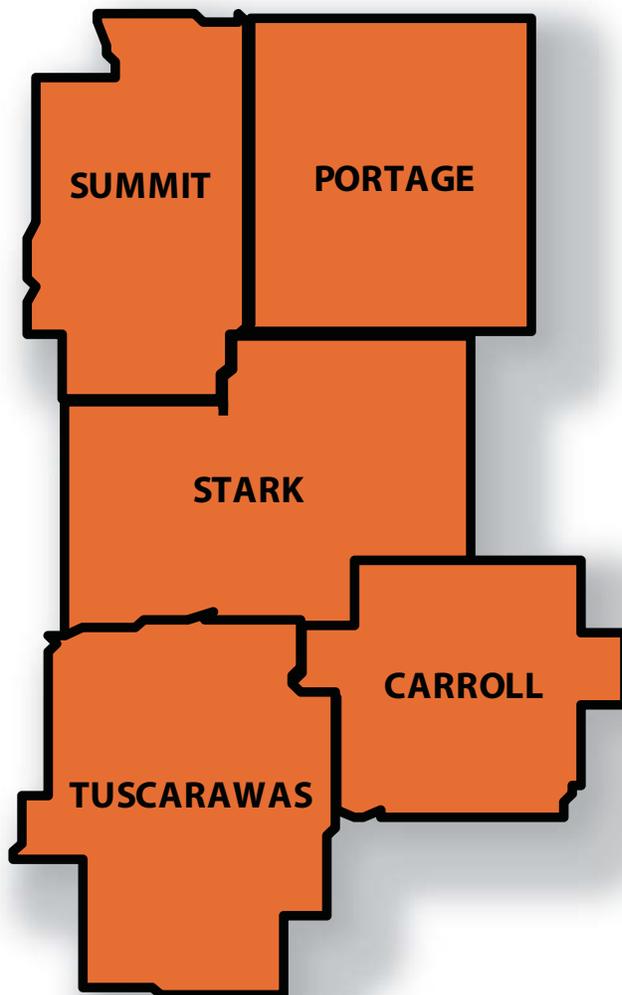


Ohio Substance Abuse Monitoring Network

Drug Abuse Trends in the Akron-Canton Region

June 2011-January 2012

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Akron-Canton Regional Profile

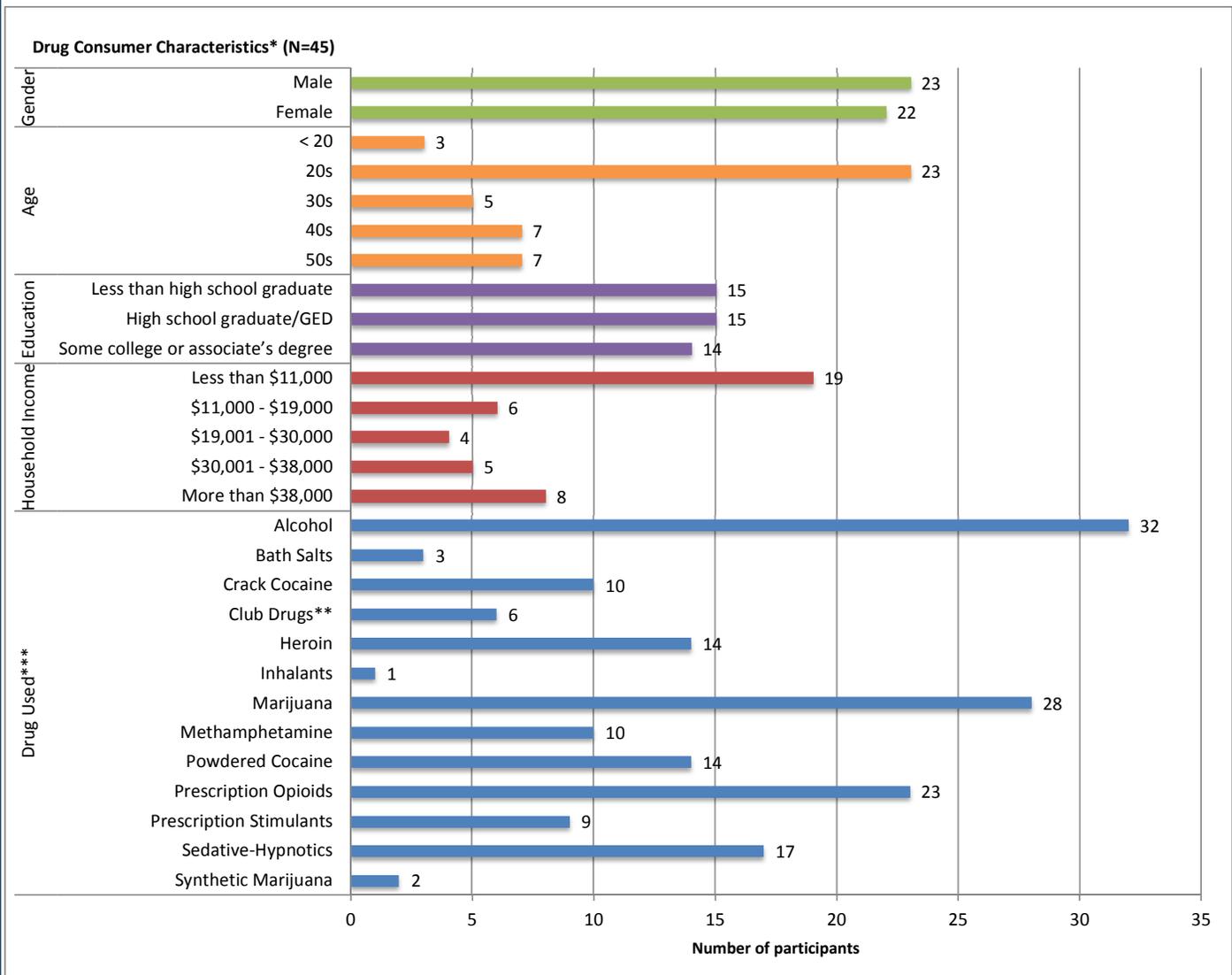
Indicator ¹	Ohio	Akron-Canton Region	OSAM Drug Consumers
Total Population, 2010	11,536,504	1,200,204	45
Gender (Female), 2010	51.2%	51.5%	48.8%
Whites, 2010	81.1%	85.4%	75.6%
African Americans, 2010	12.0%	9.4%	20.0%
Hispanic or Latino Origin, 2010	3.1%	1.6%	0.0%
High school graduates, 2009-2010	84.3%	86.3%	65.9% ²
Median household income, 2010	\$45,151	\$43,371	\$11,000 - \$19,000 ³
Persons below poverty, 2010	15.8%	14.7%	67.5% ⁴

Ohio and Akron-Canton statistics are derived from the U.S. Census Bureau.¹

Graduation status was unable to be determined for one respondent due to missing data.²

Respondents reported income by selecting a category that best represented their household's approximate income for 2011. Income status was unable to be determined for three respondents due to missing data.³

Poverty status was unable to be determined for five respondents due to missing or insufficient income data.⁴



*Not all participants filled out forms; therefore, numbers may not add to 45.

**Club drugs refers to Ecstasy and LSD.

***Some respondents reported multiple drugs of use during 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 (treatment providers and law enforcement) via individual and focus group interviews, as well as to data surveyed from the Canton-Stark County Crime Lab, the Stark County Coroner's Office and the Stark County Court of Common Pleas. All secondary data are summary data of cases processed from January through June 2011. Note: OSAM participants were asked to report on drug use/knowledge pertaining to the past six months (from time of interview through prior six months); thus, current secondary data correspond to the current reporting period of participants. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for July through December 2011.

Powdered Cocaine Historical Summary

In the previous reporting period, powdered cocaine was highly available in the region. Participants most often reported the drug's availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Treatment providers and law enforcement most often reported the drug's availability as '6.' Treatment providers reported that fewer clients were mentioning powdered cocaine use at intake for treatment, and of those clients who did mention use, powdered cocaine was usually a secondary or tertiary drug of choice: powdered cocaine was not a primary drug of choice. Many participants noted that crack cocaine was more available, as one stated, "*Much of the [powdered] cocaine is already rocked [manufactured into crack cocaine].*" The Canton-Stark County Crime Lab reported that the number of powdered cocaine cases it processes had remained the same during the previous six months. Most participants rated the quality of powdered cocaine as '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality). The Canton-Stark County Crime Lab continued to cite the following substances as commonly used to cut (adulterate) powdered cocaine: caffeine, levamisole (livestock dewormer) and procaine (local anesthetic). Participants reported that a gram of powdered cocaine sold for between \$30-70, depending on quality and from whom one purchased. Participants reported that the most common ways to use powdered cocaine remained snorting and intravenous injection. Many participants commented that use via injection was a growing practice. Participants described typical users of powdered cocaine as more likely female than male and people with money.

Treatment providers also agreed that powdered cocaine users were likely to be of a higher socio-economic class (attorneys and doctors). Reportedly, powdered cocaine was used in combination with numerous different drugs, with the practice of combining powdered cocaine use with other drug use cited as relatively common.

