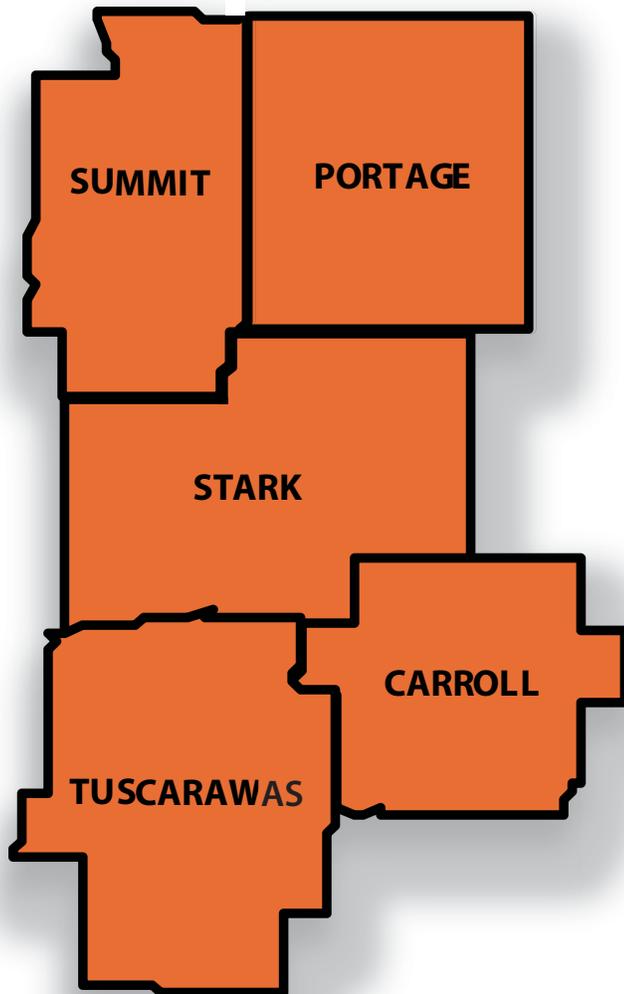


Drug Abuse Trends in the Akron-Canton Region



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 Summit County Juvenile Court and the Ohio Bureau of Criminal Investigation (BCI) Richfield office, which serves the Akron-Canton, Cleveland and Youngstown areas. In addition, data were abstracted from the *High-lighted Seizures of 2015 and 2016* report of the Criminal Patrol Unit of the Ohio High Intensity Drug Trafficking Area (HIDTA). All secondary data are summary data of cases processed from January through June 2015. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for July through December 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 ¹	Ohio	Akron-Canton Region	OSAM Drug Consumers
Total Population, 2014	11,560,380	1,200,888	41
Gender (female), 2014	51.1%	51.4%	53.7%
Whites, 2014	84.8%	88.1%	82.9%
African Americans, 2014	13.6%	11.1%	9.8%
Hispanic or Latino origin, 2014	3.3%	1.9%	2.5% ²
High School Graduation Rate, 2014	82.6%	86.7%	85.4%
Median Household Income, 2014	\$49,349	\$48,510	\$20,000 to \$29,999 ³
Persons Below Poverty Level, 2014	15.3%	13.7%	37.5% ³

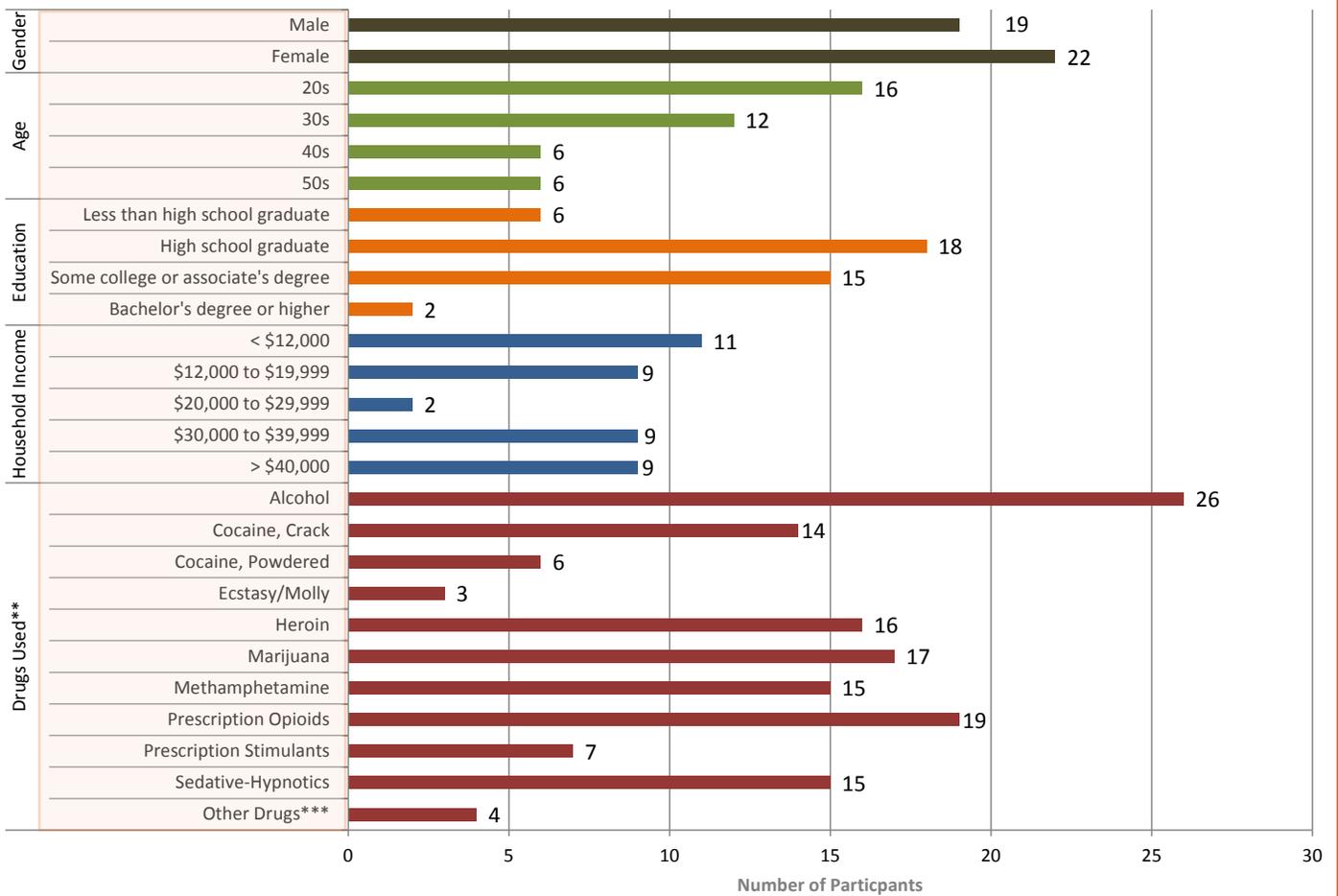
¹Ohio and Akron-Canton region statistics were derived from the most recent US Census and the Ohio Department of Education; OSAM drug consumers were participants for this reporting period: June 2015 - January 2016.

²Hispanic/Latino origin was unable to be determined for 1 participant due to missing and/or invalid data.

³Participants 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.

Akron-Canton Regional Participant Characteristics

Drug Consumer Characteristics* (N=41)



*Not all participants filled out forms completely; therefore, numbers may not equal 41.

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

*** Other drugs included: hallucinogens (LSD) and synthetic marijuana.

Historical Summary

In the previous reporting period (January – June 2015), crack cocaine, heroin, marijuana, methamphetamine, powdered cocaine, prescription stimulants, sedative-hypnotics and Suboxone® remained highly available in the Akron-Canton region. Likely increased availability existed for heroin and Suboxone®, and likely decreased availability existed for prescription opioids.

Participants and community professionals continued to report brown powdered heroin as the most available heroin type. A law enforcement officer described heroin sales as a “steady paycheck” for dealers because heroin addicts needed the substance on a daily basis to avoid withdrawal and added that cocaine dealers were selling heroin for this very reason. Law enforcement also mentioned that several new heroin dealers had moved into the area from Detroit, Michigan. The BCI Richfield Crime Lab reported that the number of powdered heroin cases it processes had increased during the reporting period. Probation officers indicated that the Tuscarawas County Court referred more heroin addicts for medication assisted treatment (MAT) than previously.

