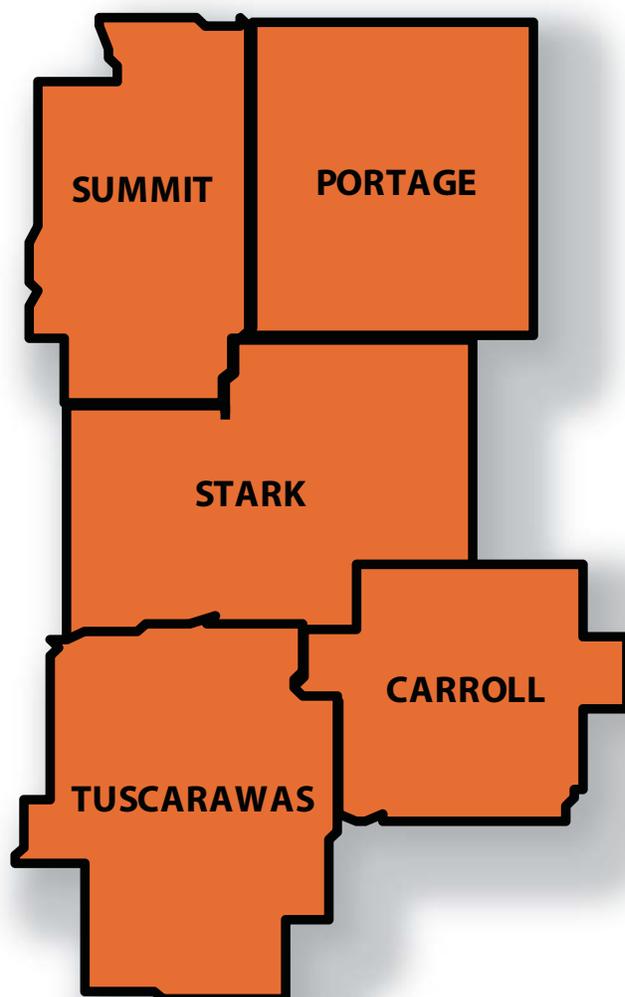


Ohio Substance Abuse Monitoring Network

Drug Abuse Trends in the Akron-Canton Region

June 2010-January 2011

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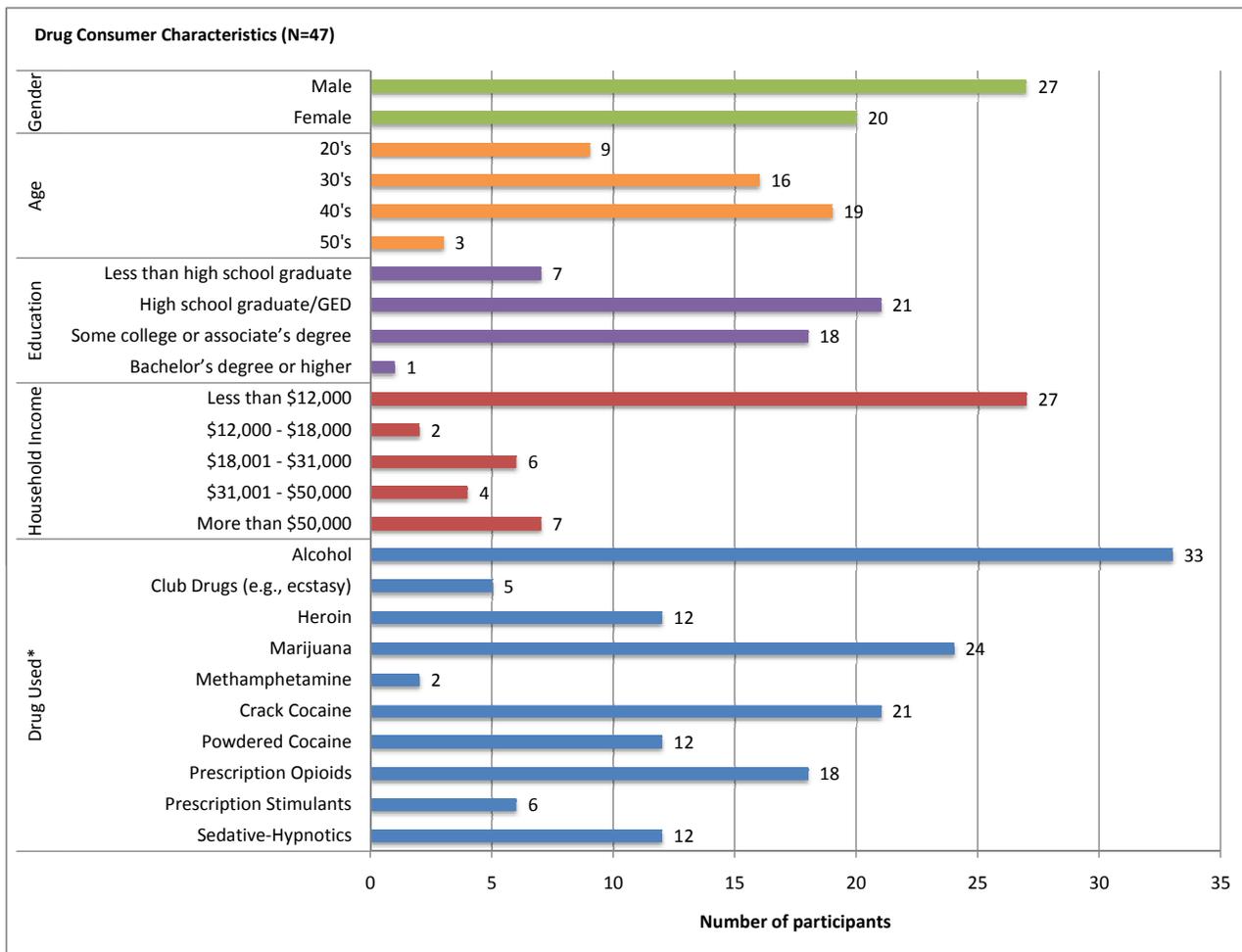
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Regional Profile

Indicator ¹	Ohio	Akron-Canton Region	OSAM Drug Consumers
Total Population, 2009 estimate	11,514,603	1,199,077	47
Gender (Female), 2009	51.2%	51.5%	42.6%
Whites, 2009	82.2%	86.5%	68.1%
African Americans, 2009	11.9%	9.3%	23.4%
Hispanic or Latino Origin, 2009	2.8%	1.3%	2.1%
High school graduates, 2008	84.6%	89.3%	85.1%
Median household income, 2009	\$45,467	\$44,363	Less than \$12,000 ²
Persons below poverty, 2009	15.1%	14.3%	25.5% ³

Ohio and Akron-Canton statistics are derived from the U.S. Census Bureau¹. Respondents reported income by selecting a category that best represented their household's approximate income for 2009². Poverty status was unable to be determined for one respondent due to missing or insufficient income data³.



