

## 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 Ohio Bureau of Criminal Investigation (BCI) Richfield Crime Lab, which serves the Akron-Canton, Cleveland and Youngstown areas. In addition, data were abstracted 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 January through June 2016. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for July through December 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.

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## Regional Profile

Indicator <sup>1</sup>	Ohio	Akron-Canton Region	OSAM Drug Consumers
Total Population, 2015	11,613,423	1,200,135	41
Gender (female), 2015	51.0%	51.2%	63.4%
Whites, 2015	82.7%	85.7%	78.0%
African Americans, 2015	12.7%	9.9%	12.2%
Hispanic or Latino Origin, 2015	3.6%	2.0%	12.5% <sup>2</sup>
High School Graduation Rate, 2015	89.1%	90.2%	80.0% <sup>3</sup>
Median Household Income, 2015	\$51,086	\$50,669	\$16,000-\$19,999 <sup>4</sup>
Persons Below Poverty Level, 2015	14.8%	13.8%	69.2% <sup>5</sup>

<sup>1</sup>Ohio and Akron-Canton region statistics were derived from the most recent US Census; OSAM drug consumers were participants for this reporting period: July-December 2016.

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

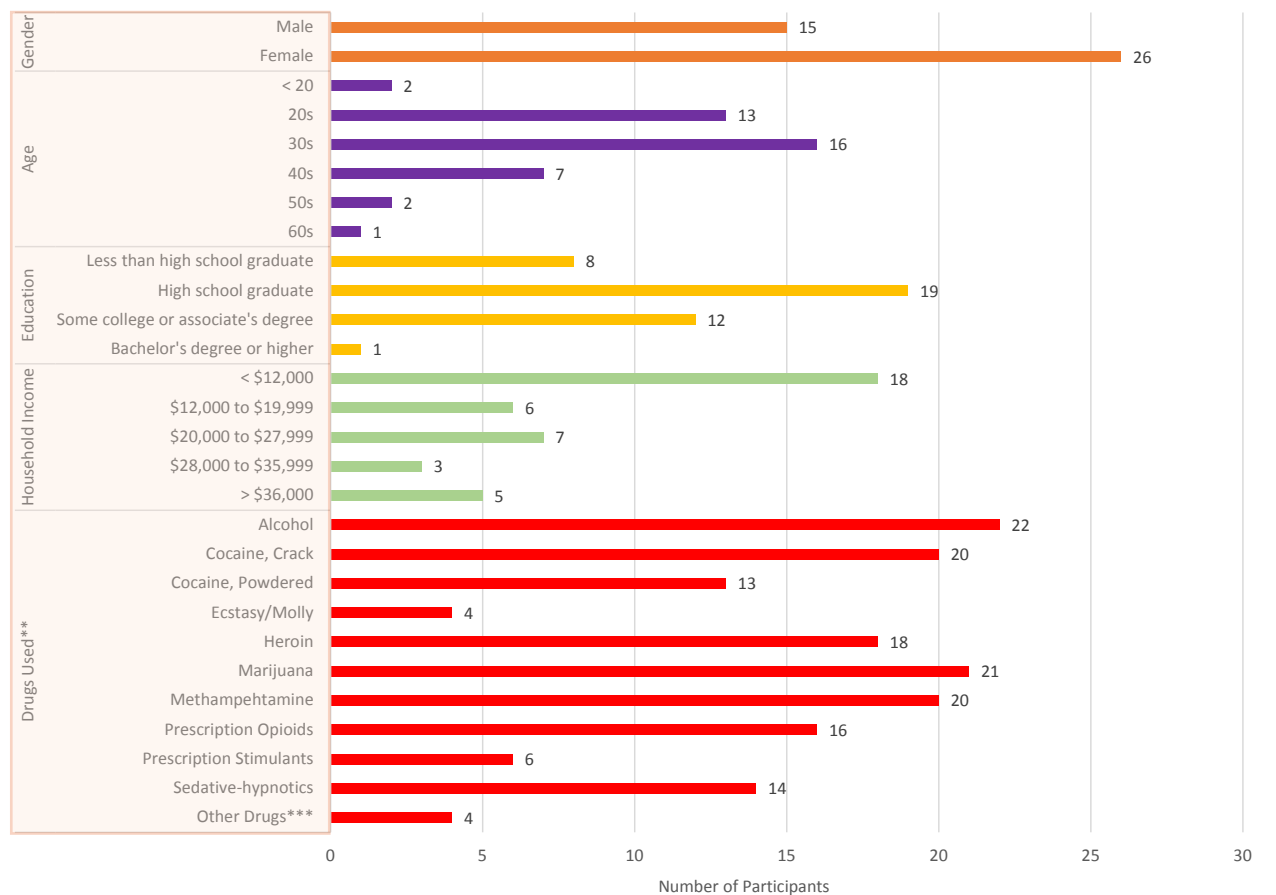
<sup>3</sup>Education level was unable to be determined for 1 participant due to missing and/or invalid data.

<sup>4</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 2 participants due to missing and/or invalid data.

<sup>5</sup>Poverty status was unable to be determined for 2 participants due to missing and/or invalid data.

### Akron-Canton Regional Participant Characteristics

Consumer Characteristics N=41\*



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

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

\*\*\*Other drugs included: Lysergic acid diethylamide (LSD), dextromethorphan (DXM) and Suboxone®.

## Historical Summary

In the previous reporting period (January – June 2016), crack cocaine, heroin, marijuana, methamphetamine, powdered cocaine, prescription opioids, sedative-hypnotics and Suboxone® remained highly available in the Akron-Canton region. Changes in availability during the reporting period included: increased availability for methamphetamine; likely increased availability for hallucinogens and marijuana; and decreased availability for synthetic marijuana.

Participants and community professionals reported powdered heroin as the most available heroin type in terms of widespread use in the region. However, participants noted availability of 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 described the quality of heroin as high due to fentanyl being “cut” (adulterated) into heroin, which makes the drug more potent. Law enforcement officers noted that the heroin was most often heavily cut with fentanyl. The BCI Richfield Crime Lab also reported more fentanyl with heroin cases during the reporting period than previously seen.

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

Participants reported that methamphetamine was 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 during the reporting period. However, one participant group from Portage County reported that both forms of methamphetamine were highly available and added that crystal methamphetamine was easier to find in that area of the region. Participants reported that the availability of crystal methamphetamine

increased during the previous six months. Additionally, law enforcement from both Summit and Stark counties reported increased availability of crystal methamphetamine.

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

Lastly, most participants reported that the availability of LSD (lysergic acid diethylamide) increased during the reporting period. Participants reported that the most common route of administration for LSD was placing drops of liquid LSD on the tongue or by chewing blotter paper treated with the drug. Participants also reported that liquid LSD drops were sometimes administered in the eye, albeit rarely. Participants described typical hallucinogen users as white and young. Participants reported that users were 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 had increased during the reporting period.

## 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 also ‘8.’ A couple of participants stated that powdered cocaine is easier to obtain than crack cocaine. One participant reported, “*Every time I’ve called for crack cocaine, they’d say they had to ‘rock it up’ (manufacture crack cocaine from powdered cocaine).*” Another participant stated, “*I get ‘powder’ [cocaine] easier than ‘crack’ [cocaine].*”

Treatment providers most often reported the current availability of powdered cocaine as '6,' while law enforcement most often reported it as '10,' the previous most common scores were '3' or '4' for treatment providers and '10' for law enforcement. Treatment providers commented: *"There's a limited number of reports of people using powdered cocaine; I can't remember hearing a person who was currently using it. I'm sure it's out there, but it's expensive."* Law enforcement cited several reasons for high availability: *"Dealers are migrating from Detroit [and bringing powdered cocaine into the region] ... they set up shop; We are seeing it in the southern part of the county [Tuscarawas], where the suppliers are located."* A sheriff's officer reported that they had recently taken a large seizure of powdered cocaine (80 pounds). This officer stated, *"I would have said it was going down [in availability], but with that kind of seizure, maybe not."*




Corroborating data 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 513 cocaine cases reported during the past six months, of which 66.5 percent were from Stark County, home of Canton (an increase from 404 cases for the previous six months, of which 60.9 percent were Stark County cases). Note, laboratories logging cases into NFLIS do not typically differentiate between powdered and crack cocaine.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Law enforcement arrested a man in Stark County after confiscating several different illegal drugs, including powdered cocaine, from his vehicle when they pulled him over for a traffic violation ([www.cantonrep.com](http://www.cantonrep.com), Sept. 10, 2016). Ohio State Highway Patrol (OSHP) arrested a woman from West Virginia in Summit County during a traffic stop after seizing over eight pounds of powdered cocaine from her vehicle ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), Oct. 10, 2016). Law enforcement arrested a man from his home in Stark County when they found 27 grams of powdered cocaine; the man was previously in prison in 2003 and 2007 for cocaine trafficking ([www.cantonrep.com](http://www.cantonrep.com), Oct. 21, 2016). OSHP arrested a man in Akron after pulling him over for a speeding violation, fleeing the officers during the stop, and later finding 24 pounds of powdered cocaine in his vehicle ([www.cleveland.com](http://www.cleveland.com), Nov. 3, 2016). OSHP arrested a man in Summit County during a traffic stop, confiscating two ounces of cocaine and 125 grams

of marijuana from his vehicle ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), Nov. 17, 2016). Law enforcement arrested another man when he fled a traffic stop in Akron, leading officers on a high speed chase which ended with police confiscating 11 kilograms of powdered cocaine from his vehicle; the Summit County Drug Unit, Akron Police Department, the U.S. Drug Enforcement Agency (DEA), and the Federal Bureau of Investigations (FBI) collaborated on a search warrant of the man's home and found an additional 25 kilograms of powdered cocaine ([www.wkyc.com](http://www.wkyc.com), Nov. 23, 2016). Law enforcement arrested a man in Downtown Akron after confiscating 80 pounds of powdered cocaine ([www.akron.com](http://www.akron.com), Dec. 1, 2016).

