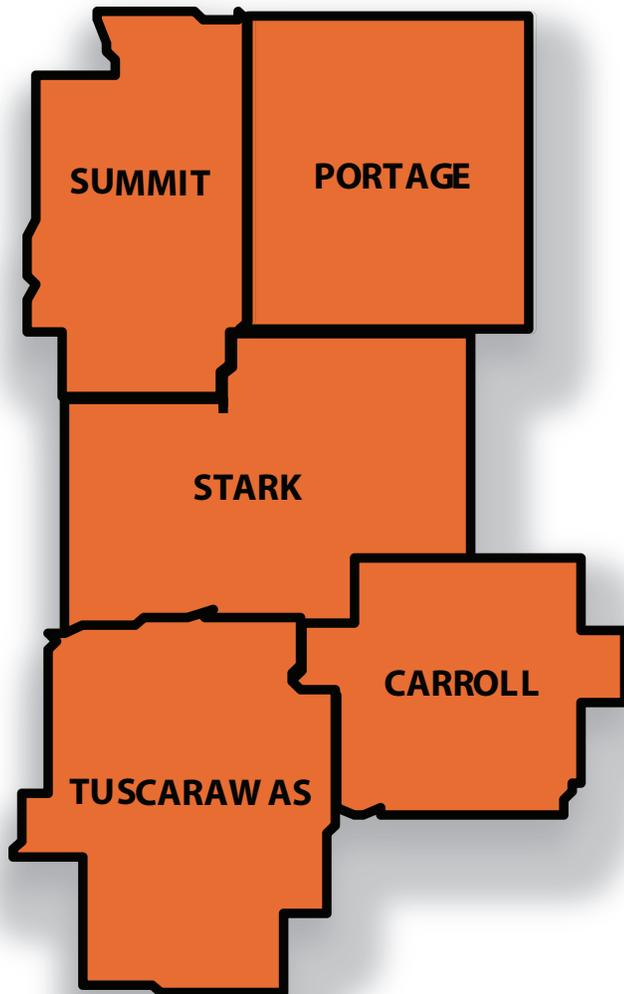


Drug Abuse Trends in the Akron-Canton Region



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 public health officials) via individual and focus group interviews, as well as to data surveyed from the Stark County Sheriff's Department, the Stark County Day Reporting Program of the Stark County Court of Common Pleas, 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 July through December 2012. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for January through June 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.

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Regional Profile

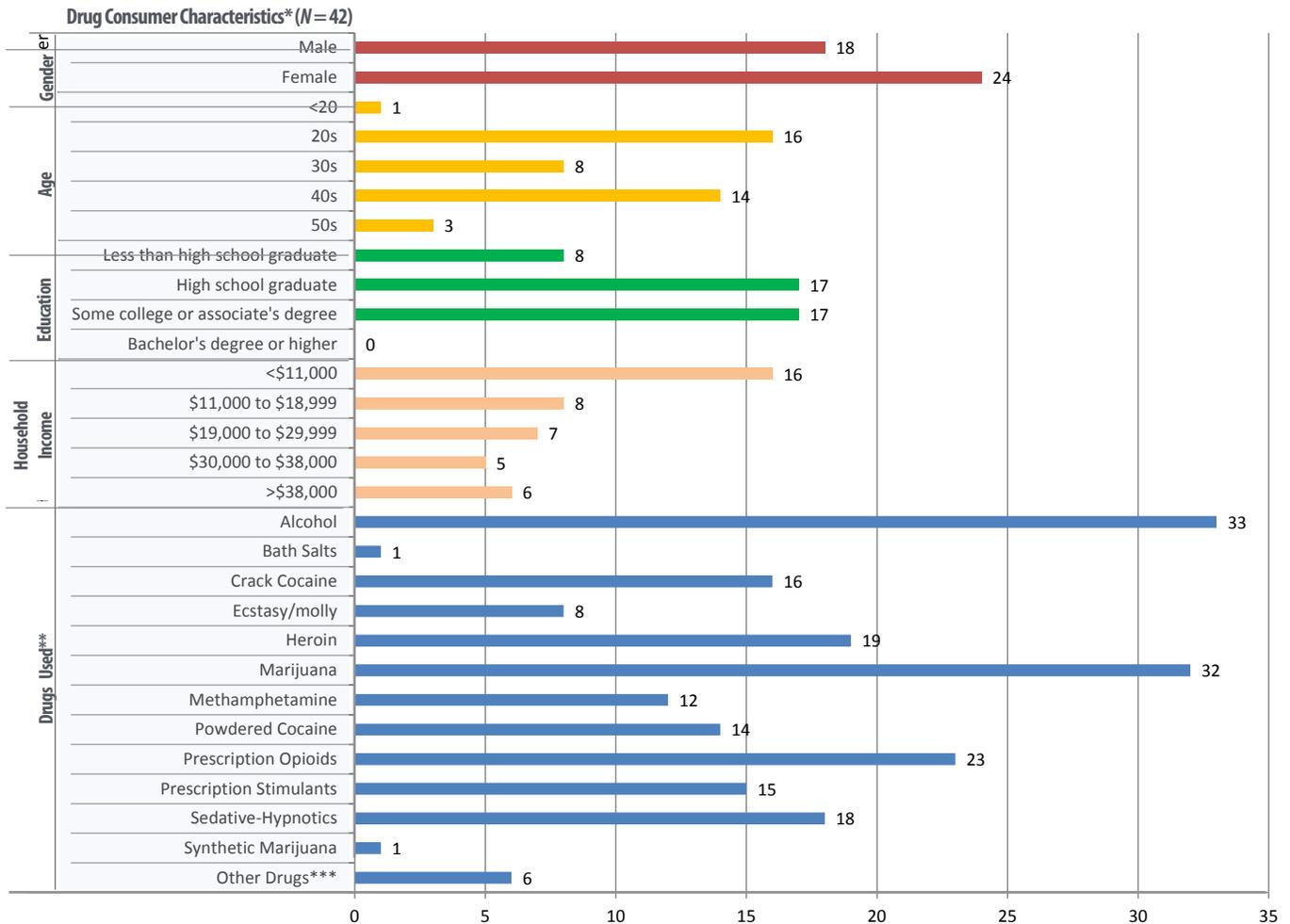
| Indicator ¹ | Ohio | Akron-Canton Region | OSAM Drug Consumers |
|-----------------------------------|------------|---------------------|-----------------------------------|
| Total Population, 2010 | 11,536,504 | 1,200,204 | 42 |
| Gender (female), 2010 | 51.2% | 51.5% | 57.1% |
| Whites, 2010 | 81.1% | 85.4% | 85.7% |
| African Americans, 2010 | 12.0% | 9.4% | 9.5% |
| Hispanic or Latino origin, 2010 | 3.1% | 1.6% | 14.6% |
| High School Graduation rate, 2010 | 84.3% | 86.3% | 81.0% |
| Median Household Income, 2011 | \$45,803 | \$44,250 | \$11,000 to \$18,999 ² |
| Persons Below Poverty Level, 2011 | 16.3% | 15.9% | 50.0% ³ |

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

³Poverty status was unable to be determined for six participants due to missing data.

Akron-Canton Regional Participant Characteristics



*Not all participants completed forms; numbers may not equal 42.

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

*** Other drugs refer to DMT, LSD, psilocybin mushrooms and Seroquel.®

Historical Summary

During the previous reporting period (July–December 2012), bath salts, crack cocaine, heroin, marijuana, methamphetamine, prescription opioids, prescription stimulants, sedative-hypnotics, Suboxone® and synthetic marijuana remained highly available in the Akron-Canton region. Increased availability existed for heroin and Suboxone®. Data also indicated likely increased availability for methamphetamine and sedative-hypnotics, a decrease in availability for ecstasy, and a likely decrease in availability for powdered cocaine.