Corroborating data also revealed that heroin was readily available in the region. The Portage County Coroner’s Office reported that 67 percent of the 27 drug overdose deaths it recorded during the reporting period involved heroin. Treatment providers and law enforcement noted increased numbers of overdoses and overdose deaths. Participants explained that many users overdosed due to fentanyl being used as an adulterant (aka “cut”) in heroin, which made the product stronger. Participants also reported that white powdered heroin was more likely to have fentanyl cut into it than other heroin types. Law enforcement echoed participant reports and added that fentanyl was often sold on the street as heroin. Several media stories reported on individuals who faced manslaughter charges for the overdose deaths of those to whom they sold or gave heroin.

Participants and law enforcement also reported increased street availability of Suboxone®. Reportedly, several treatment clinics in the region treated heroin addicts with Suboxone®. Participants reported that Suboxone® clients often held onto some of their prescription, but sold or traded the rest to obtain heroin. Law enforcement reported that many heroin dealers sold Suboxone®. Participants

and law enforcement described typical illicit Suboxone® users as individuals who were addicted to heroin and other opiates. Treatment providers described typical illicit users as low-income, younger and more likely white.

Methamphetamine remained highly available in the region and participants reported that this drug was available in powdered, anhydrous and crystal (aka “ice”) forms during the reporting period. Participants reported powdered methamphetamine (aka “one-pot” and “shake-and-bake”) as the most common form of the drug in the region. According to participants, crystal methamphetamine was imported into the region; law enforcement also noted that this form of the drug was imported from Mexico.

Participants, law enforcement and probation officers reported that the availability of methamphetamine had increased during the reporting period; law enforcement specifically cited an increase in imported crystal methamphetamine. Law enforcement also reported that methamphetamine in the area was often traded for and was rather difficult to obtain on the streets through purchase. An officer explained that a cook would 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 also described typical users as white and added that they are often limited in education and of lower socio-economic status. Additionally, treatment providers noted that methamphetamine use was intergenerational within families.

Current Trends

Powdered Cocaine

Powdered 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 ‘8.’ A participant stated, *“I could get it right now if I wanted.”* Another participant reported, *“People are out of work. Many people are looking for that dollar. They say they [sell cocaine] because they can make more money [than by working].”* Treatment providers

most often rated current availability of powdered cocaine as '8,' while law enforcement rated availability as '5;' the previous most common scores were '6' for treatment providers and '8' for law enforcement. Community professionals indicated that powdered cocaine is not usually a drug of choice. A treatment provider commented, "In the past six months, I don't recall anyone coming in [for treatment] with powdered cocaine as their drug of choice."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A five-year investigation led the DEA (US Drug Enforcement Administration) and Summit County law enforcement to arresting 20 individuals on drug charges; reportedly, several kilograms of cocaine and heroin were brought from New York to Summit County for Ohio distribution (www.cleveland.com, July 10, 2015).

Participants most often reported that the availability of powdered cocaine has remained the same during the past six months. However, many participants from Stark and Tuscarawas counties reported an increase in their areas. These participants explained that the poor quality of crack cocaine in these counties has led more users to purchase powdered cocaine. A participant explained, "It's a supply and demand thing. More people are looking for 'powder' (powdered cocaine). Things are changing around and going from 'rock' (crack cocaine) to powder. They're making their own crack."

Treatment providers also reported that the availability of powdered cocaine has remained the same during the past six months. One treatment provider commented, "It has been consistent for several years now." Law enforcement reported that the availability of powdered cocaine has decreased. One officer explained, "There's less demand [for powdered cocaine]. Other drugs dominate the scene." The BCI Richfield Crime Lab reported that the number of powdered cocaine cases it processes has remained the same during the past six months.

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

Participants most often rated the current overall quality of powdered cocaine as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '5' or '7'. Many participants noted that the quality of powdered cocaine is inconsistent. One participant explained, "It depends on who you deal with. Who's honest, who's not. It's all about money." Another participant shared, "It depends on what you want to spend ... Some [dealers] have high quality and sell it for a higher price." Another participant reported that powdered cocaine with a yellow tint is higher quality and explained that this type is not "cut" (adulterated) as often.

Participants reported that powdered cocaine in the region is most often cut with baby laxative and baking soda. Other adulterants mentioned included: aspirin, caffeine, heroin, methamphetamine, Orajel®, procaine (local anesthetic) and vitamins. A participant shared, "They are starting to mix (powdered cocaine) with methamphetamine and a little heroin to make it better ... to make people come back [for additional purchases]." Participants often complained that dealers are cutting the drug a lot in an effort to make more money. One participant reported, "It's 'stepped on' (cut) 10 times here in Akron." Overall, participants reported that the quality of powdered cocaine has remained the same during the past six months.

Powdered Cocaine	Cutting Agents Reported by Crime Lab
	<ul style="list-style-type: none"> levamisole and tetramisole (pet and livestock dewormers)

Reports of current prices for powdered cocaine were consistent among participants with experience buying the drug. Although the most common amounts purchased are a gram or 1/8 ounce (aka "eight ball"), some participant reported that powdered cocaine is often purchased for as little as \$20 and that a \$50 amount is also common. A participant clarified: "A lot of people buy fifties unless you are doing (powdered cocaine) with someone, then you put your money together to buy an eight ball!"

Participants reported that the most common ways to use powdered cocaine are intravenous injection (aka "shooting") and snorting. Participants estimated that out of 10

Powdered Cocaine	Current Prices for Powdered Cocaine	
	1/10 - 2/10 gram (aka "twenty")	\$20
	1/2 gram (aka "fifty")	\$50
	A gram	\$80-100
	1/16 ounce (aka "teener")	\$125-150
	1/8 ounce (aka "eight ball")	\$240-250

powdered cocaine users, five would shoot and four would snort the drug. Participants noted that the route of administration is dependent upon several factors and explained: *"It depends on who you know. Everyone I know snorts it; On the party scene, it is snorted. If you are a junkie, you shoot it; If you use a needle, you will use needles for anything."*

Participants most often described typical powdered cocaine users as of middle to upper socio-economic status. A participant commented, *"It's still a rich man's drug. One thing I learned about cocaine a long time ago, it's no good unless you have the money to spend and do it right."* However, a few participants reported a wide group of typical users. One participant stated, *"All various groups. Upper class, lower class. People you'd never think."* Another participant commented, *"I see a lot of alcoholics use cocaine to keep going ... to stay awake, to play cards."*

Community professionals often described typical powdered cocaine users as employed. Treatment providers added that powdered cocaine users are often individuals who attend bars or clubs. One treatment provider reflected, *"People who use 'powder' (cocaine) are people who go to the bars and drink. A lot of white collar, but they just periodically use powder and drink."* A law enforcement professional thought about a typical powdered cocaine user and replied, *"Tend to be people who are more stable. They have a job and can afford to pay for it."*

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

reported that it is extremely easy to find a crack cocaine dealer. Some participants reported that dealers will even come up to one's car to sell the drug.

Treatment providers most often reported the current availability of crack cocaine as '10,' while law enforcement reported it as '6,' the previous most common scores for community professionals were '7-9.' Treatment providers noted that they see many clients who use crack cocaine, while law enforcement reported seeing only a couple of crack cocaine cases during the past six months. An officer explained, *"[Crack cocaine is] not as in demand as heroin or 'meth' (methamphetamine)."*

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. An Akron (Summit County) woman is facing drug charges after taking her 2-year-old cousin with her to six drug houses and using crack cocaine in front of him (www.cleveland.com, Nov. 7, 2015). While executing an arrest warrant, Canton Police (Stark County) found a bag of crack cocaine hidden in a man's belly button (www.newsnet5.com, Nov. 19, 2015). An Akron couple faced drug and child endangering charges for manufacturing crack cocaine in the presence of their 4-year-old son (www.cleveland.com, Dec. 18, 2015).

Participants reported that the availability of crack cocaine has increased during the past six months. One participant explained, *"Heroin dealers are starting to carry [crack cocaine]. So, someone goes to buy heroin [and the dealers] say, 'Here's a sample [of crack cocaine]! The first hit is always free, then they get hooked.'" Participants also noted that dealers make "good money" making and selling crack cocaine.*

Treatment providers reported that the availability of crack cocaine has remained the same during the past six months, while law enforcement reported that availability has decreased. A treatment provider commented, *"It's been high ... it's stayed high."* Law enforcement suggested a decrease in availability primarily due to increased demand for other drugs, specifically, heroin and methamphetamine. The BCI Richfield Crime Lab reported that the number of crack cocaine cases it processes has increased during the past six months.

