

Executive Summary

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

This Executive Summary presents findings from the OSAM core scientific meeting held in Columbus, Ohio, on June 29, 2012. It is based upon qualitative data collected January through June 2012 via focus group interviews. Participants were 355 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 102 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 Ohio 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 January through June 2012. OSAM research administrators in the Division of Planning, Outcomes and Research at ODADAS prepared regional reports and compiled this summary of major findings. Please refer to regional reports for more in-depth information about the drugs reported on in this section.

Powdered Cocaine

Powdered cocaine remains highly available in most regions and moderately to highly available in Athens, Cincinnati and Cleveland. A likely decrease in availability exists for Cincinnati. Law enforcement in the Cincinnati region reported that desirability for powdered cocaine has decreased during the past six months as other drugs became more popular. The following themes related to the status of powdered cocaine emerged again during this reporting cycle: a sizeable portion of available powdered cocaine is

held by dealers to sell as crack cocaine, thus crack cocaine remains seemingly more available than powdered cocaine; powdered cocaine has become somewhat displaced or "less trendy" in some areas due to the rise in popularity of heroin; and many treatment providers continued to report that powdered cocaine is not commonly identified as a primary drug of choice by those entering alcohol and other drug treatment programs. The most common participant quality score of powdered cocaine throughout the regions varied from '5' to '10,' with the most common score being '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants supplied a range of quality scores because the quality of powdered cocaine was said to be inconsistent and varied widely. Factors that were said to influence quality included law enforcement activity and proximity to dealer sources. Regional crime labs most often continued to report levamisole (livestock dewormer) along with local anesthetics (benzocaine, lidocaine and procaine) as most frequently used to cut (adulterate) powdered cocaine. Only participants in Toledo reported that bath salts (synthetic compounds containing methylone, mephedrone or MDPV) are also used to cut powdered cocaine. Current street jargon includes many names for powdered cocaine, with the most common names being "blow," "coke," "girl," "powder," "soft," "snow," "white" and "white girl." Depending on desired quality and from whom one buys, a gram of powdered cocaine currently sells for between \$40-120 throughout the regions. Participants reported that the most common way to use powdered cocaine remains snorting; however, participants reported that intravenous injection and smoking are also common methods. Many participants continued to report that new users are more likely to snort powdered cocaine, but eventually progress to either smoking or intravenously injecting powdered cocaine. It is important to note that when users discussed the popularity of smoking powdered cocaine, almost all of them meant that the powder would be "rocked up" to create crack cocaine, and not used for the freebase smoking method. Participants generally described the typical user of powdered cocaine as White, mature, suburban and professional who would prefer to snort the drug, or heroin users who inject cocaine with heroin (aka "speedball"). However, participants and community professionals in almost every region continued to report that powdered cocaine is becoming increasingly more popular among young people of high school and college ages. Treatment providers throughout regions almost universally viewed powdered cocaine as a drug of abuse, rather than dependence, with treatment providers in Akron-Canton identifying the drug as a gateway drug to crack cocaine and intravenous drug use. Reportedly, powdered cocaine is used in combination with alcohol, hallucinogens [LSD (lysergic acid diethylamide) and psilocybin mushrooms], heroin, marijuana, prescription opioids, sedative-hypnotics and

tobacco. There was consensus among participants that it is more common to use powdered cocaine with other drugs than to use it alone, with many participants throughout the regions again noting an increase in users who “speedball” both cocaine and heroin either together or successively.

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). Crack cocaine is reportedly available through street purchase from unknown dealers, as well as from established connections. Participants from small towns and rural areas continued to report that crack cocaine is sometimes difficult to find and said that it is most often obtained from connection with dealers in urban areas. Participants in Cleveland mentioned the role vehicles play in the purchase of crack cocaine. In particular, participants said dealers will pull up behind cars and honk to see if the occupants are interested in purchasing crack cocaine. Most regions reported that availability has remained stable during the past six months; however, three regions reported a change in availability. Athens and Dayton regions reported that availability of crack cocaine has likely decreased. Participants explained that users are switching to heroin because many dealers are now carrying both drugs. This same trend was also mentioned in regions that experienced no change in availability. Some participants also mentioned that heroin is preferred because it is cheaper than crack cocaine. Akron-Canton was the only region that reported a likely increase in crack cocaine. Typically, respondents said the increase was due to a higher demand of the drug by younger users and new dealers moving into the area. Perceived quality of crack cocaine is moderate in all regions; the most common participant quality score for crack cocaine varied throughout the regions from ‘3’ to ‘10’, with the most common score being ‘4’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality). Reportedly, quality continues to vary depending on several factors, such as the particular dealer, location of purchase and time of the day or time of the month of purchase. Many participants felt that it has become standard practice to “recook” crack cocaine to remove additives and cutting agents. Participants in Cincinnati and Columbus regions reported that the quality of crack cocaine has decreased during the past six months and explained they were seeing more “dummy dope” or “fleece” (substances sold as crack cocaine that have no actual drug content). In Cleveland, participants noted the growing popularity of yellow-colored crack cocaine (aka “butter”), which they perceived as more potent than the white, beige or grey types. Crime labs throughout the state continued to cite levamisole (livestock dewormer) as commonly used to cut