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

Participants stated that as opiate use continued to increase, so did the availability of Suboxone®. The BCI Richfield Crime Lab reported processing an increased number of Suboxone® cases during that reporting period. Treatment providers said that there seemed to be a demand for Suboxone®. Treatment providers noted that there were billboards advertising free Suboxone® in the region and that it was common for individuals who were prescribed Suboxone® to share it with friends.

Participants throughout 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 had increased during the previous reporting period. Participants noted that methamphetamine was cheaper and easier to make. They described typical users as white, from working/middle- to lower-class socio-economically, “younger” and more often male, though some treatment providers noted an increase in use among females.

Many participants agreed that it was easy to find a physician who would prescribe sedative-hypnotics, and it was also 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 tended to use sedative-hypnotics more than other users to help alleviate withdrawal symptoms.

All data sources indicated a decrease in ecstasy availability during the previous reporting period. 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 the availability of powdered cocaine had decreased during the previous six months. Participants identified a number of reasons for the decrease in availability, such as police targeting major dealers of the drug and the interception of large shipments coming into the country.

Participants and community professionals reported that despite legislation, bath salts and synthetic marijuana continued to be available on the street from dealers as well as from many convenience stores and “head shops.” However, law enforcement noted that recent legislation had caused bath salts and synthetic marijuana to be far less available at retail stores in the region and that those stores which did sell these drugs were much more discreet.

Current Trends

Powdered Cocaine

Powdered cocaine is highly available in the region. Participants most often reported the drug’s current availability as ‘8’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was ‘5’. Participant comments on current availability of powdered cocaine included: *“It’s extremely available. I can make a phone call and get it in a half hour or less; Just as easy [to obtain] as heroin.”* However, a participant noted, *“I have to go into the ‘hood [inner city] to find a dope boy [drug dealer] to get the powder [powdered cocaine] before it is cooked into crack [cocaine].”* Treatment providers most often reported the current availability of powdered cocaine as ‘8’; the previous most common score was ‘5’. A treatment provider commented, *“Clients report they don’t struggle to find it.”*

Law enforcement most often reported current availability of powdered cocaine as '6'. An officer commented, *"It's out there, but you need to know the right people. A lot of cocaine dealers have converted to selling heroin."*

Collaborating data also indicated that powdered cocaine is readily available in the region. The Stark County Day Reporting Program said that 22.1 percent of its positive drug screens during the past six months were positive for cocaine. In addition, media outlets reported on cocaine seizures and arrests this reporting period. The Ohio State Highway Patrol found \$100,000 worth of cocaine concealed in a shoebox in a car's trunk during a traffic stop in Stark County (<http://statepatrol.ohio.gov/media.stm>, Jan. 30, 2013). In Akron, a grand jury indicted 17 people for conspiracy to distribute cocaine, heroin and marijuana in northeast Ohio (www.newsnet5.com, June 25, 2013).

Participants, treatment providers and law enforcement all reported that the availability of powdered cocaine has remained the same during the past six months. While some participants reported that dealers are switching to selling other drugs such as heroin and methamphetamine, many participants reported that the dealers also continue to sell powdered cocaine. One participant disclosed, *"My guy [dealer] had both [heroin and cocaine], so it's still easy to get [powdered cocaine]."* Both the BCI Richfield Crime Lab and the Stark County Sheriff's office reported that the number of powdered cocaine cases they process has remained the same during the past six months.

Most participants rated the current quality of powdered cocaine as '5' or '6' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '5'. Participants reported that powdered cocaine in the region is cut (adulterated) with aspirin, baby laxative, baby powder, baking soda, creatine and vitamin B. The BCI Richfield Crime Lab reported that powdered cocaine is cut with caffeine, levamisole (livestock dewormer) and lidocaine (local anesthetic). Several participants commented on the variable quality of powdered cocaine. One participant stated, *"If you buy it from old-timers, it's pretty good ... in the 'hood, there's a chance of being ripped off."* Another participant said he switched to methamphetamine because the quality of powdered cocaine was bad. During the past six months, participants reported that the quality of powdered cocaine has generally decreased.

Current street jargon includes many names for powdered cocaine. The most commonly cited were "blow" and "snow."

Participants listed other common street names of "girl," "powder," "ski" and "white." Current street prices for powdered cocaine were consistent among participants with experience buying the drug, yet pricing continues to be dependent on quality: 1/2 gram sells for \$50-80; a gram sells for \$70-100; 1/16 ounce (aka "teener") sells for \$90; 1/8 ounce (aka "eight ball") sells for \$125-150. Participants reported that it is common to purchase powdered cocaine by the 1/2 gram or gram, with a few participants noting a price discount if they buy a gram.

Participants continued to report that the most common way to use powdered cocaine is snorting. Out of 10 powdered cocaine users, participants estimated that six would snort, three would intravenously inject or "shoot," and another one would smoke the drug. Participants noted that "recreational users" more often use powdered cocaine by snorting, while "addicts" more often intravenously inject it.

Participants described typical users of powdered cocaine as white and of middle-to-upper socio-economic status. One participant described users as *"upper class, white males, from the medical field – doctors [and] lawyers."* However, some participants disagreed and stated that, while powdered cocaine was more commonly used by individuals with high economic means in the past, anyone could be a user today. A participant commented, *"It's so accessible, anyone can be using cocaine. You don't know. You have no clue who is using cocaine."* Treatment providers generally agreed that powdered cocaine use is more common among whites, and more common among individuals who are *"more financially able."* Law enforcement noted that a powdered cocaine user can be anyone.

Reportedly, powdered cocaine is used in combination with alcohol, heroin, marijuana and sedative-hypnotics. It is reportedly very common to use powdered cocaine with alcohol because it allows the user to drink for longer periods of time. Alcohol and benzodiazepines used in combination with powdered cocaine help reduce withdrawal symptoms, such as jitters, as users come down off the stimulant high. Reportedly, heroin is commonly used with powdered cocaine by those users seeking the "speedball" (up and down) effect. Participants explained that smoking marijuana with powdered cocaine helps to intensify the cocaine high, produces a speedball effect and helps in coming down from cocaine use.

Crack Cocaine

Crack cocaine remains highly available in the region. Participants most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. Participants agreed, making comments such as, *"It's extremely easy [to get crack cocaine]; it's everywhere."* Treatment providers most often reported the drug's current availability as '9'; the previous most common score was also '9'. Treatment providers comments on current crack cocaine availability included: *"You can get it anywhere you go; it's around the corner ... next door; I hear a lot more use of crack than I do of powdered cocaine."* Law enforcement most often reported the drug's current availability as '6'; the previous most common score was '3'. Law enforcement believed crack cocaine to be a bit harder to find than other drugs.

Participants reported that the availability of crack cocaine has remained the same or increased during the past six months. One participant who stated an increase in availability commented, *"[Crack cocaine] is more addictive ... it grabs you."* Some participants also mentioned an increase in crack cocaine dealers in the region: *"It's an open market, a lot more people are dealing it [crack cocaine]. Dealers are making a fortune. Heroin dealers also sell crack; There's more competition. Younger people are trying to sell it."* Treatment providers and law enforcement reported that availability of crack cocaine has remained the same during the past six months. Treatment providers commented that crack cocaine was very available six months ago. *"[Availability of crack cocaine] it's the same today, running right under heroin,"* said one treatment provider. Both the BCI Richfield Crime Lab and the Stark County Sheriff's office reported that the number of crack cocaine cases they process has remained the same during the past six months.

Most participants rated the current quality of crack cocaine as '6' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '4'. Participants reported that crack cocaine in the region is cut with baking soda. A participant commented on the variability of crack cocaine quality in the region: *"Sometimes you get something great. Other times, it's messed up."* Overall, participants reported that the quality of crack cocaine has decreased during the past six months.

Current street jargon includes many names for crack cocaine. The most commonly cited name remains "hard."

