

### Executive Summary

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

This Executive Summary presents findings from the OSAM core scientific meeting held in Columbus, Ohio, on Jan. 31, 2012. It is based upon qualitative data collected July through December 2011 via focus group interviews. Participants were 359 active and recovering drug users recruited from alcohol and other drug treatment programs in each of OSAM's eight regions. Data triangulation was achieved through comparison of participant data to qualitative data collected from 112 community professionals via individual and focus group interviews, as well as to data surveyed from coroner's offices, family and juvenile courts, common pleas and drug courts, the Bureau of Criminal Investigation (BCI), police and county crime labs. In addition to these data sources, media outlets in each region were queried for information regarding regional drug abuse for July through December 2011. OSAM research administrators in the ODADAS Division of Planning, Outcomes and Research prepared regional reports and compiled this summary of major findings. Please refer to regional reports for more in-depth information on the drugs reported on in this summary.

### Powdered Cocaine

Powdered cocaine remains highly available in the majority of regions; it is moderately to highly available in Athens, Cincinnati and Columbus. Data indicate a likely increase in availability in Akron-Canton where respondents reported an increase in the popularity of the "speedball" among heroin users (concurrent or successive use of cocaine with heroin). The following universal themes related to powdered cocaine emerged throughout regions: street availability is somewhat limited, however users with connections can easily obtain the drug; crack cocaine remains the more prevalent form of cocaine; powdered cocaine is typically not a primary

drug of choice, but rather a drug often used to enhance the effects of other drugs. The most common participant quality score of powdered cocaine throughout regions varied from '4' to '10,' with the most common score being '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants throughout regions reported that the quality of powdered cocaine has either remained the same or has decreased during the past six months, and participants were unanimous in reporting that the quality of powdered cocaine continues to depend on the drug's source. Reportedly, some dealers adulterate powdered cocaine with various substances to increase profitability. Regional crime labs most often continued to report levamisole (livestock dewormer) as the most frequently identified cutting agent for powdered cocaine. In addition, participants in Akron-Canton, Athens and Cleveland reported that bath salts (synthetic compounds containing methylene, mephedrone or MDPV) are also used as a cutting agent. Current street jargon includes many names for powdered cocaine, with the most common names being "blow," "coke," "girl," "powder," "soft," "snow" and "white girl." Depending on desired quality and from whom one buys, a gram of powdered cocaine currently sells for between \$30-120 throughout regions. Participants reported that the most common way to use powdered cocaine remains snorting. Smoking is common among users who "rock up" powdered cocaine to manufacture crack cocaine, while intravenous injection is a common route among those users who are injectors of any drug. In terms of typical use patterns, powdered cocaine continues to be used in social settings such as bars and nightclubs. Reportedly, users are typically White and those with higher incomes, as powdered cocaine remains relatively expensive. However, in every region, participants and community professionals identified that users now include more young people than previously thought: teenagers, those in their 20s, high school and college students. Powdered cocaine is used in combination with alcohol, bath salts, Ecstasy, heroin, marijuana, prescription opioids, sedative-hypnotics and tobacco.

### Crack Cocaine

Crack cocaine remains highly available in all regions. Participants in every region 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). Universally, participants agreed that crack cocaine is more available than powdered cocaine. Like marijuana and oftentimes heroin, crack cocaine is reportedly available through street purchase from unknown dealers, as well as from established connections. Participants in several regions noted particular availability of crack cocaine near convenience stores and gas stations; however, participants

