



Surveillance of Drug Abuse Trends in the State of Ohio

June 2015 - January 2016

Executive Summary

The Ohio Substance Abuse Monitoring (OSAM) Network consists of eight regional epidemiologists (REPIs) located in the following regions of the state: Akron-Canton, Athens, Cincinnati, Cleveland, Columbus, Dayton, Toledo and Youngstown. The OSAM Network conducts focus groups and individual qualitative interviews with active and recovering drug users and community professionals (treatment providers, law enforcement officials, etc.) to produce epidemiological descriptions of local substance abuse trends. Qualitative findings are supplemented with available statistical data such as coroner's reports and crime laboratory data. Mass media sources, such as local newspapers, are also monitored for information related to substance abuse trends. Once integrated, these valuable sources provide the Ohio Department of Mental Health and Addiction Services (OhioMHAS) with a real-time method of providing accurate epidemiological descriptions that policymakers need to plan appropriate prevention and intervention strategies.

This Executive Summary presents findings from the OSAM core scientific meeting held in Columbus, Ohio on January 29, 2016. It is based upon qualitative data collected from July 2015 through January 2016 via focus group interviews. Participants were 335 active and recovering drug users recruited from alcohol and other drug (AOD) treatment programs in each of OSAM's eight regions. Data triangulation was achieved through comparison of participant data to qualitative data collected from 133 community professionals via individual and focus group interviews, as well as to data surveyed from coroner's offices, family and juvenile courts, common pleas and drug courts, the Ohio Bureau of Criminal Investigation (BCI), police and county crime labs. In addition to these data sources, media outlets in each region were queried for information regarding regional drug abuse for July through December 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 Cincinnati, Cleveland and Columbus regions. Cincinnati treatment providers indicated that powdered cocaine is not generally a drug of choice for those entering AOD treatment, while Cleveland providers noted that many clients report using the drug to "speedball" (use in combination with heroin). The Cuyahoga County Medical Examiner's Office reported that 26.7 percent of the 172 drug overdose deaths it processed during the past six months involved cocaine (powdered and/or crack cocaine).

Availability of the drug has remained the same throughout OSAM regions, with the exception of Cincinnati where respondents could not agree as to whether or not availability has decreased during the past six months. Participants in the region attributed the perceived decrease in availability to users not wanting powdered cocaine due to its current poor quality; thus, fewer dealers purportedly carry the drug. Both participants and community professionals noted that more users are seeking heroin as this drug has become the drug of choice for users and dealers alike.

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	Moderate to High	No consensus
Cleveland	Moderate to High	No Change
Columbus	Moderate to High	No Change
Dayton	High	No Change
Toledo	High	No Change
Youngstown	High	No Change

Participants throughout OSAM regions continued to most often rate the current overall quality of powdered cocaine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the modal regional quality scores ranged from '2' for Cincinnati to '10' for Athens. The majority of participants from throughout regions noted a decrease in the overall quality of powdered cocaine during the past six months, with the exception of Akron-Canton, Athens and Columbus where participants most often reported quality as unchanged. Participants were in agreement that the quality of powdered cocaine is generally inconsistent. Participants indicated that quality depends on one's relationship with the dealer and the adulterants (aka "cuts") in the drug. Participants often complained that dealers are cutting the drug a lot in an effort to make more money. Some participants added that they purchased powdered cocaine to "cook it up" and turn it into crack cocaine. Participants explained that they do this in order to control for the quality of the drug.

Participants universally indicated that powdered cocaine is often cut with other substances: acetone, baby laxatives, baking soda, blood pressure medication, caffeine, creatine, diuretics, ether, heroin, lactose, laxatives, local anesthetics (lidocaine and procaine), methamphetamine, "molly" (powdered MDMA), Mother of Pearl (a brand name cut often sold as carpet deodorizer from a head shop or a similar product sold as an enzyme supplement at a health and nutrition store), Neurontin® (anticonvulsant), Orajel®, pain relievers (aspirin and Tylenol®), powder (any type), Ritalin®, Seroquel® (antipsychotic), Sudafed®, trazadone (tetracyclic antidepressant and sedative), and various vitamins and dietary supplements. Crime labs throughout OSAM regions noted the following cutting agents for powdered cocaine: analgesics (acetaminophen and phenacetin), atropine (prescription heart medication), local anesthetics (benzocaine, lidocaine and procaine), mannitol (diuretic), and pet and livestock dewormers (levamisole and tetramisole).

Current street jargon includes many names for powdered cocaine. Several participants indicated that street jargon typically reflects the appearance of the cocaine, such as "white" or "fish scales;" whereas other names reflect the texture of the substance, such as "powder" or "soft." Some other names mentioned referred to popular white women, such as "Christina" in reference to Christina Aguilera.

Current Street Names of Powdered Cocaine	
Most Common Names	blow, girl, powder, snow, soft, white (white girl)
Other Names	bitch, Christina, fish scales, ya-yo

The majority of participants continued to report that it is most common to purchase powdered cocaine in a gram amount. However, smaller amounts are also commonly available throughout regions. Akron-Canton participants reported that powdered cocaine is often purchased for as little as \$20 (1/10-2/10 gram, aka "a twenty") and \$50 (1/2 gram, aka "a fifty"). In Cincinnati and Dayton, capsules (aka "caps") of powdered cocaine continue to be very common. Reportedly, a cap (1/10 gram or less) sells for \$5-10. Several participants in Cincinnati once again related that heroin dealers often give capsules of cocaine to those who buy capsules of heroin as a promotion, so users often obtain cocaine at no cost.

Universally, participants continued to report that the price of powdered cocaine is contingent upon quality and the dealer. Depending on region, a gram of powdered cocaine currently sells for \$40-100; 1/16 ounce (aka "teener") sells for \$75-175; 1/8 ounce (aka "eight ball") sells for \$100-250; and an ounce sells for \$800-1,200. Only participants in Youngstown noted an increase in the price of powdered cocaine during the past six months. Cincinnati participants indicated that powdered cocaine is most often purchased from a familiar dealer at a club or bar.

Throughout OSAM regions, participants reported that the most common ways to use powdered cocaine remain snorting and intravenous injection (aka "shooting"). Most participants continued to agree that route of administration depends on the user's drug habits and social circle. Cincinnati participants discussed that if powdered cocaine is used alone, then it is usually snorted; if used with heroin, then it is often mixed into the heroin and injected. Participants also noted that those new to drug use and "part-time" users are more apt to snort powdered cocaine, although Athens participants indicated that the shooting of cocaine has increased.

Throughout OSAM regions, the majority of participants and community professionals continued to describe typical powdered cocaine users as of higher socio-economic status, white and employed in professional occupations. Many participants continued to describe adult entertainers (exotic dancers), construction workers and truck drivers as typical users as well. Community professionals in Athens noted college students as typical users as the drug continues to be associated with "partying" and with those who consume large quantities of alcohol. Law enforcement in Youngstown noted that powdered cocaine is also popular in the Hispanic community.

Many other substances are used in combination with powdered cocaine. Throughout OSAM regions, respondents identified alcohol as the most common substance used in combination with powdered cocaine because it reportedly allows people to consume more alcohol without falling asleep/passing out. Participants also shared that cocaine and heroin or prescription opioids are often used together for a “speedball” effect (combining both the stimulant and sedative aspects of the two drugs). Users also take sedative-hypnotics (Xanax®) to come down from the stimulant high of powdered cocaine.

Substances Most Often Combined with Powdered Cocaine

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

Crack Cocaine

Crack cocaine remains highly available throughout OSAM regions. There was almost unanimous agreement among respondents that crack cocaine is easier to obtain than powdered cocaine. In Akron-Canton, participants reported that it is extremely easy to find a crack cocaine dealer; some reporting that dealers will even come up to one’s car to sell the drug. A few Columbus participants observed more people standing on street corners selling crack cocaine in certain areas of Columbus, explaining that one does not need to make a call to a dealer to find the drug.

