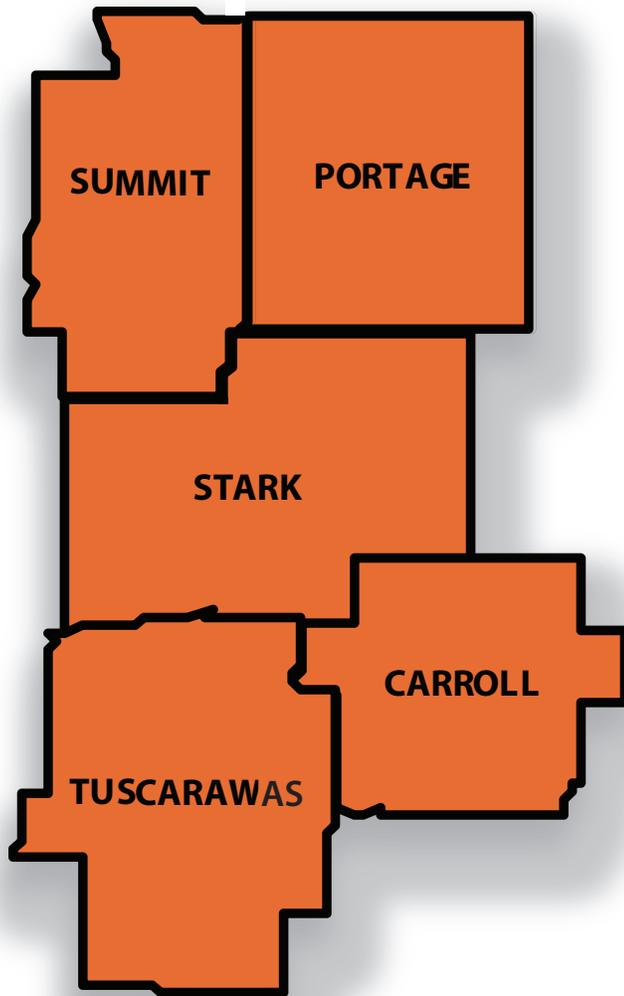




### Drug Abuse Trends in the Akron-Canton Region



#### 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 Trafficking Area (HIDTA), as well as, from the National Forensic Laboratory Information System (NFLIS) which collects results from drug chemistry analyses conducted by state and local forensic laboratories across Ohio. All secondary data are summary data of cases processed from July through December 2015. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for January through June 2016.

*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

#### Regional Epidemiologist:

**Joseph Cummins**, MA, PCC-S, LICDC

#### OSAM Staff:

**R. Thomas Sherba**, PhD, MPH, LPCC  
OSAM Principal Investigator

**Beth E. Gersper**, MPA  
OSAM Coordinator

## Regional Profile

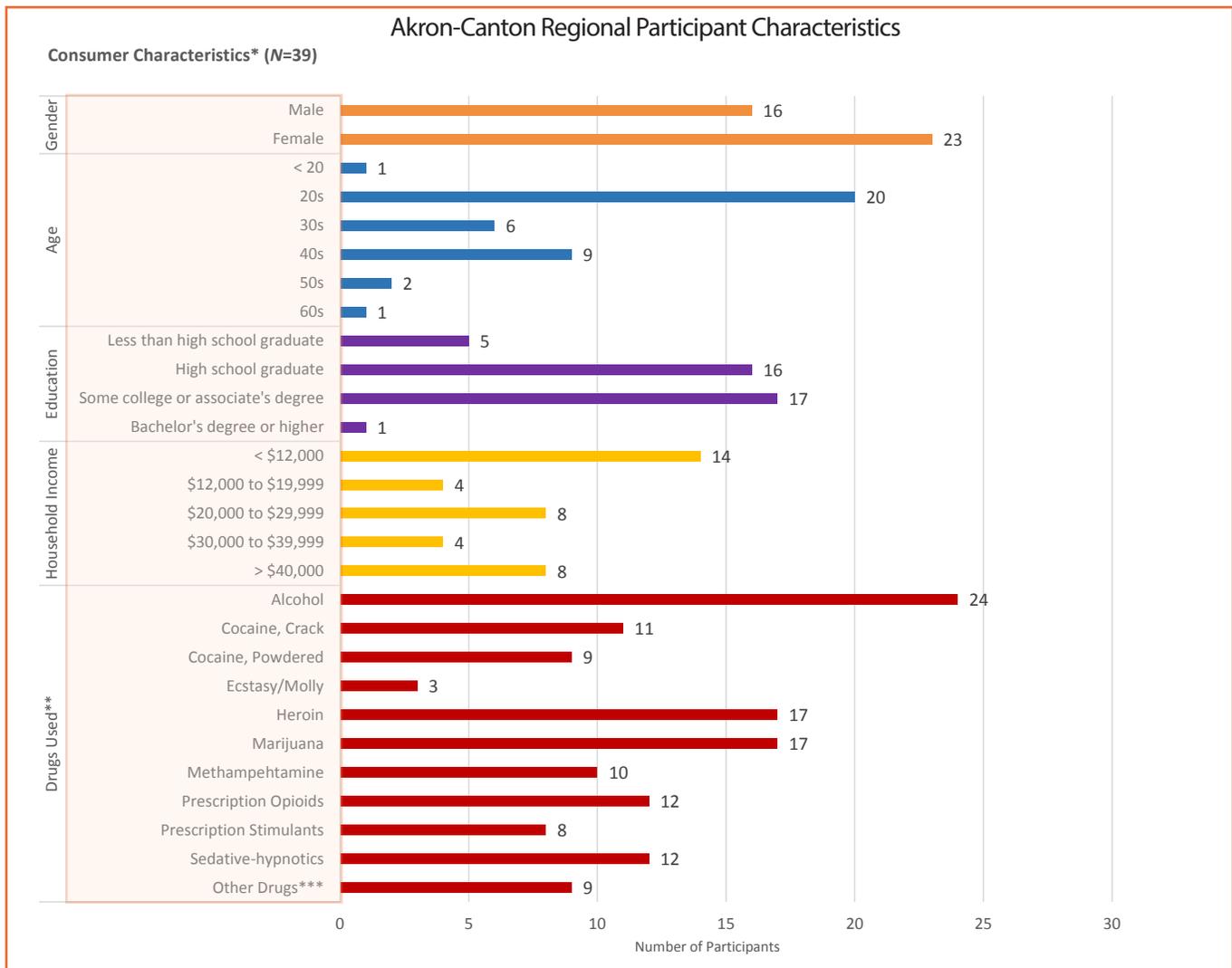
Indicator <sup>1</sup>	Ohio	Akron-Canton Region	OSAM Drug Consumers
Total Population, 2014	11,560,380	1,200,888	39
Gender (female), 2014	51.1%	51.4%	59.0%
Whites, 2014	84.8%	88.1%	94.9%
African Americans, 2014	13.6%	11.1%	2.56%
Hispanic or Latino Origin, 2014	3.3%	1.9%	7.9% <sup>2</sup>
High School Graduation Rate, 2014	82.6%	86.7%	87.2%
Median Household Income, 2014	\$49,349	\$48,510	\$20,000-\$29,999 <sup>3</sup>
Persons Below Poverty Level, 2014	15.3%	13.7%	51.4% <sup>4</sup>

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

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

<sup>3</sup>Participants reported income by selecting a category that best represented their household's approximate income for the previous year. Income was unable to be determined for 1 participant due to missing and/or invalid data.

<sup>4</sup>Poverty status was unable to be determined for 2 participants due to missing and/or invalid data.



\*Not all participants filled out forms completely; therefore, numbers may not equal 39.

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

\*\*\*Other drugs included: fentanyl, hallucinogens (LSD, psilocybin mushrooms), inhalants (duster) and Suboxone®.

## Historical Summary

In the previous reporting period (June 2015 – January 2016), crack cocaine, heroin, marijuana, methamphetamine, powdered cocaine, sedative-hypnotics and Suboxone® were highly available in the region. Increased availability existed for heroin and likely increased availability was indicated for methamphetamine and Suboxone®; decreased availability existed for prescription opioids.

Participants and community professionals continued to report brown powdered heroin as the most common type of heroin in terms of widespread use in the region. Participants noted availability of several other colors of powdered heroin, including: beige, blue, gray, pink, purple, tan and white. Participants and community professionals attributed the increase in heroin availability to an increase in number of addicted individuals, as well as an increase in number of heroin dealers throughout the region. Participants observed dealers moving to Ohio from out of state to sell the drug. Treatment providers reported that many heroin users turned to dealing the drug in support of their own personal heroin addiction. Treatment providers also speculated that lower social stigma of heroin use contributed to increased demand and availability of the drug during the reporting period.

Many participants described the quality of heroin as inconsistent. Participants reported fentanyl as one of the top adulterates (aka “cuts”) for powdered heroin and linked it to overdose. Law enforcement stated that white powdered heroin was most often mixed with fentanyl or found to be pure fentanyl. The most common route of administration for heroin remained intravenous injection. Treatment providers reported that typical heroin users were likely less than 30 years of age, while law enforcement associated heroin addiction with white users.

