug dealers."* Treatment providers reported that typical users of ecstasy are adolescents. A treatment provider said, *"I see it [ecstasy use] with 15 to 17 year olds. My clients are males, but I do hear that both female and male are using it."* A law enforcement officer stated, *"On the couple cases that we had [ecstasy], it's been more younger persons using it. Out of the cases I've had, late teens to late 20s [in age]."* Reportedly, ecstasy is used in combination with alcohol. A participant commented, *"It's common with big partiers, drinking [alcohol] with it [ecstasy]."*

## Other Drugs

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

Anabolic steroids are moderately available in the region. Participants most often reported the current availability of anabolic steroids as ranging from '6-8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). A participant commented, *"Steroids are around."* Some participants felt that the availability of steroids has increased during the past six months. A participant shared, *"I've seen many people using [anabolic] steroids just to go to the gym and get in their workouts. Their moods just change completely from what they were before."* Another participant recalled, *"A lot of my son's friends that been going to the gym for like a year, are you know, they were a pretty decent size but in the last two months, they've, whoa, you can just see it [anabolic steroids use] ... and then they have the acne on their shoulders, the lumps in the back of their arms, real heavy acne on their face."* Still another participant mentioned, *"Steroids here ... I think it's growing [use is increasing], literally."* Participants reported typical users of anabolic steroids as most often younger athletic males. Participant comments included: *"Ages 17-30 [years]; younger crowd, athletes, males; A lot of kids in high school use them for lifting, for football!"*

Hallucinogens [lysergic acid diethylamide (LSD) and psilocybin mushrooms] are moderately to highly available in the region. Participants most often reported the current availability of psilocybin mushrooms as ranging from '5-10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get), depending on "who you know;" the previous most common score was '10'. A participant said, "Mushrooms [psilocybin mushrooms], LSD, you can't get them all year round." Most participants continued to describe hallucinogens as a "seasonal" drug. Participant comments included: "There's mushrooms here and there; It's a summertime drug ... In the winter it [availability] dies down." Participants reported that 1/8 ounce of psilocybin mushrooms (aka "shrooms") sells for \$25-30; a "hit" (single dose) of LSD (aka "acid") sells for \$5-10. A participant commented, "[Hallucinogenic use] it's at festivals. I know hippies that will go to shows in Cleveland and bring back acid, liquid acid." In addition, participants reported baking psilocybin mushrooms into candy or baked goods. A participant shared, "At the festivals, you can buy chocolates or candy bars, Rice Krispies® [baked with psilocybin mushrooms]."

A few participants discussed the use of inhalants in the region. A participant commented, "[Inhalants] that's readily available at your local [office supply store]." Another participant shared, "Nitrous oxide, [aka] 'whippets,' I think at festivals is common." Participants described typical inhalant users as follows: "I think it's younger kids, high school [who use inhalants to get high]; Younger adolescents that are starting to experiment, first time [drug use], trying something." A participant shared, "I think people look down on you if you're huffin' [inhaling] a can of duster [computer keyboard cleaner]."

Lastly, participants also discussed over-the-counter (OTC) medication, particularly Coricidin® Cold and Cough (aka "triple Cs") and Robitussin® as being abused in the region primarily by adolescents. A participant reported "'Triple Cs' are big out in Newton Falls [Trumbull County]. My buddy took 90 of them things. It's younger, you're not gonna see no 40-year-old walking around on Triple Cs. [Typical users] they're like 19 to 20 year olds." Participants also talked about "lean" or "dirty Sprite" (abuse of promethazine with soft drinks). However, a participant stated, "Promethazine, I don't think it's necessarily easy to find." A participant described: "'Dirty Sprite' ... you mix Sprite®, promethazine, put a Jolly Rancher [candy] in there." Participants described the typical lean users as black and drug dealers. A participant

remarked, "I say it's basically the dope boys [who drink lean]; they're the ones that buy it – promethazine."

## Conclusion

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

Ecstasy and powdered MDMA (aka "molly") generated much discussion in the focus groups this reporting period. Participants and community professionals noted an increase in the availability of these drugs during the past six months. Most participants agreed that molly is now more available than ecstasy in the region. In fact, participants from all participating counties in the region consistently reported that the availability of molly has increased; whereas law enforcement referred to an increase in the number of ecstasy tablets seized during the past six months. Participants with experience using molly reported the current quality of the drug to be high. However, some participants noted that molly is cut with cocaine and bath salts. Law enforcement added that dealers are selling what they call molly, but that seized molly often comes back from crime labs as ecstasy cut with cocaine or bath salts. Law enforcement reported that they rarely find "pure" MDMA. Ecstasy and molly continue to be connected to younger users (late teens to early 20s) who attend parties and raves.

While participants and community professionals reported that the overall availability of marijuana has remained the same during the past six months, participants and law enforcement indicated that the availability of high-grade marijuana (medical and hydroponic) has increased. Participants and law enforcement attributed the wider availability and the increased quality of high-grade marijuana to an increase in medical marijuana being brought in from states which have legalized the sale of the drug, as well as the ease with which people can grow marijuana hydroponically. Treatment providers reported that high-quality marijuana is preferred among clients. When discussing the high prevalence of high-grade marijuana, participants noted that lower grades of marijuana are becoming increasingly more difficult to obtain.

Methamphetamine is rarely available in some areas of the region, while highly available in other areas. Mahoning County participants and law enforcement reported low availability of methamphetamine in their county, while participants elsewhere in the region reported high availability. Participants rated current availability as '8' in Trumbull County and '10' in Ashtabula County on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Community professionals in Ashtabula County also reported current availability in their county as '10'. Law enforcement in Trumbull County reported that methamphetamine "cooks" have migrated from Ashtabula County to Trumbull County. Participants reported that the availability of methamphetamine has increased in Trumbull County during the past six months. Overall, participants and community professionals generally agreed that methamphetamine availability has increased in at least part(s) of the region. The BCI Richfield Crime lab also reported that the number of methamphetamine cases it processes has increased during the past six months.

Participants reported that methamphetamine is primarily available in "one-pot" or "shake-and-bake" method forms. Participants from Ashtabula County also reported other forms of methamphetamine as currently available, specifically anhydrous and red phosphorous methamphetamine.

However, law enforcement from Ashtabula County reported low incidence rates of anhydrous and red phosphorous methamphetamine. Participants continued to report that some users trade boxes of pseudoephedrine for either methamphetamine or their drug of choice; law enforcement reported it is increasingly more common for heroin users in the region to trade pseudoephedrine for heroin or to manufacture methamphetamine as a way to support their heroin dependence. While there are many ways of using methamphetamine, the most common route of administration remains smoking. Participants and community professionals continued to cite white individuals as typical users of methamphetamine.

Lastly, prescription stimulants remain highly available in the region. Participants most often reported the current availability of Adderall® as a '10'. In addition to obtaining prescription stimulants on the street from dealers, participants also continued to report getting them from family doctors, physicians, or from others who have prescriptions. And while participants continued to describe typical illicit users of prescription stimulants as high-school and college students who use the drugs to study and to remain focused during exams, for the first time this reporting period participants identified methamphetamine users as also typical illicit users of prescription stimulants; these users seek the drugs when methamphetamine cannot be obtained.