



### Surveillance of Drug Abuse Trends in the State of Ohio

June 2013-January 2014

## Executive Summary

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

This Executive Summary presents findings from the OSAM core scientific meeting held in Columbus, Ohio, on January 27, 2014. It is based upon qualitative data collected from July 2013 through January 2014 via focus group interviews. Participants were 340 active and recovering drug users recruited from alcohol and other drug treatment programs in each of OSAM's eight regions. Data triangulation was achieved through comparison of participant data to qualitative data collected from 118 community professionals via individual and focus group interviews, as well as to data surveyed from coroner's offices, family and juvenile courts, common pleas and drug courts, the Ohio Bureau of Criminal Investigation (BCI), police and county crime labs. In addition to these data sources, media outlets in each region were queried for information regarding regional drug abuse for July through December 2013. OSAM research administrators in the Office of Quality, Planning and Research at OhioMHAS prepared regional reports and compiled this summary of major findings. Please refer to regional reports for more in-depth information about the drugs reported on in this section.

### Powdered Cocaine

Powdered cocaine is moderately to highly available throughout OSAM regions. A change in availability during the past six months was only indicated in the Cleveland region where participants attributed decreased availability to dealers' tight control over supply and to heroin and other drugs supplanting demand. Participants continued to report that availability of powdered cocaine varies greatly depending on a user's relative closeness to a high-level supplier. Many participants noted that dealers are specializing in higher quality powdered cocaine and that their network of buyers is tight-knit. However, the consensus among participants was that while users may have to call around for powdered cocaine, they can find the drug if they desire it. Participants and treatment providers often reported that powdered cocaine is not a primary drug of choice. Most participants with first-hand knowledge of powdered cocaine reported purchasing the drug to make crack cocaine.

#### Reported Change in Availability of Powdered Cocaine during the Past 6 Months

Region	Current Availability	Availability Change
Akron-Canton	High	No Change
Athens	Moderate	No Change
Cincinnati	High	No Change
Cleveland	Moderate	Decrease
Columbus	High	No Change
Dayton	Moderate	No Consensus
Toledo	High	No Change
Youngstown	High	No Change

Participants throughout OSAM regions reported the current quality of powdered cocaine as low to moderate: '4-6' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants also noted that the overall quality of powdered cocaine has either remained the same or has decreased during the past six months. Participants almost universally indicated that poor-quality cocaine is often cut (adulterated) with other substances, such as bath salts, fentanyl, heroin, methamphetamine, "molly" (powdered MDMA), prescription stimulants and sedative-hypnotics (sleep medications and benzodiazepines), to increase the potency of the cocaine. Crime labs throughout OSAM regions most often noted the following cutting agents for powdered cocaine: levamisole (livestock dewormer), lidocaine and other local anesthetics.

Current street jargon includes many names for powdered cocaine.

Current Street Names of Powdered Cocaine	
Most common names	blow, girl, powder, snow, soft, white girl
Other names	bitch, booger, candy, coke, fish scale, smoke, sugar, white, white lady, yay-yo

Pop culture has also influenced street jargon for powdered cocaine as evidenced in the following names participants also reported: "Christina Aguilera, Lindsay Lohan, Miley Cyrus." A participant explained that street jargon is often codified and recalled a phone message, "My man [heroin] is going to be here in about 25 minutes, but my girl [powdered cocaine] is not going to be here until 40 minutes," which he translated to mean someone is ordering \$25 in heroin and \$40 in powdered cocaine.

Depending on region, desired quality and from whom one buys, a gram of powdered cocaine currently sells for \$40-100. Participants in Dayton also reported that powdered cocaine is now sold in capsules (aka "caps") at \$5 each. Akron-Canton participants noted that it is easy to find powdered cocaine in bars and night clubs; treatment providers also noted that powdered cocaine is readily available in strip clubs.

Participants throughout OSAM regions continued to report that the most common way to use powdered cocaine is snorting, followed by intravenous injection. Reportedly,

smoking powdered cocaine is relatively rare, as users typically "rock" powdered cocaine into crack cocaine for smoking. Participants and community professionals were in agreement in describing the typical powdered cocaine user as white and of middle to high socio-economic status. In addition, many participants and law enforcement noted younger individuals as typically using the drug—those new to drug use and those who like to party; many community professionals generally noted more males using powdered cocaine than females.

Many other substances are used in combination with powdered cocaine. Reportedly, it is much more common to use powdered cocaine with other substances than to use it by itself.

### Substances Most Often Combined with Powdered Cocaine

- Alcohol • Ecstasy & Molly • Heroin • Marijuana • Prescription Opioids • Sedative-Hypnotics •

Using powdered cocaine with alcohol is popular as it allows users to party longer, consuming greater quantities of alcohol. Participants reported that powdered cocaine is often used in combination with heroin or prescription opioids for two reasons: these substances assist the user in coming down off the cocaine stimulant high and many users "speedball" with these substances, creating alternate stimulant and depressant highs.

### Crack Cocaine

The availability of crack cocaine has remained the same throughout OSAM regions during the past six months. The drug remains highly available; exceptions include areas of the Athens and Dayton regions. In the Athens region, participants reported higher availability in Muskingum County and lower availability in Athens County; in the Dayton Region, participants reported higher availability in Montgomery and Allen counties and lower availability in Hardin and Miami counties.

Cleveland participants reported that incidences of anonymous street transactions continue to be less common in areas where "walk-up" service was previously available. Many participants were keen to agree that crack cocaine has moved from the streets to the phone. However, in Youngstown, participants shared that they could get crack

**Reported Change in Availability of Crack Cocaine during the Past 6 Months**

Region	Current Availability	Availability Change
Akron-Canton	High	No Change
Athens	Variable	No Change
Cincinnati	High	No Change
Cleveland	High	No Change
Columbus	High	No Change
Dayton	Moderate to High	No Change
Toledo	High	No Change
Youngstown	High	No Change

cocaine on certain street corners or by sitting at certain gas stations; reportedly, dealers approach users and offer to sell crack cocaine. In the Akron-Canton region, participants in Portage and Tuscarawas counties believed crack cocaine use to be increasing in popularity in some rural communities because the drug is cheap.

While participants reported that the availability of crack cocaine has remained the same during the past six months, they overwhelmingly suggested that more users now prefer heroin over crack cocaine. Several participants mentioned that dealers deliberately try to move their customers away from crack cocaine to heroin. In addition, similar to powdered cocaine, treatment providers observed that those currently coming into treatment often report that they have used crack cocaine but are more likely to be addicted to other drugs.

