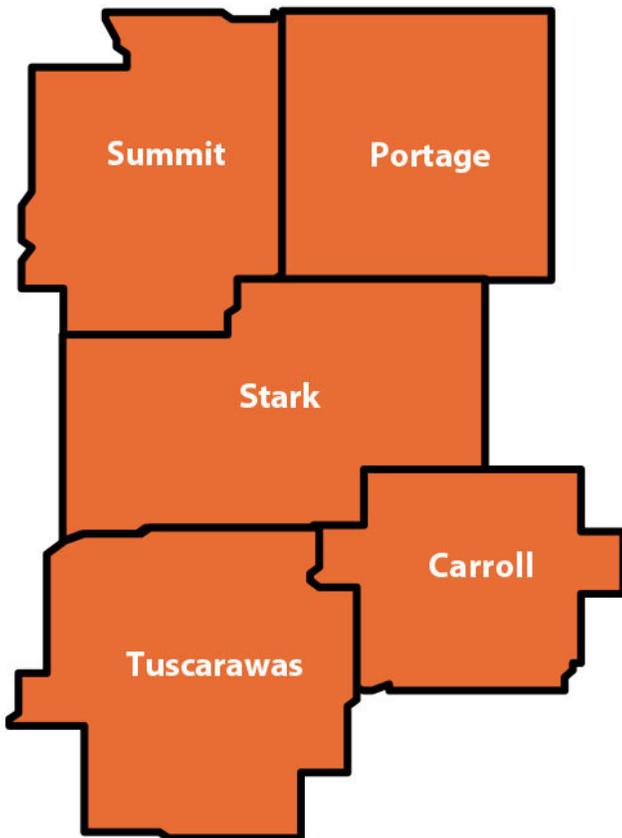




Drug Abuse Trends in the Akron-Canton Region



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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 Carroll, Portage, Stark, Summit and Tuscarawas counties. Data triangulation was achieved through comparison of participant data to qualitative data collected from regional community professionals (treatment providers and law enforcement) via focus group interviews, as well as to data surveyed from the Summit County Juvenile Court, the Ohio Bureau of Criminal Investigation (BCI) and the Ohio Department of Public Safety (ODPS), which logs drug task force seizures from across Ohio. All secondary data are summary data of cases processed from July through December 2018. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for January through June 2019.

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

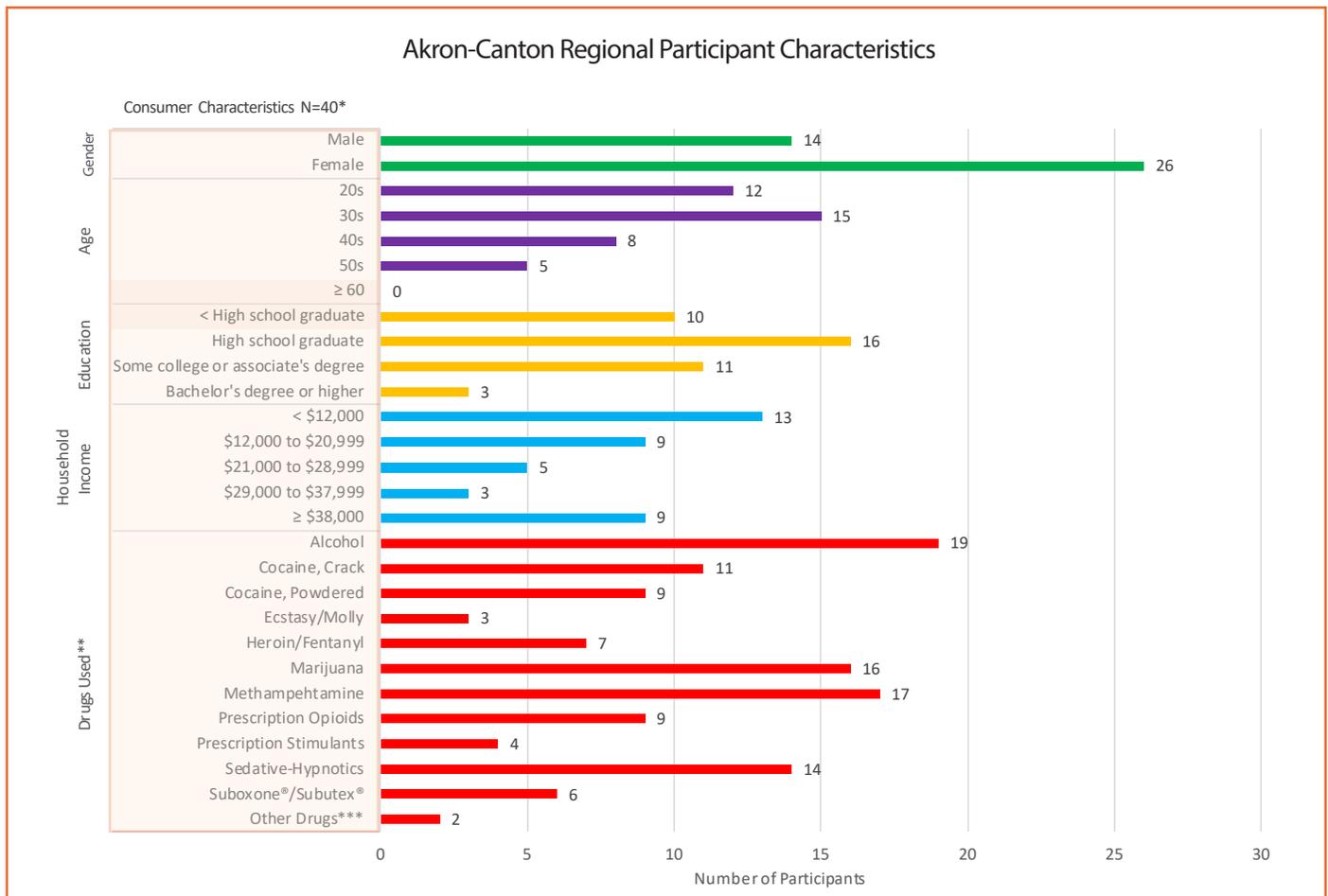
Regional Profile

Indicator ¹	Ohio	Akron-Canton Region	OSAM Drug Consumers
Total Population, 2017	11,689,442	1,196,014	40
Gender (female), 2017	51.0%	51.3%	65.0%
White, 2017	82.2%	85.2%	87.5%
African American, 2017	12.9%	9.9%	12.5%
Hispanic or Latino Origin, 2017	3.8%	2.1%	5.0%
High School Graduation Rate, 2013-17	89.8%	90.7%	75.0%
Median Household Income, 2013-17	\$52,407	\$54,686	\$16,000-20,999 ²
Persons Below Poverty Level, 2017	14.0%	13.2%	62.5% ³

¹Ohio and Akron-Canton region statistics were derived from the most recent US Census; OSAM drug consumers were participants for this reporting period: January through June 2019.

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

³Poverty status was unable to be determined for 1 participant due to missing and/or invalid data.



*Not all participants filled out forms completely; therefore, numbers may not equal 40.

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

***Other drugs included: lysergic acid diethylamide (LSD), psilocybin mushrooms and over-the-counter cough medicine.

Historical Summary

In the previous reporting period (June 2018 – January 2019), crack cocaine, fentanyl, heroin, marijuana, methamphetamine, Neurontin® (gabapentin), powdered cocaine, sedative-hypnotics and Suboxone® (buprenorphine) remained highly available in the Akron-Canton region. Changes in availability during the reporting period included: increased availability for methamphetamine; likely increased availability for marijuana and synthetic marijuana (synthetic cannabinoids); decreased availability for prescription opioids; and possible decreased availability for heroin.

While the consensus among participants was that heroin was highly available, many participants clarified that what was available were heroin-fentanyl mixtures and fentanyl sold as heroin. Community professionals shared the view that unadulterated heroin was difficult to obtain. Thus, participants and community professionals reported that the availability of heroin had decreased during the reporting period. Heroin was being replaced by cheaper substitutions (fentanyl and methamphetamine). Reportedly, many heroin users preferred and sought fentanyl to heroin due to increased tolerance to heroin, while other heroin users became fearful of fentanyl overdose death and switched to methamphetamine use for that reason. Law enforcement previously discussed: *"The market is flooded with meth (methamphetamine) and [users] are combatting opiate addiction with stimulants, so they don't get the withdrawal; Some dealers don't want to mess with that fentanyl because of the deaths. They can be charged with manslaughter."*

Corroborating data indicated that methamphetamine was highly available in the Akron-Canton region. Ohio Department of Public Safety (ODPS) reported seizing 353.3 lbs. of methamphetamine from this region during the reporting period. A law enforcement officer had remarked, *"It used to be heroin, heroin, heroin, then fentanyl, fentanyl, fentanyl. Now it's [crystal] meth."*

Participants and law enforcement reported that the availability of marijuana and marijuana extracts and concentrates (aka "dabs") had increased during the reporting period. Participants explained: *"With [marijuana] being legal in other states, it's easier to get here; It's the new trend, everyone is doing dabs; Now the equipment to*

smoke [dabs] is much more available; It's more convenient to put it in a dab pen." BCI crime labs reported that the incidence of cannabis (including edible cannabis) cases they process from this region had increased during the reporting period, while the incidence of concentrated THC (tetrahydrocannabinol oils, dabs) cases had remained the same.

Lastly, participants reported that many of the sedative-hypnotics (particularly Xanax®) found on the street were not pharmaceutical sedatives but fake pills pressed with other substances (usually fentanyl). Participants also discussed bath salts (substituted cathinones) sold as methamphetamine and methamphetamine cut (adulterated) with fentanyl. In addition, a participant explained a method to get high that involved bug spray; reportedly, users sprayed wasp killer on electric wires and used the resulting vapors and crystals to get high, either combined with methamphetamine or substituted for methamphetamine (aka "Raid® dope" or "wasping").

