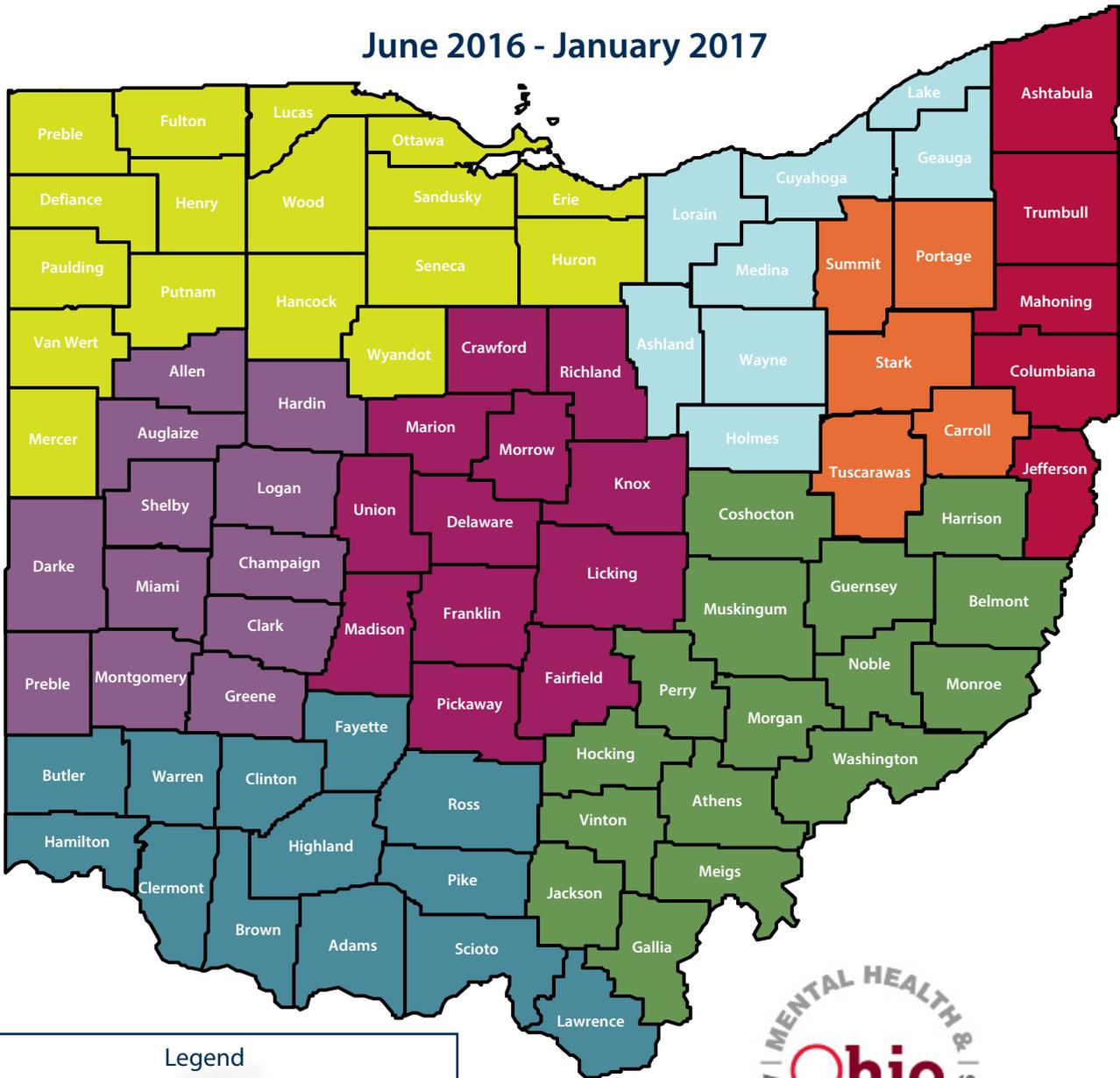




Surveillance of Drug Abuse Trends in the State of Ohio

June 2016 - January 2017



Legend	
■ Akron-Canton region	■ Columbus region
■ Athens region	■ Dayton region
■ Cincinnati region	■ Toledo region
■ Cleveland region	■ Youngstown region



Ohio Substance Abuse Monitoring Network

Surveillance of Drug Abuse Trends in the State of Ohio

June 2016 - January 2017

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Surveillance of Drug Abuse Trends in the State of Ohio

Toledo Region

- Marijuana & meth availability ↑
- Illicit prescription opioids availability ↓
- Fentanyl & carfentanil top cutting agents for heroin
- "China white" heroin mostly fentanyl with very low to no heroin content
- Increase in cocaine as cut for heroin
- Decrease in availability of illicit opioids attributed to increased OARRS use
- Neurontin® sought to intensify effect of other drugs such as methadone

Cleveland Region

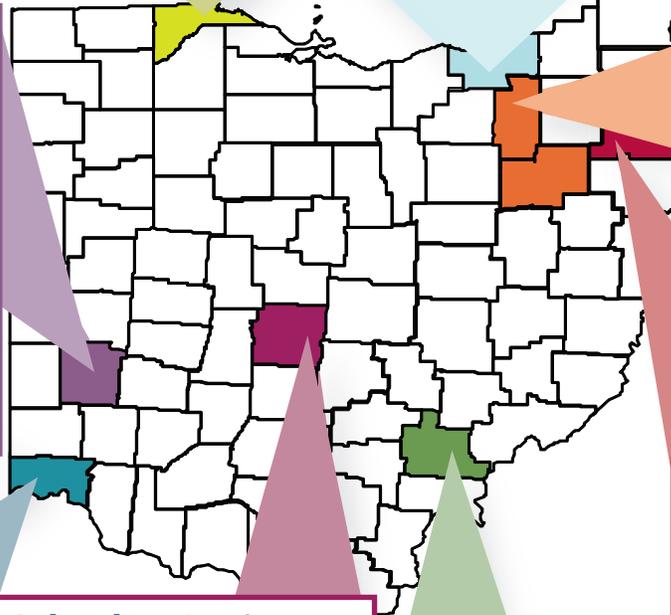
- Heroin, marijuana & illicit Suboxone® availability ↑
- Fentanyl & carfentanil top cutting agents for heroin
- Heroin users seek fentanyl & carfentanil for "stronger" high
- Heroin users track overdoses back to dealers to obtain the "good stuff" for personal use
- Increase in edible forms of marijuana shipped from states with legal marijuana sales
- Neurontin® sought by young people & heroin users