Participants throughout OSAM regions reported the quality of crack cocaine as moderate, rating current quality most often as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality); participants also noted that the overall quality of crack cocaine has either remained the same or has decreased during the past six months. Many participants noted that the quality of crack cocaine depends on the area where they buy it; for instance, in Cincinnati, the downtown area reportedly has the most consistent quality. Dealers' attempts to make more money have contributed to the increasingly poor quality of crack cocaine. In Cleveland, crack cocaine quality is so poor that it has become common for crack users to "recook" the product to remove impurities. Fake product (aka "fleece" or

"dummies") is also reportedly more common in Cleveland, including drywall and cocoa butter sold as crack cocaine.

Participants noted that crack cocaine is cut with many of the same agents used to cut powdered cocaine: amphetamines, bath salts, heroin, methamphetamine and prescription opioids. In addition, participants noted many different colors of crack cocaine depending on what the drug is cut with and depending on the dealer. The most commonly listed colors included yellow and white, followed by tan and brown. Participants noted that some cooks use food coloring to dye the drug and that color becomes the staple color of the dealer. Such colors listed by participants included green, pink, blue, purple, red and orange. Crime labs throughout OSAM regions most often reported levamisole (livestock dewormer) as the typical cutting agent for crack cocaine.

Current street jargon includes many names for crack cocaine.

**Current Street Names of Crack Cocaine**

<b>Most Common Names</b>	butter , crack, drop, food, girl (hard girl, white girl), hard, work , yay-yo
<b>Other Names</b>	blast, bobo, boy, candy (hard candy), cookies, crane, crinak, drip (or 'drop'), mellow yellow, melt, ready, smack, stones, tough, twerk

Current street prices for crack cocaine were consistent throughout OSAM regions among participants with experience buying the drug. Participants overwhelmingly reported that the most common method of purchasing crack cocaine is to purchase \$10 and \$20 quantities (1/10 gram, aka "pebbles," "pieces" or "rocks"). However, participants in Cleveland indicated an increase in pricing, with most believing \$10 rocks to be a thing of the past and \$20 rocks now the smallest increment available. Depending on region, desired quality and from whom one buys, a gram of crack cocaine currently sells for \$40-150.

Participants throughout OSAM regions continued to report that the most common way to use crack cocaine is smoking. Participants estimated that out of 10 crack cocaine users, 8-9 smoke and the remaining 1-2 intravenously inject (aka "shoot") the drug. Participants noted mixing crack cocaine with lemon juice to be able to inject the drug intravenously.

Participants in Dayton speculated about an increase in shooting crack cocaine.

While most participants and community professionals throughout OSAM regions described the typical crack cocaine user as anyone, the consensus among both respondent groups was that crack cocaine use is typical among individuals of low socio-economic status. In terms of race, several respondent groups indicated more use among whites than other racial groups; however, the Toledo police reported that crack cocaine use continues to be predominately found in urban neighborhoods among African-American users.

Participants and community professionals agreed that crack cocaine is most often used in combination with other substances.

Substances Most Often Combined with Crack Cocaine
<ul style="list-style-type: none"> <li>• Alcohol • Heroin (aka "speedball" or "hot shot") •</li> <li>• Marijuana • Prescription Opioids •</li> <li>• Sedative-Hypnotics •</li> <li>• Tobacco •</li> </ul>

Typically, another substance is used with crack cocaine to help balance the effects of the stimulant high or to assist the user in coming down off the high. A participant explained that when crack cocaine is broken down and intravenously injected with heroin in one syringe, this is called a "hot shot;" whereas another participant explained that "speedball" is when the user goes back and forth between the two drugs to balance the effects of each.

## Heroin

The availability of heroin has increased during the past six months in every region with the exception of Toledo. Community professionals in Cleveland overwhelmingly cited heroin as the most available drug, while participants in Athens agreed that heroin is now the easiest drug to obtain in their region; reportedly, easier to obtain than even marijuana.

Participants consistently attributed the increase in heroin use to the reformulation of popular prescription opioids, such as OxyContin®, which has made some prescription opioids more difficult to abuse, and the crushable pills increasingly more expensive and more difficult to obtain.

Reported Change in Availability of Heroin during the Past Six Months			
Region	Current Availability	Availability Change	Most Available Type
Akron-Canton	High	Increase	brown powdered
Athens	High	Increase	brown powdered, black tar
Cincinnati	High	Increase	black tar
Cleveland	High	Increase	brown/white powdered
Columbus	High	Increase	black tar
Dayton	High	Increase	brown/white powdered
Toledo	High	No Change	white powdered
Youngstown	High	Increase	brown powdered

Participants throughout OSAM regions also cited dealers switching from other drug sales to the more profitable sale of heroin, along with cocaine users switching to heroin due to the poor quality of cocaine.

In the Toledo region, while participants and community professionals noted that the high availability of heroin has remained the same during the past six months, they reported an increase in overdose deaths related to heroin. In addition, respondents in Cleveland and Dayton regions reported an increase in overdose rates. Participants generally shared that hesitation to call for assistance when a user is overdosing is common among heroin addicts who fear legal prosecution for their drug activities.

Participants throughout OSAM regions most often reported the overall quality of heroin as '8-10' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants in Akron-Canton, Cleveland, Dayton, Toledo and Youngstown believed potent heroin to be cut with fentanyl. In a press release, the Montgomery County Coroner's Office disclosed that heroin cut with fentanyl is being sold by drug dealers. The coroner's office confirmed 35 fentanyl-related overdose deaths during a three-month period, October 28, 2013 through January 26, 2014. Crime labs

throughout OSAM regions most often reported caffeine, diphenhydramine (antihistamine) and quinine (antimalarial) as the typical cutting agents for heroin.

Current street jargon includes many names for heroin. Participants shared that black tar heroin is most often called “tar,” while white powdered heroin is most often called “China white.” Some street names for heroin referred to people: “Chris Brown, Justin Bieber and Sir Henry.” Other reported street jargon referred mostly to dogs or dog food and included the following: “Alpo®, chow, dog, puppy, Puppy Chow®, puppy food.”

Current Street Names of Heroin	
Most common names	boy, dog food, dope, ‘H’
Other names	brown, chiva, horse, mud Purina®, raw, ron, scag, smack

Participants reported that heroin is available in different quantities. Powdered heroin is most commonly sold in chunks, folds or baggies while black tar heroin is commonly sold in bags, berries or balloons. Small amounts are typically about 1/10 gram and sell for \$10-25; a gram sells for \$50-200, depending on quality and location of purchase. Participants in several regions noted higher pricing in rural areas.

