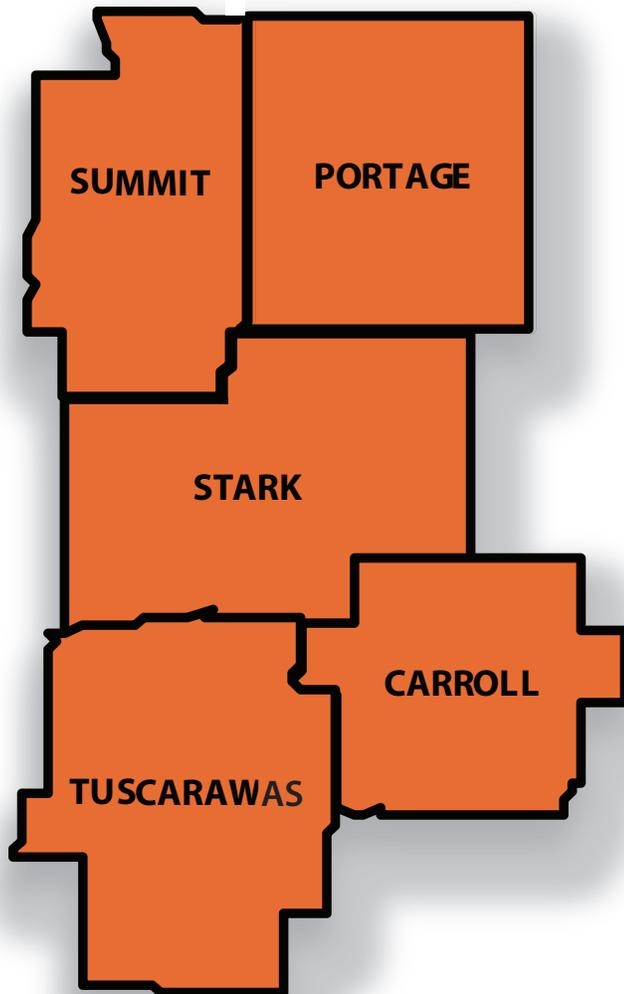


Drug Abuse Trends in the Akron-Canton Region



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 (AOD) 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, the Stark County Day Reporting Program 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 July through December 2013. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for January through June 2014.

Note: OSAM participants were asked to report on drug use/knowledge pertaining to the past six months prior to the interview; thus, current secondary data correspond to the current reporting period of participants.

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Regional Profile

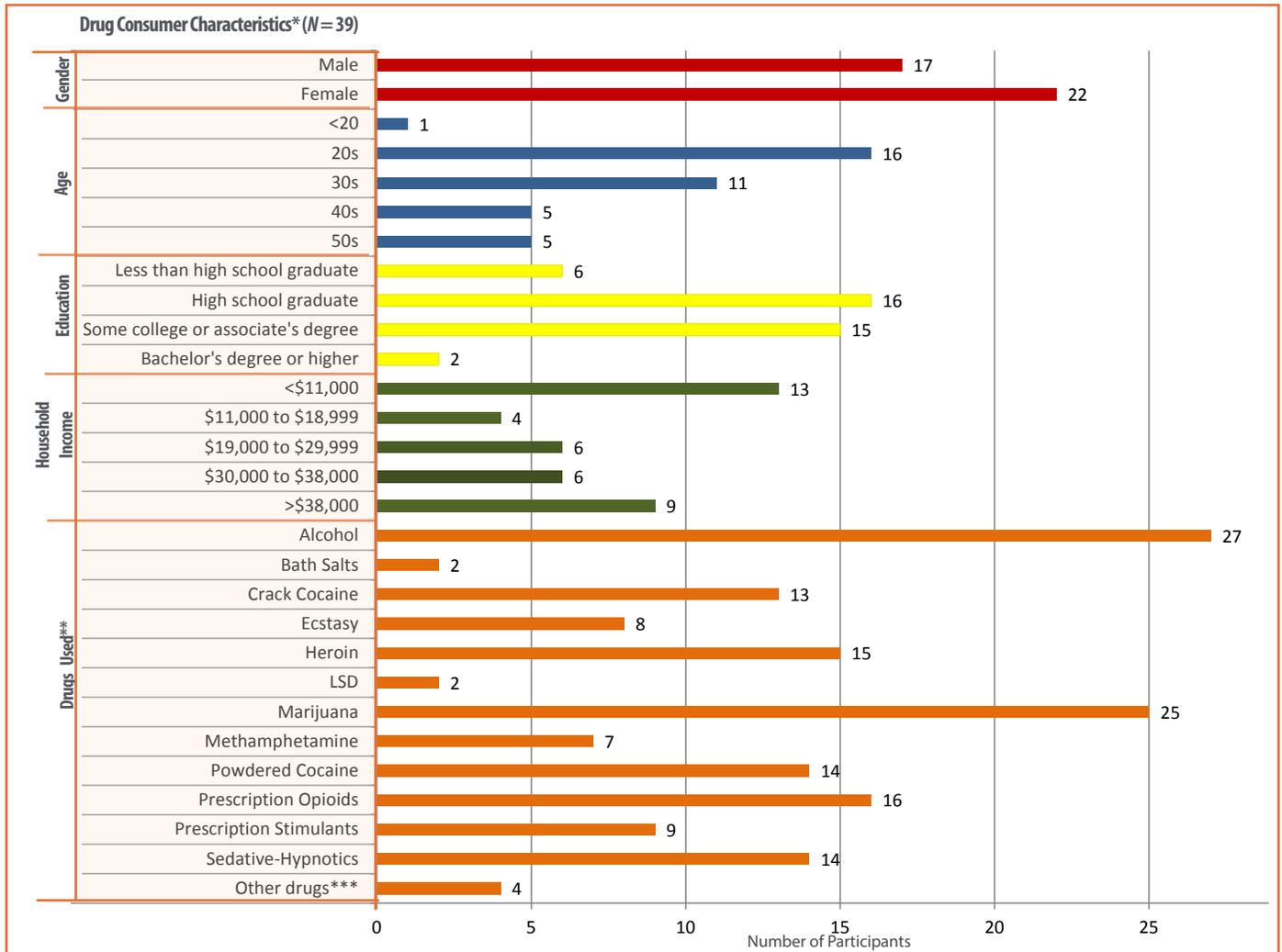
Indicator ¹	Ohio	Akron-Canton Region	OSAM Drug Consumers
Total Population, 2010	11,536,504	1,200,204	39
Gender (female), 2010	51.2%	51.5%	56.4%
Whites, 2010	81.1%	85.4%	79.5%
African Americans, 2010	12.0%	9.4%	12.8%
Hispanic or Latino origin, 2010	3.1%	1.6%	2.7%
High School Graduation rate, 2010	84.3%	86.3%	84.6%
Median Household Income, 2012	\$46,873	\$46,559	\$22,000 to \$25,999 ²
Persons Below Poverty Level, 2012	16.2%	14.8%	30.8% ³

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

²Participants reported income by selecting a category that best represented their household's approximate income for 2013. Income status was unable to be determined for 1 participants due to missing and/or invalid data.

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

Akron-Canton Regional Participant Characteristics



*Not all participants filled out forms; therefore, numbers may not equal 39.

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

*** Other drugs: DXM, psilocybin mushrooms, Suboxone[®] and synthetic marijuana.

Historical Summary

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

Brown powdered heroin remained the most available type of heroin throughout the region as reported by all data sources, while reportedly low to moderate regional availability existed for black tar heroin. This was verified by the BCI Richfield Crime Lab that reported processing mostly brown and white powdered heroin during the reporting period. Participants continued to attribute increased heroin availability to the reformulation of some popular prescription opioids as having led users to switch from pills to heroin. Some participants also noted cocaine users switching to heroin because heroin was cheaper than cocaine and its high reportedly lasted longer.

