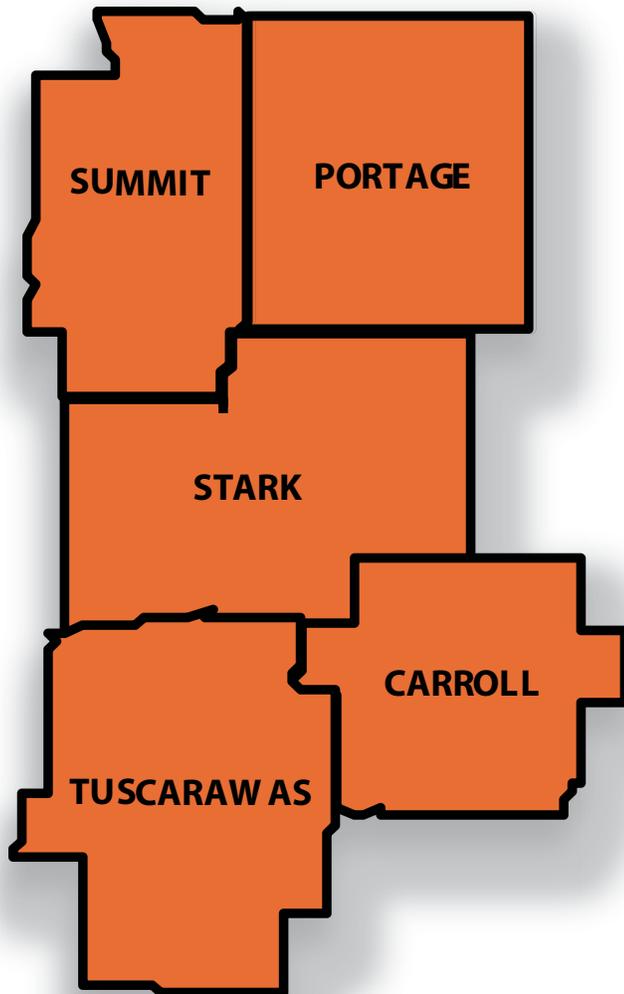


Drug Abuse Trends in the Akron-Canton Region



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 and law enforcement) via 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 Akron-Canton, Cleveland and Youngstown areas. All secondary data are summary data of cases processed from January through June 2013. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for July through December 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	46
Gender (female), 2010	51.2%	51.5%	60.8%
Whites, 2010	81.1%	85.4%	71.7%
African Americans, 2010	12.0%	9.4%	15.2%
Hispanic or Latino origin, 2010	3.1%	1.6%	4.5%
High School Graduation rate, 2010	84.3%	86.3%	91.1% ²
Median Household Income, 2012	\$46,873	\$46,559	\$11,000 to \$14,999 ³
Persons Below Poverty Level, 2012	16.2%	14.8%	55.8% ⁴

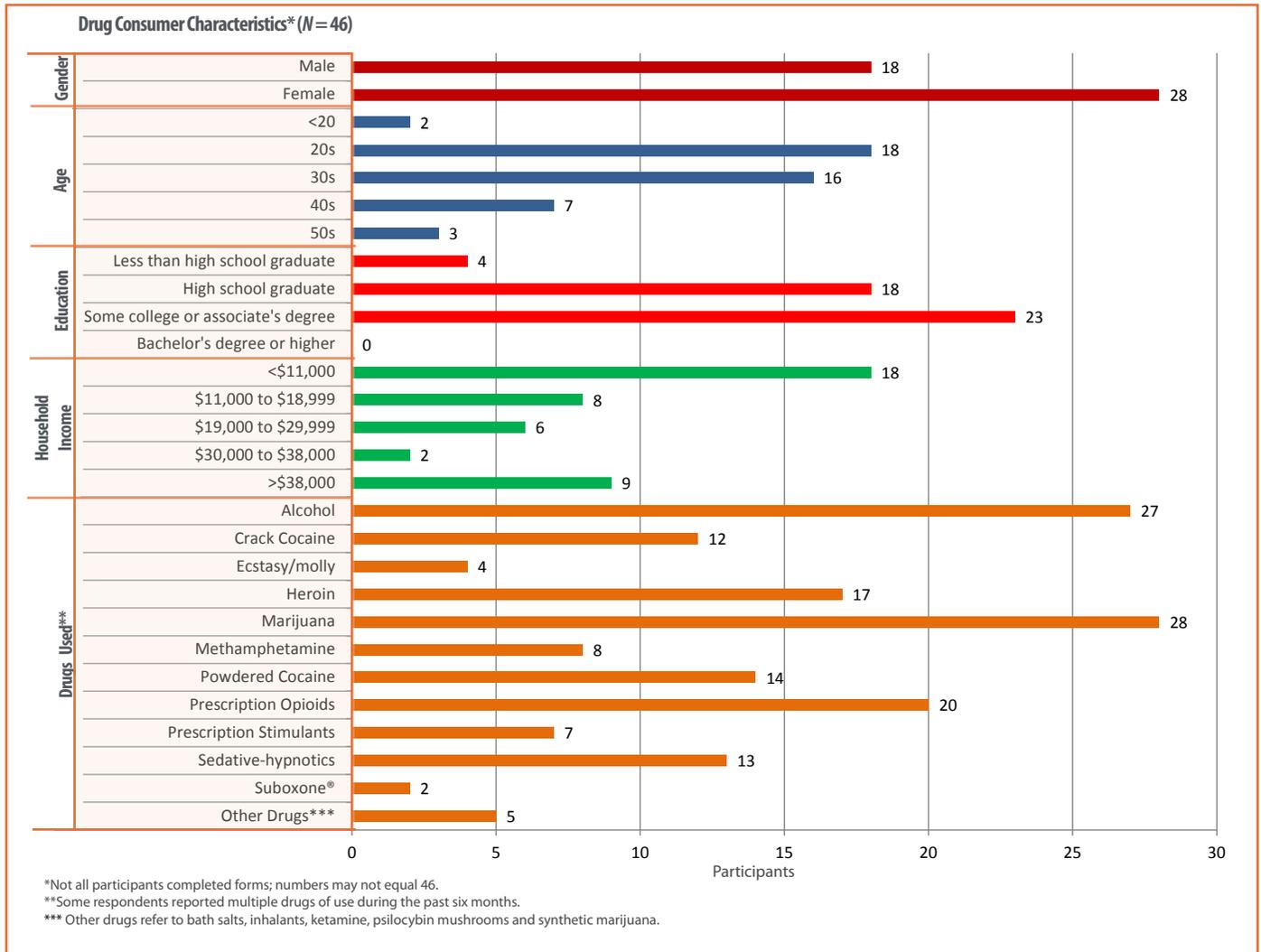
¹Ohio and Akron-Canton region statistics are derived from the most recent US Census, and OSAM drug consumers were participants for this reporting period: June 2013-January 2014.

²High school graduation rate was unable to be determined for 1 participant due to missing and/or invalid data.

³Participants reported income by selecting a category that best represented their household's approximate income for 2013. Income status was unable to be determined for 3 participants due to missing and/or invalid data.

⁴Poverty status was unable to be determined for 3 participants due to missing and/or invalid data.

Akron-Canton Regional Participant Characteristics



Historical Summary

In the previous reporting period (January–June 2013), crack cocaine, heroin, marijuana, methamphetamine, sedative-hypnotics and Suboxone® remained highly available in the Akron-Canton region; also highly available in the region were bath salts and ecstasy. Increased availability existed for heroin and methamphetamine; decreased availability existed for bath salts and ecstasy. Data also indicated likely decreased availability for synthetic marijuana.

Participants, law enforcement and the BCI Richfield Crime Lab reported brown powdered heroin as the most available type of heroin in the region; all of the data sources reported regionally low availability of black tar heroin. Respondents attributed the increased use of heroin 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 a decrease in the quality of heroin and speculated the reason was due to increased demand, resulting in dealers who cut heroin to get more sales/profit out of the drug. Participants and community professionals commented on the decrease of age in heroin use. Treatment providers reported that heroin users were often white and college-aged in their early to mid-20s. In addition, a treatment provider group reported that heroin use increased among young females, while law enforcement reported increased heroin use in teenagers.