Participants throughout OSAM regions continued to report that the most common way to use heroin is intravenous injection (aka “shooting”). Participants estimated that out of 10 heroin users, 7-9 shoot the drug. Injection needles are primarily obtained through heroin dealers, people with diabetes, retail chain pharmacies and on the Internet. Participants throughout OSAM regions agreed that sharing and re-using needles is common practice. Participants and community professionals discussed the need for clean-needle exchange programs and consistent places to dispose of dirty needles.

Participants and community professionals described typical users of heroin as white, aged teens to 30s, with both males and females and individuals of different socio-economic status equally represented. Both police and the Multi-Area Narcotics Task Force in the Toledo region reported an increase in juveniles using heroin.

Participants and community professionals agreed that heroin is most often used in combination with other substances.

### Substances Most Often Combined with Heroin

- Alcohol • Crack & Powdered Cocaine •
- Marijuana • Prescription Opioids •
- Sedative-Hypnotics •

“Speedballing” remains popular as users seek a combined up and down high which is established by using heroin with a stimulant (i.e., cocaine). Alcohol, marijuana and sedative-hypnotics are reportedly used with heroin to enhance the effect of the drug. Participants and community professionals recognized the danger of using sedative-hypnotics (particularly benzodiazepines) with heroin, yet the trend continues.

### Prescription Opioids

The general availability of prescription opioids is currently high throughout OSAM regions; however, participants noted that the most desirable prescription opioids, those that are able to be used intravenously, have become more difficult to find. While participants in Cleveland indicated a general increase in availability during the past six months, they reported very little use and low availability of “premium” prescription opioids such as Dilaudid®, fentanyl, Opana® and morphine. Community professionals in Cleveland also reported an increase in prescription opioid availability: Treatment providers suggested doctors do not monitor prescription opioids closely enough and law enforcement noted an influx of pills from outside Ohio. Many participants throughout OSAM regions noted that although widely used, most opiate users are not very interested in Percocet® and Vicodin®; many are moving on to heroin use.

Current street jargon includes many names for prescription opioids. Participants reported the following common street names for many of the prescription opioids available to street-level users.

Participants expressed a preference for formulations that can be crushed, snorted, combined with other drugs or used as cutting agents. These types of pills are reflected in the price as they are significantly more expensive than others. For example, recent changes to Opana® formulations have reduced demand for the new pills and increased demand for the 40 mg crushable version. The current street price for the old formulation of Opana® is \$1.5-3 per milligram throughout OSAM regions, while Percocet® and Vicodin® sell for less than \$1 per milligram.

**Reported Availability Change of Prescription Opioids during the Past 6 Months**

Region	Current Availability	Availability Change	Most Widely Used
Akron-Canton	High	No Change	Percocet®, Vicodin®
Athens	High	No Change	Percocet®, Roxicet®, Vicodin®
Cincinnati	High	No Change	OxyContin®, Percocet®, Vicodin®
Cleveland	High	Increase	Percocet®, Vicodin®
Columbus	High	No Change	Percocet®, Suboxone®, Vicodin®
Dayton	High	No Change	Percocet®, Ultram®, Vicodin®
Toledo	High	No Change	OxyContin®, Percocet®, Vicodin®
Youngstown	High	No Change	Percocet®, Ultram®

In addition to obtaining prescription opioids on the street from dealers, participants reported getting them from friends and family members, through the Internet,

through prescriptions and just simply by “asking around.” Participants shared obtaining prescription opioids by waiting around pharmacies and asking people picking up prescriptions to sell. Participants reported that individuals will sell their prescriptions as a means of income. Some participants reported stealing prescription opioids from family members. Youth often obtain opioid medication from a parent’s medicine cabinet.

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 for illicit use remain snorting and oral consumption (swallowing and/or “eating,” crushing/ chewing, including wrapping a crushed pill in tissue and then swallowing, aka “parachuting”). Participants in Athens also reported oral ingestion by mixing the powdered form of the drug in a beverage and drinking. Participants in Akron-Canton commonly reported that while intravenous injection would be the preferred method of administration of prescription opioids, new abuse-deterrent formulations have made them more difficult to use this way.

A profile of a typical illicit user of prescription opioids did not emerge from the data. Participants described typical illicit users as anyone. Several participants more specifically identified illicit users as anyone who has been injured and been prescribed opioids as medication, along with those who have access to these medications, such as doctors, dentists and nurses, as well as whites who seek “better drugs” for abuse. Community professionals most commonly described typical illicit users of prescription opioids similarly as participants, while also describing that illicit users cover a wide age range and that abuse of prescription opioids extends to younger age groups. Community professionals reported that young people often initiate drug abuse with prescription opioids.

Reportedly, prescription opioids are commonly used in combination with other substances to intensify the user’s high.

**Current Street Names of Prescription Opioids**

Dilaudid®	did, diddy, Oscar De La Hoya’s
Fentanyl	patches, suckers
Kadian®	‘K’
Norco®	Chinese eyes, French fries, yellow busses
Opana®	OPs, pana’s, pandas, stop signs
OxyContin®	green beans (80 mg), OCs (old formulation), OPs (new formulation), oxy’s
Percocet®	Ps, perks, perk 5 (5 mg), tens (10 mg), three twenty-five’s (7.5 mg)
Roxicodone®	roxies; greens, 15s (15 mg); blue berries, blue pill, blues, perk 30s (30 mg)
Vicodin®	Vs, vikes, vickies; vike 10 (Vicodin® HP 10 mg); three seventy-fives, baby vikes, vike ES (Vicodin® ES 7.5 mg)

**Substances Most Often Combined with Prescription Opioids**

- Alcohol • Cocaine • Heroin •
- Marijuana • Other Prescription Opioids •
- Sedative-Hypnotics •

## Suboxone®

Community professionals throughout OSAM regions noted a high demand for Suboxone®. They observed that as the number of heroin users increases so too does the number of individuals seeking Suboxone®. Participants throughout OSAM regions reported that Suboxone® is easy to obtain either on the street from dealers and other users or from doctors. Treatment providers 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. The BCI Richfield Crime Lab reported an increase in the number of Suboxone® and Subutex® cases it processes during the past six months; the Miami Valley Crime Lab reported that the number of Suboxone® cases it processes has also increased.

