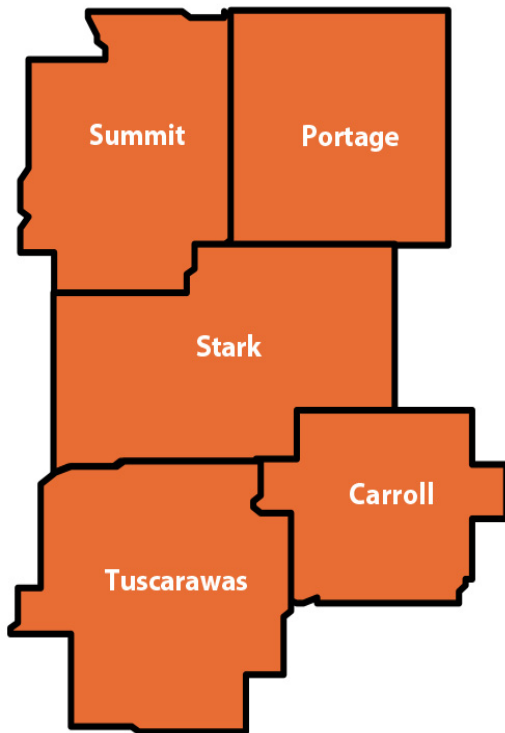


Drug Abuse Trends in the Akron-Canton Region



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 July through December 2016. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for January through June 2017.

Note: OSAM participants were asked to report on drug use/knowledge pertaining to the past six months prior to the interview; thus, current secondary data correspond to the reporting period of participants.

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Regional Profile

Indicator ¹	Ohio	Akron-Canton Region	OSAM Drug Consumers
Total Population, 2016	11,614,373	1,195,922	41
Gender (female), 2016	51.0%	51.3%	61.0%
Whites, 2016	82.5%	85.4%	82.9%
African Americans, 2016	12.8%	9.9%	9.8%
Hispanic or Latino Origin, 2016	3.7%	2.0%	0.0% ²
High School Graduation Rate, 2015	89.1%	90.2%	89.7% ³
Median Household Income, 2015	\$51,086	\$50,669	\$16,000-\$19,999 ⁴
Persons Below Poverty Level, 2015	14.8%	13.8%	50.0% ⁵

¹Ohio and Akron-Canton region statistics were derived from the most recent US Census; OSAM drug consumers were participants for this reporting period: January - June 2017.

²Hispanic or Latino Origin was unable to be determined for 2 participants due to missing and/or invalid data.

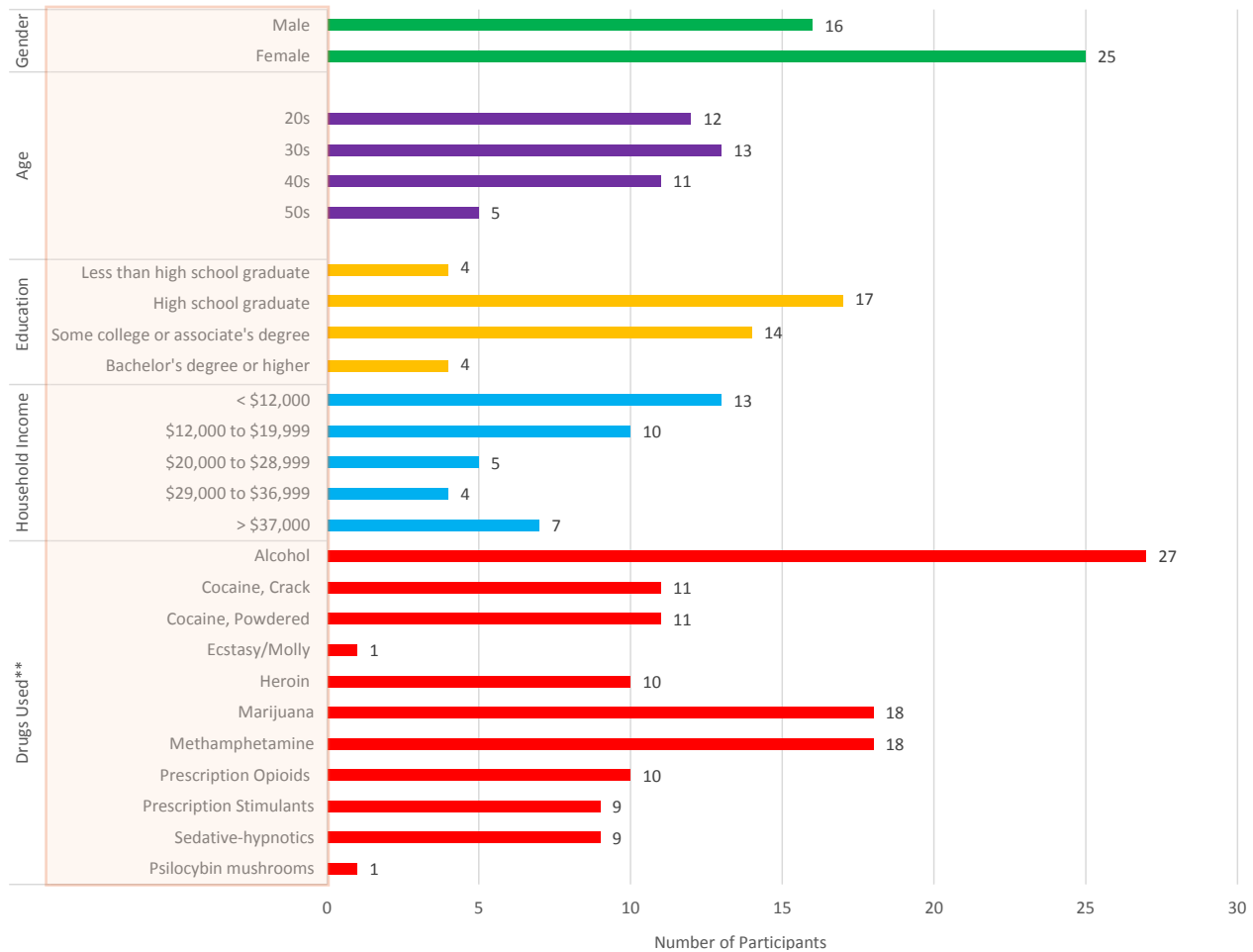
³Education level was unable to be determined for 2 participants due to missing and/or invalid data.

⁴Participants 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.

⁵Poverty status was unable to be determined for 3 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.

Historical Summary

In the previous reporting period (June 2016 – January 2017), crack cocaine, heroin, marijuana, methamphetamine, powdered cocaine, sedative-hypnotics and Suboxone® remained highly available in the Akron-Canton region. Changes in availability during the reporting period included: increased availability for heroin and methamphetamine and decreased availability for prescription opioids.

While many types of heroin were available in the region, participants and community professionals continued to report powdered heroin as most available. Participants discussed that dealers preferred powdered heroin because it was 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 were varying colors of available heroin, including: blue, brown, green, pink, purple and white. Participants explained that the varying colors were 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 compared to other drugs, lowered stigma regarding heroin use and increased difficulty in obtaining prescription opioids. Treatment providers noted that prescribing practices had 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 was noteworthy that participants were unable to rate the current quality of heroin, as they reported that most of what was currently sold as heroin was adulterated heavily with fentanyl or carfentanil. Law enforcement discussed the danger of carfentanil exposure and shared that they no longer field tested suspected heroin; they reported sending all seizures to the crime lab for testing and carrying Narcan® in case of exposure to the drug. In addition to fentanyl and carfentanil, the BCI Richfield Crime Lab reported processing an increased number of fentanyl analogues during the reporting period.

Participants and community professionals reported overwhelmingly that younger people were using heroin.

One participant reported his observations about how preteens were being targeted to buy heroin near the apartment complex where he lived. One treatment provider reported teenagers commonly using the drug and having “overdose parties” where users push the limits of their use.

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

Both participants and community professionals reported that methamphetamine was available in crystal and powdered forms throughout the region. However, crystal methamphetamine was thought to be the most prevalent form. According to law enforcement in Summit County, Mexican cartels were “flooding” crystal methamphetamine into the U.S. The BCI Richfield Crime Lab reported that the number of methamphetamine cases it processed had increased during the reporting period; the lab reported processing mostly crystal and off-white powdered methamphetamine.

Participants reported that the most common route of administration for methamphetamine was intravenous injection. Community professionals and participants discussed heroin users turning to methamphetamine to avoid withdrawal when heroin was unavailable. A few participants also stated that some users switched to the drug out of fear of heroin overdose.

Lastly, anabolic steroids remained highly available in the region, according to law enforcement who reported increased availability during the reporting period. Officers discussed that some personal trainers ordered chemical ingredients from other countries and manufactured steroids to sell at a high price.

