

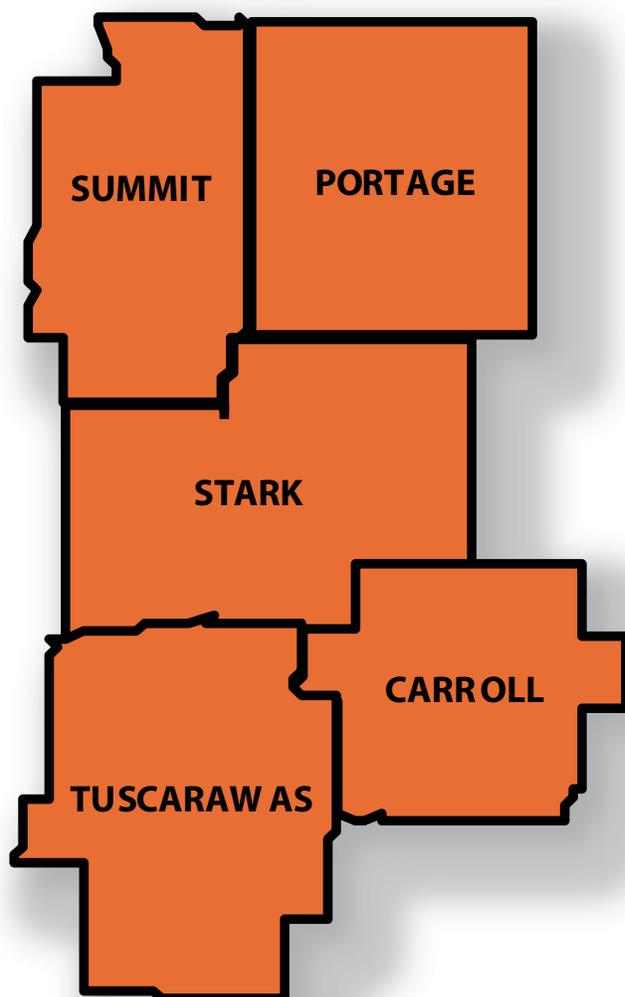
Ohio Substance Abuse Monitoring Network

Drug Abuse Trends in the Akron-Canton Region

June 2012 - January 2013



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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%	53.3%
Whites, 2010	81.1%	85.4%	77.8%
African Americans, 2010	12.0%	9.4%	22.2%
Hispanic or Latino origin, 2010	3.1%	1.6%	0.0%
High School Graduation rate, 2010	84.3%	86.3%	75.6%
Median Household Income, 2011	\$45,803	\$44,250	\$11,000 to \$18,999 ²
Persons Below Poverty Level, 2011	16.3%	15.9%	55.6% ³

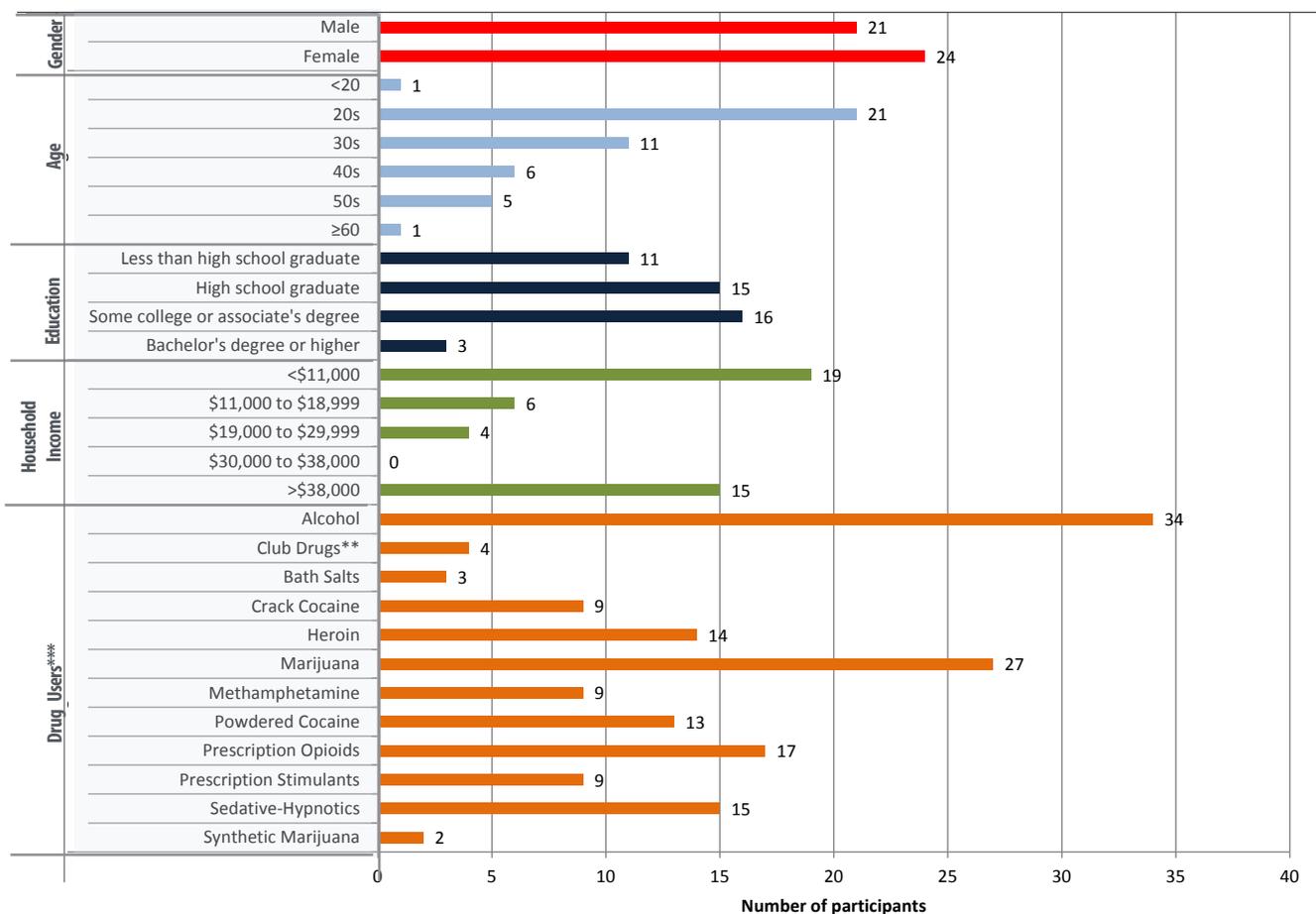
¹Ohio and Akron-Canton statistics are derived from the most recent US Census, and OSAM drug consumers were participants for this reporting period: June 2012 - January 2013.

²Participants reported income by selecting a category that best represented their household's approximate income for 2012. Income status was unable to be determined for 1 participant due to missing data.

³Poverty status was unable to be determined for 1 participant due to missing data.

Akron-Canton Regional Participant Characteristics

Drug Consumer Characteristics* (N = 43)



*Not all participants filled out forms; therefore, numbers may not equal 43.

