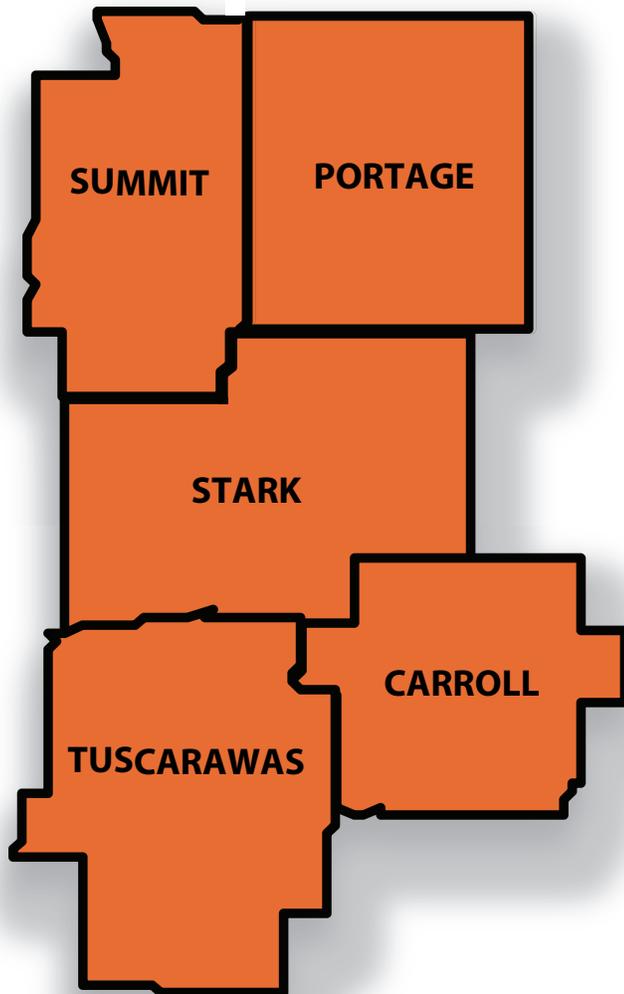


## Drug Abuse Trends in the Akron-Canton Region



### Data Sources for the Akron-Canton Region

This regional report was based upon qualitative data collected via focus group interviews. Participants were active and recovering drug users recruited from alcohol and other drug treatment programs in Portage, Stark, Summit and Tuscarawas counties. Data triangulation was achieved through comparison of participant data to qualitative data collected from regional community professionals (treatment providers and law enforcement) via focus group interviews, as well as to data surveyed from the Portage County Coroner's Office, Summit County Juvenile Court, Stark County Day Reporting of the Stark County Court of Common Pleas 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 2014. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for January through June 2015.

*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 reporting period of participants.

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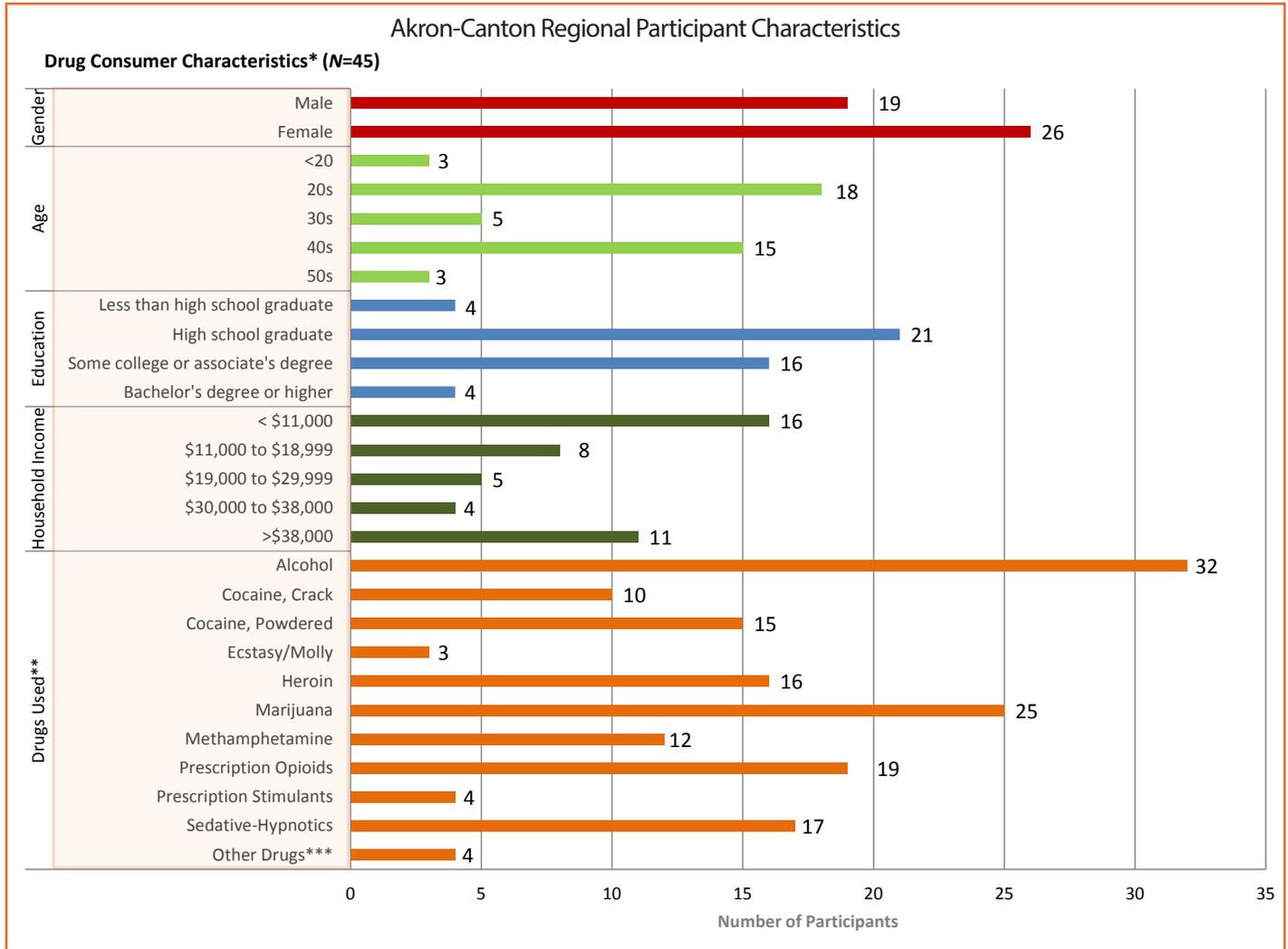
## Regional Profile

Indicator <sup>1</sup>	Ohio	Akron-Canton Region	OSAM Drug Consumers
Total Population, 2010	11,536,504	1,200,204	45
Gender (female), 2010	51.2%	51.5%	57.8%
Whites, 2010	81.1%	85.4%	84.4%
African Americans, 2010	12.0%	9.4%	11.1%
Hispanic or Latino origin, 2010	3.1%	1.6%	0.0%
High School Graduation rate, 2010	84.3%	86.3%	91.1%
Median Household Income, 2013	\$48,308	\$47,105	\$15,000 to \$18,999 <sup>2</sup>
Persons Below Poverty Level, 2013	15.8%	15.3%	51.1% <sup>3</sup>

<sup>1</sup>Ohio and Akron-Canton region statistics are derived from the most recent US Census; OSAM drug consumers were participants for this reporting period: January - June 2015.

<sup>2</sup>Participants reported income by selecting a category that best represented their household's approximate income for the previous year. Income status was unable to be determined for 1 participant due to missing data.

<sup>3</sup>Poverty status was unable to be determined for 1 participant due to missing data.



\*Not all participants filled out forms completely; therefore, numbers may not equal 45.

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

\*\*\* Other drugs included: ketamine, Suboxone® and synthetic marijuana.

## Historical Summary

In the previous reporting period (July 2014 – January 2015), crack cocaine, ecstasy (“molly,” powdered MDMA), heroin, marijuana, methamphetamine, powdered cocaine, prescription stimulants, sedative-hypnotics and Suboxone® were highly available in the Akron-Canton region. Increased availability existed for heroin and decreased availability existed for bath salts, prescription opioids and synthetic marijuana.

Community professionals indicated that heroin was the most available drug in the region. Brown powdered heroin continued to be the most available heroin type. Many participants reported travelling outside the region (Franklin and Trumbull counties) to obtain black tar heroin. Similarly, treatment providers reported not hearing about black tar heroin and law enforcement reported few encounters with that particular type of heroin during the previous six months. The BCI Richfield Crime Lab reported an increased number of powdered heroin cases it processed during the reporting period; the lab reported processing powdered heroin in a variety of colors (brown, gray, off-white and white), with no cases of black tar heroin.

All respondent groups reported increased availability of heroin and participants often referred to heroin as an epidemic. Participants attributed economic reasons for the increased availability of heroin and cited how inexpensive and available heroin was compared to the price of prescription opioids which were increasingly difficult to obtain. Treatment providers also suggested heroin availability had increased due to fewer pain pills on the street. Law enforcement observed a correlation between the tightening of doctor prescribing and the growth in heroin use. Some treatment providers noted a trend in younger clients who began heroin use without the traditional progression from pain medication. Law enforcement also observed an increase in younger, teenage individuals who used heroin.

