

Surveillance of Drug Abuse Trends in the State of Ohio

January - June 2018

Executive Summary

The Ohio Substance Abuse Monitoring (OSAM) Network consists of eight regional epidemiologists (REPIs) located in the following regions of the state: Akron-Canton, Athens, Cincinnati, Cleveland, Columbus, Dayton, Toledo and Youngstown. The OSAM Network conducts focus groups and individual interviews with active and recovering drug users and community professionals (treatment providers, law enforcement officials, etc.) to produce epidemiological descriptions of local substance abuse trends. Qualitative findings are supplemented with available statistical data such as coroner's reports and crime laboratory data. Mass media sources, such as local newspapers, are also monitored for information related to substance abuse trends. Once integrated, these valuable sources provide the Ohio Department of Mental Health and Addiction Services (OhioMHAS) with a real-time method of providing accurate epidemiological descriptions that policymakers need to plan appropriate prevention and intervention strategies.

This Executive Summary presents findings from the OSAM core scientific meeting held in Columbus, Ohio on June 29, 2018. It is based upon qualitative data collected from January through June 2018 via focus group interviews. Participants were 337 active and recovering drug users recruited from alcohol and other drug treatment programs in each of OSAM's eight regions. Data triangulation was achieved through comparison of participant data to data collected from 127 community professionals via individual and focus group interviews, as well as to data surveyed from coroner and medical examiner offices, family and juvenile courts, municipal courts, common pleas and drug courts, the Ohio Bureau of Criminal Investigation (BCI), the Ohio State Highway Patrol Crime Lab, police and county crime labs, fire department EMS, OhioMHAS' Screening, Brief Intervention and Referral for Treatment (SBIRT) program which operates in federally qualified health centers, and the Ohio Department of Public Safety (ODPS), which logs drug task force seizures from across Ohio. Media outlets in each region were also queried for information regarding regional drug abuse for January through June 2018. OSAM research administrators in the Office of Quality, Planning and Research at OhioMHAS prepared regional reports and compiled this summary of major findings. Please refer to regional reports for more in-depth information about the drugs reported in this section.

Powdered Cocaine

While powdered cocaine remains relatively easy to obtain throughout OSAM regions, participants indicated that the availability of powdered cocaine is dependent on the user's drug connections and knowledge of where and how to obtain it. One participant stated, *"You just have to know the right people."* Corroborating data indicated that powdered cocaine is readily available. Coroner and medical examiner offices in Cuyahoga, Hamilton and Montgomery counties reported that 47.5%, 40.6% and 46.0%, respectively, of all the drug-related deaths they recorded this reporting period involved powdered/crack cocaine.

The availability of the drug has likely increased in the Cleveland region. The Cuyahoga County Regional Crime Lab reported that the incidence of cocaine cases it processes has increased during the past six months. Participants and

community professionals linked the increase in availability and use of powdered cocaine to heroin/fentanyl use. Participants noted that many opiate users also prefer stimulant drugs. Treatment providers commented that some users receiving medication assisted treatment (MAT) for opioid use disorder are continuing to get high with cocaine.

In other regions, several respondents reported that they thought the availability of powdered cocaine to be slightly decreasing. Participants in Akron-Canton with this view cited methamphetamine as pushing cocaine aside, discussing methamphetamine as a cheaper and more potent alternative. In addition, a few participants observed that drug dealers are using powdered cocaine to produce crack cocaine, increasing their profit margins by increasing the volume of their sales. The Ohio State Highway Patrol (OSHP) Crime Lab reported that the incidence of powdered cocaine and crack cocaine cases they process has decreased during the past six months.

Reported Change in Availability of
Powdered Cocaine
during the Past 6 Months

Region	Current Availability	Availability Change
Akron-Canton	High	No change
Athens	Moderate to High	No change
Cincinnati	High	No change
Cleveland	Moderate to High	Increase
Columbus	Moderate to High	No change
Dayton	Moderate to High	No change
Toledo	High	No change
Youngstown	High	No change

Participants throughout OSAM regions 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 regional modal quality scores ranged from '2' for Akron-Canton and Athens to '10' for Toledo. Participants in Toledo reported on the potency of powdered cocaine, attributing the drug's current "high quality" to the use of fentanyl as a common cut (adulterant). One participant exclaimed, "You get higher." Participants in six regions noted a decrease in the overall quality of powdered cocaine during the past six months, while participants in the Cleveland and Youngstown regions reported overall quality as remaining the same.

Although participants most often reported moderate quality of powdered cocaine, they discussed variability in quality, depending on the cutting agents and the drug dealer. Participants continued to universally indicate that powdered cocaine is often cut with other substances and reported that the top cutting agents for powdered cocaine include: baby aspirin, baby formula, baby laxatives/laxatives, baby powder, baking powder, baking soda, caffeine, creatine, fentanyl, dietary supplements (inositol and isotol), methamphetamine and vitamin D.

Regarding fentanyl as a cut for powdered cocaine, there was much discussion throughout regions. An Akron-Canton participant remarked, "They're putting fentanyl in everything, that way they can get you physically addicted to it." A Cincinnati regional law enforcement officer stated, "I don't know if there's a misconception that cocaine's going to be safe... we're seeing people overdose on cocaine. We're having professionals tell us that [clients] are overdosing on fentanyl [when] they were trying to use cocaine..." Law enforcement in Cleveland reported seizing fentanyl-laced cocaine in the region during the past six months. In addition, several participants talked about methamphetamine as an increasingly common cut

for powdered cocaine: "It's way cheaper; Makes their product better; You feel the high... feels like you're getting something."

Other cuts for powdered cocaine mentioned included: acetone, BC Headache Powder®, aspirin, "carpet fresheners" (cutting agents sold at head shops under the brand names of Bolivian Rock/Bolivian Flake and Mother of Pearl among others), cream of tartar, diesel fuel, ether, heroin, ibuprofen, kerosene, local anesthetics (lidocaine and Novocain), mannitol (diuretic), MiraLAX®, MSM (methylsulfonylmethane, a joint supplement), numbing agents (Orajel™), prescription opioids, prescription stimulants (Adderall®), quinine (antimalarial), rat poison and vitamin B. Crime labs throughout OSAM regions noted the following cutting agents for powdered cocaine: caffeine, levamisole (livestock dewormer), local anesthetics (lidocaine and procaine) and phenacetin (banned analgesic).

Current street jargon includes many names for powdered cocaine. Street names often refer to the white color of the drug ("snow," "sugar" and "devil's dandruff") and often reference females ("Christina Aguilera," "white girl" and "white lady"). A Dayton participant indicated that the reason the term "blow" is used to describe powdered cocaine is that the drug "blows your mind."

Current Street Names of
Powdered Cocaine

General Names	coke, girl, powder, snow, soft, white girl
Other Names	bitch, blow, booger sugar, Christina Aguilera, coke, devil's dandruff, fish scale, nose candy, salt, skiing, snowing, sugar, toot, white, white lady, yayo

Participants throughout OSAM regions generally reported that the most common quantity of purchase for powdered cocaine is a gram for \$60-100, followed by 1/8 ounce (aka "eight ball") for \$150-300. Participants in half of the regions also noted 1/10 gram amounts for \$10-20 as common. In these regions, participants indicated that an increasing trend is to sell powdered cocaine in 1/10-2/10 gram amounts (aka "points"). Akron-Canton participants commented: "Some are selling a \$20 bag at the bars, all night; It's 'pointed' out." In four regions, pricing for ounce amounts were reported from a low of \$800 in Columbus to a high of \$1,200 in Youngstown.

Participants throughout OSAM regions continued to indicate that the relationship between the drug dealer and the user often directs the price of the drug; reportedly, if a user has an established relationship with a dealer, the price could be lower. Also, if a user buys in larger amounts, a discounted price

might be had. Participants in the Cincinnati and Cleveland regions reported that the overall prices for powdered cocaine have decreased during the past six months, while participants in Columbus reported that prices have increased. Participants in all other regions reported prices as having remained the same during the past six months.

The most common route of administration for powdered cocaine remains snorting. Throughout most OSAM regions, participants estimated that out of 10 powdered cocaine users, 5-10 would snort the drug; only participants in the Toledo region thought intravenous injection (aka “shooting”) to be more common than snorting. Toledo participants commented: *“There’s a lot more people shooting up; I would say the majority of the people will inject it. People have been injecting everything lately.”* Participants in other regions also noted users shooting powdered cocaine. Participants in Akron-Canton observed: *“If you are into heroin, you’re probably shooting [cocaine]; Shooting is the thing now.”*

Participants and community professionals continued to most often describe typical powdered cocaine users as of middle to upper socio-economic status, white people and professional, while also noting powdered cocaine use among heroin users. In addition, much of the discussion of powdered cocaine use was related to the drug’s status as a party drug. One law enforcement officer remarked, *“It’s just part of the bar crowd ... it’s a social thing.”*

Many other substances are used in combination with powdered cocaine. Participants reported that using powdered cocaine with alcohol allows individuals to drink alcohol more intensely and/or for a longer period of time. They said: *“You don’t get sloppy [drunk] when you’re drinking; You can drink all night.”* Participants continued to report that powdered cocaine is often used in combination with heroin to “speedball” (concurrent or consecutive stimulant and sedative highs). Participants discussed: *“Everyone who is selling heroin is selling coke because they go hand in hand; You get up, you get high, and then instead of crashing after using cocaine ... to counteract that, you use heroin; It’s like a roller coaster.”* Participants also noted that marijuana and sedative-hypnotics (Xanax®) are used to bring a user down from the intense stimulant high produced by cocaine use. Lastly, participants reported that the use of methamphetamine with powdered cocaine intensifies the stimulant effect.