For half of the regions, availability of crack cocaine has remained the same during the past six months, while for the other regions, there was no consensus as to whether availability has changed. Those respondents who perceived increased availability attributed the increase to more heroin dealers also offering crack cocaine. Similar to powdered cocaine, reportedly crack cocaine is frequently given away with heroin purchase. Those respondents perceiving decreased availability suggested that demand has shifted away from crack cocaine to other drugs, specifically heroin and methamphetamine; thus, dealers have adjusted their supply to match current demand, switching from cocaine sales to the sale of other more profitable drugs. A law enforcement officer in Cincinnati thought availability of crack cocaine has decreased because users can now buy powdered cocaine readily to cook and “rock

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

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

up” (manufacture) their own crack cocaine, thus bypassing the “crack dealer.”

Participants throughout OSAM regions most often rated the current overall quality of crack cocaine as ‘5’ and ‘8’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality). The regions reporting current quality as moderate were Athens, Cincinnati and Toledo. Many participants noted extreme variability and reasoned that quality depends on the dealer and the original purity of the powdered cocaine used to make the drug. Other participants indicated that the quality of crack cocaine is more stable when the user has a steady dealer, while several participants discussed improving the quality of crack cocaine once it is purchased by recooking the drug to cook off the impurities. The majority of participants throughout regions reported that the quality of crack cocaine has remained the same during the past six months, with the exception of Cincinnati, Dayton and Toledo where participants most often reported a quality decrease.

Participants throughout regions continued to report baking soda most often as an adulterate (aka “cut”) for crack cocaine and that many other adulterants are also found in the drug: acetone, ammonia, aspirin, baby laxatives, Baby Tylenol®, benzene, bread, creatine, ether, methamphetamine, numbing agents (Anbesol® and Orajel®), procaine (local anesthetic), Seroquel® (antipsychotic), Sudafed®, vinegar, vitamins and “anything yellow” (to give the illusion of high quality). Crime labs throughout OSAM regions noted the following cutting agents for crack cocaine: analgesics (acetaminophen and phenacetin), atropine (prescription heart medication), local anesthetics (benzocaine,

lidocaine and procaine), mannitol (diuretic), and pet and livestock dewormers (levamisole and tetramisole).

Current street jargon includes several names for crack cocaine, the most common of which include “hard” and “rock,” reflecting the texture and appearance of the drug.

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

Participants continued to report that the price of crack cocaine depends on the 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.” The most common quantity purchased is a rock weighing approximately 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 Dayton participant shared that users can purchase a “hit” (single smoke) of crack cocaine for \$5. An Akron-Canton participant reported that dealers will often trade items for the drug. 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.

Participants continued to report that the most common way to use crack cocaine remains smoking, followed by intravenous injection (aka “shooting”). Participants reported various instruments used to smoke crack cocaine, including pop cans, tire gauges and “crack pipes.” A participant stated, *“If you go to prison, you can smoke it out of chicken bones.”* Athens participants indicated an increase in shooting the drug. Participants explained that if intravenous injection is a user’s primary route of administration for other drugs, such as heroin, the user will shoot crack cocaine as well. Participants explained that users break down crack cocaine with acidic juices (lemon juice, pickle juice), soda or vinegar in order to shoot it. Participants also discussed the general anti-social nature and paranoia associated with crack cocaine use and responded: *“Crack smokers usually don’t smoke together. Once there’s ‘smoke’ (crack cocaine), everyone scatters; You go and hide [to use alone].”*

While participants and community professionals varied in their descriptions of a typical crack cocaine user, most

often respondents described typical users as older and of lower socio-economic status, while frequently adding that men who pay for sex, prostitutes and exotic dancers also use crack cocaine. Akron-Canton treatment providers noted that individuals of lower socio-economic status can afford the drug because of its low cost and defined “older individuals” as those 30 years and older; these treatment providers also asserted that there continues to be a stigma surrounding the use of crack cocaine. Toledo treatment providers noted that heroin users often use crack cocaine and added that clients who identify crack cocaine as their primary drug of choice are generally older. Throughout OSAM regions, respondents continued to note more African-American users than white users.

Many other substances are used in combination with crack cocaine. Participants and treatment providers often mentioned crack cocaine used in combination with heroin for the “speedball” effect (both stimulant and sedative highs). One participant commented that heroin and crack cocaine, *“go hand-in-hand.”* Participants explained that alcohol and sedative-hypnotics (Xanax®) bring the user down from the crack cocaine stimulant high. Another participant shared, *“They sprinkle [crack cocaine] in the marijuana ... It’s called a ‘primo.’”*

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

Heroin

Heroin remains extremely easy to get. Participants and community professionals identified the drug as the most prevalent and problematic of all drugs currently available. Many noted heroin use as epidemic. Availability has increased in five of the eight OSAM regions during the past six months. While many types of heroin are currently available throughout regions, only respondents in Athens and Columbus identified black tar heroin as most available. Most other regions reported brown and/or white powdered heroin as most available, with respondents in Cincinnati and Cleveland reporting powdered heroin in general as most available. Cleveland participants noted gray-colored heroin as prevalent in that region. Participants throughout regions reported several

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
Cincinnati	High	Increase	powdered
Cleveland	High	No Change	powdered
Columbus	High	Increase	black tar & brown powdered
Dayton	High	Increase	brown & white powdered
Toledo	High	No Change	brown & white powdered
Youngstown	High	Increase	brown powdered

other colors of powdered heroin as available: beige, blue, pink, purple and tan.

Akron-Canton participants and law enforcement observed dealers moving to Ohio from other states to sell heroin. Treatment providers reported that many users are turning into dealers to support their heroin addictions. Many treatment providers also indicated that increased heroin availability is due in part to the lowering social stigma around heroin use. Cincinnati treatment providers discussed how it is getting easier and easier to locate heroin; they discussed dealers giving away free testers of heroin, often unsolicited; a provider there shared having heroin testers thrown into her vehicle. Columbus law enforcement discussed that new heroin dealers seem to appear every day; as soon as a dealer is arrested, they observed new dealers moving in to sell. Dayton law enforcement expressed concern in reporting that for the first time ever, they have more heroin cases than they do marijuana cases.

Participants throughout OSAM regions most often reported the current overall quality of heroin as high; in fact, participants in five of the eight regions, most often reported the current quality of heroin as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Toledo participants also reported high-quality heroin, most often reporting it as '9', while participants in Akron-Canton and

Athens reported moderate overall quality, most often reporting '7' and '5-7', respectively. Participants throughout regions indicated that the quality of heroin is inconsistent, fluctuating from day to day. However, participants most often noted that the overall quality of heroin has generally remained the same during the past six months; exceptions were decreased quality for Akron-Canton and increased quality for Cincinnati and Dayton. Cincinnati participants attributed the increase in heroin potency to fentanyl.

Participants and community professionals throughout OSAM regions continued to note fentanyl as a top cutting agent for heroin. Reportedly, heroin dealers sell heroin-fentanyl mixtures as well as straight fentanyl, often unknown to users who think they are buying heroin only. Respondents continued to attribute overdose deaths to fentanyl. A Cleveland probation officer shared that some probationers are becoming afraid of heroin because of the high number of reported overdose deaths, adding that everyone knows at least a handful of people who have died from heroin use. BCI crime labs continued to note that a lot of the heroin cases they process are heroin-fentanyl mixtures, and sometimes even straight fentanyl, noting fentanyl and acetyl fentanyl as heroin cuts during the past six months. The BCI Bowling Green Crime Lab highlighted the "blue-drop" heroin epidemic out of Marion (Marion County, OSAM Columbus region) in which heroin contained lethal amounts of fentanyl.

Participants also discussed the availability and use of Narcan® (naloxone, the antidote to opiate overdose). In one Toledo focus group, six out of eight participants reported that Narcan® had been used to save them from an accidental overdose.