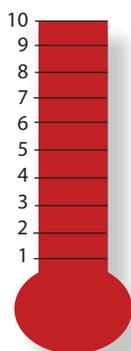
*Some respondents reported multiple drugs of use over the past six months.

Data Sources

This regional report was based upon qualitative data collected via focus group interviews. Participants were active and recovering drug users recruited from alcohol and other drug treatment programs in Portage, Stark and Summit Counties. Data triangulation was achieved through comparison of participant data to qualitative data collected from regional professionals (i.e., treatment providers and law enforcement) via individual and focus group interviews, as well as to data surveyed from Canton-Stark County Crime Lab, Stark County Coroner's Office and Summit County Juvenile Court. The aforementioned secondary data sources reported summary data for January to June 2010. Note: OSAM participants were asked to report on drug use/knowledge pertaining to the last six months (i.e., from time of interview through prior six months); thus, all current secondary data correspond to the current reporting period of participants. In addition to the aforementioned data sources, the following media outlets were queried for information regarding regional drug abuse for June 2010 through January 2011: *Akron-Beacon Journal*, *The Repository* and *The Plain Dealer*.

Powdered Cocaine Current Trends

Powdered cocaine is highly available in the region. Participants most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (high availability, extremely easy to get), although participants in Portage County indicated lower availability, most often reporting availability as '5'. Overall, participants reported that availability depends on the quality of the cocaine desired; stating that "uncut" (i.e., pure) cocaine is rather difficult to find while "cut" (i.e., diluted) cocaine is highly available. Treatment and law enforcement professionals throughout the region echoed the above reported rates of availability. Participants generally identified no differences in the availability of powdered cocaine as opposed to six months ago. However, they reported that there have been brief periods over the past six months when powdered cocaine was more difficult to find, describing these periods as "droughts." Participants expressed the belief that there are times when law enforcement is more aggressive, in terms of incarcerating suppliers/dealers.



A participant commented, "During election time, people are afraid [of getting arrested]." Law enforcement concurred that there are periodic times when availability is affected by law enforcement, citing two major "take downs" in the past few months. *The Plain Dealer* reported in September that the Summit County Drug Unit found nine kilos of cocaine with an estimated street value of \$500,000 in an Akron home (www.cleveland.com; Sept. 1, 2010). In December, *The Repository* reported that FBI and local officials had arrested several men with believed ties to a drug ring that brought cocaine and marijuana to Stark County. These men allegedly were trying to establish Canton as a new cocaine distribution point (www.CantonRep.com; Dec. 22, 2010). Participants also shared that much of the powdered cocaine that comes into the region is used to "cook" crack cocaine, making powdered cocaine less available on the streets, especially during "droughts." Participants also stated that when "good stuff" comes in, people are more likely to use it: "If using [powdered cocaine], they are not selling."

Participant quality scores of powdered cocaine varied from '2' to '9' with the most common score being '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants reported that the quality of powdered cocaine is dependent on the following: who is selling it, how much one is willing to spend and from where the cocaine comes. A participant stated, "If [powdered cocaine comes] from the south, [i.e., Miami], it's as good as it ever was." Reportedly, higher quality cocaine can be found. A number of participants reported that cocaine today is "stepped down [cut] too much." A respondent stated, "If someone says they have pure cocaine, they are lying." Participants across the region disagreed in terms of whether the current quality of powdered cocaine has changed over the last six months. Again, a common theme was that quality is more a function of where one gets his/her cocaine, rather than any specific trend.

Current street jargon includes many names for powdered cocaine. Participants listed the following as common street names: "blow," "coke," "diddy," "girl," "num-num," "powder," "soft," "snort," "snow," "sweet lady," "t-shirts," "toot," "white girl," "yea," "yo" and "yo-yo." Participants reported a gram of powdered cocaine currently sells for \$40 – \$90, "depending on the quality or where it comes from;" 1/8 ounce, or "eight ball," sells for \$110 – \$175; an ounce sells for \$1,100 – \$1,300. It was also reported that a person could buy \$5 worth of powdered cocaine on the street. Law enforcement reported a kilo of powdered cocaine sells for \$25,000 – \$38,000. Participants reported that the most common method of using powdered cocaine

continues to be to intranasal inhalation (i.e., snorting), but a good number also reported injecting powdered cocaine. It was noted in one focus group in Portage County that *"IV [intravenous use] is getting more popular, period."* Reportedly, powdered cocaine is also being smoked. In addition, a few participants reported "gumming" or "chewing" cocaine.

While a profile of a typical user of powdered cocaine did not emerge in the data, respondents generally noted that consumers of powdered cocaine tend to be in their 20's or 30's. The consensus seems to be that *"all types of people"* (i.e., from all levels of economic status) use powdered cocaine. A participant stated, *"It [powdered cocaine] is no longer the White business man's drug."* While some providers noted an increase in powdered cocaine use among lower socioeconomic populations, it was widely reported that this form of cocaine is still primarily used by those who are employed and by individuals of mid- to upper-socioeconomic status. One perception is that because crack cocaine can be purchased more cheaply, crack cocaine is more popular with individuals from lower-socioeconomic status. As noted earlier, reportedly, there is an increase in cocaine use by injection. It was noted that individuals who inject tend to be male and individuals who are addicted to heroin. A provider noted that powdered cocaine use is popular among the gay population.