Current Trends

Powdered Cocaine

Powdered cocaine remains highly available in the region. Participants most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10.' Participants stated: *"There's three or four people in a five-block radius that sell it or distribute it; Dealers go to the bars to sell it; It's really easy, you just go to a bar, wait 'til you see someone sniffing or their jaw grinding (indicating possible cocaine use) ... or just ask around; Most dealers who sell 'crack' (crack cocaine) also sell 'powder' (powdered cocaine)."* Treatment providers most often reported the current availability of powdered cocaine as '6,' while law enforcement most often reported it as '10,' the previous most common scores were '5' and '10,' respectively. Treatment providers remarked: *"I hear much more about crack [than powdered cocaine]; It's usually a drug people have tried, dabbing in it here and there, but it's not a drug of choice for many."* Law enforcement noted: *"Cocaine is always 'king' (highly desired). It's out there if you want it; It's pretty prevalent ... everybody's using it."*

Corroborating data indicated that powdered cocaine is available in the Akron-Canton region. ODPS reported seizing 16.0 kilograms (35.4 lbs.) of powdered cocaine from this region during the past six months. In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. Ohio State Highway Patrol (OSHP) conducted a traffic stop and probable cause search in Summit County, seizing more than two pounds of cocaine with an estimated street value of approximately \$35,000; OSHP arrested the driver on felony drug charges and charged the passenger with possession and trafficking in cocaine (www.statepatrol.ohio.gov, April 1, 2019). Massillon Police (Stark County) executed a search warrant at a home and arrested three men after seizing large amounts of cocaine; two men were booked into jail on felony cocaine trafficking charges while the other man was booked into jail and held on an immigration detainer (www.cantonrep.com, April 5, 2019). After conducting surveillance of a Canton (Stark County) man with an outstanding warrant on a charge of cocaine possession, Canton Police Special Investigation Unit and Stark County Metro Narcotics Unit executed a search warrant at the man’s residence and seized marijuana, cocaine, crystal methamphetamine, heroin, a mixture of heroin and fentanyl and firearms; a U.S. District Court indicted the man on possession with intent to distribute cocaine, two counts of possession with intent to distribute methamphetamine, two counts of possession with intent to distribute fentanyl, and single counts of possession with intent to distribute heroin and possession of a firearm in furtherance of drug trafficking (www.cantonrep.com, June 14, 2019).

Participants reported that the availability of powdered cocaine has decreased or remained the same during the past six months. When participants were asked why the availability of powdered cocaine has decreased, several participants commented: *“Other drugs are more popular now; It seems like the methamphetamine and heroin are taking over; When fentanyl got really big, people were cutting cocaine with it ... [cocaine not adulterated with fentanyl became] hard to find. It’s pretty much a trust thing [users have switched from cocaine to other drugs because of fentanyl cuts].”* Community professionals reported that the availability of powdered cocaine has remained the same during the past six months. A law enforcement officer observed, *“I haven’t seen a change on the streets.”* Ohio Bureau of Criminal Investigation (BCI) crime labs reported that the incidence of cocaine cases they

process from this region has slightly decreased during the past six months; the labs do not differentiate between powdered and crack cocaine.

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

Participants most often rated the current overall quality of powdered cocaine as ‘8’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was ‘5.’ Participants reported that good quality powdered cocaine is available but confirmed the quality varies based on source. They discussed: *“I purchase it from the same person, so I usually know the quality; You definitely need to know the person (dealer); My dealer always has two sets (two types of cocaine based on quality), one good and one crappy; It depends on where you go; Dealers are using it, or cutting it to make more profit.”*

Participants discussed adulterants (aka “cuts”) that affect the quality of powdered cocaine and reported the top cutting agents as: baby laxatives and fentanyl. Other adulterants mentioned included: baby aspirin, baking soda, flour, heroin, inositol (dietary supplement), methamphetamine, NoDoz®, procaine (local anesthetic), sugar, toothpaste, Tylenol® and vitamin B-12. Participants added: *“They’re putting fentanyl in it, it’s why it’s so dangerous; Nowadays you don’t know the cut; People are cutting it with whatever, as long as it is white and fluffy; Anything at GNC that dissolves in water [is used to cut powdered cocaine].”* Overall, participants reported that the quality of powdered cocaine has decreased during the past six months. A participant shared, *“I stopped using it [due to adulterants], I had to have the good stuff.”*

Powdered Cocaine	Cutting Agents Reported by Crime Lab
	<ul style="list-style-type: none"> ● caffeine ● levamisole (livestock dewormer) ● local anesthetics (lidocaine and procaine) ● phenacetin (banned analgesic)

Reports of current prices for powdered cocaine were variable among participants with experience buying the drug. Participants shared price varies for many reasons, discussing: *“It depends on who you are and who you know; It depends on how much you want; The purer, the more expensive; My dealer has really good stuff, so you pay more; If it’s ‘fish scales’ (purer cocaine), they’ll pay \$350 to \$300 for [1/8 ounce] or \$100 a gram; It’s more expensive in counties where it is harder to find.”* Reportedly, the most common quantities of purchase are a gram and 1/8 ounce. Overall, participants reported that the price of powdered cocaine has increased during the past six months.

Powdered Cocaine	Current Prices for Powdered Cocaine	
	A gram	\$35-100
	1/16 ounce (aka “teener”)	\$80-120
	1/8 ounce (aka “eight ball”)	\$160-300
	1/4 ounce	\$450
	An ounce	\$1,500-1,750

Participants reported that the most common route of administration for powdered cocaine remains snorting. Participants estimated that out of 10 powdered cocaine users, seven would snort and three would inject (aka “shoot”) the drug. Participants stated: *“You don’t find black people IV’ing (intravenously injecting) it, blacks mostly snort; That all depends on who you know, who you hang out with, my people, they all shoot it.”* Participants also reported lacing marijuana joints and cigarettes with cocaine. A participant remarked, *“You snort a line, then stick the [cigarette] filter in the residue, and smoke it, they call it ‘snow-balling.’”*

Participants and community professionals described typical powdered cocaine users as individuals of middle to upper socio-economic status and laborers (truck drivers and pipe-liners). Participants also reported that exotic dancers frequently use powdered cocaine and that cocaine use is increasing among African Americans. Participants noted: *“People with money; White guys with money, who make five figures a year where [the high price of powdered cocaine] is not an issue; People who need to be awake for long periods of time; It’s making a big come back with young black men.”* Treatment providers

commented: *“Socio-economic status wise, cocaine is expensive, so people who have access to stable income use it more often; Lately, I’ve seen day laborers who use it, they get paid by the day, will go and blow it on cocaine.”* A law enforcement officer observed, *“Upper to middle class, it’s a rich man’s drug....”*

Crack Cocaine

Crack cocaine remains highly available in the region. Participants most often reported the drug’s current availability as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was also ‘10.’ Participants declared: *“Very, very, very common; Every corner you turn, you can find it; Bus stops, convenience stores, [beverage] drive-thrus ... it’s everywhere; It’s easy to make; You make more money cooking [powdered cocaine] up and selling [crack cocaine].”* Community professionals most often reported the current availability of crack cocaine as ‘8;’ the previous most common score was ‘9’ for treatment providers and ‘7’ for law enforcement. Law enforcement concluded: *“There’s no problem finding it; It’s making a good come back, we’re finding houses where they are cooking it.”*

Corroborating data indicated that crack cocaine is available in the Akron-Canton region. ODPS reported seizing 176.9 grams (0.4 lbs.) of crack cocaine from this region during the past six months. In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. After a traffic stop, Canton Police (Stark County) arrested a fleeing passenger and seized an undisclosed amount of crack cocaine, heroin, marijuana and a digital scale; officers discovered a warrant had been issued for the man’s arrest in Columbus (Franklin County) due to a probation violation; Canton Police booked the man into Stark County jail on charges of cocaine possession, heroin trafficking and possession, obstructing official police business and on the warrant (www.cantonrep.com, April 20, 2019). Eight months after serving 18 years in prison, Canton Police pulled over a man with expired vehicle registration and seized a clear plastic bag containing large amounts of illegal drugs, including crack cocaine, powdered cocaine, fentanyl, heroin, along with money and a digital scale; police charged the man for cocaine trafficking and possession, heroin trafficking and possession and drug paraphernalia possession (www.cantonrep.com, April 24, 2019). New

Philadelphia Police (Tuscarawas County) conducted a traffic stop where they pulled over a car in a school zone and found nearly 48 grams of crack cocaine, 33 grams of powdered cocaine, 29 grams of methamphetamine, 20 grams of fentanyl and seven grams of marijuana (<https://fox8.com>, May 7, 2019).

Participants and community professionals reported that the availability of crack cocaine has remained the same during the past six months. However, one law enforcement officer reported an increase in availability, stating, "It's gone up on the street ... it's dirt cheap." BCI crime labs reported that the incidence of cocaine cases they process from this region has slightly decreased during the past six months; the labs do not differentiate between powdered and crack cocaine.

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

Participants most often rated the current overall quality of crack cocaine as '5' and '9' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '4.' Participants explained that quality: "Depends on where you get it from; Crack's only as good as the cocaine [used to manufacture it]; Sometimes you get junk. ..." Participants reported that crack cocaine in the region is most often adulterated with baking soda and fentanyl; they also discussed NoDoz® as a cut for the drug. Participants added: "It used to be they cook it with baking soda, now they're mixing fentanyl with it, makes it more dangerous; I used crack, got tested, came back as fentanyl and crack, that night all I was using was crack." Overall, participants reported that the quality of crack cocaine has decreased during the past six months.