Participants most often reported that the availability of powdered cocaine has remained the same during the past six months, though these reports varied from county to county. Participants in Tuscarawas County reported that the availability of powdered cocaine has increased. One participant stated, *"They're cracking down on heroin and crystal 'meth' (methamphetamine) right now. They're not worrying about the other drugs, especially with the heroin ... killing people ... they are not focusing on cocaine."* However, participants in Summit County reported that the availability of powdered cocaine has decreased. Several participants attributed decreased availability to an increase in methamphetamine: *"There's a lot more meth on the streets than cocaine; Meth is a lot cheaper ... and lasts longer."*

Treatment providers most often reported that the availability of powdered cocaine has decreased during the past six months, while law enforcement reported that availability has remained the same. Several treatment providers reported: *"Cocaine is costly. People are choosing drugs that are less expensive; Seems like everyone is going for the cheaper 'bang' (high); [Due to] the heroin epidemic, they are not using cocaine as much as the other drugs."*

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

The BCI Richfield Crime Lab reported that the number of powdered cocaine cases it processes has increased during the past six months.

Participants most often rated the current overall quality of powdered cocaine as '4' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '6'. Participants reported: *"Garbage, straight garbage, it's not worth the money; When I have to buy it, it's crappy; It depends on who you get it from; It's not what you know, it's who you know; They are going to get as much as you will give, so they will tell you it's the best stuff in the world and it will be crap; When you 'cook it down' (remove the adulterants), it isn't what it is supposed to be ... so, you're taking a big risk if you don't know who you are dealing with or the kind of quality they have."* Participants reported that dealers carry different grades of powdered cocaine and sell "purer" cocaine, desired for smoking and injecting, for a higher price.

Participants reported the top cutting agents (adulterates) for powdered cocaine as: baby laxative and vitamin B-12. Other adulterates mentioned include: baby aspirin, baby powder, creatinine, ether, inositol (dietary supplement), local anesthetics (lidocaine and procaine), methamphetamine, NoDoz®, Orajel™, Percocet®, salt and sugar. One participant reported on procaine as a cutting agent: *"It's cocaine's cousin, you get the same numbing effect. It just doesn't get you high; it has all the same traits as cocaine except to get you high."* Other participants reported: *"The drugs that are coming in now are being 'jumped on' (adulterated with other stimulants) ... there's so much more 'speed' (amphetamines) that is added to stretch it ... it's being stretched by other stuff; You always know when it's cut with baby laxative 'cause you run to the bathroom. I lost 20 pounds ... 10 pounds in two days."* Overall, participants reported that the quality of powdered cocaine has decreased during the past six months. One participant reported, *"It's getting crappier and crappier. I might as well get sober."*

<b>Powdered 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 powdered cocaine varied among participants with experience buying the drug.

Reportedly, the most common quantities purchased are 1/16 ounce (aka "teener") and 1/8 ounce (aka "eight ball"). Participants remarked: *"The more you buy, the cheaper it is; It depends on who you get it from. It's your relationship with your 'dude' (dealer), basically."* Participants also reported that the price is significantly higher for purer cocaine; for example, a gram sells for \$150 and an eight ball sells for \$310.

<b>Current Prices for Powdered Cocaine</b>		
<b>Powdered Cocaine</b>	A gram	\$50-100
	1/16 ounce (aka "teener")	\$90-180
	1/8 ounce (aka "eight ball")	\$100-200
	1/2 ounce	\$250

Participants reported that the most common route of administration for powdered cocaine is intravenous injection (aka "shooting"). Participants estimated that out of 10 powdered cocaine users, six would shoot and four would snort the drug. A participant reported, *"I used to cook mine, that way I can make it as strong as I want to ... smoke it."* Participants also reported that individuals smoke the drug by lacing a "joint" (marijuana cigarette) or a cigarette (aka "snow capping") with cocaine. One participant described snow capping: *"You pack down the cigarette, so there is room at the tip, and then suck in a half-line [of cocaine] into the cigarette."*

Participants described typical powdered cocaine users as individuals of middle to upper socio-economic status and working in specific occupations, including: bar tenders, laborers, truck drivers, exotic dancers or individuals involved in the sex industry. A few participants noted that drug dealers often use powdered cocaine: *"Drug boys use a lot of powder to keep themselves woke for their money; They stay awake by using cocaine."* Treatment providers also described typical powdered cocaine users as individuals of upper socio-economic status, as well as individuals older than 30 years of age. One treatment provider stated, *"It's still prevalent with the daily after work construction workers who go to the bar. I know all those bars have 'coke' (powdered cocaine) in them."* Law enforcement also described typical powdered cocaine users as individuals of middle to upper socio-economic status. One officer stated, *"It's a luxury drug right now. The price is high; \$150 a gram."*

## 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: *"Really easy in my neighborhood [to obtain crack cocaine], really easy; In our neighborhood, you go to the corner store, you got five or six guys selling 'crack' [cocaine]. You can't go in or out of the store without [hearing], 'Are you good?' (street code for 'are you looking to buy crack cocaine') ... a lot of people in my neighborhood are afraid to go to the store because of this."* While participants overall reported high availability for crack cocaine in the region, participants in Tuscarawas County reported low current availability of the drug. They stated: *"Not a market for it down here; No one sells it as crack. People buy cocaine and 'cook it' (manufacture crack cocaine) themselves."*

Treatment providers most often reported the current availability of crack cocaine as '9', while law enforcement most often reported current availability as '10'; the previous most common scores were '4-5' for treatment providers and '10' for law enforcement. Community professionals often reported that while there is not as much attention paid to crack cocaine, it is still readily available, even if someone must travel to acquire it. One law enforcement officer stated, *"It's out there, but I haven't seen crack in I can't tell you how long. It's not because it's not out there ... it's because the focus is on other things [heroin and fentanyl]. If you want it, it's still readily available."*

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Law enforcement in Stark County arrested a man after pulling him over for a traffic violation and finding crack cocaine in his vehicle ([www.cantonrep.com](http://www.cantonrep.com), Sept. 10, 2016). Law enforcement arrested four people in Stark County when they seized an undisclosed amount of crack cocaine from a home used to hold the drug ([www.cantonrep.com](http://www.cantonrep.com), Sept. 13, 2016). A man in Canton was observed throwing bags of crack cocaine from his vehicle as he sped from law enforcement; police eventually caught the man and arrested him ([www.cantonrep.com](http://www.cantonrep.com), Oct. 4, 2016).


Participants and community professionals reported that the availability of crack cocaine has remained the same during the past six months. The BCI Richfield

Crime Lab reported that the number of crack cocaine cases it processes has increased during the past six months, although the lab noted that it does not typically differentiate between powdered and crack cocaine.

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

Participants most often rated the current overall quality of crack cocaine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '6'. One participant stated, *"It depends on where you get it ... where I got it from, it was good."* Participants continued to report that crack cocaine is most often "cut" (adulterated) with baking soda. Participants remarked: *"Sometimes it's 'soda rocks' (fake crack cocaine pieces containing no cocaine and all baking soda) ... there's so much baking soda in it; It's gotten to the point where I'd take my lighter to it to test it when I go to buy it ... if it melts like candle wax, we're good to go, but if it makes all that noise [crackling], then, 'no, I'm cool' ... it's a soda ball."*

Other cuts mentioned for crack cocaine include: baby aspirin, baby formula, Orajel™, procaine (local anesthetic) and vitamin B. Overall, participants reported that the quality of crack cocaine has decreased or remained the same during the past six months. One participant stated, *"Everybody has been saying it's crap. It's not as good as it used to be ... everybody's trying to find the good stuff they had before, that's not out there anymore ... it's garbage."* Other participants stated: *"They're cutting it more and more; It's based on the [poor] quality of the cocaine; The dealers are using it [the better-quality crack cocaine for personal use]."*

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

Reports of current prices for crack cocaine were inconsistent among participants with experience buying the drug. Participants reported: *“Some people sell for \$5, some people sell for \$10, some people sell for \$15, and it goes up, \$20, \$25, \$35, \$45, \$50, whatever; Anywhere from 50 cents to \$100; Some won’t sell for anything but \$20 or more; It comes down to the dealer, some of them are so skimpy. I used to argue with them all the time, ‘What is this really worth, buddy? There’s \$5 of cocaine in this, and you want to sell it for \$30?’”* Reportedly, the most common quantities purchased are 2/10 gram (aka “\$20 rock or piece”) and 1/2 gram (aka “\$50 dub”).

Crack Cocaine	Current Prices for Crack Cocaine	
	2/10 gram (aka “rock”)	\$20
	1/2 gram	\$50
	A gram	\$100
	1/8 ounce (aka “eight ball”)	\$300

Participants reported that the most common route of administration for crack cocaine remains smoking. Participants estimated that out of 10 crack cocaine users, eight would smoke and two would intravenously inject (aka “shoot”) the drug. Participants reported: *“Shooters shoot; smokers smoke; Some shoot it and smoke it at the same time.”*

Participants described typical crack cocaine users as of lower socio-economic status, African American, older and laborers (i.e. roofers, brick layers). However, several participants countered with the following comments: *“The only guy I know who uses crack is a business man, clean cut, works all week, and on the weekend, smokes crack, then goes back to work on Monday; I’ve seen guys as clean cut as you (interviewer) that smoke it and you’d never know; They come in from the nice areas into ‘the hood,’ then bring it back to their nice homes; When I first used it, it was at a high-end cocktail party.”*

Treatment providers described typical crack cocaine users as of lower socio-economic status, African American and individuals addicted to opiates. One provider stated, *“I’ve noticed female clients, older 20s or early 30s, talking about using crack cocaine when they couldn’t get their heroin.”* Law enforcement also described typical crack cocaine users as of lower socio-economic status.

