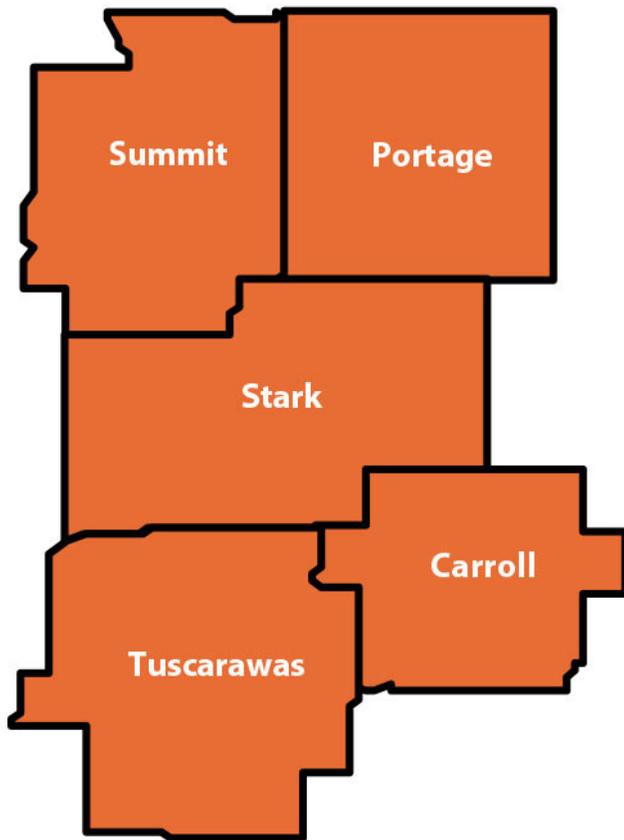




Drug Abuse Trends in the Akron-Canton Region



Data Sources for the Akron-Canton Region

This regional report was based upon qualitative data collected via focus group interviews. Participants were active and recovering drug users recruited from alcohol and other drug treatment programs in Portage, Stark and Summit 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 Summit County Juvenile Court, Ohio Bureau of Criminal Investigation (BCI) and Ohio Department of Public Safety (ODPS), which logs drug task force seizures from across Ohio. All secondary data are summary data of cases processed from January to June 2018. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for July through December 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.

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Regional Profile

Indicator ¹	Ohio	Akron-Canton Region	OSAM Drug Consumers
Total Population, 2017	11,689,442	1,196,014	41
Gender (female), 2017	51.0%	51.3%	63.4%
White, 2017	82.2%	85.2%	87.8%
African American, 2017	12.9%	9.9%	12.2%
Hispanic or Latino Origin, 2017	3.8%	2.1%	0.0%
High School Graduation Rate, 2013-17	89.8%	90.7%	77.5% ²
Median Household Income, 2013-17	\$52,407	\$54,686	\$12,000-15,999 ³
Persons Below Poverty Level, 2017	14.0%	13.82%	56.1%

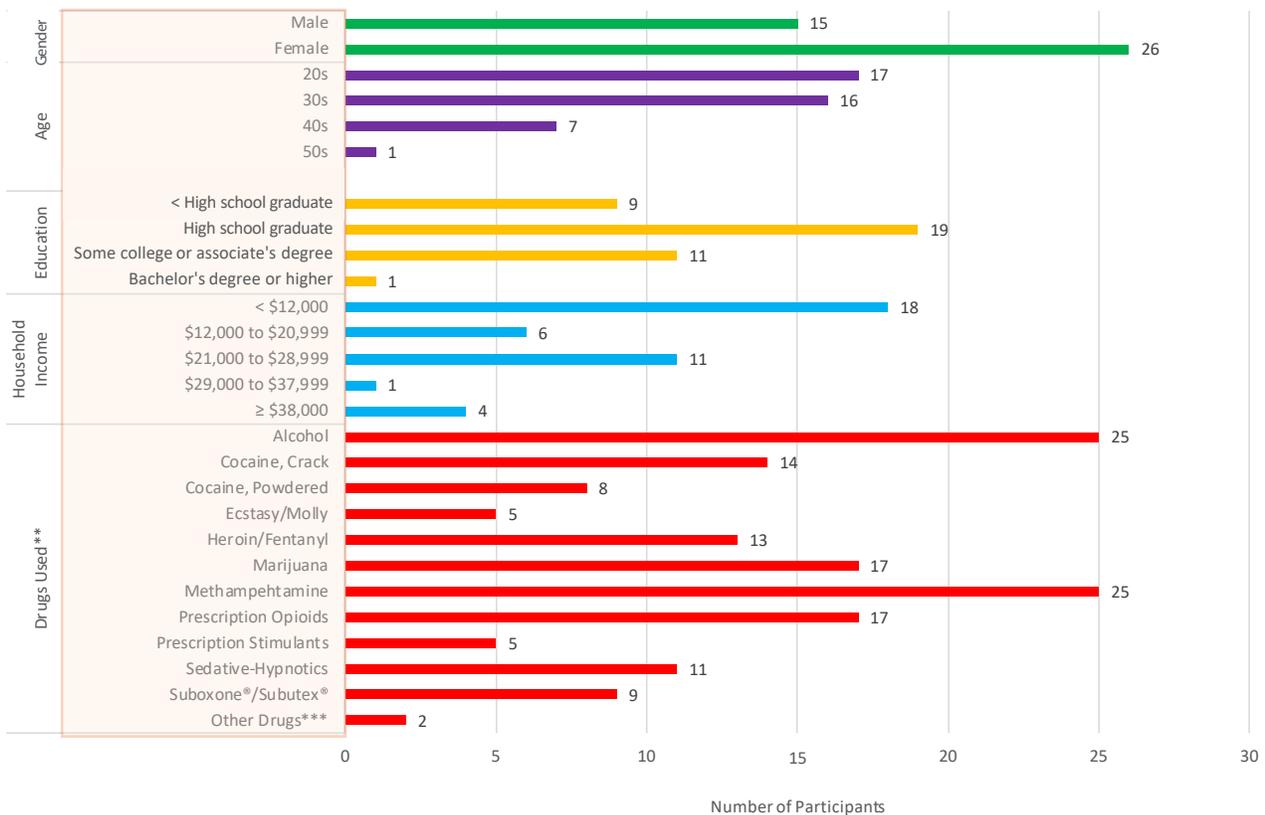
¹Ohio and Akron-Canton region statistics were derived from the most recent US Census; OSAM drug consumers were participants for this reporting period: June 2018 - January 2019.

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

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

Akron-Canton Regional Participant Characteristics

Consumer Characteristics N=41*



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

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

***Other drugs included: psilocybin mushrooms and Neurontin® (gabapentin).

Historical Summary

In the previous reporting period (January – June 2018), crack cocaine, fentanyl, heroin, marijuana, methamphetamine, Neurontin® (gabapentin), powdered cocaine, sedative-hypnotics and Suboxone® (buprenorphine) remained highly available in the Akron-Canton region. Changes in availability during the reporting period included: 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 had remained high in the region, they discussed finding “pure heroin” (heroin not adulterated with fentanyl) as difficult. Community professionals noted that heroin was most often adulterated with fentanyl. All respondent groups agreed that powdered heroin was the most available heroin type in the region. Participants discussed that powdered heroin came in many colors and indicated that if the color was white, the drug was 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 processed from this region had decreased during the reporting period.

Community professionals reported that the availability of heroin had decreased during the reporting period as the prevalence of fentanyl had increased. However, treatment providers had difficulty discussing fentanyl, other than as an adulterant for other drugs. Law enforcement discussion indicated that some users were 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 availability of carfentanil and reported that some users were seeking carfentanil. In addition, law enforcement reported on cases of heroin adulterated with carfentanil.

Overall, participants reported that the general quality of fentanyl had decreased during the reporting period as more dealers realized how much they could 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 were more progressed in their addiction than heroin users.