Crack Cocaine	Cutting Agents Reported by Crime Lab	
	<ul style="list-style-type: none">  caffeine  levamisole (livestock dewormer)  local anesthetics (lidocaine and procaine)  phenacetin (banned analgesic) 	

Reports of current prices for crack cocaine were reported by participants with experience buying the drug. Reportedly, the most common quantity of purchase is a "\$20 rock" (approximately 1/10-gram piece of crack cocaine). However, participants discussed smaller amounts as available: "You can get a 'nickel piece' (\$5 amount), a 'dime piece' (\$10 amount); Sometimes you can get a dude willing to work with you; [When I dealt crack cocaine,] I used to keep a crumb sack [of small bits of crack cocaine] for anyone who only had a couple dollars." Overall, participants reported that the price of crack cocaine has increased during the past six months. Participants share: "Because of the lack of other drugs, it's hard to find pain pills, it's hard to find Adderall®, powder cocaine is so hard to find, the fentanyl outbreak, crack and meth are the drugs high on the food chain right now; The size [of the rock] has gotten smaller [for the price]."

Crack Cocaine	Current Prices for Crack Cocaine	
	1/10 gram (aka "rock")	\$20
	1/2 gram	\$30-50
	A gram	\$100
	1/8 ounce (aka "eight ball")	\$250-400

Participants reported that the most common route of administration for crack cocaine remains smoking. Participants estimated that out of 10 crack cocaine users, eight would smoke and two would intravenously inject (aka "shoot") the drug. One participant commented, "If you don't break it down [and inject], you don't get the full high." While participants and community professionals reported that typical crack cocaine users tend to be of lower to middle socio-economic status and African American, they noted an increase in white people using the drug. Participants stated: "White people, young people, old people, people you wouldn't expect; It's saturated the black community for a longtime [now white people are also using crack cocaine]; I notice a lot of white people who smoke crack." A treatment provider remarked, "I've seen more Caucasian now than in the past [using crack cocaine]." A law enforcement officer stated, "Lower income to middle class."

Heroin

Heroin remains highly available in the region. Participants most often reported the current availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10.' A participant commented, *"It's easier for me to get heroin delivered to my house than it is to get chew at the gas station."* Despite the overall high availability reported, most participants indicated that unadulterated heroin is difficult to find. Participants observed: *"It's next to impossible to find pure heroin; People say it's heroin, but it's fentanyl; Most of the people I'm around want more of the fentanyl, it's a better high than heroin; I got what I got, I couldn't pick and choose. I went to detox and tested [positive] for just fentanyl."*

Treatment providers most often reported the current availability of heroin as '8' and '10,' while law enforcement most often reported it as '2;' the previous most common scores were '2' and '5' for treatment providers and '3' for law enforcement. Treatment providers concluded: *"I'd say the availability is '10,' but the clients say they don't know what they are buying; I've had a client recently tell me his drug of choice is heroin, not fentanyl, but for the past few years, since fentanyl hit, heroin has been harder to get because everyone wants the bigger high; Who knows what they are actually getting."* Law enforcement maintained: *"Powder is what we get, but it comes back as fentanyl. The heroin buyers are actually buying fentanyl. It can be a heroin/fentanyl mix, but sometimes it's straight fentanyl or carfentanil (synthetic opioid more potent than fentanyl, horse tranquilizer); I can't tell you the last time I sent something to the lab, and it came back as pure heroin; Out of 270 overdose deaths in Summit County last year, there were only nine that were only heroin."*

Corroborating data indicated that heroin is available in the Akron-Canton region. ODPS reported seizing 756.6 grams (1.7 lbs.) of heroin from this region during the past six months. In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. Canton Police Department Special Investigation Unit (Stark County) observed a drug transaction involving a man on parole whom they later found with a folded piece of paper containing heroin; during a subsequent search of the man's home, officers found an undisclosed amount of crack cocaine and

another folded piece of paper containing heroin in the bedroom he shared with his 10-year-old brother; officers arrested the man on a parole violation, felony charges of endangering children, heroin and cocaine trafficking and possession (www.cantonrep.com, April 4, 2019). Canton Police stopped and patted down a homeless man wanted on felony warrants walking down the middle of the street, seizing a dropped bag of heroin; in addition to the warrants charging the man with felony menacing by stalking, burglary, criminal damaging and domestic violence, police charged the man with heroin possession and obstructing official police business (www.cantonrep.com, April 17, 2019). Massillon Police (Stark County) conducted a traffic stop and found the driver of the stopped vehicle had a suspended license; officers seized an undisclosed amount of heroin which and arrested the man for heroin possession, aggravated drug possession, obstructing official business, resisting arrest and driving under suspension (www.cantonrep.com, April 24, 2019). Canton Police Special Investigation Unit raided a home and arrested three people after seizing an undisclosed amount of heroin and several needles; officers charged two of people with parole violations, felony heroin possession, misdemeanor possession of drug abuse instruments (www.cantonrep.com, May 4, 2019). Minerva Police (Stark County) arrested two men selling heroin to a police informant in a school zone, seizing 2.4 grams of heroin and cellphones used to set up illegal drug sales; officers charged each man with heroin trafficking and criminal tools possession (www.cantonrep.com, May 31, 2019). OSHP pulled over a man for suspected registration violation and non-functioning rear license plate and noticed the driver smelled like alcohol and exhibited signs of intoxication; Ravenna Police (Stark County) responded to take the man into custody when the man allegedly assaulted the officer and trooper and left in his car with his passenger, leading to car accident where the passenger died and the man fled; Kent, Ravenna, Kent State University police officers and Portage County Sheriff's officers were able to apprehend the driver, charging him with two counts of aggravated vehicular homicide, kidnapping, abduction, two counts of resisting arrest, minor misdemeanor reckless operation and tail light violations, and supplemental indictments of operating a vehicle while intoxicated by heroin and marijuana (www.cantonrep.com, June 28, 2019).

While participants and community professionals continued to report powdered heroin as most available type of heroin in the region, participants and law enforcement also discussed black tar heroin. However, participants were not in agreement as to the current level of availability of this type of heroin. One participant remarked, "There's a lot of black tar in the area." Another participant shared, "You need to go to Columbus [to obtain black tar heroin]." Law enforcement discussed low current availability for black tar heroin. An officer emphasized, "No tar, every once and awhile." Treatment providers reported having no knowledge of black tar heroin.

Participants did not reach consensus regarding the change in availability of heroin during the past six months. Participants identifying with an increase in availability discussed: "You can't find pain pills, so everyone is turning to heroin, it's a cheap high; It's the easiest thing to sell heroin; People would now prefer heroin, fentanyl is too dangerous, they want something they can do more often without the fear of dying." Participants identifying a decrease in availability determined: "Fentanyl is cheaper, easier to find; Some dealers switched to crack, 'cause they're worried about the time in jail for selling heroin." Community professionals reported that the general availability of heroin has remained the same during the past six months. A treatment provider declared, "It's not that the availability has gone down, it's people are afraid of what's in it." A law enforcement officer explained, "The availability is remaining the same, but the user is cutting down because they are changing drugs." BCI crime labs reported that the incidence of heroin cases they process from this region has increased during the past six months; the labs reported processing beige, blue, brown, gray, pink, purple, tan and white powdered heroin as well as black tar heroin.

to '10' (high quality); the previous most common score was '5-6.' Despite the high rating, participants confirmed the lack of "pure" (unadulterated) heroin in the area. Participants stated: "Fentanyl has had a big impact on the heroin down here; Now they're putting that carfentanil stuff into it ... it makes it good, people want it." In addition to fentanyl, participants discussed other adulterants (aka "cuts") that affect the quality of heroin. They reported that the top cutting agents for heroin are brown sugar and fentanyl. Additional cuts mentioned included: beef bouillon, Benefiber®, carfentanil, chocolate mix, diet pills, inositol (dietary supplement), mannitol (diuretic), Nytol®, opioids and vitamin B-12. Participants remarked: "Anything that brings you down; They go on the Internet, type, 'what dissolves in water,' then they go buy it." Overall, participants reported that the general quality of heroin has remained the same during the past six months.

Cutting Agents Reported by Crime Lab	
Heroin	● acetaminophen
	● caffeine
	● cocaine
	● diphenhydramine (antihistamine)
	● fentanyl
	● inositol (dietary supplement),
	● lidocaine (local anesthetic)
	● mannitol (diuretic)
	● methamphetamine
	● quinine (antimalarial)
	● sorbitol (artificial sweetener)
	● tramadol
● xylazine (animal sedative)	

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

Participants most often rated the current overall quality of heroin as '10' on a scale of '0' (poor quality, "garbage")

Reports of current prices for heroin were variable among participants with experience purchasing the drug. Participants commented: "[Price] depends on how much money you have; It depends on the quality; Prices are always lower in big cities, in small towns they charge you \$70 for a half-gram; People are paying at least \$20 for a 'point' (1/10 gram)." Reportedly, the most common quantities of purchase are 1/10 gram and a gram. Overall, participants indicated that the price of heroin has remained the same during the past six months.

Heroin	Current Prices for Heroin	
	Powdered:	
	1/10 gram (aka "point")	\$10-20
	1/2 gram	\$40-80
	A gram	\$60-160

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 inject and two would snort the drug. Participants observed: "Most people start by snorting; Nobody starts on the needle right away, but within six months they'll be shooting it; Once you find out about shooting, as the quicker high, you'll switch to it."

A profile for a typical heroin user did not emerge from the data. Although participants and community professionals reported that anybody could be a heroin user, several respondents reported that users tend to be young, aged 20s to 30s. Participants discussed: "The college crowd, who started with OxyContin®; People with chronic pain who got cut off from their pain management; I think it's taken everybody; It's becoming normal to not have a stereotype for [heroin] users; It's like drinking, I'm not surprised anymore to hear someone using heroin." Treatment providers added: "The younger population seem more open to it, early 20s and 30s; Across the board; I've seen all kinds, we know some [heroin users] in their 20s and some in their 60s." Law enforcement shared: "I have one person on my [probation] case load now in their mid-40s or early 50s who is a heroin user ... everybody else is a younger generation; Most of the people I deal with on the streets as informants are in their 20s and early 30s."