Several sources suggested that heroin was being cut with fentanyl in the region. Participants and community professionals discussed heroin deaths during the reporting period, many of which were thought to have involved fentanyl. A law enforcement officer reported that fentanyl was being removed from fentanyl patches and used to cut heroin.

The most common route of administration for heroin remained intravenous injection. Participants reported that acquiring needles from pharmacies was relatively easy, but that prescriptions were more often required. Participants mentioned that there were no needle exchange programs in their areas, so many traveled outside the Akron-Canton region, mainly to Cleveland, to take advantage of such programs. Participants further explained that used needles were 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 suggested an increase in heroin use among African-Americans and older males.

Participants most often reported that the availability of Suboxone® had remained the same during the reporting period, while community professionals most often reported that availability had increased. A law enforcement

officer attributed the increase to an 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 reporting period.

Participants reported that it was relatively easy to obtain a Suboxone® prescription whether the aim was legitimate treatment or for resale. Participants admitted that many opiate addicts would use some of their Suboxone® prescription and sell the rest. Participants throughout the region reported that the pill form of Suboxone® was rarely prescribed but could be found by traveling outside the region.

Participants reported that methamphetamine was available in powdered (aka “shake-and-bake”) and anhydrous or red phosphorous (aka “old-school” or “traditional”) forms; however, shake-and-bake remained the most prevalent methamphetamine type in the region. In addition, participants reported that higher quality methamphetamine, typically imported and often called “ice,” was extremely rare throughout the region; many participants had never seen it. The BCI Richfield Crime Lab reported that the number of methamphetamine cases it processed during the reporting period had increased. The lab reported processing mostly off-white and gray powdered methamphetamine, along with a small amount of crystal methamphetamine.

Participants noted that methamphetamine was 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 the increase of availability to the ease of manufacturing shake-and-bake, as well as to the increasingly poor quality of cocaine which had forced some cocaine users to seek an alternative. Many participants noted that it was most common for users to make their own methamphetamine or provide ingredients to a “cook;” many times providing Sudafed® in exchange for the drug.

Reportedly, the most common route of administration for methamphetamine was smoking. Participants reported a decrease in snorting methamphetamine because the shake-and-bake form of the drug was very irritating to nasal passageways. Participants and community professionals continued to describe typical users of methamphetamine as most often white and of lower socio-economic status.

Lastly, sources indicated increases in the availability of hydroponic marijuana and “molly” (powdered MDMA). Participants and law enforcement noted an increase of in-home marijuana grow operations, as well as a decrease in price as the availability of high-grade marijuana increased. Nevertheless, law enforcement reported that the majority of marijuana in the region continued to be imported.

Treatment providers noted that molly, described as “pure ecstasy,” was gaining in popularity as they began to hear more about this drug from their clients. However, most treatment providers had very limited knowledge of the drug. Participants and law enforcement reported that the availability had increased during the reporting period. According to participants, molly could be purchased on the street through a dealer. Typical users were described as high school and college aged and more likely African American.

Current Trends

Powdered Cocaine

Powdered cocaine remains highly available in the region. Participants most often reported the drug’s current availability as ‘9’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was ‘10.’ Participant comments on current availability included: *“I can go out my door to the next apartment and get [powdered cocaine]. I’m surrounded by it; People go around asking, ‘You ok? You ok?’ [Do you need drugs?]. Just walk around and people are asking; I never had to search for [powdered cocaine]—just put in my order.”* Treatment providers most often reported powdered cocaine’s current availability as ‘6;’ the previous most common score was ‘8.’ Law enforcement most often reported current availability as ‘8;’ the previous most common score was ‘5.’ Members from law enforcement agreed that powdered cocaine is: *“still easy to get.”*

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Massillon (Stark County) Police arrested a convicted felon during a routine traffic stop and found cocaine in his possession (www.newsnet5.com, March 10, 2014). Corroborating data also indicated that cocaine is available in the region. The Stark County Day Reporting Program reported that nearly 19

percent of all positive drug screens processed during the past six months were positive for cocaine (note the data do not differentiate powdered from crack cocaine).

Participants reported that the availability of powdered cocaine has remained the same or possibly decreased during the past six months. Participants who suggested a decrease in powdered cocaine availability explained: *“As soon as [dealers] get [powdered cocaine], they cook it up [into crack cocaine]; People [are] not looking for [powdered cocaine]; Heroin is taking over.”* Treatment providers and law enforcement reported that availability has remained the same during the past six months. A member of law enforcement noted, *“The media and law enforcement are focused on heroin, but cocaine is still prevalent.”* The same member of law enforcement noted that he has read about, *“Very large cocaine busts around the world, but locally, [the availability of cocaine] is the same.”* The BCI Richfield Crime Lab reported that the number of powdered cocaine cases it processes has remained the same during the past six months.

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

Participants most often rated the current overall quality of powdered cocaine as ‘3’ or ‘4’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was ‘4.’ Overall, participants reported that the quality of powdered cocaine has decreased during the past six months. A participant commented, *“The person selling [powdered cocaine] is cutting (adulterating) it so bad, to make up for lost profit.”* Other participants noted that the quality of powdered cocaine varies greatly. A participant explained, *“It depends on who you get it from. It varies from person to person - some crap, some potent ... [quality can range] anywhere between ‘2’ and ‘10.’”* Another participant commented, *“If you want quality, you have to pay for it.”* Participants also noted that powdered cocaine in the region is often cut with other substances. A participant remarked, *“[There are] too many hands on [powdered cocaine]. People want to make more and more money.”*

Participants reported that powdered cocaine in the region is cut with baby laxative, baking soda, powdered sugar, various vitamins and dietary supplements. One participant believed that when powdered cocaine first arrives in Florida, it is: *“Seventy percent pure. By time it comes to Cleveland, 20 percent pure and down here [in Tuscarawas County, powdered cocaine is between] two and five percent pure.”*

Powdered Cocaine	Cutting Agents Reported by Crime Lab	
	●	levamisole (livestock dewormer)
	●	lidocaine and other local anesthetics

Current street prices for powdered cocaine were variable among participants with experience buying powdered cocaine. Participants reported that price is often dependent on the purity of the cocaine and added that users most often buy a gram of cocaine at a time, though some reported buying an “eight-ball” more often.

Powdered Cocaine	Current Street Prices for Powdered Cocaine	
	a gram (aka “a fifty”)	\$70-90
	1/16 ounce (aka “teener”)	\$75-100
	1/8 ounce (aka “eight ball”)	\$160-200

Participants reported that the most common route of administration for powdered cocaine is snorting. Participants estimated that out of 10 powdered cocaine users, approximately six would snort, four would intravenously inject or “shoot,” and very few would smoke the drug. A number of participants noted that the way an individual uses powdered cocaine depends on with whom the user associates.

Participants described typical users of powdered cocaine as white professionals, of higher socio-economic status. Participants noted that typical users could also be younger – some high school students and also college aged to young 30s. Some individual participants posited that heavy alcohol users, probationers and individuals in the party scene (aka “ravers”) also tend to be users of powdered cocaine. Treatment providers described typical users as middle aged, white males. A treatment provider shared, *“We rarely see [cocaine users] except in conjunction with*

alcohol use.” Law enforcement reported that typical users of powdered cocaine are more often male.