Participants universally continued to indicate that heroin is cut with other substances: acetone, acid, aspirin, baby formula, baby laxatives, blood pressure medication, brown sugar, chicken bouillon, coffee, creatine, dark sodas, dietary supplements (Benefiber®, Metamucil® and protein powder), dirt, ecstasy, embalming fluid, fish oil, joint supplements, ketamine (anesthetic typically used in veterinary medicine), lactose, mannitol (diuretic), melatonin, Neurontin® (anticonvulsant), phencyclidine (aka "PCP"), powdered cocaine, powdered sugar, prescription opioids (Dilaudid®, fentanyl and morphine), prenatal vitamins, quinine (antimalarial), shoe polish, Sleepinal® (over-the-counter sleep aid), sugar, vitamin B-12 and Xanax®. Crime labs throughout OSAM regions noted the following cutting agents for heroin: acetaminophen (analgesic),

caffeine, diphenhydramine (antihistamine), fentanyl/acetyl fentanyl, mannitol (diuretic), quinine (antimalarial) and triacetin (glycerin triacetate, a food additive).

Current street jargon includes many names for heroin. Additionally, participants reported asking for heroin by code, using certain phrases or questions in conversation, such as, *“Oh, that’s cool. ‘Ron’s’ in town?”* Another participant shared, *“[The dealers call] the good stuff ‘fire’ or ‘orange dope’ or ‘toe tag’ because they know that they could die from it.”*

Current Street Names of Heroin	
Most Common Names	boy, dog, dog food, dope, H, ron
Other Names	brown (brown powdered), ‘china’ (white powdered), tar (black tar)

Participants continued to report that the price of heroin depends on quality and indicated that users most often purchase small quantities of the drug. Universally, the most commonly reported unit of purchase remains 1/10 gram (aka “bag,” “balloon,” “fold,” “pack,” “paper,” “point,” “stamp” or “stamp bag”). However, several participants in Akron-Canton added that users can buy heroin for whatever amount of money they have. Youngstown participants mentioned trading prescription medications for heroin. Dayton and Cincinnati participants reported capsules containing approximately 1/10 gram of heroin (aka “caps”) as commonly found in those two regions.

Reports of current street prices for heroin were variable among OSAM regions: 1/10 gram most often sells for \$10-20; 1/2 gram sells for \$45-80; a gram sells for \$60-200. Athens participants indicated that the price of heroin has increased during the past six months; several participants in the region reported paying up to \$50 for 1/10 gram of high-quality heroin.

Throughout OSAM regions participants continued to report that the most common route of administration for heroin remains intravenous injection (aka “shooting”), followed by snorting. However, participants in Toledo reported that snorting is looked down upon because users believe it is a waste of money to use heroin that way. Participants and community professionals again frequently shared that most heroin users begin by snorting and quickly progress to shooting the drug. Participants reported most often obtaining needles (aka “rigs,” “points,” “sticks” and

“tools”) from retail stores, pharmacies, needle exchange programs, dealers and diabetics. Several participants throughout regions suggested purchasing needles from the Internet and at tractor supply stores. Reports of current street prices for needles ranged from \$2-5 per needle. Participants stated that needles are least expensive when purchased from retail stores or through the Internet.

Sharing needles is reportedly a common practice among heroin users. Participants reported that needles are often shared when users begin to go into withdrawal and they do not have their own. Participants and community professionals continued to express concern over the sharing of needles and diseases (hepatitis and HIV). Several participants indicated that they know the consequences of sharing needles but disclosed that they have shared needles and would reuse them until the tip broke off the needle, rendering it unusable. Some Athens participants reported that they are not concerned with sharing needles because they already have hepatitis, and they believed that most people who use needles also have hepatitis.

While a profile for a typical heroin user did not emerge for most regions, there were a few descriptors that came up frequently in the aggregate data. Heroin users tend to be white, young (under 30 years of age) and have prescription opioid abuse in their use history. Several participants indicated that the spectrum of heroin users is expanding to include anybody, with other participants suggesting an increase in adolescent heroin users. In Columbus, treatment providers often noted males as using heroin more often than females, and they seemed to agree that heroin users are often in occupations such as construction, food service and bartending, reasoning that attendance in these occupations might be more lenient. Law enforcement reported that many heroin users are unemployed, living in unhealthy conditions and that the youngest users they have encountered have been 12 and 13 years of age.

Many other substances are used in combination with heroin. Participants reported using heroin in combination with cocaine and methamphetamine to “speed ball,” which means the substances are used either together or alternately to produce a high and low effect. Another participant reported using this combination to be functional, explaining that after heroin use, stimulant use would allow him to “come up” so as to be able to go to work. Other participants reported that they would use powdered cocaine in combination with heroin out of convenience because dealers would give them cocaine when they purchased

heroin. Reportedly, heroin is used with Xanax® to intensify the effect of heroin, even when participants noted that users know this combination can lead to overdose. Other participants reported using Xanax® so that they wouldn't have to use as much heroin. Participants noted that marijuana is also used with heroin to intensify heroin's effect. Lastly, several participants claimed preference for using heroin by itself, not in combination with other substances.

Substances Most Often Combined with Heroin

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

Prescription Opioids

Prescription opioids are highly available for illicit use throughout most OSAM regions. Toledo participants noted that Vicodin® is easily obtained but not desired; further stating that fentanyl and Dilaudid® are highly desired, but not easily obtained. Cincinnati treatment providers reported fentanyl among the top three opioids identified as preferred by clients who report opioids as their drug of choice, while Cincinnati law enforcement indicated that approximately a quarter of all heroin seizures contain fentanyl. Law enforcement clarified that the fentanyl is not pharmaceutical grade but rather manufactured in clandestine labs similar to the way methamphetamine was commonly manufactured.

Availability of these drugs has remained the same for three regions during the past six months, while there was no consensus on whether availability has remained the same or has decreased for three other regions. Only Akron-Canton and Dayton respondents agreed that availability has decreased during the past six months in their regions. Respondents attributed decreases in availability to reductions in physician prescribing, individuals holding onto their prescription opioids instead of distributing/selling them to others, as well as to law enforcement efforts and the extensive availability of heroin, a much cheaper alternative to prescription opioids. Reportedly, fewer dealers are dealing in pills and are now pushing heroin. Law enforcement in Akron-Canton mentioned the success of the "Drop Box Program," where citizens can safely discard unused prescriptions, as helping to reduce the availability

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	fentanyl Percocet®
Athens	High	No Change	Percocet® Roxicodone® Vicodin®
Cincinnati	Moderate to High	No Change	oxycodone Percocet® Vicodin®
Cleveland	High	No Consensus	Percocet® Vicodin®
Columbus	High	No Consensus	oxycodone
Dayton	Moderate	No Change	Percocet® Roxicodone®
Toledo	High	Decrease	oxycodone Percocet®
Youngstown	High	No Consensus	Vicodin®

of prescription opioids for illicit use; 10,000 pounds of pills were collected in Summit County during the past year.

Corroborating data indicated the presence of prescription opioids for illicit use. The Cuyahoga County Medical Examiner's Office reported that 47.1 percent of the 172 drug overdose deaths it processed during the past six months involved one or more prescription opioid; the medical examiner's office also found that 26.7 percent of these cases involved fentanyl. The BCI London Crime Lab reported that the number of fentanyl, Opana®, OxyContin®, Percocet® and Ultram® cases it processes has increased during the past six months; also, the lab once again reported seeing fake pharmaceutical tablets, 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. Most street names reflect pharmaceutical or brand names, color, shape and/or dosage. Further, Lortab®, Norco® and Vicodin® are considered the same, so they are all referred to as "vikes." Likewise, Percocet® and Roxicodone® often share similar street names.

