



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

June 2014 - January 2015

## 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 (treatment 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 epidemiological 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 30, 2015. It is based upon qualitative data collected from July 2014 through January 2015 via focus group interviews. Participants were 331 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 110 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 2014 through January 2015. 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 remains moderately to highly available throughout most OSAM regions. With the exception of Columbus where availability of powdered cocaine has increased during the past six months, availability of powdered cocaine has remained the same. Several clinicians in the Columbus region suggested that the new MAT (medication assisted treatment) drug, Vivitrol®, is one reason for an increase in powdered cocaine demand, explaining that with this drug an opiate high is not possible while a cocaine high is. The BCI London Crime Lab reported that the number of powdered cocaine cases it processes has increased during the past six months.

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

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

Participants throughout half of OSAM regions reported the current quality of powdered cocaine as moderate: '6-7' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Akron-Canton and Youngstown participants most often reported current overall quality as low, while Athens and Dayton participants most often reported current overall quality as high. The majority of participants from throughout regions continued to note that the overall quality

of powdered cocaine has decreased during the past six months. Participants universally indicated that powdered cocaine is often cut (adulterated) with other substances: aspirin, baby formula, baby laxatives, baby powder, baking soda, bath salts, diuretics, dry wall, ethanol, ether, flour, laxatives, local anesthetics, methamphetamine, powdered milk, prescription opioids, protein powder, sleep aids, various vitamins and dietary supplements. Crime labs throughout OSAM regions noted the following cutting agents for powdered cocaine: acetaminophen, levamisole (livestock dewormer), local anesthetics (i.e., benzocaine, lidocaine and procaine) and mannitol (diuretic).

Current street jargon includes many names for powdered cocaine. Dayton participants reported that users will ask for powdered cocaine by utilizing terms referring to quantity, such as 'bump' or 'rail,' as one participant explained, "A bump is just a little bit on your fingernail and a rail is a line that looks like a joint."

Current Street Names of Powdered Cocaine	
<b>Most Common Names</b>	girl, soft, white girl
<b>Other Names</b>	baby powder, blow, Christina (Aguilera), fish scales, motivation, powder, snow, twerk, white

Depending on the region, desired quality and from whom one buys, a gram of powdered cocaine currently sells for \$50-100; 1/16 ounce (aka "teener") sells for \$70-150; 1/8 ounce (aka "eight ball") sells for \$100-325; an ounce sells for \$1,000-1,400. Participants continued to report that typical users usually purchase the drug in gram or 1/8 ounce amounts, and participants in Dayton continued to report purchasing powdered cocaine most often in capsules. Overall, participants reported that the price of powdered cocaine has increased during the past six months.

Participants throughout most OSAM regions continued to report that the most common route of administration for powdered cocaine is snorting, followed by intravenous injection (aka "shooting"). Participants in Cincinnati and Columbus estimated that out of 10 powdered cocaine users, half would snort and half would shoot the drug. Participants and community professionals most often describe typical powdered cocaine users as of higher socioeconomic status or middle-class, professional, white and aged 30 years or older.

Participants explained that powdered cocaine is used in combination with alcohol, marijuana, prescription opioids and sedative-hypnotics to take the edge off the stimulant high. Alcohol was the most reported drug used in combination with powdered cocaine. Additionally, participants reported using powdered cocaine with ecstasy, heroin, prescription opioids (i.e., morphine) and sedative-hypnotics (i.e., benzodiazepines) to "speedball," creating alternate stimulant and depressant highs. Methamphetamine and molly (powdered MDMA) were reportedly used in combination with powdered cocaine to intensify the high.

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

## Crack Cocaine

Crack cocaine remains highly available throughout OSAM regions. Overall, most participants and community professionals continued to report that availability has remained the same during the past six months. Participants reported that crack cocaine is available in a variety of colors, including white, yellow and brown. Several participants throughout regions suggested that crack cocaine continues to remain highly available due to the popularity of using crack cocaine in combination with heroin for a "speedball"

Reported Change in Availability of Crack Cocaine 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	Moderate to High	No Change
Dayton	High	No Consensus
Toledo	High	No Change
Youngstown	High	No Change

effect (consecutive stimulant and depressant highs). Columbus participants also discussed the new medication assisted treatment for opiate addiction, Vivitrol®, as contributing to more frequent use and high demand of crack cocaine; Vivitrol® effectively blocks an opiate high, and thus some of its users seek crack cocaine.

Participants throughout OSAM regions reported the overall quality of crack cocaine as moderate to high, rating current quality most often as ‘8’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was ‘7’. Participants reported that quality of crack cocaine depends on where the substance is purchased, from whom and if it has been cut (adulterated) with other substances. Overall, participants most often noted that the general quality of crack cocaine has remained the same during the past six months. Participants reported that crack cocaine throughout regions is predominately cut with baking soda; however, many participants continued to remark that just about anything can be used to cut the drug, reporting that many of the same adulterants found in powdered cocaine are also used to cut crack cocaine. Crime labs throughout OSAM regions continued to most often report levamisole (livestock dewormer) as the typical cutting agent for crack cocaine, along with local anesthetics: benzocaine, lidocaine and procaine.

Current Street Names of Crack Cocaine	
Most Common Names	crack, hard, rock, work
Other Names	candy, cream, drop, fire, girl, stuff, yay-yo
Names for yellow-colored crack	butter, yellow

Participants reported that the most common way to purchase crack cocaine is “by the piece,” usually for \$20. However, participants noted that dealers will sell just about any amount of crack cocaine, as little as \$2. Reports of current street prices for crack cocaine were consistent among participants with experience buying the drug, but remain dependent on the quality of the drug purchased: 1/10 gram (aka “rock”) sells for \$10-20; a gram sells for \$50-100; 1/8 ounce (aka “eight ball”) sells for \$150-300.