in Cleveland noted a decrease in “door service” for crack cocaine, which means “dope boys,” are less likely to approach a potential user’s car and sell the drug through the car’s window. This was perceived to be due to increased law enforcement activities during the past six months. Reportedly, dope boys are now likely to give their cell phone number to potential buyers to call for the drug. Participants also noted that crack cocaine is more difficult to obtain in smaller communities and in rural areas. Both participants and community professionals noted that the popularity of crack cocaine is being eclipsed by the increasing popularity of prescription opioids and heroin. Crime labs in Akron-Canton, Toledo and Youngstown reported that the number of crack cocaine cases they process has remained the same during the past six months, while labs covering all other regions reported a decrease in the number of crack cocaine cases processed. Perceived quality of crack cocaine is moderate in all regions; the most common participant quality score for crack cocaine varied across regions from ‘3’ to ‘8’ with the most common score being ‘5’ or ‘7’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality). Reportedly, quality continues to vary depending on several factors, such as from whom one purchases, location of purchase and time of the day or time of the month of purchase. Throughout regions, users reported that crack cocaine quality has either remained the same or has decreased during the past six months. Oftentimes, participants said crack cocaine was cut with other substances to add volume to the product to fool the user into thinking that he or she is receiving a good amount of crack cocaine. Participants also reported commonly re-cooking crack cocaine with the intent to ‘purify’ the drug for smoking. Participants in Athens and Cincinnati noted the presence of “dummy dope,” other substances sold to unsuspecting buyers in place of crack cocaine (aka fleecing). Regional crime labs continued to report levamisole (livestock dewormer) as the most frequently identified cutting agent for crack cocaine. Current street jargon includes many names for crack cocaine, with the most common names being “butter,” “crack,” “hard,” “rock” and “work.” Participants continued to report that crack cocaine is most commonly sold as \$10, \$20 and \$50 “rocks.” Throughout the regions, a gram sells for between \$30-120, depending on quality. While there were a few reported ways of using crack cocaine, the most common route of administration continues to be smoking. Out of 10 crack cocaine users, participants reported that approximately seven to nine would smoke, and one to three would intravenously inject the drug. A profile of a typical crack cocaine user did not emerge from the data. Most participants and community professionals agreed that crack cocaine is popular with, “anybody and everybody.” However, several respondents continued to associate use more commonly with people living in poor economic conditions, with a few professionals noting high

use among female prostitutes. Crack cocaine is often used in combination with alcohol, heroin, marijuana, prescription opioids, sedative-hypnotics and tobacco.

### Heroin

Heroin remains highly available in all regions. During the previous reporting period, heroin availability had increased in Akron-Canton, Athens, Cincinnati, Dayton, Toledo and Youngstown. During this reporting period, heroin availability has continued to increase in all of these regions; an increase in availability also exists for Cleveland, while high availability in Columbus has remained the same. The general sentiment among participants was that heroin is, “falling out of the sky.” Law enforcement throughout regions consistently identified heroin trafficking as a primary concern. Universally cited, the primary reason for the increases in the availability of heroin during the past six months is increased demand for heroin, as more prescription opioid-addicted individuals realize that heroin is cheaper and easier to obtain than prescription opioids. Many respondents also continued to attribute the increased demand for heroin to the reformulation of OxyContin®. While many types of heroin are currently available in the regions, participants continued to report brown powdered as the most available type in Akron-Canton, Cleveland, Toledo and Youngstown; brown and white powdered heroin are most available in Cincinnati; brown powdered and black tar are most available in Dayton; black tar remains most available in Athens and Columbus. The most common participant quality score for heroin varied throughout the regions from ‘5’ to ‘10’ with the most common score being ‘7’ or ‘8’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality). There was no consensus throughout regions as to change in overall heroin quality during the past six months; quality has either remained the same, decreased or was variable. However, there was consensus that quality continues to depend on from whom one purchases the drug; and overall, most participants agreed that heroin most often contains other substances. According to some law enforcement and the BCI London Crime Lab, heroin is, “typically pretty pure.” When heroin is cut, the BCI London Crime Lab reported the following substances as cutting agents occasionally used: caffeine, diphenhydramine (antihistamine), lidocaine and procaine (local anesthetics). Current street jargon includes many names for heroin, with the most common names remaining “boy” and “dog food.” Participants continued to report buying smaller quantities of heroin most often in \$10 and \$20 amounts. The most common way to use heroin remains intravenous injection; throughout regions, out of 10 heroin users, participants reported that approximately seven to nine would intravenously inject, and one to three would most likely snort with a small minority smoking the drug.