## Heroin



Heroin remains highly available in the region. Participants and community professionals 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 scores were also ‘10’. Participants remarked: *“It’s everywhere you look; Throw a stone, you’ll find some; I can’t walk two blocks without running into a heroin dealer; It’s easier for a preteen to get heroin than an 18-year-old to get beer; It’s like going to the store to get a six pack.”*

Corroborating data indicated that heroin 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 419 heroin cases reported during the past six months, of which 46.8 percent were Stark County (home of Canton) cases and 31.7 percent were Summit County (home of Akron) cases (a slight decrease from 430 cases for the previous six months, of which 47.7 percent were Stark County cases and 27.0 percent were Summit County cases).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Two men were indicted on federal charges when police confiscated more than six pounds of fentanyl in their possession ([www.cleveland.com](http://www.cleveland.com), July 28, 2016). OSHP arrested a Canton man and a California man during a traffic stop after confiscating six kilograms of heroin and half a pound of cocaine from their vehicle ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), July 29, 2016). The U.S. District Court in the Southern District of West Virginia indicted a man from Akron for selling heroin that caused 27 people to overdose in a five-hour timespan ([www.cleveland.com](http://www.cleveland.com), Aug. 28, 2016). Police arrested a Stark County man when they confiscated illegal drugs, including heroin, from his vehicle after pulling him over for a traffic violation ([www.cantonrep.com](http://www.cantonrep.com), Sept. 10, 2016). Police arrested a man responsible for selling heroin that resulted in an overdose death of an adult male; police also arrested the girlfriend of the male who overdosed when they learned she was with him when they both intravenously injected the drug; she did not report the death to police ([www.cantonrep.com](http://www.cantonrep.com), Sept. 10, 2016). Akron police responded to 24 overdoses thought to have been caused by heroin laced with fentanyl and carfentanil during one weekend in September ([www.nbc4i.com](http://www.nbc4i.com), Sept.

11, 2016). Law enforcement in Stark County arrested four people when they seized an undisclosed amount of heroin from a home used to hold the drug ([www.cantonrep.com](http://www.cantonrep.com), Sept. 13, 2016). The Stark County Special Investigations Unit arrested a man when officers confiscated 35 grams of heroin from his home; the man had prior felonious drug charges ([www.cantonrep.com](http://www.cantonrep.com), Sept. 15, 2016). Akron Police arrested a couple in Stark County when learning the couple was responsible for trafficking heroin to Ohio using a California connection ([www.cantonrep.com](http://www.cantonrep.com), Sept. 22, 2016). Law enforcement in Stark and Summit counties made two separate arrests after executing search warrants and seizing an undisclosed amount of heroin ([www.cantonrep.com](http://www.cantonrep.com), Sept. 28, 2016). Law enforcement arrested a couple in Canton for trafficking fentanyl-laced heroin in the area; reportedly, the couple had a long-history with prior drug trafficking ([www.cantonrep.com](http://www.cantonrep.com), Oct. 3, 2016). A man accused of selling a dose of fentanyl that led to an overdose death faced federal prosecution for providing the drug; the Akron Police Department Narcotics Unit detectives and a DEA task force executed a state-wide search warrant of the man's and his partner's home, and seized 100 grams of fentanyl and several fentanyl patches ([www.cleveland.com](http://www.cleveland.com), Oct. 13, 2016). During a SWAT raid of a home in Summit County, two men possessing fentanyl, diazepam pills and drug paraphernalia were arrested ([www.cleveland.com](http://www.cleveland.com), Oct. 14, 2016). Law enforcement in Summit County arrested a man for supplying heroin that killed a 16 year-old male; the boy's mother and grandmother were also arrested for supplying the drug to the boy ([www.thesuburbanite.com](http://www.thesuburbanite.com), Oct. 27, 2016). One news source reported that from July to October 2016, there were approximately 645 drug overdoses in Summit County; the Summit County Medical Examiner's Office confirmed 73 drug-related overdose deaths were from carfentanil, an analog of fentanyl approximately 100 times stronger than fentanyl ([www.ohio.com](http://www.ohio.com), Nov. 3, 2016). The U.S. Attorney's office indicted 18 individuals in November on heroin and powdered cocaine charges in Canton; police and federal agents confiscated over half a pound of heroin in multiple packages immediately prior to the arrests ([www.cantonrep.com](http://www.cantonrep.com), Nov. 21, 2016). Police in Stark County found a dead man in a public restroom of an area retail store due to a fatal overdose of heroin; the man was previously arrested in September for heroin possession ([www.cantonrep.com](http://www.cantonrep.com), Nov. 30, 2016). Police in Stark County arrested a man after finding he crashed his car into a populated coffee shop; the police found the man passed out due to a carfentanil overdose, and used four

doses of Narcan® (naloxone, medication to reverse opioid overdose) to revive him; police found an additional dose of Narcan® in the man's vehicle ([www.cantonrep.com](http://www.cantonrep.com), Nov. 20, 2016).

While many types of heroin are currently available in the region, participants and community professionals continued to report powdered heroin as most available. A participant stated, *"Dealers make more money with powder because it's easier to cut. They get their money back with that fentanyl and carfentanil ... it's powerful, but cheap."* Participants reported powdered heroin in a variety of colors, including: blue, brown, green, pink, purple and white. One participant group reported that various dealers use food coloring to brand their product. However, most participants reported that the varying colors are caused by the adulterants used to cut the heroin, most notably, fentanyl, which reportedly gives the heroin the purple and pink hues. Participants described the consistency of the heroin as "chunky."

Black tar heroin (aka "tar") is also available in the region. Participants most often reported the current availability of this type of heroin as '5' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants commented: *"Not a lot of tar here, it's a rarity; It's been two years since I've seen tar; I have to drive farther away to get the stuff; Tar heroin is West Coast, while powder is East Coast."* Treatment providers reported no knowledge of black tar heroin; however, law enforcement mentioned black tar heroin, most often reporting its current availability as '6'. An officer noted that because black tar heroin is more difficult to cut with fentanyl and carfentanil, it is not found as readily in the area.




Participants reported that the availability of heroin has increased during the past six months. Participants stated: *"People will bring it in from out of town; they will rent a room, stay until they sell out; There used to be a big stigma with heroin 'til the prescription drugs became socially acceptable ... people have to have heroin because of the availability problem with pills; I just think everybody is addicted now; I know a lot of young kids on it."* Participants attributed increased availability to the inexpensiveness of heroin. They reported: *"It's getting cheaper. You can spend \$5 on powder heroin and get a high that lasts you a long time. You're not going to find too many people who will sell you a \$5 piece of crack; It's a longer high ... with crack, you smoke, then you smoke some more, but with heroin, you do it, and you are good for the day; They want so much for the pills ..."*



it's cheaper to get heroin, they are getting top dollar for the pills."

Community professionals also reported that the general availability of heroin has increased during the past six months. Treatment providers reported different reasons for the increase: "The opiate pills are harder to get, due to prescription practices; It's cheaper than pills; It's not taboo to use heroin anymore; It's a systemic problem, the economy is so bad, they use heroin to deal with the emotional pain; It's starting in high school, what used to be weed, is now heroin." A law enforcement officer also reported the inexpensive price as a major factor for the increase: "It's due to the synthetics, a kilo of good heroin is \$65-80 thousand, but these people are buying stuff from China way cheaper than that, at 25 percent of the cost, and people want it 'cause it's the ultimate high. You can get a kilo [of fentanyl or carfentanil] for \$20,000."



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

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

Participants most often rated the current overall quality of heroin as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '10'. Participants commented: "It's garbage, it's really bad; The last six months, purity is really low." It should be noted that most participants did not rate the quality of heroin, because they reported that most of what is currently sold as heroin is adulterated heavily with fentanyl or carfentanil. Participants explained: "Let's keep in mind, heroin isn't heroin anymore, it's fentanyl; It's almost impossible to get heroin lately, 'cause they are pushing this stuff (fentanyl); It's less and less heroin, more fentanyl; There's no such thing as pure heroin; It's very potent, but it's not

heroin; You get used to shooting fentanyl, the pure heroin don't get you high anymore; Are we talking about heroin or fentanyl? There is so much fentanyl on the streets today, it's pretty much what people are dying from ... they aren't dying from heroin. I remember when I first started using heroin, no one was dying, when fentanyl hit the streets, there's bodies every day." A law enforcement officer stated, "It's hard to tell what we buy, we're not supposed to field test." Due to the danger of exposure to carfentanil, officers now carry Narcan® in case they are exposed to the drug. Another officer said, "We don't field test anything that has to do with heroin. We always send it to the lab."

Participants discussed adulterants (aka "cuts") that affect the quality of the drug and reported that the top cutting agents are carfentanil (aka "elephant tranquilizer" or "horse tranquilizer") and fentanyl. Additional cuts mentioned include: baby aspirin, baby laxative, benzodiazepines, caffeine pills, creatinine, Dramamine®, morphine, oxycodone and sugar. A participant stated, "Whenever you get carfentanil, you can tell what it is ... it's a weird color, real powdery with some chunks in it. It doesn't mix." A law enforcement officer confirmed this stating, "Heroin is a powder, where fentanyl is granular ... they don't mix together." Overall, participants reported that the general quality of heroin has increased during the past six months, though mainly due to the use of fentanyl and carfentanil as adulterants. The BCI Richfield Crime Lab reported processing an increased number of fentanyl analogs during the past six months.

