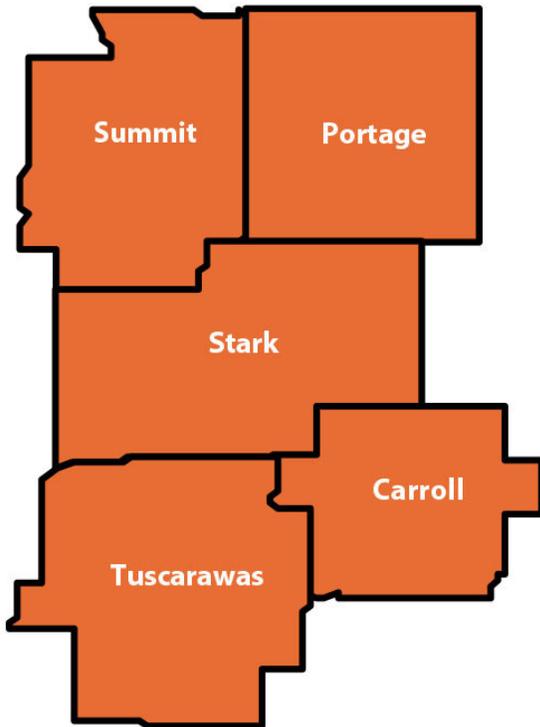


Drug Abuse Trends in the Akron-Canton Region



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, and the Ohio Department of Public Safety (ODPS), which logs drug task force seizures from across Ohio.

All secondary data are summary data of cases processed from January through June 2017. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for July through December 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	45
Gender (female), 2016	51.0%	51.3%	55.6%
Whites, 2016	82.5%	85.4%	93.0% ²
African Americans, 2016	12.8%	9.9%	4.7%
Hispanic or Latino Origin, 2016	3.7%	2.0%	6.7%
High School Graduation Rate, 2012-16	89.5%	90.4%	86.3% ³
Median Household Income, 2012-16	\$50,674	\$49,767	\$12,000-15,999 ⁴
Persons Below Poverty Level, 2016	14.6%	13.4%	65.9% ⁵

¹Ohio and Akron-Canton region statistics were derived from the most recent US Census. OSAM drug consumers were participants for this reporting period: June 2017 - January 2018.

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

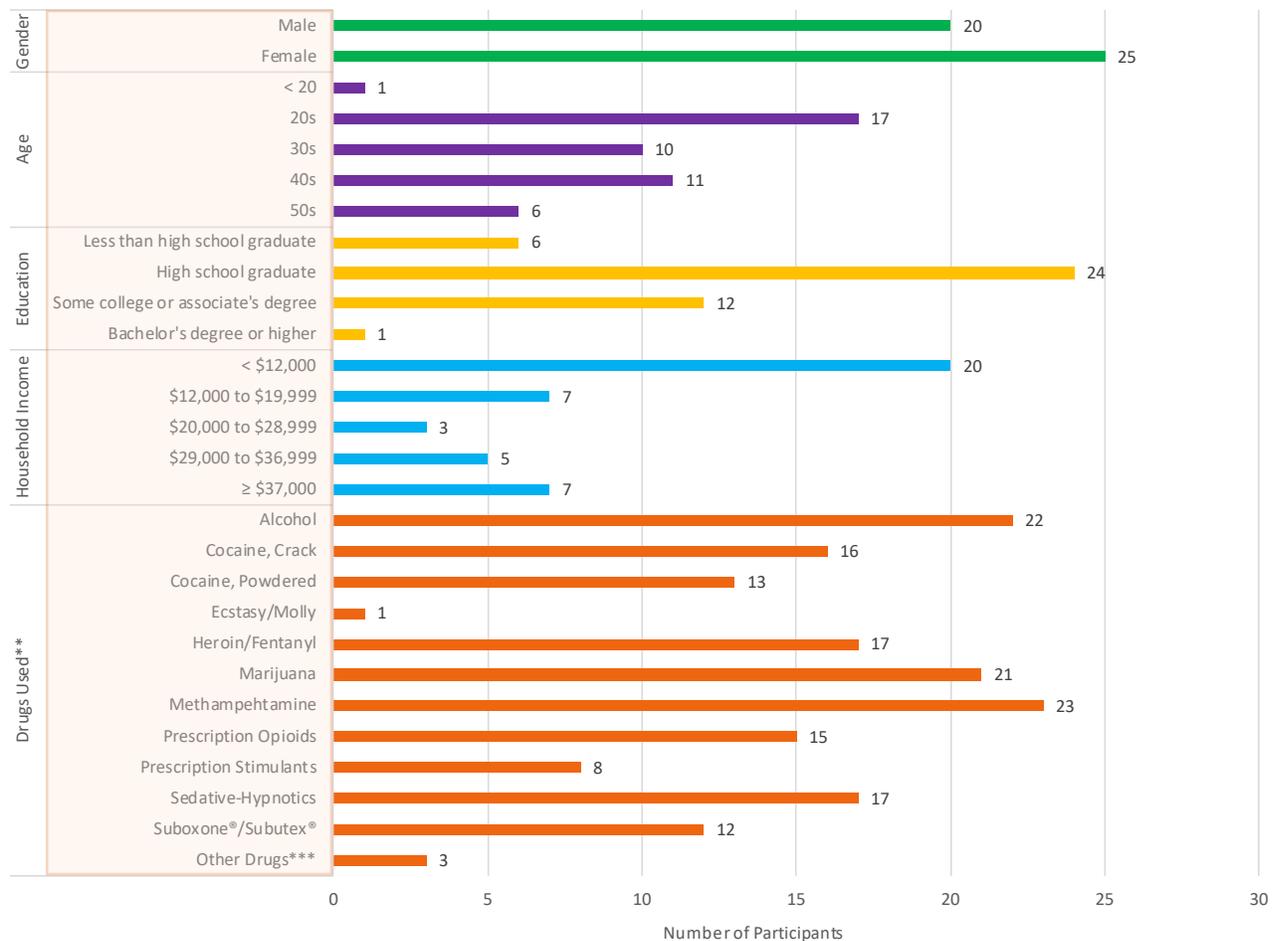
³High school graduation status was unable to be determined for 2 participants due to missing and/or invalid data.

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 3 participants due to missing and/or invalid data.

⁵Poverty status was unable to be determined for 4 participants due to missing and/or invalid data.

Akron-Canton Regional Participant Characteristics

Consumer Characteristics N=45*



*Not all participants filled out forms completely; therefore, numbers may not equal 45.

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

***Other drugs included: lysergic acid diethylamide (LSD), Marinol®(medical marijuana pill) and synthetic marijuana.

Historical Summary

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

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

Participants reported that the availability of heroin increased during the reporting period, while community professionals noted increased availability of fentanyl. Community professionals reported that the general availability of heroin remained the same, and many believed that heroin availability/use had peaked, or rather plateaued. The BCI Richfield Crime Lab reported that the number of heroin cases it processes decreased during the reporting period, while the number of fentanyl and fentanyl analogue cases increased.

Participants and community professionals reported that the general availability of marijuana increased during the reporting period. Reasons for increased availability included: more people were growing marijuana; marijuana prices had gotten cheaper; more states had legalized marijuana use; and marijuana was socially acceptable, with many respondents equating marijuana use with drinking alcohol. Treatment providers noted that the age of first use for marijuana was as young as nine or 10 years.

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

processes had decreased, while the number of cases of concentrated THC (tetrahydrocannabinol oils, "dabs") had increased.

There was consensus among participants and community professionals that methamphetamine was highly available. Participants discussed methamphetamine use as epidemic as heroin use, and also noted that, similar to marijuana, methamphetamine use had become less stigmatizing. Community professionals reported a crossover from heroin to methamphetamine. Treatment providers explained that some heroin users had switched to methamphetamine due to fear of overdosing and dying from heroin/fentanyl.

Participants reported that methamphetamine was available in powdered and crystal forms throughout the region. However, reportedly, crystal was the most prevalent form; it was both imported and manufactured locally. The BCI Richfield Crime Lab reported that the number of methamphetamine cases it processes increased during the reporting period; the lab reported processing crystal, off-white and white powder, and brown crystals in smoking devices.

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

Lastly, participants reported high availability of synthetic marijuana, and law enforcement indicated that the availability of the drug increased during the reporting period. Law enforcement reported that users in the region were manufacturing the drug with chemicals purchased via the Internet from China. Participants indicated that the use of the drug was common within correctional institutions. One officer reported that because the drug produces an effect similar to methamphetamine, he suspected that the drug was popular with methamphetamine users.

Current Trends

Powdered Cocaine

Powdered cocaine is 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: *"Depends on what lane you're in ... if you are looking for it, you'll find it; Dealers will walk up any time and say, 'What do you want?'"* Treatment providers most often reported the current availability of powdered cocaine as '8,' while law enforcement reported it as '8-9,' the previous most common scores were '7' for treatment providers and '5-10' for law enforcement. Law enforcement reported: *"From a law enforcement standpoint, it's very easy; [Dealers] are really good ... they can get anything..."*

Corroborating data indicated that powdered cocaine is available in the region. The Ohio Department of Public Safety (ODPS) reported 25 drug task force seizures of powdered cocaine in the Akron-Canton region during the reporting period.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A cocaine trafficking investigation lead by Canton Police (Stark County), the U.S. Bureau of Alcohol, Tobacco, Firearms and Explosives and the U.S. Marshals Violent Fugitive Task Force lead to the arrest of three women and eight men during a county-wide drug sweep; eight people were charged with cocaine trafficking, one with marijuana trafficking, and three with heroin trafficking (www.cantonrep.com, July 26, 2017). Two additional people plead guilty in the Stark County Common Pleas Court to multiple drug charges involving the cocaine distribution ring in Stark County; both people faced 30-51 years in prison for their involvement in the cocaine ring (www.indeonline.com, Sept. 22, 2017). Federal Bureau of Investigation (FBI) officers arrested a downtown Akron (Summit County) nightclub owner after executing a search warrant at one of his homes in Kenilworth (Trumbull County) and seizing undisclosed amounts of suspected cocaine, methamphetamine and drug paraphernalia; FBI agents also seized undisclosed amounts of marijuana, prescription drugs, guns and drug paraphernalia at the man's other home in Cuyahoga Falls (Summit County)

(www.ohio.com, Nov. 3, 2017). FBI agents in Canton seized 15 kilograms of cocaine, eight pounds of crystal methamphetamine, 50 pounds of marijuana, and 10 guns during the execution of 11 search warrants in Stark and Wayne counties; officers arrested at least two people connected to a drug trafficking ring (www.cantonrep.com, Nov. 9, 2017). The Summit County Drug Unit seized nine kilograms of cocaine at a home in Akron; no arrests were made (www.cleveland.com, Nov. 15, 2017).