Substances Most Often Combined with Powdered Cocaine

- alcohol • heroin • marijuana • methamphetamine •
- prescription opioids • sedative-hypnotics •

Crack Cocaine

Crack cocaine generally remains highly available throughout OSAM regions. Cincinnati is the only region where respondents reported a change in availability for the drug during the past six months: participants and law enforcement reported increased crack cocaine availability. They attributed the increase to growing demand for stimulant drugs among opiate users. Reportedly, the reasons for heroin/fentanyl users switching to crack cocaine parallel the reasons discussed above explaining the switch to powdered cocaine: cocaine is viewed as a safer alternative to opiates and MAT allows for stimulant use. While crack cocaine has historically been easier to obtain than powdered cocaine, community professionals in the Toledo region indicated that powdered cocaine is more available than crack cocaine in that region.

Reported Change in Availability of Crack Cocaine during the Past 6 Months

Region	Current Availability	Availability Change
Akron-Canton	High	No change
Athens	Moderate to High	No change
Cincinnati	High	Increase
Cleveland	Moderate to High	No change
Columbus	High	No change
Dayton	Moderate to High	No change
Toledo	High	No change
Youngstown	High	No change

Participants throughout OSAM regions most often rated the current overall quality of crack cocaine as ‘6’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the regional modal quality scores ranged from ‘2’ for Youngstown to ‘7’ for Cleveland. Participants in half of the regions discussed the current quality of crack cocaine as variable. A few participants in Youngstown reported varying quality, depending on the amount of money one is willing to pay for the drug and the location of the purchase. They said: *“It just depends ... what part of the city you go to; It’s up or down; Some have the ‘double ups’ [cut a lot with baking soda] some have the ‘drop’ [more potent]. It just depends on what you want to pay for it.”* One participant added, *“If it looks like wax or is yellowish, then you know it’s the good stuff. ...”*

Overall, participants throughout OSAM regions reported that the quality of crack cocaine has remained the same during the past six months, with the exception of Columbus, Dayton and Toledo where participants reported decreased quality. Participants discussed adulterants that affect the quality of crack cocaine and universally reported that the top cutting agent (adulterant) for the drug is baking soda.

Other cuts for crack cocaine mentioned included: ammonia, baby laxatives/laxatives, baking powder, creatine, diesel fuel, fentanyl, heroin, inositol (dietary supplement), kerosene, local anesthetics (benzocaine, lidocaine and Novocain), mannitol (diuretic), methamphetamine, Orajel™, prescription opioids, prescription stimulants, rat poison, vitamin B and vitamin D. Crime labs throughout OSAM regions noted the following cutting agents for crack cocaine: caffeine, levamisole (livestock dewormer), local anesthetics (lidocaine and procaine) and phenacetin (banned analgesic).

Current street jargon includes many names for crack cocaine. The terms “butter” and “cheese” are used to indicate quality crack cocaine; reportedly, high quality crack cocaine has a yellow tinge to it. One participant stated, “If you’re looking for crack, I’ve heard that you should look for the ‘butter’ ... it’s a lot better.” Another participant commented, “[It’s called butter] because the color of it and it melts when you put fire to it.” Participants further explained the term “melt,” stating: “[High quality crack cocaine] melts. If it’s like crappy stuff, has too much cut in it, it all won’t melt; [Drug dealers will] say, ‘I have melt,’ meaning they have good stuff.”

Participants explained the street name “cavvy,” a derivative of the word ‘caviar,’ also denotes high quality crack cocaine. A participant remarked, “Everybody says that ... ‘I got cavvy’ [to get you to buy crack cocaine from them].” Participants also continued to discuss street names for crack cocaine in relation to heroin, one shared, “Crack is ‘girl’ and heroin is ‘boy.’”

Current Street Names of Crack Cocaine	
General Names	butter, crack, hard, rock, work
Other Names	cavvy, cheese, drop, girl, Fruity PEBBLES™, hardware, melt, pebbles, rock climbing, yayo

Participants in the majority of OSAM regions continued to report that the most common quantity of purchase for crack cocaine is 1/10 gram (aka “rock”) for \$10-20; for the Athens region it is 1/2 gram for \$50-60; and for the Cincinnati region it is 1/2 gram for \$35-50 and a gram for \$60-100. Throughout OSAM regions, a gram sells for \$50-100.

Several participants discussed purchasing crack cocaine for whatever amount of money they had at the time of purchase. In addition, Akron-Canton participants also discussed exchanging things other than money with a dealer for crack cocaine. They said: “You can get it for gasoline and a pack of cigarettes; You can steal a bike, take it to a dealer and get crack; Some give them their cars, ‘You can drive my car all day, just give me \$100 of dope.” Participants throughout OSAM regions indicated that the price for crack cocaine has remained the same during the past six months, with the exception of the Cleveland and Dayton regions where participants reported prices as having decreased and increased, respectively.

Participants reported that the most common route of administration for crack cocaine remains smoking, followed by intravenous injection (aka “shooting”). Participants estimated that out of 10 crack cocaine users, 5-10 would smoke and 0-5 would shoot the drug. One participant stated, “IV (intravenous) use of crack is going up because of the heroin epidemic, but still 95% are smoking it.”

Toledo participants discussed using lemon juice and vinegar to breakdown crack cocaine for injection. A participant explained, “Cocaine is water soluble and crack is not, and in order to break that crack back down (remove adulterants), you have to use lemon juice or vinegar.” Another participant commented, “I smoked crack for like 18 years ... and when I found the needle, I would never smoke crack again. I never did.” In addition, an Akron-Canton participant shared, “I would smoke it and shoot it, a double whammy.” One treatment provider noted, “A lot of people are shooting crack up where in the past they smoked it.” Several participants in various regions observed that routes of administration are based on the group of people using the drug together.

Participants and community professionals described typical crack cocaine users as anyone, while noting the drug’s continued association with persons of lower socio-economic status, African-American users and persons engaged in prostitution. One participant remarked, “It really doesn’t discriminate,” while a law enforcement officer

described, “Urban, low-income, African-American ... and, it is still really popular with the street prostitutes...” In addition, several respondents emphasized the use of stimulant drugs by opiate users as typical. A treatment provider commented, “A large percentage of the time, if I talk to somebody who their drug of choice is heroin or fentanyl, crack cocaine always goes with it ... almost every time it’s heroin and fentanyl and crack cocaine.”

Many other substances are used in combination with crack cocaine. Participants reported that crack cocaine is most often used in combination with alcohol, heroin and marijuana. Participants reported using the aforementioned drugs primarily to help with coming off crack cocaine. Participants reported using heroin with crack cocaine for the “speedball” effect (concurrent or consecutive stimulant and sedative highs).

Substances Most Often Combined with Crack Cocaine

- alcohol • heroin • marijuana • methamphetamine •
- prescription opioids • sedative-hypnotics •

Heroin

While heroin remains highly available throughout OSAM regions, respondents overall found it difficult to discuss heroin apart from fentanyl. Participants and law enforcement frequently commented that finding “pure heroin” (heroin not adulterated with fentanyl) is difficult. A participant commented, “They’ll tell you it’s heroin, and when you overdose and wake up in the hospital, they tell you it was fentanyl.” Respondents in the Cincinnati and Columbus regions reported dealers giving away heroin “testers” (a sample of their product) free of charge and often unsolicited. One law enforcement officer shared, “I’m approached sitting on the street, people knocking on my [car] window, depending on the neighborhood, offering testers ... a little fold [of paper] with a tenth of a gram [of heroin] and a phone number.”

Throughout OSAM regions, the high availability of heroin has remained the same during the past six months, with the exception of Columbus where respondents reported increased availability and Akron-Canton where respondents were not in agreement regarding a change

of availability. A law enforcement officer in the Columbus region stated, “The investigative units ... are taking in kilos [of heroin] at a time which used to be unheard of.” In addition, the Columbus Fire Department reported administering 2,423 total doses of naloxone to 1,599 individuals in the city of Columbus during the reporting period. In Akron-Canton, some respondents thought the availability of heroin has remained the same while others reported that availability has decreased as the prevalence of fentanyl increases.

Reported Change in Availability of Heroin during the Past 6 Months

Region	Current Availability	Availability Change	Most Available Heroin Type
Akron-Canton	High	No consensus	Powdered
Athens	High	No change	White powdered and black tar
Cincinnati	High	No change	White powdered
Cleveland	High	No change	Powdered
Columbus	High	Increase	Powdered and black tar
Dayton	High	No change	White powdered
Toledo	High	No change	White powdered
Youngstown	High	No change	White powdered

Participants reported that powdered heroin comes in many colors, including: brown, gray (similar to cigarette ashes), peach, pink, tan and white. Several participants indicated that if the color is white, then the drug is most likely fentanyl or heroin cut with fentanyl, which participants referred to as “china white.” However, Youngstown participants noted that fentanyl-heroin mixtures can appear pink in color. A few Toledo participants echoed the sentiments of one participant who said that even though white powdered heroin is most prevalent, gray heroin (aka “gray death”) is the most popular because it is believed to contain strong amounts of fentanyl. A treatment provider stated, “Gray death’ is a potent mix of heroin and fentanyl.” BCI crime labs reported processing beige, brown, gray, purple, tan and white powdered heroin, as well as black tar heroin during the past six months.

