

## Ohio Substance Abuse Monitoring Network

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

January-June 2011

John R. Kasich, Governor  
Orman Hall, Director

#### Toledo Region

- Heroin business thriving; dealers often provide samples before purchase
- IV users report getting needles from diabetics, pharmacies and through street purchase
- Illicit Suboxone® use remains most common among heroin users to avoid withdrawal when heroin is unavailable
- Increasing sedative-hypnotic use among school-aged youth who do not necessarily hide use
- Crime lab reports new forms of synthetic marijuana not seen previously, along with increased number of bath salts cases

#### Cleveland Region

- High availability remains for heroin, prescription opioids and Suboxone®
- Pill progression to heroin extremely prevalent among those 16-30 years of age
- Users continue to obtain prescription opioids primarily from doctors
- Opana® and methadone cited as up-and-coming opioids of abuse
- Higher quality marijuana more available

#### Dayton Region

- Increased availability of bath salts and heroin
- Dealers aggressively push heroin, often giving away free samples
- Heroin dealers now carry powdered cocaine for convenience to users who “speedball”
- Bath salts rapidly gaining in popularity
- Synthetic marijuana remains popular due to the belief that it cannot be detected by urine drug screens

#### Cincinnati Region

- Increased availability of heroin, methamphetamine and Suboxone®
- Coroner’s office reports higher number of heroin-related deaths
- Opana® increasing in both desirability and availability
- Methamphetamine combined with heroin to “speedball”
- Bath salts highly available

#### Columbus Region

- Increased availability of prescription opioids, sedative-hypnotics and synthetic marijuana
- Young users do not view sedative-hypnotic use as dangerous
- Prescription opioid users continue to progress to heroin as heroin is cheaper and easier to obtain
- Anticipated increase in methamphetamine availability due to increased “meth” presence in border states
- Crime lab reports number of bath salts cases it processes has increased

#### Akron-Canton Region

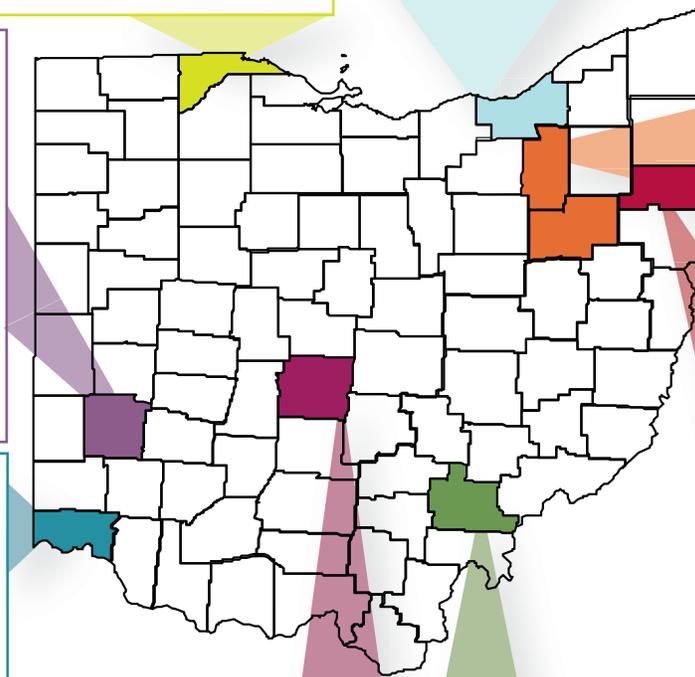
- Increased availability of heroin and methamphetamine
- Opana® becoming popular as replacement for OxyContin®
- Teenage males, as early as junior high school age, more commonly using heroin
- Greater access to methamphetamine now that “shake-n-bake” method widely known
- Greater number of users seeking and using high-grade marijuana