Dayton Region

- Illicit Suboxone® availability ↑
- Increase in heroin use among young people
- Overdose deaths in region mostly attributed to fentanyl
- Crime labs note cases of heroin-fentanyl mixtures & straight fentanyl
- Meth availability high; many predict availability to increase
- Meth used to cut molly or sold as molly

Akron-Canton Region

- Heroin & meth availability ↑
- Illicit prescription opioids availability ↓
- Fentanyl & carfentanil top cutting agents for heroin
- Crime lab reports an increased number of fentanyl analogs
- Drug cartels "flooding" crystal meth into region
- Law enforcement discuss meth as next drug epidemic
- Increase in heroin users using/switching to meth



Cincinnati Region

- Heroin, marijuana & meth availability ↑
- Illicit prescription opioids & synthetic marijuana availability ↓
- Fentanyl & carfentanil top cutting agents for heroin
- Heroin users now seek fentanyl & carfentanil for their potency
- Meth referred to as "new cocaine" due to increased widespread use
- Drug cartels pushing crystal meth in region
- Individuals with pill presses passing "fake" Xanax® pills

Columbus Region

- Heroin, marijuana, meth & illicit sedative-hypnotics availability ↑
- Fentanyl & carfentanil top cutting agents for heroin
- Much of heroin supply straight fentanyl
- Increase in heroin use among African-American males
- Meth more available than crack cocaine
- Crystal meth produced in "super labs" in Mexico shipped with heroin
- Meth in region often cut with bath salts & fentanyl

Athens Region

- Meth & illicit Neurontin® availability ↑
- Fentanyl & carfentanil top cutting agents for heroin
- Young people using heroin for first time at earlier age than previously
- Meth as widely available as heroin
- Meth often used to adulterate cocaine
- Neurontin® sought to stave off opiate withdrawal symptoms

Youngstown Region

- Heroin, marijuana, meth & illicit Neurontin® & Suboxone® availability ↑
- Illicit prescription opioids & synthetic marijuana availability ↓
- Fentanyl, carfentanil & cocaine top cutting agents for heroin
- Overdose increase attributed to fentanyl
- Heroin defined as "better dope" if it contains fentanyl
- Fentanyl increasingly used to cut other drugs such as cocaine
- Increase in imported crystal meth from Mexico

Surveillance of Drug Abuse Trends in the State of Ohio

June 2016 - January 2017

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 qualitative 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 January 27, 2017. It is based upon qualitative data collected from July through December 2016 via focus group interviews. Participants were 334 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 qualitative data collected from 123 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), police and county crime labs and OhioMHAS' Screening, Brief Intervention and Referral for Treatment (SBIRT) program which operates in federally qualified health centers. In addition, data were abstracted from the National Forensic Laboratory Information System (NFLIS) which collects results from drug chemistry analyses conducted by state and local forensic laboratories across Ohio. Media outlets in each region were also queried for information regarding regional drug abuse for July through December 2016. 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 summary.

Powdered Cocaine

The high availability of powdered cocaine has remained the same during the past six months for the majority of OSAM regions. Participants throughout regions continued to report that the drug is just a phone call away if one has the right connections. In the Akron-Canton region, participants reported differing views on a change of availability for powdered cocaine. Participants in Tuscarawas County reported that availability has increased due to increased law enforcement focus on heroin and crystal methamphetamine, leading some dealers to switch to cocaine sales. Contrarily, participants in Summit County reported that the availability of powdered cocaine has decreased due to an increase in the availability of methamphetamine as a cheaper alternative; participants in the Columbus region also attributed decreased availability for powdered cocaine to an increase in methamphetamine use. Treatment providers in the Athens

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

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

region perceived an increase in availability due to an increase in the use of Vivitrol® in medication assisted treatment (MAT) for opiate addiction. These providers explained that some clients receiving this form of MAT have exchanged opiate use for the use of stimulants such as powdered/crack cocaine and methamphetamine. Most respondents throughout OSAM regions continued to report that crack cocaine remains easier to obtain than powdered cocaine; the exception was Akron-Canton where participants reported powdered cocaine as the easier form of cocaine to obtain.

Participants throughout OSAM regions most often rated the current overall quality of powdered cocaine as '4-5' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the regional modal quality scores ranged from '2-3' for Dayton to '8' for Toledo and Youngstown. Participants from Akron-Canton, Athens, Cincinnati, Cleveland and Columbus noted a decrease in the overall quality of powdered cocaine during the past six months, whereas participants from all other regions indicated that quality has remained the same. Reportedly, throughout OSAM regions, the quality of powdered cocaine continues to depend largely upon where and from whom the drug is obtained. This is in relationship to the number of times the drug is adulterated (aka "cut") by each dealer as it travels to the user. Participants in Akron-Canton noted dealers carrying different grades of powdered cocaine and selling "purer" cocaine, desired for smoking and injecting, for a higher price.

Participants universally indicated that powdered cocaine is often cut with other substances and reported that the top cutting agents for powdered cocaine include: acetone, baby laxative, baking powder, baking soda, creatine, ether, isotol (dietary supplement), lactose, Percocet® and vitamin B-12. Other cuts mentioned include: aspirin, baby aspirin, chalk, dry wall powder, Epsom salt, flour, inositol (dietary supplement), local anesthetics (benzocaine, lidocaine, Novocain and procaine), mannitol (diuretic), methamphetamine, NoDoz®, Orajel™, protein powder, salt, Sleepinal®, soap, Splenda® and sugar. In addition, participants in Toledo and Youngstown reported for the first time fentanyl as a cut for powdered cocaine. Law enforcement in Youngstown commented: *"They're cutting cocaine with fentanyl now, too; They're mixing fentanyl with just about anything now."*

Crime labs throughout OSAM regions noted the following cutting agents for powdered cocaine: acetaminophen (analgesic), atropine (prescription heart medication), local anesthetics (benzocaine and lidocaine), mannitol (diuretic), and pet and livestock dewormers (levamisole and tetramisole).