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’. A participant commented, *“[Crack cocaine is] a phone call away.”* Another participant commented, *“I don’t even have to make a phone call. I can take 10 steps down the street [and find crack cocaine].”* Treatment providers most often reported current availability as ‘9’; the previous most common score was ‘10’. Law enforcement reported current availability as ‘3’ or ‘5’; the previous most common score was ‘2’. An officer commented, *“People don’t want crack [cocaine] anymore, they want heroin.”*

Participants reported that the availability of crack cocaine has increased during the past six months. Participant comments on availability included: *“There’s a lot of money in [selling crack cocaine]; [Crack cocaine is] so addictive, people need more and more ... they can never get that first high.”* Treatment providers reported that availability has remained the same during the past six months, while law enforcement indicated that the availability has increased. 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	Increase
		Law enforcement	Increase
		Treatment providers	No Change

Participants most often rated the current overall quality of crack cocaine as ‘5’ or ‘7’, on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was ‘5’. Participants reported that crack cocaine in the region is cut with baking soda. Overall, participants reported that the quality of crack cocaine has remained the same during the past six months. Participants often

agreed, as one participant stated, “[The quality of crack cocaine has] a lot to do with who your hook-up (dealer) is; Depends on who you go to.”

Crack Cocaine	Cutting Agents Reported by Crime Lab	
	●	levamisole (livestock dewormer)
	●	lidocaine and other local anesthetics

Current street prices for crack cocaine were consistent among participants with experience buying crack cocaine. Participants almost unanimously noted that individuals purchase crack cocaine by a tenth gram. A participant explained, “[The price of crack cocaine depends on] how much money is in your pocket. I once bought some for \$1.50.” Another shared, “If I have \$100, I go to the person who gives me the best buy. If I have \$5, I go to the person who will give me a \$5 hit.”

Crack Cocaine	Current Street Prices for Crack Cocaine	
	1/10 gram (aka “rock”)	\$20
	2 rocks	\$30
	3 rocks	\$50
	1/8 ounce (aka “eight ball”)	\$220

Participants reported the most common route of administration for crack cocaine remains smoking. Participants estimated that out of 10 crack cocaine users, nine would smoke and one would intravenously inject or “shoot” the drug. A participant remarked, “[Crack cocaine is] intense - you don’t need to ‘IV’ (intravenously inject).” Several participants noted that a user can purchase a “party kit” at various gas stations and convenience stores which contains everything needed to smoke crack cocaine.

Participants described typical crack cocaine users as African American, living in the inner city and of lower socio-economic status. A participant added, “I see more younger kids out selling [crack cocaine].” Another participant observed that a crack cocaine user can be, “Pretty much everybody. It’s not a minority thing.” Community professionals described typical crack cocaine users as African American, male and of lower socio-economic status and likely living in the inner city. Treatment providers also

reported that they find many heroin users are relapsing on crack cocaine.

Heroin



Heroin remains highly available in the region. Participants, treatment providers and law enforcement most often reported overall 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 for participants and community professionals was also ‘10’. A participant noted, “[Heroin] finds you before you find it.” Treatment providers commented: “[Heroin availability is] off the scale; it’s everywhere.” A law enforcement officer reported, “We see [heroin] almost every day.”

While many types of heroin are currently available in the region, participants and community professionals continued to report brown powdered heroin as the most available type throughout the region. Participants and community professionals rated brown powdered heroin’s availability as ‘10’; the previous most common score was also ‘10’. Participants reported the color of this form of heroin ranged from off-white to tan or brown. The texture of brown powdered heroin was described as “chunky” by a number of participant groups.

Participants reported moderate availability for black tar heroin and rated its current availability as ‘7’; the previous most common score was ‘5’. A participant remarked, “Been a long time since I’ve seen ‘tar’ (black tar heroin).” Treatment providers and law enforcement were unable to rate the availability of black tar heroin. A treatment provider commented, “I have not heard anything about black tar.” Likewise, law enforcement reported they have not encountered black tar heroin in Summit County during the past six months.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Ohio State Highway Patrol (OSHP) arrested two women after troopers seized more than a pound of heroin following a traffic stop in Tuscarawas County (www.statepatrol.ohio.gov, Jan. 3, 2014). The Summit County Drug Unit arrested a 33-year-old in Akron (Summit County) dealing heroin in the Chapel Hill Mall parking lot (www.wkyc.com, Jan. 31, 2014). Tallmadge (Summit and Portage counties) Police arrested a 21-year-old man for heroin possession and traf-

ficking when they raided his apartment (www.akronnews-now.com, Mar. 19, 2014). Working alongside the Summit County Alcohol, Drug Addiction and Mental Health Board to curb heroin overdoses and deaths, the Akron Police attributed at least five deaths in two weeks on a “bad batch” of heroin (www.cleveland.com, June 18, 2014).

Media outlets also reported on community initiatives surrounding the heroin epidemic. A heroin forum held in Akron, brought together top leaders to discuss and attempt to mitigate the destruction of the heroin epidemic in the area; Medical Examiner Kohler recounted lives lost to heroin, from 15- to 60-year-olds; Sheriff’s Inspector Holland talked about law enforcement efforts against heroin dealers; Judge Teodosio discussed the new Crossroads Court Program intended to help juveniles and their families affected by drug abuse (www.ohio.com, Jan. 21, 2014). In addition, Akron Police Chief Nice created a new Heroin Unit which targets heroin dealers across the city; the department is working to build homicide cases against dealers of fatal overdose cases (www.akronnews-now.com, March 19, 2014).

Participants and community professionals alike reported that the general availability of heroin has increased during the past six months. All respondent groups attributed the increase in availability to increased demand due to the low price-point of heroin. A participant commented, “[Heroin is] cheaper than pills.” Law enforcement suggested that the high price of prescription opioid pills and the new formulations of previously popular pills which make them difficult to break down and intravenously inject has added to the increased demand and use of heroin. Participant comments on increased availability included: “The demand is up, so it’s easy [for dealers] to make money; If you use heroin one time ... they are hooked.” A treatment provider posited, “[Heroin is] losing its stigma with the middle class; being a junkie is becoming trendy.” Some participants believed the rise in heroin use is due to United States military troops bringing the drug into the country as they return home from Afghanistan. Participants and treatment providers also commented that doctors are not prescribing prescription opioid medication as often, so people in pain will often turn to heroin for relief. 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 cases has remained the same; the lab reported processing primarily white, brown and gray powdered heroin.

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

Participants most often reported the current overall quality of heroin as ‘8’ or ‘9’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality), the previous most common score was also bimodal, ‘7’ or ‘9.’ Overall, participants most often reported that the general quality of heroin has increased during the past six months. Participants interpreted the increasing number of overdoses as a sign of increased quality of the drug, as one stated, “[The quality] must be going up ‘cause everyone is dying.” Participants reported that brown powdered heroin is cut with baby laxatives, coffee, dietary supplements (vitamins, diet pills), dry wall powder, melatonin, prescription opioids (especially fentanyl) and sugar. Some participants reported seeing heroin with a blue-gray tint and noted that color is often a reflection of substances cut into the heroin. A participant stated that white powdered heroin is probably cut with fentanyl. One participant group commented on heroin being cut with methamphetamine; one participant explained, “It makes you go back [to the dealer] quicker.”

Participants and law enforcement noted that heroin in the region is often cut with fentanyl. Law enforcement officers reported finding fentanyl in crime lab samples and noted three deaths due to overdose on what was sold as heroin which the lab found was 100 percent fentanyl. Law enforcement reported an increase in prescription opioids used as a cut for heroin. The BCI Richfield Crime Lab reported that powdered heroin is occasionally cut with fentanyl.

