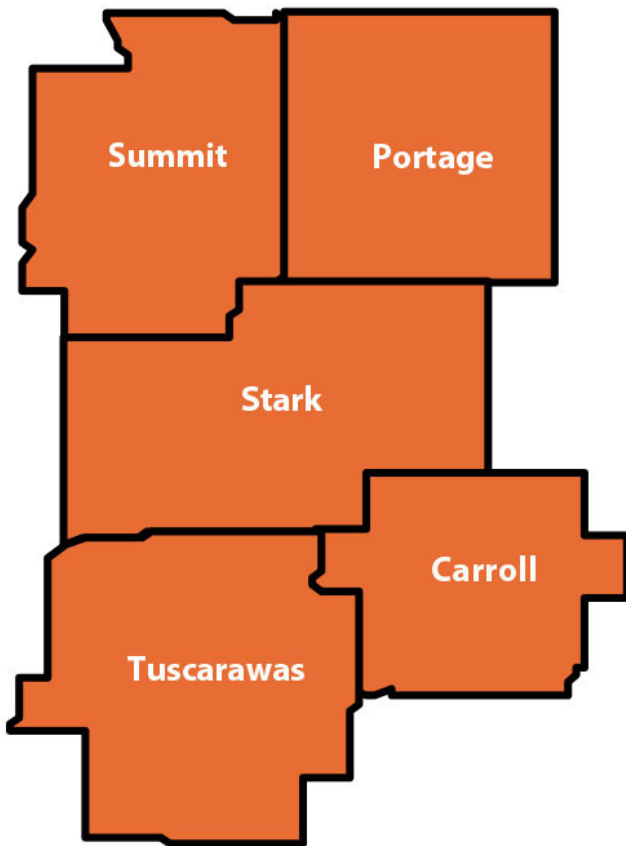




Drug Abuse Trends in the Akron-Canton Region



Regional Epidemiologist:

Joseph Cummins, MA, PCC-S, LICDC

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 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 January through June 2019. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for July through December 2019.

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.

OSAM Staff:

R. Thomas Sherba, PhD, MPH, LPCC
OSAM Principal Investigator

Jessica Linley, PhD, MSW, LSW
OSAM Quantitative Data Analyst

Regional Profile

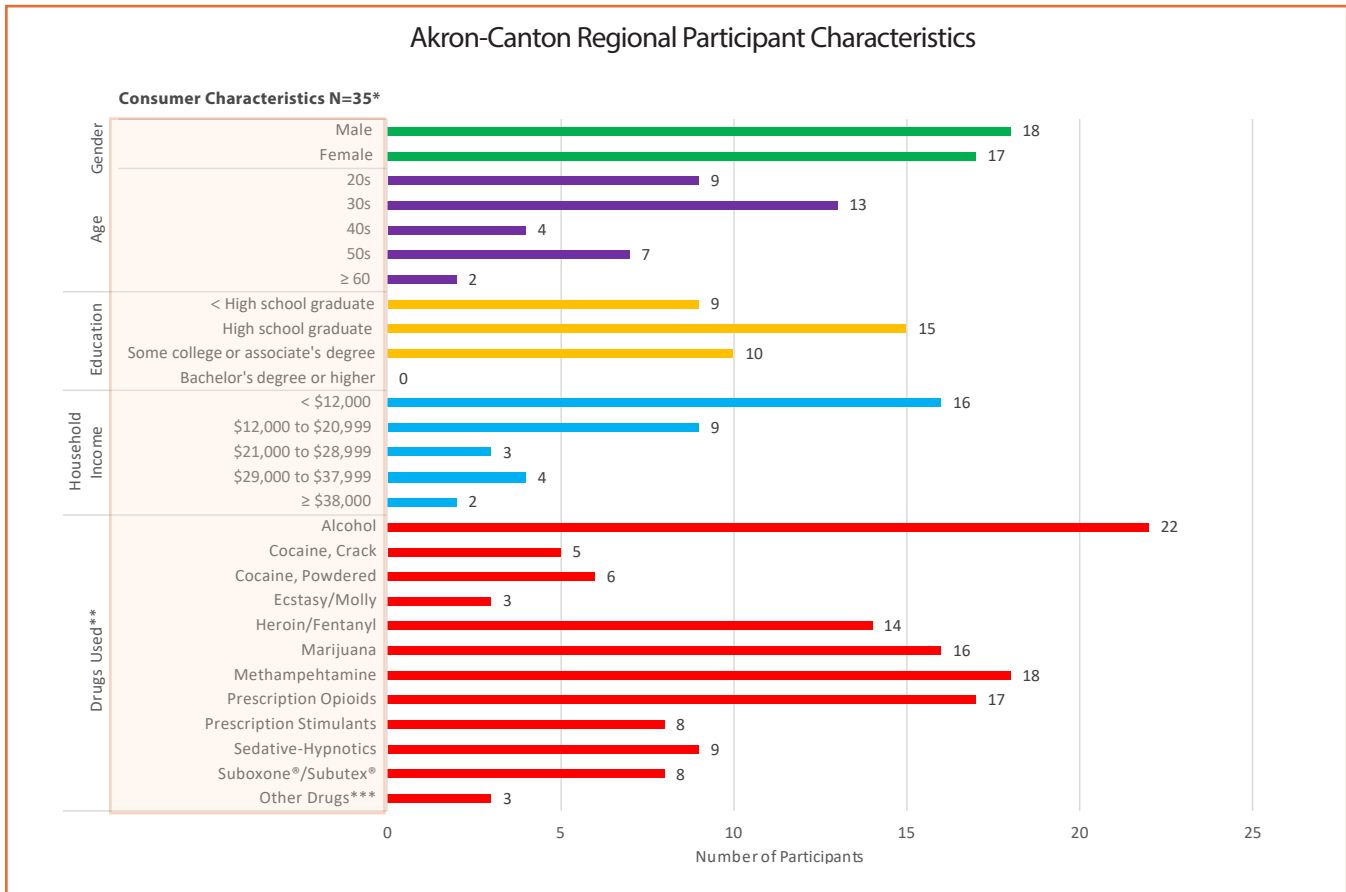
Indicator ¹	Ohio	Akron-Canton Region	OSAM Drug Consumers
Total Population, 2019	11,689,100	1,192,986	35
Gender (female), 2019	51.0%	51.3%	48.6%
White, 2019	81.7%	84.8%	80.0%
African American, 2019	13.1%	10.1%	17.1%
Hispanic or Latino Origin, 2019	4.0%	2.3%	2.9%
High School Graduation Rate, 2014-18	90.1%	91.1%	73.5% ²
Median Household Income, 2018	\$54,533	\$53,564	\$12,000-15,999 ³
Persons Below Poverty Level, 2018	13.9%	12.7%	58.8% ⁴

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

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

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



*Not all participants filled out forms completely; therefore, numbers may not equal 35.

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

***Hallucinogens (lysergic acid diethylamide [LSD] and Dimethyltryptamine [DMT]).

Historical Summary

In the previous reporting period (January – June 2019), crack cocaine, fentanyl, heroin, marijuana, methamphetamine, powdered cocaine, sedative-hypnotics and Suboxone® (buprenorphine) remained highly available in the Akron-Canton region; also, highly available was synthetic marijuana (synthetic cannabinoids). Changes in availability during the reporting period included: increased availability for methamphetamine; likely increased availability for fentanyl and marijuana; and decreased availability for prescription opioids and prescription stimulants.