### Reported Availability Change of Suboxone® during the Past 6 Months

Region	Current Availability	Availability Change
Akron-Canton	High	Increase
Athens	High	Increase
Cincinnati	Moderate to High	Increase
Cleveland	High	Increase
Columbus	High	Increase
Dayton	High	Increase
Toledo	High	No Change
Youngstown	High	Increase

Current street jargon includes a few names for Suboxone®.

### Current Street Names of Suboxone®

<b>General</b>	subs
<b>Sublingual film</b>	Band-Aids®, strips
<b>Tablet</b>	boxes, oranges, orangies, orange peelers, stop signs, vitamin C
<b>Subutex®</b>	tex, tics

Although there were slight variances of price throughout OSAM regions, participants commented that generic Suboxone® and sublingual films are less expensive than name brand Suboxone® tablets. The tablets are preferred for illicit use as they can be crushed for snorting

or shooting. However, in half the regions (Akron-Canton, Cincinnati, Cleveland and Toledo), participants reported pricing information for the sublingual film form only, as the tablet form has become increasingly unavailable. Akron-Canton participants reported that they can obtain the preferred tablet form by traveling outside their region. Throughout OSAM regions Suboxone® 8 mg sublingual film sells for \$10-30; 8 mg tablet sells for \$10-40.

In addition to obtaining Suboxone® on the street from dealers, particularly those who deal heroin, participants reported getting the drug through legal prescriptions and from buying it from friends and family members with prescriptions. Participants in Youngstown also reported acquiring Suboxone® through “twitter” communications, and they noted that drug dealers will often trade heroin for Suboxone®. Legitimate prescriptions are reportedly more difficult to obtain, although participants commonly reported that it is relatively easy to get Suboxone® 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.

Most often participants reported taking Suboxone® sublingually (dissolving under the tongue), although participants reported that users can dissolve either form of the drug to snort or intravenously inject (aka “shoot”). Participants throughout OSAM regions estimated that out of 10 illicit Suboxone® users, 8-9 would orally consume and 1-2 would either snort or shoot the drug. Participants explained that sublingual films are dissolved with water for snorting, administering the drug similar to the administration of a nasal spray. In addition, participants in Cleveland mentioned users dissolving the sublingual form and dropping the liquid into the eyes as if administering an eye drop.

Participants and community professionals described typical illicit users of Suboxone® as young, heroin and prescription opioid addicted persons who are self-medicating either to wean off heroin or prescription opioids or to avoid withdrawal between highs. In addition, law enforcement in Toledo reported that Suboxone® is popular among incarcerated populations.

Participants throughout OSAM regions agreed that Suboxone® is typically used by itself more often as a “last resort” when a user is going through withdrawal. Although the majority of participants believed users cannot get high on this drug, several pointed out that Suboxone® can be used in combination with alcohol or sedative-hypnotics

in order to “intensify the effect.” Even though, participants seemed to have awareness that this combination can be fatal, they admitted that Suboxone® is used in this manner.

**Substances Most Often Combined with Suboxone®**

- Alcohol • Sedative-Hypnotics •

**Sedative-hypnotics**

Sedative-hypnotics are moderately to highly available throughout OSAM regions. Participants overwhelmingly reported that these drugs are very easy to find and easy to have prescribed. A change in availability during the past six months was only indicated in the Cleveland region where participants attributed increased availability, particularly of Xanax®, to increased use by heroin users who reportedly often use the drugs either to avoid withdrawal

**Reported Availability Change of Sedative-Hypnotics during the Past 6 Months**

Region	Current Availability	Availability Change	Most Widely Used
Akron-Canton	High	No Consensus	Ativan®, Klonopin®, Soma®, Xanax®
Athens	Moderate	No Change	Klonopin®, Valium®, Xanax®
Cincinnati	High	No Change	Klonopin®, Xanax®
Cleveland	Moderate	Increase	Klonopin®, Valium®, Xanax®
Columbus	Moderate	No Change	Klonopin®, Valium®, Xanax®
Dayton	High	No Change	Ativan®, Klonopin®, Valium®, Xanax®
Toledo	High	No Change	Ativan®, Klonopin®, Xanax®
Youngstown	High	No Change	Klonopin®, Soma®, Valium®, Xanax®

when they are out of heroin and Suboxone® or because of the different effect the combination of Xanax® with heroin delivers. Law enforcement in Cleveland reasoned that the availability of Xanax® has increased as a result of increased prescribing by doctors. There was consensus among participants and community professionals that sedative-hypnotics are easier to obtain than prescription opioids.

Current street jargon includes many names for sedative-hypnotics (aka “benzos, downers, pharmies”). Participants reported the following common street names for many of the sedative-hypnotics available to street-level users.

**Current Street Names of Sedative-Hypnotics**

Ativan®	vans
Klonopin®	forgot-a-pins, k-pins, nervies, pins
Soma®	slows, soma-coma
Valium®	Vs, vals
Xanax®	xanies, peaches (0.5 mg), blue footballs, blue monsters, blues, footballs (1 mg), bars, logs, school busses, xanibars (2 mg)

Current street prices for sedative-hypnotics varied throughout OSAM regions: Klonopin® 1 mg sells for \$0.50-2; Klonopin® 2 mg sells for \$2-5; Valium® 5 mg most often sells for \$1; Valium® 10 mg most often sells for \$2; Xanax® 0.5 mg sells for \$0.50-2; Xanax® 1 mg sells for \$2-3; Xanax® 2 mg sells for \$3-7. In addition to obtaining sedative-hypnotics on the street from dealers, participants reported getting them prescribed from physicians. Participants also reported acquiring these medications from family members and friends, as well as ordering them on the Internet from Canada. Users are more likely to obtain sedative-hypnotics from doctors via prescription or from people they know than from dealers on the street.

While there are a few reported ways of consuming sedative-hypnotics and variations in methods of use were noted among types of sedative-hypnotics, the most common route of administration remains oral consumption, including wrapping a crushed pill in tissue and swallowing (aka “parachuting”), followed by snorting. Although rare, a few participants throughout OSAM regions shared that users sometimes intravenously inject (aka “shoot”) these drugs. Cleveland participants reported that shooting sedative-hypnotics is more common when sedative-hypnotics are used in combination with other drugs.

Participants most often described typical illicit users of sedative-hypnotics as younger and addicted to other drugs,

especially heroin. Community professionals most often described typical illicit users as young females. Participants and community professionals agreed that sedative-hypnotics are most often used in combination with other substances rather than by itself in an effort help users “come down” off other drug highs (particularly cocaine).