Heroin	Cutting Agents Reported by Crime Lab
	<ul style="list-style-type: none"> <li> fentanyl</li> <li> fentanyl analogs (furanyl fentanyl, 3-methylfentanyl, valeryl fentanyl)</li> </ul>

Reports of current prices for heroin were consistent among participants with experience purchasing the drug. Reportedly, the most common quantity of purchase is a half gram. Participants comments regarding pricing included: "It depends on how much money you got. I even bought some for \$10; You can get a \$5 baggie, \$10 baggie, on up; It seems like you don't hear about measurement anymore ... like you used to get a gram or a half gram, but now it's by number; 'You want 5 (\$5 worth of heroin), you want 10 (\$10 worth of heroin)' ... they eyeball it by size."

Heroin	Current Prices for Heroin	
	1/10 gram (aka "point")	\$20
	1/4 gram	\$40
	1/2 gram	\$50
	A gram	\$80

While there were a few reported ways of using heroin, generally the most common route of administration remains intravenous injection (aka "shooting"). Participants reported that out of 10 heroin users, nine would inject and one would snort the drug. Participant comments included: "You start out snorting it ... you have to spend so much money getting high [snorting], then you spend \$20, and you're good all day shooting it; If you snort it long enough, you will shoot it."

Participants reported that injection needles are most available from pharmacies and from drug dealers. However, participants from Summit and Portage counties reported that needles can no longer be purchased from pharmacies. One participant stated, "They changed the law in June or July. You can't get needles without a prescription." However, participants from Stark and Tuscarawas counties reported that needles could still be purchased at some pharmacies without a prescription. One participant stated, "You can go to some drug stores without a prescription, and sometimes they will give you one a day." Additionally, participants also reported obtaining needles from individuals who have a prescription for needles (i.e. diabetics) and from online animal health stores. Participants remarked, "Older people who have diabetes ... they go in and get their prescription and we pay them for their needles; You can buy them online at any kind of animal health store, you can buy big boxes of syringes for \$10." Participants from Summit and Stark counties reported having a needle exchange program in their area to obtain clean needles. The most commonly reported price for needles on the street is \$2-5 per needle. However, one participant reported his dealer gives needles with heroin purchase. Participants reported that sharing needles is common, and stated: "They don't give a shit; All day long; 'Hey, got some bleach?'"

Participants described typical heroin users as white or Asian people, younger and suburban. Participants

overwhelmingly described younger people using the drug, and stated: "I think it's getting more people from the younger generation ... most of the people who are overdosing are in their 20s and teens; You never see an old junkie. They don't live that long; Young privileged kids; It's not the stereotypical heroin addict ... it's people you wouldn't think." One participant reported his observations about how preteens are being targeted for heroin near the apartment complex where he lives. This participant reported, "I've been noting that the teenagers and preteens are calling it 'candy' ... you see teeny tiny Ziploc® bags, and they are pink, and the girls are calling the heroin 'pink pink' ... it's like this pink powder. I don't know if they are mixing it with colored sugar ... I notice the kids eat it, put it on their gums. It looks like they are gearing it for children in these colored baggies. It's like one dealer marketing it."

One treatment provider also reported teenagers commonly using heroin and having "overdose parties". The treatment provider explained: "We've heard a lot about 'overdose parties.' It's mostly teenagers. They get together and see how much heroin they can use before they 'fall out' (overdose), and they use naloxone to bring them back. So, they're getting their hands-on naloxone, which is being distributed by health centers, and they ... see how much they can use. They also call them 'Narcan® parties.'" Overall, treatment providers most often described typical heroin users as white, suburban people. A treatment provider stated, "It's high in the white, suburban population, but it's trickling down to all groups." Law enforcement discussed a broader range of individuals who use heroin: "It cuts across all classes, male, female, class does not matter. We see more middle class. They tend to come from decent households with family values; It's available to everybody, from all walks of life, everyone is using it, low income, middle, to high."

### Prescription Opioids



Prescription opioids are moderately available for illicit use in the region. Participants most often reported the current street availability of these drugs as '5' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10'. Participants stated: "It's extremely hard [to obtain prescription opioids]; It depends on who you know, what time of the month they get their scripts." Other participants reported that prescription opioids are difficult to obtain due to people switching to heroin; "Doctors stopped prescribing

*them that's why people went to heroin; People really went to heroin when they put that 'wax shit' (abuse deterrent) into 'oxies' (OxyContin®) ... you can't crush them anymore."* Community professionals most often reported current street availability as '5'; the previous most common score was '8'. A treatment provider stated, *"They're less pervasive than they were."* A law enforcement officer stated, *"We still see a lot of individuals who 'doctor shop' (secure several prescriptions from multiple doctors).*

Corroborating data 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 540 prescription opioid cases reported during the past six months, of which 53.3 percent were fentanyl/acetyl fentanyl cases; 47.2 percent of these fentanyl/acetyl fentanyl cases were Stark County cases and 38.9 percent were Summit County cases (an increase from 451 prescription opioid cases for the previous six months, of which 35.5 percent were fentanyl/acetyl fentanyl cases).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Law enforcement subverted two potentially fatal opioid overdoses by administering Narcan® nasal spray to two men in Summit County ([www.cleveland.com](http://www.cleveland.com), Sept. 1, 2016). Law enforcement arrested a man in Canton after seizing several bags of prescription opioids from his vehicle ([www.cantonrep.com](http://www.cantonrep.com), Sept. 24, 2016). Law enforcement arrested another man in Stark County after seizing a small bag of prescription opioids from his vehicle ([www.cantonrep.com](http://www.cantonrep.com), Sept. 27, 2016). The Akron Police Department Narcotics Unit arrested two men in July after executing a search warrant of the men's home and seizing 100 grams of fentanyl and several fentanyl patches ([www.patch.com](http://www.patch.com), Oct. 14, 2016). Law enforcement arrested a Canton man when he called police to report he was being robbed at gunpoint, and then confessed he was in the area to sell drugs; the police seized multiple bags of prescription opioids packaged for sale ([www.newsnet5.com](http://www.newsnet5.com), Oct. 18, 2016). During the third annual Opiate Symposium hosted by Stark County Mental Health and Addiction Recovery Board, reports showed that there were 80 unintentional overdose deaths in Stark County in 2016, and 68 of those 80 involved opioids; fentanyl and heroin were most common ([www.cantonrep.com](http://www.cantonrep.com), Dec. 6, 2016).




Participants identified Dilaudid®, Percocet®, Roxicodone® and Vicodin® as the most popular prescription opioids

in terms of widespread illicit use. A participant stated, *"They want 'vikes' (Vicodin®), 'perks' (Percocet®) and 'roxies' (Roxicodone®) most 'cause they're snortable. The others have that wax in them ... have to be broken down."* Community professionals identified Opana®, Percocet® and Vicodin® as most popular. One treatment provider stated, *"We don't hear about OxyContin®."*

Participants reported that the general street availability of prescription opioids has decreased during the past six months. Participants agreed that stricter prescribing regulations and monitoring of prescribed use as reasons for decreased availability. Participants across the region stated: *"Doctors are restricted on how many they can prescribe; 'Cause of the laws on it, you can only get it once a month ... and they won't give you any more than 30 days' worth; My mom, she has to take her pills with her to the doctor, as soon as she has one pill missing, they're cutting her off; People have to go in at random. If you get called, you have to go in that day with your pills, so people will only sell one or two pills a day."* Other participants attributed the decrease to the preference for other drugs: *"People are so into heroin and 'ice' (crystal methamphetamine) right now; Most opiate users, once they graduate to I.V. (intravenous injection), they don't want pills anymore, unless you can shoot them, but that's a process, too much work."*

Community professionals also reported that the general street availability of prescription opioids has decreased during the past six months. Treatment providers concluded that people are choosing heroin due to the higher price of opioids or the inability to obtain opioids from physicians: *"The price is driving people away; Some doctors are starting to tell people they got to get off these medications, but that's driving them to heroin; I've had clients who started due to legitimate use, then started to abuse them, then, when they can't get them anymore, they go to the heroin."* Law enforcement agreed that high prices and stricter prescribing regulations are making prescription opioids more difficult for people to obtain. They reported: *"They are tightening the nooses on these doctors; The price is high ... they charge you by the milligram for those pills. If you can get one Percocet® for \$20 and buy heroin for \$20, you'll buy the heroin."*

The BCI Richfield Crime Lab reported that the number of fentanyl, methadone, morphine, OxyContin® and Percocet® cases it processes has increased during the past six months, while the number of Dilaudid®, Opana® and Vicodin® cases has decreased.