Participants and community professionals reported a general decrease in availability of prescription opioids. Participants cited several reasons for the decrease including limited legal and illegal sources for these drugs and noted that heroin was less expensive and easier to obtain. Treatment providers also reported that some pain pills were especially difficult to obtain, such as Dilaudid® and OxyContin® due to increased regulation of these medica-

tions. Law enforcement attributed the decreased availability to the closure of several “pill mills” in the area.

Participants reported that the increase in methamphetamine availability was due to the ease with which the drug is made. Law enforcement noted an increase in imported methamphetamine (crystal form) from Mexico. The BCI Richfield Crime Lab reported an increase in number of methamphetamine cases it processed, which included off-white powder and crystal forms of the drug.

Finally, all respondent groups reported decreased availability of bath salts (synthetic compounds containing methy-lone, mephedrone, MDPV or other chemical analogues). Not one participant reported having any first-hand knowledge of the drug and community professionals reported not hearing about or encountering bath salts.

## Current Trends

### Powdered Cocaine

Powdered cocaine remains highly available in the region. Participants most often reported the drug’s current availability as ‘8’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was ‘10’. While some participants, especially from Stark County, commented, “[Availability] depends on who you hang with; You have to go to certain areas of Canton [to find cocaine];” most participant comments echoed the following: “I can get [powdered cocaine] anywhere in town; I can walk down the street and get it.” Another person reported, “The person I got my heroin from offered [powdered cocaine] to me every day.”

Community professionals reported moderate to high availability of the drug. Treatment providers most often reported the drug’s current availability as ‘6’; while law enforcement most often reported current availability as ‘8’; the previous most common scores were ‘6’ and ‘7’ respectively. Treatment providers reported that clients who mention using powdered cocaine most often referred to past use. A law enforcement officer commented, “[Powdered cocaine] availability is there, but more are gravitating over to heroin. We are working exclusively with heroin complaints.”

Corroborating data also indicated that cocaine is readily available in the region. The Portage County Coroner’s Office reported that 30 percent of the 27 drug overdose

deaths it recorded this reporting period involved cocaine toxicity, with majority of these cases indicating heroin and cocaine combined toxicity.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Two men were arrested in Meyers Lake when Stark County drug agents and Jackson Township Police found 63.8 grams of cocaine on one man and 8.4 grams of cocaine on the other ([www.cantonrep.com](http://www.cantonrep.com), Feb. 26, 2015). A 911 caller in Alliance (Stark and Mahoning counties) was arrested after calling to say his wife stole his cocaine ([www.nbc4i.com](http://www.nbc4i.com), March 6, 2015). An Akron firefighter was arrested and put on suspension without pay when Summit County officers found a small bag of cocaine in the car he was driving ([www.cleveland.com](http://www.cleveland.com), March 6, 2015). Federal agents interrupted a large, complex drug ring from northern Indiana to Akron when they raided four Akron houses; the network brought weekly shipments of 20-40 pounds of cocaine to the Akron area and recently began delivering several pounds of heroin ([www.cleveland.com](http://www.cleveland.com), June 4, 2015). An indictment of 17 individuals in December 2014 led to prison sentences for 14 of those for their role in a cocaine and heroin drug trafficking operation in Stark County ([www.wkyc.com](http://www.wkyc.com), June 16, 2015).

Participants reported that the availability of powdered cocaine has increased or remained the same during the past six months. Participants perceiving an increase in availability explained: "[Powdered cocaine is] *more acceptable; The popularity is up.*" Community professionals reported that availability of powdered cocaine has remained the same during the past six months. The BCI Richfield Crime Lab reported that the number of powdered cocaine cases it processes has decreased during the past six months.

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

Participants most often rated the current overall quality of powdered cocaine as either '5' or '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '0.' Most participants reported that the overall quality of powdered cocaine has decreased during the past six months, with some participants noting that quality often varies depending on where or from whom one purchases the drug. A participant commented, "People want to make money on it, [so] they are just 'whacking' (adulterating) it more." Another participant further explained that "big shipments [of cocaine] have not been coming in," which results in dealers cutting the drug more in order to have more product to sell. Participants reported that powdered cocaine in the region is most often cut with acetone, aspirin, baby formula, baby laxative, baking soda, "energy pills," inositol (dietary supplement), NoDoz® and vitamin B. One participant commented that powdered cocaine is cut with, "Anything white."

Powdered Cocaine	Cutting Agents Reported by Crime Lab
	<ul style="list-style-type: none"> <li> levamisole (livestock dewormer)</li> <li> procaine (local anesthetics)</li> </ul>

Current street prices for powdered cocaine were consistent among participants with experience buying the drug. Although one participant commented, "Money is on heroin right now;" several participants agreed that the price of powdered cocaine depends on "how much [product] the dealer has at the time and how easy it is to get." Most participants reported that it is most common to purchase powdered cocaine in gram or 1/16 ounce amounts, while others reported purchasing smaller amounts. A participant explained, "It depends on how much money you have, if you don't have \$80, they will give you a '\$40 set' (approximately 1/2 gram) or a '\$20 holler' (approximately 1/4 gram)." Other participants reported that cocaine is cheaper if a user purchases the substance in larger quantities.

Powdered Cocaine	Current Street Prices for Powdered Cocaine	
	a gram	\$75-100
	1/16 ounce (aka "teener")	\$100-150
	1/8 ounce (aka "eight ball")	\$150-250

Participants reported that the most common ways to use powdered cocaine is snorting and intravenous injection (aka “shooting”). Participants estimated that out of 10 powdered cocaine users, six would snort and four would shoot the drug. However, most participants agreed that route of administration depends more on the user’s drug habits and/or social circle. One participant shared, “[Route of powdered cocaine administration] varies with the demographics. If you use heroin, you will shoot. Pure coke users snort.” Other participants commented: “It depends on who you hang with; More and more people are injecting it.” Participants also reported that some individuals smoke powdered cocaine (aka “free base”), but it was explained that this practice is not common in the area.

Participants described typical powdered cocaine users as employed individuals of middle to upper socio-economic status, and specifically mentioned business men, white and blue-collar workers and people in sales (especially commission sales). Participants added that users are also often those employed in physical labor or long hour jobs such as truck drivers, oil riggers and third-shift workers. A participant explained, “Several people work midnights. They stay up all night and use cocaine to stay up.” Some participants reported that powdered cocaine users were more likely to be white.

Community professionals differed in their opinions as to typical powdered cocaine users. Treatment providers described typical users of powdered cocaine as middle to upper socio-economic status, white and over 30 years of age. Probation officers indicated that they see more male users between 18 and 25 years old. Local law enforcement described typical powdered cocaine users as younger males, both white and African American.

## Crack Cocaine

Crack cocaine remains highly available in the region. Participants most often reported the drug’s current availability as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was also ‘10’. Participants overwhelmingly described crack cocaine use as extremely popular in the region: “Around here, people are up all hours of the night just for that substance (crack cocaine); The high is better; When you get that high, some of us don’t want to

come back down; It’s cheaper; You feel like you get more than when you buy [powdered] cocaine.”

Treatment providers most often reported the drug’s current availability as ‘9’; the previous most common score was also ‘9.’ In addition, treatment providers reported hearing from clients that an increasing number of individuals of upper socio-economic status are using crack cocaine in combination with heroin. Law enforcement reported the drug’s current availability as ‘8’; the previous most common score was ‘7’ or ‘8.’ Probation officers reported current availability as ‘7.’ A probation officer commented: “Crack cocaine is cheaper [than powdered cocaine]. We tend to have individuals that locate here, set up shop, and the word goes out. I’m hearing you can go three blocks from here (county court house) and get it.”

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Two individuals were arrested when a home was raided in northeast Canton; Stark County Metro Narcotics Unit agents seized 13.2 grams of crack cocaine that was packaged to sell ([www.cantonrep.com](http://www.cantonrep.com), Feb. 26, 2015). An Akron firefighter was arrested by Akron police who say they found a small amount of crack cocaine in the vehicle he was driving ([www.newsnet5.com](http://www.newsnet5.com), April 8, 2015). A traffic stop in Ravenna (Portage County) led to an arrest of a woman when officers found six grams of crack cocaine and six grams of heroin in her vehicle ([www.wkyc.com](http://www.wkyc.com), May 6, 2015).

Participants and community professionals reported that the availability of crack cocaine has remained the same during the past six months. A probation officer commented that other drugs have “captured the headlines,” but for some individuals, crack cocaine remains a primary drug of choice. The BCI Richfield Crime Lab reported that the number of crack cocaine cases it processes has increased during the past six months.

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

Participants most often rated the current overall quality of crack cocaine as '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '8.' Participants reported that crack cocaine in the region is cut (adulterated) with ammonia, baking soda, dry wall, ether, heroin, macadamia nuts and mozzarella cheese. All participant groups commented that the quality of crack cocaine depends on from where one gets the drug. Overall, participants reported that the quality of crack cocaine has remained the same during the past six months.