There was consensus among participants that needle sharing for injection is a problem; many participants expressed concern about contracting Hepatitis C. A profile for a typical heroin user did not emerge from the data. However, participants and community professionals consistently noted that heroin users are more likely to be White and getting younger. Heroin users in Toledo exemplified the overarching sentiment of heroin use by youth in reporting that their first heroin use occurred between 18-19 years of age, and was preceded by their first prescription opioid use when in high school. Age of first-time heroin use reportedly occurs in users as young as 13-14 years. Other substances often used in combination with heroin include alcohol, crack cocaine, marijuana, methamphetamine, powdered cocaine, prescription opioids and sedative-hypnotics.

### Prescription Opioids

Prescription opioids remain highly available in all regions; however, general decreases in availability during the past six months exist for Akron-Canton, Columbus and Dayton. While still highly available in these three regions, decreases in availability of prescription opioids were attributed to the high cost of these drugs, the closing of physicians' offices that would liberally prescribe these drugs, increased regulation at pharmacies and the rise in popularity of heroin. Participants in these regions agreed that it's now more difficult to obtain prescription opioids than to obtain heroin. Participants throughout regions reported a drastic decrease in availability of the original formulation of OxyContin® OC; increases in availability of Opana®, a noted substitute to OxyContin® OC, exist for Akron-Canton, Athens, Cincinnati, Toledo and Youngstown; availability of methadone has increased in Cleveland and Dayton. Both law enforcement and treatment providers reported that methadone is increasingly prescribed for pain, and methadone is the second-leading drug found in drug-overdose deaths (after heroin), according to staff of the Montgomery County Coroner's Office. While there were a few reported ways of consuming prescription opioids, and variations in methods of use were noted among types of prescription opioids, generally, the most common route of administration is snorting, followed by oral ingestion (swallowing or chewing) and then intravenous injection. In addition to obtaining prescription opioids on the street from dealers, participants continued to list the following other sources for prescription opioids: doctors, emergency rooms, family and friends with prescriptions and pain clinics. In addition, participants in Cincinnati and Toledo reported buying prescription opioids from senior citizens. Participants described the typical user of prescription opioids as a young person, teenaged or twenty-something years in age, and predominately White. Participants and community professionals continued to note that first use of prescription

opioids occurs in early adolescence, with many users describing first use as early as 12-13 years. When used in combination with other drugs, prescription opioids are most often used with alcohol, crack cocaine, heroin, marijuana, powdered cocaine, sedative-hypnotics and other prescription opioids.

### Suboxone®

Suboxone® is moderately to highly available throughout regions; availability remains high in Akron-Canton, Athens and Youngstown, has increased to high availability in Toledo, is moderately to highly available in Cincinnati and Columbus and is moderate in Cleveland and Dayton. In addition to Toledo, noted increases in availability of Suboxone® also exist for Akron-Canton and Athens during the past six months. A treatment provider stated, *"We're seeing an increase in the people who are either legally or illegally participating in the Suboxone® program so they can kick the heroin habit."* Participants reported that Suboxone® availability is more likely from legitimate sources than through street purchase; however, there was a high frequency of users who reported buying Suboxone® from other users with prescriptions. Participants and community professionals most often reported that Suboxone® is sought by opiate-addicted individuals for maintenance purposes to fight off cravings and withdrawal symptoms, rather than for recreational use. However, as was the case during the previous report period, there were reports of abuse among individuals who had not previously used opiates. Both the pill and film strip forms of Suboxone® are available. Current street jargon includes a few names for Suboxone®, including "signs," "strips" and "subs." The most commonly reported prices for Suboxone® were as follows: Suboxone® 2 mg sells for between \$5-10; Suboxone® 8 mg sells for between \$8-20; Suboxone® 8 mg film strips sell for between \$9-15. Participants continued to report most often taking Suboxone® sublingually (by dissolving it under the tongue). Among participants who reported on abuse of Suboxone®, snorting is the most common method of abuse, followed by intravenous injection. Reportedly, Suboxone® is used in combination with alcohol, crack cocaine, marijuana, powdered cocaine and sedative-hypnotics.

### Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) are highly available throughout all regions. In seven of eight regions, availability of sedative-hypnotics has remained the same during the past six months; a likely increase in availability exists for the Akron-Canton region. The most common way to obtain sedative-hypnotics remains through friends, family members and physicians. Reportedly, users continue to memorize and feign symptoms of anxiety disorders to obtain prescriptions. The most commonly sold sedative-hypnotics throughout regions remain Klonopin®, Valium®

and Xanax®. Xanax®, the most popular sedative-hypnotic, sells for between \$1-3.50 per milligram, while most other sedative-hypnotics sell for between \$0.20-2 per milligram. In Akron-Canton, participants and law enforcement spoke about 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): *"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."* The most common routes of administration for sedative-hypnotics are oral ingestion (swallowing or chewing) and snorting. Participants in Columbus reported a high frequency of intravenous injection of sedative-hypnotics. Illicit use of these drugs appears to be a far-reaching problem that affects all age groups, races and socio-economic backgrounds. However, participants in Athens said youth between 20-22 years of age are most likely to abuse sedative-hypnotics, while Cincinnati respondents reported that females, aged 20-60 years, are those most likely to use sedative-hypnotics. Combining sedative-hypnotics with other drugs is common. Participants reported that sedative-hypnotics are most often used in combination with alcohol, heroin, marijuana and prescription opioids to help intensify or extend a high. In particular, combination with prescription opioids was thought to intensify the effect of sedative-hypnotics. Many participants continued to mention that this class of drug is also used to "come down" from the effects of stimulants such as crack cocaine.

### **Marijuana**

Marijuana remains highly available throughout all regions. Nearly every respondent talked about the ubiquitous availability of marijuana, and participants said they can easily obtain the drug at any time of the day and in any location. Six of the eight regions experienced stable availability of marijuana during the past six months; an increase in availability exists for Dayton; a likely increase in availability exists for Youngstown. Law enforcement in Youngstown likened the increase to an increase of medical marijuana coming from states such as California, and respondents in Dayton attributed the increase to an increase in marijuana indoor-grow operations. The overall quality of marijuana is moderate to high throughout the state, and users said the increase in quality during the past several years has made commercial-grade marijuana (low- to mid-grade marijuana) less desirable. The most commonly cited names for marijuana were "bud," "dank," "dro," "green," "hydro," "kush," "pot," "purple haze" and "weed." Prices for marijuana depend on the quantity and quality desired: for commercial-grade marijuana, a "blunt" (cigar) sells for between \$5-10; 1/8 ounce sells for between \$15-30; an ounce sells for

between \$75-160. Higher quality marijuana (hydroponically grown or high-grade marijuana) sells for significantly more: a blunt sells for between \$20-30; 1/8 ounce sells for between \$45-65; an ounce sells for between \$300-500. The most common route of administration remains smoking, with a minority of users baking marijuana into food. Some users in Athens, Cleveland and Toledo also reported vaporization of marijuana. According to these participants, this process is most popular among those with financial means because of the high cost of the vaporizers. Use of marijuana appears to be a far-reaching problem that affects all age groups, races and socio-economic backgrounds. When asked about the typical user, respondents most often said, "everyone" uses marijuana. Age of first use was most commonly reported as 12-14 years throughout regions; however, treatment providers in Dayton reported age of first use as nine to 10 years. While nearly every drug is used with marijuana, participants reported that the drugs most often used in combination with marijuana are alcohol, crack cocaine and powdered cocaine (aka "primo" or "woolie"). Participants thought that lacing marijuana is relatively uncommon, but reported embalming fluid as the typical lacing agent when marijuana is laced. Participants continued to report that marijuana is used to, "come down" from stimulant highs or to intensify the effects of other drugs.