#### Youngstown Region

- Increased availability of heroin, methamphetamine, prescription stimulants and Suboxone®
- Heroin users report increased overdoses, widespread IV use and hepatitis C infections
- Users report increased Suboxone® prescribing, particularly of strips
- Increased availability of methamphetamine due to more people manufacturing the drug
- Increased abuse of synthetic marijuana; some providers have started to screen for the drug

#### Athens Region

- Heroin has become as accessible as marijuana
- Increase in requests for detox services from IV heroin users
- Crime lab continues to report heroin as “very pure”
- Obtaining prescription opioids “as easy as going to the store to get a gallon of milk”
- Opana® popularity and availability increasing



### Executive Summary

The Ohio Substance Abuse Monitoring (OSAM) Network consists of eight regional epidemiologists (REPIs) located in Akron-Canton, Athens, Cincinnati, Cleveland, Columbus, Dayton, Toledo and Youngstown. The OSAM Network conducts focus groups and individual qualitative interviews with treatment providers, active and recovering drug users, and law enforcement officials, among others, to produce epidemiological descriptions of local substance abuse trends. Qualitative findings are supplemented with available statistical data such as coroner's reports and crime laboratory data. Mass media sources such as local newspapers are also monitored for information related to substance abuse trends. Once integrated, these valuable sources provide the Ohio Department of Alcohol and Drug Addiction Services (ODADAS) with a real-time method of providing accurate epidemiologic descriptions that policymakers need to plan appropriate prevention and intervention strategies.

This Executive Summary presents findings from the OSAM meeting held in Columbus, Ohio, on June 20, 2011. It is based upon qualitative data collected February through June 2011 via focus group interviews. Participants were 362 active and recovering drug users recruited from alcohol and other drug treatment programs in each of OSAM's eight regions. Data triangulation was achieved through comparison of participant data to qualitative data collected from 103 community professionals (law enforcement, treatment providers and community outreach workers) via individual and focus group interviews, as well as to data surveyed from children's services, coroner's offices, family and juvenile courts, Bureau of Criminal Identification and Investigation (BCI), police and county crime labs. In addition to the aforementioned data sources, media outlets in each region were queried for information regarding regional drug abuse for January through June 2011. OSAM research administrators in the Division of Planning, Outcomes and Research at ODADAS prepared regional reports and compiled this summary of major findings. Please refer to regional reports for more in-depth information on drugs reported here.

### Powdered Cocaine

Powdered cocaine is moderately to highly available across all regions, and it is one of the most available street drugs in Akron-Canton, Athens, Cleveland, Dayton and Youngstown. While participants described powdered cocaine as available, they reported that the drug does not have high street visibility, meaning one would have to make connections to buy it. The consensus was that crack cocaine remains easier

to come by on the street than powdered cocaine. Treatment providers reported that fewer clients are mentioning powdered cocaine use at intake for treatment, and of those clients who do mention use, powdered cocaine is usually a secondary or tertiary drug of choice. All regions reported stable availability over the past six months, with the exception of Akron-Canton, Athens and Columbus, where some data indicate a possible decrease. The primary reason for decreased availability is increased demand for the drug. Participants agreed that user demand for powdered cocaine is driven by the desire to obtain powdered cocaine to "rock" (manufacture) into crack cocaine, allowing users to improve the quality of their crack cocaine; thus, dealers are more tightly controlling the supply of powdered cocaine because of this trend. Both participants and law enforcement noted that heroin dealers are more likely to now carry powdered cocaine than crack cocaine for the convenience of users who prefer to "speedball" (mix heroin with powdered cocaine). The most common participant quality score of powdered cocaine across regions varied from '2' to '7' with the most common score being '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Universally, participants reported that the quality of powdered cocaine continues to be dependent on the source, the person from whom one buys. Users across regions reported that the current quality of powdered cocaine has either remained the same or has decreased over the past six months. Regional crime labs continue to report that powdered cocaine is adulterated with many other substances, with levamisole (livestock dewormer) remaining the most frequently identified cutting agent. In addition, users in Akron-Canton, Dayton and Toledo reported that they believed that bath salts and crystal methamphetamine are now used as cutting agents for powdered cocaine. Current street jargon includes many names for powdered cocaine, with the most common names being "blow," "girl," "powder," "soft," "snow," "White girl" and "ya-yo." Depending on desired quality and from whom one buys, a gram of powdered cocaine currently sells for \$30-\$120 across regions. While there were a few reported ways of consuming powdered cocaine, the most common route of administration for this form of cocaine remains intranasal inhalation (snorting) followed by intravenous injection (shooting). In Toledo, users also reported chewing the remaining contents left in the baggie that the powdered cocaine is purchased in, which is referred to as "nummy." The profile of the typical powdered cocaine user remains: individuals with money/income, those who have professional jobs during the day and are nightclub goers on the weekend. Powdered cocaine is often used in combination with alcohol, heroin, marijuana, prescription opioids and sedative-hypnotics.

