



Surveillance of Drug Abuse Trends in the State of Ohio

January - June 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 June 26, 2015. It is based upon qualitative data collected from January through June 2015 via focus group interviews. Participants were 348 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 116 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 January through June 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 is highly available in most OSAM regions and perhaps less available in Cleveland, Columbus and Dayton regions. Cleveland participants explained that a user seeking powdered cocaine would have to have the right connections to those who deal the drug; the drug is not often sold visibly on the street. Thus, for users with the right connections, powdered cocaine is highly available.

Availability of the drug has remained the same in most regions during the past six months, with the exception of decreased availability for Columbus and increased availability for Toledo. Community professionals in the Columbus region attributed decreased availability in the region to the high cost of the drug and the increased demand for and increased use of opiates. Contrarily, participants and community professionals in Toledo attributed the increase in powdered cocaine availability in their region to increased heroin use and availability, reporting that they believed heroin dealers now often adulterate (aka "cut") heroin with cocaine.

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	High	No change
Cleveland	Variable	No change
Columbus	Moderate to High	Decrease
Dayton	Moderate	No change
Toledo	High	Increase
Youngstown	High	No change

Participants throughout OSAM regions most often rated the current overall quality of powdered cocaine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality); however, regional quality scores ranged from '3' for Cincinnati and Dayton to '10' for Columbus. The majority of participants from throughout regions noted either no change or a decrease in the overall quality of powdered cocaine during the past six months, with the exception of Athens where participants most often reported a quality increase. Despite the majority of Columbus participants reporting no change in quality, several participants indicated an increase in quality due to high competition among drug dealers, explaining that heroin and cocaine dealers are competing for business, thus cocaine dealers are cutting their product less to attract and keep customers.

Participants universally indicated that powdered cocaine is often cut with other substances: acetone, aspirin, baby formula, baby laxatives, baby powder, baking soda, caffeine (aka "energy pills"), car freshener, chalk, creatine, diuretics, ether, headache powder, local anesthetics, Miami Ice® (a powder found at headshops and sold as carpet deodorizer), Orajel® and other numbing agents, prescription opioids, protein powder, sedative-hypnotics (Soma® and Xanax®), sleep aids (NoDoz®), Tylenol® and various vitamins and dietary supplements. Crime labs throughout OSAM regions noted the following cutting agents for powdered cocaine: acetaminophen (analgesic), atropine (prescription heart medication), levamisole (livestock dewormer), local anesthetics (benzocaine, lidocaine and procaine) and mannitol (diuretic).

Current street jargon includes many names for powdered cocaine. Several participants indicated that street jargon is included in questions or statements spoken or in text message communications to obtain the drug. For example, a Columbus participant shared, "I always say, 'You wanna go skiing?' Like asking people on the phone ... 'Are ya up for skiin' this weekend?'" An Akron-Canton participant added, "Ghost... [as in] 'always tasting the ghost.'"

Current Street Names of Powdered Cocaine	
Most Common Names	blow, Christina (Aguilera), girl, powder, snow, soft, white (white girl)
Other Names	candy (nose candy), coke, fish scales, girl, yay-yo

The majority of participants reported that it is most common to purchase powdered cocaine in gram or 1/16 ounce amounts, while others reported purchasing smaller amounts. Akron-Canton participants reported the availability of a "\$40 set" (approximately 1/2 gram) and a "\$20 holler" (approximately 1/4 gram). In addition, participants in Cincinnati and Dayton reported that capsules (aka "caps") of cocaine have become common in their regions. Reportedly, a cap (1/10 gram or less) sells for \$7-10. Cincinnati participants reported that caps may be given free as a tester of a dealer's product. Cleveland participants also noted the presence of cocaine caps in their region, although they reported that caps there are still relatively rare.

Participants continued to report that the price of powdered cocaine depends on quality and the dealer. Dayton participants expressed that the actual amount of pure cocaine varies and is often lower than what is paid for due to the cut or the way the dealer distributes it. Participants indicated that connections with a dealer is important in getting what is paid for and that the drug is cheaper if a user purchases in larger quantities.

Depending on region, a gram of powdered cocaine currently sells for \$50-100; 1/16 ounce (aka "teener") sells for \$60-150; 1/8 ounce (aka "eight ball") sells for \$140-300; an ounce sells for \$1,000-1,400. Participants in Columbus and Youngstown generally reported that the price of powdered cocaine has increased during the past six months due to increased quality and demand for the drug in those regions.

Throughout OSAM regions, participants reported that the most common ways to use powdered cocaine remain snorting and intravenous injection (aka "shooting"). However, most participants agreed that route of administration depends more on the user's drug habits and/or social circle, meaning if a user typically injects other drugs, such as heroin, he or she would inject most other drugs, including powdered cocaine; and if a user uses with injectors or smokers, he or she would use the same route of administration. Additionally, Akron-Canton and Cleveland participants reported that some individuals smoke powdered cocaine (aka "free base," heating the drug on aluminum foil and inhaling the produced smoke), but they explained that this practice is not very common in these regions.

The majority of participants and community professionals continued to describe typical powdered cocaine users as middle-aged (30-60 years), of higher socio-economic status, white and employed in professional and blue-collar occupa-

tions. Many participants added that typical users are often those employed in physical labor or long-hour jobs such as truck drivers, oil riggers, third-shift workers and adult entertainers. Cleveland and Columbus participants noted college aged and young professionals (20s-30s) as powdered cocaine users, identifying the drug as a party drug. Moreover, Columbus and Toledo respondents reported powdered cocaine use as common among people who abuse alcohol.

Participants explained that powdered cocaine is most often used in combination with alcohol, ecstasy, heroin, marijuana and sedative-hypnotics (Xanax®). Participants reported that cocaine and heroin are often used together as a “speedball” to produce an upper and a downer effect. Reportedly, marijuana and sedative-hypnotics with powdered cocaine produces a similar speedball effect, as these drugs are said to be used to bring the user down from the extreme stimulant high of cocaine. Other substances used in combination with powdered cocaine which were not as frequently mentioned are prescription stimulants (Adderall®), methamphetamine (aka “meth”) and prescription opioids (Percocet®). These drugs combined with cocaine reportedly enhances the cocaine high.

Substances Most Often Combined with Powdered Cocaine

- alcohol • heroin • marijuana •
- prescription opioids • sedative-hypnotics •

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. Akron-Canton participants overwhelmingly described crack cocaine use as extremely popular in that region; a probation officer there reported that crack cocaine remains a primary drug of choice for many users. Dayton participants reported that crack cocaine is easier to obtain than marijuana; however, availability of the drug is reportedly considerably lower in more rural areas of that region.

Participants overall credited heroin use for the consistent availability of crack cocaine because so many users use both drugs. Similarly, several treatment providers noted

that crack cocaine is frequently used in conjunction with heroin. Treatment providers in Columbus reported that crack cocaine is no longer a primary drug of choice for many of their clients; clients report crack cocaine use in addition to heroin. However, as many viewed crack cocaine use as increasing with increasing heroin use, some participants argued that increases in demand and availability of other substances have made crack cocaine more difficult to obtain, arguing that crack cocaine use has become overshadowed by heroin use in many communities.