Participants and community professionals identified fentanyl and Percocet® as the most popular prescription opioids in terms of widespread illicit use. Community professionals reported that the general availability of prescription opioids decreased. Several treatment providers attributed decreased availability to increased prescription control and increased availability and use of heroin, a less expensive alternative to prescription opioids. Law enforcement attributed a decrease in availability of prescription opioids to the success of the “Drop Box Program,” where

citizens safely discard unused prescriptions; reportedly, 10,000 pounds of pills were collected in Summit County during the previous year.

Participants and treatment providers reported that the availability of Suboxone® increased. Respondents observed that more people were prescribed Suboxone® and noted more clinics offered the drug than previously. Hence, participants reported that Suboxone® was most often obtained for illicit use through personal prescription or from others who had a prescription. The BCI Richfield Crime Lab reported that the number of Suboxone® and Subutex® cases it processed increased during the reporting period. Participants and community professionals described typical illicit Suboxone® users as heroin addicts who use the drug when they cannot find heroin to avoid withdrawal.

Participants reported increased availability of methamphetamine and explained that more people were manufacturing the drug. While participants reported several types of methamphetamine as available, they identified powdered methamphetamine (aka “one-pot” and “shake-and-bake”) as most prevalent in terms of widespread use. However, participants in Portage and Summit counties also reported crystal methamphetamine as highly available. The BCI Richfield Crime Lab reported that the number of methamphetamine cases it processed increased; the lab reported processing mostly crystal, off-white and powdered methamphetamine.

Participants reported that users traded ingredients (pseudoephedrine) used to manufacture methamphetamine for the actual product. Community professionals described typical methamphetamine users as white, of lower socioeconomic status, unemployed or in an occupation that requires long or late-night hours, such as truck driving and bar tending.

Lastly, law enforcement reported that the availability of anabolic steroids increased and reported that the drug was easily obtained at gyms. Media outlets reported on a few law enforcement seizures and arrests related to anabolic steroids.

## Current Trends

### Powdered Cocaine

Powdered cocaine remains highly available in the region. Participants most often reported the drug's current availability as '8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10'. One participant remarked, "If you don't find it, you're not looking for it. It finds you." Another participant related, "I walk in a bar and someone will offer it in 20 minutes." Other participants commented: "If you call your 'dope boy' (drug dealer), he will give you whatever you want. If he don't have it, he knows someone who does; I could leave now and get some pretty quick."

Treatment providers most often reported the current availability of powdered cocaine as '3-4,' while law enforcement reported it as '10,' the previous most common scores were '8' for treatment providers and '5' for law enforcement. A treatment provider stated, "The [clients] I work with ... it's not their drug of choice right now." A law enforcement officer reported, "Still readily available."

Corroborating data also indicated that cocaine is available in the region. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Akron-Canton region returned 404 cocaine cases reported during the past six months (an increase from 356 cases for the previous reporting period).

In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. An Akron (Summit County) man was sentenced to 11 years in prison after accepting a package delivery containing half a pound of cocaine; a subsequent search of his residence revealed an additional 22 pounds of cocaine ([www.cleveland.com](http://www.cleveland.com), March 30, 2016). Two Akron men were arrested when one of them, with connections to a large New Jersey drug ring, received a package delivery containing two pounds of cocaine; when their residences were searched, police seized six additional pounds of cocaine, 124 pounds of marijuana and half an ounce of fentanyl ([www.cleveland.com](http://www.cleveland.com), April 4, 2016).

Participants and community professionals reported that the availability of powdered cocaine has remained the same during the past six months. A law enforcement of-

ficer stated, "For us, it's steady. It's always available. It seems like every person we deal with, informant wise, can find cocaine." The BCI Richfield Crime Lab reported that the number of powdered cocaine cases it processes has increased during the past six months.

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

Participants most often reported the current overall quality of powdered cocaine as '6' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '8'. One participant stated, "[Quality goes] up and down, but overall, the same." Participants reported that the top cutting agents (adulterants) for powdered cocaine are baby laxative and baking soda. Other cuts mentioned included: aspirin, diet pills, heroin, inositol (dietary supplement), lidocaine (local anesthetic), methamphetamine, NoDoz®, Orajel®, powdered sugar, salt and vitamins. One participant claimed, "Any white pill crushed down." Overall, participants reported that the quality of powdered cocaine has remained the same during the past six months. A participant shared, "Where I get it (North Canton), it's good, but it gets 'stepped on' (cut) as it moves south [into Canton]."

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

Reports of current prices for powdered cocaine were consistent among participants with experience buying the drug. However, one participant reported, "[The price] varies. It's all who you know." Participants reported that the most common quantity purchased is 1/16 ounce (aka "teener") and 1/8 ounce (aka "eight ball"). Several participants reported that users will often purchase a smaller amount and then continue going back for more and commented: "They get a teener, and they continue to go back; A

lot of people in the projects don't have a shit-load of money, so they buy a '20-bag' (1/4 gram) and then come back for another 20-bag. They could have saved themselves the hassle and bought a '100-bag' (a gram) and got a lot more bang for their buck." One participant remarked, "Meth is cheaper, you don't need as much." A law enforcement officer discussed the price of cocaine and commented, "Maybe a bit of a price increase [for cocaine] because of the complete dominance of heroin and methamphetamine, 'ice' (crystal methamphetamine). They dominate everything."

Powdered Cocaine	Current Prices for Powdered Cocaine	
	1/4 gram	\$20
	A gram	\$60-100
	1/16 ounce (aka "teener")	\$90-135
	1/8 ounce (aka "eight ball")	\$150-250

Participants reported that the most common routes of administration for powdered cocaine remain snorting and intravenous injection (aka "shooting"). Participants estimated that out of 10 powdered cocaine users, seven would snort and three would shoot the drug. A participant explained, "It depends on the age bracket and who you use with. All the younger generation, 28 and under, are shooting whatever they get their hands on." Another participant remarked, "Dope fiends' (heroin addicts) are going to shoot it." Participants also reported that powdered cocaine can be smoked by lacing it into a marijuana joint, which they called "laser" or "primo," or into a tobacco cigarette, which they called a "snow cap."

Participants described typical powdered cocaine users as professionals, with higher economic means. Participants reported: "People who have money or are friends of people who have money; Business people. Professionals." Treatment providers described typical powdered cocaine users as individuals who use or abuse alcohol.

## 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 commented: "In some places, they ask you in broad daylight, 'You looking to buy some crack?' They are sitting in their car, just selling; They stand outside [a local pizza place] and approach people who just got paid; Just as easy as [to obtain as] 'coke' (powdered cocaine), and if not, I'm making my own."

Treatment providers most often reported current availability as '4-5', while law enforcement most often reported '10'; the previous most common scores were '10' for treatment providers and '6' for law enforcement. A law enforcement officer commented, "It's still pretty easy to get, not quite as easy as cocaine." Another officer compared, "I would say the availability is a '10' (highly available), but because of the complete dominance of heroin and 'ice' (crystal methamphetamine), everyone wants to talk about heroin and ice."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A woman from Green (Summit County) received a sentence of 18 months in prison after taking her 3-year-old cousin around to several drug houses to purchase and use crack cocaine ([www.cleveland.com](http://www.cleveland.com), April 11, 2016). A man was arrested when Canton Police (Stark County) raided his apartment and found crack cocaine, heroin, marijuana and prescription pills ([www.cantonrep.com](http://www.cantonrep.com), May 3, 2016).

Participants and community professionals reported that the availability of crack cocaine has remained the same during the past six months. A law enforcement officer commented, "Groups of people who use it, know where to get it." The BCI Richfield Crime Lab reported that the number of crack cocaine cases it processes has decreased during the past six

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

months, although the lab noted that it does not typically differentiate between powdered and crack cocaine.

Participants most often rated the current overall quality of crack cocaine as '6' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '8'. A participant complained, "People are starting to 'cut' (adulterate) it more and 're-rock it' (turn it back into crack cocaine)." Participants reported that crack cocaine in the region is most often cut with baking soda. A participant commented, "Everything is watered down with baking soda." Other cuts mentioned for crack cocaine included ammonia and bleach. One participant stated, "People are making it with cleaning products." Overall, participants reported that the quality of crack cocaine has decreased or remained the same during the past six months.

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

Reports of current prices for crack cocaine were consistent among participants with experience buying the drug. Participants reported that prices have remained the same during the past six months and stated that the most common way to purchase this drug is in \$10 increments. However, some participants reported ability to purchase the drug for as little as \$5 and called that amount "a five-dollar holler." Other participants indicated that crack cocaine is sold in pieces that are not typically weighed out. One participant explained, "You can get a 'dime' (\$10) piece. They will break a piece." Another participant asserted, "People on crack are desperate and they will do anything to get it." A participant added, "A lot of dealers will take stolen goods for crack." Participants reported that a fifth of a gram currently sells for \$20.

Participants reported that the most common route of administration for crack cocaine remains smoking. Participants estimated that out of 10 crack cocaine users, nine would smoke and one would intravenously inject (aka "shoot") the drug.