Participants listed the following as other common street names: "butter," "rock" and "work." Current street prices for crack cocaine were consistent among participants with experience buying the drug. Participants reported that 1/16 ounce (aka "teener") sells for \$60-80, depending on the quality; 1/8 ounce (aka "eight ball") sells for \$80-120. All participant groups noted, however, that it is most common to purchase crack cocaine by "pieces," with sizes varying depending on the amount of money the consumer has to spend. Several participants commented on the practice of purchasing crack cocaine with whatever amount of money a user can muster: *"It does not matter; you can buy a 5 [\$5] piece [of crack cocaine] or a 10 [\$10] piece. Any [amount of] money, in general ... even if you have a dollar."*

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.

Although the majority of participants noted there were no typical characteristics of a crack user, a couple of the participant groups described users of crack cocaine as most often African-American and residing in low-income areas. A participant commented, *"It does not matter if you are rich or poor. It [crack cocaine] does not discriminate. I've seen old, kids, mayors, attorneys."* Treatment providers reported that crack cocaine use is more common among individuals who have less money and are under-educated. A treatment provider added, *"Crack is less costly than powdered cocaine, so it's more popular with people with lower incomes."* Treatment providers also noted that users are more likely African-American. Law enforcement reported that crack cocaine users are typically inner-city African-Americans.

Although most participants reported it is most common to use crack cocaine by itself, one participant said, *"A lot more people are using crack in combination with other drugs. It's always a side dish, used with something else."* Reportedly, crack cocaine is most often used in combination with alcohol, ecstasy, heroin, marijuana, prescription opioids and sedative-hypnotics. Several participants mentioned that alcohol, heroin and sedative-hypnotics assist a user in coming down from the stimulant high of crack cocaine. A participant explained, *"I would not shoot crack if I did not have heroin. I did not like the paranoid feeling. I liked the buzz, but I'd come down with heroin."* Concerning the use of prescription opioids with crack cocaine, a participant

said, "Some crack does not last long. Opiates keep them going until they can get more crack." One group referred to the combination of ecstasy with crack cocaine as, "street Viagra®."

Heroin

Heroin remains highly available in the region. Participants most often reported the 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); the

previous most common score was also '10.' A participant stated, "[Heroin is] as accessible as alcohol." Participants often compared heroin availability to other drug availability: "Sometimes it's easier to get heroin than it is marijuana; A lot easier to find [heroin] than scripts [prescription opioids]. You only get one or two scripts of pills a month, while heroin is unlimited." Treatment providers most often reported the drug's current availability as '10;' the previous most common score was '9.' Treatment providers commented on

the availability and popularity of heroin: "It's the thing; It's everywhere; It's cheaper than pills [prescription opioids]." A treatment provider shared, "A lot of clients say they are offered heroin before they even know what it is." Law enforcement most often reported the drug's current availability as '10;' the previous most common score was also '10.'

While many types of heroin are currently available in the region, participants reported that brown powdered heroin remains the most available type. Law enforcement agreed. The BCI Richfield Crime Lab also reported brown powdered heroin as most available in the region. Participants reported the availability of black tar heroin to be low, rating its availability as '3' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants stated, "Once in a while you come across black tar [heroin]; You have to go to Cleveland to get tar; it's hard to get around here." Law enforcement, likewise, reported the availability of black tar to be low, explaining they encountering it twice during the past six months. Treatment providers did not report specifically on types of heroin because, as one stated, "Clients don't talk about the specifics about type." The BCI Richfield Crime Lab also reported low availability of black tar heroin in the region.

Media outlets in the region reported on heroin seizures and arrests this reporting period. The Summit County

Sheriff's office reported charging a local woman in the heroin overdose deaths of two men; the most recent of the two deaths occurred in December 2012 at a motel in the city of Green (www.wkyc.com, Jan. 31, 2013). The Portage County Drug Task Force arrested two individuals at their home in Paris Township: one for soliciting and possession of heroin and the other for promoting prostitution and permitting drug abuse (www.wkyc.com, April 19, 2013).

Participants reported that the availability of brown powdered heroin has increased during the past six months. One participant explained: "Pharmacy companies switched [the formula of] oxy's [OxyContin®] and other drugs. They gel up when you want to snort or shoot them." Another said, "Pain pills are harder to get. Heroin is cheaper and stronger than pain pills." Treatment providers agreed that the availability of brown powdered heroin has increased during the past six months due to the same reasons that participants gave. Law enforcement reported that the availability of brown powdered heroin has remained the same during the past six months. Both the BCI Richfield Crime Lab and the Stark County Sheriff's office reported that the number of brown powdered heroin cases they process has increased during the past six months. The BCI Richfield Crime Lab reported that the number of black tar heroin cases it processes has remained the same; the Stark County Sheriff's office does not track black tar heroin cases.

Most participants rated the current overall quality of heroin as '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '6.' Participants reported that brown powdered heroin in the region is cut with other opiates (Dilaudid® or fentanyl), sedatives-hypnotics (phenobarbital or Xanax®), vitamin B-12, and as one stated, "anything that looks like it [heroin] and is water-soluble." Participants often noted that the quality of heroin varies from day to day. The BCI Richfield Crime Lab reported that there are "not a lot of cutting agents" in the heroin cases they process. Overall, participants reported that the quality of heroin has decreased during the past six months. Participants often commented that increased demand has resulted in dealers cutting heroin to get more sales/profit out of the drug. A participant explained that due to high demand, dealers are bringing more lower quality heroin in from outside the region. A participant reported that demand for heroin is high, saying, "They [dealers] can't get enough of it. They go to Detroit to get it ... it's already stomped [adulterated] five times [before it reaches the region]."

Current street jargon includes many names for heroin. The most commonly cited names remain “boy” and “dog food.” Other common street names for heroin include: “brown,” “H,” “horse,” and “ron.” Participants reported that brown powdered heroin is available in different quantities: a “20 bag” containing about 1/10 gram sells for \$20; a “50 bag” containing between 2/10 – 3/10 gram sells for \$50; 1/2 gram of sells for \$60-100; a gram sells for \$100-150. Participants reported that heroin is often purchased by weight: *“It [purchase of heroin] depends on how much money you have at a time; It used to be stamps, bundles, or bags. Now it’s by the weight.”* However, a number of participants reported that it is most common to purchase \$50 worth (aka “50 bag”), but one may purchase as little as a \$20 bag. Participants did not have information regarding the current pricing for black tar heroin.

While there were a few reported ways of using heroin, generally the most common route of administration remains intravenous injection (aka “shooting”). Participants estimated that out of 10 heroin users, eight would intravenously inject; and two would snort the drug. A participant commented, *“Everybody goes to the needle.”*

Participants reported obtaining needles from several venues. When purchasing needles from pharmacies, one has to purchase a large amount and often has to provide proof of prescription (for diabetic medication). Participants reported that needles can also be purchased from many heroin dealers for \$2 each. A participant group reported on the practice of purchasing “dog needles” from pet stores, even though they are larger. Other participants reported taking needles from relatives who are being treated for diabetes. A participant group in Stark County reported that there are pastors who give needles out as part of disease prevention. Participants reported that sharing needles continues to be a common practice, making comments such as: *“People reuse and share needles because they cannot get them readily; You will use someone else’s needle before you snort it [heroin].”* Participants were not aware of any needle-exchange programs within the region.

Participants described typical users of heroin as white, young (teens–20s) and from lower- to middle-income brackets. Several participants commented on heroin use among younger groups: *“Age is getting lower; teens are using heroin; High schoolers . . . a lot more today, 15 and 16 years old. It keeps getting younger and younger.”* A participant suggested cocaine users are switching over to heroin: *“Cocaine [quality] sucks, so they are doing heroin to*

get the high.” Treatment providers consistently reported that heroin users are often white and younger (early- to mid-20s/college-aged). In addition, a treatment provider group reported that heroin use is increasing among young females. Law enforcement reported that heroin users come from *“all walks of life, inner city, suburbs,”* and also reported an increase in the number of teenagers who are using heroin.