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

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

Participants throughout OSAM regions most often rated the current overall quality of crack cocaine as ‘8’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); however, participants in Cincinnati and Dayton most often reported much lower quality scores (‘4’ and ‘3’ respectively). Participants in the aforementioned two regions reported that the crack cocaine currently available is “stomped on” (adulterated) so much; moreover, they reported that it is very difficult to obtain powdered cocaine that is “cook able” (able to be formed into crack cocaine) because the purity of powdered cocaine has become so poor in these regions. The majority of participants from throughout regions reported that the quality of crack cocaine has remained the same during the past six months, with the exception of Dayton where participants most often reported a quality decrease.

Participants throughout regions continued to report baking soda most often as an adulterant (aka “cut”) for crack cocaine and that many of the same adulterants found in powdered cocaine are also found in crack cocaine: ammonia, aspirin, baby formula, baby laxatives, baby powder,

diuretics, dry wall, embalming fluid, ethanol, ether, heroin, lactose, macadamia nuts, mozzarella cheese, Orajel®, quinine (antimalarial), Seroquel® (an antipsychotic medication), soap, and vitamin B-12. Crime labs throughout OSAM regions noted the following cutting agents for crack cocaine: acetaminophen (analgesic), atropine (prescription heart medication), levamisole (livestock dewormer), local anesthetics (benzocaine, lidocaine and procaine) and mannitol (diuretic). Participants reported that crack cocaine comes in a variety of colors including white, yellow, gray, brown and seasonal colors (e.g., red and green for Christmas). Reportedly white and yellow crack cocaine are most common throughout OSAM regions.

Current street jargon includes a few names for crack cocaine.

Current Street Names of Crack Cocaine	
Most Common Names	crack, hard, rock, work
Other Names	butter, candy

Participants continued to report that the price of crack cocaine depends on amount desired and the quality of the drug. Participants again indicated that crack cocaine is not typically weighed out, rather it is sold by pieces or 'rocks' (1/10-2/10 gram). However, several individuals throughout OSAM regions said crack cocaine dealers will sell the drug for any amount of money. A participant in Akron-Canton commented, "If you have \$5, they give you a '5-dollar holler' (\$5 piece of crack cocaine)." Reports of current street prices for crack cocaine were consistent among participants with experience buying the drug: a 'rock' typically sells for \$10-20; a gram sells for \$50-100; 1/8 ounce (aka "eight ball") sells for \$125-300.

Participants continued to report that the most common way to use crack cocaine remains smoking, followed by intravenous injection (aka "shooting"). Participants estimated that out of 10 crack cocaine users, 5-9 would smoke and 1-5 would 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 that when the quality of crack cocaine is poor, users break the drug down for shooting in an attempt to increase their high.

While participants and community professionals varied in their descriptions of a typical crack cocaine user, most described typical users as people of lower socio-economic status and often African American. Many respondents continued to associate crack cocaine use with prostitution and drug dealing. Columbus and Youngstown community professionals noted more young people (20s-30s) using crack cocaine than previously.

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 cocaine users come down off the stimulant high. Several participants indicated that users are able to drink more alcohol while using crack cocaine. Other participants described using heroin with crack cocaine in a speedball. Also of note, several participants mentioned using tobacco with crack cocaine. Participants reported users smoke a lot of cigarettes when smoking crack cocaine.

Substances Most Often Combined with Crack Cocaine
<ul style="list-style-type: none"> • alcohol • heroin • • marijuana • sedative-hypnotics •

Heroin

The current availability of heroin remains high throughout OSAM regions; availability has increased in three of the eight regions during the past six months. Participants in most regions identified heroin as one of the easiest drugs, if not the easiest drug, to obtain. Increases in availability were almost universally attributed to a general increase in the number of heroin users, as well as to an overall increase in the number of drug dealers selling heroin. Participants said many cocaine dealers now also sell heroin as the sale of heroin has become extremely lucrative. Thus, due to increased competition among heroin dealers, Cleveland participants reported the availability of free samples of the drug with dealers trying to lure potential customers with a taste of a quality product. Participants in this region described dealers in known drug areas of Cleveland calling out "boy," a common street name for heroin, to motorists driving through. Reportedly, all a user needs to do is honk his or her car horn and a "dope boy" (heroin dealer) will approach the car for a sale. Law enforcement in Akron-Canton

reported that individuals are moving into their region from Detroit (Michigan) to sell the drug.

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 & white powdered
Cincinnati	High	Increase	brown/white powdered
Cleveland	High	No change	brown powdered
Columbus	High	No change	black tar & brown powdered
Dayton	High	Increase	brown/white powdered
Toledo	High	No change	white powdered
Youngstown	High	No consensus	brown powdered

Treatment providers in Akron-Canton and Columbus observed less stigma today towards heroin use, thus the drug has become more common and acceptable, particularly since the drug is so widely available and cheap. These providers also noted that some users are starting drug use with heroin and not progressing from traditional “gateway” drugs (prescription opioids). Along with increases in heroin availability and use, participants and community professionals throughout OSAM regions noted increases in heroin overdose and death, with every region attributing overdose most often to fentanyl-laced heroin and to fentanyl substitutions for heroin. A law enforcement officer in Akron-Canton cited an overdose case in which the drug lab discovered that the substance thought to be heroin was actually acetyl fentanyl, a designer drug that was never licensed for medical use and is reportedly many times more potent than heroin and often purchased via the Internet.

“China white” heroin, as well as recently reported blue and pink heroin, is sought by users as these types of heroin have been directly linked to fentanyl and deemed most potent. Participants in Athens and Dayton specifically discussed “blue drop” as a type of fentanyl-heroin mix available in their regions. One participant commented, “Blue drop’ is killing people.” Community professionals also noted “blue drop” as a specific heroin type in these regions which has been lethal. The BCI London Crime Lab continued to report that a lot of powdered heroin cases they process in their labs are a heroin-fentanyl mixture, sometimes even straight fentanyl.

Participants throughout OSAM regions most often reported the overall current quality of heroin as high; in fact, participants in five of the eight regions, most often reported current quality as ‘10’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality). Participants most often noted that the overall quality of heroin has generally remained the same during the past six months; participants in Toledo only most often reported decreased quality. Participants were generally in agreement that the quality of heroin continues to depend primarily upon from whom one gets the drug.

Participants universally indicated that heroin is often cut with other substances: acetone, aspirin, baby formula (Similac®), baby laxatives, baby powder, baking soda, brown sugar, cocoa, coffee, cosmetics, creatine, dark sodas, flour, isotol (dietary supplement), lactose, laxatives, mannitol (diuretic), melatonin, methamphetamine, Miami Ice® (a powder found at headshops and sold as carpet deodorizer), phencyclidine (aka “PCP”), powdered cocaine, powdered coffee creamer, powdered sugar, prescription opioids (fentanyl, morphine, naproxen, oxycodone), prescription stimulants, procaine (local anesthetic), protein powder, salt, sedative-hypnotics (Xanax®), Seroquel®, sleep aids (Sleepinol®), soap, sugar, talcum powder, tea, vinegar and vitamin B-12. Crime labs throughout OSAM regions noted the following cutting agents for heroin: acetaminophen (analgesic), caffeine, diphenhydramine (antihistamine), fentanyl, mannitol, quinine (antimalarial) and triacetin (glycerin triacetate, a food additive).

Current street jargon includes many names for heroin. Several names refer to the type of heroin; for instance, “tar” or “clay” for black tar heroin and “white” for white powdered heroin and “brown” or “mexican mud” for brown powdered heroin. Youngstown participants and community professionals mentioned “fire” and participants explained this often refers to a high quality brown powdered heroin; a participant remarked, “(Dealers) say, ‘I got fire in.’ What do you do? You run to get to it!”