Current street jargon includes many names for powdered cocaine. Participants often indicated street names for

powdered cocaine that refer to women, including "Becky," "Christina Aguilera," "girl" and "skirt." Other street names associate the typical white color of powdered cocaine with winter, such as "flake" (as in snowflake) and "snow." Participants also discussed a few euphemisms for powdered cocaine such as "snow in July." One participant shared another winter-time euphemism: *"One time at Christmas, someone asked me if I wanted to 'build a snowman' ... and he was talking about [using] 'powder' (powdered cocaine)."*

Current Street Names of Powdered Cocaine	
Most Common Names	blow, coke, girl, powder, snow, soft, white girl
Other Names	bitch, white, yay-yo

Participants indicated that it is most common to purchase powdered cocaine in one gram or 1/8 ounce (aka "eight ball") amounts. Depending on the region, one gram of powdered cocaine sells for \$50-100 and 1/8 ounce sells for \$100-200. However, participants reported a variety of other quantities as also available throughout OSAM regions. Participants in Cincinnati, Dayton and Youngstown reported being able to purchase small amounts of powdered cocaine: 1/10 gram sells for \$5-10 and 1/2 gram sells for \$30-40. Participants throughout regions also reported that 1/16 ounce (aka "teen" or "teener") most often sells for \$100-150, while one ounce most often sells for \$1,000-1,200. Overall, participants in the Youngstown region reported the lowest prices for powdered cocaine.

Participants in six of the eight OSAM regions reported snorting, followed by intravenous injection (aka "shooting"), as the most common route of administration for powdered cocaine. Participants most often estimated that out of 10 powdered cocaine users, 7-8 would snort and 2-3 would shoot the drug. Participants in Athens reported that more users are shooting cocaine because of the high prevalence of intravenous heroin use. Respondents in several regions discussed users shooting heroin and cocaine together (aka "speedballing"). Participants and community professionals also reported that individuals smoke the drug by lacing a "joint" (marijuana cigarette) or a cigarette (aka "snow capping") with cocaine. A community professional in Cleveland made the distinction that users who smoke powdered cocaine are typically under 30-years of age.

Participants generally described typical powdered cocaine users as individuals of middle to upper socio-economic status living in the suburbs or working in specific occupations, including: bar tenders, exotic dancers, individuals involved

in the sex industry, laborers, truck drivers, as well as doctors and lawyers. A few participants in Akron-Canton noted that drug dealers often use powdered cocaine. Participants in Cleveland, Toledo and Youngstown associated powdered cocaine use with individuals who frequent nightclubs and bars, party and drink alcohol and are “alcoholics.”

Community professionals most often described typical powdered cocaine users as individuals of upper socio-economic status and older than 30 years of age. Community professionals in Athens added that typical users are individuals employed in occupations requiring late night shifts or long hours. They also reported that individuals who are on other drugs use powdered cocaine to supplement their other drug use and to help them stay awake.

Many other substances are used in combination with powdered cocaine. Participants indicated using alcohol in combination with powdered cocaine to drink more or for longer periods. Participants also reported using alcohol, sedative-hypnotics (specifically Xanax®), marijuana and Benadryl® to come down from the high of the powdered cocaine, referring to the use of depressants with cocaine as “leveling out.” Finally, participants indicated using heroin and prescription opioids in combination with powdered cocaine for a “speedball” effect (concurrent or consecutive stimulant and sedative highs).

Substances Most Often Combined with Powdered Cocaine

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

Crack Cocaine

Crack cocaine remains highly available throughout OSAM regions. Respondents continued to report that the drug is everywhere. Participants in Dayton indicated that crack cocaine is currently as available as heroin. Community professionals in Akron-Canton often reported that, while there is not as much attention paid to crack cocaine, it is still readily available, even if someone must travel to acquire it. Participants and law enforcement in Cleveland reported gas stations in that city as common locations for crack cocaine sales, while participants in Dayton noted carry-outs (convenience stores) as common places to purchase the drug. Participants in several regions observed heroin dealers also selling crack cocaine. Treatment providers noted that the typical heroin user

also uses crack cocaine to “speedball” (combining the two drugs for concurrent or consecutive stimulant and sedative highs), wean themselves off opiates or manage withdrawal symptoms. Columbus participants and treatment providers reported that the high availability of crack cocaine in that region has likely increased due to an increase in use among opiate users.

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

Region	Current Availability	Availability Change
Akron-Canton	High	No change
Athens	High	No change
Cincinnati	High	No change
Cleveland	High	No change
Columbus	High	Increase
Dayton	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 ‘5-7’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the regional modal quality scores ranged from ‘2’ for Athens and Toledo to ‘10’ for Youngstown. Participants from Akron-Canton, Athens, Cleveland and Dayton noted a decrease in the overall quality of crack cocaine during the past six months, whereas participants from all other regions reported that quality has remained the same. In Cleveland, treatment providers commented that clients are reporting users switching from crack cocaine to crystal methamphetamine due to poor quality of crack cocaine.

Participants continued to explain that quality varies depending on location and the user’s relationship with the dealer; if a user is known to the dealer, they may receive higher quality crack cocaine. Participants in the Toledo region often reported that the quality of crack cocaine is better in the city of Toledo than in rural areas because the drug is often adulterated (aka “cut”) more in rural areas. Participants throughout OSAM regions reported that crack cocaine is most often cut with other substances, particularly baking soda. In Akron-Canton, participants reported purchasing “soda rocks,” fake crack cocaine pieces containing no cocaine and all baking soda.

In addition to baking soda, participants identified the top cutting agents for crack cocaine as: ammonia, ether, laxatives, Orajel™ and wax. Other cuts mentioned include: acetone, baby aspirin, baby formula, baby laxative, baby powder, lemon juice, procaine (local anesthetic), Seroquel® (an antipsychotic), vinegar and vitamin B. Participants also remarked that crack cocaine could be cut with almost anything that is approximately the same color and consistency as the drug.

Crime labs throughout OSAM regions noted the following cutting agents for crack cocaine: acetaminophen (analgesic), atropine (prescription heart medication), local anesthetics (benzocaine and lidocaine), mannitol (diuretic), and pet and livestock dewormers (levamisole and tetramisole).

Current street jargon includes many names for crack cocaine. Often, street names refer to the texture, color or general appearance of the drug, such as “boulder,” “cream,” “pebbles,” “powder pellets” and “pop rocks.”

Current Street Names of Crack Cocaine	
Most Common Names	crack, butter, hard, rock, work
Other names	peanut butter

Reportedly, throughout OSAM regions, the most common quantity for crack cocaine purchase remains 1/10 gram (aka “rock”) for \$10. However, participants in the Akron-Canton and Toledo regions indicated that a typical rock sells for \$20. Participants in Cleveland and Cincinnati described being able to purchase a piece of crack cocaine smaller than 1/10 gram for \$5. Depending on the location and the quality of the drug, participants reported that one gram sells for \$50-100; 1/16 ounce (aka “teen” or “teener”) sells for \$75-100; 1/8 ounce (aka “eight ball”) sells for \$150-300; one ounce sells for \$1,000.