<b>Crack Cocaine</b>	<b>Cutting Agents Reported by Crime Lab</b>	
	●	levamisole (livestock dewormer)
	●	procaine (local anesthetics)

Current street prices for crack cocaine were variable among participants with experience buying the drug. However, participants consistently reported that it is most common to purchase crack cocaine by "the piece," rather than by weight. Crack cocaine is most commonly sold as \$20 or \$30 "pieces." Participant comments included: "It depends on what you have, if you have \$5, they give you a '5-dollar holler;' If you want to get something out of it, you'll buy \$100, you get a better deal, otherwise you keep going back."

<b>Crack Cocaine</b>	<b>Current Street Prices for Crack Cocaine</b>	
	1/10-2/10 gram	\$20-30
	1/2 gram	\$80
	1/16 ounce (aka "teener")	\$100-200
	1/8 ounce (aka "eight ball")	\$150
	1/4 ounce	\$650
	an ounce	\$1,000-2,000

Participants reported that the most common way to use crack cocaine remains smoking. Participants estimated that out of 10 crack cocaine users, eight would smoke and two would intravenously inject (aka "shoot") the drug. Reportedly, it is also common to smoke crack cocaine in a marijuana joint (aka "primo," "cigamo," or "side dish"). Participants stated that heroin users are more likely to shoot crack cocaine. In addition, participants noted the fol-

lowing: "Because crack is so bad (of poor quality), people are breaking it down and shooting it."

Participants and treatment providers described typical crack cocaine users as individuals of lower socio-economic status, those living in the inner city and noted that crack cocaine use is more prevalent in the African-American community. However, treatment providers also reported that clients have indicated an increase in the number of individuals of upper socio-economic status who use crack cocaine in combination with heroin. Law enforcement described typical users as over 40 years of age and reported no distinction between race and gender. Probation officers described typical users as over the age of 25 years and of lower socio-economic status, including individuals receiving disability benefits

### Heroin



Heroin remains highly available in the region. Participants most often reported the overall availability of the drug 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, "Everybody is doing it (using heroin)." Another participant remarked, "It's easier to find than [prescription] pills." While many types of heroin are currently available in the region, participants reported the availability of brown powdered heroin as most available. However, the color of powdered heroin reportedly ranges from white to brown, including such descriptions as tan, charcoal gray, beige and cream. A couple of participant groups reported that the color of heroin can also be a "bluish-purple." Participants reported that the texture of powdered heroin ranges from "powdery" to "rocky."

Community professionals unanimously reported current availability of heroin as '10,' the previous most common score was also '10.' A law enforcement officer commented: "It seems like everyone's got [heroin]. Cocaine dealers are now selling heroin because people need it on a daily basis." Community professionals also reported brown powdered heroin as the most available type in the region. Law enforcement officers described powdered heroin as "light tan" in color with more of a "chunky" consistency rather than a fine powder; in addition, they reported that individuals are moving into the area from Detroit (Michigan) to sell the drug.

Participants most often reported the current availability of black tar heroin as '6,' the previous most common score was '1-2'. Participants explained: *"I don't see [black tar heroin] too much, but it's out there; It's not easy to find; Dealers will get what most people want, and not everyone wants tar (black tar heroin)."* Treatment providers reported that there was recently a story in the news about a "big bust" of black tar heroin in the region, but had not heard about black tar from clients. Law enforcement reported: *"We see almost exclusively powder heroin; I've seen tar, but it was quite a while ago. It's pretty much all powder."*

Corroborating data also indicated that heroin is readily available in the region. The Portage County Coroner's Office reported that 67 percent of the 27 drug overdose deaths it recorded this reporting period involved heroin.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A child was found in a car with two passengers who were unconscious, one with a syringe in their arm; a small amount of marijuana was also found in the vehicle ([www.19actionnews.com](http://www.19actionnews.com), Feb. 5, 2015). An overdose death led to a seven-year prison sentence of a Cuyahoga Falls (Summit County) resident for selling heroin to the victim and possession of heroin; 3.7 grams of powdered fentanyl and prescription opioids were seized ([www.wkyc.com](http://www.wkyc.com), Feb. 25, 2015). A young Akron man was arrested when Summit County Drug Task Force officers responded to activity in a rarely-used residence; upon stopping one of the vehicles after it left the house, a trooper found more than 88 grams of heroin; the task force raided the home and seized 400 grams of black tar heroin, as well as 1,600 grams of brown powdered heroin ([www.wkyc.com](http://www.wkyc.com), March 10, 2015). FBI agents tracked two Akron men's suspicious trip to Chicago and back and when police stopped the vehicle, one of the men had approximately five grams of heroin with him ([www.cleveland.com](http://www.cleveland.com), March 23, 2015). Canton (Stark County) police were called to a McDonald's parking lot where they found a three-year-old child in the back seat of a vehicle with the child's mother and her roommate doing heroin in the front seats of the car; the roommate had suffered an overdose ([www.cantonrep.com](http://www.cantonrep.com), April 3, 2015). A woman, the girlfriend of an Akron man who was arrested for selling a fatal dose of heroin to a drug user, was arrested after investigators caught her selling the exact same drug to other users; Akron police found an ounce of heroin, a small amount of cocaine and some powder used to adulterate drugs during a search of

the residence ([www.cleveland.com](http://www.cleveland.com), April 9, 2015). Canton police found heroin in a CD case and more on the passenger when the two people were pulled over for a traffic violation ([www.cantonrep.com](http://www.cantonrep.com), April 10, 2015). A man was sent to jail on heroin trafficking charges and is now facing additional charges after he smuggled heroin into the Stark County Jail in his body and three inmates were found overdosed on the substance ([www.newsnet5.com](http://www.newsnet5.com), April 20, 2015).

Several additional media stories in the Akron-Canton region focused on individuals who are facing manslaughter charges for the overdose deaths of those to whom they sold or gave heroin. These individuals include a Cuyahoga Falls man, three Akron men and a Mogadore (Portage and Summit counties) woman who all gave their victims the drug ([www.wkyc.com](http://www.wkyc.com), February 25, 2015; [www.newsnet5.com](http://www.newsnet5.com), May 15, 2015; [www.cleveland.com](http://www.cleveland.com), May 19, 2015). An Akron man, who was saved with Narcan®, subsequently pled guilty to selling an Akron woman fentanyl-laced heroin of which she died ([www.cleveland.com](http://www.cleveland.com), May 4, 2015).

Participants and law enforcement most often reported an increase in the availability of brown powdered heroin during the past six months. Participants explained: *"The number of heroin addicts are going up; The more people who do [heroin], the more [dealers] will sell it."* A law enforcement officer commented, *"A lot of dealers see [heroin sales] as a steady paycheck, easy money, because people have to come back two and three times a day."* Probation officers noted that the Tuscarawas County Court is referring increased numbers of heroin addicts for medication assisted treatment (MAT). A few participants with knowledge about black tar heroin reported that the availability of this particular type of heroin has either decreased or remained the same during the past six months.

Treatment providers reported that the availability of brown powdered heroin has remained the same during the past six months. However, most treatment providers were quick to point out that there has been an increase in the number of overdose heroin deaths in the region. Law enforcement also noted an increase in the number of heroin overdoses throughout the region. 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 brown, beige, white and tan powdered heroin with no black tar heroin cases noted.

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

Participants most often reported the current overall quality of heroin as '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was also '7'. Participants generally agreed that the quality of heroin continues to depend primarily upon from whom one gets the drug. However, participants in Portage County reported: *"The last couple of months, [the quality of heroin] is high, which is causing a lot of people to die (overdose)." Other participants reported high quality of bluish-purple colored heroin, which according to a participant, "gives a very intense high."*

Participants reported that brown powdered heroin in the region is most often cut (adulterated) with baby powder, laxatives, melatonin, powdered cocaine, prescription opioids (fentanyl and morphine), prescription stimulants, sugar, vinegar, vitamin B-12 and Xanax®. A participant in Stark County explained that heroin is often cut with fentanyl, and as a result, *"A lot of people are dying."* Another participant said that white powdered heroin is, *"pure fentanyl, or is more likely to have fentanyl in it."* Community professionals also noted fentanyl-cut heroin in the region. In fact, law enforcement reported that pure fentanyl is often sold on the street as heroin. An officer supported this by citing one overdose case in which the drug lab discovered that the substance thought to be heroin was actually acetyl fentanyl; he further explained that this is a designer drug that was never licensed for medical use and is reportedly five times more potent than heroin. In this particular case, the drug was reportedly purchased by the dealer from Hong Kong via the Internet.