**Club drugs refer to DMT, Ecstasy, LSD and psilocybin mushrooms.

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

Data Sources for the Akron-Canton Region

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, Summit and Tuscarawas counties. Data triangulation was achieved through comparison of participant data to qualitative data collected from regional community professionals (treatment providers, law enforcement and community planners) via individual and focus group interviews, as well as to data surveyed from the Summit County Juvenile Court and the Bureau of Criminal Investigation (BCI) Richfield Office, which serves the Cleveland, Akron and Youngstown areas. All secondary data are summary data of cases processed from January through June 2012. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for July through January 2013.

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.

Powdered Cocaine Historical Summary

In the previous reporting period, powdered cocaine remained 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 availability as '8'. Many treatment providers noted that powdered cocaine was not commonly identified as a primary drug of choice. Participants and community professionals most often reported that the availability of powdered cocaine had remained the same during the previous six months. Canton-Stark County Crime Lab reported that the number of powdered cocaine cases that it processes had decreased during the previous six months.

Most participants rated the quality of powdered cocaine as '6' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Canton-Stark County Crime Lab cited the following substances as commonly used to cut (adulterate) powdered cocaine: baking soda, levamisole (livestock dewormer), lidocaine and procaine (local anesthetics). Participants reported that 1/4 gram, or "baggie," of powdered cocaine sold for \$20; a gram sold for between \$50-100. The most common route of administration for powdered cocaine remained snorting.

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 was from the upper-middle class. Treatment providers described typical users as White, middle- to upper-class, and generally "older," although some providers reported an increase in use among younger, college-aged individuals.

Current Trends

Powdered cocaine is moderately available in the region. Participants most often reported the drug's current availability as '5' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get), with the exception of participants in Tuscarawas County who most often reported current availability as '10'. Many participants reported that powdered cocaine is currently difficult to find, while participants in Tuscarawas County reported that availability of the drug depends on who one knows and where to find it, describing high prevalence of the drug in bars. Community professionals across the region most often reported current availability as '5'. However, treatment providers noted that powdered cocaine remains available to those who want it. Treatment providers continued to report that powdered cocaine is not usually a primary drug of choice. A treatment provider stated, "For people with alcohol dependence, cocaine is their side dish. It keeps them going a little longer."

Media outlets in the region reported on powdered cocaine seizures and arrests this reporting period. In December, troopers from the Ohio State Highway Patrol arrested two Akron men and seized 750 grams of cocaine during a traffic stop in Summit County (www.nbc4.com, Dec. 19, 2012). Participants from most groups in the region reported that the availability of powdered cocaine has decreased during the past six months. Participants identified a number of reasons for the decrease in availability such as police targeting major dealers of the drug and large shipments being intercepted coming into the country.

One participant stated, "No one wants to take the risk of having kilos [of cocaine] in their trunk anymore." Treatment providers reported that availability of powdered cocaine has remained stable or decreased, while law enforcement reported that availability has generally remained stable during the past six months. The BCI Richfield Crime Lab reported that the number of powdered cocaine cases it processes has remained the same during the past six months.



Participants most often rated the current quality of powdered cocaine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Overall, participants indicated quality to be poor, reporting that powdered cocaine is cut with acetone, baby laxative, baby powder, baking soda, creatine, "Malibu" (a numbing agent sold in head shops specifically to cut cocaine), methamphetamine, Orajel®, prescription opioids, Similac® and various vitamins (B-12, C, pre-natal). Participants reported that the quality of powdered cocaine has decreased during the past six months and noted that if the appearance of powdered cocaine is more crystal like, it is better quality.

The BCI Richfield Crime Lab reported that powdered cocaine is cut with diltiazem (high-blood pressure medication), levamisole (livestock dewormer), lidocaine and procaine (local anesthetics). Current street jargon includes many names for powdered cocaine. The most commonly cited names were "snow" and "white girl." Participants listed the following as other common street names: "bitch," "blow," "candy," "chowder," "Christine Aguilera," "Coca-Cola®," "coke," "cuckoo dust," "fish scales," "powder," "pow wow," "soft," "that girl," "white," "(the) white house," "ya-yo," "yip-yak Cadillac smack" and "yola."

Current street prices for powdered cocaine were consistent among participants with experience buying powdered cocaine. Participants reported that a gram of powdered cocaine sells for between \$50-100, depending on the quality; 1/16 ounce, or "teener," sells for \$100; 1/8 ounce, or "eight ball," sells for between \$100-200; an ounce sells for \$1,500 (reportedly between \$800-1,200 in urban areas). A law enforcement representative noted from a recent buy that the price of powdered cocaine has increased significantly during the past six months.

Participants continued to report that the most common way to use powdered cocaine remains snorting. Out of 10 powdered cocaine users, participants reported that approximately nine would snort and one would intravenously inject or "shoot" the drug. A profile for a typical powdered cocaine user did not emerge from the data. However, a few participants described typical users of powdered cocaine as being from the "upper class." Reportedly, powdered cocaine is used in combination with alcohol, heroin, marijuana, prescription opioids and sedative-hypnotics.

Participants and community professionals commonly noted that powdered cocaine is often used with alcohol to allow the user to drink more alcohol and party longer. Users that combine sedative-hypnotics and marijuana use with powdered cocaine use reportedly do so to help in coming down from the stimulant high produced by powdered

cocaine. Some participants reported using heroin and/or prescription opioids with cocaine to produce, "the speed ball effect." A participant stated, "I never liked all the way down or all the way up. The two together [speedball] become the perfect thing." Additionally, many participants noted that it is common to use powdered cocaine by itself.

Crack Cocaine Historical Summary

In the previous reporting period, crack cocaine remained 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 law enforcement reported availability as '7'. Participants continued to report that crack cocaine was easier to obtain than powdered cocaine. However, participants in Stark County commented that it was difficult to find crack cocaine at times. As in previous reports, participants continued to note that it was common for heroin dealers to also sell crack cocaine. Participants generally agreed that the availability of crack cocaine had increased during the previous six months. Treatment providers and law enforcement reported that availability of crack cocaine had remained the same during the previous six months. 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 '4' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants typically reported that the quality of crack cocaine varied from dealer to dealer. Participants agreed that users could purchase crack cocaine in any quantity; however, the drug was most commonly purchased as a "rock" for between \$10-50, depending on size; participants reported \$20 rocks as most common. The most common route of administration for crack cocaine remained smoking. A profile for a typical crack cocaine user did not emerge from the data.

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). Typical comments regarding availability included: "It's everywhere; You don't have to be in big drug areas. I was asked on the bus today; You can stop at a stop sign ... they [crack cocaine dealers] come up to the car." Treatment providers most often reported the drug's current availability as '9'; the representative from law enforcement in Stark County, however, reported the drug's current availability as '3', noting,

"We're not hearing about it [crack cocaine]." Participants reported that the availability of crack cocaine has increased during the past six months. It was commonly reported that availability continued to increase due to how "cheap" the drug is. A participant stated, "You got \$20 in your pocket, you get crack [cocaine]. If you have diapers, you can get crack. A lot of people trade for it ... diapers, lottery tickets." Treatment providers reported that availability of crack cocaine has remained the same during the past six months. A treatment provider stated, "Availability [of crack cocaine] stays the same. Dealers change, but availability remains [unchanged]."