Reports of current street prices for prescription opioids were consistent among participants with experience

Current Street Names of Prescription Opioids	
General	beans, pills, skittles
Dilaudid®	dilauda, Ds, K4
fentanyl	gel, patches, suckers
Lortab®	smurfs, vikes
methadone	dones
Norco®	red speckles (5 mg), vikes
Opana®	OPs, pandas, stop signs
OxyContin® oxycodone	OCs, oxies
Percocet®	10s (10 mg), blues (5 mg), perks, Ps, school bus (10 mg), yellows (10 mg)
Roxicodone®	30s (30 mg), blues, greens, perk 30s, pinks, roxies
Suboxone®	stop signs, subs
Ultram®/ tramadol	tram
Vicodin®	babies (5 mg), ES (7.5 mg), robin eggs, school buses, Vs, yellows, vikes (10mg)

buying these drugs. Throughout OSAM regions, the majority of prescription opioids reportedly sell for \$1 per milligram. Participants throughout regions reported that the price of prescription opioids has remained the same during the past six months, with the exception of Athens participants who reported increased pricing. Participants indicated that these medications are less expensive when purchased in larger quantities; several participants reported that users will often purchase whole prescriptions due to tolerance and feeling the need for more medication, however no prices were provided for these larger amounts. Many participants also disclosed trading prescription opioids for heroin.

In addition to obtaining prescription opioids on the street from dealers, participants reported getting them prescribed from doctors, as well as from friends and family members who are being treated with these medications. Many Akron-Canton participants reported that opioids are still readily prescribed.

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). Akron-Canton participants added that oral administration of these drugs often involves crushing the pills in toilet paper or a piece of tissue and swallowing (aka “parachuting”). Athens and Toledo participants reported intravenous injection (aka “shooting”) as a common route of administration as well; however, a Toledo participant emphasized that many illicit users of prescription opioids have moved on to using heroin, stating, “I haven’t seen anybody snort a pill in a long time.”

A profile of a typical illicit prescription opioid user did not emerge from the data. Participants and community professionals indicated a wide age range for illicit use, extending from high school age to older adults. Many respondents described illicit users of prescription opioids as similar to heroin addicts and added that many begin illicit use with legitimate pain issues. In Youngstown, participants described illicit users as mostly white and aged from teens to 50s, while community professionals described typical illicit users as mostly white, crossing all genders, socio-economic statuses and occupations, including young people who are experimenting and older people who have experienced an injury.

Prescription opioids are often used in combination with other substances. Participants reported that prescription opioids are used with alcohol and sedative-hypnotics (Xanax®) to intensify the high. Several participants indicated that prescription opioid users will mix any other substance that is available at time of use. Other participants reported that they preferred not to combine prescription opioids with any other drugs; a participant explained, “I never like to mix because it would mess my high up.”

Substances Most Often Combined with Prescription Opioids

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

Suboxone®

Suboxone® remains highly available throughout OSAM regions. Street availability has increased for five of the eight regions during the past six months. Throughout regions, participants continued to report the sublingual filmstrip form of Suboxone® (aka “strips”) as the most common form

of the drug. Reportedly, there is very limited availability of the tablet form of Suboxone®, as many physicians and clinics have stopped prescribing the tablets due to the higher abuse profile of this form over the strips. Participants in Akron-Canton, Athens and Toledo reported on Subutex® this reporting cycle and indicated that it is sought after but hard to find. Participants noted that the drug is often prescribed to pregnant women and explained that since Subutex® does not contain naloxone, users are able to use heroin with it.

Increases in street availability during the past six months were attributed to more people being prescribed, and more clinics dispensing, Suboxone®. One Columbus participant described the current availability of Suboxone® as, “running water out of the sink.” Respondents continued to report that some users supplement their income by selling all or part of their Suboxone® prescription, explaining that most illicit users take the drug to avoid withdrawal between heroin highs. However, Cincinnati, Dayton and Youngstown respondents reported that a few are using Suboxone® to get high. A Youngstown treatment provider reported that for the first time a client has entered treatment at her agency for Suboxone® dependence; Suboxone® was this client’s drug of choice. Treatment providers in Cincinnati reported that detox from Suboxone® is very painful, perhaps more difficult than for all other drugs, with the exception of methadone.

Reported Availability Change of Suboxone® during the Past 6 Months

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

Corroborating data indicated the presence of Suboxone®. American Court and Drug Testing Services reported that 13.9 percent of the 3,890 individuals screened through its central Ohio labs during the past six months were positive for buprenorphine, an ingredient in Suboxone®. In addition,

the Fairfield County Municipal Court reported that of the 1,130 positive drug tests it recorded during the past six months, 41.3 percent were positive for buprenorphine.

Current street jargon includes a few names for Suboxone®. Participants continued to report that street names most often referred to the brand name of Suboxone®: “boxes,” “boxies” and “subs;” and to the brand name of Subutex®: “tex.”

Current Street Names of Suboxone®

filmstrip	boxes, subs, strips
tablet	oranges, stop signs, subs

Reports of current street prices for Suboxone® were variable among participants with experience buying the drug. Participants reported that a Suboxone® 8 mg filmstrip sells for \$8-20, while a Suboxone® 8 mg tablet sells for \$10-30. Many participants added that the drug is less expensive when purchased in larger quantities. Only participants in Akron-Canton and Athens reported on current street pricing for Subutex®. Reportedly, the drug sells for \$10-30 per tablet in Akron-Canton and \$35-40 per tablet in Athens (milligram amount unknown).

Participants reported most often obtaining Suboxone® from dealers, a physician or clinic, or from others who have a prescription. One participant commented, “Everybody gets ‘scripts’ (prescriptions) now. It’s not hard [to find Suboxone®].” Many participants also highlighted that many, if not most, heroin dealers sell Suboxone®. In addition, law enforcement from Tuscarawas County reported that some convenience or corner stores illicitly sell Suboxone®; they 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.

Participants reported that the most common route of administration for illicit use of Suboxone® filmstrips is sublingual, intravenous injection (aka “shooting”), followed by snorting; the most common routes of administration for illicit use of Suboxone® tablets and Subutex® are snorting and oral consumption. Several participants reported that filmstrips are easily dissolved in hot water for injection or snorting (aka “puddling,” dissolving the filmstrip in water and snorting the liquid). One participant reported smoking Suboxone® by lacing a marijuana joint with it.

Participants throughout OSAM regions continued to most often describe typical illicit Suboxone® users as opiate addicts who self-medicate to remain sober or to avoid withdrawal in between heroin use. Community professionals described typical illicit Suboxone® users similarly. A treatment provider commented, "Heroin addicts that can't afford their heroin for the day."

Participants reported that Suboxone® is often used in combination with other substances to intensify the high of the other substances; however, participants noted that the drug is most commonly used alone to avoid opiate withdrawal symptoms. A participant reported that Suboxone® can be illicitly used with, "Everything but opiates."

Substances Most Often Combined with Suboxone®

- alcohol • marijuana •
- Neurontin® • sedative-hypnotics •

Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) are currently moderately to highly available in Cincinnati, while highly available throughout all other OSAM regions. There was general consensus, once again, among participants and community professionals that sedative-hypnotics are easy to obtain. One participant said these medications are readily available and remarked, "Just hold your hand out." Another participant indicated that these medications are often sought for illicit use and reflected, "I don't know how many people ask me for my pills." Respondents reported that heroin addicts use these drugs to help alleviate withdrawal symptoms. Toledo respondents attributed the increased availability of sedative-hypnotics in their region to more people using these drugs coupled with an increase in physician prescribing.

Corroborating data also indicated the presence of sedative-hypnotics for illicit use. The Logan County Family Court reported that of the 281 positive adult drug tests it recorded during the past six months, 17.1 percent were positive for benzodiazepines. The Montgomery County Coroner's Office found at least one benzodiazepine present in 44.4 percent of the 108 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 Change	Klonopin® Xanax®
Athens	High	No Change	Xanax®
Cincinnati	Moderate to High	No Consensus	Klonopin® Valium® Xanax
Cleveland	High	No Change	Klonopin® Valium® Xanax
Columbus	High	No Change	Xanax®
Dayton	High	No Consensus	Klonopin® Valium® Xanax®
Toledo	High	Increase	Xanax®
Youngstown	High	No Change	Xanax®

Current street jargon includes many names for sedative-hypnotics (aka "benzos" and "downers"). 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 Xanax® since there is a peach-colored Xanax® pill.