### Crack Cocaine

Crack cocaine remains highly available across all regions. Crime labs in most regions reported that the number of crack cocaine cases they process has remained stable, while labs in Akron-Canton and Dayton reported an increase in the number of cases processed over the past six months. Treatment providers reported that not only can someone in the drug culture immediately obtain crack cocaine, but that crack cocaine is readily accessible to the general public as well; users reported that dealers commonly approach potential buyers. Law enforcement reported that the availability of crack cocaine has remained high over the past six months, but that the urgency to respond to crack cocaine has been eclipsed by the emergence of other drugs such as heroin and prescription opioids. Users noted that their dealers are switching from crack cocaine to heroin sales. With the exception of Toledo, perceived quality of crack cocaine is low to moderate; the most common participant quality score for crack cocaine varied across regions from '2' to '8' with the most common score being '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Reportedly, quality varies depending on from whom one purchases and on who, "the chef was in the kitchen" (the person who manufactured the crack cocaine). Across regions, users reported that crack cocaine quality has either remained the same or has decreased over the past six months. Participants reported that crack cocaine can be, "cut with anything and everything." Thus, in an effort to improve the quality of crack cocaine, many users "re-cook" the drug to eliminate impurities. Regional crime labs continue to report levamisole (livestock dewormer) as the most frequently identified cutting agent for crack cocaine. Current street jargon includes many names for crack cocaine, with the most common names being "butter," "hard" and "rock." Participants continued to report that crack cocaine is most commonly sold as \$10, \$20 and \$50 "rocks." Typically, a \$20 rock is estimated to be .2 grams, and a \$10 rock is half of that. Participants said dealers will also sell "crumbs" for a few dollars. While there were a few reported ways of administering crack cocaine, generally, the most common route of administration continues to be smoking. Out of 100 crack cocaine users, participants reported that approximately 90 would smoke it, and 10 would break it down with lemon juice or vinegar to intravenously inject or "shoot it." While crack cocaine users remain diverse, participants described first-time users of crack cocaine as getting younger, as young as 12 and 13 years of age. Crack cocaine is often used in combination with alcohol, heroin, marijuana, prescription opioids, sedative-hypnotics and tobacco.