The BCI Richfield Crime Lab reported that the number of crack cocaine cases it processes has remained the same during the past six months. Most participants rated the current quality of crack cocaine as '4' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants reported that crack cocaine in the region is primarily cut with baking soda. Participants noted that quality is related to how crack cocaine is manufactured, reporting that poor quality crack cocaine, containing very little cocaine and mostly baking soda, is referred to as, "soda balls." Participants most often reported that the quality of crack cocaine has increased during the past six months. The crime lab also reported that crack cocaine is cut with lidocaine and procaine (local anesthetics) and sodium bicarbonate (baking soda).

Current street jargon includes many names for crack cocaine. The most commonly cited names were "hard" and "work." Participants listed the following as other common street names: "crack," "crank," "rock" and "stones." Current street prices for crack cocaine were consistent among participants with experience buying crack cocaine. Participants reported that a gram of crack cocaine sells for \$100, depending on the quality; 1/16 ounce, or "teener," sells for between \$70-80; 1/8 ounce, or "eight ball," sells for between \$150-250. However, participants continued to report that the most common unit of purchase is "pieces" of varying amounts. Many participants agreed that most commonly the drug continues to be purchased in \$20 pieces.

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 nine would smoke and one would intravenously inject or "shoot" the drug. A profile of a typical user of crack cocaine did not emerge from the data. However, treatment providers noted that crack cocaine use seems to be more prevalent among people of lower socio-economic status. A treatment provider stated, "Socio-economic status is more the determinant now [for crack cocaine use], not race."

Reportedly, crack cocaine is used in combination with alcohol, heroin, marijuana and sedative-hypnotics. A

participant who reported using crack cocaine with alcohol explained that doing so, "makes you even, keeps you on level mode." Participants reported that marijuana and sedative-hypnotics help users come down from crack cocaine use. Additionally, some users like to use crack cocaine with heroin to "speed-ball."

Heroin

Historical Summary

In the previous reporting period, heroin remained 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); law enforcement most often reported availability as '8'. While many types of heroin remained available in the region, participants overwhelmingly agreed that the most available type of heroin continued to be brown powdered heroin. Participants rated the availability of black tar heroin as '3'. Participants unanimously reported that the availability of powdered heroin had increased during the previous six months, while treatment providers and law enforcement most often reported that availability had remained the same. However, treatment providers in Tuscarawas County noted a significant increase in availability of heroin in rural areas. Canton-Stark County Crime Lab reported that the number of heroin cases it processes had increased during the previous six months.

Most participants rated the quality of heroin as '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality). The majority of participants agreed that the quality of heroin had remained the same during the past six months. Canton-Stark County Crime Lab reported that the heroin cases it processes had been almost exclusively powdered heroin; the crime lab also reported that heroin was cut with diphenhydramine (antihistamine) and lactose. Participants reported that powdered heroin was available in "bags" or "folds" (1/10 gram folded in corners of a piece of paper to keep the heroin from sticking to the baggie), which sold for \$20; a gram sold for between \$100-150. Reportedly, the most common way to purchase heroin was by the bag.

Participants reported that the most common route of administration for heroin remained intravenous injection. Most participants reported that injection needles were readily available in stores with pharmacies and could be purchased with few questions asked. While no profile for the typical heroin user was offered, there was consensus among participants and community professionals that there had been a noted increase in heroin use among younger people, with some commenting that use begins as early as adolescence.

Current Trends



Heroin remains highly available in the region. Participants most often reported current overall availability of heroin as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). While many types of heroin are currently available in the region, participants reported that brown powdered heroin remains most available. Participants continued to report the availability of black tar heroin as low, rating its current availability as '3'. Treatment providers most often reported the current overall availability of heroin as '9'; law enforcement reported current availability as '10'. Community planners in Stark County reported that the coroner has declared heroin overdoses an epidemic.

Participants and community professionals reported that the availability of heroin has increased during the past six months. Participants continued to note an increase in heroin availability and use in more rural areas of the region. Treatment providers attributed the increase of heroin availability to increasing difficulty in obtaining prescription opioids. A treatment provider stated, *"When they [users] don't have access to prescription medications, they are going over to heroin."* Treatment providers also noted that prescription opioids have become too expensive. The BCI Richfield Crime Lab reported that the overall number of heroin cases it processes has increased during the past six months.

Participants most often rated the general quality of heroin as '6' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants reported that brown powdered heroin in the region is cut with baby formula, caffeine pills, cocaine, laxatives, prescription opioids, quinine (antimalarial medication), sedative-hypnotics (Xanax®), sugar (brown and white) and vitamins (B-12). Many participants reported that the quality of heroin varies; there was no agreement as to whether the quality of heroin has increased or decreased during the past six months. The BCI Richfield Crime Lab reported that heroin is cut with lidocaine (local anesthetic) and quinine (antimalarial).

Current street jargon includes many names for heroin. The most commonly cited names were "boy," "dog food" and "H." Participants reported that powdered heroin is available in different quantities: "folds" or "papers" (1/10 gram) sell for \$20; "bundles" (10-12 small packs) sell for between \$80-120; 1/2 gram sells for \$70; a gram sells for between \$100-150. Participants continued to report that users most commonly purchase individual "baggies" for between \$20-40. Overall, participants reported that heroin pricing has remained the

same during the past six months.

While there were a few reported ways of using heroin, generally, the most common routes of administration are intravenous injection and snorting. Out of 10 heroin users, participants reported that approximately eight would intravenously inject and two would snort the drug. A few participants also reported that some users smoke heroin, but reported smoking as rare. Interestingly, participants reported that it is becoming more difficult to buy needles without a prescription at area pharmacies making it common for individuals to share needles. Participants noted that there are no needle exchange programs in the immediate area, though some reported knowledge of such programs in Cleveland and Pittsburgh.

A profile of a typical heroin user did not emerge from the data. While participants reported that people from a broad spectrum of the population use heroin, they were quick to point out that people one would not suspect are using heroin. Treatment providers likewise were not able to identify any portion of the population that is more apt to be heroin users, though a couple of treatment provider groups noted that users are more likely to be White.

Reportedly, heroin is used in combination with alcohol, cocaine, marijuana and sedative-hypnotics. Some participants reported that people use heroin with alcohol and sedative-hypnotics because these drugs potentiate the high produced by heroin. Participants reported that cocaine is the most commonly mixed drug with heroin, primarily for the "speedball" effect. Additionally, some users combine heroin with marijuana reportedly because marijuana, *"kicks in the nodding [a semi dreamlike state produced by heroin]."*

Prescription Opioids Historical Summary

In the previous reporting period, prescription opioids remained 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), while identifying morphine, Opana®, Percocet®, Roxicet® and Vicodin® as most popular in terms of illicit use. Treatment providers most often reported availability as '8' and identified Percocet® and Vicodin® as most popular. Law enforcement reported availability as '6' and reported a rising trend in the availability of Opana®. Participants reported that the availability of prescription opioids had increased during the previous six months. Treatment providers also reported an increase in availability, particularly for methadone and Opana®.