While participants continued to report smoking as the most common route of administration for crack cocaine, participants in every region reported intravenous injection (aka “shooting”) as the second most common. Participants estimated that out of 10 crack cocaine users, 8-9 would smoke and 1-2 would shoot the drug. Participants noted that lemon juice, Kool-Aid® and vinegar can be used to dissolve crack cocaine to get the drug into an injectable form. Participants also mentioned typical items used as ‘crack pipes’ to smoke the drug: car antennas, plastic pens, tire gauges, and glass tubes which serve as packaging for fake roses sold in various gas stations and convenience stores throughout regions.

A profile of a typical crack cocaine user did not emerge from the data of half the regions, however, many participant and professional groups continued to associate crack cocaine use with low socio-economic status as well as with prostitution. In addition, Columbus participants reported that crack cocaine is gaining popularity among younger users due to an increase in users combining crack cocaine with heroin.

Several other substances are used in combination with crack cocaine. Participants explained that alcohol, heroin, marijuana and sedative-hypnotics are often used to help crack users come down off the stimulant high; whereas, ecstasy and methamphetamine are typically used for a similar or intensified effect. Several participants mentioned ‘speedballing’ crack with heroin.

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

## Heroin

The current availability of heroin remains high throughout OSAM regions; availability has increased in six of the eight regions during the past six months. Many participants stated that heroin is now easier to obtain than marijuana and cocaine. Participants throughout regions referred to economic reasons for the increase in heroin availability, noting that heroin is easier to get than pain killers, heroin is cheap and dealers are making a lot of money selling heroin.

A number of treatment providers, too, speculated that heroin use has increased because hospitals have limited the use of opioids, so it's much harder to get pain medication than heroin which has resulted in fewer pain pills on the street. They also attributed the decrease in opioid availability to community efforts to collect unused medication via drop boxes. Law enforcement saw a correlation between the "crackdown on pill doctors" with increasing use of heroin. However, some treatment providers in Akron-Canton noted a trend in younger clients reporting using heroin straight away without the traditional progression from pain medication to heroin. Likewise, several treatment providers in Toledo reported more people coming to them addicted to heroin who have not done other drugs prior to using heroin.

**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	No Consensus	Black Tar & Brown Powdered
Cincinnati	High	Increase	Brown Powdered
Cleveland	High	Increase	Brown/White Powdered
Columbus	High	No Consensus	Black Tar & Brown Powdered
Dayton	High	Increase	Brown/White Powdered
Toledo	High	Increase	Brown Powdered
Youngstown	High	Increase	Brown/White Powdered

Participants throughout OSAM regions reported the overall current quality of heroin as moderate to high, rating current quality most often as '7' or '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants most often noted that the overall quality of heroin has either remained the same or has decreased during the past six months; participants in Cincinnati only most often reported increased quality. However, participants continued to

commonly report that the quality of the drug depends on from where it comes. Toledo participants explained that heroin dealers are so prevalent that they must deliver a high-quality product to maintain customers, although participants in more rural areas reported variability in quality.

Participants reported that the color of powdered heroin usually ranges from dark brown to light brown, but can also be gray and whitish in color. The consistency of powdered heroin was described by participants as ranging from rocky and chunky to powdery. Participants universally indicated that heroin is often cut (adulterated) with other substances. Participants reported that the top cutting agents for powdered heroin are prescription opioids; specifically mentioned were fentanyl, morphine, Percocet® and Vicodin®. Additional cuts mentioned included nutritional supplements (creatine, protein powder and vitamin B-12), powdered cocaine and sedative-hypnotics (Klonopin®, NoDoz®, trazadone and Xanax®). Reportedly, brown powdered heroin and black tar heroin are also cut with aspirin, baby laxative, bath salts, brown sugar, darker drinks (cocoa powder, coffee and colas) and shoe polish; white powdered heroin is also cut with baby formula, powdered sugar and regular sugar. The BCI London Crime Lab reported that a lot of powdered heroin cases that are processed in the lab are a heroin-fentanyl mixture, sometimes even straight fentanyl.

Cincinnati participants reported that most users in the region are seeking white powdered heroin due to the high potency of the drug. Reportedly, the danger of using fentanyl-cut heroin is well understood, but most participants expressed seeking it out despite their understanding of possible overdose danger. Several participants shared stories of friends who died using fentanyl-cut heroin. Additionally, Toledo treatment providers explained that unbeknownst to users, some 'china white heroin' is currently being cut with powdered cocaine. Thus at treatment intake, while many clients report they used heroin cut with fentanyl, client testing often reveals that in many cases, participants have ingested heroin cut with cocaine.

Crime labs throughout OSAM regions most often noted the following cutting agents for heroin: caffeine, diphenhydramine (antihistamine), fentanyl, mannitol (diuretic), quinine (antimalarial) and triacetin (glycerin triacetate, a food additive).

Current street jargon includes many names for heroin. Several names referred to the color of the heroin; for instance, "dirty brown" or "brownies" for brown powdered heroin and "china white" or "snowflake" for white powdered

heroin. An Athens region participant reported “scramble” as a street name for heroin mixed with morphine, while a Toledo regional toxicologist reported hearing “super smack” as a street name for heroin mixed with fentanyl.

Current Street Names of Heroin	
Most Common Names	boy, dog (dog food), dope, H
Other Names	brown, dirt, fire, Ron, smack

Current street prices for heroin were consistent for small quantities, but variable for larger quantities among regions: 1/10 gram most often sells for \$20; 1/2 gram sells for \$40-80; a gram sells for \$60-300. Participants continued to indicate that price is often dependent on type, quality and location of purchase. Athens participants commonly reported obtaining heroin for less money by traveling out of their region to larger cities like Columbus. Akron-Canton treatment providers reported a growing trend of clients who report obtaining heroin via the Internet. The majority of participants in Dayton continued to report most often purchasing capsules (aka “caps”) of powdered heroin, while Toledo participants reported that small amounts of powdered heroin are typically sold in “packs” or “papers,” which are often folded lottery tickets and small amounts of black tar heroin are typically wrapped in foil and sold in “balloons” or “baggies.” Toledo participants also reported that dealers often give out free samples of heroin.