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

Participants and community professionals reported an increase in the availability of marijuana extracts and concentrates (aka “dabs”) during the reporting period. Law enforcement discussed that marijuana users who had developed high marijuana tolerance had “graduated” to dabs due to its high potency. Participants described typical extract and concentrate users as hippies, “ravers” (those who attend dance parties) and young people.

Lastly, participants reported that ecstasy and “molly” (powdered MDMA) were often cut with other substances including methamphetamine, and methamphetamine was often sold as molly.

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 stated: *“It’s a phone call away; Very easy [to obtain]; I know people who deal it; When I look for ‘crack’ (crack cocaine), I run into people who have ‘coke’ (powdered cocaine); People come up to you and ask, ‘Do you want anything [including powdered cocaine]?”* Treatment providers most often

reported the current availability of powdered cocaine as '5,' while law enforcement most often reported it as '10;' the previous most common scores were '8' and '10,' respectively. One treatment provider remarked, "I don't see a lot of my clients using powdered cocaine." A law enforcement officer noted, "If you want [powdered cocaine], you can find it."

Corroborating data indicated that powdered cocaine is available in the Akron-Canton region. Ohio Department of Public Safety (ODPS) reported seizing 55.9 kilograms (123.2 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. Windham Police (Portage County) arrested a bar employee for trafficking in cocaine, marijuana and for possession of drug paraphernalia; after executing a search warrant of the bar where the man was employed, officers seized cocaine and marijuana (<http://www.wfmj.com>, July 3, 2018). Ohio State Highway Patrol (OSHP) seized 32 grams of cocaine valued at approximately \$6,638 during a traffic stop in Canton (Stark County); OSHP arrested the driver of the car for possession of cocaine (<https://statepatrol.ohio.gov>, Sept. 4, 2018). An Assistant U.S. Attorney indicted eleven people for conspiracy to traffic cocaine and methamphetamine from Texas to Akron (Summit County); several law enforcement agencies in Summit County took part in an investigation that tracked possession with intent to distribute five kilograms of cocaine and 500 grams of methamphetamine (<http://www.justice.gov>, Sept. 13, 2018). OSHP seized five pounds of cocaine estimated to be worth \$91,000 during a traffic stop in Summit County; OSHP charged two drug dealers with felony possession and trafficking of cocaine (<https://www.nbc4i.com>, Oct. 2, 2018).

Participants reported that the availability of powdered cocaine has decreased during the past six months. They discussed: "I don't know anyone that uses 'powder' (powdered cocaine) anymore; Powder has taken a back seat to the other drugs; People's tolerance goes so far ... they go to the next best drug, like 'meth' (methamphetamine) or heroin; Meth is taking over, it's cheaper [than cocaine]; Opiates is the epidemic now; They're bringing less over here. ... [Dealers are] now into the synthetics [like fentanyl and methamphetamine] more than cocaine and marijuana."

Treatment providers reported that the availability of powdered cocaine has remained the same during the past

six months, while law enforcement was not in agreement as to a change of availability. One law enforcement officer stated, "It's trending upwards right now. I believe people are trying to get off the opiates and turning toward the stimulants, meth and cocaine." However, another law enforcement officer stated, "It's supply and demand. There's not the demand [for cocaine] as much as with crystal meth."

Ohio Bureau of Criminal Investigation (BCI) crime labs reported that the incidence of cocaine cases they process from this region has slightly increased 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 consensus
	 Treatment providers	No change

Participants most often rated the current overall quality of powdered cocaine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '2.' Participants observed: "[Quality] depends on where you get it from; People get what they pay for; It's 'stepped on' (adulterated); At the end of the day, it depends, some people have good, some not so good."

Participants discussed adulterants (aka "cuts") that affect the quality of powdered cocaine and reported the top cutting agents for the drug as: baby laxative, baking soda, fentanyl and powdered sugar. Other adulterants mentioned included: energy pills, ibuprofen, MSM (methylsulfonylmethane, a joint supplement), Orajel®, whey protein, Similac®, sleeping pills and vitamin B-12. A participant remarked, "Dealers keep cutting, cutting, cutting." Overall, participants reported that the quality of powdered cocaine decreased during the past six months.

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

Reports of current prices for powdered cocaine were variable among participants with experience buying the drug. Reportedly, the most common quantity of purchase is 1/8 ounce. However, participants explained that users can purchase as little as a small baggie (1/10 gram, aka "point") for \$10, or a half-gram for \$60-80. Participants also reported that users pay a higher price for better quality cocaine. A participant mentioned, *"It depends on what you're looking for, the stronger, the more it costs."* Overall, participants reported that the price of powdered cocaine has decreased during the past six months. A participant stated, *"The reason it's so cheap is 'cause it's so stepped on."*

Powdered Cocaine	Current Prices for Powdered Cocaine	
	A gram	\$40-100
	1/8 ounce (aka "eight ball")	\$100-150
	1/4 ounce	\$250-300
	An ounce	\$1,000-1,200

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 shoot and five would snort the drug. Participants remarked: *"Shooting up is starting to take over; Most keep [intravenous drug use] quiet, you're judged more, it's a dirtier way, but most shoot it."*

Participants and community professionals described typical powdered cocaine users as individuals who abuse alcohol and those of middle to upper socio-economic status. Participants noted: *"It's a bar drug; People with alcohol issues; People who have disposable income."* A treatment provider commented, *"It's still a party drug. There is not the taboo, there's low stigma with cocaine use."* In addition, one law enforcement officer observed, *"Some [powdered cocaine users] are opiate users, trying to get off the opiates."*

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 added: *"It's everywhere; Just a phone call away; In some neighborhoods ... you go for a walk and you get asked, 'Are you partying? Are you messing around?' [Would you like to buy crack cocaine?]; I can't tell how many times someone drove up and offered me crack; There's a lot of new drugs coming in, but people still do crack, there's a market for it; It's intense and cheap."*

Treatment providers most often reported the current availability of crack cocaine as '9,' while law enforcement most often reported it as '7;' the previous most common scores were '10' and '7-8,' respectively. A law enforcement officer mentioned, *"[Crack cocaine is found] more in the cities, Kent or Ravenna [Portage County], in the low-income areas..."*

Corroborating data indicated that crack cocaine is available in the Akron-Canton region. ODPS reported seizing 380.9 grams (0.8 lbs.) of crack cocaine from this region during the past six months.

Participants and law enforcement reported that the availability of crack cocaine has remained the same during the past six months. A participant stated, *"It's been the same the last 20 years, the only difference is that they are selling other drugs with the crack, but they still have the crack."* A law enforcement officer remarked, *"People don't want to buy crack, they are buying powder (cocaine) and to make their own crack..."* Treatment providers reported that the availability of crack cocaine has increased during the past six months. Treatment providers noted: *"People are afraid of overdosing on heroin, so they are switching to anything other than heroin; There are less criminal consequences for dealers to sell crack [than previously]; It's cheap, and easy to get."* BCI crime labs reported that the incidence of cocaine cases they process from this region has slightly increased 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 change
	 Treatment providers	Increase

Participants most often rated the current overall quality of crack cocaine as '4' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '4' and '8'. A participant remarked, "It's garbage." Participants reported that crack cocaine in the region is most often adulterated with baking soda. Other cutting agents mentioned included: baby laxative, fentanyl, heroin, rat poison and sheet rock (dry-wall). Overall, participants reported that the quality of crack cocaine has decreased during the past six months.

Crack 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)  triacetin (triglyceride) 	

Reports of current prices for crack cocaine were reported by participants with experience buying the drug. Reportedly, the most common quantity of purchase is a "\$20 piece" (approximately 1/10-gram piece of crack cocaine). Participants discussed: "They don't really weigh it, they break a piece off a block, 'that looks like a 15' (\$15 amount); We 20 piece ourselves to death (repeatedly buy \$20 pieces throughout any given day)." One participant shared shortage can impact price, stating, "It was crazy for a few months, there was no dope for a while, the prices were high, \$100 a gram." 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	\$60-100
	1/8 ounce (aka "eight ball")	\$100-130

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

Participants described typical crack cocaine users as of lower socio-economic status and over the age of 30 years. Participants stated: "It's very common in public housing or low-income areas; It used to be a black drug, but now it's everybody." Community professionals described typical crack cocaine users as African American, female, older (50 years and older) and of lower socio-economic status. One provider remarked, "I don't see a lot of males represented." Another provider countered, "I've seen it cut across to Caucasians and African-American males." Law enforcement noted: "People who make less income; When you piece it out, crack is cheaper; Low-income housing; It seems like the older generation, people in their 50s and 60s."