### Heroin

Heroin remains highly available in all regions, and it is now one of the most available street drugs in every region. Brown powdered is the most available type of heroin in Cincinnati, Cleveland and Dayton; brown and white powdered heroin are most available in Akron-Canton, Toledo and Youngstown; black tar heroin remains most available in Athens and Columbus. During the last reporting period, availability had increased in every region without exception; this reporting period, heroin continued to increase in availability in Akron-Canton, Athens, Cincinnati, Dayton, Toledo and Youngstown. Participants and community professionals across the OSAM Network described high and increasing availability of heroin: "Heroin is the most available drug out there now; Ohio is flooded with heroin. It's an epidemic." In addition to being highly available in every region, participants, law enforcement and treatment providers across almost every region identified heroin as the most urgent substance abuse problem. The vast majority of all network informants continued to attribute the rise in popularity of heroin to prescription opioid users who have switched to heroin use due to the ease and affordability of obtaining heroin over prescription opioids. Also, participants consistently reported a recent trend among dealers and their users of switching from crack cocaine to heroin. Participants noted that dealers are aggressively pushing heroin and will often give away free samples. Unlike other drugs that require a connection or phone call to obtain, dealers are more likely to approach users and offer them heroin. The most common participant quality score for heroin varied across regions from '4' to '10' with the most common score being '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Across regions, participants most commonly reported that the quality of heroin has remained the same over the past six months. Participants reported that heroin is commonly cut (adulterated) with other substances, with participants in six of eight regions reporting the belief that heroin was cut with fentanyl over the past six months; several participants reported friends dying from heroin/fentanyl overdoses. However, while the coroner's office in Cincinnati has seen a higher number of heroin-related deaths over the past six months, none were found with evidence of fentanyl. It is suspected that the heroin supply may have increased in potency, leading to more dire consequences to the user. BCI London crime lab continues to report that heroin is extremely pure; gas chromatography-mass spectrometry analysis typically shows that heroin is 80 percent pure. Current street jargon includes many names for heroin, with the most common names remaining "boy" and "dog food." Participants continued to report buying smaller quantities of heroin most often in \$10 and \$20 amounts. The most common way to use heroin remains intravenous

injection; across all regions over 70–90 percent of heroin users reportedly inject the drug. In Youngstown, along with widespread reports of intravenous use of heroin, were widespread reports of sharing of injection needles and hepatitis C infections. The consensus among the majority of participant and community professional groups was that heroin users continue to be predominately White, males and females, between the ages of 20 and 35 years, and more often than not addicted to other opioids; several community professionals also continued to report increasing heroin use among adolescents, particularly teenaged females. Other substances often used in combination with heroin include alcohol, crack cocaine, marijuana, methamphetamine, powdered cocaine, prescription opioids and sedative-hypnotics.

### Prescription Opioids

Prescription opioids remain highly available in all regions. Over the past six months, availability has increased further in Athens and Columbus. A treatment provider captured the sentiment of nearly every provider in describing Ohio's current opioid epidemic as, *"getting worse and worse, and it's scary."* Access to these drugs is very different than for other drugs due to their prescriptive nature; anyone can access prescription opioids, not just those in the drug culture. Increased availability continues to be attributed to increased prescribing in hospitals, private physicians' offices and pain clinics. These drugs continue to be most often obtained through prescription, with users continuing to report ease in feigning pain and of knowing physicians who write prescriptions for payment. In addition, both participants and treatment providers again spoke of dealers sending people to Florida to purchase opioids to bring back to Ohio. Participants identified Percocet® and Vicodin® as the most popular prescription opioids in terms of widespread use. Although still frequently named as the most desirable prescription opioid, OxyContin® has decreased both in use and availability over the past six months as a result of the drug's new abuse-deterrent formulation. In every region, with the exception of Columbus and Toledo, participants reported that Opana® has gained in popularity as a substitute for OxyContin®, given that it remains easy to use intravenously. An Akron-Canton participant reported that Opana® is, *"the most sought opiate medication now."* BCI London crime lab reported that the number of Dilaudid®, Opana® and Percocet® cases it processes has increased over the past six months. Common routes of administration continue to include the following in order of highest prevalence: oral consumption (swallowing and chewing), intranasal inhalation (snorting) and intravenous injection (shooting). The majority of participants and community professionals continued to describe the typical prescription

opioid user as someone who may have suffered chronic pain from a serious illness or injury, or someone who is young (17–34 years old) and White. Participants described first-time users to be as young as 11–12 years of age and more likely to obtain prescription opioids from medicine cabinets in their home or the homes of relatives or friends. When used in combination with other drugs, prescription opioids are most often used with alcohol, crack cocaine, heroin, marijuana, powdered cocaine, sedative-hypnotics and other prescription opioids.