crack cocaine. Current street jargon includes many names for crack cocaine, with the most common names being “crack,” “hard,” “rock” and “work.” Participants continued to report that crack cocaine is most commonly sold as \$10, \$20 and \$50 “rocks” and not commonly sold by weight. Throughout the regions, a gram sells for between \$25-100, but the price largely depends on quality of the drug and connection to the dealer. While there were a few reported ways of using crack cocaine, the most common route of administration continues to be smoking, with a minority of participants reporting intravenous injection. However, participants in the Athens and Youngstown regions said that smoking and intravenous injection are equally common, and participants from rural areas in Dayton said intravenous injection was common. 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, “everyone.” However, many participants agreed that a stigma is attached to users of crack cocaine and addicts were perceived to be African-American and of lower socioeconomic status. Crack cocaine is often used in combination with alcohol, Ecstasy, heroin, marijuana, prescription opioids, sedative-hypnotics and tobacco. Typically, these drugs are used in combination with crack cocaine to help bring a user “down” from the intense high that is associated with the drug.

Heroin

Heroin remains highly available in all regions. During the previous reporting period, heroin availability had increased in all regions with the exception of Columbus where it remained highly available. During this reporting period, heroin availability has continued to increase in Athens, Cincinnati and Cleveland; likely increases in availability exist for all other regions. Participants commented on the “epidemic” proportions that heroin has reached throughout regions. Even participants who did not use heroin personally reported friends or family members who did. Participants continued to attribute heroin increases to users transitioning from prescription opioids to heroin, along with a general increase in the popularity of heroin; community professionals reiterated the progression from abuse of prescription opioids to heroin, especially among younger users. Participants in Cleveland reported that heroin is now commonly available through anonymous transactions, whereas in previous reporting periods, participants and law enforcement remarked on the “closed network” of heroin users and dealers. In addition, participants in many regions reported that crack cocaine dealers are switching their inventory to accommodate increasing demand for heroin. Treatment providers in Akron-Canton also noted a significant increase in heroin availability in rural areas. In Athens, treatment providers reported that treatment facilities are currently experiencing an increase in the number of clients

seeking treatment for heroin use; several participants compared the availability of heroin to the availability of marijuana. While many types of heroin are currently available throughout the regions, participants continued to report brown powdered heroin as most available in Akron-Canton, Cleveland, Toledo and Youngstown; brown powdered heroin is also currently most available in Cincinnati and Dayton; brown powdered and black tar heroin are most available in Athens; black tar heroin remains most available in Columbus. The most common participant quality score for heroin varied across regions from '7' to '10,' with the most common score being '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants reported that the quality of heroin has varied during the past six months. However, most agreed that the quality goes up and down and largely continues to depend on users' connections. On occasion, users reported encountering fake heroin. According to a representative from the BCI London Crime Lab, heroin remains, "reasonably pure." However, when heroin is cut, state crime labs reported the following substances occasionally used as cutting agents: acetaminophen, caffeine, diltiazem (medication used to treat heart conditions/high blood pressure), diphenhydramine (antihistamine), lactose, local anesthetics (lidocaine and procaine), noscapine (cough suppressant) and quinine (antimalarial). 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 (aka "baggies," "berries" and "stamps"); a gram sells for between \$40-200, depending on location. Throughout the regions, the most common way to use heroin remains intravenous injection. However, many participants continued to agree that users new to heroin typically start with snorting the drug. There was consensus among participants and community professionals in Dayton, Toledo and Youngstown that typical heroin users are middle-class and White; a profile for a typical heroin user did not emerge in other regional data. However, participants and community professionals consistently noted age of first time heroin use as decreasing, with Cincinnati participants reporting those as young as 12 years of age beginning use of heroin. Other substances used in combination with heroin include alcohol, crack cocaine, Ecstasy, marijuana, methamphetamine, powdered cocaine, prescription opioids and sedative-hypnotics.