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'. Participants commented: "A lot of [heroin] is coming from Detroit [Michigan]; My kids in school tell me how much it's in the school ... passing [heroin] in the hallway." While the consensus among participants was that heroin is highly available, many participants clarified that what is available are heroin-fentanyl mixtures and fentanyl sold as heroin. They observed: "[Unadulterated] heroin is not around anymore; If I want pure heroin, I'd be going to Cleveland [Cuyahoga County] or Columbus [Franklin County]; I think I'm getting heroin ... it was fentanyl; You have to test it to really know (to determine if fentanyl)."

Community professionals shared the view that unadulterated heroin is difficult to obtain. Thus, treatment providers most often reported the current availability of heroin as '2' and '5'; while law enforcement most often reported it as '3'; the previous most common scores were '6' and '10', respectively. Treatment providers commented: "It's still available; It's still easy to find, but a smart person will

be asking, 'Is there fentanyl in it?'" Law enforcement shared: "It's hard to say, no one wants plain old heroin, everyone wants the mix, or straight fentanyl; The task force has not purchased or even seen heroin [not adulterated with fentanyl] in months now. It's out there, but we don't typically see it."

Corroborating data indicated that heroin is available in the Akron-Canton region. ODPS reported seizing 43.6 kilograms (96.0 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. Canton Police (Stark County) went to a home to apprehend a woman on outstanding warrants and arrested four people after identifying heroin and syringes in plain view; charges included being in a place where controlled substances are used, heroin possession and possession of drug paraphernalia (<https://www.cantonrep.com>, July 3, 2018). Stark County Sheriff's deputies charged a couple with child endangering after they overdosed on heroin on a sidewalk while their baby was in the backseat of their car (<https://www.nbc4i.com>, Aug. 16, 2018). Responding to a call about reckless driving on Interstate 77 in Stark County, OSHP arrested an intoxicated 19-year-old man; officers pulled the reckless driver over and found four hypodermic needles and heroin in the man's car (<https://www.cantonrep.com>, Aug. 19, 2018). Canton Police Special Investigations Unit raided five houses in Canton seizing approximately 400 grams heroin, 71.9 grams marijuana, 33.8 grams methamphetamine, 14 grams of crack cocaine, 11 grams of an unknown substance, two bags of Rizzy (a floral preservative and known cutting agent for heroin and fentanyl), \$4,430, three semi-automatic pistols and ammunition; three people were arrested on a string of drug trafficking and possession charges (<https://www.cantonrep.com>, Aug. 20, 2018). An Assistant U.S. Attorney indicted eight people for trafficking heroin and methamphetamine from California to Akron; several law enforcement agencies in Summit County took part in the investigation (<http://www.justice.gov>, Sept. 19, 2018).

While many types of heroin are currently available in the region, participants and community professionals continued to report powdered heroin as most available. Participants described powdered heroin as often tan or brown in color ("kind of like sand") and chunky in texture. A participant stated, "You have to bust it down to powder." A law enforcement officer commented, "It's always white or tan powder."

Participants and law enforcement discussed black tar heroin and reported that this type of heroin remains low in availability in the region. Participants most often reported the current availability of black tar heroin as '2,' while law enforcement most often reported it as '1' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were '1' for participants and not reported for law enforcement. Participants remarked: "'Tar' (black tar heroin) comes in phases; I can get tar, but it's not as common; I've never seen tar." However, one law enforcement officer noted, "We just got some recently."

Participants and community professionals reported that the availability of heroin has decreased during the past six months. Participants commented: "People are switching to methamphetamine; A lot of [dealers] are getting busted (arrested). When people are busted, [availability] gets dry." A treatment provider observed, "They are looking for heroin but finding fentanyl." A law enforcement officer added, "If we see heroin, it's usually fentanyl."

BCI crime labs reported that the incidence of heroin cases they process from this region has increased during the past six months; the labs reported processing beige, blue, brown, gray, purple, tan and white powdered heroin as well as black tar heroin.

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

Participants most often rated the current overall quality of heroin as '5-6' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '5.' Participants confirmed: "You can't put a number on it. From where it comes from to the user, it keeps getting 'stomped on' (adulterated); They tend to stomp on it four to five times." However, one participant noted, "Everyone who sells heroin has different quality." Participants discussed adulterants (aka "cuts") that affect the quality of the drug and reported that the top cutting agent for heroin remains fentanyl. A participant stated, "Fentanyl is taking over."

Treatment providers also discussed fentanyl as a cut for heroin. They said: *"It's cheaper to cut it with fentanyl, and you get more bang for your buck; In their mind, they can handle it, and there's Narcan® (naloxone, opiate overdose reversal medication) available [if they overdose]."*

Additional cuts mentioned for heroin included: aspirin, baby laxative, brown sugar, cocaine, cocoa powder, lidocaine (local anesthetic), powdered sugar, prescription opioids (Percocet®), sedative-hypnotics (Xanax®), sleep aids and vinegar. Overall, participants reported that the quality of heroin has decreased during the past six months.

Heroin	Cutting Agents Reported by Crime Lab
	<ul style="list-style-type: none"> ● 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 variable among participants with experience purchasing the drug. Reportedly, the most common quantity of purchase is 1/10 gram (aka "point"). Participants discussed that the price of heroin varies depending on quality and that heroin is purchased for lower prices in cities. Participants shared: *"The real stuff is \$180 a gram; If you go to Cleveland or Akron, you can get heroin for \$20 a gram all day, \$80 a 'ball' (1/8 ounce, aka 'eight ball')."* Overall, participants indicated that the price of heroin has remained the same during the past six months.

Heroin	Current Prices for Heroin	
	Powdered:	
	1/10 gram (aka "point")	\$10-20
	1/2 gram	\$40-60
	A gram	\$80-140

While there were a few reported ways of using heroin, generally, the most common route of administration remains intravenous injection (aka "shooting"). Participants estimated that out of 10 heroin users, nine would shoot and one would snort the drug. Participants commented: *"You only snort it for so long; Everyone will eventually shoot it; Smoking, it's a waste."*

Participants described typical heroin users as white, middle class and young (aged 20s and 30s). Participants stated: *"Kids are doing it younger and younger; White people, in their 20s to early 30s."* Community professionals did not identify characteristics of a typical heroin user. Treatment providers remarked: *"It does not discriminate; If parents were users, the children will be users; It can be any group."*

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 noted: *"It's taking over; A lot of people prefer it to heroin; When you try to get heroin, most of the time it's fentanyl, or mixed with it; Some do fentanyl, it's all they could find."* Treatment providers most often reported the current availability of fentanyl as '8-9'; the previous most common score was '9.' Treatment providers commented: *"It's available, even though most people are not seeking it out; I've had only one client who uses only fentanyl, most are using a mixture of fentanyl and heroin."* Law enforcement most often reported the current availability of fentanyl as '9'; the previous most common score was '10.' Law enforcement observed: *"It's on every corner; Everybody's got it."*

Corroborating data indicated that fentanyl is available in the Akron-Canton region. ODPS reported seizing 1,092.4

grams (2.4 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. Akron Police conducted a traffic stop and arrested a man for having a suspended license; when the officer released the man from the back of his police cruiser, he found a small bag containing a white powdered substance which field testing showed to be fentanyl; the officer issued an arrest warrant for the man (<https://www.ohio.com>, Aug. 10, 2018). Portage County Sheriff's Office reported investigating a potential overdose in the Portage County Jail; two separate cells tested positive for the presence of fentanyl and methamphetamine (<https://fox8.com>, Dec. 10, 2018). Participants and community professionals generally did not identify different fentanyl analogues as present in the region, except for those expressing awareness of carfentanil. A participant stated, "Carfentanil, people don't really know it's mixed with fentanyl."