Participants and law enforcement reported that the availability of fentanyl had increased during the reporting period. Participants discussed an increase in demand for the drug due to it being cheaper and more potent than heroin. They, along with treatment providers, commented that fentanyl had become the drug of choice for many users. Law enforcement also noted the prevalence of other drugs adulterated with fentanyl. One officer stated, *“They are cutting it into everything.”* BCI crime labs reported that the incidence of fentanyl and fentanyl analogue cases they process from this region had increased during the reporting period.

Participants and community professionals described methamphetamine as overtaking heroin/fentanyl as the most available drug in the region. Respondents were unable to provide a profile of a typical methamphetamine user, stating that the drug was used *“across the board,”* meaning all types of people were using methamphetamine. Participants and law enforcement indicated crystal methamphetamine as the most prevalent form of the drug in the region. Law enforcement observed that crystal methamphetamine originated from Mexico via that country’s drug cartels. Both participants and community professionals attributed the increase in methamphetamine availability and use to opiate users, either using the drug to counterbalance heroin/fentanyl use (alleviating opiate withdrawal and *“preventing”* overdose) or switching from opiates to methamphetamine out of fear of fentanyl’s potential lethality. BCI crime labs reported that the incidence of methamphetamine cases they process from this region had increased during the reporting period.

In addition to reporting high availability of marijuana, participants and community professionals reported high availability of high-grade marijuana extracts and concentrates (aka *“dabs”*), particularly noting the high availability of cannabis vape cartridges. Respondents discussed the ease of masking marijuana use by using cartridges containing THC (tetrahydrocannabinol, the psychoactive component of marijuana) in vaporizers (vape pens or e-cigarettes), noting that no odor was emitted. A law enforcement officer remarked, *“Those cartridges are everywhere, thousands of them.”* BCI crime labs reported that the incidence of cannabis (including edible cannabis) as well as the incidence of cases of concentrated THC cases they process from this region had increased during the reporting period.

Lastly, participants and law enforcement reported high availability for synthetic marijuana. Participants reported that synthetic marijuana could easily be obtained from various retail outlets (beverage drive-thrus, smoke shops and head shops), but they stipulated, retailers needed to know the person purchasing it. Participants described typical users of synthetic marijuana as young people.

Current Trends




Powdered Cocaine

Powdered cocaine is moderately to highly available in the region. Participants most often reported the drug’s current availability as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was also ‘10.’ Participants discussed: *“It’s super easy to get; More dealers have it on them, they make more money ‘cause they can sell it two ways, as cocaine or they can cook it down and sell it as ‘crack’ (crack cocaine).”* Community professionals most often reported the current availability of powdered cocaine as ‘4-7’; the previous most common scores were ‘6’ for treatment providers and ‘10’ for law enforcement. Treatment providers stated: *“[Powdered cocaine] is always available; I’d say it’s pretty common... you can access it [fairly easily].”* A law enforcement officer commented, *“In certain parts of Portage County ... it’s pretty prevalent....”*





Corroborating data indicated that powdered cocaine is available in the Akron-Canton region. Ohio Department

of Public Safety (ODPS) reported seizing 29.5 kilograms (65.0 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. Ohio State Highway Patrol (OSHP) responded to a car crash in Plain Township (Stark County) and found an impaired driver in possession of a loaded gun, cocaine, marijuana and a scale to weigh drugs; troopers arrested the driver on numerous charges, including possession of cocaine (www.cantonrep.com, July 5, 2019). U.S. District Court in Cleveland (Cuyahoga County) handed down a 39-count federal indictment against 15 people accused of smuggling large amounts of cocaine and heroin from Mexico and California to Stark County (www.beaconjournal.com, Aug. 29, 2019). Canton Police (Stark County) arrested a man during a traffic stop after discovering the man with undisclosed amounts of cocaine, marijuana and a loaded gun (www.cantonrep.com, Sept. 10, 2019). Stark County Sheriff's Office arrested three people on drug charges as the result of three separate raids in Canton; during the raids, officers seized 60 grams of cocaine valued at \$7,000, a pound of methamphetamine valued at around \$7,000, more than \$30,000 and two stolen firearms (www.news5cleveland.com, Oct. 29, 2019).

Participants and treatment providers reported that the availability of powdered cocaine has remained the same during the past six months, while law enforcement reported increased availability. Law enforcement observed: *"We're seeing a trend that [cocaine] is coming back; We're seeing an increase in use among college students; From what I read, cocaine production in South America is high this year, and there's been some very large seizures [of cocaine] throughout the country."* Ohio Bureau of Criminal Investigation (BCI) crime labs reported that the incidence of cocaine cases they process from this region has slightly 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	No change
	 Law enforcement	Increase
 Treatment providers	No change	

Participants most often rated the current overall quality of powdered cocaine as '5' and '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '8.' Participants discussed variability in quality, saying: *"I can say both, '0' and '10,' because it can be a chance it's good or there can be a chance it's ... gross, disgusting, not worth [your money or time]; Some of it's 'chopped up' (adulterated), some of it actually gets you high."* Participants discussed adulterants (aka "cuts") that affect the quality of powdered cocaine and reported the top cutting agents for the drug as: baby formula, baby laxatives, baking soda, fentanyl and powdered sugar. Other adulterants mentioned included: baby powder, baking powder, bleach, creatine, lidocaine (local anesthetic), MSG (monosodium glutamate), MSM (methylsulfonylmethane, a joint supplement), prescription opioids, sedative-hypnotics (Xanax®) and vitamins. Participants said: *"They mix fentanyl in it ... makes it more addictive so you come back for more cocaine; It's cut with anything they can find."* Overall, participants reported that the quality of powdered cocaine has remained the same during the past six months.

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

Reports of current prices for powdered cocaine were variable among participants with experience buying the drug. Participants discussed prices as based on varying quality as well as on the dealer and the location of purchase. Participants said: *"[Price] depends on where you get it, who it's from; The non-cut stuff (unadulterated powdered cocaine) is \$250 an 'eight ball' [1/8 ounce]."* Reportedly, the most common quantity of purchase is 1/8 ounce. 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	
	A gram	\$25-80
	1/8 ounce (aka "eight ball")	\$100-300
An ounce	\$800-1,200	

The most common route of administration for powdered cocaine remains snorting. Participants estimated that out of 10 powdered cocaine users, eight would snort and two would intravenously inject (aka “shoot”) the drug. Participants remarked: *“Right up the nose it goes; They shoot it ... they snort it ... any way possible.”* In addition, a participant commented on smoking powdered cocaine by placing the drug on the tip of a “joint” (marijuana cigarette), referring to joints dipped in powdered cocaine as “primos” and “numbies.”