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

Participants reported that heroin is available in different quantities and that prices vary based on dealers, demand and the quality of the substance. Participants remarked: *"[Heroin is] the cheapest drug out there right now and you get a good high; It's cheaper than [prescription] pills."* However one participant group suggested that they believed that the price of heroin is increasing. Participants reported that it is most common to purchase heroin by the half-gram or the gram, although many reported that heroin can be purchased in smaller amounts based on amount of money one has rather than by weight; for instance, \$10 (aka "a dime") or \$20 (aka "a twenty"). A participant shared, *"If you are a loyal customer, you'll get deals ... really good deals. If I go back a second time [to a dealer], I can get a gram for \$60."*

Heroin	Current Street Prices for Heroin	
	<b>Brown powdered heroin:</b>	
	1/10 gram (aka "balloon")	\$20-40
	1/2 gram	\$40-90
	a gram	\$80-200
	an ounce	\$1,500

While there were a few reported ways of using heroin, generally, the most common route of administration is intravenous injection (aka "shooting"). Participants estimated that out of 10 heroin users, eight or nine would shoot and the other one or two would snort the drug. Many participants agreed with a respondent who informed, *"People start out snorting, then they shoot."* Another participant further explained, *"A lot of people do it (progress) by starting on pain pills. The tolerance gets too high, they switch to heroin."* And still another participant expounded on the progression from pills to heroin by informing, *"[Users] stopped being able to shoot OxyContin®."*

Participants unanimously reported that injection needles are highly available, reporting that there are many pharmacies that sell needles without a prescription. However, it was also reported that some pharmacies will ask questions and may refuse to sell needles if it seems the purchaser is a heroin user based on the pharmacist's judgment and individual's appearance. Participants reported that having some basic, accurate knowledge about diabetes and treatment would often suffice for obtaining needles from pharmacies.

Purchasing needles from a pharmacy is least expensive for users as they reported being able to obtain 10 needles for \$2. Participants further explained that users could also purchase needles from individuals with prescriptions (often diabetics) and also from heroin dealers. Reportedly, the street price is \$1-2 per needle. Street names for needles include: "gears," "points," "rigs," "sharps" and "tips." Participants reported that it is very common to share needles, although no participant wanted to admit to sharing; they often acknowledged giving their used needles to others. Participant comments included: "[Sharing needles is] more common than you think; People will ask you, 'Can I have that when you are done?'" One participant shared, "Everyone I know shared needles. They try to dip it in Listerine® or alcohol [before using]." While participants were unaware of any needle exchange program in the region, a few participants noted that there is a program in Cleveland.

A profile of a typical heroin user did not emerge from the data. Participants described typical users of heroin as: "Anybody; People from every walk of life - doctors to teachers; Blue-collar workers to businessmen and lawyers." Likewise, treatment providers reported that heroin users tend to come from all socio-economic groups, although some providers posited that heroin use is more prevalent among the middle class. Treatment providers also reported that "all races" are represented among heroin users. However, law enforcement described heroin users as "almost exclusively white," and often 18 to 40 years old.

## Prescription Opioids



Prescription opioids are moderately to highly available in the region. Participants most often reported the current availability of these drugs 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 '10'. Participants identified Dilaudid®, morphine, Percocet®, Opana®, Roxicodone® and Vicodin® as the most popular prescription opioids in terms of widespread illicit use. OxyContin® was reportedly "more difficult to find," some participants reported that the "old formulation" OxyContin® OC is not available at all. Most participants shared similar thoughts regarding the availability of OxyContin®: "Not that easy [to find]; Even the pain management clinics don't give them." However, one participant group reported, "The old ones are out there - very expensive, from Mexico."

Treatment providers most often reported current availability as '6'; the previous most common score was '4'. A treatment provider commented, "Heroin is so available and cheaper. Pills are being pushed out economically." Law enforcement reported current prescription opioid availability as '4'; the previous most common score was '5'. Law enforcement commented, "We don't hear about [prescription opioids] too much ... seems like everyone is on heroin. We don't get the volumes of calls about pills." A probation officer shared, "[Finding prescription opioids] is not as easy as it used to be. ER's (emergency rooms) are red-flagging people. But they are still out there - police logs often have reports of people stealing narcotics from citizens."

Corroborating data also indicated the availability of prescription opioids in the region. The Portage County Coroner's Office reported that 22 percent of the 27 drug overdose deaths it recorded this reporting period involved prescription opioids, with fentanyl most often reported.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Three pharmacies in Summit County were the target for robbery, specifically for oxymorphone (a prescription opioid); two of them were robbed, but the final pharmacist recognized the suspect prior to the attempt and called the police ([www.newsnet5.com](http://www.newsnet5.com), Feb. 19, 2015). A prescription drop-off box was broken into by a former Fairlawn (Summit County) police officer, who was subsequently arrested and ordered to seek help for prescription opioid addiction ([www.newsnet5.com](http://www.newsnet5.com), Feb. 25, 2015). An Akron doctor was sentenced to prison for writing "tens of thousands" of fraudulent opioid prescriptions ([www.newsnet5.com](http://www.newsnet5.com), March 16, 2015). A Barberton man, who was playing music too loudly from his car, was arrested after police asked him to step out of his vehicle and he threw a handful of Vicodin® across the parking lot ([www.cantonrep.com](http://www.cantonrep.com), March 31, 2015). An ambulance employee from Rootstown (Portage County) was arrested after being caught diverting prescription opioids by forging eight doctors' signatures on prescription pads he stole while on the job ([www.wkyc.com](http://www.wkyc.com), April 1, 2015). An Akron emergency room doctor was indicted for writing 46 prescriptions for pain pills in exchange for money or sex acts ([www.fox8.com](http://www.fox8.com), May 29, 2015). Two Akron men were sentenced for an overdose death of a woman to whom they sold fentanyl under the guise of heroin ([www.wkyc.com](http://www.wkyc.com), June 17, 2015).

Participants reported that the general availability of prescription opioids for illicit use has decreased during the past six months. Participants reasoned that lowered avail-

ability of these pills is due to decreased prescription writing: "Hospitals are ... cutting back; ER's (emergency rooms) are trying not to prescribe pain killers; Doc's aren't prescribing them." Another participant shared, "I have arthritis and, because of my history, I can't get anything for pain."

Treatment providers also reported that the availability of prescription opioids has decreased during the past six months. Treatment providers often cited heroin as the reason for the decreased availability, as several commented: "People are turning to heroin because doctors have quit prescribing [prescription opioids]; [Users] get higher faster with heroin; Heroin is easier to shoot; There is less stigma with heroin use (now than previously)." Law enforcement reported that availability of prescription opioids has remained the same or has decreased during the past six months. The BCI Richfield Crime Lab reported that the number of fentanyl, Kadian®, methadone, morphine, Percocet® and Vicodin® cases it processes has increased during the past six months, while the number of other prescription opioid cases it processes has either remained the same or has decreased.

Prescription Opioids	Reported Availability Change during the Past 6 Months	
	 Participants	Decrease
	 Law enforcement	No consensus
	 Treatment providers	Decrease

Reports of current street prices for prescription opioids were consistent among participants with experience buying these drugs. A participant remarked, "They are too expensive. It's cheaper to buy heroin."

Prescription Opioids	Current Street Prices for Prescription Opioids	
	Dilaudid®	\$10-15 for 4 mg \$20-25 for 8 mg
	morphine	\$1 per mg
	Opana®	\$10 for 10 mg \$20 for 40 mg \$30-50 for 80 mg
	OxyContin® OP	\$40 for 40 mg \$25-30 for 80 mg
	OxyContin® OC (old formulation from Mexico)	\$80-160 for 80 mg
	Percocet®	\$5 for 5 mg \$8-10 for 10 mg
	Roxicodone®	\$25-30 for 30 mg
	Vicodin®	\$2-5 for 5 mg \$5-7 for 7.5 mg

In addition to obtaining prescription opioids on the street from dealers, participants also reported getting them from emergency rooms, doctors, pain management clinics and individuals with a prescription. Participants commented: "If you go in [the emergency room] with a sprained ankle, you are coming out with 'percs' (Percocet®) or 'vikes' (Vicodin®) after they 'shoot' (inject) you with morphine; It depends on your story." However, another participant noted, "Doctors are more hesitant [to prescribe opioids] ... they will send you to pain management." Several participants shared stories of obtaining pills from individuals with prescriptions: "I got my Opana® from someone who had cancer; A girl I know, people sell their scripts to her and she sells the pills; Older people sell their prescriptions readily to make ends meet." Two participants disclosed: "Drug dealers get them from people who trade them for heroin; I know someone who is in pain management and someone takes her to the clinic, then she gives her script to the driver for money to buy crack (cocaine)."

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 routes of administration for illicit use remain snorting and oral ingestion. Participants estimated that out of 10 illicit prescription opioid users, five would snort and five would orally ingest these drugs. Intravenous injection (aka "shooting") is not as common a method of administra-

tion now as previously reported because many of these medications have been reformulated, making it more difficult to shoot the drugs.

Participants described typical illicit prescription opioid users as “wealthy” and people with chronic health problems. Treatment providers described typical illicit users as “working class,” often construction laborers, noting the increased risk of injury among this group. In addition, treatment providers noted that many illicit opioid users are younger and new to the drug scene who switch to heroin “a lot faster” than in the past. Law enforcement also reported typical illicit users as individuals who have incurred an occupational injury and are treated with opioids who turn to heroin when their doctors “cut them off” from prescription opioids.