Current Street Names of Heroin	
Most Common Names	boy (brown), dog food, dope, H
Other Names	brown, china white, fire, girl (white), puppy chow, tar (black tar)

Participants reported that the price of heroin is dependent upon demand, how much is purchased, quality, relationship with the dealer, other drugs purchased and location. Reportedly, it is not uncommon for some dealers to charge less if a user buys in larger amounts. However, participants reported that it is most common to purchase heroin by 1/10 gram or gram. Participants in Athens agreed that heroin is most often purchased in 1/10 gram amounts referred to as “berries,” while Dayton participants continued to report that capsules (aka “caps”) containing 1/10 gram of heroin are popular, and “stamps,” which are folded pieces of paper or lottery tickets with approximately 1/10 gram heroin enclosed, are most often purchased in Youngstown.

In addition, participants reported that some users barter for heroin with methamphetamine cooks and/or trade personal services for heroin, such as sexual favors, driving the drug dealer around, delivering drugs for the dealer and selling drugs for the dealer. Reports of current street prices for heroin were variable among OSAM regions: 1/10 gram sells for \$10-40; 1/2 gram sells for \$40-90; a gram sells for \$80-200. Toledo participants noted that heroin is less expensive to purchase in Toledo as opposed to more rural areas in that region, such as Defiance and Williams counties.

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 again frequently mentioned that heroin users most often begin use by snorting and then progress to shooting the drug.

Participants reported most often obtaining needles (aka “pins,” “points,” “rigs” and “stickers”) from dealers, diabetics, pharmacies and needle exchange programs. Participants in Akron-Canton reported that there are many pharmacies in their region that sell needles without a prescription. However, these participants explained 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. Participants reported that injection needles are often sold by dealers for \$2-5 each.

Participants reported that it is very common to share needles, although no participants wanted to admit to sharing; they often acknowledged giving or selling their used needles to others. Participants and community professionals expressed concerns about needle use, particularly noting Hepatitis C as of grave concern for users who reuse and/or share needles.

Although participants and community professionals most often described typical users of heroin as white and between 18-40 years of age, respondents throughout OSAM regions believed anyone and everyone could use heroin, universally expressing that the current heroin epidemic is widespread. For instance, participants in Cincinnati indicated that use has increased among blacks and additionally noted the ages of heroin users as expanding in both directions, meaning they believed greater numbers of those less than 30 years and of those older than 40 years are now using heroin than previously. In Toledo, treatment providers mentioned an increase in the number of pregnant heroin users coming in for treatment.

Participants reported that heroin is often used with other substances. Participants explained that alcohol, sedative-hypnotics (Xanax®) and prescription opioids (fentanyl, Opana®, Percocet® and Roxicet®) are most often used in combination with heroin to increase the intensity of the high. Many participants acknowledged the dangerous effects of mixing heroin with sedative-hypnotics, but admitted that users still combine them because of the desired intensity the combination provides. Participants noted that cocaine (crack or powdered), prescription stimulants and bath salts are most often used in combination with heroin to “speedball;” which means to simultaneously use or alternate between the stimulant high and the heroin low.

Substances Most Often Combined with Heroin
<ul style="list-style-type: none"> • alcohol • crack cocaine • marijuana • • prescription opioids • prescription stimulants • • powdered cocaine • sedative-hypnotics •

Prescription Opioids

Prescription opioids are moderately to highly available throughout most OSAM regions, with the exception of Cleveland where current street availability is variable. Treatment providers in Cleveland indicated that prescription opioids are available to those who have access to them, but might not be as available to those who do not have connections. Availability of these drugs has decreased during the past six months for Akron-Canton, Athens and Cincinnati. Participants in Akron-Canton reported that the “old formulation” OxyContin® OC is not available at all.

No region reported an increase in availability during the past six months. The consensus throughout regions is that heroin and marijuana are considerably easier to obtain than prescription opioids. The majority of treatment providers believed that heroin is more of a problem than prescription opioids, noting that many illicit prescription opioid users have moved to using heroin. However, a Cincinnati treatment provider relayed reports from students that indicate these drugs remain readily available in schools; and a probation officer in Akron-Canton reported that police logs in that region continue to report people stealing narcotics from citizens there.

Corroborating data in many regions indicated the continued high availability of prescription opioids for illicit use. For instance, the Scioto County Coroner’s Office (Cincinnati region) reported that 74 percent of the drug overdose deaths it recorded this reporting period involved prescription opioids, with fentanyl reported in 57 percent of these deaths. Nevertheless, respondents throughout regions noted that doctors are prescribing prescription opioids less readily and that more restrictions on dispensing these medications have been introduced. Youngstown participants reported that doctors often tell patients up front that they will not prescribe narcotics and refer patients to pain management clinics; several participants discussed the difficulty in getting into a clinic for pain.

Also of note this reporting period, participants in Dayton identified a fake Roxicodone® 30 mg pill that they reported to be highly available on the street and referred to them as “dirty 30s,” explaining that the pill is pressed oxycodone with fentanyl. Participants believed that these fake pills are pressed locally and in Michigan as well as imported from Mexico. The BCI London Crime Lab reported seeing fake pharmaceutical tablets during the past six months, although not that often. Reportedly, alprazolam (Xanax®) has been found in “OxyContin®” tablets, and a few tablets have actually been found to be pressed heroin.

Current street jargon includes many names for prescription opioids (aka “beans,” “downers,” “goodies,” “hoppers,” “painers,” “poppers” and “skittles”). Participants reported the following

Reported Availability Change of Prescription Opioids during the Past 6 Months			
Region	Current Availability	Availability Change	Most Widely Used
Akron-Canton	Moderate to High	Decrease	Percocet® Roxicodone® Vicodin®
Athens	High	Decrease	Percocet® Roxicodone®
Cincinnati	Moderate	Decrease	OxyContin® Percocet®
Cleveland	Variable	No consensus	Percocet® Vicodin®
Columbus	High	No change	Percocet® Vicodin®
Dayton	Moderate to High	No change	Percocet®
Toledo	High	No consensus	Percocet® Roxicodone®
Youngstown	High	No consensus	Percocet®

Current Street Names of Prescription Opioids	
Dilaudid®	dilaudo, Ds
fentanyl	fen-fen, gel, patches, suckers
Lortab®	tabs
methadone	dones, tangs, wafers
Norco®	norks
Opana®	OPs, pandas, pannas, stop signs, yellow busses
OxyContin®	30s, cotton, OCs, OPs, oxy, oxies
oxycodone	M&Ms, M boxes
Percocet®	Bs, blues, blue pain, blueberries, Ps, PCs, perks
Roxicodone®	15s (15 mg), 30s (30 mg), perk 30 (30 mg), roxies
Ultram®/ tramadol	tram
Vicodin®	500s (500 mg), 750s (750 mg), babies, Vs, vikes, vike pies, vike tips

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” and Roxicet® and Roxicodone® are both referred to as “roxies.”

Reports of current street prices for prescription opioids were consistent among participants with experience buying these drugs. Many participants throughout OSAM regions reported a general increase in price for these medications and again reiterated that they have become too expensive and that heroin is a lot cheaper. For the most part, prescription opioids continue to sell for \$1-2 per milligram. Several Columbus participants discussed purchasing Percocet® in bulk quantities, reporting that a month’s prescription of Percocet® 5 mg sells for \$30-50 and a month’s prescription of 30 mg sells for \$100.