Current Trends

Powdered Cocaine

Powdered cocaine is moderately to highly available in the region. Participants most often reported the drug’s current availability as ‘10’ on a scale of ‘0’ (not available, impossible

to get) to '10' (highly available, extremely easy to get); the previous most common score was '8.' Participants reported: *"Everyone's got it; It was never my drug of choice, but I know where to get it."*

Treatment providers most often reported the current availability of powder cocaine as '7,' while law enforcement most often reported it as '5-10;' the previous most common scores were '6' and '10,' respectively. One treatment provider stated, *"It's available, but they are turning to other alternatives first ... they are doing cocaine with other things."* A law enforcement officer working in Tuscarawas and Carroll counties explained, *"Powder cocaine is very easy to find ... we just don't hear about it. No one's overdosing on it and no one is blowing up houses with it, so we don't hear a lot about it."*




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 692 cocaine cases reported during the past six months, of which 50.7% were from Stark County, home of Canton (an increase from 513 cases for the previous six months, of which 66.5% were Stark County cases). Note NFLIS does not differentiate between powdered cocaine and crack cocaine cases.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. U.S. Marshals Violent Fugitive Task Force agents arrested a wanted man at a home in Canton for trafficking and possessing cocaine (www.cantonrep.com, Feb. 7, 2017). Bath Township Police (Summit County) arrested a man for a traffic violation, and when they smelled marijuana, they searched the man's vehicle and found cocaine; the man was taken to the Summit County Jail for drug possession (www.akron.com, Feb. 9, 2017). Munroe Falls Police (Summit County) arrested three people after they led officers on a chase and threw drugs from the vehicle; officers confiscated 52 grams of cocaine, 7.8 grams of crack cocaine and two grams of marijuana (www.fox8.com, March 3, 2017). Ohio State Highway Patrol (OSHP) arrested a woman in Canton during a traffic stop after finding undisclosed amounts of cocaine and marijuana in her vehicle (www.cantonrep.com, March 18, 2017). Canton Police responded to a call about a man driving recklessly; officers pulled the man over and confiscated cocaine, open alcohol containers and drug paraphernalia from his vehicle (www.cantonrep.com,

www.cantonrep.com, March 20, 2017). OSHP arrested two people from Pennsylvania during a traffic stop on the Ohio Turnpike in Summit County when criminal indicators prompted a search of the vehicle; the passenger voluntarily handed over an ounce of cocaine, and the officers also confiscated five ounces of marijuana and two ounces of hashish (psychoactive extract of the cannabis plant) (www.statepatrol.ohio.gov, March 27, 2017).

Participants reported that the availability of powdered cocaine has decreased during the past six months. When participants were asked why they thought availability has decreased, several participants reported: *"Crack' (crack cocaine) has become more popular ... dealers are more apt to get what's popular; 'Meth' (methamphetamine) is so much more available now ... that's what people go to; The drinking crowd is still into powder cocaine, but it's harder to find dealers that sell powder."*

Community professionals reported that availability of powdered cocaine has remained the same during the past six months. A treatment provider commented, *"It's there if they want it, but they're not seeking it like the others (other drugs such as heroin)."* The BCI Richfield Crime Lab reported that the number of cocaine cases it processes has increased during the past six months; note the lab does not typically differentiate between powdered and crack cocaine.

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

Participants most often rated the current overall quality of powdered cocaine as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '4.' Participants commented: *"It's hit or miss; If you deal with the same dealer, it's consistent ... they will give you a price based on how good it is, but if you are dealing with someone on the street, they are just going to make money from you; The closer to Cleveland you get, the better [the quality]."*

Participants reported the top cutting agents (adulterants) for powdered cocaine as: baby laxatives and baking

soda. Other adulterants mentioned included: calcium pills, creatine, fentanyl, heroin, embalming fluid, methamphetamine, Novocain, powdered sugar, quinine (antimalarial), rat poison and vitamin B-12. Regarding the practice of cutting the cocaine with opiates, a participant reported, "I've seen people overdose from cocaine." Overall, participants reported that the quality of powdered cocaine has decreased during the past six months. Participants commented: "By the time it gets to Ohio, it's 'stepped on' (adulterated), stepped on, stepped on; Where I live, it's the end stop, it's already been stepped on by everyone; I stopped using it 'cause it was so down (such poor quality)."

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

Reports of current prices for powdered cocaine varied among participants with experience buying the drug. Participant explained: "[The cost] depends on the amount and who you know; Depends on where you are at, too; Sometimes it's based on the cut, if they cut it a lot, they might sell it for a little cheaper, if it's purer, they'll sell it for a little higher; If you buy it in bulk, it's cheaper." Reportedly, the most common quantity of purchase is a gram or 1/16 ounce (aka "teener"). Participants also reported that individuals sometimes purchase fractions of a gram (1/10 gram, aka "a point") for as little as \$10. A participant commented, "If you're drinking, they don't want to waste a lot of money ... just \$25 (worth of powdered cocaine) to keep drinking." Reportedly, a quarter gram is often packaged in a folded magazine page or lottery ticket (aka "fold" or "seal").

Powdered Cocaine	Current Prices for Powdered Cocaine	
	A gram	\$60-100
	1/16 ounce (aka "teener")	\$75-100
	1/8 ounce (aka "eight ball")	\$125-200

Participants reported that the most common route of administration for powdered cocaine is snorting. Participants estimated that out of 10 powdered cocaine users, six would snort and four would intravenously

inject (aka "shoot") the drug. However, it was commonly reported that how one uses cocaine depends on whom the user is with at the time of use. A participant commented, "There are two totally different communities (one in which everyone snorts cocaine and the other in which everyone shoots cocaine)." Participants remarked: "A couple of years ago, everyone snorted it, but shooting is more popular now; Once you shoot, you don't go back [to snorting]." One participant group reported that African-American users most often snort the drug.

In addition, while reportedly not common, powdered cocaine is ingested via smoking. One participant reported that cocaine is sometimes laced in a marijuana joint, and referred to as a "laser." Another participant reported the practice of smoking powdered cocaine which has been inserted into the tip of a cigarette and tapped down, a practice known as "snow capping." A participant commented, however, "If you are going to smoke cocaine, you might as well smoke crack."

Participants described typical powdered cocaine users as white people, individuals of middle to upper socio-economic status, people involved in occupations that require alertness (oil riggers, truck drivers, nurses, lawyers, doctors and construction workers), people employed in the service industry (restaurants) and individuals who consume or abuse alcohol. Participants stated: "Lawyers, famous people, people with money; It's a rich man's drug; If you don't have the money, you go with meth; Coke's readily available in bar restrooms." Treatment providers described typical users as white people over the age of 30 years. Law enforcement did not identify a typical powdered cocaine user. Law enforcement reported: "It's pretty prevalent in all directions, I can't profile that one; I've seen them all, older generation, younger generation."

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: "When I want it, I get it every time; I can get it delivered any time of the day or night; In my building ... every step you take there is somebody that will serve you; Every corner, every hood, every street; Every 'dope boy' (drug

dealer) also has crack cocaine, I can't think of one time they did not pull that out, too."

Treatment providers most often reported the current availability of crack cocaine as '8,' while law enforcement most often reported it as '5' or '7;' the previous most common score was '9' for treatment providers and '10' for law enforcement. Treatment providers reported: *"I have more clients who use crack than powdered cocaine; You see crack pipes lying around Akron pretty readily."* A law enforcement officer remarked: *"It's out there, but heroin is overshadowing everything else."*


Media outlets reported on law enforcement seizures and arrests in the region this reporting period. OSHP troopers arrested a man after he lead them on a high-speed chase from Coventry Township (Summit County) to Broadview Heights (Cuyahoga County); when police finally stopped the car, they found crack cocaine, heroin, narcotic pills and drug paraphernalia in the man's vehicle (www.fox8.com, Feb. 10, 2107). Canton Police arrested a man for kidnapping a child, smoking crack cocaine, and then driving to an ATM to extract cash from the child's mother's bank account with the intent to purchase more drugs (www.cantonrep.com, Feb. 18, 2017). An investigation completed by the Bureau of Alcohol, Tobacco, Firearms and Explosives and the Canton Police Department lead to the indictment of a man for selling 70 grams of crack cocaine on five separate occasions to undercover officers in the Canton area (www.cantonrep.com, March 15, 2017).

Participants were not in agreement as to whether there has been change in availability of crack cocaine during the past six months: equal numbers of participants reported availability as having increased or remained the same. One participant who reported increased availability commented, *"I've smoked crack for nine years, and it is much easier to find today ... it's more acceptable today ..."* Community professionals reported that the availability of crack cocaine has remained the same during the past six months. Community professionals discussed: *"It's plateaued; It's less popular right now compared to two other ones ... heroin and meth."* The BCI Richfield Crime Lab reported that the number of cocaine cases it processes has increased during the past six months; note the lab does not typically differentiate between powdered and crack cocaine.

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

Participants most often rated the current overall quality of crack cocaine as '3,' '6' or '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '5.' Participants reported: *"It varies; Depends ... if the right person cooks it [the quality is good]; I noticed that it depends on the time of the month ... on the first to the fifth of the month, people get their checks from the government ... it's better then."* Participants continued to report that crack cocaine in the region is most often adulterated (aka "cut") with baking soda. Other cuts mentioned included: aspirin, baby formula, baby laxatives, ether, fentanyl, heroin and vitamin B-12.