Participants reported that the availability of powdered cocaine has decreased during the past six months. When participants were asked why the availability of powdered cocaine has decreased, several participants reported lowered demand for the drug, as users typically want other drugs, such as crack cocaine, heroin or methamphetamine. Participants commented: *"It's easier to find crack; I'd rather smoke crack; The heroin epidemic ... people want to do more opiates; Now, heroin and meth are more common; Meth is out there ... it's taken over cocaine; Meth became more popular. It's cheaper than cocaine; Meth became big, it lasts longer [than cocaine]."*

Community professionals reported that the availability of powdered cocaine has remained the same during the past six months. A law enforcement officer stated, *"I don't see a change in powdered cocaine."* The BCI Richfield Crime Lab reported that the number of cocaine cases it processes has decreased during the past six months; the lab does not differentiate between powdered and crack cocaine.

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

Participants most often rated the current overall quality of powdered cocaine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '8'. Participants remarked: *"It's no good around here; It depends on who you are buying it from; It depends on what it smells like. If it smells like diesel fuel, then it's 'fire' (high quality) ... if not, then I'm not buying it."*

Participants further discussed adulterants (aka “cuts”) that affect the quality of powdered cocaine and commented: *“I don’t know if I’ve ever had pure cocaine; A lot of stuff is cut with fentanyl to make you crave opiates; Every time I used, I had to go to the bathroom (indicating presence of laxatives); Now-a-days, they’ll cut it with anything.”*

Participants reported the top cutting agents for powdered cocaine as: aspirin (including baby aspirin and BC® Powder), baby laxatives, baking soda, fentanyl, inositol (dietary supplement) and NoDoz®. Other adulterates mentioned included: “Close Enough” (reportedly a product sold in head shops to cut drugs), laxatives, PCP (phencyclidine), powdered sugar, omega 3, Tylenol®; and as one participant exclaimed, *“any white pill in your cabinet.”* Overall, participants reported that the quality of powdered cocaine has decreased during the past six months. Participants stated: *“It’s just junk; With the drug busts, there is a decrease in the quality of ‘coke’ (powdered cocaine); So many hands, and each one cuts it; People are trying to get as much money off of it as they can, they’re stretching it out.”*

Powdered Cocaine	Cutting Agents Reported by Crime Lab	
	●	local anesthetics (benzocaine and lidocaine)

Reports of current prices for powdered cocaine were variable among participants with experience buying the drug. Reportedly, the most common quantity of purchase is 1/8 ounce (aka “eight ball”). Regarding pricing, participants commented: *“It depends on who you know; It depends on how much money you’ve got; It goes for what you want ... if you spend \$50, you get a ‘50’ (\$50 amount) ... they eyeball it.”* One participant group reported that the price of powdered cocaine has decreased during the past six months. A participant stated, *“There’s more interest in ‘meth’ (methamphetamine), so dealers are lowering the price.”*

Powdered Cocaine	Current Prices for Powdered Cocaine	
	A gram	\$50-100
	1/16 ounce (aka “teener”)	\$75-150
	1/8 ounce (aka “eight ball”)	\$150-300

Participants reported that the most common route of administration for powdered cocaine is snorting and intravenous injection (aka “shooting”). Participants estimated that out of 10 powdered cocaine users, five would snort and five would shoot the drug. Participants remarked: *“A lot of people have moved to the needle (intravenous injection); Everyone is shooting everything; They probably do both. If you can’t find a needle, you snort.”*

Participants described typical powdered cocaine users as of higher socio-economic status or individuals involved in the adult entertainment industry. Participants stated: *“It’s a rich man’s drug; Older, rich, white dudes; You’ve got to have money, or access to money, ‘cause you are going to burn money pretty quick with coke; It’s more upscale ... There’s a stigma that’s attached to crack cocaine that’s not attached to powdered cocaine, so the people who have money, who own businesses, bars, restaurants, those that don’t want to have paraphernalia laying around, powdered cocaine is the way to go because you don’t have to have all of that attached; Business people, it’s easier to hide; I know people who do coke that are nurses and lawyers; It’s a party drug ... you can do more on cocaine.”*

Treatment providers described typical powdered cocaine users as white people, while law enforcement reported that there is no typical user of the drug. A treatment provider commented, *“I’ve heard a lot about women involved in adult entertainment using cocaine in that setting, mostly Caucasian.”* Law enforcement reported: *“I think it’s all walks of life ... it hits all social classes and races; I see it with any age. It can cut all the way from teenagers to middle-aged folks.”*

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: *“Real easy, easier than (powdered) cocaine [to obtain]; It’s the easiest drug to find, by far; Equal to heroin; Dope boys (heroin dealers) sell crack ... they got one, they have the other; Usually, I get it with fentanyl, hand-in-hand ... I got a dude, I buy two grams of fentanyl, they’ll throw in a gram of crack.”*

Treatment providers most often reported the current availability of crack cocaine as '9'; the previous most common score was '8.' One treatment provider stated, *"In Akron, it's a '10.' It's more of an urban drug."* Law enforcement most often reported current availability as '6-7' in Summit County and '10' in Tuscarawas County; the previous most common scores were '5' and '7.' Law enforcement in Tuscarawas County remarked: *"The folks we have [on probation] that are testing positive for cocaine are telling us they are using crack; The ones we're dealing with, they are telling us it's their drug of choice ... that's what they want, and if it's not available here, they can just go up the road to get it; It's pretty easy. I know one area here in New Philadelphia where there's four crack houses in one block; When I'm dealing with street users, they are telling me 'rock' (crack cocaine) is easier to get than 'powder' (powdered cocaine)."*

Corroborating data indicated that crack cocaine is available in the region. ODPS reported 12 drug task force seizures of crack cocaine in the Akron-Canton region during the reporting period.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Akron Police (Summit County) arrested two men in the parking lot of a fast food restaurant after seeing drugs in plain sight in their vehicle; officers confiscated crack cocaine, powdered cocaine, methamphetamine, marijuana and heroin (www.news5cleveland.com, Sept. 13, 2017).

Participants reported that the availability of crack cocaine has remained the same during the past six months. Participants commented: *"It's always been easy to get; It's always been around."* Treatment providers reported that the availability of crack cocaine has increased during the past six months. Treatment providers stated: *"I think it's increased because of the perceived safety compared to opiates, especially with the fentanyl overdoses that's been happening; I think it increased too because of the 'meth' (methamphetamine) production. They're concerned about some of the stuff that's in the meth."* Law enforcement in Summit County reported that the availability of crack cocaine has remained the same, while law enforcement in Tuscarawas County reported that it has increased during the past six months. Law enforcement in Tuscarawas County commented: *"I've been seeing a lot more crack, and a lot more crack dealers. I've been dealing with a lot more informants who can buy crack, so it seems to be making an influx back into the area; There's certain people in the area that*

are 'cutting' (adulterating) it to make more money off it, and they're just making it more readily available." The BCI Richfield Crime Lab reported that the number of cocaine cases it processes has decreased during the past six months; the lab does not differentiate between crack and powdered cocaine.

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

Participants most often rated the current overall quality of crack cocaine as '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '3,' '6' and '8.' Participants stated: *"This is the drug that varies the most; It depends on where you get it from ... [if] when you cook the crack ... you get all the impurities out; If you buy it on the corner, it won't be a '10' ... more like a '5' in quality ..."*

Participants reported that crack cocaine in the region is most often adulterated (aka "cut") with baking soda. Other cuts mentioned included: ammonia, baby laxatives and ether. A participant reported, *"It's just like 'coke' (powdered cocaine). Whatever you cut it with, you [cut crack cocaine with]."* Overall, participants reported that the quality of crack cocaine has decreased or remained the same during the past six months. Participants remarked: *"Young punks going around trying to make a quick buck, cutting it with anything they can; It's so hard to get powder, if powder [quality] goes down, so does crack."*

Cutting Agents Reported by Crime Lab	
Crack Cocaine	 local anesthetics (benzocaine and lidocaine)

Reports of current prices for crack cocaine were consistent among participants with experience buying the drug. Reportedly, the most common quantity of purchase is a \$20 piece (aka "rock"). Participants commented: *"It*

depends on how much money you got ... the more money you got, the bigger the piece; If you got \$2, I'll give you a \$2 hit; You usually can get a deal, three [pieces] for \$50, six for \$100."

Crack Cocaine	Current Prices for Crack Cocaine	
	1/10 gram (aka "rock")	\$10
	A gram	\$60-70
	1/8 ounce	\$120

Participants reported that the most common route of administration for crack cocaine remains smoking. Participants estimated that out of 10 crack cocaine users, seven would smoke and three would "shoot" (intravenously inject) the drug. Participants commented: *"People who shoot heroin, will shoot crack; If you're going to shoot it, you'll use cocaine ... if you get crack, you smoke; A lot of people do both (smoke and shoot)."*

Participants described typical crack cocaine users as older, from lower socio-economic areas, and African-American people. Participants discussed: *"Most crack users I know are older; It's geographical. Most crack is in ... lower class neighborhoods; People see it as a low-income drug."* However, some participants commented: *"Everybody smokes crack; There's as much rich people who use crack; It's the most diverse drug ... I've seen the richest smoking it. I've seen it with the poorest of the poor."*

While some community professionals reported that crack cocaine users are more likely from lower income areas, the majority of community professionals did not identify characteristics of a typical crack cocaine user. These community professionals commented: *"It's changing. People you talk to who use crack ... 'You don't look like a crack user' ... more people than you think smoke it; It's been surprising to me lately. In the past, I'd say it was prevalent with older, African-American men, but it is prevalent in other populations of all ages It seems like the stigma isn't there as much as years ago; There's more suburban kids, young adults ... trying it."* Some treatment provider comments included: *"Crack goes hand-in-hand with alcohol; It's often associated with sex, prostitution ... sex addiction."* A law enforcement officer commented, *"People with a little less money go for that, because you can get a cheaper high off it (it's less expensive than other drugs)."*

Heroin

Heroin remains highly available in the region. Participants most often reported the current availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10.' A participant stated, *"Every gas station, corner store, every block, you will find it."* However, participants throughout focus groups reported difficulty in finding heroin not adulterated with fentanyl or fentanyl analogues. Participants discussed: *"I don't know where there is real heroin; There's a small, small chance you'll find pure heroin; I had one person I could get real heroin from; I couldn't even get heroin, only from a couple of people, it was all fentanyl."*