In addition to obtaining prescription opioids on the street from dealers, participants also reported getting them from emergency rooms, doctors, pain management clinics, individuals with a prescription and by stealing them. Reportedly, drug dealers often secure pills and prescriptions through trade with individuals for heroin. Participants discussed how people with prescriptions sell their medication and that some make a pretty good living from doing so. Community professionals reported that illicit prescription opioid users obtain these drugs from dealers, doctors (including dentists) or through theft. A treatment provider in Toledo reported that users there often drive to Michigan to visit pain doctors for prescription opioids to sell.

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 (chewing and swallowing). Intravenous injection (aka “shooting”) is not as common a method of administration now as previously reported because many of these medications have been reformulated, making it more difficult to shoot the drugs.

A profile of a typical illicit prescription opioid user did not emerge from the data. The majority of participants continued to report anyone as abusing prescription opioids, although mentions of adolescent use was consistent throughout OSAM regions. Community professionals reported there is no typical illicit prescription opioid user as the age of users ranges from adolescents to older adults. Treatment providers in Dayton discussed multi-generational illicit use within some families in their region.

Many treatment providers noted typical illicit users as heroin addicts, as well as adolescents who feel these drugs are safer than

other drugs and whose status in school is perceived as dependent upon purchasing these drugs. Reportedly, these younger illicit users are new to the drug scene and switch to heroin a lot sooner than in the past. Community professionals, as well as participants, also described individuals who have incurred a sport or occupational injury and are treated with opioids as often turning to heroin when their doctors stop prescribing prescription opioids as typical.

Prescription opioids are often used in combination with other substances. The majority of participants reported that alcohol, heroin, marijuana and sedative-hypnotics (i.e., Xanax® and other benzodiazepines) are used with prescription opioids in order to intensify the high. One participant explained that marijuana is often used after using prescription opioids, “to help settle your stomach.” A treatment provider noted, “I’m seeing a lot of opiate-benzo combinations.” Another participant shared, “The pills were like a jump start to heroin ... one guy I know would actually call it that, ‘jump start’ ... you take a ‘perk’ (Percocet®) first and then use the heroin after ... he told me that it would make the heroin better.” Further, participants noted that cocaine (crack or powdered) and methamphetamine are often used with prescription opioids for a different type of high (aka “speedball,” where users seek the stimulant and depressant effects of the mixture of drugs). A participant shared, “People just like the buzz ... being high and then slowing down.”

Substances Most Often Combined with Prescription Opioids

- alcohol • crack cocaine • heroin • marijuana •
- methamphetamine • powdered cocaine •
- sedative-hypnotics •

Suboxone®

Suboxone® remains highly available in most regions. Street availability has increased for half of the OSAM regions during the past six months, while it has decreased for Athens and Cincinnati. Throughout regions participants continued to report the Suboxone® filmstrip (aka “strips”) as the most common form of the drug available. However, participants in all regions, with the exception of Athens, reported that Suboxone® tablets are also available. Participants in Dayton reported a generic pill form of Suboxone® as fairly common. A Youngstown participant noted a doctor in that region who reportedly will prescribe the tablet if that form is preferred by the user. Additionally, respondents in Akron-Canton, Cincinnati and Youngstown regions reported

availability of Subutex®, which many users prefer over Suboxone® because it can easily be crushed and snorted, allowing some users to experience a high.

Reported Availability Change of Suboxone® during the Past 6 Months		
Region	Current Availability	Availability Change
Akron-Canton	High	Increase
Athens	High	Decrease
Cincinnati	High	Decrease
Cleveland	Moderate to High	Increase
Columbus	High	Increase
Dayton	High	No consensus
Toledo	Moderate to High	Increase
Youngstown	High	No consensus

Corroborating data in many regions indicated the continued high availability of Suboxone® for illicit use. For instance, the Hancock County Adult Probation Department (Toledo region) reported that 30 percent of the positive drug tests it logged during the past six months were positive for buprenorphine (Suboxone®).

In regions where street availability has increased, respondents noted a link between availability of Suboxone® and availability of heroin, indicating that as heroin use increases so too does the use of Suboxone®, both licit and illicit use. Participants and treatment providers in these regions reported an overall increase in the number of people prescribed Suboxone®, which in turn, they observed has increased diversion of the drug; many users are said to sell all or part of their prescription to either buy heroin or to supplement for other living expenses. Participants commonly reported that some users trade Suboxone® for heroin and that heroin dealers also sell the drug. In addition, respondents observed more facilities as dispensing Suboxone® and quite a few more doctors as writing prescriptions for the drug than previously. A Youngstown treatment provider noted that with the opening of several new Suboxone® clinics, the illegal black market for Suboxone® has increased in that region.

In Athens and Cincinnati, regions where Suboxone® street availability has decreased, participants and treatment providers reported an overall increase in monitoring and in medical board regulations for dispensing Suboxone®, thus

there are now fewer clinics that “just give the Suboxone® out.” A law enforcement officer in Cincinnati shared that three Suboxone® clinics in that region have been shut down after being monitored by law enforcement.

Participants reported several street names for Suboxone®. A couple names referred to the brand name of Suboxone®: “boxes,” “boxies” and “subs.” A Youngstown participant added that Subutex® is often called “tex.”

Current Street Names of Suboxone®	
filmstrip	strips
tablet	halves, half-moons, oranges, orange jubilees, stop signs

Reports of current street prices for Suboxone® were consistent among participants with experience buying the drug. Participants reported that Suboxone® 8 mg filmstrip and tablet forms sell for \$10-35. Participants noted that the price varies depending on how badly the buyer needs the drug. Reportedly, 8 mg Suboxone® can sell for as high as \$35 if a buyer is going into withdrawal.

In addition to obtaining Suboxone® on the street from dealers, participants also reported getting the drug from other users who have prescriptions (generally friends and family members) and through personal prescriptions obtained through area physicians and Suboxone® clinics. Participants in Akron-Canton and Dayton emphasized that there are now numerous clinics treating with Suboxone® in their regions, stressing the ease in which one can obtain a Suboxone® prescription.

While there were a few reported ways of consuming Suboxone®, generally, the most common route of administration for illicit use is sublingual for the filmstrip (placing the film underneath the tongue for absorption) and oral consumption for the tablet (swallowing and “eating”). A Youngstown participant pointed out that the manner in which Suboxone® is mostly illicitly used is by taking more than the prescribed amount. Other methods reported for illicit use included snorting the tablets and filmstrips (aka “puddle up” by dissolving the strip in water and snorting the liquid), as well as intravenous injection (aka “shooting”).

Participants throughout OSAM regions continued to most often describe typical illicit users of Suboxone® as heroin addicts who self-medicate, trying to remain sober on their

own or those who are avoiding withdrawal in between heroin use. Treatment providers similarly described typical illicit users as heroin addicts.

Although several participants insisted that Suboxone® is not used in combination with other substances, many participants listed a variety of other substances used in combination with the drug. Participants mentioned that sedative-hypnotics (Xanax® and benzodiazepines in general) are widely used in combination with Suboxone®. An Athens participant added that powdered cocaine and prescription stimulants (Adderall®) are often used in combination with Suboxone® because Suboxone® only blocks opiate use; thus, a user can experience a high with stimulant drugs while taking Suboxone®. Reportedly, alcohol, crack cocaine and marijuana taken with Suboxone® intensifies the high produced by each of the aforementioned drugs.