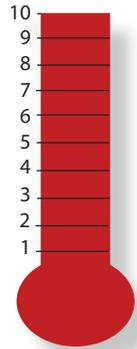
Powdered cocaine reportedly is used in combination with alcohol, benzodiazepines (i.e., Xanax®), ecstasy, heroin (a.k.a., "speedball" when "shot" together) and marijuana. Participants reported that the most popular drugs used with powdered cocaine are marijuana and alcohol, primarily because these substances tend to *"calm the rush"* or *"even it out."* The use of these substances is also perceived as allowing one to *"keep going"* (i.e., use over a longer period). A participant explained, *"Too high on cocaine, drink to come down. Too much alcohol, a line of coke [cocaine] lets you keep partying."* Another participant reported that marijuana *"extends the cocaine high."* Ecstasy and benzodiazepines (i.e., Xanax®) are also reportedly used for prolonging the "party." Heroin is used in combination with powdered cocaine, as participants said, *"It [heroin] intensifies the high of cocaine,"* as well as, *"balances the buzz."* Using powdered cocaine with all of the aforementioned is reportedly common.

Crack Cocaine Current Trends

Crack cocaine is highly available in the region. Participants most frequently reported the drug's current availability as

'10' on a scale of '0' (not available, impossible to get) to '10' (high availability, extremely easy to get). Across the region, it was widely reported that the popularity and use of crack cocaine is high. Participants reported, *"You can find it [crack cocaine] on every block; It is the most available drug there is; Every time you turn around, it's there."* The availability of crack cocaine was also reported as high by law enforcement and treatment providers, who ranked current availability as '10' and '8' respectively. However, while drug enforcement officers in Summit County noted that *"crack cocaine is available to whoever wants it,"* it was also reported that undercover officers have not bought as much as in the past, indicating, some officers believe, that selling on street corners is not as prevalent as it once had been. Drug enforcement officers in Stark County stated, *"We have some [crack cocaine], but it is not the upper echelon of drugs in this area."* Treatment providers across the region reported high availability of crack cocaine with the exception of Tuscarawas County. It was reported that users in that county generally travel to Canton to purchase crack cocaine. Nearly everyone interviewed said the availability of crack cocaine has remained about the same over the past six months while noting periods of fluctuation. A number of participants reported that there have been periods over the last six months when crack was more difficult to find. A participant commented, *"The 'big people' [suppliers/dealers] who couldn't find it [crack cocaine], they found it, sat on it for a minute, now they put it out. It's not a drought; it just controlling what's out there."* The Canton-Stark County Crime lab reported that the number of crack cocaine cases it processes has decreased.

Participant quality scores of crack cocaine varied across the region from '0' to '10' with the most common score being '6' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants noted that quality, much like availability, depends on *"who you are dealing with"* and fluctuated from time to time. The majority of participants reported a decrease in the quality of crack cocaine over the past six months, stating that there are times when *"you are not sure what you are getting."* Reasons for the decline in quality were summed up by participants as follows: high demand (i.e., dealers over cut/ dilute crack cocaine in order to meet the demand); greediness on the part of dealers; and, *"More young kids are selling it [crack cocaine], breaking it down smaller."* Respondents reported that crack cocaine is typically "cut" (i.e., diluted) with baking soda and baking powder; the crime lab reported baking soda.



A participant commented that there were times when *“it [crack cocaine] would not even cook up,”* and others reported that they always *“re-cook”* their crack cocaine in order *“to make [crack cocaine] stronger.”* Complaints about the quality of crack cocaine were echoed by treatment providers, who reported that clients have been complaining about the lower quality of crack cocaine during the past six months.

Current street jargon includes many names for crack cocaine. The most commonly cited names were *“boulders,” “butter,” “crack,” “cream,” “fruity pebbles,” “girl,” “hard,” “scooby snacks”* and *“stones.”* Participants reported a gram of crack cocaine currently sells for \$75; 1/8 ounce, or *“eight ball,”* sells for \$120 – \$130; an ounce sells for \$950 – \$1,100. Participants also consistently reported that crack cocaine sells for \$20 per *“rock”* (i.e., piece), with some reporting that crack cocaine can be bought for as little as \$2. Participants explained that crack cocaine is primarily smoked in a pipe or laced in a marijuana or tobacco cigarette. Crack cocaine can also be *“broken down”* (i.e., liquefied) and then injected, though this method is not as common. Participants reported breaking down crack cocaine with Sprite®, Kool Aid®, lemon juice or vinegar.

A profile of a typical user of crack cocaine did not emerge in the data. The consensus among treatment professionals and law enforcement alike was that many people from across all socioeconomic classes use the drug. As several treatment providers said, *“Drugs do not discriminate.”* A minority of treatment providers though thought that individuals from lower-socioeconomic strata with less education, along with African-Americans, are more represented among crack cocaine users. It was posited by one group of providers in Portage County that the use of crack cocaine is on the rise again, due to the current economic situation (i.e., recession), as crack is now *“cheaper.”* A Tuscarawas County provider noted that crack cocaine *“is more of a blue collar situation.”*

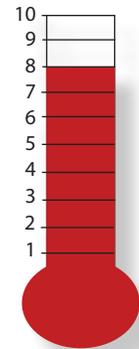
Crack cocaine reportedly is used in combination with alcohol, heroin and marijuana in order to bring the user down from the high. Users reported that alcohol and marijuana *“balance [them] out,”* and a user cited that marijuana helped to *“get to sleep after using crack cocaine.”* Participants reported that crack cocaine is used with heroin (i.e., *“speed balling”*) as this combination reportedly *“takes the edge off.”* Other participants said they used heroin with crack cocaine because they enjoyed the *“roller coaster”* effect, going up (i.e., feeling high/euphoric) and coming down (i.e., feeling relaxed/mellow) which is achieved by using these substances together.

Heroin Current Trends

Across the region, it was widely reported that the popularity and use of heroin is rising, although heroin's current availability rating was found to vary by county and by type. Participants in Summit County reported that heroin is fairly available, most frequently reporting the drug's current availability as *“8”* on a scale of *“0”* (not available, impossible to get) to *“10”* (high availability, extremely easy to get). Summit County law enforcement ranked the availability of heroin as an *“8 or 9”*.