### **Methamphetamine**

Methamphetamine availability is variable throughout most of the regions, with lower availability in urban areas and higher availability in rural areas. Five of the eight regions experienced stable availability of methamphetamine during the past six months. Previously, an increase in methamphetamine was noted in Northeast Ohio, and this report shows that trend continuing; an increase in the drug's availability was noted in Cleveland. Participants in Cleveland said the drug's availability has increased because there are more methamphetamine labs operating in Lake County. A law enforcement official corroborated the increase in methamphetamine activity: *"In the last two weeks we've had three [methamphetamine] lab busts ..."* Decreases in methamphetamine availability were noted in Cincinnati and Columbus. Participants in Cincinnati attributed the decrease to increased law enforcement seizures of the drug. In Columbus, law enforcement believed the decrease is linked to lower pseudoephedrine availability with increased scrutiny by pharmacies using MethCheck® (a pseudoephedrine sales tracking system). Participants from most regions continued to report that methamphetamine is most available to a limited number of users who are connected with a tight-knit network of methamphetamine dealers and users. The overall quality of methamphetamine is moderate throughout the state. Participants in Akron-Canton believed that quality has decreased during the past six months due to the

incarceration of the most knowledgeable methamphetamine manufacturers. Reportedly, brown- and white-powdered methamphetamine are the most common forms of the drug throughout the state. When crystal methamphetamine is available, participants reported that it comes from the East Coast through biker gangs, from the West Coast (California) or from Mexico. The “one-pot” or “shake and bake” method of methamphetamine manufacture remains the most popular production method. 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 obtained containers, such as two-liter plastic soda bottles. The most commonly cited names for methamphetamine were “crank,” “crystal,” “glass,” “ice” and “meth.” Prices for methamphetamine depend on the quantity: a gram sells for between \$40-120; 1/16 ounce sells for between \$70-150; 1/8 ounce sells for between \$200-300, with lower prices indicating powdered methamphetamine and higher prices indicating crystal methamphetamine. The most common route of administration for this drug is smoking. However, intravenous injection remains the most common route of administration in Akron-Canton and Columbus; participants in most other regions reported IV use as relatively rare. Most regions did not describe a typical user of methamphetamine. Of the regions where a profile was identified (Athens, Cincinnati and Youngstown), respondents thought typical users to be mostly White males. In addition, participants in Columbus and treatment providers in Cleveland reported the drug to be popular among homosexual men. Reportedly, methamphetamine is often used in combination with alcohol, heroin and marijuana. Participants reported that alcohol and marijuana help the user to, “come down” or “level out” from the intense high associated with methamphetamine. Participants in Cincinnati continued to report methamphetamine use with heroin to “speedball” to experience an intense high followed by an intense low.

### **Ecstasy**

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) availability is variable throughout regions; availability remains high in Akron-Canton, Cincinnati and Cleveland, appears to be high in Columbus, is moderate in Dayton, Toledo and Youngstown, and appears to be low in Athens. Data indicate that availability in Youngstown has decreased, with availability in all other regions appearing to have remained the same during the past six months. Participants reported that the drug comes in two forms, tablet and powder, with the most available form throughout regions being tablets. A few participants in Cleveland felt that powdered Ecstasy (aka “Molly”) has been increasing in availability as knowledge

about the drug grows. A participant described Molly as, “pure MDMA.” Data on current quality of Ecstasy is limited: participants in Cleveland most often rated the current quality of Ecstasy as ‘10’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); participants in Dayton most often rated current quality as ‘6’. While participants in Akron-Canton did not identify a rating score for the quality of Ecstasy, some participants commented that the quality of Ecstasy has decreased, as it tends to be, “mixed [adulterated] with all kinds of stuff;” as one participant stated. Participants in Toledo reported that Ecstasy is often cut with one or more other drugs such as crack cocaine, heroin, methamphetamine or powdered cocaine. Current street jargon includes few names for Ecstasy. The most commonly cited names were “Molly” and “X,” and participants described “rolling” to mean a person was high on Ecstasy. Ecstasy is typically sold as small colored tablets that feature popular images or logos; tablet pricing is variable depending on dose amount and region of purchase; reportedly, a gram of Molly sells for between \$100-150. While there are few reported ways of administering Ecstasy, the most common route of administration remains oral ingestion. Participants also mentioned other less common methods such as snorting and intravenous injection. Some said users “parachute” (wrap a crushed tablet in tissue and swallow it), while others said users insert the tablet anally or dissolve it in warm water and take it like a shot of alcohol. Ecstasy is most often obtained from friends and dealers via phone call or at night clubs. Universally, 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. Participants and community professionals also noted use among young adults and college students. Reportedly, Ecstasy is used in combination with alcohol and marijuana (aka “candy flipping”).