Participants most often rated the current overall quality of crack cocaine as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '7'. Many participants noted extreme variability and rea-

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

soned that quality depends on the dealer and the original purity of the powdered cocaine used to make the drug. Participants commented: *"It varies ... One time you will get a beautiful buzz, then nothing the next. It depends on how it is cooked; It depends on where you get it. If you go to someone you don't know, it's nothing but 'soda' (baking soda); If the powder is poor, the crack is poor."*

Participants reported that crack cocaine in the region is most often adulterated (aka "cut") with baking soda. Other cuts for crack cocaine include: Anbesol® and Orajel® (numbing agents). One participant commented, *"They're finding more stuff to cut it with ... they are finding substitutes to make you think you are getting high."* Overall, participants reported that the quality of crack cocaine has remained the same during the past six months.

Crack Cocaine	Cutting Agents Reported by Crime Lab	
		levamisole and tetramisole (pet and livestock dewormers)

Reports of current prices for crack cocaine were variable among participants with experience buying the drug. The most common quantity purchased is a "piece" (approximately 1/10 - 2/10 gram; aka "rock" or "bump"). One participant explained, *"A lot of people I've seen don't even weigh it. They will break a piece off depending on how much money you give."* In general, most participants reported spending \$10-50 when they make a purchase. A participant remarked, *"Whatever you can afford. Whatever money you can get. If you're an addict, you'll get it for any amount, even a few dollars."* Another participant explained that dealers will also trade items for the drug: *"A couple of t-shirts for a 'ten' (\$10 amount)."* Participants noted that larger quantities of crack cocaine are less expensive, but often unaffordable.

Crack Cocaine	Current Prices for Crack Cocaine	
	1/10-2/10 gram	\$10-20
	A gram	\$60-100

While there were a few reported ways of using crack cocaine, generally the most common route of administration remains smoking. Participants estimated that out of 10 crack cocaine users, nine would smoke and one would intravenously inject (aka "shoot") the drug. Participants reported various instruments used to smoke crack cocaine, including pop cans, tire gauges and "crack pipes." One participant stated, *"If you go to prison, you can smoke it out of chicken bones."*

Participants and community professionals most often described typical crack cocaine users as older and of lower socio-economic status. Participants added that men who pay for sex, prostitutes and exotic dancers also use crack cocaine. Treatment providers noted that individuals of lower socio-economic status can afford the drug because of the low cost and defined "older individuals" as those 30 years and older. A law enforcement officer commented, *"I'd be surprised if someone of affluence used crack."* Treatment providers also asserted that there continues to be a stigma surrounding the use of crack cocaine. One treatment provider commented, *"There's a lot of stigma [with using crack cocaine] compared to powdered cocaine ... There's a lot of shame and each person's stigma may be different."* However, another clinician explained, *"You will hear someone is here for a certain drug, not crack, but in a one-on-one, outside the (group) room, they might say 'I smoked a lot of crack, too.'"*

Heroin



Heroin remains highly available in the region. Participants most often reported the current 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'. One participant reported, *"I can get (heroin) delivered."* Another participant commented, *"It's more rampant than it has been in anytime in my life."* A participant reasoned, *"People want to make money. There are so many people selling (heroin) ... there's dealers everywhere."* Community professionals most often reported current availability as '10'; the previous most common score was

also '10'. A law enforcement officer commented, *"On a scale of '1' to '10,' it's a '19.' It's everywhere"*

Corroborating data also indicated that heroin is available in the region. Ohio HIDTA's Criminal Patrol Unit Highlighted Seizures report recorded that HIDTA officers interdicted 6.6 pounds of heroin in Akron (Summit County) in February 2015 in a single seizure.

While many types of heroin are currently available in the region, participants and law enforcement continued to report brown powdered heroin as most available. One participant stated, *"Every time I've seen (heroin), it's powder, but I heard of 'tar' (black tar heroin)."* Participants described powdered heroin as coming in a variety of textures: powdery, granular, flaky and chunky. One participant described the texture as similar to chalk. Additionally, participants reported several colors of powdered heroin: beige, blue, brown, gray, pink, purple, tan and white. A participant remarked, *"It's always a surprise. Different every time you get it."* Another participant explained that the color depends on the "cuts" (adulterants) used.

Reportedly, black tar heroin is available in the region; however, participants reported very little personal experience with this type of heroin. Participants commented: *"I've never seen tar; I'd have to go [outside the region to] get it."* Law enforcement rated current availability of black tar heroin as '3'. An officer reflected, *"I've seen the black tar only three or four times the whole year."* Another officer explained, *"If tar were popular, (availability for it) would be '10.'"*

According to participants and law enforcement, white powdered heroin is rarely found in the region. One participant reported, *"I can get [white powdered heroin], but it would be hard to find."* A law enforcement officer stated, *"If it is white, it is either mixed with fentanyl or is pure fentanyl!"*

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Two heroin overdoses in one week assisted Cuyahoga Falls Police (Summit County) in locating and arresting two dealers in the area (www.cleveland.com, Aug. 4, 2015). Three people were charged for distributing fentanyl in Akron and Fairlawn (Summit County); they purchased their supply of fentanyl from China and one of their buyers died of an overdose shortly thereafter (www.impact.cleveland.com, Sept. 1, 2015). For a second time in three weeks, an Akron man was arrested for drug dealing: the first charges included 37 grams of heroin, eight ecstasy pills, 30 grams

of marijuana and 82 prescription opioids, while the second charge included several baggies of heroin and 160 grams of marijuana (www.cleveland.com, Oct. 8, 2015). Indictments were handed down to 18 people involved in a heroin drug ring between Chicago, Illinois and Canton (Stark County); heroin, cash and guns were seized during the raids of three drug houses (www.newsnet5.com, Oct. 21, 2015). An Akron man was sentenced to five years of prison after pleading guilty to involuntary manslaughter and other charges for selling a fatal dose of fentanyl to a woman who believed she was purchasing heroin (www.cleveland.com, Dec. 7, 2015). Just two weeks after finding out her daughter was a heroin addict, the girl overdosed and died; the mother deliberately wrote the obituary in a way that would send out a message about the drugs that took her daughter's life and encouraged those who are addicted to seek treatment (www.cleveland.com, Dec. 18, 2015).

Heroin overdoses have become so common in the region that, as of August 2015, the Summit County Medical Examiner's Office confirmed more than 100 fentanyl and heroin overdose deaths; when responding to calls, a Cuyahoga Falls firefighter admitted that reports of an unconscious person are now most often assumed to be a drug-related overdose (www.wkyc.com, Aug. 24, 2015). In addition to paramedics carrying the life-saving Narcan® (naloxone, the antidote to opiate overdose), Canton Police are now also carrying this medicine in hopes to save even more lives (www.cantonrep.com, Sept. 30, 2015).

Participants and community professionals reported that the availability of heroin has increased during the past six months. A couple of participants reasoned: *"There's more addicts, so there's more dealers selling [heroin]; More people are coming here from out of state to sell it ... there's money in Ohio."* Another participant commented, *"It's everywhere. (Users) are good networkers. The more you use, the more you can find people to buy it off of."*

Many treatment providers indicated that increased availability is due to low social stigma of the substance. One clinician commented, *"There's no taboo [for heroin] ... it's a rite of passage."* Treatment providers reported that many users are turning into dealers and explained: *"At one point, I didn't think it could get easier [to access heroin], but ... they're turning to dealing to keep the habit going; I hear, 'I started dealing [heroin], so I could use a lesser drug, but then started using the product and things became unmanage-*

able.' I hear that a lot." A law enforcement officer noted, "It used to be you never saw heroin, now it's all we see."

The BCI Richfield Crime Lab reported that the number of powdered and black tar heroin cases it processes has increased during the past six months; the lab reported processing primarily tan powdered heroin, along with brown and off-white heroin.

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

Participants most often rated the current overall quality of heroin as '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was also '7'. Many participants reported that the quality of heroin is very inconsistent and commented: "There's no consistency in terms of quality; It's different every time; It's a real crap shoot; Sometimes you get nothing, other times you 'OD' (overdose)." Another participant explained, "Depends on where you get it. You can find some 'fire' (high-quality heroin)."

Participants reported that heroin is often adulterated (aka "cut") with other substances and reported fentanyl and vitamins as the top cutting agents for powdered heroin in the region. A participant shared, "Sometimes [dealers] will tell you it is cut with fentanyl, sometimes not." Other participants stated: "What it's cut with is a big deal with heroin; It's a big deal. [Heroin cut with fentanyl is] more expensive, more potent. It's what's killing everybody; We are losing someone [to overdose] every week." Additional cuts mentioned include joint supplements and Xanax®. Overall, participants reported that the general quality of heroin has decreased during the past six months.