Overall, most participants reported that it was relatively easy to obtain prescriptions for these medications and to purchase them on the street. Canton-Stark County Crime Lab reported that the number of cases it processes had increased during the previous six months for fentanyl, morphine, Opana®, Tylenol® 3 and 4 and Vicodin®. Reportedly, many different types of prescription opioids were sold on the region's streets. While there were a few reported ways of consuming prescription opioids, participants reported that whenever possible the preferred route of administration was intravenous injection. A profile for a typical illicit prescription opioids user did not emerge from the data. However, treatment providers noted that the illicit use of Percocet® and Vicodin® was becoming more popular with high-school aged youth.

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), while identifying Opana®, Percocet®, Roxicet® and Vicodin® as most popular in terms of illicit use. Treatment providers most often reported current availability as '8' and identified Opana®, Percocet® and Vicodin® as most popular. Law enforcement reported as '7' and noted that Percocet® and Vicodin® are easily prescribed. An officer from Stark County reported, *"There are no known pill mills [in the Canton area], but there are some doctors we are watching."* Media outlets in the region reported on police seizures and arrests involving prescription opioids this reporting period. In December, two men were arrested for allegedly selling morphine to undercover drug task force agents in Ravenna (Portage County) (www.recordpub.com, Dec. 14, 2012).

Participants reported that the overall availability of prescription opioids has increased during the past six months; an exception noted was a decrease in availability of the original formula Opana® which can be crushed and injected/snorted. Treatment providers and law enforcement reported that overall availability has decreased during the past six months. Treatment providers noted that prescription opioids use is decreasing due to high drug pricing. A treatment provider commented, *"They [prescription opioids users] are going to heroin because it is cheap."* Community planners reported that an increase in awareness and drug-take-back programs seems to have had an effect on availability. A law enforcement officer noted, *"You have to know the right people to get these drugs [prescription opioids]."* The BCI Richfield Crime Lab reported that the number of cases it processes for prescription opioids has remained the same during the past six months. Reportedly, many different types of prescription opioids are currently sold on the

region's streets.

In the Akron-Canton Region, current street prices for prescription opioids were consistent among participants with experience buying the drug. 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® (aka "D's;" 4 mg sells for \$10; 8 mg sells for between \$10-20), morphine (100 mg tablets sell for between \$20-25; 200 mg tablets sell for between \$30-35; otherwise the drug sells for \$0.50 per milligram), Opana® (aka "O's;" "Obamas;" "pans;" "pandas" and "skittles;" sells for between \$0.50-2 per milligram; 40 mg tablets, aka "biggs;" sells for \$100 for the old formula and \$30 for the new formula), OxyContin® old formulation (aka "OC's" and "oxy's;" sells for \$1 or greater per milligram; 80 mg sells for upwards of \$110), OxyContin® new formulation (aka "OP's;" sells for \$0.50 per milligram; 60 mg often sells for \$20), Percocet® (aka "P's" and "perc's;" 5 mg sells for between \$2-3; 10 mg sells for between \$7-10), Roxicodone® 30 mg (aka "blues" and "roxi's;" sells for between \$15-20) and Vicodin® (aka "vic's;" 5 mg sells for between \$2-3; 6 mg sells for between \$4.50-5; 7.5 mg sells for between \$5-7; 10 mg sells for \$7).

In addition to obtaining prescription opioids on the street from dealers, participants also reported getting them from doctors, hospital emergency rooms, and most commonly, from individuals who have legitimate prescriptions and sell them. 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 are intravenous injection and snorting. Out of 10 prescription opioids users, participants reported that approximately seven would snort and three would intravenously inject the drugs. Participants also reported that it is common to chew these medications when taken orally. Some participants spoke of dissolving pills in alcohol to increase the absorption rate of the medications.

A profile of a typical illicit user of prescription opioids did not emerge from the data. However, a participant focus group noted that abuse of prescription opioids is becoming common among high-school aged individuals; participants spoke about "pharm parties" as popular with adolescents (partygoers bring pills, put them into a bowl and swallow pills randomly). Community professionals likewise commented on the growing popularity of prescription opioids use among younger people. Some treatment providers also reported that illicit prescription opioids users are more likely to be White, while noting that illicit use is increasing in the African-American community. Stark County law enforcement noted that many of the deaths by overdose are occurring in the more affluent areas of the county.

Reportedly, when used in combination with other drugs, prescription opioids are most often used in combination with alcohol, marijuana and sedative-hypnotics (Xanax®). Participants reported that the combination of prescription opioids with the aforementioned drugs increases the intensity, euphoria, and length of the “buzz” (high). There was consensus among participants that it is more common to use prescriptions opioids in combination with other substances, especially alcohol and marijuana, than to abuse the drugs alone.

Suboxone®

Historical Summary

In the previous reporting period, Suboxone® remained highly available in the region. Participants 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 reported that Suboxone® was used both to avoid withdrawal symptoms and as a drug to get high. Treatment providers most often reported the drug’s availability as ‘8’ and reported that heroin users use Suboxone® when they couldn’t obtain heroin. Law enforcement reported availability of Suboxone® as ‘3.’

Participants reported that the availability of Suboxone® had increased during the previous six months. Treatment providers also reported that availability had increased while noting that Suboxone® was being prescribed more often. Treatment providers expressed concern that many users were being offered treatment with Suboxone® without being referred to substance abuse treatment. Canton-Stark County Crime Lab reported that the number of Suboxone® cases it processes had remained the same during the previous six months. Participants reported that a Suboxone® 8 mg pill sold for between \$5-20; Suboxone® strips/film sold for between \$10-20. Participants reported that sublingual use of Suboxone® remained the most common route of administration for the drug. Reportedly, very few users used Suboxone® by intravenous injection.

Current Trends



Suboxone® remains highly available in the region. Participants reported the street availability of Suboxone® as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get). Participant comments regarding availability included: *“Grocery store easy; Pretty easy to get, everyone is getting them [prescribed].”* All participant groups reported that it is a common practice to sell one’s prescriptions. However, as one participant commented, *“You sell it [Suboxone®], but every addict keeps a few in case you can’t get heroin.”* Treatment providers most often reported the drug’s current availability as ‘7.’

Treatment providers reported that there seems to be a demand for Suboxone® indicating that there are billboards advertising, “Free Suboxone®.” They also reported that it is common for individuals who are prescribed Suboxone® to share it with friends. Participants reported that the availability of Suboxone® has increased during the past six months. Participants posited that as opiate use continues to increase, so too does the availability of Suboxone®. Participants also reported that in some counties that there are more Suboxone® programs. Treatment providers were evenly split as to whether the availability of Suboxone® has increased or remained stable during the past six months. The BCI Richfield Crime Lab reported that the number of Suboxone® cases it processes has increased during the past six months.

Participants did not identify street jargon for Suboxone®. Current street prices for Suboxone® were consistent among participants with experience buying the drug. Participants reported that Suboxone® 8 mg (strips and tablets) sells for between \$10-25. Participants commonly reported that the most common form of Suboxone® available is the strip form. In addition to obtaining Suboxone® on the street from dealers, participants also continued to report getting the drug from physicians, Suboxone® clinics and friends who have been prescribed Suboxone®. Participants in Summit and Portage counties reported easy access to treatment with Suboxone®. A participant group reported that heroin dealers have Suboxone® to sell to customers if they don’t have heroin. While there were a few reported ways of consuming Suboxone®, participants most often reported taking Suboxone® sublingually. Out of 10 Suboxone® users, nine participants reported that they sublingually ingested Suboxone®, and one intravenously injected it. Participants also reported that if one is able to access Subutex® (buprenorphine without the opiate antagonist), it is preferred as one is able to easily crush and snort Subutex®.