### Suboxone®

Availability of Suboxone® remains high in all regions, with the exception of Toledo where it remains moderately available. Noted increases in availability exist for Cincinnati and Youngstown while a noted decrease exists for Athens. Many participants reported an increase in availability of the film/strip form of Suboxone® over the past six months. Those most currently using Suboxone® continue to be prescribed the drug through a Suboxone® maintenance program, often in conjunction with an outpatient treatment program. However, many users continue to purchase the drug on the street from dealers, heroin addicts and others with prescriptions. A treatment provider reported, *"You've got people at [12-step] meetings handing them [Suboxone®] off. They're being sold like any other drug."* Current street jargon includes a few names for Suboxone®: "oranges," "sobos" and "stop signs." Current street pricing for Suboxone® 8 mg varies widely from a low of \$5 to a high of \$30; participants again reported that those obviously "dope sick" pay higher prices. Participants also continued to report most often taking Suboxone® sublingually, with many participants noting growing popularity of intranasal inhalation (snorting) and intravenous injection (shooting) as routes of administration. Those most often obtaining Suboxone® on the street continue to be primarily prescription opioid/heroin addicted who use the drug to fight withdrawal when their opioid of choice is not available. As was the case in the last reporting period, there were widespread reports of users abusing Suboxone® as a means of getting high; those who abuse are thought not to have an opioid abuse history. Participants also reported that individuals who need to avoid detection of drug use on urine drug screens (probationers) use Suboxone® because it is often not screened. Reportedly, Suboxone® is used in combination with alcohol, crack cocaine, marijuana, powdered cocaine and sedative-hypnotics (benzodiazepines). Participants reported that benzodiazepine use with Suboxone® is very common.

### Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbituates and muscle relaxants) are highly available across all regions. Seven of eight regions experienced stable availability of sedative-hypnotics

over the past six months, but an increase in sedative-hypnotic availability was noted in Columbus. Participants reported that these drugs have high street availability and are often sold or freely given away by dealers who sell crack and powdered cocaine. The most common way to obtain sedative-hypnotics is through friends, family members and physicians. Reportedly, users often memorize symptoms of anxiety disorders and feign symptoms in order to gain prescriptions; then, these drugs are either personally abused or traded for a more preferable drug. The most commonly sold sedative-hypnotics across regions are Klonopin®, Valium® and Xanax®. Xanax®, the most popular sedative-hypnotic, often sells for \$0.40–\$3 per milligram, while most other sedative-hypnotics sell for \$0.20 – \$2.50 per milligram. The most common routes of administration are oral ingestion (chewing or swallowing) and intranasal inhalation (snorting), with most regions reporting a minority of users crushing and injecting sedative-hypnotics. Illicit use of these drugs appears to be a far-reaching problem that affects all age groups, races and socioeconomic backgrounds. Dayton and Toledo were the only two regions to identify a specific user profile. Treatment providers in Dayton said the most likely user is an opioid user who is generally White; treatment providers in Toledo said the typical user includes younger adults, usually female. Combining sedative-hypnotics with other drugs is common among drug users. While nearly every drug is used with sedative-hypnotics, participants reported that this class of drugs is often used with stimulants (cocaine and methamphetamine) to help them “come down” from the stimulant high. Less frequently, participants mentioned using sedative-hypnotics to “enhance the buzz” of other drugs or to create a “blackout experience.” Participants were aware that concurrent prescription opioid use and sedative-hypnotic use meant a greater likelihood of overdose, and this knowledge caused many of them to refrain from combining the two.