### **Prescription Stimulants**

Prescription stimulants are moderately to highly available in all regions, with the exception of Dayton where participants attributed low availability to low desirability for these drugs. In regions where availability has remained high during the past six months (Cleveland, Toledo and Youngstown), participants and community professionals identified Adderall®, Concerta®, Ritalin® and Vyvanse® as most popular in terms of widespread use. Participants and community professionals remarked on the high level of prescription stimulant abuse among high school- and college-aged individuals. Nearly every participant with experience using prescription stimulants mentioned the drugs’ ability to help the user, “focus.” Reportedly, use of prescription stimulants increases on college campuses during exam periods. The only street terms reported to refer to prescription stimulants were, “poor man’s coke” and “addies” for Adderall®. Reportedly, Adderall® continues to dominate in terms of widespread use throughout regions. Those who purchased Adderall®

reported that Adderall® 30 mg sells for between \$5-10. The most common routes of administration of prescription stimulants are oral ingestion and snorting. Participants reported getting prescription stimulants from doctors or from people with prescriptions. Those in the 18-25 age group reported that they obtained Adderall® from others, usually friends, who were prescribed it. Participants explained that most everyone in high school and in the 18-25 year age range knows someone that will freely give the drug to them or will sell it to them at a cheap price. Reportedly, prescription stimulants are used in combination with alcohol, marijuana, prescription opioids and sedative-hypnotics. Typically, participants reported using prescription stimulants to modify the effect of taking a sedative-hypnotic or other depressant drug. However, if used to stay awake while, "partying," the user most often combines Adderall® with alcohol and marijuana.

### **Bath Salts**

Bath salts (synthetic compounds containing methylone, mephedrone or MDPV) have variable availability throughout the state. The generic term, bath salts, is deceiving because they are not substances meant to be put in a bath, but rather meant to be abused by people looking for a legal high and by individuals who need to avoid drug use detection on urine drug screens. This reporting period is unique for synthetic drugs such as bath salts because they were legally sold during the first half of the reporting period (July to mid-October) and banned during the second half of the reporting period (mid-October to January). Prior to the current ban on the sale of bath salts, participants reported that bath salts were commonly sold at many convenience stores, head shops (drug paraphernalia shops) and gas stations throughout the regions. Bath salts were highly available in every region before the ban, and then began to decrease in availability once the ban took effect. Columbus, Dayton and Toledo experienced decreases in the availability of bath salts, while other regions experienced high and stable levels of the drug. Notably, participants from Athens (Guernsey, Muskingum and Washington counties), Cleveland and Cincinnati said bath salts are available from street dealers and from the same stores that sold bath salts before the ban went into effect in October 2011. Most participants in Akron-Canton were interviewed before the ban took effect, but they anticipated the ban to have little effect, while participants in Youngstown were unable to comment on any availability change in bath salts since the ban. Generally, participants reported that the quality of bath salts has decreased during the past six months. The BCI London and Bowling Green crime labs noted that since the ban went into effect, the formally scheduled substances of MDPV and methylone are almost never seen any more in samples of bath salts, rather dozens of non-controlled analogs have taken their place. Reportedly, prices have not increased for bath salts since the

ban took effect. Sealed packages of 1/2 gram of bath salts sell for between \$15-25; a gram of loose bath salts sells for between \$20-40. The most common route of administration for bath salts continues to be snorting, followed by the less common routes of smoking and intravenous injection. Participants indicated that White adolescents and young adults are most likely to abuse bath salts. Participants in two regions mentioned using other drugs in combination with bath salts; participants in Akron-Canton reported using with crack cocaine, prescription opioids and sedative-hypnotics with bath salts, and in Youngstown, participants reported using heroin, salvia divinorum (a psychoactive plant) and synthetic marijuana ("K2" and "Spice") with the drug. Participants from nearly every region talked about the negative health consequences associated with bath salts. Participants said they commonly experienced symptoms associated with psychosis (delusions and hallucinations) or depression (anxiety and suicidal thoughts) when using bath salts. Treatment providers and law enforcement confirmed these symptoms and added that bath salts use can cause, "bizarre [and] violent" behavior in users. Staff from the Miami Valley Regional Crime Lab reported bath salts have been found in 10-15 coroner cases in the Dayton region during this reporting period.