These officers identified *“Mexican brown heroin”* as the most prevalent type of heroin found, noting a definite increase in the availability of brown powdered heroin in the county over the past one and a half years. Participants also reported brown powdered heroin as the most common type of heroin found in Summit County, describing it as tan, brown or yellowish in color, with respondents reporting *“The darker [in color], the better [quality].”* Brown powdered heroin was also described as *“chunky”* in texture and breaking apart easily. A participant described the drug as *“like brown cocaine”* and another as *“like cappuccino mix.”* Black tar heroin, described by participants as *“like a resin”* in appearance, reportedly is also available in the county, *“found once in a while.”* Law enforcement in Summit County described the current availability of black tar heroin as *“pretty fair,”* noting a significant arrest involving black tar heroin recently. Participants consistently reported that there has been an increase in the availability of heroin over the past six months, attributing this increase to the following: *“When they [law enforcement] put the meth [methamphetamine] labs out [of operation]; with cocaine being so hot right now [focus of law enforcement interdiction],”* and more dealers are selling heroin now as there is more money in the sale of it. In addition, a participant commented, *“In the past 12 years, OxyContin® was so popular, but now that oxy's [OxyContin®] are out of the picture [referring to change in formulation], people are turning to heroin.”*

Participants in Stark County reported that heroin is *“pretty hard to find.”* Participants commented that regular heroin users know how to find it, but otherwise, heroin is difficult to find. A participant stated, *“I don't hear about it [heroin] on the streets.”* While the consensus among participants was that there has been no change in the availability of heroin



over the last six months, a participant stated, *"Heroin is even less available as more people are beginning to use it."* Canton-Stark County Crime Lab reported a decrease in the number of heroin cases it processes. Powdered heroin is described as brown or tan in color, sometimes green *"like topaz rocks,"* and reportedly, at times heroin comes in the form of small rocks. The crime lab reported processing tan or white powdered heroin. Participants reported that black tar heroin is very rare in Stark County, with some respondents stating that they have never seen it. In contradiction to participants, a treatment provider in Stark County reported that heroin is available, rating its availability as '8.' This provider cited heroin use as increasing, especially among young people (i.e., < 27), who are *"injecting it [heroin], right out of the gate."* The law enforcement focus group in Stark County also reported heroin use as increasing but still *"tougher to find"* on the streets. They ranked the availability of heroin as *"3 or 4"*. Similar to participants, law enforcement officers reported brown powdered heroin as the most common form of heroin in the area, with black tar heroin noted as being rather rare. An officer commented, *"I've seen it [black tar heroin] once in 14 years."* These officers attributed Mexican cartels for the increase in heroin trade in the region, positing that heroin is an easy substitute for prescription opioids.

Participants in Portage County ranked the availability of heroin as very high, most frequently reporting the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (high availability, extremely easy to get). These participants also noted that heroin's availability has increased *"quite a bit"* over the past year. They described powdered heroin as usually brown in color, though sometimes white, and even *"greenish blue"* and having a consistency ranging from *"chunky like sand"* to more *"powdery like brown sugar."* In terms of black tar heroin, this focus group reported black tar heroin as *"harder to come by"* in Portage County, most frequently rating the current availability of this type of heroin as '5'. The high availability of brown powdered heroin was similarly reported by treatment providers in the area, who reported a *"substantial spike"* in the number of individuals who reported heroin as their drug of choice over the past six months, a trend they cited as continuing. These providers noted that there is a significant increase in heroin abuse among younger individuals (i.e., < 29), as well as among college students. A provider stated that clients whose primary drug of choice is opioids now make up 80 percent of halfway house admissions. The availability of heroin was also ranked high by a treatment professional interviewed in Tuscarawas County who noted that during the past three years, admissions for heroin addiction have tripled.

Participant quality scores of heroin varied across the region from '5' to '7' with the most common score being '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality). The majority of participants reported no change in the quality of heroin over the past six months, although a few participants reported that heroin tends to be *"a little more cut"* as dealers *"stomp on it"* (i.e., add other substances to increase mass and volume) in order to make more money. Participants also noted that prescription opioids are used as a substitute for heroin by some users to avoid *"being dope sick"* (i.e., suffering withdrawal) when a user is not able to get heroin.

Current street jargon includes many names for heroin. The most commonly cited names were *"boy," "dog food," "H," "junk," "ron," "smack "* and *"white horse."* Participants consistently reported that heroin sells for \$20 a *"baggie"* (i.e., 1/10 gram), with some reporting that heroin can be bought for as little as \$10. It was generally identified (by both participants and law enforcement) that heroin sells for anywhere between \$120 and \$200 per gram. Users identified that 1/8 ounce or *"eight ball"* sells for \$350. While participants note that heroin can be injected, snorted, smoked, and *"chewed"* or *"eaten,"* the most common route of administration was intravenous injection (i.e., *"shooting"*), followed by intranasal inhalation (i.e., snorting), particularly among participants who *"do not like needles."*

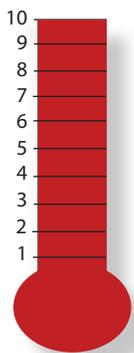
A profile of a typical user of heroin did not emerge in the data. The consensus among treatment professionals and law enforcement officers alike was that many people from across all socioeconomic classes use heroin, though some reported that users tend to be under the age of 30. Treatment professionals reported an increase in heroin use among younger people, with one focus group reporting that individuals entering treatment for heroin addiction seem to be *"much younger than a year or so ago."* A respondent also noted an increase in the number of pregnant heroin users involved in child welfare over the past six months while another respondent noted an increase in the number of women heroin users in general. Participants in the region concurred that heroin users *"can be anyone, from the top of the pile to the bottom,"* referring to socioeconomic status, but that heroin use is popular among young people (i.e., teens and college age individuals). Participants identified heroin use as most common among the following groups: White people, individuals coming out of the armed services, especially those who have served overseas, and individuals addicted to prescription opioids (i.e., OxyContin®) who are turning to heroin use as prescription opioids become increasingly more difficult to obtain and thus more expensive.

Heroin reportedly is used in combination with alcohol, benzodiazepines and marijuana in order to “increase the high.” These drugs are said to “intensify the nodding effect” of heroin and “enhance the buzz.” Some participants however reported that using other drugs, particularly alcohol, with heroin is dangerous as the potential for overdose is greater if a person has been drinking or using other depressant type drugs. It was also reported that motion sickness medication too increases “the buzz” (i.e., high) when used with heroin. Using cocaine and other stimulants with heroin reportedly causes a “see-saw effect,” some heroin users like to “balance the high” with stimulant type drugs.