Participants most often reported that the availability of fentanyl has increased during the past six months. Participants remarked: "You don't have to be a fentanyl user to find it, they are putting it in everything; People's tolerance has gotten so high, they are looking for a better high [and turning to fentanyl]; It's cheap; People prefer fentanyl, so they know what they are shooting up, when it's mixed with heroin, they don't know the mix." Some participants disagreed and reported a decrease in availability during the past six months. These participants shared: "People are getting afraid of [overdosing on fentanyl]; Fentanyl is killing people and dealers don't want that falling back on them."

Treatment providers reported that the general availability of fentanyl has remained the same during the past six months, while law enforcement reported decreased availability. Treatment providers noted: "It's stabilized. More are moving to meth; It was never a heroin epidemic, it was an opiate epidemic." Law enforcement commented: "The market is flooded with meth and they are combatting opiate addiction with stimulants, so they don't get the withdrawal; Some dealers don't want to mess with that fentanyl because of the deaths. They can be charged with manslaughter; All opiates are going down, including fentanyl." BCI crime labs reported that the incidence of fentanyl and fentanyl analogue cases they process from this region has remained the same during the past six months, while the incidence of carfentanil cases has decreased.

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

Participants most often rated the current overall quality of fentanyl as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '10.' Participants observed: "It's hit or miss; It's tricky, it can be fentanyl, carfentanil ... it's unpredictable. From the same bag you get three hits, and each is totally different; The guy with the most customers has the best quality; Everyone's dying from it, [quality] must be '10.'"

Participants discussed adulterants (aka "cuts") that affect the quality of the drug and reported the top cutting agents for fentanyl as brown sugar and powdered sugar. Additional cuts mentioned included: baby formula, beef bouillon, carfentanil, cocaine, coffee creamer, heroin, sleeping pills and table sugar. Participants added: "You can have a lot of cut with powdered sugar, and you're still going to get high; You can take one gram [of fentanyl], and put 10 grams of cut in it, and you still get high; Most of [fentanyl] is at least mixed with heroin; They cut it with cocaine to keep you alive. If you're dead, they can't make any money off you." Overall, participants reported that the quality of fentanyl has remained the same during the past six months.

Reports of current prices for fentanyl were consistent among participants with experience purchasing the drug. Reportedly, the most common quantity of purchase is a gram. Overall, participants indicated that the price of fentanyl has decreased during the past six months. One participant remarked, "It's easier to get than heroin, so they lowered the price."

Fentanyl	Current Prices for Fentanyl	
	1/10 gram	\$10-20
	1/2 gram	\$40-60
	A gram	\$80-100

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, nine would shoot and one would snort the drug. Participants discussed: *“It depends on who you hang with; The older crowd snorts, the younger crowd shoots it; If they snort, it’s not for long [before progressing to injecting].”*

Participants described typical fentanyl users as white, middle class and young (aged 20s to 40s). Participants explained: *“Same as who uses heroin; Suburbanites; More white people; But it’s starting to be black people doing it.”* Community professionals described typical fentanyl users also as middle class and young (aged late teens to early 30s). Treatment providers stated: *“Many started with heroin in high school, and their tolerance is so high in their 20s, they are seeking the stronger opiate; High risk takers.”*

Prescription Opioids



Prescription opioids 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.’ Participants remarked: *“I can get 100 of them today; Like buying a pack of cigarettes; There’s Vicodin® on every door-step; They are easy to find, but no one wants to pay the high prices.”* Treatment providers and law enforcement most often reported the current street availability of prescription opioids as ‘7’; the previous most common scores were ‘7’ and ‘5,’ respectively. A treatment provider noted, *“It’s available, if you have the money.”* Law enforcement commented: *“People are still getting prescribed pain meds, but on the streets, availability is low; We don’t see too many cases anymore.”* Participants and community professionals identified Percocet® and Vicodin® as the most popular prescription opioids in terms of widespread illicit use.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. OSHP conducted a traffic stop on the Ohio Turnpike in Summit County, criminal indicators led officers to search the stopped vehicle with the aid of a K-9 officer; OSHP seized 176 oxycodone pills worth \$5,750 and arrested two men

for possession and trafficking in a schedule II-controlled substance (<http://www.statepatrol.ohio.gov>, July 16, 2018). A U.S. District judge barred an Akron doctor from seeking a Controlled Substances Act registration or applying for a medical license to practice osteopathic medicine and surgery anywhere in the United States after the doctor was found to be selling prescription opioids without any apparent medical need, including selling 50 Percocet® for \$500 to an undercover DEA (Drug Enforcement Administration) officer (www.cleveland.com, Oct. 26, 2018).

Participants and community professionals reported that the street availability of prescription opioids has decreased during the past six months. Participants discussed: *“The regulations, the laws are changing; They’re tightening up in pain management; Doctors are cracking down on the ‘scripts’ (prescriptions), you can’t go doctor shopping no more; Regular doctors can only give seven days’ worth.”* Treatment providers observed: *“Doctors are giving them out less; There’s more restrictions in pain management.”* However, one treatment provider added, *“Then there’s the dentists, they are more likely to prescribe.”*

BCI crime labs reported that the incidence of hydrocodone (Vicodin®) and tramadol (Ultram®) cases they process from this region has increased during the past six months, while the incidence of oxycodone (OxyContin®, Percocet®) and morphine cases has decreased. BCI labs 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	Decrease
		Treatment providers	Decrease

Reports of current street prices for prescription opioids were consistent among participants with experience buying the drugs. Reportedly, the majority of prescription opioids sell for \$1-2 per milligram. Overall, participants indicated that the price of prescription opioids has increased during the past six months. One participant remarked, *“Less available, more expensive.”*

Prescription Opioids	Current Street Prices for Prescription Opioids	
	Dilaudid®	\$8-15 for 4 mg \$16-25 for 8 mg
	morphine	\$10-12 for 10 mg
	Opana®	\$40-80 for 40 mg
	Percocet®	\$5-10 for 5 mg \$12-18 for 10 mg
	Roxicodone®	\$20 for 15 mg \$40 for 30 mg
	Ultram®	\$1-2 for 10 mg
	Vicodin®	\$5 for 7.5 mg \$7-8 for 10 mg

Participants reported obtaining prescription opioids for illicit use from drug dealers, doctors, individuals who sell their prescription medications, individuals who steal these medications and through Internet purchase. Participants shared: *“From people with conditions that allows them to get these drugs; People sell their scripts to supplement their income or to support another habit; As easy as going to the doctor and asking for it; If you can get some [prescribed], they are more worth selling than using, you can then get something more powerful; Steal them from people who actually need them; People at hospitals (nurses, doctors) are able to sneak it out; You can get them on the dark web (websites operated by criminal enterprises).”* In addition, participants also reported that individuals are pressing fentanyl into pill form to look like prescription opioids. A participant commented, *“A lot of people are pressing their own pills, cutting them with fentanyl!”*

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 and three would intravenously inject (aka “shoot”) the drugs. However, participants explained users are more likely to shoot Dilaudid® and Opana®. Participants commented: *“You can still break them [Opana®] down to shoot; You can shoot [Dilaudid®], you get a big rush, right away.”*

A profile of a typical illicit prescription opioid user did not emerge from the data. However, a few participants described typical illicit users as older (late 40s and older).