Current Trends



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.' While a few participants agreed with a comment that powdered cocaine is easy to find, "*if you know the right people,*" there was more agreement among participants with the following report: "*You don't even need to know the right people. Just go up to someone who is selling it [powdered cocaine]. I've never had trouble finding it, especially cocaine.*" Another participant commented, "*It's very easy to get, too easy. I could walk to it right now.*" Yet another stated, "*If you know anyone who sells drugs, they either have it [powdered cocaine] or can get it.*" However, a Stark County participant noted, "*If they [dealers] don't know you, they won't sell it [powdered cocaine],*" to which others replied with giving exact locations where "*anyone will sell it [powdered cocaine] to anyone.*" Treatment providers most often reported current availability as '8,' describing powdered cocaine as, "*easy to get.*" A treatment provider stated that powdered cocaine is an, "*old standby, people know cocaine.*" Another provider included powdered cocaine in what is known as, "*the 'holy trinity' [of drug use, consisting] of cocaine, marijuana and alcohol ... still prevalent.*" Law enforcement most often reported the drug's current availability as '7,' describing availability as, "*moderate, you can find it [powdered cocaine]; pretty level [supply of powdered cocaine].*" Collaborating data also indicated that powdered cocaine is readily available in the region. The Stark County Coroner's Office reported that 10.9 percent of all deaths it investigated during the past six months were drug-related (had an illegal substance present or legal drug above the therapeutic range at time of death); in the last reporting period, 17.9 percent of all deaths were drug related. Furthermore, the coroner's office reported cocaine as present in 16 percent of all drug-related deaths (Note: coroner's data is aggregate data of powdered cocaine and crack cocaine and does not differentiate between these two forms of cocaine). In addition to the coroner's data, the Stark County Day Reporting of the Stark County Court of Common Pleas reported that 22.8 percent of all positive drug screens among adult probationers during the past six months were positive for cocaine use (Note: court data is also aggregate data of powdered cocaine and crack

cocaine and does not differentiate between these two forms of cocaine).

Participants were not in general agreement as to whether the availability of powdered cocaine has increased, decreased or remained the same during the past six months. For example, some agreed with the comment, *"A lot of people like to speedball [use powdered cocaine with heroin], so heroin dealers have [powdered] cocaine to sell as well,"* indicating increased availability. One participant group all agreed with one member that stated that the economic depression, *"has pushed a lot of people into selling drugs,"* thus increasing availability. Others, however, believed that availability has decreased: *"Speed [methamphetamine] and heroin are epidemic. I don't even hear about cocaine anymore; The price [of powdered cocaine is prohibitive] ... My drug of choice is heroin. I can buy a lot more heroin for \$100 than I can buy cocaine for \$100."* Still other participant groups posited that the availability of powdered cocaine has remained the same. Treatment providers also disagreed as to whether the availability of powdered cocaine has decreased or remained the same during the past six months. Some providers reported that at least the use of powdered cocaine seems to be decreasing. A provider commented, *"People know cocaine, but seem to be using other drugs."* Still, most believed availability to have remained the same. Law enforcement reported that availability of powdered cocaine has remained the same during the past six months. The Canton-Stark County Crime Lab reported that the number of powdered cocaine cases it processes has increased during the past six months.

Most participants rated the quality of powdered cocaine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants reported that powdered cocaine in the region is cut with baby formula, baby powder, baking soda, bath salts, creatine, laxatives, over-the-counter (OTC) medications (aspirin), powdered sugar, prescription opioids and vitamin B. The Canton-Stark County Crime Lab cited the following substances as commonly used to cut powdered cocaine: levamisole (livestock dewormer), maltose (disaccharide sugars) and procaine (local anesthetic). In terms of the quality of powdered cocaine, one participant group agreed with the following comment, *"It [quality of powdered cocaine] depends on who you get it from. Older dealers have more pure cocaine, younger dealers sell more junk."* Another participant noted, *"Drugs around here are not as potent as in Columbus or other large cities."* Participants reported that the quality of powdered cocaine has decreased over the past six months. A participant commented, *"You're only getting 45 percent cocaine."* Participants blame dealers, *"trying to make money,"* for the decrease in quality. A participant noted, *"They [dealers] are bringing in more heroin, so there is less cocaine. They need to cut it [powdered cocaine] more."*

Current street jargon includes many names for powdered cocaine. The most commonly cited names were "blow," "soft," "snow" and "white girl." Participants listed the following as other common street names: "chalk," "chowder," "Christina Aguilera," "dust," "girl," "powder," "s***," "sister," "snowflake," "Snow White," "the devil," "white," "white b****," "white gungi," "yam" and "yay." In addition, a participant commented, *"Anything that is white,"* can be used as jargon for powdered cocaine. Current street prices for powdered cocaine were consistent among participants with experience buying powdered cocaine. Participants reported that 1/4 gram, or "baggie," of powdered cocaine sells for between \$25-40, depending on the quality; a gram sells for between \$40-60; 1/16 ounce, or "teener," sells for between \$100-120, 1/8 ounce, or "eight ball," sells for between \$120-150 (some participants reported paying up to \$300); 1/4 ounce sells for between \$300-400; an ounce sells for between \$1,200-1,400. Participants agreed that one can purchase powdered cocaine for, *"whatever money you can get together; whatever you have in your pocket, put it down, they will sell it [powdered cocaine]."* Participants reported that the most common way to use powdered cocaine remains snorting. Out of 10 powdered cocaine users, participants reported that approximately six to eight would snort and two to four would intravenously inject. Many participants commented, however, that in some groups, intravenous use of cocaine is more common than snorting. A participant reported, *"People I hang with, 80 percent shoot it [inject powdered cocaine], but in the whole county, more snort it."* Another participant noted, *"All my junkie friends shoot it [powdered cocaine]. It depends on who you hang with."* Other participants commented, *"If you are a heavy addict, you will shoot it [powdered cocaine]; Whether you shoot, snort, or smoke [powdered cocaine], the high is different. You don't fiend (crave) for it as quickly if you shoot it."*

A profile for a typical powdered cocaine user did not emerge from the data, though some participants commented that the typical user of powdered cocaine is White; a few participants agreed with the description of powdered cocaine users as, *"high-class Caucasian,"* others identified typical users as, *"working, middle-class people."* Powdered cocaine was described by one participant as, *"the drug of stars."* One participant group agreed with one member, who stated that powdered cocaine is, *"sold by African-Americans, but used by Whites."* Many, however, shared their position that powdered cocaine is used by people of, *"every race, every economic situation, every way of life."* Treatment providers described typical users as, *"upper-middle class; Caucasian females, between ages 20 and 30 [years]."* Others disagreed, one commenting that while users have "traditionally" been Caucasian, *"I've seen more African-Americans using cocaine, the gap is closing."* A provider also reported that individuals are using powdered cocaine, *"later in life. Cocaine is not as scary as some of the other drugs; it's the old standby."* A law enforcement officer stated, *"[There is] a wide variety of users,*

whoever can afford it [powdered cocaine].” A Summit County officer noted, “Distributors tend to be African-American ... getting it [powdered cocaine] usually through gang activity ... in most cases, coming from Mexico. Users, however, come pretty much from the whole spectrum.” Regarding typical age of users, treatment providers noted a, “minimal increase” in powdered cocaine use among high school aged youth. Law enforcement reported that between the ages of 18 and 25 years, there is an, “exponential jump” into powdered cocaine use: “Pretty much everyone starts with marijuana. The next step is cocaine ... by the time they turn 25, they like it. It’s available if they can afford it. If not, then they turn to bad guys and go and steal to get it.”

Reportedly, powdered cocaine is used in combination with alcohol, Ecstasy, heroin, marijuana and sedative-hypnotics (Valium® or Xanax®). Participants reported that sedatives (including alcohol) are used “to come down” from the cocaine high. A typical comment regarding the use of alcohol with cocaine was, “You can drink all night, if you are using cocaine.” As another participant put it, “If you are really drunk, a line of cocaine sobers you up, or if you are high on cocaine, alcohol settles you down.” Among individuals using cocaine with Ecstasy, one reported the combination gives, “a better high ... cocaine gives Ecstasy a boost.” Individuals who use heroin with cocaine (“speedball”) express they are seeking the “up and down” sensation of such drug use, “feeling of a different buzz.” Marijuana was reported to “mellow you out” when using with cocaine. Participants agreed that it is more common to use powdered cocaine with other drugs than it is to use it alone.

Crack Cocaine

Historical Summary

In the previous reporting period, crack cocaine was highly available in the region. Participants and treatment providers most often reported the drug’s availability as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get), while Summit County law enforcement reported availability as ‘6.’ The Canton-Stark County Crime Lab reported that the number of crack cocaine cases it processes had increased during the previous six months. Most participants rated the quality of crack cocaine as ‘3’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality). Participants stated that the quality of crack cocaine had remained the same during the previous six months, meaning that quality had been poor for some time. The Canton-Stark County Crime Lab continued to cite baking soda as commonly used to cut crack cocaine. Participants reported that a gram of crack cocaine sold for between \$40-50; 1/8 ounce sold for between \$100-110. A consistent profile of a typical user of crack cocaine did not emerge from the data. However, many treatment providers felt that crack cocaine use was more common among females, and many

reported crack cocaine use to be more common among individuals of lower socio-economic status.

Current Trends

Crack cocaine remains highly available in the region. Participants most often reported the drug’s current availability as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was also ‘10.’ Participants agreed that crack cocaine is easier to find than powdered cocaine. Participants commented, “A funny thing, we can’t find [powdered] cocaine, but we can find crack cocaine. People prefer to smoke it; You can walk down the street ... people will come up and ask you if you need some [crack cocaine].” Treatment providers most often reported the drug’s current availability as ‘10;’ the previous most common score was also ‘10.’ A treatment provider described the high prevalence of crack cocaine as, “like blades of grass in the lawn.” Law enforcement reported the current availability of crack cocaine as ‘5’ in Stark County and ‘7’ in Summit County. Media outlets in the region reported on crack cocaine seizures and arrests during this reporting period. In October, the *Record Courier* reported that a father and son pleaded guilty to trafficking cocaine in Ravenna (Portage County) and Canton (Stark County); undercover agents purchased crack cocaine from both men (www.recordpub.com, Nov. 7, 2011).

Participants were generally evenly split as to whether the availability of crack cocaine has increased or remained the same during the past six months. Among those who believed that availability has increased, participants commented, “A lot more kids are doing it [crack cocaine]. Hence, more [dealers] are selling it; Everyone is selling, and it is cheaper to make crack [cocaine].” Treatment providers reported that availability of crack cocaine has remained the same or decreased during the past six months. Providers who posited a decrease in availability talked about the change in drug preferences: “People are going away from crack to heroin and bath salts, which are much easier to get; bath salts are cheaper. People who use crack can spend a lot of money.” However, a few providers warned that while use may have decreased, availability has remained the same: “No one is complaining about the supply [of crack cocaine being low].” Law enforcement reported that availability of crack cocaine has remained the same over the past six months. The Canton-Stark County Crime Lab reported that the number of crack cocaine cases it processes has stayed the same during the past six months.