Heroin	Cutting Agents Reported by Crime Lab	
	<ul style="list-style-type: none">  diphenhydramine (antihistamine)  quinine (antimalarial) 	

Participants reported that brown powdered heroin is available in different quantities, while noting that it is most common for a user to buy a \$20 bag at a time, or

as one participant stated, "a half gram if you can afford it." Participants also mentioned trading prescription opioids with dealers for heroin.

Heroin	Current Street Prices for Brown Powdered Heroin	
	1/20 (0.05) gram (aka "ticket")	\$10
	1/10 gram (aka "baggies, bags, folds")	\$20
	1/4 gram (aka "pack, quarter")	\$40-50
	1/2 gram	\$55-75
	A gram	\$100-200

Participants reported the most common route of administration for heroin remains intravenous injection (aka "shooting"). Participants estimated that out of 10 heroin users, nine would shoot and one would snort the drug. It is commonly held by participants that if a user continues to use heroin, they will eventually progress to intravenous injection. One participant shared, "Even people who hate needles will 'shoot' (aka inject) within a year of heroin use."

Participants generally reported that syringes used for intravenous injection (aka "rigs" or "tools") are easy to acquire from pharmacies, people with diabetes and heroin dealers. Heroin dealers reportedly sell needles for \$5-10 apiece. Participants reported that sharing used needles continues to be common among users. Most participants were not aware of any needle exchange programs in their area, other than travelling to Cleveland. Nevertheless, participants in Stark County reported a methadone clinic in the area which offers needles.

Participants and law enforcement described typical heroin users as white and noted that more young people are using heroin, as well as older individuals who have "run out of their pills." Participants observed: "All kinds of new people are using [heroin]; Crack dealers are selling it now." Treatment providers described typical heroin users as white, middle class and twenty-something. Many treatment providers noted that users are getting younger as heroin is becoming a gateway drug. A treatment provider remarked, "[Users] no longer progress to [heroin use], they jump right into heroin." A few treatment providers added that there seems to be an increasing number of pregnant women using heroin. Law enforcement reported that the typical user of heroin is white, noting no other definable characteristics.

Prescription Opioids

Prescription opioids are moderately to highly available in the region. Participants most often reported current availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. Participants identified Opana®, OxyContin®, Percocet® and Vicodin® as the most popular prescription opioids in terms of widespread use. Treatment providers most often reported current availability as '6'; the previous most common score was '8'. Law enforcement most often reported current availability as '4' or '5'; the previous most common score was '6'. Community professionals identified fentanyl, Percocet® and Vicodin® as the most popular prescription opioids in terms of widespread use.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. OSHP troopers stopped a vehicle on the Ohio Turnpike in Portage County and found Vicodin® pills and khat (fresh leaves, twigs and shoots of the khat shrub which are chewed like tobacco to produce a stimulant high); two men were arrested (www.statepatrol.ohio.gov, March 6, 2014). Troopers also arrested a 48-year-old male in Summit County for possession of 500 hydrocodone pills and a small amount of marijuana found during a traffic stop (www.statepatrol.ohio.gov, March 9, 2014). A federal grand jury indicted a former Akron doctor and three of his employees for illegally prescribing prescription pills for no legitimate medical purpose; U.S. Attorney Steven Dettelbach described the doctor as, "simply a drug dealer with a stethoscope who happens to work from a medical office instead of a street corner," and charged him with conspiring to traffic pharmaceutical drugs and health care fraud (www.newsnet5.com, March 26, 2014).

Participants reported that the general availability of prescription opioids has decreased during the past six months. Participants explained that many prescription opioid pill formulas are being altered with an abuse deterrent which is leading to increased use of heroin. A participant remarked, "Cause you can't shoot [intravenously inject many prescription opioids]." Participants further explained that doctors, even in emergency rooms, are hesitant in prescribing narcotics which have made the drugs more difficult to find. Participant comments on current availability included: "The state is making it harder and harder to get them out of the ER (emergency room); Doctors are not prescribing them, not even at ER's now; Doctors are more



selective who they prescribe to; [Pain management clinics] are doing pill counts. They are doing a good job with pills, but people are switching to heroin." Participants also suggested, "No one wants to get rid [of their pills]" and explained that those who do, "As soon as they get a script, it's sold."

Community professionals also reported decreased prescription opioid availability during the past six months. Law enforcement and treatment providers mentioned pain clinics that were shut down recently as having had an impact on prescription pain pill availability. Treatment providers added that prescription opioids are expensive and heroin is much cheaper, leading people to use heroin in place of pills. Additionally, providers believed more current prescribing practices such as electronic submission of prescriptions, have assisted in decreasing availability of these drugs. The BCI Richfield Crime Lab reported that the number of prescription opioid cases it processes has remained the same during the past six months.

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

Reportedly, many different types of prescription opioids are currently sold on the region's streets. Current street prices for prescription opioids were consistent among participants with experience buying the drug. Participants reported the following prescription opioids as available to the street-level users.

In addition to obtaining prescription opioids on the street from dealers, participants also reported getting them from people who are prescribed the medications, from hospi-

Prescription Opioids	Current Street Prices for Prescription Opioids	
	Opana® (old formula)	\$80 for 40 mg
	OxyContin® OP (new formula)	\$1 per mg
	OxyContin® OC (old formula)	\$2-3 per mg
	Percocet®	\$1 per mg
	Roxicodone®	\$15-30 for 15 mg
	Vicodin®	\$3-6 for 5 mg

tals, pain clinics and other doctors. A participant reported that acquiring these pills from elderly individuals is the easiest way to get them and explained, "They supplement their income [by selling their medications]. They need the money to live." Another participant shared, "I get [prescription opioids] from my neighbor. He's been through surgery, gets prescriptions, turns around and sells it." Some participant groups, particularly in Tuscarawas County, reported that it is still rather easy to get prescription opioids from the emergency room; however, participants in Portage County commented that it is increasingly more difficult to attain prescription opioids this way.

While there were a few reported ways of consuming prescription opioids, and variations in methods of use were noted among types of prescription opioids, generally the most common route of administration is snorting. Participants estimated that out of 10 illicit prescription opioid users, six would snort, two would consume the drug orally (including chewing and "parachuting," crushing pills and wrapping in tissue to swallow) and two would intravenously inject the drugs. However, one participant remarked, "If you could put it in a needle, most would [inject prescription opioids]."

A profile of a typical illicit user of prescription opioids did not emerge from the data. Participants reported that illicit users of prescription opioids could be anyone, especially those being treated for pain. Treatment providers were also unable to describe characteristics of a typical illicit prescription opioid user. However, treatment providers noted an increase in the number of younger individuals who use these drugs and added that many people who become addicted to these drugs began with legitimately prescribed treatment. Similarly, law enforcement officers commented: "A mix of everybody [abuses prescription opioids]; From professionals with careers all the way down to the inner-city [resident]."

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 commented, "Easy to go to a Suboxone® Clinic and get some, you just need to pee dirty [screen

positive for opiate use].” Treatment providers most often reported current availability as ‘9,’ the previous most common score was ‘7’ or ‘8.’ Treatment provider comments on current Suboxone® availability included: *“Pretty high [availability]; There’s signs for [Suboxone®], cardboard signs ... along off ramps (highway exits) ... ‘Suboxone® Treatment at blah blah blah [phone] number.”* Law enforcement most often reported current availability as ‘4,’ the previous most common score was ‘2.’ Law enforcement comments included: *“I have not come across [Suboxone®] in a while; [I] had a case, but far and few between.”* Law enforcement posited, *“[Suboxone®] is not as much sought after; [Users] don’t use it to get high, they sell it to get heroin.”*

Participants most often reported that the availability of Suboxone® has increased during the past six months. Participants spoke of a street market for Suboxone® as more people are trying to get off heroin. Treatment providers also reported that the availability of Suboxone® has increased during the past six months. One treatment provider commented that availability has gone up dramatically, reporting that availability of Suboxone® increases through treatment programs. The provider stated that more and more consumers are, *“trading it, using it, and buying it on the streets.”* Law enforcement reported that the availability of Suboxone® has remained the same during the past six months. The BCI Richfield Crime Lab reported that the number of Suboxone® cases it processes has remained the same during the past six months.