Treatment providers most often reported the current availability of heroin as '10,' the previous most common score was also '10.' However, most treatment providers also reported that, while users seek heroin, what they are getting is heroin adulterated with fentanyl. Treatment providers commented: *"This is hard because I think they are really talking about fentanyl when they are talking about heroin; You talk about the heroin epidemic, but it's really not a heroin epidemic; I don't know if there is pure heroin out there anymore. I think it's all mixed with things; They think they're using heroin, though, recently, I've heard more of them actually say they prefer fentanyl; Pure heroin is hard to find anymore. The girls I talk to in detox say they are detoxing from heroin, but it's not heroin because they are testing for fentanyl; You don't hear anybody talking about it, they'll use the word 'heroin,' but when you really start talking to them, they'll say 'fentanyl.'"*

Law enforcement most often reported the current availability of heroin as '8' and '10,' the previous most common score was '10.' A law enforcement officer stated, *"Sometimes it can be a little harder to get. You have to travel, but it's still readily available. We have people using heroin, and if they can't find heroin, they'll use other opiate pills or fentanyl."*

Corroborating data indicated that heroin is available in the region. ODPS reported 34 drug task force seizures of heroin and/or fentanyl in the Akron-Canton region during the reporting period (50.0% of the seizures were made in Portage County); drug task forces did not typically differentiate between heroin and fentanyl due to the high incidence of heroin-fentanyl mixtures.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Forty-five Summit County residents were treated at emergency rooms for overdoses from July 28 – August 3, 2017 according to Summit County Public Health surveillance reports; the report stated that people from two zip codes in the county made up 34% of the total overdoses in that county; the overdoses do not include those not treated in emergency rooms (www.ohio.com, Aug. 4, 2017). Authorities in Ravenna (Portage County) identified 22 people responsible for possessing, distributing, or intending to distribute, heroin, crack cocaine and powdered cocaine in the Ravenna and Youngstown (Mahoning County) areas; officers identified that some of the drugs were purchased in Michigan and brought to Ohio for distribution (www.wkyc.com, Aug. 10, 2017). North Canton Police (Stark County) arrested a man during a traffic stop after finding a white and gray powdery substance suspected to be heroin; one of the officers became exposed to the drug while attempting to pull the man from the vehicle, and his partner administered Narcan® to him to revert overdose symptoms; both officers were treated at a nearby hospital (www.cantonrep.com, Oct. 4, 2017). Ohio State Highway Patrol (OSHP) in Summit County arrested a Connecticut man during a traffic stop in Richfield Township after he lead police officers on a car chase; officers in a patrol plane spotted the man throwing a bag into a dumpster; officers caught the man and seized 1,600 grams of heroin from the bag he threw into the dumpster (www.news5cleveland.com, Nov. 17, 2017). Canton Police arrested a wanted man after finding him passed out from an alleged overdose in a stolen car; during a search of the vehicle, officers found a white powdered substance, an orange-brown powdered substance and drug abuse instruments (www.cantonrep.com, Nov. 30, 2017).

While many types of heroin are currently available in the region, participants reported brown powdered as most available. Participants stated: *“Around here, more ‘powder’ (powdered heroin); I’ve seen more powder than ‘tar’ (black tar heroin).”* Participants described powdered heroin as chunky to powdery in consistency, brown, gray, tan or white in color. A participant described powdered heroin: *“Like sand, it can be rocked, with a vinegar smell to it.”* Community professionals also reported powdered heroin as most available. A treatment provider stated, *“The only way I’ve heard it referred to is as ‘powder.’”* A law enforcement officer stated, *“I’m seeing mostly powder. I can*

get tar, but mostly powder. If you just tell somebody you’re buying heroin, you’re usually going to get powder.”

Participants most often reported the current availability of black tar heroin as ‘0’ and ‘3’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was ‘0.’ Participants commented: *“It’s a lot harder to find tar; I haven’t seen tar in years; You have to go out of town for it; My dude will go to Akron and bring tar back here.”* Treatment providers and law enforcement also indicated availability of black tar heroin, most often reporting its current availability as ‘2’ and ‘3,’ and ‘6,’ respectively; the previous most common scores were ‘3’ for treatment providers and ‘8’ for law enforcement. Treatment providers discussed: *“I’ve only heard one client in the past six months talk about tar; A few people I’ve worked with ... they went to Colorado to get tar.”* A law enforcement commented, *“Tar is very rare for us ... we’ve seen it, but it’s rare.”*

Participants reported that the availability of heroin has decreased during the past six months. Participants stated: *“The heroin we think is heroin is probably not heroin, our dealers aren’t so trustworthy; No one has it anymore, everyone has fentanyl; The heroin epidemic is going down, it’s replaced with fentanyl and ‘meth’ (methamphetamine).”* Treatment providers reported that the availability of heroin as remained the same during the past six months, while law enforcement reported that it has decreased or remained the same. A treatment provider stated, *“I wonder if heroin is going down. We really don’t know what they are getting, but with the fentanyl and carfentanil being considered as heroin [by users], maybe pure heroin is going down.”* Law enforcement commented: *“I don’t know if the availability has decreased, but the demand has decreased a little bit; The people I talked to on the streets, a lot of them seem to be self-medicating with methamphetamine ... we’re seeing a lot more crystal meth in the area now; We put these opiate users on the Vivitrol® shot, they don’t necessarily change their behavior, so they’ll switch to cocaine or methamphetamine.”*

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 gray and tan heroin, and rarely black tar heroin.

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

Participants most often rated the current overall quality of heroin as '0' on a scale of '0' (poor quality, "garbage") to '10' (high quality); participants could not rate the quality of heroin previously. Participants discussed: *"Everyone has a tolerance for fentanyl and carfentanil, so when they get heroin, it doesn't do anything; I want heroin 'cause it lasts longer, but it's garbage when I did find it."* Participants discussed adulterants (aka "cuts") that affect the quality of the drug and reported the top cutting agents for heroin as: brown sugar, fentanyl, powdered sugar, vinegar and vitamins. Additional cuts mentioned included: benzodiazepines, coffee, laxatives, Neurontin®, lactate, molasses and saccharin. One participant stated, *"Anything that will dissolve in water."* Overall, participants reported that the general quality of heroin has decreased during the past six months.

Heroin	Cutting Agents Reported by Crime Lab	
	<ul style="list-style-type: none">  acetaminophen  carfentanil  cocaine  diphenhydramine (antihistamine)  fentanyl and fentanyl analogues 	

Reports of current prices for heroin were consistent among participants with experience purchasing the drug. Reportedly, the most common quantities of purchase are 1/2 gram and a gram. However, participants commented: *"Whatever you want, you can get '20' (\$20 amount) you can get '40' (\$40 amount); Whatever they can afford; It's hard to come up with \$40, you get a '20' and hustle all day; There'd be times I'd ask them to give me a '40' and I'll pay them \$80 tomorrow, just to quit from being sick."*

Heroin	Current Prices for Heroin	
	Brown powdered:	
	1/10 gram (aka "point")	\$20
	1/2 gram	\$50-80
	A gram	\$90-150
	1/8 ounce (aka "eight ball")	\$320

While there were a few reported ways of using heroin, generally, the most common route of administration remains intravenous injection (aka "shooting"). Participants estimated that out of 10 heroin users, nine would shoot and one would snort the drug. Participants commented: *"I've seen more needles on the streets over the last six months than I have in my lifetime; Some people snort for a while [before progressing to shooting]."*

Participants reported that injection needles are most available from drug dealers and pharmacies. Additionally, participants reported obtaining needles from friends and family members who have diabetes. Regarding the purchase of needles at pharmacies, participants discussed: *"I think they made it harder. You have to show I.D. [and] sometimes you have to have a prescription; If you know what to ask for and have an I.D., you can get them; They keep track of how many times you buy [needles] ... you can only buy a box every so often."* Other participants reported: *"Usually, dealers sell the needles with the drug; Dealers give a needle to anyone who buys \$40 or more in heroin; The dealer I'd go to, I'd go in the morning and buy the drug, and he'd give me a needle; My uncle is diabetic, I buy them from him; I stole mine from my mother."*

Many participants noted that there are needle exchange programs in Akron and in Cleveland; participants reported individuals could receive 10 needles a week. One participant reported, *"You can walk into the police department [in Portage county] and exchange it."* The most commonly reported price for needles on the street is \$2-7 per needle. A few participants reported buying bags of 10 needles from dealers for \$5-20 per bag. Another participant stated, *"Some sell for \$10 [a needle] ... if you're 'jonesin' (in withdrawal), you'll pay anything."* Reportedly, sharing needles is common. A participant remarked, *"Quite a few people share needles."*

A profile for a typical heroin user did not emerge from the data, although some participants noted use among teenagers and individuals in their 20's. Participants commented: *"You die before you get old using heroin; You never heard of an old junkie, 'cause they're dead; The millennials ... our whole generation is dying."* However, most participants reported: *"It's not discriminating to any age or sex; Every walk of life; Runs the gamut, wealthy and poor."*

Community professionals also reported that there is not a typical heroin user. Treatment providers commented: *"There's no discrimination; There may have been trends before, but it doesn't seem that there are now. We've had younger folks, older folks, different nationalities ... it doesn't seem to make a difference."* A law enforcement officer stated, *"Everybody, every age, all walks of life."*

Fentanyl



Fentanyl is 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 not reported. Participants commented: *"It's everywhere; If you've got feet, you'll find it; Fentanyl is easier to get than heroin; People are putting fentanyl in 'glass' (methamphetamine)."*

Treatment providers most often reported the current availability of fentanyl as '10,' while law enforcement most often reported it as '9;' the previous most common scores were not reported. Treatment providers commented: *"It's just the trend. Even if you wanted heroin, it's all fentanyl; You can get it over the Internet. You don't have to deal with another person face to face. You can just sit in your living room and order it; Clients prefer the high."* Law enforcement officers from Summit County stated: *"We have users who want it, specifically ask for it. They want it over heroin; We have users who want fentanyl not mixed with heroin; The users don't care if it's fentanyl or carfentanil. They'll take anything."* Law enforcement officers from Tuscarawas County stated: *"For me, it's harder to buy just fentanyl. I don't see just fentanyl ... it's a cut. Actually, they've been using fentanyl to cut anything ... they're cutting cocaine with fentanyl."*

Corroborating data indicated that fentanyl is available in the region. ODPS reported 34 drug task force seizures of heroin and/or fentanyl in the Akron-Canton region during the reporting period; drug task forces did not typically differentiate between heroin and fentanyl due to the high incidence of heroin-fentanyl mixtures.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. The Summit County Chief Epidemiologist reported at least 57 unintentional opiate-related overdoses seen in emergency rooms in one week in early July; the epidemiologist reported that about 43% of the individuals were between the ages 35-64 years, and that the majority of the overdoses in the county resulted from heroin mixed with fentanyl or carfentanil (www.ohio.com, July 9, 2017). An Akron (Summit County) man plead guilty to involuntary manslaughter for providing carfentanil to a woman who overdosed and died in her car; the judge sentenced the man to eight years in prison (www.ohio.com, Aug. 28, 2017). Hospital staff in Massillon (Stark County) treated three nurses for fentanyl exposure; the nurses were exposed while cleaning a room where they just treated a fentanyl overdose victim (www.abc6onyourside.com, Aug. 11, 2017). An investigation lead by Twinsburg Police (Summit County) and the Southeast Area Law Enforcement Task Force lead to the indictment of two men for supplying fentanyl and heroin to a woman who subsequently died from an overdose at a Twinsburg home (www.cleveland.com, Oct. 11, 2017). An investigation completed by Akron Police, the U.S. Postal Inspection Service and Homeland Security lead to the federal indictment of a man responsible for receiving an undisclosed number of shipments of fentanyl from China to an apartment in Akron (www.justice.gov, Nov. 22, 2017).