Fentanyl



Fentanyl 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.' Participants emphasized: "It's everywhere; Ridiculously easy to get; It's all you find now, so you just settle for it; People think they are getting heroin, but they are getting

fentanyl; The new users prefer it." Community professionals most often reported the current availability of fentanyl as '10'; the previous most common scores were '8-9' and '9,' respectively. Treatment providers discussed: "I've heard people say that fentanyl is actually their drug of choice, they're looking for it; I have a client, she does not think there is any heroin, it's all fentanyl; Many have overdosed on 'coke' (cocaine) cut with fentanyl." Law enforcement confirmed: "They want the heroin mixed with fentanyl or they want the straight fentanyl; Some people are trying to buy heroin, but it's cut with fentanyl ... some people are trying to buy straight fentanyl; We've been getting a lot of pressed pills which are fentanyl and carfentanil. They look professionally made."

Corroborating data indicated that fentanyl is available in the Akron-Canton region. ODPS reported seizing 37.5 grams of fentanyl from this region during the past six months. In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. OSHP conducted a traffic stop where a man fled on foot but was caught and found in possession of 20 grams of fentanyl/heroin and charged with possession and trafficking of fentanyl and heroin (www.record-courier.com, Jan. 4, 2019). Summit County Sheriff's deputies and Green paramedics responded to an overdose on carfentanil and pronounced a man dead at the scene; investigators and Summit County Drug Unit determined the source of the carfentanil and charged the dealer of the drug with involuntary manslaughter and corrupting another with drugs (www.cleveland.com, May 30, 2019). Streetsboro Police (Portage County) cited a woman for failure to control during a traffic stop and seized more than 100 grams of fentanyl, which resulted in the woman receiving a sentence of five years in prison (www.record-courier.com, June 24, 2019).

In addition to high current availability of fentanyl, participants also reported high current availability of carfentanil in the region. A participant declared, "There's both fentanyl and carfentanil around here." Law enforcement also noted carfentanil as available in the region. Officers observed: "We've had a couple of coroner reports confirming carfentanil; We sent some stuff out and there was cocaine mixed with carfentanil. The source was a person who thought she was buying heroin, but there was no heroin, it was cocaine mixed with carfentanil."

Participants reported that the availability of fentanyl has increased during the past six months. Participants commented: "Absolutely increasing; It's cheaper than

heroin, and it takes less to get 10 times as high; People are addicted to it now; You can order it over the Internet; There's always someone willing to bring it to us." Treatment providers reported that the general availability of fentanyl has remained the same during the past six months, while law enforcement reported increased availability. A law enforcement officer stated, "They are cutting it into everything." BCI crime labs reported that the incidence of fentanyl and fentanyl analogue cases they process from this region has increased during the past six months, while the incidence of carfentanil cases has decreased.

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

Participants most often rated the current overall quality of fentanyl as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '8.' Participants remarked: "I know a lot of people who get pure fentanyl; If I know someone has carfentanil, I will go to that dealer and get it because you're guaranteed [that] you're going to get really high, and you only need a little amount. If you're careful with it, you can get a twenty (\$20 amount) to last four to six hours; IV users want the stuff that's killing people. Their buddy will fall out (overdose) and they'll wonder where he got [his drug]."

Participants discussed adulterants (aka "cuts") that affect the quality of fentanyl and reported the following cutting agents for the drug: baby formula, Benadryl®, carfentanil, heroin, laxatives, prescription opioids and protein powder. However, participants continued to report fentanyl as a cut for other drugs. One participant noted, "It killed my fiancé's uncle ... [fentanyl was] in a piece of crack." Overall, participants reported that the quality of fentanyl has remained the same during the past six months.

Reports of current prices for fentanyl were variable among participants with experience purchasing the drug. Participants observed: "[Price] is the same as heroin, unless it's really good, then a little more; You buy a gram of fentanyl for \$100." Reportedly, the most common quantities of purchase are 1/2 gram and a gram.

Participants did not agree on whether the price of fentanyl has changed during the past six months.

Fentanyl	Current Prices for Fentanyl	
	1/2 gram	\$35-40
	A gram	\$50-100

While there were a few reported ways of using fentanyl, generally, the most common route of administration remains intravenous injection (aka "shooting"). Participants estimated that out of 10 fentanyl users, eight would inject and two would snort the drug. Participants described typical fentanyl users primarily as white people. Community professionals did not agree on a description of a typical fentanyl user. Treatment providers concluded: "Everybody; Anybody, it's not any group; Opioid users." A law enforcement officer maintained, "Everybody, the same as heroin."

Prescription Opioids



Prescription opioids are low to moderately available for illicit use in the region.

Participants most often reported the current street availability of these drugs as '3' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10.' Participants added: "It's hard to get on the streets; They aren't around as they used to be; I have to go through pain management to get mine; That's why people are turning to heroin, they can't get pills." Treatment providers most often reported the current street availability of prescription opioids as '4-5' while law enforcement most often reported '8,' the previous most common scores were '7.' Treatment providers shared: "Heroin and fentanyl is more available, so clients say that's why they switch, and it's cheaper; By the time they get to us, they've graduated to heroin and fentanyl." Law enforcement emphasized: "They're still getting them on patrol, in traffic stops; We might get some on a search warrant, but we never purchase them. If we get it, it's in bulk, usually."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Canton Police (Stark County) pulled over a man in a stolen car who lied about his identity and while he was being booked into jail,

officers found a Percocet® and crack cocaine on his person; police charged the man with receiving stolen property, obstructing official police business, illegal conveyance of drugs of abuse onto grounds of a government facility, aggravated drug possession and two counts cocaine possession (www.cantonrep.com, April 3, 2019). Alliance Police (Stark County) arrested and charged a female nurse with forgery, identity fraud and 28 counts each of theft of drugs, aggravated possession of drugs, illegal possession of drug documents and deception to obtain a dangerous drug after the woman forged coworkers initials and was found to be stealing and abusing pain medications herself (www.cleveland.com, June 14, 2019).

Participants identified Percocet®, Roxicodone® and Vicodin® as the most popular prescription opioids in terms of widespread illicit use. One participant added, *“People don’t like the ‘oxys’ (OxyContin®) anymore because they got that gel (abuse deterrent).”* In addition, participants discussed the current presence of fraudulent prescription opioids in the region. One participant said, *“There’s fake ‘perc 30s’ (Roxicodone®). A lot of them are fentanyl, [dealers] press them.”* Community professionals identified Percocet® as the most popular prescription opioid in terms of widespread illicit use. However, a treatment provider acknowledged, *“[They’ll use] anything they get their hands on.”*

Participants and treatment providers reported that the street availability of prescription opioids has decreased during the past six months. Participants shared: *“Doctors are being monitored now; The government is shutting doctors down; [Patients] don’t even get it for minor surgery anymore; Even if you find someone [who has prescription opioids], they won’t want to sell them; They’re very expensive.”* Treatment providers emphasized: *“It seems that the medical profession is not prescribing them; It does not seem like hospitals are giving any out; It’s not as easy to go to doctors and say something hurts and get a ‘script’ (prescription for opioids); The laws are stricter on the dispensing, doctors are monitored more closely; People who are getting it prescribed are hanging on to the drugs, they know there are no refills; Meth and heroin availability is up because they can’t find the pills.”* Law enforcement reported that the street availability of prescription opioids has remained the same during the past six months.

BCI crime labs reported that the incidence of morphine, oxycodone (OxyContin®, Percocet®) and tramadol (Ultram®) cases they process from this region has

increased during the past six months, while the incidence of hydrocodone (Vicodin®) cases has decreased. BCI labs reported processing very few cases of hydromorphone (Dilaudid®), methadone and oxymorphone (Opana®) from this region during the past six months.

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

Reports of current street prices for prescription opioids were consistent among participants with experience buying the drugs. Reportedly, the majority of prescription opioids sell for \$1-2 per milligram. Participants discussed: *“They’re real expensive; \$1 a milligram, with a markup.”* Overall, participants indicated that the price of prescription opioids has remained the same during the past six months, although some participants thought the price of Opana® and OxyContin® has decreased. Regarding Opana® and OxyContin®, participants confirmed: *“The price has gone down because they’re gel; Not as expensive now, they gel up when you crush them; They changed the formulation, can’t break them down.”*

Prescription Opioids	Current Street Prices for Prescription Opioids	
	Opana®	\$50 for 40 mg (new formula) \$105 for 40 mg (old formula)
	OxyContin® OP	\$35 for 80 mg
	Percocet®	\$6-8 for 5 mg \$12-30 for 10 mg
	Roxicodone®	\$40 for 30 mg
	Vicodin®	\$1-2 per milligram

Participants reported obtaining prescription opioids for illicit use from drug dealers, doctors, dentists, as well as from family members, friends and acquaintances with prescriptions for the drugs. Participants commented: *“Dealers will give me heroin for my script; I sell mine for crack; Most [dealers] will buy the whole script, then mark them up; You may go to the dentist and get them; Know someone*

who has a script; Family members; Cancer patients; I know a few people who go to Michigan ... there's a pill mill up there."

While there were a few reported ways of consuming prescription opioids, generally the most common route of administration for illicit use remains snorting. Participants estimated that out of 10 illicit prescription opioid users, eight would snort and two would orally ingest the drugs, including chewing and "parachuting" (crushing the pills in tissue and swallowing). Participants declared: "It depends. If they have acetaminophen in them, you won't snort them; When you chew them, the active ingredient is released quicker."