Universally, participants throughout regions continued to report that the most common route of administration for heroin remains intravenous injection (aka “shooting” or “banging”), followed by snorting. Participants frequently estimated that the majority of heroin users begin by snorting and progress to shooting the drug.

Participants reported that injection needles are very easily obtained from a dealer, family and friends who are diabetic, medical supply stores and, while not everyone agreed, from pharmacies. Many participants reported obtaining needles at pharmacies, especially if they are able to intelligibly feign being a diabetic or needing them for someone who is a diabetic. Other participants, however, reported that pharmacies are “cracking down” and requiring proof that the individual asking for syringes needs them for insulin. Reportedly, needles obtained from a dealer or fellow heroin user tend to be more expensive than needles purchased

from stores. Needles on the street sell for \$1-5 each depending on the size and how desperate the user appears.

Clean needle availability varies throughout regions as some participants reported being able to obtain them easily through pharmacies, while others reported being required to have a prescription. Participants divulged that many users will steal them from stores, homes and medical facilities. Still other participants said it is common practice to reuse needles from other users or merely finding them on the ground and reusing those. Participants throughout regions reported concerns over the availability of clean, unused needles and of sharing needles. Several participants reported fear of being turned away by a pharmacy and would share needles as an alternative. Disposal of used needles is another concern participants shared. Many participants suggested a community needle exchange program to help address their needle concerns.

Participants and community professionals most often described typical users of heroin as males and females, 30-40 years of age and younger, predominantly white and often someone who began using prescription opioid medication, but switched to heroin because it is cheaper. However, treatment providers in Akron-Canton observed an increase in the number of African Americans using heroin during the past six months to a year, and law enforcement in that region also observed an increase in younger, teenage individuals using heroin during the past six months.

Participants and community professionals reported that heroin is often used by itself or in combination with other drugs. Reportedly, bath salts, cocaine (crack and powder) and methamphetamine are used with heroin to “speed-ball,” which means using these stimulant drugs with heroin either simultaneously or alternately in order to experience the highs and lows of the different drugs. Marijuana, ‘molly’ (powdered MDMA) and prescription opioids are reportedly used with heroin to intensify or balance out the effect of the drug or to increase the quality of cheap heroin. Despite general knowledge that sedative-hypnotics, especially benzodiazepines, used with heroin are dangerous and potentially lethal, participants still reported using these with heroin in order to help ‘nod out’ (fall asleep).

### Substances Most Often Combined with Heroin

- Alcohol • Crack Cocaine • Marijuana • Methamphetamine
- Powdered Cocaine • Sedative-Hypnotics •

## Prescription Opioids

Prescription opioids remain highly available throughout all OSAM regions, with the exception of Cincinnati where current street availability is reportedly moderate. Availability of these drugs has decreased during the past six months for Akron-Canton, Cleveland and Toledo. Participants and community professionals who reported decreased availability cited doctor, pharmacy and law enforcement interventions as reasons. Specifically, they reported that it is currently more difficult for users to acquire pain pills, especially the ones most wanted such as Dilaudid® and OxyContin® due to increased regulation of these medications; doctors and emergency rooms are not dispensing these medications as regularly as previous. Law enforcement also attributed the decrease in availability to the closure of several “pill mills” in the area as well as doctors prescribing pain medications less often.

Participants explained that some prescription opioids remain highly available, but are not preferred because many of these pills were reformulated with abuse-deterrent that makes them more difficult to inject. Several participants suggested that tramadol (a non-narcotic pain reliever;

generic form of Ultram®) is becoming more available due to an increase in doctors prescribing this particular drug as opposed to other opioids. Some participants noted that although prescription opioids are available, many users’ drug of choice has switched to heroin and thus decreased the demand for these drugs and their subsequent availability.

Current street jargon includes many names for prescription opioids (aka “painers” and “skittles”). Participants reported the following common street names for many of the prescription opioids available to street-level users. Note Percocet®, Roxicet® and Roxicodone® are typically considered the same by participants, so they share similar names. For example, Roxicodone® 30 mg is often referred to as “perk 30.”

Reported Availability Change of Prescription Opioids during the Past 6 Months			
Region	Current Availability	Availability Change	Most Widely Used
Akron-Canton	High	Decrease	Opana®, Percocet®, Vicodin®
Athens	High	No Change	Dilaudid®, Percocet®, Roxicodone®, Ultram®, Vicodin®
Cincinnati	Moderate	No Change	Percocet®, Vicodin®
Cleveland	High	Decrease	Percocet®
Columbus	High	No Change	Percocet®, Vicodin®
Dayton	High	No Consensus	Percocet®, Vicodin®
Toledo	High	Decrease	tramadol, Ultram®, Vicodin®
Youngstown	High	No Change	Opana®, OxyContin®, Percocet®

Current Street Names of Prescription Opioids	
Dilaudid®	Ds
fentanyl	patches, suckers
Lortab®	tabs
methadone	coffins, dones, wafers, waffles
Norco®	beans, narcs, norks
Opana®	OPs, pandas
OxyContin®	jelly beans, OCs, oxies
Percocet®	beans, blues, smurfs (5 mg); jerks, perks, Ps, school busses, tens (10 mg)
Roxicodone®	15s (15 mg); 30s, perk 30s (30 mg); roxies
Tylenol® 3	terminators
Ultram®/ tramadol	Ts, trams
Vicodin®	aspirin, baby vikes (5 mg); candies, seven-fifties, sevens (7.5 mg); 10s (10 mg); vickies, vikes, Vs

Many different types of prescription opioids are currently sold on Ohio’s streets. Reports of current street prices for prescription opioids varied between type and OSAM region. However, generally prescription opioids sell for \$1-2 per milligram. Many participants noted that prescription opioids have become more expensive. Participants indicated that price is often determined by several factors including the dealer or source, what the user wants, how desperate the user is, and quantity. For example, participants in Athens reported that Dilaudid® 8 mg sells for \$30-60. In addition to obtaining prescription opioids on the street from dealers, participants also reported getting them from physicians and people with prescriptions, including older individuals.