Prescription Opioids

Prescription opioids remain highly available in all regions; increases in availability during the past six months exist for Akron-Canton and Youngstown. In Akron-Canton, particularly methadone and Opana®, in particular, have increased in availability according to most participants and community professionals. In addition, the Stark County Coroner's Office reported prescription opioids as present

in 50 percent of all drug-related deaths. In Youngstown, both participants and community professionals reported increased availability, specifically for Opana®, Roxicet®, Ultram® and Vicodin®. In addition, participants continued to report that OxyContin® OC (original formulation) is almost impossible to obtain. The Mahoning County Coroner's Office reported prescription opioids as now present in 77.8 percent of all drug-related deaths. 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 overall most common route of administration is snorting, followed by intravenous injection and then oral ingestion (swallowing and chewing). 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, friends and other people with prescriptions and pain clinics. A profile of a typical prescription opioid abuser did not emerge from the data. However, many participants and community professionals throughout the regions agreed that prescription opioid abuse is common among adolescents and young adults. However, many participants were keen to note the use of these pills among heroin users and their status as a "gateway drug" to heroin abuse.

When used in combination with other drugs, prescription opioids are most often used with alcohol, caffeine, crack cocaine, Ecstasy, heroin, marijuana, powdered cocaine, sedative-hypnotics and other prescription opioids.

Suboxone®

Suboxone® is moderately to highly available throughout the regions; availability remains high in Akron-Canton, Athens, Toledo and Youngstown, has increased to high in Cincinnati, is moderate to high in Cleveland and is moderate in Columbus and Dayton. During the past six months, increases in availability exist for Akron-Canton, Athens and Cincinnati; likely increases exist for Columbus, Dayton and Youngstown. In Akron-Canton and Columbus, participants and community professionals noted that Suboxone® is being prescribed more often, citing the emergence of Suboxone® clinics in these regions. Law enforcement in Cincinnati noted an increase in doctors writing prescriptions for off-label use of Suboxone® for pain to surpass the 100-patient limit for addiction treatment. While many participants reported taking Suboxone® as prescribed, some continued to report trading the drug for heroin or other drugs. Current street jargon includes few names for Suboxone®, including "boxon's," "strips," "stop signs" and "subs." Participants reported that an 8 mg tablet of Suboxone® sells for between \$5-20; 8 mg strips of Suboxone® sell for between \$10-20 per strip. The vast majority of participants continued to report most often taking Suboxone® sublingually (dissolving it under the tongue); snorting and intravenous injection as routes of

administration are considerably less frequent. In addition to obtaining Suboxone® on the street from dealers, participants also reported getting the drug from clinics, doctors, online pharmacies or through purchase from people who are legitimately prescribed them. Those most typically abusing Suboxone® are heroin users; they do not want to get sick due to withdrawal from the drug and need Suboxone® for when they cannot obtain heroin. Reportedly, when used in combination with other substances, Suboxone® is used with alcohol, crack cocaine, marijuana and sedative-hypnotics. Many participants agreed that Xanax® is commonly used in combination with Suboxone®.

Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain highly available throughout all regions. Participants from every region reported the overall availability of sedative-hypnotics as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants continued to identify Xanax® as the most popular sedative-hypnotic in terms of widespread use, followed by Ativan®, Klonopin® and Valium. Availability of sedative-hypnotics has remained the same in every region during the past six months. 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 popular sedative-hypnotics typically sell for between \$2-3 per milligram, but may sell for as little as \$0.40 or as much as \$3.50, depending on the buyer's connections. Less popular sedative-hypnotics (such as Ambien® and Soma®) are commonly sold for between \$0.50-4 per pill. Regions that have secondary data from coroner's offices report that sedative-hypnotics are the second most common drug found in drug-related deaths. The most common routes of administration for sedative-hypnotics are oral ingestion (swallowing or chewing) and snorting. As previously reported, participants in Columbus reported a high frequency of intravenous injection of sedative-hypnotics. Typically, this practice is relatively rare throughout the state. A typical user of sedative-hypnotics did not emerge from the data in most regions. Participants and community professionals in these regions said that users represent people of every demographic. In contrast, respondents in Akron-Canton, Cincinnati and Toledo said there are typical users. Participants and community professionals in Cincinnati and Toledo said that women and Whites represented typical users. In Akron-Canton and Toledo, participants and community professionals were more likely to say that people in certain professions (i.e., restaurant workers) and people under frequent stress are more likely to abuse sedative-hypnotics. For the first time in Athens, participants also identified a subset of