**Substances Most Often Combined with Sedative-Hypnotics**

- Alcohol • Crack & Powdered Cocaine • Heroin • Marijuana • Methamphetamine • Prescription Opioids • Prescription Stimulants •

**Marijuana**

Marijuana remains highly available throughout OSAM regions. There were no changes in reported availability during the past six months. However, marijuana availability reportedly fluctuates with seasonal changes, as well as with law enforcement seizures and arrests, but marijuana availability is never low since more and more individuals are growing the drug. Participants and community professionals agreed that marijuana can be found anywhere and everywhere. Law enforcement throughout OSAM regions often reported marijuana as the number one drug they encounter. Treatment providers in Dayton shared that users often believe marijuana is less harmful than cigarettes.

**Reported Availability Change of Marijuana during the Past 6 Months**

Region	Current Availability	Availability Change
Akron-Canton	High	No Change
Athens	High	No Change
Cincinnati	High	No Change
Cleveland	High	No Change
Columbus	High	No Change
Dayton	High	No Change
Toledo	High	No Consensus
Youngstown	High	No Change

Participants throughout OSAM regions reported high quality of marijuana, most often rating the drug’s overall quality as ‘10’

on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality). Specifically, participants reported moderate quality (‘3-5’) of low-grade marijuana and high quality (‘10’) of high-grade marijuana. Most participants reported marijuana quality changes, indicating high-grade marijuana as increasing in quality while low-grade marijuana quality fluctuates from poor to good. Cleveland participants continued to note that low-grade marijuana in that region is often sprayed with a synthetic cannabinoid in order to increase flavor and potency. Participants agreed that better quality marijuana is most often hydroponically grown without seeds or stems. Participants shared that there has been an increase in the number of marijuana varieties, especially for higher grades of the drug.

Current street jargon includes countless names for marijuana.

**Current Street Names of Marijuana**

<b>Most Common</b>	<b>bud, green, mary jane, smoke, trees, weed</b>
<b>Other Common</b>	Bob Marley, Bin Laden, Don Juan, grass, hay, Keisha, pot
<b>Low grade</b>	Bobby Brown, commercial (aka ‘commersh’ or ‘mersh’), dirt weed, ditch weed, hay, Mexican dirt, mids (aka ‘middy’), reggie, schwag, skunk, Youngstown brown
<b>High grade</b>	chronic, dank, diesel, fire, headies, hydro (aka ‘dro’), kill, kind bud, kush, medical, nugs

High-grade marijuana street names often refer to particular strains or name brands typically referring to flavors (“blueberry yum, cherry kush, green apple, lemon kush, Girl Scout® cookie and strawberry”) or places (“Alaskan Thunderf\*ck, Cali (California) kush”) or colors (“purple haze, purple kush, Snow White, white widow, white rhino”).

Throughout OSAM regions, prices for marijuana continue to depend upon the quantity and quality desired: for low-grade marijuana, a “blunt” (cigar) or two “joints” (cigarettes) sell for \$5; an ounce sells for \$90-100. High-grade marijuana sells for significantly more: \$20 for a blunt or two joints and \$300-350 for an ounce. Participants continued to report that the most common route of administration for marijuana remains smoking. However, an increased number of participants reported vaporizing marijuana, which means consumers are using an electronic smoking device similar to an e-cigarette. Also, participants continued to

mention oral consumption of marijuana in edibles such as deserts and hot beverages.

A typical profile of a marijuana user did not emerge from the data. Participants and community professionals agreed that anyone can use the drug. Many substances are used in combination with marijuana. Reportedly, it is more common to use marijuana with other substances. Participants and treatment providers reasoned that marijuana in combination with other drugs intensifies the effects of the other drugs.

**Substances Most Often Combined with Marijuana**

- Alcohol • Crack & Powdered Cocaine (aka “cocoa puff” or “primo”) • Heroin • Prescription Opioids •
- Sedative-Hypnotics (especially Xanax®) •

Other substances participants mentioned as used in combination with marijuana include: ecstasy, embalming fluid (aka “wet, sherm”), heroin, LSD (lysergic acid diethylamide), methamphetamine, PCP (phencyclidine; aka “primo”), promethazine and tobacco.

**Methamphetamine**

Methamphetamine availability remains variable from region to region. For instance, the drug continues to be highly available in the Akron-Canton region and is currently low to moderate in availability in the Cleveland region. Participants in Youngstown attributed the higher availability of methamphetamine in their region to legislation which banned bath salts sales. In Mahoning County, some participants believed that the availability of methamphetamine is bound to increase. 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.

**Reported Availability Change of Methamphetamine during the Past 6 Months**

Region	Current Availability	Availability Change
Akron-Canton	High	Increase
Athens	Moderate to High	Increase
Cincinnati	Moderate	No Change
Cleveland	Low to Moderate	Increase
Columbus	Variable, No Consensus	No Consensus
Dayton	Variable, No Consensus	No Change
Toledo	Variable, No Consensus	No Change
Youngstown	Moderate to High	No Consensus

Participants and community professionals throughout OSAM regions reported that the most prevalent type of methamphetamine is the powdered form which is often called “one-pot” or “shake-and-bake” due to the way this form is produced. Powdered methamphetamine is manufactured 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). This form of methamphetamine can be made in as little as 30 minutes.

While the majority of participants interviewed did not have recent firsthand experience with methamphetamine, participants with experience of the drug most often reported its current quality as ‘7-8’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality). However, approximately 25 percent of participants in the Akron-Canton region reported firsthand experience, and these users complained that the overall quality of methamphetamine is poor; quality varies depending on the “cook” (person producing the drug). Columbus participants suggested methamphetamine is adulterated with baby laxatives, Benadryl®, household chemicals and MSM (methylsulfonylmethane, a dietary supplement).

Current street jargon includes a few names for methamphetamine.

Current Street Names of Methamphetamine	
<b>General</b>	crank, go-fast (or 'go'), meth, rock candy, speed, tina, tweek
<b>Powdered type</b>	bottle dope (or 'bottle'), one-pot, shake-and-bake
<b>Lab manufactured type</b>	crystal, glass, ice, shards
<b>Anhydrous type</b>	annie

In addition to the names listed in the table, participants noted a couple street names influenced by popular culture, including "Breaking Bad" and "Ricky Bobby." Prices for methamphetamine continue to be dependent upon the quantity and quality of the drug. Throughout OSAM regions, a gram of crystal methamphetamine reportedly sells for \$100, while a gram of powdered methamphetamine typically sells for \$60-80. Participants did not typically report prices for amounts other than a gram.