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 for illicit use remains snorting, followed by oral consumption (including chewing, crushing pills and wrapping in tissue to swallow, aka “parachuting”) and intravenous injection (aka “shooting”). Fewer participants mentioned shooting prescription opioids, and those who did, commonly noted that working around abuse-deterrent formulations for snorting and shooting is difficult and time consuming. In Athens, participants reported that smoking of prescription opioids off of foil is another common route of administration.

A profile of a typical illicit user of prescription opioids did not emerge from the data. Participants and community professionals throughout regions continued to report typical illicit users as everybody. However, many respondents of both groups noted heroin users and persons with a legitimate physical pain problem who become addicted to the drugs for regular illicit use.

Prescription opioids are often used in combination with other substances. The majority of participants explained that using other substances with prescription opioids increases the high, particularly alcohol and benzodiazepines. Reportedly, cocaine and methamphetamine are used with these drugs for the ‘speedball’ effect, which is when users seek out the dual effects of the drugs either by using them simultaneously or by alternating their use. In addition, an Akron-Canton participant reported a growing trend of using Adderall® with prescription opioids.

### Substances Most Often Combined with Prescription Opioids

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

## Suboxone®

Suboxone® remains highly available in most regions and has increased in availability for Cincinnati and Youngstown during the past six months. There was consensus among participants throughout regions that Suboxone® is most available in sublingual strip form and that Suboxone® tablet form is rarely available. Participants commonly suggested that the decrease in tablet form is due to doctors prescribing it less.

Participants in Cincinnati attributed the increase in availability of Suboxone® in their region to how easily a user can obtain a prescription; community professionals in that region attributed

increased availability to an increased number of Suboxone® clinics operating in the region. Participants in Youngstown also noted an increase in clinics prescribing Suboxone® in their region, while treatment providers there attributed the increase to an increase in opiate use, particularly heroin; reportedly, heroin users seek Suboxone® to help combat withdrawal symptoms when heroin is not available to them.

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

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

Participants reported several street names for Suboxone® (aka “boxes,” “oranges” and “subs”). Additionally, one Athens participant added that Subutex® is often called “tex.”

### Current Street Names of Suboxone®

Sublingual film	fruit roll-ups, strips
Tablet	halves, half-moons, stop signs

Reports of current street prices for Suboxone® varied from region to region with Suboxone® 8 mg selling for \$10-30. Participants reported that Suboxone® in tablet form is more expensive than the sublingual strips because it is more difficult to obtain. In addition to obtaining Suboxone® on the street from dealers and from people selling their prescriptions, participants also reported getting it prescribed by doctors. However, participants reported that the most common way to obtain Suboxone® is from individuals who sell their prescription, particularly heroin users. Participants also noted that it is easy to obtain a prescription for Suboxone®, but several participants added that it is difficult to get an appointment with a doctor due to waiting lists and the cost of treatment.

While there were a few reported ways of consuming Suboxone®, generally the most common route for administration remains sublingual (dissolving it under the tongue). More specifically, participants reported that the most common route of administration for illicit use of Suboxone® strip form is sublingual, followed by intravenous injection (aka “shooting”); the most common routes of administration for Suboxone® tablet form are shooting and snorting. Participants explained that Suboxone® is snorted similar to a nasal spray; users dissolve the strip or tablet in water and snort the liquid.

Participants and community professionals most often described typical illicit users of Suboxone® as opiate users (both heroin and prescription opioids) and people trying to detox/self-medicate from opiates or trying to avoid withdrawal symptoms when they cannot get opiates. In addition, Akron-Canton treatment providers reported that they have worked with young mothers and pregnant females who are being treated with Suboxone®.

Participants reported several drugs that are used in combination with Suboxone®. Alcohol, crack cocaine and marijuana are used with Suboxone® to intensify the high.

### Substances Most Often Combined with Suboxone®

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

## Sedative-Hypnotics

Sedative-hypnotics are highly available throughout all OSAM regions. For the most part, the availability of these drugs has remained the same during the past six months, with the exception of an increase in availability for the Youngstown region where treatment providers reported increased reports of client use of the drugs. Xanax® was universally named the most popular sedative-hypnotic in terms of widespread use throughout regions. Treatment providers in Toledo indicated that Xanax® has become a secondary drug of choice for most users; they explained that Xanax® use doesn’t bring users into treatment, but of those in treatment for any other drug, many concurrently used Xanax® illicitly.

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

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

Current street jargon includes many names for sedative-hypnotics (aka “benzos,” “black-outs,” “downers,” “sleep walkers,” “slow jams” and “Zs”). Typically, street jargon for these pills reflects the brand name or the description of the pill; for instance, “vans” for Ativan® or “blues” for Xanax® (1 mg) or Valium® (10 mg) which are both blue colored pills.

### Current Street Names of Sedative-Hypnotics

Ativan®	addies, vans
Klonopin®	forget-a-pins, k-pins, KPs, pins
Soma®	soma coma, soma shuffle, somatose
Valium®	blues (10 mg), downs, vals, V-cut, Vs
Xanax®	logs, pies, peaches (0.5 mg); blues, footballs, school buses (1 mg); candy bars, green monsters, ladders (2 mg); boards, skateboards, xanies

Reports of current street prices for sedative-hypnotics varied throughout OSAM regions. Participants explained that generally the more pills you purchase at a time, the better the price. Currently, sedative-hypnotics sell for \$0.50-10 per pill depending on the type, brand and dosage of the pill. Xanax® sells 0.25 mg for \$0.50-1, 0.50 mg for \$0.50-3, 1 mg for \$2-5 and 2mg for \$3-10.