Prescription Opioids

Current Trends

Prescription opioids are highly available in the region. Participants consistently reported street availability of these drugs as “very high.” Current availability ratings across the region for Dilaudid®, OxyContin®, Percocet® and Vicodin®



were most frequently reported as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (high availability, extremely easy to get). Other prescription opioids highly available include codeine (‘10’), morphine (‘8’) and methadone (‘7’). The region’s treatment professionals and law enforcement officers reported high availability of OxyContin®, Percocet® and Vicodin® in particular. Law enforcement also noted fentanyl as available in the region, rating its availability as ‘3,’ and decreasing. A law enforcement officer

reported a few known overdoses involving fentanyl. The Stark County Coroner reported 16.6 percent of all deaths it investigated were drug related (i.e., had an illegal substance present or legal drug above the therapeutic range). Furthermore, the coroner reported prescription pain medication as the most common drug present in drug-related deaths; it was present in 60 percent of all drug-related deaths (this is an increase from 44 percent for the previous six-month reporting period). Treatment providers stated that prescription opioids are frequently prescribed; a treatment provider stated that some prescribers “hand them out like M&M’s® [i.e., candy].” Participants agreed that these medications are readily prescribed. These drugs also make it onto the street by people stealing medications from family members, individuals forging prescriptions, dealers bringing

prescription opioids in from other states (i.e., Florida) and Canada, as well as, individuals fraudulently purchasing prescription opioids on the Internet.

Overall, a number of participants identified a continued rise in the popularity of prescription opioid use, (save for OxyContin®) over the past six months. A participant commented that more people are “getting hip to the doctor scheme” (i.e., more people are feigning pain to acquire medication). A primary reason for this rise in popularity identified by participants is the nation’s current recession and individuals recognizing the profitability in selling prescription opioids. A participant reported, “Even the elderly are selling their medications.” Participants commented that individuals are having difficulty paying for their own prescriptions. Thus, if individuals were to sell some of their medication for profit, they would then be able afford all of their medications. A participant explained that one could purchase prescribed medication for \$35, and then sell the medication for \$250. Other users, however, cited that because of the popularity of prescription opioids, they are somewhat harder to find, and their price is increasing. Participants also commented that hospital emergency rooms are less inclined to prescribe them. In addition, pharmacies, per respondents, are “watching out.” Treatment professionals and law enforcement noted no change in the availability of prescription opioids, citing that availability has been rather consistent over the last six months. The Canton-Stark County Crime Lab reported increases in cases of codeine, Dilaudid® and OxyContin® that it processes.

Reportedly, many different types of prescription opioids (a.k.a., “candy,” “hillbilly heroin” and “jelly beans”) are currently sold on the region’s streets. In terms of current street names, participants explained that prescription opioids are often called by the first letter(s) of the drug’s name or by the color of the pill. In terms of current street prices, participants consistently reported that the price of prescription opioids depends on milligram and “on who you know.” Participants reported the following prescription opioids as available to street-level users (Note: When reported, current street names and prices are indicated in parentheses): Dilaudid® (\$5 – \$7 per pill), morphine (\$30 per patch), OxyContin® 80 mg (a.k.a., “oxy’s;” old formulation sells for \$1 per milligram; new formulation sells for \$50 – \$80), Percocet® (a.k.a., “perc’s” or “P’s;” \$2 – \$12 per pill), Ultram® (a.k.a., “trams”) and Vicodin® 500 mg (a.k.a., “vikes” or “V’s;” \$2 – \$5).

While there were a few reported ways of consuming prescription opioids, and variations in methods of use were noted among types of prescription opioids, generally, the most common route of administration is oral consumption. In addition to swallowing pills, participants reported that pills are also crushed and injected. In addition, participants reported that some prescription opioids such as Dilaudid®, fentanyl, and OxyContin®, as well as higher dosed Percocet®, can be “cooked down” (i.e., liquefied) and injected. It was noted, however, that due to the newer formulation of OxyContin®, injecting it is less popular.

Descriptions of the typical user of prescription opioids varied. Some participants and treatment providers noted that prescription opioid users tend to be White. However, the consensus seemed to be that individuals from all ages, socioeconomic statuses and races are abusing these medications. Participants and professionals noted that addiction to prescription opioids often starts with legitimate treatment for pain management, then due to various reasons (e.g., loss of income, inability to access medical care, growth in tolerance), individuals develop an addiction, often turning to street purchase to self-medicate and supplement their addiction.

Many participants reported that alcohol, benzodiazepines and caffeine are often used in combination with prescription opioids as the addition of these drugs causes a user to “get higher, faster; maximizes the buzz.” A participant stated that marijuana is used with opioids simply because it “goes with everything.” Using prescription opioids with all of the aforementioned substances is reportedly very common.

Suboxone®

Current Trends

Suboxone® is moderately available in the region. Participants most frequently reported the drug’s current availability as ‘5’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (high availability, extremely easy to get). There was participant disagreement regarding the street availability of Suboxone®. A participant commented, “People who have them [Suboxone®], need them,” asserting that street availability is rather low. Other users cited availability as rather high and increasing. Illicit users of Suboxone® were said to use Suboxone® because it is generally not tested for in many urine drug screens. However, participants questioned

whether Suboxone® could actually be abused. It was commonly held by users that “no one abuses Suboxone®. It’s a life saver.” Treatment providers, on the other hand, reported an increase in the abuse of Suboxone®. Reportedly, Suboxone® is primarily used to assist with managing withdrawal symptoms for individuals who are trying to quit heroin or who temporarily do not have access to heroin. A participant stated, “They [heroin addicts] use it [Suboxone®] when their dealer is out of town. They use to keep from getting sick.” Treatment providers in Portage and Tuscarawas Counties commented that the availability of Suboxone® seems to have increased over the past six months, citing that the street price of Suboxone® has reportedly decreased.