users who they referred to as "pharmies;" people who like to use prescription opioids and sedative-hypnotics. Reportedly, when used in combination with other drugs, sedative-hypnotics are most often used with alcohol, heroin, marijuana and prescription opioids. Participants often used these drugs in combination to increase or extend a high, or to "come down" from the high associated with stimulants. For example, participants might use alcohol with sedative-hypnotics to produce a "forget-me-not" effect (blackout) and others may use Xanax® with heroin to intensify the "nod" or high associated with the drug.

Marijuana

Marijuana remains highly available throughout all regions. Participants from every region most often reported the overall availability of marijuana as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants and community professionals from nearly every region said that marijuana is the most common drug in the region. Typically, participants reported that the drug is available any time of day or night on any day of the week. While some drugs require significant travel for participants to obtain, marijuana is one of the few drugs which is equally present in both urban and rural areas. Seven of the eight regions experienced stable high availability of marijuana during the past six months; a likely increase in availability exists for Cleveland. Participants in Cleveland commented on the preference for high-grade marijuana if the user has the money to afford it. Every grade of marijuana is available throughout the regions, and participants continued to explain that the quality of marijuana depends on whether the user buys regular- or commercial-grade marijuana (low- to mid-grade marijuana) or hydroponically grown (high-grade marijuana). Participants commonly rated the quality of commercial-grade marijuana as between '3' and '6,' while they rated the quality of higher-grade marijuana as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Some participants believed marijuana to be adulterated with herbs and spices. Cleveland was the only region to report that growers are spraying commercial-grade marijuana with a synthetic cannabinoid to make the high similar to that of high-grade marijuana. Participants from a majority of regions reported that the quality of marijuana has increased during the past six months. Participants reported the increased quality is due to several factors, including increased demand for high-quality marijuana, increased importation of marijuana from states where marijuana is legal and changes in growing practices. The most commonly cited names for marijuana reflected general names for the drug ("pot" and "weed") or specific varieties of high-grade marijuana ("diesel," "loud" and "kush"). Prices for marijuana depend on the quantity and quality desired: for commercial-grade marijuana, a "blunt" (cigar)

sells for between \$5-10; an ounce sells for between \$80-150. Higher quality marijuana (hydroponically grown or high-grade marijuana) sells for significantly more: a blunt sells for between \$10-20; an ounce sells for between \$250-550. The most common route of administration remains smoking, with a minority of users baking marijuana into food. A profile for a typical marijuana user did not emerge from the data. Participants and community professionals throughout the regions continued to describe typical users of marijuana as transcending age, gender and racial categories. Reportedly, marijuana is used in combination with almost every other drug including: alcohol, crack and powdered cocaine (aka "primo"), hallucinogens [liquid LSD and PCP (phencyclidine); aka "woo" and "wet"], heroin and prescription opioids. Participants said marijuana is combined with other drugs to modify or increase the high associated with the other drug. Some participants used marijuana with stimulants to "come down," while other participants laced their marijuana with other drugs to combine effects.

Methamphetamine

Methamphetamine availability is variable throughout most of the regions, generally with lower availability in urban areas and higher availability in rural areas. Participants from throughout the state reported the overall availability of methamphetamine as between '2' and '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). As with previous reporting periods, participants and community professionals agreed that the drug is most available to those who become part of the tight-knit network of dealers and users. Methamphetamine availability appeared highest in the Akron-Canton and Cleveland regions, but select counties in other regions (Ashtabula) also experienced high availability. Six of the eight regions experienced increased availability of methamphetamine during the past six months; five of these regions experienced likely increases and one was a definite increase (Akron-Canton). Participants and community professionals explained that the increase in methamphetamine is likely due to growing knowledge about the "one-pot" or "shake-and-bake" method of production. One-pot refers to the method of manufacturing methamphetamine where users, or "cooks," produce the drug in approximately 30 minutes at nearly any location by mixing common household chemicals, along with ammonium nitrate found in cold packs and pseudoephedrine in a single container, such as a two-liter plastic soda bottle. The Drug Enforcement Administration in Toledo discussed "rolling meth labs," where the drug is produced in vehicles; users from other regions also discussed the popularity of these labs. The quality of methamphetamine depends on several factors including the form of the drug purchased, as well as the knowledge of the manufacturer. While powdered and