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

Current street prices for Suboxone® were consistent among participants with experience buying the drug. A participant reported, *“Many dealers will give you a deal if you buy more than one [Suboxone®].”* For example, it was reported that two 8 mg strips of Suboxone® sell for \$30, whereas one typically sells for \$20. One participant group suggested that price is going way up. Another group reported that the price depends on how bad one needed the drug. A participant commented, *“Some will charge more ‘cause they can get it from you.”*

Suboxone®	Current Street Prices for Suboxone®	
	sublingual film	\$20 for 8 mg
	tablet	None reported, rarely available

In addition to obtaining Suboxone® on the street from dealers, participants also reported getting it from physicians, including pain management clinics and psychiatrists. Participants commented: *“You can go to any doctor and get [Suboxone®]; Tell them you want to get off heroin; You see signs in people’s yards with a number to call [for Suboxone® treatment].”* Treatment providers agreed that they hear more clients getting Suboxone® from clinics than off the street and reported that users often turn around and sell their prescriptions on the street. A participant verified, *“I got 80 [Suboxone®] strips a month prescribed to me. I sold them all. Insurance covered it.”*

Participants reported the most common route of administration for Suboxone® strips is sublingual. Participants estimated that out of 10 illicit Suboxone® users, eight would sublingually ingest and two would intravenously inject or “shoot” the drug. Participants reported, that though rarely found, the most common way to illicitly consume Suboxone® pills is snorting.

Participants did not report any unique descriptors of typical illicit users of Suboxone®, indicating anyone could be a user of the drug. Treatment providers described typical users of Suboxone® as being similar to opiate users in general. Some treatment providers reported that users are often young, in their late teens or 20s, and many have pain issues. Law enforcement reported that the typical illicit user of Suboxone® is most often white.

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 ‘7’ or ‘10,’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was ‘10.’ Participants identified Klonopin® and Xanax® as the most popular sedative-hypnotics in terms of widespread use. Treatment providers most often reported current avail-

ability as '7;' the previous most common score was '7-8.' Treatment providers identified Ativan® and Xanax® as most popular. Law enforcement did not rate the availability of sedative-hypnotics, but believed current availability to be low. An enforcement officer said, "Every once in a while we'll see [sedative-hypnotics], find some pills in a cigarette box, but they usually have a prescription for it." Law enforcement identified Xanax® as most popular.

Media outlets reported on community initiatives aimed at addressing sedative-hypnotic use among young people in the region this reporting period. Hoping to reduce the use of sedative-hypnotics on developing minds, a collaborative across Summit, Portage, Trumbull and Stark counties announced seeking alternatives for children with anxiety that are prescribed psychiatric drugs (www.ohio.com, Feb. 10, 2014).

Participants reported that the general availability of sedative-hypnotics has remained the same during the past six months, although a few participants dissented, reporting decreased availability during the past six months. These participants' comments included: "Doctors are getting shut down; The chance of dying is higher when using heroin and Xanax® together, so many dealers are not selling Xanax®." Treatment providers and law enforcement reported that availability of sedative-hypnotics has remained the same during the past six months. A few treatment providers suggested that prescribing practices are being controlled more by doctors similar to prescription opioids. The BCI Richfield Crime Lab reported that the number of sedative-hypnotic cases it processes has remained the same during the past six months.

Reportedly, many different types of sedative-hypnotics are currently sold on the region's streets. Current street prices for sedative-hypnotics were consistent among participants with experience buying the drug. Participants reported the following sedative-hypnotics as available to the street-level users.

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

In addition to obtaining sedative-hypnotics on the street from dealers, participants also reported acquiring these drugs from friends or family members with prescriptions, as well as getting prescriptions from doctors. Participants reported: "[Sedative-hypnotics are] easily prescribed, especially for women; [You] go to the doctor, say you have high anxiety." Another participant added, "People sell [sedative-hypnotics] or trade them when they get their monthly scripts."

While there were a few reported ways of consuming sedative-hypnotics, and variations in methods of use were noted among the different types, generally the most common routes of administration remain snorting and oral consumption. Participants estimated that out of 10 illicit sedative-hypnotic users, six would snort and four would consume the drug orally, including swallowing, breaking or chewing the pills.

Although participants generally agreed that illicit users of sedative-hypnotics could be anyone, some participants reported that users are more likely to be females who struggle with anxiety or depression. Treatment providers described typical users of sedative-hypnotics as younger people who attend parties and abuse alcohol.

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

Marijuana



Marijuana remains highly available in the region. Participants and community professionals most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10' for participants and treatment providers and '8' for law enforcement. Participants identified marijuana as the easiest drug to obtain, often stating that the drug is found everywhere. Law enforcement noted that individuals are using marijuana more openly than previously. An officer commented, "You see people outside McDonald's, passing a 'joint' (marijuana cigarette) back and forth."

Corroborating data also indicated that marijuana is readily available in the region. Summit County Juvenile Court reported that 22.3 percent of all drug screens processed during the past six months were positive for marijuana, a slight decrease from 25.1 percent for the previous reporting period.

In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. Stark County Sheriff's Office Metro Narcotics Unit and the DEA (Drug Enforcement Administration) completed a three month long investigation when they arrested seven individuals for drug charges; the collaboration seized 125 pounds of marijuana and 1 kilogram of cocaine (www.newsnet5.com, Feb. 14, 2014). Two Akron residents were pulled over for a moving violation and found to be in possession of marijuana and an open bottle of cognac; subsequently they were arrested (www.cleveland.com, Feb. 22, 2014). OSHP troopers arrested a California couple when they were pulled over in Portage County and seized 50 pounds of hydroponic marijuana (www.wkyc.com, May 21, 2014). Corroborating data also indicated that marijuana is readily available in the region. The Stark County Day Reporting Program reported that nearly 50 percent of all positive drug screens processed during the past six months were positive for marijuana.

Participants and law enforcement reported that the availability of marijuana has increased during the past six months, while treatment providers suggested availability remained the same. Participants and law enforcement agreed that marijuana is becoming more socially acceptable. Participant comments included: "[Marijuana is]

becoming more normal to use it ... It's more acceptable; Less stigma; It's becoming legal." An officer shared of a recent marijuana arrest in which the individual was upset she was being arrested and noted that marijuana is legal to use in Colorado. Participants suggested one reason for increased availability is the ease of growing the drug. A participant remarked, "You can grow [your own marijuana]; [There is] a lot of indoor growing right now." Law enforcement cited two reasons for increased marijuana availability: 1) local parcel interdiction canine units are finding increased amounts of THC laced products such as chocolate and brownies are coming in from western states, and 2) increased amounts of "medical grade" marijuana (very potent) coming in from the west. The BCI Richfield Crime Lab reported that the number of marijuana cases it processes has remained the same during the past six months.

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

Participant quality scores of marijuana ranged from '1' to '10' with the most common score being '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '8' or '10'. Several participants explained that the quality of marijuana depends on whether the user buys "commercial weed" (low- to mid-grade marijuana) or hydroponically grown (high-grade marijuana). Participants reported that it is most common to purchase the higher grades of marijuana. A participant commented, "Most buy higher quality, but you buy what you can get." Participants reported that "medical marijuana" is around because individuals with prescriptions for it will sell it and explained that this type is considered best in terms of potency. Most participant groups also reported availability of "hash oil" (aka "THC wax" or "dabs"). It was described as having a consistency "like a resin; like tar." A participant expressed, "One hit is like smoking an entire 'blunt' (marijuana cigar)."