A profile of a typical illicit prescription opioid user did not emerge from the data. However, some participants described typical illicit users as, "people with money," but otherwise participants did not agree on descriptors. Participants explained: "Everybody; There is no demographic; Your grandma, my grandma." Treatment providers stated: "People with injuries, they start out with prescriptions, they are not working enough (build tolerance to the drugs), so they up the dosage themselves; People with chronic pain." Law enforcement remarked: "Opiate users; Same group as heroin; People who have money to buy them; There are some older persons who've been using pills for a while, or are getting too many of them, and selling them."

Suboxone®

Suboxone® (buprenorphine) remains highly available for illicit use in the region. Participants most often reported the current street availability of Suboxone® as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10.' Participants noted: "It's easy [to get], just expensive; Everybody has it, all you have to do is go to the doctor; I know a lot of people who are on them." Generally, participants reported that both Suboxone® filmstrips (aka "strips") and pills are available in the region. Some participants reported that pills are favored by insurance. Participants commented: "People are shooting up the strips, so companies are giving out the pill form; It used to be strips, but now insurance isn't paying for them, so now it's pills; They are changing from Suboxone® to Subsolv® (buprenorphine sublingual tablet)."

Treatment providers most often reported the current availability of Suboxone® as '9,' while law enforcement

most often reported it as '8;' the previous most common scores were '8' and '3,' respectively. Treatment providers observed: "I heard a client say they were trying to get off heroin, so [they] switched to Suboxone®; More people are getting Suboxone® prescribed; Pain management are putting people off the opioids and giving Suboxone® to treat the withdrawal; I had a guy tell me the reason he came here (treatment) is so he can get on Suboxone® legally; My experience is that people use it when the heroin isn't there." Law enforcement concluded: "I hear people getting Suboxone® when they can't find heroin; At the clinic it's more pills, on the streets it's strips; If they have the money, they'll get the Suboxone® [at the Suboxone® clinic]."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Kent Police (Portage County) charged a woman with breaking and entering after she allegedly broke into an Inn; the woman was also charged with tampering with evidence, aggravated possession of Suboxone®, possession of criminal tools, aggravated possession of methamphetamine and possession of drug abuse instruments (www.record-courier.com, Jan. 15, 2019).

Participants reported that the street availability of Suboxone® has increased during the past six months. Participants maintained: "It's rapidly increasing; If you have a medical card, you can get it." Community professionals reported that the availability of Suboxone® has remained the same during the past six months. BCI crime labs reported that the incidence of Suboxone® cases they process from this region has slightly increased during the past six months.

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

Reports of current street prices for Suboxone® were consistent among participants with experience buying the drug. Participants did not comment on a change in street price during the past six months. Participants said: "You can make a lot of money selling [Suboxone®]; I pay \$220 a month to my doctor, some pay the \$220 a month and sell them."

Suboxone®	Current Street Prices for Suboxone®	
	Filmstrip	\$20-30 for 8 mg
	Pill	\$20-30 for 8 mg
	Subutex® (buprenorphine without naloxone)	\$25-35 per pill

Participants reported obtaining Suboxone® for illicit use most often from people they know who are prescribed the drug. Participants shared: *“Some people use it the right way, others sell them to get what they really want; I’d get mine and sell half my script, then keep just enough; Just stand outside a Suboxone® clinic, ask who sells their Suboxone....”*

Participants reported that the most common routes of administration for illicit use of Suboxone® filmstrips remain oral consumption (sublingual), followed by intravenous injection (aka “shooting”). Participants estimated that out of 10 illicit Suboxone® filmstrip users, eight would sublingually use and two would inject the drug. Participants also discussed dissolving Suboxone® filmstrips in water and administering in the eyes or nose. Participants reported that the most common routes of administration for illicit use of Suboxone® pill form are oral consumption (sublingual), followed by snorting. Participants estimated that out of 10 illicit Suboxone® pill users, six would sublingually use and four would snort the drug.

A profile for a typical illicit Suboxone® user did not emerge from the data. Generally, participants and community professionals described typical illicit Suboxone® users as a person who abuses opiates. One treatment provider shared, *“Women are going to pain management clinics, and are being taken off the pain medications and being treated with Suboxone®.”*

Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain highly available for illicit use in the region. Participants most often reported current street availability of these drugs as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most

common score was also ‘10.’ Participants emphasized: *“Very easy to find; Xanax® is a big one people get on the Internet; Xanax® is cheap.”* Treatment providers most often reported the street current availability of sedative-hypnotics as ‘4,’ while law enforcement most often reported it as ‘10;’ the previous most common score was ‘6-7’ and ‘3,’ respectively. Treatment providers discussed: *“I just don’t hear about that as frequently as I used to; I hear guys talk about it as past use; I don’t have many clients that are addicted to it, and even if they are, it’s not their drug of choice.”* Law enforcement confirmed: *“When you get opiates and the cocaine, [benzodiazepines] are always in the mix; We don’t actively look for it, but it’s usually around.”*

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Alliance Police (Stark County) arrested a man on an outstanding warrant and seized from his car 39 Ativan® pills, 14 grams of crystal methamphetamine, an undisclosed amount of marijuana, a digital scale, a shotgun and multiple types of paraphernalia to ingest drugs; police charged the man with an open container violation, a weapons violation, aggravated drug possession, aggravated drug trafficking, criminal tools possession and possession of drug paraphernalia (www.cantonrep.com, April 20, 2019).

Participants identified Xanax® and Klonopin® as the most available sedative-hypnotics in terms of widespread illicit use. However, participants also reported about the availability of fraudulent pressed pills (fake Xanax®) in the region. Participants determined: *“You take a ‘xanie bar’ (Xanax® 2 mg), break it down, mix it with filler (adulterants) and re-press them; Fake Xanax® is alprazolam, fentanyl and acetone, re-pressed; You know they are not the pharmaceutical grade, they are not the right color; The pressed are softer, and they taste different, too.”* Community professionals identified Xanax® as most available.

Participants and treatment providers reported that the general availability of sedative-hypnotics has decreased during the past six months. Participants declared: *“They’re starting to get harder to find; Valium® is harder to find; Doctors don’t like to prescribe them no more, period; It’s harder to get the real ones, doctors are using Zoloft® more to help with anxiety.”* Treatment providers explained: *“Heroin, fentanyl, other drugs do the trick; Doctors are stopping to prescribe it; The pill mill doctors are being closed, so clients come to us and we are not prescribing them.”* Law enforcement reported that the availability of sedative-hypnotics has increased during the past six months.

BCI crime labs reported that the incidence of diazepam (Valium®) cases they process from this region has increased during the past six months, while the incidence of alprazolam (Xanax®), clonazepam (Klonopin®) and lorazepam (Ativan®) cases has decreased or remained the same. BCI labs reported processing very few cases of carisoprodol (Soma®) and zolpidem (Ambien®) from this region during the past six months.

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

Reports of current street prices for sedative-hypnotics were consistent among participants with experience buying the drugs. Participants reported obtaining sedative-hypnotics for illicit use from drug dealers, doctors, through Internet purchase and from people with prescriptions for the medications. Participants remarked: *"The dealer I got the 'pain pills' (prescription opioids) from always had them; Some doctors give it out really easily; Very easy to get on the Internet; I know people [with prescriptions], and I was actually prescribed Klonopin®; People who work in pharmacies, steal them."*

Sedative-Hypnotics	Current Street Prices for Sedative-Hypnotics	
	Ativan®	\$4 for 2 mg
	Klonopin®	\$1-3 per milligram
	Valium®	\$5 for 10 mg
	Xanax®	\$2-4 for 1 mg \$4-12 for 2 mg

The most common route of administration for illicit use of sedative-hypnotics remains oral consumption. Participants estimated that out of 10 illicit sedative-hypnotic users, six would orally consume and four would snort the drugs. Participants noted: *"You don't get as much of the drug if you snort them; I see a lot of people who eat one and snort one."* Participants described typical illicit sedative-hypnotics users as young, white people.

Community professionals did not agree on a description of the typical illicit sedative-hypnotic user. A law enforcement officer commented, *"[Illicit use] covers a wide range...."*

Marijuana



Marijuana remains highly available in the region. Participants and community professionals 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.' Participants observed: *"It's everywhere; People aren't ashamed to use it; I cultivate my own."* Treatment providers concluded: *"Everyone and their brother [uses marijuana]; It's everywhere and anywhere; It's the one drug that people say, 'I'll quit my drug of choice, but I'll stay with [marijuana].'"* Law enforcement maintained: *"Ten plus; If you are not a government employee, you're probably using it, it's all over the place; There's guys making 'edibles' (food products made with marijuana), 'dabs' (marijuana extracts and concentrates), there's mother plants, father plants, cloning plants ... it's like an art form; It's also shipped across the country from where it's legal."*