A profile of a typical powdered cocaine user did not emerge from the data. Participants described typical users as drug dealers, professionals, people with money, younger people (20-45 years), people who work in fast-paced environments (restaurant workers) or need to be awake and alert for extended periods of time (truck drivers) and adult entertainers (aka “strippers”). Treatment providers described typical powdered cocaine users as of middle to upper socio-economic status. A provider stated, *“People that have more money that they can just throw around.”* However, law enforcement reported no descriptors of typical powdered cocaine users. They commented: *“It’s a catch-all drug; Everyone ... white, black, upper-middle class, lower-middle class.”*

Crack Cocaine

Crack cocaine is moderately to highly available in the region. Participants most often reported the drug’s current availability as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was also ‘10.’ Participants commented: *“For some reason, it’s what people want at the moment; I’ve even had people come up at the grocery store and give [crack cocaine] to me; It’s easy to get powdered cocaine, so it’s easy to make crack.”* Treatment providers most often reported the current availability of crack cocaine as ‘7,’ while law enforcement most often reported it as ‘4;’ the previous most common score was ‘8’ for both treatment providers and law enforcement. A treatment provider remarked, *“[Crack cocaine], I think the availability’s the same as [powdered] cocaine.”* Law enforcement discussed: *“Right now, we are not seeing [crack cocaine] much ... doesn’t mean it’s not there. Just, right now, we’re not seeing it; I don’t think there’s too many people interested in that; There’s a lot more ‘ice’ (crystal methamphetamine) out there ... ice is cheaper [than crack cocaine].”*

Corroborating data indicated that crack cocaine is available in the Akron-Canton region. ODPS reported seizing 148.4 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. OSHP arrested a man in Canton for driving drunk, failing to use a turn signal and possessing cocaine and drug paraphernalia; troopers smelled alcohol as they approached the man’s vehicle, and after further investigation, they found 6.6 grams of crack cocaine, 6.6 grams of marijuana and a digital scale, and they learned that the man had been imprisoned four times for having or selling cocaine (www.cantonrep.com, Oct. 7, 2019).

Participants and community professionals reported that the availability of crack cocaine has remained the same during the past six months. BCI crime labs reported that the incidence of cocaine cases they process from this region has slightly decreased during the past six months; the labs do not differentiate between crack and powdered cocaine.

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

Participants most often rated the current overall quality of crack cocaine as ‘10’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common scores were ‘5’ and ‘9.’ Similar to powdered cocaine, participants discussed variability in quality, saying: *“[Quality] depends on where you go to get it; Once you find a good dealer, you keep going back; I’d give it an ‘8’ [quality rating] if it comes from a good dealer.”* Participants reported that crack cocaine in the region is most often adulterated (aka “cut”) with baking soda. Other cuts mentioned included: baby laxatives, crystal methamphetamine and fentanyl. A participant explained, *“They ‘chop it down’ [adulterate crack cocaine] to make more money.”* Overall, participants reported that the quality of crack cocaine has remained the same 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 & procaine) ● phenacetin (banned analgesic)

Reports of current prices for crack cocaine were consistent among participants with experience buying the drug. Participants discussed: *"You buy it by how much money you have; They don't weigh it, they break it off and price it; Anytime anybody's come up to me and said, 'Hey, I got some crack, I'll give you this chunk for this much.' They never tell you the weight of it, they just tell you what they want for it; I'd start out with a '20' (\$20 worth of crack cocaine) ... that is never enough, so you go up from there. My last experience, I started out thinking I could do \$20, and ended up using \$300."* Reportedly, the most common quantity of purchase is 1/10 gram (aka "rock") for \$20. Overall, participants reported that the price of crack cocaine has remained the same during the past six months. However, a participant noted, *"The price is the same, but they're cutting it, so you pay the same price, but they are making more money (you receive less cocaine)."*

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 stated, *"People want to smoke crack. It's easy to do, all you need is a crack pipe."*

A profile of a typical crack cocaine user did not emerge from the data. Participants discussed crack cocaine users as people who have experienced trauma, sex workers and drug users who prefer a quick high. Participants illustrated: *"I've been told in treatment at least three times, 'You don't look like a crack head (person addicted to crack cocaine),' but it was my drug of choice; I'm 70 [years of age] and I smoke crack; People with trauma [who have] lived hard lives on the street. If they don't have any kids to fight for, they are not going to quit."* Community professionals described typical crack cocaine users as of lower socio-economic status and people who drink alcohol. Treatment providers commented: *"Alcohol users; There used to be [typical traits of a crack cocaine user], but now it's young, old, white, African American."* Law enforcement said: *"You get it in your lower-income families and individuals ..."*

lower-income whites are buying and using it; Older [individuals] ... old school crack users...."

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'. However, despite the overall high availability rating, most participants continued to indicate that unadulterated heroin is difficult to find. They commented: *"It's pretty hard to find just straight heroin; There is [powdered heroin], but it's 'mixed' (adulterated with other substances); It's not like the old days, we don't find [heroin without fentanyl] anymore."*




Reflective of the viewpoint that unadulterated heroin is low in availability, community professionals most often reported the current availability of heroin as '2-3'; the previous most common scores were '8' and '10' for treatment providers and '2' for law enforcement. Treatment providers explained: *"I don't hear [clients] say it's real heroin; They don't know what they are getting. They go out to get heroin, but nine times out of 10, it's fentanyl."* Law enforcement discussed: *"I don't think it's easy to find heroin at all. I haven't seen heroin, just heroin [without fentanyl], in a couple of years; You ask for heroin, but nine times out of 10, it's going to come back as something else."*

Corroborating data indicated that heroin is available in the Akron-Canton region. ODPS reported seizing 1.8 kilograms (3.9 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. After a five-month investigation, the Stark County Metro Narcotics Unit arrested a man for heroin trafficking after agents executed a search warrant and seized nearly a kilogram of heroin, cash and two firearms (www.fox8.com, July 3, 2019). In an effort to make naloxone (opiate overdose reversal medication) more available, Green city officials (Summit County) installed emergency naloxone boxes in the terminals of the Akron-Canton Airport; airport staff have been trained in recognizing the signs of an opiate overdose and in administering naloxone (www.cleveland.com, Aug. 27, 2019). Agents with the Stark County Metro Narcotics














Unit arrested a man at his Canton home, seizing heroin, a blender, adulterants used to mix with heroin, a digital scale and a stolen gun; officers charged the man, a convicted felon, with heroin trafficking and possession, receiving stolen property and illegally possessing a weapon (www.cantonrep.com, Aug. 30, 2019). Following a long-term FBI investigation, federal prosecutors in Huntington, West Virginia, indicted 21 people involved in a drug trafficking ring that operated in Ohio and West Virginia; reportedly, the trafficking operation moved large amounts of heroin and crystal methamphetamine from Akron (Summit County) to southern West Virginia (www.abc6onyourside.com, Sept. 26, 2019). Canton Police arrested a man during a traffic stop for heroin possession and trafficking after finding a bag containing individually wrapped packages of heroin on the driver's seat as the man exited his vehicle (www.cantonrep.com, Sept. 30, 2019).

While many types of heroin are currently available in the region, participants and community professionals continued to report powdered heroin as most available. Additional types of heroin mentioned included black tar heroin (aka "tar"). A participant commented, "Sometimes you find tar ... if you're lucky."