The price of marijuana depends on the type and quality desired; current street prices for marijuana were provided by participants with experience buying the drug. Participants were not in agreement about how much a typical

user purchases at a time, some reported it is most common for users to purchase \$20 worth, while others reported it is most common to buy an eighth ounce to a quarter ounce per purchase.

Marijuana	Current Street Prices for Marijuana	
	low grade:	
	a blunt (cigar) or two joints (cigarettes)	\$5-10
	1/8 ounce	\$15-20
	1/4 ounce	\$30-40
	An ounce	\$100
	high grade:	
	A blunt (cigar) or two joints (cigarettes)	\$20-30
	1/8 ounce	\$45-60
	1/4 ounce	\$120
	An ounce	\$200-300
	Hash oil (aka "dabs")	\$10 for 3 hits

Participants reported the most common route of administration for marijuana remains smoking. Participants estimated that out of 10 marijuana users, all 10 would smoke the drug. Participants explained that hash oil is consumed by placing a dab on a heated piece of glass; the user immediately breathes the resulting fumes.

A profile of a typical marijuana user did not emerge from the data. Participants, treatment providers and law enforcement were unable to describe typical user characteristics. Participants generally responded that everybody uses marijuana. Treatment provider comments on typical users included: "A lot of just about anybody [uses marijuana]; Most of our clients use marijuana." Law enforcement likewise reported individuals from all groups use marijuana. An officer responded, "You'd be surprised."

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'. A participant described availability of methamphetamine as second highest after heroin. Other participants agreed that though availability varies, it generally remains high. Participant comments on current availability included: "[There is] a lot of 'meth' (methamphetamine) labs being taken down, [yet] for every meth lab that goes down, two new ones pop up; [Methamphetamine] will be very available, then a big sweep and it becomes hard to find. Once it dies down, it goes up again."

Community professionals also reported high current availability of methamphetamine, with treatment providers rating availability as '8' and law enforcement rating availability as '10'; the previous most common scores respectively were '9' and '5'. Law enforcement reported 247 meth labs and dump sites interdicted upon in Summit County, while there were only 12 such labs in Stark County during the past year; further stating that every one of these were "shake-and-bake" labs. Law enforcement related finding no "red-phosphorous" labs in the past year.

Participants reported that methamphetamine is available in powder (aka "shake and bake" or "one-pot"), anhydrous (aka "old school" or "red-phosphorous") and crystal (aka "ice") forms.

Participants described one-pot methamphetamine as having the consistency of fine powder, or "crystal-like," yet depicted as being almost white as opposed to clear. Reportedly, this form is easily and quickly produced, as fewer ingredients are required and anhydrous gas is not needed. It 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). The production of about 2 grams (aka "a cook") can be produced in 30-45 minutes using this shake-and-bake method. Participants commented: "A lot of people are cooking [methamphetamine]; You go to jail for a parking ticket and come out knowing out to cook [methamphetamine]."

Participants reported old school methamphetamine as less available in the region. A participant stated, *"If you know the right people, you can get it."* Participants explained many of the required ingredients to produce this form of methamphetamine are more closely monitored and therefore less available. Although the anhydrous method of production takes 6-24 hours, participants reported the quality to be better. Very few participants reported that they are able to find crystal methamphetamine. Those reporting on this type boasted that it is very easy to find, suggesting there is a tight-knit group of individuals and if the user is in this network, "crystal meth" is easier to obtain.

Media outlets reported on methamphetamine prevalence, seizures and arrests in the region this reporting period. Reportedly, Summit County is leading Ohio in number of methamphetamine labs busted (www.vindy.com, Jan. 2, 2014). Following multiple arrests at a hotel for trafficking methamphetamine, Brimfield (Portage County) Police sent a warning to drug dealers saying that they will be arrested if they come to town (www.fox8.com, Jan. 4, 2014). A man from Hubbard (Trumbull County) was robbed when he responded to a Craigslist advertisement in hopes of purchasing jewelry; officers arrested the man who robbed him based on drug charges and subsequently also arrested his roommate when they found him operating a meth lab in their apartment (www.fox8.com, Jan. 20, 2014). Stark County Sheriff's Office completed a month long investigation when they arrested two Massillon men who were operating meth labs both inside and outside their home (www.fox8.com, Jan. 10, 2014). The Summit County Drug Unit arrested a man when they searched his residence and found seven one-pot meth labs (www.wkyc.com, Feb. 4, 2014). A registered sex offender refused to pull over and attempted to elude a Summit County Sheriff's deputy; after he was stopped, he was arrested because the deputy found components of a meth lab in his vehicle (www.wkyc.com, April 8, 2014). Officers arrested an Akron Public Schools librarian, along with two others, for manufacturing methamphetamine from her home (www.newsnet5.com, June 18, 2014).

Participants reported an increase in availability of methamphetamine during the past six months. A participant speculated, *"It's getting a lot, lot easier [to find methamphetamine] right now. It's going to be the next epidemic in Portage County."* Another participant suggested, *"It's not as addictive [as heroin], you don't get dope sick, so people are switching [from heroin to methamphetamine]."* A participant commented, *"People get hooked, making [methamphetamine] ... a lifestyle."*

Community professionals also reported an increase in methamphetamine availability during the past six months. Treatment providers and law enforcement reasoned that the increase in methamphetamine availability is due to ease of production. Additionally, treatment providers posited that popular media, with programs such as *Breaking Bad*, have lowered social stigma related to methamphetamine use. One provider recalled a recent group of people caught making methamphetamine in a nearby shopping plaza. Treatment providers suggested, *"The legal heat is off methamphetamine."* Finally, one treatment provider shared a similar observation as participants and said that individuals seem to become addicted to the ritual of making methamphetamine and of making money. 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 off-white powder and some crystal methamphetamine.

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

Participants most often rated the current overall quality of powdered methamphetamine as '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '8'. However, participants were in agreement that the quality of methamphetamine varies depending on a number of factors. Participant comments on quality variability included: *"Depends on how you make [methamphetamine]; Depends on who is cooking, what recipes they are following, how it's cut. Everyone has their own recipes."* Participants were unable to rate the quality of crystal or anhydrous methamphetamine as no one had recent experience with these types.

Current street prices for methamphetamine were consistent among participants with experience buying the drug. Participants reported the following methamphetamine as available to street-level users.

Methamphetamine	Current Street Prices for Methamphetamine	
	Powdered (aka "shake-and-bake" or "one-pot"):	
	A gram	\$50-100
	1/16 ounce (aka "teener")	\$120
	Crystal (aka "old school"):	
	A gram	\$100
	1/16 ounce	\$150
	1/8 ounce	\$250

Participants reported the most common routes of administration for methamphetamine are smoking and intravenous injection (aka "shooting"). Participants estimated that out of 10 methamphetamine users, five would smoke, three would shoot and two would snort the drug. Participants explained that some users will 'smoke' methamphetamine by heating up a glass pipe (aka "red hot pipe" or "hot rail"), breathing the vapors in through their nose and subsequently blowing the inhaled smoke out through their mouth. Some participants reported a faster and longer lasting effect when snorting and smoking methamphetamine simultaneously.

Participants and community professionals described typical methamphetamine users as white and of lower economic status. Several commented that methamphetamine is "a poor man's drug." Participants suggested that users are more likely to include truck drivers and other individuals with work that requires long hours. Treatment providers reported that individuals trying to lose weight and members of biker gangs are more likely to be methamphetamine users than the general public.

