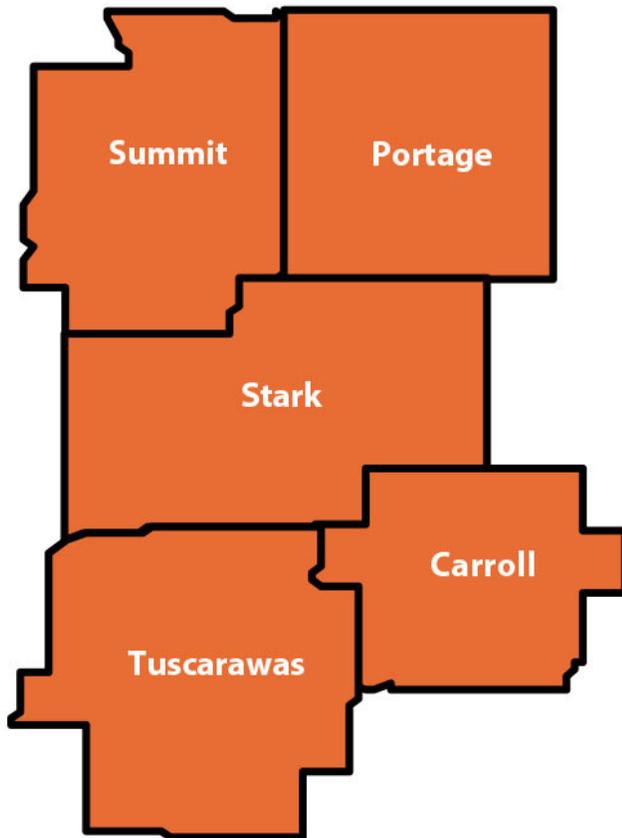




Drug Abuse Trends in the Akron-Canton Region



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Data Sources for the Akron-Canton Region

This regional report was based upon qualitative data collected via focus group interviews. Participants were active and recovering drug users recruited from alcohol and other drug treatment programs in Portage, Stark, Summit and Tuscarawas counties. Data triangulation was achieved through comparison of participant data to qualitative data collected from regional community professionals (treatment providers and law enforcement) via focus group interviews, as well as to data surveyed from the Summit County Juvenile Court, the Ohio Bureau of Criminal Investigation (BCI) 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 July through December 2017. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for January through June 2018.

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

Regional Profile

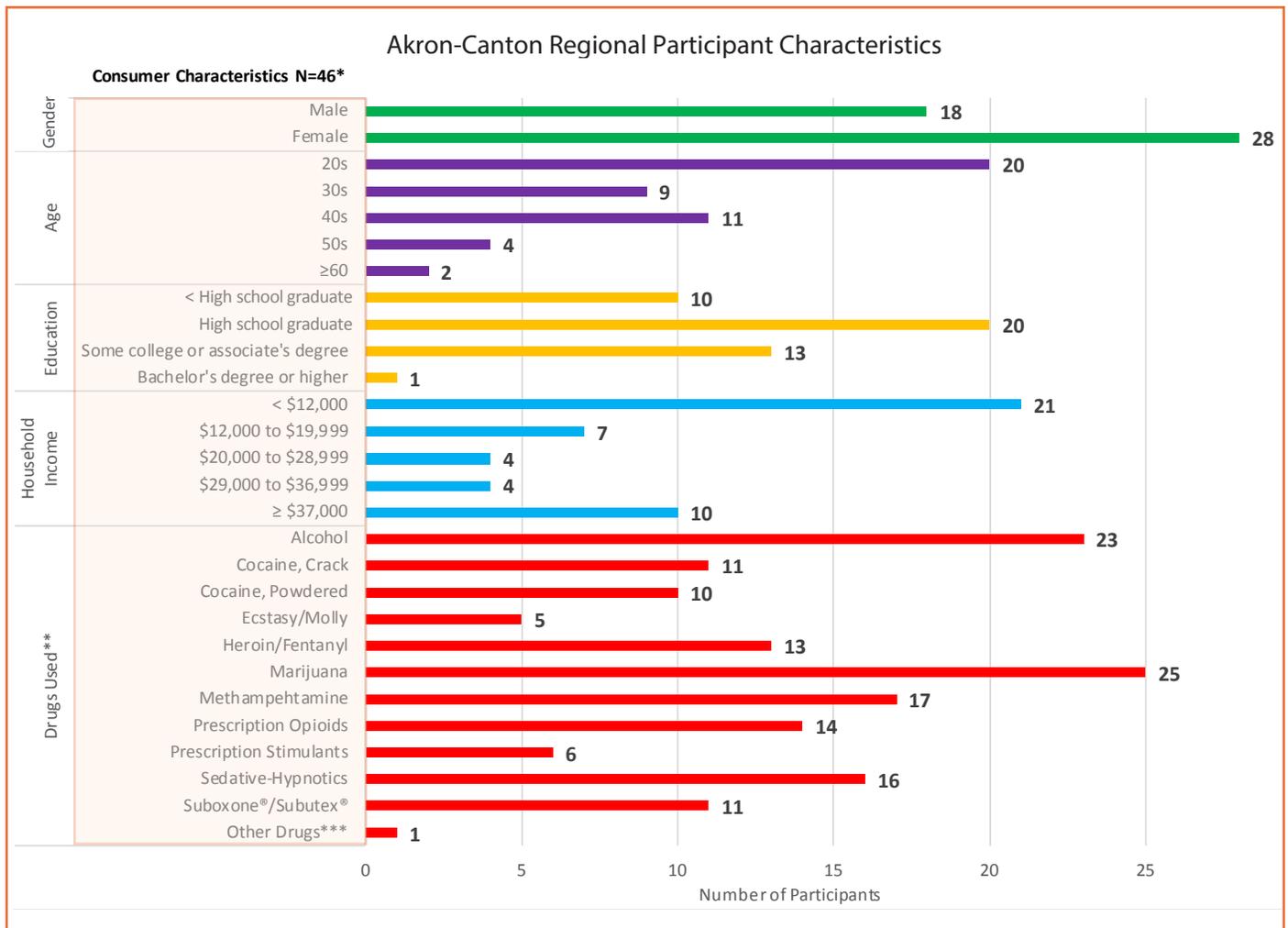
Indicator ¹	Ohio	Akron-Canton Region	OSAM Drug Consumers
Total Population, 2016	11,614,373	1,195,922	46
Gender (female), 2016	51.0%	51.3%	60.9%
White, 2016	82.5%	85.4%	87.0%
African American, 2016	12.8%	9.9%	6.5%
Hispanic or Latino Origin, 2016	3.7%	2.0%	6.5% ²
High School Graduation Rate, 2016	89.5%	90.4%	77.3% ³
Median Household Income, 2016	\$50,674	\$49,767	\$12,000-15,999 ⁴
Persons Below Poverty Level, 2016	14.6%	13.4%	52.2%

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

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

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

⁴Participants reported income by selecting a category that best represented their household's approximate income for the previous year.



*Not all participants filled out forms completely; therefore, numbers may not equal 46.

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

***Other drugs included: Bath salts.

Historical Summary

In the previous reporting period (June 2017 – January 2018), crack cocaine, heroin, marijuana, methamphetamine and Suboxone® remained highly available in the Akron-Canton region; also highly available were fentanyl, Neurontin® (gabapentin), powdered cocaine and sedative-hypnotics. Changes in availability during the reporting period included: 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 sought heroin, what they were getting was heroin adulterated with fentanyl. Participants reported that the availability of heroin had decreased during the reporting period. Participants stated: *“No one has it anymore, everyone has fentanyl; The heroin epidemic is going down, [heroin has been] replaced with fentanyl and ‘meth’ (methamphetamine).”*

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 was available in the region and that users sought this drug. Both participants and community professionals reported that the availability of fentanyl had increased during the reporting period. There was consensus that fentanyl was cheaper, more potent and easier to obtain than heroin.

Participants and community professionals reported high 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 had increased in availability during the reporting period. Reportedly, there had 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 had increased during the reporting period. And, while participants and community professionals described typical marijuana users as

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

Participants and community professionals reported that the availability of methamphetamine had increased during the reporting period. Participants stated: *“The meth epidemic is coming back; Meth is the new ‘weed’ (marijuana).”* Reportedly, crystal methamphetamine was the most prevalent form of methamphetamine in the region. Law enforcement indicated that this form of the drug was coming primarily from Mexico and described the region as “flooded” with it. They discussed that methamphetamine was higher in availability than cocaine; its price was half that of cocaine; and its “purity” (potency) was 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, and also reported that heroin users were “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) continued 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 used methamphetamine to pick themselves up after heroin use and to not experience “dope sickness” (opiate withdrawal).

Lastly, the BCI Richfield Crime Lab reported that the number of U-47700 (synthetic opioid) cases it processed had increased to 100 cases during the reporting period from 11 cases during the previous six months.

Current Trends

Powdered Cocaine

Powdered 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: "I could close my eyes and point and find it; I did 'coke' (powdered cocaine) every day for over a year ... it's pretty easy [to obtain]; I sold it. If I don't have it, somebody else does; I can find it easy as hell ... it's been 14 months [since last use] and I still have people hitting me up (offering me powdered cocaine); You can find it anywhere in Canton. If you can't find it, I don't know who you are talking to; Most of the dealers ... could either give me the powder if I wanted it could get it for me"

Treatment providers most often reported the current availability of powdered cocaine as '8,' while law enforcement most often reported it as '10,' the previous most common scores were '8' and '8-9,' respectively. Treatment providers commented: "In Canton, it's very available; It is readily available via phone call; Opiates are leveling off, stimulants are making a resurgence." Law enforcement reported: "It's readily available ... we still buy it [in undercover sting operations]; We can get cocaine anywhere, any time in the area."