### 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.’ Community professionals most often reported current availability as ‘6,’ the previous most common score was ‘5.’ Law enforcement reported, “People who sell heroin also sell Suboxone®.” A probation officer reported, “We have a ‘cash and carry’ clinic in town ... Users know they can go to the clinic and get Suboxone® ... They are using it to sell for heroin and keep a little for themselves just in case.”

Participants reported that the availability of Suboxone® has increased during the past six months. Community professional comments were substantiated when participants discussed the increase in street availability of Suboxone®: “A lot of clinics are prescribing [Suboxone®] and people are selling them; Drug dealers are selling them. People trade Suboxone® to dealers for heroin.” Treatment providers observed a different change and reported that “legal” availability of Suboxone® has increased, while street availability of the drug has decreased during the past six months. Treatment providers explained: “Abuse seems to be waning; Clinics are following clients better; Some Suboxone® doc’s have been shut down.” Law enforcement reported that the availability of Suboxone has increased during the past six months. A law enforcement officer commented, “[Suboxone® is] much more available than last year.” The BCI Richfield Crime Lab reported that the number of Suboxone®

cases it processes has decreased during the past six months while the number of Subutex® cases has increased.

Suboxone®	Reported Availability Change during the Past 6 Months	
	 Participants	Increase
	 Law enforcement	Increase
	 Treatment providers	Decrease

Current street prices for Suboxone® were consistent among participants with experience buying the drug. Participants reported that Suboxone® filmstrip is the most common available form of the drug throughout the region. A participant stated that Suboxone® tablet form is, “very hard to find,” while another participant added that Subutex® was “very easy to find.”

Suboxone®	Current Street Prices for Suboxone®	
	filmstrip	\$15-30 for 8 mg
	tablet	\$15-25 for 8 mg
	Subutex®	\$25-30 per pill

In addition to obtaining Suboxone® on the street from dealers, participants also reported getting the drug prescribed from clinics and physicians. Participants reported that there are a number of treatment clinics that prescribe Suboxone® and explained: “Clinics are handing them out; People get prescribed [Suboxone®], then sell them for money or heroin to support their habit.” A number of participants reported that it is common practice to sell most of the Suboxone® prescription for heroin, but to keep a few on hand, “just in case” they are unable to find heroin on a given day.

While there were a few reported ways of consuming Suboxone®, generally, the most common route of administration for illicit use is sublingual (placing the film underneath the tongue for absorption). Participants estimated that out of 10 illicit Suboxone® users, six would sublingually dissolve the substance, two would intravenously inject (aka “shoot”) and two would snort the drug.

Participants and law enforcement described typical illicit Suboxone® users as individuals who are addicted to heroin and other opiates. Treatment providers described typical illicit users as low-income, younger and more likely white. A treatment provider added, *"We still hear about Suboxone® in incarceration settings."*

### Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain highly available in the region. Participants most often reported current availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '7' or '8'. Participants commented: *"[Sedative-hypnotics are] easy to get; A little easier [to obtain] than opiates."* Participants identified Ativan®, Klonopin®, Valium® and Xanax® as the most popular sedative-hypnotics in terms of widespread illicit use.

Community professionals most often reported current availability as '8'; the previous most common score was '5'. A probation officer commented, *"I've not seen a lot lately,"* noting that the local mental health services provider prescribes these types of medications with less frequency. Community professionals identified Klonopin® and Xanax® as the most popular sedative-hypnotics in terms of widespread illicit use. Law enforcement reported that they encounter Xanax® during investigations of other drugs.

Participants reported that the general availability of sedative-hypnotics has remained the same during the past six months and attributed this to doctors' reluctance to prescribe these medications, as well as increased law enforcement efforts. Several participants agreed: *"Doctors won't prescribe them; They are tightening up, especially on 'xanies' (Xanax®)."* Another participant said, *"They (law enforcement) are doing more drug busts."*

Treatment providers reported that availability of sedative-hypnotics has increased during the past six months, particularly use in combination with heroin or alcohol. Law enforcement reported that the availability of sedative-hypnotics has remained the same during the past six months. However, a probation officer suggested a decrease in these medications due to *"prescription practices."* The BCI Richfield Crime Lab reported that the number of Valium® cases it processes has increased during the past six months while the number of Xanax® cases has de-

creased; number of cases for all other sedative-hypnotics has remained the same.

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

Reportedly, many different types of sedative-hypnotics (aka "benzos" and "downers") are currently sold on the region's streets. Street prices for sedative-hypnotics were consistent among participants with experience buying the drugs. Participants indicated that pills could sell for higher depending on how desperate the buyer is. One participant explained that Xanax® 2 mg sells for as high as \$12 and remarked, *"If someone is in pain (going through withdrawals), they will pay anything."*

Sedative-Hypnotics	Current Street Prices for Sedative-Hypnotics	
	Ativan®	\$2 per pill (dosage unspecified)
	Klonopin®	\$2 per pill (1 mg or 2 mg)
	Valium®	\$2-5 for 5 mg \$10 for 10 mg
	Xanax®	\$1.50-3 for 1 mg \$2-5 for 2 mg

In addition to obtaining sedative-hypnotics on the street from dealers, participants also reported getting them prescribed from doctors and from individuals who sell their prescriptions. A participant commented that these medications are found, *"not on the streets, but from a psychiatrist."* Other participants commented: *"[Sedative-hypnotics] are easily prescribed; You just have to have a couple symptoms, go to the doctor, then you get them ... then you sell them to get money; People want to make money, so they trade them for other pills."* Another participant explained that these prescription drugs can be obtained through, *"Dealers of other drugs. If you ask for it, they will get it for you."* One participant group reported, *"A lot [of prescription sedative-hypnotics] are coming in from Mexico and Canada."*

While there were a few reported ways of consuming sedative-hypnotics, generally the most common route of administration for illicit use is snorting. Participants estimated that out of 10 illicit sedative-hypnotic users, six would snort and three would orally ingest the drugs. Two participant groups reported that sedative-hypnotics could also be intravenously injected, but added that this method is rare.

Participants were not in agreement as to a description of typical illicit users of sedative-hypnotics. Some participants reported younger, high-school aged users, while others reported use among “middle aged” individuals. Many participants stated that “everybody” uses the drug. Participants reported heroin users will often seek out and use sedative-hypnotics when they cannot find heroin or when the quality of the heroin is lower; illicit users will also mix these drugs into heroin. One participant reflected, *“For me, it’s 50/50. If I can’t find heroin I will use benzos to try to sleep, and if I do have heroin, I will use them together.”*

Treatment providers described typical illicit sedative-hypnotic users as younger individuals (under 40 years of age) who abuse other substances such as alcohol and heroin. Furthermore, treatment providers indicated an increase in illicit use among younger clients. Law enforcement agreed and added that these younger illicit users are often white females.

## Marijuana

Marijuana 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 couple participants remarked: *“[Marijuana is] the number one drug; The easiest to find.”* Although there are several different qualities of marijuana, most participants described high quality marijuana as “readily available” and added that this is the most available type of marijuana throughout the region. Participants commented: *“‘Reggie’ (lower-grade marijuana) is hard to find, nobody wants it; People don’t want reggie; ‘Mids’ (middle-grade marijuana) are non-existent.”*

Community professionals most often reported the drug’s current availability as ‘10’; the previous most common score was ‘9’ or ‘10’. Reportedly, marijuana availability is so high that one treatment provider quipped, *“Do they sell it at [grocery stores] yet?”* Treatment providers noted that

they generally do not see *“just marijuana users;”* but that most clients report marijuana use in conjunction with other drug use. A law enforcement officer commented, *“In Canton (Stark County), at least one house a block has a [marijuana] grow.”* A probation officer reflected, *“When someone fails a UDS (urine drug screen) test, it is almost always for their drug of choice and for marijuana (as marijuana is often used in combination with other drugs).”*

Many participants reported about a form of marijuana, commonly called “dabs” or “wax.” Participants explained that this is a form of *“pure THC, extracted from the marijuana plant”* in the form of an oil or wax. Reports of availability of marijuana concentrates and extracts varied throughout the region. Stark County participants rated the availability of marijuana concentrates and extracts as ‘2’ or ‘3’; while Tuscarawas County participants rated the availability of these forms of marijuana as ‘10’. Stark County participants stated: *“[Dabs is] not as popular as people think; Many don’t know about it.”* Contrarily, Tuscarawas County participants reported: *“Dabs are pretty common. People who sell weed (marijuana) also sell dabs.”*

Community professionals did not rate availability of marijuana concentrates and extracts; however, law enforcement reported that they are beginning to investigate “BHO (Butane Honey Oil) labs” where dabs are being produced through extracting THC from plant stalks and leaves via a process involving butane.