Prescription Opioids	Reported Availability Change during the Past 6 Months	
	 Participants	Decrease
	 Law enforcement	Decrease
	 Treatment providers	Decrease

Reports of current street prices for prescription opioids were generally consistent among participants with experience buying the drugs. Reportedly, the majority of prescription opioids sell for \$1 per milligram. Overall, participants indicated that the price of prescription opioids has increased during the past six months. One participant stated, *"They're so much harder to find ... they know people will pay anything for them, so they jack up the price."*

Prescription Opioids	Current Street Prices for Prescription Opioids	
	Percocet®	\$5-7 for 5 mg
		\$8-15 for 10 mg
		\$20 for 15 mg
Roxicodone®	\$40-50 for 30 mg	
Vicodin®	\$2-3 for 5 mg	

Participants reported obtaining prescription opioids from doctors, pain management centers, drug dealers, family members and friends who are being treated with them, and through Internet purchase. Some participant describing trading other drugs for opioids on the street: *"You got the swapping game out there: 'I'll give you this for that.' I know guys who want crack will go to the dealer ... 'I got some perks' ... and trade them hand in hand."* Other participants described people intentionally injuring themselves to obtain the drugs. One participant shared, *"I've seen people get their teeth pulled out just to get them."* Participants also reported that older adults sell their prescribed opioids to users: *"If you find a couple of older people ... they need money, so they sell them. I had a couple old people ... they'd sell me their entire script ... keep five pills for when they had to go to the doctor. They were on a fixed income and needed the money; I'm hooked in with the senior community, and I can get any pill you want at any time ... my grandmother is in the senior community, and those people hustle."* Additionally,

participants reported obtaining opioids through the mail from other states: *"A lot of pills come from Michigan because the laws are different ... get caught with a hundred pills in Michigan, it's a misdemeanor; Some people get them by mail ... they wait for their box each month."*

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. Participants estimated that out of 10 illicit prescription opioid users, six would snort, two would inject and two would orally consume the drugs. Oral consumption includes chewing and drinking water in which the medication is dissolved.

Participants described typical illicit users of prescription opioids as individuals with chronic pain, serious physical and/or mental illness, though it was most commonly reported that illicit users are from all population groups. Community professionals described typical illicit users as individuals with chronic pain, including those who experienced injuries (sports injuries among youth users). One treatment provider stated, *"You get a back ache, go to the doctor, beg for the prescription ... and sometimes they get it."*

### Suboxone®




Suboxone® remains highly available for illicit use in the region. Participants most often reported the current street availability of Suboxone® as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. Participants and community professionals reported that sublingual filmstrips (aka "strips") are the only form of Suboxone® available on the streets; participants also reported availability of Subutex® pills. One participant stated, *"It's mostly strips. Pills are Subutex®. People make up reasons why they are allergic [to Suboxone® to get Subutex® from their doctors]. They google the symptoms to get Subutex®."*

Treatment providers most often reported the current street availability of Suboxone® as '8'; the previous most common score was also '8'. A treatment provider stated, *"There's more demand for it among people who can't get their heroin that day, or people who want to get off of [heroin] and don't want to experience withdrawal."* Law enforcement most often reported current street availability as '4'; the previous most

common score was '10.' A law enforcement officer from Tuscarawas County stated, "It's very available from a legal standpoint ... from a treatment facility that prescribes, and we still have doctors' offices not associated with treatment that are 'cash and carry' ... you get your 30-day supply and away you go."

Corroborating data indicated that Suboxone® is 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 46 buprenorphine (an ingredient in Suboxone®) cases reported during the past six months. In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. Law enforcement in Stark County arrested a man, confiscating several different illegal drugs and an undisclosed amount of Suboxone® from his vehicle after pulling him over for a traffic violation ([www.cantonrep.com](http://www.cantonrep.com), Sept. 10, 2016).

Participants reported that the street availability of Suboxone® has increased during the past six months. Participant comments included: "Everybody is on it; There are so many 'sub' (Suboxone®) clinics; Everyone sells their Suboxone® to get high; My 'dope boy' (drug dealer) would rather front me some Suboxone® than front me with heroin." Treatment providers reported that the street availability of Suboxone® has remained the same during the past six months, while law enforcement reported decreased street availability. An officer from Summit County stated, "I haven't seen our sources come across it in a while. More clinics are treating with Vivitrol®, so Suboxone® is not being used." The BCI Richfield Crime Lab reported that the number of Suboxone cases it processes has increased during the past six months.

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

Reports of current street prices for Suboxone® were consistent among participants with experience buying the drug. One participant stated, "It depends on if you are in jail or not. People sneak them into jail; you can pay \$50 for 1/4 strip."

Suboxone®	Current Street Prices for Suboxone®	
	filmstrip	\$10-20 for 8 mg
	Subutex®	\$25-30 for 8 mg

In addition to obtaining Suboxone® on the street from dealers, participants also reported getting the drug through treatment clinics and physicians not associated with treatment clinics. Participant comments included: "It's easy to get from a clinic; Go to cash and grab clinics ... docs will only take cash, you go in the back, piss in a cup every once in a while, get your [Suboxone®]; I pay \$200 to a cash doctor, and instead of going to IOP [intensive outpatient treatment], and doing the work, and getting it for free, I would pay a cash doctor personally, and get 83 strips for 28 days." A participant from Tuscarawas County stated, "Some pharmacies won't fill Suboxone® prescriptions. You have to go to a different place to get them filled because there's a lot of cash-grab clinics in the area."

Participants reported that the most common route of administration for illicit use of Suboxone® remains sublingual, followed by intravenous injection (aka "shooting"). Participants reported: "When you're 'dope sick' (in withdrawal), it's better to take it under your tongue because it works better; It doesn't really help with withdrawal if you shoot it."




Participants described typical illicit Suboxone® users as individuals who use heroin and other opiates. A participant added, "A lot of people coming out of prison are strung out on Suboxone®." Community professionals described typical illicit users as individuals who also use heroin and individuals who are trying to detox from heroin for legal reasons. Treatment provider comments included: "Someone gets 'subs' (Suboxone®), they give them to the heroin dealer for heroin, the heroin dealer sells the 'subs' (Suboxone®) to someone trying to quit for legal trouble, but they end up on heroin again; People with legal trouble, trying to detox themselves from heroin." A law enforcement officer stated, "We are finding people dabbing in opiates, use [Suboxone®] to counteract withdrawal symptoms, or as money (payment) to get what they really want."

## Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain highly available for illicit use 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'. One participant remarked, "Super, super easy to get." Treatment providers most often reported current street availability as '7' or '9'; the previous most common score was '8'. A treatment provider remarked, "I think they are highly available ...". Law enforcement most often reported current street availability as '10'; the previous most common score was also '10'. A law enforcement officer commented, "They get their prescription for 'xanie bars' (Xanax® 2 mg), then go out and sell them." Participants and community professionals identified Klonopin®, Valium® and Xanax® as the most available sedative-hypnotics in terms of widespread illicit use.

Corroborating data 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 200 benzodiazepine cases reported during the past six months (an increase from 169 cases for the previous six months).

Participants and community professionals reported that the general street availability of sedative-hypnotics has remained the same during the past six months, although treatment providers noted an increase in the practice of using sedative-hypnotics in combination with heroin. The BCI Richfield Crime Lab reported that the number of Valium® and Xanax® cases it processes has increased during the past six months, while the number of Ativan® cases has 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. One participant stated, "(Klonopin®) is dirt cheap. People just give them to you."

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

Participants reported obtaining these drugs from bars, doctors, family members and friends, dealers, as well as through Internet purchase. Participant comments included: "I used to work at a bar ... the bar was a pharmacy, literally a pharmacy ... you see a woman coming in from work, going up to this guy getting Xanax®; They are easier to get from doctors than Percocet® ... just say you have anxiety, your family doctor can give it to you; I get them from my grandmother ... she gets them from her mental doctor, so I can get them pretty easy; I used to buy whole prescriptions from people who had them prescribed to them; I'd go to anyone's house that I knew and stole them out of the medicine cabinet; You can get anything on the Internet ... you can buy them in bulk, have them shipped discreetly overnight."

One participant group in Summit County reported on fake sedative-hypnotic pills. Participants commented: "People are making them, pressing their own pills and stuff, they are getting a concentration powder and pressing them; People are pressing them ... you buy a pill press online, you buy a baker to bake it and a stamp." One participant in this group shared a personal account of the danger of purchasing home-manufactured pills: "You have to be careful getting Xanax® right now, they have these pills that are half Xanax® and half fentanyl, my friend just died from it."

Participants reported that the most common route of administration for illicit use of sedative-hypnotics is oral consumption. Participants estimated that out of 10 illicit sedative-hypnotic users, seven would orally consume and three would snort the drug.

While many participants reported that "anybody and everybody" uses sedative-hypnotics, some common

descriptors of typical illicit users include: individuals with mental health issues and heroin users. Participant comments included: *"Depressed people and people with anxiety; People who are highly strung, anxious; Women get them prescribed easier; Dope dealers."* Community professionals described typical illicit users as heroin users. A law enforcement officer stated, *"Everybody uses pills, but I would say these are directly linked to heroin addicts."*

## Marijuana

Marijuana remains highly available in the region. Participants most often reported the current availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. Participant comments included: *"It's everywhere ... it's absolutely everywhere; I live in an apartment complex and you cannot walk down the hallway, at any time, and not smell high-grade marijuana; It's not going away; Right outside the courthouse."*

Community professionals also most often reported current availability of marijuana as '10'; the previous most common score was '9-10'. Comments from treatment providers include: *"It's always there; It's completely 'zero' taboo anymore; People don't think anything about doing it, they use it in the open, they talk about sitting outside doing it and think nothing about it ... there's nothing to it."* Law enforcement comments included: *"That's never going to end; Probably the most readily available; Weekly, we are intercepting loads from other states; California, Colorado, Oregon ... all through the mail; Registered marijuana growers in California ... sell it for less than \$2,000 a pound to dispensaries (due to regulations), but he brings it here, and sells it for \$3,000 a pound; Another thing we are seeing is marijuana grows in our area, the indoor hydroponic grows...."*