Current Street Names of Sedative-Hypnotics	
Klonopin®	K-pins, pins, KPs
Valium®	Vs
Xanax®	blues, footballs, ladders, peaches, xanies, xanie bars

Street prices for sedative-hypnotics remain variable among OSAM regions; although participants throughout regions commented that most sedative-hypnotics are inexpensive. In fact, several participants reported that these drugs are often obtained free of charge or through trade for other drugs. Currently, sedative-hypnotics generally sell for \$1-3 per milligram with price dependent on the region, as well as the type, brand and dosage of the pill. Xanax® sells 1 mg for \$1-4 and 2 mg for \$2-8. However, Athens participants indicated that the street prices of these drugs have increased during the past six months:

Xanax® sells 0.50 mg for \$1-2, 1 mg for \$4-5 and 2 mg for \$10. An Athens participant remarked, *“In the last two years they have doubled in price.”*

In addition to obtaining sedative-hypnotics on the street from dealers and other users, participants also reported getting them through personal prescription, as well as from friends and family members who have prescriptions. Treatment providers reported that illicit users most often obtain the drugs from family members and friends.

Participants reported that the most common routes of administration for illicit use of sedative-hypnotics remain snorting and oral consumption, including “eating” (chewing). Throughout OSAM regions, participants estimated that out of 10 illicit sedative-hypnotic users, 5-10 would snort and 0-5 would orally consume these drugs. Participants far less commonly reported intravenous injection (aka “shooting”) as an alternative route of administration for sedative-hypnotics. One participant shared, *“I’ve seen people mix ‘em (shoot them) with heroin.”*

A single profile for a typical illicit user of sedative-hypnotics did not emerge from the data. However, there was consensus among respondent groups that females are more likely to illicitly use these drugs than are males. Also, the consensus seemed to be that opiate addicts commonly use these drugs to help with withdrawal.

Participants reported that sedative-hypnotics are often used in combination with other substances. A participant commented, *“Good to mix with everything.”* Several participants said that these drugs are used with alcohol and heroin to intensify the effect of each. Sedative-hypnotics are reportedly used with cocaine to balance out the high stimulant effect produced by cocaine use.

Substances Most Often Combined with Sedative-Hypnotics

- alcohol • crack cocaine • heroin •
- marijuana • prescription opioids •

Marijuana

Marijuana remains highly available throughout OSAM regions. In addition, respondents in all regions mentioned availability of 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 most often reported current availability of dabs as moderate to high throughout the state.

An increase in general availability of marijuana during the past six months was noted in half of OSAM’s eight regions. Furthermore, participants in six regions reported an increase specifically in high-grade marijuana (Akron-Canton, Cincinnati, Cleveland, Dayton, Toledo and Youngstown). Most participants related increased availability of high-grade marijuana to the general preference for a higher quality product. Additionally, participants and community professionals in four regions (Akron-Canton, Cleveland, Dayton and Youngstown) noted an increase in availability and popularity of marijuana extracts and concentrates. The BCI Bowling Green, London and Richfield crime labs, as well as the Lake County Crime Lab, all reported having processed increased numbers of marijuana cases during the past six months; Lake County Crime Lab also reported having processed 23 hashish cases. (Hashish is a potent form of cannabis produced by collecting and compressing the most potent material from cannabis plants.)

Corroborating data indicated the continued high availability of marijuana. The Hancock County Probate and Juvenile Court reported that 95 percent of the positive drug tests from youth probationers and other youth ordered to submit to drug testing during the past six months were positive for marijuana. Ohio’s Screening, Brief

Reported Availability Change of Marijuana during the Past 6 Months

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

Intervention and Referral for Treatment (SBIRT) program reported that over 80 percent of the individuals in the Dayton and Toledo regions who screened positive for any drug use during the past six months, reported marijuana use during the past 30 days.

Participants throughout regions often referred to the overall high quality of marijuana, while describing marijuana extracts and concentrates as extremely high in quality. Participants throughout six regions (Akron-Canton, Cincinnati, Cleveland, Columbus, Dayton and Toledo) reported that the quality of high-grade marijuana has increased during the past six months. Reportedly, increases in quality are due to advances in technology and in knowledge of cultivating the drug. Current street jargon includes countless names for marijuana (aka “weed” and “pot”).

Current Street Names of Marijuana	
Low grade	brick weed, dirt weed, mids, reggie
High grade	chronic, dank, diesel, dro, hydro, loud
Extracts & concentrates	dabs, wax

Reported prices for marijuana were variable throughout OSAM regions. For low-grade marijuana, a “blunt” (cigar) or two “joints” (cigarettes) sells for \$5; 1/8 ounce sells for \$20-25; 1/4 ounce sells for \$25-40; an ounce sells for \$80-100. For high-grade marijuana, a blunt or two joints sells for \$10-20; 1/8 ounce sells for \$50; 1/4 ounce sells for \$80-100; an ounce sells for \$300-350. A gram of marijuana extracts and concentrates most often sells for \$50-60.

Throughout OSAM regions participants continued to report that the most common route of administration for marijuana remains smoking. Alternative routes of administration include vaporizing, through the use of an electronic device similar to an e-cigarette, and a few participants in each region mentioned marijuana consumed in edibles (baked goods and candies). Cleveland and Dayton participants noted an increase in popularity and availability of edibles.

A profile of a typical marijuana user did not emerge from the data. Participants and community professionals continued to describe marijuana users as everyone. However, respondents in Akron-Canton and Columbus noted an increase in marijuana use by adolescents; and many

respondents noted that high-grade marijuana is typically related to older, experienced users, while low-grade marijuana is reportedly used most often by younger, inexperienced users.

Participants and community professionals reported that marijuana is most often used in combination with other substances to intensify one’s high. A law enforcement officer stated, “It is almost rare that we get a marijuana case by itself.”

Substances Most Often Combined with Marijuana

- alcohol • cocaine • hallucinogen •
- opiates • sedative-hypnotics • tobacco •

Methamphetamine

Methamphetamine availability is moderate to high throughout OSAM regions. Cleveland participants and community professionals continued to report limited personal experience with this particular drug. Toledo participants and community professionals specifically noted higher availability in rural areas of their region. All regions reported availability of powdered and crystal methamphetamine; Akron-Canton participants also reported low availability of anhydrous methamphetamine. Powdered methamphetamine (aka “one-pot” and “shake-and-bake”) is the most prevalent form of methamphetamine in all regions, with the exception of Columbus, as well as in parts of the Akron-Canton region (Portage and Summit counties), where participants reported highest availability of crystal methamphetamine. Crime labs around the state reported having processed crystal, brown, off-white and white powdered methamphetamine during the past six months; the BCI Bowling Green Crime Lab also reported processing pink methamphetamine.

The majority of regions reported that the general availability of methamphetamine has increased during the past six months. Participants and community professionals reported that increased availability is primarily due to the ease in which the drug is now manufactured. Akron-Canton, Cincinnati and Toledo respondents noted an increase in crystal methamphetamine. The BCI Bowling

Green, London and Richfield crime labs, as well as Lake County and Miami Valley Regional crime labs, reported increased numbers of methamphetamine cases during the past six months.

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

Akron-Canton participants reported that crystal methamphetamine is often brought to their region from Arizona, while Cincinnati law enforcement reported crystal methamphetamine coming in from California. Cincinnati participants added that biker gangs are often associated with bringing crystal methamphetamine into their region. The powdered form of the drug 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. A majority of respondents emphasized just how easy it is to manufacture methamphetamine.