Prescription Stimulants

Prescription stimulants are highly available in the region. While participants in Stark and Tuscarawas Counties were unable to report on the availability of prescription stimulants, participants in Summit and Portage Counties most often reported current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Adderall® and Vyvanse® are purportedly the most popular prescription stimulants in

terms of widespread illicit use. Treatment providers did not report on prescription stimulants and law enforcement explained that any encounters they have had with the drug are legitimately prescribed.

Participants reported that prescription stimulant general availability has remained the same during the past six months. The BCI Richfield Crime Lab reported that the number of prescription stimulant cases it processes has remained the same during the past six months.

Prescription Stimulants	Reported Availability Change during the Past 6 Months	
	 Participants	Increase
	 Law enforcement	No comment
	 Treatment providers	No comment

Participants were aware of only a few different types of prescription stimulants presently sold on the region's streets. Current street prices for prescription stimulants were consistent among participants with experience buying the drug.

Prescription Stimulants	Current Street Prices for Prescription Stimulants	
	Adderall®	\$2-3 for 20 mg \$8-10 for 30 mg

In addition to obtaining prescription stimulants on the street from dealers, participants also reported getting them from doctors, friends and family who are being treated with the medication, as well as on college campuses. A participant added, "Especially around test time [prescription stimulants become more available]." A participant shared, "[Prescription stimulants are] easy to get from doctors. [Attention Deficit Hyperactivity Disorder] is the easiest disorder to fake." Another participant disclosed, "I was prescribed [prescription stimulants]. I never took it; I sold it." Participants described typical illicit users of prescription stimulants as high school or college students, truck drivers and people trying to lose weight.

Bath Salts



Bath salts (synthetic compounds containing methylenedioxymethamphetamine, mephedrone, MDPV or other chemical analogues) are moderately available in the region. Participants most often reported the drug's current availability as '7-8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10'.

A number of participants reported that bath salts are not available at all. One participant commented, "Six months ago, [availability of bath salts] was a '10' [highly available]. Now, you can't get it; The only time I've seen it was when someone laced the 'molly' (powdered MDMA) with it." Another participant reported, "I was offered [bath salts] recently, after not seeing it in a while."

Treatment providers were unable to rate the current availability of bath salts, but reported little or no availability; the previous most common score was '5'. A treatment provider commented, "We're not hearing about [bath salts]." Another treatment provider added, "When I do hear about [bath salts], it is [injection use]." Law enforcement most often reported bath salts current availability as '2'; the previous most common score was '1-2'.

Participants reported that the availability of bath salts has decreased during the past six months. Participants attributed the decrease to laws prohibiting the sale of the drug and increased law enforcement efforts. A participant stated, "[Law enforcement has] busted head shops [for selling bath salts]." Community professionals also reported that the availability of bath salts has decreased during the past six months. Treatment providers agreed that new laws making it illegal to sell the product has affected availability. Treatment providers added that the decrease is also due to high negative stigma around bath salts use. A treatment provider stated, "I have heroin users who say, 'I would never put [bath salts] in my body.'" Law enforcement likewise referenced legislative actions as having an effect on availability. Their comments included: "Our unit aggressively went after [establishments that sold bath salts] - usually sold out of gas stations. They got rid of them. The risk of selling [became] too high; The demand was not worth the risk." 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	Decrease
	 Law enforcement	Decrease
	 Treatment providers	Decrease

Current street prices for bath salts remain variable among participants with experience buying the drug. Reportedly, bath salts are sold in half gram bags for \$20-30. Despite legislation enacted in October 2011, bath salts continue to be available at head shops and the Internet. A participant remarked, "[I] used to be able to get [bath salts] at head shops - you still can, but they have to know you [in order to sell to you]." Participants did not report on ways of consuming bath salts, but described typical users of bath salts as being white and young. Law enforcement agreed with participants, while treatment providers were unable to identify any typical characteristics of bath salts users.

Synthetic Marijuana



Synthetic marijuana (synthetic cannabinoids; aka "K2" and "Spice") remain available in the region. However, its availability is limited. Participants from only one focus group in Tuscarawas County reported having knowledge about the current availability of synthetic marijuana; these participants most often reported current availability as '3' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10'. A participant remarked, "[Synthetic marijuana is] very hard to get." Another participant commented, "[Synthetic Marijuana] was popular last summer, but I hear nothing about it anymore." Community professionals also reported limited availability of synthetic marijuana and were unable to rate the drug's current availability; the previous most common score was '5'. Treatment providers reported not hearing about the use of synthetic marijuana on the streets as much as in institutions such as correctional facilities and half-way houses.

Participants reported decreased availability of synthetic marijuana during the past six months. Participants agreed that law enforcement contributed greatly to the decrease in synthetic marijuana availability. Participant comments

included: “[Law enforcement] *are cracking down on* [the sale of synthetic marijuana], *closing shops; I used to buy at the drive-thru, but it’s illegal, can’t get it anymore; They sold it at stores for a while after passing laws, but now they don’t have it.*”

Community professionals also reported decreased availability of synthetic marijuana during the past six months. Treatment providers attributed the decrease in availability to legislative actions rendering the drug illegal to sell. A law enforcement officer explained that synthetic marijuana availability decreased when bath salts availability decreased. Other officers agreed: “*Once we started hitting [establishments that sold synthetic marijuana], they got rid of it ... didn’t want to take the risk.*” The BCI Richfield Crime Lab reported that the number of synthetic marijuana cases it processes has remained the same during the past six months.

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

Participants were unable to provide current pricing for synthetic marijuana and due to their lack of experience with the drug. Despite legislation enacted in October 2011, synthetic marijuana continues to be available at some stores to users who are known to the seller. A participant explained, “[Shop keepers] *have to know you, or you have to use the right name* [how to ask for the drug].” Several participants shared that users are making their own synthetic marijuana by buying chemicals online. Participants continued to report smoking as the only route of administration for synthetic marijuana.

Participants described typical users of synthetic marijuana as anyone who wants to pass a drug test and people who cannot get away with smoking marijuana. Community professionals were unable to identify any typical characteristics of synthetic marijuana users; suffice to say that the drug is more widely used in corrections or inpatient treatment facilities.

Ecstasy



Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) remains moderately available in the region. Participants most often reported the current availability of ecstasy as ‘5’ or ‘8’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was ‘7’. Participants identified “molly” (powdered MDMA) as the most available form of ecstasy. In fact, some participants reported that they have not seen ecstasy tablets in a long time. Treatment providers most often reported the drug’s current availability as ‘4-5,’ while law enforcement most often rated current availability as ‘2-3,’ the previous most common score among all community professionals was ‘2.’ Law enforcement reported having one or two cases involving ecstasy in the past year.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Two people were arrested after OSHP stopped a vehicle in Portage County for a marked lanes violation; the passenger threw a bag containing 26 ecstasy tablets and 30 grams of crack cocaine out the window, jumped into the driver’s seat while the original driver was in a pat down for weapons and sped off – a subsequent search of the vehicle revealed two bags of marijuana and both individuals were arrested (www.statepatrol.ohio.gov, June 10, 2014).

Participants and law enforcement reported increased availability of molly during the past six months, while treatment providers reported no change in availability. However, treatment providers noted that they hear more about molly than about ecstasy tablets. 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	Increase
	 Treatment providers	No Change

Although participants did not comment on the current quality of ecstasy, a treatment provider recalled several clients indicating that molly is not often actual MDMA but rather bath salts. Law enforcement remarked that the molly they have confiscated and tested in a lab often ends up some other unnamed substance. An officer stated, “[Dealers] portray it as molly, but nine out of ten times it’s not.”