Participants continued to report that the most common route of administration for crack cocaine is smoking. Participants estimated that out of 10 crack cocaine users, 8-10 would smoke and 0-2 would intravenously inject (aka “shoot”) the drug. However, a participant in Akron-Canton observed users smoking and shooting crack cocaine at the same time. Participants in Toledo discussed the numerous items used to smoke crack cocaine: car antennas, glass pipes, cigarettes, the glass tubes in which artificial roses

are sold in convenient stores and carry outs, soda cans, Plexiglas and electrical sockets. Participants in Cleveland also noted users crushing rocks to sprinkle the drug into marijuana joints (cigarettes) for smoking; reportedly, a joint rolled with both crack cocaine and marijuana is referred to as a “primo.” Regarding shooting the drug, participants commented that heroin users who typically shoot heroin will also shoot crack cocaine. Participants explained that users shoot the drug by “breaking it down” (i.e. using lemon juice or vinegar to liquefy the drug) prior to injecting it.

Participants and community professionals most often described the typical crack cocaine user as of lower socio-economic status and African American. Other descriptors assigned to crack cocaine users include: inner-city, people engaged in prostitution, laborers, blue-collar workers and individuals addicted to opiates. In addition, treatment providers noted that some individuals using Vivitrol® as a form of treatment for their opiate addiction use crack cocaine.

Several other substances are used in combination with crack cocaine. Participants reported that, similar to powdered cocaine, using heroin in combination with crack cocaine produces a speedball effect (concurrent or consecutive stimulant and sedative highs). Participants also reported using alcohol, marijuana and sedative-hypnotics (namely, Xanax®) to come down from the intense high of crack cocaine.

Substances Most Often Combined with Crack Cocaine

- alcohol • heroin • marijuana • sedative-hypnotics •

Heroin

Heroin remains highly available throughout OSAM regions, and it’s availability has increased in five of OSAM’s eight regions during the past six months. Participants and community professionals continue to report that heroin is available everywhere. A law enforcement officer in Trumbull County described the scope of the heroin problem in that county: “Here in Trumbull County, you’re having overdoses in every city. I don’t think there is one city that hasn’t had an overdose.” Respondents in Cincinnati reported that

it is commonplace for dealers to throw heroin testers (free samples) into cars traveling in that city to get people to try their product. In Cleveland, a treatment provider described heroin dealers preying on clients of methadone clinics to buy the drug.

Reported Change in Availability of Heroin during the Past Six Months

Region	Current Availability	Availability Change	Most Available Type
Akron-Canton	High	Increase	powdered
Athens	High	No change	black tar
Cincinnati	High	Increase	powdered
Cleveland	High	Increase	powdered
Columbus	High	Increase	black tar
Dayton	High	No change	brown powdered
Toledo	High	No change	white powdered
Youngstown	High	Increase	white powdered

In regions where the availability of heroin has increased during the past six months, respondents attributed these increases to the difficulty in obtaining prescription opiates due to tightened prescribing practices, the of inexpensiveness of heroin compared to the higher prices of illicit opioids, lowered stigma around heroin use (it's no longer taboo), and an increase in the number of users driving up the demand for the drug. Many respondents noted an increase in heroin use among young people. An Akron-Canton treatment provider stated, "It's starting in high school ... what used to be 'weed' (marijuana), is now heroin." An undercover law enforcement officer, also in Akron-Canton, remarked knowing that heroin availability has increased due to the lowering of prices for the drug, suggesting an increased supply.

While many types of heroin are currently available throughout OSAM regions, participants and community professionals most often reported powdered heroin as most available. Many respondents stated that the reason for the widespread availability of powdered heroin is that dealers can adulterate this form of heroin easier than they can black tar heroin. Most participants noted that fentanyl and carfentanil have become the preferred cutting agents for heroin because of the low cost and high potency of these substances; reportedly, dealers make a lot more money selling these drugs with, or in place of, heroin. Participants commented that users seek white powdered heroin, as this type is most often cut with fentanyl. Participants in

Youngstown noted that fentanyl-cut heroin has gone up "10-fold" (increased tremendously in availability).

In addition to brown and white powdered heroin, participants reported powdered heroin in a variety of other colors, including: blue, gray, green, orange, pink, purple, tan and yellow. A few participants reported that various dealers use food coloring to brand their product. However, most participants reported that the varying colors are caused by the adulterants used to cut the heroin. Most notably, fentanyl which reportedly gives heroin the purple and pink hues. Participants often described the consistency of the heroin as "chunky."

Participants throughout OSAM regions most often reported the current overall quality of heroin as high; in fact, participants in seven of OSAM's eight regions most often reported current overall quality as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality). The exception was the Akron-Canton region where participants most often reported current overall quality as '5.' It should be noted that most participants did not directly rate the quality of heroin, because it was reported that most of what is currently sold as heroin is adulterated heavily with fentanyl or carfentanil which are very potent substances. Participants in Akron-Canton who reported moderate overall quality rated the perceived quality of heroin without fentanyl. Participants in Akron-Canton, Dayton and Toledo indicated increased overall quality of heroin during the past six months.

In addition to fentanyl and carfentanil, participants also named the following as top cutting agents for heroin: aspirin, baby formula, baby laxative, cocaine, coffee, coffee creamer and vitamin B-12. Additional cuts mentioned include: baby aspirin, brown sugar, caffeine, Coca-Cola®, Comet® cleanser, creatine, dietary supplements, Dramamine®, flour, ice tea mix, lactose, mannitol (diuretic), marijuana resin, methamphetamine, morphine, NoDoz®, oxycodone, prescribed sleep medication, rat poison, Sleepinal®, sugar, Sweet 'N Low®, vinegar and Xanax®.

Crime labs throughout OSAM regions noted the following cutting agents for heroin: caffeine, diphenhydramine (antihistamine), fentanyl/ acetyl fentanyl and other fentanyl analogs (furanfentanyl, 3-methylfentanyl, and valeryl fentanyl), lidocaine (local anesthetic), mannitol (diuretic) and triacetin (glycerin triacetate, a food additive). In addition, the BCI London Crime Lab reported processing cases of straight fentanyl submitted as suspected heroin cases during the past six months.