A participant stated, *“They are more available to older people.”* Other participants commented: *“People with prescriptions, they abuse them, then they start heroin and sell their scripts; Now it’s used by every group; All across the board.”*

Suboxone®



Suboxone® (buprenorphine) 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 noted: *“Very easy to find; You can get Suboxone® as easy as you get fentanyl; They get so many a month and don’t need them ... they get two a day, and take only half and sell the rest.”* Generally, participants reported that both Suboxone® filmstrips (aka “strips”) and pills are available in the region. One participant observed, *“Doctors ask if you prefer strips or pills.”* Some participants reported that the strips are more difficult to find and more sought after than pills. Participants added: *“Strips last longer and are easier to shoot than pills; My insurance would not cover strips.”*

Treatment providers most often reported the current street availability of Suboxone® as ‘8’, while law enforcement most often reported it as ‘3’; the previous most common scores were ‘9’ and ‘7-8’, respectively. A treatment provider mentioned, *“People are getting too many prescribed, they sell their prescriptions.”* One law enforcement shared, *“It’s not often we have a case where [users with legitimate Suboxone® prescriptions] are selling it to us.”*

Participants and treatment providers reported that the street availability of Suboxone® has increased during the past six months. Participants explained: *“Treatment centers are giving it out more; They labeled the drug crisis as a certain kind of crisis, so they are trying to get people off of he oin and pills, so they substitute [with Suboxone®]; All you have to do is tell a doc you have a problem and they will prescribe Suboxone®.”* Treatment providers stated: *“Availability is definitely up, especially in the jail; Clients are selling their prescribed Suboxone®; Some use it just to keep from [withdrawal].”* 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	Increase
	 Law enforcement	No comment
	 Treatment providers	Increase

Reports of current street prices for Suboxone® were consistent among participants with experience buying the drug. Participants reported that the filmstrips are more expensive because they last longer, are easier to shoot and are harder to find due to supply and demand. A couple participants indicated that if a user bought a person’s whole prescription, they would pay \$10 per 8 mg filmstrip or pill, otherwise an 8 mg filmstrip or pill sells for \$15-25. In addition, a participant remarked, “[Suboxone® is] huge in prison, one-eighth of a strip goes for \$20. Most people don’t know, but if you use a small amount, you get high.”

Participants reported obtaining Suboxone® from doctors, treatment centers and from other users who have a prescription for the drug. Participants noted: “Treatment centers are giving it out more; People get Suboxone® to sell to support their heroin habit.” Participants reported that the most common routes of administration for illicit use of Suboxone® are oral consumption (sublingual) followed by intravenous injection (aka “shooting”). Out of 10 illicit Suboxone® users, five would use sublingually, three would shoot and two would snort the drug. One participant commented, “People in prison snort them.” Participants and community professionals described typical illicit Suboxone® users as opiate users, or as one treatment provider stated, “chronic relapsers.”

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 stated: “People are always trying to sell it; The market is flooded with them; If people can’t find the other drugs, they’ll use [benzodiazepines] as a backup, they’re very easy to find.”

However, participants in Summit County reported that many of the sedative-hypnotics found on the street are not the pharmaceutical sedatives. These participants remarked: “It’s hard to get the real Xanax®, they are getting the fake ones; The fake ones can be anything; They give out Buspar® instead of Xanax®; A lot of them are pressed now, they get the powder online and press the pill; In the past two years, I only found three ‘scripts’ (prescriptions) of real Xanax® on the streets; I’ve seen someone die off a bar’ (Xanax® 2 mg, aka ‘xanie bar’). It was fentanyl!”

Treatment providers most often reported the current street availability of sedative-hypnotics as ‘6-7’; while law enforcement most often reported it as ‘3’; the previous most common scores were ‘7’ and ‘7-8’; respectively. A treatment provider noted, “I don’t know about getting them on the streets, most are just getting them prescribed.” Law enforcement commented: “They are always in the mix [with other drug use]; They are there, yes, but we don’t see it that often.”

Participants identified Xanax® and Valium® as the most available sedative-hypnotics in terms of widespread illicit use. Community professionals identified Xanax® as most available. Participants and treatment providers reported that the general availability of sedative-hypnotics has remained the same during the past six months, while law enforcement reported decreased availability. One law enforcement officer concluded, “Prescribed medications across the board have declined significantly.”

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

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

Reports of current street prices for sedative-hypnotics were consistent among participants with experience buying the drugs. Participants discussed: *“The more you buy, the cheaper they are; When the dealers don’t have the Vicodin® or pain killers, they’ll sell you two of the ‘xanies’ (Xanax®) for the same price”*. Overall, participants reported that the price of sedative-hypnotics has increased during the past six months.

Sedative-Hypnotics	Current Street Prices for Sedative-Hypnotics	
	Ativan®	\$1-2 for 1 mg
	Klonopin®	\$1.50-2 for 1 mg
	Valium®	\$0.50 per milligram
	Xanax®	\$2-3 for 1 mg \$5-8 for 2 mg

Participants reported obtaining sedative-hypnotics for illicit use from drug dealers, doctors, individuals being treated with the drugs and through Internet purchase. Participants mentioned: *“Some ‘dope boys’ (drug dealers) have them, people trade their scripts for dope; It’s not hard to get them prescribed, just say, ‘I got anxiety;’ From the Internet, the market is flooded with them.”*

The most common route of administration for illicit use of sedative-hypnotics is oral consumption. Participants estimated that out of 10 illicit sedative-hypnotics users, six would orally consume and four would snort the drugs. Participants shared: *“You chew them; Dissolve in wine; [Route of administration] depends on how quick you want to get high.”*

Participants described typical illicit sedative-hypnotics users as drug dealers, females and individuals who abuse alcohol and/or opiates. Participants commented: *“Dope boys like Xanax®; Addicts, it helps get over ‘dope sickness’ (withdrawal symptoms); Especially the females, they have more anxiety; Alcoholics, to help with hangovers.”* However, some participants disagreed, stating: *“Across the board; Pills don’t have boundaries; All ages, all groups.”* Community professionals described typical illicit sedative-hypnotics users as other substance users. Treatment providers discussed: *“People with a history of alcohol abuse have Xanax® in their history; Stimulant users use it to come down; Some like the combined effect.”* A law enforcement officer added, *“It seems like when you run into ‘meth addicts’ (methamphetamine users), they have xanie bars.”*

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 stated: *“It’s always easy to find; it’s not shocking to walk by someone, and smell ‘weed’ (marijuana); I can get a contact high [from second-hand exposure] just walking out the door.”* Treatment providers remarked: *“Nine out of 10 clients smoke weed; Everyone smokes weed; It’s legal in their minds.”* Law enforcement noted: *“Anyone in the drug world typically uses marijuana and has easy access to it; It’s flooding in from Colorado, California, Washington and Oregon ... and it’s not cheap; There’s more and more cartridges for vapor pens, with straight THC (tetrahydrocannabinol, the psychoactive ingredient of marijuana), a company was selling them openly, didn’t even know it was illegal.”*

Corroborating data indicated that marijuana is available in the Akron-Canton region. ODPS reported seizing 505.8 kilograms (1,115.1 lbs.) of marijuana from this region during the past six months. In addition, Summit County Juvenile Court reported that of the 935 cannabis (marijuana) tests it performed during the past six months, 37.2% were positive.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Akron Police (Summit County) arrested a robbery victim after determining he was a drug dealer; police seized \$12,000, 422 grams of marijuana, two handguns and three cell phones from the burglar; police seized two handguns, a digital scale, crack cocaine and two jars of marijuana from the victim’s house; the victim (owner of the house) was charged with trafficking in marijuana, trafficking in cocaine and possession of drug paraphernalia and weapons (<https://www.cleveland.com>, Aug. 8, 2018). Canton vice officers (Stark County) arrested a man after executing a search warrant at his home, finding a small amount of marijuana, a rifle and a handgun (<https://www.cantonrep.com>, Aug. 30, 2018). Akron police raided an herbal drug store where they seized marijuana, cocaine and a handgun; police arrested the clerk for drug trafficking (<https://www.ohio.com>, Aug. 30, 2018).

Participants and community professionals also discussed current availability of high-grade marijuana extracts and concentrates, often appearing as oil and waxy forms of the drug (aka “dabs”). Participants most often reported the current availability of marijuana extracts and concentrates as ‘10’. Participant comments included: “A lot more people are doing [dabs]; People know how to make [dabs].” Treatment providers reported not having a lot of knowledge of marijuana extracts and concentrates; however, providers with knowledge most often reported current availability as ‘5-6’, while law enforcement most often reported it as ‘8’.