Participants and treatment providers reported that the availability of heroin has decreased during the past six months, while law enforcement reported that availability has remained the same. Participants commented: "It's really 'cut down' (decreased) since the fentanyl epidemic; Fentanyl is cheaper. Once people know they can get higher for their money ... they don't want [heroin] anymore." Treatment providers noted: "I've seen a decline in heroin and an increase in fentanyl; The majority of my clients have stopped using opiates and are using 'meth' (methamphetamine); Some [clients] say they use meth instead [because] it takes away [opiate] withdrawal." A law enforcement officer remarked, "I can't think of when we last actually got straight heroin. It's been years." 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, blue, brown, gray, pink, 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	No change
	 Treatment providers	Decrease

Participants most often rated the current overall quality of heroin as '6' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '10.' Participants commented: "It's really rare to find good heroin around here; You don't get any pure heroin anymore. You're getting it mixed (adulterated) ... fentanyl with a little bit of heroin or all fentanyl." Participants discussed adulterants (aka "cuts") that affect the quality of the heroin and reported the top cutting agents for the drug as fentanyl and over-the-counter (OTC) sleep aids. Additional cuts mentioned for heroin included: baby laxatives, benzodiazepines, brown sugar, carfentanil (synthetic opioid more potent than fentanyl), MDMA (ecstasy/molly) and methamphetamine. Overall, participants reported that the 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
 xylazine (animal sedative)	

Current prices for heroin were reported by participants with experience purchasing the drug. Participants discussed: "[Price] depends on where you get it, you can get a gram for \$60 in Cleveland, the same amount here (Summit

County) is \$100; It depends on your connection. [Price] varies from person to person." Reportedly, the most common quantity of heroin purchase is 1/2 gram. 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")	\$20
	1/2 gram	\$40-70
	A gram	\$60-140

While there were a few reported ways of using heroin, generally, the most common route of administration remains intravenous injection (aka "shooting"). Participants estimated that out of 10 heroin users, eight would shoot and two would snort the drug. A profile of a typical heroin user did not emerge from the data. One participant declared, "It don't discriminate." Treatment providers described typical users as young, white people from the suburbs, while law enforcement described typical heroin users as anybody. Treatment providers reflected: "I noticed on my caseload a lot of suburban, middle class, white males [use heroin]; Suburban clients are getting into it; Young, up to age 40s."




Fentanyl

Fentanyl 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.' Respondents discussed the popularity and ease of obtaining fentanyl. Participants shared: "It's not hard to find any drug that you want. I have five or six dealers, they sell everything; A lot of people prefer fentanyl because of its strength; It's what I look for when I go out." Treatment providers commented: "I've had people tell me ... they specifically seek out fentanyl; That's what everyone wants now, and even if they don't want it, it's out there instead of heroin." Law enforcement commented: "It's extremely easy to get fentanyl; Whether they meant to get fentanyl

or not, their dealers cut the heroin with fentanyl, so everyone's addicted to fentanyl...."

Corroborating data indicated that fentanyl is available in the Akron-Canton region. ODPS reported seizing 2.5 kilograms (5.6 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. The Carroll County prosecutor announced a criminal investigation into the homicide of a 14-year-old boy who was found in a shallow grave; a coroner's autopsy found "acute fentanyl intoxication" as the cause of the boy's death (www.cleveland19.com, July 8, 2019). After four Canton residents died from overdose in the span of two days, Canton City Health Department alerted residents to the signs of an overdose and advised them to have naloxone readily available (www.fox8.com, Aug. 17, 2019). Canton City Health Department advised anyone who uses drugs to throw away pills bought illegally, warning of counterfeit pressed pills containing fentanyl in the area; these pressed pills have caused people to overdose (www.news5cleveland.com, Nov. 11, 2019).

Participants reported that the availability of fentanyl has increased during the past six months, while community professionals reported that availability has remained the same. Participants commented: "Fentanyl is the number one drug right now; That's what everybody wants; More people are selling it [than previously] ... it's more commonplace; You can get it on the Internet, [the drug cartels] are flooding the streets [with fentanyl]." A law enforcement officer observed, "[Fentanyl availability] has been high for a while." 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 change
	 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.' One participant remarked, "You can get some good fentanyl." Other participants noted variability in fentanyl quality, saying: "[Quality] depends on where you go; it depends on how much they 'cut' (adulterate) it, what they cut it with." Participants discussed adulterants (aka "cuts") that affect the quality of the drug and reported the top cutting agents for fentanyl as benzodiazepines and powdered sugar. Additional cuts mentioned included: baby laxative, baby powder, baking soda, melatonin, MSM (methylsulfonylmethane, a joint supplement) and Tylenol®. Participants discussed: "Last time I went to detox, they didn't find anything in me but 'benzos' (benzodiazepines) and that's not what I was buying; If you cut it, it goes further; They cut everything with anything ... any white, powdery stuff." Law enforcement also commented on adulterated fentanyl. They said: "You're not going to get [pure fentanyl], it's going to be mixed with something ... you're going to get acetyl-fentanyl, carfentanil, fentanyl-heroin, fentanyl-meth; You're playing Russian roulette when you ask for it." Overall, participants reported that the quality of fentanyl has decreased during the past six months.

Current prices for fentanyl were reported by participants with experience purchasing the drug. A participant observed, "[Fentanyl pricing] is the same as heroin [because] they are selling it in the guise of heroin." Reportedly, the most common quantities of purchase are 1/10 gram (aka "a point") and a gram. Overall, participants indicated that the price of fentanyl has remained the same during the past six months.

Fentanyl	Current Prices for Fentanyl	
	1/10 gram	\$10-20
	1/2 gram	\$50-80
	A gram	\$80-100

The most common route of administration for fentanyl remains intravenous injection (aka "shooting"). Participants reported that out of 10 fentanyl users, nine would shoot and one would snort the drug. A profile of a typical fentanyl user did not emerge from the data. Participants and community professionals described typical fentanyl users as: "The same as heroin [users]; It's like anybody, you can't put it under a class anymore; Any age, any group, teenage to elderly."

Prescription Opioids






Prescription opioids 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 '3.' One participant stated, "[Prescription opioids] are easy to find. They're expensive, though." Treatment providers most often reported current street availability of prescription opioids as '6,' while law enforcement most often reported it as '2,' the previous most common scores were '4-5' and '8,' respectively. A treatment provider stated, "[Illicit use of opioids] is always in the [clients' use] history, but I don't see availability that great anymore." Law enforcement discussed: "We really haven't had any [arrests/seizures involving opioids lately]; If you want a good amount, you won't find them ... doctors aren't prescribing [opioids]."

Participants identified Percocet®, Roxicet® and Vicodin® as the most popular prescription opioids in terms of widespread illicit use. Participants commented: "I can find a lot more Vicodin® [than other opioids]; I can find Percocet®; I've been in the pill game for some time, and I haven't seen Opana® in two years." Community professionals identified Percocet® as most popular.

Participants and community professionals reported that the street availability of prescription opioids has decreased during the past six months. Participants discussed: "It used to be, go to a doctor, tell them your ailment, he'd write a 'script' (prescription for opioids); The State is cracking down on doctors; The doctor who prescribed to me got caught, he was prescribing anything to anybody; It's hard to get them from the hospital, they treat every person like an addict." Treatment providers commented: "There's a significant decline in prescriptions for opioids; A lot of people who started on pills can't get them, so they moved to heroin or fentanyl." A law enforcement officer stated, "They are not prescribing them anymore, and if they do, you'll get three days' worth."

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

Participants and law enforcement reported that most of the pills obtained on the street are counterfeit, often fentanyl pressed into pill form. Participants explained: "You can find [pills], but they're fake ... pressed heroin, fentanyl or Xanax[®]; You can buy a press, and they use anything ... aspirin, vitamins, soap ... make it look exactly like [legitimate prescription opioids]; Pills that are pressed are standard (common)..." Law enforcement shared: "We recently had a guy who said, 'I don't like dealing with the pills because you don't know what you are getting; We're seeing a lot of [counterfeit] Percocet[®]; They're purchasing pill pressers ... and getting dyes to match a Percocet[®] pill and pressing [fakes]; They're stamping and making them look like Percocet[®] ... when we send them out to get tested, they're straight fentanyl pills; The cartels are producing these pills, also."