Corroborating data indicated that powdered cocaine is available in the Akron-Canton region. The Ohio Department of Public Safety (ODPS) reported seizing 4.7 kilograms (10.3 lbs.) of powdered cocaine from this region during the past six months. In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. Several federal, state and local law enforcement agencies collaborated in an investigation that led to the arrest of 13 people responsible for trafficking cocaine in Summit County; authorities seized over 13 kilograms of cocaine, 22 kilograms of marijuana, heroin, crystal methamphetamine and 17 firearms at the time of the arrests (www.patch.com, Jan. 22, 2018). Ohio State Highway Patrol (OSHP) in Stark County arrested a man during a traffic stop on Route 30 after finding cocaine and heroin in the man's car; in a separate incident, OSHP arrested a man on Route 57 after finding cocaine and heroin in his car; the second man was already wanted on federal warrants for possession of cocaine, crystal methamphetamine, heroin and marijuana (www.cantonrep.com, March 22, 2018). A Canton (Stark County) man was sentenced in federal court in Cleveland to 10 years in prison for his intent to distribute 28 grams of cocaine in the Canton area (www.cantonrep.com, March 29, 2018).

Participants reported that the availability of powdered cocaine has decreased during the past six months. Participants discussed that the demand has decreased for the drug as users are more likely to use methamphetamine than powdered cocaine for a stimulant high. Participants reported: "More people are turned onto methamphetamine ... we are flooded with meth; Meth took over, people don't mess with cocaine; It's meth and heroin around here." Participants also discussed dealers converting the powdered cocaine supply into crack cocaine to increase their profits: "Dealers are buying up the powder to cook it before it hits the streets; People get powder, cook it into crack and make more money on it."

Treatment providers were not in agreement as to a change in availability for powdered cocaine during the past six months, while law enforcement reported that availability has remained the same. One law enforcement officer stated, "They always say cocaine is king. It's the same, but there's other drugs that they're pushing right now that are super available. But, if you want cocaine, you can go out and buy it." Ohio Bureau of Criminal Investigation (BCI) crime labs reported that the incidence of cocaine cases they process from this region has decreased during the past six months; the labs do 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 consensus

Participants most often rated the current overall quality of powdered cocaine as '2' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '5.' Participants reported: "It's crap; It's trash; It's stomped (adulterated) all over." Participants reported the top cutting agents (adulterants) for powdered cocaine as: baby aspirin, baby laxatives, baking soda and fentanyl. A participant remarked, "They're putting fentanyl in everything, that way they can get you physically addicted to it." Other adulterants mentioned included: BC Headache Powder®, baby formula, baby powder, cream of tartar, creatine, ibuprofen, inositol (dietary supplement),

Orajel®, prescription opioids, rat poison and vitamin B-12. Participants commented: *“They cut it with anything they can match the color to; Name it, they are cutting with it.”* Overall, participants reported that the quality of powdered cocaine has decreased during the past six months. Participants reported: *“Everyone wants to step on it to make more money; Absolutely, the quality is going down. It’s why meth is so big (in demand) ... it’s cheaper and stronger.”*

Powdered Cocaine	Cutting Agents Reported by Crime Lab	
	<ul style="list-style-type: none"> ● caffeine ● levamisole (livestock dewormer) ● local anesthetics (lidocaine and procaine) ● phenacetin (banned analgesic) 	

Reports of current prices for powdered cocaine were consistent among participants with experience buying the drug. Reportedly, the most common quantities of purchase are a gram and 1/8 ounce. Participants stated: *“[Price] depends on if the dealer likes you or not; It depends on how stomped it is; [Cost is] all about quality, not quantity.”* Participants indicated that an increasing trend is to sell powdered cocaine in 1/10-1/20 gram (aka “point”) amounts. Participants commented: *“Some are selling a \$20 bag at the bars, all night; It’s ‘pointed’ out.”* Overall, participants reported that the price of powdered cocaine has remained the same during the past six months.

Powdered Cocaine	Current Prices for Powdered Cocaine	
	1/10-1/20 grams (aka “point”)	\$20
	A gram	\$70-100
	1/16 ounce (aka “teener”)	\$150
	1/8 ounce (aka “eight ball”)	\$225-275
	An ounce	\$900

Participants reported that the most common routes of administration for powdered cocaine remain snorting and intravenous injection (aka “shooting”). Participants estimated that out of 10 powdered cocaine users, five would snort and five would shoot the drug. Participants commented: *“If you are into heroin, you’re probably shooting [cocaine]; Shooting is the thing now.”* However, one

participant remarked, *“It’s more convenient [and] easier to snort it.”* In addition, another participant reported using powdered cocaine via a method referred to as “foiling.” The participant described, *“You spread powder cocaine on aluminum foil, add a little water, let it dry, use a lighter under the foil and sniff in the [resulting] fumes through a straw.”*

Participants described typical powdered cocaine users as of middle to upper socio-economic status and professional people. Participants remarked: *“You got to have money; It’s the rich man’s drug; I know attorneys who use coke [and] there’s judges who do coke.”* Community professionals could not describe a typical powdered cocaine user. Comments included: *“Historically, it’s known as the ‘white man’s drug,’ the ‘wealthy persons’ drug. But, I have people all over the spectrum, different demographics and economics, I’m not seeing [powdered cocaine use] in any one demographic in the community; People who want the good stuff ... it’s a pretty popular drug....”*

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: *“Ten, all day; You can go anywhere in Canton for ‘crack’ (crack cocaine); The dealers know, once you hit it, you’ll be back every 10, 15, or 20 minutes to buy more; Everybody is selling crack; You just buy some cocaine ... you can go on YouTube to know how to make [crack cocaine].”*

Treatment providers most often reported the current availability of crack cocaine as ‘10,’ while law enforcement most often reported it as ‘7-8;’ the previous most common scores were ‘9’ and ‘6-7,’ and ‘10,’ respectively. Treatment providers commented: *“It’s very available; On the Southeast side of Canton, each block, people are standing out in front of different businesses and sell it. ... It’s a walking distance away.”* Law enforcement comments included: *“It’s out there; There’s a demand for it, but not the demand like it was in the 1980s and 1990s. It’s still popular, but they don’t push it as much.”*

Corroborating data indicated that crack cocaine is available in the Akron-Canton region. ODPS reported seizing 124.0 grams (0.3 lbs.) of crack cocaine from this region during the past six months. In addition, media outlets reported on law enforcement seizures and arrests

in the region this reporting period. Portage County Sheriff's Office and Portage County Drug Task Force collaborated to execute a search warrant at a residence in Ravenna Township arresting two people after finding three grams of crack cocaine, four pounds of marijuana, 18 grams of a fentanyl-heroin mixture, four firearms and multiple rounds of ammunition; a three-year-old child was removed from the home and the child's mother arrested (www.fox8.com, March 30, 2018).

Participants most often reported that the availability of crack cocaine has remained the same during the past six months. A participant stated, "It's been the same for the last 10 years. It's always been easy [to obtain crack cocaine]." However, one participant group in Summit County reported decreased availability of crack cocaine due to decreased demand for the drug: "People are using other things, stronger stuff, meth, it's cheaper, stronger and lasts longer; People stopped buying [crack cocaine], so dealers ... are going to meth...." Treatment providers reported that the availability of crack cocaine has increased during the last six months. Comments included: "Stimulants are on the rise ... they're safer [than opiates] and [users] don't want to die [from overdose]; They are switching to crack."

Law enforcement was not in agreement as to a change in availability. Law enforcement in Summit County reported that the availability of crack cocaine has remained the same, while law enforcement in Carroll and Tuscarawas counties reported that availability has increased during the past six months. Comments among law enforcement reporting increased availability included: "We've had several new spots come up with crack being sold; I've seen some increases, especially with the State Highway Patrol traffic stops through Interstate 77 ... with traffickers." BCI crime labs reported that the incidence of cocaine cases they process from this region has decreased during the past six months; the labs do not differentiate between powdered and crack cocaine.

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

Participants most often rated the current overall quality of crack cocaine as '4' and '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '7'. Participants discussed that the quality of crack cocaine varies, mostly dependent on the dealer. Comments included: "It depends on the dealer ... how many times it's been cut (adulterated) before it got to that particular dealer; Depends on how bad they want the money, how good the quality is going to be; Sometimes it can be good, sometimes it will be really bad; Hard to judge, depends on what you cook it in; There's good chefs and there's"

Participants reported that crack cocaine in the region is most often adulterated with baking soda. Other cutting agents mentioned included: baby laxative, fentanyl, Orajel® and rat poison. Participants remarked: "That's why I rated the quality a '10,' sometimes it's blasted up with fentanyl, makes you chase the drug even more; The cocaine is cut with different things ... and it is cut with each dealer, so you might buy a bump (rock) that is nothing." Overall, participants reported that the quality of crack cocaine has decreased or remained the same during the past six months.

Crack Cocaine	Cutting Agents Reported by Crime Lab	
		caffeine
	levamisole (livestock dewormer)	
	local anesthetics (lidocaine and procaine)	
	phenacetin (banned analgesic)	

Reports of current prices for crack cocaine were consistent among participants with experience buying the drug. Reportedly, the most common quantity of purchase is 1/10 gram (aka "rock"). Participants commented: "If you know the right dope man, you can get \$5 rocks; A lot of people pay \$20 for a '10 piece' (1/10 gram rock), or pay \$10 for a 'two piece' (2/10 gram rock), it's all who you are dealing with. If your dealer likes you, they'll take care of you ... they make more money off you ... because a crack smoker will give their right hand for a hit; Cheating on your dealer is like cheating on your girl, if they find out you got it someplace else, you messed up. I had the same dealer for 17 years. They treat you better, will give better deals, and they'll front you 'cause they know when you pay it off, you're going to get more, so they make money off you coming and going." Participants also discussed exchanging things other than money with a dealer for crack cocaine. They said: "You

can get it for gasoline and a pack of cigarettes; You can steal a bike, take it to a dealer to get crack; Some give them their cars, 'You can drive my car all day, just give me \$100 of dope.'" Overall, participants reported that the price of crack cocaine has remained the same during the past six months.