Participants reported that the most common route of administration for methamphetamine remains smoking. Other routes of administration mentioned include snorting, injecting and "parachuting" (wrapping powder in tissue or toilet paper and swallowing). Participants and community professionals described typical users of methamphetamine as white, of lower socio-economic status, aged 20s-40s and male. Participants also mentioned that construction workers, truckers, bikers and exotic dancers are persons more prone to methamphetamine use.

Many other substances are used in combination with methamphetamine.

Substances Most Often Combined with Methamphetamine
<ul style="list-style-type: none"> <li>• Alcohol • Heroin •</li> <li>• Marijuana • Sedative-Hypnotics •</li> </ul>

Four themes emerged from the data regarding methamphetamine used in combination with other drugs. First, participants shared that methamphetamine users might use the drug by itself because of the number of

substances already in it. Second, participants explained that methamphetamine users will often use other substances in combination to bring the user down from the extreme stimulant high produced by methamphetamine. Third, participants reported that other substances, such as alcohol and sedative-hypnotics, are combined with methamphetamine because methamphetamine balances the effects of the other substances; for example, participants reported that methamphetamine allows users to consume greater quantities of alcohol. Finally, participants in the northern regions of the state (Akron-Canton, Cleveland, Toledo and Youngstown regions) discussed using methamphetamine with heroin and/or prescription opioids to intensify and make the high last longer (aka "speedball")

### Prescription Stimulants

Prescription stimulants are highly available in most regions, with the exception of Toledo in which prescription stimulants are reportedly moderately available and Akron-Canton whose participants and community professionals did not report on prescription stimulant use. In Cincinnati where availability has increased during the past six months, a treatment provider stated that prescription stimulants are prescribed way too easily and seemingly all clients are now prescribed Adderall®.

Reported Availability Change of Prescription Stimulants during the Past 6 Months			
Region	Current Availability	Availability Change	Most Widely Used
Akron-Canton	No comment	No Comment	No Comment
Athens	High	No Change	Adderall®, Ritalin®, Vyvanse®
Cincinnati	High	Increase	Adderall®
Cleveland	High	No Change	Adderall®, Focalin®, Vyvanse®
Columbus	High	No Change	Adderall®, Ritalin®
Dayton	High	No Consensus	Adderall®
Toledo	Moderate	No Change	Adderall®
Youngstown	High	Increase	Adderall®, Vyvanse®

Crime labs throughout OSAM regions reported that the number of prescription stimulant cases they process has generally remained the same during the past six months; however, the Miami Valley Regional Crime Lab (Dayton region) and the Lake County Crime Lab (Cleveland region) both reported an increase in the number of Adderall® cases processed. Participants and community professionals universally noted Adderall® as the most popular prescription stimulant in terms of widespread use throughout OSAM regions.

Current street jargon included a few names for Adderall®.

Current Street Names of Prescription Stimulants	
Adderall®	addies, Addison, adds, addy, poor man's coke, uppers

Throughout OSAM regions, Adderall® 10 mg sells for \$2-3; 20 mg sells for \$3-5; and 30 mg most often sells for \$5. A Cleveland participant said that these drugs can sell for higher if they are sought on the street. In addition, participants reported that these drugs are often not paid for because they are most often obtained through a friend or family member who has a prescription. Participants throughout OSAM regions agreed that prescription stimulants are not obtained off the street as much as they are obtained by someone diverting the medication (either a parent of a child with a prescription or an adolescent who has a prescription) or by obtaining a prescription from a doctor. Toledo law enforcement pointed out that they do not run into prescription stimulant drug dealers as these drugs are primarily passed person to person.

Participants throughout OSAM regions continued to report that the most common ways to illicitly use prescription stimulants are oral consumption (swallowing or chewing) and snorting. However, one Toledo participant shared that he and his wife would intravenously inject her Ritalin®. Participants and community professionals described typical illicit users of prescription stimulants as aged late teens to mid-20s, in college, white and female.

A few other substances are used in combination with prescription stimulants.

Substances Most Often Combined with Prescription Stimulants
• Alcohol • Marijuana • Sedative-Hypnotics •

Participants reported that illicit users of prescription stimulants typically use them to stay awake, either to study or work or party longer. Sedative-hypnotics and marijuana were reported to assist users in coming down off the stimulant high of these drugs.

### Bath Salts

Bath salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues) remain available throughout OSAM regions despite the October 2011 legislation that banned its sale and use. However, there was a great deal of variability when it came to reporting on this drug. Law enforcement officers expressed their continued frustration with preventing use of bath salts because much of the imported material currently for sale is subtly different than the illegal analogues—manufacturers of bath salts continue to skirt the law.

Reported Availability Change of Bath Salts during the Past 6 Months		
Region	Current Availability	Availability Change
Akron-Canton	No Consensus	No Consensus
Athens	Moderate	No Consensus
Cincinnati	No Comment	No Comment
Cleveland	No Consensus	No Consensus
Columbus	No Consensus	No Consensus
Dayton	Low to Moderate	Decrease
Toledo	No Consensus	No Consensus
Youngstown	No Consensus	No Consensus

Very few participants had direct experience with bath salts during the past six months; reportedly, the drug has lost its appeal to many users. Of those participants with recent experience, only one participant reported high quality of the drug while the others reported bad experiences. Athens participants shared that bath salts are often sold as other drugs, particularly powdered MDMA (aka "molly") because its effect mimics molly and it's less expensive.

Current street jargon includes several names for bath salts.

### Current Street Names of Bath Salts

salts, cleaner (glass cleaner, pipe cleaner, window cleaner), ladybug killer, white (white angel, white lightning, chiva)

A participant and police officer both reported the brand name Jumpstart as the most popular bath salts in the Toledo region. Participants throughout OSAM regions most often reported the pricing of bath salts to be \$15-30 from online or a retail shop, but can cost up to \$100 if purchased on the street. Unfortunately, reported quantities varied so much so that there was no consensus as to the amount that could be obtained for the prices reported.

Participants shared that bath salts are packaged in bags, packets, pouches and vials and are most often obtained at convenience/corner stores, "head shops," small gas stations and through the Internet. Participants continually pointed out that users would have to know the retail associate in order to obtain this drug.