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. Participants also described alternative forms of payment: "You 'go boost,' [which means] you steal merchandise for dealers for pills. Sometimes they'll give you a [grocery, clothing and/or

Prescription Opioids	Current Street Prices for Prescription Opioids	
	Dilaudid [®]	\$15-20 for 8 mg
	Fentanyl	\$20 for a "patch" (50-100 mcg)
	Morphine	\$50 for 100 mg
	OxyContin [®] OP	\$12 for 20 mg
	Percocet [®]	\$8-10 for 5 mg \$15-20 for 10 mg
	Roxicodone [®]	\$40-50 for 30 mg
	Vicodin [®]	\$4-8 for 5 mg

household items] list, go get those at the store, for pills." Overall, participants indicated that the price of prescription opioids has increased during the past six months. A participant stated, "The old formula was \$1 a milligram, but they are charging more these days."

Participants reported obtaining these drugs for illicit use from drug dealers, dentists, doctors, individuals with prescriptions and through the "dark web" (websites operated by criminal enterprises), often using "bit coins" (a form of electronic cash, digital currency, aka "cryptocurrency"). Participants discussed: "If you want real [prescription opioids], you're getting them from a person with a prescription; I get 180 of them every month from my doctor; I'd buy scripts from people in pain management; You'll still get them for broken bones and pulled teeth."

The most common route of administration for illicit use of prescription opioids remains snorting. Participants estimated that out of 10 illicit prescription opioid users, nine would snort and one would orally consume the drugs. Participants discussed: "When you first start, you take them orally; The older generation is more likely to take them orally, like crush them and put them into apple sauce; They are making them difficult to shoot (intravenously inject)."




Participants described typical illicit prescription opioid users as medical professionals and people of higher socioeconomic status. They commented: "Pharmaceutical people, like doctors; People who work in nursing homes; People who have the money to pay for them, someone who had previously been prescribed them."

Suboxone[®]

Suboxone[®] (buprenorphine) remains 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 reported: "It's what drug dealers have; People usually use Suboxone[®] to get off heroin or for pain; If someone does not have enough money to buy a bag of heroin, they can get a 'strip' (Suboxone[®] filmstrip). At least they won't get sick that day; It's cheap and so available." Treatment providers most often reported the current availability of illicit Suboxone[®] as '7,' while law enforcement most often reported it as '2,' the previous most common scores were '9' and '8,' respectively. A treatment provider observed, "A lot of

people are being prescribed [Suboxone®].” A law enforcement officer added, “Every heroin or fentanyl case I’ve done, the dealer has had Suboxone® strips.”

Participants identified the filmstrip form as the most popular form of Suboxone® in terms of widespread illicit use. A participant stated, “Ninety percent of the time, they are strips.” Participants reported that the availability of Suboxone® for illicit use has increased during the past six months. Participants said: “A lot of people are getting them prescribed; More and more people are being put on them to help with withdrawal.” Treatment providers reported that the street availability of Suboxone® has remained the same during the past six months, while law enforcement reported decreased availability. Law enforcement commented: “It’s not as prevalent as it used to be; Suboxone® was big when heroin was big, but it’s gone down as heroin and pills have decreased.” 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	Decrease
	 Treatment providers	No change

Reports of current street prices for Suboxone® were variable among participants with experience buying the drug. Overall, participants reported that the street price of Suboxone® has increased during the past six months. A participant stated, “I can sell it for \$30, all day.”

Suboxone®	Current Street Prices for Suboxone®	
	Filmstrip	\$10-30 for 8 mg
	Pill	\$15-30 for 8 mg

In addition to obtaining Suboxone® on the street from drug dealers, participants also reported getting the drug for illicit use from individuals who are being treated with the drug. Participants stated: “People in [treatment] programs usually have them; People either sell their

Suboxone® or trade it for heroin.” Participants reported that the most common routes of administration for illicit use of Suboxone® are oral consumption for filmstrips and snorting for pills. Participants estimated that out of 10 illicit Suboxone® filmstrip users, eight would use sublingually and two would intravenously inject the drug. They estimated that out of 10 illicit Suboxone® pill users, all 10 would snort the drug. A profile of a typical illicit Suboxone® user did not emerge from the data. Participants did not identify specific descriptors of typical illicit Suboxone® users, while community professionals described typical illicit users as white, young people and opioid users.

Sedative-Hypnotics






Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) 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.’ However, a participant stated, “You need to know the right people [to obtain sedative-hypnotics].” Treatment providers most often reported current street availability of sedative-hypnotics as ‘5,’ while law enforcement most often reported it as ‘2-3;’ the previous most common scores were ‘4’ and ‘10,’ respectively. Treatment providers discussed: “I think availability is pretty limited; It kind of goes in fluctuating waves. You don’t hear anything, then there are some reports of using it.” Law enforcement commented: “We [currently] don’t see it; It’s a roller coaster with that. It’s either very prevalent and everyone’s selling it, or you don’t hear about it for a while.”

Participants identified Klonopin® and Xanax® as the most available sedative-hypnotics in terms of widespread illicit use. A participant stated, “You can find ‘xanies’ (Xanax®) easily.” Community professionals also identified Xanax® as most available. Participants and treatment providers reported that the general availability of sedative-hypnotics has decreased during the past six months, while law enforcement reported that availability has remained the same. Participants commented: “[Doctors] are cutting back on giving them to people; Before six months ago, there was Klonopin®, but not today; Same thing as with Percocet®, doctors don’t want to

prescribe [benzodiazepines]; People I've known who tried [to obtain these drugs] have struggled to find it." A treatment provider reasoned, "There's been some education among doctors. They are prescribing them less."

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

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

Reports of current street prices for sedative-hypnotics remain consistent among participants with experience buying these drugs. Overall, participants reported that the price of Xanax® has increased during the past six months, while the price of Valium® has decreased.

Sedative-Hypnotics	Current Street Prices for Sedative-Hypnotics	
	Ativan®	\$1 per milligram
	Valium®	\$2-4 per 10 mg
	Xanax®	\$1.50-3 for 0.5 mg \$2-5 per 1 mg \$5-7 per 2 mg

Participants and law enforcement reported on the quality of sedative-hypnotics in this region by informing that most of the pills obtained on the street are counterfeit pressed pills. A participant noted, "There's a bunch of fake ones around." A law enforcement officer stated, "People are talking about it being pressed, [which is] another concern for us. Xanax® pills that are really fentanyl or acetyl-fentanyl compound."

Participants reported obtaining sedative-hypnotics for illicit use from drug dealers, doctors and people with prescriptions. Participants shared: "Docs are still prescribing them; You have to find someone with a prescription; I know someone who has a prescription."

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 shared: "I snorted Klonopin® because they have the menthol in them. It's cool, refreshing; In urban areas, it's more common to use orally ... pop 'em like at a party." Participants described typical illicit sedative-hypnotics users as people with high stress, while community professionals described illicit users as aged teens to 30s. A treatment provider stated, "Teenagers tend to experiment with pills first, like in high school, that's where it starts."

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.' Treatment providers discussed: "It is very rare that we have someone here who is not also using marijuana; It's the 'it' drug. It will always be now [that] it's legal; We always have somebody here who has a 'weed' (marijuana) card." A law enforcement officer stated, "You can get marijuana any time you want, the same thing for any of the THC derivatives."