A profile for a typical crack cocaine user did not emerge from the data. While some participants reported crack cocaine use as most typical among individuals of lower

socio-economic status, others commented that wealthier individuals use the drug as well. A participant shared, "When I used to ride around with my baby's dad, I noticed more rich people buying it, nine out of 10 was rich people ... they sell it to the rich people who come into the 'projects' (public housing areas) [to buy it]." Another participant commented, "It doesn't discriminate. People from all lines [of work] ... doctors, police, anybody." Some participants reported that African-Americans are more likely to use crack cocaine, while others disagreed. One participant argued, "More whites smoke [crack cocaine] than blacks. Blacks smoke 'weed' (marijuana), they sell crack to buy their 'pot' (marijuana)."

Community professionals described typical crack cocaine users as of lower socio-economic status. A treatment provider reflected, "I find that with the higher 'SES' (socio-economic status), it's more taboo and many are not as willing to admit [using crack cocaine]." A law enforcement officer commented, "It's more in the city." Another officer contemplated, "Perhaps they graduate from [powdered] cocaine ... they use all their money and turn to crack."

## 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'. A participant reported, "You walk down the street and everyone is trying to give it to you." Another participant confirmed, "I've had people yell from the car, 'Do you have anything?' ... They are trying to find some [heroin] because they are 'sick' (going into withdrawal)."

Community professionals most often reported the current availability of heroin as '10'; the previous most common score was also '10'. Treatment providers commented: "I'm hearing more about [heroin] in surrounding counties; It's constantly in social media; Clients say they have multiple dope boys, they have three or four people to go to buy it." Another provider shared on attending a funeral of a client who had died of a heroin overdose, at which, she claimed, "People were clearly under the influence of heroin." A law enforcement officer stated, "It's on every corner."

Corroborating data also indicated that heroin is available in the region. Ohio HIDTA's Criminal Patrol Unit High-

lighted Seizures report recorded that HIDTA officers interdicted 2.2 pounds of heroin in Portage County in August 2015 in a single seizure. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Akron-Canton region returned 430 heroin cases reported during the past six months (a decrease from 453 cases for the previous reporting period).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. An Akron woman was sentenced to three years in prison after giving heroin to a man who subsequently overdosed and died ([www.cleveland.com](http://www.cleveland.com), Jan. 5, 2016). A man from Silver Lake (Summit County) provided a Cuyahoga Falls (Summit County) man a lethal dose of heroin and was sentenced to five years in prison as a result ([www.cleveland.com](http://www.cleveland.com), March 9, 2016). An Akron man, who had five previous convictions for crack cocaine possession, was charged with involuntary manslaughter for selling drugs to a woman who died of an overdose of heroin, fentanyl and crack cocaine; police seized heroin and crack cocaine from him at the time of the arrest ([www.cleveland.com](http://www.cleveland.com), March 30, 2016). Alliance Police (Stark County) made a record-breaking heroin bust when they raided two houses connected with a dealer and seized nearly \$10,000 worth of uncut heroin ([www.wkbn.com](http://www.wkbn.com), Feb. 15, 2016). A mother and grandmother were indicted on involuntary manslaughter of their son/grandson, age 16, who overdosed and died from heroin in an Akron hotel ([www.yourohiovalley.com](http://www.yourohiovalley.com), May 3, 2016). Neighbor complaints led Canton Police (Stark County) to a vacant home where two individuals were arrested for selling heroin ([www.cantonrep.com](http://www.cantonrep.com), June 1, 2016). An Akron man was arrested and charged with selling heroin-fentanyl mixtures ([www.cleveland.com](http://www.cleveland.com), June 1, 2016). Two men from California were arrested when the Ohio State Highway Patrol (OSHP) seized six kilos of heroin and a half pound of cocaine from their vehicle when they were stopped for speeding in Summit County ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), June 24, 2016).

While many types of heroin are currently available in the region, participants and community professionals reported powdered heroin as most available. Participants reported powdered heroin in a variety of colors including: blue, brown, cream, gray, green, pink, purple, tan and white. Participants described the consistency of heroin most often as “chunky” or “rocky.” Participants shared: “It goes in phases. Sometimes you’ll get powder, then you get sticky, chunky, almost like peanut butter; It’s like gravel or

*sand, but smaller.”* A law enforcement officer stated, “Most everything we get is brown ... tan powder.”

Black tar heroin is also available in the region, although reportedly much less so than powdered heroin. One participant commented, “I haven’t seen [black tar] lately.” Another participant admitted, “I went to Detroit (Michigan) and brought it back and sold it.” Treatment providers reported having no knowledge of black tar heroin in the area, while a law enforcement officer commented, “We’ve had it, but ... not that many times.”

Participants reported that the availability of heroin has increased during the past six months. A participant commented, “Mexican cartels are not bothering with cocaine ... heroin is where the money is at.” Several participants agreed with similar comments relating to demand of the drug: “More people are on it and you get sick without it; Everybody is doing it, it’s in demand.”

Treatment providers did not agree to availability change of heroin during the past six months, most often reporting that availability has remained the same or has increased. A treatment provider responded, “It’s strong and steady.” Another treatment provider asserted, “The demand is going up, supply is meeting the demand.” Law enforcement reported that the general availability of heroin has remained the same during the past six months. One officer described heroin availability as “plateauing.”

The BCI Richfield Crime Lab reported that the number of powdered heroin cases it processes has increased during the past six months; the lab reported processing brown powdered, brown chunks, as well as, off-white and tan powdered heroin. The lab also reported that the number of black tar heroin cases has decreased, although the lab noted that it does not typically differentiate between black tar and powdered heroin.

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

Participants most often rated the current overall quality of heroin as ‘10’ on a scale of ‘0’ (poor quality, “garbage”) to

'10' (high quality); the previous most common score was '7.' Although the quality rating was high, most participants noted that the high rating was due to fentanyl being 'cut' (adulterated) into the heroin, which makes the drug more potent. A participant commented, "There is little pure heroin right now, everyone is cutting it." Another participant asserted, "Fentanyl is pretty much all you're getting right now." A treatment provider shared, "I've heard guys say they will go anywhere ... They will drive ... to get it ... they will drive there because it's stronger." The BCI Richfield Crime Lab noted more fentanyl with heroin cases during the past six months than previously seen.

Participants reported fentanyl as the top cutting agent in the region during the past six months. Additional cuts mentioned were many and included: ammonia, baby laxative, bleach, bouillon cubes, brown sugar, cosmetics, Flexeril®, gabapentin (Neurontin®), gravy, Lyrica®, sleep aids and vitamins. One participant explained, "Get a pill in the cupboard. Get it out, grind it down [and] put it in the heroin." Another participant reported, "The older people have the pure stuff, the kids (younger dealers) have it all messed up ... cutting it with stuff, fentanyl ... it's killing people." Another participant related, "Fentanyl doesn't last as long as real heroin. With fentanyl, you're ready to get a 'shot' (another dose by intravenous injection) in one hour. The second and third shot is always more than the first ... shots get bigger because you're trying to get that first high again."

Law enforcement officers commented on how most of the heroin in the area is heavily cut with fentanyl. An officer commented, "I don't think we can separate the questions about heroin from fentanyl. A lot of people who buy heroin think they are buying heroin, but they are getting fentanyl." Another officer confirmed, "Most of it is cut with fentanyl, that's the popular trend going on in the area." An officer explained that the fentanyl associated with heroin is manufactured in clandestine laboratories overseas and shipped in for \$7,000 per kilo, compared to U.S. market value of heroin at \$70,000 per kilo. The officer further explained, "They can 'step on it' (cut it) probably eight times ... and it is still stronger than heroin. It's sold as 'fire,' a super-potent heroin." Overall, participants reported that the general quality of heroin has

increased during the past six months, although this seems more a function of potency rather than purity.

Reports of current prices for heroin were consistent among participants with experience purchasing the drug, who reported that the most common quantities purchased are quarter and half gram amounts. A participant explained, "Some people buy '20s' (1/10 gram amounts), then get more money and go back to buy more." Other participants shared: "People have to have it, so they'll steal from their mother; If you don't have cash, some dealers will trade; I knew a guy who took his laptop, worth \$500, and got \$300 worth of heroin." A participant explained that the quality of heroin also effects price and reported: "I paid \$150-200 [per gram] to not be 'cut' (adulterated)."

Current Prices for Heroin		
Heroin	<b>Black tar:</b>	
	1/10 gram	\$20
	A gram	\$100
	<b>Brown powdered:</b>	
	1/10 gram	\$20
	1/4 gram	\$25-30
	1/2 gram	\$50-60
	A gram	\$80-150

While there were a few reported ways of using heroin, generally, the most common route of administration remains intravenous injection (aka "shooting"). Participants estimated that out of 10 heroin users, nine would shoot and one would snort the drug. Participants explained: "[People who snort] are not there yet; If you are really using heroin, you are shooting it."