Participants throughout OSAM regions most often rated the current overall quality of heroin as '1,'5' and '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the regional modal quality scores ranged from '1' for Dayton to '5' for Akron-Canton and Columbus to '10' for Athens and Cincinnati. The dichotomous scoring of extremely low quality and extremely high quality accounts for fentanyl as a cut (adulterant) for heroin. Participants discussed that heroin is generally of poor quality; hence fentanyl is added to boost its potency. Cleveland participants most often reported the current quality of unadulterated heroin as '1-2' and of fentanyl-cut heroin as '10'. Participants in several regions noted variability of quality. One Youngstown participant remarked, "It's either you get a little bit high or you die."

Overall, participants in half of OSAM regions reported that the quality of heroin has remained the same during the past six months, while the other half (Akron-Canton, Cincinnati, Cleveland and Columbus) reported decreased quality. Participants discussed cuts that affect the quality of heroin and continued to report fentanyl as the top cutting agent for the drug. Additional cuts mentioned included: acetone, aspirin, baby formula, baby laxatives, Benefiber®, brown compact make-up, brown sugar, carfentanil, cocaine, coffee, ecstasy/molly, embalming fluid, hot chocolate mix, inositol (dietary supplement), mannitol (diuretic), melatonin, NoDoz®, Pepsi®, powdered sugar, prescription opioids, prescription stimulants (Adderall®), quinine (antimalarial), rat poison, sand, sedative-hypnotics (Xanax®), sleep aids (Sleepinal®), tire sealant, Tootsie Rolls® and vitamins (B-12).

Crime labs throughout OSAM regions noted the following cutting agents for heroin: acetaminophen, caffeine, cocaine, diphenhydramine (antihistamine), fentanyl, inositol (dietary supplement), lidocaine (local anesthetic), mannitol (diuretic), methamphetamine, quinine (antimalarial), sorbitol (artificial sweetener) and tramadol.

Current street jargon includes many names for heroin. Throughout OSAM regions, participants reported that the most common street name is "boy." A participant remarked, "My main one was boy. That's mainly the one that I heard the most and that I used the most." Since boy has become a well-known street name for heroin, participants discussed other male nouns as also being used to refer to the drug. They said: "Now they are coming up with extra stuff like man, uncle ... because boy caught on; They are using other male family member names instead of boy ... like I got ... son."

In addition, a couple participants explained that the term "fetty" which is short for fentanyl is used to refer to heroin as well, seeing as how obtaining heroin without fentanyl is said to be extremely difficult: "Heroin is not heroin no more; Most of the 'dope' (heroin) is cut with 'fetty;' You can't get heroin in this town without fentanyl." Thus, heroin and fentanyl have become almost synonymous terms.

Current Street Names of Heroin	
General Names	bag, boy, dope, heron, H, Hank, horse, man, nod train, Ron, Ronald, slow, smack, son
Other Names for Black Tar	balloons, tar, Tootsie Roll®
Other Names for Brown Powdered	Bobby Brown, brown, brown sugar, dirt, dog, dog food, food, puppy, puppy chow
Other Names for White Powdered	chee, china, china white, fetty, white, white boy
Other Names for Gray Powdered	concrete, death, gravel, gray, gray death

Participants throughout the majority of OSAM regions reported that the most common quantity of purchase for heroin is 1/10 gram for \$10-20, followed by a gram for \$60-175 and then 1/2 gram for \$40-80. Only participants in the Cincinnati region reported the most common quantity of heroin purchase as 1/8 ounce for \$200-250. Throughout OSAM regions, participants reported that the price of heroin has remained the same during the past six months.

Participants continued to report that the most common route of administration for heroin remains intravenous injection (aka "shooting"), followed by snorting. Participants estimated that out of 10 heroin users, 5-10 would shoot and 0-5 would snort the drug. Participants reported that injection needles (aka "darts," "points," "pokers," "rigs," "squirt guns," "stickers" and "tools") are most available from drug stores/retail pharmacies, drug dealers, people with diabetes and through needle exchange programs. Additionally, participants reported obtaining needles through Internet purchase. Reportedly, needles on the street most often sell for \$2-5 per needle. Additionally, participants continued to report that sharing needles is common. Comments included: "Yeah, I've shared a few times; People don't want to admit it, but more of us have shared than haven't; I know people that will pick up a needle off the ground and shoot up."

A profile for a typical heroin user did not emerge from the data. Participants and community professionals described typical users as coming from all walks of life; however, some respondents continued to note heroin use among young people and white people.

Many other substances are used in combination with heroin. Reportedly, alcohol, marijuana, prescription opioids and sedative-hypnotics are combined with heroin to intensify the effect of the heroin. Participants specifically discussed using Xanax® to boost the potency of poor quality heroin; many participants acknowledged the danger of combining benzodiazepines with opiates. They discussed: *“They say Xanax® intensifies it, but it can be deadly; To increase your high [mix with benzodiazepines]; I know a lot of people around here that heroin wasn’t getting them high, but they still took it and they took a Xanax® on top of it; Makes you into a zombie; Benzos [with opiates] that’s very dangerous.”* In addition to taking the aforementioned drugs to intensify their highs, participants also shared that they used these drugs to help alleviate opiate withdrawal symptoms. Cocaine and methamphetamine are combined with heroin to achieve the “speedball” effect (concurrent or consecutive stimulant and sedative highs). Participants also reported using methamphetamine after heroin use to also ease withdrawal.

Substances Most Often Combined with Heroin

- alcohol • crack cocaine • marijuana •
- methamphetamine • Neurontin® • powdered cocaine •
- prescription opioids • sedative-hypnotics •

Fentanyl

There was almost universal consensus among participants, treatment providers and law enforcement that fentanyl remains highly available throughout OSAM regions. In the Columbus region, the moderate current availability scores among participants were reflective of the participant view that unadulterated fentanyl is not as available as various fentanyl mixtures. Columbus treatment providers viewed the current availability of fentanyl as high given the high number of positive drug screens they are recording for the drug; law enforcement continued to report low current availability of “straight” fentanyl.

Corroborating data indicated that fentanyl is readily available. Coroner and medical examiner offices in Cuyahoga and Hamilton counties reported that 53.8% and 76.4%, respectively, of all the drug-related deaths they recorded this reporting period involved fentanyl. The Montgomery County Coroner’s Office reported that, of the 189 drug overdose deaths it recorded this reporting period, 90.3% involved fentanyl and/or carfentanil. The Ohio State Highway Patrol Crime Lab reported that the incidence of fentanyl and fentanyl analogues cases they process has continued to increase during the past six months. In addition, the lab reported that it is beginning to see purported opioid tablets that contain fentanyl, heroin and/or U-47700 (synthetic opioid).

Participants and community professionals most often reported that the availability of fentanyl has increased during the past six months. Respondents attributed the ease in which dealers can cut other drugs with fentanyl to expand their sales as a primary reason for increased availability. Participants also attributed the increase to greater demand for the drug, noting that fentanyl is considerably cheaper than heroin; and thus, extremely appealing to dealers who can sell it as heroin at heroin prices. Moreover, participants explained that fentanyl is shorter acting than heroin, meaning the high it produces does not last as long, so users need more of the drug to maintain a high and to avoid experiencing withdrawal symptoms. While heroin and fentanyl have remained highly available, respondents indicated that fentanyl is easier to obtain than heroin in the Cleveland and Dayton regions.

Reported Change in Availability of Fentanyl during the Past 6 Months

Region	Current Availability	Availability Change
Akron-Canton	High	Increase
Athens	High	Increase
Cincinnati	High	No consensus
Cleveland	High	No consensus
Columbus	Moderate to High	Increase
Dayton	High	Increase
Toledo	High	Increase
Youngstown	High	No consensus

Participants most often rated the current overall quality of fentanyl as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality). However, participants in the Athens and Columbus regions were unable to rate the current overall quality of fentanyl; they found it difficult to speak directly about fentanyl's quality as it is most frequently combined with heroin.

In terms of cutting agents for fentanyl, participants noted that fentanyl is most often used as an adulterant for other drugs or as a substitution for heroin. Participants commented: "I don't know that they're cutting it with anything; [Fentanyl is] the cutting agent for other things." However, some participants continued to report that fentanyl is cut due to its high potency. These participants reported that cutting agents for fentanyl include: Advil®, baby powder, candy, glucose, Kool-Aid®, mannitol (diuretic), "molly" (powdered MDMA), quinine (antimalarial), sugar and vitamin B-12. Crime labs did not report on adulterants for fentanyl. Overall, participants reported that the general quality of fentanyl has remained the same during the past six months, with exception of the Cleveland and Dayton regions where participants reported increased quality and the Akron-Canton region where participants reported decreased quality.

Current street jargon is limited in terms of names for fentanyl. Participants most often reported "fetty," while law enforcement referred to fentanyl as "fent." Reportedly "gray death" is so named because of the color of the heroin/fentanyl and because of its extreme potency which often leads to overdose.