Overall, participants reported that the quality of crack cocaine has decreased during the past six months. Participants remarked: *"People are rip offs; It has definitely gone down. When I first started, you could do a hit and your ears would ring and you'd sit there for a half hour and not have to do it (more crack cocaine), but now, it's not like that; You know it's getting cut, cut, cut; People even say heroin [is being used as an adulterant]; Now they're mixing fentanyl [with cocaine]."*

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

Reports of current prices for crack cocaine were consistent among participants with experience buying the drug. Reportedly, the most common unit of purchase is 2/10 gram for \$20. Participants commented: *"Being an addict, money is short, so sometimes all you can afford is \$20; I buy it by dollar amounts. I don't see people weigh stuff when you buy; You can get a discount if you want more; You don't always need money, let someone use your car ... you have enough to smoke all day...."*

Overall, participants reported that the price of crack cocaine has remained the same during the past six months.

Crack Cocaine	Current Prices for Crack Cocaine	
	1/10 gram (aka "rock")	\$10
	A gram	\$50
	1/8 ounce	\$100

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 that the route of administration is mostly dependent on with whom one associates. Reportedly, users who inject tend to be younger; most African-American users smoke the drug.

Participants described typical crack cocaine users as older (over the age of 40 years) and more often African American. A participant commented, "I don't want to sound racist, but about everyone I know who smokes it is black." Other participants commented: "If you like cocaine, you like crack; It's branched out to the suburbs; There are more people who smoke crack than you think" Community professionals described typical crack cocaine users as older (40s and 50s) and having lower income. A treatment provider commented, "When I've heard of crack being used lately, it's been in extreme binges, and used with other drugs, and it's not necessarily been the go to drug of choice." A law enforcement officer commented, "[The older users] were introduced to crack at an early age, and today, it's their drug of choice."

Heroin and Fentanyl

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 score was also '10'. Participants reported: "It's easier to find than 'weed' (marijuana); Most people who deal crack, deal heroin; It's epidemic ... so popular ... it's not only in the cities, it's in the country. It's everywhere." One treatment provider commented, "Eighty percent of my clients are on heroin."

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 474 heroin cases reported during the past six months, of which 55.5% were Stark County cases and 25.1% were Summit County cases (an increase from 419 cases for the previous six months, of which 46.8% were Stark County cases and 31.7% were Summit County cases). In addition, separate NFLIS queries for the counties which comprise the Akron-Canton region returned 296 fentanyl and fentanyl analogue cases (there were 288 of these cases in the previous six months) and 182 carfentanil cases reported during the past six months (in the six months previous to this, no cases of carfentanil were found in NFLIS).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. The Northern Ohio Violent Fugitive Task Force arrested an Akron man in Stow (Summit County) after learning he provided fentanyl to two women who subsequently died from acute fentanyl toxicity after using the drug in the man's apartment (www.cleveland.com, Jan. 25, 2017). A drug dealer in northeast Ohio was sentenced to eight years in prison for involuntary manslaughter for providing carfentanil to a pregnant woman in Akron (Summit County) who subsequently overdosed and died (www.fox19.com, Feb. 8, 2017). Officers with the Metro Narcotics Unit and U.S. Marshals Violent Fugitive Task Force arrested three people at their home in Massillon (Stark County) for providing heroin to two people, one of whom died from an overdose and the other was found overdosing in a public bathroom (www.cantonrep.com, Feb. 15, 2017). Akron Police used Narcan® (naloxone, medication to reverse opiate overdose) to revive two people, although one person died the following day; officers arrested the man who sold the two people carfentanil (www.cleveland.com, Feb. 22, 2017). Police in Stark County arrested two men in Lawrence Township during a traffic stop after finding an undisclosed amount of heroin, drug paraphernalia and ammunition hidden in the vehicle (www.cantonrep.com, March 4, 2017). Narcotics agents and SWAT officers arrested a man after executing a search warrant at a residence in Cuyahoga Falls (Summit County); officers confiscated "greater than bulk" amounts of heroin from the home (www.cleveland.com, March 8, 2017). Akron Police responded to a call regarding a 2-year-old who overdosed on opiates while he was at his father's home; hospital workers administered naloxone to revive

the toddler (www.cleveland.com, March 8, 2017). A woman in Akron was charged with child endangerment for taking heroin and overdosing in front of her young nieces; after witnessing the overdose, the two children ran for help nearby; paramedics administered Narcan® to revive the woman (www.cleveland.com, March 14, 2017). Summit County law enforcement arrested a woman in Green Township during a child welfare check after finding heroin in the woman's vehicle as she attempted to drive away; in yet another incident in Springfield Township, officers responded to a report of a man passed out in his vehicle from a suspected opiate overdose, and administered five doses of Narcan® to the man to revive him (www.akron.com, March 16, 2017). A 6-year-old child from Akron overdosed on possible opiates twice in one week when she ingested substances in her home; paramedics and hospital staff used more than one dose of Narcan® to revive the child (www.cleveland.com, March 16, 2017). Barberton Police (Summit County) arrested a man after finding him passed out in his vehicle in a parking lot in Green Township and finding methamphetamine and heroin in his possession; in a separate incident, officers arrested another man on a warrant for heroin at the Akron-Canton Airport in the bathroom of a boarding area while responding to a requested welfare check of the man; in yet another separate incident, officers arrested a man for heroin possession at a hotel in Green Township (www.akron.com, April 6, 2017). An Akron man pled guilty to selling fentanyl to a Chippewa Lake (Medina County) man who subsequently died from an overdose from taking the drug (www.ohio.com, April 6, 2017). A federal grand jury indicted a Massillon man for attempting to receive through the mail 100 grams of nearly pure fentanyl to distribute in the community; the post office intercepted the drugs imported from China (www.wkyc.com, April 13, 2017). Bath Township Police (Summit County) arrested a man after he called 911 requesting the aid of a police dog to search for heroin that he claimed a female stole from him (www.nbc4i.com, April 27, 2017). A 19-month-old toddler in Akron died of an opiate-related overdose from ingesting drugs which were lying around her home; officers and paramedics attempted to revive the child several times with Narcan®, but the child died in the hospital several days later (www.news5cleveland.com, June 5, 2017). OSHP arrested a West Virginia man during a traffic stop on the Ohio Turnpike in Summit County after confiscating 58 grams of heroin from the trunk of the man's car (www.statepatrol.ohio.gov, June 23, 2017).

While many types of heroin are currently available in the region, participants and community professionals continued to report powdered heroin as most available. Participants described powdered heroin as being brown, gray, pinkish or white in color. Participants explained that the heroin that is pinkish or white is most likely adulterated with fentanyl, and that the consistency is "rocked" or powdered. A participant commented, "*You can rock [powdered heroin] up, it's all part of the tricks of the trade ... people rather get it rocked up 'cause they think [the powdered] has been cut [with fentanyl].*" A law enforcement officer commented, "*We've seen brown powder. We've seen black and gray powder. We see like black coal rock, like a rock, they crush it down. It's got the grayish tint to it now, because of the fentanyl that's mixed with it.*"

Many participants reported that much of what is being sold as heroin in the region is actually fentanyl or carfentanil. Participants shared: "*You ain't getting heroin around here, you're getting straight fentanyl; You don't find pure heroin anymore; Fentanyl is heroin to this nation; Some people like fentanyl more than heroin. They will ask for it, 'Do you have that 'fetty' (fentanyl)?'; For most of us, people dying ... it doesn't scare me, but I wanted to know where are they getting it from 'cause that is some good stuff ... most of the time, you get to the point you want to die anyway; Some dealers tell you that it's mixed with fentanyl, but not normally. The majority of times, the dealer didn't know or they wouldn't tell you.*"

Community professionals also reported that much of the heroin in the region is adulterated with or is pure fentanyl or an analogue of fentanyl. A treatment provider commented, "*I've had more clients identify fentanyl and carfentanil [as a drug of choice], specifically, instead of heroin.*" Law enforcement in Summit County reported: "*It's fentanyl ... I haven't really gotten heroin in a while. Sometimes it's mixed, but as of late, it's been carfentanil, fentanyl, or furanyl (furanyl fentanyl, a fentanyl analogue); The people I talk to say the first time they get it, they don't know what they are getting, they just call it dope, and they got hooked on carfentanil and they have no choice but to get that from here on out. They say, 'Heroin won't do it for me,' once they take carfentanil.*"




Black tar heroin (aka "tar") is rarely available in the region. Participants most often reported the current availability of this type of heroin as '0' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '5'.

Participants remarked: *"I haven't seen tar in a while, but I see a lot of powder; You have to hunt for it; Everyone is getting powder 'cause everyone is cutting it; That's more of a down south type thing; Tar is out West."* Treatment providers and law enforcement also mentioned black tar heroin, most often reporting its current availability as '3' and '8,' respectively; the previous most common score was '6.' Treatment providers commented: *"I don't think it's readily available around here, at least I never hear about it; It's where there are high populations of people from Mexico, 'cause it's coming from one village in Mexico."* A law enforcement officer reported, *"Tar is a little harder to get than powder."*

Participants reported that the availability of heroin has increased during the past six months. Participants reported: *"People aren't getting the pain pills they used to, so they are going to 'dog food' (heroin); [Heroin is] cheap ... pain pills are so expensive to buy, people can't afford them, people are getting heroin; They promote it on the news, they tell you where it's at."* Community professionals reported that the general availability of heroin has remained the same during the past six months. Treatment providers commented: *"I think it's reached a plateau, it's been going up for years, and now we've finally reached a peak; I don't know if it can get any higher, we're sitting here saying it's a '10,' how can it get any easier?"*

However, community professionals noted that the availability of fentanyl has increased during the past six months. A treatment provider commented, *"That's going up. I've heard a lot more about that lately ... people can get on the Internet and get it."* A law enforcement officer reported, *"It's been an ongoing problem this past year. Since I spoke with you last time, we've had three [fentanyl] overdose deaths of individuals on court supervision, that's never happened before."*



The BCI Richfield Crime Lab reported that the number of heroin cases it processes has decreased during the past six months; the lab reported processing beige, gray, tan and black tar heroin. In addition, the lab reported that the number of fentanyl and fentanyl analogue cases it processes has increased during the past six months. Fentanyl analogues seen in the lab included: acryl fentanyl, acetyl fentanyl, butyryl fentanyl, cyclopropyl fentanyl, 2-FBF, 4-FBF, 2-FIBF, 3-FIBF, 4-FIBF, furanyl fentanyl, isobutyryl fentanyl, 3-methyl fentanyl, and m-FBF. The lab also reported that the number of carfentanil cases it processes has increased.