A profile for a typical illicit Suboxone® user did not emerge from the data. A number of treatment providers noted that illicit Suboxone® users are more likely to be white. A participant commented, *"If you get high every day, you take Suboxone® to stop being dope sick. If you are not an opiate user, you [take Suboxone® to] get high."* Reportedly, Suboxone® is used by itself, not in combination with other substances. Participants reported that due to the antagonist quality of Suboxone®, one would not experience the effects of other drugs.

Sedative-Hypnotics Historical Summary

In the previous reporting period, sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remained 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). Treatment providers most often reported availability as '10' for Ativan®, Klonopin® and Xanax®, and '7' for Valium®; law enforcement most often reported general availability as '5'. Participants and treatment providers identified Ativan®, Klonopin®, Valium® and Xanax® as the most popular sedative-hypnotics in terms of illicit use; law enforcement identified Valium® and Xanax® as most popular.

Participants were divided as to whether the availability of sedative-hypnotics had increased or remained the same during the previous six months; treatment providers and law enforcement reported that availability had remained the same. Canton-Stark County Crime Lab reported that the number of sedative-hypnotics cases it processes had increased during the previous six months; only Ativan® had decreased in availability. Reportedly, many different types of sedative-hypnotics were sold on the region's streets. 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 remained snorting and oral ingestion. In addition to obtaining sedative-hypnotics on the street from dealers, participants also continued to report getting the drugs from doctors. Participants also reported that users with prescriptions for sedative-hypnotics would sell them to obtain another drug.

A profile of a typical illicit user of sedative-hypnotics did not emerge from the data. However, some treatment providers expressed the opinion that sedative-hypnotics use in general was more common among women. Some treatment providers also said that there seemed to be an increase in the illicit use of sedative-hypnotics among young people, especially among those who use heroin.

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). Participant comments on sedative-hypnotics availability included: *"It's like candy, very easily prescribed. Just read up on anxiety, go to the doctor; You can always find someone with a prescription ..."* Treatment providers most often reported current availability as '9'. Participants and community professionals identified

Klonopin® and Xanax® as the most popular sedative-hypnotics in terms of illicit use. A treatment provider stated, *"Anyone who wants Xanax® can get it prescribed by their doctor."* Participants and treatment providers reported that the availability of sedative-hypnotics has increased during the past six months. The BCI Richfield Crime Lab reported that the number of sedative-hypnotics cases it processes has remained the same during the past six months. Reportedly, many different types of sedative-hypnotics are currently sold on the region's streets.

Current street prices for sedative-hypnotics were consistent among participants with experience buying the drug. Participants reported the following sedative-hypnotics as available to street-level users (Note: When reported, current street names and prices are indicated in parentheses): Klonopin® (aka "klonies" and "pins;" sells for \$1 per milligram) and Xanax® (aka "wagon wheels," "X's," "xanies" and "Z's;" 0.25 mg, aka "basketballs," "footballs" and "peaches;" sells for between \$0.50-3; 0.5 mg, aka "green footballs;" sells for between \$2-3; 1 mg, aka "blue footballs," "blue jays" and "blues;" sells for between \$3-6; 2 mg, aka "bars," "blackouts" and "xanibars;" sells for between \$5-10).

In addition to obtaining sedative-hypnotics on the street from dealers, participants also continued to report getting the drugs from doctors, family members and over the Internet. Many participants agreed that it is easy to find a physician who will prescribe benzodiazepines and easy to find these medications on the street. A number of participant groups knew of availability of these medications on the internet. A participant commented, *"If you have the money, 'cause it's kind of expensive, go on line and order them [sedative-hypnotics], and they are delivered right to you."*

While there were a few reported ways of consuming sedative-hypnotics, and variations in methods of use were noted among types of sedative-hypnotics, generally, the most common route of administration is snorting. Out of 10 sedative-hypnotics users, participants reported that nine would snort and one would swallow or chew them. Participants also noted that some users intravenously inject benzodiazepines while some users crush and smoke them laced in marijuana; however, these practices were described as being rather rare.

Participants described typical users of sedative-hypnotics as White, "older" and having mental health issues (depression and anxiety). Participants also noted that opiate abusers tend to illicitly use sedative-hypnotics more than other users to help alleviate withdrawal symptoms. Treatment providers reported that users generally tend to be White, "older" and middle class or above socio-economically.

Reportedly, when used in combination with other drugs, sedative-hypnotics are most often used in combination with alcohol, cocaine, marijuana and prescription opioids. Sedative-hypnotics use with alcohol reportedly intensifies the high produced by alcohol, getting the user more intoxicated quicker. Many participants commented that use combined with alcohol causes blackouts and referred to Xanax® with alcohol as, "the blackout pill." Participants also reported that sedative-hypnotics are commonly used with powdered and crack cocaine use to help users come down from the stimulant high of cocaine. Participants agreed that it is more common to use sedative-hypnotics with other drugs, as opposed to singular use.

Marijuana

Historical Summary

In the previous reporting period, marijuana remained 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). Participants did not think of marijuana as a dangerous or addictive drug. Most participants reported that the availability of marijuana had increased during the previous six months. Canton-Stark County Crime Lab reported that the number of marijuana cases it processes had decreased during the previous six months.

Participants reported that there were a number of grades of marijuana available. Participants most often rated the quality of lower-grade (aka "commercial") marijuana as '3' and higher-grade marijuana as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); and they further reported that the overall quality of marijuana continued to increase.

Participants also reported that commercial-grade marijuana was the cheapest form -- a blunt (cigar) or two joints (cigarettes) sold for between \$3-10; 1/4 ounce sold for between \$20-25. Higher-grade marijuana sold for significantly more: a blunt or two joints sold for between \$15-20; 1/4 ounce sold for between \$70-100.

While there were several reported ways of consuming marijuana, the most common route of administration, by far, remained smoking. A profile for a typical marijuana user did not emerge from the data. Participants continued to report that people from every population use marijuana; treatment providers and law enforcement agreed. Additionally, treatment providers expressed that many clients reported using marijuana for the first time at a very early age, beginning as young as nine years of age.

Current Trends

Marijuana remains highly available in the Akron-Canton region. Participants and community professionals 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). Community professionals commonly reported that many users do not consider marijuana a drug; many community professionals also noted that marijuana currently available is far more potent and fast acting than in the past. A treatment provider stated, "It's not your dad's weed [marijuana]." In addition, many treatment providers noted that for young people, marijuana is easier to obtain than alcohol.

Law enforcement reported that marijuana is both grown in the region and imported. A law enforcement officer stated, "This year, much [marijuana] is grown in homes due to the drought. We flew Stark County twice [air surveillance, looking for marijuana growth] did not find outside growth." Collaborating data also indicated that marijuana is readily available in the region. Summit County Juvenile Court reported marijuana as present in 20.5 percent of all drug screens for marijuana during the past six months. Participants and community professionals most often reported that the availability of marijuana has remained the same during the past six months. The BCI Richfield Crime Lab reported that the number of marijuana cases it processes has remained the same during the past six months.