Participants reported that the quality of methamphetamine depends on who manufactures the drug, what ingredients are used and if it has been adulterated (aka "cut") with additional substances. Most regions rated the overall quality of the powdered methamphetamine as '5-10' and of crystal methamphetamine as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Athens and Columbus participants reported that methamphetamine is often adulterated with ammonia, corrosives (battery acid, brick wash and Drano®), ketamine, prescription stimulants (Adderall®, Ritalin®), NoDoz®, vitamins and nutritional supplements (B-6, B-12 and 'MSM,' methylsulfonylmethane, a joint supplement). Overall, the majority

of respondents throughout OSAM regions reported that the general quality of methamphetamine has remained the same during the past six months. Current street jargon includes many names for methamphetamine.

Current Street Names of Methamphetamine	
General	crank, go, go-fast, meth, tina, tweak
Powdered	shake-and-bake
Crystal	crystal, glass, ice, shards

Reports of current prices for methamphetamine were variable among participants with experience purchasing the drug. For powdered methamphetamine, a 1/10 gram sells for \$20; 1/2 gram sells for \$50; a gram sells for \$60-100. For crystal methamphetamine, a gram sells for \$100-120. Participants and community professionals in several regions reported that users also trade a box of pseudoephedrine for approximately 1/2 gram, or \$50 worth, of the drug. Reportedly, individuals who purchase ingredients for the manufacture of methamphetamine are referred to as "smurfs."

Participants reported that the most common routes of administration for methamphetamine are smoking and intravenous injection (aka "shooting"). Several participants indicated that users will often do both routes of administration. In the Columbus region, participants shared that crystal methamphetamine is most often smoked (aka "hot railing"), while powdered methamphetamine is most often injected. A participant described "hot railing" as heating up a metal rod or glass pipe and inhaling the resulting vapors through the nose and added, "It's like smoking and snorting it at the same time." Additionally, several participants mentioned snorting methamphetamine as a route of administration for new users.

Participants and community professionals most often described typical methamphetamine users as white, heroin addicts, bikers, of low socio-economic status, as well as, those who work long and late hours (third-shift workers, bar tenders, truck drivers, construction and factory workers). A participant shared that heroin addicts who get out of jail and are on Vivitrol® (a medication assisted treatment), tend to use methamphetamine. A law enforcement officer noted, "It used to be you were either a heroin person or meth person ... now the lines have blurred. There are more people doing both, and they are dealing one to support a habit in the other."

Participants reported that methamphetamine is often used in combination with other substances, but many participants noted that users will often use the drug by itself. Reportedly, heroin and sedative-hypnotics are used with methamphetamine to bring the user down from the stimulant high or to produce a “speedball” effect in which the user seeks both the high and low effects either simultaneously or alternately. One participant explained that methamphetamine is often used with alcohol, so the user can drink more.

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.

Current street jargon includes few names for prescription stimulants (aka “speed” and “uppers”). In fact, the only street name offered was for Adderall®, which reportedly, users often refer to as “addies.”

Reports of current street prices were variable among participants with experience purchasing these drugs. The most common prices reported were for Adderall®: 10 mg sells for \$2-5 and 30 mg sells for \$5-8. Participants reported obtaining prescription stimulants for illicit use from dealers, doctors, college students, mothers who have children with prescriptions, family members and friends with access to prescriptions.

Participants reported that the most common routes of administration for illicit use remain snorting and oral consumption. Descriptions of oral consumption of prescription

Reported Availability Change of Prescription Stimulants during the Past 6 Months

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

stimulants included swallowing, chewing, opening capsules and eating the beads, as well as “parachuting” (crushing the pill, wrapping it in a piece of tissue and swallowing). A couple participants from Athens and Cincinnati regions mentioned intravenously injecting (aka “shooting”) prescription stimulants, but this method is reportedly rare.

Participants and community professionals described typical illicit prescription stimulant users as high school and college age, female (often mothers) and individuals who work long or late hours. Respondents reported that college students often use these medications to stay up late and study, while females often use them for weight loss.

Participants reported that prescription stimulants are sometimes used in combination with other drugs and noted that they are often used with alcohol to allow the user to drink more without feeling drunk. A participant added, “Heroin users use them to pick them up and balance them out.”

Substances Most Often Combined with Prescription Stimulants

- alcohol • heroin • marijuana • prescription opioids •

Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA and/or TFMPP) remains available throughout OSAM regions. Generally,

participants and community professionals reported that traditional ecstasy tablets are less available than the powdered form of MDMA (aka "molly"). Note, not all participants and community professionals responded, since many had no experience with the drug during the past six months.

The majority of regions reported that availability of traditional ecstasy tablets has remained the same, with the exception of Cincinnati participants who reported decreased availability of this form of the drug. Akron-Canton, Athens, Columbus and Dayton respondents reported that the availability of molly has increased during the past six months. Participants who perceived increased availability of molly most often attributed the increase to the growing popularity and demand for the drug: a greater supply to meet growing demand. A participant reasoned, "People like it." Another participant remarked, "It's becoming real popular." One participant also referred to pop culture as an influence on molly's popularity: "It's in the music now ... 'popping mollies.'"

The BCI Richfield and Bowling Green crime labs, as well as, the Miami Valley Regional crime lab reported a decrease in the number of ecstasy cases processed in the labs during the past six months, while the BCI London Crime Lab reported an increase; note, these labs do not differentiate between ecstasy and molly cases.

The majority of participants were unable to discuss the quality of ecstasy or molly, but a few participants in Cincinnati, Cleveland and Dayton rated quality of the drugs as '4-7' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Toledo participants were unable to rate quality, but reported availability of fake ecstasy tablets. Throughout OSAM regions, participants reported that ecstasy and molly are often adulterated (aka "cut") with other substances: bath salts, heroin, methamphetamine, powdered cocaine and other synthetic drugs. Dayton participants purported that many of the synthetic drugs used to cut ecstasy and molly are being imported from Asia. An Akron-Canton law enforcement officer reported

that much of the ecstasy found in that region during the past six months originated in Asia. Cincinnati and Dayton regions reported that overall quality has remained the same during the past six months, while Cleveland participants reported a decrease in quality.

Current street jargon includes a few names for ecstasy and molly. Additionally, some names for ecstasy are based on the image stamped into the tablet, for instance "Garfield" and "Pac-man."

Current Street Names Ecstasy	
Most Common Names	beans, rolls, skittles, X

Reports of current prices for ecstasy and molly were provided by participants with experience purchasing the drug(s). Depending on the quality and dose amount of the drug, pressed ecstasy tablets sell for \$5-30. Participants indicated lower prices for lower quality, as well as tablets bought in bulk; for instance, Cincinnati participants shared that one tablet sells for \$10-30, 10 tablets sell for \$90-130 and 100 tablets (aka "jar") sell for \$380. Participants in Athens, Cincinnati and Dayton reported molly being sold in capsules (approximately 1/10-2/10 gram amounts). Prices for molly were fairly consistent among those with experience purchasing the drug. A capsule of molly sells for \$10-20; 1/2 gram sells for \$40-60; and a gram sells for \$80-100. Participants in Cleveland and Youngstown regions reported that molly is most often purchased in gram

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	Moderate	Moderate to High	No Consensus
Athens	Moderate	Moderate to High	No Consensus
Cincinnati	Low to Moderate	Moderate to High	No Consensus
Cleveland	Low to Moderate	Moderate	No Change
Columbus	No Comment	Moderate	Increase
Dayton	Moderate to High	Moderate	Increase
Toledo	Moderate	High	No Change
Youngstown	Low	Low to Moderate	No Change

amounts. Reportedly, ecstasy and molly are found more often in social venues and are generally obtained through specific dealers or friends at bars, raves (dance parties) and music festivals.