Although participants acknowledged that users are overdosing on fentanyl and carfentanil, they reported, along with community professionals, that more users

are seeking heroin mixtures containing fentanyl and carfentanil because these potent substances produce a “stronger” high. One Muskingum County participant commented, “It’s really good, too good. Hell, we have lost 12 friends just this year [to overdose].” Respondents throughout OSAM regions explained that many users track overdoses back to the dealers who sold the potent drug in order to obtain the “good stuff” for personal use. Participants in Youngstown explained that heroin quality is defined as “better dope” if it contains fentanyl.

Several participants discussed that they personally had Narcan® (naloxone, opiate overdose reversal medication) used on them to subvert overdose due to the current potency of heroin mixed with fentanyl. One Cincinnati participant reported buying Narcan® from a dealer. And, due to the danger of exposure to carfentanil, law enforcement officers in Akron-Canton reported now carrying Narcan® in case they are exposed to the drug; they no longer field test any substances pertaining to heroin.

Current street jargon includes many names for heroin and specific names for each type of heroin. Throughout OSAM regions, participants indicated that the color or appearance of the drug concedes different names. For example, a participant in the Toledo region explained that brown powdered heroin is the color of dog food, hence the street name “dog food.”

Current Street Names of Heroin	
Most Common Names	boy, dog food, dope, H, Ron, scag, smack
Other Names for Black Tar	black, mud, tar
Other Names for Brown Powdered	brown, Charlie Brown, pup, puppy
Other Names for White Powdered	china, china white, white, whitey

Reportedly, throughout OSAM regions, the most common quantity for heroin purchase remains 1/10 gram (aka “balloon,” “fold,” “point” or “stamp”) for \$20. However, participants in the Cincinnati and Columbus regions reported that 1/10 gram sells for \$10. In addition, participants in the Cincinnati and Akron-Canton regions indicated that users can exchange whatever money they have in hand for small amounts of heroin. They reported that dealers will give a heroin user “crumbs” or a small “eyeballed” quantity in exchange for a few dollars.

Reports of current prices for heroin were variable among OSAM regions: most often, 1/2 gram sells for \$50-60, and one gram sells for \$80-160. Participants in the Cincinnati, Cleveland and Youngtown regions reported that prices for black tar heroin are more expensive than for white and brown powdered heroin, which is contrary to previous reports, where white powdered heroin was often most expensive. Participants in these regions also reported powdered heroin selling in higher quantities, with 1/4 ounce selling for \$500-800.

Throughout OSAM regions participants continued to report that the most common route of administration for heroin remains intravenous injection (aka “shooting”), followed by snorting. Participants most often estimated that out of 10 heroin users, nine would shoot and one would snort the drug. Universally, participants throughout regions commented that if a user is not shooting heroin, or snorting it, the user is wasting money. Reportedly, the high achieved through shooting is more intense and more immediate than the high produced through snorting. A few participants in Columbus described snorting heroin through a method referred to as “mud puddling,” whereby heroin is diluted with water and the resulting liquid is snorted.

Participants also reported that some heroin users smoke the drug, albeit this route is reportedly uncommon. Participants in Cincinnati noted an increase in new heroin users starting use of the drug through shooting, whereas the usual pattern of use progresses from snorting to shooting. These participants explained that the stigma of injecting drugs has significantly decreased, especially among younger users.

Participants reported that needles used for intravenous injection (aka “rigs”) are most available from people with diabetes, drug dealers, the Internet, needle exchange programs, pharmacies, big box stores and other retailers such as pet stores. Participants in Akron-Canton, Cincinnati and Cleveland mentioned utilizing needle exchange programs. Reportedly, needles purchased on the street sell for \$1-5 per needle. Participants continued to report sharing needles as extremely common, especially if one is using with a significant other or is “dope sick” (in withdrawal). Several participants stated the belief that everyone who uses heroin has hepatitis C, thus they remarked, “why not share?” A few participants reported attempting to clean their needles with alcohol, bleach and/or water between uses. Participants in Columbus also reported that used needles are not often disposed of safely, describing coming across needles or needle remnants on the streets.

In terms of providing a profile description of a typical heroin user, most respondents either reported that there is no typical user, in that heroin use spans all demographic groups, or they continued to affirm the typical heroin user as a young to middle-aged white person of middle to upper socio-economic status, living in the suburbs and who is more likely male than female. However, several participants and community professionals throughout OSAM regions noted increases in heroin use during the past six months among African Americans as well as among younger people, particularly young females. Participants and community professionals in Akron-Canton reported overwhelmingly that more younger people are using heroin than previously. One participant reported his observations of preteens being targeted to buy heroin near the apartment complex where he lives. One treatment provider reported teenagers commonly using heroin and having “overdose” parties where users push the limits of their use. Law enforcement in Youngstown noted an increase in heroin use among older (geriatric) people.

Many other substances are used in combination with heroin. Participants reported using crack cocaine, methamphetamine and powdered cocaine in combination with heroin for a speedball effect (concurrent or consecutive stimulant and sedative highs). Participants also indicated combining alcohol, marijuana and Xanax® with heroin to intensify the heroin high. Reportedly, Adderall® is used in combination with heroin to enable heroin users to stay awake. One participant in the Athens region acknowledged, “Heroin is so strong now it’s not a good idea to mix it with anything.”

Substances Most Often Combined with Heroin

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

Prescription Opioids

Prescription opioids remain moderately to highly available for illicit use throughout OSAM regions, although street availability for these drugs has decreased during the past six months for half of the eight regions. Respondents in regions with a perceived decrease in street availability discussed that doctor prescribing has tightened, making

opioids for illicit use increasingly more difficult to find while doubling the street prices for these drugs. Participants and treatment providers discussed users changing preferences from illicit prescription opioid use to use of other drugs that are cheaper and easier to obtain (i.e. heroin and methamphetamine). Community professionals also credited decreased availability of opioids for illicit use primarily to increased utilization of the Ohio Automated Rx Reporting System (OARRS) by doctors and pharmacists to monitor type and number of prescriptions.

Corroborating data indicated that prescription opioids, particularly fentanyl, are available for illicit use in the region. The Cuyahoga County Medical Examiner’s Office found at least one prescription opioid present in 66.3 percent of the 291 drug overdose deaths it processed during the past six months; fentanyl was present in 80.8 percent of these prescription opioid cases. The Montgomery County Coroner’s Office found at least one prescription opioid present in 82.4 percent of the 176 drug-related deaths it processed during the past six months; fentanyl was present in 89.0 percent of these prescription opioid cases. Note medical examiners and coroners’ offices do not typically differentiate between pharmaceutical and clandestine fentanyl.