Participants reported that injection needles are most available from pharmacies and dealers. A participant commented, "There are people selling them all over the street." Several participants shared: "You don't have to prove you are a diabetic [to obtain needles at a pharmacy]; They don't ask many questions; Just state, 'I need diabetic needles' and give them the gauge." Participants also reported obtaining needles from the Internet, agriculture stores (horse and other large animal needles), individuals who use injectable

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

medication and nursing facilities. Participants reported the most common price for needles on the street is \$2-5 apiece. Furthermore, participants reported that sharing needles is common practice, often done with close friends or significant other. However, several participants added that users in “heroin houses” most often share needles. One participant reported that her hand was small enough to retrieve needles from sharps container boxes located in physician offices.

A profile for a typical heroin user did not emerge from the data. Participants shared: *“All ages. From little kids to elderly [use heroin]; I know a 57-year-old woman who just ‘OD’d’ (overdosed) and a 16-year-old who OD’d. There’s just no barrier.”* Some participants noted an increase in younger users. One participant divulged that her 11-year-old brother is using heroin. Treatment providers reported that heroin users are typically either young (late teens) or much older (60 and older). A treatment provider commented, *“It seems to be expanding on both sides, younger and older.”* While most community professional reported that heroin is used across the board, one law enforcement officer commented, *“It’s a Caucasian-abused drug. Of all the deaths in Summit County, only two were black, the rest ... [an estimated] 40 to 60 individuals ... were Caucasian.”* Other officers stated: *“In talking to people, it’s people you wouldn’t expect. More middle-class families who get hooked ... progressing from pills to this; It’s everybody, all age groups.”*

## Prescription Opioids

Prescription opioids remain 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 also ‘10’. A participant asserted, *“It’s easier [to get prescription opioids] on the streets than from doctors.”* Community professionals most often reported prescription opioid current availability as ‘8’; the previous most common score was ‘6’ for treatment providers and ‘8’ for law enforcement. One law enforcement officer commented, *“Guys trade [prescription opioids] for heroin and dealers sell it when they are out of heroin.”* Another officer reported, *“Our cases involve doctor shopping, but not really so much the sale of them.”*

In addition, law enforcement noted that clandestine fentanyl is imported and prevalent in the area. One officer stated, *“We’ve been hearing about laboratories in China that will ship small, like gram amounts, to people here ... we’ve*

*heard, two or three times, where guys are going online and getting it ... It says, ‘not fit for human consumption.’”*

Corroborating data also indicated that prescription opioids are available for illicit use in the region. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Akron-Canton region, returned 451 prescription opioid cases, of which 197 were acetyl-fentanyl/fentanyl cases, reported during the past six months (an increase from 354 cases for the previous reporting period, of which 183 were acetyl-fentanyl/fentanyl cases).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Barberton Police (Summit County) arrested an Akron man for selling fentanyl in lieu of heroin to a woman who died of an overdose ([www.cleveland.com](http://www.cleveland.com), Jan. 4, 2016). An Akron woman was charged with involuntary manslaughter after selling fentanyl, in lieu of heroin, to a Cuyahoga Falls (Summit County) man who subsequently died of overdose ([www.cleveland.com](http://www.cleveland.com), Jan. 28, 2016). Two teens face narcotics charges for violations at a Portage County high school, while another teen faces drug charges for trafficking drugs near the school; several pounds of marijuana originating from California were found at one of their homes ([www.newsnet5.com](http://www.newsnet5.com), Feb. 2, 2016). An Akron man was sentenced to eight years in prison for selling fentanyl, in lieu of heroin, to a woman who subsequently died of overdose ([www.ohio.com](http://www.ohio.com), Feb. 24, 2016). A nurse at a Summit County retirement village stole 995 hydrocodone pills and 58 oxycodone pills from patients by altering records and lying about medication distribution ([www.cleveland.com](http://www.cleveland.com), March 22, 2016).

Participants identified Dilaudid®, fentanyl, morphine, Opana®, OxyContin®, Percocet® and Vicodin® as the most popular prescription opioids in terms of widespread illicit use. Participants from one group (Portage County) reported that the old formulations of some of the prescription opioids (Opana® and OxyContin®) are available again from some emergency rooms. A participant asserted, *“They are starting to switch back ‘cause [new formulation OxyContin®] were killing people trying to ‘shoot’ (intravenously inject) them, so I heard ‘OCs’ (old formulation OxyContin®) are back.”* Another participant reported, *“I noticed the older people, people with cancer, are able to get the ones that don’t ‘gel’ (turn to a gelatinous substance when a user tries to inject them).”* Still another participant related, *“[Opana are] not ‘fake’ (abuse deterrent) anymore, they are making them that can be crushed again.”*

Community professionals identified fentanyl, Percocet® and Vicodin® as the most popular prescription opioids in terms of widespread illicit use. A treatment provider stated, “We are hearing of people [who are being treated with] Vivitrol® using black-market fentanyl... strong enough to knock the Vivitrol® off the receptors, so they get high.”

Participants reported that the general availability of prescription opioids has remained the same or decreased during the past six months. Participants shared: “I’m having a hard time getting them from doctors; It’s harder to get a new prescription ... so you have to find someone who has had a prescription from a doctor for years.” Another participant reasoned, “Pharmacies are linked, so you can’t doctor-shop.” One participant asserted, “You get red-flagged at a hospital [and] you are red-flagged everywhere.” Still other participants commented: “Heroin came into play and it’s stronger and cheaper; Everyone’s tolerance is going up, so it makes more sense to use heroin.”

Treatment providers reported that the general availability of prescription opioids has remained the same or decreased during the past six months, while law enforcement most often reported decreased availability of these drugs. Treatment providers noted that fentanyl is the exception and is increasing in availability. One treatment provider described availability of fentanyl as “sky-rocketing.” A law enforcement officer explained, “It’s not as easy [to obtain prescription opioids] as it once was because they are shutting down some of the pain centers ... they closed two pain centers ... for over-prescribing ....” Another officer affirmed, “Doctors are being more scrutinized on their prescribing.” The BCI Richfield Crime Lab reported that the number of Dilaudid®, methadone, morphine and Vicodin® cases it processes has increased during the past six months, while the number of fentanyl, Opana®, OxyContin® and Ultram® cases has decreased.

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

Reports of current street prices for prescription opioids were provided by participants with experience buying the drugs. Reportedly, prescription opioids generally sell for \$1

per milligram. The majority of participants indicated that the price of prescription opioids has increased during the past six months and commented: “They’re too expensive; Prices are really jacked up because they are getting so scarce; Prices are higher, so everyone is going to heroin.”

Prescription Opioids	Current Street Prices for Prescription Opioids	
	fentanyl	\$100-120 for 100 mcg (patch)
	methadone	\$20 per pill (unspecified dose)
	Opana®	\$75-80 for 40 mg
	OxyContin® OP	\$20-40 for 80 mg
	OxyContin® OC (old formulation)	\$80 for 80 mg
	Percocet®	\$5-7 for 5 mg \$8-13 for 10 mg
	Roxicodone®	\$30-40 for 30 mg
	Vicodin®	\$3-5 for 5 mg

Participants reported obtaining these drugs from dealers and friends or relatives who have prescriptions for these medications. A participant reflected on how prescription opioids are typically obtained and shared, “Through phone calls to relatives or friends ... or your normal drug dealer. Some people pay for heroin with pain killers, so the dealer has them.” Another participant confirmed, “People would trade me prescription pills for heroin. Then I’d sell those to my ‘dope boy’ (drug dealer) because he liked doing pills.” One participant asserted, “Grandmas sell them. They need money because Social Security isn’t enough. They keep just enough pills for themselves.” Another participant discussed users who are being treated at methadone clinics and reported, “They need money, so they will be half-sick and sell [some of their methadone] on the streets.”

While there were a few reported ways of consuming prescription opioids, and variations in methods of use were noted among specific types of pills, generally the most common route of administration for illicit use remains snorting. Participants estimated that out of 10 illicit prescription opioid users, six would snort, two would intravenously inject (aka “shoot”) and two would orally consume these drugs. Participants noted that oral consumption includes “parachuting,” which means a user will crush the

pill, wrap it in a small piece of tissue and swallow it. A participant commented, "If it's a pill I can shoot, I'd shoot it." However, another participant said, "You can't shoot no more; the FDA changed it so they don't liquefy." One participant reported, "You can smoke 'oxies' (OxyContin® or oxycodone)."

A profile of a typical illicit prescription opioid user did not emerge from the data. Participants commented: "Just about everybody does pain pills; I get pills from grandmas ... it doesn't matter what age." Treatment providers reported that illicit prescription opioid users tend to be younger (early 20s). One treatment provider noted that illicit users will often progress to other drugs, such as heroin. Law enforcement described illicit prescription opioid users as across the board.

### Suboxone®

Suboxone® remains highly available in the region. Participants most often reported the current street 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 scores was also '10'. Participant comments included: "Doctors are making money off them; [Doctors] basically give it to anyone who is a heroin user. You can do 'dope' (heroin) ... and test dirty for opiates, get a 'script' (prescription) and flip that script and sell it for a lot of money, then buy heroin." Participants also reported the sublingual filmstrip form (aka "strips") as the most available type of Suboxone®.