Participants reported that the most common routes of administration remain oral consumption and snorting. Oral consumption includes swallowing an ecstasy tablet or molly capsule, as well as “parachuting” (wrapping crushed tablets or molly in tissue and swallowing). Other methods of administration include intravenous injection (aka “shooting”) and anal insertion (aka “bumping” and “plugging”).

Participants and community professionals throughout OSAM regions described typical ecstasy and molly users as younger (late teens through 20s) and those who attend raves (dance parties), clubs, parties and music festivals. Participants noted an increase in African-American users, while community professionals continued to identify whites as typical users of these drugs. Participants added that strippers, drug dealers, skaters and DJs (disc jockeys) often use these substances.

Participants reported that ecstasy and molly are most often used in combination with alcohol, due to the substance being a social drug. Participants added that using ecstasy in combination with LSD (lysergic acid diethylamide) is commonly referred to as “candy flipping.”

Substances Most Often Combined with Ecstasy/Molly

- alcohol • hallucinogens • marijuana •

Synthetic Marijuana

Synthetic marijuana (synthetic cannabinoids) remains available throughout OSAM regions despite the October 2011 legislation that banned its sale and use. However, the majority of participants and community professionals reported little or no personal experience with the drug during the past six months. Akron-Canton participants reported current high availability of synthetic marijuana, while community professionals in that region most often reported low to moderate availability.

Cincinnati and Dayton regions reported a decrease in availability of synthetic marijuana during the past six months and attributed it to the fear associated with the unpredictable and often negative effects of using the drug, whether personally experienced or related through media. The BCI Richfield and Bowling Green crime labs reported that the number of synthetic marijuana cases processed during the past six months has increased, while the BCI London, Miami Valley Regional and Lake County crime labs reported decreased numbers of cases.

Current street jargon includes a few names for synthetic marijuana. Two brand names of synthetic marijuana products continue to be used most often when referring to this drug: K2 and Spice. Additionally, synthetic marijuana is often marketed as “incense.”

Reports of current prices of synthetic marijuana were variable among participants with experience purchasing the drug. Participants explained that this drug is purchased in a little vial or plastic package containing one to three grams of product, selling for \$10-25. Participants reported purchasing this drug from head shops, tattoo parlors, vapor shops and through the Internet. Additionally, participants in Akron-Canton and Athens reported that some users make their own synthetic marijuana.

Participants continued to report that the most common route of administration of synthetic marijuana remains smoking. Columbus participants also mentioned vaping the chemicals and an Akron-Canton participant recalled a user spraying a synthetic cannabis product on their back for absorption through the skin.

Reported Availability Change of Synthetic Marijuana during the Past 6 Months

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

*Synthetic marijuana listed in ‘other drug’ section of the regional report.

Participants and community professionals continued to describe typical synthetic marijuana users as teens and those who are subject to drug testing through probation or employment. Reportedly, very few other substances are used in combination with synthetic marijuana. Many participants noted that synthetic marijuana typically is not used in conjunction with any other substances. One participant emphasized that this drug is used to pass urine drug screens.

Substances Most Often Combined with Synthetic Marijuana

- marijuana • methamphetamine •

Other Drugs in OSAM Regions

Participants and community professionals listed a variety of other drugs as being present, but these drugs were not mentioned by the majority of people interviewed, and many were not reported on in every region.

Alpha-PVP

Alpha-PVP (alpha-pyrrolidinopentiophenone, aka “flakka,” a synthetic stimulant similar to bath salts) is available in

Cincinnati and Cleveland regions. A Cincinnati participant reported using alpha-PVP after MDPV became unavailable from China. This participant reported high availability of the drug during the past six months, while Cleveland law enforcement reported moderate availability.

Media outlets also reflected the presence of alpha-PVP in the Cincinnati region. A drug raid in Lawrence County resulted in seizure of 40 grams of the drug (www.otfca.net, July 23, 2015). Additionally, four overdoses in one week in Scioto County were attributed to the use of alpha-PVP (www.wsaz.com, Sept. 16, 2015).

BCI Crime Labs reported that alpha-PVP is classified as a second-generation bath salt. Reportedly, 50 grams of alpha-PVP sell for \$200; 100 grams sell for \$300; a kilo sells for \$750. Both participants and law enforcement reported that this drug is obtained through online purchase. The most common route of administration is snorting. Additional routes of administration include oral consumption and smoking. Respondents described a typical alpha-PVP user as younger (18-25 years of age), synthetic marijuana users and those interested in designer drugs generally.

Anabolic Steroids

Law enforcement in two regions, Akron-Canton and Dayton, reported on availability of anabolic steroids during the past six months. Akron-Canton law enforcement

Reported Availability of Other Drugs in OSAM Regions

Region	Other Drugs
Akron-Canton	anabolic steroids, bath salts, hallucinogens (LSD, psilocybin mushrooms)
Athens	bath salts, hallucinogens (LSD, psilocybin mushrooms), inhalants, Neurontin®, Seroquel®
Cincinnati	alpha-PVP, bath salts, GHB, hallucinogens (LSD, psilocybin mushrooms), inhalants, ketamine, Neurontin®, OTC cold and cough medications, Seroquel®
Cleveland	alpha-PVP, bath salts, hallucinogens (LSD, PCP, psilocybin mushrooms), inhalants, OTC cold and cough medications, Seroquel®
Columbus	bath salts, hallucinogens (LSD, psilocybin mushrooms), Neurontin®, Seroquel®
Dayton	anabolic steroids, bath salts, hallucinogens (LSD, psilocybin mushrooms), inhalants, ketamine, Neurontin®, OTC cold and cough medications, Seroquel®
Toledo	bath salts, hallucinogens (LSD, psilocybin mushrooms), ketamine, kratom, Neurontin®, OTC cold and cough medication
Youngstown	hallucinogens (LSD, psilocybin mushrooms), Neurontin®

reported high availability of anabolic steroids, while Dayton law enforcement reported low availability. Law enforcement reported an increase in availability of the drug during the past six months in Akron-Canton, while Dayton officers reported that availability has remained the same. Further, media outlets reflected the presence of anabolic steroids in the Akron-Canton region. A part-time police officer was arrested in Mogadore (Summit County) when a drug unit seized 18 vials of anabolic steroids, several hundred anabolic steroid pills, prescription opioids, Xanax® and Adderall® from his residence (www.otfca.net, Sept. 3, 2015). An Akron (Summit County) attorney was caught offering legal services in exchange for anabolic steroids (www.newsnet5.com, Nov. 30, 2015).

Bath Salts

Bath Salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues) remain available throughout the majority of OSAM regions. High availability was reported in the Columbus region and in Belmont County (Athens OSAM region), moderate availability was reported in the Akron-Canton region and low availability was reported in the rest of the Athens region, as well as in the Cincinnati and Dayton regions. In Cleveland, participants reported low availability, while law enforcement reported moderate to high availability of bath salts during the past six months.

Cincinnati, Cleveland and Dayton respondents reported that the availability of bath salts has decreased during the past six months. Lake County and Miami Valley Regional crime labs also reported decreased numbers of bath salts cases processed during the past six months. However, BCI Bowling Green, London and Richfield crime labs reported an increase in the number of bath salts cases processed during the past six months.

Participants and community professionals throughout OSAM regions continued to explain that this drug is not preferred because of the negative experiences associated with using the substance, which included participant personal experiences, such as hallucinations. Respondents also noted that media informed reports regarding the bizarre actions and sometimes fatal consequence associated with bath salts use as negatively impacting the demand and availability of this drug.

Participants with experience purchasing bath salts during the past six months reported the following prices: 1/10

gram sells for \$20; a gram sells for \$30-55. Participants reported that bath salts are available through dealers, head shops and via Internet purchase. The most common routes of administration for bath salts remain snorting and intravenous injection (aka "shooting"). In addition, participants in Athens reported that this drug is also smoked. Participants and law enforcement described typical bath salts users as most often white, male and twenty-something. Participants reported that bath salts are most often used alone or in combination with heroin in order to assist users in coming down off the stimulant high of bath salts use.