Most participants rated the quality of crack cocaine as ‘5’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was ‘3.’ Participants typically reported that the quality of crack cocaine varied from dealer to dealer and that crack cocaine in the region is cut with baby laxatives, baking soda, flour, Orajel® and pancake mix. Participants reported that the quality of

crack cocaine has decreased during the past six months. A participant commented, "Quality [of crack cocaine] has gotten worse. Powder cocaine is less available, so those cooking crack are using baking soda to stretch it out." Another participant seemed to agree, "Everyday it [quality of crack cocaine] changes. You don't know what you are going to get." The Canton-Stark County Crime Lab cited baking soda and procaine (local anesthetic) as commonly used to cut crack cocaine.

Current street jargon includes many names for crack cocaine. The most commonly cited names remain "hard" and "rock." Participants listed the following as other common street names: "boulders," "biscuits," "candy," "pebbles," "rocks," "slabs," "smack," "swerve," "white," "white girl," "work," "ya-yo" and "yo." Current street prices for crack cocaine were consistent among participants with experience buying crack cocaine. Participants reported that 1/8 ounce sells for \$180. Participants were in general agreement that users could purchase crack cocaine in any quantity: "Whatever [money] you got, they [crack cocaine dealers] will take it." Reportedly, it is most common to purchase crack cocaine in \$20 "rocks" (pieces), but one can also purchase smaller rocks (aka "crumbs") for as little as \$3-5. Reportedly, volume discounts apply; participants can purchase two rocks for \$30 or three rocks for \$50. A participant said, "Sometimes, for a few dollars, you can get a hit [of crack cocaine]." Another participant talked about different forms of payment: "In my area, you don't even need money [to obtain crack cocaine]," stating that sexual favors and loaning the car, "is paid in crack." While there were a few reported ways of administering crack cocaine, generally, the most common route of administration remains smoking. Out of 10 crack cocaine users, participants reported that approximately seven to nine users would smoke and one to three would intravenously inject. Some participants agreed with a fellow participant who commented on route of administration, "Depends on your group, who you hang with [as to how you use crack cocaine]." Other participants talked about intravenous drug use: "[A] new trend is to shoot it [inject crack cocaine]." By and large, most participant groups cited that intravenous use of crack cocaine is relatively rare. A participant commented, "A few die-hards shoot it [crack cocaine], but it's not the craze."

A profile of a typical user of crack cocaine did not emerge from the data. Participants commonly agreed, "Drugs are changing. They are not prejudiced anymore." Participants also reported that people from, "every walk of life" use crack cocaine. A participant stated, "You see people with nice SUV's pull up [to buy crack cocaine] ... people you'd never think of pull up." Some participants noted that more young people (under age 18 years) are using crack cocaine. Treatment providers did not believe that there is a typical crack cocaine user. Treatment providers said, "pretty much anyone" can be a user of crack cocaine. As one treatment provider stated, crack cocaine addicts could be, "people who you'd never expect

... housewives, educators." Generally, treatment providers thought users to be, "getting younger," although no reason for this trend was identified. Law enforcement in Summit County reported that crack cocaine users are more likely to be African-American and to be, "evenly distributed between male and female," and in terms of socio-economic status are, "more toward the bottom." A law enforcement officer discussed the transition to crack cocaine among individuals between the ages of 18-25 years: "Some make the jump from cocaine to crack. Some do, some don't. The real daredevils do."

Reportedly, crack cocaine is used in combination with alcohol, bath salts, heroin (to "speedball"), marijuana, methamphetamine and sedative-hypnotics. A participant reported, "I wouldn't smoke crack unless I had some kind of downer for after." Another participant explained, "If I shot crack, I did not need the downer. But if I smoked it, I needed something." A participant spoke about using crack cocaine with bath salts: "I have no withdrawal effects ... I have smoked more crack since I started using bath salts." Still another participant reported, "I used [crack cocaine] with about any drug I could use. It gets me higher. I'm used to doing my drugs with other drugs to get higher." Participants did not agree whether it is more common to use crack cocaine by itself or with other drugs.

Heroin Historical Summary

In the previous reporting period, heroin was highly available in the region. Participants and community professionals most often reported the drug's availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). All interviewed agreed that brown and white powdered heroin were far more available than black tar heroin in the region. Participants and community professionals reported that overall availability of heroin had increased during the previous six months. Participants commonly cited that due to efforts to make intravenous use of prescription opioids more difficult (changing the formulation of OxyContin®), heroin use and availability had increased. The Canton-Stark County Crime Lab reported that the number of powdered heroin cases it processes had increased while the number of black tar heroin cases had remained the same during the previous six months. Most participants generally rated the quality of heroin as '6' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants reported that heroin in the region is cut with a number of cutting agents. The Canton-Stark County Crime Lab cited the following substances as commonly used to cut heroin: diphenhydramine (antihistamine), lactose and maltose (disaccharide sugars) and procaine (local anesthetics). Participants reported that heroin was available in different quantities: "folds" or "papers" (1/10 gram) sold for between \$10-30; "bundles" (10-12 small packs of heroin) sold for between \$70-80; a gram sold for between \$100-200. However, a number of participants noted that one could purchase

heroin for, “whatever you have to spend.” Participants reported that the most common way to use heroin remained intravenous injection. Participants described typical users of heroin as young and White: “Heroin is a young, White person’s game.” Many participants continued to report that heroin users were, “getting younger and younger,” noting that teenage males, as early as junior high school age, were more commonly using the drug.

Current Trends



Heroin remains highly available in the region. Participants and treatment providers most often reported overall availability of heroin as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was also ‘10’. While many types of heroin remain currently available in the region, participants continued to report the availability of brown powdered heroin as most available. The following participant comments were typical responses to heroin’s availability: “[Heroin] it’s very, very, very available; It’s everywhere; It’s an epidemic.” Others commented, “[Heroin] it’s as common as going down the street and buying a six-pack of beer; I’m so glad I found heroin. It’s cheaper and easier to find than crack; It’s easier [to obtain] than oxy’s [OxyContin®]. You run out of oxy’s, but never heroin ... it’s always around.” Participants rated the availability of black tar heroin as ‘2’. Participants noted, “No real tar [black tar heroin] around here, unless you know someone. You can’t just go and buy it; You don’t find black tar ... very rare, and when it is here, it’s junk.” It was estimated by one group of participants that the heroin found in the region is, “90 percent fine powder;” another group identified that one needs to go to Columbus to find black tar heroin. Treatment providers commented that while users usually do not identify to them the type of heroin they use, clients rarely speak about black tar heroin. A law enforcement officer in Stark County reported heroin’s current availability as ‘7’, while a law enforcement officer in Summit County reported heroin’s current availability as ‘8’. Both reported that brown powdered heroin is the type law enforcement in the region mostly encounter, though it was reported in Summit County, “We [law enforcement] took [seized] some black tar, but powder is still prevalent.” It was also reported that Stark County has experienced at least 25 deaths from heroin overdose in the past two years, “five or seven [heroin] overdoses right in a row” within one small town in the county. Collaborating data also indicated that heroin is readily available in the region. The Stark County Coroner reported that 10.9 percent of all deaths it investigated during the past six months were drug-related (had an illegal substance present or legal drug above the therapeutic range

at time of death); in the last reporting period, 17.9 percent of all deaths were drug-related. Furthermore, the Coroner reported heroin as present in 16 percent of all drug-related deaths. In addition to the coroner’s data, the Stark County Day Reporting of the Stark County Court of Common Pleas reported that 13.1 percent of all positive drug screens among adult probationers during the past six months were positive for opiate use (Note: court data is aggregate data of heroin and prescription opioids and does not differentiate between the two drug types).

Participants and treatment providers reported that the availability of powdered heroin has increased during the past six months. A participant commented, “Everyone is doing it [heroin] now, so it is everywhere.” Other participants commented, “It [heroin] keeps getting easier and easier to find; Ever since the oxy [OxyContin®] revolution, once they realize what oxy is, synthetic heroin, people find heroin is cheaper.” A treatment provider noted, “Young people coming out of the military is a growing population [of heroin users].” Law enforcement also reported that availability of heroin has increased during the past six months; an officer stated, “Due to opiate addiction ... they [users] will do whatever they have to get the opiates into them.” The Canton-Stark County Crime Lab reported that the number of heroin cases it processes has remained the same during the past six months.

Most participants rated the quality of heroin as ‘6’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality). Participants reported that heroin in the region is cut with baby laxatives, baby powder, prescription opioids, vitamin B-12 powder and other vitamins. The Canton-Stark County Crime Lab cited the following substances as commonly used to cut heroin: caffeine, diphenhydramine (antihistamine), maltose (disaccharide sugar) and procaine (local anesthetic). Participants generally reported that the quality of heroin depends on where one gets it. A participant noted, “I always went to one person, and the quality [of heroin purchased] was high.” However, many participants reported that the quality fluctuates, sometimes from day to day. Comments included, “Some days, [quality of heroin] it’s very good, then the next day ... it’s s***; It [quality of heroin] can vary in the same day, with the same dealer. It’s scary, you don’t know how much to use.” Participants did not agree whether the quality of heroin has increased, decreased, or remained the same during the past six months. Participant groups from Portage and Stark counties reported that the quality of heroin has remained the same, while groups from Summit County reported that the quality of heroin has decreased. Participants who believed that quality has decreased commented, “[Heroin] it’s less pure; People are stepping on it [adulterating heroin] to make money; People are OD’ing [overdosing], so dealers are cutting it [heroin] more.”

Current street jargon includes many names for heroin. The most commonly cited names remain “boy” and “dog food.”