Heroin	Cutting Agents Reported by Crime Lab	
		diphenhydramine (antihistamine)

Reports of current prices for heroin were consistent among participants with experience purchasing the drug. The most commonly reported unit of purchase is 1/10 gram (aka "point," "stamp" and "stamp bag"). However, several participants added that users can buy heroin for whatever amount of money they have, as one participant commented: "You got \$20, you get a '20' (\$20 amount of heroin). If you got \$10, you get a '10.'" Another participant divulged, "Sometimes people break a gram up into '50s' (\$50 amounts). You get four or five [50s] out of a gram." Other participants reflected: "Depending on the quality, [1/10 gram] could be \$10 to \$20; If it's not 'stomped on' (cut), heroin can sell for \$200 a gram."

Heroin	Current Prices for Heroin	
	Powdered:	
	1/10 gram	\$20
	1/2 gram	\$60-80
	A gram	\$80-200

While there were a few reported ways of using heroin, generally the most common route of administration remains intravenous injection (aka "shooting"). Participants reported that out of 10 users, eight would shoot and two would snort the drug. Participants and community professionals shared that most heroin users begin by snorting and quickly progress to shooting the drug. A participant explained, "Everyone starts off snorting it. I know only one person who started snorting six years ago and still does. People can't afford to keep snorting to get the same feeling." Likewise, a treatment provider shared, "Almost always they start snorting it, then move to IV (intravenous use). It's more potent and acts faster ... 98 percent [of users] are shooting it."

Participants discussed how readily available needles are for IV drug use. One participant reported, "I pick up trash for my apartment complex and I pick up needles every day ... needles in the bushes, needles by the dumpster." In addition to obtaining needles from dealers, participants reported obtaining them from pharmacies and people who are treated for diabetes. Participants explained that while some pharmacies require prescriptions for needle distribution, many still sell needles upon request. Some participants divulged that users will pay individuals with valid prescriptions to purchase needles from pharmacies

for them. Participants added that sharing needles is common practice. One participant remarked, *"If you are having sex with them, you might as well share a needle."* Reports of street prices for needles were inconsistent among users with experience purchasing them: reportedly prices range from \$1-5 per needle.

A profile for a typical heroin user did not emerge from the data. The majority of participants reported that there are no general descriptions of heroin users. A participant reflected, *"There's 15-year olds shooting (heroin) ... doctors, lawyers ... children on up to grandparents [using heroin]."* Treatment providers, however, reported that heroin users are more likely to be younger, under 30 years of age. A provider commented, *"It's like it's a rite of passage into the 20s."* Another provider clarified, *"Even though it's an old drug, it's a new generation drug ... a drug of our times. We don't get people coming in saying, 'I've been using for eight years.' It's usually three [years] at the max, if that."* Law enforcement reported that typical heroin users tend to be white and young. An officer commented, *"It's a social drug, now. Kids don't think anything about (using heroin)."* Another officer said that heroin users often use heroin after becoming addicted to prescription opioids and reported, *"Five out of 10 people we interview tell us they can't afford their prescriptions anymore, so now they are on heroin."*

Prescription Opioids



Prescription opioids are moderately to highly available in the region. Participants most often reported the current street 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 '5' or '8.' Participants commented: *"Too easy; Can you go above '10?'; People share them by the handful."* Treatment providers most often reported current street availability of prescription opioids as '6,' while law enforcement most often rated it as '8,' the previous most common scores were '6' for treatment providers and '4' for law enforcement. A law enforcement officer noted, *"Despite the OARRS (Ohio Automated Rx Reporting System), we're still seeing people come through for traveling around between different 'docs' (doctors) and hospitals [to obtain these medications for illicit use]. There are still docs giving out pills."*

Participants identified fentanyl, Opana® and Percocet® as the most popular prescription opioids in terms of widespread illicit use. Other prescription opioids mentioned as currently available included: Dilaudid®, Norco®, OxyContin®

and Vicodin®. One participant reported, *"Norco® is what the doctors are giving anymore."* A few participants noted that OxyContin® is not as available as other prescription opioids. Community professionals identified fentanyl, Percocet® and Vicodin® as the most popular prescription opioids in terms of widespread illicit use. Law enforcement reported limited availability of Opana® and OxyContin® during the past six months; these particular medications are not as popular as they once were for illicit use, as an officer explained, *"They changed the formulation where you can't melt it down [for injection use]."*

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. An Akron man pleaded guilty for involuntary manslaughter after a man he sold drugs to died from fentanyl overdose (www.cleveland.com, Sept. 21, 2015). Police are searching for a man who has repeatedly robbed older individuals of pain medications at gunpoint outside of Akron General Medical Center in Stow (Summit County) (www.newsnet5.com, Nov. 19, 2015).

Perceived change in street availability across the region was inconsistent. Participants from Stark and Tuscarawas counties reported that the general availability of prescription opioids has increased during the past six months, while those in Summit County reported no change in availability and those in Portage County indicated decreased availability. Some participants who indicated an increase commented: *"There's so much of it; If you go to the hospital and tell them you have any kind of pain, they will give you Norco®."* Those who perceived a decrease in availability reasoned: *"They regulate it real good now. They are cracking down; Five doctors went to jail in one week; My network of doctors is getting narrower and narrower; The regulations make it harder, so people don't want to get rid of the little they do have."*

Community professionals reported that the general availability of prescription opioids has decreased during the past six months. Several treatment providers reported decreases due to increased prescription control: *"Since they took prescribing out of the primary cares, some of the pharmacy shopping ... the doctor shopping, has gone down. It's more controlled; We'd have clients come back [from a hospital with a prescription] and I'd ask, 'Are they crazy?' and I'd take them back, but in the past year I haven't had to."* Other treatment providers indicated that availability decreased due to heroin use and commented: *"Because what they want, they are getting from heroin; Heroin is cheaper and the stigma is gone; Dealers are pushing heroin [and] it's harder getting pills to sell."*

Law enforcement mentioned the success of the “Drop Box Program,” where citizens can safely discard unused prescriptions; reportedly, 10,000 pounds of pills were collected in Summit County during the past year. The BCI Richfield Crime Lab reported that the number of Dilaudid®, fentanyl, Opana®, OxyContin® and Ultram® cases it processes has increased during the past six months, while the number of other prescription opioid cases has either remained the same or has decreased.

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

Reports of current street prices for prescription opioids were consistent among participants with experience buying the drugs. Reportedly, the majority of prescription opioids sell for \$1 per milligram. One participant reported, “[Price] depends on if the pill can be crushed (easier for illicit use which commands higher prices) or if it is a gel.” Another participant remarked, “Pills are expensive. Heroin is cheaper and easier [to obtain].” Law enforcement also noted, “They’re so expensive on the streets. \$30 for Percocet®? Heroin is cheaper.”

Prescription Opioids	Current Street Prices for Prescription Opioids	
	fentanyl	\$100-150 per patch (unspecified dose)
	Opana®	\$1-2 per mg \$55-80 for 40 mg
	OxyContin® OP	\$20 for 80 mg
	Percocet®	\$5 for 5 mg \$8-10 for 10 mg
	Roxicodone®	\$25-30 for 30 mg
	Vicodin®	\$3 for 5 mg \$7 for 7.5 mg
	Norco®	\$3 for 5 mg

In addition to obtaining prescription opioids on the street from dealers, participants also reported getting them prescribed from doctors, as well as from friends and family members who are being treated with these medications. Many participants reported that the drug is still easily prescribed. Several participants divulged: “I keep four doctors going at the same time; You can purchase fake MRIs, and take it to your doctor; There are still some pill mills; I make sure [pharmacies] don’t communicate, I go to ‘mom and pop’ pharmacies.” Other participants commented on the ease of getting these medications from people they know: “My dad has prescriptions [and] he always has some left over; They don’t even hide it at my job. I can walk up to someone and get a handful of pills like it’s nothing; It seems like all the old gentlemen who come to the bar where I work, they have multiple pain pills and they share them.”

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 is snorting. Participants estimated that out of 10 illicit prescription opioid users, six would snort and four would orally consume the drugs. Participants reported that oral administration of the drug generally involves crushing the pills in toilet paper or a piece of tissue and swallowing (aka “parachuting”). One participant complained that Opana® is unable to be snorted due to abuse-deterrent and another participant added, “You can’t snort [OxyContin®] anymore.”