Crack Cocaine	Current Prices for Crack Cocaine	
	1/10 gram (aka "rock")	\$20
	A gram	\$60-80

Participants reported that the most common route of administration for crack cocaine remains smoking. Participants estimated that out of 10 crack cocaine users, nine would smoke and one would "shoot" (intravenously inject) the drug. Participant commented: *"I would smoke it and shoot it, a double whammy; When you smoke crack, you don't get the 'fiend feeling' (intense desire for more) as you do smoking meth or shooting coke; I don't like how shooting it makes me feel, the lemon juice takes the soda back out of it, so you're getting pure cocaine."*

Participants and community professionals described typical crack cocaine users as of low socio-economic status. However, not all participants agreed. Participant comments included: *"I've seen people with money smoke crack, you'd never know it, they're called functional addicts; Once you start smoking crack, you become that sub-population ... before you know it, you're down here with the rest of us."* Community professional comments included: *"A lot of clients who use crack are also homeless; People with schizophrenia are more likely to use cocaine; A lot of users prostitute for it in exchange for a rock."*

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'. One participant stated, *"I bet in 30 minutes, I could have some."* However, participants frequently commented that finding "pure heroin" (heroin not adulterated with fentanyl) is difficult. Participants commented: *"They'll tell you it's heroin, it's fentanyl; They'll*

tell you it's heroin, and when you overdose and wake up in the hospital, they tell you it was fentanyl; I'd spend hours, making sure I'd get heroin 'cause I hate fentanyl, but when you get 'dope sick' (experience withdrawal), you say, 'What the hell?'"

Treatment providers most often reported the current availability of heroin as '6'; the previous most common score was '10'. Comments included: *"If you're looking for heroin, you don't find heroin, you find fentanyl; A client reported that most of the heroin in Stark and Summit counties is laced with some form of fentanyl."* Law enforcement most often reported current availability as '10'; the previous most common scores were '8' and '10'. However, law enforcement also reported that heroin is most often adulterated with fentanyl. They commented: *"Heroin is easy to find, but I don't know how easy it is to find heroin that's not been 'stepped on' (adulterated); There's still a demand; 'Pure heroin' is probably a '3' or '4' for us."*

Corroborating data indicated that heroin is available in the Akron-Canton region. ODPS reported seizing 10.8 kilograms (23.8 lbs.) of heroin from this region during the past six months. In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. The U.S. District Court in Cleveland indicted a Mexican national who was arrested by OSHP during a traffic stop on State Route 8 in Akron (Summit County) that resulted in the seizure of 44 pounds of heroin (www.cleveland.com, April 3, 2018). A grand jury at the Portage County Common Pleas Court indicted a man with corrupting another person with drugs for providing heroin that resulted in the overdose of an individual; officers found the man in possession of one gram of heroin, cyclopropyl fentanyl and methamphetamine (www.record-courier.com, April 27, 2018). Akron Police arrested three men and took four juveniles into custody after receiving several complaints of drug abuse and loitering at a vacant home; officers recovered a syringe and bag of suspected heroin from the home (www.ohio.com, June 11, 2018).

While many types of heroin are currently available in the region, participants indicated powdered heroin as most available. Participants reported that powdered heroin comes in many colors, including: brown, gray ("looks like cigarette ashes"), peach and tan. Some participants reported that if the color is white, then the drug is most likely fentanyl, which participants referred to as "china white." Participants reported black tar heroin as rarely found in the area. Participants most often reported the current availability

of black tar heroin as '1' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). One participant reported she prefers black tar heroin because of its "purity," explaining that this type of heroin is less often adulterated with fentanyl; this participant stated that she travels to Columbus to find it. Community professionals also reported powdered heroin as the most available heroin type in the region. Law enforcement comments included: *"I haven't seen tar in years; We've had people selling it who say they can't get rid of it because that is just not our thing up in this area; I've seen mostly powder. I haven't seen tar, hardly at all."*

Participants were not in agreement regarding the change in availability of heroin during the past six months; many reported that availability has increased while others thought it has decreased. Overall, participants found it difficult to discuss heroin apart from fentanyl. They commented: *"Heroin is just getting harder to find ... fentanyl and carfentanil are cheaper; Everything is fentanyl now, good quality heroin would be a '1' [on the availability scale, meaning extremely difficult to find]; People think it's heroin, but it's nothing but a chunk of fentanyl."*

Treatment providers reported that the availability of heroin has decreased during the past six months as the prevalence of fentanyl increases. Law enforcement reported that availability has decreased or remained the same. Law enforcement comments included: *"Our opiate task force has seen a decrease in overdoses; They are using fentanyl, they think we don't test for it; Increase in methamphetamine use ... people who were using heroin are using methamphetamine instead."* BCI crime labs reported that the incidence of heroin cases they process from this region has decreased during the past six months; the labs reported processing beige, brown, gray, purple, tan and white powdered as well as black tar heroin.

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

Participants most often rated the current overall quality of heroin as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '0'. Participants comments included: *"Pure heroin doesn't exist; Heroin is not heroin no more; Most of the 'dope' (heroin) is 'cut' (adulterated) with 'fetty' (fentanyl); Once you've done fentanyl, even if heroin is good, it doesn't seem that good anymore."* However, participants stated that quality is variable. A participant observed, *"[Quality] depends on the color of it. The stuff that was tan was 'fire' (potent)"*

Participants discussed adulterants (aka "cuts") that affect the quality of the drug and reported that the top cutting agent as fentanyl. Additional cuts mentioned included: baby formula, carfentanil, cocaine, hot chocolate mix, inositol (dietary supplement), sugar (brown and powdered) and vitamin B-12. Participant comments included: *"It's all fentanyl; They're cutting it up real bad with fentanyl, we are losing a lot of people [to overdose]; I don't know if people know [what heroin is cut with] Heroin isn't supposed to be purple or green. What is that synthetic crap? You don't even know what you're 'shooting' (injecting) in your arm."* Overall, participants reported that the general quality of heroin has decreased during the past six months.

Cutting Agents Reported by Crime Lab	
Heroin	 acetaminophen
	 caffeine
	 cocaine
	 diphenhydramine (antihistamine)
	 fentanyl
	 inositol (dietary supplement),
	 lidocaine (local anesthetic)
	 mannitol (diuretic)
	 methamphetamine
	 quinine (antimalarial)
	 sorbitol (artificial sweetener)
	 tramadol

Reports of current prices for heroin were consistent among participants with experience purchasing the drug. Reportedly, the most common quantities of purchase are 1/10 gram (aka "point") and 1/2 gram. Participants

comments on price included: *"If your dealer likes you, they'll give you 2/10 or 3/10 gram for \$20 cause they know you'll be coming back three or four times; Most buy \$25 to \$50, just enough to get their fix; If you are trying to overdose, you buy \$100 or more, but if you are buying to use, you buy \$50; It's cheaper to buy a half-gram; The smarter people buy one or two grams, make their money back [by selling smaller amounts] and they have free dope."* Overall, participants indicated that the price of heroin has remained the same during the past six months.

Heroin	Current Prices for Heroin	
	1/10 gram (aka "point")	\$20
	1/2 gram	\$50-60
	A gram	\$80-100

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, eight would shoot and two would snort the drug. Participant comments included: *"It depends on how long they've been using it ... eventually you'll use the needle; Once you do a needle, one time, and know the intensity of it, you shoot every time ... anything and everything."* In addition, one participant reported, *"I've seen people put it on aluminum foil and smoke it."*

Participants reported that injection needles are most often obtained from dealers and from retail pharmacies, while also reporting obtaining needles from friends who have diabetes and through needle exchange programs in Akron and Canton. Participant comments included: *"[Retail pharmacies] used to give you a hard time if you did not have a prescription or a slick story, but now, it's safer just to go ahead and give the needles; You can buy them now, they don't ask questions 'cause they don't want to spread disease around; It's easier to get needles [at a pharmacy] than it is to get Sudafed®; If you go looking like an addict, they're going to turn you down."* Reportedly, needles on the street most often sell for \$2-3 per needle. Additionally, participants continued to report that sharing needles is common. Comments included: *"Yes, definitely, I've heard Hep (hepatitis) C on the rise; You'll stoop to any level to get your high; You are so bad (addicted), you compromise yourself."*

A profile for a typical heroin user did not emerge from the data. Participants discussed: *"It's everywhere; Everyone pretty much now; It's in every neighborhood, some areas hide it better. Same way in suburbs, same way in Canton; It transcends social lines; It doesn't matter who you are ... judges, lawyers, doctors, pastors; It'll take the lawyer, the doctor, the poor guy on the corner; I've seen 70-year-olds all the way down to 15-years old."* Community professionals likewise did not agree on a description of a typical heroin user. Comments included: *"Everyone, anyone from high school to people in their 40s and 50s; Suburban areas are being hit really hard; I see a lot of people who cannot afford pills anymore ... it's the chronic pain population; Usually women, and they are usually stripping or prostituting to get it; Ages 20s and 30s [and] they don't live very long."*

Fentanyl



Fentanyl remains highly available in the region. Participants most often reported the current availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. Participants commented: *"It's so easy, dealers can get it off the Internet; You can go to the gas station and it's right there when you're getting gas; If you go out there, you'll find fentanyl in 15 minutes; I think it's way more common than heroin; You can go anywhere and find 'fetty' (fentanyl)."*

Community professionals most often reported the current availability of fentanyl as '9-10'; the previous most common score was also '9-10'. However, treatment providers had difficulty discussing fentanyl other than as an adulterant for other drugs: *"They are mixing it with everything; I don't hear a lot of people seeking it by itself ... it's typically paired with something; People who are getting it don't know it."* Law enforcement discussion indicated that some users are seeking fentanyl: *"People are looking for fentanyl; We have some [probationers] who test positive for heroin and fentanyl, and they'll say, 'I thought it was all fentanyl!'"*