crystal methamphetamine are both available in the state, the powdered form of the drug is much more common. Overall, the quality of methamphetamine ranges from '4' to '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality), with crystal methamphetamine being at the higher end of the scale. Typically, participants said that crystal methamphetamine is infrequently manufactured in the state and imported from other states. The most commonly cited names for methamphetamine were "crank," "crystal," "glass," "ice" and "meth." Prices for methamphetamine depend on the quantity and quality of the drug: a rock or vials sell for \$20; 1/2 gram of powdered methamphetamine sells for between \$25-60; a gram of powdered methamphetamine sells for between \$80-150. Prices for crystal methamphetamine were rarely reported. Participants said that dealers would sell the drug at cheaper prices if the buyers could provide some of the ingredients for methamphetamine. Throughout the state, the most common route of administration for this drug is smoking. Snorting remains common in a few regions (Cleveland and Columbus), and intravenous injection is relatively rare unless the user also injects other drugs, especially heroin. Half of the regions described a typical user of methamphetamine. Participants and community professionals in Akron-Canton, Cincinnati, Columbus and Youngstown most often described users as Whites between the ages of 18 and 40 years. Some of these regions explained that male and female users are equally seen, while others said that users are more likely male. Participants in Akron-Canton, Cleveland and Columbus also mentioned that this drug is popular in the gay community, especially at clubs. Reportedly, methamphetamine is most often used in combination with alcohol, heroin, marijuana, prescription opioids and sedative-hypnotics. Participants frequently reported use of alcohol and prescription opioids as "downers" to assist in coming off methamphetamine. Users also combine methamphetamine with heroin to modify the high produced by methamphetamine and to create a "speedball" effect.

Ecstasy

Ecstasy is moderately to highly available throughout all regions. Participants most often reported the overall availability of Ecstasy as between '6' and '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Most regions experienced stable availability of Ecstasy during the past six months; however, Dayton experienced decreased availability; Toledo experienced a likely decrease in availability; and Cleveland experienced a likely increase in availability. Participants in Dayton and Toledo said Ecstasy is highly seasonal and that it was the wrong time of the year to obtain it. Participants in Cleveland reported the increase in availability as linked to a better understanding of the drug's manufacturing process.

Participants in Cleveland offered a quality rating of Ecstasy, most often reporting overall current quality as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality). However, many participants felt that quality is difficult to predict. Participants from every region said that "Molly" is the purest and most desirable form of the drug. When crime labs reported substances found in Ecstasy, they explained Ecstasy tablets contain a variety of chemicals including cathinones, dimethyltryptamine (DMT) and benocyclidine (psychoactive drug), which is usually in tablets with 5-MeO-Dipt and caffeine. Current street jargon for Ecstasy is limited to "Molly," "sals," "Skittles®" and "X." Participants reported that a "single stack" (low dose) generally sells for between \$3-10; a "double stack" or a "triple stack" (high doses) sell for between \$10-25. Reportedly, the most common route of administration remains oral ingestion, with several regions mentioning parachuting (wrapping the tablet in tissue and swallowing). Respondents agreed that Ecstasy is most popular with young adults and college students, especially those who go to outdoor music festivals and raves (underground dance parties). Participants reported that Ecstasy is used in combination with alcohol, marijuana and tobacco.