A profile of a typical illicit prescription opioid user did not emerge from the data. Participants reported that users “could be anyone; across the board.” Likewise, community professionals were unable to identify a typical illicit user of these medications.

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.’ Treatment providers reported current street availability of Suboxone® as ‘9,’ while law enforcement rated it as ‘6,’ the previous most common score was ‘6’ for both groups of professionals. Participants and community professionals reported that Suboxone® is most often found in sublingual strip form. Participants from Portage and Tuscarawas counties reported the pill form as also available.

Participants reported that the availability of Suboxone® has increased during the past six months. Participants commented: *“More people are prescribed them; There’s more clinics popping up.”* Treatment providers also reported that the availability of Suboxone® has increased. One provider commented, *“Now, Medicaid is covering Suboxone®; [Suboxone® is] much more available than it was.”* Law enforcement reported that the availability of this medication has decreased during the past six months. Law enforcement reported that some of the clinics that were dispensing Suboxone® have been closed. An officer reported, *“We’re not seeing the bill-boards [advertising Suboxone® treatment] anymore.”* The BCI Richfield Crime Lab reported that the number of Suboxone® and Subutex® cases it processes have increased during the past six months.

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

Reports of current street prices for Suboxone® were variable among participants with experience buying the drug. Participants added that the drug is less expensive when purchased in larger quantities. Reportedly, Subutex® sells for \$10-30 per pill (unspecified dose).

Suboxone®	Current Street Prices for Suboxone®	
	filmstrip	\$10-30 for 8 mg
	tablet	\$10-20 for 8 mg

Participants reported most often obtaining Suboxone® through personal prescription or from others who have a prescription. A participant explained, *“Almost all of my friends on heroin are prescribed [Suboxone®]. Many sell them to buy heroin.”* Treatment providers also reported that Suboxone® is very commonly prescribed. A couple of treatment providers commented: *“You don’t have to get [Suboxone®] from the streets; I hear a lot about Suboxone® being given without treatment, from private doctors.”* Another treatment provider reflected, *“Part of the issue is*

that the doctors prescribe a high level (dosage) because [heroin addicts] come into the office and [doctors] presume they need these [8 or 12 mg] strips, so they have a high [dose] right off the bat and [users] will take a part and sell the rest.” Likewise, a law enforcement officer noted, *“A lot of heroin addicts who attempted sobriety still have [Suboxone®].”* Law enforcement from Tuscarawas County reported that some convenience or corner stores illicitly sell Suboxone®. Law enforcement also reported on a recent case involving an individual who was caught distributing Suboxone® filmstrips in a community-based corrections facility, which resulted in 30 to 40 individuals at that institution testing positive for the drug.

While there were a few reported ways of consuming Suboxone®, generally, the most common routes of administration for illicit use are sublingual (placing the filmstrip underneath the tongue for absorption) and intravenous injection (aka “shooting”) for filmstrips and snorting for the tablet form of the drug. Several participants reported that filmstrips are easily dissolved in hot water for injection or snorting. One participant reported smoking Suboxone® by lacing a marijuana cigarette (aka “joint”).

Participants and community professionals described typical illicit Suboxone® users as heroin addicts. Law enforcement explained: *“No one uses [Suboxone®] to get high, just to calm the drug effect; Clients use them when they can’t find heroin ... and sell the rest.”*

Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain highly available in the region. Participants most often reported current street availability of these drugs as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was also ‘10’. One participant said these medications are readily available and remarked, *“Just hold your hand out.”* Another participant indicated that these medications are often sought out for illicit use and reflected, *“I don’t know how many people ask me for my pills.”* Community professionals most often reported current availability of sedative-hypnotics as ‘7’; the previous most common score was ‘8’. A treatment provider commented, *“I don’t hear much about [sedative-hypnotics], and when you do, it’s people who like to mix it with drinking [alcohol].”* Another provider stated, *“They are easily available.”*

Participants identified Klonopin® and Xanax® as the most available sedative-hypnotics in terms of widespread illicit use, while community professionals identified Ativan®, Klonopin®, Valium® and Xanax® as most available during the past six months.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Two men were arrested at an Akron (Summit County) strip club and face multiple drug and gun charges; police confiscated sedative-hypnotics (Xanax®, lorazepam), tramadol and Adderall® that were stolen two days prior from a pharmacy in New York, as well as marijuana and 23 guns (some loaded and some stolen) (www.newsnet5.com, Oct. 27, 2015 and www.cleveland.com, Nov. 18, 2015).

Participants and community professionals reported that the general availability of sedative-hypnotics has remained the same during the past six months. The BCI Richfield Crime Lab reported that the number of Ambien®, Restoril® and Xanax® cases it processes has increased during the past six months, while the number of cases for all other sedative-hypnotics has either decreased or remained the same.

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

Reportedly, many different types of sedative-hypnotics (aka “benzos” and “downers”) are currently sold on the region’s streets. Reports of current street prices for sedative-hypnotics were consistent among participants with experience buying the drugs.

Participants reported most often obtaining these medications directly from doctors. A participant commented, “It’s easy to get ‘scripts’ (prescriptions).” Other participants shared: “People know what to say, how to act when they go to the doctor, and they get what they want; Depends on how good you are [at] lying.” A treatment provider reported, “Xanax® is really ‘tight’ (controlled). You have to doctor shop and doctors that do give ‘bars’ (2 mg) of Xanax® are being watched. I notice

Sedative-Hypnotics	Current Street Prices for Sedative-Hypnotics	
	Ativan®	\$2 per mg
	Klonopin®	\$1-3 for 0.5 and 1 mg tablets
	Xanax®	\$2 for 1 mg \$5 for 2 mg

a lot of doctors are giving the anti-depressant meds that work with anxiety rather than the Xanax®... It’s harder for those who use it recreationally, but those dedicated to [finding sedative-hypnotics for illicit use], tend to find it.”

While there were a few reported ways of consuming sedative-hypnotics, generally the most common route of administration for illicit use remains snorting. Participants estimated that out of 10 illicit sedative-hypnotic users, seven would snort and three would orally consume (chew) these drugs.

Participants and law enforcement most often described typical illicit users of sedative-hypnotics as older (35-50 years of age) and female. Contrarily, treatment providers described typical illicit users as younger and heroin addicts. A treatment professional explained why younger users are more apt to use these medications and reported, “The pill [using] population, they don’t have to have a house to use it in. It’s easily hideable. They can keep it in the palm of a hand. For kids ... they can use [sedative-hypnotics] in front of mom and dad, just by drinking a bottle of water.” Another provider explained, “Heroin addicts love [sedative-hypnotics] for the effect [it produces when combined with heroin], and they use it for withdrawal.”

Marijuana

Marijuana remains highly available in the region. Participants most often reported the current 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.’ Participant comments on availability included: “Easier than anything; It used to be seasonal, but not anymore.” Community professionals most often reported current availability of marijuana as ‘10;’ the previous most common score was also ‘10.’ A professional remarked, “It’s like buying ... cigarettes. [Seems] everyone knows a ‘weed’ (marijuana) dealer.”

Participants and community professionals also discussed the current availability of high-grade marijuana extracts and concentrates (aka “wax” and “dabs,” which reference products derived from an extraction of tetrahydrocannabinol (THC) from high-grade marijuana leaves by heating it with butane and creating a brown, waxy, hard or oily substance). Participants rated current availability of these forms of marijuana as ‘5’. A participant related, “You have to seek it out.” One participant group reported that hash oil is more difficult to obtain than the wax form. Law enforcement most often reported current availability of marijuana extracts and concentrates as ‘9’. An officer reported, “It’s coming in from California. It’s very expensive and very potent.”

Corroborating data also indicated that marijuana is readily available in the region. Summit County Juvenile Court reported that 21.5 percent of all THC drug screens 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 recently released felon from Florida made his way up to Akron (Summit County) and began selling marijuana; after selling increasing amounts to an undercover agent and divulging information about his marijuana grow operation, law enforcement arrested him and seized 10 plants from his home (www.cleveland.com, July 10, 2015). Several individuals were arrested in connection to a robbery in which they impersonated FBI agents and raided an Akron home, seizing a large amount of marijuana; subsequently, the resident was also arrested on drug and weapon charges (www.cleveland.com, July 27, 2015). The Summit County Drug Unit arrested a Coventry (Summit County) man after an anonymous tip led authorities to his residence where they seized 10 pounds of marijuana, some cocaine and \$40,000 cash (www.newsnet5.com, Oct. 27, 2015). Concerned neighbors called police regarding a man climbing through a window of a Mogadore (Summit County) home and when police entered, they found the resident’s grandson hiding under the basement stairs; 20 plants and 52 pounds of marijuana were seized (www.cleveland.com, Dec. 3, 2015).