Participant quality scores of marijuana ranged from '5' to '10' with the most common score being '6' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants continued to explain that the quality of marijuana depends on whether the user buys "commercial weed" (low to mid-grade marijuana) or hydroponically grown (high-grade marijuana). Low-grade marijuana was described as being

“seedy,” containing stems and seeds, brown in color, compressed, usually coming out of Mexico and poor in quality. High-grade marijuana was often described as having some crystals evident, at times with a purple tint. Participants also reported that growers continue to discover ways to grow even higher grades of marijuana.

Current street jargon includes countless names for marijuana. The most commonly cited name remains “weed.” Participants listed the following as other common street names: “brown frown,” “brown weed,” “Charlie Brown,” “dirt weed,” “swag” and “Youngstown brown” for commercial-grade marijuana; “beaster,” “middies” and “regi’s” for mid-grade marijuana; “bubble gum,” “dro,” “fire,” “fruity sticky,” “hydro,” “kill,” “kind buds,” “kush,” “loud,” “nuggets,” “purp,” “purple haze,” and “white widow” for high-grade or hydroponically grown marijuana.

The price of marijuana depends on the quality desired; current street prices for marijuana were consistent among participants with experience buying the drug. Participants reported commercial-grade marijuana as the cheapest form: a blunt or two joints sells for \$10; 1/8 ounce sells for between \$15-20; 1/4 ounce sells for between \$25-30; an ounce sells for \$100; a pound sells for between \$1,400-1,600. Higher-grade marijuana sells for significantly more: a blunt or two joints sells for between \$20-30; 1/8 ounce sells for between \$45-65; 1/4 ounce sells for between \$75-100; an ounce sells for \$350; a pound sells for between \$3,500-4,000.

While there were several reported ways of consuming marijuana, the most common route of administration remains smoking. Out of 10 marijuana users, participants reported that approximately 10 would smoke the drug. Participants again noted that marijuana can also be consumed in baked goods and by making tea. A profile for a typical marijuana user did not emerge from the data. Participants and community professionals continued to report that marijuana use is widespread across all population strata.

Reportedly, marijuana is used in combination with alcohol, cocaine, methamphetamine and PCP (phencyclidine). Participants reported that marijuana intensifies the high of other substances. One participant group reported knowledge of using marijuana with embalming fluid or PCP, describing marijuana with either of the aforementioned as causing one to hallucinate. Participants did not agree on whether it is more common to use marijuana by itself or to use it with other substances. Some participants posited that marijuana goes with everything. A participant commented, “[Marijuana] it’s like Heinz 57® or like duct tape. Marijuana is all purpose.”

Methamphetamine

Historical Summary

In the previous reporting period, methamphetamine 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 most often rated availability as ‘7.’ While reportedly high in availability in Summit County, some participants from other counties did not believe methamphetamine to be very available; participants from Portage and Stark counties reported lower availability scores.

Participants reported that methamphetamine continues to be most available in powdered form, produced by the “one-pot” or “shake-and-bake” method; using common household chemicals, along with ammonium nitrate found in cold packs, and pseudoephedrine, typically found in some allergy medications, drug manufacturers (aka “cooks”) can produce methamphetamine in approximately 30 minutes at nearly any location by mixing ingredients in easily found containers. The majority of participants and community professionals reported that the availability of methamphetamine had increased during the previous six months. Canton-Stark County Crime Lab reported that the number of methamphetamine cases it processes had decreased during the previous six months.

Participants with experience using methamphetamine most often rated the quality of powdered methamphetamine as ‘4’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality). Participants reported that an individual could purchase a “rock” or “vial” of powdered methamphetamine for \$20; 1/4 gram sold for \$25; 1/2 gram sold for \$50; a gram sold for between \$80-150. Participants reported that the most common route of administration for methamphetamine was smoking. There was consensus among participant groups that methamphetamine was predominately used by Whites. Treatment providers also generally reported that methamphetamine users were almost exclusively White and from lower to middle class, with some treatment providers adding that users tended to be younger.

Current Trends

Methamphetamine 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). Participant comments on methamphetamine’s current availability included: “It’s the next big thing after heroin; Everyone is doing it in Summit County; Everywhere you turn,



people you don't even think about are using meth [Methamphetamine]." Participants from across the region commented about the "one-pot" or "shake-and-bake" forms of methamphetamine as being prevalent in the region. Participants commonly reported that the higher quality of methamphetamine, commonly referred to as "ice," is very rare in the region; additionally, participants named the more traditional form of locally produced methamphetamine, "red phosphorous," by which large amounts were manufactured for sale on the streets, as rather rare. Treatment providers most often reported the drug's current availability as '9'. Community professionals in Stark County viewed methamphetamine as less available, reporting current availability most often as '4'.

Media outlets in the region reported on methamphetamine seizures and arrests this reporting period. In October, Cuyahoga Falls Police Narcotics Unit (Summit County) was called to a Metro Park trail after a backpack containing a mini methamphetamine lab was found (www.cuyahogafalls.patch.com, Oct. 18, 2012). Participants reported that the availability of methamphetamine has increased during the past six months.

Participants noted that methamphetamine is cheaper and easier to make than previously. A participant commented, "With shake-and-bake method, it's a whole different ball game. You don't need a dealer. You just need the recipe." Treatment providers reported that availability of methamphetamine has remained stable, while law enforcement reported that availability has decreased during the past six months. The BCI Richfield Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months. Participants most often rated the quality of methamphetamine as '6' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants reported that the quality of methamphetamine has decreased during the past six months.

Current street jargon includes a few names for methamphetamine. The most commonly cited names were "crystal," "ice," "meth," "that girl" and "tweak." Current street prices for methamphetamine were variable among participants with experience buying the drug. Participants reported that a gram of methamphetamine sells for between \$50-100. A participant group reported that

methamphetamine is sold in bags containing between 1/10-1/20 gram for \$20. Participants also reported that methamphetamine is often traded for ingredients, such as Sudafed®. While there were several reported ways of using methamphetamine, the most common route of administration is intravenous injection. Out of 10 methamphetamine users, participants reported that six would intravenously inject, three would smoke and another one would snort the drug. Snorting methamphetamine was reported as rare. A participant explained that snorting methamphetamine burns the nostrils and tastes like, "battery acid."

Participants described typical users of methamphetamine as White, from working/middle class to lower class socioeconomically, "younger," more often male, though some treatment providers noted an increase in use among females. Reportedly, methamphetamine is used in combination with alcohol, heroin and marijuana. Alcohol and marijuana reportedly assists the user in coming down from the extreme stimulant high produced by methamphetamine. Heroin is used in combination with methamphetamine for the "speedball" effect. The majority of participants noted that it is more common to use methamphetamine by itself, and if used with any other substance, it is used most likely with alcohol.

Prescription Stimulates Historical Summary

While not mentioned by participants and community professionals, Canton-Stark County Crime Lab reported several prescription stimulants as present in the region. The crime lab reported having processed cases of Adderall®, Dexedrine®, Ritalin® and Vyvanse® during the previous six months

Current Trends

Prescription stimulants are 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). A participant group in Summit County described extreme ease in being able to obtain prescription stimulants; they reported that a lot of school-aged children are prescribed Adderall® or Ritalin® and that many are selling their medication. However, another participant group reported that it is not as easy for college students to obtain a prescription for stimulants as it was in the past. Treatment providers did not agree on the availability of stimulants.