Corroborating data indicated that marijuana is available in the Akron-Canton region. ODPS reported seizing 342.2 kilograms (754.5 lbs.) of marijuana 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 responded to a report of a home invasion robbery; officers found 10 marijuana plants growing in a bedroom of the home where the homeowner shot and killed a burglar whom police suspected was attempting to steal the marijuana (www.news5cleveland.com, July 23, 2019). Law enforcement in Akron arrested a man during a traffic stop after finding 23 pounds of marijuana, 11 ounces of methamphetamine, cash and a loaded pistol in his car; law enforcement searched the

man’s Akron home and seized an additional 40 pounds of marijuana, a rifle and ammunition; the police investigation revealed that the man was also due to receive a shipment of 80 pounds of methamphetamine (www.patch.com, July 23, 2019). Cuyahoga Falls Fire Department (Summit County) discovered a marijuana-grow operation while battling a fire and called police; Cuyahoga Falls Police executed a search of the property, seized 30 marijuana plants and paraphernalia and arrested a man connected to the home (www.fox8.com, Oct. 25, 2019). Law enforcement arrested a Canton man after he accepted delivery of eight vacuum-sealed packages of marijuana that he had mailed to himself (www.news5cleveland.com, Nov. 6, 2019).

Participants and community professionals also discussed the current availability of high-grade marijuana extracts and concentrates, often appearing as oil and waxy forms of the drug (aka “dabs”). Participants and community professionals most often reported the current availability of marijuana extracts and concentrates as ‘10’; the previous most common scores were ‘10’ for participants and ‘8’ for community professionals. Participants commented: *“It’s as easy to find as marijuana; Dabs are very easy to find, and you can make your own dabs, too.”* Law enforcement noted: *“We are getting a lot of that ... the THC cartridges; Now, mostly what we see is the hashish oil (oil made from the resin of the cannabis plant) for vape pens.”*

Participants reported that the availability of marijuana as well as marijuana extracts and concentrates has increased during the past six months. Participants explained: *“A lot is coming from [Michigan] because of the recreational use; A lot of people go to dispensaries out of state and bring it back.”* Community professionals reported that the availability of marijuana has remained the same during the past six months, while the availability of marijuana extracts and concentrates has increased. BCI crime labs reported that the incidence of cannabis (including edible cannabis) cases they process from this region has decreased during the past six months, while the incidence of concentrated THC (oils, “dabs”) cases they process from this region has increased.

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

Participants most often rated the current overall quality of marijuana as ‘10’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was also ‘10.’ However, a participant stated, *“[Quality] depends on how much you want to pay for it.”* Overall, participants indicated that the quality of marijuana has increased during the past six months. Participants discussed: *“It’s almost too good and it’s getting better and better; I used to smoke ‘blunts’ (marijuana-filled cigars) all day and be chilled, now, when I smoke marijuana, one hit and I’m done (high).”*

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 cartridge or a dab. Overall, participants reported that the price of marijuana has increased during the past six months.

Marijuana	Current Prices for Marijuana	
	A blunt (cigar) or a gram	\$10
	1/8 ounce	\$40
	1/4 ounce	\$50-100
	An ounce	\$200-350
	Extracts and concentrates:	
	A dab	\$20
	A cartridge	\$10-40
	1/2 gram	\$30
	A gram	\$40-60

The most common route of administration for marijuana remains smoking, while the most common route of administration for extracts and concentrates remains vaping. Participants estimated that out of 10 marijuana users, all 10 would smoke the drug; and out of 10 extracts

and concentrates users, all 10 would vape. Additionally, participants reported that marijuana extracts are also smoked by some individuals by lacing marijuana with the extracts.

A profile of a typical marijuana user did not emerge from the data. Participants and community professionals described typical marijuana users as anybody. Participants stated: *"Teen-aged to older people; I've seen some in their 80s using it."* One community professional said, *"Every group, it doesn't matter with marijuana."* However, participants and community professionals noted typical marijuana extracts and concentrate users as young people. A law enforcement officer remarked, *"It's very prevalent in the university [setting]...."*

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 commented: *"It's everywhere; Everybody is selling it."* A community professional remarked, *"It's just as easy to find as marijuana."*




Corroborating data indicated that methamphetamine is available in the Akron-Canton region. ODPS reported seizing 61.0 kilograms (134.5 lbs.) of methamphetamine 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. Strasburg Police (Tuscarawas County) in a social media post issued a warning to drug users to keep their illegal drugs out of the reach of children after a bag of crystal methamphetamine was found on the floor in the candy aisle of a local convenience store (www.cleveland19.com, Aug. 5, 2019). OSHP and the FBI conducted an investigation of an Akron man trying to sell 22 pounds of methamphetamine; the man allegedly paid another man to fly to Los Angeles, California to purchase the drug and transport it to Ohio; however, law enforcement interdicted the methamphetamine in Akron (www.patch.com, Aug. 15, 2019). OSHP arrested four men during two separate traffic stops on Interstate 77 in Canton after probable cause searches produced

hypodermic syringes and methamphetamine; all four men admitted to recent methamphetamine use and were charged for drug possession and possession of drug abuse instruments (www.cantonrep.com, Aug. 30, 2019). OSHP arrested two Tuscarawas County men during a traffic stop in Summit County for possession and trafficking in methamphetamine; during a probable cause search, troopers found 288 grams of methamphetamine with a street value of \$10,000 in the men's vehicle (www.news5cleveland.com, Nov. 19, 2019). Aurora Police (Portage County) arrested three people for drug possession and trafficking while serving an arrest warrant to a man for prior methamphetamine related charges; when officers arrived at the man's home, they saw evidence of methamphetamine use in plain sight and conducted a search, finding 300 grams of methamphetamine (www.local12.com, Dec. 6, 2019). Summit County Sheriff's Office responded to a report of a man at a vacant rental home in Coventry Township, loading items into his truck; officers arrested the Medina County man after finding 12.6 grams of methamphetamine, a handgun and ammunition in his possession (www.news5cleveland.com, Dec. 23, 2019).



Participants reported that methamphetamine is available in crystal and powdered forms throughout the region; however, they indicated crystal methamphetamine as most prevalent. Law enforcement also reported crystal methamphetamine as most available and commented: *"It's all crystal; I haven't seen home-made [powdered methamphetamine] in a while."* 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. One participant observed, *"There is powder, but it's no good, no one wants to buy powder."*

Participants reported that the availability of methamphetamine has increased during the past six months. Participants reported: *"Ice' (crystal methamphetamine) is a lot cheaper [than powdered methamphetamine]; You're not going to get that 'dope sickness' (experience withdrawal symptoms) [with methamphetamine use as you would with opiate use]; If you are a fentanyl user and want to get off of fentanyl*

because you overdosed a couple times ... a lot of people are using meth to do that." Treatment providers reported that the availability of methamphetamine has increased during the past six months, while law enforcement reported that availability has remained the same. Treatment providers reiterated the observations of participants by saying: "It's on the increase; It's cheap ... and they think it helps with withdrawal; People are trying to cope with the withdrawal from opiates." 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	No change
	 Treatment providers	Increase

Participants most often rated the current overall quality of methamphetamine as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '8.' However, participants indicated variability in quality. They discussed: "[Quality] depends on who you go to, it could be a quality of '10,' or it can be 'stomped on' (adulterated with other substances) a hundred times; The clearer, the better. If it looks like water, you're in good shape." Participants discussed adulterants (aka "cuts") that affect the quality of the drug and reported the following as cutting agents for methamphetamine: albuterol, acetone, baking soda, carfentanil, cocaine, Epsom salt, fentanyl, ibuprofen, MSM (methylsulfonylmethane, a joint supplement), sugar and vitamin B. Community professionals also mentioned adulterated methamphetamine. Treatment providers reported: "Now, meth is laced with fentanyl. Somebody may think they're getting [pure] meth, but they're not; People are going into detox now, they think they will test for their drug of choice, but they are testing positive for a lot of things." Overall, participants reported that the quality of methamphetamine has decreased during the past six months due to the increased use of adulterants.