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

Most participants did not rate the current overall quality of heroin, reporting that "just heroin" is generally not available in the region. Participants explained that the heroin supply is heavily adulterated with more potent substances (fentanyl/carfentanil). Many participants reported that they had not used heroin recently, reporting fentanyl use instead. Participants stated: *"[Dealers] actually use heroin to weaken (adulterate) the carfentanil; Heroin around here is mostly fentanyl, there's no pure heroin; I'd rather shoot fentanyl than heroin, any day, it's more potent ... it takes less and you get higher; My last piss test (drug test) was all fentanyl. I thought I was using heroin."*

Participants discussed adulterants (aka "cuts") that affect the quality of heroin and reported the top cutting agents for the drug as baby aspirin, baby formula, carfentanil, fentanyl, powder sugar and prescription opioids. Additional cuts mentioned included: benzodiazepines, iron supplements, melatonin, methamphetamine, niacin, talcum powder and vitamins. One participant remarked, *"You don't ever know what it's cut with, not until you do it; Anything that will dissolve in water."*

Overall, participants reported that the general quality of heroin has decreased during the past six months. Participants reported: *"They're cutting it a lot more, trying to make more money off it ... and they're cutting it 'cause they're tired of being charged for killing people. They'll even cut it with 'speed' (methamphetamine) to keep you from falling out and stuff; It depends on who you are getting it off of, it fluctuates ... That's why I have 10 heroin dealers. If one has shit, I go on to the next one; It can be really good, but that could be the fentanyl in it."*

Cutting Agents Reported by Crime Lab	
Heroin	 diphenhydramine (antihistamine)
	 quinine (antimalarial)

Reports of current prices for heroin were variable among participants with experience purchasing the drug. Reportedly, the most common quantity of purchase ranges from 1/4 gram to one gram. A participant remarked, "Most people buy a half gram, then call in another hour to get another one." Another participant described purchasing black tar heroin, reporting that it is sold in half-gram quantities, wrapped in a plastic bag, paper receipts or lottery tickets for between \$60-80.

Heroin	Current Prices for Heroin	
	Powdered:	
	1/10 gram (aka "point")	\$20
	1/2 gram	\$50-120
	A gram	\$60-140

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, eight would shoot and two would snort the drug. Participants remarked: "Everyone I know will shoot it, but I have family [and] they will snort it; Sometimes they snort because they could not 'score' (acquire) a needle."

Participants reported that injection needles are most often obtained from retail stores, dealers, and family members and friends with diabetes. Participants also reported obtaining needles from sharps containers (boxes used to contain biohazardous materials prior to disposal) and from finding discarded needles on the ground. One participant commented, "My boyfriend was diabetic, and I would go in and use his birth date and say I was buying them for him." Participants also explained difficulty in obtaining clean needles from retail stores and pharmacies: "It's getting harder to get from pharmacies; Walmart 'shot me down' (refused to sell) the last three times I went there." Reportedly, needles sell for \$5 per needle on the street.

Participants described typical heroin users as younger (late teens to early 30s) and from the middle class. A participant commented, "If you're upper class, you're going to go for 'coke' (cocaine)." Other participants disagreed, positing there are no descriptors of a typical user of heroin. Participants remarked: "You'd be surprised, there are

heroin users of all classes; It does not discriminate; The whole population, from 20s to 60s." Treatment providers described the typical heroin user as young (19-35 years of age), white people and individuals of middle to upper socio-economic status, with one provider identifying, "the suburban secret." Law enforcement did not agree on a description of a typical heroin user, some noting individuals of all age groups and socio-economic classes use heroin. One law enforcement officer commented, "There aren't many old heroin addicts ... they're all dead."

Prescription Opioids



Prescription opioids are moderately to 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 '5'. Participants reported: "As easy as buying a pack of cigarettes; I can put on my slippers and knock on my neighbor's door and get pain killers." However, there were several participants who reported low current street availability: "It depends on who you know; It's gone down a lot because of heroin."

Treatment providers most often reported the current street availability of prescription opioids as '6-7', while law enforcement most often reported it as '5' (Summit County) and '8' (Tuscarawas County); the previous most common score among community professionals was '5'. Treatment providers commented: "It depends on the opiate ... 'perks' (Percocet®) and 'vikes' (Vicodin®) are a lot easier ... you're not seeing Opana®, you're not seeing 'oxies' (OxyContin®) anymore; A lot of it is cost. Almost all my clients are moving to heroin ... not because they couldn't get the pills, but because it is so much cheaper to do heroin." A Summit County police officer commented, "They're still floating around, not as prevalent, not like they used to be." An officer from Tuscarawas County commented, "A lot of the people we see aren't really needing the prescription, but see it as an income source. They go in for something legitimate and get the prescription, but never use it ... they sell it or trade it."

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 210 prescription opioid cases reported during the

past six months (there were 252 cases in the previous six months). These counts do not include fentanyl and fentanyl analogues. Although previous OSAM Drug Trend Reports counted prescription opioids and fentanyl together, they are now counted separately. Fentanyl, fentanyl analogues and carfentanil data can now be found in the "Heroin and Fentanyl" section of this report.




Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Police in Green Township (Summit County) arrested a man during a traffic stop after the man admitted to taking too many Vicodin® and finding a hypodermic needle in his vehicle (www.akron.com, Feb. 8, 2017). OSHP arrested one man from Akron and a woman from Michigan during a traffic stop on the Ohio Turnpike in Summit County when criminal indicators prompted a vehicle search; officers seized 161 oxycodone pills hidden in the glove box and a bag containing 64 oxycodone pills surrendered by the passenger (www.statepatrol.ohio.gov, March 15, 2017). OSHP arrested two other people from Michigan during a separate traffic stop also on the Ohio Turnpike in Summit County when criminal indicators prompted a canine search of the vehicle; officers confiscated 2,080 oxycodone pills during the search (www.statepatrol.ohio.gov, May 2, 2017).

Participants identified OxyContin®, Percocet® and Vicodin® as the most available prescription opioids in terms of widespread illicit use. Other prescription opioids identified by participants less frequently included: codeine, Dilaudid®, methadone, morphine, Opana®, Roxicodone® and tramadol. Community professionals identified Percocet® and Vicodin® as most popular.

Participants and community professionals reported that the general availability of prescription opioids has decreased during the past six months. Participants stated: "The DEA (Drug Enforcement Agency) really cracked down on doctors ... you can no longer go back for a refill, you have to go to pain management; You almost have to get your arm cut off to get them now." Some treatment providers attributed decreased availability to stricter laws and greater awareness of the issues surrounding overprescribing: "The community is now educated and [doctors are] being much more careful prescribing these things; The medical community has taken steps to make it more difficult to get; [Doctors] are more scrutinized by governing bodies, and there has to be more justification for prescribing them." Law enforcement discussed: "They shut down a lot of these [pill] mills and pain clinics; It's just so expensive ... compared to heroin or fentanyl!"

The BCI Richfield Crime Lab reported that the number of hydrocodone (Vicodin®), hydromorphone (Dilaudid®) and

oxycodone (Opana®) cases it processes has increased during the past six months, while the number of methadone, morphine, oxycodone (OxyContin®/Percocet®) and tramadol (Ultram®) cases has decreased. In addition, the lab reported processing fake oxycodone tablets that contained heroin.

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 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. Participant comments included: "It should be a buck a milligram, but they are jacking them up. The middle man gets them for \$10 and will jack them up to \$15; [Opana® 10 mg] are more expensive 'cause people can shoot them." One participant group reported that codeine is available in a liquid form, mixed with 7-Up® (aka "lean") and sold in bottles, such as single serve ketchup or small lotion bottles for \$25. Law enforcement in Tuscarawas County also noted an increase in street prices for some prescription opioids. One officer share, "They are getting pricey. I just bought 'perc 10s' (Percocet® 10 mg) for \$20 a pill!"