Participants reported methamphetamine as highly available. Participants agreed that the most available methamphetamine in the region was the powdered “shake-and-bake” type which is locally produced. Law enforcement reported that 90 percent of methamphetamine labs in the region were located in Summit County; they also reported an average of 39 labs discovered per quarter year. Participants and community professionals reported rare availability of imported methamphetamine (aka “crystal ice”). Participants and law enforcement reported increased availability in powdered methamphetamine, primarily due to ease of production. A participant group reported an increase in the number of people who make methamphetamine to sell. Participants noted that one could purchase three boxes 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. Participants and community professionals described typical methamphetamine users as white, male, middle- to lower-income status and middle-aged or younger.

Despite legislation enacted in October 2011 banning their sale, participants reported that bath salts and synthetic marijuana were still sold in certain “head shops,” convenient stores and beverage drive-thrus. However, these vendors were more discreet than they were previously regarding sales. Law enforcement added that while bath salts were still available in some stores, availability was scarce. Participants reported that bath salts were more easily obtained in Pennsylvania than in the Akron-Canton region. Treatment providers noted that clients rarely talked about synthetic marijuana. Participants and law enforcement reported that some users turned to the Internet to learn how to make their own synthetic drugs and law enforcement explained that the majority of synthetic marijuana they encountered was “homemade.” Law enforcement officers explained that the users purchased the ingredients on the Internet, and when officers found suspected synthetic marijuana, they sent it to be tested for any illegal components.

Lastly, while ecstasy availability was reportedly high in the region, participants stated that availability had decreased. In addition, the BCI Richfield Crime Lab reported that the number of ecstasy cases it processes had decreased during the reporting period. Participants reported that ecstasy was found most often in strip clubs or at raves (dance parties) and not commonly available on the streets. Participants explained that there were fewer drug dealers who sold ecstasy. Treatment providers stated that clients did not talk about ecstasy anymore and law enforcement described ecstasy availability as “hit-and-miss.”

Current Trends

Powdered Cocaine

Powdered cocaine remains highly available in the region. Participants most often reported the drug’s current availability as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was ‘8.’ One participant

noted, "It's pretty simple to get [powdered cocaine], I just did five years [in prison] and it's easier to get than when I was out last time, and a lot more are using it." Some participants from Portage County, however, commented that powdered cocaine is not so easy to find and reported: "It depends on who you know; As long as you catch them before they cook it [into crack cocaine]."

Treatment providers most often reported the drug's current availability as '8,' the previous most common score by treatment providers was also '8.' Law enforcement most often reported the drug's current availability as '5,' the previous most common score by law enforcement was '6.' A treatment provider commented, "I don't hear as much [about powdered cocaine] as I do about other drugs. But when I do hear about it, it's still easy to get." Another treatment provider noted, "It [powdered cocaine] is easy to find in the suburbs."

Media outlets reported on powdered cocaine seizures and arrests in the region during this reporting period. Officers arrested an Akron (Summit County) man for possession and trafficking powdered cocaine when they found him trying to eat the evidence after being pulled over for a traffic violation (www.newsnet5.com, Aug. 8, 2013). A man from Twinsburg (Summit County) was arrested after a month-long investigation when detectives found a gram of powdered cocaine and a small amount of marijuana on him and drug-manufacturing equipment in his home (www.newsnet5.com, Oct. 2, 2013).

Participants most often reported that the availability of powdered cocaine has remained the same during the past six months, though a number reported that availability has decreased. Participants who reported a decrease commented: "[Powdered cocaine] it's not the drug of choice these days. Meth, bath salts, opiates—it's a supply-and-demand thing; The other speed [methamphetamine, bath salts] is becoming more available; People who like to speed are using crack or meth; Pills [prescription stimulants], Adderall®—you get the same feeling and it lasts longer and is cheaper [than using powdered cocaine]." Treatment providers reported that availability of powdered cocaine has remained the same during the past six months, while law enforcement reported that the availability has decreased. A law enforcement officer commented, "[Powdered cocaine is] not as available as a year ago. It's out there [but] heroin is replacing it. Dealers know that heroin is more accessible, is cheaper and they can make more money." The BCI Richfield Crime Lab reported that the number of

powdered cocaine cases it processes has decreased during the past six months.

Powdered Cocaine	Reported Availability Change during the Past 6 Months	
	 Participants	No Change
	 Law enforcement	Decrease
	 Treatment providers	No Change

Most participants rated the current quality of powdered cocaine as '4' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '5.' A participant noted that quality depends on whom you know: "It [quality] could be '10' one day, [and] the next day a '1'."

Participants reported that powdered cocaine in the region is cut (adulterated) with aspirin, baby laxative, baking powder, baking soda, creatine, fish oil, ibuprofen, inositol (dietary supplement), NoDoz®, prescription stimulants (Adderall®, Vyvanse®), sedative-hypnotics (Xanax®) and Similac®. One participant in the group said the cocaine is often cut with "synthetic cocaine," which was described as a product available in smoke shops that gives a numbing effect and looks like cocaine. Overall, participants unanimously reported that the general quality of powdered cocaine has decreased during the past six months. Participants commented: "[Quality of powdered cocaine is] getting worse and worse; They [dealers] keep stomping on [cutting] it; Everyone is in it for the money."

Powdered Cocaine	Cutting Agents Reported by Crime Lab	
	<ul style="list-style-type: none">  caffeine  levamisole (livestock dewormer)  lidocaine and other local anesthetics 	

Current street prices for powdered cocaine were variable among participants with experience buying the drug. Participants reported that it is most common to buy one gram of powdered cocaine ("a fifty") at a time. A participant stated, "I'd pay \$50, use it and go out for another fifty." However, it was also reported that powdered cocaine can be purchased in smaller quantities; one participant noted, "Many are buying \$20, then coming back."

Powdered Cocaine	Current Street Prices for Powdered Cocaine	
	1/2 gram	\$25-30
	a gram (aka "a fifty")	\$50-80
	1/16 ounce (aka "teener")	\$75
	1/8 ounce (aka "eight ball")	\$100-250

Participants commented that it is easy to find cocaine in bars and night clubs. A participant shared, "You can go to any bar, any strip club and get powdered cocaine." Treatment providers also noted that powdered cocaine is readily available in strip clubs. Participants and community professionals agreed that drug dealers most often purchase powdered cocaine. A participant commented, "If they [dealers] are selling heroin, they are selling cocaine." A treatment provider stated, "It is more of a dope dealer's substance. [They buy powdered cocaine] to make crack cocaine."

Participants reported that the most common routes of administration for powdered cocaine are snorting and intravenous injection (aka "shooting"). Participants estimated that out of 10 powdered cocaine users, five would snort and five would intravenously inject the drug. Reportedly, smoking powdered cocaine is rare.

A profile for a typical powdered cocaine user did not emerge from the data. Participants often described typical users of powdered cocaine as younger (as young as high-school-aged) individuals new to drug use. Most groups noted that users are predominately upper-class and professional. Treatment providers described typical users of powdered cocaine as people with white-collar jobs from socio-economic middle-class and up. Law enforcement described typical users of powdered cocaine to be more likely male and aged early-20s to early-30s.

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 commented: "Very, very easy [to find crack cocaine]; Someone is selling it on every block; Small towns, rich areas

... it's everywhere." Treatment providers most often reported the drug's current availability as '10'; the previous most common score was '9'. Law enforcement, on the other hand, most often reported the drug's current availability as '2'; the previous most common score from law enforcement was '6'. Law enforcement officers reported that they have not purchased crack in more than six months. One officer noted, "We understand that it [crack cocaine] is out there still, but the availability is not being reported to us."

Media outlets reported on crack cocaine seizures and arrests in the region during this reporting period. A woman was stopped in Akron for a traffic violation and was found to have crack and a crack pipe in her vehicle (www.ohio.com, Nov. 17, 2013). During separate traffic stops throughout Summit County, six men were charged with possession of crack cocaine (www.ohio.com, Dec. 1, 2013).

Participants most often reported that the availability of crack cocaine has remained the same during the past six months. However, many participants in Portage and Tuscarawas counties noted an increase in availability during the past six months, particularly in rural areas. A participant noted, "[Crack cocaine use] it's spreading in little towns." Another participant commented, "They don't even call them [crack cocaine users] 'crackheads' anymore, 'cause so many people use it." A third participant shared, "I started smoking crack at [the age of] 14, and people looked at me as a freak. Now, everyone else is like me." Participants believed crack cocaine use to be growing in popularity in some communities because the drug is cheap.