Current Street Names of Fentanyl	
Most Common Names	fent, fet, fetty, fetty wop
Other Names	elephant (carfentanil, elephant tranquilizer), fennies, gray death, grim reapers

Participants in six OSAM regions reported on prices for fentanyl. Participants in the Athens and Columbus regions were unable to report on the current pricing of fentanyl. Columbus participants explained that their experience with the drug has been in its combination with heroin; no participant reported having made purchases of unadulterated fentanyl. Participants commented: "I don't know many people that just have straight fentanyl or are selling it that way; I don't even think your dealer would tell you if they

got straight fentanyl. They might not even know." Another participant remarked, "[The price of fentanyl] is the same as for heroin, but for the dealer, it's way cheaper to get ... the profit margin is crazy." In reporting regions, the most common quantity of fentanyl purchase is 1/10 gram (aka "point") for \$10-20. Overall, participants reported that the price of fentanyl has remained the same during the past six months.

The most common route of administration for fentanyl remains intravenous injection (aka "shooting"). Participants most often estimated that out of 10 fentanyl users, eight would shoot and two would snort the drug. Only participants in the Athens region mentioned smoking as a route of administration for fentanyl. Participants discussed users snorting fentanyl for the following reasons: "Scared of needles; Convenience; More of a fear of overdosing [when injecting]." One participant observed, "My experience with heroin and fentanyl is people are going to snort it until the day they shoot it, and then they'll never snort it again."

Participants and community providers throughout OSAM regions continued to most often describe typical fentanyl users as heroin users. However, community professionals in Akron-Canton expressed that fentanyl users are more progressed in their addiction than heroin users. They commented: "The only difference is that more experienced users may specifically ask for fentanyl because their tolerance is going to be higher; People looking for that next level, that graduated high."

Many other substances are used in combination with fentanyl. Participants discussed combining other substances with fentanyl for the same reasons other substances are combined with heroin. Using fentanyl with benzodiazepines reportedly intensifies the effect. Participants commented: "It puts you down even more; It makes you overdose; Every time I've overdosed, I've had benzos in my system; They have those pressed Xanax® now that are part benzos and part fentanyl." Other opiates and marijuana are also used in combination with fentanyl to intensify the effect. Stimulants (cocaine and methamphetamine) are used to achieve the "speedball" effect, and to help the user function. Participants said: "You can function if you use it with meth or crack; With cocaine, you stay awake."

Substances Most Often Combined with Fentanyl

- alcohol • crack cocaine • heroin • marijuana •
- methamphetamine • powdered cocaine •
- prescription opioids • sedative-hypnotics •

Prescription Opioids

Prescription opioids are moderately available for illicit use throughout OSAM regions. However, law enforcement in the Akron-Canton and Toledo regions indicated high street availability of these drugs in their regions. They commented: *"We still see doctor shopping. I've had guys go down to the Southern part of the State looking for prescription pills; We see the OARRS (Ohio Automated Rx Reporting System) report and find probationers getting the medication that don't report it to us; We see it a lot."* In addition, a few law enforcement officers in Columbus discussed the prevalence of pressed pills made to look like prescription opioids, but reportedly, these clandestine pills actually contain illicit substances such as fentanyl.

In the majority of OSAM regions, the availability of prescription opioids for illicit use has continued to decrease during the past six months. In the Youngstown region, participants reported that the general availability of prescription opioids has decreased during the past six months, while community professionals reported that it has remained the same. Respondents noted doctors cutting back on prescribing opioids, which has limited street availability significantly while also dramatically increasing prices for these drugs to where they are cost prohibitive to most users, as the primary reason for decreased availability. Community professionals once again credited OARRS as having a positive impact on the decline of availability of prescription opioids for illicit use. In addition, participants discussed that there are far less expensive and more potent alternatives to prescribed opioids in plentiful supply (heroin/fentanyl), which has effectively decreased the demand for these medications.

Participants throughout OSAM regions reported that prescription opioids sell for \$1-2 per milligram. However, participants indicated that pricing is often dependent on quantity purchased and on need with those in obvious withdrawal paying more. Comments included: *"It depends on if your 'dope sick' (experiencing withdrawal) or not for what you'll pay for it; If you buy a 'script' (full prescription amount), it's cheaper."* Reportedly, Percocet® 5 mg most often sells for \$5-7; Vicodin® 5 mg most often sells for \$5. Overall, participants in most regions reported that the price for prescription opioids has increased during the past six months, with the exception of the Dayton and Toledo regions where participants reported that prices have remained the same.

Reported Availability Change of Prescription Opioids during the Past 6 Months

Region	Current Availability	Availability Change	Most Available
Akron-Canton	Moderate to High	Decrease	Percocet® Vicodin®
Athens	Moderate	Decrease	Percocet® Vicodin®
Cincinnati	Moderate	Decrease	Percocet®
Cleveland	Moderate	Decrease	Percocet® Vicodin®
Columbus	Moderate	Decrease	Roxicodone® Vicodin®
Dayton	Moderate	Decrease	Percocet® Vicodin®
Toledo	Moderate to High	Decrease	Percocet® Roxicodone®
Youngstown	Moderate	No consensus	Percocet® Roxicodone®

Current street jargon includes many names for prescription opioids. Participants continued to discuss that street names are generally derived from the brand name for the opioid; the brand name is either shortened or the first letter of the brand name is used to refer to it ("Vs" or "vikes" for Vicodin®). In addition, street names for prescription opioids also often include the milligram dose ("vike 5s" for Vicodin® 5 mg).

Current Street Names of Prescription Opioids

General Names	beans, buttons, candy, killers, painers, peas, skittles, Tic Tacs, vitamins
Morphine	morph
Norco®	narco
OxyContin®	cott, OC, ocean city, oxy
Percocet®	berries, blues, blueberries, green beans, jerks, Ps, percadoodles, perks, school buses
Roxicodone®	big boys, perk 30s, roxis
Ultram®/tramadol	trams, trims
Vicodin®	Vs, vikes

Participants reported obtaining prescription opioids for illicit use from dentists, doctors, drug dealers, emergency rooms, family members and friends with prescriptions for them, pain management clinics, theft and through Internet purchase. One participant remarked, "Crime has increased.... You have people breaking into old people's houses robbing them for pills because they have made it so much harder to get [the drugs prescribed]." In addition, several participants discussed an increase in ability to obtain these drugs from veterinarians: "They're using their animals' [prescriptions], too, to get Ultram® and Vicodin®.... They call them 'doggie trims' and 'doggie bites' and stuff; You would get the same tramadol if your dog needed it."

While there were a few reported ways of consuming prescription opioids, and variations in methods of use were noted among types of prescription opioids, generally the most common route of administration for illicit use remains snorting, followed by oral consumption. Participants throughout OSAM regions estimated that out of 10 illicit prescription opioid users, 5-9 would snort and 1-5 would orally consume the drugs. Participants discussed that oral consumption includes chewing and "parachuting" (crushing and wrapping the drug in a piece of tissue paper to swallow). Participants continued to note that intravenous injection (aka "shooting") of prescription opioids is no longer a common route of administration as many opioids have been reformulated to include abuse deterrent measures making shooting difficult.

A profile of a typical illicit prescription opioid user did not emerge from the data. Respondents most often continued to describe illicit users as anyone. Comments included: "All walks of life; Anyone that got prescribed them." However, both participants and community professionals also continued to mention people of middle to upper socio-economic status as typical users. A participant commented, "Generally, it is people who have more money because they are expensive...."

Many other substances are used in combination with prescription opioids. Participants shared combining alcohol and marijuana with prescription opioid use to intensify their high. They stated: "Alcohol increases the effect of the drug; Marijuana intensifies your high. If you're in pain, it takes your pain away ... it lasts longer [and] it puts you to sleep." Participants reported that cocaine and methamphetamine are used with prescription opioids to achieve the "speedball" effect. One participant explained

combining cocaine with his illicit opioid use: "I just put them together and snort them.... One keeps me energized at the same time the other keeps me mellow."

Substances Most Often Combined with Prescription Opioids

- alcohol • crack cocaine • heroin • marijuana •
- methamphetamine • powdered cocaine •
- sedative-hypnotics •

Suboxone®

Suboxone® remains highly available for illicit use throughout the majority of OSAM regions. Respondents in every region discussed the presence of Suboxone® clinics where reportedly a user can buy a prescription without treatment participation; many clinics were said to operate on a cash only basis. Comments included: "It's the pay (cash only) doctors ... they pay them \$275 [and] they'll give them three [Suboxone®] a day and then ... they're just out on the street; You can get a month's prescription at a time on an outpatient basis, and you only have to see a doctor or counselor once; These clinics are popping up everywhere." Respondents continued to attribute most illicit Suboxone® use to heroin users who trade the drug for heroin or use it to manage withdrawal. One law enforcement officer described Suboxone® as a "stability drug," meaning Suboxone® is used to counteract withdrawal when the user is out of heroin. A participant remarked, "My heroin dealer always had some. If you could not afford heroin, you could buy Suboxone®."