Corroborating data 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 1,015 cannabis cases reported during the past six months, of which 69.5 percent were Stark County cases (a decrease from 1,273 cases for the previous six months, of which 51.7 percent were Stark County cases).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Police in Canton arrested a couple after confiscating 145 pounds of marijuana from their home ([www.cantonrep.com](http://www.cantonrep.com), Sept. 22, 2016). Law enforcement in Canton arrested a man after observing him throwing bags of marijuana from his vehicle as he sped from police ([www.cantonrep.com](http://www.cantonrep.com), Oct. 4, 2016). Police arrested another man at a traffic stop after finding one pound of marijuana in his vehicle ([www.cantonrep.com](http://www.cantonrep.com), Oct. 13, 2017). Police in Stark County arrested a man after he admitted to using marijuana and alcohol which caused him to crash his car with his 6-year-old child in it; police confiscated marijuana and related drug paraphernalia ([www.cantonrep.com](http://www.cantonrep.com), Oct. 17, 2016). Law enforcement arrested a man at his home when they confiscated 70 grams of marijuana and 27 grams of powdered cocaine; the man had been convicted on multiple drug charges in the past ([www.cantonrep.com](http://www.cantonrep.com), Oct. 21, 2016). A large-scale police operation resulted in the largest marijuana seizure in Stark County to date; law enforcement seized over 200 marijuana plants ([www.wdtn.com](http://www.wdtn.com), Oct. 27, 2016). Police in Alliance (Stark County) arrested two men after seizing approximately 100 grams of marijuana from their home; police found both a butane hash oil (BHO) and a psilocybin mushroom laboratory operation, as well as evidence of bomb making ([www.cantonrep.com](http://www.cantonrep.com), Nov. 5, 2016). One news source reported that drugged driving accounted for 3,574 car crashes in Stark County from January to October 2016; toxicology reports analyzed by OSHP found that marijuana accounted for most of these crashes ([www.cantonrep.com](http://www.cantonrep.com), Nov. 21, 2016). OSHP arrested a man in Summit County during a traffic stop, confiscating five pounds of high-grade marijuana from his vehicle ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov)).

Participants and community professionals also discussed the current availability of high-grade marijuana extracts and concentrates (aka "wax" or "dabs," which reference products derived from an extraction of tetrahydrocannabinol [THC] by heating high-grade marijuana with butane and creating a brown, waxy, hard or oily substance). Participants most often reported the current availability of marijuana extracts and concentrates as '10'. Participants reported: *"It's a newer thing, just getting popular; Most people who sell 'weed' (marijuana), sell dabs."* Treatment providers expressed not having knowledge of the availability of dabs, while law enforcement most often reported current availability as '10'. A law enforcement officer from Summit County remarked, *"It's so potent."*

Participants reported that the availability of high-grade marijuana has increased during the past six months. One participant stated, "The better weed is much more available now, and it's a lot cheaper." Participants indicated that marijuana extracts and concentrates have also increased during the past six months. Participant comments included: *There's a lot more dabs. More people are making it. It's easier to hide and more potent; Definitely more popular, easier to find; It's easier to extract ... just need butane and a screen.*

Community professionals reported that the availability of marijuana has remained the same during the past six months. A treatment professional stated, "It stays solid." The BCI Richfield Crime Lab reported that the number of marijuana cases it processes has decreased during the past six months; the lab does not differentiate marijuana extracts and concentrates from marijuana.

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

Participant most often rated the current overall quality of marijuana as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was also '10'. While user preference is clearly for high-grade marijuana according to participants, those who still use lower grade also reported a quality score of '10'. However, one participant stated, "Most people around here aren't going to bother with 'mids' ('regular' or commercial grade marijuana)."

Participants indicated that the quality of both low-grade and high-grade marijuana has increased during the past six months. Several participants commented on the increased quality of low-grade marijuana: "Even 'reggie' ('regular' or commercial grade marijuana) is stronger than it used to be; I think they are spraying stuff on it; Because it's a leaf, you can spray it, add to it after it's grown. I know people who spray liquid THC on it ... terrible weed. They spray THC on it to make it stronger." Participants also commented on the increased quality of high-grade marijuana: "It's getting

*stronger ... it's strong like it's crack (cocaine) now; Going up, up, up, it's legal in some places, so they are able to do the cross breeding and make it better and stronger. They are transporting it over state lines and getting it to you."*

Reports of current prices for marijuana were provided by participants with experience buying the drug. There was no agreement among participants regarding the most common quantity of marijuana purchased by consumers; reports ranged from a 'blunt' (cigar) to a quarter ounce. However, participants reported that the most common quantity of dabs purchased is one gram. A participant reported that a gram of dabs is, "about the size of half a Tic Tac®," reporting that this is enough for 5 to 10 hits. One participant group reported that dabs are sold in plastic tubes, "like Chap-Stick®," or a contact lens case.

Marijuana	Current Prices for Marijuana	
	<b>Low grade:</b>	
	A blunt	\$5
	A gram	\$5-10
	1/8 ounce	\$10-20
	1/4 ounce	\$15-25
	1/2 ounce	\$40-60
	An ounce	\$80
	<b>High grade:</b>	
	A blunt	\$10
	A gram	\$15-20
	1/8 ounce	\$30-40
	1/4 ounce	\$225-250
	An ounce	\$175-400
<b>Extracts and concentrates:</b>		
Wax form	\$15-20 for a 'dab' \$40-60 for a gram	

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 reported, however, that edible forms of marijuana are becoming more common. Participants discussed: "Eating is becoming a little more common than it used to be, but smoking is most popular; The thing that is becoming new is the eating, the brownies and cookies ..."



that's because of the marijuana dispensaries; Edibles are more discreet at work." Participants reported that dabs are most commonly used by vaporizing.

A profile for a typical marijuana user did not emerge from the data. Participants reported that marijuana use is common among all groups of people. Likewise, community professionals reported that marijuana use is common among many groups of individuals. A law enforcement officer stated, "Everybody uses it ... it can be a billionaire to a guy who is broke." Another officer noted an increase of medicinal use among older individuals, aged 50-70 years.

## 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'. Participant comments included: "It's readily available, at your local pharmacy [referencing how easy it is to acquire the ingredients to manufacture methamphetamine]; It's everywhere, even the 'dope boys' (heroin dealers) are selling it now; You can find 'meth' (methamphetamine) in my neighborhood easier than crack."

Treatment providers most often reported the current availability of methamphetamine as '7'; the previous most common score was '9'. Treatment provider comments included: "Almost as high [in availability] as heroin; I hear about 'shake-and-bake' (locally produced powdered methamphetamine) more than anything else." Law enforcement most often reported current availability as '10'; the previous most common was also '10'. A law enforcement officer stated, "I think 'ice' (imported crystal methamphetamine) is going to be the next epidemic. I think you are three or four years out from it, but it's coming. They are flooding the United States with it and it's 90-95 percent pure ... not your 'mom-and-pop stuff' (shake-and-bake methamphetamine) ... but pure ice."

The powdered form of methamphetamine is typically referred to as "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. A participant commented, "If you are doing it that way, you are making it yourself, not selling it."

Participants reported that methamphetamine is available in crystal and powdered forms throughout the region. However, reportedly, crystal is the most prevalent form in the region. Participants remarked: "There's a lot of ice, 'glass' (crystal methamphetamine) around; There's a lot less people 'cooking dope' (producing shake-and-bake methamphetamine), because there is so much glass around; All I've seen in the past six months is glass ... a lot less people making their own." Both law enforcement and treatment providers agreed that crystal methamphetamine is most available in the region. A law enforcement officer stated, "That's your next epidemic right there."

Corroborating data 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 429 methamphetamine cases reported during the past six months, of which 34.5 percent were Summit County cases, 33.8 percent were Stark County cases, and 28.9 percent were Portage County cases (an increase from 256 cases for the previous six months, of which 35.5 percent were Portage County cases, 34.8 percent were Summit County cases, and 24.2 percent were Stark County cases).




Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A man with prior felonious drug convictions was sentenced to nine years in prison for manufacturing methamphetamine in his home in Summit County ([www.cleveland.com](http://www.cleveland.com), July 10, 2016). Law enforcement in Stark County arrested a man after finding several different illegal drugs, including an undisclosed amount of methamphetamine, in his vehicle during a traffic stop ([www.cantonrep.com](http://www.cantonrep.com), Sept. 10, 2016). Law enforcement in Stark County arrested a man after learning he was purchasing boxes of pseudoephedrine, batteries and other drug-related paraphernalia used to operate an in-home methamphetamine laboratory ([www.cantonrep.com](http://www.cantonrep.com), Sept. 13, 2016). Law enforcement arrested three people in Stark County after finding and dismantling a methamphetamine laboratory ([www.cantonrep.com](http://www.cantonrep.com), Sept. 29, 2016). Law enforcement arrested a man when police responded to 35 phone calls in one hour made by the man's 4-year-old daughter; the police confiscated an undisclosed amount of methamphetamine when they

responded to the call ([www.cantonrep.com](http://www.cantonrep.com), Oct. 12, 2016). U.S. Marshals and the FBI worked in conjunction to arrest a man in Canton after executing a search warrant of the man’s home and seizing four kilograms of crystal methamphetamine, along with half a kilogram of heroin and 100 grams of powdered cocaine ([www.cleveland19.com](http://www.cleveland19.com), Nov. 17, 2017).