In addition to obtaining sedative-hypnotics on the street from dealers, participants continued to report most often obtaining these drugs from people they know who have prescriptions or by getting them prescribed by a physician. Akron-Canton participants admitted to knowing several patients with sedative-hypnotic prescriptions that sell their medication. Columbus participants reported that they can readily obtain the drug in bars and other social hangouts. In Athens, treatment providers discussed how some doctors in the region are known to prescribe sedative-hypnotics and that users know exactly who and where to go to get a prescription.

While there were a few reported ways of consuming sedative-hypnotics, generally the most common routes of administration for illicit use are oral consumption (aka “popping”) and snorting. Participants elaborated on oral consumption and reported that some ‘parachute’ these pills. In Youngstown, participants estimated that out of 10 illicit sedative-hypnotic users, all users would snort, but more than half would also orally consume or shoot the drugs depending on what other drugs they are using in combination.

Participants and community professionals continued to most often describe typical illicit users of sedative-hypnotics as heroin users, young, white and female. Some participants in Akron-Canton shared about “pill parties” among young people, at which a variety of pills are placed into a bowl and participants take a handful of pills and consume them.

Participants reported that sedative-hypnotics are generally used in combination with other substances. Participants and treatment providers reported that alcohol, heroin, marijuana and prescription opioids are used in combination with sedative-hypnotics to increase the effects of these drugs and to achieve the nodding out effect. Additionally, sedative-hypnotics are used after cocaine, LSD or methamphetamine to bring the user down off the stimulant effect. Other participants reported using sedative-hypnotics in between highs, when they could not get heroin.

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

- Alcohol • Crack Cocaine • Heroin •
- Marijuana • Powdered Cocaine

**Marijuana**

Marijuana remains highly available throughout OSAM regions. The only changes in availability during the past six months were increased availability for Athens and Columbus regions. Athens participants cited harvest as a reason for the increase. By August 14, 2014 Athens and Meigs counties led the state with over 2,500 plants seized ([www.athensnews.com](http://www.athensnews.com), Aug. 20, 2014). Additionally, the BCI London Crime Lab reported that the number of marijuana cases it processes has increased during the past six months and the American Court and Drug Testing Services reported that 19.2 percent of the 2,878 individuals screened through its Columbus and Lancaster labs during the past six months were positive for marijuana.

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

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

Participants reported high quality for all types of marijuana. The majority of the participants agreed that high quality marijuana was more readily available than lower quality product. However, Youngstown participants explained that it was harvest season, so even the lower quality product was of good quality. Participants and treatment providers continued to report preference of high-grade, hydroponic marijuana over typical commercial-grade product. Several Cincinnati participants admitted to purchasing higher quality marijuana through the U.S. mail. In addition, Akron-Canton law enforcement reported an increase of marijuana coming into the region in the form of food products (baked goods or candy), often via U.S. mail.

Akron-Canton, Athens, Cleveland, Columbus and Dayton participants and community professionals cited an increase in high quality marijuana availability, including

increased use of concentrates and extracts, during the past six months. Concentrates and extracts take the form of oil or wax (aka “dabs”) and have a very high concentration of THC (tetrahydrocannabinol). Athens community professionals noted an increase in this form of the drug; treatment providers particularly noted hearing about marijuana oils and dabs from adolescents.

Current street jargon includes countless names for marijuana. Participants provided general names for marijuana, as well as names for low- and high-grade marijuana. Additional names often refer to the strain of the marijuana; many times referring to flavor or color of veins in the marijuana: For example, “blueberry,” “bubblegum,” “downtown brown,” “purple” and “white widow.”

Current Street Names of Marijuana	
<b>Most Common</b>	pot, smoke, weed
<b>Low grade</b>	bobby brown, bud, dirt, mids, regular (reggie, reg), schwag, trees
<b>High grade</b>	chronic, dank, dro, kill (killer, killa), kush, loud
<b>Concentrates &amp; extracts</b>	dabs, teamsters

Reported prices for marijuana were variable throughout OSAM regions. Low-grade marijuana is the cheapest form of the drug, while high-grade marijuana sells for significantly more. High-grade marijuana is also more variable in price depending on quality of the drug. Most currently, for low-grade marijuana, a “blunt” (cigar) or two “joints” (cigarettes) sell for \$5; a gram sells for \$10; 1/4 ounce sells for \$20-25 (and as high as \$40 in some locations); an ounce sells for \$80-100; and a pound sells for \$800 on average. For high-grade marijuana, a blunt or two joints sell for \$10-20; a gram sells for \$20; 1/8 ounce sells for approximately \$60; 1/4 ounce sells for about \$100; an ounce sells for \$250-320; and a pound sells for up to \$5,000. Participants did not provide pricing information for marijuana concentrates and extracts.

Participants continued to report smoking as the most common route of administration for marijuana. Additional methods reported include an increase in vaporizing the oils and smoking dabs, as well as oral ingestion of marijuana. Several regions indicated an increase in THC-laced candies, snacks and baked goods.

A profile of a typical marijuana user did not emerge from the data. Participants and professionals described marijuana users as everyone. Columbus participants noted that low-grade marijuana is primarily used by people of lower socio-economic status, as well as habitual users, due to lower cost of the drug. Treatment providers indicated that marijuana is one of the hardest drugs for their clients to quit; if clients make it through treatment, they often continue using marijuana, often due to social acceptability of the substance.