Participants listed the following as other common street names: "Browns" (as in Cleveland Browns), "Browns tickets," "dirty," "H," "love drug," "smack" and "tar." Participants reported that powdered heroin is available most frequently in "bags" or "points" (1/10 gram), which sell for between \$10-20; 1/2 gram sells for \$80; a gram sells for between \$100-150. A participant group reported that the price of heroin is cheaper, "the closer to Cleveland you are." Reportedly, a "\$20 baggie" of heroin in Akron sells for between \$8-10 in Cleveland. Participants did not report the price of black tar heroin, as it is rare in the region. Overall, participants reported that heroin pricing has remained the same during the past six months. Participants reported that the most common way to use heroin remains intravenous injection. Out of 10 heroin users, participants reported that approximately eight to nine would intravenously inject and another one to two would snort. Participants reported that intravenous injection of heroin, "was most effective," meaning the most efficient route of administration due to quick absorption of the drug into the bloodstream. Many participants commented that individuals may start off snorting heroin, but will eventually use it intravenously. A participant commented, "Everyone I know shoots [heroin]. If they snort, they won't snort for long; it's a waste of money." Most participants reported that needles are readily available in stores with pharmacies. While it was reported that some pharmacies require identification for purchase, and a few amount require a prescription, there are many that sell them with few questions asked. Members of a participant group from Portage County were aware of a needle exchange program run by the Free Clinic in Cleveland. It was also reported by this group that in Cleveland, "a van gives out needles, along with a card that exempts you from being able to be charged with paraphernalia." It was also reported that people steal needles from individuals with prescriptions (diabetics). A participant noted that some heroin dealers have needles to sell. However, participants aged 18-25 years also reported that it is common to share needles: "People share needles all the time." A participant added, "Almost everyone I know has Hep [Hepatitis] C." Participants older than 25 years of age disagreed, stating that it is not common to share needles, as there is little reason to given high accessibility of needles. This group shared that when needles are shared, it is usually when the user is "dope sick" and more desperate to use heroin. Individuals attempt to clean needles using alcohol, bleach and peroxide. Participants noted that one can find directions on how to clean needles on the Internet.

A profile for a typical heroin user did not emerge from the data. Some participants reported that heroin users are more likely to be White. A participant commented, "Black people sell it [heroin], but I've never seen a Black person use it." Some participants commented that heroin is more likely to be

used by individuals younger than 35 years of age. However, many participants shared that there is, "no typical heroin user." Most participants recognized, and reported that heroin use is increasing among very young users, those as young as 14-15 years. A participant reported, "Younger [teens] is getting flooded with heroin use." Other comments included, "Kids are picking it [heroin] up real young, real strong; Kids saw pills as acceptable ... they get hooked, then learn it's cheaper to get heroin; [Heroin] used to be the last drug you get to, now it's the first drug they get to." A participant group reported that heroin use is fairly common in high schools. Among treatment providers, there was no consensus regarding a profile of a typical user of heroin. A few providers noted that users are more likely to be White. Law enforcement also reported that there is not a "typical heroin user." An officer stated, "[Heroin users] are pretty much across the board, pretty even, from affluent families to kids from poor families." A number of providers noted that heroin use is becoming more popular with younger people as well, particularly those between the ages of 18-25 years. Law enforcement concurred, stating, "Young adults seem to like it [heroin], people in their 20s and 30s." An officer from Stark County did not believe heroin use to be common among high school aged youth, commenting, "Every once in a while, we see it [heroin] in high schools, but not too often." However, an officer from Summit County cited a, "growing trend [in heroin use] with youth, especially with the flood in the market now. [Heroin] it's cheap."

Reportedly, heroin is used in combination with alcohol, crack and powdered cocaine, marijuana, methamphetamine and sedative-hypnotics. While most participants reported that it is more common to use heroin by itself, some use it with marijuana because, "potentiation ... it [marijuana] makes heroin seem stronger," with alcohol because, "the mellowing out [produced by alcohol consumption] counteracts the drug [heroin]," with benzodiazepines because, "[benzodiazepine use] lays you back, and intensifies the heroin," or with cocaine or methamphetamine for the speedball (up and down) effect, "you go up the elevator, and come right back down."

Prescription Opioids

Historical Summary

In the previous reporting period, prescription opioids were highly available in the region. Participants most often reported availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants and treatment providers identified Percocet® and Vicodin® as the most popular prescription opioids in terms of widespread use, with treatment providers additionally naming OxyContin® as most popular. A few participants commented that Opana® was becoming popular as a replacement for OxyContin® as it was easier to use intravenously. The Canton-Stark County

Crime Lab reported that the number of cases it processes for most prescription opioids had remained the same during the previous six months; however, the crime lab reported an increase in the number of cases for fentanyl, morphine, Percocet® and Vicodin® and a decrease in the number of cases for Opana® and OxyContin®. Reportedly, many different types of prescription opioids were sold on the region's streets. In addition to obtaining prescription opioids on the street from dealers, participants also reported getting them from doctors, emergency rooms, robbing pharmacies, family members and friends who work for pharmacies and hospitals, and from family members and friends who were prescribed these medications. Participants reported that it was fairly easy to feign illness or injury in the emergency room to acquire prescription opioids. Participants also noted that drug dealers approach individuals outside of pharmacies, offering to purchase prescriptions. While there were a few reported ways of consuming prescription opioids, and variations in methods of use were noted among types of prescription opioids, generally, the most common routes of administration, in order of most commonly practiced, were snorting, intravenous injection and oral ingestion (swallowing). Some participants described typical prescription opioid users as, "rich little White kids; older people; housewives; people in the suburbs."

Current Trends



Prescription opioids remain highly available in the region. Participants most often reported the current availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. Participants identified Opana®, OxyContin®, Percocet®, Roxicet® and Vicodin® as the most popular prescription opioids in terms of widespread use. Treatment providers most often reported the current availability of prescription opioids as '9'; and identified OxyContin®, Percocet®

and Vicodin® as the most popular prescription opioids in terms of widespread use. Law enforcement reported the current availability of prescription opioids as '5' in Stark County and '6' in Summit County, and identified OxyContin® and Percocet® as most popular. Collaborating data also indicated that prescription opioids are readily available in the region. The Stark County Coroner's Office reported that 10.9 percent of all deaths it investigated during the past six months were drug-related (had an illegal substance present or legal drug above the therapeutic range at time of death); in the last reporting period, 17.9 percent of all deaths were drug-related. Furthermore, the coroner's office reported prescription opioids as present in 44 percent of all drug-related deaths.

Participants reported that the availability of prescription opioids has decreased during the past six months. Many participants commented that it is more difficult to have these medications prescribed. A participant stated, "It's more difficult to get a prescription, now that [prescription opioid] abuse is so high." Participants reported that it is particularly difficult for younger people to obtain a prescription for an opioid. A participant shared, "I always buy pills [prescription opioids] on the street. I'm young; doctors won't prescribe meds for pain for me." Many participants commented on the decline in availability of OxyContin®, as the old formulation (OxyContin® OC) is no longer available. A participant reported, "Not that common anymore ... [OxyContin®] it's not the same you can't shoot them [inject OxyContin® OP]. You can't get the real OxyContin® [OxyContin® OC] unless you have cancer or are dying." While the new formulation (OxyContin® OP) is available, it is not liked. A participant commented, "You need to break them [OxyContin® OP] down, which requires dedication that most drug addicts don't do." Other participants agreed, stating, "People still use them [OxyContin® OP], but they chew them. You can burn it in a microwave and snort it, but it's nasty." While participants thought that availability of prescription opioids has generally declined, a participant group noted an exception, an increase in availability for Opana®, which many reported as gaining in popularity. A participant stated, "Everyone I know goes to the doctor to ask for Opana®." Overall, many participants agreed that, "It's harder to get prescription pills [opioids] than heroin." Treatment providers also reported that availability of prescription opioids has decreased during the past six months. Many providers noted that the cost of these drugs is a key factor. A treatment provider commented, "[Users] are leapfrogging to heroin; it's much cheaper [than prescription opioids]." Still, some providers cautioned that these medications are still very available, commenting, "You usually know six or seven people who are prescribed opiate medication, so you call around." Providers in Stark County commented that physicians in the area "generally are on top of monitoring, and understand the relevance of addiction ... still though, people continue to doctor shop, and go around, outside of the community, to get prescriptions [for opioids]." Law enforcement reported that the availability of prescription opioids has remained the same during the past six months. Law enforcement in Summit County reported that by far, most "busts" involving prescription opioids this past year have involved Percocet®. The Canton-Stark County Crime Lab reported that the number of prescription opioid cases it processes has remained the same during the past six months; noted exceptions were increases in cases of hydromorphone (Dilaudid®), oxycodone, and oxycodone hydrochloride and acetaminophen (Percocet®), as well as decreases in cases of codeine, hydrocodone and acetaminophen (Lortab®, Norco®, Vicodin®) and morphine.

Reportedly, many different types of prescription opioids (aka "little guys," "pills" and "scripts") are currently sold on

the region's streets. Participants reported the following prescription opioids as available to street-level users (Note: When reported, current street names and prices are indicated in parentheses): Dilaudid® (4 mg sells for \$3; 8 mg sells for \$7), methadone (10 mg sells for \$7), Opana® (aka "pandas" and "stop signs;" 40 mg sells for between \$35-80), OxyContin® (old formulation, aka "OC's;" 80 mg sells for \$200; new formulation, aka "OP's;" 80 mg sells for between \$50-70), Percocet® (aka "perc's" and "gills;" sells for between \$0.50-1 per milligram), Vicodin® (aka "vic's;" 5 mg sells for \$3; 7.5 mg sells for between \$4.50-5). Regarding price, a participant commented, *"There's a lot of range. It depends on who people get these meds [prescription opioids] from. As they run low, they charge more."* While there were a few reported ways of consuming prescription opioids, and variations in methods of use were noted among types of prescription opioids, generally, the most common routes of administration remain oral ingestion, snorting and intravenous injection. Participants reported that the, *"strong pills"* (Opana®) are preferred for snorting and injecting. A participant commented, *"Those who are not fond of needles, snort. But if you are comfortable with needles, everything else you will use with a needle."* Participants reported that opioids such as Percocet® and Vicodin® are most commonly taken orally.