Participants reported little knowledge regarding fentanyl analogues. While carfentanil was mentioned by a few, no participant had firsthand experience or was able to distinguish the drug from fentanyl. Law enforcement reported that carfentanil is available in the region, and that users seek this drug. A law enforcement officer commented, *"They ask for carfentanil ... We don't mess with it anymore. We just bag it, ship it to the lab ... [due to exposure risks]."*

Participants and community professionals reported that the availability of fentanyl has increased during the past six months. Participants discussed: *"You didn't hear people using it six months ago; It's cheap, more potent, you don't*

need as much [compared to heroin]; *It's cheap, cheap, cheap, and they're bringing truck loads in; You can buy it off the Internet.*" Community professionals stated: *"It's easier to get [than heroin]. They can get it through the mail ... it's less risky; It's more profitable ... a bigger bang for your buck; Dealers are trying to make more money ... the more they cut [heroin with fentanyl], the more money they make; It's easier to make, easier to synthesize."* The BCI Richfield Crime Lab reported that the number of fentanyl and fentanyl analogue cases it processes has increased during the past six months, while the number of carfentanil cases has decreased.

Fentanyl	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 fentanyl as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was not reported. Participants commented: *"The death toll explains it; I cut (adulterate/dilute) that shit and people be still falling over; Heroin doesn't even get people high no more; When people spray (cut) heroin with fentanyl, it doesn't evenly mix ... you may get some very potent, some not potent in the same batch."* Although participants reported that fentanyl is very potent, many participants complained that the effect of the drug is short-lived. A participant stated, *"The thing I liked about fentanyl is that for \$20 you can get four shots off of it. But, it still wasn't as good as heroin, 'cause the fentanyl doesn't last long enough. You'll do it and an hour later you're sick again (going through withdrawal). With heroin, you can go five, six hours without getting sick."*

Participants discussed adulterants (aka "cuts") that affect the quality of the drug and reported the top cutting agents for fentanyl as heroin and powdered sugar. A participant stated, *"People use sugar a lot because it dissolves."* Overall, participants reported that the quality of fentanyl has remained the same during the past six months. Though a participant stated, *"There's a lot of people dying, more today than ever, so it must be more pure."*

Reports of current prices for fentanyl were consistent among participants with experience purchasing the drug. Reportedly, the most common quantity of purchase is a gram. Participants reported: *"It's cheap; It's typically sold like heroin ... you get a '20' (\$20 amount); If you give them \$20 or \$40, you're getting a big, big sack; You get way much more ... triple the amount if you were to buy real heroin; If you buy fentanyl in bulk, it's dirt cheap."*

Fentanyl	Current Prices for Fentanyl	
	1/10 gram	\$10-20
	1/2 gram	\$50-60
	A gram	\$90-150

The most common route of administration for fentanyl is intravenous injection (aka "shooting"). Participants reported that out of 10 fentanyl users, all 10 would shoot the drug. A participant remarked, *"If you use fentanyl, you're past the snorting. You'll shoot it."*

Participants described typical fentanyl users as white people and young. Participants commented: *"It's a white people thing; It's getting younger and younger."* Many participants and community professionals identified typical fentanyl users as typical heroin users. Treatment providers commented: *"Same as heroin, at this point; It seems if you are in the heroin, opiate field, you'll take anything that you can get to not stay sick."*

Prescription Opioids



Prescription opioids are moderately available for illicit use in the region. Participants most often reported the current street availability of these drugs as '5' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10'. Participants discussed: *"Pills are hard to get. Doctors don't give them out; People are still looking for them, they're just not readily available; You can find them, but they are too high in price."* Treatment providers most often reported current street availability as '6,' while law enforcement most often reported it as '9,' the previous most common scores were '6-7' for treatment providers and '5' and '8' for law enforcement.

A treatment provider stated, "Guys are talking about how difficult it is to get them on the streets." Law enforcement commented: "I see a lot of pills. We do pill buys weekly; We see people where pills are their thing ... and despite the governor's tightening up where you can only get a seven day supply, they still get their hands on it; They have their little network, and people get prescribed it for years ... they sell it or trade it for what they want; People are getting them on the Internet, and getting bulk amounts of it."

Corroborating data indicated that prescription opioids are available for illicit use in the region. ODPS reported 13 drug task force seizures of prescription opioids in the Akron-Canton region during the reporting period.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Stark County Sheriff's officers responded to a call from a home in Canton Township and found an elderly woman unresponsive due to an opioid overdose; officers administered Narcan® to revive her; two women, one of whom operated under a false medical license, faced charges for giving the woman the drugs after she was released to their care from a care center (www.ohio.com, July 27, 2017). Akron Police responded to an opioid overdose of a 6-month-old boy and called paramedics to the scene to revive the boy before taking him to a nearby hospital; officers identified three other children as victims of drug overdoses in 2017, one of whom died as a result (www.cleveland.com, Sept. 25, 2017).

Participants identified Opana®, Percocet®, Roxicodone® and Vicodin® as the most available prescription opioids in terms of widespread illicit use. A participant reported, "You can still find Opana® 10s (10 mg) and 20s (20 mg), but anything higher than that ... I haven't seen lately." Community professionals identified Percocet® and Vicodin® as most available.

Participants reported that the street availability of prescription opioids has decreased during the past six months. Participants discussed: "Heroin, fentanyl, and meth (methamphetamine) are taking over; People who were using them, even if they find them, they moved to heroin and fentanyl; You can't melt them down, they're not as easily abused; They changed the formulas, so they are just junk; The rules have changed with doctors prescribing; They don't prescribe until absolutely necessary; I used to go to the dentist to get them, but they are not giving them anymore."

Treatment providers also reported that the street availability of prescription opioids has decreased during the past six

months, while law enforcement reported that availability has remained the same. Treatment providers stated: "They're into fentanyl now; The pills are expensive; They changed the chemical formula so that they're not crushable, or you can't break it down, you can't wash it down into a liquid, so they can't do what they want to do, which is snorting or using the syringe." Treatment providers also credited the Ohio Automated Rx Reporting System (OARRS) as having an impact in the decline of street availability of these drugs.

The BCI Richfield Crime Lab reported that the number of oxycodone/acetaminophen (Percocet®), methadone and tramadol (Ultram®) cases it processes has increased during the past six months, while the number of hydrocodone (Vicodin®), hydromorphone (Dilaudid®), oxymorphone (Opana®), morphine, and oxycodone (OxyContin®) cases has decreased.

Reported Availability Change during the Past 6 Months		
Prescription Opioids	 Participants	Decrease
	 Law enforcement	No change
	 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; however, a few participants reported that Opana® sells for \$2 per milligram. A participant stated, "For the price you pay for two 'perks' (Percocet®), you can buy a bag of heroin and a pack of cigarettes."

Current Street Prices for Prescription Opioids		
Prescription Opioids	Dilaudid®	\$10-20 for 8 mg
	Pharmaceutical fentanyl	\$100 for 100 mcg
	Opana®	\$80 for 40 mg
	Percocet®	\$5-10 for 5 mg \$10-17 for 10 mg \$17 for 15 mg
	Roxicodone®	\$30 for 15 mg
	Vicodin®	\$2-5 for 5 mg \$3-7 for 7.5 mg

Participants reported obtaining prescription opioids for illicit use from acquaintances who are being treated with them, drug dealers, medical providers (including dentists), and through Internet purchase. Participants discussed: *"A lot of older people get them legitimately, but they need to pay bills ... I've bought their whole 'scripts' (prescription); I went to the dentist and wrote on the paperwork that I'm on Vivitrol®, and even then he tried to write me a script for Percocet®; Some people trade their scripts to dealers; I'd take the pills [from the dentist] and take them directly to the dealer; People in the waiting room, they are saying, 'I just need a couple of pills,' that's why they are there, 'cause they know they can get them; Young kids on disability, they'll go to five or six different dentists in six months, just to see which one will give out Vicodin®, and then give out that name [of the prescribing dentist] to everyone."*

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 routes of administration for illicit use are snorting and oral consumption. Participants estimated that out of 10 illicit prescription opioid users, six would snort, three would orally consume (chew or "parachute," crush and wrap the drug in a piece of tissue paper to swallow), and one would "shoot" (intravenously inject) the drugs. A participant remarked, *"Dilaudid® you shoot, Percocet® eat, Vicodin® eat, Opana® shoot."*

A profile of a typical illicit prescription opioid user did not emerge from the data. Participants commented: *"People on social security, because they have insurance; More privileged people, people who do 'perks' have good jobs; Most of my customers were older, 'cause doctors aren't giving them out; Middle-aged white ladies; More the conservative, working class ... they won't do heroin, even though it's the same thing."*

Community professionals described typical illicit prescription opioid users as younger people, aged late teens to early 20s. Treatment providers stated: *"Young kids, teenagers; People who start with a prescription. It's really rare that I have seen a person who did not start with a prescription ... 95% of opiate users started with a script, which got too expensive, and they started with heroin."* Law enforcement reported: *"I see a lot of younger people, teenagers, 20s; 18-25 year olds, then it skips, and we have a group in their late 40s and 50s, who are later in life and won't take the risk [use heroin]."*

Suboxone®

Suboxone® remains highly available for illicit use in the region. Participants most often reported the current street availability of Suboxone® as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. Participants commented: *"A lot of people are getting it; A lot of people go to the clinics, get 'scripts' (prescriptions) and sell them; People are being prescribed three 'strips' (filmstrips) a day and selling two of them; You can get Suboxone® easier in jail than anything."* Participants reported that the sublingual filmstrip form of Suboxone® is more readily available than the pill form, but the pill form can also be found in the area. A participant remarked, *"Pills are back ..."*

Treatment providers most often reported the current street availability of Suboxone® as '10', while law enforcement reported it as '9'; the previous most common scores were '9' and '3', respectively. Treatment providers stated: *"A lot of people sell their scripts; I hear more of them giving it to the dealers in exchange for fentanyl; They're using it to wean themselves off the opiates, temporarily, when they are not able to get opiates; It's very big in jail!"* A law enforcement officer stated, *"We get a lot of Suboxone® in pill buys. We have a clinic [in Tuscarawas County] that passes a lot of Suboxone® out, so we get a lot of guys who sell their Suboxone® ... so they can get heroin."* A probation officer reported that clients who were sent out of town for detox have come back with a Suboxone® prescription, even though their drug of choice was not opiates.