Participants and community providers continued to report that marijuana is most often used in combination with nearly any other substance.

**Substances Most Often Combined with Marijuana**

- Alcohol • Crack Cocaine • Heroin • Methamphetamine • PCP • Powdered Cocaine • Prescription Opioids • Prescription Stimulants (Adderall®) • Sedative-Hypnotics (Xanax®) •

## Methamphetamine

Methamphetamine availability remains variable from region to region, yet availability is moderate to high in more than half of the regions. Cincinnati, Dayton and Youngstown respondents report higher availability in more rural areas of the region. Very few Cleveland participants had personal experience with this drug; those participants rated availability as high, but treatment providers in the region reported low availability. Although Akron-Canton participants generally reported high availability of methamphetamine in the region, Stark County participants specifically noted that they are unable to find methamphetamine in their area.

Crystal and powdered methamphetamine types are reportedly available throughout OSAM regions, with powdered (aka “shake-and-bake”) type conveyed as most prevalent throughout the state. This type of methamphetamine is easily made by mixing common household chemicals, along with ammonium nitrate (found in cold packs) and pseudoephedrine (found in some allergy medications), in a single sealed container such as a two-liter soda bottle. Respondents often shared that instructions for this are found online and the process is complete in as little as 30 minutes.

Concerning crystal methamphetamine, Akron-Canton law enforcement reported crystal methamphetamine coming into their region from Mexico.

The majority of OSAM regions reported no change in availability of methamphetamine. Cincinnati and Toledo participants and community professionals suggest that methamphetamine is more available in rural areas. Athens, Toledo and Youngstown regions indicated increased methamphetamine availability during the past six months. Several respondents reflected on how easily methamphetamine is manufactured and often cited that as a reason for increased availability of the drug. Toledo participant and Youngstown professional groups reported methamphetamine being manufactured, but not necessarily always used by those making the drug.

Reported Availability Change of Methamphetamine during the Past 6 Months		
Region	Current Availability	Availability Change
Akron-Canton	High	No Consensus
Athens	High	Increase
Cincinnati	Variable (high in rural, low in urban)	No Change
Cleveland	No consensus	No Change
Columbus	High	No Change
Dayton	Variable	No Consensus
Toledo	Variable (high in rural, low in urban)	Increase
Youngstown	Moderate to high (higher in rural areas)	Increase

Participants who had recent experience with methamphetamine reported moderate to high overall quality of the drug and most often rated current quality as '6-10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous overall quality score was '5-7'. An Akron-Canton law enforcement professional reported that the quality of the imported crystal form of the drug is very pure. The majority of regions reported that the quality of methamphetamine has remained the same during the past six months. An Athens participant who believed quality has increased suggested that 'cooks' (people who make meth) are developing better techniques and methods for manufacturing the drug.

### Current Street Names of Methamphetamine

<b>Most Common Names</b>	crank, crystal, glass, ice, meth, shake-and-bake
<b>Other Names</b>	go-fast, go-go (go-go juice), jib, Ricky Bobby, shard, shatter (shattered), speed, Tina (Tina Turner)

Reports of current street prices for methamphetamine were variable among participants with experience purchasing the drug: \$80-100 for a gram, \$1,800-2,200 for an ounce. A Toledo participant reported purchasing methamphetamine in 1/10th gram increments for \$20. An Athens participant reported obtaining 1/4 gram of powdered methamphetamine in exchange for a box of Sudafed® (a precursor ingredient for methamphetamine production). Cleveland and Dayton participants also mentioned trading boxes of Sudafed® for methamphetamine, but did not specify quantity received for the exchange.

Participants reported that the most common routes of administration for methamphetamine are smoking, followed by intravenous injection (aka "shooting"). A Youngstown participant shared that a lot of users smoke methamphetamine out of light bulbs. Akron-Canton participants explained that those who inject other drugs are more likely to inject methamphetamine as well. Athens participants indicated an increase in injection of methamphetamine during the past six months.

Participants most often described typical methamphetamine users as white, aged 20-40, of lower socioeconomic level, male and employed working long hours. Several participants noted that African-American individuals are less likely to use methamphetamine. Community professionals generally described a typical methamphetamine user as white and from more rural areas. In addition, several participants and community professionals included heroin addicts and 'tweakers' (those who like the stimulant high) as typical methamphetamine users.

Participants reported using other substances in combination with methamphetamine. Alcohol, ecstasy, heroin and marijuana are reportedly used to intensify the high. Participants discussed 'speedballing' (alternating the highs and lows of different drugs) by combining alcohol or heroin with methamphetamine. Using alcohol with methamphetamine is reportedly a popular mix. Other users explained that alcohol, marijuana and

sedative-hypnotics are often used to help the user in 'coming down' off the stimulant high.

### Substances Most Often Combined with Methamphetamine

- Alcohol • Heroin •
- Marijuana • Sedative-Hypnotics •

## Prescription Stimulants

Prescription stimulants are moderately to highly available in most regions. In general, the availability of prescription stimulants has remained the same during the past six months. Dayton community professionals did not have much information on prescription stimulants and treatment providers explained that it is very difficult to monitor these drugs in their clients because it only stays in their system for four to six hours. Adderall® remains the most popular prescription stimulant in terms of widespread illicit use throughout regions. Akron-Canton treatment providers noted client reports of illicit use of Daytrana®, a methylphenidate transdermal patch; in these cases, the user cuts open the patch and orally ingests the drug.