Community professionals most often reported current street availability of Suboxone® as '8-10,' the previous most common score was '9' for treatment providers and '6' for law enforcement. A treatment provider shared, "It's associated with a degree of wellness ... it's justification. [Clients say], 'I was withdrawing from heroin, I just did 'subs' (Suboxone®) for six months.'" A law enforcement officer reflected, "I used to see a lot of methadone, but Suboxone® replaced that." Other officers reported: "When we do wire taps, we will hear, 'Have any subs? I need some Suboxone®.' We will find Suboxone® on heroin addicts; It seems that every house we go into with a search warrant, we find some Suboxone®." One officer mentioned, "I had a guy, hooked on heroin, who told us he was treated with 8 mg Suboxone® strips, got hooked on those and started buying them on the street."

Participants reported that the availability of Suboxone® has increased during the past six months. Participant comments included: "More doctors are prescribing it; More people

are getting prescriptions for them." Community professionals reported that the availability of Suboxone® has remained the same during the past six months. A treatment provider mentioned, "We see people with Suboxone® selling it to buy heroin." The BCI Richfield Crime Lab reported that the number of Suboxone® and Subutex® cases it processes have decreased during the past six months.

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

Reports of current street prices for Suboxone® were consistent among participants with experience buying the drug. One participant stated, "If my [insurance] paid for them, I'd sell them for \$15 [apiece] 'cause I didn't pay anything." Another participant admitted, "I traded [my prescription stimulants] for Suboxone®."

Suboxone®	Current Street Prices for Suboxone®	
	filmstrip or tablet	\$5-10 for 2 mg
		\$15 for 4 mg
\$15-30 for 8 mg		
Subutex®	\$20 per pill (unspecified dose)	

In addition to obtaining Suboxone® on the street from dealers, participants also reported getting the drug through Suboxone® clinics. One participant stated, "[A local treatment provider] now has a program where you have to go in every day to get your strip (Suboxone®), so you don't get a prescription, and you have to attend 'IOP' (intensive outpatient treatment)."

Participants reported that the most common route of administration for illicit use of Suboxone® filmstrip is sublingual, followed by intravenous injection (aka "shooting"), while the most common routes of administration for illicit use of Suboxone® tablets are snorting and oral consumption. One participant clarified, "[Route of administration] depends on how you use other drugs."

A profile for a typical illicit user of Suboxone® did not emerge from the data. Community professionals described typical illicit users of Suboxone® as anyone who uses or abuses heroin. A law enforcement officer added, "You don't see new [drug] users looking for Suboxone®. It's people who've been around awhile."

### Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain 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 also '10'. Community professionals most often reported current street availability '8' or '10'; the previous most common scores were '5-8'. A treatment provider shared that clients use sedative-hypnotics when they cannot get their drug of choice and are going through withdrawal. One treatment provider explained, "So many have that high anxiety and so will use them, but it is not their primary drug of choice." A law enforcement officer commented, "We always hear about 'xanie bars' (Xanax® 2 mg)."

Corroborating data also indicated that sedative-hypnotics are available for illicit use in the region. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Akron-Canton region returned 169 benzodiazepine cases reported during the past six months (an increase from 154 cases for the previous reporting period). In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. An Akron man contacted a man in Norton (Summit County) to purchase \$120 worth of Xanax® pills and, when they met, the Norton man hit him with his gun, took his money and ran ([www.cleveland.com](http://www.cleveland.com), Feb. 9, 2016).

Participants identified Ativan®, Klonopin®, Valium® and Xanax® as the most available sedative-hypnotics in terms of widespread illicit use, while community professionals identified Xanax® as most available. 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 Ativan® cases it processes has increased during the past six months, while the number of Ambien®, Valium® and Xanax® cases have decreased.

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

Reports of current street prices for sedative-hypnotics were consistent among participants with experience buying the drugs. Generally, sedative-hypnotics are most often sell for \$2 per milligram. However, one participant shared, "I worked at a bar. If you say, 'I'm having a bad day,' someone will say, 'Want a Xanax®?' You don't have to buy them, people offer them."

Sedative-Hypnotics	Current Street Prices for Sedative-Hypnotics	
	Ativan®	\$20 for 25 mg
	Klonopin®	\$1 for 0.5 mg
		\$2 for 1 mg \$3-5 for 2 mg
	Soma®	\$5 per pill (unspecified dose)
Xanax®	\$1 for 0.5 mg \$2 for 1 mg	
	\$4-5 for 2 mg	

Participants reported obtaining these drugs from doctors, family members and dealers. One participant said, "It's easy to get a script (prescription)." However, another participant commented, "Around here, it's hard [to get a prescription]. You have to go to a psychiatrist." Another participant divulged, "Old people who cannot live off of social security [sell their prescriptions] ... that's how I found my pain pills and 'benzos' (benzodiazepines). Doctors don't ask them as much about pills, you know."

Participants reported that the most common routes of administration for illicit use of sedative-hypnotics are oral consumption and snorting. Participants estimated that out of 10 illicit sedative-hypnotic users, five would orally consume and five would snort the drugs. Participants added that oral consumption includes "parachuting" (crushing the pill, wrapping it in tissue and swallowing). Many clients spoke of dissolving the drug in an alcoholic beverage and drinking it.

Participants described typical users of sedative-hypnotics as females and those greater than 40 years of age. Community professionals described typical illicit sedative-hypnotic users as white, female and younger.

## 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'. A participant commented, *"Everybody's got it. They are growing it in their closet."* Community professionals most often reported current availability as '10'; the previous most common score was also '10'. A law enforcement officer commented, *"Always available; That's all over the place ...."*

Corroborating data also indicated that marijuana is available in the region. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Akron-Canton region returned 1,273 cannabis cases reported during the past six months (a decrease from 1,310 cases for the previous reporting period). In addition, the Summit County Juvenile Court reported that 21.5 percent of drug screens ordered during the past six months were positive for THC (tetrahydrocannabinol, the principal psychoactive component of cannabis).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A driver was arrested when OSHP troopers stopped their vehicle in Portage County; a subsequent search revealed more than a pound of marijuana ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), March 14, 2016). OSHP stopped a California man in Lake Township (Stark County) and seized 152 packages of hydroponic marijuana (189 pounds) from his truck ([www.13abc.com](http://www.13abc.com), March 15, 2016). A man in Green (Summit County) was killed when three men came to rob him of marijuana; there was video surveillance inside the apartment ([www.cleveland.com](http://www.cleveland.com), March 17, 2016). Sagamore Hills Police (Summit County) arrested a man after discovering an underground marijuana grow operation in his home; 19 marijuana plants and growing equipment were seized ([www.cleveland.com](http://www.cleveland.com), March 29, 2016). A Cuyahoga Falls (Summit County) house caught fire, and firefighters subsequently discovered a marijuana grow operation; 20

marijuana plants were seized by police who were called to the scene ([www.cleveland.com](http://www.cleveland.com), March 30, 2016). An intoxicated man asked an Alliance (Stark County) police officer to help him find marijuana he had lost in his yard; the officer found it and charged the man with a misdemeanor ([www.wdtn.com](http://www.wdtn.com), May 2, 2016). Stark County Drug Task Force and Perry Township Police executed a search warrant and removed over 100 marijuana plants from a residence ([www.otfca.net](http://www.otfca.net), May 13, 2016). The owner of a Canton (Stark County) business was arrested when police discovered marijuana, "dabs," and marijuana baked goods and candy in his vehicle when they pulled him over for failing to stop at a stop sign ([www.cantonrep.com](http://www.cantonrep.com), May 28, 2016). OHSP seized \$2,000 worth of marijuana, divided into nine packages, when a minivan was pulled over for a speeding violation in Portage County; three men were arrested ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), June 11, 2016).

Participants and community professionals also discussed availability of high-grade marijuana extracts and concentrates often appearing as oil and wax (aka "dabs") forms of the drug. Participants most often reported the current availability of extracts and concentrates as '9' for "dabs" (wax) and '2-3' for hash oil; the previous score was '5' for extracts and concentrates generally. A participant reflected, *"Someone came up to us a week ago and offered to trade a dab for a cigarette, it's pretty easy [to obtain]."* Another participant added, *"You can go to YouTube and learn how to make it."* Law enforcement most often reported current availability of marijuana extracts and concentrates as '10'; the previous most common score was '9'. An officer reported, *"We've seen a ton of [hash oil labs] popping up. We've gone into houses for other things and found them there."*

Participants reported that the availability of low-grade marijuana has decreased, while the availability of the high-grade marijuana has increased or remained the same during the past six months. A few participants commented: *"It's not often you can't find high grade around here; There's not much of a market for low grade; I haven't seen 'mids, commercial weed' (low-grade marijuana) in over a year; It's all high grade 'bud' (marijuana) now."* Another participant explained, *"High grade is easier to find, most dealers have high grade because it's what they smoke."* Participants indicated that marijuana concentrates and extracts have increased during the past six months. One participant stated, *"A lot more people are hip to it."*

Treatment providers reported that the availability of marijuana has increased during the past six months, while law

enforcement reported that availability of marijuana has remained the same. One provider stated, *"It's in the news ... it's everywhere."* Law enforcement reported that the marijuana in the region is almost exclusively high grade. One law enforcement officer illustrated, *"Most of it is top of the line, you touch it with your rubber glove, and it sticks."* Another officer reported that high-grade marijuana is being imported from California, Colorado and Washington states where it is legal. Reportedly, distributors can sell their product for a higher profit in Ohio. Law enforcement added that the availability of marijuana extracts and concentrates have increased during the past six months. The BCI Richfield Crime Lab reported that the number of marijuana cases it processes has decreased during the past six months.