Corroborating data also indicated that marijuana is readily available in the region. Summit County Juvenile Court reported that 23 percent of all drug screens ordered during the past six months were positive for marijuana. In addition, Stark County Day Reporting of the Stark County Court of Common Pleas reported that 6 percent of all drug screens it ordered during the past six months were positive for marijuana.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A student was arrested in North Canton (Stark County) for bringing marijuana to school ([www.wkyc.com](http://www.wkyc.com), Feb. 5, 2015). A Stark County resident was arrested during delivery of two UPS packages containing approximately 10 pounds of marijuana, some of which was shipped from California ([www.cantonrep.com](http://www.cantonrep.com), March 13, 2015). A father and son marijuana ‘dabs’ operation was interrupted in Twinsburg (Summit County) when an informant led police to a residence from which they seized equipment, a wooden box of marijuana

and about eight ounces of marijuana trimmings and stems ([www.cleveland.com](http://www.cleveland.com), March 26, 2015). A Tuscarawas Valley Middle School principal was placed on unpaid leave when Ohio State Highway Patrol troopers found a small bag of marijuana in his coat pocket ([www.newsnet5.com](http://www.newsnet5.com), March 28, 2015). An Akron man was arrested during a delivery of a 12-pound shipment of marijuana from California through the U.S. Postal Service ([www.cleveland.com](http://www.cleveland.com), April 6, 2015). More than 11 pounds of marijuana were seized when drug task force agents raided a Stow (Summit County) hotel room; two Oregon men were arrested ([www.cleveland.com](http://www.cleveland.com), April 17, 2015). A Canton woman was arrested for possession of marijuana and hashish near a school; police believed she was there to sell the drugs ([www.newsnet5.com](http://www.newsnet5.com), April 21, 2015). Cuyahoga Falls (Summit County) police raided a residence and seized 43 marijuana plants about a block from an elementary school ([www.cleveland.com](http://www.cleveland.com), April 24, 2015). A Coventry Township (Summit County) man was arrested when sequential tips led to three houses connected by a marijuana growing operation; a total of 478 marijuana plants and 45 bags of marijuana were confiscated ([www.newsnet5.com](http://www.newsnet5.com), April, 29, 2015). A Summit County Drug Unit investigation resulted in the confiscation of 129 marijuana plants being grown in an Akron residence ([www.19actionnews.com](http://www.19actionnews.com), May 15, 2015). Investigators found and seized 177 marijuana plants from a Hudson (Summit County) home during a raid; the man arrested pled guilty to drug trafficking ([www.cleveland.com](http://www.cleveland.com), June 3, 2015).

Participants reported that the availability of marijuana has remained the same during the past six months. However, a group in Tuscarawas County reported increased availability and agreed with one participant who expressed, *"It's more acceptable. It's going to be legal."*

Community professionals reported that availability of marijuana has remained the same during the past six months. Law enforcement noted that availability of marijuana has been very high for a long while. The BCI Richfield Crime Lab reported that the number of marijuana cases it processes has increased during the past six months.

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

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). Participant most often reported the quality of higher grade marijuana as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '9'. Reportedly, dabs are of very high quality due to the concentrated THC. Participants most often reported the quality of low-grade marijuana as '5'.

Participants were evenly split on whether the overall quality of marijuana has increased during the past six months or has remained the same. Participants who suggested an increase in marijuana quality reasoned: *"With medical marijuana, large, legitimate grows are going up (increasing in number); It's becoming legal, so people are taking an interest in making a better product; People are learning to grow it better."*

Street prices of marijuana and marijuana concentrates were provided by participants with experience purchasing the drug. Participants reported that prices depend on the quality desired and stated that commercial, or low-grade, marijuana is the cheapest form of the drug. Most participants reported that it is common to purchase 1/8 or 1/4 ounce of marijuana at a time. One participant shared that a user only needs 1/10 gram of marijuana concentrate to produce an "intense high."

Marijuana	Current Street Prices for Marijuana	
	<b>Low grade:</b>	
	a blunt (cigar) or two joints (cigarettes)	\$5
	1/8 ounce	\$15-20
	1/4 ounce	\$25-40
	1/2 ounce	\$60
	1/4 pound	\$300
	<b>High grade:</b>	
	a blunt (cigar) or two joints (cigarettes)	\$10-15
	1/8 ounce	\$45-50
	1/4 ounce	\$70-100
	1/2 ounce	\$130-150
	an ounce	\$300
	1/4 pound	\$700-1,000
<b>Extracts and concentrates:</b>		
a gram	\$60-80	

While there were a few reported ways of consuming marijuana, generally the most common route of administration remains smoking. Participants estimated that out of 10 marijuana users, all users would smoke the drug. Reportedly, the oil form of marijuana is consumed by inhaling the vapor produced from heating the substance. All participant groups reported knowledge of baking marijuana in food, but indicated that the practice is not very popular and only occasionally done.

Participants were unable to describe a typical marijuana user, reporting that the use of the drug is so pervasive. Likewise, community professionals were not able to identify a typical user, also stating that use of the drug is very common. A treatment provider commented, *"All groups [use marijuana] - old and young, rich and poor, all ages."* Treatment providers added that there is a lot of *"inter-generational pot use,"* as clients often report that marijuana use is commonly practiced in their families. Many treatment providers agreed that they often hear clients report similar comments, such as, *"My grandparents got me started."* Treatment providers also noted that marijuana use is very prevalent among individuals with severe mental illness. One treatment provider explained, *"Marijuana is often the last drug clients are willing to give up. Many use marijuana to self-medicate, to reduce anxiety, reduce ADHD symptoms and to reduce pain."*

## 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 commented, *"It's easily found."* Community professionals reported moderate to high availability of methamphetamine. Treatment providers most often rated current availability of methamphetamine as '7', while law enforcement rated it as '10'; the previous most common score was '8' for both groups. Treatment providers reported, *"Not hearing much about it [from clients],"* while a probation officer remarked, *"It's everywhere."*

Participants reported that methamphetamine is available in powder, anhydrous and crystal (aka "ice") forms. Participants from Portage, Summit and Tuscarawas counties reported powdered methamphetamine (aka "one-pot" or "shake-and-bake") as the most common form of

the drug in the region. This form of methamphetamine is produced by using common household chemicals along with ammonium nitrate (found in cold packs) and pseudoephedrine (found in some allergy medications); manufactured in approximately 30 minutes in nearly any location by mixing ingredients in a single-sealed container, such as a two-liter soda bottle. A participant shared, *"I know a lot of people who make [methamphetamine]."*

Participants from Stark County reported that there are still many "old school meth labs" that are producing anhydrous methamphetamine and indicated that this form is more popular than the shake-and-bake. Summit and Tuscarawas counties' participants reported that crystal methamphetamine is being imported into the region. One participant reported, *"It is very easy to get."* A Stark County officer reported that the methamphetamine being produced in the area is shake-and-bake and reported that he has not seen a traditional anhydrous lab during the past six months; however, he did note availability of crystal methamphetamine and added that this particular type of methamphetamine is being imported into the region from Mexico.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. An Akron man was sentenced to seven years in prison for making methamphetamine ([www.wkyc.com](http://www.wkyc.com), Feb. 25, 2015). A man was arrested from a Massillon (Stark County) residence when he accepted and opened a package delivered from California which contained more than two pounds of methamphetamine; law enforcement placed an electronic tracking device in the shipment which informed investigators when the box was opened ([www.cantonrep.com](http://www.cantonrep.com), April 9, 2015). Two individuals in Coventry Township (Summit County) ended up in a hospital for burns from one of their small meth labs when it exploded; authorities found an additional four similar meth labs inside the residence ([www.ohio.com](http://www.ohio.com), April 16, 2015). In a combined effort with FBI's Safe Street Task Force, the Stark County Sheriff's Metro Agents arrested a Jackson Township resident when Fed-Ex delivered a package containing 454 grams of crystal methamphetamine to the man ([www.OTFCA.com](http://www.OTFCA.com), April 27, 2015).

Participants reported that the availability of methamphetamine has increased during the past six months. Participants explained: *"More people are using [methamphetamine]; It's cheap; More people are learning how to cook it; More people are teaching others to make it."* Treatment providers reported that availability of methamphetamine has remained the same during the past six months,

though some treatment providers posited that the popularity of the drug is decreasing. Treatment providers cited increased stigma surrounding methamphetamine use as having an effect, as one clinician commented, *"People are ashamed."* Clinicians also reported that clients who do talk about methamphetamine use speak of it as if they had used it a long time ago.

Law enforcement and probation officers, however, reported that the availability of methamphetamine as increased during the past six months. Law enforcement cited a particular increase in the availability of imported methamphetamine (aka "ice") in the region. Law enforcement commented, *"It's really starting to become prevalent."* An officer explained that in Stark County, there were between 10 and 12 meth lab clean-ups in 2014; as of early June 2015, there had already been 13 lab clean-ups. A probation officer cited the ease of manufacturing the drug as contributing to the increase of methamphetamine in the region. The BCI Richfield Crime Lab reported that the number of methamphetamine cases it processes has decreased during the past six months; the lab reported processing mostly crystal, off-white and white powdered methamphetamine.