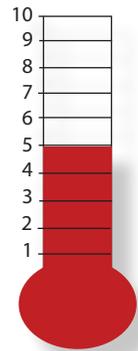
Participants reported that Suboxone® 8 mg generally sells for \$8 – \$15, but could sell for as high as \$25, depending on “how badly you need it.” Suboxone® is usually taken sublingually as prescribed. However, a few participants reported that some users snort and others inject the drug. Suboxone® is injected most often by intravenous heroin addicts as a means to manage withdrawal symptoms.

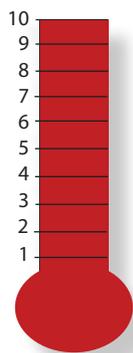
Reportedly, users rarely use Suboxone® in combination with other drugs, as one participant explained, Suboxone® “blocks out the effect of other drugs.” A participant commented that it is dangerous to take Suboxone® with other substances, especially benzodiazepines, stating, “It [combination of benzodiazepines and Suboxone®] will kill you.” Participants reported that Suboxone® is used with alcohol and marijuana, as combination with either drug “intensifies the high.”

Sedative-Hypnotics

Current Trends

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) are generally highly available in the region, although current availability ratings were found to vary by county and by type. Participants in Summit County reported the current availability of Xanax® as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (high availability, extremely easy to get). Other forms of sedative-hypnotics are also widely available in Summit County: Ativan® (‘8’), Klonopin® (‘8’) and Valium® (‘8’). The response most often echoed by participants about the availability of sedative-





hypnotics was *“they are everywhere.”* A number of participants in Summit County reported that there has been a noted increase in the availability of sedative-hypnotics in the past six months, with a participant calling this increased availability *“an outbreak.”* Participants consistently attributed this increase to the following: *“They [sedative-hypnotics] are prescribed far more than ever.”* Participants in Stark County reported slightly less availability of these drugs than participants in Summit County, though one commented, *“They [sedative-hypnotics] are way easier to get than opiates.”* Stark County participants reported availability most often as: Ativan® (‘10’), Klonopin® (‘5’), Valium® (‘5’) and Xanax® (‘8’). In Portage County, participants reported availability most often as: Ativan® (‘10’), Klonopin® (‘10’), Valium® (‘6’) and Xanax® (‘8’). Participants in both Portage and Stark Counties reported no change in the availability of sedative-hypnotics over the past six months.

Treatment professionals and law enforcement throughout the region reported that there seems to have been a long-standing trend over the past number of years of increased prescribing of these medications, especially Ativan® and Xanax®. This event marked what one group of treatment providers called *“a hidden epidemic.”* Though few of their clientele are seeking treatment for sedative-hypnotic abuse, a provider commented that there is a perception that sedative-hypnotics are *“a safe alternative to harder drugs.”* It was noted by some treatment professionals that doctors seem *“less inclined to prescribe”* these medications, especially psychiatrists, who seem aware that these medications are being abused; therefore, many tend to use anti-depressant medications as an alternative. Still, the availability of these medications was most often ranked by treatment providers and law enforcement alike as ‘7’. Participants stated that these medications could be obtained from emergency rooms and physicians either by feigning illness, paying physicians for prescriptions (e.g., \$50), from other individuals to whom these medications were prescribed or through purchase over the Internet. Participants reported that sedative-hypnotics are easier than opioids to purchase on the Internet as they are *“not as controlled.”* In addition, participants stated that these drugs are often acquired by theft (i.e., *“robbing pharmacies”*). The Stark County Coroner reported 16.6 percent of all deaths it investigated were drug related (i.e.,

had an illegal substance present or legal drug above the therapeutic range). Furthermore, the coroner reported prescription sedative hypnotics as a common drug present in drug-related deaths; it was present in 57.1 percent of all drug-related deaths (this is an increase from 44 percent for the previous six-month reporting period).

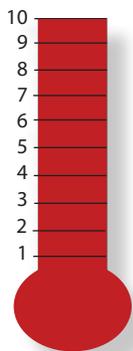
Reportedly, many different kinds of sedative-hypnotics are currently sold on the region’s streets. In terms of current street names, participants explained that sedative-hypnotics are often named by the color of the pill. In terms of current street prices, participants consistently stated that the price of sedative-hypnotics depends on milligram. Participants reported the following sedative-hypnotics as available to street-level users (Note: When reported, current street names and prices are indicated in parentheses): Ativan® (\$1 – \$2 per pill), Klonopin® (a.k.a., “K-pins” or “pins;” \$2 – 3 per pill), Xanax® 1 mg (a.k.a., “bars,” “candy,” “footballs,” “mind erasers,” “xani’s” and “xanibars;” \$1), Xanax® 4 mg (\$4 – \$7), and Valium® 5 mg (\$1 – \$2).

While there were a few reported ways of consuming sedative-hypnotics, and variations in methods of use were noted among types of sedative-hypnotics, generally, the most common route of administration is oral consumption. In addition to swallowing, participants reported that pills are commonly crushed and snorted. Also, participants commented that they have heard of individuals administering these drugs via injection.

Descriptions of the typical user of sedative-hypnotics varied. Some participants noted that sedative-hypnotic users tend to be younger women in their 20’s. Other participants identified that some young people *“who smoke a lot of weed [marijuana]”* lace their “joints” (i.e., marijuana cigarettes) with crushed sedative-hypnotic pills. Participants also mentioned that individuals on methadone maintenance tend to use sedative-hypnotics, one stating, *“I could pull into the parking lot of a meth [methadone] clinic right now ... 90 percent of them [clinic clients] are looking for benzo’s [benzodiazepines].”* On the other hand, most treatment providers believed that individuals from all ages, socioeconomic statuses and races are abusing these medications. The few providers who disagreed thought that older women are more likely to use/abuse sedative-hypnotics.

Reportedly, sedative-hypnotics are used in combination with alcohol, cocaine, ecstasy, heroin, marijuana and prescription opioids. Many participants reported that alcohol used in combination with a sedative-hypnotic intensifies the effect of the alcohol and hence takes less alcohol to achieve intoxication. A participant stated, *"I can use 12 beers or a xanibar [Xanax®] and two beers, it's the same thing."* Many users said that taking sedative-hypnotics with alcohol causes them to blackout. A number of participants also reported that it is common to use sedative-hypnotics with cocaine, as sedative-hypnotics assist with coming down from cocaine use. A participant reported liking the *"teeter/totter effect"* of cocaine and sedatives-hypnotics. Taking sedative-hypnotics with heroin is believed to intensify the effects of each, and it is said that the effect of Xanax® lasts longer when used with opioids. Ecstasy is said to increase the *"physical sensation, the 'body buzz'"* associated with sedative-hypnotics. It is widely held that using opioids with any of the aforementioned drugs is common.