In half of the OSAM regions, there was no consensus as to a change in street availability of Suboxone® during the past six months. However, respondents in the Athens region reported increased availability, while respondents in the Cleveland region reported decreased availability. Those who perceived an increase most often cited an increase in the number of Suboxone® clinics as the primary reason for the increase; more people prescribed Suboxone®, more Suboxone® diversion. Inversely, those who perceived decreased availability most often cited an increase in doctors prescribing Vivitrol® over Suboxone® as the primary reason for the decrease; less people prescribed Suboxone®, less Suboxone® diversion. A law enforcement officer in Cleveland explained, "There is less Suboxone® being distributed ... now they have moved that to the Vivitrol®"

shots because the professionals know about the abuse of Suboxone®. It's traded for the drugs sold on the street... We have definitely seen the decline in Suboxone® sales as far as illicit sales."

withdrawal) ... they'll charge them a lot more money." Participants remarked on the higher pricing for Subutex®: "Subutex® goes for \$35; Subutex® doesn't have the [opiate] blocker in it, so people can use on top of the Subutex® [so it is more expensive]." Overall, participants reported that the price of Suboxone® has remained the same during the past six months.

In addition to obtaining Suboxone® on the street from heroin dealers, participants reported getting the drug through doctors, clinics and individuals selling their prescriptions. Participants shared: "Every drug dealer I went to for heroin would sell Suboxone®; I'd definitely buy Suboxone® [to resell] ... they were a form of currency; I was buying them [for] \$10 and selling [for] \$20." The most common route of administration for illicit use of the Suboxone® remains oral consumption [swallowing for pills and sublingual (under the tongue) for filmstrips], followed by snorting. Reportedly, snorting is more common for the pill form; however, a few participants discussed snorting the filmstrip form through a method they referred to as "mud puddling" in which the filmstrip is dissolved in water and then snorted.

Participants and community professionals continued to describe typical illicit Suboxone® users as opiate users and those addicted to heroin. Participants stated: "An opiate user, a heroin user; The same demographic as heroin; I have never heard of somebody just taking 'subs' for fun; I don't think Suboxone® is a drug of choice. It's like a last resort...."

Reportedly, other drugs are used in combination with Suboxone®. Participants continued to report that Suboxone® is often used in combination with cocaine and methamphetamine as the medication does not block the effects of stimulant drugs, allowing the user to continue to get high. Participants discussed combining Suboxone® with alcohol, benzodiazepines, marijuana and Neurontin® (gabapentin) to achieve a more intense high. Comments on Neurontin® use with Suboxone® included: "Gabapentin doesn't show up on drug tests; You can take them without getting in trouble; It enhances the buzz."

Reported Availability Change of Suboxone® during the Past 6 Months

Region	Current Availability	Availability Change
Akron-Canton	High	No consensus
Athens	High	Increase
Cincinnati	High	No consensus
Cleveland	Moderate to High	Decrease
Columbus	High	No consensus
Dayton	Moderate to High	No consensus
Toledo	High	No change
Youngstown	Moderate	No change

Current street jargon includes several names for Suboxone®. Names often refer to the color ("oranges" and "orange tabs "orange tabs"), shape of the drug ("stop signs") or a shortened version of the brand names ("subs" for Suboxone®).

Current Street Names of Suboxone®

General Names	boxers, boxes, foot longs, subby, submarines, subs, subways
Other Names for Filmstrips	strippers, strips
Other Names for Tablets	oranges, orange stop signs, pez tabs, stop signs, tabs

While reports of current street prices for Suboxone® were variable among participants with experience buying the drug, there was consensus throughout regions that the Suboxone® pill form and Subutex® are more expensive than the Suboxone® filmstrips. Reportedly, Suboxone® 8 mg filmstrips generally sell for \$10-25; Suboxone® 8 mg pills generally sell for \$15-30; and Subutex® 8 mg generally sells for \$25-35. One participant added, "Some people tax (charge extra), especially if someone's really sick (experiencing

Substances Most Often Combined with Suboxone®

- alcohol • crack cocaine • marijuana • methamphetamine • Neurontin® • sedative-hypnotics •

Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) are at least moderately available for illicit use in every OSAM region. In the Akron-Canton region where participants reported current high street availability of sedative-hypnotics, one participant stated, "All the crack dealers have it. They give it to you to calm down." Reportedly, stimulant users seek benzodiazepines to help in coming down from an intense stimulant high. A law enforcement officer noted, "Everyone has Xanax®... they use Xanax® to come down off of [methamphetamine]...." Participants and community professionals continued to report Xanax® as the most available sedative-hypnotic in terms of widespread illicit use. One participant remarked, "Xanax® is a very big drug now-a-days." The Ohio State Highway Patrol Crime Lab reported that alprazolam (Xanax®) is by far the most frequent benzodiazepine found in case submissions; however, the incidence of alprazolam cases it processes has decreased during the past six months.

Corroborating data indicated that sedative-hypnotics are available for illicit use throughout OSAM regions. The Montgomery County Coroner's Office reported finding at least one benzodiazepine in 37.0% of the 385 drug-related deaths it processed during the past six months, while the Cuyahoga County Medical Examiner's Office reported that 19.0% of the 316 drug overdose deaths it processed involved one or more benzodiazepine or other sedative-hypnotic. In addition, as was the case in the previous reporting periods, there were reports of fake Xanax® pills. Respondents in the Akron-Canton, Athens, Cincinnati, Cleveland and Toledo regions discussed counterfeit Xanax® in circulation in those regions. A Cincinnati participant commented, "If I don't see it come out of a bottle, nine out of 10 times, it's fake." In the Cleveland region, the Cuyahoga County Regional Crime Lab and the Lake County Crime Lab reported processing cases of "designer benzodiazepines" during the past six months.

The availability of sedative-hypnotics for illicit use has remained the same for the majority of OSAM regions. In regions where there was no consensus as to a change in availability, there was disagreement between those who reported unchanged availability and those who perceived a decrease in availability. Those perceiving a decrease reported that doctors are prescribing the drugs less. A treatment provider commented, "We have a lot of primary care doctors who are no longer prescribing this and they

are actually referring patients to a psychiatrist. We are not just getting people who are getting Klonopin® 'scripts' (prescriptions) anymore from their primary care physician as they were before." Only participants in the Cleveland region reported that the street availability of sedative-hypnotics has increased during the past six months. One participant remarked, "A lot of people are taking them recreationally and giving out excuses...."

Reported Availability Change of Sedative-Hypnotics during the Past 6 Months

Region	Current Availability	Availability Change	Most Widely Used
Akron-Canton	High	No consensus	Klonopin® Xanax®
Athens	Moderate	No change	Klonopin® Xanax®
Cincinnati	Moderate	No change	Klonopin® Xanax®
Cleveland	Moderate	No consensus	Xanax®
Columbus	Moderate to High	No consensus	Xanax®
Dayton	Moderate	No change	Klonopin® Xanax®
Toledo	High	No change	Xanax®
Youngstown	Moderate to High	No change	Xanax®

Current street jargon includes many names for sedative-hypnotics. General street names include a shortened version of the group classification of benzodiazepines ("benzos") and effects of the drugs ("downers"). Street names for Xanax® often refer to the color of the pill ("blues" and "peaches") and its shape ("banana peels" and "footballs").

Current Street Names of Sedative-Hypnotics

General	beans, benzos, downers, happy pills, nervies
Klonopin®	forgetters, forgot-a-pins, klonies, k-pins, panty droppers, pennies, wheels
Valium®	vals, v-cuts, Vs
Xanax®	bars, berries, blues, candy bars, footballs, handlebars, ladders, logs, peaches, purples, totem poles, whites, xanie bars, xanies, xans, Xs, Zs

Current street prices for sedative-hypnotics were consistent by region among participants with experience purchasing the drugs. Reportedly, Xanax® 1 mg most often sells for \$2-4; Xanax® 2 mg most often sells for \$4-7 but can sell as high as \$8-12 in the Cincinnati and Columbus regions. Participants reported that the overall prices for sedative-hypnotics have remained the same during the past six months, with the exception of the Columbus region where participants indicated increased pricing. Participants reported obtaining these drugs from drug dealers, doctors, family members, friends, social interactions and networking with other users and by Internet purchase. In addition, one participant remarked, *"If I watch you come out of the pharmacy, I'm hitting you up (asking to buy your medication)."*

The most common route of administration for illicit use of sedative-hypnotics remains snorting, followed by oral consumption. Participants throughout OSAM regions estimated that out of 10 illicit sedative-hypnotic users, 5-10 would snort and 0-5 would orally consume the drugs. However, a few participants in the Youngstown region suggested that half of illicit users would swallow and snort sedative-hypnotics simultaneously. Participants with experience snorting these drugs, stated: *"I've done both [swallow and snort]; I've hung out with a lot of people who have done both."*

Participants and community professionals most often described typical illicit sedative-hypnotics users as females, young people, white people and illicit drug users, specifically users of stimulants (cocaine and methamphetamine). Treatment provider comments included: *"It boosts the high [of other drugs], so the population of the 18- to 25-year olds are going for the extreme high; Teenagers for sure."*

Many other substances are used in combination with sedative-hypnotics. A participant stated, *"These days, if you are doing one drug, you are using other things."* However, participants reported that sedative-hypnotics are most often used in combination with alcohol. Alcohol is reportedly used to intensify the effect of sedative-hypnotics. Participant comments included: *"If you take one 'bar' (Xanax® 2 mg) and one beer, it's like [drinking] a six pack [of beer]; It's alcohol on super strength; People use alcohol for the higher effect."* Sedative-hypnotics are reportedly used with marijuana and opiates to intensify their effect. Cocaine and methamphetamine are used conjointly with the drugs for the speedball effect. Participants commented: *"Makes a good speedball; Evens you out."*