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

Participants most often rated current quality as '5' for low-grade marijuana and '10' for high-grade marijuana on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common scores were '8' and '10', respectively. However, several participants commented on the variability in quality of the drug and explained: *"Every 'weed' (marijuana) is different than the one you had before; You get some good weed today and then next week your dude will have even better stuff than that; They add more chemicals and more stuff to it now than ever before."*

Participants indicated that the quality of low-grade marijuana has remained the same during the past six months, while the quality of high-grade marijuana has increased. One participant reasoned, *"High grade is getting better and better. Legalization in other states is letting people cross hybrids, making weed stronger."* Others agreed and commented: *"They are using better growing techniques; The longer you grow, the better you are at it."*

Reports of current prices for marijuana were provided by participants with experience buying the drug. Participants reported that the most common quantity purchased is 1/8 ounce (aka "eight ball"). One participant explained, *"[Price] depends on where you buy it. If you go to the grower, you get it cheaper."*

Marijuana	Current Prices for Marijuana	
	<b>Low grade:</b>	
	A blunt (cigar) or two joints (cigarettes)	\$2.50-5
	A gram	\$10
	1/8 ounce	\$15-20
	An ounce	\$125-150
	<b>High grade:</b>	
	A blunt (cigar) or two joints (cigarettes)	\$10
	A gram	\$15-20
	1/8 ounce	\$35-60
	An ounce	\$225-250
	<b>Extracts and concentrates:</b>	
	A gram	\$30-40

While there were a few reported ways of consuming marijuana, generally the most common route of administration remains smoking. Participants estimated that out of 10 marijuana users, all 10 would smoke the drug. Participants clarified that marijuana extracts and concentrates are most often consumed by vaporizing. Participants added that extracts and concentrates could also be smoked on a blunt, but this is rare and one participant explained, *"You lose a lot of it. It doesn't burn hot enough."*

A profile for a typical marijuana user did not emerge from the data. Participants frequently cited that everybody smokes marijuana. Likewise, community professionals reported that the use of marijuana is very common among all groups of people.

## Methamphetamine



Methamphetamine 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'. Participants related: *"They busted 14 or 15 'meth' (methamphetamine) labs, actual meth labs, and seized 14 million dollars of actual meth ... actual clear-glass meth (crystal methamphetamine) in Alliance (Stark County); Two labs were busted yesterday in Uhrichsville (Tuscarawas County)."* Community professionals most often reported current availability of metham-

phetamine as '9-10;' the previous most common score was '7-10.' A law enforcement officer shared, *"Our unit handles all the clean-ups [of methamphetamine labs] in the county (Stark County) and I would estimate we handle two clean-ups a week."*

The powdered form of methamphetamine is typically referred to as "one-pot" or "shake-and-bake," which means users are producing the drug in a single sealed container, such as a two-liter soda bottle. By using common household chemicals along with ammonium nitrate (found in cold packs) and pseudoephedrine (found in some allergy medications), people who make methamphetamine can produce the drug in approximately 30 minutes in nearly any location.

Corroborating data also indicated that methamphetamine is available in the region. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Akron-Canton region returned 256 methamphetamine cases reported during the past six months (a decrease from 314 cases for the previous reporting period).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Three individuals were arrested when a half-pound of methamphetamine was delivered to an Akron home; during a search of the residence, detectives also found a methamphetamine lab in the basement ([www.cleveland.com](http://www.cleveland.com), Jan. 27, 2016). Three children were taken into Summit County Children Services' custody as their parents were arrested for manufacturing methamphetamine in their home; more than 100 shake-and-bake bottles were seized at the time of the arrest, 25 of which were active methamphetamine labs ([www.cleveland.com](http://www.cleveland.com), Jan. 27, 2016). A Barberton (Summit County) man was arrested for manufacturing methamphetamine in his house; the drug and paraphernalia were found in a room next to a child's bedroom and additional materials were located in the garage ([www.cleveland.com](http://www.cleveland.com), Feb. 28, 2016). An Akron man paid his sister-in-law \$200 to accept deliveries at her home; detectives caught up with them shortly after a three-pound package of crystal methamphetamine was delivered ([www.cleveland.com](http://www.cleveland.com), March 1, 2016). Macedonia Police (Summit County) used social media in an attempt to find the owner of about \$160 worth crystal methamphetamine which was left in a hotel trash can ([www.nbc4i.com](http://www.nbc4i.com), March 2, 2016). Three individuals were arrested and face charges for manufacturing methamphetamine in the presence of a 3-year-old; a

one-pot lab, a baggie of meth, meth-making materials and paraphernalia were seized ([www.cleveland.com](http://www.cleveland.com), April 1, 2016). Ten individuals were indicted for shipping crystal methamphetamine into Ohio from California; seven of the individuals were from the Akron-Canton area ([www.ohio.com](http://www.ohio.com), April 7, 2016). Akron police arrested four men for manufacturing and selling methamphetamine from a home in the presence of five children ages 3-15 years; several active labs were found in two-liter bottles ([www.cleveland.com](http://www.cleveland.com), April 14, 2016). Two women were arrested in Green (Summit County) when they tried to sell three ounces of methamphetamine to undercover officers ([www.otfca.net](http://www.otfca.net), April 22, 2016). Alliance Police arrested a methamphetamine dealer and used social media to ask his clients to stop calling and texting his phone, so they could complete the investigation ([www.newsnet5.com](http://www.newsnet5.com), May 4, 2016). The Portage County Drug Task Force arrested three individuals for manufacturing methamphetamine when an investigation led to the discovery of a methamphetamine lab in a trailer home; two had outstanding warrants in Summit and Trumbull counties ([www.newsnet5.com](http://www.newsnet5.com), May 12, 2016).

Participants reported that methamphetamine is available in crystal and powdered forms throughout the region, although participants identified powdered methamphetamine as the most prevalent form of the drug in terms of widespread use. Participants commented: *"What they are selling now really isn't meth, it's 'bath-tub crank' (shake-and-bake methamphetamine) ... it's all powder; Most people want it now, now, now. Hence, it's shake-and-bake."* However, one participant group from Portage County reported that both forms of methamphetamine are highly available and added that imported crystal methamphetamine is easier to find in that area of the region. One of these participants shared, *"There's 'shake' (powdered methamphetamine) and there's 'ice' (crystal methamphetamine). It's easier to get ice right now."*

Participants reported that the availability of powdered methamphetamine has remained the same during the past six months, while the availability of crystal methamphetamine has increased. A participant shared, *"The people who used to do crack, tried meth and found out it was cheaper and lasts a lot longer ... is stronger, so they switched over [to using methamphetamine]."* Other participants reasoned: *"The demand [for crystal methamphetamine] is higher; Because I helped a lot of people get off heroin with ice [and] a lot of the 'dope boys' (heroin dealers) got busted ... meth came booming."*

Treatment providers reported that the availability of methamphetamine has increased during the past six months. There was speculation among treatment providers that heroin users are switching to methamphetamine. A couple treatment providers explained: *“More people are finding they can make it themselves ... and do not have to depend on the supply on the streets; You can’t make heroin, but you can make meth.”* One treatment provider observed, *“I’ve noticed in the past six months, my guys that used to do opiates are clean from that and are using meth.”* Another treatment provider added, *“A lot of people on Vivitrol® are substituting [their opiate of choice] with meth.”*

Law enforcement in Summit County reported decreased availability of powdered methamphetamine during the past six months, while law enforcement in Stark County reported an increase in availability. A Summit County officer reported, *“We’ve seen a reduction in labs we’ve had to go to, either they are disposing of their trash better, or there is a decrease.”*

However, an officer from Stark County commented, *“We see a lot of one-pot labs ... 95 percent of the meth labs are the one-pot labs. We cleaned up 52 labs last year and at our current rate, we will at least double that.”* Additionally, law enforcement from both Summit and Stark counties reported an increase in the availability of crystal methamphetamine in the region during the past six months. Officers relayed: *“It’s imported from Mexico ... It has increased 10 times since we talked [six months ago]. It’s crazy ... off the chart. I think within three or four years, it will surpass heroin; It’s ... cheaper and you are going to do less time if you are caught with it; Possession for [crystal methamphetamine] ... you are charged with a felony five. If you are ‘shaking-and-baking it’ (manufacturing it yourself), there is going to be mandatory time ... you are going to prison.”*

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 and some off-white powdered methamphetamine.