GHB

GHB (Gamma-Hydroxyl-Butyric acid, a psychoactive drug) is reportedly available in the Cincinnati region. A few participants rated current availability as '7' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Reportedly, GHB sells in vials of varying amounts for \$20, \$40 and \$60. Participants described typical GHB users as young and gay. GHB is reportedly used in combination with methamphetamine by intravenous injection (aka "shooting"). Media outlets reported on law enforcement seizures and arrests in the region this reporting period. One of the largest GHB seizures in Warren County to date resulted in the confiscation of two gallons of GHB (also known as the "date rape" drug) along with a half-pound of crystal methamphetamine (www.otfca.net, July 31, 2015).

Hallucinogens

Hallucinogens remain available throughout OSAM regions. Generally, these include lysergic acid diethylamide (LSD) and psilocybin mushrooms, but Cleveland participants continued to identify phencyclidine (PCP) as available and Dayton professionals identified DMT (dimethyltryptamine) as also available, albeit rarely. Personal experience and knowledge of these drugs was limited to a few participants and community professionals in each region. The few participants with personal experience generally reported current hallucinogenic availability as moderate to high, with the exception of Toledo respondents who reported low availability of these substances. Law enforcement in Columbus reported high availability.

Participants and community professionals noted that availability of hallucinogens is seasonal. Participants most often reported that the availability of LSD and psilocy-

bin mushrooms has either remained the same or has decreased during the past six months, while community professionals in two regions (Dayton and Youngstown) reported decreased availability. The BCI London and Richfield crime labs reported an increase in the number of LSD cases they processed during the past six months, as well as decreased numbers of psilocybin mushroom cases.

Dayton participants reported that the current overall quality of LSD varies, while Columbus and Youngstown participants rated the current quality of LSD as '2' and '7' respectively on a scale of '0' (low quality, "garbage") to '10' (high quality). A Toledo participant reported that the overall quality of psilocybin mushrooms has increased due to better growing techniques.

Reports of current prices of hallucinogens were provided by participants with experience purchasing these drugs. LSD is typically sold on blotter paper or in liquid form: one dose (aka "hit") sells for \$5-10; 10 hits (aka "strip") sells for \$50-80; a vial of liquid LSD sells for at least \$100. Generally, participants reported that psilocybin mushrooms are sold in similar quantities and prices as marijuana: 1/8 ounce sells for \$25-35; an ounce sells for \$100-120. Additionally, Cleveland participants reported a cigarette dipped in PCP sells for \$25.

Participants continued to report that LSD is most often obtained at music festivals, while psilocybin mushrooms are grown from spores purchased online or picked in nature. The most common route of administration for hallucinogens continues to be oral consumption. LSD liquid is often administered on blotter paper which is eaten or it is dropped on a sugar cube or in food, while psilocybin mushrooms are most often eaten in food or brewed in tea. Half of the regions also reported that LSD liquid is administered through ocular absorption via eye drops. Cleveland participants continued to report that PCP is generally smoked.

Participants and community professionals described typical hallucinogen users as young (teens and 20s), marijuana users, music festival attendees, as well as, artists, hippies, whites and males. Cleveland participants reported that typical PCP users are most often African-American and from the inner city.

Participants reported that LSD is most often used in combination with alcohol, ecstasy and molly, marijuana and powdered cocaine; while psilocybin mushrooms are most often used with alcohol, ecstasy, ketamine and marijuana.

Participants shared that LSD is used with ecstasy or molly to intensify the effect of the drugs. However, a few participants reported that hallucinogens are used alone.

Inhalants

Inhalants remain highly available throughout OSAM regions and include duster (DFE) and nitrous oxide. Participants reported that inhalant use is called "huffing" and that nitrites (amyl nitrate and butyl nitrate) are often referred to by the popular brand name: "Rush." Nitrous, which users inhale, is sold in balloons and sells for \$5 apiece. Nitrous is most often obtained at music festivals, dance parties (aka "raves") and clubs. Participants and community professionals described typical inhalant users as younger (teens and 20s), white and male. Participants reported that inhalants are often used in combination with alcohol, hallucinogens, marijuana and molly.

Ketamine

Participants in Cincinnati, Dayton and Toledo reported on current availability of ketamine (anesthetic typically used in veterinary medicine). Reportedly, current availability is low in Cincinnati and Dayton, while moderate to high in Toledo. Cincinnati participants reported that this drug is most often found on college campuses and is sometimes referred to as "lab K." Participants reported that a small vial of ketamine sells for approximately \$70. Reportedly, the most common route of administration is intravenous injection (aka "shooting"). Participants described typical illicit ketamine users as younger (20s), white and male. Participants reported that ketamine is most often used in combination with LSD and other hallucinogens.

Kratom

A couple of participants in Toledo reported on limited availability of kratom (mitragynine, a psychoactive plant substance that produces a heroin-like high). This drug originates in Southeast Asia (Indonesia). One participant explained, "*Small amounts are stimulating and high amounts are sedative ... Some amounts will give you like a cocaine high.*" Another participant shared, "*It took me like six months to get addicted to it ... It gives the same effect as heroin.*"

Neurontin®

Neurontin® (anticonvulsant) is moderately to highly available throughout OSAM regions that reported on its current street availability. Athens, Columbus, Toledo and Youngstown participants indicated possible increased availability for Neurontin® during the past six months, while Cincinnati and Dayton respondents reported that availability has remained the same. Reports of current street prices for Neurontin® were fairly consistent among those with experience purchasing the drug. Neurontin® sells for \$0.50-2 per pill depending on milligram amount. Respondents suggested these medications are most often obtained via personal prescription or through institutions (jail, prison). The most common route of administration is oral consumption. A couple of participants mentioned that this drug can also be snorted, but reportedly, this method is not preferred. Participants described typical illicit users of Neurontin® as heroin addicts going through withdrawal and those who are in pain. A few participants reported that Neurontin® is used in combination with alcohol, heroin and Suboxone®. Reportedly, users take Neurontin® with alcohol in order to intensify the effects of the alcohol.

licit use was observed in Cincinnati, Cleveland and Dayton regions during the past six months. Cleveland participants noted use of bronchial dilators (Bronkaid®), as well as cough syrups. Law enforcement reported seizing these medications with methamphetamine labs. The most common route of administration for OTC medications is oral consumption. Respondents most often described typical illicit users of these drugs a young (teens-20s), African American, in the hip-hop music scene or middle-aged (40-50 years), white females. Participants reported that OTC medications are often used in combination with marijuana. Further, participants and law enforcement shared that the cough syrups are often mixed with Sprite® or 7UP® and Jolly Rancher® candies (aka “drank”).

Seroquel®

Seroquel® (antipsychotic) was mentioned as available in more than half of OSAM regions. Participants reported high availability of the drug in institutional settings (jail, prison) and lower availability on the street. Participants reported that the general availability of Seroquel® has remained the same during the past six months. The most common route of administration for Seroquel® is oral consumption. Participants reported that Seroquel® is most often used illicitly by low income people, those who are going through self-detox and by those in incarceration settings. Participants reported that Seroquel® is most often used by itself and not in combination with other substances.

OTCs

Over-the-counter (OTC) cold and cough medications are highly available due to the legal status of these drugs. Il-

Current Street Names of Other Drugs in OSAM Regions

Alpha-PVP	flakka, moon rocks
Bath salts	salt
Inhalants	rush, duster, nitrous
Ketamine	K, kitty, lab K, special K
LSD	acid, blotter, circus tickets, L, lucy, microdot, paper, sid, tabs, trip, window pane
Neurontin®	gaba (gabapentin), rotties
Over-the-counter cold and cough medications	drank (purple drank), lean, sizzurp, syrup
PCP	guerilla piss, juice, water, wet
Psilocybin mushrooms	blue buttons, boomers, caps, shrooms, smurfs, stems