Participants reported that the availability of Suboxone® has increased or remained the same during the past six months. There was also a lack of consensus among treatment providers regarding a change in availability of Suboxone®. Treatment providers stated: *"There are more addictionologists ... there's more prescriptions for it; It's a money maker for the doctors, a money maker for clients; Since there's been an increase in Vivitrol® clinics, I don't hear about it as often."* Law enforcement reported that the availability of Suboxone® has remained the same during the past six months. The BCI Richfield Crime Lab reported that the number of Suboxone® cases it processes has increased during the past six months.

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

Reports of current street prices for Suboxone® were consistent among participants with experience buying the drug. Participants commented: *"You can get them on the street for cheaper than at the pharmacy. My script was \$980 for 90 of them; I'd sell them for up to \$30 a strip, if they really need them."*

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

In addition to obtaining Suboxone® on the street from drug dealers, participants also reported getting the drug through other people who are prescribed it. Participants remarked: *"They'll trade you Suboxone® for something else (other drugs); People get 90 of them prescribed, they will keep 10 for themselves and sell the others; Whoever is getting them prescribed, they're selling them, trading them. Many are addicts ... they trade them for heroin or cocaine."*

Participants reported that the most common routes of administration for illicit use of Suboxone® filmstrips are sublingual consumption, followed by intravenous injection (aka "shooting"); the most common routes of administration for illicit use of Suboxone® pill form are shooting and oral consumption. Some participants commented: *"In prison ... they snort them, they put a strip in a spoon, dissolve them in water, and snort them; The older crowd shoots them; You can put a strip right in your nose ... stick it there ..."*

Participants did not provide a profile description for a typical illicit Suboxone® user. Community professionals described typical illicit users as younger (20s) and opiate users who cannot use other opiate drugs due to involvement in the criminal justice system. A law enforcement officer stated, *"I don't see a purist ... I want to be a Suboxone® user. It's more to fill a gap ... I can get this to keep me from getting sick' The men going out on a social pass [from jail], they try to bring in other things, but Suboxone® strips are easy to conceal!"*

Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) are 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'. A participant commented, *"It's the easiest thing to get."* Treatment providers most often reported the current street availability of sedative-hypnotics as '10', while law enforcement most often reported it as '9'; the previous most common scores were '6' and '5', respectively. Treatment providers remarked: *"It's rare that I have a client who hasn't used; It's becoming more associated with opiate use; They're so easy to get from mom's medicine cabinet; They are so prevalent, people can get them anywhere If we didn't ask about them, people wouldn't even think about it."*

Participants identified Ativan®, Klonopin® and Xanax® as the most available sedative-hypnotics in terms of widespread illicit use. A participant remarked, *"Everyone knows someone on Xanax®."* Community professionals identified Klonopin® and Xanax® as most available.

Corroborating data indicated that sedative-hypnotics are available for illicit use in the region. ODPS reported 12 drug task force seizures of benzodiazepines in the Akron-Canton region during the reporting period.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Portage County Sheriff's officers arrested a man in Newton Falls during a traffic stop when they found an abducted woman in the vehicle and the man in possession of 23 lorazepam (Ativan®) pills, 11 carisoprodol (Soma®) pills, six Adderall® pills, 3.5 buprenorphine pills, 15 units of lysergic acid diethylamide (LSD) and a container holding methamphetamine; officers confirmed the man did not have a prescription for any of the prescription drugs (www.record-courier.com, Nov. 3, 2017). Massillon Police (Stark County) arrested a Canton man after finding him asleep in the driver's seat of a vehicle on Route 21 with a loaded gun, as well as with two unidentified pills; the man admitted to taking seven sleeping pills and drinking alcohol, and officers learned the gun was stolen (www.cantonrep.com, Nov. 22, 2017).

Participants did not reach consensus regarding the change in availability of sedative-hypnotics during the past six months. Participants discussed: *"It's what people are doing*

now-a-days; When 'speed' (methamphetamine) started to get big, people sought Xanax® to help them come down; It helps with dope sickness; Not as many people want them, they want the hard drugs; It's always been popular." Treatment providers reported that the availability of sedative-hypnotics has increased or remained the same during the past six months. Treatment providers commented: "We're hearing more about them. The last six months I've seen quite a few people that had a secondary diagnosis with the 'benzos' (benzodiazepines), and I hadn't seen that much up here before that; They treat the anxiety [with sedative-hypnotics], which is really heroin withdrawal." Law enforcement reported the availability of sedative-hypnotics has remained the same during the past six months.

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

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

Participants reported obtaining these drugs for illicit use from doctors, drug dealers, acquaintances who are prescribed the medications, and through Internet purchase. Participants reported: "Doctors prescribe these like candy; Some dealers have them; Find a friendly old person; People who are prescribed them sell them; People who sell these drugs are usually addicted to something else, so they need to get rid of these, so they can get their drug of choice; If you order [online] just for yourself, it doesn't red-flag anybody; The 'dark web' makes it difficult for law enforcement to trace." Reports of current street prices for sedative-hypnotics were consistent among participants with experience buying the drugs.

Sedative-Hypnotics	Current Street Prices for Sedative-Hypnotics	
	Ativan®	\$2-3 for 1 mg
	Klonopin®	\$2 for 1 mg \$4-5 for 2 mg
	Xanax®	\$1-2 for 1 mg \$2-10 for 2 mg

Generally, the most common routes of administration for illicit use of sedative-hypnotics are snorting and oral consumption. Participants estimated that out of 10 illicit sedative-hypnotic users, six would snort and four would orally consume the drugs (including dissolving the pill in one's mouth or dissolving the pill in water). A participant stated, "I put them under my tongue."

A profile for a typical illicit sedative-hypnotic user did not emerge from the data. Participants and community professionals discussed a wide range of descriptors for illicit sedative-hypnotics users. Participants commented: "In high school, Xanax® is really common; The older generation; People with mental health issues; People who self-medicate for anxiety; People 'on papers' (involved in the justice system), they can't smoke weed, so they take pills ... they get out of your system in a few days; It's an accepted drug among middle, upper class [people]; Everybody." Treatment providers stated: "Everyone, it's pretty much non-discriminatory; More older than younger." A law enforcement officer commented, "Mostly guys, late 20s to 30s that are testing positive for it."

Marijuana



Marijuana remains highly available in the region. Participants and community professionals most often reported the current availability of the 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 scores were also '10'. Participants observed: "You can get it anywhere around here; Everybody is using marijuana." Community professional comments included: "That's the staple, everybody wants that; Every client interviewed [reports marijuana use]; For drug testing ... it's the drug we have the most positive tests for; It's the go to thing for our people ... 'To deal with my problems, I'll just smoke some pot;' It's legal in other states; It'll never go away."

Corroborating data indicated that marijuana is available in the region. ODPS reported 52 drug task force seizures of marijuana in the Akron-Canton region during the reporting period.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. The Portage County Drug Task Force and the U.S. Drug Enforcement Agency (DEA) in Youngstown (Mahoning County) confiscated over 400 pounds of marijuana from a Ford dealership in Portage County; staff members reported finding an unidentified package in the trunk of a new Ford vehicle that arrived to the dealership; officers discovered pressed marijuana in the package, and an additional five packages containing marijuana in several other new cars; officers confiscated nine additional packages in new Ford vehicles in Portage, Stark and Columbiana counties, all of which were shipped from Mexico to the U.S. (www.fox8.com, July 14, 2017). Ohio State Highway Patrol (OSHP) in Summit County arrested a man during a traffic stop on the Ohio Turnpike after smelling marijuana emitting from his vehicle; officers searched the car and found 22 pounds of marijuana and an unspecified number of prescription drugs (www.clevescene.com, Aug. 29, 2017). A Portage County drug task force seized 30 large marijuana plants and six pounds of harvested marijuana from a home-growing operation in Hiram Township; officers reported the marijuana was being made into marijuana edibles in the form of brownies and butter (www.news5cleveland.com, Oct. 10, 2017). OSHP in Summit County arrested a California man during a traffic stop after criminal indicators prompted a vehicle search; officers seized 143 pounds of marijuana and 300 grams of hashish (marijuana extract) (www.statepatrol.ohio.gov, Aug. 31, 2017). OSHP in Summit County arrested a man during a traffic stop when he admitted to having marijuana; officers searched the vehicle and found 29 vacuum-sealed bags containing marijuana and one pound of marijuana in a suitcase (www.wfmj.com, Nov. 3, 2017). OSHP in Summit County arrested a Colorado man during a traffic stop on Interstate 80 after smelling marijuana coming from his vehicle and conducting a probable cause search; officers seized 32 pounds of marijuana and placed the man in the Summit County Jail (www.statepatrol.ohio.gov, Nov. 21, 2017). A man was shot in the neck while sitting as a passenger in a car in Akron; the man who shot the gun was smoking marijuana, drinking alcohol and playing around with the gun when he unintentionally fired a shot at the passenger (www.news5cleveland.com, Nov. 16, 2017). Canal Fulton

Police (Stark County) arrested a man in his home during a summons to check on his children; officers found a large unspecified amount of marijuana growing in the home (www.cantonrep.com, Dec. 6, 2018). Warren Township Police (Trumbull County) arrested a couple after responding to a call regarding a dispute between the couple and the landlord of a home where the couple rented a room; officers found two pipes used to smoke marijuana in plain sight and removed two young children from the home due to neglectful conditions (www.nbc4i.com, Dec. 13, 2017).

Participants and community professionals also discussed current availability of high-grade marijuana extracts and concentrates, often appearing as oil and waxy forms of the drug (aka "dabs"). Participants most often reported the current availability of marijuana extracts and concentrates as '10'; the previous most common score was also '10'. A participant stated, *"Who smokes weed anymore? Everybody smokes dabs."* However, participants from Portage and Tuscarawas counties reported higher availability for dabs than participants from Summit and Stark counties.