Substances Most Often Combined with Suboxone®

- alcohol • crack cocaine • marijuana •
- powdered cocaine •
- prescription stimulants • sedative-hypnotics •

Sedative-Hypnotics

Sedative-hypnotics are reported as moderately to highly available in Columbus while remaining highly available throughout all other OSAM regions. There was general consensus among participants and community professionals that sedative-hypnotics are easy to obtain; Akron-Canton participants reported that these medications are easier to obtain than prescription opioids. Treatment providers in Youngstown described benzodiazepines (Xanax®) as the “go-to thing” or the “good ole standby” when users can’t find other drugs to use.

Corroborating data in many regions indicated the continued high availability of sedative-hypnotics for illicit use. For instance, the Scioto County Coroner’s Office (Cincinnati region) reported that 37 percent of the drug overdose deaths it recorded this reporting period involved sedative-hypnotics, with Xanax® reported in 71 percent of these deaths; the Mahoning County Coroner’s Office (Youngstown region) reported that benzodiazepines were present at time of death in 41 percent of the drug-related deaths it processed during the past six months.

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® Xanax®
Athens	High	No consensus	Ativan® Klonopin®, Xanax®
Cincinnati	High	No change	Klonopin® Xanax®
Cleveland	High	No consensus	Xanax®
Columbus	Moderate to high	No change	Xanax®
Dayton	High	No change	Klonopin® Xanax®
Toledo	High	No change	Xanax®
Youngstown	High	No change	Xanax®

While the majority of both types of respondents indicated that the high availability of sedative-hypnotics has remained the same during the past six months, there were some who thought availability has changed. Those perceiving an availability decrease attributed this to doctors’ reluctance to prescribe these medications, as well as to increased law enforcement efforts. An Athens participant noted fewer people selling their personal prescriptions and instead, holding onto them for their own use. Akron-Canton treatment providers attributed perceived availability increase to an overall increase in use among users who like to combine sedative-hypnotics with heroin and alcohol. Community professionals in both Athens and Dayton reported an increase in Valium® availability during the past six months.

Current street jargon includes many names for sedative-hypnotics (aka “benzos,” “downers,” “panty droppers”). Typically, street jargon for these pills reflects the brand name or the description of the pill; for instance, “klonies” for Klonopin® or “peaches” referring to both Valium® and Xanax® since they both have a peach-colored pill. A Youngstown participant explained, “A lot of people call [Klonopin®] ‘mints’ because when you snort them, they taste like peppermints.”

Street prices for sedative-hypnotics were variable among OSAM regions. Currently, sedative-hypnotics generally

Current Street Names of Sedative-Hypnotics

Ativan®	vans
Klonopin®	forget-a-pins, green monsters, Ks, klonies, k-pin, mind erasers, mints, pins, pinner
Soma®	soma coma
Valium®	footballs, peaches, Vs
Xanax®	bars (2 mg), blues (1 mg), busses, footballs (1 mg), ladders (2 mg), peaches (0.5 mg), purple football (1 mg), xanies

sell for \$1-3 per milligram with price dependent on the type, brand and dosage of the pill. Xanax® sells 0.50 mg for \$0.50-2, 1 mg for \$1.5-3 and 2 mg for \$2-7. Participants indicated that pills could sell for higher depending on how desperate the buyer is. One participant explained that Xanax® 2 mg sold for as high as \$12 and remarked, *"If someone is in pain (going through withdrawal), they will pay anything."*

Participants reported that these medications are not typically purchased from dealers; rather they are most often obtained from people who have a prescription, through personal prescription from a physician, as well as through fraudulent prescriptions. A Cincinnati treatment provider commented, *"It's real easy to get a prescription."*

Participants reported that the most common routes of administration for illicit use of sedative-hypnotics are snorting and oral consumption, including parachuting (crushing the pill, wrapping it in tissue and swallowing). A Youngstown participant added, *"Chew them up so they get into your system quicker."* Participants in Cleveland explained that some users "parachute" (crush the pills, wrapping the powder in tissue and swallowing) these drugs because they don't like the taste of the crushed pills, but want the quicker high. Participants agreed that intravenous injection (aka "shooting") of these medications is uncommon.

Throughout OSAM regions, 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 these drugs. However, there was consensus among participants that heroin users often seek out and use sedative-hypnotics when they cannot find heroin or when the quality of heroin is low. They often mix these drugs into heroin. Community professionals generally

agreed that white females use these medications, both licitly and illicitly, more so than other demographic groups. Community professionals also indicated an increase in illicit use among younger users.

Participants and community professionals reported that sedative-hypnotics are generally used in combination with other substances. A treatment provider in Dayton commented, *"Usually, around here, they're mixing it with something else."* Participants reported that alcohol, heroin, marijuana and prescription opioids are used in combination with sedative-hypnotics to intensify the effects of each of the aforementioned drugs; whereas sedative-hypnotics are used to bring users down from the stimulant highs of cocaine, methamphetamine and prescription stimulants (e.g., Adderall®). Treatment providers in Akron-Canton noted an increase in sedative-hypnotic use (Xanax®) with alcohol and heroin.

Substances Most Often Combined with Sedative-Hypnotics

- alcohol • crack cocaine • heroin • marijuana •
- methamphetamine • powdered cocaine •
- prescription opioids • prescription stimulants •

Marijuana

Marijuana remains highly available throughout OSAM regions. In addition, respondents in all regions mentioned availability of marijuana extracts and concentrates (aka "dabs"), which refer to oil or wax forms of the drug that are known to have up to 90 percent THC (tetrahydrocannabinol, the psychoactive chemical in marijuana). Participants who reported current availability of dabs most often suggested low to moderate availability for this form of marijuana.

An increase in availability of marijuana during the past six months was noted in the Cleveland region. Furthermore, Cleveland and Youngstown participants reported an increase in high quality marijuana. Dayton and Youngstown participants reported an increase in availability and popularity of marijuana extracts and concentrates. Participants and community professionals from Akron-Canton, Athens and Cincinnati reported increased social acceptance of the drug, but believed that availability has remained the same. BCI Bowling Green, London and Richfield crime labs, as well as the Lake County Crime Lab, all reported that the number of marijuana cases they process has increased during the past six months.

Reported Availability Change of Marijuana during the Past 6 Months

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

Corroborating data in many regions indicated the continued high availability of marijuana. For instance, Ohio's Screening, Brief Intervention and Referral for Treatment (SBIRT) program reported that 80.5 percent of the individuals in the Dayton region it screened as positive for any drug use during the past six months reported having used marijuana and/or hashish during the past 30 days. In addition, the Logan County Family Court (Dayton region) reported that 42.1 percent of the juvenile drug screens it conducted during the past six months were positive for THC.

Participants reported high quality for high-grade marijuana and low to moderate quality for low-grade marijuana. Participants generally believed that quality of marijuana has remained the same during the past six months, but those who believed there has been an increase in quality reasoned that more people are utilizing better growing processes for marijuana, which has resulted in an increase in quality, including the general quality of low-grade marijuana.

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 referred to the strain of the marijuana; many times referring to flavor of the product: for example, "blueberry," "bubblegum" and "lemon G."