Treatment providers reported that availability of crack cocaine has remained the same, while law enforcement reported that availability of crack cocaine has decreased during the past six months. A law enforcement officer noted, "As with powdered cocaine, dealers go with the trend, which is now heroin." Another officer stated, "I don't even know the last time we bought crack [cocaine], it's been so long. It's not out there like it was, for sure." The BCI Richfield Crime Lab reported that the number of crack cocaine cases it processes has remained the same during the past six months.

Crack Cocaine	Reported Availability Change during the Past 6 Months	
	 Participants	No Change
	 Law enforcement	Decrease
	 Treatment providers	No Change

Participants most often reported the current quality of crack cocaine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '6.' Participants reported that crack cocaine in the region is most commonly cut with baking soda, bath salts, Orajel®, powdered milk and "whatever the cocaine is cut with before it is cooked," as one participant stated. A couple of participant groups reported that crack cocaine is often cut with lidocaine (local anesthetic) and different powders to "blow up crack" (increase its size and weight). Participants commented on the quality of crack cocaine: "It sucks; Unless you know how to cook it, how to make it better, you are stuck with what you got." Participants also reported that the quality of crack cocaine often varies. Referring to the quality scale, one participant commented, "[Crack quality] can be a '10' one day, a '4' the next." Reportedly, quality of crack cocaine depends on the quality of the powdered cocaine before it is cooked, as well as from whom the drug was purchased. A participant noted, "Quality comes from the 'big ballers,' so you try to go to the bigger dealers at 3:30 a.m., especially if it's your last \$20."

Participants were evenly split in reporting that the quality of crack cocaine has decreased or remained the same during the past six months. A participant commented, "They [dealers] are cooking it with worse cocaine, and adding more [baking] soda." Participants noted that dealers' attempts to make more money contributed to the increasingly poor quality of crack cocaine. A participant explained, "Bigger dealers don't step on it [cut the cocaine] as much. Smaller dealers are trying to make money."

Crack Cocaine	Cutting Agents Reported by Crime Lab	
		levamisole (livestock dewormer)

Current street prices for crack cocaine were consistent among participants with experience buying crack cocaine. It was overwhelmingly reported that the most common method of purchasing crack cocaine is to purchase \$10 and \$20 quantities (aka "pebbles," "pieces" or "rocks"). Many participants agreed users could spend from \$10 on up for crack. A participant remarked, "Whatever you got, if you have \$10, you can get \$10 worth [of crack cocaine]." The cheap price of crack is what makes this drug attractive, as one participant explained, "If you have \$10, you can get some [crack], but with powder, you need \$50." Participants discussed the variability of pricing: "The first time you buy [crack] it's cheaper. When you go back, it's more expensive and less pure; [Price of crack cocaine] depends on the time of day. After closing time 'til 6 a.m. it's more expensive and you get less; If you spend \$100, you will get more for your money; You can get twice as much for \$20 in Stark County, than here [Tuscarawas County]."

Crack Cocaine	Current Street Prices for Crack Cocaine	
	1/10 gram	\$10-20
	a gram	\$100
	1/16 ounce (aka "teener")	\$170
	1/8 ounce (aka "eight ball")	\$185
an ounce	\$350	

Participants reported that the most common route of administration for crack cocaine remains smoking. Participants estimated that out of 10 crack cocaine users, eight would smoke and two would intravenously inject (aka "shoot") the drug.

Participants described typical users of crack cocaine as individuals of lower socio-economic status. Some participants, agreed with one participant who commented that crack cocaine use is more common with "people out in the streets," as opposed to a drug that people use at home. A participant shared, "I didn't find out about crack 'til I was on the streets, then it took over." Another participant explained how crack cocaine use leaves the user destitute: "It's where it took me to a whole different level of living, like a snake on its belly. I know well-to-do people who started [using crack cocaine], but when all is said and done, they had nothing."

Treatment providers also described typical users of crack cocaine as people of lower socio-economic status. A treatment provider stated, *"I don't see a difference in race like I used to ... just people in the inner city [using crack cocaine]."* Treatment providers added that they have seen an increase in middle-aged white males who report using crack cocaine. A law enforcement officer described typical users of crack cocaine as people who are "poverty-stricken."

Heroin



Heroin remains highly available in the region. Participants and community professionals most often reported current overall heroin 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 scores were also '10'. Participants commented: *"[Heroin is] right out in the open; People flag you down on the streets [to sell heroin]; It's easier to get than ever—even in Canton [Stark County]. When I went to prison five years ago, it wasn't in Canton; We've lost a lot of people in this town [Canton] [to heroin addiction]."* Treatment provider comments on availability included: *"[Heroin availability is] through the roof; I'd go to '11' on that one [availability scale]."* In addition, a treatment provider shared, *"One of my sons attends a highly ranked school. It is easier to get heroin there than it is marijuana."*

Participants described powdered heroin to be brown, gray or white. A participant explained that the color of powdered heroin is more on *"the white side, if cut with fentanyl!"* Another participant added that it's more like pebbles in texture than powder: *"[It] looks like crushed up cat litter."* While many types of heroin are currently available in the region, participants and community professionals continued to report brown powdered heroin as most available. Participants and community professionals most often reported brown powdered heroin's current availability as '10'; the previous most common score was also '10'.

White powdered heroin (aka "China white") is reportedly rare in the region; participants were generally unable to rate the availability of it. However, one Stark County participant rated current availability of white powdered heroin as '8', reporting, *"I've seen it a couple of weeks ago."* Reportedly, there were two recent overdoses in Stark County from "China white." Treatment providers and law enforcement did not report any information regard-

ing white powdered heroin. The BCI Richfield Crime Lab reported processing both brown and white powdered heroin cases during the past six months.

Reportedly, black tar heroin availability is low to moderate throughout the region. Participants most often rated black tar availability as '5'; the previous most common score was '3'. Participants stated that black tar heroin is not easy to obtain. Some participants reported that black tar heroin is more available in urban areas such as Akron. Community professionals did not provide a rating score for current availability of black tar heroin. Treatment providers commented: *"We don't have tar [black tar heroin]; If they have tar, it's fake tar."* A law enforcement officer reported, *"Very little tar. We hardly see any tar."*

Media outlets reported on heroin seizures and arrests in the region during this reporting period. A mother left her two children unattended at a swimming pool in Canton (Stark County) while she went to shoot up heroin in an apartment (www.wkyc.com, Aug. 5, 2013). A woman was taken into custody (Summit County) for two counts of involuntary manslaughter because on two occasions she fled, leaving a man to die of heroin overdose (www.impact.cleveland.com, Oct. 15, 2013). Akron police pulled over a Barberton (Summit County) man for a traffic stop and found him in possession of heroin (www.ohio.com, Dec. 1, 2013). A firefighter and paramedic from Akron was found in his home and revived following a heroin overdose (www.fox8.com, Dec. 10, 2013).

Participants most often reported that the availability of heroin has increased during the past six months. A participant shared, *"I could not afford my doctor's bill, so I got knocked off of pain management [and turned to heroin]."* Other participants noted: *"The demand [is high for heroin]. Everybody does it; Once you start, you become addicted."* Many participants attributed changes in the availability and formulation of prescription opioids to an increase of users switching to heroin. A participant commented: *"It's harder to get pain pills. If you do get them, you can't shoot them up anymore or it takes a lot of work. It's hard. So people are switching over to heroin."* Other participants noted that some cocaine users are switching to heroin, commenting, *"I think that cocaine got so crappy, people are looking for something else. Heroin came in ... it's now the thing; Heroin is cheaper, and lasts longer [than cocaine]."*

Community professionals also most often reported that the general availability of heroin has increased during

the past six months. Treatment providers commented: “[Availability of heroin] seems to be going up, and users are getting younger; Prescription drugs get thrown around high schools readily. Once they get into OxyContin®, dependency takes off, and they switch to cheaper heroin.” A law enforcement officer noted, “A lot of it started with prescription abuse. At one point, they had insurance [and] decent jobs ... 90-95 percent start with prescription opiates.” The BCI Richfield Crime Lab reported that the number of powdered heroin cases it processes has increased during the past six months, while the number of black tar heroin cases has remained the same.