Reportedly, heroin is used in combination with alcohol, crack and powdered cocaine, marijuana, methamphetamine and sedative-hypnotics. Crack and powdered cocaine are used for the “speedball” effect. Marijuana used in combination with heroin reportedly *“makes you higher,”* according to a participant. Participants identified the practice of using heroin with benzodiazepines as *“the number one way to O.D. [overdose].”* Overall, participants had mixed opinions regarding whether it is more common to use heroin by itself or to use it in combination with other substances in an attempt to increase the impact of the drug.

Prescription Opioids

Prescription opioids are moderately to highly available in the region. Participants most often reported current availability of these drugs as ‘6’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was ‘10.’ Participants identified Opana®, Percocet® and Vicodin® as the most available and popular prescription opioids in terms of widespread use. Participants discussed availability of specific prescription opioids. Reportedly, Dilaudid® and fentanyl availability are low. A participant in Tuscarawas County reported, *“[Fentanyl] it’s not easy to find, but when it is around, it’s very popular.”* Reportedly, Vicodin® and Percocet® are readily available but low in demand. Participants also discussed the difference and availability of old and new formula prescription opioids. They reported the old formulation of OxyContin® OC as unavailable, and the old formulation of Opana® as still available, though increasingly difficult to find. A participant in Tuscarawas County stated, *“Opana® is very popular around here.”*

Treatment providers most often reported the current availability of prescription opioids as ‘9,’ the previous most common score was ‘8.’ Treatment providers identified Percocet® and Vicodin® as the most popular prescription opioids in terms of widespread use. Law enforcement

most often reported current availability as '7'; the previous most common score was also '7'. Law enforcement identified Opana®, OxyContin® and Roxicet® as most popular. Media outlets in the region reported on seizures and arrests this reporting period involving prescription opioids. The Ohio State Highway Patrol seized ecstasy, heroin and oxycodone pills during a traffic stop on the Ohio Turnpike in Summit County (www.wkyc.com, May 16, 2013).

Participants reported that the availability of prescription opioids has decreased during the past six months, attributing this mainly due to formulation changes that have made prescription opioids more difficult to abuse. The high price of these drugs was also commonly noted as a reason. Treatment providers did not agree on whether the availability of prescription opioids increased or remained the same. Law enforcement reported that the availability of prescription opioids has remained the same, though there is more attention being given to them. An officer explained, "Law enforcement has increased efforts, looking into prescription pill [opioid] abuse. Special task forces have been set up." The BCI Richfield Crime Lab reported the number of prescription opioid cases it processes has generally remained the same during the past six months, with the exception of an increase in Ultram® cases and a decrease in OxyContin® cases.

Reportedly, many different types of prescription opioids are currently sold on the region's streets. Current street prices for prescription opioids were consistent among participants with experience buying the drugs. 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 \$10-15; 8 mg sells for \$20-25), morphine (100 mg sells for \$20), Opana® (aka "Os," "pans" and "pandas;" 40 mg, aka "biggs," sells for \$80-100 for the old formula and \$15 or higher for the new formula), OxyContin® (old formulation, aka "OCs" and "oxy's;" 80 mg sells for \$100; new formulation, aka "OP's;" 80 mg often sells for \$20), Percocet® (aka "Ps" and "percs;" 5 mg sells for \$3-5; 10 mg sells for \$5-8), Roxicodone® (aka "blues" and "roxies;" 30 mg sells for \$15-30) and Vicodin® (aka "Vs" and "vics;" 5 mg sells for \$3-5; 7.5 mg sells for \$7; 10 mg sells for \$7-8).

In addition to obtaining prescription opioids on the street from dealers, participants continued to report getting them from doctors, pain clinics, families, friends and anyone who is being treated with these medications. Participants also often reported that different medications

are traded and swapped to get other drugs. Participants often commented on legitimate patients who sell their prescriptions. A participant shared, "I have a friend who gets scripts [prescriptions] for oxy's, Percocet® and Vicodin®. She would take out so many for herself and sell the rest." Another participant admitted, "I stand outside the pharmacy and ask, 'Do you want to let go of anything?'" One focus group discussed a network of "old-timers" who can find any opiate one desires. A participant from that group said, "I can get any pill you want, any milligram. If they did not have it, they would get it and call me. I'd put in orders with them." Treatment providers agreed that there are many ways for people to get prescription opioids, noting: "doctor shopping, friends and relatives, on the street. Most [illicit users] get them from people with prescriptions."

While there were a few reported ways of consuming prescription opioids, and variations in methods of use were noted among types of prescription opioids, the most common routes of administration are oral ingestion, snorting and intravenous injection (aka "shooting"). Participants estimated that out of 10 prescription opioid users, five would orally ingest, three would snort and two would intravenously inject the drugs. In addition, smoking was mentioned by a minority of participants; this route of administration for prescription opioids is reportedly rare.

A profile of a typical illicit user of prescription opioids did not emerge from the data. Participants noted that older individuals tend to have greater access to prescription opioids, while individuals of all ages use them. Participants observed that younger people often obtain these drugs from older individuals. A participant explained, "Older people are not seen as drug seeking, so doctors more readily prescribe these medications to this population." A law enforcement officer agreed, commenting, "Even legitimate older people sell one or two [pills] just to get by ... some pills sell for \$40-80 a piece on the streets." Treatment providers also reported that users tend to be older or know older people with ailments and can get their medications. Participants commonly reported that prescription opioids are, "very popular [for abuse] across all lines; all races, all ages, all genders." Treatment providers reported that typical illicit users of prescription opioids are more likely to be white with some income (employed) to be able to pay for the drugs. Some treatment providers noted that use of prescription opioids is increasing among African-American males and white suburban adolescents. Law enforcement did not report a typical illicit user of prescription opioids. One officer said that a user "could be anybody."

Reportedly, when used in combination with other drugs, prescription opioids are most often combined with alcohol, crack and powdered cocaine, marijuana, methamphetamine and sedative-hypnotics. The consensus among participants was that it is more common to use prescription opioids in combination with other drugs than it is to use them by themselves. Reportedly, alcohol and benzodiazepine use increases the effect of the prescription opioids. Stimulants such as cocaine and methamphetamine are used with prescription opioids by those seeking the “speedball” effect. Several participants reported using prescription opioids with marijuana because, as one stated, “both are downers ... they make you feel more down, relaxed.”

Suboxone®

Suboxone® remains highly available in the region. Participants reported current street availability of Suboxone® as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was also ‘10’. Participants suggested fraudulent use of Suboxone® prescriptions: “People lie about their drug use ... will get two or three [Suboxone®] pills a day and sell them; Many sell them [Suboxone®] to get what they really want [heroin].”

Treatment providers most often reported the drug’s current availability as ‘10’; the previous most common score was ‘7’. A treatment provider commented, “There is a market. People who are prescribed [Suboxone®] hold on to it and sell it.” However, treatment providers commonly reported that individuals who seek Suboxone®, even illicitly, often do so in an attempt to get off heroin and to avoid withdrawal. A treatment provider commented, “[Illicit use of Suboxone®] it’s uncontrolled treatment. Providers [of Suboxone®] are not doing their piece of getting them [patients] off ... keeping them accountable.” Law enforcement reported, “I’ve seen it [Suboxone®] a few times. It’s getting into the [county] jail. People sneak it in [under stamps] to help a person in jail who is in withdrawal.”

Participants reported that the availability of Suboxone® has remained the same during the past six months, while treatment providers reported that availability has increased. The BCI Richfield Crime Lab reported the number of Suboxone® cases it processes has remained the same during the past six months.