Prescription Opioids	Current Street Prices for Prescription Opioids	
	Dilaudid®	\$2 per milligram
	morphine	\$2 per pill (unspecified dose)
	Opana®	\$20 for 10 mg
	OxyContin®	\$35-40 for OP 80 mg (new formula) \$150 for OC 80 mg (old formula)
	Percocet®	\$5-8 for 5 mg \$7-15 for 10 mg
	Roxicodone®	\$30 for 15 mg
	tramadol	\$1 per pill (unspecified dose)
	Vicodin®	\$3-5 for 5 mg

Participants reported obtaining prescription opioids for illicit use from family members, friends, older people, and from various health care providers, including emergency rooms physicians and dentists. Participants remarked: *“You steal them from family; If people know you have them, they’ll steal them from you; Working with older people, go into the medicine cabinets ... they won’t remember; My neighbor passed away, she wasn’t even at the hospital yet and her OxyContin® was already sold; A lot of older people will sell them just to make ends meet; You get them real easy at the dentist or urgent care, unless you are red-flagged.”*

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 and four would orally consume the drugs, usually by chewing the pills. Participants commented: *“Some do both at the same time, pop two (orally consume) and snort two. If you eat them, they last longer ... but if you snort them, you feel it right away, especially the XRs (extended release).”*

Participants described typical illicit prescription opioid users most often as younger and people with more money. One participant remarked, *“I noticed it’s popular with the younger people, before they start with heroin.”* However, other participants commented: *“Anybody and everybody uses these drugs; I’ve seen everybody use them.”* Treatment providers described typical illicit users as younger and those of middle to upper socio-economic status. Treatment providers discussed: *“Parents who have good health insurance; By mid-20s people are switching to heroin.”* Law enforcement described typical illicit prescription opioid users as younger, working class and white people. Law enforcement stated: *“Same demographic as the heroin, Caucasian; The only prescription that I would say as being on both ends (used by white and African-American people) is codeine cough syrup, ‘sizzurp’ (codeine cough syrup, promethazine and Sprite®).”*

Suboxone®




Suboxone® remains highly available for illicit use in the region. Participants most often reported the current street availability of Suboxone® in sublingual filmstrip (aka “strip”) form 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.’ Most participants reported the pill form of Suboxone® as not available in the region, though some reported Subutex® as moderately available. Participants discussed: *“They’re so popular now-a-days; People with prescriptions are trading them or selling them. A lot of dealers will accept them as trade [for other drugs]; They’re selling like hotcakes.”*

Treatment providers most often reported the current street availability of Suboxone® as ‘9’; the previous most common score was ‘8.’ Treatment providers commented: *“They get on the Suboxone® ... they get the highest dose that they can, even if they have to lie about their heroin use, and they sell that to buy heroin; I see it as a flooded market.”* Law enforcement most often reported current street availability as ‘3’; the previous most common score was ‘4.’ An officer stated, *“We haven’t seen it in over six months ... they get it in jails.”* However, law enforcement in Tuscarawas County reported higher availability due to some private practice facilities overprescribing the medication. Officers reported: *“Suboxone® is a big thing ... you go to one of these Suboxone® clinics ... with \$150, they’ll give you a prescription for Suboxone®; It’s cash and carry, you can test for whatever, you smoke ‘weed’ (marijuana) and they’ll give you Suboxone®.”*

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 53 buprenorphine (an ingredient in Suboxone®) cases reported during the past six months (there were 46 cases for the previous six months).

Participants reported that the street availability of Suboxone® has increased during the past six months. One participant remarked: *“A lot more people are in recovery and getting them.”* Community professionals reported that the street availability of Suboxone® has remained the same during the past six months. A law enforcement officer commented, *“The clinic has been there awhile.”* The BCI Richfield Crime Lab reported that the number of Suboxone® cases it processes has decreased during the past six months.

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

Reports of current street prices for Suboxone® were consistent among participants with experience buying the drug. A participant commented, however, that the price of a Suboxone® filmstrip: *“Depends on how desperate someone is.”* Other participants commented, *“I sold my Subutex® for \$20 to \$40 a pill, depending on how close I was to you; I was selling them in prison for \$100 apiece. I’d buy a strip for \$15 and sell it for \$100.”*

Suboxone®	Current Street Prices for Suboxone®	
	filmstrip	\$10-30 for 8 mg
Subutex®	\$20-40 for 8 mg	

In addition to obtaining Suboxone® on the street from dealers, participants also reported getting the drug for illicit use through clinics, doctors and the Internet. A participant commented, *“You can get any drug on the dark web.”* Participants reported that the most common route of administration for illicit use of Suboxone® remains sublingual, followed by intravenous injection (aka “shooting”). Participants estimated that out of ten illicit Suboxone® users, seven would sublingually take the drug and three would shoot it.

Participants described typical illicit Suboxone® users as people who abuse opiates. A participant commented, *“Any opiate addict.”* Community professionals described typical illicit users as younger (under the age of 30 years), white people and heroin users.

Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) are moderately to 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’. Participants reported: *“Those are real popular; Easier to get than pain killers.”* Treatment providers most often reported current street availability as ‘6’, while law enforcement most often reported it as ‘5’; the previous most common scores were ‘7’ or ‘9’ and ‘10’, respectively. A law enforcement officer commented, *“That’s still pretty easy to get.”*

Participants identified Klonopin®, Valium® and Xanax® as the most available sedative-hypnotics in terms of widespread illicit use. One participant remarked, *“I can get Xanax® all the time ‘cause I know three dozen people who are on them.”* Community professionals identified Valium® and Xanax® as most available.




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 189 benzodiazepine cases reported during the past six months; 55.5% of which were alprazolam (Xanax®) (there were 200 benzodiazepine cases for the previous six months; 68.0% of which were alprazolam).

One participant group in Tuscarawas County reported that in some cases, Xanax® is adulterated and re-pressed with fentanyl. A participant reported, *“People in Akron are re-pressing them. You can tell when you chew them, the fentanyl ones break up easier, or the numbers (markings on the pills) are f’d up ... then you know they are re-pressed.”* Law enforcement in Tuscarawas County also commented on this practice. One officer commented, *“We had some heroin dealers who were pressing out heroin in the Xanax®. Kids are buying ‘xanie bars’ (Xanax® 2 mg), but they are actually heroin and fentanyl mixtures.”*

Participants reported that the general availability of sedative-hypnotics has increased during the past six months. Participants reported, *“Because people are ‘dope sick’ (experiencing withdrawal) [demand is up] ... it helps you with dope sickness, helps you to chill out; Anyone can go to a mental health clinic and say they are anxious, and will get them.”*

Treatment providers reported that the street availability of sedative-hypnotics has remained the same during the past six months, while law enforcement reported decreased availability. Law enforcement commented: *“These doctors are more hesitant now that they have to run an OARRS (Ohio Automated Reporting Rx System) report on everybody; They made stricter regulations on the doctors, so the one’s that just write these prescriptions are under the microscope.”*

The BCI Richfield Crime Lab reported that the number of alprazolam (Xanax®), clonazepam (Klonopin®), lorazepam (Ativan®) and zolpidem (Ambien®) cases it processes has increased during the past six months, while the number of carisoprodol (Soma®) and diazepam (Valium®) cases has decreased.

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

Reports of current street prices for sedative-hypnotics were consistent among participants with experience buying the drugs. Participants reported: *“It depends on how many pills the person has. It could be up to \$15 a pill; If they have a whole bottle of them, they are going to be cheap that day, but if there’s only five ... \$10 a pill.”*

Sedative-Hypnotics	Current Street Prices for Sedative-Hypnotics	
	Ativan®	\$5 for 30 mg
	Klonopin®	\$3 for 2 mg
	Valium®	\$1 per pill (unspecified dose)
	Xanax®	\$1 for 0.5 mg \$4-5 for 2 mg

Participants reported obtaining these drugs from dealers, health care providers and individuals who sell their prescriptions. Participants reported: *“I got mine from my weed dealer; People on the street sell them, so they can get their drug of choice. They get them easy from their doctor, and they sell them; Older people who need the money; There is such a big thing with opiates now, the doctors don’t really care about the ‘benzos’ (benzodiazepines).”*

Participants reported that the most common route of administration for illicit use of sedative-hypnotics remains oral consumption. Participants estimated that out of 10 illicit sedative-hypnotic users, six would orally consume (including chewing the pills or dissolving the pills in alcohol) and four would snort the drugs.