Heroin	Reported Availability Change during the Past 6 Months		
		Participants	Increase
		Law enforcement	Increase
		Treatment providers	Increase

Participants most often reported the general quality of heroin as ‘7’ or ‘9’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was ‘7’. Participants noted higher quality heroin can be found in larger urban areas, such as nearby Cleveland. A participant shared, “Gray [heroin] is the strongest.” Participants reported that brown powdered heroin in the region is cut with baby laxatives, brown sugar, cocoa, Kool-Aid®, prescriptions opioids (Dilaudid®, fentanyl), sedative-hypnotics (sleep aides), sweeteners, tea and vitamins. Participants commented on the variability of the quality of the drug: “Depends on who you get it from. Some stuff [heroin] will kill you, some you won’t even feel; Cut [heroin] is going up. A lot more people are selling it. It’s going through more hands.” Overall, participants reported that the general quality of heroin has remained the same during the past six months. A law enforcement officer reported that fentanyl is being removed from fentanyl patches and used to cut heroin. Another officer added, “That’s how a lot of them are ending up in the Coroner’s office. People aren’t understanding the purity [of heroin] and mix it with other drugs.”

Heroin	Cutting Agents Reported by Crime Lab	
		diphenhydramine (antihistamine)
	quinine (antimalarial)	

Participants reported that heroin is available in different quantities, although participants reported that users most often purchase a half gram or a gram of heroin at a time. While some participants stated that smaller quantities of heroin can be acquired (“bag” or “pack”), others reported that dealers will not sell anything less than half a gram. A participant commented, “It [amount of heroin purchased] depends on how much money you have, or how much [money] you stole.” Another participant added, “It depends on what stage [of addiction] you are in. I started buying \$20 bags, then grams, then bundles [pack of 10 bags].”

Heroin	Current Street Prices for Brown Powdered Heroin	
	1/10 gram (aka “bags”)	\$10-25
	3 bags (3/10 gram)	\$50
	1/2 gram	\$60-110
	10-12 “packs” (about 1-1.2 grams; aka “bundles”)	\$100
	a gram	\$90-200

While there were a few reported ways of using heroin, the most common route of administration remains intravenous injection. Participants estimated that out of 10 heroin users, nine would inject and another one would snort the drug. Participants often noted that users typically begin using heroin by snorting heroin before moving to injection. One participant explained, “My experience is that once you snort heroin for so long ... because of the expense ... because it takes more heroin to get the effect, you will eventually shoot.”

Reportedly, it is still relatively easy to acquire injection needles at various pharmacies, although participants noted some restrictions such as a prescription being required. Participants also noted that there are no needle-exchange programs in their areas, so many travel outside the Akron-Canton region, mainly to Cleveland, to take advantage of such programs. Other participants explained that in many instances, needles are more likely to be shared.

Participants described typical users of heroin as white and aged teens to mid-30s. Participants commonly reported that both males and females and individuals of different socio-economic status were equally represented among heroin users. One participant noted that heroin is used to exploit young women: *“They [dealers] push heroin with them, get them hooked, then sell [prostitute] them.”* Community professionals noted that heroin users tend to be white. A law enforcement officer commented, *“[Heroin] users down here are predominately white, almost like meth [methamphetamine users]. Around here, [heroin] is more of a white-based drug.”* Treatment providers commented on the typical client they see using heroin: *“A lot younger; A surge of white, teenaged men coming in for treatment.”* However, treatment providers also observed an increase in heroin use among African-Americans and older males.

Prescription Opioids

Prescription opioids are highly available in the region. Participants most often reported the current availability of these drugs as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was ‘6.’ Participants identified morphine, Percocet® and Vicodin® as the most popular prescription opioids in terms of widespread use. Participant groups often noted that the most desirable prescription opioids, those that are able to be used intravenously, are more difficult to find.

Treatment providers most often reported the current availability of prescription opioids as ‘8;’ the previous most common score was ‘9.’ Treatment providers identified Dilaudid®, Opana®, OxyContin®, Percocet®, Ultram® and Vicodin® as the most popular prescription opioids in terms of widespread use. Law enforcement most often reported current availability as ‘6;’ the previous most common score was ‘7.’ Law enforcement identified fentanyl, OxyContin® and Percocet® as most popular. A law enforcement officer reported, *“We hear the most about OxyContin®.”*

Media outlets reported on prescription opioid seizures and arrests in the region during this reporting period. Ohio State Highway Patrol (OSHP) arrested two Canton men after recovering Percocet®, heroin and marijuana when they were pulled over for a window tint violation (www.statepatrol.ohio.gov, Oct. 10, 2013). An Akron man was arrested during a traffic stop for possession of oxycodone

and marijuana (www.ohio.com, Dec. 1, 2013). A Cuyahoga Falls (Summit County) woman was arrested after confessing to stealing medication at her place of employment (www.ohio.com, Dec. 1, 2013). Another man was arrested in Cuyahoga Falls for illegal possession of prescription opioid medication (www.ohio.com, Dec. 1, 2013).

Participants and treatment providers most often reported that the general availability of prescription opioids has decreased during the past six months. Participants shared a number of reasons as contributing to the decrease in availability: decrease in number of prescriptions, the reformulation of pills (making them harder or impossible to inject) and the increase in heroin use (due to availability and price). A participant explained, *“They [pharmaceutical companies] took [changed the formulation of] a lot of the drugs so they gel up, it’s hard to shoot.”* Participants observed procedural changes: *“They [legislators] are cracking down on it [the over-prescribing of prescription pills]. They [prescription opioids] are getting harder to find on the streets; They [prescribers] make you drop [urine screens] now and count pills.”* Other participants agreed and added: *“Doctors are being busted; Hospitals don’t even want to give them in the ER [emergency room]; Pain management programs are shutting down.”* Law enforcement reported that availability of prescription opioids has increased during the past six months. A law enforcement officer cited that young people, *“[They] try it [prescription opioids], like it and tell their friends about it.”* The BCI Richfield Crime Lab reported that the number of prescription opioid cases it processes has generally remained the same during the past six months; however, exceptions were increased number of cases for Dilaudid® and fentanyl.

Prescription Opioids	Reported Availability Change during the Past 6 Months	
	 Participants	Decrease
	 Law enforcement	Increase
	 Treatment providers	Decrease

Reportedly, many different types of prescription opioids (aka “beans,” “pillows” and “skittles”) are currently sold on the region’s streets. Current street prices for prescription opioids were consistent among participants with experience buying the drugs. Overall, participants suggested an increase in prices. One participant explained, “*Less people are getting them prescribed [and] they [dealers] are jacking up the prices.*” Participants reported the following prescription opioids as available to street-level users.

Prescription Opioids	Current Street Prices for Prescription Opioids	
	Dilaudid®	\$15 for 4 mg
	fentanyl	\$45-50 for 100 mcg
	morphine	\$7-10 for 30 mg \$20-30 for 200 mg
	Opana® (old formulation)	\$50 for 40 mg
	Percocet®	\$3-5 for 5 mg \$7-10 for 10 mg
	Roxicodone®	\$15-30 for 30 mg
	Vicodin®	\$3-5 for 5 mg

In addition to obtaining prescription opioids on the street from dealers, participants also reported getting them from pain clinics, on the Internet, family members, friends or other individuals being treated with the medication, or by going out of state (to Florida) to obtain prescriptions. Participants reported that individuals will sell their prescriptions as a means of income. Some participants reported stealing prescription opioids from family members. One participant reported about pain clinics: “*If you bring \$50, you will get whatever you want.*” While it was reported that Florida has placed restrictions, such as proof of residency on acquiring these medications, reportedly, there are those who still go there to buy prescription opioids. However, most participants agreed, “*It’s a lot easier to get [prescription opioids] on the streets than from a doctor.*”

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 illicit administration are snorting and oral consumption. Participants estimated that out of 10 illicit prescription opioid users, six would snort and four would orally consume the drugs. Participants commonly reported that while intravenous injection would be the preferred

method of administration, new formulation of pills have made them more difficult to use this way. Treatment providers had also heard that the new formulations of pills are making abusing them more difficult for users.