Current street prices for ecstasy were consistent among participants with experience buying the drug. Reportedly, users most often purchase between three and seven tablets at a time. Participants reported that the texture of molly ranges from being powdery, crystal-like to being sticky or goeey while appearing clear to sky blue in color. Participants reported that molly is sometimes sold in capsules and users commonly purchase a few grams if going to a party.

Ecstasy/Molly	Current Street Prices for Ecstasy	
	Low dose (aka “single stack”)	\$10-15
	Current Street Prices for Molly	
	A gram	\$65-80
	1/8 ounce (aka “eight ball”)	\$200

Participants reported the most common route of administration for both ecstasy and molly is snorting. Participants estimated that nine out of 10 users of ecstasy tablets and six out of 10 users of molly would snort the drug. One participant group reported intravenously injecting (aka “shooting”) molly.

Participants described typical users of ecstasy or molly as hippies and young people (high school and college aged) who like to party (aka “ravers”). Community professionals agreed with participants and described typical users of ecstasy and molly as under 25 years of age and “rave party types.” Law enforcement added that ecstasy tablets tend to be popular in the Asian community and shared about a recent drug bust in which an Asian individual brought ecstasy tablets into the region from San Francisco intending to sell them at clubs frequented by individuals of Asian descent.

Other Drugs

Participants and community professionals listed a variety of other drugs as being present in the region, but these drugs were not mentioned by the majority of people interviewed: anabolic steroids and hallucinogens (2C-B [4-Bromo-2, 5-Dimethoxyphenethylamine; a synthetic psychedelic drug], lysergic acid diethylamide [LSD] and psilocybin mushrooms). The BCI Richfield Crime Lab reported that the number of LSD and psilocybin mushroom cases it processes has remained the same during the past six months; the lab did not report cases of anabolic steroids or 2C-B.

Participants most often reported the current overall availability of hallucinogens 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.’ Community professionals did not report on the availability of hallucinogens. Law enforcement indicated little or no contact with hallucinogens in the past year.

Participants reported high current availability of LSD and indicated that availability has remained the same during the past six months. Reportedly, the drug is easily found at concerts and music shows. However, participants were unable to report street names or current pricing for LSD. Participants stated that LSD is typically ingested orally and described typical users as young, white and concert/party goers. Reportedly, psilocybin mushroom are easy to find in the summertime around farms in the area. Participants were unable to report street names or prices for the drug, but stated that the drug is most often ingested orally. Participants did not describe typical users of mushrooms.

Two participants reported 2C-B availability in the region, one reporting that the drug is highly available and the other reporting it is moderately available. Both participants reported decreased availability of this drug during the past six months. Participants reported that 2C-B used to come in pill form years ago, but currently comes in a powder form which can be ingested orally. Participants reported oral ingestion and snorting as the most common routes of administration for 2C-B. Participants were unable to provide current pricing for the drug. Participants explained that users will use only a very small amount of the powder because it causes the user to “trip real hard.” Therefore, when a user ingests the powder, the practice is to dip one’s finger in the powder and lick it off. Reportedly,

typical users of the drug are also concert goers and individuals who attend parties or raves.

Only a few participants reported availability of anabolic steroids in the region, rating current availability as '10' on a scale of '0' (not available impossible to get) to '10' (highly available, extremely easy to get). A participant remarked that anabolic steroids are, *"very common, very easy to get."* Treatment providers most often reported current availability as '5', while law enforcement were unable to rate current availability. Law enforcement disclosed only one case in which anabolic steroids were found (during a marijuana bust), but in this case, the steroids were found to be legally prescribed. An officer added, *"We don't pursue [illicit anabolic steroids]. If we did, we'd have some cases."*

Participants and law enforcement did not report on change in availability during the past six months, but treatment providers indicated an increase in anabolic steroid availability. Treatment providers said the drug is especially increasing with intravenous heroin users. Participants reported that anabolic steroids can be attained off the Internet, as well as through doctor prescription, from gyms and from middle- and high-school students. Treatment providers agreed that the drug is most available in gyms and off the Internet.

Depending on the brand and type of steroid (anabolic or testosterone [aka "test"]), participants reported that a five-week supply of anabolic steroids costs \$50-300 per bottle and a five-week supply of testosterone sells for \$100 per bottle. Participants reported the most common routes of administration to be oral ingestion, intravenous injection (aka "shooting") and transdermal (through the skin) absorption. Treatment providers said they typically hear clients report shooting the drug.

Participants described typical illicit steroid users as individuals interested in body building and sports performance, often middle and high school aged. Participants also reported use by athletes vying for sports scholarships and younger individuals who use it to increase sexual appetite. Treatment providers described typical users as males concerned with body image.

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 stimulants. Changes in availability during the past six months include increased availability for heroin and methamphetamine; decreased availability for bath salts, prescription opioids and synthetic marijuana; and possible increased availability for crack cocaine, ecstasy, marijuana and Suboxone®.

While many types of heroin are currently available in the region, participants and community professionals continued to report brown powdered heroin as the most available type throughout the region. All respondent groups attributed increased heroin availability to increased demand due to the low price-point of heroin. Law enforcement noted the new formulations of previously popular pills which make them difficult to break down and intravenously inject has added to the increased demand and use of heroin. Participants and treatment providers also commented that doctors are not prescribing prescription opioid medications as often, so people in pain often turn to heroin for pain relief. Moreover, treatment providers believed that negative stigma around heroin use has lessened and that heroin use is now considered trendy. The BCI Richfield Crime Lab reported that the number of powdered heroin cases it processes has increased during the past six months; the lab reported processing primarily white, brown and gray heroin.

Participants and law enforcement noted that heroin in the region is often cut with fentanyl. In addition, law enforcement reported an increase in prescription opioids used as a cut for heroin and a participant reported methamphetamine as a cut. The BCI Richfield Crime Lab reported that powdered heroin is occasionally cut with fentanyl. Treatment providers described typical heroin users as white, middle class and twenty-something. Many treatment providers noted that users are getting younger as heroin is becoming a gateway drug. A few treatment providers added that there seems to be an increasing number of pregnant women using heroin.

Participants described the current status of methamphetamine as among the highest available drugs in the region after marijuana and heroin. Law enforcement reported

247 meth labs and dump sites interdicted upon in Summit County during the past year, further stating that every one of these were “shake-and-bake” labs. Law enforcement related finding no “red-phosphorous” labs in the past year. Participants reported that methamphetamine is available in powder (aka “shake and bake” or “one-pot”), anhydrous (aka “old school” or “red-phosphorous”) and crystal (aka “ice”) forms. 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 off-white powder and some crystal methamphetamine.

Treatment providers and law enforcement reasoned that the increase in methamphetamine availability is due to ease of production. Additionally, treatment providers posited that popular media, with programs such as *Breaking Bad*, have lowered social stigma related to methamphetamine use. Participants and community professionals described typical methamphetamine users as white and of lower economic status.

Law enforcement noted that individuals are using marijuana more openly than previously. Participants and law enforcement agreed that marijuana is becoming more socially acceptable. An officer shared of a recent marijuana arrest in which the individual was upset she was being arrested and noted that marijuana is legal to use in Colorado. Participants suggested one reason for increased availability is the ease with which to grow marijuana. Law enforcement cited two reasons for increased availability: increased amounts of THC laced products such as chocolate and brownies, coming in from western states and increased amounts of “medical grade” marijuana (very potent) also coming in from the west. Lastly, for the first time this reporting period, most participant groups also reported availability of “hash oil” (aka “THC wax” or “dabs”) a marijuana extract. Participants explained that hash oil is consumed by placing a dab on a heated piece of glass; the user immediately breathes the resulting fumes.