Reported Availability Change of Prescription Opioids during the Past 6 Months			
Region	Current Availability	Availability Change	Most Widely Used
Akron-Canton	Moderate	Decrease	Percocet® Vicodin®
Athens	High	No consensus	Percocet®
Cincinnati	Moderate to High	Decrease	OxyContin® Percocet® Vicodin®
Cleveland	High	No consensus	fentanyl Percocet® Vicodin®
Columbus	Moderate to High	No change	Percocet® oxycodone
Dayton	High	No consensus	Percocet® Vicodin®
Toledo	High	Decrease	Percocet®
Youngstown	Moderate to High	Decrease	Percocet® Vicodin®

Current street jargon includes many names for prescription opioids (aka “beans,” “candy,” “skittles,” “smarties,” “painers” and “pills”). Participants throughout OSAM regions reported that street names often reflect the pharmaceutical or brand name, the color, milligram or shape of the pills themselves. For instance, participants reported that Roxicodone® 30 mg, which are blue in color, may go by the street names of “blues,” “blueberries” or “30s.”

Current Street Names of Prescription Opioids	
Dilaudid®	Ds, dillies
fentanyl	fetty, fetty wap, fire
methadone	done
Opana®	OPs, pans, pandas
OxyContin®	Os, OCs, oxys
Percocet®	big boys, blues, jerks, Ps, p-boys, percolators, perkies, perks, popcorn balls, school buses, Watson 349, yellows, yellow school buses, 5s (5 mg), 10s (10 mg)
Roxicodone®	blues, blueberries, dirty thirties, greens, perk 30s, reds, roxies, t-shirts, 15s (15 mg), 30s (30 mg)
Ultram®/tramadol	tram , trammies
Vicodin®	Mike & vikes, Vs, vikes, 500s (5 mg), 750s (7.5 mg), 1,000s (10 mg)

Universally, participants reported that prescription opioids most often sell for \$1 per milligram on the streets, with noted exceptions: Dilaudid® 8 mg most often sells for \$30; Percocet® generally sells for \$2-5 per milligram; conversely, Vicodin® generally sells for slightly less than \$1 per milligram. Participants in the Akron-Canton, Athens and Dayton regions reported a perceived increase in the overall street prices of these drugs during the past six months, while participants in the other regions reported that prices have remained the same.

Participants reported obtaining prescription opioids for illicit use most often from doctors, hospitals, pain management centers, drug dealers, family members and friends who are being treated with opioids, as well as through Internet purchase. In addition, participants reported that older adults sell their prescribed opioids and that drugs ordered through the Internet are mailed from other states. Treatment providers discussed how fentanyl patches are obtained for illicit use from nursing homes through theft from patients, usually cancer patients.

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 most often estimated that out of 10 illicit prescription opioid users, 6-10 would snort and 0-4 would orally consume the drugs. Participants in Dayton discussed swallowing and snorting prescription opioids at the same time to prolong one’s high. Reportedly, oral consumption includes chewing and drinking water in which the medication is dissolved. Participants and community professionals discussed users sucking, chewing and eating fentanyl patches. In addition, participants reported intravenously injecting (aka “shooting”) certain types of prescription opioids. According to participants in Akron-Canton, it is still possible to intravenously inject OxyContin®. Participants in the Athens region noted that Dilaudid® is typically intravenously injected, while Roxicodone® 30 mg is typically smoked.

Respondents throughout OSAM regions continued to most often describe typical illicit prescription opioids users as anybody, while specifically identifying heroin users, college-aged young people and individuals who have experienced an injury or surgery. Many other substances are used in combination with prescription opioids. Universally, participants identified alcohol and marijuana as the most common substances used in combination with prescription opioids. They reported that alcohol, marijuana and Xanax® are often used in combination with prescription opioids to intensify one’s high.

Substances Most Often Combined with Prescription Opioids

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

Suboxone®

Suboxone® remains highly available for illicit use throughout OSAM regions. Street availability for the drug has increased in half of the OSAM regions. Participants and community professionals continued to report that the most available type of Suboxone® is the sublingual filmstrip form (aka “strips”). In many regions, participants noted filmstrips as the only available form of Suboxone® on the streets. However,

participants in Akron-Canton indicated street availability of Subutex® pills, which they said are preferred for illicit use as this drug does not contain naloxone (opiate overdose reversal medication). These participants reported that prescriptions for Subutex® are generally limited to pregnant women.

In regions with an increase in street availability of Suboxone® during the past six months, respondents generally attributed increased availability to an increase in heroin use and thus an increase in the number of users seeking prescriptions for the drug. Reportedly, many users will obtain a prescription and sell or trade all or part of their prescription for heroin or other opiates. Treatment providers discussed that Suboxone® is not a primary drug of choice among users; the drug is used illicitly primarily as a substitute or supplement to heroin use. Users rely on the drug to stave off withdrawal symptoms between heroin purchases.

Reported Availability Change of Suboxone® during the Past 6 Months

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

Respondents in the Akron-Canton and Columbus regions reported an increase in “cash and carry” clinics in those regions as fueling the street economy for the drug. A law enforcement officer in the Youngstown region stated that there are people trafficking Suboxone® in that area. In regions where there was no consensus as to availability change during the past six months, several respondents believed street availability has decreased as more users are being prescribed Vivitrol® injections over Suboxone®, thus reducing street availability for Suboxone®.

Current street jargon includes a few names for Suboxone®. Participants continued to report that street names refer to the color, shape or shortened version of the drug name.

Current Street Names of Suboxone®

General	boxes, bupe, subs
filmstrip	strips
pill	oranges, stop signs

Throughout OSAM regions, reports of current street prices remained variable among participants with experience buying the drug. Generally, Suboxone® 8 mg filmstrips sell for approximately \$15-20. However, in the Cleveland and Cincinnati regions, a Suboxone® 8 mg pill sells for \$10-15, while in the Akron-Canton and Columbus regions, it sells for as high as \$25-30. Participants noted that users pay more if desperate to avoid “dope sickness” associated with heroin or prescription opioid withdrawal. Some participants also reported higher prices for Suboxone® sold in jails and prisons.

In addition to obtaining Suboxone® on the street from dealers, participants continued to report most often securing the drug for illicit use from doctors, treatment centers, Suboxone® clinics and other users with prescriptions. Participants reported that the most common route of administration for illicit use of Suboxone® remains sublingual, followed by intravenous injection (aka “shooting”). Participants in Toledo discussed the attraction to shooting Suboxone® as using less of the drug, feeling the drug’s effect quicker and avoiding the “awful” taste of orally consuming the drug.