Participants described typical illicit users of prescription opioids as follows: “*People who do hard, physical labor; People who do not want to use heroin.*” Otherwise, the majority of participants reported no unique characteristics of individuals who use prescription opioids illicitly. A participant commented, “*Pills crosses all lines.*” Treatment providers described typical illicit users of prescription opioids as athletes and construction workers. Both treatment providers and law enforcement noted that dependence on opiates often begin with sports injuries in younger individuals. A treatment provider noted, “*Percocet® is prescribed to 14-year olds for a sports injury. They become dependent and start to abuse them.*” Law enforcement described typical illicit users of prescription opioids as mostly aged teens to early-20s.

Suboxone®

Suboxone® remains highly available in the region.



Participants most often reported the 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’. A participant observed, “*Very easy to get [Suboxone®], easy to get on the streets, easy to get from a doctor.*” Other participants commented: “*Everybody is pushing it [Suboxone®], the people on the streets, the counselors; I see signs [billboards] for Suboxone® clinics.*” Treatment providers most often reported current street availability as ‘7-8’; the previous most common score was ‘7’. Treatment providers noted that there is a high demand for Suboxone®. One treatment provider reported, “*There are long waiting lists, sometimes for months, to get legitimate treatment with Suboxone®, and people are quickly discharged when they test positive for other drugs.*” Treatment providers also discussed that many clients will sell their prescribed Suboxone® or use the drug as a “Band-Aid®” when they cannot get their drug of choice. Law enforcement most often reported current availability as ‘2’. An officer said, “*We’ve come across it [Suboxone®] only a couple of times on search warrants.*”

Participants most often reported that the availability of Suboxone® has remained the same during the past six months, while community professionals most often reported that availability has increased. A law enforcement officer attributed the increase to the increased number of heroin users: *“There’s more and more heroin addicts.”* The BCI Richfield Crime Lab reported an increase in the number of Suboxone® and Subutex® cases it processes during the past six months.

Suboxone®	Reported Availability Change during the Past 6 Months	
	 Participants	No Change
	 Law enforcement	Increase
	 Treatment providers	Increase

Current street prices for Suboxone® were consistent among participants with experience buying the drug. Participants shared that pricing for Suboxone® has increased during the past six months.

Suboxone®	Current Street Prices for Suboxone®	
	sublingual film	\$10-30 for 8 mg
	tablet	\$20-40 for 8 mg

In addition to obtaining Suboxone® on the street from dealers, participants also reported getting the drug from doctors and Suboxone® clinics. Participants commonly reported that it is relatively easy to get a prescription whether the aim is legitimate treatment or to sell it. A participant commented, *“Just take an opiate before seeing a doctor and you can get Suboxone® prescribed.”* Participants admitted that many opiate addicts will use some of their Suboxone® prescription and sell the rest. One participant explained, *“If you get prescribed 30 [Suboxone® sublingual films], you cut the strip in two, use half the dose and sell the rest.”* Another participant shared, *“A lot of people get prescriptions and save it [Suboxone®] for when they are dope sick [going through withdrawal] ... or they sell it.”* Participants throughout the region reported that the pill form of Suboxone® is rarely prescribed any longer. Participants reported that

they can obtain the preferred pill form of the drug by traveling outside the Akron-Canton region.

Most often participants reported taking Suboxone® sublingually (dissolving it under the tongue). Participants estimated that out of 10 illicit Suboxone® users, eight would use the drug sublingually and two would snort. Reportedly, Suboxone® can also be administered by intravenous injection, though this was said not to be common. One participant reported, *“I’ve seen people shoot it [Suboxone®] and go into a seizure.”*

Participants described typical illicit users of Suboxone® as follows: *“People who are trying to wean themselves off of opiates; People in facilities that don’t test for Suboxone®!”* Participants did not describe any further population characteristics. Some treatment providers described typical illicit users of Suboxone® as follows: *“People in the legal system; Pregnant women or women who have recently given birth.”* Law enforcement identified typical illicit users of Suboxone® as heroin addicts.

Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain highly available in the region. Participants most often reported the current availability of these drugs as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was also ‘10.’ Participants identified Ativan®, Klonopin® and Xanax® as the most popular sedative-hypnotics in terms of widespread use. Participants reported that these drugs are very easy to find and easy to have prescribed. One participant reported, *“You can find phenobarbital if you know where to go.”*

Treatment providers most often reported current availability of sedative-hypnotics as ‘7-8;’ the previous most common score was ‘8.’ Treatment providers identified Klonopin®, Soma® and Xanax® as the most popular sedative-hypnotics in terms of widespread use. A law enforcement officer reported, *“We are not seeing that much [sedative-hypnotics], but the Coroner reports a number of [heroin related] deaths with [sedative-hypnotics] in their systems.”*

Participants most often reported that the general availability of sedative-hypnotics has remained the same during the past six months. However, a number of participants noted ease by which one can obtain a prescription.

Participants commented: *“The focus is on opiates. Doctors more readily prescribe benzos [benzodiazepines]; Doctors are more willing to prescribe these [sedative-hypnotics] than pain pills [prescription opioids].”* Treatment providers reported that availability of sedative-hypnotics has decreased during the past six months, while law enforcement reported that availability has increased. A law enforcement officer explained, *“Cause every other drug is [increasing].”* 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 an increase in Xanax® cases.

Sedative-Hypnotics	Reported Availability Change during the Past 6 Months		
		Participants	No Change
		Law enforcement	Increase
		Treatment providers	Decrease

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.

Sedative-Hypnotics	Current Street Prices for Sedative Hypnotics	
	Klonopin®	\$1-2 for 1 mg \$3-5 for 2 mg
	Valium®	\$1 for 5 mg
	Xanax®	\$1 for 0.25 mg \$3 for 1 mg \$3-5 for 2 mg

In addition to obtaining sedative-hypnotics on the street from dealers, participants most often reported getting them prescribed from physicians. Participants commented on the ease with which a prescription is obtained: *“You don’t have to tell the doctor much; You can walk into a psychiatrist, tell them you are anxious and they will write a script [prescription for a sedative-hypnotic]; My doctor prescribed it at my first visit; My friend called his doctor, told her he was anxious, and she gave him a script over the phone.”*

Participants also reported acquiring these medications from family members and friends, as well as ordering them on the Internet from Canada.

While there were a few reported ways of consuming sedative-hypnotics and variations in methods of use were noted among types of sedative-hypnotics, the most common routes of administration remain snorting and oral consumption. Participants estimated that out of 10 illicit sedative-hypnotics users, five would snort, four would orally consume and one would intravenously inject them. Participants described oral consumption as follows: *“Eat them [sedative-hypnotics] by the handful; 12-15 [pills] at a time, usually when drinking [alcohol].”*

Participants described typical illicit users of sedative-hypnotics as: individuals who have an addiction to other drugs because sedative-hypnotics tend to intensify the high of other drugs; older people because they are easily prescribed to them; and professionals because they are more likely to have insurance. In addition, one participant group noted that more females use sedative-hypnotics than males. A participant explained, *“Before they [women] go to work, they need a Xanax® and when they get home they need a Xanax® to deal with the kids.”* Treatment providers described typical users of sedative-hypnotics as older, more likely female, people with mental health issues and people with other addictions. Treatment providers stated that many clients who come in for addiction treatment have prescriptions for anti-anxiety medication. In addition, law enforcement reported that they often see people in their late teens using sedative-hypnotics.

Marijuana

Marijuana remains highly available in the region. Participants unanimously 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’. There was discussion that availability varies depending on the time of year. Participants noted that marijuana is more available and less expensive during “harvest time.” Participants shared that for short one to two week periods after “mega busts” (law enforcement interventions), people are more afraid to sell the drug; this happens periodically throughout the year and during those times, as one participant stated, *“Prices go up, the quality goes down.”* Participants commented: *“[Marijuana is] always available, but the quality is not good*

at some times of the year; if you have the money, all grades are available year-round."

Treatment providers most often reported current availability as '10,' the previous most common score was also '10.' One treatment provider noted, "[Marijuana] it's always there in the background." Law enforcement most often reported current availability as '8,' the previous most common score was '9.' A law enforcement officer described marijuana as "the number-one drug." Collaborating data also indicated that marijuana is readily available in the region. Summit County Juvenile Court reported that 25.1 percent of all drug screens processed during the past six months were positive for marijuana, an increase from 19.2 percent for the previous reporting period.