In addition to obtaining prescription opioids on the street from dealers, participants also reported getting them from pain clinics, other doctors (a participant characterized other doctors as, *"crooked doctors"*), emergency rooms and other individuals who are prescribed opioids. A number of participants commented that it has become increasingly more difficult to have these medications prescribed. A participant commented, *"In my area, [if you are prescribed opioids] you are called into the doctor for pill counts and opioid levels."* Other participants commented, *"I can't find a doctor [to prescribe opioids] because I got caught going to two doctors; You need to go to smaller pharmacies [to fill opioid prescriptions] that don't cross-check [with other pharmacies]."* Another participant described what he did to obtain a prescription: *"I intentionally broke my wrist and went to the emergency room. I told them that my pain was a '10.' At first they were going to try Vicodin®. I told them that my body does not respond to Vicodin®, so I got 10 mg Percocet®."* Hence, participants reported that it is most common to acquire these medications off the streets. A participant reported, *"People who have prescriptions will sell [opioids] to users because they need money."*

Participants described the typical user of prescription opioids as a young person, teenaged or twenty-something years of age. A participant commented, *"Older people sell them [prescription opioids]. Adults in pain will use them for pain management. But to use opiates just to get high, usually they [users] are younger people."* Treatment providers, likewise, reported that prescription opioid use is more common

among the younger population. However, a provider disagreed, noting that there are more treatment admissions of middle-aged men and women, who are, *"more apt to stay with opiates [prescription opioids]. Younger people will skip into heroin."* Law enforcement from Stark County noted, *"A lot more White people abuse opiates, from what I see based on overdoses ... no clear pattern among the 18-25 [year] age range. Those who jump to opiates will do what they have to ... fake scripts or go to the doctor and fake an illness."* Law enforcement in Summit County reported that prescription opioid abuse is widespread, *"across the board"* in terms of race, gender and socio-economic status.

Reportedly, when used in combination with other drugs, prescription opioids are most often used in combination with depressant type drugs such as alcohol, marijuana and sedative-hypnotics (benzodiazepines). Participants reported that the combination of prescription opioids with a depressant drug, *"strengthens [increases] the effect of the pills [prescription opioids],"* and causes one to black out. A participant reported that prescription opioids are also used with bath salts, commenting, *"The only way to come down from bath salts is with opiates."* Still others reported that prescription opioids can and are used with anything: *"There's no real pattern of using [prescription opioids] with a specific drug."*

Suboxone® Historical Summary

In the previous reporting period, Suboxone® was highly available in the region. Participants and treatment providers most often reported availability of Suboxone® as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants continued to report that in addition to being used to support one's attempts to quit using opioids, individuals also used Suboxone® to avoid withdrawal during times when they lacked access to their opioid of choice. Treatment providers reported that the availability of Suboxone® had increased during the previous six months. A treatment provider noted, *"It [Suboxone®] is becoming easier to get than methadone."* The Canton-Stark County Crime Lab reported that the number of Suboxone® cases it processes had decreased during the previous six months. Participants reported that a Suboxone® 8 mg pill sold for between \$10-30, and Suboxone® strips/film sold for between \$10-20. Participants noted that strips were not as valuable as one was not able to use them via snorting. Most often participants reported taking Suboxone® sublingually (dissolving it under the tongue) or by snorting. In addition to obtaining Suboxone® on the street from drug dealers, participants also reported getting Suboxone® from doctors and clinics, as well as from individuals with prescriptions. Participants reported that individuals who needed to avoid detection of drug use on urine drug screens

(probationers) would use Suboxone® to get high because Suboxone® was often not screened. Reportedly, users rarely used Suboxone® in combination with other drugs. However, some participants reported that those abusing Suboxone® for a high often combined the drug with sedative-hypnotics (Xanax®), as this combination reportedly exacerbated the high allegedly produced from Suboxone®.

Current Trends



Suboxone® remains highly available in the region. Participants most often reported current availability of Suboxone® as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. A participant characterized current availability as, "very, very easy to get [Suboxone®]." Another participant stated, "If you know a junkie, you can find [Suboxone®]." Some participants agreed that Suboxone® is primarily used, "to keep someone from getting sick ... it's not like a party drug ...

you keep it in your pocket to stop from getting dope sick." However, another participant commented that Suboxone® is, "a cheaper way to get high ... [for] newly addicted people." Treatment providers most often reported the drug's current availability '9' or '10'; the previous most common score was '10'. A treatment provider stated, "If you want it [Suboxone®], you can go to a clinic and get it." Other providers commented, "Clients know who prescribes it [Suboxone®]. People line up for certain doctors on days they know they are in at the clinic; No one is complaining that they can't find it [Suboxone®] or that they have to go to Cleveland to get it." Treatment providers also reported Suboxone® to be readily available on the street: "It's economics ... people sell Suboxone® to keep using heroin." Providers generally believed that Suboxone® is sought by users, "more for maintenance than recreational use, to avoid being dope sick." Law enforcement reported the current availability of Suboxone® as '4'; the previous most common score was '3'. Summit County law enforcement reported that there have been no Suboxone®-related busts since early 2011. Participants did not report on whether the availability of Suboxone® has increased, decreased or remained the same during the past six months. Treatment providers reported that availability of Suboxone® has increased while noting that there are more Suboxone® clinics opening in the region. Law enforcement reported that availability of Suboxone® has remained the same during the past six months. The Canton-Stark County Crime Lab reported that the number of Suboxone® cases it processes has increased during the past six months.

Participants did not report any street jargon for Suboxone®. Participants reported that a Suboxone® 8 mg pill sells for between \$10-20; Suboxone® strips/film sells for between \$9-12. A participant noted that a prescription for 60 pills sells for between \$200-300. Participants were not in agreement regarding how users most commonly use Suboxone®. One participant group reported that there is an even split between individuals who prefer sublingual use and those who prefer to snort the drug. Other groups, however, reported that sublingual use is far more popular, with one group citing that 80-90 percent of users use Suboxone® sublingually. Another group reported that while sublingual use is most common, "[Snorting of Suboxone®] is getting big; People are getting high with it [Suboxone®]." This group also reported that some prefer intravenous injection. However, a participant from another group commented, "I shot it [injected Suboxone®]; it almost killed me. I tell people to not shoot it." Suboxone® strips are administered sublingually.

In addition to obtaining Suboxone® on the street from dealers, participants also continued to report getting the drug from pain clinics, doctors and Suboxone® clinics. Participants commonly reported that individuals obtain prescriptions to sell Suboxone® and/or trade them for other drugs: "Dope fiends are prescribed it [Suboxone®]; they sell it to get dope; People have no intention of using, they get them [Suboxone®] just to sell. Others claim they need more [Suboxone®] pills ... they use one, and sell the rest." A profile for a typical Suboxone® user did not emerge from the data. However, the majority of the treatment providers reported that Suboxone® users are more likely female. A provider commented, "Caucasian females are more adept to go to clinics to get Suboxone®, then sell it to support their drug use." Participants did not identify any other substances that individuals use with Suboxone®.

Sedative-Hypnotics Historical Summary

In the previous reporting period, sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) were highly available in the region. Participants most often reported the availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants identified Ativan®, Klonopin®, Valium® and Xanax® as the most popular sedative-hypnotics in terms of widespread use, while treatment providers identified Klonopin® and Xanax® as most popular. Treatment providers noted that many of their clients were being treated with sedative-hypnotics and that users did not see themselves as addicts because these medications were legally prescribed. The Canton-Stark County Crime Lab reported that the number of sedative-hypnotic cases it processes had fluctuated during the previous six months.

While processed case numbers had increased for Ativan®, Ambien® and Xanax®, and decreased for Restoril®, generally, the number of cases the crime lab processed for most types of sedative-hypnotics had remained the same. Participants most often reported obtaining sedative-hypnotics through prescription from doctors and from family and friends who had prescriptions. Participants agreed that it was very easy to get a prescription by feigning anxiety symptoms. The most common routes of administration were snorting and oral ingestion. Participants expressed differing views about which of these two methods was most common. Many participants reported that sedative-hypnotic use was common among young people (high school aged youth), while treatment providers noted that typical users tended to be, “suburban kids” and White individuals.

Current Trends



Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain highly available in the region. Participants most often reported the current availability of these drugs as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was also ‘10’. Participants and treatment providers identified Klonopin®, Valium® and Xanax® as the most popular sedative-hypnotics in terms of widespread use. Treatment providers most often reported current availability as ‘9’ for Xanax®, ‘8’ for

Klonopin®, and ‘6’ for Valium®. Treatment providers reported that sedative-hypnotics are popular because, “many are using them to help with detoxing from heroin or withdrawing from bath salts.” Law enforcement reported the current availability of sedative-hypnotics as ‘5’; and identified Xanax® as the most popular sedative-hypnotic in terms of widespread use. Collaborating data also indicated that sedative-hypnotics are readily available in the region. The Stark County Coroner reported that 10.9 percent of all deaths it investigated during the past six months were drug-related (had an illegal substance present or legal drug above the therapeutic range at time of death); in the last reporting period, 17.9 percent of all deaths were drug-related. Furthermore, the Coroner reported sedative-hypnotics as present in 60 percent of all drug-related deaths.

The majority of participants reported that the availability of sedative-hypnotics has remained the same during the past six months. A participant commented, “[Sedative-hypnotics] they’ve always been very available.” However, participants in Stark County reported that availability has increased during the past six months: “[Sedative-hypnotics] it’s all over the streets; It’s a cheaper drug; It’s very easy to get prescriptions.”