Participants reported that the availability of marijuana and marijuana extracts and concentrates has increased during the past six months. Participants commented: “With it being legal in other states, it’s easier to get here; People are growing their own; It’s the new trend, everyone is doing dabs; Now the equipment to smoke [dabs] is much more available; It’s more convenient to put it in a dab pen.” Treatment providers reported that the availability of marijuana and marijuana extracts and concentrates has remained the same during the past six months. One treatment provider concluded, “It’s the constant, everything else goes up and down, but marijuana always stays the same.” Law enforcement reported that the availability of marijuana has increased or remained the same during the past six months, while the availability of marijuana extracts and concentrates has increased. Law enforcement observed: “It’s gotten more prevalent as we approach medical marijuana; It’s always been there, readily available; Any one into drugs will have marijuana.” A law enforcement officer said regarding dabs, “They like it, you smoke and you’re high right away.”

BCI crime labs reported that the incidence of cannabis (including edible cannabis) cases they process from this region has increased during the past six months, while the incidence of concentrated THC (tetrahydrocannabinol oils, dabs) cases they process from this region has remained the same.

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

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’. Participants explained: “I hit it one or two times, I’m high for the day; I’ve never smoked bad dabs.” One law enforcement officer added, “If it comes from a dispensary from Michigan, it’s high grade.” Overall, participants indicated that the quality of marijuana has increased during the past six months. A participant emphasized, “‘Pot’ (marijuana) has gotten way better.”

Reports of current prices for marijuana were provided by participants with experience buying the drug. Reportedly, the most common quantity of purchase for marijuana is 1/4 ounce; the most common quantity of purchase for marijuana extracts and concentrates is a gram. Overall, participants reported that the price of marijuana has increased during the past six months. One participant remarked, “The prices are ridiculous.”

Marijuana	Current Prices for Marijuana	
	Low grade:	
	A blunt (cigar) or a gram	\$5
	1/8 ounce	\$20
	1/4 ounce	\$25-50
	An ounce	\$60-120
	High grade:	
	A blunt (cigar) or a gram	\$10-20
	1/8 ounce	\$35-40
	An ounce	\$120-250
	Extracts and concentrates:	
A dab	\$10	
A gram	\$50-85	

While there were a few reported ways of consuming marijuana, generally the most common route of administration remains smoking. Participants estimated that out of 10 marijuana users, all 10 would smoke or vape (inhale and exhale the vapor produced by an e-cigarette or similar device) 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 described typical users as anyone, users of other drugs and drug dealers; however, they indicated younger people as typical marijuana extracts and concentrates users. Participants discussed: *"Eighty percent of Americans smoke weed; Dealers smoke weed instead of shooting dope; People who use cocaine will use dabs to come down; You hear [dabs] constantly now with teenagers."* A treatment provider shared, *"Anyone into drugs will have marijuana."* A law enforcement officer explained, *"Dab users are young kids, in the wealthier part of town. You need the right equipment to use it."*

Methamphetamine



Methamphetamine 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 stated: *"'Crystal' (crystal methamphetamine) is everywhere; The majority is the Mexican cartel 'speed' (methamphetamine); It's mostly 'ice' (crystal methamphetamine); [Powdered methamphetamine is] there, not the same as ice; I can always make [powdered methamphetamine]."* However, some participants disagreed with the reports of current availability of powdered methamphetamine, with one participant stating, *"[Powdered methamphetamine is] non-existent these days."* Treatment providers' comments on the current availability of methamphetamine included: *"[Methamphetamine is] coming back because of the fear of fentanyl [overdose and death]; In the Portage County jail, all the men are meth users; At intake, somebody had [methamphetamine] in their shoe, they had it in jail."*

Corroborating data indicated that methamphetamine is available in the Akron-Canton region. ODPS reported seizing 160.2 kilograms (353.3 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. Alliance Police (Stark County) dismantled a methamphetamine lab and arrested two men for the illegal manufacture of drugs, possession of chemicals for the manufacture of drugs and possession of drug paraphernalia; officers seized three grams of methamphetamine and an undisclosed amount of pseudoephedrine (precursor of

methamphetamine) (<https://www.cantonrep.com>, July 13, 2018). Akron Police (Summit County) conducted a traffic stop and seized more than a half ounce of methamphetamine, two digital scales and 400 little plastic bags often used to sell street drugs; officers arrested the driver for trafficking methamphetamine (<https://www.ohio.com>, Aug. 10, 2018). Alliance Police conducted a traffic stop and seized methamphetamine and a beer being consumed by a minor; police arrested and charged the driver with felony drug possession, selling or furnishing beer to a minor and consumption of alcohol in a motor vehicle (<https://www.cantonrep.com>, Aug. 28, 2018). Akron Police raided a residence and seized a kilogram of methamphetamine, 14 guns, various ammunition, more than \$7,000 and recovered stolen body armor; police charged two people for conspiracy to possess with intent to distribute methamphetamine and possession of firearms in furtherance of drug trafficking crimes (<https://www.news5cleveland.com>, Sept. 12, 2018). Massillon Police (Stark County) arrested a woman after finding a glass pipe and methamphetamine on her person; officers charged the woman with aggravated drug trafficking, aggravated drug possession and possession of drug paraphernalia (<https://www.dispatch.com>, Oct. 31, 2018). Alliance Police conducted a traffic stop and seized 33 grams of methamphetamine from one man and a small amount of methamphetamine, a pipe and a digital scale from another man; police arrested the men for aggravated drug trafficking, drug possession and possession of drug paraphernalia (<https://www.cantonrep.com>, Nov. 8, 2018). OSHP conducted a traffic stop and seized 1.5 pounds of methamphetamine; police arrested two women for aggravated drug trafficking (<https://www.cantonrep.com>, Nov. 14, 2018). Law enforcement and OSHP in Jackson Township (Stark County) conducted a traffic stop and seized over 10 grams of crystal methamphetamine, a scale containing drug residue, nearly a gram of marijuana, six cut straws (for ingesting the drug), four glass smoking pipes and two syringes; officers arrested two men for aggravated drug trafficking, drug possession and possession of drug paraphernalia (<https://www.ohio.com>, Dec. 10, 2018).

Participants reported that methamphetamine is available in crystal and powdered forms throughout the region. However, they indicated crystal methamphetamine as the more prevalent form in the region. A participant stated, *"There's not a lot of 'shake' (powdered methamphetamine, aka 'shake-and-bake') out there, with the flood of ice."* Law

enforcement also reported crystal methamphetamine as "very prevalent," while indicating low presence of powdered methamphetamine. Law enforcement noted: "People don't want to take the chance where they can get a felony 2 or a felony 3 making [powdered methamphetamine]; The crystal is better quality, and very cheap ... one-third the cost of powder; I haven't seen shake-and-bake in well over a year; We've seen one [methamphetamine] lab in the past year."

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 agreed: "It's very easy to make; Anyone can make it."

Participants and law enforcement reported that the availability of crystal methamphetamine has increased during the past six months, while the availability of powdered methamphetamine has decreased. Participants commented: "[Crystal methamphetamine is] cheaper than weed around here, and you get higher, quicker; You can buy it anywhere; They are cracking down on heroin, so the Mexican [drug cartels] brought a bunch of meth in; That's how I started to get off heroin.... We want to get high, but we don't want to die [of an opiate overdose]; [Powdered methamphetamine] is risky if you get caught [making it], and it's hard to get the materials [necessary to make shake-and-bake]." A law enforcement officer added, "It used to be heroin, heroin, heroin, then fentanyl, fentanyl, fentanyl, now it's [crystal] meth."

Treatment providers reported that the overall availability of methamphetamine has increased during the past six months. They observed: "I've seen much more of the stimulant type users [enter treatment]; Some have overdosed on opiates and won't go back; Most use it as a maintenance drug, to stay off heroin, others use it to manage withdrawal; It balances the opiates out, so they are able to function; People on Vivitrol® (medication-assisted treatment, MAT) report relapsing on meth because you can get high on meth [while receiving MAT]." BCI crime labs reported that the incidence of methamphetamine cases they process from this region has increased during the past six months.