Methamphetamine	Cutting Agents Reported by Crime Lab	
		dimethyl sulfone (DMSO dietary supplement)
	magnesium sulfate (Epsom salts)	

Reports of current prices for methamphetamine were variable among participants with experience buying the drug. Participants discussed: "[Price] depends on the dealer and the quality; You can get a '10-sack' (\$10 amount), a '20-sack' (\$20 amount); Any money you got, they're taking it." Reportedly, the most common quantities of purchase are a gram and 1/8 ounce. Overall, participants reported that the price of methamphetamine has decreased during the past six months. Participants explained: "You used to pay \$80 for a gram, now you pay \$80 for a 'ball' (aka 'eight ball,' approximately 1/8 ounce); Due to the drastic drop in price, people are getting a lot more of it; Meth is one of the easiest drugs to 'stomp on' (adulterate with other substances), so they can sell it for cheaper."

Methamphetamine	Current Prices for Methamphetamine	
	A gram	\$10-30
	1/8 ounce	\$30-80

Participants reported that the most common routes of administration for methamphetamine are intravenous injection (aka "shooting") and smoking. Participants estimated that out of 10 methamphetamine users, five would shoot and five would smoke the drug. However, a participant shared, "I've shot it, smoked it ... and ate it, all in the same day." A treatment provider mentioned, "I've heard a lot of people are shooting meth."




A profile of a typical methamphetamine user did not emerge from the data. However, one participant asserted, "[Methamphetamine use] is not as common in

the Black community [as it is among white people]." Other participants disagreed, reporting: "[Methamphetamine use] transcends different barriers; It can be anyone; I've seen wealthy people use it." Community professionals most often described typical methamphetamine users as white people and opiate users. Treatment providers shared: "I've had a lot of meth users who were former opiate users; Just like alcohol and cocaine go together, it seems like meth and the opiates go together. People are using meth to deal with 'dope sickness' (opiate withdrawal symptoms)." A law enforcement officer stated, "Whites are a little higher on the scale for using meth..." In addition, another law enforcement officer noted methamphetamine use among cocaine users, explaining, "Compared to what it costs for a gram of cocaine [and] it's \$20 for a gram of methamphetamine ... a cocaine user is going to try methamphetamine."

Prescription Stimulants

Prescription stimulants are moderately available for illicit use in the region. Participants most often reported the current street availability of these drugs as '7' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '5.' Participants indicated that the demand is down and reported: "It's pretty easy to get them, but no one wants them anymore; People aren't getting them from doctors as readily as they used to." Community professionals also reported moderate availability of prescription stimulants, most often rating their current street availability as '4-6,' the previous most common scores were '2' for treatment providers and '6' for law enforcement. A treatment provider commented, "You don't hear about it too often..."

Participants and community professionals identified Adderall® and Vyvanse® as the most available prescription stimulants in terms of widespread illicit use. However, a treatment provider stated, "I hear about Vyvanse® more than I hear about Adderall®." Participants and 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®) from 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 change
	 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. Reportedly, Adderall® 30 mg typically sells for \$8-12. Overall, participants reported that the price of prescription stimulants has decreased during the past six months. Participants reported obtaining prescription stimulants for illicit use from doctors, individuals with prescriptions and parents of children being treated with the drugs. Participants reported: "I get Vyvanse® from the doctor ... I tricked him; I know parents who steal their kids' medication; I'd sell mine 'cause they'd pay me a high price, then I'd use meth; Some trade them for other drugs."

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 reported: "If it's capsules, they 'pop them' (swallow them). If it's pills (tablets), they'll crush them [to snort]; They break open the capsules and 'parachute' (wrap the contents of the capsules in a small piece of tissue and swallow it), or put them in their coffee."

Participants described typical illicit prescription stimulant users as students and professionals (attorneys and medical professionals). Participants discussed: "It's used by kids in college who don't want to get mixed up with bad drugs; People who want energy; People who are run down and need a pick-me-up; Crack and meth users, for when they can't find crack or meth." Community professionals described typical illicit prescription stimulant users as young, white people.




Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA and/or TFMPP) remains available in the region. However, participants did not agree on the current availability of the pressed tablet form of ecstasy or of "molly" (powdered MDMA) on a scale

of '0' (poor quality, "garbage") to '10' (high quality); the previous most common availability score was '5' for both ecstasy and molly. Participants reported: "It's very hard to find ecstasy, molly is a little easier; They are mixing [molly] with heroin and meth; [Ecstasy and molly] are all over the place at festivals; Ecstasy is common in urban areas, it's in any [dance] club."

Treatment providers most often reported the current availability of ecstasy and molly as '5,' while law enforcement most often reported it as '7;' the previous most common scores were '2' and '5' for treatment providers and not reported for law enforcement. Treatment providers shared: "I hear more about molly; Actually, I've heard recently quite a bit ... at least three of four [clients] in the past six months talked about [molly]. It's usually not their drug of choice, but they are using it at times." A law enforcement officer stated, "It depends on the time of year. In summertime, it's popular at [music festivals in the area]. It's popular on the college campus."

Participants reported that the availability of ecstasy has decreased, while the availability of molly has increased during the past six months. A participant stated, "I think it's more popular in the summer when all the 'raves' (dance parties) are going on." Community professionals reported that the availability of ecstasy and molly has remained the same during the past six months. 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	Increase
	 Law enforcement	No change
 Treatment providers	No change	

Participants discussed the quality of ecstasy and molly and rated the current quality of the drugs as '9' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common scores were '4' for ecstasy and '9' for molly. Participants reported: "The last 'roll' (ecstasy) I had was the strongest I ever had ... looked like a SweeTart®, a 'quadruple stack' (four doses in one tablet), from the Netherlands." Reportedly, ecstasy and molly are often

adulterated with other substances including aspirin, heroin and methamphetamine. A participant shared, "I did ecstasy and it showed up [on a drug screen] as meth in my system." Overall, participants reported that the quality of ecstasy and molly has decreased during the past six months.

Current prices for ecstasy and molly were reported by participants with experience buying the drug. One participant commented, "[Price of ecstasy] depends on what is printed on it."

Ecstasy/Molly	Current Prices for Ecstasy/Molly	
	Ecstasy:	
	Low dose (aka "single stack")	\$10
	High dose (aka "triple stack")	\$25
	Molly:	
1/10 gram (aka "point")	\$10	
	A gram	\$60-80

Participants reported that the most common route of administration for ecstasy and molly is oral consumption. Participants estimated that out of 10 ecstasy users, all 10 would consume the drug orally. Participants estimated that out of 10 molly users, six would orally consume, two would snort and two would intravenously inject the drug. Participants commented: "You can put [molly] in a capsule and eat (swallow) it; Put [molly] in Sprite® and drink it."

Participants described typical ecstasy and molly users as individuals who attend concerts, festivals and dance clubs. Treatment providers described typical ecstasy and molly users as young, white people. A treatment provider said, "Middle-aged clients report use in the past."

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), hallucinogens (dimethyltryptamine [DMT], lysergic acid diethylamide [LSD] and psilocybin mushrooms) and synthetic marijuana (synthetic cannabinoids).

Bath Salts

Bath salts (substituted cathinones; compounds containing methylone, mephedrone, MDPV or other chemical analogues) are available in the region. However, participants in Summit and Stark counties who reported on the drug did not agree on current availability and reported it as '3-10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was not reported. A participant stated, *"You have to know somebody, who knows where to get [bath salts]."* Community professionals did not have information on current availability of bath salts. A treatment provider stated, *"I hear nothing anymore ... not in the past year."* BCI crime labs reported that the incidence of substituted cathinones ("bath salts") cases they process from this region has increased during the past six months.