Media outlets reported on marijuana seizures and arrests in the region during this reporting period. There were several marijuana grow operations that were seized by law enforcement; one marijuana grow operation in Atwater (Portage County) was seized when the Portage County Drug Task Force arrested five individuals and confiscated 95 marijuana plants, as well as marijuana in jars and bags, psilocybin mushrooms and ecstasy (www.impact.cleveland.com, Aug. 1, 2013). A second grow operation was found in Canton in a collaborative effort with the Stark County Metro Narcotics Unit, the FBI Safe Streets Task Force and DEA (Drug Enforcement Administration) agents from the Cleveland Office; a man was arrested and 89 marijuana plants were seized (www.newsnet5.com, Aug. 9, 2013). A third marijuana grow operation was found in Kent (Portage County); two men were arrested when 80 marijuana plants were found in their basement (www.newsnet5.com, Aug. 15, 2013). Two Canton men were arrested after a tractor-trailer loaded with more than 1,700 pounds of marijuana was intercepted by Homeland Security agents (www.19actionnews.com and www.newsnet5.com, Aug. 20, 2013). Ohio State Highway Patrol troopers arrested two men in Portage County following a traffic violation when they discovered two pounds of marijuana in the trunk of their vehicle (www.statepatrol.ohio.gov, Sept. 20, 2013).

Participants reported that the general availability of marijuana has remained the same during the past six months. One participant group noted an increase in individuals who are growing their own marijuana. A participant shared, "Everyone is growing their own pot [marijuana]. You don't even need seeds, just clone someone's pot. You can get seeds online, clones too." Participants added that availabil-

ity of high-grade marijuana is increasing while its price is decreasing.

Treatment providers also reported that the general availability of marijuana has remained the same during the past six months, while law enforcement reported increased availability. Law enforcement reported that while the majority of marijuana in the region is imported, there seems to be an increase in the number individuals who are growing marijuana in-house. An officer commented on the decrease of marijuana grown outside, "I don't know if it was the climate last summer [hot and dry] ... but we just haven't seen it [outdoor marijuana grow operations], not in the volumes that we have in the past ... We just had a plane up last week. A lot of them [marijuana growers] lost a lot of money last year by putting it outside, so they came up with alternative means [in-home grow operations]." The BCI Richfield Crime Lab reported that the number of marijuana cases it processes has remained the same during the past six months.

		Reported Availability Change during the Past 6 Months	
		Participants	Law enforcement
Marijuana		No Change	Increase
		Increase	No Change
		No Change	No Change

Participants most often reported the current overall quality of marijuana as '8-10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '10.'

Several participants explained that the quality of marijuana depends on whether the user buys low-grade marijuana (aka "commercial weed") or high-grade marijuana (typically hydroponically grown marijuana). A participant commented, "It's kind of hard to find bad weed today, it's all good." Several participants commented that individuals are more educated on how to grow marijuana. Participants and community professionals noted an increase in the quality, or potency, of marijuana during the past six months. A participant noted, "It [marijuana quality] keeps getting better."

The price of marijuana depends on the quality desired; current street prices were consistent among participants with experience buying the drug. Participants reported low-grade marijuana as the cheapest form; high-grade

marijuana sells for significantly more. Participants reported that it is most common to purchase 1/8 ounce of marijuana at a time. However, several participants agreed, *"If you are a [marijuana] smoker, you buy a gram, or a blunt [cigar]. If you are a seller, you buy higher quantities."* Participants in Portage County added that high-grade marijuana often comes in glass mason jars. A member of law enforcement noted an increase in price and commented, *"We've seen it [price of marijuana] go from \$600 a pound to \$5,000 a pound."*

Marijuana	Current Street Prices for Marijuana	
	low grade:	
	a blunt (cigar) or two joints (cigarettes)	\$5-10
	1/8 ounce	\$20-40
	1/4 ounce	\$35
	an ounce	\$80-120
	a pound	\$1000-1,200
	high grade:	
	a blunt or two joints	\$10-20
	1/8 ounce	\$50-60
	an ounce	\$240-350
	a pound	\$3,500

Participants almost unanimously reported that the most popular way to consume marijuana remains smoking. Participants estimated that out of 10 marijuana users, all 10 would smoke the drug. Participants also mentioned the practice of baking marijuana into foods, but reported this practice as rather uncommon.

A profile of a typical marijuana user did not emerge from the data. Participant comments included: *"Everyone I know [uses marijuana]; Everyone who does not have a job that requires a [drug] test; Weed does not discriminate."* One participant noted that *"old-timers like regular weed,"* while newer users like *"the potent weed."* Treatment providers described typical users of marijuana as everyone. Treatment providers observed that marijuana is often not viewed as the primary drug of choice by users in treatment.

Methamphetamine



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); the previous most common score was also '10'. Participants reported that methamphetamine is available in powder (aka "shake-and-bake") and anhydrous or red phosphorous (aka "old-school" or "traditional") forms. Participants commented on the general availability of methamphetamine: *"Readily available; Neck-in-neck with heroin; It's everywhere; It's all I hear about; Ridiculous in Summit County; People beg you to go buy Sudafed® [contains the ingredient used to manufacture methamphetamine]."*

Participants reported that powdered shake-and-bake methamphetamine is the most prevalent methamphetamine type in the region. This form of methamphetamine is produced 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 some allergy medications). People who make this form of methamphetamine (aka "cooks") can produce the drug in approximately 30 minutes at nearly any location by mixing ingredients. Participants shared that "old-school" methamphetamine is much more rare. Participants explained: *"Most traditional cooks are getting caught; You can't get enough Sudafed®. You need 20 boxes to do [make traditional] 'old-school' [methamphetamine]."* Participants also reported that higher quality methamphetamine, which is usually imported and often called "ice," is extremely rare in the region and many participants have never seen it. Treatment providers most often reported the general current availability of methamphetamine as '9,' while Stark County law enforcement reported current availability as '5,' the previous overall most common availability score among community professionals was '8.'

Media outlets reported on methamphetamine community initiatives, seizures and arrests in the region during this reporting period. A man was found walking in Portage County wearing a backpack that had smoke coming from it and was arrested by sheriff's deputies when they identified chemicals used to make meth inside it (www.cleveland.com, Aug. 22, 2013). As a result of the increase in meth labs in Summit County, Akron held a second Meth

Lab Community Forum sponsored by Summit County Children’s Services to educate the community about what to look for as signs of trafficking and the dangers of meth labs (www.newsnet5.com, Sept. 26, 2013). A woman from Wadsworth (Summit County) was arrested in Akron after officers stopped her vehicle and found methamphetamine in a sock in her vehicle (www.ohio.com, Nov. 17, 2013). A man from Cuyahoga Falls (Summit County) was arrested after officers found chemicals used to manufacture methamphetamine in his car (www.ohio.com, Dec. 1, 2013). Methamphetamine lab paraphernalia was found in a car which led to the arrest of three Akron residents (www.fox8.com, Dec. 8, 2013). Media reported that Summit County led the state for number of methamphetamine labs; there were a total of 85 labs discovered in 2013 (www.10tv.com, Jan. 2, 2014).

Participants and community professionals reported an increase in availability of methamphetamine throughout the region during the past six months. Participants and community professionals commented on how easy it is to manufacture the drug. Participants commented: *“There’s a lot of shake-and-bake and bathtub labs in small towns around here; All these kids are getting how to make it off the Internet; People think they are chemists. They read how to make it or watch an episode of ‘Breaking Bad.’”* A participant added, *“People are not getting as high on cocaine, so they are looking for something new [and turning to methamphetamine].”* A law enforcement officer observed that most methamphetamine cooks are also users, commenting, *“That’s a kind of drug you have to be a user to make.”*

The BCI Richfield Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months. The lab reported processing mostly off-white and gray powdered methamphetamine during the past six months, along with a small amount of crystal methamphetamine.