Marijuana Current Trends



Marijuana is highly available in the region. Respondents almost unanimously reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (high availability, extremely easy to get). Participants thought the availability of marijuana was ubiquitous, and all agreed with comments like, *"It's everywhere; always around,"* and the availability is *"very, very high."* Law enforcement echoed participants when they described availability as *"off the hook"* and *"the easiest drug to find."*

Treatment providers also strongly agreed. While participants reported that the overall availability has not changed over the previous six months, they noted that there are periods when marijuana is more difficult to find, described by participants as *"droughts"*. Participants cited that typically for a few months before November elections, as well as for weeks prior to the Pro Football Hall of Fame inductions in August, it is more difficult to find marijuana. A participant stated, *"It is very dry, a lot of garbage [low quality marijuana] out there,"* implying that law enforcement targets substance abuse offenders during these times. Providers reported an increase over the past six months in the availability of higher, more potent grades of marijuana such as hydroponically grown marijuana (a.k.a., *"hydro"*).

Participants reported that the quality of marijuana varied from '3' to '10' with the most common score being '6' on a scale of '0' (poor quality, *"garbage"*) to '10' (high quality). Several participants explained that the quality of marijuana depends on whether the user buys *"commercial weed"* (i.e., low to mid-grade marijuana; usually ranked '3' – '6' in terms of quality) or higher-grade marijuana (i.e., hydroponically grown; usually ranked '8' – '10' in terms of quality). Some participants commented that the overall trend is that the potency of marijuana is increasing. A participant said, *"Every three or five years, a new grade of marijuana is developed with higher potency, based on cloning and mutation."*

Current street jargon includes numerous names for marijuana. The most commonly cited name was *"weed"*. Participants listed the following as other common street names: *"bank," "bud," "Christmas tree," "haze," "hydro," "kill," "kind," "kush," "pot," "purple haze," "reefer," "reg"* and *"trees."* The price of marijuana depends largely on the quality desired. Law enforcement reported that commercial (i.e., mid-grade) marijuana currently sells for \$1,100 – \$1,400 a pound. Participants reported that they could buy commercial-grade marijuana in many different quantities: a *"blunt"* (i.e., marijuana cigar) sells for \$5 – \$10; 1/4 ounce sells for \$25 – \$40; an ounce sells for \$75 – \$100. Higher grades of marijuana (i.e., *"hydro"* and *"kush"*) reportedly sell for \$40 for an 1/8 ounce; \$75 – \$100 for a 1/4 ounce; and \$250 – \$300 for an ounce. While there were a few reported ways of consuming marijuana, the most common route of administration is smoking. Some users reported eating marijuana in food (e.g., in brownies, spaghetti sauce, meat loaf, butter) or putting it in tea. Participants reported that eating marijuana produces *"a different high, a higher 'body buzz' ... not so much as a head buzz"* as when smoked.

When asked to describe the typical user of marijuana, participants were unable to identify specific characteristics. *"Everyone uses,"* was a typical response from participants. Patterns of use were different for age cohorts; participants noted, *"The older generation tends to bake [with marijuana],"* and the younger ones *"risk by mixing it [marijuana] with other drugs."* Treatment providers likewise reported that marijuana use is widespread across all population groups, though there seems to be an increase in use among older adults. A treatment provider said, *"Dope boys are making their rounds [selling marijuana] at the senior citizens' centers."* Another group of treatment providers noted an increase in marijuana use among adolescents in the region. According to Summit County Juvenile Court data, 41 percent of all

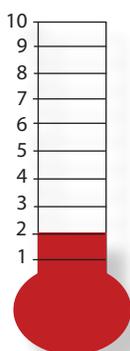
juveniles who were subjected to a court administered drug test for cannabis produced a positive result for the presence of cannabis.

A Stark County provider noted that the practice of using marijuana with cocaine is coming back: *"We are seeing the old 90's thing come back, everyone smoking primos [marijuana cigarettes laced with cocaine]. It's coming back, especially among African-Americans."* Marijuana is also reportedly used in combination with alcohol, formaldehyde and PCP (phencyclidine; a.k.a., "wet"), said to intensify the high.

Methamphetamine Current Trends

Participants reported that methamphetamine is relatively rare in the region. Participants most often reported the drug's current availability as '2' on a scale of '0' (not available, impossible to get) to '10' (high availability, extremely easy to get). When asked whether the powder form or the crystal form was more available, only a few participants were aware of the two forms of methamphetamine. These users reported that both forms are equally unavailable. However, treatment professionals and law enforcement had differing views regarding the availability of methamphetamine. Summit County professionals most often reported availability as '10' and Stark County law enforcement reported availability as '2' or '3' on a scale of '0' (not available, impossible to get) to '10' (high availability, extremely easy to get). Many participants and professionals alike, indicated that methamphetamine is less available, due to recent law enforcement efforts and the difficulty of obtaining necessary materials (i.e., having to sign for pseudoephedrine at pharmacies). As a participant noted, *"They [government] put the kibosh on it [methamphetamine production] ... regulated all the ingredients."* Other participants agreed, *"Drug stores make it more difficult to get the chemicals ... are monitoring the substances."*

Despite the decrease in availability, professionals and law enforcement reported an increasing popularity in individuals making their own methamphetamine: *"People are making it [methamphetamine] themselves, in their own homes or [setting up manufacturing] labs for personal use."* Summit County law enforcement reported a 200 to 300 percent increase over the



past year in the "one pot method" (i.e., methamphetamine production in a single sealed container, which is fast and portable; a.k.a., "shake and bake"). Media outlets across the region (i.e., *The Repository*, the *Beacon Journal* and Ohio News Network) have reported on methamphetamine lab arrests over this current reporting period (in Portage, Stark and Summit Counties).