Corroborating data indicated that fentanyl is available in the Akron-Canton region. ODPS reported seizing 400.0 grams (0.9 lbs.) of fentanyl from this region during the past six months. In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. Stark County Sheriff's officers arrested

a man after executing a search warrant at his home in Plain Township and seizing 24 ounces of carfentanil and heroin, as well as drug paraphernalia and cash (www.cleveland.com, Jan. 4, 2018). A judge in Warren County sentenced a man to four years in prison for providing a fentanyl mixture to his wife, who subsequently died from an overdose in their home in Clearcreek Township (www.wcpo.com, Jan. 4, 2018). A Stark County Common Pleas Court judge sentenced a man to seven years in prison for selling fentanyl, carfentanil, methamphetamine and marijuana out of an apartment in Canton; the judge reported that one of the people whom that man sold fentanyl to is now on life support (www.the-review.com, Feb. 6, 2018). After receiving several complaints, an Akron SWAT Team and the Street Narcotics Uniform Detail arrested two men after executing a search warrant at a residence on the North side of the city and seizing fentanyl, crack cocaine, marijuana, drug paraphernalia and cash (www.ohio.com, March 22, 2018). Akron Police arrested two men after executing a search warrant at a home in Akron and seizing 13 grams of fentanyl, two doses of crack cocaine, 309 grams of marijuana, drug paraphernalia and cash (www.cleveland.com, March 22, 2018). An investigation lead by the Akron Police Department's Narcotics Unit lead to the indictment of a man by the Northern District Court of Ohio for possessing and intending to distribute 201.5 grams of carfentanil and using a firearm while the drugs were in his possession; the man faces up to 25 years in prison (www.ohio.com, March 23, 2018). Akron paramedics responded to a call that a man was found overdosed behind the wheel of his vehicle and used four doses of naloxone to revive him before taking him to a local hospital; Akron Police found a white powdery substance that tested positive for fentanyl, as well as marijuana, and the man admitted to using the drugs; the man was granted immunity under the Good Samaritan Law for seeking treatment after his arrest (www.ohio.com, April 2, 2018). A Stark County grand jury charged two women with involuntary manslaughter for providing drugs to a woman that resulted in her fatal overdose; investigators say the woman had a combination of carfentanil, fentanyl, U-47700 (synthetic opioid), methamphetamine and cocaine in her system at the time of her death (www.the-review.com, April 14, 2018). An investigation lead by the Akron and Fairlawn (Summit County) police departments and the U.S. Drug Enforcement Agency (DEA) lead to the arrest of a man responsible for selling fentanyl-laced heroin to customers,

which resulted in the death of a woman (www.ohio.com, April 27, 2018). U.S. postal inspectors in Akron intercepted a package containing several grams of carfentanil intended for a residence in Lorain (Lorain County) that prompted Akron Police to investigate; officers identified the fingerprint of the man responsible for sending the package, which lead them to his Akron residence; officers arrested him, another woman and the man's daughter after finding 694 grams of fentanyl, marijuana, drug paraphernalia and cash inside a storage locker, 28 grams of fentanyl inside the residence of the man's daughter, 173 grams of fentanyl and cash inside the man's vehicle and thousands of dollars of high-end clothing and accessory items inside the man's home; officers intend to auction the luxury items to citizens and give the money to the Akron Police Department and other agencies who helped in the investigation (www.ohio.com, April 27, 2018). A Summit County Common Pleas Court judge sentenced a man to eight years in prison for involuntary manslaughter, corrupting another with drugs and trafficking; the charges were a result of a fatal overdose of a woman he supplied heroin mixed with fentanyl (www.cleveland.com, May 10, 2018).

Participants generally did not identify different types of fentanyl analogues, except for a few expressing awareness of carfentanil in the region. Participant comments included: *"Nine times out of 10 when you buy fentanyl or heroin, it's cut with carfentanil; Synthetics like carfentanil don't show up on drug tests."* Treatment providers reported high current availability of carfentanil and reported that some users are seeking the drug. One treatment provider commented, *"Some seek it out. It's a matter of economics, 'Get more for my money.'" In addition, law enforcement reported on cases of heroin adulterated with carfentanil.*

Participants reported that the availability of fentanyl has increased during the past six months. Comments included: *"The whole area is flooded [with fentanyl]; It's becoming easier to get, and 'the drug' to get; It's so cheap, we live in a poor community and a lot of people like to get high; Heroin is around now and that makes it easier to find fentanyl; It's so much more profitable [than other drug sales]; It's cheap as hell and you can order it on the Internet."*

Treatment providers reported that the general availability of fentanyl has remained the same during the past six months, while law enforcement reported it has remained the same or increased. Law enforcement comments included: *"Every time we go to get heroin, it's cut with*

fentanyl or carfentanil; It's hit a plateau; It's hard to tell, we can still buy it any time we want it, but the overdose deaths have dropped quite a bit in our area...." BCI crime labs reported that the incidence of fentanyl and fentanyl analogue cases they process from this region has decreased during the past six months, while the incidence of carfentanil cases has increased.

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

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 also '10'. Participants and community professionals continued to discuss fentanyl as an adulterant for other drugs. One participant commented, "[Dealers] take 1/4 gram of carfentanil and mix it with six grams of heroin, and it becomes really strong heroin." Law enforcement discussed: "We have had crystal meth cut with fentanyl; We recently had a kid overdose smoking crack, but he had fentanyl in his system. We are seeing fentanyl being cut with everything now."

Participants discussed adulterants (aka "cuts") that affect the quality of the drug and reported that the top cutting agent for fentanyl is sugar. Additional cuts mentioned included: baby powder, glucose, Kool-Aid®, mannitol (diuretic) and "molly" (powdered MDMA). Participant comments included: "They cut it so much, but it's still strong; Usually, you can tell the difference between heroin and fetty 'cause the fetty's sweet." Overall, participants reported that the general quality of fentanyl has decreased during the past six months. A participant stated, "More people are hip to how much you can cut it to make more money."

Reports of current prices for fentanyl were consistent among participants with experience purchasing the drug. Reportedly, the most common quantities of purchase are 1/10 gram (aka "point") and a half gram. A participant commented on pricing, "[The price] is the same as for heroin, but for the dealer, it's way cheaper to get ... the profit margin is crazy." Overall, participants reported that the price of fentanyl has remained the same during the past six months.

Fentanyl	Current Prices for Fentanyl	
	1/10 gram	\$20
	1/2 gram	\$20-25
	A gram	\$40-100

While there were a few reported ways of using fentanyl, generally, the most common route of administration remains intravenous injection (aka "shooting"). Participants estimated that out of 10 fentanyl users, eight would shoot and two would snort the drug. Regarding snorting, a participant stated, "Because it's stronger, I snorted it. I would never snort my heroin, but fentanyl I snort."

Participants described typical fentanyl users as heroin users. It was commonly held that just as with heroin, there are no common descriptors of the typical user. Community professionals likewise described typical fentanyl users as heroin users. However, community professionals expressed that fentanyl users are more progressed in their addiction than heroin users. Community professional comments included: "The only difference is that more experienced users may specifically ask for fentanyl because their tolerance is going to be higher; People looking for that next level, that graduated high."

Prescription Opioids



Prescription opioids are moderately to highly available for illicit use in the region. Participants most often reported the current street availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '5'. One participant commented, "I have to pay out the you know what for them, but I can get them all the time, every day ... they are expensive."

Treatment providers most often reported the current street availability of prescription opioids as '7', while law enforcement most often reported it as '5'; the previous most common scores were '6' and '9', respectively. Treatment providers discussed: "They always talk about it in the past tense here, usually it was part of their journey to heroin, but not currently their drug of choice; Seems like they 'graduate' (progress to other drugs) by the time they get to us."

Law enforcement comments included: *"We still see doctor shopping. I've had guys go down to the Southern part of the State looking for prescription pills; We see the OARRS (Ohio Automated Rx Reporting System) report and find probationers getting the medication that don't report it to us; We see it a lot."*

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Law enforcement in Stark County arrested a physician at his father's home in Akron on charges of involuntary manslaughter for the death of two of his former patients and for drug trafficking; the physician trafficked prescription opioids, sedative-hypnotics, prescription stimulants, steroids and non-opioid painkillers (www.the-review.com, Feb. 19, 2018).

Participants identified Oxycontin®, Percocet® and Vicodin® as the most popular prescription opioids in terms of widespread illicit use. Community professionals identified Percocet® and Vicodin® as most popular.

Participants reported that the street availability of prescription opioids has decreased during the past six months. Participant comments included: *"They're out there, but harder to find; Doctors are cracking down; Docs are less likely to prescribe them, they'll lose their license; They give you the least powerful drugs. I have kidney stones and they won't give me Tylenol 3®; Even people in pain management, they don't get anything but Tylenol®; I'm in pain management and all I get is gabapentin (Neurontin®), a mild pain pill is all they'll prescribe me; I just had surgery and they gave me [only] 10 Percocet® [pills]; People are getting addicted, so they are not willing to sell their drugs 'cause they need their pills."*

Treatment providers also reported that the street availability of prescription opioids has decreased during the past six months, while law enforcement reported that it has decreased or remained the same. One treatment provider remarked, *"Prescription practices have strongly tightened."* Law enforcement reported: *"Those got cut down when they started the OARRS reporting; They're so expensive on the street, more expensive than heroin or fentanyl."*

BCI crime labs reported that the incidence of oxycodone (OxyContin®, Percocet®) and tramadol (Ultram®) cases they process from this region have increased during the past six months, while the incidence of hydrocodone (Vicodin®) and morphine cases they process have decreased or remained the same. BCI labs also reported processing very

few cases of hydromorphone (Dilaudid®), methadone and oxymorphone (Opana®) from this region during the past six months.