Participants most often reported the current quality of powdered methamphetamine as ‘8’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was ‘10’. While the current score indicates general high quality; there was a wide variance in quality scores, ranging from ‘2’ to ‘10’. The majority of participants interviewed did not have recent firsthand experience with the drug; approximately 25 percent of participants in the Akron-Canton region reported recent experience with methamphetamine. Of those, a number complained that the quality is poor and

Methamphetamine	Reported Availability Change during the Past 6 Months	
	 Participants	Increase
	 Law enforcement	Increase
	 Treatment providers	Increase

varies depending on who manufactures the drug. One participant stated, *“Shake-and-bake is junk, [there’s] nothing like the old-school [methamphetamine].”* However, another participant commented, *“It must be good [quality], a lot of people are losing their minds [through use of methamphetamine].”* Overall, participants reported that the quality of methamphetamine has decreased during the past six months. Again, the shake-and-bake type of methamphetamine, now so prevalent in the region, was commonly cited as the reason for the decrease in quality. Participants commented: *“Shitty old-school is better than the best shake-and-bake; So many amateurs. They don’t know how to make it.”*

Current street prices for methamphetamine were consistent among participants with experience buying the drug. Reportedly, it is common to buy either a half gram or a gram at a time. However, many participants noted that it is most common for users to make their own methamphetamine, or to give the ingredients to a “cook” who makes it for them. Participants shared that methamphetamine is less expensive, or even free, in exchange for Sudafed®. A participant shared, *“You can pay people to get the ingredients. I get \$60 to buy three boxes of Sudafed®.”* Another participant disclosed, *“I’d steal peoples’ IDs in order to buy more Sudafed®.”*

While there were a few reported ways of consuming methamphetamine, the most common route of adminis-

Methamphetamine	Current Street Prices for Methamphetamine	
	shake-and-bake:	
	a gram	\$60-80
	old-school:	
a gram	\$100	

tration is smoking. Participants estimated that out of 10 methamphetamine users, five would smoke and the other five would either snort or intravenously inject the drug. Participants reported that the practice of snorting methamphetamine is declining as the shake-and-bake form of the drug is very irritating and reportedly “burns” the nasal passageways. One participant group noted that older users tend to snort or smoke the drug, while younger users tend to either intravenously inject or smoke.

Participants described typical users of methamphetamine as most often white and of lower socio-economic status. Participants identified professions that have a higher rate of methamphetamine use because the individuals have to remain alert and awake for longer periods of time; the examples they used were truck drivers and college students. One participant group reported that methamphetamine use is also popular in the gay community. Community professionals described typical users of methamphetamine as white, of lower socio-economic status and rural. A law enforcement officer noted, *“I’ve never arrested a black man for cooking or using meth.”* Law enforcement added that methamphetamine users are often 30-40 years of age.

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 ‘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 ‘2.’ Approximately 25 percent of participants interviewed had recent firsthand experience with bath salts. Treatment providers most often reported bath salts current availability as ‘5,’ while law enforcement most often reported availability as ‘1;’ the previous overall most common availability score among community professionals was ‘7.’ A law enforcement officer reported, *“[Bath salts] it’s around, but we haven’t had much of it. We’re not getting many complaints about it.”*

Participants reported that the availability of bath salts has remained the same during the past six months, while community professionals reported that availability has decreased. Treatment providers said that the availability of bath salts has decreased primarily due to legislation enacted in 2011 banning the drug. A treatment provider commented, *“You hear from people who used to use [bath*

salts] say, ‘That was not a good idea ... better to stick with heroin.’” The BCI Richfield Crime Lab reported that the number of bath salts cases it processes has increased during the past six months.

Bath Salts	Reported Availability Change during the Past 6 Months		
		Participants	No Change
		Law enforcement	Decrease
		Treatment providers	Decrease

Current street prices for bath salts were variable among participants with experience buying the drug and participants did not know specific quantities of purchases. One participant group explained that bath salts are sold in “pouches” or plastic containers for \$15–20 each, while another group reported that a “bag” sold for \$35 and two bags sold for \$50. One participant also spoke of paying \$100 for bath salts on the street.

Bath salts continue to be available on the street from dealers, as well as from various convenience stores and on the Internet. Participants shared similar information, with one participant commenting, *“If you know what place to go ... but they have to know you [to purchase bath salts].”* Another participant added, *“You need to know how to ask for it.”*

While there were a few reported ways of consuming bath salts, the most common route of administration is intravenous injection. Participants estimated that out of 10 bath salts users, five would intravenously inject and the other five would either snort or smoke the drug. Participants described typical users of bath salts as most often white. Community professionals were unable to provide any description of typical users of bath salts.

Synthetic Marijuana

 Synthetic marijuana (synthetic cannabinoids; aka “K2” and “Spice”) remain 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 ‘9.’ Treatment providers most often reported current availability as ‘5,’ while law enforcement

reported low availability throughout the region; there was no availability score given in the previous report. A law enforcement officer reported, *"We've dropped the hammer down around here on a couple of people, and they've gotten rid of it [synthetic marijuana]. Most of the stuff out there now is that incense stuff that you can't charge them with ... [the] lab can't pick up any controlled substance [in it] ... every time we get a complaint about it [someone selling synthetic marijuana], we go out, it's not there."*

A media outlet reported that an investigation led by the Portage County Drug Task Force resulted in two arrests after undercover agents bought bath salts and K2 at a novelty store in Streetsboro; further investigation uncovered additional K2 above a ceiling tile in the store (www.newsnet5.com, Sept. 26, 2013).

Participants and community professionals reported that the availability of synthetic marijuana has decreased during the past six months. While many participants did not offer an opinion in this regard, a few agreed with a participant who said, *"It [synthetic marijuana] used to be real prevalent, but now it's easier to get real marijuana."* The BCI Richfield Crime Lab reported that the number of synthetic marijuana cases it processes has increased during the past six months.

Synthetic Marijuana	Reported Availability Change during the Past 6 Months	
	 Participants	Decrease
	 Law enforcement	Decrease
	 Treatment providers	Decrease

Current street prices for synthetic marijuana were consistent among participants with experience buying the drug. Reportedly, purchasing synthetic marijuana on the street is more expensive than buying it in a store.

Synthetic Marijuana	Current Street Prices for Synthetic Marijuana	
	a gram (on the street)	\$10-15
	4 grams (in store)	\$20
	10 grams (in store)	\$25

In addition to street purchase, synthetic marijuana continues to be available from various convenience stores, "head shops" and gas stations. According to participants: *"There's so many supplements like K2 that you can get it at any head shop, sold as incense; A lot of people are selling it. People buy it in bulk, and turn around and sell it at a profit."* Participants shared that it can be difficult to get synthetic marijuana in a store: *"They need to know you [to purchase synthetic marijuana], it's under the counter; If they knew you before they cracked down on it, you could still get it; You just need to know what they are calling it."* Participants also reported individuals are making their own synthetic marijuana using cleaning supplies and chemicals bought online.

Participants continued to report smoking as the only route of administration for synthetic marijuana. Participants described typical users of synthetic marijuana as marijuana smokers, younger people and individuals who need to avoid detection from drug screens, such as people in a treatment program or on parole or probation. One participant group reported that there are some people who have quit smoking marijuana and prefer to smoke synthetic marijuana to get higher. A participant stated, *"[Some] people fiend [crave] for it [synthetic marijuana]."* Treatment providers described typical users of synthetic marijuana as individuals trying to avoid detection for drug use. A treatment provider commented, *"[Synthetic marijuana] is highly used in an institutional setting."*

Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) is moderately available in the region; however, participants reported only on the current of availability of "molly" (powdered MDMA), as they did not have knowledge of current availability for ecstasy tablets. Participants reported that the current availability of molly as '7' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score for ecstasy was '8'. Participants commented: *"Molly is huge right now; Kids do it like it's weed; I see it all the time."* A participant said, *"Depends on who you know ... If you know people who use it [molly], it's available."* Participants also noted that molly is often mentioned in rap songs. One participant shared that molly is used, *"Not just at raves [dance parties], people are using it at home."*

Treatment providers did not report a rating regarding current availability of ecstasy or molly, but they did note that molly, described as “pure ecstasy,” is gaining in popularity as they are beginning to hear more about it from their clients. Most treatment providers had very limited knowledge of the drug. One treatment provider commented, “[Molly use] *it’s unchartable right now, but it will be a good question the next time you come.*” Another treatment provider shared, “*We’ve just now been introduced to the idea that it [molly] exists. It’s maybe touched a client or two.*” Law enforcement reported current availability as ‘2.’ A law enforcement officer reported, “*We are starting to get some tips about this molly here ... that ‘new ecstasy.’ We haven’t gotten any yet, but we are hearing about it.*”

Participants reported that the availability of molly has increased during the past six months. Participants commented: “*On the rise, big time; I just heard about it [molly] this year; People are catching onto it and want more; A lot of people are using it regularly. It’s not just a party drug.*” Treatment providers were unable to report on the change of availability of ecstasy or molly, but law enforcement noted a potential increase in the availability of molly. An officer commented that the drug is “*still new—still getting introduced.*” The BCI Richfield Crime Lab reported that the number of ecstasy cases it processes has remained the same during the past six months.