Law enforcement reported that availability of sedative-hypnotics has remained the same during the past six months, while treatment providers reported that availability has increased. Many treatment providers agreed with a provider who commented, “There’s a huge increase in use [of sedative-hypnotics] in the last six months, especially in [use of] Xanax® and Klonopin®. More people are being prescribed these for anxiety.” Another provider commented, “Society is passing more and more individuals, especially of lower economic status. People are having trouble coping day to day, and so they turn to medication [sedative-hypnotics].” Other providers discussed the frequency with which physicians prescribe sedative-hypnotics: “People are demanding more of these medications, and so doctors are prescribing them [sedative-hypnotics] more often; It is now normalized to take these medications.” Finally, a treatment provider reported, “I attribute [the increase in sedative-hypnotic use] to more opiate use,” explaining that many people use sedative-hypnotics to assist with withdrawal from opiates. The Canton-Stark County Crime Lab reported that the number of sedative-hypnotic cases it processes has remained the same during the past six months with a few exceptions: Ambien®, Valium® and Xanax® have decreased in frequency.

New this reporting period is the emergence of synthetic designer drugs similar to benzodiazepines. A participant, whose drug of choice is bath salts, reported having experience with a pseudo-benzodiazepine product (the first OSAM Network report related to synthetic designer benzodiazepines): “The drugs that are coming out now ... they are now selling fake Xanax® pills in head shops. You can go to head shops in my area and buy fake xani [Xanax®] pills. They may not be the exact Xanax®, but it’s the same thing.” A law enforcement officer also spoke about imitation Xanax® now found in head shops: “[Head shops] sell what is packaged as relaxation pills, and sometimes extreme relaxation pills. Basically, they have two different kinds. The Z-Bars are usually sold in three [packs] for around \$17-18. The store employee told me they just recently started selling them. The other one is packaged as Zan-X and is a little cheaper than the Z-Bars.”

Reportedly, many different types of sedative-hypnotics are currently sold on the region’s streets. Participants reported the following sedative-hypnotics as available to street-level users (Note: When reported, current street names and prices are indicated in parentheses): Ativan® (sells for between \$0.50-1 per pill); Klonopin® (aka “K-pins,” sells for between \$0.50-1 per pill); Valium® (5 mg sells for \$1; 10 mg sells for \$2); Xanax® (0.5 mg, aka “footballs” and “peaches,” sells for between \$0.50-1; 1 mg, aka “footballs” and “blues,” sells for between \$2-3; 2 mg, aka “xanibars,” sells for between \$3-5). While there were a few reported ways of consuming sedative-hypnotics, and variations in methods of use were noted among types of sedative-hypnotics, generally, the

most common routes of administration remain snorting and oral ingestion. Among older participants, those older than 25 years, most noted that the majority of sedative-hypnotic users snort these medications, with one group stating as high as 90 percent of users would snort. However, younger participants, those age 25 years and younger, reported that sedative-hypnotics are more often used by swallowing, with one group estimating that as high as 80 percent of users would swallow.

In addition to obtaining sedative-hypnotics on the street from dealers, participants also reported getting them from doctors, mental health patients and senior citizens, with one participant reporting being able to purchase them online. Participants reported: *"[Sedative-hypnotics] are the easiest meds to get by prescription; I never bought it [sedative-hypnotics], I always stole; You buy them [sedative-hypnotics] from older people."* Participants commented that individuals, *"google symptoms of anxiety,"* then go to a doctor seeking these medications. A participant reported that these medications are dispensed, *"like candy ... they [sedative-hypnotics] were always handed to me. It's how my parents calmed me down."* Another participant reported, *"I steal them [sedative-hypnotics] from my grandmother's medicine cabinet."*

A profile of a typical user of sedative-hypnotics did not emerge from the data. Participants described typical users of sedative-hypnotics as, *"anybody, any time."* Participants believed, *"middle-aged women get the prescriptions [for sedative-hypnotics];"* however, they said that many of those women sell their prescriptions to earn extra money during the poor economy. Some treatment providers expressed their belief that sedative-hypnotic use is more common with, *"middle-class, Caucasian, males and females."* Reportedly, when used in combination with other drugs, sedative-hypnotics are most often used in combination with alcohol, bath salts, cocaine, heroin, marijuana and opiates. Participants and community professionals agreed that sedative-hypnotics are most commonly used with other drugs. When sedative-hypnotics are used with other sedatives (alcohol and opiates), the aim is to intensify the effect of the other drugs. A participant commented, *"A lot of pills say, 'don't use with alcohol,' so that's what they do. It [alcohol] boosts your high with the pills [sedative-hypnotics]."* Participants said sedative-hypnotic use with stimulants like cocaine helped them to come down from the stimulant high.

Marijuana **Historical Summary**

In the previous reporting period, marijuana was highly available in the region. Participants and community professionals most often reported the drug's availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). The Canton-Stark

County Crime Lab reported that the number of marijuana cases it processes had increased during the previous six months. Participant quality scores of marijuana varied from '3' to '10' with the most common score being '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants commonly believed that the quality of marijuana was increasing as knowledge of advanced growing techniques became widely available. Participants reported that commercial-grade marijuana was the cheapest type: a "blunt" (cigar) or two joints (cigarettes) sold for \$5; and an ounce sold for \$70. Higher quality marijuana sold for significantly more: a blunt or two joints sold for between \$15-25; an ounce sold for between \$275-400. The most common route of administration continued to be smoking. Participants were not able to agree on the profile for a typical user because they believed marijuana use was widely accepted throughout all segments of society.

Current Trends

Marijuana remains highly available in the region. Participants most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. Participants commonly said marijuana was, *"always available."* A participant explained, *"[Marijuana] it's like cigarettes [widely used] ... this [marijuana] is the main one [most widely used drug] around here."* Law enforcement in Summit County reported the drug's current availability as '10', while law enforcement in Stark County reported current availability as '8', and commented, *"Marijuana is the number one drug around here."* Collaborating data also indicated that marijuana is readily available in the region. The Stark County Coroner's Office reported that 10.9 percent of all deaths investigated during the past six months were drug-related (had an illegal substance present or legal drug above the therapeutic range at time of death); in the last reporting period, 17.9 percent of all deaths were drug-related. Furthermore, the Coroner reported marijuana as present in 24 percent of all drug-related deaths. Media outlets in the region reported on marijuana seizures and arrests during this reporting period. In December, *The Plain Dealer* reported that after a several-month-long investigation, law enforcement arrested a man in Windham Township (Portage County) for cultivating marijuana in his home. Police seized roughly 10 pounds of marijuana along with an undisclosed amount of cash (www.cleveland.com, Dec. 13, 2011).

Most participants reported that the availability of marijuana has remained the same during the past six months. However, there were a few participants who commented that availability of marijuana has decreased during the past six months. Notably, there were some participants who commented, *"Regular weed" [commercial-grade marijuana] is harder to find with all the other drugs out there. There's no money in regular weed. Most [dealers] are selling the higher*

grade [marijuana]. Law enforcement also reported that the availability of marijuana has remained the same during the past six months. The Canton-Stark County Crime Lab reported that the number of marijuana cases it processes has decreased during the past six months.

Participant quality scores of marijuana varied from '5' to '10,' with the most common score being '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '7.' Several participants explained that the quality of marijuana depends on whether the user buys "commercial weed" (low- to mid-grade marijuana) or higher-grade marijuana, (hydroponic or home-grown marijuana). Participants also continued to report that marijuana quality, "depends on where you go, who you deal with." A participant expressed a typical comment heard from many others, "Better quality [marijuana] is more common than it used to be."

Current street jargon includes countless names for marijuana. The most commonly cited name remains "weed." Participants listed the following as other common street names: "reggie" and "regular" for commercial-grade marijuana; "kind bud," "kush" and "Maui wowie" for high-grade marijuana; "dro" and "hydro" for hydroponically grown marijuana. The price of marijuana depends on the quality desired. Participants reported commercial-grade marijuana is the cheapest form: a blunt or two joints (approximately 3-5 grams) sells for \$10; 1/8 ounce sells for \$25-50, 1/4 ounce sells for between \$50-90; an ounce sells for between \$180-240. Higher quality marijuana sells for significantly more: a blunt or two joints sell for between \$20-50; 1/8 ounce sells for \$50, 1/4 ounce sells for between \$100-120; an ounce sells for between \$300-350. Reportedly, the most common way of purchasing marijuana is by the bag, roughly 3.5 grams, which yields two to three joints and sells for between \$10-20. While there were several reported ways of consuming marijuana, the most common route of administration, by far, remains smoking. In fact, most participant groups did not even make reference to any other route of administration.

A profile for a typical marijuana user did not emerge from the data. Participants continued to commonly report that people from every population use marijuana, with law enforcement concurring. A law enforcement officer noted that marijuana use often begins between 18 and 25 years of age or earlier. According to the Stark County Court of Common Pleas data, men and women on probation use marijuana; of all court-ordered drug screens during the past six months, more than 41 percent of positive drug screens were positive for cannabis.

Reportedly, marijuana is used in combination with alcohol, cocaine, Ecstasy, PCP (phencyclidine), sedative-hypnotics and, "any drug." A participant commented that using lower grade marijuana with Ecstasy, "makes it [commercial-grade marijuana] feel like kush [high-grade marijuana]." A participant

referenced using marijuana with PCP as, "smoking 'shermans' ... they give a better high." Most participants reported that marijuana is used with, "everything." A participant commented that marijuana is, "the kick-it drug," inferring that marijuana goes with any other drug.

Methamphetamine Historical Summary

In the previous reporting period, methamphetamine was highly available in the region. Participants most often reported the drug's availability as between '5' and '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants reported that methamphetamine was available in powdered and crystal forms, although the powdered form was considerably more available. Treatment providers and Summit County law enforcement most often reported the availability of methamphetamine as '10.' The Canton-Stark County Crime Lab reported that the number of methamphetamine cases it processes had increased during the previous six months. Participants most often rated the quality of powdered methamphetamine as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants reported that a gram of powdered methamphetamine sold for \$40; a gram of crystal methamphetamine sold for between \$70-100. Reportedly, the most common route of administration was intravenous injection, a practice said to have been increasing among methamphetamine users. Participants described typical users of methamphetamine as White, between the ages of 18-50 years.