### Reported Availability Change of Prescription Stimulants during the Past 6 Months

Region	Current Availability	Availability Change	Most Widely Used
Akron-Canton	High	No Consensus	Adderall®
Athens	High	No Change	Adderall®, Vyvanse®
Cincinnati	No Consensus	No Change	Adderall®
Cleveland	Moderate to High	No Change	Adderall®
Columbus	Moderate	No Consensus	Adderall®
Dayton	Moderate	No Consensus	Adderall®
Toledo	Moderate	No Change	Adderall®
Youngstown	High	No Change	Adderall®

### Current Street Names of Prescription Stimulants

Adderall®	addies, oranges, speed, zippers
Ritalin®	rits
Vyvanse®	50s (50 mg), supermans

Reports of current prices were provided by participants with experience purchasing these drugs. The most common prices reported were generally \$4-5 for Adderall® and \$5-7 for Vyvanse® despite dosage. The majority of respondents shared that prescription stimulants are most often obtained from people with prescriptions, or from parents of children who have prescriptions, rather than from dealers off the street.

Participants throughout OSAM regions continued to report that the most common routes of administration for illicit use of prescription stimulants remain oral ingestion and snorting. Dayton, Columbus and Youngstown respondents also mentioned intravenous injection as a route of administration. Participants and community professionals most often described typical illicit prescription stimulant users as younger (high school and college age), female (often mothers), and those who use other stimulants (cocaine or methamphetamine).

Participants reported that the most widely used substance mixed with prescription stimulants is alcohol, as the combination of the two substances allows for increased consumption of alcohol. Participants said that prescription stimulants are used with sedative-hypnotics to help the user come down from the stimulant high.

### Substances Most Often Combined with Prescription Stimulants

- Alcohol • Prescription Opioids • Sedative-Hypnotics •

## 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 synthetic marijuana availability higher than what community professionals reported. Participants reported moderate or high availability of synthetic marijuana in Akron-Canton, Athens, Cincinnati, Cleveland, Columbus and Toledo.

Akron-Canton treatment providers reported high availability of this drug in institutional settings, such as jails.

Respondents reported that synthetic marijuana availability has remained the same or has decreased during the past six months. Community professionals in Columbus and Athens noted an increase in use of liquid synthetic cannabinoid (aka "crown"). Miami Valley Regional Crime Lab, BCI Richfield and BCI London crime labs reported decreased number of synthetic marijuana cases during the past six months.

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

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

Generally, participants were unable to rate current quality of synthetic marijuana due to their lack of exposure to the substance during the past six months. However, Akron-Canton participants reported poor quality of the drug and added that users often purchase ingredients online to make their own. Dayton participants reported high quality of synthetic marijuana, but added that quality varies substantially due to bans on some chemicals used to make the drug.

Participants revealed a few street names for synthetic marijuana. Some participants listed brand names of synthetic marijuana such as *Dead Man Walking*, *Death Grip* or *Funky Monkey*.

**Current Street Names of Synthetic Marijuana**

Most Common Names	K2 (K, 2-K), spice, toonchie
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Participants with experience purchasing synthetic marijuana reported a gram sells for \$10-20 and 3.5 grams sells for \$25-35. Participants reported that the drug is most often obtained in head shops, corner stores, from dealers and purchased through the Internet.

Participants continued to report smoking as the only route of administration for synthetic marijuana. However, a few participants and community professionals mentioned that the liquid cannabinoid is vaporized in an e-cigarette type of device. Participants and community professionals similarly described typical users of synthetic marijuana: young (teens to mid-20s), marijuana smokers, and those who need to pass drug screens (on probation or for employment).

Often participants reported not using anything with this drug as the effects are often extreme and unpredictable, but a few mentioned drugs that are used in combination with synthetic marijuana. Participants reported a longer or more intense high when combining synthetic marijuana with alcohol or marijuana.

**Substances Most Often Combined with Synthetic Marijuana**

- Alcohol • Heroin • Marijuana • Powdered Cocaine •

## Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA and/or TFMPP) remains available throughout OSAM regions. Generally, participants and community professionals reported lower availability of traditional ecstasy tablets and moderate to high availability of the powdered form (aka “molly”). The majority of OSAM regions indicated no change in availability of this drug. However, Toledo participants and community professionals suggested increased availability of ecstasy in urban areas of the region.

Reported Availability Change of Ecstasy during the Past 6 Months			
Region	Current Availability		Availability Change
	Pill Form (ecstasy)	Powdered form (molly)	
Akron-Canton	Low	Moderate to High	No Change
Athens	Moderate	High	No Change
Cincinnati	Low	Moderate	No Change
Cleveland	Low to Moderate	High	Decrease
Columbus	Moderate	High	No Change
Dayton	Low	High	No Change
Toledo	No Consensus	No Comment	Increase
Youngstown	No Consensus	Moderate	No Change

Participants were mostly unable to report on the quality of ecstasy, but reported that molly is often cut with other substances, including: bath salts, heroin, powdered milk, methamphetamine and vitamins.

Several street names for ecstasy and molly were provided by participants with experience purchasing the drug. Other street names included the picture of the stamp on the ecstasy tablet, such as Ferrari and Superman.

Current Street Names of Ecstasy	
Ecstasy Tablet	e-boys, pressies, rolls, skates, X
Molly (Powdered MDMA)	Malibu, Miley Cyrus, molecule, Molly (moll), sass, shards

Reports of current street prices for ecstasy and molly were provided by participants with experience purchasing the drug(s). Depending on the strength of the drug, pressed ecstasy tablets sell for \$5-25 and molly sells for \$60-90 per gram. Columbus participants said that molly is most often sold in capsules throughout the region.

The most common routes of administration for ecstasy and molly remain oral consumption and snorting. Dayton participants also mentioned intravenous injection as a popular method of use. Participants and community professionals similarly described typical ecstasy and molly users as young (teens to college age), heroin dealers, and those who attend music venues (concerts, festivals, clubs and raves).

Participants reported that this drug is often used in music festival or party settings; therefore, other party drugs such as alcohol, hallucinogens and inhalants were often mentioned as being used with ecstasy to intensify effects or to keep the party going. Participants shared street jargon for some combinations, including “bean juice” for ecstasy and liquor, “molly water” (aka “molly juice”) for molly (powdered MDMA) and liquor, and “candy flipping” for LSD and molly.