Participants described typical illicit sedative-hypnotics users as young (teenagers and college aged). Treatment providers described typical illicit users as white people, more often female and of middle socio-economic status. They also reported that heroin and alcohol users abuse sedative-hypnotics to self-detox. Law enforcement

described typical illicit users as very young (teens). One law enforcement officer commented, *“Mostly young kids, usually at underage parties, alcohol, marijuana and Xanax® ... they mix them all together.”*

Marijuana



Marijuana 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 the easiest thing to get; If I stand in the hallway of my apartment, and deep breathe, I’d get high; Every dope boy who has heroin and crack also has ‘kush’ (high-grade marijuana).”* Law enforcement commented: *“Everyone is smoking marijuana; They’ve pretty much legalized that.”*

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A man was charged with possession and trafficking of marijuana when OSHP in Tuscarawas County seized eight pounds of marijuana from his vehicle (www.newsnet5.com, Jan. 5, 2017). OHSP arrested a New York man during a traffic stop on the Ohio Turnpike in Summit County when the smell of raw marijuana prompted officers to search the vehicle; during the search, officers confiscated 12 pounds of marijuana, 50 grams of hash (cannabis resin) and marijuana edibles (www.statepatrol.ohio.gov, Jan. 10, 2017). Green Township Police (Summit County) arrested a woman during a traffic stop for possessing an undisclosed amount of marijuana (www.akron.com, Feb. 8, 2017). Canton Police arrested a New York woman during a traffic stop after learning she had an undisclosed amount of marijuana in her vehicle and no driver’s license (www.northcountrynow.com, Feb. 13, 2017). Summit County Sheriff’s officers arrested the victim of a burglary during an investigation at the man’s home in Coventry Township after finding marijuana packaged for sale in plain sight; a search warrant yielded additional marijuana, Xanax® and drug paraphernalia (www.fox8.com, March 3, 2017). OHSP arrested a Michigan man during a traffic stop on the Ohio Turnpike in Summit County when a probable cause search of the vehicle yielded two quarts of marijuana-infused Kool-Aid® and two pounds of high-grade marijuana hidden in the trunk (www.statepatrol.ohio.gov, March 16,

2017). Marlboro Township Police (Stark County) arrested a man during a search of his home after finding a marijuana grow operation; officers confiscated an undisclosed amount of marijuana plants, seeds and equipment used to grow the plants; the man also confessed to officers that he smoked the drug with his child several times (www.cantonrep.com, March 25, 2017). OSHP in Summit County arrested a Pennsylvania couple after pulling them over for a traffic violation and finding two ounces of hash, five ounces of marijuana and one ounce of cocaine in their vehicle (www.wfmj.com, April 5, 2017). OHSP arrested a man during a traffic stop on the Ohio Turnpike in Boston Township (Summit County) after confiscating eight pounds of liquid hash oil, 26 pounds of solid hash and 71 pounds of marijuana from his vehicle (www.statepatrol.ohio.gov, May 8, 2017). OHSP in Boston Township arrested a man during a traffic stop on the Ohio Turnpike after seizing 71 pounds of marijuana, 26 pounds of solid hash and eight pounds of liquid hash from the man's vehicle (www.cleveland.com, May 15, 2017). OHSP arrested a Michigan man during a traffic stop on the Ohio Turnpike in Summit County when criminal indicators prompted a K-9 search of the vehicle; officers confiscated 12 pounds of marijuana hidden in a trash bag (www.statepatrol.ohio.gov, May 30, 2017).

Participants and community professionals also discussed current availability of high-grade marijuana extracts and concentrates (aka "wax" and "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' 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 remarked: "Everybody is 'dabbing' (using dabs) now; My friends at work can get it every day; I can call and get it anytime."




Although treatment providers did not report on the availability of marijuana extracts and concentrates, law enforcement most often reported the current availability of these marijuana derivatives as '5'; the previous score was '10'. Law enforcement reported: "We don't get a lot of that. It takes a lot of work to make that; I see a lot of people using it, not selling it. They make it for themselves because it takes so long to make, but it's the higher THC, so they keep it for themselves; It seems like the local marijuana grows we hit, we

find some dabs, as long as they are growing the weed, they'll make a little dabs off it, too ..."

Participants reported that the general availability of marijuana has increased during the past six months. Participants stated: "Easier every day; With the other states legalizing it, people are going out of state and bringing it back in; So many people are growing 'hydroponic' (high-grade marijuana)." Participants indicated that the availability of marijuana concentrates and extracts have also increased during the past six months. Participants reported: "It's getting popular; More people are using it now; There's more coming around, more wanting to get higher; The prices are getting cheaper."

Community professionals reported that the general availability of marijuana has increased during the past six months. Treatment providers stated: "It's socially acceptable, totally acceptable, it's like drinking (alcohol); If a child is not doing well in school, and now he can focus, from his perspective, on weed, that reinforces that marijuana is not harmful." Law enforcement stated: "It's more popular; You can get it so many ways now ... there's all the edibles (food products containing marijuana) that go with it." Law enforcement also reported that marijuana extracts and concentrates have increased in availability during the past six months.

The BCI Richfield Crime Lab reported that the number of marijuana cases (including edible forms) it processes has decreased during the past six months, while the number of cases of concentrated THC (tetrahydrocannabinol oils, "dabs") has increased.

Marijuana	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 marijuana, and marijuana extracts and concentrates, as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was also '10'. Participants stated: "You're not getting your shitty \$10 bag of weed, you're getting weed that sparkles, that tastes good; It

depends on if it's government made (legal supply from states were marijuana use is permissible by law) or civilian made ... government made is the better stuff." One participant group in Tuscarawas County reported that marijuana is sometimes adulterated with fentanyl. A participant commented, "They're cutting the shit with fentanyl. It's getting crazy out there."

Reports of current prices for marijuana were provided by participants with experience buying the drug. Reportedly, the most common quantity of purchase is between 1/8 ounce and 1/4 ounce; the most common quantity of purchase for marijuana extracts is a gram. Participants commented: "There's a lot of variables, sometimes they'll put other stuff (lower-grade marijuana) with it. You can spend anywhere from \$10 to \$100 for a bag of weed; A lot of people buy a half-ounce to redistribute some of it."

Marijuana	Current Prices for Marijuana	
	Low grade:	
	A blunt (cigar)	\$5
	A gram	\$5
	1/8 ounce	\$20-35
	1/4 ounce	\$30-50
	1/2 ounce	\$75
	An ounce	\$150-200
	A pound	\$500
	High grade:	
	A blunt (cigar)	\$5-10
	A gram	\$10
	1/8 ounce	\$30-70
	1/4 ounce	\$60-100
	An ounce	\$120-200
	A pound	\$1,000-2,000
	Extracts and concentrates:	
	A gram (wax form)	\$35-60 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. A few participants also reported consuming the

drug in edible forms. Reportedly, the most common route of administration for marijuana extracts and concentrates is vaporizing. Participants estimated that out of 10 marijuana extract users, all 10 would vaporize the drug. Participants also reported that some individuals smoke marijuana dipped into marijuana extracts and concentrates.

A profile for a typical marijuana user did not emerge from the data. Participants regularly reported that the use of marijuana is very prevalent across all different types of people and populations. However, a few participants noted that the use of low-grade marijuana is more common among older individuals. Community professionals also reported that marijuana use is common among all different groups. Treatment providers noted that the age of first use for marijuana tends to be as young as 9 or 10 years. Participants described the typical user of marijuana extracts and concentrates as young, (teenaged-early 20s), male and a user of psychedelic drugs (aka "stoners" or hippies).

Methamphetamine



Methamphetamine remains highly available in the region. Participants most often reported the current availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get);

the previous most common score was also '10'. Participants reported: "It's everywhere; There is a trailer park near me. If you walk through it at night, you can smell them cooking it. You don't know what trailer has a family or what one has a 'meth' (methamphetamine) cook; A lot of crystal meth is coming around, and it's cheap."

Community professionals also reported the current availability of methamphetamine as '10,' the previous most common score was '7' for treatment providers and '10' for law enforcement. A treatment provider commented, "It's heroin, meth, or both, back and forth." Law enforcement reported: "We are completely flooded; That's what's going to eventually push heroin out; We've seen more crystal meth than we have in the past; From what I hear on the street, [drug cartels] are trying to flood the market with crystal; We're finding out that crystal is a big money maker for people. They are buying it for \$600-650 an ounce, and going to West Virginia and selling it for \$1,200-1,300, every day."

Participants reported that methamphetamine is available in powdered and crystal forms throughout the region. However, reportedly, crystal is the most prevalent form. Participants commented: *"'Ice' (crystal methamphetamine) is flooding the streets ... it used to be 'shake and bake' (powdered methamphetamine); 'Mexican super meth' (crystal methamphetamine) is the highest grade, it comes from Texas; But they are learning [how to manufacture crystal methamphetamine] around here ... a lot of labs around here, the demand is so high."* Participants reported that crystal methamphetamine is both imported and manufactured locally.

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. Participants most often reported the current availability of powdered methamphetamine also as '10'. A participant reported, *"It's easy [to find] if you can get the Sudafed®."* Law enforcement in Tuscarawas County reported: *"[Powdered methamphetamine is] one thing that's back on the rise. Two years ago, we were way up there in meth labs, last year we fell off a lot because of heroin. Today, I was at a meth lab ... we've had 25 labs since the first of the year, which is more than we had all of last year."*

In addition, one participant group in Summit County reported that anhydrous methamphetamine is available, though participants from this group most often reported its current availability '3' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Anhydrous methamphetamine is the "old school" way of manufacturing methamphetamine whereby anhydrous ammonia is used to extract methamphetamine from ephedrine by way of a chemical reaction when mixed with lithium (usually via battery innards); this method of production has been widely replaced by the "shake-and-bake" method. Participants reported: *"It's out there. You got to know the right people, but it's out there; Bikers, truckers, they always have it."*

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 596 methamphetamine cases reported during the past six

months, of which 45.5% were Summit County cases, 28.4% were Stark County cases, and 24.7% were Portage County cases (an increase from 429 cases for the previous six months, of which 34.5% were Summit County cases, 33.8% were Stark County cases, and 28.9% were Portage County cases).




Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A man was charged with possession and trafficking of methamphetamine when OSHP in Tuscarawas County confiscated 119 grams of the drug from his vehicle (www.newsnet5.com, Jan. 5, 2017). Akron Police arrested a man after responding to a call that the man threw a concrete block into a CVS pharmacy door and stole three boxes of cold medicine and candy from the store (www.fox8.com, Jan. 30, 2017). Massillon Police (Stark County) arrested an Akron man during a traffic stop for driving erratically and discovering the man was naked; a K-9 unit alerted police to drugs in the vehicle and officers confiscated an undisclosed amount of methamphetamine and drug paraphernalia (www.cantonrep.com, Jan. 31 2017). Springfield Township Police (Summit County) arrested a man driving a dirt bike without a license plate and finding him with crystal methamphetamine; in a separate incident, Springfield officers arrested a woman after responding to a theft at a local store and finding the woman also possessed methamphetamine (www.akron.com, Feb. 8, 2017). Green Township Police (Summit County) arrested a woman during the execution of a search warrant at a motel after finding methamphetamine in her possession; in a separate incident, officers arrested a couple after responding to a call about a reported stabbing at a home in Springfield Township and finding the couple with a white powdery substance that field tested positive for methamphetamine (www.akron.com, Feb. 9, 2017). Officers with the Canton Regional SWAT Cooperative, the Carroll County Sheriff's Office and the Jefferson County Sheriff's Office collaborated during a two-month long investigation to arrest a man in his home in Sandy Township (Tuscarawas County) for drug possession and trafficking; the officers confiscated five grams of methamphetamine, unidentified prescription medications, over one pound of marijuana, and they discovered a marijuana grow operation in the home (www.cantonrep.com, Feb. 10, 2017). Coventry Township Police (Summit County) arrested a woman during a traffic stop for possessing an undisclosed amount of Xanax® and methamphetamine; during a separate incident, officers arrested another woman during a traffic stop for possessing methamphetamine (www.akron.com, Feb.

16, 2017) Alliance Police (Stark County) arrested a couple after completing a search of their home and finding five methamphetamine labs emitting fumes near their 9-year-old son (www.cantonrep.com, March 2, 2017). Barberton Police (Summit County) arrested a man in Coventry Township after finding him passed out in the driver's seat of his vehicle and finding methamphetamine and marijuana in his car; during a separate incident, officers arrested a man also in Coventry Township while responding to a call from a mother reporting her son as trespassing and finding methamphetamine and drug abuse instruments in the son's possession (www.akron.com, April 4, 2017). Akron Police arrested a correctional institution employee while executing a search warrant and finding two pounds of crystal methamphetamine in the home (www.cleveland.com, April 4, 2017). An investigation conducted by the U.S. Postal Service and Akron Police lead to the sentencing of a postal delivery woman to three years in prison and an Akron drug dealer to 12 years in prison for trafficking shipments of methamphetamine from California to two post offices in the Akron area; reportedly, the man arranged for the drugs to be delivered from California to Ohio, where the postal delivery woman intercepted the drugs to give to him; the two collaborated to distribute over three kilograms of the drug (www.justice.gov, May 22, 2017).

Participants reported that the availability of crystal methamphetamine has increased during the past six months, while the availability of powdered methamphetamine has decreased. Regarding crystal methamphetamine, participants commented: *"It's like heroin ... an epidemic; The price is going down, so availability is high; More people are learning how to cook [crystal methamphetamine] to make money; They're less scared of it ... 10 years ago you talk about a meth lab, people say, 'I don't want to mess with that.' Today people don't care."* Regarding powdered methamphetamine, a participant stated, *"Powder's way down, honestly, no one wants it."*

Community professionals reported that the general availability of methamphetamine has increased during the past six months. Treatment providers reported: *"Part of the reason for the increase with meth is, they are saying, 'I don't want to die.' They see the people taking heroin on the streets and dying, so they are switching to meth. I had a couple clients tell me this this past week; The Vivitrol® blocks opiates but it does not block meth, so clients on Vivitrol® are turning to meth as their new high."* A law enforcement officer explained, *"There's a cross over between heroin and meth ... heroin was their drug, but now they're testing positive for meth."*

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 crystal, off-white and white powder, and brown crystals in smoking devices.

Methamphetamine	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 methamphetamine as '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '9.' Participants specifically rated the quality of crystal methamphetamine as '7' and of powdered methamphetamine as '5.' Participants stated: *"The ice, it's a little cleaner, but it does not last as long. The 'bake' (powdered methamphetamine), it depends on who is 'shaking' (cooking); It depends on the cook. It's like steak, you can get a good one or you can get a bad one."*

Participants reported the following adulterants (aka "cuts") for methamphetamine: baking soda, barbiturates, bath salts, fentanyl, iodine, MDMA (3, 4-Methylenedioxymethamphetamine, aka "ecstasy"), MSM (Methylsulfonylmethane, a joint supplement) and vitamin B-12. Participants remarked: *"Both powder and crystal are being cut; Crystal is not cut much, it's usually pure; When I went to the hospital, I tested positive for barbiturates ... I was using meth; I cut mine with 'molly' (powdered MDMA) 'cause I like the effect; I heard of people putting cocaine in it."* Overall, participants reported that the quality of methamphetamine has decreased during the past six months.

Reports of current prices for methamphetamine were consistent among participants with experience buying the drug. Reportedly, the most common amount of purchase is a gram. Participants commented: *"It's cheaper than 'coke' (cocaine), and you're high for days; It's very popular to trade boxes of Sudafed® for meth (aka 'smurfing'); There's not much difference [in price] between shake-and-bake and ice ... about five bucks cheaper for powder."*

Methamphetamine	Current Prices for Methamphetamine	
	Powdered:	
	A gram	\$50
	1/8 ounce	\$70-90
	Crystal:	
	1/2 gram	\$50
	A gram	\$50-100
	1/16 ounce	\$80
	1/8 ounce	\$75-120
	An ounce	\$400-500

Participants reported that the most common routes of administration for methamphetamine are intravenous injection (aka "shooting"), snorting and smoking. Participants estimated that out of 10 methamphetamine users, four would shoot, three would snort and three would smoke the drug. A participant commented, "If I am going to use your drugs, I'm going to use it the way you do, that's respectable." One participant group also reported that a few users orally ingest methamphetamine by "parachuting" (placing it in tissue and swallowing) albeit this practice was said to be rare.

Participants described typical methamphetamine users as younger (late teens – early 20s), white people, heroin users, laborers and dancers (aka "strippers"). Participants remarked: "Anybody who wants energy; [People who] do not have the money to spend on cocaine; Heroin addicts trying to get off heroin; Strippers, to keep their weight down and be able to stay awake at night." Community professionals described typical methamphetamine users as younger, white people, and those of lower socio-economic status. Law enforcement officers commented: "I would say similar to the heroin [user], 20s and 30s, most of them don't make it past their 40s; A lot of heroin users are using meth, too."

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 also '10.' Participants remarked: "I know a lot of people selling them around here because it's a cheap 'up' (high); There's so many kids getting prescribed them, and their parents sell them."

Treatment providers and law enforcement most often reported the current street availability of prescription stimulants as '1' and '3,' respectively; the previous most common score was '4' for treatment providers. One treatment provider remarked, "I haven't heard a client mention it in five months. That's because they go on meth." Law enforcement stated: "I don't see that much; We see a lot of diagnoses with ADHD (attention-deficit hyperactivity disorder) with adults. I'm skeptical about some of the folks we have [on probation] ... they get it and maybe they use some, then they trade or sell."

Participants identified Adderall®, Ritalin® and Vyvanse® as the most available prescription stimulants in terms of widespread illicit use. Participants reported: "They're easily prescribed; You want the Adderall® ... top of the line; Just tell a doctor you're ADHD, that you have trouble focusing, and they will give it to you." Community professionals identified Adderall® as most available. A law enforcement officer commented, "Adderall®, I hear a lot of lately. We responded to an underage party, and there were a lot of kids there buying Adderall®."

Participants and law enforcement reported that the general availability of prescription stimulants has remained the same during the past six months, while treatment providers reported decreased street availability. A treatment provider stated, "Doctors are clamping down on the ADHD meds. You can only get one month at a time." One law enforcement officer commented, "The doctors are really scrutinizing the prescriptions they are writing now." The BCI Richfield Crime Lab reported that the number of Adderall® cases it processes has remained the same during the past six months, while the number of Ritalin® cases has increased.

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

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

Prescription Stimulants	Current Street Prices for Prescription Stimulants	
	Adderall®	\$2 for 5 mg
		\$4 for 10 mg
\$3-8 for 30 mg		
Ritalin®	\$3 per pill (unspecified dose)	

Participants reported obtaining these drugs from family, friends and medical professionals. A participant remarked: "A lot of women sell their kids' prescriptions." A law enforcement officer commented, "[Young people] are getting it from the parents as prescribed and passing it on to their friends."

Participants reported that the most common route of administration for illicit use of prescription stimulants remains snorting, followed by oral consumption. Participants estimated that out of 10 illicit prescription stimulant users, seven would orally consume and three would snort the drugs. Participants reported that users often break capsules open, and either snort or swallow the medication.

Participants and community professionals most often described typical illicit users of these drugs as high school and college students. One participant group reported that methamphetamine users often use prescription stimulants. Otherwise, prescription stimulant use is reportedly common. Participants stated: "Anybody who feels the need to be awake [will misuse prescription stimulants]; Everybody is on Adderall® nowadays. It's like an energy drink."







Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) remains available in the region. Participants most often reported the current availability of the pressed tablet form of ecstasy, as well as the current availability of "molly" (powdered MDMA), as '8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were '10'. Participants reported: "My dealer states when he gets a stash [of molly], it's gone like that; Molly is just like meth [in terms of its availability]; There's a guy in Cleveland that makes molly and ecstasy; If I go into a guy's gay club, I can get anything I want."