Current Trends

Methamphetamine remains highly available in the region. Participants most often reported the current availability of methamphetamine as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was between '5' and '10.' A participant commented, "In our town [in Portage County], meth [methamphetamine], bath salts and heroin are the most common drugs." Participants reported that methamphetamine continues to be most available in powdered form. Crystal methamphetamine (aka "ice"), the highest quality form of methamphetamine, was said to be, "very rare" in the region. Treatment providers most often reported methamphetamine's current availability as '10,' and reported that it is common for users to make their own methamphetamine. Law enforcement in Stark County reported the current availability of methamphetamine as '3.' An officer talked about methamphetamine in the region: "[Methamphetamine] it's out there, but we don't seem to have the problem our neighbors in Summit [County] have. We are not seeing it like they are." Law enforcement in Summit County reported the drug's current availability as '5,' while

commenting, *"We've already exceeded last year's take [law enforcement seizures of methamphetamine]. We haven't seen any Mexican import for a long time. Everyone is making it [methamphetamine] for their own use, they're not selling it. One-pot [method] makes one to three grams."*

Reportedly, the most common way of manufacturing methamphetamine is through the *"shake and bake"* or *"one-pot"* method, which has become widely known. By using common household chemicals, along with ammonium nitrate found in cold packs and pseudoephedrine (typically found in some allergy medications), users (aka *"cooks"*) can produce the drug in approximately 30 minutes at nearly any location by mixing ingredients in easily found containers, such as two-liter plastic soda bottles. Participants also mentioned that there are a *"few old-time cooks,"* but the old ways of producing methamphetamine are difficult, take considerably longer and require ingredients that are difficult to obtain. A participant reported, *"Shake and bake' is the most common [method of producing methamphetamine] around here."* Another participant commented, *"It [methamphetamine production] used to be red phosphorous, but is all but out. It's harder to make, harder to get the ingredients. It's 'shake and bake' now."* Media outlets throughout the region have reported on several methamphetamine seizures during this reporting period. In October, the *Record Courier* reported that a Franklin Township (Portage County) man was arrested for possessing the means and intent to manufacture methamphetamine, and a Rootstown (Portage County) resident was also arrested after police found drug paraphernalia, one-pot methamphetamine labs and an unspecified amount of methamphetamine in her home (www.recordpub.com, Oct. 26, 2011). The *Plain Dealer* reported that following an anonymous tip, police raided a house in Stow (Summit County) and arrested two men for manufacturing methamphetamine (www.cleveland.com, Sept. 13, 2011).

The majority of participants reported that the availability of *"shake and bake"* methamphetamine has increased during the past six months. A participant commented, *"[Methamphetamine is] more available, but [quality of methamphetamine] it's crap."* Another participant spoke about why methamphetamine is more available: *"I believe it [increased use and availability of methamphetamine] is due to bath salts. People like the speed effect."* Treatment providers generally reported that the availability of methamphetamine has decreased or remained the same during the past six months. A provider commented, *"I have been shocked on how little methamphetamine I've seen coming through the doors, but the clients indicate that it's because the penalties of being caught are stiffer, so all the meth users are in prison. That's the perceived wisdom I've gotten from the clients, and when I do get a client who has used meth, generally they know how to make it ... which is a problem in recovery because they*

can always go back and make it." Another provider agreed, *"With the availability [of methamphetamine], it's not so much where to go and get it [methamphetamine] ... they [users] just do their shake and bake. They got their own, and it seems to be common knowledge, and so you know that you have that to fall back on."* Law enforcement reported that availability of methamphetamine has remained the same during the past six months. The Canton-Stark County Crime Lab reported that the number of methamphetamine cases it processes has decreased during the past six months.

Most participants rated the quality of powdered methamphetamine as '5' on a scale of '0' (poor quality, *"garbage"*) to '10' (high quality); the previous most common score was '8.' Participants commonly agreed that overall methamphetamine quality has decreased during the past couple of years, although no change in the past six months was noted. Participants typically believed the quality, *"depends on who makes it."* Participants identified reasons for poorer quality to include: *"The real [good methamphetamine] cooks are all locked up; Quality is down, due to increase in demand. More people are making [methamphetamine with the lower-quality method]."* Participants also discussed high-quality methamphetamine occasionally coming into the region: *"Good stuff [methamphetamine from Mexico] comes into the region by bikers from the East Coast."* The Canton-Stark County Crime Lab cited brown, pink and white powdered methamphetamine as the most common forms of the drug in the region.

Current street jargon includes a few names for methamphetamine. The most commonly cited names were *"crank," "crystal," "ice," "meth," "shake and bake," "shards," "speed"* and *"tweak."* Current street prices for methamphetamine were variable among participants with experience buying the drug. Participants reported that a person can purchase a *"rock"* of methamphetamine for \$20; a gram of powdered methamphetamine sells for between \$50-100; a gram of crystal methamphetamine (when available) sells for \$100. Reportedly, individuals can trade for methamphetamine with ingredients, such as *"boxes of pills [pseudoephedrine]."* A participant talked about the variability in the drug's price: *"It [pricing of methamphetamine] depends. People are making it different. There is not a set price. It depends on the quality; it can't be the same quality every time."* There was no agreement regarding the most common route of administration of methamphetamine. A participant group cited smoking as the most common route of administration (about 60 percent of users were said to smoke methamphetamine), but other groups cited intravenous administration as becoming more popular. Those groups which identified intravenous administration as being more popular reported that injecting methamphetamine delivers the most intense high,

hence the growing popularity of injection. A participant commented, *"I do it [methamphetamine] all ways. Each [route of administration] has different effects from each other."* Another participant noted that younger people tend to snort methamphetamine, while older users (older than 21 years) tend to smoke or inject it.

A profile for a typical methamphetamine user did not emerge from the data. However, some general characteristics were noted by participants: *"A lot of women use [methamphetamine] while cleaning the house; Users tend to be older; it's not as common among teenagers."* Many participants agreed when one said, *"I've never seen a Black person using methamphetamine."* Participants also suggested, *"people living in rural areas"* are more likely to use methamphetamine, *"as anyone can make their own [methamphetamine]."* Some treatment providers reported that users tend to be younger, while others reported they have *"noticed some older adults ... older 30s-50s."* Some providers reported users tend to come from lower socio-economic populations, while other providers noted that users, *"tend to be people with more resources, like a job or family; People you'd be surprised are using it [methamphetamine]."* Treatment providers and law enforcement noted that users tend to be White. A law enforcement officer noted that few people between the ages of 18-25 years use methamphetamine, stating users tend to be older than, *"mid-20s."* As he explained, *"You don't see a lot of young people experimenting [with methamphetamine]. It's a scary drug. People know what it can do."* Another member of law enforcement reported that users range from, *"the top of the socio-economics to the bottom."* Reportedly, methamphetamine is used in combination with alcohol, to help one *"come down"* from methamphetamine, prescription stimulants (Adderall®), to intensify the effect, cocaine because, *"it [cocaine] gives it [methamphetamine] a kick, keeps the high going"* and heroin for the *"speedball effect."*

Ecstasy

Historical Summary

In the previous reporting period, Ecstasy (methylenedioxyamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) was highly available in the region. Participants most often reported the availability of Ecstasy as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Treatment providers generally reported that Ecstasy was rarely used by clients coming in for treatment. Summit County law enforcement reported the availability of Ecstasy as '6' or '7,' and said that availability varied during the year. Law enforcement reported a recent drug seizure that picked up powdered Ecstasy, which was typically more common on the West Coast and a rarity in this region. The Canton-Stark County Crime Lab reported that the number of Ecstasy cases

it processes had decreased during the previous six months. Ecstasy sold for between \$7-10 per tablet, depending on the size of the tablet; powdered Ecstasy sold for \$100 a gram. Participants described typical users of Ecstasy as young, usually in high school or college.

Current Trends

Ecstasy (methylenedioxyamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) remains highly available in the region. Participants reported the current availability of Ecstasy as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10.' Participants reported the drug comes in two forms, tablet and powder, with the most available in this region being Ecstasy tablets. Ecstasy powder (aka "Molly") was described by one participant as, *"pure MDMA."* Treatment providers reported the current availability of Ecstasy as '6' or '7.' Providers reported the drug as being used primarily, *"in the rave scene."* Law enforcement in Stark County reported, *"We [law enforcement] don't see a lot of it [Ecstasy]. It's out there, but we don't hear much about it."* However, law enforcement in Summit County reported a couple of drug seizures recently, one involving powdered Ecstasy coming in from Pennsylvania, the other involving Ecstasy tablets coming in from Canada. Participants reported that the availability of Ecstasy has remained the same during the past six months. Treatment providers in Stark County commented, *"More people are talking about it [Ecstasy]; I've had quite a few [clients] reporting [Ecstasy] use."* The Canton-Stark County Crime Lab reported that the number of Ecstasy (MDMA) cases it processes has remained the same, and the number of piperazine cases (typical components of Ecstasy) has increased during the past six months.