Participants did not identify any current street names for Suboxone®. Street prices for Suboxone® were variable among participants with experience buying the drug. Participants reported that they preferred the less-available Suboxone® 8 mg pills over the 8 mg sublingual strips: an 8 mg pill sells for \$10-30; an 8 mg sublingual strip sells for \$8-25. In addition to obtaining Suboxone® on the street from dealers, participants reported getting the drug from physicians, treatment agencies and people with prescriptions. A participant said, “You find a doctor who doesn’t require a [counseling or treatment] program.” Another participant admitted, “We’d lie about our drug use to get extras in order to make money. A friend of mine was prescribed 150 pills a month. She’d sell them to get heroin.”

Most often, participants reported taking Suboxone® sublingually. Participants estimated that out of 10 illicit Suboxone® users, eight would sublingually use the strips; between one and two would intravenously inject the strips, and some would snort the pills. A participant group also mentioned that Suboxone® strips are cut and then chewed by users. Further, it was specified that Subutex® is more likely to be intravenously injected due to its particular formulation without naloxone. Participants were also quick to note that both the pills and the strips can be intravenously injected. Nevertheless, these alternative practices were reported to be far less common.

Participants reported no descriptor of typical illicit users of Suboxone®. Treatment providers reported that illicit Suboxone® users are typically young, white, employed and have medical insurance.

Reportedly, when used in combination with other substances, Suboxone® is used with alcohol, crack and powdered cocaine, marijuana and sedative-hypnotics. The effect of alcohol use was reported to be intensified when used with Suboxone®. Participants reported using other drugs such as benzodiazepines with Suboxone® because as one stated, “You can’t get high on heroin [while taking Suboxone®], so it’s switch time.” A participant explained that those using benzodiazepines often are, “seeking the same [opiate] high they were getting before.” A participant group noted, “Even though it [Suboxone® use with benzodiazepines] can be fatal, they still do it.”

Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain highly available in the region. Participants most often reported current availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. Participants identified Ativan®, Klonopin®, Valium® and Xanax® as the most popular sedative-hypnotics in terms of widespread use. Participants commented: *"I could get them [sedative-hypnotics] anywhere, and I was highly addicted to them; Doctors are giving [prescribing] Ativan® to taper off Xanax®."*

Treatment providers most often reported current availability of sedative-hypnotics as '8'; the previous most common score was '9'. Treatment providers continued to identify Klonopin® and Xanax® as the most popular sedative-hypnotics in terms of widespread use. Treatment providers commented: *"[Sedative-hypnotics are] not so much a 'drug of choice,' but they are available. People tend to use it episodically, one or two times a month; If they are stressed, they take one of mom's Xanax®."* Law enforcement reported current availability as '6' or '7' and identified Xanax® as most popular. Law enforcement believed that Xanax® in particular is readily available. A law enforcement officer stated, *"There's a lot of [Xanax®] prescriptions, and one is able to get it [Xanax®] from grandma's or mom's purse."*

Participants reported that the availability of sedative-hypnotics has increased during the past six months. A participant stated, *"I've noticed that because heroin has gone up, so have the benzos [benzodiazepines]. They go hand in hand. They [benzodiazepines] take the edge off when you are dope sick [in withdrawal]."* Treatment providers and law enforcement reported that the availability of sedative-hypnotics has remained the same 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, with the exception of a decrease in the number of Soma® cases.

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 drugs. Participants reported the following sedative-hypnotics as available to street-level users (Note: When reported, current street names and prices are indicated in parentheses): Ativan® (aka "A's" and "vans;" sells for \$1 per milligram; 2 mg sells

for \$1.50-2), Klonopin® (aka "forget-a-pins" and "pins;" 1 mg sells for under \$3), Xanax® (aka "busses;" "wagon wheels" and "xanies;" 0.25 mg, aka "footballs" and "peaches," sells for 50 cents-\$2.50; 0.5 mg, aka "green footballs," sells for \$2-3; 1 mg, aka "blue footballs" and "blues," sells for \$2-4; 2 mg, aka "bars" or "logs," sells for \$5-7) and Valium® (sells for less than \$1 per milligram; 5 mg sells for \$3).

In addition to obtaining sedative-hypnotics on the street from dealers, participants reported getting them from physicians, psychiatrists, friends and family members. Participant comments included: *"I went to my doctor. He gave me anything I want. I told him I was trying to get off of alcohol; You can go to a doctor, tell him someone in your family died, say you're depressed and he will give you Valium®."* Participants also reported that it is common practice for people with prescriptions to sell them. A participant stated, *"My 30-day script for Xanax® lasts five days. Then, the rest of the month, I am chasing it. Friends, family, they swap this for that."*

While there were a few reported ways of consuming sedative-hypnotics, generally, the most common methods are oral ingestion and snorting. Participants estimated that out of 10 sedative-hypnotic users, seven would orally ingest; and three would snort the drugs. Participants reported that users will often chew the pills, or ingest sublingually to get the drug into the system quicker.

Participants described typical illicit users of sedative-hypnotics as either young (teens-mid 20s) or older (over age 40). Participants reported that sedative-hypnotic use is common with opiate users because *"It helps take away [dope] sickness,"* and cocaine users *"to come down from the buzz [stimulant high]."* Treatment providers reported that typical illicit users of sedative-hypnotics are most often white. Some providers noted that veterans coming back from the Middle East commonly use sedative-hypnotics, as well as people with mental health issues.

Reportedly, when used in combination with other drugs, sedative-hypnotics are most often combined with alcohol, crack and powdered cocaine, ecstasy, heroin, marijuana and methamphetamine. According to participants, sedative-hypnotics are, *"almost always part of a cocktail [mix of drugs],"* because, *"If you take it by itself, you just fall asleep."* Participants reported that sedative-hypnotics intensify the effect of marijuana and heroin. Users combine use with crack and powdered cocaine, ecstasy and methamphetamine to "come down" from the stimulant high of those

drugs. Participants said that they use sedative-hypnotics with alcohol to “intensify the high” produced by alcohol.

Marijuana

Marijuana remains highly available in the 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); the previous most common score was also unanimous at ‘10’. A participant stated, “*People I know usually have some weed [marijuana] on them.*” There was also consensus among participants that even higher grades of marijuana are “*very easy to get, year round.*” A treatment provider commented, “*It used to be, ‘Thank God my kids are only using cigarettes, not other drugs.’ Now they say, ‘Thank God my kids are only using marijuana [and not other drugs].’*” Another treatment provider reported that seven out of 10 clients test positive for marijuana upon admission, but marijuana is often not the drug of choice. Law enforcement cited three types of marijuana in the region: “*Mexican skunk weed,*” “*B.C. bud*” (from British Columbia, described as having a high THC level) and “*home grown.*” They reported all three types as readily available.

Collaborating data also indicated that marijuana is readily available in the region. The Stark County Day Reporting Program said that 58.5 percent of its positive drug screens during the past six months were positive for marijuana. In addition, the Summit County Juvenile Court reported that 19.2 percent of all drug screens processed during the past six months were positive for marijuana.

Media outlets in the region covered a number of marijuana seizures and arrests this reporting period. Police in Alliance (Stark County) arrested a man in what was believed to be the largest marijuana-growing operation in Alliance police history, confiscating 260 marijuana plants at a home (www.wkyc.com, Feb. 27, 2013). An Akron man was sentenced on felony drug-trafficking charges stemming from an arrest in March when the man was caught accepting a package containing five pounds of marijuana (www.wkyc.com, June 11, 2013). The Portage County Drug Task Force made two arrests of individuals trafficking in marijuana, one at a motel where several marijuana plants were found and the other at a home in Kent (www.wkyc.com, June 18, 2013); and Stark County law enforcement reported seizing 332 pounds of marijuana with an estimated street value of \$500,000 (www.wkyc.com, June 27, 2013).