Substances Most Often Combined with Ecstasy/Molly
<ul style="list-style-type: none"> <li>Alcohol • Hallucinogens (LSD, Psilocybin Mushrooms) • Heroin, Inhalants (Nitrous Oxide) • Marijuana • Sedative-Hypnotics (Xanax®) • Viagra •</li> </ul>

## Other Drugs by Region

OSAM Network participants listed a variety of other drugs as available in Ohio, but these drugs were not reported in all regions: bath salts, hallucinogens, inhalants, khat, Neurontin®, over-the-counter (OTC) cold and cough medications and Seroquel®.

Reported Availability of Other Drugs by Region	
Region	Drugs
Akron-Canton	bath salts, hallucinogens (psilocybin mushrooms)
Athens	bath salts, hallucinogens (DMT, LSD, psilocybin mushrooms), inhalants (nitrous oxide), Seroquel®, OTC cold and cough medications
Cincinnati	bath salts, hallucinogens (LSD, psilocybin mushrooms)
Cleveland	bath salts, hallucinogens (LSD, PCP), OTC cold and cough medications
Columbus	bath salts, hallucinogens (LSD, psilocybin mushrooms), khat, Neurontin®
Dayton	bath salts, hallucinogens (LSD, salvia divinorum), inhalants (duster), Neurontin®, OTC cold and cough medications
Toledo	bath salts, hallucinogens (psilocybin mushrooms)
Youngstown	bath salts, hallucinogens (psilocybin mushrooms)

### Bath Salts

Bath Salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues) are reportedly rarely available throughout OSAM regions. Most regions reported decreased availability of this drug and cited law enforcement and decreased popularity due to negative side effects as reasons for the decrease. Reports of current street prices were variable among the few participants with experience purchasing the drug. Participants reported purchasing bath salts for \$20-40, but provided a variety of quantities (spanning from 1/2 gram to 3 grams) for that price range. Participants reported the ability to obtain bath salts most often from head shops or the Internet. Typical bath salts users were described as younger (20s to

30s). Participants varied in their responses to what other drugs are used in combination with bath salts.

### Hallucinogens

Hallucinogens remain available throughout OSAM regions. Hallucinogens included a variety of substances: dimethyltryptamine (DMT), lysergic acid diethylamide (LSD), phencyclidine (PCP), psilocybin mushrooms and salvia divinorum. A local band in New Albany (Columbus region) reported an increase in hallucinogens, including DMT and psilocybin mushrooms ([www.10tv.com](http://www.10tv.com), July 14, 2014).

More than half of OSAM regions reported on LSD availability; Akron-Canton and Toledo regions did not report on this drug. Generally, participants reported moderate to high availability of this drug. Participants and community professionals indicated no change in availability for LSD during the past six months. Both paper and liquid forms of the drug are reported as available. A law enforcement officer in Cleveland also reported on a synthetic derivative of LSD. BCI London and Richfield crime labs reported an increase in number of LSD cases they processed during the past six months. A participant in Cleveland region reported on quality of the drug and suggested that dealers can cut liquid LSD with water or baby laxative. This participant also said that LSD is often sold on perforated paper.

Reports of current prices of LSD were variable among participants with experience purchasing the drug and dependent upon the quality of the product. Participants only provided pricing for the paper form of LSD: a 'hit' (one dose) generally sells for \$5-10, a 'strip' (10 hits) sells for \$150, and a 'sheet' (100 hits) sells for \$150-300 for low concentrate and \$700-800 for a highly concentrated sheet. Participants and community professionals most often reported LSD is obtained at music venues (festivals, raves, concerts, etc.). Several routes of administration were mentioned by participants: paper and liquid forms are most often orally consumed, but liquid form can also be administered by an eyedropper into the eye. LSD liquid is also reportedly soaked into sugar cubes or gummy bears for oral ingestion. Typical LSD users were described as young, often marijuana users, and those who attend outdoor music festivals and raves.

Most regions reported on psilocybin mushroom availability; Cleveland, Dayton and Youngstown regions did not report on this drug. Generally, participants reported high

availability in more rural areas, but did not indicate any change in availability during the past six months. Reports of current street prices for psilocybin mushrooms were provided by those with experience purchasing the drug: \$5 for a ‘cap’ (top of a mushroom), \$25 for 1/8 ounce and \$125-150 for an ounce. Participants said mushrooms are often grown by users or sought after in the woods. Users also could obtain these at concerts. The most common routes of administration remain oral consumption, by way of food or brewed in a tea, followed by smoking the drug. Typical psilocybin users were described as young, marijuana users and those who like heavy metal music and enjoy attending ‘raves’ (dance parties).

**OTC**

OTC and prescription cold and cough medications were discussed by respondents in Athens, Cleveland and Dayton regions. Medications specifically mentioned included dextromethorphan (DXM), codeine, promethazine and Robitussin®. Participants and community professionals indicated that these medications are highly available, but not popular as a drug of choice. Oral consumption was the only route of administration mentioned by participants. Typical users were described as young (high school age) or women in their 20s. These medications are most often used in combination with alcohol.

For detailed information on other drugs reported in one to two regions only, please see the drug’s corresponding regional report: DMT (Athens), inhalants (Athens and Dayton), khat (Columbus), Neurontin® (Columbus and Dayton), salvia divinorum (Dayton) and Seroquel® (Athens). Participants throughout OSAM regions reported common street names for some of the other drugs discussed.

<b>Current Street Names of Other Drugs</b>	
LSD	doses, hits, L, Lucy, paper, Sid, tabs
PCP	H2O, water, wet
Psilocybin mushrooms	boomers, caps, shroomies, shrooms
OTC	triple Cs (Coricidin® D)