Community professionals most often reported the current availability of marijuana extracts and concentrates as '10'; the previous most common score was '5' for law enforcement and not reported for treatment providers. Law enforcement commented: *"Pretty much anyone we get with weed, they're selling dabs; Sometimes it is packaged in a lip-balm-like container, sometimes it is folded up in a little piece of wax paper."*

Participants reported that the general availability of marijuana has remained the same during the past six months. Participants commented: *"It's always been easy to find, since the beginning of time; More people are okay with it 'cause they know it's going to be legal; It's more acceptable in society."* Participants indicated that marijuana concentrates and extracts in the form of oils, dabs or wax have increased during the past six months. Participants stated: *"It's kind of a trendy thing; A lot more people are making it; People get high [on dabs] quicker than weed; It only takes a couple of hits of that versus smoking a joint [to get high]; I'd rather have that than weed, any day; The best nectar around."* While participants most often reported that both low-grade and high-grade marijuana are highly available in the region, a few participants in Tuscarawas County commented that low-grade marijuana is becoming more difficult to find. These participants stated: *"You have a hard time getting anything but 'dro' (hydroponic, high-grade marijuana); There*

was a day when I could go and get some 'dirt shit' (low-grade marijuana) ... pay \$10 and get some."

Community professionals reported that the general availability of marijuana has increased or remained the same during the past six months. Professional comments included: "It's crossing state lines much easier; People are going up to states where it's legal, buying tons of it, and bringing it back. They are also bringing a lot of 'edibles' (food products containing marijuana), and there are a lot of people learning how to make edibles; There's a shift in the mindset that it's already legal; [The fine for marijuana possession is] less than a speeding ticket [fine], so it's not a big deal; I'd say it's increasing significantly because you have the probability that it's going to be legalized ... already decriminalized ..."

Community professionals also reported that marijuana extracts and concentrates, often referring to hash oil, have increased during the past six months. One law enforcement officer commented, "We are seeing a pretty decent increase, especially for dabs."

The BCI Richfield Crime Lab reported that the number of marijuana cases (including "edibles") that it processes has remained the same during the past six months, while the number of cases of extracts and concentrates (oils, "dabs") has increased.

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

Participant most often rated the current overall quality of marijuana as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was also '10'. Participants stated: "Quality is excellent; People can just go to Michigan and get medical weed." Overall, participants indicated that the quality of both low-grade and high-grade marijuana have increased during the past six months. Participants remarked: "The [advancement in] technology of botany [is a reason for the increase]; The lower grade is better now."

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 – 1/4 ounce; the most common quantity of purchase for

dabs is a gram. Regarding the cost of dabs, participants stated: "It's expensive, but it's well worth it; It comes in a little bottle, like your contact [lens] kit, for \$50; \$20 a dab, the size of your pinky nail." Overall, participants reported that the price of marijuana has decreased during the past six months.

Marijuana	Current Prices for Marijuana	
	Low grade:	
	A blunt (cigar)	\$5
	A gram	\$20
	1/8 ounce	\$40-50
	1/4 ounce	\$120
	An ounce	\$370
	High grade:	
	A blunt (cigar)	\$10-15
	A gram	\$50-60
	1/4 ounce	\$70-135
	An ounce	\$300-325
	Extracts and concentrates:	
	A dab (unspecified dose)	\$20
A gram	\$50-60	

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. Reportedly, the most common route of administration for marijuana extracts and concentrates remains vaporizing. Participants estimated that out of 10 marijuana extract users, all 10 would vaporize the drug, utilizing a "dab rig" or "dabbing pipe." One participant reported, "It looks like a meth pipe." Other participants commented: "I took it in a pill one time; People are shooting (intravenously injecting) dabs."

A profile for a typical marijuana user did not emerge from the data. Participants and community professionals described typical marijuana users as everyone. Participants commented: "That's an 'everybody drug;' My grandad smokes marijuana; It's a lot in restaurants ... 25% in the house (working in the restaurant at a given time) is using every day. 'Pot's' (marijuana) in the back of the house (cooks, dishwashers), amphetamines is in the front of the house (wait

staff, managers). *That's what I saw.*" Participants reported that users of marijuana extracts and concentrates tend to be young (teens to early 20s) and white people. A participant remarked, *"It's a college kid thing."*

Treatment providers commented: *"Everybody, police officers do it, counselors do it, it just seems to be anybody; Any group, any generation ... every group uses it."* Law enforcement stated: *"Everybody likes it; The regular marijuana users are going to be the older population, people in their late 30s to 50s, the younger generation is starting to use more concentrates or vapes (dabs), liquid marijuana, and ... a lot of edibles."*

Methamphetamine



Methamphetamine remains highly available in the region. Participants most often reported the current availability of methamphetamine in both crystal and powdered forms as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were also '10'. Participants remarked: *"It's everywhere; It's all over the place; I can get it whenever I want it; Every other week you hear of a new 'meth' (methamphetamine) lab in New Philadelphia [Tuscarawas County]; Someone who has no history [connections for purchasing methamphetamine] can find crystal [methamphetamine] within one day, within a couple hours; The meth epidemic is coming back; Meth is the new 'weed' (marijuana)."*

Community professionals reported the current overall availability of methamphetamine as '10'; the previous most common score was also '10'. Law enforcement commented: *"It's skyrocketing in our area. We used to have a lot of meth labs ... [now] it's crystal meth coming in from Mexico ... our area is flooded with it; The availability is a little more prevalent than cocaine. It's half the price of cocaine and the purity is like 99%."*

Participants reported that crystal methamphetamine is the most prevalent form of methamphetamine in the region. Participants remarked: *"These days, 'shards' (crystal methamphetamine) is easier to find; In my neighborhood, it's just crystal; I'd say it's coming in from other places, by the truck load; It's imported from Arizona and Mexico."* The powdered form of methamphetamine is typically referred to as "shake-and-bake," which means users produce 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. However, participants indicated: *"People don't make shake-and-bake anymore; Since they cut down on the Sudafed® (limited the sale of pseudoephedrine) ..."* Law enforcement commented: *"We used to have a problem with the 'one-pot' (aka 'shake-and-bake') meth labs, we don't see too many of those. What we see now is a lot of crystal meth being brought in; A lot of the guys who were doing the one-pot are now doing crystal meth."*

Corroborating data indicated that methamphetamine is available in the region. ODPS reported 53 drug task force seizures of methamphetamine in the Akron-Canton region during the reporting period (49.1% of the seizures were made in Portage County).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Law enforcement in Carroll County arrested a man during a traffic stop after a K-9 officer alerted to the presence of drugs in his vehicle; officers confiscated 17 grams of crystal methamphetamine packaged for sale (www.wtov9.com, July 11, 2017). OSHP in Summit County arrested two men during a traffic stop after a K-9 officer alerted to the presence of drugs in their vehicle; officers confiscated approximately 500 grams of crystal methamphetamine (www.justice.gov, July 20, 2017). Two men plead guilty to methamphetamine possession in Portage County Common Pleas Court; OSHP in Portage County arrested the men during a traffic stop on Interstate 76 when officers noticed the driver intoxicated and searched the vehicle, finding 20 grams of methamphetamine packaged for sale, drug paraphernalia and a handgun (www.recordpub.com, July 27, 2017). Massillon Police (Stark County) arrested a Louisville, Kentucky woman during a traffic stop after finding a crystalline substance and drug paraphernalia on the woman; medical staff later discovered crystal methamphetamine hidden in one of her body cavities; in a separate incident, corrections officers at the Stark County Jail found a crystalline substance on an female inmate initially in jail for drug possession; the woman was charged for bringing illegal substances into the jail (www.cantonrep.com, Aug. 3, 2017). Canton Police (Stark County) arrested a Tuscarawas County man during a traffic stop after finding several bags of methamphetamine, cocaine and marijuana

packaged for sale in his vehicle (www.timesreporter.com, Aug. 18, 2017). Law enforcement in Portage County arrested nine people at various hotels in Brimsfield for their involvement in a crystal methamphetamine trafficking ring; a burglary in Shalersville (also Portage County), involving a stolen handgun and a safe with cash, prompted the investigation; officers identified several suspects with prior illegal drug trafficking history and obtained warrants for them; two of the suspects lead officers on a high-speed chase on Interstate 76, which ended in officers seizing 35 grams of crystal methamphetamine hidden in a compartment of their vehicle (www.record-courier.com, Sept. 20, 2017). Canton Police arrested a man wanted on multiple warrants, including methamphetamine manufacturing, domestic violence and harassment; officers found the man hiding in a garage in Canton with materials used to manufacture methamphetamine (www.cantonrep.com, Oct. 5, 2017). A Portage County drug task force arrested four people after executing a search warrant at a rental home in Kent and finding methamphetamine, prescription anti-anxiety medications and counterfeit prescription drugs in the home (www.record-courier.com, Oct. 18, 2018). Alliance Police (Stark County) arrested a man after he sold 1.5 grams of crystal methamphetamine to an informant; police seized 4.5 grams of methamphetamine prepared for distribution near a local university, as well as approximately 100 grams of marijuana and drug paraphernalia; in a separate incident, Alliance Police arrested a woman and a homeless man after seizing over eight grams of crystal methamphetamine and approximately 100 grams of marijuana from the couple's vehicle; the couple also sold one gram of methamphetamine to police (www.cantonrep.com, Oct. 20, 2017). A U.S. District Judge in Portage County sentenced a man to seven years in prison for manufacturing and selling methamphetamine from a home in Streetsboro; the U.S. Marshall's Services Northern Ohio Violent Fugitive Task Force and the Streetsboro Police collaborated to raid the farm where the drugs were manufactured and arrested another man and his girlfriend; officers confiscated 141 amphetamine pills, four large marijuana plants, 109 Xanax® (alprazolam) pills, drug paraphernalia and multiple guns (www.record-courier.com, Oct. 23, 2017). The final suspect in a methamphetamine investigation lead by the Portage County Drug Task Force plead guilty in Portage County Common Pleas Court; the man, along with two other people, sold methamphetamine and other drugs near an elementary school in Kent (www.record-courier.com, Nov. 21, 2017). Akron Police arrested a man after he lead them on

a high-speed chase through Akron; the man refused to pull over for police and told the police dispatcher on the phone that he was high on methamphetamine, was diagnosed with paranoid schizophrenia, and threatened to shoot the passenger in his car; officers finally caught the man when he pulled into the lot of an abandoned home (www.ohio.com, Dec. 12, 2017).