Participants and community professionals continued to describe typical illicit users of Suboxone® as individuals addicted to heroin and other opiates who substitute with Suboxone® when other opiates are unavailable as a way to self-medicate for withdrawal. Reportedly, few other drugs are used in combination with Suboxone®, as the drug is mostly used to avoid withdrawal symptoms. However, some users reported using Suboxone® in combination with marijuana simply due to the universality of marijuana use, while other users reported taking Suboxone® in conjunction with other drugs to intensify the effect of the other drugs.

Substances Most Often Combined with Suboxone®

- alcohol • crack cocaine • marijuana •
- sedative-hypnotics •

Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) are highly available for illicit use throughout OSAM regions. Both participants and community professionals indicated that doctors readily prescribe sedative-hypnotics to decrease anxiety symptoms caused by prolonged heroin use and to help during withdrawal from opiates. Reportedly, it is also common practice for those with prescriptions to sell all or part of their prescriptions to those seeking to self-medicate through opiate withdrawal. Street availability has increased during the past six months for the Columbus region, where treatment providers discussed an increase in Xanax® abuse among pre-adolescents and adolescents; law enforcement observed an increase in sedative-hypnotics in relation to a decrease in prescription opioid availability. Additionally, participants in the Cincinnati region discussed “fake” benzodiazepine pills as being passed as the prescribed pills; they reported people purchasing pill presses and benzodiazepine powders through the Internet and making “Xanax®”.

Respondents throughout OSAM regions continued to report Xanax® as the most popular sedative-hypnotic in terms of widespread illicit use. Participants and community professionals reported popularity of Xanax® use among

opiate users, as the drug reportedly intensifies the high of opiates. Respondents also reported that users often trade their sedative-hypnotic prescriptions to obtain heroin, prescription opioids or Suboxone®. Respondents in the Cincinnati and Columbus regions reported that people seek sedative-hypnotics to aid in coming down from intense stimulant highs produced by other drugs. The BCI Bowling Green, London and Richfield crime labs, and the Miami Valley Regional Crime Lab reported an increase in the numbers of Xanax® cases they processed during the past six months.

Current street jargon includes many names for sedative-hypnotics. Respondents throughout regions reported more street names for Xanax® than for any other sedative-hypnotic. Participants indicated that street names often reflect the color, shape or general appearance of the drug. For example, participants often referred to the colors and/or shapes of the different strengths of Xanax®, such as “peaches” (0.5 mg), or “blues” or “purple footballs” (1 mg). Participants also indicated “V-cuts” as a common street name for Valium®, referring to the V-shaped cut out on the pill itself.

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

General	benzos, cocktails, downers, nervies
Klonopin®	forgot-a-pins, k-pins, pins
Soma®	soma coma
Valium®	blues, hearts, Vs, v-cut
Xanax®	bars, blues, blue footballs, footballs, ladders, peaches, purple footballs, smurfs, wagon wheels, xanies, xanie bars

Current street prices for sedative-hypnotics were consistent among users with experience buying the drugs. Generally, sedative-hypnotics sell for \$1 per milligram, with the exception of Xanax®, which most often sells for \$2-3 or more per milligram.

While there were few reported ways of using sedative-hypnotics, generally the most common route of administration for illicit use remains oral consumption, although participants also reported snorting as a common practice. Participants indicated that route of administration depends on the type of high desired: users snort the drugs for a faster high and orally consume them for a delayed high. Few participants also noted intravenously injecting (aka “shooting”) sedative-hypnotics, although this route is reportedly uncommon and is most often a practice among people who tend to prefer shooting drugs in general.

Participants and community professionals throughout OSAM regions described typical illicit sedative-hypnotic users as younger (teens to 20s) and/or females experiencing mental health issues or significant stress. Treatment providers in the Cleveland and Columbus regions indicated that young people often abuse sedative-hypnotics due to the high availability and ease of obtaining the drugs from family members. A treatment provider also noted the changing dynamic among young people to abuse prescription drugs at parties over alcohol or marijuana as another factor driving sedative-hypnotic abuse. Respondents consistently reported that heroin users most often abuse sedative-hypnotics to intensify the opiate high.

Sedative-hypnotics are reportedly used in combination with many other drugs. Throughout OSAM regions, respondents identified alcohol, heroin, marijuana and prescription opioids as most frequently used in combination with sedative-hypnotics. Participants reported using sedative-hypnotics to intensify the sedation effects characteristic of each of the aforementioned drugs. Respondents explained that stimulant users will often have sedatives-hypnotics on hand to help bring them down from the intense highs of cocaine and methamphetamine.

Substances Most Often Combined with Sedative-Hypnotics

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

Respondents in all regions reported moderate to high availability of marijuana extracts and concentrates.

Reported Availability Change of Marijuana during the Past 6 Months

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

Participants throughout OSAM regions most often reported 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 throughout OSAM regions was also ‘10’. Additionally, participants most often reported that overall quality has remained the same during the past six months, although many participants noted an increase in the quality of high-grade marijuana and a decrease in the quality of low-grade marijuana. However, participants in Akron-Canton reported an increase in all grades of marijuana, including low grade. Participants discussed growing practices, such as spraying extra THC on the marijuana leaves, and the importation of high quality marijuana from other states as reasons for the increases in marijuana quality.

Current street jargon includes innumerable names for marijuana. Respondents explained that street names often refer to the color, texture or appearance of the drug. Notably, participants referred to low-grade marijuana in negative terms, including “bunk,” “ditch weed” and “dirt.”

Marijuana

Marijuana remains highly available throughout OSAM regions. Participants attributed current high availability to increasing popularity in growing the drug and to an increase in shipments of “legal” marijuana into Ohio from other states where medicinal and/or recreational use of the drug is legal, namely California, Colorado and Michigan. In regions where an increase in marijuana availability was determined, respondents generally reported an increase in high-grade marijuana, including extract and concentrates, which are products derived from an extraction of tetrahydrocannabinol (THC) from high-grade marijuana leaves by heating them with butane and creating a brown, waxy, oily or hard substance (aka “wax” and “dabs”). Universally, participants indicated a preference for high-grade marijuana.