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

Participants most often rated the quality of crystal methamphetamine as '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score overall for methamphetamine was '7' and '10'. However, participants mentioned that quality is variable in the region: "It depends on what kind of ice you're getting. If you get imported out of the country, it's good, but if you get that Raid® (methamphetamine made with Raid® insecticide, also known as 'wasping'), it's bad; People take acetone, freeze it, looks like ice, and they sell it; It's not pure, it's the jambalaya of drugs; You can't tell if it's garbage or not 'til you use it."

Participants discussed adulterants (aka "cuts") that affect the quality of methamphetamine and reported the following cutting agents for the drug: bug spray, fentanyl, "molly" (powdered MDMA), MSM (methylsulfonylmethane, a joint supplement) and vitamin B-12. Participants shared: "There's a lot of cutting agents; They can rock up some shit, you wouldn't know; They are cutting the meth with molly." A participant explained a method to get high that involves bug spray; reportedly, users spray wasp killer on electric wires and use the resulting vapors and crystals to get high, either combined with methamphetamine or substituted for methamphetamine (aka "Raid® dope" or "wasping"). Overall, participants reported that the quality of methamphetamine has decreased during the past six months. One participant remarked, "The quality is way down."

Methamphetamine	Cutting Agents Reported by Crime Lab
	<ul style="list-style-type: none">  dimethyl sulfone (DMSO; 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 a gram. Participants reported that the price of methamphetamine varies depending on the quality of the drug and where it is purchased. Participants explained: *"You can pay a lot more if it's good; You can go to Akron and buy a gram for \$20, then sell half-grams for \$40 in Ravenna [Portage County]."* A law enforcement officer confirmed, *"In Summit County, meth is the cheapest ... two or three counties over, it's twice as expensive ... a pound goes for \$9,000 in West Virginia A lot of Akron people go to West Virginia to sell their dope, and they make some really good money."* Overall, participants reported that the price of crystal methamphetamine has decreased during the past six months. One participant remarked, *"[Crystal methamphetamine is] really cheap, and getting cheaper."*

Methamphetamine	Current Prices for Methamphetamine	
	Crystal:	
	A gram	\$20-50
	1/8 ounce	\$50-80
An ounce	\$300-500	

Participants reported that the most common route of administration for methamphetamine remains 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 stated, *"Each way makes you feel different."*

A profile for a typical methamphetamine user did not emerge from the data. Participants described methamphetamine use as common among all groups of people: *"Everybody; It does not discriminate; It used to be a white drug, not anymore; A lot of people use it to go to work; A lot of people are trying to get off opiates [and switching to methamphetamine], it's how I got off opiates."* Community professionals described typical methamphetamine users as people in their 20s and individuals seeking an alternative to opiates. A law enforcement officer added, *"A lot are trying to combat their opiate addiction. Others just use it because it's there ... it's so readily available."*

Prescription Stimulants

Prescription stimulants remain available for illicit use in the region. Participants most often reported the current street availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. Participants stated: *"If you have kids, it's real easy [to obtain a prescription for stimulants]; I know a lot of people who use [prescription stimulants] if they can't find meth ... but meth is so easy to find."*

Treatment providers most often reported the current street availability of prescription stimulants as '5-6'; the previous most common score was also '5-6'. Law enforcement most often reported current street availability as '2'; the previous score was '4' and '7'. A law enforcement officer remarked, *"Very seldom do we see Adderall® or buy it. We hear about it, usually someone's prescription they are trying to sell to make a little extra money."*

Participants identified Adderall® and Vyvanse® as the most available prescription stimulants in terms of widespread illicit use. Community professionals identified Adderall® as most available. Participants did not agree on a change of availability for prescription stimulants during the past six months. Participants who reported increased street availability commented: *"They are giving it to kids more and more; More kids are getting diagnosed."* Community professionals reported that the street availability of prescription stimulants has remained the same during the past six months. BCI crime labs did not report any cases of amphetamine (Adderall®) or methylphenidate (Ritalin®) for this region during the past six months, and very few cases of lisdexamfetamine (Vyvanse®).

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

Reports of current street prices for prescription stimulants were consistent among participants with experience buying the drugs. One participant observed, *"XRs (Adderall® XR) are cheap, a couple dollars."*

Prescription Stimulants	Current Street Prices for Prescription Stimulants	
	Adderall®	\$2-3 for 10 mg \$4-6 for 30 mg

Participants reported obtaining prescription stimulants for illicit use from doctors and individuals who sell their prescriptions. Participants confirmed: *“Doctors are prescribing Adderall® to kids left and right; A lot make it up that their kids have ADHD (attention-deficit hyperactivity disorder), then they rob their kids of their medicine.”*

Participants reported that the most common routes of administration for illicit use of prescription stimulants are oral consumption and snorting. Participants estimated that out of 10 illicit prescription stimulant users, five would orally consume and five would snort the drugs. Participants explained: *“You break [the capsules] open and chew [the beads]; You break it down, put it in liquid [and drink].”*

Participants and community professionals described typical illicit prescription stimulant users as young (high school and college aged). Participants shared: *“Rich kids; Younger kids are using them, high schoolers to concentrate; Late teens, early 20s.”* A treatment provider mentioned, *“It’s more common among younger, 18-20 [year olds].”* A law enforcement officer stated, *“If we hear about it, it’s students ... using it to study for tests ... to focus more.”*

Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA and/or TFMPP) availability is variable in the region. Participants most often reported the current availability of the pressed tablet form of ecstasy and of “molly” (powdered MDMA) as ‘1’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common scores were ‘2’ for ecstasy and ‘7-9’ for molly. Participants remarked: *“Ecstasy has died out, molly is dying out; People look a long time to find it. They have to go north (Cleveland region), it’s rampant up there; A lot of [ecstasy tablets] are fake.”*

Treatment providers most often reported the current availability of ecstasy/molly as ‘4-5;’ the previous most

common score was ‘7.’ Treatment providers noted: *“It’s not as widely available [as other illicit drugs], they have to know where to find it ... it takes some doing; Clients report using MDMA before addiction took over, so it’s more a history of use.”* Law enforcement most often reported the current availability of ecstasy/molly as ‘8;’ the previous most common score was ‘3-4.’ Law enforcement commented: *“I can go to Kent [Portage County] and get it right now, I could get LSD (lysergic acid diethylamide) or MDMA in Kent; A guy was getting it off the dark web, you can get anything you want from there.”*

Participants were not in agreement as to a change in availability of ecstasy/molly during the past six months. Equal number of participants reported increased and decreased availability. Participants who reported that the availability of ecstasy/molly has increased during the past six months were from Summit County. These participants observed: *“It’s way more around, I hadn’t heard of it a year ago; People know how to make molly.”* Community professionals did not report on the change in availability of ecstasy/molly during the past six months. BCI crime labs reported that the incidence of MDMA (ecstasy/molly) cases they process from this region has increased during the past six months although very few cases were noted.

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

Participants discussed the current overall quality of ecstasy and molly and rated the quality of ecstasy as ‘7-8’ and of molly as ‘8’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common scores were ‘4’ and ‘8’, respectively. Participants added: *“Ecstasy is ‘cut’ (adulterated) with all kinds of stuff, some ‘downers’ (depressants), some ‘uppers’ (stimulants); Molly is the scraps of a bunch of drugs in crystal form.”* Reportedly, ecstasy and molly are often cut with other substances including heroin and methamphetamine. A participant reported that different kinds of ecstasy include “meth-based,” described as lighter in color, and “heroin-based,” described as darker in color. Participants did not agree on a change in quality of ecstasy/molly during the past six months.

Reports of current prices for ecstasy and molly were consistent among participants with experience buying the drugs. Participants reported that molly is typically sold in gram amounts. A participant explained that ecstasy is sold in various doses, including “a single” and a “triple stack,” (equivalent to three singles).