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

Only a few participants had experience with methamphetamine during the past six months and were able to report on the quality of the drug, which they most often reported as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '6'. However, several participants explained: *"[Quality of methamphetamine] depends on how you cook it, what chemicals you use, who cooks it; It varies heavily, based on who made it."* During the past six months, these participants reported that the quality of methamphetamine has either remained the same or has increased. Several Stark County participants reported that the quality of methamphetamine has increased, as one participant explained, *"They are perfecting it. You learn and, every batch [of methamphetamine] you make ... they get better with it."*

Current street prices for methamphetamine were consistent among participants with experience buying the drug. Participants reported that it is most common to buy between \$20-100 worth at a time and added that methamphetamine is most often traded for ingredients to make the substance. One participant noted, *"I've never seen someone buy that much (an ounce of) shake-and-bake."* Another participant explained, *"Cooks (people who make methamphetamine) will give you money to buy Sudafed® and other chemicals, then give you \$50 worth of meth (approximately 1/2 gram)."* Interestingly, a participant shared, *"You can offer heroin to someone to get Sudafed® for you."*

Law enforcement reported that methamphetamine in the area is often "traded for" and is rather difficult to obtain on the streets through purchase. An officer explained that a cook will have five to 10 people purchase Sudafed® and supplies and then give them half a gram of methamphetamine in exchange; a practice known as "smurfing."

Methamphetamine	Current Street Prices for Methamphetamine	
	Powdered:	
	a gram	\$70-100
	an ounce	\$900
	Crystal:	
	a gram	\$100-180
1/8 ounce	\$380	
an ounce	\$1,500	

While there were a few reported ways of consuming methamphetamine, generally the most common routes of administration are intravenous injection (aka "shooting") and smoking. Participants reported that shooting methamphetamine is increasing in popularity and estimated that out of 10 methamphetamine users, six would shoot and three would smoke the drug. Reportedly, additional routes of administration include snorting and "hot railing" (heating the substance up on foil and breathing in the fumes), but these practices are said to be rare.

Participants described typical methamphetamine users as primarily white. One participant reported truck drivers use the drug and explained, *"[Methamphetamine] keeps you up for days."* Treatment providers described typical users as white, with "low education" and of lower socio-economic status. Additionally, treatment providers noted that meth-

amphetamine use tends to be intergenerational, as a clinician commented, *“a family business.”* Moreover, some treatment providers also reported a pattern of females beginning with methamphetamine use and switching to heroin use. A law enforcement officer described typical methamphetamine users as, *“almost exclusively white, mainly poorer people, between 18 to 40 years old.”* A probation officer added, *“People already with a criminal background”* and noted that meth users are typically individuals who are already on probation for other substance use related offenses and, *“now they are making meth.”*

### Prescription Stimulants

Prescription stimulants remain highly available in the region. Participants most often reported current prescription stimulant 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.’ Participants identified Adderall® and Vyvanse® as the most popular prescription stimulants in terms of widespread illicit use. Despite the high availability rating reported, many participants clarified that prescription stimulants are difficult to find on the streets and explained that the availability is considered high due to the frequency of the drug being prescribed by physicians. Therefore, comments regarding availability focused on the difficulty of finding them on the street. Participants commented: *“Not that easy to find [on the streets]; When I stopped getting [stimulants] prescribed, it was very hard; For me, it was easy [to find stimulants] ‘cause I knew a couple of people with prescriptions.”*

Community professionals most often reported current availability of prescription stimulants as ‘4;’ the previous most common score was also ‘4.’ Treatment providers identified Adderall®, Ritalin® and Vyvanse® as the most popular prescription stimulants in terms of widespread illicit use. However, treatment providers reported that illicit prescription stimulant use is not common with the clients they serve. A probation officer reported that individuals they have encountered abusing prescription stimulants were being treated with the medication by a physician.

The majority of participants reported that the general availability of prescription stimulants has remained the same during the past six months, while participants from Tuscarawas County reported an increase in these drugs. A participant explained, *“More doctors are prescribing it.”* Another participant posited, *“More people like that feeling,*

*like cocaine.”* Community professionals reported decreased availability of prescription stimulants during the past six months. Treatment providers cited a decrease in prescribing of these drugs by physicians as the reason for decreased availability. The BCI Richfield Crime Lab reported that for most prescription stimulants the number of cases it processes has either remained the same or has decreased during the past six months; however, the number of cases of Adderall® the lab processes has increased.

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

Reports of current street prices for prescription stimulants were consistent among participants with experience buying the drugs. Participants indicated that Vyvanse® sells for the same price as Adderall®. One participant shared, *“I sold my girlfriend’s 30 pill [Ritalin®] prescription for \$90.”*

Current Street Prices for Prescription Stimulants	
Prescription Stimulants	Adderall® \$2-3 for 20 mg \$5-15 for 30 mg \$2-5 for 30 mg (extended release)

Most participants reported getting prescription stimulants from individuals who have prescriptions or personally being prescribed them from physicians. Several participants commented: *“Doctors prescribe [stimulants] a lot; They are overly prescribed to kids, who don’t take them.”* A couple participants disclosed: *“My girlfriend’s daughter has them prescribed and she sells them; People sell it to get money.”*

Participants reported the most common routes of administration for illicit use of prescription stimulants remain snorting and oral ingestion. Participants estimated that out of 10 illicit prescription stimulant users, six would snort and four would orally ingest the drugs. Participants also reported intravenous injection of the drug, but said that the practice is difficult and rare.

Participants described typical illicit users of prescription stimulants as younger, students in high school or college.

One participant said, “People in school use it to stay up to study.” Community professionals also described typical illicit users of prescription stimulants as young, between the ages of 18 and 25 years. A probation officer reported that prescription stimulant users are more often male.

## Ecstasy

Ecstasy’s (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) availability is variable in the region. Most participants reported having little or no knowledge of the drug, but those that did have experience with the drug during the past six months most often reported ecstasy availability as ‘3’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous score was ‘10’ for participants in Tuscarawas County. A couple participants commented: “[Ecstasy] is hard to get; It’s not that easy to find.”

Participants also discussed the drug, “molly” (powdered MDMA). Most groups reported low availability for molly with the exception of one Summit County participant group that reported high availability. The availability rating was bimodal among those who had experience with molly during the past six months: half the respondents reported availability of molly as ‘1’ and the other half reported it 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.’ A Summit County participant reported that molly is readily available, “All day, every day.”

Community professionals were unable to report on ecstasy availability as they had not encountered the substance during the past six months. Additionally, treatment providers did not report having knowledge of current availability of molly, but law enforcement rated current availability of molly as ‘6’; the previous most common score was ‘5-6.’ Law enforcement shared about a case in which 11 ounces of molly was confiscated among a group of “rich, white kids” who intended to follow a band on tour and sell the drug at the performances. A probation officer also shared knowledge of people on probation that have tested positive for MDMA during the past six months.

Media outlets reported on law enforcement ecstasy seizures and arrests in the region this reporting period. Akron police went to a residence to conduct a welfare check on a 4-year-old girl and discovered a lab in which ecstasy and hallucinogens (similar to LSD) were being manufactured, as well as a marijuana grow operation; 76 plants were seized ([www.newsnet5.com](http://www.newsnet5.com), May 20, 2015).

Participants reported that the availability of both ecstasy and molly has remained the same or has slightly decreased during the past six months. Law enforcement reported that the availability of molly has remained the same. The BCI Richfield Crime Lab reported that the number of ecstasy cases it processes has decreased during the past six months.

Ecstasy/Molly	Reported Availability Change during the Past 6 Months	
	 Participants	No change
	 Law enforcement	No change
	 Treatment providers	No comment

Although participants did not rate the quality of either ecstasy or molly, most participants, with the exception of Summit County participants, indicated poor quality of molly. One participant explained, “A lot of it is knock-off, fake shit. People don’t mess with it.” These participants reported a pesticide (aka “formic”) or MDA (aka “sassafras”) being sold as MDMA.

Reports of current street prices for ecstasy and molly were consistent among participants with experience buying the drug. One participant remarked, “It’s very expensive.” Participants shared that molly typically comes in powdered form sold in packets containing 1/10 gram, which is reportedly the most common unit of purchase in the region.

Ecstasy/Molly	Current Street Prices for Ecstasy/Molly	
	<b>Ecstasy:</b>	
	low dose (aka “single stack”)	\$5-10
	high dose (aka “triple stack”)	\$10-15
	<b>Molly:</b>	
	1/10 gram (aka “a point”)	\$10-15
a gram	\$80-100	

Participants reported that the most common routes of administration of ecstasy or molly are snorting and oral ingestion. Participants estimated that out of 10 ecstasy or molly users, six would snort and three would orally ingest the drug. Participants explained that oral ingestion typically involves either mixing the drug with water or wrapping it in tissue and swallowing (aka “parachuting”). Stark County participants also reported that some users smoke the drug (aka “free base”).

Participants described typical ecstasy and molly users as being at least middle class due to the expense of the drug, as well as individuals who attend clubs or ‘raves’ (dance parties). Law enforcement described typical ecstasy users as, “rich, white kids.”

### Synthetic Marijuana

Synthetic marijuana (synthetic cannabinoids; aka “K2” and “spice”) remains 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 responded, “In most places, anyone can get it, until they get busted.” Another participant commented, “[Synthetic marijuana is] out there, but it depends on where you go.” Portage County participants agreed when one person reported, “It’s non-existent in Portage County. It’s sold in Cleveland and Akron.”