### Marijuana

Marijuana remains highly available across all regions. Participants and treatment providers alike commonly reported marijuana availability as, “off the charts; as available as a glass of water.” Participants and law enforcement stated that the availability of marijuana is high because of an increase in indoor grow operations and covert outdoor growing on personal and private property. Every region experienced stable availability of marijuana over the past six months. The most commonly cited names for marijuana were “dro,” “hydro,” “mid’s,” “reg’s” and “weed.” Prices for marijuana depend on the quantity and quality desired: for commercial grade marijuana (low- to mid-grade marijuana), a “blunt” (single cigar) sells for \$5–\$10; 1/8 ounce sells for \$20–\$40; an ounce sells for \$80–\$180. Higher quality marijuana sells for significantly more: a “blunt” (single cigar)

sells for \$15–\$25; 1/8 ounce sells for \$50–\$60; an ounce sells for \$200–\$400. The most common route of administration for this drug remains smoking, with a minority of users continuing to bake it into food or use it with tea. A minority of users in Cleveland, Dayton and Youngstown also reported vaporization of marijuana. According to these participants, this process is preferred by some because it, “[Vaporization] it is supposed to ... [burn] more of the THC rather than the weed [marijuana] itself.” Quality of commercial and high-grade marijuana remains high throughout the state. Law enforcement and participants agreed that high quality marijuana is prevalent because of high tech grow operations and more educated growers. Use of marijuana appears to be a far-reaching problem that affects all age groups, races and socioeconomic backgrounds. Nearly everyone interviewed believed that marijuana use is ubiquitous, and many suggested that marijuana is the most commonly used illegal drug in the state. Age of first use was most commonly reported as 12–13 years; however, participants and treatment providers in Athens and Cincinnati reported age of first use most often as nine years. Treatment providers and law enforcement lamented that marijuana is not seen as harmful any more by users. While nearly every drug is used with marijuana, participants reported that the drug is most often consumed with alcohol, crack cocaine and powdered cocaine (a.k.a., “primo” or “woolie”). In addition, participants in Athens, Cleveland and Columbus listed PCP (a.k.a., “loveboat” or “wet”) and embalming fluid (a.k.a., “sherm”) as also used in combination with marijuana. Participants reported overwhelmingly that marijuana is used to “come down” from stimulant highs or to intensify the effects of other drugs.

### Methamphetamine

Methamphetamine is moderately available across all regions. Only a minority of participants had experience with methamphetamine, and they reported that the drug is most available in rural areas among a limited number of users who are connected with a tight-knit network of methamphetamine dealers and users. Powdered and crystal methamphetamine are equally available in most regions, but the powdered form of the drug is more available in Akron-Canton and Athens. Participants in most regions said that availability has remained stable over the past six months; however, participants in Akron-Canton, Athens and rural Cincinnati reported the drug’s availability as increasing. The biggest reason for the increase in methamphetamine availability is knowledge of the “one-pot” method or home-cooked method of creating methamphetamine. The most commonly cited names for methamphetamine were “crank,” “crystal,” “ice” and “meth.” Prices for methamphetamine depend on the quantity and type desired: for powdered methamphetamine, a “baggie” sells for \$10–\$20, and a

gram sells for \$40–\$60; for crystal methamphetamine, a gram sells for \$70–\$100, and 1/8 ounce sells for \$300. The most common routes of administration for this drug remain smoking and intranasal inhalation (snorting). Intravenous injection is the most common route of administration in Akron-Canton and Columbus, but participants in most other regions reported this practice as relatively rare. Quality of methamphetamine is variable across the state, with a majority of regions reporting moderate to high quality crystal and powdered methamphetamine. The crystal form of the drug is always rated as higher in quality than the powdered form of the drug. Typical users are 18 to 50-year-old White males. Treatment providers in Akron-Canton and Toledo reported the drug to be popular among the gay community. Often, methamphetamine is used in combination with alcohol, crack cocaine, heroin, powdered cocaine, prescription opioids and sedative-hypnotics (Xanax®). Participants reported that alcohol and sedative-hypnotics assist the user to “come down” off the high. Other participants also reported that they use these same drugs to “speedball” (experience an intense high followed by an intense low). Participants from rural parts of Cincinnati region spoke of methamphetamine used with heroin as the “ultimate speedball.”