Participants most often reported that the availability of low-grade marijuana has decreased, while the availability of the high-grade marijuana has increased during the past six months. Participants described the availability of low-grade marijuana as: “Harder to find, no one is messing with it; Almost non-existent. If you are low on money and want to get

cheap, you can’t find it.” Participants reported an increase in the availability of high-grade marijuana during the past six months, due to increased social acceptability and legalization of the drug in several states. One participant deliberated, “More states are legalizing it, so they just come over [to Ohio] with it. You got Michigan right there ... it’s legal!” Other participants reasoned: “More people are growing it; You can grow your own.” Additionally, participants indicated that the general availability of marijuana extracts and concentrates (hash oil, dabs and wax) have increased during the past six months. Participants stated: “It’s just starting to pick up; It’s getting more popular. It’s overtaking ‘bud’ (traditional high-grade marijuana).”

Community professionals reported that the general availability of marijuana has remained the same during the past six months. A treatment provider stated, “It’s always consistent.” Law enforcement added that the availability of marijuana extracts and concentrates (hash oil) have increased during the past six months. One officer commented, “It’s a growing trend.” The BCI Richfield Crime Lab reported that the number of marijuana cases it processes has increased during the past six months.

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

Participants did not rate the quality of low-grade marijuana due to lack of personal experience with it; however, participants most often rated the current quality of high-grade marijuana as ‘8-10’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was ‘5’ for low-grade and ‘10’ for high-grade marijuana. Participants further explained that hash oil is of lower quality compared to dabs and wax.

Participants indicated that the quality of marijuana has increased during the past six months. One participant commented, “Botany has come a long way. You can buy good growing systems.” Another participant stated, “It just keeps getting better. More people know how to grow and

how to do it well. People are growing it all year long. The technology is growing."

Reports of current prices for marijuana were provided by participants with experience purchasing the drug. Reportedly, the most common quantity purchased is 1/8 ounce (aka "eight ball"), although many participants agreed with a participant who commented, "It's all about how much you have to spend." Another participant explained, "If you are going to get weed for the weekend to smoke, you'll take \$100 and get you a nice bag."

Marijuana	Current Prices for Marijuana	
	Low grade:	
	A blunt (cigar) or two joints (cigarettes)	\$10
	1/8 ounce	\$15-20
	1/4 ounce	\$25-40
	High grade:	
	A blunt (cigar) or two joints (cigarettes)	\$20-30
	1/8 ounce	\$40-60
	1/4 ounce	\$70-80
	Extracts and concentrates:	
A gram	\$45-60	
A small bottle	\$80	

Participants continued to report the most common route of administration for marijuana as smoking. Participants estimated that out of 10 marijuana users, all 10 would smoke the drug. Participants also reported that marijuana can be consumed orally in baked goods. One participant reported that the practice is, "growing in popularity because it is easy to hide." Another participant commented, "I'd make a batch of brownies a week." Discussion of marijuana extracts and concentrates led to one participant explaining that hash oil, because of its lower quality, is typically only used for baking.

A profile for a typical marijuana user did not emerge from the data, although community professionals reported marijuana use increasing among adolescents. A law enforcement officer explained, "It used to be that alcohol was the first drug used, but now marijuana is more often reported as the first drug among young people."

Methamphetamine



Methamphetamine remains highly available in the region. Participants and law enforcement most often reported the current 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' for both groups of respondents. Treatment providers most often reported the current availability as '7-9'; the previous most common score was '7'. A treatment provider shared, "Once you find (methamphetamine) and you are in that network, then it is very easy to find ... and then they become a maker of it themselves." Other treatment providers reiterated this comment: "People that are in that lifestyle, it is easy to get. They network. They know each other; [Clients reason], 'If my dealer goes down, I have to find someone else, so I learn to make my own.' They are very resourceful."

Participants reported hearing about all types of methamphetamine, but identified powdered methamphetamine (aka "one-pot" and "shake-and-bake") as most prevalent in terms of widespread use. A participant shared, "I started out with crystal meth, but it got harder to find, so I went from there [to powdered]." By using common household chemicals along with ammonium nitrate (found in cold packs) and pseudoephedrine (found in some allergy medications), manufacturing of powdered methamphetamine in a small soda bottle takes approximately 30 minutes and can be prepared in nearly any location.

Participants in Portage and Summit counties reported crystal methamphetamine as highly available. A participant explained, "Very easy to find ... It's brought in from Arizona." Participants added that there is high availability of locally produced crystal methamphetamine in Portage County. Participants reported that anhydrous methamphetamine is most difficult to find. Several participants suggested that anhydrous is most often obtained out of region and asserted: "Those [anhydrous labs] are out West. You get a couple out here, but they get busted because they stink too much; You usually have to go out of town."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Akron Police (Summit County) checked on a report of a 1-year-old walking down a street by himself while eating charcoal; four adults, including the boy's mother, were discovered sleeping in a nearby apartment with an active methamphetamine lab and syringes (www.cleveland.com, Aug. 17,

2015). Two individuals were arrested; six ounces of methamphetamine seized and a marijuana grow operation dismantled during a raid of a Canton (Stark County) residence (www.newsnet5.com, Aug. 12, 2015). Detectives and a special investigations unit searched a home in Alliance (Stark and Mahoning counties), found and dismantled an active methamphetamine lab (www.wkbn.com, Sept. 18, 2015). Three individuals faced charges after attempting to mail nine pounds of crystal methamphetamine from an Akron post office (www.cleveland.com, Nov. 16, 2015). A tip led to Akron Police conducting a well-being check on children at a residence where they discovered meth-making materials in several rooms throughout the house; five individuals faced drug charges and the children were taken into custody by Summit County Children Services (www.cleveland.com, Nov. 23, 2015).

Participants reported that the availability of methamphetamine has increased during the past six months. Several participants reported: *"More people are making it themselves; You don't have to buy it, you make it yourself."* One participant specified, *"[Crystal methamphetamine] has increased in the past few years."*

Treatment providers reported that the availability has either increased or remained the same. One provider commented, *"It's so easy to make and people are making their own. It's highly addictive..."* Contrarily, law enforcement reported that the availability of powdered methamphetamine has decreased, while the availability of crystal methamphetamine has increased during the past six months.

Law enforcement explained that the number of clandestine labs has decreased dramatically. An officer shared, *"There were times we'd do (break-up) three labs a week, but we recently had a three-month span without one lab."* Another officer recounted, *"The [one-pot] meth labs are way down. They are flooding the county with 'shards' (crystal methamphetamine). We are seeing more and more every day. In my opinion, the trend is going to switch ... It's not because we aren't vigilant, but this new process, it's coming in, it's cheaper and it's ready to go."* It was further explained by law enforcement, *"If you're an addict and you get caught with a couple of grams of crystal ice, you may catch a felony four or five. But with a meth lab, it's a felony one or two with mandatory prison. They are not going to risk it often."*

The BCI Richfield Crime Lab reported that the number of methamphetamine cases it processes has increased dur-

ing the past six months; the lab reported processing mostly crystal, off-white and powdered methamphetamine.

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

Participants most often rated the current overall quality of powdered methamphetamine as '5' and of crystal methamphetamine as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '10' for the overall general quality of methamphetamine. Participants indicated that quality fluctuates. One participant explained, *"Depends on what you use to cook it with."* Participants in Portage and Stark counties reported that the quality of powdered methamphetamine has increased, while participants in Tuscarawas County reported decreased quality during the past six months. Participants complained: *"People don't know how to make it; People who really know how to make it are in jail."*

Reports of current prices for methamphetamine were variable among participants with experience buying the drug. Participants commented: *"I see people get a 'twenty' (\$20 worth) or a 'forty' (\$40 worth) or whatever they have in their pocket; You go to someone to buy \$100 worth. I didn't even weigh it, [just] whatever a 'hundred' looked like."* Additionally, participants continued to report the ability of users to trade ingredients (pseudoephedrine) used to make the drug in exchange for the actual product.

Methamphetamine	Current Prices for Methamphetamine	
	Powdered:	
	1/2 gram - a gram	\$50-200
	Crystal:	
	A gram	\$100-180
	1/8 ounce	\$380

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 estimated that out of 10 methamphetamine users, four would shoot, four would smoke and two would snort the drug.