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.

Several participants explained that the quality of marijuana depends on whether the user buys “*commercial weed*” (low- to mid-grade marijuana) or hydroponically grown (high-grade marijuana). Participants described “*commercial weed*” as being “*dark brownish-green,*” dry, and containing stems and seeds. Higher grades of marijuana were described as having “*vibrant colors*” (aka “*bright green,*” at times with “*red hairs*” and a “*purple hue*”), fluffy, sometimes with crystals, “*strong smelling,*” often “*sticky*” to the touch. Participants most often reported the current quality of marijuana as ‘10’ for high-grade marijuana and ‘7’ for low-grade marijuana on a scale of ‘0’ (poor quality, “*garbage*”) to ‘10’ (high quality); the previous most common scores were ‘10’ for high-grade marijuana and ‘5’ for low-grade marijuana. Most participants reported that they will usually buy higher grades of marijuana. Several treatment providers agreed, with one stating, “*Young people are smoking higher potency marijuana.*”

Current street jargon includes countless names for marijuana, but the most commonly cited name remains “*weed.*” Participants listed the following as other common street names: “*mids,*” “*reggie,*” “*regular*” and “*swag*” for commercial-grade (lower-quality) marijuana; “*dank*” and “*dro*” 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 (cigar) or two joints (cigarettes) sells for \$10; 1/8 ounce sells for \$15-25; 1/4 ounce sells for \$35-45; and an ounce sells for \$100. Higher-quality marijuana (“*hydro*”) sells for significantly more: a blunt or two joints sells for \$15; 1/8 ounce sells for \$40-60, 1/4 ounce sells for \$80-100; and an ounce sells for \$200-350. Participants commonly reported that users typically purchase between 1/8 ounce and 1/4 ounce of marijuana at a time and that prices vary depending on geographical location. A participant from Tuscarawas County noted, “*You can get more weed for \$20 in Canton [Stark County] than you do for \$20 around here.*”

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 all 10 would smoke the drug. While marijuana can also be consumed by eating baked goods, participants commonly reported that this manner of use is the exception. A profile for a typical marijuana user did not emerge from the data. Participants and community professionals reported that marijuana use is common among all population groups.

Reportedly, marijuana is used in combination with just about any other drug. Many participant groups noted that marijuana is “used with everything.” A participant explained, “If I am using meth [methamphetamine], I’m going to smoke some weed. If I’m smoking coke, I’m going to smoke some weed. If I’m drinking [alcohol], I’m going to get me a blunt.” It was noted that there are a few users who only smoke marijuana, but it was more commonly reported that users of any other drug will also use marijuana. As a treatment provider noted, “Anyone who uses any illegal drug is probably using marijuana with it.”

Methamphetamine

Methamphetamine remains highly available in the region. Participants continued to most often report 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 reported that methamphetamine is available in powdered form. A participant explained the consistency: “sometimes chunky, breaks down into powder.” Participants agreed that prevalence of methamphetamine is high: “Pretty common; every day a meth [methamphetamine] lab is being busted.” Participants from throughout the region commented about the production of “one-pot” or “shake-and-bake” methamphetamine. Users are producing methamphetamine in a single, sealed container, such as a two-liter soda bottle. By using common household chemicals, along with ammonium nitrate (found in cold packs) and pseudoephedrine (typically found in over-the-counter cold and allergy medications), methamphetamine manufacturers (aka “cooks”) can produce the drug in approximately 30 minutes at nearly any location by mixing ingredients in easily found containers. This form of methamphetamine is increasingly more available in the region. As one participant commented, “You don’t see old-school cooks. It takes too long – up to a week – and they need too many ingredients.” Another participant reported, “Around

here, there are still 24-hour cooks, but shake-and-bake is more popular.” Imported methamphetamine (aka “crystal ice”) reportedly is very hard to find.

Treatment providers most often reported the drug’s current availability as ‘8’; the previous most common score was ‘9’. A treatment provider commented, “So many people are making their own [methamphetamine].” Law enforcement reported the drug’s current availability as ‘10’; the previous most common score was ‘4.’ (Note: for this report, law enforcement from Summit County was interviewed, while in the previous report, law enforcement was from Stark County only). Law enforcement reported that 90 percent of the labs in the region are in Summit County; they also reported that in the past year, there has been an average of 39 labs found by law enforcement per quarter year. According to law enforcement: “We don’t see red phosphorous [“old-school” method] anymore, it’s all one-pot; anyone can make it now.”

Media outlets in the region reported on a number of methamphetamine seizures and arrests this reporting period. A jury found an Akron man guilty of manufacturing methamphetamine in a local apartment (www.wkyc.com, Feb. 6, 2013). Streetsboro (Portage County) police arrested two people at a local motel for possession of an ounce of crystal methamphetamine (aka, “ice” or “glass”) with an approximate street value of \$6,000; this was a significant find as this type of methamphetamine is thought to be rare in the region (www.wkyc.com, Feb. 27, 2013). Several meth labs were discovered in the region: the Portage County Drug Task Force discovered a meth lab in a Ravenna apartment complex (www.wkyc.com, March 6, 2013); in Akron, a five-year-old child was removed from a home when a meth lab was discovered in one of the home’s bedrooms (www.wkyc.com, March 12, 2013); and the Portage County Drug Task Force busted two additional meth labs, arresting four people (www.wkyc.com, March 28, 2013). Law enforcement in Summit County reported busting 11 meth labs, putting the county on track for a record number of meth lab busts for 2013 (www.wkyc.com, April 30, 2013). Brimfield (Portage County) police arrested two men and two teens after discovering a mobile meth lab near I-76 (www.wkyc.com, June 8, 2013).

Participants reported that the availability of methamphetamine has increased during the past six months. Participants often commented on the change of manufacture as the reason for increased availability: “[Methamphetamine] it’s easy to make, and everyone is



making it. Teenagers are making it now; We went from a 24-hour cook, to 'shake-and-bake' in one hour; ... get me two boxes of Sudafed®, and I will guarantee an eight-ball [1/8 ounce of methamphetamine].” One group reported an increase in the number of people who make methamphetamine to sell it: “There’s a ton of money in making it [methamphetamine] ... fast cash.”

Treatment providers reported that the availability of methamphetamine has remained the same during the past six months, while law enforcement reported that availability has increased during the past six months, primarily due to ease of production. The majority of methamphetamine lab busts throughout the region are reportedly the “shake-and-bake” type; labs are often found discarded along the road or in vehicles, homes and motels. The BCI Richfield Crime Lab said the number of methamphetamine cases it processes has increased during the past six months.

Participants most often rated the current quality of powdered methamphetamine as ‘10’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was ‘6.’ However, quality of powdered methamphetamine was said to vary widely. A participant stated, *“It’s like heroin. You don’t know what you are going to get.”* Another participant shared, *“It’s a rough game out there. They [dealers] will sit with you and use some really good shit with you, then sell you some garbage.”* A participant group reported that methamphetamine is often cut with bath salts. Participants did not agree on whether the quality of methamphetamine has increased or decreased during the past six months. However, they did agree that the quality of “shake-and-bake” methamphetamine is not as good as red phosphorous methamphetamine.

Current street jargon includes a few names for methamphetamine. However, although there have been other street names for methamphetamine mentioned in past reports, participants during this reporting period only mentioned “crystal.” Current street prices for methamphetamine were consistent among participants with experience buying the drug. Participants reported that a gram of crystal methamphetamine sells for \$120-160; a gram of powdered methamphetamine sells for \$80-110. However, a participant noted, *“If you make it [methamphetamine] yourself, it will cost you \$20, and you will get four grams.”* Participants also reported that one can purchase a “vial” of an unspecified amount of methamphetamine for \$20; some participants reported that this is the most common way to purchase the drug.