Ecstasy/Molly	Current Prices for Ecstasy/Molly	
	Ecstasy:	
	Low dose (aka “single stack”)	\$5-10
	High dose (aka “triple stack”)	\$20-25
	Molly:	
A gram	\$100	

Participants reported that the most common route of administration for both ecstasy and molly is oral consumption. Participants estimated that out of 10 ecstasy users, all 10 would take the drug orally. Participants estimated that out of 10 molly users, seven would orally consume and three would snort the drug. One participant added, “More people snort molly, more people eat ecstasy.”

Participants described typical ecstasy and molly users as young (high school and college aged) and individuals who participate in “raves” (dance parties). Community professionals described typical ecstasy and molly users as individuals who participate in the “club scene.” One law enforcement representative added, “Grateful Dead [followers], hippie crowd.”

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 (substituted 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 and is very low.

Bath Salts

Bath salts (substituted cathinones; compounds containing methylone, mephedrone, MDPV or other chemical analogues, including alpha-PVP, aka “flakka”) are available in the region. Participants most often reported the current availability of bath salts as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was ‘8’. BCI crime labs reported that the incidence of bath salts cases they process from this region has remained the same during the past six months.

Participants reported that bath salts can be obtained through Internet purchase and at various convenience (corner) stores and head shops, but a person needs to know how to ask for it. Participants stated: “It’s easy to get; The people I know ordered it (online) and had it delivered to their house.” Participants also discussed bath salts as being sold on the street as methamphetamine. One participant remarked, “People go to get meth and end up getting bath salts.” Participants described the typical bath salts user as a methamphetamine user.

Hallucinogens

Hallucinogens remain available in the region. Participants most often reported the current availability of LSD as ‘5’ and ‘8’ and of psilocybin mushrooms as ‘5’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common scores were ‘8’ for LSD and ‘10’ for psilocybin mushrooms. Participants commented on LSD availability, stating: “I can get it all the time; Dealers sell it.” Participants commented on psilocybin mushrooms, stating: “It’s harder to get mushrooms, you have to know somebody who grows them; It’s hit or miss ... it depends on the crowd you are with.”

Treatment providers most often reported the current availability of LSD as ‘2’. Treatment providers reported that they hear about hallucinogens infrequently, and when they do, it is usually from clients who used the drugs in their past, not recently. Other treatment providers reported that hallucinogen users tend to be young (adolescent, college aged), usually individuals attending raves. Law enforcement most often reported the current availability of LSD as ‘10’ and the current availability of psilocybin mushrooms as ‘6’; the previous most common scores were ‘6-7’ for LSD and ‘7’ for psilocybin mushrooms. Law enforcement observed:

"I could get LSD right now; There's just a few selling it ... just a few targets (populations) are into the mushrooms, we wouldn't seek it."

BCI crime labs reported that the incidence of LSD cases it processes from this region has increased during the past six months, while the incidence of psilocybin mushrooms cases has remained the same.

Very few participants reported recent use of hallucinogens, and hence did not report on current quality. However, a participant stated, "[LSD] is very good quality." Current prices for hallucinogens were reported by participants with experience buying the drugs.

Hallucinogens	Current Prices for Hallucinogens	
	LSD:	
	A "hit" (single dose)	\$10
	Psilocybin mushrooms:	
	1/8 ounce	\$20-30

Participants and community professionals described typical hallucinogen users as young and individuals who attend dance clubs and festivals (*"ravers, hippies, stoners, Grateful Dead followers"*). A participant remarked, *"It's a festival drug."* Law enforcement added: *"Younger, college-age crowd; Mushroom users are typically the same crowd as LSD and the ecstasy group, young."*

Kratom

Kratom (mitragynine, a psychoactive plant substance) is available in the region. Participants reported kratom can be purchased in head shops. One participant stated, *"It's a legal substitute for Vicodin® and Percocet®."* Participants noted that kratom is taken orally. A participant reported a "little bag" of kratom costs \$20. Participants described typical kratom users as individuals trying to get off opiates; many participants discussed that kratom helps to alleviate opiate withdrawal symptoms. No community professional group mentioned kratom.

Neurontin®

Neurontin® (gabapentin, an anticonvulsant and nerve pain medication) remains highly available for illicit use in the region. Participants most often reported the current 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.' No community professional group reported on the illicit use of Neurontin®. Participants reported that availability is high primarily because the drug is prescribed rather easily. A participant stated, *"A lot of people are getting scripts."* Participants discussed the effect produced from Neurontin®. One participant described, *"It chills you out, like a dull, relaxing mellow feeling."* The most common route of administration for illicit use of Neurontin® is oral consumption. Participants estimated that out of 10 illicit Neurontin® users, seven would orally consume and three would snort the drug.

Synthetic Marijuana



Synthetic marijuana (synthetic cannabinoids) is highly available in the region. Participants most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10.' Participants commented: *"Every other [beverage] drive thru in Akron has it, but they have to know you [to sell to you]; You can still get it at gas stations, corner stores ... on the counter; You can buy it online, you buy the spray and make your own."*

Treatment providers in Summit County rated the current availability of synthetic marijuana as '9'; the previous most common score was also '9.' A treatment provider stated, *"You can get it in smoke (tobacco) shops."* However, treatment providers outside of Summit County commented: *"I haven't heard anything about it; It was a designer drug for a minute, now nothing."* Law enforcement reported having no encounter with the drug during the past six months. A law enforcement officer stated, *"We have heard of K-2 (synthetic marijuana) out there. We're not seeing it."* BCI crime labs reported that the incidence of synthetic cannabinoids cases they process from this region has slightly increased during the past six months.

Reports of current prices for synthetic marijuana were variable among participants with experience buying the drug. A participant reported the drug is purchased from stores for \$30 to \$50 [the participant did not know the volume]. Another participant reported that her high school son shared that the drug is sold in his school for \$35 but did not know the volume. Participants indicated that the only route of administration for synthetic marijuana is smoking. They estimated that out of 10 synthetic users, all 10 would smoke the drug. Participants described typical synthetic marijuana users as individuals on probation and those subjected to drug screening.

Conclusion

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

While the consensus among participants was that heroin is highly available, many participants clarified that what is available are heroin-fentanyl mixtures and fentanyl sold as heroin. Community professionals shared the view that heroin not adulterated with fentanyl is difficult to obtain. Thus, participants and community professionals reported that the availability of heroin has decreased during the past six months.

Heroin is being replaced by cheaper substitutions (fentanyl and methamphetamine). Reportedly, many heroin users prefer and seek fentanyl to heroin due to increased tolerance to opiates, while other heroin users have become fearful of fentanyl overdose death and have switched to methamphetamine use for that reason. Law enforcement discussed: *"The market is flooded with meth and they are combatting opiate addiction with stimulants, so they don't get the withdrawal; Some dealers don't want to mess with that fentanyl because of the deaths. They can be charged with manslaughter."*

Corroborating data indicated that methamphetamine is highly available in the Akron-Canton region. Ohio Department of Public Safety reported seizing 353.3 lbs. of methamphetamine from this region during the past six months. A law enforcement officer remarked, *"It used to be heroin, heroin, heroin, then fentanyl, fentanyl, fentanyl. Now it's [crystal] meth."*

Participants and law enforcement reported that the availability of marijuana and marijuana extracts and concentrates ("dabs") has increased during the past six months. Participants explained: *"With [marijuana] being legal in other states, it's easier to get here; It's the new trend, everyone is doing dabs; Now the equipment to smoke [dabs] is much more available; It's more convenient to put it in a dab pen."* BCI crime labs reported that the incidence of cannabis (including edible cannabis) cases they process from this region has increased during the past six months, while the incidence of concentrated THC (tetrahydrocannabinol oils, dabs) cases has remained the same.

Lastly, participants reported that many of the sedative-hypnotics (particularly Xanax®) found on the street are not pharmaceutical sedatives but "fake" pills pressed with other substances (usually fentanyl). Participants also discussed bath salts (substituted cathinones) being sold as methamphetamine and methamphetamine cut with fentanyl. In addition, a participant explained a method to get high that involves bug spray; reportedly, users spray wasp killer on electric wires and use the resulting vapors and crystals to get high, either combined with methamphetamine or substituted for methamphetamine (aka "Raid® dope" or "wasping").