Participants reported that the drug is inexpensive, and one participant reported bath salts sell for \$20 a gram. Reportedly, bath salts are most frequently purchased from drug dealers and from certain retailers such as corner convenience stores and head shops. Participants from one group reported that the drug is sold as legitimate products such as pipe cleaner or glass cleaner. Participants described typical bath salts users as people of lower income and individuals involved in the sex industry.

Hallucinogens

Hallucinogens remain available in the region. Participants most often reported the current availability of LSD as '10' and of psilocybin mushrooms as '8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were '10' and '5-10,' respectively. Participants commented: *"I dee-jay at a club, I see [LSD] everywhere; A lot of people are liking the hallucinogens, the way it makes you feel."*

Treatment providers most often reported the current general availability of hallucinogens as '2-5'; the previous most common scores were '2' for LSD and '7-8' for psilocybin mushrooms. Treatment providers shared: *"It's talked about, but it's not that common; You probably have to know somebody; They glorify that drug. [Clients say,] 'It expands my mind. I use it for spiritual reasons;' Seems to be a marijuana-type deal for a lot of my clients."*

Law enforcement most often reported the current availability of LSD as '7' and the current availability of

psilocybin mushrooms as '4-5'; the previous most common score was '5' for both drugs. Law enforcement reported: *"[LSD] is as prevalent as ecstasy and molly; It's very popular down by the [college] campus, and very popular at [music festivals] in the summertime and spring. April to October is our busy season for it; We see mushrooms at the same time [as LSD], but I wouldn't say it's as prevalent. Not so much on campus, but more with the 'rave' (dance party) drug scene...."*

In terms of the current availability of DMT, one participant group (Summit County), one treatment provider group (Summit County) and one law enforcement group (Portage County) reported on current availability of the drug. Three participants from the one group reported first-hand experience with DMT. These participants reported that the drug is highly available in the region, and they most often reported its current availability as '10'; the previous most common score was not reported. The law enforcement group indicated that availability is seasonal, reporting that DMT is often found with other hallucinogens at summer music festivals.

Participants and community professionals did not provide information on availability change during the past six months for hallucinogens. However, one participant informed, *"I expect there will be an influx because of Colorado, they are ... grinding [psilocybin mushrooms] down and putting them into capsules, so it will be pretty easy to ship."* BCI crime labs reported that the incidence of LSD and psilocybin mushroom cases it processes from this region has increased during the past six months. BCI labs reported processing very few cases of DMT from this region during the past six months.

Current prices for LSD and psilocybin mushrooms were reported by participants with experience buying the drugs. Participants did not know the pricing for DMT. Reportedly, a "hit" (single dose) of LSD sells for \$6-10; 1/8 ounce of psilocybin mushrooms sells for \$20. The most common route of administration for LSD and psilocybin mushrooms is oral consumption, and smoking for DMT, most commonly lacing the tip of a marijuana joint with DMT and smoking. Participants described typical hallucinogen users as young people engaged in the dance club scene and attend music festivals in the summertime. Law enforcement described typical hallucinogen users as young people (popular on college campuses) and people attending festivals and concerts.

Synthetic Marijuana

Synthetic marijuana (synthetic cannabinoids) 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 reported: *"You can get it anywhere; A lot of people make it; I was in the corrections facility. They got it in there; It's all over in the prisons."* Treatment providers reported that synthetic marijuana is available in the region, but they did not rate its current availability. A treatment provider explained, *"Every so often we hear of it, not sure how available it is. Clients don't like it."* A law enforcement officer from Portage County stated, *"We don't see that anymore."* BCI crime labs reported that the incidence of synthetic cannabinoids cases they process from this region has decreased during the past six months.

A participant reported that a "blunt" (cigar filled with synthetic marijuana) sells for \$5. Other participants reported that a pouch or envelope containing 1/8 ounce sells for \$10-25. Participants reported that synthetic marijuana can easily be obtained from various retail outlets, such as beverage drive-thrus, smoke shops and head shops. Participants discussed that the only route of administration for synthetic marijuana remains smoking. Participants described typical synthetic marijuana users as individuals on probation or in corrections facilities. A participant clarified, *"People on 'papers' (probation), people in rehab ... young kids. I never hear about older people using it ... unless they are on papers."*

Conclusion

Fentanyl, marijuana, methamphetamine and synthetic marijuana (synthetic cannabinoids) remain highly available in the Akron-Canton region. Changes in availability during the past six months include: increased availability for marijuana and methamphetamine; decreased availability for heroin and prescription opioids; and likely decreased availability for sedative-hypnotics.

Participants and community professionals were not in agreement regarding the current level of availability for heroin. Despite assigning an overall high availability rating to heroin, most participants continued to indicate

that unadulterated heroin is difficult to find. Reflective of the viewpoint that unadulterated heroin is low in availability, community professionals most often reported the current availability of heroin as low. A law enforcement officer stated, *"You ask for heroin, but nine times out of 10, it's going to come back as something else."*

Participants and treatment providers reported that the availability of heroin has decreased during the past six months. They attributed decreased availability to decreased demand for heroin as users prefer the cheaper and more intense high of fentanyl, as well as to a shift from heroin to methamphetamine among users who want to avoid experiencing opiate withdrawal symptoms and overdose. Ohio Bureau of Criminal Investigation (BCI) reported that the incidence of heroin cases they process from this region has decreased during the past six months; the labs reported processing beige, blue, brown, gray, pink, purple, tan and white powdered heroin as well as black tar heroin.

Participants reported that the availability of fentanyl has increased during the past six months due to increased popularity and ease of obtaining the drug. Participants and community professionals continued to note fentanyl as an adulterant for many other drugs, including prescription opioids and sedative-hypnotics, informing that the majority of pills obtained on the street are counterfeit, most often fentanyl pressed into pill form. 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.

Corroborating data indicated that marijuana is highly available in the Akron-Canton region. ODPS reported seizing 342.2 kilograms (754.5 lbs.) of marijuana from this region during the past six months. Participants and community professionals reported that the availability of marijuana extracts and concentrates, often appearing as oil and waxy forms of the drug (aka "dabs"), has increased during the past six months. BCI crime labs reported that the incidence of concentrated THC oils (dabs) cases they process from this region has increased. Law enforcement observed: *"We are getting a lot of that ... the THC cartridges; Now, mostly what we see is the hashish oil (oil made from the resin of the cannabis plant) for vape pens."*

There was consensus among participants and community providers that the current availability of

methamphetamine is extremely high. Corroborating data indicated high availability of methamphetamine. ODPS reported seizing 61.0 kilograms (134.5 lbs.) of methamphetamine from the Akron-Canton region during the past six months. Participants reported that methamphetamine is available in crystal and powdered forms throughout the region; however, they indicated crystal methamphetamine as most prevalent. Reasons for increased availability of methamphetamine, reportedly, are the low cost of the drug and the migration of opiate users to stimulant drugs to alleviate opiate withdrawal symptoms and avoid overdose.

Lastly, participants with first-hand experience of dimethyltryptamine (DMT) during the past six months reported high current availability for this hallucinogenic drug. Law enforcement observed that the drug's availability seems to be seasonal, reporting that the drug is often found with other hallucinogens during summer music festivals. Participants reported that the most common route of administration for DMT is smoking, most commonly lacing the tip of a marijuana joint with the drug and smoking.