Participants throughout OSAM regions continued to report that the most common routes of administration for bath salts are snorting and intravenous injection (aka "shooting"), followed by smoking. Participants and community professionals described typical bath salts users as white, male and aged 18-25 years. In addition, participants in Dayton reported that users, who like a stimulant high such as cocaine and methamphetamine, also use bath salts.

The majority of participants reported that bath salts are most commonly used alone, not in combination with other substances. However, a few participants shared that users might take another substance to assist in coming down off the stimulant high (e.g. marijuana). Participants reported only a few other substances used with bath salts.

### Substances Most Often Combined with Bath Salts

- Heroin • Marijuana • Prescription Opioids •

## Synthetic Marijuana

Synthetic marijuana (synthetic cannabinoids; aka "K2" and "Spice") remains available throughout OSAM regions despite October 2011 legislation that banned its sale and

use. Overall, participants reported much higher availability than did community professionals throughout most regions. Participants and community professionals in regions reporting decreased availability attributed decreases to higher availability of marijuana and increased law enforcement activity.

### Reported Availability Change of Synthetic Marijuana during the Past 6 Months

Region	Current Availability	Availability Change
Akron-Canton	Moderate to High	Decrease
Athens	High	No Consensus
Cincinnati	Moderate to High	Decrease
Cleveland	High	No Consensus
Columbus	No Consensus	Decrease
Dayton	High	Decrease
Toledo	No Consensus	No Consensus
Youngstown	Moderate to High	Decrease

Synthetic marijuana is not a drug of choice. Cleveland and Dayton participants indicated poor quality of the drug. Cleveland participants reported that they are more likely to encounter the drug as an additive to low-quality marijuana. Participants in Akron-Canton reported that individuals are now attempting to make their own synthetic marijuana by using cleaning supplies and chemicals bought online.

Current street jargon includes several names (some brand names) for synthetic marijuana.

### Current Street Names of Synthetic Marijuana

Most Common Names	incense, K2, potpourri, Spice
Other Common	herbal blend, Posh

In addition to general street jargon for synthetic marijuana, participants mentioned a variety of synthetic marijuana brand names: AK-47, Black Dragon, Dead Man Walking, Death Grip, Earthbound, K3, Mad Hatter, Passion Fruit, Spike Bomb, White Rhino and White Tiger. The majority of participants were unable to provide pricing for synthetic marijuana. Depending on region, participants reported a variety of pricing for a gram of synthetic marijuana; the most concentrated reports were \$10-20 per gram, but others indicated that a gram can sell for as high as \$75 on the street. The highest prices were reported

from the Cleveland region. A Cleveland area police officer explained that the price of synthetic marijuana has gone up due to limited availability.

Participants and community professionals reported that the drug is most often found in gas stations, head shops, small convenience stores and online. Participants continued to report that the most common route of administration for synthetic marijuana remains smoking. Participants and community professionals were in agreement when describing the typical synthetic marijuana user: aged teens through late-20s, in institutional settings or on parole/probation or in employment that requires drug testing.

Many other substances are used in combination with synthetic marijuana. Reportedly, synthetic marijuana is most often used in combination with alcohol because users are more likely to be trying to use legal substances.

Few participants reported on quality of the drug. However, Cleveland participants most often reported the current quality of ecstasy and molly as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality) and added that molly is considered more pure than ecstasy pressed tablets. Toledo participants suggested a decrease in quality during the past six months due to other substances being cut into the drug. Participants and community professionals reported that ecstasy and molly are most commonly cut with bath salts, heroin, methamphetamine and powdered cocaine.

Current street jargon includes a few names for ecstasy and molly. For the tablet form of ecstasy, participants also reported names that refer to dosage ("single stack, double stack, triple stack"), quantity (e.g., "rolls" or "rollies" for a roll of tablets) and stamped images on the tablet itself (e.g., "smurfs" or "transformers").

### Substances Most Often Combined with Synthetic Marijuana

- Alcohol • Crack & Powdered Cocaine •
- Marijuana • Prescription Opioids •

### Current Street Names of Ecstasy

<b>Ecstasy Tablet</b>	'E', pressies, 'X'
<b>Powdered MDMA</b>	molly, moll, molls, molly moll

## Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or Ecstasy remains available throughout OSAM regions. The powdered form of MDMA (aka "molly") is more popular and reportedly more available than the traditional pressed ecstasy tablet. Youngstown participants and community professionals clarified that ecstasy availability has remained the same, while availability of molly has increased.

Depending on region and what form of ecstasy is purchased, participants reported that a single stack (low dose) of ecstasy most often sells for \$5-15 and a double or triple stack (higher doses) most often sells for \$20-25; the powdered form (molly) most often sells 1/10 gram (in capsules or folds of paper) for \$10-25; one gram sells for \$80-100.

While there were a few reported ways of consuming ecstasy and molly, the most common routes of administration are snorting and oral consumption. Other common ways of using ecstasy and molly include intravenous injection, anal insertion (aka "plugging") and smoking. Reportedly, molly is more versatile in the way it can be used. Cleveland area participants explained that users pour molly on the tongue or put molly in a water bottle and drink (aka "molly water").

### Reported Availability Change of Ecstasy during the Past 6 Months

Region	Current Availability	Availability Change
Akron-Canton	Moderate	No Consensus
Athens	Low to Moderate	No Consensus
Cincinnati	High	No Change
Cleveland	High	No Change
Columbus	No Consensus	No Consensus
Dayton	Moderate	No Change
Toledo	Moderate	Decrease
Youngstown	Moderate to High	Increase

Participants and community professionals were in agreement in describing the typical ecstasy/molly user as most often aged teens to 20s and white. Reportedly, most ecstasy/molly users are social and attend raves (dance parties), music festivals, clubs/bars and other parties. Participants also pointed out that exotic dancers often use this drug. An Akron-Canton participant shared that a lot of heroin and cocaine dealers use molly.

Many other substances are used in combination with ecstasy and molly.

**Substances Most Often Combined with Ecstasy/Molly**

- Alcohol • Crack & Powdered Cocaine •
- Hallucinogens (aka “candy flipping”) • Heroin •
- Marijuana • Sedative-Hypnotics •

Participants reported that ecstasy users will often combine other substances with ecstasy to enhance the effect of the drug. Ecstasy is most often used at parties and allows the user to consume more alcohol. Sedative-hypnotics were said to help the user come down off the high of ecstasy.