Prescription Opioids	Reported Availability Change during the Past 6 Months	
	 Participants	Decrease
	 Law enforcement	No consensus
	 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, plus \$2-3 per pill. Participant comments included: *"My dealer is probably paying a buck a milligram, and they sell it to me for \$2 or \$3 a pill more; People want to make a 50% profit on them; It depends on if your 'dope sick' (experiencing withdrawal) or not for what you'll pay for it; If the person you are buying them from is an addict, it's more expensive, they want to make sure they cover anything they might need; If you buy a 'script' (full prescription amount) it's cheaper."* Overall, participants indicated that the price of prescription opioids has increased during the past six months. They discussed: *"They're very expensive; Six months ago, I could get them for \$1 per milligram, but not no more; It used to be you can get a pill for \$1.50, now you pay \$8 to \$10."*

Prescription Opioids	Current Street Prices for Prescription Opioids	
	methadone	\$7 for 10 mg
	morphine	\$5 for 5 mg \$10-15 for 10 mg \$15 for tsp of liquid
	Opana®	\$50-70 for 40 mg
	Percocet®	\$5-8 for 5 mg \$8-9 for 7.5 mg \$14-16 for 10 mg \$18 for 15 mg \$25-30 for 20 mg
	Roxicodone®	\$35 for 30 mg
	Vicodin®	\$7 for 5 mg \$40 for full prescription amount

Participants reported obtaining prescription opioids for illicit use from doctors, dentists, friends and dealers. Participant comments included: *"You have to know someone, who knows somebody ... it takes time to get them; The way people are getting pills is from people on pain management who are selling their pills; I've seen people report their script was stolen, they file a police report, they can get another one, but you can do that only once; Nurses and physician assistants, if the prescription says 100 tablets, they'll cut it to 90 and keep 10 for themselves, then go out and sell it; Every time I go to the dentist, it's like, 'Do you need any pain pills?'; Dentists seem to give them out a lot."*

While there were a few reported ways of consuming prescription opioids, and variations in methods of use were noted among types of prescription opioids, generally the most common route of administration for illicit use is snorting. Participants estimated that out of 10 illicit prescription opioid users, seven would snort, two would "shoot" (intravenously inject), and one would "eat" (chew/swallow) the drugs.

A profile of a typical illicit prescription opioid user did not emerge from the data. Participants did not agree on a description of a typical illicit user. Participant comments included: *"Older people, because it's easier for them to get them prescribed; Also, the younger generation go for the pain pills; It can be anyone in this room."* Community professionals described typical illicit prescription opioid users as younger (teenaged to early 30s) and middle class. One professional remarked, *"People with a little more money that can afford it"*

Suboxone®

Suboxone® remains highly available for illicit use in the region. Participants most often reported the current street availability of Suboxone® as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. Participants commented: *"Doctors are prescribing them easy 'cause they want people off heroin; There are cash clinics (cash-only clinics where Suboxone® can be obtained); I know more people who are going to the clinics; These clinics are popping up everywhere."* Participants reported that the most available type of Suboxone® is the sublingual filmstrip (aka "strip") form.

Treatment providers most often reported the current street availability of Suboxone® as '9'; while law enforcement most often reported it as '7-8'; the previous most common

scores were '10' and '9', respectively. One treatment provider remarked, *"I feel like it's as available as Percocet® used to be."* Law enforcement comments included: *"If you want to get it, you can get it ... we have a clinic in town; We see them trying to sneak it into our jail ... this is how most of the time we catch it."*

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Akron Police administered naloxone to a two-year-old girl at her home in Akron after responding to a call that the girl overdosed; officers learned the girl ingested Suboxone® for which her father had a prescription; both the two-year-old girl and an 8-year-old child were taken into protective custody (www.news5cleveland.com, Feb. 22, 2018). Alliance Police (Stark County) arrested a Louisville, Kentucky man after he attempted to sell uncover officers Suboxone®, crystal methamphetamine and cocaine (www.the-review.com, March 17, 2018). A grand jury in Portage County indicted a man on aggravated possession of drugs including Suboxone® and methamphetamine (www.record-courier.com, May 21, 2018).

Participants reported that the street availability of Suboxone® has decreased during the past six months, while treatment providers reported that street availability has increased and law enforcement reported that it has remained the same. BCI crime labs reported that the incidence of Suboxone® cases they process from this region has remained the same during the past six months.

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

Reports of current street prices for Suboxone® were consistent among participants with experience buying the drug.

Suboxone®	Current Street Prices for Suboxone®	
	Filmstrip	\$10-20 for 8 mg
	Pill	\$20-25 for 8 mg
	Subutex®	\$10-35 per pill (unspecified dose)

Participants reported obtaining Suboxone® from doctors/clinics or from other people with a prescription for the drug. Participant comments included: *“They go to doctors to get ‘scripts’ (prescriptions) and sell them; You get them from people who get it from treatment centers; It’s very easy to get at the clinics.”*

Participants reported that the most common route of administration for illicit use of Suboxone® strip form is oral consumption (sublingual), followed by intravenous injection (aka “shooting”) and snorting. Participants estimated that out of 10 illicit users of Suboxone® filmstrip form, eight would sublingually ingest the drug. Participants estimated that out of 10 illicit users of Suboxone® pill form, six would snort, three would shoot, and two would orally consume the drug. In addition, one participant stated, *“People in the ‘joint’ (jail/prison) put them in their eye [for] an intense high.”*

A profile for a typical illicit Suboxone® user did not emerge from the data. Participants could not agree on a description of a typical illicit user. However, treatment providers described typical illicit Suboxone® users as heroin users, white and aged 25-35 years.

Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain highly available for illicit use in the region. Participants most often reported the current street availability of these drugs as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was also ‘10.’ Participants commented: *“All the crack dealers have it, they give it to you to calm down; Xanax® is a very big drug now-a-days.”*

Community professionals most often reported the current street availability of sedative-hypnotics as ‘7;’ the previous most common score was ‘9-10.’ Law enforcement comments included: *“I see Xanax® a lot; [Sedative-hypnotics] are always in the mix; Most of the time it’s someone who knows someone with a prescription and isn’t using them and they end up on the street.”*

Participants identified Ativan®, Klonopin®, Valium® and Xanax® as the most available sedative-hypnotics in terms of widespread illicit use. However, a participant remarked,

“People are getting prescribed more ‘xanie bars’ (Xanax® 2 mg) than anything else.” Community professionals identified Klonopin® and Xanax® as most available.

In addition, both participants and treatment providers discussed fraudulent benzodiazepines in circulation in the region; reportedly, most often these pills are pressed with fentanyl. A participant remarked, *“A lot of times you get pressed pills, synthetic ‘benzos’ (benzodiazepines) ... they have fentanyl in them.”* Treatment providers discussed: *“You can buy the press to make them with fentanyl ... and no one will know the difference; Go on the ‘dark web’ ... they can get anything ... press them with fentanyl, so they get them addicted and they keep coming back.”*

Participants were not in agreement as to a change in availability of sedative-hypnotics during the past six months. Comments among participants who perceived decreased availability included: *“Doctors are starting to crack down on them, too; A little harder [to find], you have to know the right guy.”* Treatment providers likewise did not agree regarding a change of availability of sedative-hypnotics during the past six months. They commented: *“I think they are being prescribed less, but there are more alternative ways of finding them; We had a lot of people drug seeking, coming in with veterinarian scripts. Those scripts do not go through the OARRS system [and] are not monitored as closely.”* Law enforcement reported that the availability of sedative-hypnotics has remained the same during the past six months.

BCI crime labs reported that the incidence of alprazolam (Xanax®), clonazepam (Klonopin®) and lorazepam (Ativan®) cases they process from this region have decreased or remained the same during the past six months. BCI labs reported having processed very few cases of carisoprodol (Soma®), diazepam (Valium®) and zolpidem (Ambien®) from this region.

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

Reports of current street prices for sedative-hypnotics were consistent among participants with experience buying the drugs. Participant discussed: “[Price] depends on who you buy them from; It depends on how well liked you are. I know people who will sell you bars for \$6 a pop (each), and I know people who sell them for \$0.50 a pop; If you are the one ordering them [on-line], those are like \$0.15 on the black market.”

Sedative-Hypnotics	Current Street Prices for Sedative-Hypnotics	
	Klonopin®	\$0.50-1 for 0.25 mg and 0.5 mg
Xanax®	\$2-4 for 1 mg \$4-6 for 2 mg	

Participants reported obtaining these drugs from doctors, friends, through social interactions and networking with other users and through Internet purchase. Participant comments included: “It’s easy to get Xanax® from a doctor; If you go to a psychiatrist and tell them you have anxiety, you’re going to get a prescription for at least ‘k-pins’ (Klonopin®); Drug dealers are good networkers ... drug users are even better; People are ordering them on the Internet; Everyone is ordering that on the dark web.”

The most common route of administration for illicit use of sedative-hypnotics is snorting. Participants estimated that out of 10 illicit sedative-hypnotic users, seven would snort and three would orally consume the drugs. Participants described typical illicit sedative-hypnotics users as white, female and young. They commented: “Housewives with a lot of kids; High-school aged; Stressed out people.” Community professionals described typical illicit users as female and young. One professional remarked, “Teenagers for sure.”

Marijuana

 Marijuana remains highly available in the region. Participants and community professionals most often reported the current availability of the drug as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common scores were also ‘10’. Participants discussed: “It’s everywhere; Everyone smokes ‘weed’ (marijuana); Society has gotten to where ‘pot’ (marijuana) is as acceptable as alcohol.” Law enforcement comments included: “It’s available all

the time; They have the candy out now, all the ‘edibles’ (food products containing marijuana), e-cigarette attachments [to allow for vaping marijuana]; All the marijuana we seize is from legal states, at least a very good percent of it.”