Participants reported that the availability of crystal methamphetamine has increased during the past six months, while the availability of powdered methamphetamine has decreased. Several participants reported various reasons for the increased availability of crystal methamphetamine: *“All the dope boys are selling it now; If you are buying any drug, they are trying to sell you the ice. They are trying to get it going; Why spend money on crack, which is garbage, when I can spend \$50-100 on meth and be good for days; It costs so much to do cocaine, now you just do \$50 of methamphetamine and you are up for days; People are afraid of heroin, they are switching over; When we’d be dope sick off of heroin, we’d use meth.”*

While treatment providers were not in agreement as to a change in availability for methamphetamine during the past six months, law enforcement reported an increase in crystal methamphetamine availability. According to law enforcement in Summit County, Mexican cartels are “flooding” crystal methamphetamine into the U.S. Officers reported: *“It’s all coming from Mexico. If you have a good supplier, you can get a pound for \$8,000. So, a kilo is \$16,000, versus \$40,000 on cocaine or \$75,000 on heroin. If you look at the price, people want it; Do you (a user) really want to go out and shop for all the supplies and risk a felony 1 or 2 [criminal charge], versus buying crystal, which is very pure, already made ... [and you risk] a felony 4, no prison time.”*

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 off-white powdered methamphetamine.

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

Participants most often rated the current overall quality of methamphetamine as ‘9’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was ‘10’. Participants specifically rated the quality of crystal methamphetamine as ‘9’ and of powder methamphetamine as ‘4’ or ‘7’; the previous most common scores were ‘10’ and ‘6’ or ‘10’, respectively. Participants reported that crystal methamphetamine is not adulterated as much as powdered methamphetamine. One participant commented, *“There’s so much [crystal methamphetamine], and it’s so cheap. There’s no reason to cut it.”*

Participants mentioned bath salts, MDMA (3, 4-Methylenedioxymethamphetamine, aka “ecstasy”) and salt as adulterates (aka “cuts”) for methamphetamine. In addition, participants reported that bath salts are sometimes sold as methamphetamine. One treatment provider remarked, *“A client told me they were mixing bath salts with it.”* Overall, participants reported that the quality of crystal methamphetamine has increased during the past six months, while the quality of powdered methamphetamine has remained the same.

Reports of current prices for methamphetamine were variable among participants with experience buying the drug. Reportedly, the most common amount purchased is a gram.

Methamphetamine	Current Prices for Methamphetamine	
	<b>Powdered:</b>	
	A gram	\$35-60
	1/8 ounce (aka “eight ball”)	\$60
	<b>Crystal:</b>	
	A gram	\$40-135
An ounce	\$500	

Participants reported that the most common route of administration for methamphetamine is intravenous injection (aka “shooting”). Participants estimated that out of 10 methamphetamine users, six would shoot, two would smoke and two would snort the drug. Participants also reported the drug is ingested orally (placed in tissue and swallowed, aka “parachuting”), although this method of use is reportedly uncommon.

Participants described typical methamphetamine users as white people, laborers (construction workers, truck drivers, especially those who work late) and individuals who also use heroin. Participants commented: *"All ages, from junior high all the way through; People who need to stay awake; People who work a lot; A lot of people try to wean themselves off of heroin with meth; If you are dope sick, meth will keep you going so you can function from work or whatever."*

Community professionals described typical methamphetamine users as white people, from lower socioeconomic status and individuals who use heroin. One provider stated, *"It was pretty much a select population before ... meth users didn't use heroin. But now, heroin users are using meth. They seem to be switching from heroin to meth."* Law enforcement comments included: *"More Caucasian, they definitely dominate the users; Lower class; Individuals who have a history of other drug use, they gravitate to meth ... the 'frequent flyers' (frequent offenders) in the system, they come back ... 'so you're using meth now?'"*




## Prescription Stimulants

Prescription stimulants remain available for illicit use 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 '4' or '8.' Participant comments included: *"Very easy to get a prescription ... just tell the doctor about the symptoms; They are prescribed to the children and the adults are taking the pills; Adults want Adderall®. They want to get the edge ... instead of doing cocaine, they take Adderall®."*

Treatment providers most often reported current street availability of prescription stimulants as '4'; the previous most common score was '3.' One treatment provider commented, *"Adderall® is somewhat commonplace."* Law enforcement did not assign a street availability score for prescription stimulants. Law enforcement officers stated: *"I'm sure it's out there, but I haven't dealt with anyone in the past six months who is not prescribed it legally; Is it out there? Yes. Do old school users want it? Yes. Do we actively go out looking for it? No."* Participants and community professionals identified Adderall® as the most popular prescription stimulant in terms of widespread illicit use.

Participants reported that the general street availability of prescription stimulants has remained the same during the

past six months. One participant stated, *"Most people who are put on the prescription don't want to share it. You got to get a prescription yourself."* Treatment providers reported decreased street availability of prescription stimulants during the past six months. The BCI Richfield Crime Lab reported that the number of Adderall® cases it processes has increased during the past six months, while the number of Ritalin® cases has decreased.

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

Reports of current street prices for prescription stimulants were consistent among participants with experience buying these drugs. A participant stated, *"There's a couple of different colors ... the orange ones (Adderall® 30 mg) are supposedly stronger. I hear a good price is \$5 for the orange ones."*

Prescription Stimulants	Current Street Prices for Prescription Stimulants	
	Adderall®	\$2 for 10 mg \$3 for 20 mg \$5 for 30 mg
	Vyvanse®	\$15 for 70 mg

Participants reported obtaining these drugs on the street and from doctors and family members (children) who have a prescription. Participants commented: *"The kids with ADHD (attention-deficit hyperactivity disorder), their parents take it and sell it ... take it and snort it; Some people out there, their kids are on it, and they will sell their kids' pills. But, if they are using it, I doubt they'd sell it ...."* Participants reported that the most common routes of administration for illicit use of prescription stimulants are snorting and oral consumption. Participants estimated that out of 10 illicit prescription stimulant users, six would snort and four would orally consume the drugs.

Participants described typical illicit users of prescription stimulants as college students. In addition, one participant stated that *"corporate people"* illicitly use prescription




stimulants, stating, “My sister says everyone in her office is on it.” Community professionals did not identify a typical illicit prescription stimulant user.




## Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMP) remains available in the region. Participants most often reported the current availability of the pressed tablet form of ecstasy 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 ‘3-4.’ Participants most often reported the current availability of molly (MDMA powdered form) as ‘10;’ the previous most common score was ‘4-5.’ Participant comments regarding the availability of ecstasy and molly included: “It’s very available; People who sell powder [cocaine] sell molly. They run on the same market ... if you have one, you have the other.”

Treatment providers could not rate the current availability of ecstasy or molly. Treatment providers stated: “I can’t remember the last time I heard about it; It was part of the ‘rave’ (dance party) sub-culture ... spiked some time ago, but now it’s just gone.” Law enforcement could not rate the current availability of ecstasy; however, they most often reported the current availability of molly as ‘5’ or ‘10;’ the previous most common score was ‘7.’ Law enforcement officers remarked: “It’s out there ... off of the radar though; It’s still out there, but I haven’t seen ecstasy in the past six months. There’s been no criminal cases involving ecstasy in some time.”

Participants reported that the availability of ecstasy has decreased, while the availability of molly has remained the same during the past six months. A participant reported on the decreased availability of ecstasy: “Three or four years ago, it was really popular, but now it isn’t because people are doing heroin.” Another participant said about the availability of molly: “This has always been a pretty prevalent area for it.” Law enforcement reported that the availability of molly has remained the same during the past six months. The BCI Richfield Crime Lab reported that the number of ecstasy cases it processes has increased during the past six months; the labs do not differentiate between ecstasy and molly cases.

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

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

Participants were unable to rate the overall current quality of ecstasy and molly. Reports of current prices for ecstasy and molly were variable among participants with experience buying the drugs. Participants most often reported that molly is sold by weight. However, one participant reported that molly is sold similarly to crack cocaine, in increments of \$20. Participant comments included: “Pills (ecstasy) are relatively cheap; You can get ‘triple stacks’ (high-dose ecstasy tablets) in a mason jar for \$2 a piece ... and sell them for \$20-30 [each].”

Ecstasy/Molly	Current Prices for Ecstasy/Molly	
	<b>Ecstasy:</b>	
	Low dose (aka “single stack”)	\$5-20
	High dose (aka “triple stack”)	\$10-30
	<b>Molly:</b>	
	1/10 gram	\$5-10
	1/2 gram	\$50
A gram	\$80-100	

Participants reported that the most common route of administration for ecstasy is oral consumption. Participants estimated that out of 10 ecstasy users, nine would orally consume, (including crushing the pill, bundling it in tissue and swallowing, aka “parachuting”) and one would snort the drug. Participants reported that the most common routes of administration for molly are

oral consumption and snorting. Participants estimated that out of 10 molly users, five would orally consume (including parachuting) and five would snort the drug. One participant group reported that molly could also be administered via intravenous injection, but said that this practice is rare.

Participants described typical ecstasy and molly users as young people and individuals involved in the “club scene,” including exotic dancers. Law enforcement described typical ecstasy and molly users also as young people, or as one officer stated, “College kids, more for the young crowd.”




## Synthetic Marijuana

Synthetic marijuana (synthetic cannabinoids) remain 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 stated: “It’s out there; Every three houses ... is a ‘spice’ (synthetic marijuana) dealer.” However, participant groups in Portage and Stark counties reported that the drug is not available in their areas. One participant commented, “That came and went. Now, you don’t hear about anyone using it, anywhere.”

Treatment providers most often reported current availability of synthetic marijuana as ‘2’. Treatment providers concluded that synthetic marijuana is found mainly in prisons: “Not on the streets, it’s in the institutions; It’s in all the jails ... Most people don’t want it; Clients report it can be purchased at some stores as potpourri.” Law enforcement most often reported current availability variable. A law enforcement officer in Tuscarawas County stated, “Oh yea, it’s out there. It’s gone underground ... we don’t see anything that is commercially sold around here. It’s very lucrative. A small investment of potpourri and the chemicals from the Internet can get a 50-100 fold in what your investment was.” This same law enforcement officer also stated, “Reports are that it is highly addictive; the withdrawal is very negative. I’m told they are spraying Raid® on the potpourri. We had a fatality recently; a kid smoked spice, was on life support for months and has now died.”