Participants reported that the availability of crystal methamphetamine has increased during the past six months, while the availability of powdered methamphetamine has decreased. Participants stated: *"It's really cheap; A lot of people are getting clean from heroin and fentanyl. They are changing to meth ... they can get high while on Vivitrol®; It kind of distracts you from your sickness (opiate withdrawal), so your body does not know you're sick 'cause you're drawn off to another place; It was a Western or Southern thing, but now it's a Midwestern thing."*

Treatment providers reported that the availability of methamphetamine has increased during the past six months. Treatment providers commented: *"It seems that the clients are using meth more now 'cause they are getting away from the heroin 'cause they're worried about the fentanyl and carfentanil in it, and so they're using meth, or they are 'speedballing' (using methamphetamine and heroin/fentanyl concurrently); You can get high on it even if you're on Vivitrol®; I always hear of using meth to get off heroin ... it helps with the withdrawal; A lot of people are using to try to get off heroin ..."*

Law enforcement reported that the availability of crystal methamphetamine has increased during the past six months, while the availability of powdered methamphetamine has decreased. Law enforcement discussed: *"I'm seeing it by gallon-size baggies ... crystal meth, and it's cheaper than heroin ... it's very cheap, that's why we're seeing an influx; Meth is a quarter of what heroin is, price-wise. It's so cheap; The demand in Akron [for crystal meth] is so high. We used to have so many meth labs and so many people liked meth, the cartels are smart; I think a lot of people who use heroin ... heroin is a depressant ... they take meth as well to feel normal, to get them just right. Maybe that's why some of the overdoses went down; They don't like to get sick, so they probably take the heroin or fentanyl, and at the same time, they'll take a little meth just to get them where they need to be, to get them through the day."*

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 brown and clear crystal methamphetamine as well as off-white powdered methamphetamine.

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 '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '7'. Participants discussed adulterants (aka "cuts") that affect the quality of the drug and reported the following as cutting agent for methamphetamine: Epsom® salt, fentanyl, fish oil, "molly" (powdered MDMA), MSM (methylsulfonylmethane, a joint supplement), sugar and vitamin B-12. A participant shared, "I did 'shards' (crystal methamphetamine) just before I went to jail a couple months ago, and it looked just like glass. Then I went to jail and they made me take a drug test and I failed (tested positive) for MDMA ... it was in the shards." Overall, participants reported that the quality of methamphetamine has varied during the past six months. Participants stated: "Every day, every dealer is different; It depends on how people make it; Every day is different ... it's hit or miss."

Reports of current prices for methamphetamine were variable among participants with experience buying the drug. Reportedly, the most common amount of purchase ranges from 2/10 gram to 1/8 ounce. Participants described the overall price of methamphetamine as "cheap." Participants did not differentiate the price of crystal from powdered methamphetamine, with some participants stating the price is the same.

Methamphetamine	Current Prices for Methamphetamine	
	Powdered and crystal:	
	1/10 gram	\$7-10
	1/2 gram	\$30-50
	A gram	\$50-125
1/8 ounce	\$75-150	

Participants reported the routes of administration for methamphetamine as intravenous injection (aka "shooting"), smoking and snorting. Participants estimated that out of 10 methamphetamine users, 3-4 would shoot, 3-4 would smoke, and 3-4 would snort the drug. Participants stated: "It depends on the group you are with; I shoot it, then snort it, then smoke it, all within an hour"

Participants described typical methamphetamine users as white people of lower to middle socio-economic status, blue-collar workers and young people. Participants commented: "Poor, white people; A lot of the younger generation; I know 14-year olds, their parents are doing it, and like, they give it to them. A lot of parent and kid activity going on with methamphetamines; In my experience, it's in the restaurants; A lot of truck drivers; People trying to get off heroin."

Community professionals described typical methamphetamine users as white people, opiate users and young people. Treatment providers commented: "I rarely hear about meth among the African-American community; A lot of young, Caucasian females, ages 20-24 years." Law enforcement reported: "Anybody ... 20s, 30s ... if they live long enough to be in their 40s, they're using it; The same groups that are using heroin. In detox, most report they are using heroin and meth."

Prescription Stimulants

Prescription stimulants 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 commented: "Super easy to find; Everyone has Adderall®; It's really big in schools; They're easy, especially if you know people who

have kids." Treatment providers most often reported the current street availability of prescription stimulants as '3,' while law enforcement most often reported it as '8,' the previous most common scores were '1' and '3,' respectively. A treatment provider remarked, "It's similar to the 'benzos' (benzodiazepines) ... they eat them but don't really talk about it." Law enforcement commented: "Adderall® is pretty common ... it's kind of expensive ... to buy on the street; A lot of folks we have here on probation, they are just able to go out to the doctor, get diagnosed with ADHD (attention-deficit hyperactivity disorder), and ... get it legally."

Participants identified Adderall®, Ritalin® and Vyvanse® as the most available prescription stimulants in terms of widespread illicit use, while community professionals identified Adderall® as most available. A treatment provider stated, "Adderall® is the one most frequently heard about."

Participants reported that the general availability of prescription stimulants has decreased during the past six months. Participants stated: "They used to prescribe them a lot; At one point, a lot of people were prescribed them, selling them for other drugs; They make Adderall® harder [to obtain]. They know people snort them." Treatment providers reported that the street availability of prescription stimulants has remained the same during the past six months, while law enforcement reported increased availability. One treatment provider remarked, "Why bother when there is meth around?" Law enforcement reported: "It's easily prescribed; I see a lot of the younger generation. They can get Adderall® ... and get the same effect of methamphetamine ..." The BCI Richfield Crime Lab reported that the number of Adderall® cases it processes has increased during the past six months, while the number of Ritalin® cases has decreased.

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

Participants reported obtaining prescription stimulants for illicit use from acquaintances who have prescriptions for them and through Internet purchase. Participants remarked: "People who are prescribed it ... give it away or sell it; Parents take their kids' meds and sell them; Any doctor will

give it. Parents will say, 'My kid won't chill,' and they'll write a 'script' (prescription); People are getting it off the internet." Reports of current street prices for prescription stimulants were consistent among participants with experience buying the drugs.

Prescription Stimulants	Current Street Prices for Prescription Stimulants	
	Adderall®	\$5 for 10 mg \$5-10 for 20 mg \$10-15 for 30 mg

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

Participants described typical illicit prescription stimulant users as high school and college students. A participant also reported opiate users use Adderall® to help alleviate withdrawal symptoms. Community professionals described typical illicit prescription stimulant users as young people and students. In addition, a treatment provider reported girls as more likely to illicitly use the drugs than boys, stating, "It's a weight [control] thing." A law enforcement officer stated, "Our folks are younger than 30 [years] ... most of them."

Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMP) is moderately available in the region. Participants most often reported the current availability of both the pressed tablet form of ecstasy and of "molly" (powdered MDMA) as '5' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '8.' Participants discussed ecstasy: "It's a party and 'rave' (dance party) type drug; It's more common in summer at parties and festivals." Regarding molly, a participant commented, "Molly is easier to get than ecstasy."

Treatment providers most often reported the current availability of both ecstasy and molly as '5-6,' while law enforcement most often reported it as '4-5,' the previous most common scores were '1' and '2,' respectively. Law enforcement

commented: "I guess it's in certain areas . . . college campuses, night clubs; If you ask for it, you can get it. I don't see . . . a demand for it, or [people] who are looking for ecstasy or molly."

Participants reported that the availability of ecstasy and molly has decreased during the past six months. Participant commented: "There's less raves; Everyone is on other things; People are on strong drugs, they're not messing with party drugs; People who are doing molly have moved to crystal meth, it's cheaper." Community professionals reported not having enough knowledge of the drugs to report on change in availability. The BCI Richfield Crime Lab reported that the number of MDMA (ecstasy/molly) cases it processes has increased during the past six months.

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

Participants discussed the quality of ecstasy and molly and rated the current quality of ecstasy as '8' and of molly as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common scores were not reported. Reportedly, ecstasy is often cut with other substances including cocaine, heroin and fentanyl. Participants stated: "They mix everything with ecstasy: cocaine, heroin, fentanyl; You can say anything is ecstasy. Mix a bunch of shit, press it [and] say it's ecstasy." Another participant shared, "I used to sell meth and say it was molly . . . you can easily pass meth as molly." Participants did not report on change in quality of ecstasy or molly during the past six months.

Reports of current prices for ecstasy and molly were consistent among participants with experience buying the drugs. Participants reported that molly is typically sold by weight, where users generally ask for a '20' (\$20 amount) or a '50' (\$50 amount). In terms of ecstasy pricing, most groups did not distinguish between a single dose (aka "single stack") and a triple dose (aka "triple stack"). Thus, the reported current price for ecstasy is a range, with presumably higher dosed tablets selling for higher prices.

Ecstasy/Molly	Current Prices for Ecstasy/Molly	
	Ecstasy:	
		\$8-20 per tablet (dependent on dose)
	Molly:	
	2/10 gram	\$20
	A gram	\$60-80

Participants reported that the most common route of administration for ecstasy is oral consumption. Participants estimated that out of 10 ecstasy users, all 10 would orally consume the drug. Participants reported that the most common routes of administration for molly are snorting and oral consumption. Participants estimated that out of 10 molly users, five would snort, four would orally consume, and one would "shoot" (intravenously inject) the drug. Participants reported that oral consumption of molly includes dissolving the drug in water or alcohol.

Participants described typical ecstasy and molly users as individuals who participate in the "club scene" (aka "ravers"), as well as festival goers and hippies. Community professionals reported little contact with users of the drug and thus were not able to describe a typical user of ecstasy and molly.

Synthetic Marijuana

Synthetic marijuana (synthetic cannabinoids) 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 also '10'. Participant commented: "It's everywhere; I know people who make it . . . get the chemical, spray it on . . . 'smokeable;' You find it easier at [a treatment center] than you find it on the street." Treatment providers most often reported the current availability of synthetic marijuana as '7-8'; the previous most common score was '3'. Treatment providers commented: "It's not as desired as other drugs, but you can still get it. They got it in gas stations; I heard about one client who left here about four months ago and came [back] here with an addiction to 'spice' and 'K2' (synthetic marijuana brand names); It's in institutions."

Law enforcement from Summit County most often reported the current availability of synthetic marijuana as '5,' while law enforcement from Tuscarawas reported it as '10;' the previous most common scores were '1' and '10,' respectively. A law enforcement officer from Summit County stated, *"We see quite a bit of it come through the mail."* A Summit County law enforcement officer reported that the drug is also packaged in a vial that connects to e-cigarettes. This officer stated, *"They make it now that it's in a little glass vial, and you screw it in your e-cigarette and smoke it. It's got different smells so that it does not smell like marijuana ... it's 99% synthetic THC (tetrahydrocannabinol, the psychoactive component of marijuana)."* A law enforcement officer in Tuscarawas County reported that synthetic marijuana is being made and sold in the area, and explained, *"We see spice ... we're seeing a lot of the chemical being shipped from China. There are guys that get on the Internet and spend \$400 for the chemical, have it shipped here There's a company that sends it right to their house ... they will sell it on the streets They're making a lot of money off of it. They mix the chemical with acetone (finger-nail polish remover). Some spray the green (synthetic marijuana) with Raid® ... we've had several cases of that."*

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Canton Police arrested two men for selling synthetic marijuana at a beverage drive-thru in Jackson Township (Stark County); the business faced possible fines, suspensions and liquor-permit revocation (www.indeonline.com, Oct. 12, 2017).