Participants described typical methamphetamine users as white. Participants reflected, “You very seldom see a non-white smoking meth; ... meth is more of a white man’s high. You see white people smoking meth.” Another participant added, “It’s a poor man’s drug. You can get more out of it than you can the crack (cocaine) route.” Community professionals described typical methamphetamine users as white, of lower socio-economic status, unemployed or in a profession that requires long or late-night hours, such as truck driving and bar tending.

Prescription Stimulants

Prescription stimulants are moderately available in the region. Participants most often reported current street availability of these drugs as ‘5’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was ‘9.’ One participant commented, “I know of someone who will get rid of one or two pills, but it’s not on the street corner.” Another participant expressed that it was relatively easy to find prescription stimulants, stating, “You just need to call somebody. [Prescription stimulants are] harder than ‘benzos’ (benzodiazepines) [to find], but still easy.”

Treatment providers most often reported current availability of prescription stimulants as ‘5,’ while law enforcement did not have any information on the illicit use of these medications; the previous most common availability score for community professionals was ‘4.’ A treatment provider commented, “Not heard much [about illicit use of prescription stimulants] recently. The individuals we see with it are prescribed it, legally.” Another provider asserted, “Our clients are not seeking it. They’ve graduated to cocaine and meth.”

Participants identified Adderall® as the most popular prescription stimulant in terms of widespread illicit use and added that Focalin®, described by one participant as “Adderall® on steroids,” along with Ritalin® and Vyvanse® are also available in the region. Treatment providers identified Adderall® and Ritalin® as most popular.

Participants and treatment providers reported that the general availability of prescription stimulants has remained the same during the past six months. The BCI Richfield Crime Lab reported that the number of Adderall® cases it processes has decreased during the past six months, while the number of Ritalin® cases has increased.

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

Reports of current street prices for prescription stimulants were consistent among participants with experience buying these drugs.

Prescription Stimulants	Current Street Prices for Prescription Stimulants	
	Adderall®	\$4-8 for 30 mg
	Focalin®	\$5-6 for 20 mg
	Vyvanse®	\$7-8 for 70 mg

Participants reported most often obtaining prescription stimulants from individuals who have a prescription. One participant commented, “It’s not as easy [to obtain a prescription] from a doctor.” Likewise, treatment providers reported that many users obtain these medications from friends who have a prescription. A treatment provider reported, “Younger kids are getting prescriptions ... and they pass it on to friends who use it as speed.”

Participants reported that the most common routes of administration for illicit use of prescription stimulants remain oral consumption and snorting. Participants estimated that out of 10 illicit prescription stimulant users, five would orally consume, by chewing and breaking up the capsule, and five would snort the drugs.

Participants and treatment providers described typical illicit prescription stimulant users as younger (high school and college aged). Participants commented: “A lot of people in school, in college, use them; People who have to stay focused.”

Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) is moderately to highly available in the region. Participants most often reported the current availability of ecstasy (traditional, pressed tablet) as '6' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '3'. Participants explained, "It's a seasonal thing, easy to get in summer; I've heard of it, not really seen it; In Detroit, not around here." Participants also discussed the accessibility of "molly" (powdered MDMA) and rated its current availability as '10'. Participants commented: "It's really accessible; Very easy to get."

Community professionals most often reported current availability of ecstasy as '5-8' and of molly as '5'; the previous most common scores were 'unknown' for ecstasy and '6' for molly. A treatment provider explained, "It's like meth, if you are in the right place, it's very easy to find." Another provider compared, "If you went to a 'rave' (dance party), you'd have it in your hand without asking for it, but on the streets you have to know someone who knows someone to get it." Other providers indicated that these drugs are not often discussed by clients: "Very few [clients] ever mention it. If you don't bring it up, they won't mention it; Clients report it as past use, 'I did that years ago' or 'I used to love that molly.'" A law enforcement officer reported that much of the ecstasy found in the area during the past six months originated in Asia.

Participants reported that the availability of ecstasy has remained the same during the past six months, while the availability of molly has increased. A participant reasoned, "People want the pure form (molly)." Another participant remarked, "It's becoming real popular." One participant also referred to pop culture, "It's in the music now, 'popping mollies'." Treatment providers reported that availability of ecstasy has remained the same during the past six months, while availability of molly has decreased. The BCI Richfield Crime Lab reported that the number of ecstasy cases it processes has decreased during the past six months; the lab does not differentiate molly from ecstasy cases.

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

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

Participants were unable to rate the current quality of ecstasy or molly due to limited use of these drugs. Reports of current prices for ecstasy and molly were consistent among the few participants with experience buying the drugs. Participants said that molly is typically sold by weight. One participant added that users often indicate that they are going to purchase molly by saying, "I have to go talk to molly."

Ecstasy/Molly	Current Prices for Ecstasy/Molly	
	Ecstasy:	
	Low dose (aka "single stack")	\$10-15
	Medium dose (aka "double stack")	\$40
	Molly:	
	1/10 gram (aka "a point")	\$10
	1/2 gram	\$50
A gram	\$80-100	

Participants reported that the most common routes of administration for ecstasy and molly remain oral consumption and snorting. Participants estimated that out of 10 ecstasy users, five would orally consume and five would snort the drug. Participants estimated that out of 10 molly users, six would snort and four would orally consume the drug, often wrapping the powder in a small piece of tissue and swallowing (aka "parachuting").

Participants described typical ecstasy users as younger and people who attend raves and parties. Community professionals described typical ecstasy and molly users as young (late teens and early 20s), college students and of higher socio-economic status. A treatment provider described, "More of upper class. The 'clubbers' who don't really drink, they just drink water."

Synthetic Marijuana

Synthetic marijuana (synthetic cannabinoids) 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'. One participant commented, *"It's real easy [to get]. There's a new maker every day."* Treatment providers most often reported current availability as '7', while law enforcement most often reported it as '3'; the previous most common score was '3' for treatment providers and '10' for law enforcement. A treatment provider commented, *"The one thing I've heard [clients say is], 'I'm not touching that thing again. I smoked that once and I'll never do it again.' I've heard that a lot."* Nevertheless, one law enforcement officer reported high availability of synthetic marijuana in Tuscarawas County and reported, *"I found some in the alley [behind the Courthouse] on my way to my car the other day. It's still here ... very easy to find."*

Participants reported changes in availability of synthetic marijuana differently depending on location. Participants in Tuscarawas and Stark counties reported an increase in availability during the past six months, while participants in Portage and Summit counties reported decreased availability. Participants contributed increased availability to a number of local venues which continue selling the substance; whereas, other participants related decreased availability with law enforcement efforts and indicated that users have to travel out of the region to obtain the drug from a retail shop. A few participants commented: *"They raided a lot of places; Now you can only get it from people who make it."*

Treatment providers most often reported that the availability of synthetic marijuana has remained the same, while law enforcement most often reported decreased availability. A treatment provider reasoned, *"I used to hear more about it."* Several law enforcement officers commented: *"There's less interest; I haven't seen it. It was a trend ... it's run its course; If stores still have it, it's clandestine. We have not been able to get it."* Again, Tuscarawas County appears to be an exception, as an officer there reported increased availability, explaining, *"They are getting it from individuals who are buying the chemicals. They spray it on potpourri. It is quite a profitable enterprise. A \$50 investment can yield \$2,000 in product. It is highly addictive."* 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	No consensus
	 Law enforcement	No consensus
	 Treatment providers	No change

Reports of current street prices for synthetic marijuana were consistent among participants with experience buying the drug. Participants reported purchasing synthetic marijuana most often in a three-gram package. Participants described: *"I see packages that are professionally developed, with logos; You can probably roll four or five 'joints' (cigarettes) from a package."*

Synthetic Marijuana	Current Street Prices for Synthetic Marijuana	
	A gram	\$10
	3 grams	\$20-30
	1/2 gram	\$140

Despite legislation enacted in October 2011, participants reported that synthetic marijuana continues to be available via the Internet and from various retail outlets including head shops, tattoo parlors and vapor shops. Some participants added that they knew individuals who make synthetic marijuana.