Corroborating data indicated that marijuana is available in the Akron-Canton region. ODPS reported seizing 265.9 kilograms (586.3 lbs.) of marijuana from this region during the past six months. In addition, the Summit County Juvenile Court reported that of the 708 cannabis tests it performed during the past six months, 32.9% were positive. Media outlets reported on law enforcement seizures and arrests in the region this reporting period. OSHP troopers conducted a traffic stop in Summit County and observed criminal indicators, leading to a probable cause search where they seized 90 pounds of marijuana and 806 grams of 'hash' oil (hashish, a drug made from the resin of the cannabis plant) worth approximately \$276,600; police charged the Nevada man driving the vehicle with possession and trafficking in marijuana and liquid hash (www.statepatrol.ohio.gov, Jan. 17, 2019). Police arrested and charged two men with aggravated robbery and felonious assault after they robbed another man of 1/2 ounce of marijuana and then shot him in the ankle; police seized marijuana, drug paraphernalia and a shotgun when they arrested the two men (www.cleveland.com, Jan. 17, 2019). Akron Police (Summit County) responded to a report of a man shot in the

stomach during a verbal argument while smoking marijuana (www.cleveland.com, Jan. 22, 2019). OSHP troopers stopped a car for a speed violation in Summit County and observed criminal indicators, leading to a probable cause search where they seized 25 pounds of marijuana worth approximately \$75,000; police charged the driver of the vehicle, a Florida man, with possession and trafficking in marijuana (www.statepatrol.ohio.gov, Jan. 30, 2019). OSHP troopers conducted a probable cause search of a stopped vehicle in Summit County and found 14 pounds of marijuana and marijuana edibles, 10 grams of solid hash and 16 grams of hash oil worth approximately \$37,000; police charged the driver, a Colorado man, with possession and trafficking in marijuana and hash (www.statepatrol.ohio.gov, Feb. 13, 2019). As a result of a joint drug trafficking investigation between Akron Police Department's Narcotics Unit, the Summit County Drug Unit and the U.S. Drug Enforcement Agency (DEA), police seized 88 pounds of marijuana, about \$128,000 in cash and a bank account containing \$35,000; this search led to another search where officers recovered another \$22,000, resulting in a total of five men arrested on felony drug charges (www.cleveland.com, March 8, 2019). Alliance Police (Stark County) seized approximately 100 grams of marijuana and 23 grams of crystal methamphetamine at an Alliance residence and arrested two sisters; one for aggravated drug possession and the other for aggravated drug trafficking and possession, possession of criminal tools and possession of drug paraphernalia (www.ohio.com, March 26, 2019). Akron Police searched for a man suspected of arranging to buy marijuana and then taking the marijuana and fatally shooting the person selling the drug (www.cleveland.com, April 1, 2019). Canton Police (Stark County) reported that candy eaten at a local Middle School unknowingly contained THC (tetrahydrocannabinol, the psychoactive component of marijuana); the student responsible reported getting it from home and admitted to knowing the candy were marijuana edibles (<https://fox8.com>, May 9, 2019).

Participants and community professionals also discussed the current availability of high-grade marijuana extracts and concentrates, often appearing as oil and waxy forms of the drug (aka "dabs"). Participants most often reported the current availability of extracts and concentrates as '10,' the previous most common score was also '10.' Participants added: "Very, very easy to find, for sure; If you sell weed, you sell dabs, too ... it goes hand in hand." Community professionals most often reported the current availability

of marijuana extracts and concentrates as '8,' the previous most common score was '5-6' for treatment providers and '8' for law enforcement. A treatment provider confirmed, "I've heard a lot more about the oils, they can put it in 'vape pens' (vaporizers, e-cigarettes)." A law enforcement officer shared, "If you want [dabs], you can get it ... your dealer will find it for you."

Participants and community professionals also discussed the availability of cannabis vape cartridges. Participants reported current high availability of these cartridges. Participants emphasized: "It's getting really popular. You buy those cartridges and put it in your vape pen and go anywhere ... people are smoking them at work, in school, pretty much anywhere, and no one is going to know; I invested in 500 cartridges, they are in two different strains and consist of THC when it is in liquid form, it's stronger and you can be in public and smoke, people think you're smoking nicotine in a vaper; They don't smell like a 'joint' (marijuana cigarette)." Law enforcement determined: "Those cartridges are everywhere, thousands of them; They buy these THC vape pens and get the cartridges from other states, and they are just mailing them or we get people who drive up to Michigan to get it; There are some shops that openly sell cartridges, they know the police aren't even going to mess with it; I do a lot of school searches with the canines, and we've got tons of dabs, vape pens with marijuana in it ... we see a lot of that with young kids; Now they can re-load the cartridges, so we got people making their own marijuana butane oil."

Participants reported that the availability of marijuana and marijuana extracts and concentrates has increased during the past six months. Participants declared: "More states closer to us have legalized it; You got dispensaries popping up; It's cheap, and because of the kind of drug it is, I can drive down the road smoking it and not worry about crashing or nodding out; You can smoke it just about anywhere; It's socially acceptable; It's legal for medical, you can get your medical card, go to the dispensary, and go crazy with it; I know someone, he'd go to the dispensary, get his product, then sell it on the street; It's going to keep increasing until it's legal [for recreational use]."

Treatment providers reported that the availability of marijuana has increased or remained the same during the past six months. Treatment providers indicating increased availability noted that many users find the expense of purchasing marijuana from a medical marijuana dispensary too great, thus more people are seeking illicit

marijuana. Treatment providers explained: *“People are complaining that it’s more expensive to get medical marijuana, so they are just going to the street; People with medical conditions can only get so much, and it’s expensive.”* Law enforcement reported that the availability of marijuana has remained the same while the availability of marijuana extracts and concentrates has increased during the past six months. One law enforcement officer observed, *“The availability of marijuana has always been high, now you get more edibles, more vapes, THC oils, dabs, marijuana derivatives have all gone up, but marijuana itself has always been high.”* Another officer discussing availability of marijuana extracts and concentrates remarked, *“It’s exploding.”*

BCI crime labs reported that the incidence of cannabis (including edible cannabis) as well as the incidence of cases of concentrated THC (tetrahydrocannabinol oils, “dabs”) cases they process from this region has increased during the past six months.

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

Participants most often rated the current overall quality of marijuana as ‘10’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was also ‘10.’ Participants noted: *“They’re finding new ways to grow it, where there’s a lot more THC; It tastes better, too. I love the way it smells; It’s [medical grade marijuana] coming down from Michigan and Canada.”* One participant added, *“The quality [of marijuana extracts and concentrates] is great.”* Overall, participants indicated that the quality of marijuana has increased during the past six months. Participants commented: *“‘Weed’ getting better all the time; People are getting educated on it; More organic, coming from states where it is legal.”* A participant, talking about the different strands of marijuana, observed different types produce different desired effects: *“This will give you energy, this will help you sleep.”*

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

Reportedly, the most common quantity of purchase for marijuana is 1/8 ounce, while the most common quantity of purchase for marijuana extracts and concentrates is a gram.

Marijuana	Current Prices for Marijuana	
	Low grade:	
	A blunt (cigar) or a gram	\$10-20
	1/8 ounce	\$25-60
	1/4 ounce	\$40-70
	An ounce	\$160-250
	Extracts and concentrates:	
	A gram	\$40-60
	A cartridge	\$35-60

While there were a few reported ways of consuming marijuana, generally the most common route of administration remains smoking. Participants estimated that out of 10 marijuana users, 10 would smoke the drug. While participants reported that most users of the drug prefer smoking it, they also reported that edible forms of the drug are becoming more popular. Participants concluded: *“Edibles are getting more popular, especially with older people; The edibles are becoming more liked; Edibles are really good, they hit you real hard, give you a longer high, more intense.”* Participants estimated that out of 10 dabs users, all 10 would vape the drug (inhale and exhale the vapor produced by an e-cigarette or similar device), mostly via cartridges.

A profile for a typical marijuana user did not emerge from the data. Participants and community professionals reported that members of any group can be marijuana users. A law enforcement officer remarked, *“It’s everybody, from age 70 to 15 [years of age].”* Participants and community professionals reported that typical users of marijuana extracts and concentrates are young people and “hard-core” marijuana users. Participants shared: *“Most serious ‘pot heads’ (habitual marijuana users), when the weed is not strong enough to make you high anymore; Long-term weed users.”* Law enforcement emphasized: *“The real hard-core pot users, like the heroin users, have developed a tolerance for it, so they need the real hard-core stuff if they want to get a good high, so a lot of them lean toward dabs; Young teens to early 20s, the message is smoking is bad for you, but vaping is okay.”*

Methamphetamine



Methamphetamine remains highly available in the region. Participants and community professionals 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 scores were also '10.' Participants discussed: *"It's rampant; It's an epidemic around here; If you can't find it, google it and make it yourself or get someone to make it."* A treatment provider confirmed, *"If you are looking for it, you are going to know where to get it."* Law enforcement determined: *"It's the overwhelming thing here; That has definitely taken over heroin use right now."*

Corroborating data indicated that methamphetamine is available in the Akron-Canton region. ODPS reported seizing 9.3 kilograms (20.4 lbs.) of methamphetamine from this region during the past six months. In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. OSHP troopers stopped a car for improper lane change violation in Summit County and observed drug paraphernalia in plain view, leading to a probable cause search where they seized one pound of methamphetamine and 30 grams of cocaine worth approximately \$40,000; troopers arrested the driver for possession of methamphetamine and cocaine, trafficking in drugs and possession of drug paraphernalia (www.statepatrol.ohio.gov, Jan. 9, 2019). Alliance Police (Stark County) responded to a call about a lost child at a laundromat, determining the child had wandered from across the road where they found a toddler crying and the mother sleeping, surrounded by a bag containing a gram of methamphetamine, two glass pipes, a bag of marijuana and a marijuana pipe; officers charged the woman with aggravated drug possession, endangering children, possession of drug paraphernalia (www.cantonrep.com, Jan. 17, 2019). Alliance Police pulled over a man for speeding and seized from the man's car: six grams of methamphetamine, a handgun, a digital scale, a glass pipe and dozens of small plastic bags to prepare packages of drugs for sale; officers arrested the man for drug paraphernalia possession, aggravated drug trafficking and possession, possession of criminal tools, a weapons violation and for improperly handling firearms in a motor vehicle (www.cantonrep.com, Jan. 18, 2019). Alliance Police responded to a reported disturbance where they found

a homeless man running from the area who was caught and arrested after officers seized a syringe and 43 grams of methamphetamine; police charged the man with possession of drug abuse instruments and aggravated drug trafficking and possession (www.cantonrep.com, April 3, 2019). Barberton Police (Summit County) executed a search warrant of a home and seized 97 grams of methamphetamine, 20 grams of marijuana, five grams of cocaine, six different kinds of prescription pills, \$1,221 in cash and two guns; officers charged a woman with drug trafficking, a weapons violation and for receiving stolen property (www.ohio.com, May 2, 2019). Six men were sentenced to federal prison for selling over 200 pounds of methamphetamine in Northeast Ohio; sentences ranged from less than three years to more than 15 years (www.cleveland19.com, May 17, 2019). Canton Police responded to a break-in where the neighbor had trapped a homeless man who had entered the home and grabbed a child in the basement; when police arrested the man, he admitted to ingesting methamphetamine and was charged with burglary and abduction (www.cantonrep.com, June 20, 2019). OSHP troopers stopped a car for a speed violation in Summit County and observed a passenger put a bag of white powder into his mouth after being asked to exit the vehicle, resulting in a search of the man's vehicle where police seized 92 grams of methamphetamine worth about \$7,500 and drug paraphernalia; police charged the man with possession of methamphetamine, trafficking in drugs, tampering with evidence and resisting arrest (www.ohio.com, June 21, 2019).