Ecstasy: (Molly)	Reported Availability Change during the Past 6 Months	
	 Participants	Increase
	 Law enforcement	Likely Increase
	 Treatment providers	No Comment

Participants were unable to rate the quality of ecstasy or molly. However, several participants commented on the quality of molly and discussed whether it was truly “pure MDMA” as commonly believed. One participant commented, “*Often it’s not real molly [pure MDMA], but a research derivation.*” Another participant suggested, “*If it [molly] is pure MDMA, then it is cut [adulterated with some other substance].*” Participants reported variability in quality and commented: “[The quality of molly is] *good, like ecstasy and acid, with no hangover; It can be good. Sometimes it is mixed with bath salts or methamphetamine.*”

Current street prices for molly were consistent among participants with experience buying the drug. Reportedly, users most often purchase a half gram to a gram of molly at a time.

Ecstasy: (Molly)	Current Street Prices for Ecstasy: (Molly)	
	1/2 gram	\$50
	a gram	\$65 - 100

According to participants, molly can be purchased on the street through a dealer. A participant shared, “*A lot of heroin dealers have it [molly]. First place to look ... the local pot boy [marijuana dealer] ... then heroin dealers.*” While there were a few reported ways of consuming molly, the most common routes of administration are oral consumption and snorting. Participants estimated that out of 10 molly users, six would orally ingest and four would snort the drug. One participant group mentioned that some users intravenously inject the drug, but this is reportedly rare.

Participants described typical users of molly as individuals who attend raves and individuals from the party or bar scene. Typical users are also reportedly high-school- and college-aged and more likely African-American. A participant added, “*A lot of heroin dealers and cocaine dealers use molly.*” Treatment providers described typical users as teens and young adults. Treatment providers also noted that the drug was popular about six years ago and that it seems to be coming back, especially with young people.

Other Drugs

Participants and community professionals discussed lysergic acid diethylamide (LSD) as available in the region, but this drug was not mentioned by the majority of people interviewed. LSD is still available throughout the region, although there was no consensus in current availability ratings among participants; scores ranged from ‘0’ to ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get). Participants commented: “*Still there, but people aren’t into it anymore; It’s around, but it’s scarce.*” One participant group reported that the drug is more available during the “*concert, festival season.*” Community professionals were unable to provide current availability ratings.

The majority of participants reported that the availability of LSD has remained the same during the past six months, though a few reported decreased availability. A few treatment providers suggested that hallucinogens are coming back in terms of popularity. The BCI Richfield Crime Lab reported that the number of LSD cases it processes has decreased during the past six months.

Only one participant interviewed rated the current quality of LSD as low and commented that the quality *“varies, but it’s generally good.”* Participants reported that LSD sells for \$5-10 for a single dose (aka “a hit”) and \$200-300 for 100 hits (aka “a sheet”). Participants reported that LSD is generally used at parties, raves and festivals and not so much on a daily basis.

Participants described typical users of LSD as *“stoners,” “hippies”* and *“groupies.”* Reportedly, LSD is more popular with younger people, including teenagers. A participant added, *“[In the past] People who smoked a lot of marijuana would use acid [LSD] also, but people have changed to heroin.”*

In addition to reporting on LSD, the BCI Richfield Crime Lab also reported that case numbers for gamma-hydroxybutyric acid (GHB), ketamine, phencyclidine (PCP), psilocybin mushrooms and salvia divinorum have remained the same during the past six months, while noting an increase in DMT (dimethyltryptamine, a powerful psychedelic tryptamine) cases and a decrease in piperazines cases.

Conclusion

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

While many types of heroin are currently available in the region, brown powdered heroin remains the most available type; all data sources reported low to moderate regional availability of black tar heroin. The BCI Richfield Crime Lab reported processing mostly brown and white powdered heroin during the past six months. Many participants continued to attribute increased availability to the reformulation of

some popular prescription opioids, resulting in users switching from pills to heroin use. Some participants also noted cocaine users switching to heroin because heroin is cheaper than cocaine and its high reportedly lasts longer.

There were data to suggest that heroin cut with fentanyl is present in the region. A participant explained that the color of powdered heroin is white if cut with fentanyl, although white powdered heroin (aka “China white”) is reportedly somewhat rare in the region. A law enforcement officer reported that fentanyl is being removed from fentanyl patches and used to cut heroin. Participants and community professionals discussed recent heroin deaths during the past six months, many of which were thought to have involved fentanyl.

While there were a few reported ways of using heroin, the most common route of administration remains intravenous injection. Reportedly, it is still relatively easy to acquire injection needles at various pharmacies, although participants noted prescriptions are often required. Participants also mentioned that there are no needle exchange programs in their areas, so many travel outside the Akron-Canton region, mainly to Cleveland, to take advantage of such programs. Other participants explained that in many instances, needles are more likely shared than replaced with new needles. Participants and community professionals described typical heroin users as white and aged teens to mid-30s. However, treatment providers also observed an increase in heroin use among African-Americans and older males.

Participants most often reported that the availability of Suboxone® has remained the same during the past six months, while community professionals most often reported that availability has increased. A law enforcement officer attributed the increase to the increased number of heroin users. The BCI Richfield Crime Lab reported an increase in the number of Suboxone® and Subutex® cases it processed during the past six months.

Participants commonly reported that it is relatively easy to get a Suboxone® prescription whether the aim is legitimate treatment or to sell it. Participants admitted that many opiate addicts will use some of their Suboxone® prescription and sell the rest. Participants throughout the region reported that the pill form of Suboxone® is rarely prescribed, but they can obtain the preferred pill form of the drug by traveling outside the Akron-Canton region.

Participants reported that methamphetamine is available in powdered (aka “shake-and-bake”) and anhydrous or red phosphorous (aka “old-school” or “traditional”) forms; however, shake-and-bake remains the most prevalent methamphetamine type in the region. In addition, participants also reported that higher quality methamphetamine, which is usually imported and often called “ice,” is extremely rare in the region; many participants have never seen it. The BCI Richfield Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months. The lab reported processing mostly off-white and gray powdered methamphetamine, along with a small amount of crystal methamphetamine.

Many participants noted that methamphetamine is now as available as heroin in the region. Approximately 25 percent of participants in the Akron-Canton region reported recent experience with the drug. Participants and community professionals attributed increased availability during the past six months due to the ease of manufacture of shake-and-bake, as well as to the increasingly poor quality of cocaine which has forced cocaine users to seek something new. Many participants noted that it is most common for users to make their own methamphetamine or to give the ingredients to a “cook” who makes it for them. Participants shared that methamphetamine is less expensive, or even free, in exchange for Sudafed®.

The most common route of administration for methamphetamine is smoking. Participants reported that the practice of snorting methamphetamine is declining as the shake-and-bake form of the drug is very irritating and reportedly burns the nasal passageways. Participants and community professionals continued to describe typical users of methamphetamine as most often white and of lower socio-economic status.

Lastly, data indicates increases in the availability of hydroponic marijuana and of “molly” (powdered MDMA) during the past six months. Participants and law enforcement noted an increase in individuals who are growing their own marijuana in-house, adding that as availability of high-grade marijuana increases, prices for it are decreasing. However, law enforcement reported that the majority of marijuana in the region continues to be imported. Treatment providers noted that molly, described as “pure ecstasy,” is gaining in popularity as they are beginning to hear more about it from their clients. However, most treatment providers had very limited knowledge of the drug. Participants and law enforcement reported that the availability of molly has increased during the past six months. According to participants, molly can be purchased on the street through a dealer. Typical users are reportedly high-school- and college-aged and more likely African-American.