Corroborating data indicated that marijuana is available in the Akron-Canton region. ODPS reported seizing 627.6 kilograms (1,383.6 lbs.) of marijuana from this region in the past six months. In addition, the Summit County Juvenile Court reported that of the 819 cannabis tests it performed during the past six months, 36.9% were positive.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. OSHP seized 18 pounds of marijuana during a traffic stop on Interstate 80 in Portage County and arrested a man for possession and trafficking in marijuana (www.statepatrol.org, Jan. 31, 2018). Akron Police arrested a man in the emergency room of a local hospital after seeing three baggies of marijuana sticking out of his coat pocket while he was being treated for a gunshot wound; the man told several different versions of how he was shot, but told officers someone robbed him and stole his wallet, phone and cash (www.ohio.com, Feb. 8, 2018). OSHP arrested three men following the seizure of 48 pounds of marijuana during a traffic stop along Interstate 80 near Boston Township (Summit County) (www.statepatrol.ohio.gov, Feb. 13, 2018). Alliance Police (Stark County) arrested one man for drug possession and charged his three housemates, each college students at a local university, with drug abuse after a hit-and-run crash involving the man lead officers to his home; while searching the home, officers found approximately 28 grams of marijuana and materials used to smoke the drug; officers learned that the man also threw marijuana and prescription pills into a toilet immediately before police entered the home (www.the-review.com, Feb. 25, 2018). Akron Police arrested three men during a traffic stop after the smell of raw marijuana prompted a search of the vehicle; officers found marijuana and firearms on the person of one man, baggies of marijuana, drug paraphernalia and a firearm on another, and marijuana and a firearm on the third man; officers also found cash and a fourth firearm in the vehicle (www.ohio.com, March 20, 2018). Ravenna Police (Portage County) arrested a man for trafficking marijuana, firing a pistol several times near his residence, animal cruelty and breaking one of his family member’s nose after throwing her into a wall (www.record-courier.com, April 18, 2018).

Law enforcement in Stark County arrested a man during a traffic stop in Canton after seeing a firearm in plain view and searching his vehicle, finding an unspecified amount of marijuana wax (aka “dabs”) (www.cantonrep.com, April 28, 2018). A drug deal gone wrong resulted in the arrest of a man charged with aggravated robbery and felonious assault; the man shot himself in the leg and was shot by another man who he was attempting to rob him of marijuana (www.ohio.com, May 17, 2018). A grand jury in Portage County indicted a man on a felony charge of trafficking in marijuana and misdemeanor charges of possession of marijuana and OVI (operating a vehicle under the influence of alcohol or drugs) (www.record-courier.com, May 21, 2018). A Portage County Common Pleas Court judge sentenced a man to court-ordered drug treatment after his January arrest by OSHP when he was found to be in possession of 18 pounds of marijuana during a traffic stop (www.record-courier.com, June 13, 2018). Canton Police arrested a man and charged him with four counts of endangering children, possession of drugs and paraphernalia after he allegedly smoked marijuana and fell asleep with food on the stove, causing a fire (www.news5cleveland.com, June 20, 2018).

Participants and community professionals also discussed current high availability of high-grade marijuana extracts and concentrates, often appearing as oil and waxy forms of the drug (aka “dabs”). Participants discussed: “[Dabs are] becoming really popular; I’d rather smoke dabs than weed; If you can get marijuana, you can make dabs, it’s really easy; But, you have to know what you’re doing to make good dabs; It’s very potent and a lot of dealers have it.” Treatment providers commented: “Dabs are huge; They get dabs from other states.” Law enforcement comments included: “Not quite as easy [to obtain] as marijuana, but it’s pretty close. Most of your marijuana sellers and traffickers are going to have dabs or have access to getting it; I was at an indoor [marijuana] grow [operation] yesterday, they had 12 empty cases of butane bottles [used in the manufacture of dabs] in the house....”

Participants reported that the availability of marijuana and marijuana extracts and concentrates has increased during the past six months. Participant comments included: “It’s absolutely more available ‘cause people are making [dabs] in their kitchen; It’s being shipped [from other states]; You got options now, you can take different strands (types of marijuana which differ by the kind of high they produce).”

Community professionals reported that the availability of marijuana has remained the same during the past six months, while the availability of extracts and concentrates has increased. Law enforcement comments included: “[Availability of marijuana] has always been the same, but where it comes from has changed. It used to be Mexico, with lower quality. Now it’s higher quality from our Western States; There’s been an increase in BHO (butane honey oil, aka dabs), for sure, but not the marijuana. We’ve seen an increase in edibles, too. We’ve had a ton of edible cases.” One law enforcement officer discussed, “It’s like, you graduate from heroin to fentanyl, you graduate from marijuana to dabs.”

BCI crime labs reported that the incidence of cannabis (including edible cannabis) and concentrated THC (tetrahydrocannabinol oils, dabs) cases they process from this region have decreased during the past six months.

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

Participants most often rated the current overall quality of marijuana as ‘10’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was also ‘10’. Participant comments included: “If it’s not a ‘10’, no one is going to buy it; Last time I smoked it, I had an anxiety attack; That stuff will knock your socks off; It’s all ‘loud’ (high grade); I can go to Colorado and it’s legal ... I can buy as much as I want and bring it back.” Overall, participants reported that the quality of marijuana has increased during the past six months.

Reports of current prices for marijuana were provided by participants with experience buying the drug. Participant comments included: “Out West, it’s selling for \$2 a gram. They’re going out there, bringing it back here and selling for \$10-15; Most buy an ounce.” Overall, participants reported that the price of marijuana has increased during the past six months. Participants said: “The price is increasing because of the high potency; [The cost is] outrageous, that’s why I quit.”

Marijuana	Current Prices for Marijuana	
	Low grade:	
	A blunt (cigar)	\$5
	1/8 ounce	\$35-40
	1/4 ounce	\$45-50
	An ounce	\$90-100
	High grade:	
	A blunt (cigar)	\$10
	1/8 ounce	\$80-120
	An ounce	\$150-320
	Extracts and concentrates:	
	A gram	\$20-50

The most common route of administration for marijuana remains smoking. Participants estimated that out of 10 marijuana users, all 10 would smoke the drug. While participants reported that edible forms or marijuana are widely available in the region, they noted that the preferred manner of use continues to be smoking.

A profile for a typical marijuana user did not emerge from the data. Participants and community professionals reported that the use of marijuana is widespread among all groups. Participant comments included: *“Everybody; Weed does not discriminate.”* Participants described typical marijuana extract and concentrate users as “hippies,” “ravers” (those who attend dance parties) and young people.

Methamphetamine

 Methamphetamine remains highly available in the region. Participants and community professionals most often reported the current availability of methamphetamine 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 commented: *“More [available] than anything out there; It’s the next epidemic; As easy to get as it is to get Pepsi®; It’s right up there with heroin....”*

Treatment providers discussed: *“In parts of our community, it’s actually the drug of choice; We’re seeing a drop in heroin with an increase in methamphetamine; We’ve heard clients often say, ‘When I got off heroin, I used meth.’”* Law enforcement stated: *“Crystal ‘meth’ (methamphetamine) is the number one thing (drug available); When it comes into our area, it’s crystal ... almost 90% of the time; The demand is higher than the supply sometimes.”*

Corroborating data indicated that methamphetamine is available in the Akron-Canton region. ODPS reported seizing 19.8 kilograms (43.6 lbs.) of methamphetamine from this region in the past six months. In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. Akron SWAT and Narcotics Unit officers arrested two men and one woman after executing a search warrant at a residence near Summit Lake and seizing 2.2 pounds of crystal methamphetamine, pills and marijuana, along with fourteen firearms and cash (www.ohio.com, Jan. 11, 2018). Massillon Police (Stark County) arrested two people during a traffic stop after a woman admitted to having a methamphetamine pipe in her bra; officers called a K-9 unit to search the vehicle; officers uncovered several bags of methamphetamine, five prescription pills and drug paraphernalia (www.cantonrep.com, Feb. 1, 2018). Uhrichsville Police (Tuscarawas County) arrested six people after executing a search warrant at home in Uhrichsville, where they found large quantities of crystal methamphetamine and marijuana (www.timesreporter.com, Feb. 27, 2018). Alliance Police (Stark County) arrested a man for driving high on methamphetamine through the city at a high speed while holding a woman in the vehicle against her will; the woman escaped before the man drove into two parked police cars (www.the-review.com, April 9, 2018). Alliance Police arrested two men after executing a search warrant of their Alliance home and finding three grams of methamphetamine, a firearm and drug paraphernalia (www.the-review.com, April 13, 2018). OSHP in Canton arrested a couple from West Virginia during a traffic stop on Interstate 77 after a search of the vehicle yielded a large amount of methamphetamine (www.timesreporter.com, April 14, 2018). Ravenna Police (Portage County) arrested three individuals during a traffic stop on Route 23 after officers learned the driver was driving with a suspended license, searched the vehicle and found 132 grams of methamphetamine, Opana®, Xanax®, Klonopin® and drug paraphernalia; a Portage County grand jury indicted

all three people on felonious charges of drug possession (www.record-courier.com, April 26, 2018). Portage County Sheriff's officers arrested a father and son after an investigation involving fraudulent U.S. currency lead officers to their residence where officers found crystal methamphetamine, marijuana, drug paraphernalia, sheets of counterfeit money and materials used to print the counterfeit money (www.news5cleveland.com, April 30, 2018). The Portage County Drug Task Force and Portage County Sheriff's Office investigated a possible methamphetamine lab dump site in West Branch State Park that led to the arrest of a man charged with manufacturing methamphetamine (www.record-courier.com, May 7 2018). A grand jury in Portage County indicted three people on multiple felony charges including aggravated possession and trafficking in methamphetamine (www.record-courier.com, May 21, 2018). A Portage County Common Pleas judge sentenced a man to court-ordered drug treatment and four years of probation after the man pleaded guilty to aggravated trafficking and possession of drugs; the man also agreed to testify in two other cases involving the trafficking of methamphetamine (www.record-courier.com, June 5, 2018). Deputies of the Portage County Sheriff's Office arrested a man on multiple felony charges, including trafficking and possession of drugs during a traffic stop in Ravenna that led to the seizure of 58.5 grams of methamphetamine and a stolen firearm; the man was a convicted drug trafficker and an alleged gang member (www.record-courier.com, June 6, 2018).