Many treatment providers reported that most individuals currently in treatment report past use of prescription stimulants,

but it is rather rare to encounter a current prescription stimulants abuser. Another treatment provider group reported that prescription stimulants use is, *"rampant in colleges."*

Law enforcement reported that amphetamine use is specific to younger people, beginning with early high school students. The BCI Richfield Crime Lab reported processing cases of Adderall®, Dexedrine®, Ritalin® and Focalin® during the past six months. The crime lab reported that the number of cases it processes for all of the aforementioned prescription stimulants has remained the same during the past six months with the exception of a decreased number of Ritalin® cases. No slang terms or common street names were reported for prescription stimulants.

Participants did not have first-hand knowledge regarding current street prices for prescription stimulants. In addition to obtaining prescription stimulants on the street from dealers, participants also reported getting them from students who have been prescribed the medication. Participants described typical illicit users of prescription stimulants as college students who use the drugs as study aids. Treatment professionals and law enforcement agreed that typical illicit users are students, who use prescription stimulants to increase study performance, or when special school projects needed to be completed. A treatment provider group noted that abuse of prescription stimulants is higher among women, many of whom use the drugs for weight control. Law enforcement noted that the drug is more prominent among more affluent people

Bath Salts

Historical Summary

In the previous reporting period, bath salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues) remained 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). Despite the law that went into effect in October 2011 which banned their sale, bath salts continued to be readily available in the region. Participants reported that bath salts were commonly sold as glass cleaner and pipe cleaner and marketed by names such as "Eight Ball" and "Rush."

Treatment providers most often reported availability of bath salts as '7' and believed that availability of bath salts had decreased during the previous six months. In addition, treatment providers generally felt that the new law and increased law enforcement efforts were having some positive effects. However, despite the threat of police raids, treatment providers said some stores and gas stations still

sold bath salts illegally. Law enforcement also reported some continued availability of bath salts, with one law enforcement official explaining that enforcement was difficult because these drugs were constantly being chemically reengineered with producers remaining ahead of the law.

Canton-Stark County Crime Lab reported that the number of bath salts cases it processes had increased during the previous six months. The crime lab also reported that other substances similar to bath salts had been seen in the lab; some of these substances were controlled (4-Fluoroamphetamine and 4-Fluoromethamphetamine) while others were uncontrolled chemical analogues. There was no consensus among participants regarding quality of bath salts. Participants reported that the most common way to buy bath salts was to purchase a "vial" (about 1/2 gram), which sold for between \$25-30; participants also reported that larger quantities could be obtained with 1/2 ounce selling for \$500.

While there were several reported ways of consuming bath salts, the most common route of administration was snorting. Participants reported that typical users of bath salts tended to be younger than 30 years of age and likely on probation, monitored through urine drug screens

Current Trends

Bath salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues) remain 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). Participants continued to report that bath salts remain available at certain head shops, convenience stores and beverage drive-thrus. Participants explained, *"You have to know the right people. They are sold under the counter; You have to ask . . . be discreet; They [store clerks] have to know you."* Another participant added, *"If you don't know what store to go to, then [availability is] '0'."*

Community professionals most often reported the drug's current availability as '7'. Treatment providers noted that there was a "spike" in reported use a few months ago, but now use seems to be "back down." Participants and treatment providers reported that the availability of bath salts has decreased during the past six months. Both groups of respondents reported that legislative action has had an effect. A number of participants also noted the popularity of bath salts as decreasing. Law enforcement reported that availability has remained the same during the past six months. The BCI Richfield Crime Lab reported that the number of bath salts cases it processes has increased during the past six months.

Participants did not comment on street names for bath salts. Current street prices for bath salts were consistent among participants with experience buying the drug. Reportedly, bath salts sell for \$50 per gram. Participants reported that bath salts are most commonly purchased in canisters or vials, selling for between \$20-40 and as high as \$60 per canister/vial. A participant group reported that the price of bath salts has increased since legislation prohibiting their sale was enacted. In addition to continued availability in certain stores, participants reported that bath salts continue to be available on the street from dealers as well through Internet sales. A participant commented, *"You can buy it [bath salts] on the Internet, but you might get ripped off. You're not sure what they will send you."* Another participant commented, *"Some people go out of state, load up, and bring it [bath salts] back."*

While there were several reported ways of using bath salts, the most common route of administration remains snorting. Out of 10 bath salts users, participants reported that approximately six would snort and four would intravenously inject the drug. Participants also reported that intravenous use of bath salts is becoming more prevalent. Participants described typical users of bath salts as anyone who uses methamphetamine or anyone who likes stimulants. Treatment providers noted that typical bath salts users are individuals who need to avoid urine drug screen detection (i.e. probationers). Law enforcement reported that bath salts users are almost always high-school aged youths or young adults.

Synthetic Marijuana Historical Summary

In the previous reporting period, synthetic marijuana (synthetic cannabinoids, aka "K2" and "Spice") remained 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). Despite the ban on its sale that went into effect in October 2011, participants reported that they could still easily obtain synthetic marijuana. Treatment providers also reported that synthetic marijuana was still available in the region, though there was no agreement regarding the level of availability. Some treatment providers reported that suppliers started to call synthetic marijuana "potpourri." Law enforcement reported that they infrequently encountered synthetic marijuana. Canton-Stark County Crime Lab reported that the number of synthetic marijuana cases it processes had increased during the previous six months. The most common route of administration for synthetic marijuana remained smoking. Participants and treatment providers continued to note that individuals who used synthetic marijuana tended to be people on probation who were using the substance to avoid screening positive on urine drug screens.

Current Trends

Synthetic marijuana (synthetic cannabinoids, aka "K2" and "Spice") 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). Many participants reported that despite legislation, synthetic marijuana continues to be available on the street from dealers as well as from many convenience stores and head shops, even out on the shelves. Law enforcement reported, however, that recent legislation has caused synthetic marijuana to be far less available at convenience stores and that those which do sell it are much more discreet. Community professionals most often reported the drug's current availability as '6'. Participants and community professionals reported that the availability of synthetic marijuana has remained the same during the past six months. The BCI Richfield Crime Lab reported that the number of synthetic marijuana cases it processes has increased during the past six months.

Participants reported that the most common street name for synthetic marijuana is "spice." Participants did not have current information regarding prices for synthetic marijuana. Participants reported that the most common route of administration for synthetic marijuana remains smoking. Out of 10 synthetic marijuana users, participants reported that 10 would smoke the drug. A profile for a typical synthetic marijuana user did not emerge from the data, though many participants continued to identify typical users as, *"people on probation."*

Ecstasy Historical Summary

In the previous reporting period, Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) remained moderately to highly available in the region. Participants most often reported availability of the drug from '6' to '10' (median score '7') on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants in Portage County reported that availability of Ecstasy had increased during the previous six months, while participants in Stark County reported that availability had remained the same. Treatment providers also reported that availability had remained the same, while law enforcement reported that availability varied throughout the year. Law enforcement also reported that most of the area's Ecstasy tablets originated in Canada. Reportedly, powdered Ecstasy (aka "Molly") occasionally came from Pittsburgh and was marketed at area universities. Canton-Stark County Crime Lab reported that the number of Ecstasy cases it processes had decreased during the previous six months.