Current Street Names of Marijuana

Most Common	bud, green, pot, smoke, weed
Low grade	brown frown, commercial, dirt, Mexican, mids, reggie
High grade	chronic, dank, dro, fire, hydro, kush, loud

Reported prices for marijuana were variable throughout OSAM regions. Low-grade marijuana is the cheapest form of the drug, while high-grade marijuana (including extracts and concentrates) sells for significantly more. Generally, low-grade marijuana sells a "blunt" (cigar) or two "joints" (cigarettes) for \$5; 1/4 ounce for \$30; an ounce for \$120; and a pound for \$500-1,100. High-grade marijuana prices are also variable, but generally sell a blunt or two joints for \$10; 1/4 ounce for \$80-90; an ounce for \$300; and a pound for \$2,600-3,200. Akron-Canton and Dayton participants reported that dabs most often sell by the gram. Current pricing for dabs is variable: \$60-80 per gram (Akron-Canton) and \$25 per gram (Dayton).

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

A profile of a typical marijuana user did not emerge from the data. Participants and community professionals described marijuana users as everyone. Dayton participants described extract and concentrate users as young, suburban and white.

The majority of participants reported that marijuana is most often used in combination with other substances. Participants remarked: "If you're doing anything else, you are smoking pot, too; It is like cigarettes, it goes with anything." A few participants mentioned lacing marijuana with cough syrup, codeine or promethazine, and explained that this helps the marijuana burn slower. However, participants added that marijuana is not typically purchased already laced with other substances.

Substances Most Often Combined with Marijuana

- alcohol • cough syrup • crack cocaine • heroin •
- phencyclidine (PCP) • powdered cocaine •
- sedative-hypnotics •

Methamphetamine

Methamphetamine availability remains variable for half of OSAM regions, while availability remains high for the other half of regions. Not many Cleveland participants

experienced this drug during the past six months, but those who did reported higher availability of powdered methamphetamine than crystal methamphetamine. Toledo respondents reported higher availability of methamphetamine generally in more rural areas of the region. Nearly all regions reported current availability of both crystal and powdered forms of methamphetamine; Akron-Canton was the only region reporting availability of anhydrous methamphetamine. Crime labs around the state reported processing crystal, brown, white and off-white powdered methamphetamine during the past six months.

A few regions reported that availability has remained the same during the past six months, while others indicated an increase. The BCI Richfield Crime Lab reported that the number of methamphetamine cases it processes has decreased during the past six months, while BCI Bowling Green and London crime labs, as well as the Lake County Crime Lab, all reported increases in the number of cases they process.

Reported Availability Change of Methamphetamine during the Past 6 Months

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

Several participants and law enforcement reported that crystal methamphetamine is imported, often from Mexico. The powdered form of the drug is referred to as “shake-and-bake” or “one-pot.” 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). Participants often recalled people they knew who made the drug and a Youngstown participant remarked, “If you can bake cookies, you can cook dope (methamphetamine).”

Participants most often reported high quality of crystal methamphetamine, while reporting moderate quality of powdered methamphetamine. Throughout OSAM regions, the current quality of crystal methamphetamine was most often reported as ‘10’ and of powdered methamphetamine as ‘5’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous overall quality score was ‘6-10’ for either form of the drug. Cleveland participants reported that powdered methamphetamine is adulterated (aka “cut”) with Drano® and believed crystal methamphetamine to be pure methamphetamine. Additionally, Toledo participants reported powdered methamphetamine cut with horse tranquilizer.

The majority of respondents suggested that the overall quality of methamphetamine has remained the same during the past six months. Nevertheless, Akron-Canton and Toledo participants reported a general increase in quality, while Cincinnati participants reported increased quality of crystal methamphetamine, specifically.

Participants provided numerous street names for methamphetamine. Several additional names referred to girl’s names, pop stars/movie characters; for example: “Annie,” “Chrissy,” “Lucy,” “Tina,” “Mariah” and “Ricky Bobby.” Other names referred to the stimulant effect of the drug; for example: “coffee,” “giddy-up,” “go-go,” “mambo,” “pick up,” “rocket fuel” and “zippity do.”

Current Street Names of Methamphetamine

Most Common Names	crank, crystal, glass, ice, meth, shake-and-bake
Other Names	dope, go fast, go, jib, shards, speed, tweak

Reports of current street prices for methamphetamine were variable among participants with experience purchasing the drug. Generally, methamphetamine sells 1/2 gram for \$50 and a gram for \$100; reportedly, crystal methamphetamine can cost just a bit higher depending on location. However, most participants reported that this drug is not as often purchased as it is traded for. Participants and community professionals reported that a box of pseudoephedrine is most often traded for \$50 or 1/2 gram of methamphetamine. An Akron-Canton police officer reported that the purchasing of cold medicine for a methamphetamine cook is known as “smurfing.”

Participants reported that the most common routes of administration for methamphetamine are smoking, intravenous injection (aka “shooting”) and snorting (aka “hot railing”). Participants shared that crystal methamphetamine is most often the form used for shooting. Other participants explained that hot railing is when the drug is heated in a glass tube or foil and the resulting fumes are inhaled. Participants and community professionals most often described typical methamphetamine users as white, rural, 20 to 30 years of age and heroin addicts. Participants added that users often work longer hours. Community professionals added that users are often of lower socio-economic status.

Participants reported that methamphetamine is commonly used by itself, but it is also used with other substances. Participants discussed that prescription stimulants, such as Adderall® or Ritalin®, and powdered cocaine are sometimes used in combination to intensify the effect of the drug. Other users admitted drinking alcohol with methamphetamine; one participant explained, “I’m a drinker and I would use cocaine or meth – that means I could drink more that day - all night.” Heroin is reportedly used in combination with methamphetamine to “speedball;” which means the user administers the drugs either simultaneously or alternately in order to feel both the stimulant and depressant effects of each drug. Participants also noted that marijuana, sedative-hypnotics (specifically benzodiazepines such as Xanax®) and prescription opioids are most often used to take the edge off of the stimulant high of methamphetamine.

Substances Most Often Combined with Methamphetamine

- alcohol • heroin •
- marijuana • sedative-hypnotics •

Prescription Stimulants

Prescription stimulants remain moderately to highly available throughout OSAM regions. Youngstown participants reported high availability of these drugs, but treatment providers reported low street availability of these medications. In general, the availability of prescription stimulants has remained the same during the past six months. The BCI

Bowling Green and Richfield crime labs, as well as the Lake County Crime Lab reported an increase in the number of Adderall® cases they process during the past six months. Adderall® remains the most popular prescription stimulant in terms of widespread illicit use throughout regions.

Reported Availability Change of Prescription Stimulants during the Past 6 Months

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

Current street jargon includes a few names for prescription stimulants.

Current Street Names of Prescription Stimulants

General	poor man’s coke, speed
Adderall®	addies

Reports of current street prices were provided by participants with experience purchasing these drugs. The most common prices reported were \$5-8 for 30 mg Adderall® and \$5 for 5 mg Ritalin®. Participants reported that these medications can be obtained for illicit use from dealers, but are most often purchased from those who have access to prescriptions (either their own or their child’s) or by getting a personal prescription. Participants reported that the most common routes of administration for illicit use of prescription stimulants are oral consumption and

snorting. Oral consumption is most often swallowing or parachuting the pills. Akron-Canton and Dayton participants added that some users intravenously inject (aka “shoot”) these drugs.

Substances Most Often Combined with Prescription Stimulants

- alcohol • crack cocaine • marijuana • powdered cocaine •
- sedative-hypnotics •

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 availability of the powdered form (aka “molly”). Note, not all participants and community professionals responded, especially in rating ecstasy, since many had no experience with the drug during the past six months. The majority of OSAM regions reported no change in availability of ecstasy, but half the regions indicated an increase in availability of molly due to preference for that form of the drug. The BCI Richfield and London crime labs reported decreased number of ecstasy/molly cases processed during the past six months, while the BCI Bowling Green lab reported an increased number of cases.