Participants reported that methamphetamine is available in crystal and powdered forms throughout the region. However, they indicated crystal methamphetamine as the most prevalent form in the region. Participant comments included: "You can find [crystal] anywhere; People are learning to make crystal now; I don't know why you'd buy it as powder anymore." 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.

Participants reported that the availability of crystal methamphetamine has increased during the past six months, while the availability of powdered methamphetamine has decreased. Participants discussed:

"It's becoming like heroin in Canton, you walk to any street corner and they're either on heroin or they are on meth; It's so cheap; It's the least expensive drug; The cartels are flooding the area with it." Participant comments regarding the decrease in availability of powdered methamphetamine included: *"The police came down on it; It's cheaper to buy [crystal] than to make [powdered]; No one's cooking it; It's too risky to cook, and it takes way too long to make it; I haven't been asked to get a box [of Sudafed®] in two years."*

Community professionals also reported that the availability of crystal methamphetamine has increased during the past six months, while the availability of powdered methamphetamine has decreased. Treatment provider comments included: *"Anyone who is taking Vivitrol®, they are not going to get high off of heroin, but they can still get high off of meth and it does delay withdrawal effect, so I've heard, when people start going into withdrawal, they can delay the withdrawal with meth; It's cheaper than other drugs."*

Law enforcement comments included: *"It's kind of exploded in Akron; It's a lot cheaper than it was. That's why I think it has undercut heroin and the whole death scare; A lot of people who used to use heroin are now doing meth and they end up in the hospital hallucinating; I can buy a whole ounce of crystal meth for \$500, which is dirt cheap; Last year we had 17 labs that were shake-and-bake, this year it would be five [in Tuscarawas County]; You can get arrested with a felony in the first degree [for producing methamphetamine], or you can just buy it from some guy down the street [and] it's really cheap in Akron."* BCI crime labs reported that the incidence of methamphetamine cases they process from this region has slightly decreased during the past six months but remains high.

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

Participants most often rated the overall current quality of methamphetamine as '7' and '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common

score was '10.' A participant commented on the general high quality of methamphetamine: "Ask the dude that's walking around town for four days, apparently it's pretty good." In addition, one law enforcement officer stated, "Most of the meth is imported 'ice' (crystal methamphetamine) that's over 90% pure."

Participants discussed adulterants (aka "cuts") that affect the quality of the drug and reported the following cutting agents for methamphetamine: baby laxative, battery acid, campfire fuel, Drano®, fentanyl, MSM (methylsulfonylmethane, a joint supplement), rock salt and Splenda®. Participants discussed: "Some cut it to stretch it out a bit; As far as a business stand point goes ... you get people addicted to the meth [cut with fentanyl] ... they don't realize ... they're addicted to the fentanyl ... they're sick (in withdrawal) and they just want to do more." Overall, participants reported that the quality of methamphetamine has remained the same during the past six months.

Methamphetamine	Cutting Agents Reported by Crime Lab	
	<ul style="list-style-type: none"> ● dimethyl sulfone (dietary supplement) ● magnesium sulfate (Epsom salts) 	

Reports of current prices for methamphetamine were variable among participants with experience buying the drug. Reportedly, the most common amount of purchase is 1/8 ounce. Participant comments regarding pricing included: "The first time is always free, so you'll come back; It's so cheap, people buy large quantities; You can make an ounce of meth for \$35, get most of the ingredients at a dollar store ... Sudafed® is the most expensive ingredient." Overall, participants reported that the price of methamphetamine has decreased during the past six months.

Methamphetamine	Current Prices for Methamphetamine	
	Crystal and powdered:	
	1/2 gram	\$20-30
	A gram	\$50-80
	1/8 ounce	\$65-125
	An ounce	\$300

Participants reported that the most common route of administration for methamphetamine is smoking. Participants estimated that out of 10 methamphetamine users, five would smoke, three would "shoot" (intravenously inject) and two would snort the drug. A participant remarked, "More people are smoking." One participant group reported that users of powdered methamphetamine most often snort the drug.

A profile for a typical methamphetamine user did not emerge from the data. Participants discussed: "It's everywhere, now; All types of different people; Some people you'd never know [use methamphetamine]." However, participants identified various occupations where methamphetamine use is thought to be more common, including truck driving, factory work, bartending, "pipe lining" (work in the oil and gas industry) and exotic dancing. A participant stated, "Pipe liners work 19 hours, sleep for just a few hours.... They need something to keep them awake."

Community professionals described typical methamphetamine users as white, of lower to middle socio-economic status and former heroin users. Treatment provider comments included: "I've seen opiate users use it a lot more; It's expanded, it used to be lower class, white, but now it's that stereotypical heroin population ... [heroin and methamphetamine] used to be exclusive of one another, but now they're more connected; I see it with single parents, or anyone who feels like they have a lot to do. A lot of people don't see it as selfish as the other drugs ... they're doing it for a reason (to get more done) ... people who are prone to be the super men or super women of the family."

Prescription Stimulants

Prescription stimulants remain 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.' Participant comments included: "Adderall® is pretty big right now; If people can't get meth, they'll use Adderall®."

Treatment providers most often reported the current street availability of prescription stimulants as '5-6,' the previous most common score was '3.' Treatment providers discussed: "It's still easy to get; Moms get their kids diagnosed with ADHD (attention-deficit hyperactivity disorder) and

they sell the extra pills they don't need on the weekends to supplement their income; Clients say they are ADHD [to obtain a prescription for stimulants]." Law enforcement most often reported the current street availability of prescription stimulants as '4' and '7;' the previous most common score was '8.' A law enforcement officer stated, "Adderall® I've been seeing on the street a lot. A lot of crystal meth users ... will say they started out using Adderall® in school and they switched out to crystal meth."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Smith Township (Mahoning County) and Alliance Police (Stark County) arrested a man and woman while executing a search warrant of an Alliance residence and recovering 28 amphetamine and dextroamphetamine capsules, paraphernalia and a small bag of methamphetamine; the woman was charged with possession of narcotics, amphetamine and criminal tools (www.the-review.com, May 9, 2018).

Participants identified Adderall® and Ritalin® as the most popular prescription stimulants in terms of widespread illicit use. Community professionals identified Adderall® as most popular. Participants did not agree on a change of availability for prescription stimulants during the past six months. Participants who reported increased street availability commented: "It's way easier [to obtain prescription stimulants than previously]. We can go to the doctor and tell them, 'My kid has ADHD.'" However, a participant who reported decreased street availability said, "Docs are really coming away from prescribing ... it doesn't matter if you're ADHD. All that stuff [prescription medications] used to be good and plenty from doctors but not anymore."

Treatment providers reported that the street availability of prescription stimulants has remained the same during the past six months, while law enforcement reported that it has increased. A law enforcement officer stated, "It's gone up since the crystal meth [has increased in availability]." BCI crime labs did not report processing any cases of amphetamine (Adderall®) or methylphenidate (Ritalin®) for this region during the past six months; they reported having processed very few cases of lisdexamfetamine (Vyvanse®).

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

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

Prescription Stimulants	Current Street Prices for Prescription Stimulants	
	Adderall®	\$5-8 for 20 mg \$10-15 for 30 mg
Ritalin®	\$10 for 20 mg	

Participants reported obtaining prescription stimulants for illicit use from doctors, family members and from college campuses. Participant comments included: "Doctors give Adderall® more to adults [than previously]; Parents get it for their children, then sell their scripts." Participants reported that the most common route of administration for illicit use of prescription stimulants remains snorting. Participants estimated that out of 10 illicit prescription stimulant users, nine would snort and one would orally consume the drugs. In addition, a few participants reported that sometimes capsules are broken open and users pour the beads into their mouths to orally consume.

Participants and community professionals described typical illicit prescription stimulant users as young, often college students or young people who attend "raves" (dance parties). Participant comments included: "[College students] need to stay awake studying; It could be a club drug, too ... go to the club, pop a couple 'addies' (Adderall®), jump around." Community professionals described: "Students, to be more productive; To get energy and be able to get things done."

Ecstasy



Ecstasy (methylenedioxyamphetamine: MDMA, or other derivatives containing BZP, MDA and/or TFMPP) is moderately to highly available in the region. Participants most often reported the current availability of the pressed

tablet form of ecstasy as '2' and of "molly" (MDMA; powdered form) as '7-9'; on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were '5' for both ecstasy and molly. Participant discussion of the current availability of ecstasy included: *"I haven't seen ecstasy around; I haven't seen ecstasy in a long time; I haven't heard much of that in years."* One participant commented regarding the current availability of molly: *"Molly is everywhere."*

Treatment providers most often reported the current availability of ecstasy/molly as '7'; the previous most common score was '5-6'. Providers reported that clients mention both ecstasy and molly, but didn't know if clients are distinguishing the two or just using the terms interchangeably. Law enforcement most often reported the current availability of ecstasy/molly as '3-4'; the previous most common score was '4-5'. Law enforcement comments included: *"I bought one [ecstasy] pill over the past week. Before that, I hadn't seen it in a while; We see ecstasy occasionally, usually with the younger population; I don't see many people test positive [for MDMA use], no one in the past six months."*

Participants reported that the availability of ecstasy and molly has decreased during the past six months. Participants commented: *"It used to be everywhere; Everyone is using meth ... or heroin [instead of MDMA]."* Treatment providers reported that the availability of ecstasy/molly has remained the same during the past six months, while law enforcement reported that availability has decreased. A law enforcement officer stated, *"Crystal meth is very available and cheap, you get more bang for your buck [compared to MDMA]."* BCI crime labs reported that the incidence of MDMA (ecstasy/molly) cases they process from this region has decreased during the past six months.