### Ecstasy

Ecstasy [methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP] is highly available in Akron-Canton, Cincinnati, Cleveland and Toledo, and moderately available in Athens, Columbus, Dayton and Youngstown. While Ecstasy is one of the most available drugs in the Cleveland region, noted decreases in its availability over the past six months exist for Akron-Canton, Toledo and Youngstown. Many community professionals reported Ecstasy’s popularity as waning. Participants continued to describe typical users as those who frequent the club or bar scene. Additionally, participants in Akron-Canton and Toledo described a shift in use from the young, White club goers who are 15 to 21 years of age, to the young, Black club goers in that age group.

### Bath Salts

Bath salts (synthetic compounds that produce a high similar to a stimulant or hallucinogenic drug) are highly available across all regions. These compounds commonly contain methylone, mephedrone or MDPV. The generic term, bath salts, is in and of itself deceiving because they are not substances meant to be put in a bath, but rather meant to be abused by people looking for a legal high and by individuals who need to avoid drug use detection on urine drug screens. Readily available from drug stores, head shops and some convenience marts, bath salts were legally sold during this

reporting period. While not all participants had knowledge of bath salts, experienced users described bath salts as similar to synthetic cocaine or synthetic Ecstasy. Participants and treatment providers believed the availability and use of bath salts has increased over the past six months, and nearly every crime lab surveyed corroborated this belief. There were no slang terms associated with this drug reported, but participants often used the name on the package to indicate their preferred type/brand. Prices for bath salts depend on whether one buys a sealed package or in bulk form (loose crystals). Sealed packages of bath salts sell for \$22–\$40, and bulk bath salts sell for \$75–\$90 for 1/2 gram. Participants reported that bath salts can be more expensive than popular illegal drugs. The most common route of administration for bath salts is intranasal inhalation (snorting), and less common routes are drinking with soda and smoking (sprinkling the powder on a cigarette). Participants described typical users as adolescents and college students (teens to mid-20’s). Treatment providers from Columbus and Dayton reported that users are showing up in hospital emergency rooms on a regular basis. While some bath salts produce euphoric sensations and a “cocaine buzz,” participants also reported a variety of unwanted side effects, including difficulty breathing and seizures. Law enforcement reported the use of bath salts has been implicated in several deaths around the state.

### Other Drugs

OSAM Network participants listed a variety of other drugs as being present in Ohio, but these drugs were not reported across all regions. Prescription stimulants (Adderall® and Ritalin®) remain moderately to highly availability across regions. They are among the most available drugs in Athens, Cincinnati, Cleveland and Youngstown. College students continue to use prescription stimulants as study-aides and to get high; increasingly, students are using Adderall® in conjunction with alcohol because it gives them the ability to drink more alcohol, and thus, party longer. Synthetic marijuana (“K2” and “Spice”) remains highly available across the state in retail stores (gas stations and head shops). The drug continues to be used by a few participants for recreational use and as a substitute for marijuana when participants need to pass a drug test. However, several treatment providers reported that they now screen for the presence of synthetic marijuana. Psilocybin mushrooms remain rarely to moderately available across regions, with the exception of Athens where they remain highly available. Generally, psilocybin mushrooms are seasonal, with availability higher during summer months. LSD (lysergic acid diethylamide) is rarely to moderately available across regions, with the exception of Cleveland where it is highly available. In Dayton, law enforcement described LSD as, “coming around again with college students,” while in Athens,

LSD is said to be found at festivals. BCI Richfield crime lab reported that the number of LSD cases it processes has increased over the past six months. As reported in Cincinnati and Youngstown, prescription cough medicines that contain codeine and over-the-counter cough medicines containing DXM (dextromethorphan), like Coricidin Cough and Cold®, remain popular among teenagers who have limited access to other drugs. In Youngstown, the ingestion of these cough medicines, commonly called “robo-tripping,” is believed to be increasing, and the use of inhalants also remains popular with adolescents. In addition to the aforementioned other drugs, the presence of ketamine was noted in Akron-Canton and Cleveland; GHB (gamma-hydroxybutyrate) was noted in Cleveland and Youngstown; and DMT (dimethyltryptamine) and PCP (phencyclidine) were noted in Cleveland.