Many participants reported exchanging boxes of pseudoephedrine for methamphetamine. Participants noted that one could purchase a limited amount of medication containing pseudoephedrine each month per state law, and many participants reported doing so to trade for methamphetamine, or to sell to a methamphetamine cook for money to buy their drug of choice. A participant explained exchanging Sudafed® for methamphetamine: *“You can get a quarter gram of meth [in exchange] for a box of Sudafed®.”* Another participant explained how they exchange Sudafed® for money: *“I would get Sudafed® ... sell three boxes for \$100 to support my heroin use.”*

While there are several ways of using methamphetamine, the most common method remains intravenous injection. Out of 10 methamphetamine users, participants estimated that six would intravenously inject, three would snort and another one would smoke the drug. However, participants noted that imported methamphetamine (aka “crystal ice”) is almost always smoked.

Participants described typical users of methamphetamine as white, male, middle- to lower-income status, middle-aged or younger. In addition, participants often noted methamphetamine use as common among those who work long hours, including seasonal landscapers and construction workers, as well as truck drivers; and reportedly, the drug is commonly used in the gay community. Treatment providers described typical users of methamphetamine as white, under-educated and often of lower income because *“it’s cheap.”* Law enforcement agreed that typical users of methamphetamine are most often white and of lower socio-economic status.

Reportedly, methamphetamine is used in combination with alcohol, bath salts, heroin, marijuana and sedative-hypnotics. Participants said that these other drugs are generally used to assist with “coming down” from the stimulant high produced by methamphetamine. A participant explained, *“Some meth users are up for days and need something to calm them down.”* Another participant shared, *“I’d shoot meth [and] then come down with heroin.”* Several participants also reported that it is common to use methamphetamine by itself, not in combination with other drugs. Participants explained: *“Meth makes other drugs ineffectual; I used meth by itself. In fact, I quit drinking [alcohol] because of meth.”*

Prescription Stimulants

Prescription stimulants are moderately available in the region. Specifically, participants reported on the availability of Adderall®. Participants were not consistent in rating prescription stimulant availability. The most common scores were between '3' and '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10.' A participant remarked, *"If you want it [Adderall®] bad enough, you can find it, but you may need to knock on a few doors."* Participants spoke about the need to call around to different pharmacies even when they have a legitimate prescription, as many pharmacies are not able to fill prescriptions for Adderall® because they have run out. Consequently, a participant surmised, *"The manufacturer is not making them readily available."* Law enforcement most often reported current availability of prescription stimulants as '5.' The BCI Richfield Crime Lab reported Adderall® and Dexedrine® as available in the region.

Participants did not agree on whether the availability of prescription stimulants has increased, decreased or remained the same during the past six months. Some participants reported that it is more difficult to have these drugs prescribed by a doctor, commenting: *"It used to be easy to get a prescription [for a stimulant]. Now, you need to know the key words, like 'paying attention;' Doctors are being wiser, starting to drug test to make sure you are not on cocaine; People who are prescribed it [Adderall®] want to hang on to it."* However, one participant said, *"A doctor moved into the area who is writing scripts left and right. I found out about him in jail!"* Community professionals did not report on a change of availability for prescription stimulants. The BCI Richfield Crime Lab reported that the number of prescription stimulant cases it processes has remained the same during the past six months.

Current street jargon includes a few names for prescription stimulants. The most commonly cited names were "addies," "blues," "legal meth," "speed" and "XRs." Current street prices for prescription stimulants were consistent among participants with experience buying the drug. The following prescription stimulant prices were provided by participants: generic prescription stimulant 20 mg sells for \$4; Adderall® 30 mg sells for \$5-10; an entire month's prescription sells for \$100.

In addition to obtaining prescription stimulants on the street from dealers, participants reported getting them

from physicians and family members or friends who have been prescribed the medication. A participant commented, *"I thieved from my son. I got hooked, went to my doctor and said I have ADD [attention deficit disorder], got a script for 60 pills. Then, I'd use them in five days. Then I'd have to go buy them for \$6 or \$7 a pill."* Another participant added, *"If I wanted it [prescription stimulants], I would go to the high school, as so many kids are prescribed it, and are willing to sell it for cash."* While there were several reported ways of using prescription stimulants, the most common method is snorting. Out of 10 illicit prescription stimulant users, participants estimated that nine would snort; and one would orally ingest the drugs (either by swallowing or chewing them).

Participants described typical illicit users of prescription stimulants as college students. Reportedly, truck drivers also commonly use the drug. Participants stated that these drugs are used in combination with alcohol, heroin, prescription opioids and sedative-hypnotics to help to "come down" from the effect of the stimulant.

Bath Salts

Bath salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues) remain available in the region. Participants most often reported the drug's current availability as '2' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10.' A participant commented, *"You can't get it [bath salts] anymore."* Treatment providers most often reported current availability as '7.' Treatment providers commented: *"If they [users] cannot find heroin or meth, or are tired of heroin or meth, they will turn to bath salts; People that are using bath salts are not talking about it."* Law enforcement reported that while bath salts are still available in some stores, availability is somewhat scarce.

Participants, treatment providers and law enforcement reported that the availability of bath salts has decreased during the past six months. Participant comments included: *"You used to be able to buy it [bath salts] on every corner until they outlawed it."* A treatment provider commented, *"The conversation is going down, which means that either it [bath salts] is going away, or they [clients] are afraid of it."* The BCI Richfield Crime Lab reported that the number of



bath salt cases it processes has remained the same during the past six months.

Participants did not identify any street names for bath salts, though one group noted that it is currently being sold in the region with the brand name, "White Horse." Participants shared their knowledge and experience of purchasing the drug. Reportedly, bath salts most often sell for \$40-60 per gram. However, the price varies, as one focus group reported 1/2 gram sells for \$35. Another group said that bath salts are sold in "little vials," for \$15, but did not report how much drug each vial contains.

Despite legislation enacted in October 2011, several participants noted that bath salts are still sold in certain "head shops," convenient stores and beverage drive-thru stores. However, participants often reported: *"Some [retail outlets] won't sell it [bath salts] unless they know you; You have to know the name of what they call it, you can't just ask for bath salts; You have to know the right 'code word.'"* Participants disclosed, *"There's only one place in Canton that still sells it [bath salts], but it's not worth it ... poor quality"* Participants also said that one can drive to Pennsylvania and purchase bath salts easier than obtaining it in the Akron-Canton region. A participant group noted, *"If nothing else, [you] look it [bath salts] up on the Internet, learn how to make it or order it online."*

While there were several reported ways of using bath salts, the most common methods are intravenous injection and snorting. Participants estimated that out of 10 bath salt users, five would intravenously inject, three would snort and two would smoke the drug.

A participant group described typical users of bath salts as being the same as cocaine users, but otherwise no typical characteristics were identified. Reportedly, bath salts are used in combination with alcohol, crack and powdered cocaine, heroin and methamphetamine to either enhance/intensify the effects of the other drugs, or to assist with "coming down" off of bath salts. Participants did not comment as to how common it is to use bath salts with other drugs as opposed as to using bath salts alone.

Synthetic Marijuana

Synthetic marijuana (synthetic cannabinoids, aka "K2" and "Spice") is moderately to highly available in the region.

Participants were not consistent in rating its availability.

Most common scores were between '6' and '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10'. Similar to bath salts, participants reported that synthetic marijuana is still available in "head shops," convenience stores, beverage drive-thru stores and tattoo parlors. However, these vendors are more discreet than they used to be regarding sales. Treatment providers and law enforcement did not rate the current availability of syn-

thetic marijuana. Previously, the most common score was '6'. Treatment providers noted that clients rarely talk about synthetic marijuana. Law enforcement said that the majority of synthetic marijuana they encounter is "homemade," explaining that users purchase the ingredients through the Internet: *"When we [law enforcement] find it [synthetic marijuana], we have it tested to identify illegal components."*

Participants reported that the availability of synthetic marijuana has remained the same or decreased during the past six months. A participant noted, *"They [law enforcement] are trying to outlaw it [synthetic marijuana] and are cracking down on it."* Treatment providers and law enforcement reported that the availability of synthetic marijuana has decreased during the past six months, although law enforcement reported, *"We still see it occasionally."* The BCI Richfield Crime Lab reported that the number of synthetic marijuana cases it processes has remained the same during the past six months.