Participants gave contradictory information regarding the quality of methamphetamine, quality ratings varied greatly from '1' to '10' on a scale of '0' (poor quality, 'garbage') to '10' (high quality). A user reported, *"I snorted it [methamphetamine] a few times, never felt it."* Another user stated, *"One line [of methamphetamine] keeps you up for the whole day ... can't stand the shit."*

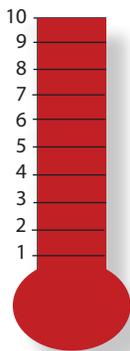
Current street jargon includes a number of names for methamphetamine, including: "crank," "crystal," "glass," "ice," "meth," "speed," "sugar," "that girl" and "the lady". Participants reported a gram of powdered methamphetamine sells for \$100 – \$120; 1/8 ounce of powdered methamphetamine sells for \$180; a gram of crystal methamphetamine sells for \$150. Smaller quantities of methamphetamine are reportedly also available. As a user said, *"Like crack [cocaine], it depends on what you got [amount of money available for purchase]."* A participant reported that methamphetamine sells for as little as \$10 *"for a couple of hits,"* or *"\$10 for a line."* The most common routes of administration for this drug include smoking, snorting and injecting. A participant stated, *"Mixing it [methamphetamine] with coffee is very popular."*

Participants and professionals alike reported that the typical user of methamphetamine was almost exclusively White, between the ages of 17 and 35, and of lower socioeconomic status. A participant noted, *"I have never met a Black person to use meth [methamphetamine]."* Different participants reported that methamphetamine use is common among exotic dancers, factory workers and truck drivers. Another participant commented that methamphetamine use is *"common in the gay community. Every gay bar I've been to ... they've all been high on it [methamphetamine]. The one guy [methamphetamine dealer] I know, that's who he sells it to."*

Ecstasy Current Trends

Ecstasy [methylenedioxymethamphetamine (MDMA)] is highly available in the region according to participants

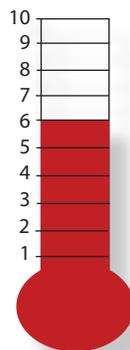
and moderately available according to professionals. Participants most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (high availability, extremely easy to get). Professionals most often reported the drug's current availability as '6' on a scale of '0' (not available, impossible to get) to '10' (high availability, extremely easy to get). Professionals across the region reported that the use of ecstasy seems to be decreasing, with one focus group in Summit County noting, "You never hear about it [ecstasy] anymore." Summit County law enforcement noted that there appears to be "periodic cycles" by which availability "comes and goes." Canton-Stark County Crime Lab reported an increase in the number of ecstasy cases it processes.



Participants reported that there are various types, colors and doses of ecstasy pills. Some street names for the various types include: "blue girls," "footballs," "Obama" and "scooby doo's." Prices for the different pills vary based on dosage. Participants reported that some pills sell for as little as \$2 while higher dosed pills, (i.e., "blue girls") cost up to \$25. The quality of ecstasy varies, with some users reporting that quality is decreasing. Participants stated, "There is more speed [methamphetamine] than MDMA in them [ecstasy pills]; You can get some duds." The only reported method of administration is oral consumption.

Hallucinogens
Current Trends

Participants provided varying opinions regarding the availability and popularity of hallucinogens (i.e., psilocybin mushrooms), some reported moderate popularity, and others reported minimal use in the past few years. Participants most often reported psilocybin mushroom's current availability as '6' on a scale of '0' (not available, impossible to get) to '10' (high availability, extremely easy to get). Users reported that availability is higher during summer months. A participant reported that in the summertime "mushrooms are just a pasture away." Stark County law enforcement indicated that while the



availability of mushrooms has not been very high lately, they have noted some increase in its use, citing that it is rather easy to cultivate. Canton-Stark County Crime Lab reported an increase in the number of psilocybin mushroom cases it processes. LSD (lysergic acid diethylamide) reportedly is much harder to find than mushrooms. A participant stated, "I haven't seen it [LSD] in ten years."

Participants reported an 1/8 ounce of psilocybin mushrooms currently sells for \$30 – \$50. Stark County law enforcement noted that mushrooms sell for \$100 for 10 grams. The most commonly reported method of administration is oral consumption, eating, or mixing with tea.

Other Drugs

Participants and 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. Several participants and professionals reported the recent introduction of synthetic marijuana (i.e., K2) which is available in retail stores (i.e., gas stations and head shops) and sold as a form of incense. K2 is believed to be increasing in popularity. Participants and treatment providers reported that the "incense" produces a marijuana-like high when smoked. Providers expressed concern that individuals (i.e., adolescents) do not know what they are inhaling with this product. Participants reported that individuals in alcohol and drug treatment programs are using K2, as typical urine drug screens do not detect its use.

Conclusion

Powdered cocaine, crack cocaine, prescription opioids, sedative-hypnotics, marijuana and ecstasy are the most available drugs throughout the Akron-Canton region. Noted increases in availability over the previous six months exist for heroin (i.e., brown powdered), prescription opioids and sedative-hypnotics. In particular, the popularity and use of heroin has significantly increased among younger individuals, especially White teens and college students, who now comprise a larger number of new treatment admissions across the region. Law enforcement attribute Mexican cartels for the increase in heroin trade. Heroin is an easy substitute for prescription opioids (i.e., OxyContin® OC, which has become increasingly unavailable and more expensive due to its recent reformulation). Alarmingly, the most common

route of heroin administration is intravenous injection. In tandem with heroin, prescription opioids continue to rise in terms of popularity and use, with Dilaudid®, OxyContin®, Opana® and Percocet® leading the way as the most available and most popular. Sedative-hypnotics, especially Ativan®, Klonopin®, Valium® and Xanax®, have also dramatically increased in availability, leading some to posit that the region is experiencing a “hidden epidemic” or “outbreak” of sedative-hypnotic abuse. These drugs, believed to be “a safe alternative to harder drugs,” are widely desired for their ability to help modify the high of other drugs. Alcohol used in combination with a sedative-hypnotic intensifies the effect of the alcohol, and hence less alcohol is needed to achieve intoxication. Methamphetamine continues to be relatively rare in the region, but law enforcement report a dramatic increase in the one-pot method of cooking methamphetamine. Synthetic marijuana (i.e., K2) appears to be growing in popularity, used recreationally and by those in alcohol and drug treatment who wish to continue getting high while being able to pass drug urine screens.