Substances Most Often Combined with Sedative-Hypnotics

- alcohol • crack cocaine • heroin • marijuana •
- methamphetamine • Neurontin® • powdered cocaine •
- prescription opioids • Suboxone® •

Marijuana

Marijuana remains highly available throughout OSAM regions. Participants and community professionals often paralleled availability of marijuana to that of alcohol and purported that marijuana seems just as socially acceptable. Participants and community professionals further reasoned that legislative changes allowing for medicinal marijuana use in Ohio and recreational marijuana use in other states has decreased stigma associated with marijuana use which has contributed to societal acceptance of the drug. A law enforcement officer commented, *"It's more socially acceptable now since it has been decriminalized."*

Respondents in the majority of the OSAM regions reported that the overall availability of marijuana has increased during the past six months. Six of the eight OSAM regions continued to report an increase in high-grade marijuana extracts and concentrates (aka "wax" and "dabs"). The Ohio State Highway Patrol Crime Lab reported that the incidence of concentrated THC (tetrahydrocannabinol oils, "dabs") cases it processes has increased during the past six months. ODPS reported seizing more than 7,600 pounds of marijuana during the past six months from throughout OSAM regions.

Reported Availability Change of Marijuana during the Past 6 Months

Region	Current Availability	Availability Change
Akron-Canton	High	Increase
Athens	High	No change
Cincinnati	High	Increase
Cleveland	High	No change
Columbus	High	Increase
Dayton	High	Increase
Toledo	High	No change
Youngstown	High	Increase

Participants throughout OSAM regions most often rated the current overall quality of marijuana as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality). However, participants in the Cincinnati and Toledo regions noted a greater degree of difference between low- and high-grade marijuana and reported the quality of low-grade marijuana as '3' and '5'; while all other regions rated it as '8' or '10' on the same scale. Participants reported that the overall quality of marijuana has remained the same or increased during the past six months. Regions that indicated increased quality (Akron-Canton, Columbus and Dayton) referenced an increase in marijuana coming from legal dispensaries in other states as well as advanced growing techniques.

Participants in the Cleveland region reported marijuana laced with cocaine, embalming fluid, fentanyl, LSD (lysergic acid diethylamide) and PCP (phencyclidine). Note: Participants who reported marijuana laced with cocaine or fentanyl reported not observing this first-hand, but reported acquaintances purposely lacing their own marijuana with the drugs to intensify the high.

Current street jargon includes many names for marijuana. Street names for low-grade marijuana include negative connotations related to its generally poor quality ("dirt" and "ditch weed"). Current street names for high-grade marijuana include references to combustibles ("fire" and "gasoline"), as well as to scent ("dank" and "skunk"). Current street names for marijuana extracts and concentrates often allude to the appearance of the substances ("shatter" and "wax").

Current Street Names of Marijuana	
General Names	bud, ganja, grass, green, Mary Jane, pot, trees, weed
Other Names for Low Grade	dirt, dirt weed, middies, mids, reggie
Other Names for High Grade	dank, dro, fire, gas, gasoline, kush, loud, skunk
Other Names for Extracts & Concentrates	dabs, shatter, wax

Current street prices for marijuana were reported by participants with experience purchasing the drug. Participants reported that marijuana is most often purchased in quantities ranging from a "blunt" (marijuana-filled cigar) to 1/8 ounce. Generally, for low-grade marijuana, a blunt most often sells for \$5; 1/8 ounce sells for \$20-40; and an ounce sells for \$90-100. For high-grade marijuana, a blunt most often sells for \$10; 1/8 ounce sells

for \$30-80; and an ounce sells for \$150-350. Participants in the Cincinnati, Cleveland and Dayton regions reported slightly higher prices than the other OSAM regions.

Participants throughout OSAM regions continued to report smoking as the most common route of administration for marijuana and marijuana extracts and concentrates, followed by oral consumption. Participants and community professionals added that users are also vaping THC liquid and oils. All OSAM regions, with the exception of Toledo, reported on availability of marijuana edibles, which include candies, baked goods and other food items (butter).

Consistent with previous reports, respondents reported that marijuana users are of any age, race, gender, occupation and socio-economic status. One participant commented, "There's not a demographic you can find that doesn't smoke 'pot' (marijuana) ... or at least hasn't tried it once." Additionally, participants and community professionals reported that marijuana extracts and concentrates are typically used by younger people. Comments included: "Ages 18 to 28; Millennials; 'Ravers' (those who attend dance parties)."

Marijuana is used in combination with many other substances, although participants continued to note that the drug is most often combined with alcohol and cocaine. Participants explained that marijuana is used with other drugs to intensify one's high or to come down from the effects of other drugs.

Substances Most Often Combined with Marijuana
<ul style="list-style-type: none"> • alcohol • crack cocaine • heroin/fentanyl • powdered cocaine •

Methamphetamine

Methamphetamine remains highly available throughout OSAM regions. However, respondents in the Columbus region reported methamphetamine to be moderately to highly available in that region. The current moderate availability scores for the drug reflect the respondent viewpoint that the drug is not as available as other drugs in the region (heroin and marijuana) and the continued belief that methamphetamine is more prevalent in rural communities and not as easily found in the city of

Columbus where, reportedly, a user would have to have connections to obtain the drug. Participants cited methamphetamine’s lower price and longer-lasting high compared to crack cocaine as a reason for the expansion of the drug’s use and availability. They discussed more dealers switching from crack cocaine sales to the more profitable sale of methamphetamine as well as an increase in opiate users receiving Vivitrol® as medication assisted treatment turning to methamphetamine for a high. Law enforcement continued to note drug cartels directing large amounts of methamphetamine along with heroin shipments to Ohio. ODPS reported seizing over 140 pounds of methamphetamine from throughout OSAM regions during the past six months.

Participants and community professionals in all OSAM regions reported an increase in methamphetamine availability during the past six months, with the exception of Athens where respondents agreed that the high availability of methamphetamine has remained the same. There was consensus among most respondent groups that while methamphetamine is available in both powdered and crystal forms, crystal methamphetamine remains the most prevalent form of the drug. A majority of BCI crime labs reported that the incidence of methamphetamine cases they process from throughout OSAM regions has increased during the past six months.

‘ice’ (crystal methamphetamine) that’s over 90% pure.” An officer in Athens commented, “The crystal I just saw from an arrest was the clearest crystal I have ever seen ... they are not making it here [it is imported].” Participants in regions that reported on both types of methamphetamine continued to report higher quality scores for crystal than for powdered.

Participants discussed adulterants (aka “cuts”) that affect the quality of methamphetamine and most often reported the following cutting agents for methamphetamine: acetone, battery acid, Drano® and MSM (methylsulfonylmethane, a joint supplement). Other cuts mentioned included: bath salts (synthetic cathinones), Epsom salt (magnesium sulfate), fentanyl, heroin, rock salt, sea salt and vitamin B-12. Participants commented that methamphetamine is cut most often to expand the quantity of the drug for dealer increased profit. Crime labs reported that methamphetamine is cut with dimethyl sulfone (dietary supplement) and Epsom salts.

Current street jargon includes many names for methamphetamine. General street names most often reference the stimulant effect of the drug (“blast,” “go go” and “speed”), while street names for crystal methamphetamine specifically reference the appearance of the substance (“clear,” “glass” and “shards”).

Reported Availability Change of Methamphetamine during the Past 6 Months

Region	Current Availability	Availability Change
Akron-Canton	High	Increase
Athens	High	No change
Cincinnati	High	Increase
Cleveland	High	Increase
Columbus	Moderate to High	Increase
Dayton	High	Increase
Toledo	High	Increase
Youngstown	High	Increase

Participants most often reported the current overall quality of methamphetamine as ‘10’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality). A law enforcement officer in the Akron-Canton region stated, “Most of the meth is imported

Current Street Names of Methamphetamine

General Names	blast, go, go go, meth, speed, Tina
Other Names for Powdered	shake, shake-and-bake
Other Names for Crystal	clear, crank, crystal, glass, ice, ice cream, shards

Current prices were provided by participants with experience purchasing the drug. Generally, the most common quantity of purchase is 1/2 gram to a gram. Reportedly, 1/2 gram of methamphetamine most often sells for \$40-50; a gram most often sells for \$40-80; and an ounce most often sells for \$400-500. For regions that reported prices for both types of methamphetamine, higher prices were reported for crystal methamphetamine than for powdered methamphetamine. Overall, participants reported that prices for methamphetamine have remained the same during the past six months.

Participants throughout OSAM regions reported that the most common routes of administration for methamphetamine remain intravenous injection (aka “shooting”) and smoking. Participants discussed heroin users as most often shooting the drug primarily because they are “*addicted to the needle*” and the process of shooting. Other methods of administration in order of highest frequency of mention included: snorting, “hot railing” (a process where the user places the drug in a glass pipe, heats the pipe and inhales the resulting vapors) and “parachuting” (wrapping the drug in a piece of tissue and swallowing). Participants reported that users snort methamphetamine most often if it is the powdered form, to obtain a different high, and when the users generally believe snorting to be safer than shooting.