Treatment providers most often reported the current availability of ecstasy and molly as '1,' while law enforcement most often reported it as '2'; the previous most common score for molly was '5' or '10' for law enforcement; neither professional type reported on the availability of ecstasy during the previous six months. Treatment providers reported that when clients speak of molly, they express a casual use of the drug, or report using the drug in the past. Law enforcement commented: "It's out there, but it's not like it was; I have some people who talk about molly, they can get that. We intercepted some ecstasy in the mail, but not a whole lot; If you are a younger kid, you can get it pretty easy."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. OSHP arrested two Pennsylvania men during a traffic stop on the Ohio Turnpike in Summit County when criminal indicators prompted a search of their vehicle; officers confiscated 1,418 ecstasy pills (www.statepatrol.ohio.gov, March 22, 2017).

Participants reported that the availability of ecstasy has decreased or remained the same during the past six months, while the availability of molly has increased. Community professionals reported that both the availability of ecstasy and molly has remained the same during the past six months. A law enforcement officer commented, "This area is down, but in Columbus it's way up there." The BCI Richfield Crime Lab reported that the number of ecstasy cases it processes has decreased 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	No consensus
	 Law enforcement	No change
	 Treatment providers	No change
Molly	Reported Availability Change during the Past 6 Months	
	 Participants	Increase
	 Law enforcement	No change
	 Treatment providers	No change

Reports of current prices for synthetic marijuana were consistent among participants with experience buying the drug. A couple of participant groups reported purchasing individual “sticks” of synthetic marijuana from retailers in the area. Participants commented: *“You can buy cigarettes, called ‘MBTs’ ... you smoke it ... it’s like spice; You can get it for \$20 a stick if you buy it from the gas station.”* A law enforcement officer reported that a \$450 investment to purchase the green vegetable spice from China yields an amount of synthetic marijuana that sells for \$1,500. Law enforcement reported the drug is sold as “joints” (cigarettes) or in small packets.

Synthetic Marijuana	Current Prices for Synthetic Marijuana	
	A gram	\$6-10
	3-4 grams (a bag)	\$20
	A pound	\$800

Despite legislation enacted in October 2011, participants reported acquiring synthetic marijuana from friends and family members, through Internet purchase and from local retailers, though it was reported that the retailer had to know a person before selling the drug to them, and often the transaction occurred in private.

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. A profile for a typical synthetic marijuana user did not emerge from the data. Participants indicated that the use of the drug is most common within correctional institutions. A law enforcement officer reported that users are both young and old. One officer reported that because the drug produces an effect that is similar to methamphetamine, he suspects that the drug is popular with methamphetamine users.

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: bath salts and hallucinogens (lysergic

acid diethylamide [LSD] and psilocybin mushrooms). In addition, the BCL Richfield Crime Lab reported that it processed 11 cases of U-47700 (a synthetic opioid, designer drug) during the past six months.

Bath Salts

Bath salts (synthetic cathinone; compounds containing methylone, mephedrone, MDPV or other chemical analogues, including alpha-PVP, aka “flakka”) remain available in the region. Participants most often reported the drug’s current availability as ‘7-8’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was ‘5’. Participants reported: *“I know a couple of gas stations and mini marts you can go to; Certain gas stations will have [bath salts].”* Treatment providers most often reported the drug’s current availability as ‘0’; the previous most common score was ‘5’. Law enforcement reported not encountering any bath salts during the past six months.

Participants continued to report that the drug is often sold on the street as methamphetamine. A participant commented, *“You think you’re getting meth, and you’re getting bath salts.”* The BCI Richfield Crime Lab reported that the number of bath salts cases it processes has decreased during the past six months.

One participant reported that the drug is sold for \$60 a gram in powder form, held in a paper fold. Bath salts are reportedly obtained through dealers and Internet purchase. Participants reported that the most common route of administration for bath salts is smoking. Participants estimated that out of 10 bath salt users, five would smoke, three would snort and two would intravenously inject the drug.

Hallucinogens

Hallucinogens are moderately available in the region. Participants most often reported the current availability of LSD as ‘7’ and the current availability of psilocybin mushrooms as ‘3’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common scores were ‘10’ for both LSD and psilocybin mushrooms. Participants reported: *“It’s easier now ... [LSD is] in season now; It usually takes me a week or two weeks to get [psilocybin mushrooms]; It’s a country thing.”*

Treatment providers most often reported the current availability of LSD as '4-6,' while law enforcement most often reported it as '1,' the previous most common score was '6' for both treatment providers and law enforcement. Treatment providers remarked: *"I hear about LSD a couple of times a year; They don't see it as addictive."* Law enforcement reported: *"It's here and there; That's a specialty thing at concerts."*

Treatment providers most often reported the current availability of psilocybin mushrooms as '5,' while law enforcement reported it as '3,' no previous score was reported for treatment providers; the previous most common score for law enforcement was '6-7.' Treatment providers reported: *"I've been hearing about 'mushrooms' (psilocybin mushrooms) lately; They are growing it at home, in salt water fish tanks."* Law enforcement stated: *"It's rare, hit or miss; Often with marijuana, you'll see 'shrooms' (psilocybin mushroom) ... it goes hand in hand; That's not normally something I hear about, but I guess you can get it if you want it."*

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Officers with the Stark County Sheriff's Office Metro Narcotics' Unit and the Canton SWAT Team collaborated to arrest two people in Stark County after a 7-month long investigation lead them to discover LSD, crack cocaine and heroin in their home (www.fox8.com, March 9, 2017).

The BCI Richfield Crime Lab reported that the number of dimethyltryptamine (DMT), LSD, phencyclidine (PCP) and psilocybin mushrooms cases it processes has increased during the past six months.

Reportedly, a dose (aka "a hit") of LSD sells for \$10-15. One participant reported better prices for LSD when purchased in larger quantities. A profile for a typical hallucinogen user did not emerge from the data. Participants described typical users as ranging from hippies to professionals. Reportedly, the drug is commonly obtained at music festivals.

Conclusion

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

While many types of heroin are currently available in the region, participants and community professionals continued to report powdered heroin as most available. Participants described powdered heroin as brown, gray, pinkish or white in color, and explained that the heroin that is pinkish or white is most likely adulterated with fentanyl. Many participants reported that much of what is being sold as heroin in the region is actually fentanyl or carfentanil. Community professionals also reported that much of the heroin in the region is adulterated with fentanyl or is pure fentanyl or an analogue of fentanyl.

Participants reported that the availability of heroin has increased during the past six months, while community professionals noted increased availability of fentanyl. Community professionals reported that the general availability of heroin has remained the same, with many believing that heroin availability/use has peaked, or rather plateaued. The BCI Richfield Crime Lab reported that the number of heroin cases it processes has decreased during the past six months, while the number of fentanyl and fentanyl analogue cases has increased.

Participants and community professionals reported that the general availability of marijuana has increased during the past six months. Reasons for increased availability include: more people are growing marijuana; marijuana prices are getting cheaper; more states have legalized marijuana use; and marijuana is now socially acceptable, with many respondents equating marijuana use with drinking alcohol. Treatment providers noted that the age of first use for marijuana tends to be as young as 9 or 10 years.

Participants and law enforcement also indicated that the availability of marijuana concentrates and extracts (aka "wax" and "dabs") has also increased during the past six months. The BCI Richfield Crime Lab reported that the number of marijuana cases (including edible forms) it

processes has decreased, while the number of cases of concentrated THC (tetrahydrocannabinol oils, “dabs”) has increased.

There was consensus among participants and community professionals that the current availability of methamphetamine is ‘10’ (highly available, extremely easy to get). Participants discussed methamphetamine use as epidemic as heroin use, while also noting that, similar to marijuana, methamphetamine use has become less stigmatized. Community professionals reported a crossover from heroin to methamphetamine. Treatment providers explained that some heroin users have switched to methamphetamine due to fear of overdosing and dying from heroin/fentanyl.

Participants reported that methamphetamine is available in powdered and crystal forms throughout the region. However, reportedly, crystal is the most prevalent form in the region; it is both imported and manufactured locally. 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 crystal, off-white and white powder, and brown crystals in smoking devices.

Overall, participants reported that the quality of methamphetamine has decreased during the past six months. They reported numerous adulterants (aka “cuts”) for the drug, including: barbiturates, bath salts (synthetic cathinone), fentanyl and “molly.” Reportedly, adulterating a drug with other drugs is common. There was discussion in many participant groups regarding how ecstasy and molly are most often cut with other drugs including: cocaine, heroin and methamphetamine. Likewise, participants discussed that crack and powdered cocaine are cut with fentanyl, heroin and methamphetamine. One participant group in Tuscarawas County reported that marijuana is sometimes adulterated with fentanyl.

Lastly, participants reported high current availability of synthetic marijuana, and law enforcement indicated that the availability of the drug has increased during the past six months. Law enforcement reported that users in the region are manufacturing the drug with chemicals purchased via the Internet from China. Participants indicated that the use of the drug is most common within correctional institutions. One officer reported that because the drug produces an effect that is similar to methamphetamine, he suspects that the drug to be popular with methamphetamine users.