Participants and community professionals did not report on the change of availability of synthetic marijuana during the past six months. The BCI Richfield Crime Lab reported that the number of synthetic marijuana cases it processes has increased during the past six months.

Reports of current prices for synthetic marijuana were consistent among participants with experience buying the drug. One participant reported that the prices were similar to prices for marijuana.

Synthetic Marijuana	Current Prices for Synthetic Marijuana	
	A joint (cigarette, aka "stick")	\$2-3
	A gram	\$8-10
	5-gram bag	\$20-25
	10-gram bag	\$40-45

Despite legislation enacted in October 2011, participants reported that synthetic marijuana continues to be available from dealers, in certain retail shops (head shops, gas stations) and from on-line purchase of the necessary chemicals to make the drug. Participants reported acquiring synthetic marijuana from friends and family members, through Internet purchase and from various retailers, though it was reported that the retailer had to know a person before selling the drug to them. Participants reported: *"Most stores discontinued it. There's just a few places you can get it from and none are around here. They're all in Canton [Stark County], that's where I get it; People are making it; Everybody is selling spice."*

Participants reported that the most common route of administration for synthetic marijuana remains smoking. Participants estimated that out of 10 synthetic marijuana users, all 10 would smoke the drug.

Participants indicated that the use of the drug is most common within institutions or among individuals who are on probation. However, one participant group in Tuscarawas County reported that the use of synthetic marijuana is common among all groups of people. One participant stated, *"Everybody is using it."* Another participant said, *"I know a lot of people who turn it down, out of fear, because of the stories [about adverse effects of using the drug]."* Law enforcement reported that synthetic marijuana users cut across all groups. They commented: *"People who like weed [use synthetic marijuana]; Cuts across all ages ... I've had 50-year olds and 20-year olds ... it can be anybody."*

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 (synthetic cathinones, including “flakka”), hallucinogens (lysergic acid diethylamide [LSD] and psilocybin mushrooms), kratom (mitragynine) and Neurontin® (gabapentin).

In addition, secondary data sources reported on other drugs not mentioned by respondents. The BCI Richfield Crime Lab reported that the number of U-47700 (synthetic opioid) cases it processes has increased to 100 cases during the past six months, from 11 cases for the six months previous.

Bath Salts

Bath salts (synthetic cathinones; compounds containing methylone, mephedrone, MDPV or other chemical analogues, including alpha-PVP, aka “flakka”) remain available in the region. However, only one participant group in Portage County reported having knowledge of bath salts during the past six months. These participants most often reported the current availability of bath salts as ‘4’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was ‘7-8.’ One participant commented, “Only a small group of people seek it out.” None of the community professional groups reported any current knowledge of bath salts. A law enforcement officer stated, “I haven’t heard about that in a long time ... it came and went.” The BCI Richfield Crime Lab reported that the number of bath salts cases it processes has increased during the past six months.

In addition, one participant group in Summit County reported on availability of flakka (pyrrolidinopentiophenone) in the region. Participants discussed: “People don’t seek it out, it’s sold as heroin or fentanyl; There’s some synthetic shit, it’s sold as heroin, and you do a shot ... you can’t tell what happened. You can barely speak ... I was trapped inside my own body; It makes you comatose.” One law enforcement group in Tuscarawas County discussed current availability of flakka. An officer commented, “I’ve had a group, I’ve know them to be meth users ... now using flakka.”

Hallucinogens

Hallucinogens are moderately to highly available in the region. Participants most often reported the current availability of LSD as ‘10’ and did not report on the current availability of psilocybin mushrooms on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common scores were ‘7’ for LSD and ‘3’ for psilocybin mushrooms. Participant comments included: “In Akron, [LSD is] everywhere; You can find it all year long; I know one guy who has it all the time.”

A few treatment providers reported on the current general availability of hallucinogens, most often reporting it as ‘1-2;’ the previous most common score was ‘4-6’ for LSD. One treatment provider commented, “You get the occasional ‘tripper’ (hallucinogen user).” Law enforcement most often reported the current availability of LSD as ‘5-6;’ the previous most common score was ‘1.’ Law enforcement commented: “I’ve seen a little more of it, mostly with marijuana people and dabs users. When they use concentrated marijuana (dabs), a lot of them will use ‘mushrooms’ (psilocybin mushrooms) or ‘acid’ (LSD) ‘cause it’s almost the same type high for them; We’ve had a couple of cases of young females caught with mushrooms; We get little bags of mushrooms every so often, during search warrants”

The BCI Richfield Crime Lab reported that the number of LSD, PCP (phencyclidine), psilocybin mushrooms and DMT (dimethyltryptamine) cases it processes has decreased during the past six months. Reports of current prices for hallucinogens were consistent among participants with experience buying the drugs. Participants described typical hallucinogen users as festival goers; reportedly, these drugs are primarily used at music festivals.

		Current Prices for Hallucinogens	
Hallucinogens	LSD:		
	A liquid drop or a single dose (aka “hit”)		\$5-10
	100 hits (aka “sheet”)		\$275
	A vile of liquid LSD (unspecified amount)		\$200
	Psilocybin mushrooms:		
		1/8 ounce	\$25
	1/4 ounce	\$40-50	

Kratom

Reportedly, kratom (mitragynine, a psychoactive plant substance that produces a heroin-like high) is available in the Akron-Canton region. Participants reported obtaining the drug from heroin dealers and through Internet purchase. Both treatment providers and law enforcement reported that the drug can be purchased at a head shop in the area. Participants reported that the drug looks similar to brown powdered heroin, produces similar effects as heroin, and is primarily used by individuals subject to drug screening and to take away 'dope sickness' (opiate withdrawal). Participants reported that the most common route of administration is intravenous injection (aka "shooting"). Participants estimated that out of 10 kratom users, seven would shoot the drug and three would orally consume the drug (including drinking it as a tea).

Neurontin®

Neurontin® (gabapentin, an anticonvulsant and nerve pain medication) is highly available for illicit use in the region. Participants most often reported the current street availability of Neurontin® 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 not reported. Participants reported: *"Everyone's getting a prescription; People try to buy people's prescriptions; I'd take 12 at a time when I get 'dope sick' (opiate withdrawal). It eases the withdrawal a little bit; I used those for withdrawing from heroin, they were great for that."*

A few treatment providers reported on the current street availability of Neurontin®, most often reporting it as '10;' the previous most common score was not reported. Treatment providers stated: *"Neurontin® is being prescribed left and right; It's being prescribed big time, in large doses; [Clients] are using it as that 'excuse prescription,' saying, 'I have a prescription, so it's okay;' It's the new 'non-addicting opiate;' Clients will tell you that there is street value; We are now testing for it when clients are here because of the problems it's causing ... we know it's mood altering."*

Reports of current street prices for Neurontin® were consistent among participants with experience buying the drug. Participants reported the drug is inexpensive on the street. Reportedly, 300 mg sells for \$0.50. A participant stated, *"It's like free."*

Conclusion

Crack cocaine, heroin, marijuana, methamphetamine and Suboxone® remain highly available in the Akron-Canton region; also highly available are fentanyl, Neurontin® (gabapentin), powdered cocaine and sedative-hypnotics. Changes in availability during the past six months include: increased availability for fentanyl, marijuana and methamphetamine; and likely decreased availability for prescription opioids.

Participants throughout focus groups reported difficulty in finding heroin not adulterated with fentanyl or fentanyl analogues. Most treatment providers also reported that, while users seek heroin, what they are getting is heroin adulterated with fentanyl. Participants reported that the availability of heroin has decreased during the past six months. Participants stated: *"No one has it anymore, everyone has fentanyl; The heroin epidemic is going down, [heroin has been] replaced with fentanyl and meth."*

Participants reported little knowledge regarding fentanyl analogues. While carfentanil was mentioned by a few, no participant had firsthand experience or was able to distinguish the drug from fentanyl. Law enforcement reported that carfentanil is available in the region and that users seek this drug. Both participants and community professionals reported that the availability of fentanyl has increased during the past six months. There was consensus that fentanyl is cheaper, more potent and easier to obtain than heroin.

Participants and community professionals reported high current availability of marijuana extracts and concentrates, often appearing as oil and waxy forms of the drug (aka "dabs"). Both types of respondents also indicated that these alternative forms of marijuana have increased in availability during the past six months. Reportedly, there has been an increase in marijuana products crossing state lines into the region. Community professionals discussed an increase in popularity and use of food products containing marijuana (aka "edibles," e.g. brownies and candies). Overall, participants indicated that the quality of low-grade and high-grade marijuana has increased during the past six months. And, while Participants and community professionals described typical marijuana users

as everyone, participants reported that users of marijuana extracts and concentrates tend to be young (teens to early 20s) and white people.

Participants and community professionals reported that the availability of methamphetamine has increased during the past six months. Participants stated: *"The meth epidemic is coming back; Meth is the new 'weed' (marijuana)."* Reportedly, crystal methamphetamine is the most prevalent form of methamphetamine in the region. Law enforcement indicated that this form of the drug is coming primarily from Mexico and described the region as "flooded" with it. They discussed that methamphetamine is higher in availability than cocaine; its price is half that of cocaine; and its "purity" (potency) is considerably higher than that of cocaine as well.

Participants and treatment providers also noted the "cheap" price of methamphetamine as a driver of its increased availability and use, while also reporting that heroin users are "getting clean" from heroin and fentanyl, often due to fear of overdose and death, by switching from opiate use to methamphetamine use. They also cited that some users receiving Vivitrol® (medication assisted treatment for opiate use disorder) continue illicit drug use with methamphetamine. All respondent groups discussed an increase in popularity of using both heroin/fentanyl and methamphetamine (aka "speedball"). Reportedly, some heroin users use methamphetamine to pick themselves up after heroin use and to not experience "dope sickness" (opiate withdrawal).

Kratom (mitragynine, a psychoactive plant substance that produces a heroin-like high) is available in the Akron-Canton region. Participants reported obtaining the drug from heroin dealers and through Internet purchase. Both treatment providers and law enforcement reported that the drug can be purchased at a head shop in the area. Participants reported that the drug looks similar to brown powdered heroin, produces similar effects as heroin, and is primarily used by individuals subject to drug screening and to take away dope sickness. Participants reported that the most common route of administration is intravenous injection (aka "shooting").

Lastly, the BCI Richfield Crime Lab reported that the number of U-47700 (synthetic opioid) cases it processes has increased to 100 cases during the past six months, from 11 cases for the six months previous.