Consistent with previous reports, respondents described typical methamphetamine users most often as white people, aged 20-40 years, of low socio-economic status, and individuals who work labor intensive jobs or jobs that require long and/or late hours, such as factory workers, construction workers, and oil and gas industry workers (pipe liners). Participants and community professionals continued to note an increase in methamphetamine use among those in the gay community, as well as an increase in use among opiate users. In addition, respondents in the Columbus and Youngstown regions indicated an increase in methamphetamine use among African-American people during the past six months. Law enforcement in Youngstown stated: “[Typical use is among] *white [people] but with that being said, we have seen actually more African Americans starting to use [crystal methamphetamine]; We are seeing meth more in the city (Youngstown); We’re also seeing it as very popular in the gay community.*”

Many other substances are used in combination with methamphetamine. Participants reported that heroin is used with methamphetamine to achieve a speedball effect, while alcohol, marijuana and sedative-hypnotics (Xanax®) are used to bring the user down from the stimulant high of methamphetamine. Reportedly, powdered cocaine and prescription stimulants are used to further intensify the stimulant effect of

methamphetamine. Additionally, participants discussed that methamphetamine is combined with Suboxone® and Vivitrol® (medication assisted treatment medications that block opioid receptors, aka “MAT”) to enable the user to feel high when the user cannot use opiates due to their treatment.

Substances Most Often Combined with Methamphetamine

- alcohol • heroin • marijuana • powdered cocaine •
- prescription opioids • sedative-hypnotics •

Prescription Stimulants

Throughout most OSAM regions, prescription stimulants remain moderately to highly available for illicit use. Participants and community professionals were in agreement that these drugs are difficult to find on the street. Participants remarked: “*It is not extremely available ... but it is out there; You have to try hard to get them.*” Community professionals noted that they most often see people abusing their own prescription or illicitly using a child’s prescription. One treatment provider shared, “*When they come in (enter treatment) ... they are often either on Vyvanse® or Adderall®, and they’re giving us a hard time because we won’t let them have it ... they were abusing it.*”

Media outlets in five OSAM regions (Akron-Canton, Athens, Cleveland, Columbus and Toledo) reported on seizures and arrests involving prescription stimulants this reporting period. For the most part, respondents reported no change in availability during the past six months. Exceptions included: Cleveland where treatment providers reported decreased availability and Akron-Canton where law enforcement reported increased availability. Law enforcement observed: “*It’s gone up since the crystal meth [has increased in availability]; Adderall®, I’ve been seeing on the street a lot ... [with] a lot of crystal meth users....*”

Reported Availability Change of Prescription Stimulants during the Past 6 Months

Region	Current Availability	Availability Change	Most Widely Used
Akron-Canton	Moderate to High	No consensus	Adderall®
Athens	Moderate to High	No change	Adderall® Ritalin®
Cincinnati	Moderate to High	No change	Adderall® Vyvanse®
Cleveland	Moderate to High	No consensus	Adderall®
Columbus	Moderate to High	No change	Adderall®
Dayton	Moderate	No change	Adderall®
Toledo	Moderate	No change	Adderall®
Youngstown	Moderate	No change	Adderall®

remains snorting, followed by oral consumption. Participants explained that the type of prescription stimulant determines the route of administration. Reportedly, if the drug is in bead form inside a capsule, users open the capsule and orally consume the beads. Respondents described typical illicit prescription stimulant users as 'stay-at-home moms,' young adults, as well as high school and college students. Respondents noted these drugs are typically used to stay awake to get more done.

Participants reported several drugs as often used in combination with prescription stimulants. Participants explained that alcohol, heroin, marijuana and sedative-hypnotics (Xanax®) are used to reduce the stimulant high, while methamphetamine is used to increase the stimulant effect of these drugs. Participants also noted that prescription stimulants are often combined with alcohol to enable users to stay awake, drink more alcohol and party for longer periods of time.

Substances Most Often Combined with Prescription Stimulants

- alcohol • heroin • marijuana • methamphetamine •
- sedative-hypnotics • Suboxone® •

Current street jargon includes several names for prescription stimulants. Street names commonly reference the stimulant effect of the drugs (“uppers”) or are a derivative of the drug’s brand name (“addies” for Adderall®).

Current Street Names of Prescription Stimulants

General Names	poor man’s coke, poor man’s crack, uppers
Adderall®	addies

Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA and/or TFMPP) is moderately available throughout most OSAM regions. Reportedly, the powdered form of ecstasy, known as “molly,” is more available than the tablet form. Respondents across regions reported that ecstasy/molly are not widely used or sought like heroin or methamphetamine, except on college campuses and some nightclubs. Generally, respondents reported that the availability of ecstasy/molly has remained the same or decreased during the past six months. BCI and regional crime labs reported processing very few cases of MDMA (ecstasy/molly) during the past six months; crime labs in the Akron-Canton and Cleveland regions reported decreased incidence in the number of ecstasy/molly cases they processed during the past six months.

Current street prices for prescription stimulants were provided by participants with experience purchasing the drugs. Prices were variable among regions. Participants in the Columbus, Dayton and Toledo regions reported that these drugs most often sell for \$1 per milligram, with Toledo participants noting that there are some prescription stimulants that sell for less; all other regions reported that Adderall® 10 mg sells for \$4-5; Adderall® 30 mg sells for \$8-10.

Participants reported obtaining these drugs from people with prescriptions or access to a child’s prescription (friends, family and neighbors), from drug dealers and through personal prescription from doctors. The most common route of administration for illicit use of prescription stimulants

Reported Availability Change of Ecstasy/Molly during the Past 6 Months

Region	Current Availability	Availability Change
Akron-Canton	Moderate to High	Decrease
Athens	Low to Moderate	No consensus
Cincinnati	Moderate	No consensus
Cleveland	Moderate	No consensus
Columbus	Moderate	Decrease
Dayton	Moderate to High	No consensus
Toledo	Moderate to High	Decrease
Youngstown	Low	No consensus

Participants in every OSAM region, with the exception of Athens, reported on the current quality of ecstasy/molly. Generally, participants rated overall quality as '1-5' for ecstasy and '7-10' for molly on a scale from '0' (poor quality, "garbage") to '10' (high quality). Participants reported that ecstasy and molly are often adulterated (aka "cut") with bath salts (synthetic cathinones), cocaine, heroin and methamphetamine. Other cuts mentioned included fentanyl and prescription pills. Participants shared: "You can get molly that's ... not molly at all. It's bath salts or meth; I know for sure meth is probably in it; You'll just never know what you're gonna get..." Overall, the quality of ecstasy/molly has remained the same during the past six months for most regions, with the exception of the Columbus region where participants reported that the quality of ecstasy/molly has decreased, and the Dayton region where participants indicated increased quality of molly.

Current street jargon includes several names for ecstasy and few names for molly. Participants reported that powdered MDMA is almost always called molly. However, common names for the drugs are abbreviated forms of the names ("E" and "X" for ecstasy and "M" for molly). Participants also noted that ecstasy tablets are often referred to as "rolls." One participant explained, "They are called 'rolls' 'cause you are rollin' high [after taking them]." In addition, other names for ecstasy refer to the stamp (imprinted image) on the tablets ("Bart Simpson," "butterfly," "Pacman" and "yin yang").

Current Street Names Ecstasy/Molly

Most Common Names for Ecstasy	E, rolls, X
Most Common Names for Powdered MDMA	M, molly

Current prices for ecstasy and molly were provided by participants with experience purchasing the drugs. Participants reported that ecstasy is most often purchased as individual tablets but can be purchased in larger amounts. Generally, the most common quantity of purchase for molly is 1/10 gram to a gram. Unique to the Dayton region, molly is most often packaged in capsules of about 2/10 gram. Reported prices were consistent throughout OSAM regions. A low dose (aka "single stack") of ecstasy continues to most often sell for \$10; a medium dose (aka "double stack") most often sells for \$15; and a high dose (aka "triple stack") most often sells for \$15-20. For molly, 1/10 gram most often sells for \$10; 1/2 gram most often sells for \$50; a gram most often sells for \$100; and a capsule (2/10 gram) in Dayton most often sells for \$20. Overall, participants reported that the price of ecstasy/molly has remained the same during the past six months.

Participants explained that ecstasy and molly are most often obtained through drug dealers or at dance parties (aka "raves") and nightclubs. The most common route of administration remains oral consumption, followed by snorting. Less common routes of administration mentioned included "parachuting" (wrapping molly or crushed ecstasy in a small piece of tissue and swallowing) and "plugging" (inserting in the anus); and intravenous injection for molly. Respondents reported that typical ecstasy/molly users are young, white people, college students and those who like to party.

Several other substances are used in combination with ecstasy and molly. Participants explained that alcohol is almost always in the mix because this drug is typically present at parties and bars; and reportedly, ecstasy/molly enables users to drink more alcohol. Marijuana and

sedative-hypnotics (Xanax®) were said to reduce anxiety brought on by the drugs, while powdered cocaine is used to intensify the high. Other substances mentioned as often used in combination with ecstasy/molly included hallucinogens (lysergic acid diethylamide [LSD] and psilocybin mushrooms). LSD used in combination with ecstasy/molly is referred to as "candy flipping," while ecstasy used with psilocybin mushrooms is referred to as "hippy flipping."