Participants reported that methamphetamine is available in crystal and powdered forms. However, participants and law enforcement indicated crystal methamphetamine as the most prevalent form in the region. The powdered form of methamphetamine is typically referred to as "shake-and-bake," which means users produce the drug in a single-sealed container, such as a two-liter soda bottle. By using common household chemicals along with ammonium nitrate (found in cold packs) and pseudoephedrine (found in some allergy medications), people who make methamphetamine can produce the drug in approximately 30 minutes in nearly any location. However, participants shared: *"In the past six months, I've only been able to find crystal 'meth' (methamphetamine); We still have some home 'one-pot,' shake-and-bake, but it's harder to find ... it's hard to get Sudafed® (pseudoephedrine)."*

Law enforcement remarked: "Most of what we see is 'crystal' (crystal methamphetamine), unless it's been 'stepped on and cut' (adulterated) with other things, then it is powder form; It's all crystal, all straight Mexican [produced methamphetamine]; I couldn't tell you the last time we found a meth lab, maybe one in the past year; We are not seeing many home-grown labs, most of it is big chunks of crystal. It's so cheap, there's no reason for them to make their own; Most of our crystal meth is cartel crystal meth. They may ship it here as liquid form, and once it's here, it is converted in a lab to crystal. But, most of our people on the street are going to Akron, Canton or Massillon (Stark County) ... I've not seen a conversion lab in our area (Tuscarawas County) yet, so they have to travel to get the crystal form."

Participants and community professionals reported that the availability of methamphetamine has increased during the past six months. Participants noted: "The crystal is going up, for sure; A lot more people are starting to do it; The fentanyl, it's cut in all kinds of stuff, so people are switching to meth; There's a lot of people who used to do Adderall® and you can do [crystal methamphetamine and get] 10 times higher, and it's cheaper." Treatment providers commented: "They know how to make it; It's cheap; People are using it to balance the withdrawal symptoms of heroin; Fear of fentanyl; People are dying off of opiates, so they are switching; I've heard clients say that meth saved their life from a heroin overdose." Law enforcement observed: "We're definitely seeing a lot more people on probation with their drug of choice being meth; It's on the rise and is continuing to go up." BCI crime labs reported that the incidence of methamphetamine cases they process from this region has increased during the past six months.

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

Participants most often rated the current overall quality of methamphetamine as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '7'. Participants concluded: "More people are learning how to make it; If you do crystal, it's good

for hours; The super meth (crystal) they are selling is more pure because people don't want meth that's cut." Participants discussed adulterants (aka "cuts") that affect the quality of methamphetamine and reported the following as cutting agents for the drug: acetone, bath salts (substituted cathinones; compounds containing methylone, mephedrone, MDPV or other chemical analogues, including alpha-PVP, aka "flakka"), Drano®, Epsom salts, fentanyl, "molly" (powdered MDMA), MSM (methylsulfonylmethane, a joint supplement), Raid®, rock salt and rat poison.

Methamphetamine	Cutting Agents Reported by Crime Lab	
	<ul style="list-style-type: none">  dimethyl sulfone (DMSO dietary supplement)  magnesium sulfate (Epsom salts) 	

Reports of current prices for methamphetamine were variable among participants with experience buying the drug. A participant shared, "It's cheap. You can get an 'eight ball' (1/8 ounce) for \$40." A law enforcement officer added, "We can get an ounce of crystal [during an undercover buy] for \$300." Reportedly, the most common amount of purchase for methamphetamine is a gram. Overall, participants reported that the price of methamphetamine has decreased during the past six months. Participants emphasized: "The price has gone way down; It's so easy to sell, so easy to get, that they can lower the price."

Methamphetamine	Current Prices for Methamphetamine	
	Crystal:	
	A gram	\$10-50
	1/8 ounce	\$40-80
An ounce	\$200-450	

Participants reported that the most common route of administration for methamphetamine remains smoking. Participants estimated that out of 10 methamphetamine users, four would smoke, three would "shoot" (intravenously inject) and three would snort the drug.

Participants discussed: *"It depends on what kind of meth 'buzz' (high) you like. You get a different buzz from smoking it than from snorting it; People usually go back and forth between snorting it and smoking it; Men smoke it, females usually snort it."*

While a profile of a typical methamphetamine user did not emerge from the data, participants noted methamphetamine use among laborers, truck drivers and oil-field workers. Participants discussed: *"Oil-field workers who do not have time to sleep; Blacks are starting to use meth more; It used to be white people, but now it's across the board; A lot of girls use it to lose weight; A lot of people, when they can't get Adderall®, go to meth; It's cheaper than crack [cocaine]. A lot of homeless [people] have switched to meth."* A treatment provider determined, *"I don't think you can separate it ... high school students do it, middle aged do it. I know homeless people use it and middle-class people."* A law enforcement officer declared, *"I see it everywhere, no [typical] groups."*

Prescription Stimulants

Prescription stimulants remain available for illicit use in the region. Participants most often reported the current street availability of these drugs as '5' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10.' Participants explained: *"It's very hard to get Adderall®; Barely around here anymore; It depends on who you know, kids get prescribed it mainly; It's really big in college areas."*

Treatment providers most often reported the current street availability of prescription stimulants as '2,' while law enforcement most often reported it as '6;' the previous most common scores were '5-6' and '2,' respectively. Treatment providers stated: *"I don't hear that much anymore [about illicit prescription stimulant use] ... I used to five years ago; It's still there, but people aren't seeking it as much."* A law enforcement officer remarked, *"Usually, if I get (arrest) somebody on a meth pinch (in withdrawal, out of methamphetamine), they usually have a handful of pills. You might find one or two Adderall® ... it's like their last-ditch effort [to maintain their high]."*

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Portage County Drug Task Force executed a search warrant and seized Adderall®, 38 grams of crystal methamphetamine,

marijuana packaged for distribution, Subutex®, money and drug paraphernalia (www.news5cleveland.com, April 8, 2019). Participants and community professionals identified Adderall® as the most available prescription stimulant in terms of widespread illicit use.

Participants and community professionals reported that the street availability of prescription stimulants has decreased during the past six months. Participants noted: *"They're not prescribed as much; I switched to meth because I could not find Adderall®."* Treatment providers commented: *"A lot of kids are prescribed it, but doctors are giving it out at lower doses; People who do get it, are not selling it but abusing it themselves."* A law enforcement officer observed, *"It's so easy to get meth now, people aren't even messing with Adderall®."* BCI crime labs did not report any cases of amphetamine (Adderall®) or methylphenidate (Ritalin®) for this region during the past six months, and very few cases of lisdexamfetamine (Vyvanse®).

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

Reports of current street prices for prescription stimulants were consistent among participants with experience buying these drugs. Participants reported obtaining prescription stimulants for illicit use from acquaintances and doctors. Participants discussed: *"I had a friend who had a script, who did not take them [and sold them]; People with kids, they take them from their kids; Just go to the doctor, tell them you can't focus [and obtain a prescription], anyone can do that."*

Prescription Stimulants	Current Street Prices for Prescription Stimulants	
	Adderall®	\$5-10 for 20 mg
	Vyvanse®	\$5-10 for 30 mg

Participants continued to report that the most common routes of administration for illicit use of prescription stimulants remains oral consumption and snorting. Participants estimated that out of 10 illicit prescription stimulant users, six would orally consume and four would snort the drugs. However, participants commented: *"It depends. If it's a capsule, I'll eat it. If it's a pill, I'll crush and snort it; You can't snort the [Adderall®] 30 XRs; Break the capsule open and snort them; Vyvanse®, you can break open ... it's a powder, so it's really easy to snort."* Participants and community professionals described typical illicit users of prescription stimulants as high school and college-aged young people. A treatment provider shared, *"In the history of their drug use, they used it as adolescents."* However, another provider added, *"We found kids coming to school, unmedicated, because the parents were using it."*

Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA and/or TFMP) is moderately available in the region. Participants most often reported the current availability of the pressed tablet form of ecstasy and "molly" (powdered MDMA) as '5' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were '1.' Participants emphasized: *"You have to be in a certain clique (have connections) to get ecstasy; There's not a whole lot of molly or 'sassafras' (MDA) around here ... that is hard to find; My dealer could get molly; People usually get it from Cleveland (Cuyahoga County); Molly you get at festivals or go to Detroit (Michigan); I'd go to Columbus (Franklin County) to get molly."*

Treatment providers most often reported the current availability of ecstasy/molly as '2' or '5,' the previous most common scores were '4-5.' Treatment providers discussed: *"It's available, you can get it; I hear about it sporadically; I only had one client mention it in the past year; Most clients who endorsed ecstasy or molly say they used it years ago, once or twice; It's a recreational drug versus an abused drug that you use every day."* Law enforcement did not rate the current availability of ecstasy/molly; the previous most common score was '8.' Law enforcement confirmed: *"Not a thing in our area, I link that to more college towns; I really don't see a lot of ecstasy, every once and awhile we get people talking about molly. But, it ends up being usually meth, but they are selling it as molly."* Another law enforcement officer reported a recent seizure of psychedelic drugs, which included ecstasy.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Police jailed a woman who showed up to Minerva's Mayor's Court (Stark County) on unrelated drug charges with a backpack containing approximately 1/2 gram of MDMA/methamphetamine mixture, 11 Neurontin® (gabapentin) pills, a small bag containing 2.3 grams of marijuana and three pipes; the woman was charged with possession of dangerous drugs with the intent to sell and possession of drug abuse instruments among other charges (www.ohio.com, Jan. 10, 2019). Participants and treatment providers reported that the availability of ecstasy/molly has remained the same during the past six months. BCI crime labs reported that the incidence of MDMA (ecstasy/molly) cases they process from this region has increased during the past six months.