Prescription Stimulants

Prescription stimulants remain highly available throughout all regions. Participants from nearly every region reported the overall availability of these drugs as '8' or '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). However, prescription stimulants are only moderately available in Dayton, and participants in Akron-Canton did not report on these drugs. Participants continued to identify Adderall® as the most popular prescription stimulant in terms of widespread use, followed by Concerta® and Ritalin®. Vyvanse®, a newer prescription stimulant, is also available in some regions. Availability of prescription stimulants has remained the same in every region during the past six months. The most common way to obtain prescription stimulants is through friends, family members and physicians. Current street jargon for prescription stimulants is limited to "addies" for Adderall®. Prices for prescription stimulants vary depending on the region. The following prescription stimulants are available to street-level users: Adderall® (sells for between \$2-10 per pill), Concerta® (27 mg sells for \$2.50; 36 mg sells for between \$2-3), Ritalin® (sells for between \$2-3 per pill) and Vyvanse® (sells for \$7 per pill). The most common routes of administration for prescription stimulants are oral ingestion (swallowing or chewing) and snorting. Participants and community professionals agreed that teenagers (12 years of age and older) and college students are the most likely people to abuse these drugs. Participants in Athens, Columbus and Dayton also identified women who want to lose weight as typical users. Reportedly, prescription stimulants are used in combination with alcohol, crack cocaine, opiates and

sedative-hypnotics. Use of prescription stimulants with alcohol enables the user to, "party longer." Drugs like opiates and sedative-hypnotics help the user "come down" from the high of prescription stimulants, while other drugs like cocaine help to intensify the high produced by these drugs.

Bath Salts

Bath salts (synthetic compounds containing methylene, 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; rather the name represents a vague term that the average person would not suspect to be a drug of potential abuse. Despite the law that went into effect in October 2011 which banned their sale, bath salts continue to be readily available throughout the state. Participants in Akron-Canton, Athens, Cincinnati and Columbus most often reported the current availability of bath salts as '10', while participants in Cleveland, Dayton, Toledo and Youngstown most often reported current availability as '4' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Four of the eight regions experienced increases in the availability of bath salts during the past six months; Athens, Cincinnati and Toledo experienced likely increases, while Columbus experienced an increase. Cleveland and Youngstown experienced likely decreases in availability during the past six months, while Akron-Canton and Dayton experienced stable availability. Generally, increases in availability were linked with rising popularity of the drug and increased law enforcement seizures, and decreases in availability were linked to the legislation banning the sale of bath salts. Participants disclosed that bath salts are still available through many of the same gas stations and convenience stores that previously sold the drugs as well as through personal connections. Participants said that some of these products are illegal under current law, while others walked a narrow line of legality; they explained that manufacturers are trying to circumvent the law by using chemical analogues or marketing their products as glass cleaner, iPhone® cleaner, pipe cleaner and rim cleaner under names like "Eight Ball," "Pump-it Powder" and "Rush." Most crime labs reported that chemical analogues of the outlawed substances are being seen in their labs, including 4-Fluoroamphetamine, 4-Fluoromethamphetamine and alpha-PVP. Prices for bath salts vary throughout the state. Reportedly, a "lid" (unknown quantity) of bath salts sells for \$10; a "jar" (unknown quantity) of bath salts sells for between \$20-30; and a gram of bath salts sells for between \$20-40. The most common route of administration differs depending on the region; however, every method is most common in at least one region. A profile for a typical user did not appear in any region. Participants and law enforcement from several regions said the drug appeals to younger users younger than 30 years of age. Reportedly, users infrequently combine bath

salts with other substances. Only participants in Cleveland mentioned using heroin with bath salts to come down from the intense high produced through bath salts use.

Synthetic Marijuana

Despite the law that went into effect in October 2011 which banned its sale, synthetic marijuana ("K2" or "Spice") continues to be readily available in most regions of the state. With the exception of Athens, all regions reported high availability of synthetic marijuana. Participants in Akron-Canton, Cincinnati, Cleveland, Toledo and Youngstown most often reported current availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); participants in Athens rated current availability as '4.' Likely increases in availability during the past six months exist for Cincinnati, Columbus and Toledo; likely decreases in availability exist for Athens and Youngstown; all other regions experienced stable availability. Generally, increases in availability were linked with increased seizures by law enforcement and increased processing of the drug by crime labs. Decreases in availability were linked to changes in the law and increased testing for synthetic marijuana by courts. Like bath salts, participants disclosed that synthetic marijuana remains available through many of the same gas stations and convenience stores that previously sold the drugs, as well as through personal connections. Participants reported manufacturers are trying to circumvent the law by using chemical analogues or marketing their products as "mosquito repellent," "plant food" and "potpourri" under brand names such as "Bob Marley," "K3," "Kush," "Mad Hatter," "Mr. Happy" and "Purple K2." Regional and local crime labs reported that both the outlawed substances and chemical analogues have been processed in their labs during the past six months, including AM2201, JWH-122 and JWH-210. While there is significant regional variation in pricing, typically a gram of synthetic marijuana sells for between \$1.50-10; 3.5 grams sells for between \$30-40. As with marijuana, the most popular route of administration for this drug remains smoking. Participants and treatment providers continued to note that individuals who use synthetic marijuana tend to be people on probation who are using the substance to avoid screening positive on urine drug screens.