Participants most often rated the current overall quality of methamphetamine as ‘10’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was also ‘10’. Participants often rated the quality of powder methamphetamine lower than crystal methamphetamine and generally agreed that powdered methamphetamine is not preferred due to its lower quality. A few participants commented: *“Here in Ohio, it’s junk; Depends*

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

Methamphetamine (Crystal)	Reported Availability Change during the Past 6 Months	
	 Participants	Increase
	 Law enforcement	Increase
	 Treatment providers	Increase

*on how it is made; There’s some people who don’t know what the hell they are doing and that means ‘0’ (poor quality) of goodness. But if you get someone who knows what they are doing ... ‘10’ (high quality).”* One participant added, *“The clearer it is, the better it is.”*

Participants reported that methamphetamine in the region is most often adulterated (aka “cut”) with Adderall®, baby formula, MSN (methyl sulphonyl methane, a joint supplement), pills (including aspirin), salt (including Epsom salt and rock salt), Xanax® and “anything that looks like a white rock.” A participant asserted, *“Everyone is cutting it.”* Another participant complained, *“I bought a lot of table salt in Ohio.”* Participants reported that the quality of powdered methamphetamine has decreased during the past six months, while the quality of crystal methamphetamine has remained the same.

Reports of current prices for methamphetamine were consistent among participants with experience buying the drug. Reportedly, the most common amount purchased is a half to one gram. A participant explained, *“Poor people get ‘20s’ (\$20 worth) ... people with money get the bigger amount.”* Many participants reported trading a box of pseudoephedrine for approximately a half gram. Participants verified: *“You get a half gram for a box [of Sudafed®]; For a box of Sudafed®, you get \$50 (worth of methamphetamine) back for it.”*

<b>Methamphetamine</b>	<b>Current Prices for Methamphetamine</b>	
	<b>Powdered:</b>	
	1/2 gram	\$50
	A gram	\$80-110
	1/16 ounce (aka "teener")	\$115
	1/8 ounce (aka "eight ball")	\$170-200
	<b>Crystal:</b>	
	A gram	\$120
	1/8 ounce	\$225-250

Participants reported that the most common routes of administration for methamphetamine are smoking, intravenous injection (aka "shooting") and snorting. Participants estimated that out of 10 methamphetamine users, four would smoke, three would shoot and three would snort the drug. Participants explained: *"It depends on who you hang with; There are different highs on how you use it, so it depends on what high you want. Smoking it is more like a mellow [high]."* Another participant added, *"Everyone is different and may use multiple methods the same day."* Another route of administration mentioned was "hot railing," which was described as heating a glass tube with a torch, then snorting methamphetamine through that tube while breathing in the vapor. A participant remarked, *"If it hurts, you're not doing it right."*

Participants described typical methamphetamine users as white, alcoholics, those who work multiple jobs or work at night and those of lower socio-economic status. One participant added, *"It's geographical, too ... It tends to be in the country areas."* Community professionals described typical methamphetamine users similarly: white, young and of lower socio-economic status. Treatment providers reported an increase in methamphetamine use among females during the past six months. A treatment provider reflected, *"I've seen a lot of women who are using heroin and meth."* Another provider shared, *"I hear from the men (male clients), [Methamphetamine] is a chick's drug."* A law enforcement officer commented, *"It's a Caucasian drug. We've only had one black guy and he was selling, not using."* Other officers asserted: *"Younger white males are the cooks ... and females are users; It's more prevalent in rural areas."*

## Prescription Stimulants

Prescription stimulants remain available in the region. Participants most often reported the current street availability of these drugs as '4' or '8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '5.' While some participants reported that it is "easy" to find prescription stimulants, others stated that these drugs are not as readily available. Some participants commented: *"If you want it, yes, you can find it, but no one wants it. If you want pills, you want 'benzos' (benzodiazepines) or opiates."*

Community professionals most often reported current availability of prescription stimulants as '3-4'; the previous most common score was '5.' Treatment providers reported that many clients speak of past use of prescription stimulants (when in high school). One clinician explained that clients have reported seeking these drugs if they can't get what they are looking for. A law enforcement officer reflected, *"If we see it, it's doctor shopping."* Participants identified Adderall® and Ritalin® as the most popular prescription stimulants in terms of widespread illicit use, while community professionals identified only Adderall®.

Participants reported that the general street availability of prescription stimulants has remained the same during the past six months. However, one participant group (Portage County) reported an increase in availability of Vyvanse® and attributed the increase to new prescription practices that use this medication to support abstinence from heroin. One participant stated, *"[Vyvanse®] is supposed to be less addicting than Adderall® ... people who come off [heroin] go through anxiety and depression, so these drugs are more prescribed now."* Treatment providers reported decreased availability of prescription stimulants during the past six months, while law enforcement reported that availability has remained the same. A provider stated, *"I'm hearing it's much more difficult to get."* The BCI Richfield Crime Lab reported that the number of Adderall® and Ritalin® cases it processes has increased during the past six months.

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

Reports of current street prices for prescription stimulants were consistent among participants with experience buying these drugs. One participant shared, *"I could get a whole 'script' (filled prescription) of [Adderall®] 20 mg IR (instant release) for \$20 and sell them for \$5-10 a pill."*

Prescription Stimulants	Current Street Prices for Prescription Stimulants	
	Adderall®	\$1-1.50 for 10 mg \$4-6 for 30 mg
	Ritalin®	\$6 per pill (unspecified dose)
	Vyvanse®	\$7-10 for 40 mg

Participants reported obtaining these drugs from doctors, either through personal prescriptions or prescriptions for a child. Participants commented: *"Mostly from doctors; My son was prescribed them; People would give them to me that didn't want them."* One participant shared, *"I had a doctor try to give me Vyvanse® for fatigue."* Participants reported that the most common routes of administration for illicit use of prescription stimulants remain snorting and oral consumption. Participants estimated that out of 10 illicit prescription stimulant users, six would snort and four would orally consume the drugs. Oral consumption included "parachuting" the drug, which is when the user crushes the pill or opens the capsule into a small piece of tissue and swallows the tissue. One participant explained, *"It's all about the capsules and pills. When I was using Adderall®, I liked capsules 'cause I like to snort."*

A profile for a typical illicit prescription stimulant user did not emerge from the data. However, some participants described typical illicit users as college students or people who work late hours. Otherwise, most participants reported that anyone could be a user of prescription stimulants. Community professionals did not identify any characteristics of a typical illicit prescription stimulant user.

## Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMP) remains available in the region; however, participants were not in consensus as to the degree of availability of this drug. They most often reported the current availability of ecstasy (pressed tablet form of MDMA) as '3-8' and of "molly" (powdered MDMA) as '4-5' on a scale of '0'

(not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were '6' for ecstasy and '10' for molly. A few participants commented: *"You find molly more than you find ecstasy; I could get it pretty easy, but I don't think it is very available; I don't even know where to get pills (ecstasy); Not that easy [to find], not a lot of people have them."* Law enforcement most often reported current availability of molly as '7,' while treatment providers reported that they hear very little about ecstasy or molly from clients.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A West Virginia man was robbed at gun-point in Akron (Summit County) when he tried to purchase ecstasy ([www.cleveland.com](http://www.cleveland.com), June 1, 2016).

Participants and treatment providers reported the availability of ecstasy and molly has decreased during the past six months. One participant stated, *"It seemed more popular a year or two ago."* Law enforcement reported availability of ecstasy has decreased during the past six months, while the availability of molly has increased. An officer reflected, *"[Molly has] come around more in the past couple years."* The BCI Richfield Crime Lab reported that the number of ecstasy cases it processes has increased during the past six months.

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

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

Participants were unable to comment on the current quality of ecstasy or molly due to lack of recent use of the substance. However, a participant reported that molly in the region has a pinkish tint to it.

Participants often described ecstasy as adulterated (aka "cut") with other substances. Several participants

explained: “[Ecstasy is] molly with heroin or molly with ‘coke’ (powdered cocaine); Ecstasy has every single drug in the world in it, THC, heroin, crack; Half the molly around here is not molly ... It’s a research chemical, like ‘spice’ (synthetic marijuana) or ‘bath salts’ (synthetic compound containing methylone, mephedrone, MDPV or other chemical analogues).” A law enforcement officer noted purchasing, “a lot [of] what they are trying to pass off as molly,” but found it void of any illegal substance once tested.

Reports of current prices for ecstasy and molly were consistent among participants with experience buying the drug. Participants reported that molly is typically sold in capsules.

Ecstasy/Molly	Current Prices for Ecstasy/Molly	
	<b>Ecstasy:</b>	
	A tablet (unspecified dose)	\$8-20
	<b>Molly:</b>	
	A capsule	\$20-30
A gram	\$50-80	

Participants reported that the most common routes of administration for ecstasy and molly are oral consumption and snorting. Participants estimated that out of 10 ecstasy and molly users, six would orally consume and four would snort the drugs. One participant shared, “A lot of people would try to snort [the tablets], but it would burn, so they switched to eating them.”