Treatment providers most often reported the drug’s current availability as ‘3,’ while a probation officer rated availability as ‘10;’ the previous most common score was ‘4.’ Treatment providers reported that users who purchase the drug in convenience stores, “have to really know who sells it and have to be trusted.” A probation officer reported that synthetic marijuana users typically go to larger cities to purchase it in stores, but added that many people are purchasing chemicals online and selling it for “a good profit.”

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Eight pounds of synthetic marijuana and a methamphetamine lab were confiscated at a residence in Tuscarawas County ([www.OTFCA.com](http://www.OTFCA.com), June 24, 2015). Participants reported that the availability of synthetic marijuana has decreased during the past six months. A participant explained, “More people are getting busted for selling it.” Another participant commented, “Not many places are selling it. Those that

do, it’s under the counter, hush-hush.” Treatment providers reported that the availability of synthetic marijuana has decreased during the past six months. A treatment provider commented, “It’s going down, but still there.” Law enforcement reported that the availability of synthetic marijuana has remained the same during the past six months. The BCI Richfield Crime Lab reported that the number of synthetic marijuana cases it processes has increased during the past six months.

Synthetic Marijuana	Reported Availability Change during the Past 6 Months	
	 Participants	Decrease
	 Law enforcement	No change
	 Treatment providers	Decrease

Reports of current street prices for synthetic marijuana were variable among participants with experience buying the drug. Reportedly, synthetic marijuana sells for between \$10-15 per gram on the streets. However, a participant group in Portage County reported that synthetic marijuana sells for \$30 for 1.5 grams.

Despite legislation enacted in October 2011, synthetic marijuana continues to be available on the street from dealers as well as from the Internet and stores (“drive thru’s” and “head shops”). A participant explained: “People got to know you [if you go to buy synthetic marijuana in a shop], sometimes there is a code.” Stark County participants reported that users will often go out of the region to West Virginia and bring the drug back to the area. Participants and community professionals reported that synthetic marijuana is commonly found in correctional facilities.

Participants continued to report smoking as the only route of administration of synthetic marijuana. Participants described typical users of synthetic marijuana as young and individuals who are on probation or subject to drug testing. Treatment providers described typical users of synthetic marijuana as “younger, white males.” Law enforcement agreed and described typical users as young, but noted more recently “older men, in their late 40s.”

## Other Drugs in the Akron-Canton Region

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: bath salts and hallucinogens (LSD [lysergic acid diethylamide] and psilocybin mushrooms).

### Bath Salts

Bath salts (synthetic compounds containing methylenedioxymethamphetamine, MDPV or other chemical analogues) are moderately available in the region, though only a few participants in two counties (Summit and Portage) had first-hand knowledge or experience with the drug. Participants most often reported the drug's current availability as '7' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). A Portage County participant commented, *"They still sell [bath salts], but not found in Portage County. You have to go to Cleveland, at the [small corner] stores."*

Treatment providers most often reported bath salts current availability as '1', while other professionals had not seen or heard of the drug during the past six months. Treatment providers noted that the use of bath salts has become very stigmatized. Law enforcement reported encountering no cases of bath salts during the past six months and posited that state laws have had a positive effect. One officer remarked, *"We got a hold on it."*

Participants and community professionals reported that the availability of bath salts has remained the same during the past six months. Despite legislation enacted in October 2011, participants reported that bath salts continue to be available, but are increasingly difficult to find. Participants in Summit County reported bath salts can be purchased off the streets or from certain corner stores. Other participants mentioned that users would have to go out of the region, to Cleveland, to obtain the substance. The BCI Richfield Crime Lab reported that the number of bath salts cases it processes has increased during the past six months.

Participants were unable to provide pricing information for bath salts. Participants reported that the most common route of administration for bath salts as snorting. A less common method mentioned by participants is intravenous injection. A participant described typical bath salts users as people who have to pass a drug test. Community professionals were unable to provide a typical user profile for bath salts.

### Hallucinogens

LSD is reportedly rare in the region. Most participants reported not seeing LSD at all during the past year. Participants described availability of LSD as: *"Super hard to find; Not easy to get anymore; Every once in a while (you can get LSD), during festival season."* Treatment providers also reported unknown recent use of LSD among clients, yet a probation officer reported that the drug is available, but seemingly very few individuals seek it out. The BCI Richfield Crime Lab reported that the number of LSD cases it processes has decreased during the past six months.

Participants reported that LSD sells for \$5-30 per dose (aka "a hit"), \$70 for a "strip" (10 hits), and \$500-600 per "sheet" (100 hits). One participant reported that the liquid form is also available and shared that a sugar cube laced with LSD sells for \$2. Participants reported that the most common route of administration is oral consumption and out of 10 users, all would orally ingest the drug. However, one participant group reported that a few individuals would use the liquid form by putting drops in their eyes. Participants described typical LSD users as younger (high school and college aged), *"hippies"* and individuals who attend music festivals.

Psilocybin mushrooms are also reportedly rare in availability. While most participants reported the drug's current availability as '3' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); a Summit County participant group rated availability of this drug as '7'. Participants explained that psilocybin mushrooms are available seasonally and several reported that they are more difficult to find from late autumn through winter. However, some participants reported that individuals grow their own psilocybin mushrooms year round.

Treatment providers were unable to comment on psilocybin mushrooms, while law enforcement most often reported the current availability of psilocybin mushroom as '5'. Reports of current prices of psilocybin mushrooms were limited: \$15-60 for 1/8 ounce. Participants reported that these drugs are most often found at concerts, while law enforcement reported that users can purchase spores legally via the Internet. The only route of administration mentioned by participants is oral consumption. Participants shared that psilocybin mushrooms are often cooked with other food. Participants described typical users of psilocybin mushrooms as similar to LSD users: younger (high school and college aged), hippies, and individuals who attend music festivals.

## DMT

Media outlets reported on law enforcement seizures and arrests in the region this reporting period involving dimethyltryptamine (5-MeO-DMT, aka “DMT,” a psychedelic compound of the tryptamine family). Summit County park rangers stopped a group of young adults in a regional metro park after they had gone off-trail and one of the young men was found carrying DMT in his pocket; a forensic scientist from BCI in Richfield told reporters that there has been an increase in DMT seizures throughout the last several years ([www.newsnet5.com](http://www.newsnet5.com), March 27, 2015).

## Conclusion

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

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 heroin type. Community professionals unanimously reported current availability of heroin as ‘10’ (highly available, extremely easy to get). A law enforcement officer reported that cocaine dealers are now selling heroin because heroin users need the drug on a daily basis, thus heroin sales are a “steady paycheck.” Law enforcement also reported individuals moving into the area from Detroit (Michigan) to sell heroin.

The BCI Richfield Crime Lab reported that the number of powdered heroin cases it processes has increased during the past six months. Probation officers noted that the Tuscarawas County Court is referring increased numbers of heroin addicts for medication assisted treatment (MAT).

Corroborating data also indicated that heroin is readily available in the region. The Portage County Coroner’s Office reported that 67 percent of the 27 drug overdose deaths it recorded this reporting period involved heroin. Most treatment providers were quick to point out that there has been an increase in number of heroin overdose deaths in the region. Law enforcement also noted an increase in number of heroin overdoses. Participants reported that heroin is often cut with fentanyl, and as a result, “A lot of people are dying.” Reportedly, white powdered heroin is, “pure fentanyl, or is more likely to have fentanyl in it.”

Community professionals also noted fentanyl-cut heroin in the region. Law enforcement corroborated participant reports that pure fentanyl is often sold on the street as heroin. Several media stories in the region reported on individuals facing manslaughter charges for the overdose deaths of those to whom they sold or gave heroin.

Along with increased availability of heroin, participants and law enforcement reported increased street availability of Suboxone® during the past six months. Law enforcement reported that heroin dealers also sell the drug. Participants reported that there are a number of treatment clinics in the region that treat with Suboxone®. A number of participants reported that it is common practice to sell most of the Suboxone® prescription for heroin, but to keep a few on hand, in case they are unable to find heroin on a given day. Participants and law enforcement described typical illicit Suboxone® users as individuals who are addicted to heroin and other opiates. Treatment providers described typical illicit users as low-income, younger and more likely white.

Methamphetamine remains highly available in the region. Participants reported that methamphetamine is available in powder, anhydrous and crystal (aka “ice”) forms. Participants reported powdered methamphetamine (aka “one-pot” or “shake-and-bake”) as the most common form of the drug in the region. Participants reported that crystal methamphetamine is being imported into the region; law enforcement also noted current availability of crystal and added that this particular type of methamphetamine is being imported from Mexico.

Participants, law enforcement and probation officers reported that the availability of methamphetamine has increased during the past six months, with law enforcement citing a particular increase in the availability of imported crystal methamphetamine. Law enforcement commented that crystal methamphetamine use is becoming prevalent. Law enforcement also reported that methamphetamine in the area is often traded for and is rather difficult to obtain on the streets through purchase. An officer explained that a cook will have five to 10 people purchase Sudafed® and supplies, and then give them half a gram of methamphetamine in exchange; a practice known as “smurfing.”

Participants described typical methamphetamine users as primarily white. Treatment providers described typical users as white, with “low education” and of lower socioeconomic status. Additionally, treatment providers noted that methamphetamine use tends to be intergenerational within families.