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

Participants discussed the current overall quality of ecstasy and molly and rated the quality of ecstasy most often as '4' and of molly as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common scores were '8' for ecstasy and '10' for molly. A participant stated, *"I bought ecstasy and I didn't get any reaction"*

Reportedly, ecstasy and molly are often cut with other substances including methamphetamine, and methamphetamine is often sold as molly. A participant stated, *"They're giving out test kits at 'Dance Safe' (a service set up at music festivals) to check the purity of molly and to tell if there is meth in it."* Overall, participants reported that the quality of ecstasy has decreased during the past six months, while the quality of molly has remained the same.

Reports of current prices for ecstasy and molly were variable among participants with experience buying the drugs.

Ecstasy/Molly	Current Prices for Ecstasy/Molly	
	Ecstasy:	
	\$10-30 per tablet (dependent on dose)	
	Molly:	
	1/10 gram	\$20
1/2 gram	\$60-80	
A gram	\$50-100	

Participants reported that the most common route of administration for ecstasy is oral consumption, and for molly it is snorting. Participants estimated that out of 10 molly users, eight would snort the drug. Participants and community professionals described typical ecstasy/molly users as young people and individuals who attend clubs

and raves. Participant comments included: *"High-school kids; It's a party drug."* Treatment providers discussed: *"It's more of a college type drug; Ravers, people involved in the regular club scene ... it's more normalized [in that scene]..."*

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), kratom (mitragynine), hallucinogens (lysergic acid diethylamide [LSD] and psilocybin mushrooms), Neurontin® (gabapentin) and synthetic marijuana. In addition, BCI crime labs reported that the incidence of U-47700 (synthetic opioid) cases they process from this region has decreased during the past six months.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. OSHP arrested a man during a traffic stop on Interstate 80 near Richfield Township (Summit County) seizing 939 pounds of nitrous oxide (inhalant, aka "whippets") (www.statepatrol.ohio.gov, April 5, 2018).

Bath Salts

Bath salts (synthetic cathinones; compounds containing methylone, mephedrone, MDPV or other chemical analogues, including alpha-PVP, aka "flakka") were discussed by participants of one focus group only in Summit County. This group of participants most often reported the current availability of bath salts as '8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '4.' Participants reported that bath salts can be obtained through Internet purchase and at a few head shops. Participants also discussed bath salts as being sold on the street as "molly" (powdered MDMA) or as methamphetamine. A participant stated, *"People don't mean to buy [bath salts], they think they are buying meth or MDMA."* BCI crime labs reported that the incidence of substituted cathinones ("bath salts") cases they process from this region has remained the same during the past six months.

Hallucinogens

Hallucinogens remain moderately to highly available in the region. Participants most often reported the current availability of LSD as '8' and of psilocybin mushrooms as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were '10' for LSD and not reported for psilocybin mushrooms. Participant commented that it is generally more difficult to obtain LSD than psilocybin mushrooms: *"You can go to any farm and find [psilocybin mushrooms]; It's about that time of year, you can get them once a year, in the spring time, unless you want the synthetics [grown] under the bathroom sink, and they suck."*

No treatment provider group reported having current knowledge of the availability of hallucinogens in the region, while law enforcement most often reported the current availability of LSD as '6-7' and of psilocybin mushrooms as '7'; the previous most common scores were '5-6' for LSD and not reported for psilocybin mushrooms. Law enforcement discussed: *"We've had strips of 'acid' (LSD); You can pay a guide to help you with your LSD high; Ever since they've started talking about legalizing marijuana, we've seen a rise in psychedelics; In the past six months, we've had multiple cases of possession of [psilocybin] mushrooms."*

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Law enforcement in Stark County arrested a man, when he returned to his home in Canton, after he claimed, to customers and staff at a body shop in Marlboro Township, to have killed his girlfriend and wanted to die himself; the man told people at the shop that he took LSD, Xanax® and methamphetamine; it was not clear at the time of the arrest whether or not the man actually had a girlfriend or had killed anyone (www.the-review.com, March 3, 2018).

BCI crime labs reported that the incidence of LSD cases they process from this region has increased during the past six months, while the incidence of psilocybin mushrooms cases has remained the same. No participant reported recent use of the drug, and hence participants did not report on current quality or pricing. Participants described typical hallucinogen users as young individuals who attend dance clubs and music festivals. A participant reported, *"At festivals, they bring mushrooms in by the suitcase full."* Law enforcement described the typical hallucinogen user as young.

Kratom

No participants reported on kratom. However, community professionals (one treatment provider group in Summit County and one law enforcement group in Tuscarawas County) reported that kratom is highly available in the region. Treatment providers discussed: *"You can buy it everywhere; You can get it from head shops; They are getting it off the Internet; People are using it to come off of heroin now."* Law enforcement comments included: *"You can buy it at the head shop in town ... they sell it across the street; It comes in a capsule, which they break open; [The price] will increase, as they talk to one another, spread the news; It's like an opiate high without withdrawal."*

Neurontin®

Neurontin® (gabapentin, an anticonvulsant and nerve pain medication) remains 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 also '10.' Community professionals most often reported the current street availability of Neurontin® as '7-8,' the previous most common score was '10.' A treatment provider stated, *"It's the new Vicodin®. Now that they are trying to regulate it, it's a little harder, but still easy to get. It's been prescribed to people for so long, there's a lot of extra out there..."*

Participants discussed that it is relatively easy to get a prescription for Neurontin®. Reportedly, Neurontin® sells for \$0.50-1 per pill. Participants reported that the most common route of administration for illicit use of Neurontin® is oral consumption. Participants estimated out of 10 illicit Neurontin® users, nine would orally consume and one would snort the drug.

Synthetic Marijuana

Synthetic marijuana (synthetic cannabinoids) remains 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 comments included: *"It's everywhere; It's made a huge come back; This is 'spice'"*

(synthetic marijuana) heaven." Treatment providers most often reported the current availability of synthetic marijuana as '9,' while law enforcement most often reported it as '5,' the previous most common scores were '7-8,' and '5' and '10,' respectively. Law enforcement discussed: *"There was an arrest on patrol a couple weeks ago; we were told you can buy [synthetic marijuana] at [a local deli]; We have several houses now that I know are ordering the chemicals ... to make the synthetics."*

BCI crime labs reported that the incidence of synthetic cannabinoids cases they process from this region has decreased during the past six months. Reports of current prices for synthetic marijuana were variable among participants with experience buying the drug. Participant comments regarding pricing, included: *"It depends on where you are, you can buy \$20 on the street and turn it and make \$90; You can sell 'limbs' (aka 'joints,' cigarettes filled with synthetic marijuana) all day ... sell them for \$5 a limb, sometimes for \$7 or \$8."*

Participants reported that synthetic marijuana continues to be available from dealers, in certain retail shops (head shops, gas stations) and through Internet purchase of the necessary chemicals to make the drug. Participants discussed that synthetic marijuana can be easily manufactured: *"You can make it easily; Anyone with an oil drum in their back yard is making spice."* 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 and community professionals indicated that the use of synthetic marijuana is most common within corrections institutions and among individuals who are on probation, or as a participant stated, *"People who can't smoke weed."* In addition, a treatment provider stated that some teenagers prefer synthetic marijuana, and a law enforcement officer reported that synthetic marijuana use is common among individuals staying in homeless shelters.

Conclusion

Crack cocaine, fentanyl, heroin, marijuana, methamphetamine, Neurontin® (gabapentin), powdered cocaine, sedative-hypnotics and Suboxone® remain highly available in the Akron-Canton region. Changes during the

past six months include: increased availability for methamphetamine; likely increased availability for fentanyl and marijuana; decreased availability for ecstasy; and likely decreased availability for prescription opioids.

While participants reported that the availability of heroin remains high in the region, they discussed finding “pure heroin” (heroin not adulterated with fentanyl) as difficult. Community professionals also noted that heroin is most often adulterated with fentanyl. All respondent groups agreed that powdered heroin is the most available heroin type. Participants discussed that powdered heroin comes in many colors and indicated that if the color is white, the drug is most likely fentanyl, which participants referred to as “china white.” Participants reported black tar heroin as rarely found in the region. BCI crime labs reported that the incidence of heroin cases they process from this region has decreased during the past six months.

Community professionals reported that the availability of heroin has decreased during the past six months as the prevalence of fentanyl has increased. However, treatment providers had difficulty discussing fentanyl, other than as an adulterant for other drugs. Law enforcement discussion indicated that some users are seeking fentanyl. Participants generally did not identify different types of fentanyl analogues, except for a few expressing awareness of carfentanil in the region. Treatment providers reported high current availability of carfentanil and reported that some users are seeking carfentanil. In addition, law enforcement reported on cases of heroin adulterated with carfentanil.

Overall, participants reported that the general quality of fentanyl has decreased during the past six months as more dealers realize how much they can cut the drug to

further increase their profits. Participants and community professionals described typical fentanyl users as heroin users. However, community professionals expressed that fentanyl users are more progressed in their addiction than heroin users.

Participants and community professionals reported that the availability of crystal methamphetamine has increased during the past six months. Participants discussed methamphetamine as more available than heroin; treatment providers said of methamphetamine that it is the drug of choice, while law enforcement commented that crystal methamphetamine is so cheap that it has undercut heroin sales. Reportedly, some heroin users have switched to methamphetamine use due to fears of overdose and death; the drug is also said to alleviate opiate withdrawal symptoms. Treatment providers indicated that some clients receiving Vivitrol® as medication assisted treatment continue to get high with methamphetamine.

Participants and community professionals reported an increase in the availability of marijuana extracts and concentrates (aka “dabs”) during the past six months. Law enforcement discussed that marijuana users who have developed high tolerance to the drug have “graduated” to dabs due to the high potency of these concentrated forms of cannabis. Participants described typical marijuana extract and concentrate users as “hippies,” “ravers” (those who attend dance parties) and young people. Lastly, participants reported that ecstasy and “molly” (powdered MDMA) are often cut with other substances including methamphetamine and methamphetamine is often sold as molly.