### **Other Drugs**

OSAM Network participants listed a variety of other drugs as being present in Ohio, but these drugs were not reported in all regions. Participants mentioned anabolic steroids (Deca-Durabolin®) as occasionally available in the Cleveland and Youngstown regions. Typically, users obtain these substances at local gyms. Community professionals noted that typical anabolic steroid users are White and male. The Miami Valley Regional Crime Lab reported that the number of steroid cases it processes has increased during the past six months. Hallucinogens [dimethyltryptamine (DMT), lysergic acid diethylamide (LSD), phencyclidine (PCP) and psilocybin mushrooms] remain available in many regions of the state. Participants reported DMT is occasionally available in Athens, and highly available in Cleveland. Participants described two variants of the drug: a natural compound and a compound made with synthetic chemicals. Participants reported that 1/10 gram of DMT sells for \$10, and a gram sells for \$150. The most common routes of administration are smoking or snorting. DMT appears to be most popular among young adults who frequent outdoor music festivals, and by those who abuse other hallucinogens. Reportedly, some users combine DMT with LSD to increase the psychoactive properties of the drugs. LSD is rarely available in most regions, with the exception of Akron-Canton where it is highly available. Participants noted that LSD is also most popular at outdoor music festivals during the summer months. Participants reported the current quality of LSD as high and that a hit (one dose) of the drug typically sells for

between \$10-20. PCP remains highly available in certain areas of Cleveland. As with the previous reporting period, most participants reported obtaining PCP (aka “wet” or “woo”) from an area called “Water World” on Cleveland’s east side. Liquid PCP is still commonly sold on a per-dip basis or as ready-to-smoke tobacco or marijuana. Pricing is consistent with the previous reporting period: one dip of a cigarette sells for between \$15-20. Law enforcement reported the drug to be most popular among users in their 30s to 50s. PCP is most commonly used with alcohol, marijuana and tobacco. Psilocybin mushrooms have low to moderate availability throughout the regions. Like other hallucinogens, participants reported that psilocybin mushrooms are mostly available during the summer months, and are popular at outdoor music festivals. Reportedly, 1/8 ounce of psilocybin mushrooms sells for between \$20-30; 1/4 ounce sells for between \$40-50. Inhalants are highly available throughout most regions, but these substances are not preferred by most drug users. Participants and community professionals identified the most commonly abused inhalants as computer duster, nitrous oxide, Freon, paint, Pam® cooking spray and VCR head cleaner (aka “Rush”). Typically, inhalant users are adolescents (those 18 years of age and younger) who have little access to other drugs. Prescription cold medicines that contain codeine or promethazine along with over-the-counter (OTC) cough medicines containing dextromethorphan (DXM), such as Coricidin Cough and Cold®, also remain popular among teenagers who have limited access to other drugs. Participants continued to describe the ingestion of OTC cough and cold medicines as, “Robo-trippin” or “sippin’ on the syrup.” Synthetic marijuana is moderately to highly available across regions. This reporting period is unique for synthetic marijuana because it was legally sold during the first half of the reporting period (July to mid-October) and banned during the second half of the reporting period (mid-October to January). Prior to the current ban on the sale of synthetic marijuana, participants reported that the drug was commonly sold at many convenience stores, head shops and gas stations. Synthetic marijuana was highly available in every region before the ban, and availability began to decrease once the ban took effect in October 2011. The BCI London Crime Lab indicated that the five formally scheduled substances previously found in synthetic marijuana products are almost never seen anymore; rather dozens of non-controlled structural analogs have taken their place. Reportedly, a gram of synthetic marijuana sells for between \$1.50-3; three grams sell for \$10. Like marijuana, the most popular route of administration for this drug remains smoking. Participants continued to indicate that adolescents, young adults and people on probation are most likely to use synthetic marijuana.