Other Drugs

OSAM Network participants listed a variety of other drugs as available in Ohio, but these drugs were not reported in all regions. Participants mentioned anabolic steroids as moderately to highly available at fitness centers in the Cincinnati and Dayton regions. Typically a 6-week cycle of anabolic steroids costs \$150; a 10-week cycle costs \$200. Law enforcement reported typical users of anabolic steroids as White males between the ages of 18-40 years who are involved in athletics and body building. Hallucinogens

[dimethyltryptamine (DMT), LSD, PCP and psilocybin mushrooms] remain available in many regions of the state. Participants reported DMT, a psychedelic compound, is occasionally available in Cincinnati, Cleveland and Toledo; however, they noted the drug is not widely used. Reportedly, DMT is sold in powder form and obtained from dealers, other users and through the Internet. Only participants in Cleveland spoke about the quality of DMT, and they rated it as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Current street jargon for DMT was limited to "hippie crack." Participants reported that a "point" (1/10 gram) sells for \$10; a gram sells for between \$90-120. Participants reported that the most common routes of administration are smoking and snorting. Reportedly, DMT is used in combination with heroin and marijuana. While the numbers were relatively low, all three BCI crime labs reported that cases of DMT have increased during the past six months. LSD (aka "acid") is rarely to moderately available in most regions, with the exception of Dayton where it is highly available. Many participants indicated that LSD is considered a seasonal drug and more available at certain times of the year. Reportedly, LSD sells for between \$5-10 per "hit" (dose). In Cincinnati, first time users of LSD are reportedly as young as 14 years of age. While a typical user profile did not emerge in every region, respondents frequently mentioned that users of LSD are teenagers and young adults. Three crime labs reported that cases of LSD have decreased, and only one reported that LSD cases have increased during the past six months. PCP remains highly available in certain areas of Cleveland. As with the last reporting period, most participants reported obtaining PCP (aka "water," "wet" or "woo") from an area called "water world" on the east side of Cleveland. Participants rated the quality of PCP as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Liquid PCP is still commonly sold on a per-dip basis. Pricing has remained consistent with the previous reporting period: a dip of a cigarette sells for between \$10-20. The crystalline powder form is reportedly very rare. PCP is most commonly used in combination with alcohol, marijuana and tobacco. Psilocybin mushrooms (aka "shrooms") are moderately to highly available in most regions; the only regions in which respondents did not report this drug were Cleveland and Toledo. Like other hallucinogens, participants said psilocybin mushrooms were seasonally available, found most often in the spring and summer months. Most crime labs reported that availability of psilocybin mushrooms has stayed the same during the past six months; only two mentioned a decrease in availability. Reportedly, dried psilocybin mushrooms are the most available form of the drug, although spores to grow them are reportedly available for \$8 per vial; 1/8 ounce of dried psilocybin mushroom material sells for between \$20-30; 1/4 ounce sells for between \$40-60; 1/2 ounce sells for between \$70-80. Participants reported typical users as young adults and college students. Inhalants (aka "duster" and "gas") 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 and Freon. Treatment providers and law enforcement in the Columbus region reported some heroin users are turning from heroin to inhalants as an alternative to their primary drug of choice. Law enforcement also mentioned other substances (Kratom shots and Eliqweed) with which users are experimenting. Apparently, these new products are so popular that head shops have a hard time keeping them stocked. Typically, inhalant users are junior- and high-school aged adolescents who have little access to other drugs. Over-the-counter (OTC) and prescription cough and cold medications remain highly available across most regions. Participants mentioned abusing Coricidin Cough and Cold® (aka “Triple C’s”) along with other cold and cough medications (chlorpheniramine/hydrocodone or promethazine/codeine) to get high. Typically, participants combine these medications with Sprite® and pieces of Jolly Rancher® candy as described in popular rap music lyrics. Like inhalants, OTC cough and cold medicines were also identified as substances that younger individuals in middle and high school are more likely to abuse. In Cleveland, the abuse of prescription cough and cold medications is strongly associated with young Blacks and “*people at rap shows*” because these medications are a frequent topic of rap songs.