Participants were unfamiliar with street prices for the drug. Reportedly, the most common route of administration remained oral ingestion. Participants continued to report that Ecstasy was most commonly used by people who like the club scene. Treatment providers agreed and reported that individuals who used Ecstasy tended to be young, most commonly college students.

Current Trends



Ecstasy (methylenedioxymethamphetamine; MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) seems to be low in availability in the region. Most of the participants interviewed reported having no first-hand knowledge of the drug, and no participant reported buying Ecstasy "in a while." However, many participants reported that Ecstasy is "still around." Treatment providers, community planners and law enforcement likewise reported that they rarely hear reports of Ecstasy use. A treatment provider reported, "[Ecstasy has] lost its

steam, people report past use." Another treatment provider noted that Ecstasy is sometimes heard about but mostly in the context of experimental use among high school and college students. The BCI Richfield Crime Lab reported that the number of Ecstasy cases it processes has decreased during the past six months. Participants did not identify any street jargon for Ecstasy.

Current street prices for Ecstasy were consistent among participants with experience buying the drug. Participants reported a "single stack" (low-dose tablet) sells for between \$5-10; a "double stack" (high-dose tablet) sells for between \$10-15; a "triple stack" (highest-dose tablet) sells for between \$15-25. A participant with experience using the Ecstasy reported about its effect: "It [Ecstasy] intensifies your senses, used for pleasure pretty much. The high lasts for four to eight hours, depending if you use a single stack, double stack or triple stack pill." Participants and community professionals described typical users of Ecstasy as students.

Other Drugs

Historical Summary

In the previous reporting period, participants and community professionals listed the following other drugs as present in the region, but these drugs were not mentioned by the majority of people interviewed: hallucinogens [lysergic acid diethylamide (LSD) and psilocybin mushrooms]. LSD

was moderately available in the region. Participants most often reported LSD's availability as '5' or '6' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Law enforcement agreed with participants who spoke about limited availability of LSD. Canton-Stark County Crime Lab reported that the number of LSD cases it processes had decreased during the previous six months.

Psilocybin mushrooms were moderately available in the region; participants most often reported availability as '5' or '6.' Treatment providers throughout the region reported little knowledge regarding use of psilocybin mushrooms, other than to report that they were more available during summer months and that users tended to be "young." Canton-Stark County Crime Lab reported that the number of psilocybin mushrooms cases it processes had decreased during the previous six months. The general view of treatment providers was that the availability of all forms of hallucinogens had remained steady over some time, viewed as relatively low. No participant reported recent use, and participants could not comment on the quality or pricing of hallucinogens in the region.

Current Trends

Participants and community professionals listed a few 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]. Participants in Tuscarawas County reported on the availability of hallucinogens in the region; participants in other counties did not report on hallucinogens. Participants reported that LSD (aka "acid") is highly available in Tuscarawas County. Participants most often reported the availability of LSD as '9' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants stated, "Tuscarawas County is notorious for hallucinogens; A lot of people come to Tuscarawas County to get acid."

Participants said that psilocybin mushrooms are also available in Tuscarawas County, but this drug is seasonal. Community professionals noted that they have heard little about hallucinogen use in some time. The BCI Richfield Crime Lab reported that the number of LSD cases it processes has decreased during the past six months while the number of psilocybin mushroom cases has remained the same.

Participants reported that LSD is rather inexpensive. Reportedly, a "hit" (a single dose amount) of LSD sells for \$8; 10 hits sell for \$50. While there were a few reported ways to use LSD, the most common route of administration is oral ingestion. Participants also reported that LSD comes in liquid form, which is ingested by lacing a marijuana cigarette with it

and smoking, and some users put drops of liquid LSD in their eyes. A participant stated, *"It [liquid LSD dropped in the eye] burns, but it's intense."*

In addition to hallucinogens, a few participants and community professionals reported on the presence of *"lean syrup,"* described as a combination of codeine and dextromethorphan (cough suppressants), promethazine (anti-nausea medication) and 7-Up® soda. Treatment providers reported that the practice is commonly referred to in contemporary music and has caught on with "young" people.

Conclusion

Bath salts, crack cocaine, heroin, marijuana, methamphetamine, prescription opioids, sedative-hypnotics, Suboxone® and synthetic marijuana remain highly available in the Akron-Canton region; also highly available in the region are prescription stimulants. Increases in availability exist for heroin and Suboxone®. Data also indicated likely increases in availability for methamphetamine and sedative-hypnotics. A decrease in availability exists for Ecstasy; a likely decrease in availability exists for powdered cocaine.

All data sources indicated an increase in heroin availability during the past six months. Community planners in Stark County reported that the coroner has declared heroin overdoses an epidemic. Treatment providers attributed the increase of heroin availability to increasing difficulty in obtaining prescription opioids. Participants continued to note an increase in heroin availability and use in more rural areas of the region. Brown powdered heroin remains the most available type of heroin. Intravenous injection remains the most common route of administration for the drug. However, participants reported that it is becoming more difficult to buy injection needles without a prescription at area pharmacies and that it is common for individuals to share needles. Participants also noted that there are no needle exchange programs in the immediate area.

Participants also posited that as opiate use continues to increase, so too does the availability of Suboxone®. The BCI Richfield Crime Lab reported that the number of Suboxone® cases it processes has increased during the past six months. Treatment providers reported that there seems to be a demand for Suboxone®. Treatment providers noted that there are billboards advertising free Suboxone® in the region and that it is common for individuals who are prescribed Suboxone® to share it with friends.

Participants from across the region commented about the "one-pot" or "shake-and-bake" forms of methamphetamine as being prevalent in the region and reported that the availability of methamphetamine has increased during the past six months. Participants noted that methamphetamine is cheaper and easier to make than previously. Participants described typical users of methamphetamine as White, from working/middle class to lower class socioeconomically, "younger," more often male, though some treatment providers noted an increase in use among females.

Many participants agreed that it is easy to find a physician who will prescribe sedative-hypnotics, and it is easy to find these medications on the street. Participants and community professionals identified Klonopin® and Xanax® as the most popular sedative-hypnotics in terms of illicit use. Participants noted that opiate abusers tend to use sedative-hypnotics more than other users to help alleviate withdrawal symptoms.

All data sources indicated a decrease in Ecstasy availability during the past six months. Treatment providers noted that Ecstasy is sometimes heard about but mostly in the context of experimental use among high school and college students. Participants from most groups in the region reported that the availability of powdered cocaine has decreased during the past six months. Participants identified a number of reasons for the decrease in availability, such as police targeting major dealers of the drug and large shipments being intercepted coming into the country.

Participants and community professionals reported that despite legislation, bath salts and synthetic marijuana continue to be available on the street from dealers as well as from many convenience stores and head shops. Law enforcement noted, however, that recent legislation has caused bath salts and synthetic marijuana to be far less available at retail stores in the region and that those stores which do sell these drugs are much more discreet.