**Other Drugs**

OSAM OSAM Network participants listed a variety of other drugs as available in Ohio, but these drugs were not reported in all regions: hallucinogens [dimethyltryptamine (DMT—a psychedelic compound), lysergic acid diethylamide (LSD) and psilocybin mushrooms], inhalants, ketamine (general anesthesia used in veterinary medicine), Neurontin® (seizure medication), over-the-counter (OTC) drugs, PCP (phencyclidine), salvia divinorum (psychoactive plant) and Seroquel® (antipsychotic medication).

**Reported Availability of Other Drugs by Region**

Region	Drugs
Akron-Canton	LSD
Athens	DMT, ketamine, LSD, psilocybin mushrooms, Seroquel®
Cincinnati	None reported
Cleveland	PCP
Columbus	inhalants, LSD, OTC, psilocybin mushrooms, salvia divinorum
Dayton	anabolic steroids, inhalants, ketamine, LSD, Neurontin®, OTC, psilocybin mushrooms
Toledo	psilocybin mushrooms
Youngstown	DMT, ketamine, LSD, OTC, psilocybin mushrooms, salvia divinorum

Hallucinogens remain available throughout OSAM regions. A few Akron-Canton treatment providers suggested that hallucinogens are increasing in popularity. Reportedly, DMT is highly available in the Youngstown region where participants most often reported that the availability of DMT has increased during the past six months. The BCI Richfield Crime Lab also reported that the number of DMT cases it processes has increased during the past six months. Participants reported that DMT is referred to as the “dream drug” as its use reportedly causes dreams. Participants in Athens reported that a gram of DMT sells for \$40 and described typical users as “hookaville people” and hippies.

While participants in over half the regions mentioned current availability of LSD, only participants in Athens and Youngstown were able to rate the drug’s current availability. Athens participants rated current availability as ‘6’ and Youngstown participants rated it as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get). Participants throughout OSAM regions continued to note that availability of LSD and other hallucinogens varies with availability highest when there is a concert or music festival. Participants also agreed that the quality of LSD varies. Throughout OSAM regions, a “hit” (single dose) of LSD sells for \$5-10. LSD is most available in liquid or paper form. The most common routes of administration remain oral consumption and through the eye via an eye dropper. Participants most often described typical LSD users as hippies.

Psilocybin mushrooms remain available. Participants with experience with the drug reported low availability in Columbus and Toledo, moderate availability in Athens and high availability in Youngstown. They also noted variability in quality of the substance. Psilocybin mushrooms are most often purchased as 1/8 ounce for \$25-30. The most common routes of administration remain eating with food, drinking in tea and smoking. Participants described typical users of psilocybin mushrooms as aged teens to 20s, people who also smoke marijuana, hippies, “stoners” and “burn-outs.”

Participants in Columbus and Youngstown reported high current availability of salvia divinorum (aka “salvia”). Columbus participants reported that salvia is marketed under names such as “60x,” “80x” and “100x” based on strength and price. Reportedly, the “60x” sells for \$60 per

gram; “80x” sells for \$80 per gram; “100x” sells for \$100 per gram. Youngstown participants reported that a gram generally sells for \$20-30. There was agreement among participants that salvia is most often smoked either through a pipe at high temperature levels or through a water bong.

Participants in Columbus and Dayton reported high availability of inhalants due to the legality of the substances and the ease of store purchase. However, participants did not report personal inhalant use during the past six months. Participants identified that youth and people who are required to take drug screens might be more likely to use inhalants. Treatment providers reported that the most common inhalant in terms of widespread use is computer duster (aka “duster”). Treatment providers reported typical users of inhalants to be males in their mid-teens to mid-20s.

Over-the-counter (OTC) medicines remain highly available due to the legality of the substances and the ease of store purchase, although participants reported the drugs as undesirable. Participants identified motion sickness medications, sleep aids and cold and flu/cough medications as most popular in terms of widespread abuse. Treatment providers recounted low reporting of illicit OTC use among their clientele. However, treatment providers in Columbus reported an increase in the abuse of these medications.

One participant suggested an increase in popularity of Dramamine® (motion sickness medication). Participants reported that OTC drugs, particularly Coricidin® Cold and Cough (aka “triple Cs”), as continuing to be abused by adolescents in the region. Reportedly, adolescents purchase these medications from retail stores and commonly mix them with alcohol. Treatment providers reported the typical illicit user of OTC’s as white, female, aged teens to mid-20s. In addition to OTCs, certain prescription cough syrups are also sought for abuse. Participants reported that “lean” (prescription codeine cough syrup mixed with Sprite® and/or Jolly Ranchers® candies) sells for \$60-70 per little bottle.

Participants in Athens, Dayton and Youngstown reported current availability of Ketamine, with participants in Dayton reporting increased availability during the past six months. Participants explained that ketamine has similar effects to heroin. Participants reported that a gram of ketamine sells for \$70-100 and 1/10 gram sells for \$10. The most common route of administration is snorting; participants in Youngstown also named intravenous injection as a route of administration. An Athens participant described the typical user of ketamine as a “club kid” wanting to take the party a little further.

Lastly, for detailed information on other drugs reported in a single region only, please see that region’s report: anabolic steroids (Dayton), Neurontin® (Dayton), PCP (Cleveland) and Seroquel® (Athens). Participants throughout OSAM regions reported common street names for some of the other drugs discussed.

Participants reported that many of the additional substances mentioned in this section are used in combination with other substances.

Current Street Names of Other Drugs	
<b>Ketamine</b>	‘K’, kitty, special K
<b>LSD</b>	‘L’, lucy, microdots, sids
<b>PCP</b>	embalming fluid, water, wet, woo
<b>Psilocybin Mushrooms</b>	caps, mush mush, shrooms

Participants reported that using hallucinogens with other substances enhances the effects of the other drugs. Participants in Dayton explained that LSD used in combination with ecstasy is called “candy flipping.” Participants explained that ketamine is most often used in combination with hallucinogens. Participants in Cleveland explained that users who smoke PCP do not usually do so in combination with other drugs.

Substances Most Often Combined with These Other Drugs	
<b>Hallucinogens</b>	Alcohol, Crack & Powdered Cocaine, Ecstasy & Molly, Inhalants (nitrous) Marijuana, Other Hallucinogens
<b>Ketamine</b>	Alcohol, Hallucinogens, Marijuana, Molly, Sedative-Hypnotics (Xanax®)
<b>PCP</b>	Alcohol, Marijuana, Tobacco