Participants reported that the availability of synthetic marijuana has decreased or remained the same during the past six months. A participant reported, “People are

starting to pull off it because people are putting different stuff in it.” Other participants commented: “They don’t sell in the stores anymore. I had a friend who went to a head shop, and was told, ‘Oh, no, we don’t sell that anymore;’ A few stores around here were shut down for selling the stuff.” Treatment providers reported decreased availability of synthetic marijuana during the past six months. A treatment provider stated, “Once they hit heroin, that’s what they do.” Law enforcement reported no change in availability during the past six months. The BCI Richfield Crime Lab reported that the number of synthetic marijuana case it processes has decreased during the past six months.

Synthetic Marijuana	Reported Availability Change during the Past 6 Months	
	 Participants	No consensus
	 Law enforcement	No change
	 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 a bag containing approximately four grams.

Synthetic Marijuana	Current Prices for Synthetic Marijuana	
	A gram	\$10
A bag	\$20	

Despite legislation enacted in October 2011, participants reported that synthetic marijuana continues to be available from dealers and certain retail shops (head shops, gas stations). Some participants reported obtaining the drug from headshops: “You can buy it from the store ... if they know you, they will sell it; My dealer gets it from a corner store, but they have to be closed, he gets it from the owner after hours ... he got a whole truck of that stuff.” Other participants reported ease of obtaining the drug or ingredients to make the drug through Internet purchase: “Order it online, get it right through the mail; People make it ... it’s just a leaf with chemicals sprayed on it ... you order the chemicals online.”

Participants reported that the most common route of administration for synthetic marijuana is smoking. Participants estimated that out of 10 synthetic marijuana users, all 10 would smoke the drug. Participants and community professionals described typical synthetic marijuana users as individuals involved in the criminal justice system and those who are subject to drug screening. One participant reported, *"The main market is people on probation and truck drivers 'cause they can't test for 'K-2' (synthetic marijuana) ... 'cause every time they develop a test for it, they change a strand (a chemical component) ... it changes it up."*

## 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: *"Steroids are big; It used to be [available in] ... hard core gyms, old time warehouses. Now you can get them at the big box store gyms. We've arrested people in the box store gyms, the trainers."*

Corroborating data indicated that anabolic steroids 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 34 anabolic steroid cases reported during the past six months, with methandrostenolone and testosterone being the most common.

Law enforcement reported that the availability of anabolic steroids has increased during the past six months. Officers discussed that some personal trainers order the supplies to make the drugs from other countries and manufacture steroids to sell at a high price; officers did not identify how much anabolic steroids sell for on the street. They described typical illicit users as male body builders.

### Bath Salts

Bath salts (synthetic cathinones) remain available in the region. Participants most often reported the drug's current availability as '5' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '4' and '7'. Treatment providers most often reported the drug's current availability as '5'; the previous most common score was not reported. A treatment provider stated, *"I hadn't heard about bath salts in quite a while, but now I'm hearing about them more."*

Participants with knowledge of bath salts reported that their availability has decreased during the past six months. Participants commented: *"It's not as available; You have to know the right people."* Participants discussed that manufacturers of the drug change the formula to avoid prosecution. Law enforcement reported not encountering any individual using bath salts during the past six months. The BCI Richfield Crime Lab reported that the number of bath salts cases it processes has increased during the past six months.

Participants reported that bath salts can be purchased from dealers and from certain retail stores. Participant comments included: *"People who sell the 'spice' (synthetic marijuana) have bath salts; Some stores have them, hidden, and you have a special code [to purchase them]."* One participant group reported that retailers will only sell to a very few individuals, who in turn sell them on the street. A participant stated, *"Now, they give them to the dope boys ... instead of getting busted, let the dope boy get busted."* Treatment providers reported clients sharing that bath salts can be purchased at certain neighborhood convenience stores and head shops.

Participants reported that there is a growing practice of selling bath salts on the streets as methamphetamine. A participant stated, *"They are substituting meth with bath salts, and you end up tripping out, doing weird stuff you wouldn't do."* No participant could give pricing information, but one participant stated the drug costs the same as methamphetamine, reiterating that bath salts are often sold as methamphetamine.

### Hallucinogens

Hallucinogens are moderately to highly available in the region. Participants most often reported the current availability of LSD and psilocybin mushrooms 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 were '7' and '5,' respectively. Participants reported: *"Very common; I know certain people who have it, certain circles, they're pretty tight, older 'dead heads' (followers of the rock band, the Grateful Dead) ... it's not pushed; If you have a hippie friend, you can get some."*

Treatment providers and law enforcement most often reported the current availability of LSD as '6,' the previous most common score was '6' as reported by law enforcement. A treatment provider, reporting that clients do not view the substance as being problematic, stated, *"I don't have a client who has not used it ... it's like marijuana to them."* A law enforcement officer reported, *"I've not seen it since last time we talked. Do we get information about it? Absolutely."*

While treatment providers reported not having knowledge regarding the current availability of psilocybin mushrooms, law enforcement reported the current availability of psilocybin mushrooms as '6-7,' the previous most common score was not reported. Law enforcement comments included: *"We come across information of people growing them; We run across those quite often, but ... sometimes when you send them out to get tested, for some reason, they don't come back as positive. I don't know if they are ripping people off or what."*

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Law enforcement in Stark County arrested a man after seizing an undisclosed amount of LSD and psilocybin mushrooms from his property ([www.cantonrep.com](http://www.cantonrep.com), Sept. 28, 2016).

Participants reported that the availability of LSD has increased during the past six months. One participant stated, *"I've seen it go up in the past few years."* Participants reported that the availability of psilocybin mushrooms has remained the same. The BCI Richfield Crime Lab reported that the number of LSD cases it processes has increased during the past six months, while the number of psilocybin mushroom cases has decreased.

Reports of current street prices for hallucinogens were not consistent among participants with experience buying the drug. A participant reported that one could purchase LSD at a better price when buying large quantities.

Participants described typical hallucinogen users as young people, hippies and individuals who attend concerts or festivals. Law enforcement described typical hallucinogen users as young (aged 19-21 years), college students and individuals subjected to drug screening.

Hallucinogens	Current Prices for Hallucinogens	
	<b>LSD:</b>	
	A dose (aka "hit")	\$5-10
	10 doses (aka "strip")	\$40-100
	100 doses (aka "sheet")	\$300-400
	<b>Psilocybin mushrooms:</b>	
	1/8 ounce	\$20-30

## Conclusion

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

While many types of heroin are currently available in the region, participants and community professionals continued to report powdered heroin as most available. Participants discussed that dealers prefer powdered heroin because it is easy to adulterate (aka "cut") with other substances. Participants reported the top cutting agents for heroin as carfentanil and fentanyl, substances they described as powerful and cheap. Reportedly, there are varying colors of available heroin, including: blue, brown, green, pink, purple and white. Participants explained that the varying colors are caused by the adulterants used to cut the heroin, most notably, fentanyl, which reportedly gives heroin the purple and pink hues. Participants described the consistency of this heroin as "chunky."

Participants and community professionals attributed increased availability of heroin to the inexpensiveness of the drug, lowered stigma regarding heroin use and increased difficulty in obtaining prescription opioids. Treatment providers noted that prescribing practices have changed, making opioids less available for illicit use. Law enforcement highlighted the inexpensive price of heroin as a major factor for increased heroin availability.

It is noteworthy that participants were unable to rate the current quality of heroin, as they reported that most of what is currently sold as heroin is adulterated heavily with fentanyl

or carfentanil. Law enforcement discussed the danger of carfentanil exposure and reported that they no longer field test suspected heroin; they send all seizures to the crime lab for testing and carry Narcan® in case they are exposed to the drug. In addition to fentanyl and carfentanil, the BCI Richfield Crime Lab reported processing an increased number of fentanyl analogs during the past six months.

Participants and community professionals reported overwhelmingly that younger people are using heroin. One participant reported his observations about how preteens are being targeted to buy heroin near the apartment complex where he lives. One treatment provider reported teenagers commonly using the drug and having “overdose parties” where users will push the limits of their use.

Participants continued to report that methamphetamine is readily available in the region; reportedly, many heroin dealers are also selling the drug. Treatment providers stated that methamphetamine is almost as widely available as heroin. Law enforcement discussed the increase in methamphetamine availability and use as the next drug epidemic.

Corroborating data 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 429 methamphetamine cases reported during the past six months (an increase from 256 cases for the previous six months).

Both participants and community professionals reported that methamphetamine is available in crystal and powdered forms throughout the region. However, crystal methamphetamine is thought to be the most prevalent form. According to law enforcement in Summit County,

Mexican cartels are “flooding” crystal methamphetamine into the U.S. 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 off-white powdered methamphetamine.

Participants reported that the most common route of administration for methamphetamine is intravenous injection. Participants described typical methamphetamine users as white people, laborers (construction workers, truck drivers, especially those who work late) and individuals who also use heroin. Community professionals described typical methamphetamine users as white people, from lower socioeconomic status and individuals who use heroin. Both groups of respondents discussed heroin users turning to methamphetamine to avoid withdrawal when heroin is unavailable. A few participants also stated that some users have switched to the drug out of fear of heroin overdose.

Lastly, anabolic steroids remain highly available in the region, according to law enforcement who reported increased availability during the past six months. Officers discussed that some personal trainers order the chemical ingredients from other countries and manufacture steroids to sell at a high price. They described typical illicit users as male body builders.