While there were a couple reported ways of consuming synthetic marijuana, generally the most common route of administration remains smoking. Participants estimated that out of 10 synthetic marijuana users, all 10 would smoke the drug. One participant reported that the chemicals used to make synthetic marijuana are absorbed through the skin and stated, *"I saw someone have [another individual] spray the chemical on their back."*

Participants described typical synthetic marijuana users as those subjected to urine drug screens, as well as marijuana users. A participant added, *"People who are incarcerated or on probation."* Another participant said, *"Someone who is out of marijuana."* Community professionals described typical users as young (teens and early 20s), as well as, those

subjected to drug screens. A treatment provider reported, *"I've had teen [clients and synthetic marijuana] was their drug of choice. They see the negative effect, but they can't stop."* Other treatment providers commented: *"It's in every institution; The population that is on probation [use synthetic marijuana] because they think they can get away with it."* A law enforcement officer commented, *"A lot of folks [in drug court] relapse on synthetic marijuana [because] many start to fool the UDS (urine drug screen) test and they get hooked."*

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

Anabolic Steroids

Participants did not discuss anabolic steroids, but law enforcement rated 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). One officer reported, *"If we decided to target this drug, we would see it."* Law enforcement indicated that the availability of anabolic steroids has increased during the past six months and reported that the drug is most easily obtained at gyms.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A part-time police officer for Highland Hills (Summit County) was arrested following an investigation and a raid at his residence in Mogadore (also Summit County); the Summit County Drug Unit seized 18 vials of anabolic steroids, several hundred anabolic steroid pills, prescription opioids (oxycodone, hydrocodone, Opana® and methadone), Xanax® and Adderall® (www.otfca.net, Sept. 3, 2015). An Akron (Summit County) attorney was caught offering legal services in exchange for anabolic steroids; a subsequent search of his home revealed vials and bags which contained residue of the drug (www.newsnet5.com, Nov. 30, 2015).

Bath Salts

Bath salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues, including alpha-PVP, aka "flakka") remain moderately available in the region, albeit unpopular. Very few participants had per-

sonal experience with this drug during the past six months. Participants most often reported current availability of bath salts as '5-6' 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'. One participant commented, *"[Bath salts are] still around, but scarce."*

Community professionals most often reported current availability of bath salts as '5'; the previous score was '1'. A treatment provider reported, *"[Bath salts are] very rare, but it comes up, especially in institutions."* Law enforcement described the availability of bath salts as, *"a short-lived thing."* An officer reported knowledge of only one case dealing with bath salts during the past year.

Participants did not agree on whether or not there has been a change in availability of bath salts during the past six months. Treatment providers reported a decrease in availability and reasoned that changes in the law and a greater awareness of the negative effects of bath salts have contributed to this decrease. One treatment provider explained, *"The stories I've heard is that bizarre things happen to users."* The BCI Richfield Crime Lab reported that the number of bath salt cases it processes has increased during the past six months.

Reported Availability Change during the Past 6 Months	
Bath Salts	 Participants No consensus
	 Law enforcement No comment
	 Treatment providers Decrease

Participants did not provide information on pricing for this substance. Participants reported that the most common route of administration for bath salts is intravenous injection (aka "shooting"). Participants estimated that out of 10 bath salt users, nine would shoot and one would snort the drug. Respondents described typical bath salt users as white and *"people in institutions."*

Hallucinogens

LSD and psilocybin mushrooms remain available in the region. Participants most often reported the current availability of LSD as '8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). A participant shared, *"I thought it disappeared, but two weeks ago someone asked if I wanted a sheet of 'acid' (LSD), and I thought, 'Do they still do that?'"* Participants most often reported current availability of psilocybin mushrooms as

'10;' the previous most common score was '3.' Community professionals reported little information on hallucinogens. A treatment provider stated, "*Clients rarely volunteer [information] about using hallucinogens.*"

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A pound of psilocybin mushrooms was seized from a Cuyahoga Falls (Summit County) home, along with four loaded guns; the resident was arrested on drug trafficking and possession charges (www.cleveland.com, Dec. 23, 2015).

Participants reported that the general availability of hallucinogens has decreased during the past six months. The BCI Richfield Crime Lab reported that the number of LSD cases it processes has increased during the past six months, while the number of psilocybin mushroom cases has decreased.

Reports of current street prices for LSD and psilocybin mushrooms were consistent among participants with experience purchasing these drugs. Participants reported that LSD is typically sold as "a hit" (one dose) and that psilocybin mushrooms are sold by weight. Participants reported that the most common quantity of psilocybin mushrooms purchased is 1/8 ounce.

Hallucinogens	Current Prices for Hallucinogens	
	LSD:	
	A dose	\$10-12
	Psilocybin mushrooms:	
	A gram	\$10-12
	1/8 ounce	\$30-50
An ounce	\$120	

Participants referred to a few places where users obtain hallucinogens. One participant shared, "*You get [hallucinogens] from the same people you get ecstasy from.*" Another participant explained, "*You can buy the [psilocybin mushroom] spores online.*" Other participants discussed picking their own psilocybin mushrooms. One participant commented, "*Go over to Canada. They're legal to pick, all you have to do is go get them.*"

Participants reported that the most common route of administration for LSD and psilocybin mushrooms remains oral consumption. Participants estimated that out of 10 hallucinogen users, all 10 would orally consume these

drugs. Participants explained that oral consumption of LSD includes swallowing a hit on blotter paper, or placing drops of liquid LSD onto a piece of food or sugar cube.

Participants described typical LSD users as white and often "hippies." One participant described LSD use as follows: "*It's a spiritual thing, not a social thing. It's not a party drug.*" Participants described typical psilocybin mushroom users as white, high-school aged and individuals who like to smoke marijuana. One participant reported, "*Using mushrooms is big in the art community.*"

Conclusion

Crack cocaine, heroin, marijuana, methamphetamine, powdered cocaine, sedative-hypnotics and Suboxone® remain highly available in the Akron-Canton region. Changes in availability during the past six months include increased availability for heroin; likely increased availability for methamphetamine and Suboxone®; and 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. Additionally, participants noted several other colors of powdered heroin as available: beige, blue, gray, pink, purple, tan and white. Law enforcement noted that white powdered heroin is often either mixed with fentanyl or is pure fentanyl.

Many participants reported that the quality of heroin is very inconsistent and commented: "*It's a real crap shoot; Sometimes you get nothing, other times you 'OD' (overdose).*" Participants continued to report fentanyl as one of the top cutting agents for powdered heroin in the region, linking it with the high rate of overdose: "*It's what's killing everybody; We are losing someone [to overdose] every week.*"

Participants and community professionals attributed the increase in heroin availability to more addicted people and to more people selling the drug in the region. Participants observed dealers moving to Ohio from out of state to sell heroin. Treatment providers reported that many users are turning into dealers to support their heroin addiction. Additionally, many treatment providers indicated that the availability increase is due in part to the lowering social stigma around heroin use. The most common route of administration for heroin remains intravenous injection. Treatment providers reported that typical heroin users are more likely to be under 30 years of age. Law enforcement added that typical heroin users tend to be white.

Participants and community professionals identified fentanyl and Percocet® as the most popular prescription opioids in terms of widespread illicit use in the region. Community professionals reported that the general availability of prescription opioids has decreased during the past six months. Several treatment providers reported decreases due to increased prescription control and increased availability and use of heroin, a cheaper alternative to prescription opioids. Law enforcement attributed the success of the “Drop Box Program,” where citizens safely discard unused prescriptions, as a reason for decreased availability; reportedly, 10,000 pounds of pills were collected in Summit County during the past year.

Participants and treatment providers reported that the availability of Suboxone® has increased during the past six months. Participants commented that more people are being prescribed Suboxone® and that there are more clinics offering the drug than previously. Participants reported most often obtaining Suboxone® through personal prescription or from others who have a prescription. Treatment providers also reported that Suboxone® is very commonly prescribed. The BCI Richfield Crime Lab reported that the number of Suboxone® and Subutex® cases it processes have increased during the past six months.

Reportedly, Suboxone® is most often found in sublingual strip form; however, participants from Portage and Tuscarawas counties reported the pill form as also available. Participants and community professionals continued to describe typical illicit Suboxone® users as heroin

addicts who use the drug when they can't find heroin to avoid withdrawal.

Participants reported that the availability of methamphetamine has increased during the past six months, explaining that more people are now manufacturing the drug. And while participants reported hearing about all types of methamphetamine, they continued to identify powdered methamphetamine (aka “one-pot” and “shake-and-bake”) as most prevalent in terms of widespread use. However, participants in Portage and Summit counties reported crystal methamphetamine as highly available as well. The BCI Richfield Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months; the lab reported processing mostly crystal, off-white and powdered methamphetamine.

Participants continued to report the ability of users to trade ingredients (pseudoephedrine) used to make the drug for the actual product. Community professionals described typical methamphetamine users as white, of lower socio-economic status, unemployed or in a profession that requires long or late-night hours, such as truck driving and bar tending.

Lastly, law enforcement indicated that the availability of anabolic steroids has increased during the past six months and reported that the drug is most easily obtained at gyms. Media outlets reported on a few law enforcement seizures and arrests in the region this reporting period related to anabolic steroids.