Reported Availability Change of Ecstasy during the Past 6 Months

Region	Current Availability		Availability/Change
	Tablet Form (ecstasy)	Powdered Form (molly)	Ecstasy/Molly
Akron-Canton	Low	Moderate	No change
Athens	Low to Moderate	Moderate	No change
Cincinnati	Moderate	Moderate	No change
Cleveland	Moderate to High	Moderate	No change
Columbus	Moderate	High	No consensus
Dayton	Low to Moderate	Moderate	No change
Toledo	High	High	No change
Youngstown	Low	Low	No consensus

Participants were mostly unable to report on the quality of ecstasy, but Dayton and Toledo participants reported higher quality/purity of molly and added that it is rarely adulterated with other substances. Dayton participants described molly as rock or crystal in appearance. Several street names for ecstasy and molly were provided by participants.

Current Street Names Ecstasy/Molly

Ecstasy (tablet form)	beans, rolls, skittles, X
Molly (powdered form)	molly, pink, pixie dust, powder

Reports of current street prices for ecstasy and molly were provided by participants with experience purchasing the drug(s). Depending on the dose amount of the drug, pressed ecstasy tablets sell for \$5-25 apiece. Participants indicated lower prices for users who buy tablets in bulk; for instance, one participant reported purchasing tablets for \$2 apiece in bulk and another participant reported that a ‘jar’ of 100 tablets sells for \$300-500. Participants shared that molly is most often sold in 1/10 gram capsules for \$10. Reportedly, users can also purchase molly for \$75-100 per gram. Participants and community professionals reported that these drugs are most often obtained at dance parties (aka “raves”) and music festivals.

Participants continued to report that the most common routes of administration remain oral consumption and snorting. Participants clarified that oral consumption includes chewing the tablets and “parachuting” (crushing the pills, wrapping the powder in tissue and swallowing). Other methods of administration include intravenous injection (aka “shooting”), anal insertion (aka “plugging”) and smoking (aka “freebase”).

Participants and community professionals described typical ecstasy and molly users as middle class, young (high school to college age), white and those who attend dance parties (aka “raves”), dance clubs and music festivals. Participants added that ecstasy/molly users are often drug dealers and exotic dancers (including strippers). Treatment providers added that these substances are not typically a drug of choice for their clients and that most users they treat for ecstasy and molly are experimental drug users.

Participants reported that ecstasy and molly are most often used in combination with alcohol due to the substance being a social drug; one in which the users are almost exclusively at a bar or night club at time of consumption. Participants further specified that this drug is used with hallucinogens, which is called “candy flipping” or “hippy flipping.”

Substances Most Often Combined with Ecstasy/Molly

- alcohol • hallucinogens • marijuana •

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. However, most participants and community professionals reported no experience with the drug during the past six months. The majority of regions reported current low to moderate availability of synthetic marijuana. Akron-Canton participants and community professionals noted variable availability throughout the region based on location; for instance, Portage County participants reported no availability, while participants in other areas of the region reported high availability. Columbus participants reported low availability, while community professionals reported moderate to high availability of the drug.

A decrease in availability was noted for Athens, Cincinnati and Toledo regions. Participants and community professionals cited decreased popularity of the drug due to publicized negative side effects and increased legal efforts as the reasons for decreased availability. The BCI Richfield and London crime labs reported an increase in number of synthetic marijuana cases they process during the past six months, while the BCI Bowling Green Crime Lab reported a decrease in cases.

Reported Availability Change of Synthetic Marijuana during the Past 6 Months

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

Generally, participants were unable to rate the current quality of synthetic marijuana due to their lack of exposure to the substance during the past six months. However, those who discussed quality indicated poor quality and reasoned that the side effects associated with the drug make the substance undesirable. Participants were able to provide numerous names for synthetic marijuana, but most were not well-known or shared names among users.

Current Street Names of Synthetic Marijuana

Most Common Names	K2, spice
Other Common Names	incense

Reports of current street prices of synthetic marijuana were variable among participants with experience purchasing the drug. Participants reported smaller amounts (approximately 1-3 grams) sell for \$20-30 and Columbus participants reported that 10 grams sell for \$100 and five 10-gram bags sell for \$400. Participants continued to report that synthetic marijuana is available at some head shops, corner stores, gas stations and through a few dealers, but noted that the drug is most often obtained nowadays via Internet purchase.

Participants continued to report the only route of administration for synthetic marijuana as smoking. Participants and community professionals described typical synthetic marijuana users as young (high school and college age), incarcerated populations and those subjected to regular drug testing who continue to believe that the drug is not detectable through standard

urine drug screens (including those tested at their place of employment, as well as people on probation/parole and people in alcohol and other drug treatment programs). Participants added that marijuana users often smoke synthetic marijuana, especially if they cannot obtain real marijuana. Community professionals noted that users are often white and male. Columbus law enforcement noted an increase in high schoolers using the drug.

Participants reported that synthetic marijuana is most often used by itself or in combination with alcohol or marijuana in order to “intensify the buzz.”

Substances Most Often Combined with Synthetic Marijuana

- alcohol • marijuana •

Other Drugs by Region

Alpha-PVP

Alpha-PVP (alpha-pyrrolidinopentiophenone, aka “flakka,” a synthetic stimulant similar to bath salts) is reportedly highly available for a few participants in the Cincinnati region, especially in rural areas. Current street prices for this drug were provided by one participant who had experience purchasing alpha-PVP during the past six

months. Reportedly, 1/2 gram sells for \$100 and a gram sells for \$200. Participants noted that this substance does not show up on typical drug screens and is most often obtained via Internet purchase. Participants stated that the most common routes of administration for this drug are snorting and intravenous injection (aka “shooting”). Reportedly, the drug is often used with heroin to “speedball” (concurrent or consecutive use of stimulant and depressant drugs for a high and a low effect).

Bath Salts

Bath salts (synthetic compounds containing methyldone, mephedrone, MDPV or other chemical analogues) remain available, but vary in availability throughout OSAM regions. A few participants in Akron-Canton, Athens and Columbus only reported moderate to high current availability of bath salts, the remainder of regions reported very limited availability. A Columbus participant said that bath salts are available for those who want them and rated current availability as high. Many respondents reported that bath salts are readily available via Internet purchase.

The majority of regions reported no change in availability for bath salts during the past six months; Toledo participants reported decreased availability. Several regions reported high stigma surrounding the highly publicized negative effects of bath salts use as the reason for the current low popularity of the drug. Three crime labs (BCI London, BCI Richfield and Lake County) reported an increase in number of cases of bath salts

Reported Availability of Other Drugs by Region

Region	Drugs
Akron-Canton	bath salts, hallucinogens (LSD, psilocybin mushrooms)
Athens	bath salts, hallucinogen (LSD, psilocybin mushrooms), inhalants, Lyrica® and Neurontin®, OTC cold and cough medications, Seroquel®
Cincinnati	alpha-PVP, bath salts, hallucinogens (LSD and psilocybin mushrooms), Neurontin®, psychedelic compounds (25-I, 25-B, 25-C)
Cleveland	bath salts, hallucinogens (LSD, PCP, psilocybin mushrooms)
Columbus	bath salts, hallucinogens (psilocybin mushrooms), ketamine, Seroquel®
Dayton	bath salts, Neurontin®, OTC cold and cough medications
Toledo	bath salts, hallucinogens (psilocybin mushrooms)
Youngstown	Bath salts, hallucinogens (LSD, psilocybin mushrooms), inhalants, kratom, OTC and prescribed cold and cough medications, Seroquel®

processed during the past six months, while BCI Bowling Green reported a decrease in cases.