Participants described typical ecstasy and molly users as white, young (30 years or younger), college students, “partiers” and individuals who frequent clubs or “raves” (dance parties). Less frequently cited descriptors included hippies, exotic dancers, male and African American.

## Synthetic Marijuana



Synthetic marijuana (synthetic cannabinoids) remains available in the region, although only a few participants reported having current knowledge of the drug. These 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

stated, “It’s still out there, but people prefer marijuana.”

Community professionals could not rate current availability of synthetic marijuana due to lack of exposure to the drug. One provider stated, “Hardly hear about ‘K2’ (synthetic marijuana). Occasionally in the institution, you might hear of K2, but otherwise [nothing].” Law enforcement reported no recent arrests and one officer stated, “I’ve not seen it so much. You can buy it, but you don’t know what the components are until you send it to the lab ... it might be legal, it might be illegal.”

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A total of 10 individuals living in court-mandated treatment facilities in Summit County, overdosed on synthetic marijuana that was smuggled into the facilities during January and March; subsequently, frequency of drug testing increased and staff members started working with law enforcement on additional security measures ([www.newsnet5.com](http://www.newsnet5.com), Jan. 6, 2016; [www.cleveland.com](http://www.cleveland.com), March 2, 2016).

Participants and community professionals reported that the availability of synthetic marijuana has decreased during the past six months. A participant commented, “It’s harder to find than it was.” Another participant explained, “People stopped buying it ‘cause it’s too expensive.” A treatment provider remarked, “It seems like there is a steady decline in designer drugs.” The BCI Richfield Crime Lab reported that the number of synthetic marijuana cases it processes has decreased during the past six months.

Synthetic Marijuana	Reported Availability Change during the Past 6 Months	
	 Participants	Decrease
	 Law enforcement	Decrease
	 Treatment providers	Decrease

Reports of current prices for synthetic marijuana were consistent among participants with experience buying the drug. Participants reported that the most common amount of purchase is one gram which sells for \$6-10.

Despite legislation enacted in October 2011, participants reported that synthetic marijuana continues to be available from individuals who manufacture the drug. No participants reported purchasing synthetic marijuana from any retail establishment during the past six months.

However, one participant asserted that manufacturing this drug is a complicated process and individuals can purchase a certain “leaf” from head shops and mix it with a “powder” and acetone to produce synthetic marijuana. Participants continued to report only one route of administration for synthetic marijuana: smoking.

Participants described typical synthetic marijuana users as people on probation and those with jobs that require random drug testing. A participant concluded, *“The only ones who smoke K2 are those who have to pass a drug test.”*

## 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

Anabolic steroids remain highly available according to law enforcement, who rated current availability for them 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’. Law enforcement officers commented: *“They sell tons of it; Very prevalent.”* Law enforcement indicated that the availability of anabolic steroids has increased during the past six months and is imported from other countries. A law enforcement officer described typical anabolic steroid users as, *“muscle builders and the gym crowd.”*

### Bath Salts

Bath salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues, including alpha-PVP, aka “flakka”) remain available in the region, although only two participants from Portage County reported on availability. They reported the current availability of bath salts as ‘4’ and ‘7’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was ‘5-6’. Participants from all other participant groups reported no knowledge of the drug during the past six months. Community professionals, likewise, reported no knowledge of bath salts during the past six months. The BCI Richfield Crime Lab reported that the number of bath salts cases it processes has decreased during the past six months.

Participants with experience purchasing bath salts during the past six months reported that the drug can be purchased online or at a certain head shop in the area. Reports of current prices of bath salts were \$10-15 for 1-3 grams. Participants described typical bath salts users as teenagers, females and people on probation.

### Hallucinogens



Hallucinogens are moderately available in the region. Participants most often reported current availability as ‘7’ for LSD and ‘5’ for psilocybin mushrooms on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common scores were ‘8’ for LSD and ‘10’ for psilocybin mushrooms. A participant reported, *“There’s a lot of blotters [liquid LSD on paper].”* Another participant admitted, *“I was high on ‘acid’ (LSD) the day of my assessment here.”*

Community professionals were unable to report on current availability of hallucinogens. Treatment providers explained: *“You have to ask specifically about hallucinogens. Clients do not volunteer [because] they don’t think of it as a drug.”* Another provider stated, *“If I ask, clients will speak of it as a year or two [ago] ... they’d used it in the past.”* A law enforcement officer reported, *“We bought some blotters, made a bunch of arrests, sent it to the lab [and it] came back as nothing ... no illegal drugs.”*

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. An Akron (Summit County) man was charged for growing and selling psilocybin mushrooms after Akron Police searched his apartment and found 100 doses of psilocybin mushrooms, as well as, a woman who was high on LSD, taking care of her 2-year-old son ([www.cleveland.com](http://www.cleveland.com), March 14, 2016). Police were called to a trailer park in Carrollton (Carroll County) to assist with a combative male; friends of the man reported to the arresting officers that the young man was high on “acid” (LSD), had become violent and actually bit part of his father’s ear off ([www.fox8.com](http://www.fox8.com), March 24, 2016).

Participants reported that the availability of LSD has increased during the past six months. Participants commented: *“Acid is coming back; The blotters and the liquid is making a comeback because people want anything.”* However, one participant indicated variability in availability of LSD and said, *“It could be everywhere, then you don’t see it for a month or so.”* The BCI Richfield Crime Lab reported that

the number of LSD, psilocybin mushroom and PCP (phen-cyclidine) cases it processes have increased during the past six months.

Reports of current prices for hallucinogens were consistent among participants with experience buying these drugs. A participant stated, "You buy a 'sheet' (100 doses of LSD, aka 'hits') for \$100 or \$150 and you sell a hit for \$5, \$10, some-times \$20. So, you make a lot of money." One participant explained that the price of psilocybin mushrooms, "Depends on the quality ... If it's all 'caps' (the tops of the mushrooms, no stems), you'll pay a lot more ... double the amount. \$50-60 an 'eighth' (1/8 ounce)."

Hallucinogens	Current Prices for Hallucinogens	
	<b>LSD:</b>	
	A dose	\$5-10
	100 doses (aka "sheet")	\$100-150
	<b>Psilocybin mushrooms:</b>	
	A gram	\$10
	1/8 ounce	\$20-35
	An ounce	\$140

Participants reported that the most common route of administration for LSD is oral consumption. Participants estimated that out of 10 LSD users, all 10 would orally consume the drug by placing drops of liquid LSD on the tongue or by chewing blotter paper treated with the drug. Participants also reported that liquid LSD drops are sometimes administered in the eye, albeit rarely. Participants described typical hallucinogen users as white and young. Participants reported that users are often considered hippies, "partiers," musicians and "stoners" (marijuana users). Treatment providers described typical hallucinogen users as young.

## Conclusion

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

While many types of heroin are currently available in the region, participants and community professionals reported powdered heroin as most available. Participants noted a variety of colors of powdered heroin including: blue, brown, cream, gray, green, pink, purple, tan and white. Participants described the consistency of heroin most often as "chunky" or "rocky." Most participants noted the overall current quality of heroin as high due to fentanyl being 'cut' (adulterated) into the heroin, which makes the drug more potent. Law enforcement officers commented on how most of the heroin in the area is heavily cut with fentanyl. The BCI Richfield Crime Lab noted more fentanyl with heroin cases during the past six months than previously seen.

Participants and community professionals discussed increased availability of high-grade marijuana extracts and concentrates (aka "dabs") often appearing as oil and wax forms of the drug. In addition, law enforcement reported that the marijuana in the region is almost exclusively high-grade. One law enforcement officer explained that high-grade marijuana is being imported from California, Colorado and Washington states where it is legal. Reportedly, distributors can sell their product for a higher profit in Ohio.

Participants reported that methamphetamine is available in crystal and powdered forms throughout the region, although participants identified powdered methamphetamine as the most prevalent form of the drug in terms of widespread use. However, one participant group from Portage County reported that both forms of methamphetamine are highly available and added that crystal methamphetamine is easier to find in that area of the region. Participants reported that the availability of crystal methamphetamine has increased during the past six months. Additionally, law enforcement from both Summit and Stark counties reported an increase in the availability of crystal methamphetamine.

There was speculation among treatment providers that heroin users are switching to methamphetamine as the knowledge of how to manufacture the drug for personal use spreads; reportedly, some heroin users have decided that supplying their own drug is easier than depending on dealers for daily fixes. Community professionals described typical methamphetamine users as white, young and of lower socio-economic status. Treatment providers also reported an increase in methamphetamine use among females during the past six months.

Lastly, most participants reported that the availability of LSD (lysergic acid diethylamide) has increased during the past six months. Participants reported that the most common route of administration for LSD is placing drops of

liquid LSD on the tongue or by chewing on blotter paper treated with the drug. Participants also reported that liquid LSD drops are sometimes administered in the eye, albeit rarely. Participants described typical hallucinogen users as white and young. Participants reported that users are often considered hippies, "partiers," musicians and "stoners" (marijuana users). The BCI Richfield Crime Lab reported that the number of LSD, psilocybin mushroom and PCP (phencyclidine) cases it processes have increased during the past six months.