Participants reported that synthetic marijuana may be sold under labels like "potpourri." Reportedly, synthetic marijuana sells for \$5-10 per gram and can be purchased in 1-, 2- or 3-gram bags. Several participants commented that "head shops" are the only place one can purchase synthetic marijuana currently; while other participants continued to report purchasing this drug at convenience and beverage drive-thru stores. The only route of administration reported by participants was smoking.

Participants described typical users of synthetic marijuana as any individual, *"being drug tested for their job or for probation."* Reportedly, synthetic marijuana can be used in



combination with “anything,” although participants indicated that it is most commonly used by itself.

Ecstasy



Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA and/or TFMP) is highly available in the region. Participants most often reported the drug's current availability as '8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants reported that ecstasy almost exclusively is found in strip clubs or at raves (dance parties) and is not commonly available on the streets. Treatment providers and law enforcement did not rate the drug's current availability. As one treatment provider commented, *“No one talks about these [ecstasy] anymore.”* Law enforcement reported the availability as being, *“hit and miss.”* A law enforcement officer stated, *“As far as large amounts [of ecstasy], we don't see it. On occasion we will get a big seizure, but other than that, it's a few pills here and there.”*

Participants reported that the availability of ecstasy has decreased during the past six months. A participant reasoned, *“Harder drugs are taking over. Ecstasy people [users] are going to heroin.”* Participants also reported that there are fewer dealers selling the drug. A participant stated, *“Many of my ecstasy hooks [dealers] are in jail now.”* The BCI Richfield Crime Lab reported that the number of ecstasy cases it processes has decreased during the past six months.

Participants did not report any street names for ecstasy. Current street prices for ecstasy were consistent among participants with experience buying the drug. Participants reported a “single stack” (low dose) ecstasy tablet sells for \$10-15; a “double stack” (high dose) sells for \$20. While there were several reported ways of using ecstasy, the most common method is oral ingestion.

Participants described typical users of ecstasy as individuals who frequent clubs. Law enforcement described the typical ecstasy users as, *“young, party kids.”* Participants did not report any other drugs used in combination with ecstasy.

Other Drugs

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] and “lean” (promethazine with codeine typically mixed into a soft drink).

Participants commented on the availability of LSD (aka “acid”), reporting it to be, *“hard to find; not as common [as psilocybin mushrooms].”* No participant reported recent experience using LSD. Participants reported the availability of psilocybin mushrooms to be variable. A participant said, *“If you are looking for it [psilocybin mushrooms], you can find it, but it's seasonal.”* Another participant commented, *“[Psilocybin mushrooms are] hard to find around here, only at festivals or people at festivals bring them home.”* Participants suggested availability of psilocybin mushrooms has decreased, as one stated, *“It used to be 24/7. Now, depends on the time of year.”* Only one group in Stark County reported high availability: *“Shrooms [psilocybin mushrooms] are big around here.”* Stark County participants rated the current availability of psilocybin mushrooms as '8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get).

Treatment providers reported that hallucinogenic drugs (LSD and psilocybin mushrooms) are not very available. A treatment provider commented, *“[Hallucinogens] are one of the hardest things [drugs] to find, no one talks about these anymore.”* Law enforcement reported, *“We don't see [hallucinogens] much . . . mostly they're mushrooms.”* The BCI Richfield Crime Lab reported that the number of cases of LSD and psilocybin mushrooms it processes has decreased during the past six months. Participants reported that a quarter ounce of psilocybin mushrooms sells for \$50. Participants reported that use of psilocybin mushrooms is very popular among marijuana smokers. Community professionals suggested that hallucinogens are seen more at rock concerts than on the street. A treatment provider commented that use is more common with, *“the older generation.”*

One treatment provider group reported on the use of “lean.” Reportedly, the use of this substance is popular with youth and young adults and also very commonly used in the “rap scene” and in the “rave scene” as it is promoted by many rap artists.

Conclusion

Crack cocaine, heroin, marijuana, methamphetamine, sedative-hypnotics and Suboxone® remain highly available in the Akron-Canton region; also highly available in the region are powdered cocaine and ecstasy. Changes in availability during the past six months include increased availability for heroin and methamphetamine and decreased availability for bath salts and ecstasy. Data also indicated likely decreased availability for synthetic marijuana.

While many types of heroin are currently available in the region, participants, law enforcement and the BCI Richfield Crime Lab reported brown powdered heroin as the most available heroin type in the region; all of the data sources also were in consensus on the low availability of black tar heroin regionally. Respondents continued to attribute the increased availability of brown powdered heroin during the past six months to the reformulation of several prescription opioids that made them more difficult to abuse, increased difficulty in obtaining prescription opioids and the significantly cheaper price of heroin. However, participants reported that the quality of heroin has decreased during the past six months. Participants often commented that increased demand has resulted in dealers cutting heroin more to their profit margin.

Participants and community professionals consistently commented on the decreased age among heroin users. Treatment providers consistently reported that heroin users are often white and younger (early- to mid-20s/college aged). In addition, a treatment provider group reported that heroin use is increasing among young females. Law enforcement also reported an increase in the number of teenagers who are using heroin.

Participants continued to report the current availability of methamphetamine as '10' (highly available). Participants agreed that the prevalence of methamphetamine is high. Most of the available methamphetamine is the powdered "shake-and-bake" type, which is locally produced. Law enforcement reported that 90 percent of the meth labs in the region are in Summit County; they also estimated an average of 39 labs found by law enforcement per quarter year. Imported methamphetamine (aka "crystal ice") is reportedly rarely available.

Participants and law enforcement reported that methamphetamine availability has increased during the past six

months, primarily due to ease of production. A participant group reported an increase in the number of people who make methamphetamine to sell the drug. Many participants reported exchanging boxes of pseudoephedrine for methamphetamine. Participants noted that one could purchase a limited amount of medication containing pseudoephedrine each month per state law, and many participants reported doing so to trade for methamphetamine, or to sell to a methamphetamine cook for money to buy their drug of choice. Typical users of methamphetamine continue to be predominately white, male, middle- to lower-income status and middle aged or younger.

Despite legislation enacted in October 2011, participants noted that bath salts and synthetic marijuana are still sold in certain "head shops," convenience stores and beverage drive-thru stores. However, these vendors are more discreet than they used to be regarding sales. Law enforcement added that while bath salts are still available in some stores, availability is somewhat scarce. Participants noted that one can drive to Pennsylvania and purchase bath salts easier than obtaining the drug in the Akron-Canton region. Treatment providers noted that clients rarely talk about synthetic marijuana.

Participants and law enforcement reported that some users are turning to the Internet to learn how to make their own synthetic drugs. Law enforcement explained that the majority of synthetic marijuana they encounter is "homemade." Law enforcement informed that users purchase the ingredients via the Internet, and when they find suspected synthetic marijuana, they send it to be tested for any illegal components.

Lastly, while ecstasy availability was thought to remain high in the region, participants reported that availability has decreased during the past six months. In addition, the BCI Richfield Crime Lab reported that the number of ecstasy cases it processes has decreased during the past six months. Participants reported that ecstasy is almost exclusively found in strip clubs or at raves (underground dance parties) and not commonly available on the streets. Participants explained that there are fewer drug dealers selling ecstasy. Treatment providers stated that clients do not talk about ecstasy anymore, and law enforcement described ecstasy availability as "hit and miss."