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

A few participants discussed the quality of ecstasy and molly and rated the current quality of ecstasy as '4' and of molly as '9' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common scores were '7-8' and '8,' respectively. Participants commented on the current quality of ecstasy: *"It's garbage; Since the 90s, [quality has] gone way down."*

Reportedly, ecstasy and molly are often cut with other substances including bath salts and methamphetamine. In addition, participants observed that often what is sold as ecstasy/molly is not MDMA at all. Participants declared: *"The molly around here is fake; A lot of people think they are doing molly, but it's really bath salts or meth."* Overall, participants reported that the quality of ecstasy and molly has decreased during the past six months.

Reports of current prices for ecstasy/molly were consistent among participants with experience buying the drug. Participants noted that molly is typically sold in gram amounts. Participants indicated that ecstasy and molly are obtained through drug dealers. However, they discussed that molly is often given to females at no charge. A

participant explained, "Girls, we get it for free. Guys say, 'Want to do some molly with me?'"

Ecstasy/Molly	Current Prices for Ecstasy/Molly	
	Ecstasy:	
	Low dose (aka "single stack")	\$10-15
	High dose (aka "triple stack")	\$15
	Molly:	
A gram	\$50	

Participants reported that the most common routes of administration for ecstasy and molly are snorting and oral consumption. Participants estimated that out of 10 ecstasy users, eight would orally consume and two would snort the drug. Participants estimated that out of 10 molly users, nine would snort and one would orally consume the drug. One participant remarked, "Put [molly] in water and drink it." Participants described typical ecstasy and molly users as young (teens – early 30s) and 'ravers' (people who attend dance parties). Treatment providers described typical ecstasy and molly users as also young (20s – 30s). One provider stated, "College party kids."

Other Drugs in the Akron-Canton Region

Participants and community professionals listed a variety of other drugs as being present in the region, but these drugs were not mentioned by the majority of people interviewed: hallucinogens (lysergic acid diethylamide [LSD] and psilocybin mushrooms), kratom (mitragynine) and synthetic marijuana.

Hallucinogens

Hallucinogens remain available in the region. Participants most often reported the current availability of LSD as '10' and of psilocybin mushrooms as '5-10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were '5' and '8' for LSD and '5' for psilocybin mushrooms. Treatment providers most often reported the current availability of LSD as '2' and of psilocybin mushrooms as '7-8'; the previous most common score was '2' for LSD and not reported for psilocybin mushrooms. Treatment

providers confirmed: "I don't hear about LSD anymore; I hear about mushrooms more often; I had two clients who said they'd use hallucinogens four or five times a year, one of them stated he used it for spiritual awakening; I had a couple of clients in the past six months who said hallucinogens was their drug of choice; People say, 'I'll use it if it's there, I'll use it socially.'" Law enforcement most often reported the current availability of LSD and psilocybin mushrooms as '5'; the previous most common scores were '10' for LSD and '6' for psilocybin mushrooms. A law enforcement officer stated, "If you want it, you're going to find it ... you'll know where to go."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. OSHP troopers apprehended a suspect for an outstanding warrant in Medina (Medina County) who had previously fled from a stolen car after a police chase leaving behind a bag containing 120 doses of LSD, 30 grams marijuana, seven grams of crack cocaine and a marijuana grinder; police charged the man with LSD, marijuana and cocaine possession, drug paraphernalia possession, receiving stolen property, operating a vehicle without a license, failure to display license plates or validation stickers, failure to comply with police and two counts of drug trafficking (www.cantonrep.com, April 23, 2019).

Participants reported that the overall availability of hallucinogens has decreased during the past six months, while treatment providers reported that it has remained the same, and law enforcement reported increased availability. A law enforcement officer added, "We're seeing a lot more of the psychedelic drugs ... LSD, mushrooms. Because of marijuana and dabs, marijuana being so much stronger in THC ... it's a hallucinogen ... people are moving on to LSD and mushrooms..." BCI crime labs reported that the incidence of LSD and psilocybin mushroom cases it processes from this region has increased during the past six months.

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

Very few participants reported recent use of hallucinogens, and hence did not report on current quality. Current prices were reported by participants with experience buying the drugs.

Hallucinogens	Current Prices for Hallucinogens	
	LSD:	
	A "hit" (single dose)	\$7-15
	Psilocybin mushrooms:	
	1/8 ounce	\$25-30

Participants described typical hallucinogen users as white, young people and 'hippies'. A participant shared, *"It's a young people thing."* Treatment providers described typical hallucinogen users as young (teens to 30s). Law enforcement described typical hallucinogen users as marijuana users. Law enforcement emphasized: *"It kind of goes hand-in-hand with marijuana; We got quite a few on probation, their drug of choice is marijuana, but their felony conviction is possession of LSD."*

Kratom

Kratom (mitragynine, a psychoactive plant substance) is available in the region. Treatment providers discussed: *"It's easily bought in stores; You can get it right across the street; I've heard one client joke about using it, not sure if he was serious."* Law enforcement reported the current availability of kratom as '4.' One law enforcement officer confirmed, *"They are getting it on the Internet."*

Synthetic Marijuana

Synthetic marijuana (synthetic cannabinoids) 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.' Participants commented: *"Every other [beverage] drive thru in Akron has it, but they have to know you [to sell to you]; You can still get it at gas stations, corner stores ... on the counter; You can buy it on-line, you buy the spray and make your own."*

Treatment providers in Summit County rated the current availability of synthetic marijuana as '9'; the previous most

common score was also '9.' A treatment provider stated, *"You can get it in smoke (tobacco) shops."* However, treatment providers outside of Summit County commented: *"I haven't heard anything about it; It was a designer drug for a minute, now nothing."* Law enforcement reported having no encounter with the drug during the past six months. A law enforcement officer stated, *"We have heard of K-2 (synthetic marijuana) out there. We're not seeing it."* BCI crime labs reported that the incidence of synthetic cannabinoids cases they process from this region has slightly increased during the past six months.

Reports of current prices for synthetic marijuana were variable among participants with experience buying the drug. A participant reported the drug is purchased from stores for \$30 to \$50 [the participant did not know the volume]. Another participant reported that her high school son shared that the drug is sold in his school for \$35 but did not know the volume. Participants indicated that the only route of administration for synthetic marijuana is smoking. They estimated that out of 10 synthetic users, all 10 would smoke the drug. Participants described typical synthetic marijuana users as individuals on probation and those subjected to urine drug screening.

Conclusion

Crack cocaine, fentanyl, heroin, marijuana, methamphetamine, powdered cocaine, sedative-hypnotics and Suboxone® (buprenorphine) remain highly available in the Akron-Canton region; also, highly available is synthetic marijuana (synthetic cannabinoids). Changes in availability during the past six months include: increased availability for methamphetamine; likely increased availability for fentanyl and marijuana; and decreased availability for prescription opioids and prescription stimulants.

Participants and law enforcement reported that the availability of fentanyl has increased during the past six months. Participants discussed an increase in demand for the drug due to it being cheaper and more potent than heroin. They, along with treatment providers, commented that fentanyl has become the drug of choice for many users. Law enforcement also noted the prevalence of

other drugs adulterated with fentanyl. One officer stated, *"They are cutting it into everything."* BCI crime labs reported that the incidence of fentanyl and fentanyl analogue cases they process from this region has increased during the past six months.

Participants and community professionals described the current high availability of methamphetamine as overtaking heroin/fentanyl, the most available drug in the region, and epidemic as its use is now widespread. Respondents were unable to provide a profile of a typical methamphetamine user, stating that the drug is used "across the board," meaning all types of people are now using methamphetamine. Participants and law enforcement indicated crystal methamphetamine as the most prevalent form of the drug in the region. Law enforcement observed that the crystal methamphetamine originates from Mexico via that country's drug cartels. Both participants and community professionals attributed the increase in methamphetamine availability and use to opiate users, either using the drug to counterbalance heroin/fentanyl use (alleviating opiate withdrawal and "preventing" overdose) or switching from opiates to methamphetamine out of fear of fentanyl's potential lethality. BCI crime labs reported that the incidence of methamphetamine cases they process from this region has increased during the past six months.

In addition to reporting current high availability of marijuana, participants and community professionals reported current high availability of high-grade marijuana extracts and concentrates (aka "dabs"), particularly noting the current high availability of cannabis vape cartridges. Respondents discussed the ease of masking marijuana use by using cartridges containing THC (tetrahydrocannabinol, the psychoactive component of marijuana) in vaporizers (vape pens or e-cigarettes), noting that no odor is emitted. A law enforcement officer remarked, *"Those cartridges are everywhere, thousands of them."* BCI crime labs reported that the incidence of cannabis (including edible cannabis) as well as the incidence of cases of concentrated THC (dabs) cases they process from this region has increased during the past six months.

Lastly, participants and law enforcement reported current high availability for synthetic marijuana. Participants reported that synthetic marijuana can easily be obtained from various retail outlets (beverage drive-thrus, smoke shops and head shops), but they stipulated, retailers need to know the person purchasing it. Participants described typical users of synthetic marijuana as young people.