Substances Most Often Combined with Ecstasy/Molly

- alcohol • hallucinogens • marijuana • powdered cocaine •
- sedative-hypnotics •

Other Drugs in the OSAM Regions

Participants and community professionals listed a variety of other drugs as currently available, but these drugs were not mentioned by the majority of people interviewed. Several of these other drugs were not reported as present in every region. *Note:* no mention/discussion of a drug does not indicate the absence of the drug in the region(s).

Reported Availability of Other Drugs in each of the OSAM Regions

Region	Other Drugs
Akron-Canton	bath salts, hallucinogens (lysergic acid diethylamide [LSD], psilocybin mushrooms), kratom, Neurontin®, synthetic marijuana
Athens	hallucinogens (psilocybin mushrooms), Neurontin®
Cincinnati	Neurontin®
Cleveland	anabolic steroids*, hallucinogens (LSD, phencyclidine [PCP], psilocybin mushrooms), Neurontin®, promethazine, synthetic marijuana
Columbus	hallucinogens (LSD, psilocybin mushrooms), Neurontin®, synthetic marijuana
Dayton	synthetic marijuana
Toledo	bath salts, Neurontin®, promethazine, , synthetic marijuana
Youngstown	anabolic steroids*, hallucinogens (LSD, psilocybin mushrooms), inhalants*, kratom, Neurontin®, promethazine, Seroquel**, synthetic marijuana, U-47700

*For limited information on anabolic steroids, inhalants and Seroquel®, please see regional report.

Bath Salts

Bath salts (synthetic cathinones; compounds containing methylone, mephedrone, MDPV or other chemical analogues, including alpha-PVP, aka “flakka”) were reported as available in the Akron-Canton and Toledo regions. However, few participants reported personal experience with this drug during the past six months. Participants indicated that bath salts can be obtained through Internet purchase and at a few head shops.

Participants in the Akron-Canton region also discussed bath salts as being sold on the street as “molly” (powdered MDMA) or as methamphetamine. A participant stated, “People don’t mean to buy [bath salts], they think they are buying meth or MDMA.”

BCI crime labs reported that the incidence of bath salts cases they process has remained the same during the past six months for most OSAM regions; exceptions are the Columbus and Toledo regions where the labs reported a decrease in bath salts cases. Participants reported that the most common routes of administration for bath salts are smoking and snorting. Respondents described the typical bath salts users as teenagers.

Hallucinogens

Respondents in five OSAM regions reported on current availability of hallucinogens. Generally, participants reported moderate to high availability of lysergic acid diethylamide (LSD) and psilocybin mushrooms. In addition, participants in Cleveland reported high current availability of phencyclidine (PCP). Respondents continued to indicate that the use of hallucinogens is seasonal, with use increasing in summer and decreasing in winter. One law enforcement officer commented, “That is definitely a summertime drug.”

Cleveland and Youngstown participants reported on prices of hallucinogens; Youngstown participants reported higher prices for these drugs. LSD single dose (aka “a hit”) generally sells for \$10-20; 1/8 ounce of psilocybin mushrooms sells for \$20-40; in Cleveland, PCP dipped cigarettes sell for \$5-20 each. Participants shared that the most common route of administration for LSD

and psilocybin mushrooms remains oral consumption; Cleveland participants reported smoking as the most common route of administration for PCP. Respondents generally described typical users of LSD and psilocybin mushrooms as young, white people, music festival attendees and those who are into the arts.

Kratom

Kratom (mitragynine, a psychoactive plant substance) was discussed in two OSAM regions: Akron-Canton and Youngstown. While easy to obtain, Youngstown participants reported that kratom is usually not abused. They discussed heroin users taking the drug to help with withdrawal symptoms. One participant shared, “[My mother] used to be like a hardcore pill addict ... kratom worked for her ... I mean I don’t know if it worked, she’s still miserable, but she doesn’t do pills anymore....”

While participants discussed the use of kratom to alleviate opiate withdrawal, a few participants continued to express that kratom can be abused to produce a heroin-like high. These participants stated: “High like heroin ... I remember [when I took too much]; [Kratom] does produce a heroin type effect and there’s a big push (an appeal) for that; Kratom doesn’t show up on drug tests.” Law enforcement expressed similar ideas about kratom: “It is available, usually you see like little Internet ads here and there or flyers posted offering the sale of it. It’s actually not an illegal drug ... but it is apparently abused; The gist of it is it’s usually a powder ... you order it in a powder form, and if take a bunch of it, it has opiate like effects.”

Participants reported obtaining kratom from head shops, convenience stores and through Internet purchase. They commented: “You buy it at like head shops; It’s like bath salts, it’s able to be bought at the same gas station.” Participants in the Youngstown region reported that the most common route of administration for kratom is oral consumption, unlike last reporting period when participants surmised intravenous injection as a popular route of administration most likely due to the substance’s association with heroin use. Participants discussed: “Eat it; Take a giant scoop, throw it in your mouth and wash it down with some iced coffee or something; [Take kratom with] some orange juice.” Participants and law enforcement continued to describe typical kratom users as heroin users.

Neurontin®

Respondents in seven of eight OSAM regions reported high current availability of Neurontin® (gabapentin, an anticonvulsant used to treat nerve pain) for illicit use; Dayton was the only region not to comment on the current street availability of Neurontin® during the past six months. Respondents reported that this drug is most often obtained through personal prescription or from individuals who have prescriptions. Participants comments included: *"It's easy to get; It doesn't detect on the average drug test."* A treatment provider in the Youngstown region reported, *"We saw ... a lot of people were testing positive for gabapentin that were not prescribed gabapentin..."* Participants indicated that the availability of Neurontin® for illicit use has remained the same or increased during the past six months, while the majority of community professionals throughout regions indicated increased availability.

Reports of current street prices for Neurontin® were reported by participants with experience purchasing the drug. Respondents reported that this drug has little street value and typically sells for \$0.50-1 per pill. Participants and community professionals throughout OSAM regions were in agreement that a prescription for Neurontin® is easy to obtain and that the drug is illicitly used for pain, anxiety or to enhance the effects of other drugs. Participants discussed that Neurontin® is most often used in combination with opiates, including heroin and fentanyl. Comments included: *"People avoiding that danger of 'benzos' (benzodiazepines) and opiates together, replacing the benzo [with gabapentin]; They would cut the fentanyl and mix it together."* In addition, one participant explained using Neurontin® after methamphetamine use to help with coming down from the stimulant high of methamphetamine.

The most common route of administration for illicit use of Neurontin® remains oral consumption. Respondents continued to describe typical illicit Neurontin® users as people on probation or involved in drug court who are subjected to drug testing, as well as opiate users who use the drug to alleviate withdrawal symptoms.

Promethazine

Respondents in a few OSAM regions reported on the current street availability of promethazine (prescription-strength cough syrup with codeine, aka "lean" when mixed with soda). Participants in the Toledo region reported that the drug is highly available for illicit use, while participants in the Cleveland region reported moderate street availability; community professionals in the Youngstown region indicated availability as low to moderate. Cleveland participants who reported knowledge of illicit promethazine use reported that the drug is predominantly obtained in Michigan and driven into the Cleveland region. Law enforcement in that region also discussed that promethazine is obtained through fraudulent prescriptions. Cleveland participants reported current street prices as \$30-40 per ounce. Respondents described typical illicit promethazine users as teens, people aged 20-40 years, African-American people and drug dealers.

Synthetic Marijuana

Respondents in six of eight OSAM regions reported on the availability of synthetic marijuana (synthetic cannabinoids) during the past six months. Participants and treatment providers most often reported moderate to high current availability of this drug, while law enforcement reported low to moderate availability. BCI crime labs throughout the state generally reported a decrease in the number of synthetic cannabinoid cases they processed during the past six months.

Current prices of synthetic marijuana were reported by participants with experience purchasing the drug: a "joint" (cigarette) most often sells for \$5-8; a 5-gram bag most often sells for \$50-60. Respondents reported that this drug can be purchased at gas stations, head shops, and through Internet purchase as well as from drug dealers.

The most common route of administration of synthetic marijuana remains smoking. Typical users were described as of lower socio-economic status, male, young and people involved in the criminal justice system (on probation) who are subjected to drug testing.

U-47700

Reportedly, U-47700 (synthetic opioid) is available. However, only a couple of law enforcement officers in the Youngstown region reported on the availability of the substance during the past six months. They noted an increase in availability and that this drug is sometimes mixed into heroin. Comments included: *“We’ve had a couple labs (drug seizures) with that in it; It’s out there ... who knows if that trend will continue; We’ve seen [U-47700], not from the same dealer, probably two*

different dealers.” BCI crime labs reported an increase in number of cases of U-47700 processed during the past six months for the Dayton, Toledo and Youngstown regions; in the Cleveland region, the Cuyahoga County Regional Crime Lab reported that the number of U-47700 cases it processes has also increased during the past six months.

Current Street Names of Other Drugs	
Bath salts	suds
LSD	acid, blotter, paper, Sid, Uncle Sid, tabs
Neurontin® (gabapentin)	gabas, gabs, gabbies, nu nu’s
Psilocybin mushrooms	caps, shrooms, shroomy shrooms
Synthetic marijuana	K2, posh, spice