While participants did not identify a rating score for the quality of Ecstasy, some participants commented that the quality of Ecstasy has declined, as it tends to be, *"mixed [adulterated] with all kinds of stuff,"* although most participants could not guess how the drug is being cut. However, a participant reported, *"A lot of the Ecstasy comes from Canada, and it's not really MDMA; it's pills for tapeworms."*

Current street jargon includes very few names for Ecstasy. The most commonly cited names were "Molly" and "X." Participants reported that a "single stack" (low dose) Ecstasy tablet sells for \$4; 1/10 gram (aka "tic") of powdered Ecstasy (aka "Molly") sells for between \$10-20; a gram sells for between \$100-130. Participants reported that Ecstasy is most commonly used by people who like the club scene and "ravers," and that Ecstasy is easily found in bars. Reportedly, Ecstasy is most commonly used by younger people, with one participant group citing, *"mostly college kids [use Ecstasy]."* A participant also reported that Ecstasy is commonly used in the male homosexual community. Treatment providers

reported that individuals who use Ecstasy tend to be young, in their 20s and 30s. Participants with direct knowledge of use reported that Ecstasy is taken orally. One participant group reported that Ecstasy is commonly used in combination with alcohol and marijuana. A participant commented, *"It seems like, with all these drugs, they will use something else to counteract it."*

Bath Salts¹

Current Trends

Bath salts (synthetic compounds containing methyldone, mephedrone or MDPV) are 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). Notably, participants with first-hand knowledge of the bath salts use were exclusively younger, 25 years of age or younger. A participant commented, *"Out of 10 people I know, nine are addicted to bath salts."* Participants reported that they are able to purchase bath salts at drive-thru beverage stores, gas stations and head shops. A participant commented that some of these establishments have extended their hours of operation to meet demand. When questioned about the new law designed to make the sale of bath salts illegal, most participants did not believe this law would affect availability. Participants commonly believed that manufacturers would find ways around the law banning the sale of bath salts, either by changing the formulation or changing the names of the product. Older participants, who generally reported no first-hand knowledge of the drug, reported that bath salts are now, *"off the market,"* though some reported that bath salts could still be purchased at drive-thru beverage stores and gas stations. A participant shared the following, *"I know a couple of friends who do it [bath salts]. They act crazy ... it freaks them out. Some have a bad reaction, an after-effect like schizophrenia."* Treatment providers most often reported the current availability of bath salts as '10'. Providers believed the drug is popular because, *"it [bath salts] is not that expensive."* A treatment provider commented about the potency of bath salts: *"Bath salts put methamphetamine to shame. People hallucinate for days."* A treatment provider group spoke about bath salts as being "highly addictive," having significant negative impact on users' lives, with significant effects on, *"the emotional and mental state [of users] ... just like methamphetamine."* Treatment providers reported that users report that bath salts have the same effect as using hallucinogens and stimulants and that these effects last up to two days. It was further reported that users often seek hospitalization and/or admission to residential treatment in response to these effects, and to withdraw from the drug. A law enforcement officer in Stark County reported that there had not been many reports of abuse of this drug until

¹ Bath salts were rarely mentioned the past reporting period; therefore, there is no historical summary.

recently and that his department has now started to see bath salts cases. A law enforcement officer in Summit County reported that there have been no arrests for bath salts since the new law was enacted. He commented that an individual's behavior becomes, *"bizarre, violent"* when using bath salts. The Canton-Stark County Crime Lab reported that the number of bath salt cases it processes has increased during the past six months.

Participant quality scores of bath salts were unanimously '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants commonly believed that bath salts are, *"very strong."* A participant commented, *"A lot of people cannot handle it [bath salts use]."* Another participant talked about the lingering effects of the drug months after giving it up: *"I'm two months sober. I still have hallucinations. I used 1/2 gram [of bath salts] a day. I was often up nine or 10 days in a row."* Participants reported that 1/2 gram of bath salts sells for between \$16-20. While there were several reported ways of consuming bath salts, the most common routes of administration are snorting and intravenous injection. While not as common, bath salts are also consumed by smoking. A treatment provider group reported that bath salts are commonly used with heroin and that, *"IV use [of bath salts] is typical."*

A profile for a typical bath salts user did not emerge from the data. However, treatment providers and law enforcement reported that users tend to be young, with use starting during the teen years, as early as middle school. A law enforcement officer noted that users tend to be, *"White males."* Reportedly, bath salts are used in combination with crack cocaine, prescription opioids and sedative-hypnotics. Participants explained the benefits of these use combinations: *"I have no withdrawal effect [when smoking crack cocaine with bath salts use]; The only way to come down from bath salts is with opiates; [Sedative-hypnotics are used] to take the [bath salts] craving off."*

Other Drugs

Historical Summary

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], prescription stimulants and synthetic marijuana ("K2" and "Spice"). Participants with knowledge of LSD stated it was moderately available in the region, and most often reported its availability as '7' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Treatment providers reported that LSD was not commonly reported by clients as a primary drug of choice. Reportedly, a "hit" (dose, a microdot or blotter) of LSD sold for between \$5-10, or 100 hits sold for between \$300-400. Overall, participants and treatment providers viewed LSD

as more popular with younger adults like college students. Only two participant groups mentioned the availability of psilocybin mushrooms in the region. Participants said psilocybin mushrooms were still popular, but they explained quality of the mushrooms was poor; participants most often rated psilocybin mushroom quality as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality). On the other hand, treatment providers in Portage County reported that psilocybin mushrooms seemed to be very popular. A few participants reported that prescription stimulants were moderately available in the region, although they did not identify specific medications available. Participants most often rated the availability of prescription stimulants as between '7' and '10'. Participants did not view prescription stimulants as a commonly abused substance, other than by young adults. Synthetic marijuana was highly available in the region. A few participants mentioned that they had tried synthetic marijuana, but none reported regular use because they thought the drug was cost-prohibitive. Participants said a small pouch, roughly three grams, sold for \$30. The Canton-Stark County Crime Lab reported that the number of synthetic marijuana cases it processes had increased during the previous six months. Participants reported that synthetic marijuana was more popular with adolescents and other individuals who were subject to urine drug screens. The Canton-Stark County Crime Lab also reported one other drug that was not mentioned by focus group participants; there was an increase in the number ketamine cases it had processed during the previous six months.

Current Trends

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. Participants in Summit County identified LSD as moderately to highly available in the region, rating LSD's current availability most often as '5' or '8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10'. Reportedly, LSD availability increases in the spring and summer when there are more outdoor music festivals at Nelson's Ledges Quarry Park in Portage County. Law enforcement, on the other hand, noted hallucinogen use in the region as, "very rare." An officer reported that there has only been one case in his department over the past year involving hallucinogens, in particular psilocybin mushrooms. The Canton-Stark County Crime Lab reported that the number of hallucinogen cases it processes has decreased for LSD and increased for psilocybin mushrooms during the past six months. Participants who reported knowledge of LSD use reported the current quality of LSD as, "good," rating current quality as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality).

Synthetic marijuana remains highly available in the region. Participants most often reported the drug's current availability as '8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); previously, participants did not assign an availability score. Participants 25 years of age and younger noted that synthetic marijuana has become less available during the past six months. A participant reported, "[Synthetic marijuana] it's not available anymore; they took it off the market." Though, one participant responded by stating, "Dealers can get it [synthetic marijuana] for us, if we ask for it." Reportedly, synthetic marijuana is, "popular in bars." Treatment providers also reported synthetic marijuana to be highly available in the region, and they most often reported the drug's current availability as '10'. Treatment providers explained that synthetic marijuana is, "the drug of choice in jail" and is commonly used by individuals on probation to avoid drug use detection on drug screens. The Canton-Stark County Crime Lab reported that the number of synthetic marijuana cases it processes has increased during the past six months. One concern raised by treatment providers was that there is a, "general misconception" that synthetic marijuana and bath salts are safe, and people, "won't get messed up." At the time of the interviews, participants reported that brands like "K2" are easily purchased at various stores (drive-thru beverage stores and gas stations); three grams sell for \$10. As with marijuana, the most common route of administration for synthetic marijuana is smoking. Treatment providers reported that synthetic marijuana continues to be used most often by "young kids" and by those on probation.

Conclusion

Crack cocaine, Ecstasy, heroin, marijuana, methamphetamine, powdered cocaine, prescription opioids, sedative-hypnotics, Suboxone® and synthetic marijuana remain highly available in the Akron-Canton region; also highly available are bath salts, which were not reported on during the last reporting period. A slight decrease in availability during the past six months exists for prescription opioids, with the exception of Opana® which was thought to have increased in availability; an increase in availability exists for heroin. Data also indicate likely increases in availability for powdered cocaine, sedative-hypnotics and Suboxone®. Participants reported that they are able to purchase bath salts at drive-thru beverage stores, gas stations and head shops. A participant commented that some of these establishments have extended their hours of operation to meet demand. When questioned about the new law designed to make the sale of bath salts illegal, most participants did not believe this law would affect availability. Participants commonly believed that manufacturers would find ways around the law banning the sale of bath salts, either by changing the formulation or by changing the names of the product. Treatment providers believed bath salts to be popular

because they are relatively inexpensive and potent. A participant, whose drug of choice is bath salts, reported having experience with a synthetic designer drug similar to benzodiazepine (the first OSAM Network report of imitation benzodiazepine). A law enforcement officer also spoke about “imitation Xanax®” now found in head shops. Participants reported that it is more difficult to obtain a prescription for opioids, particularly for younger people; participants agreed that it’s more difficult to obtain prescription opioids than to obtain heroin. Treatment providers also reported that availability of prescription opioids has decreased during the past six months. Many providers noted the high cost of these drugs as a key factor for decreased availability. A treatment provider commented, “[Users] are leapfrogging to heroin.” While many types of heroin remain currently available in the region, participants continued to report the availability of brown powdered heroin as most available. Participants and community professionals reported that the availability of powdered heroin has increased during the past six months. Participants reported, “It [heroin] keeps getting easier and easier to find; Ever since the oxy [OxyContin®] revolution, once they [users] realize what oxy is ... synthetic heroin ... people find heroin is cheaper.” Participants reported that heroin use is fairly common in high schools; a number of providers noted that heroin use is becoming more popular with younger people, particularly those between the ages of 18-25 years. Participants also reported that many users like to speedball (use powdered cocaine with heroin), so heroin dealers often have powdered cocaine to sell as well, indicating increased availability of powdered cocaine. The Canton-Stark County Crime Lab reported that the number of powdered cocaine cases it processes has increased during the past six months. Treatment providers and some participants reported an increase in the availability and use of sedative-hypnotics, noting that many users are using the drugs increasingly to detox from heroin and to withdraw from bath salts. Participants and treatment providers reported that Suboxone® is readily available for street purchase. Treatment providers reported that availability of Suboxone® has increased; the Canton-Stark County Crime Lab reported that the number of Suboxone® cases it processes has increased during the past six months. Also, while treatment providers and law enforcement both thought that methamphetamine availability and use have decreased or remained the same during the past six months, it is noteworthy that the majority of participants reported that the availability of “shake and bake” methamphetamine has increased. A participant linked the high popularity of bath salts to the increased use of methamphetamine in the region: “I believe it [increased use and availability of methamphetamine] is due to bath salts. People like the speed effect.”