Reports of current street prices were variable among the few participants with experience purchasing the drug. Participants reported purchasing bath salts for \$40-50, but provided a variety of quantities (spanning from 1/4 gram to 1 gram) and one participant described purchasing a 'vial' that looked like lip balm for \$10-20. Respondents noted that bath salts are less available in corner shops, but reported that the substance can still be purchased from some dealers or tattoo parlors.

Participants reported that snorting and intravenous injection (aka "shooting") are the most common routes of administration for bath salts and added that a few users might also smoke the drug. Participants described typical bath salts users as young (teens through 20s). Community professionals also described typical users as more often female, white and subjected to drug testing (typically court ordered). Participants reported that bath salts are often used in combination with alcohol, heroin, marijuana and sedative-hypnotics (Xanax®).

Hallucinogens

Hallucinogens remain available throughout OSAM regions. Hallucinogens mostly included lysergic acid diethylamide (LSD) and psilocybin mushrooms, but Cleveland respondents also provided information on phencyclidine (PCP). Five of eight of the regions reported on LSD availability: Akron-Canton, Athens, Cincinnati, Cleveland and Youngstown. Generally, participants reported moderate or high availability, with Akron-Canton participants reporting LSD as rarely available. Athens and Cincinnati participants reported increased availability of this drug, while the other regions reported no change in availability during the past six months. BCI Richfield Crime Lab reported a decrease in number of cases of LSD it processes during the past six months, while BCI London Crime Lab reported an increase in cases.

Reports of current street prices for LSD were consistent among participants with experience purchasing the drug. Participants reported that a dose (aka "hit") of LSD sells for \$5-10, a 10-hit strip sells for approximately \$70 and a 100-hit sheet sells for \$500-600. Participants noted that LSD is most often obtained during the summer at outdoor music festivals, but can be purchased from dealers or through personal drug connections.

Participants reported that the most common route of administration for LSD is oral consumption. Other methods of administration include intravenous injection (aka "shooting") and ocular absorption via eye drops. Respondents described typical LSD users as white, music festival attendees, young (high school or college age), as well as older "hippies" and "stoners" (people who use marijuana). Participants reported that LSD is most often used in combination with marijuana.

PCP was reported as highly available by Cleveland participants, who also reported that the availability of the drug has remained high during the past six months. The BCI Richfield Crime Lab reported an increase in number of PCP cases it processes during the past six months. Participants reported smoking as the only route of administration for PCP.

A majority of regions reported availability of psilocybin mushrooms. Akron-Canton and Youngstown regions reported limited availability, while other regions reported moderate to high availability. The majority of regions reported no change in availability during the past six months and most reported highest availability during summer months. BCI Richfield and London crime labs reported an increase in the number of psilocybin mushroom cases they process during the past six months.

Reports of current street prices were fairly consistent among regional participants with experience purchasing the drug. Reportedly, one piece of chocolate candy laced with psilocybin mushrooms sells for \$10, 1/8 ounce sells for \$25-30, 1/4 ounce sells for \$50-60. Participants said that users can obtain psilocybin mushrooms from dealers, as well as at outdoor music festivals and concerts. The only route of administration mentioned by participants was oral consumption, eating the drug or drinking it in the form of a tea. Reportedly, typical psilocybin mushroom users are similar to LSD users: white, young (teens through 20s), older "hippies" and concert/festival goers. Participants stated that psilocybin mushrooms are most often used in combination with alcohol, heroin, LSD and marijuana.

Inhalants

Inhalants were discussed by treatment providers in two regions only: Athens and Youngstown. Both regions reported very limited use of inhalants among their clients during the past six months and added that inhalants are mostly used by teens.

Ketamine

Ketamine (a prescribed type of anesthetic) is reported as rarely available by Columbus participants. Participants noted decreased availability of the drug during the past six months and indicated that the most common route of administration for it is snorting. Participants described a typical user as people who attend outdoor music festivals. Reportedly, ketamine is used with ecstasy and marijuana.

Kratom

Kratom (*Mitragyna speciosa* korth, a plant stimulant, or rather a tropical tree indigenous to Southeast Asia that is in the same family as the coffee tree) was reported as rarely available by Youngstown treatment providers, one of which noted that the drug was just recently brought up in conversation with a client. This provider explained that the drug is most often obtained via Internet purchase and reportedly has a pain relieving effect, as well as a stimulant effect on users.

Lyrica® and Neurontin®

Lyrica® and Neurontin® (anti-convulsants) are reportedly highly available by a few participants in Athens, Cincinnati and Dayton regions. Neurontin® was mentioned in all three regions, while Lyrica® was mentioned only in Athens. Participants in Cincinnati shared that users will often use this sort of medication illicitly to avoid withdrawal symptoms. Athens participants reported that Lyrica® 75 mg pill sells for \$1.50 and Neurontin® 300 mg sells for \$2. Participants indicated that these pills are easily prescribed and are purchased from dealers, adding that they are found among incarcerated populations. Oral consumption was the only route of administration mentioned by participants.

OTCs

OTCs (over-the-counter) and prescription cold and cough medications are readily available throughout OSAM regions, but popularity of illicit use of these drugs is variable. Participants and law enforcement in Dayton reported low popularity of these medications, while treatment providers in Athens, Dayton and Youngstown reported high popularity. Treatment providers in Athens reported that they have had clients seeking treatment for abuse of these drugs during the past six months. Several regions reported use of “lean,” which is promethazine and/or codeine syrup typically mixed in Sprite® or cream soda.

A Youngstown participant report-ed, “I used to get bottles and I would sell them for anywhere from \$80 to \$100 ... and there’s different kinds. If you have the thick syrup, it costs more.” Typical users were described as young (12-17 years of age). Law enforcement added that OTC medications (pseudoephedrine) are often purchased by users for methamphetamine production.

Psychedelic Compounds

Participants in the Cincinnati region reported low availability of psychedelic compounds known as 25-I, 25-C and 25-B. Columbus law enforcement reported these psychedelic compounds were being sold as LSD and has resulted in the death of at least one Central Ohio woman (www.10tv.com, Feb. 25, 2015). Participants reported that these chemicals are often adulterated with molly (powdered MDMA). The BCI London Crime Lab reported that blotter paper with these chemicals was processed in its lab during the past six months. Reportedly, one ‘hit’ (dose) sells for \$5 on the street. Participants shared that these research chemicals are being made by users, but can also be ordered online.

Seroquel®

Seroquel® (anti-psychotic) is reported as moderately to highly available in Athens, Columbus and Youngstown regions. Respondents indicated an increase in availability for this medication within these three regions during the past six months. Columbus participants reported that a single Seroquel® pill sells for \$1. Oral consumption was the only noted route of administration for illicit use of this drug. Athens participants shared that this medication is most often obtained in jail. Youngstown treatment providers described a typical illicit Seroquel® user as younger, as well as of the same population as opiate users. A Columbus participant reported that Seroquel® is used in combination with alcohol and Elavil® (anti-depressant) to intensify the effect of these drugs.

Current Street Names of Other Drugs	
Bath salts	moon rocks, salts
Ketamine	cat man, K, special K
LSD	acid, blotter, paper, sid
Psilocybin mushrooms	boomers, shrooms
OTC	lean, robotrippin’, syrup