Current Street Names of Marijuana

Most Common General Names	bud, ganja, George Bush, herb, left-hand cigarette, Mary Jane, pot, weed
Most Common Names for Low Grade	Bobby Brown, brick weed, brown frown, bunk, commercial, ditch weed, dirt, dirt weed, down-town frown, mersh, Mexican dirt, mids, middies, old school, reg, reggie, reggie bush, schwag, shwap, swag, Youngstown brown, skunk, skunk weed
Most Common Names for High Grade	Christmas weed, chronic, dank, dro, fire, fluff, gas, hydro, kynd*, kynd bud, kush, light green, loud, medical, nugs, nuggets, pack, purp, sticky, sticky-icky, trees, wet-wet
Most Common Names for Extracts & Concentrates	BHO (butane hash or honey oil), boogers, dabs, oils, shatter, wax

*"Kynd" refers to Kynd Cannabis Company in Nevada.

Reports of prices for marijuana were relatively consistent throughout OSAM regions. For low-grade marijuana, participants most often reported that a "blunt" (cigar) sells for \$5; 1/8 ounce sells for \$20; 1/4 ounce sells for \$25; and one ounce sells for \$80. For high-grade marijuana, participants most often reported that a blunt sells for \$10; 1/8 ounce sells for \$40; 1/4 ounce sells for \$100; and one ounce sells for \$225-300. For marijuana extracts and concentrates, prices varied throughout regions with one gram selling for \$50-75.

Participants throughout regions unanimously reported that smoking remains the most common route of administration for marijuana. However, respondents also noted users consuming marijuana in the form of edibles (brownies, candies, cookies, butter, etc.). Participants in the Akron-Canton region reported that, due to the increasing number of dispensaries in states where marijuana is legal, edibles are becoming more common than previously.

A profile of a typical marijuana user did not emerge from the data. Participants and community professionals throughout OSAM regions discussed marijuana use as spanning all types of people: all ages, races and sexes. However, participants in the Youngstown region made distinctions between low-grade and high-grade marijuana users: they reported that typical low-grade users tend to have less money, while typical high-grade users, including those who use extracts and concentrates, tend to be white people or people experiencing health problems. Notably,

respondents indicated increased marijuana use among children as young as 12 years of age during the past six months. Community professionals in the Cleveland and Akron-Canton regions also noted increased marijuana use among older (geriatric) adults for medicinal purposes.

Participants identified many other substances often used in combination with marijuana, with the most prevalent being alcohol and powdered cocaine. However, participants continued to report that marijuana is often used in combination with any other drug to intensify the high of the other drug. One participant commented, *"Marijuana and alcohol, both, are like wearing the color black; it just goes with anything."*

Substances Most Often Combined with Marijuana

- alcohol • crack cocaine • heroin • powdered cocaine • prescription opioids • tobacco •

Methamphetamine

Methamphetamine is highly available throughout most OSAM regions. The degree to which the drug is available in the Dayton region is unclear, as few participants in that region had first-hand knowledge of methamphetamine during the past six months and could not assign a current availability rating for it; however, treatment providers in the region reported current high availability. Generally, respondents reported that powdered methamphetamine is more readily available in rural areas, while crystal methamphetamine is more readily available in urban areas. Respondents in five of the eight OSAM regions reported overall increased availability of methamphetamine during the past six months, most often attributing these increases to the cheaper cost of the drug compared to the cost of other stimulants, such as powdered cocaine and Adderall®. Participants in Akron-Canton, Athens, Cleveland and Columbus reported crystal methamphetamine as the most prevalent form of the drug, while participants in Cincinnati, Dayton, Toledo and Youngstown reported powdered methamphetamine as most prevalent.

Reported Availability Change of Methamphetamine during the Past 6 Months

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

Participants from the majority of OSAM regions noted an increase in the overall availability of methamphetamine during the past six months. Corroborating data indicated increased availability of methamphetamine throughout regions. A query of the National Forensic Laboratory Information System (NFLIS) for all Ohio counties returned 3,266 methamphetamine cases reported during the past six months, an increase from the 2,706 cases reported during the previous reporting period. In addition, the Cuyahoga County Medical Examiner’s Office reported five overdose deaths and the Montgomery County Coroner’s Office reported eight overdose deaths involving methamphetamine, which is an increase from the four total overdose deaths related to methamphetamine reported previously. The BCI Bowling Green, London and Richfield crime labs all reported that the numbers of methamphetamine cases they process have increased during the past six months.

Respondents indicated increased availability for both forms of methamphetamine. Reportedly, Mexican drug cartels are sending increased shipments of crystal methamphetamine, commonly packaged with heroin shipments, to many urban areas of Ohio. Respondents discussed the ease of producing powdered methamphetamine locally as the reason for its increased availability. The powdered form (aka “shake-and-bake”) is made by mixing common household chemicals with ammonium nitrate (found in cold packs) and pseudoephedrine (found in some allergy medications) in a single sealed container, such as a two-liter soda bottle.

Participants most often reported the current overall quality of methamphetamine as ‘8-10’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was also ‘8-10.’ Participants indicated that there is greater user preference for crystal methamphetamine over powdered methamphetamine, noting that the powdered form is more often adulterated (aka “cut”) with other substances. Moreover, participants cited the person producing the methamphetamine (aka “meth cook”) as a major determinant of quality; reportedly, some cooks are better than others. Participants noted that the numerous cutting agents for methamphetamine include: baby powder, bath salts, fentanyl, lithium, MSM (Methylsulfonylmethane, a joint supplement), pool shock (a highly chlorinated chemical used in swimming pools), red Sulphur, rock salt and vitamin B-12. Participants in the Athens, Cleveland, Toledo and Youngstown regions reported that the quality of methamphetamine has remained the same during the past six months.

Current street jargon includes many names for methamphetamine. Street names often refer to the color or texture of the drug, or to the effects produced by the intense stimulant high.

Current Street Names of Methamphetamine

Most Common General Names	crank, gas, gasoline, go, go-fast, go-go, jib, meth, speed, Tina, tweak
Most Common Names for Powdered	bathtub crank, shake, shake-and-bake
Most Common Names for Crystal	crystal, glass, ice, ice-cream, ice man, shards, window

Reports of current prices for methamphetamine varied throughout OSAM regions among participants with experience purchasing the drug. For powdered methamphetamine, reportedly, the most common quantity purchased is one gram which sells for approximately \$100 throughout regions. Respondents in the Dayton and Youngstown regions reported that 1/2 gram of powdered methamphetamine sells for \$50. For crystal methamphetamine, one gram sells for \$50-60 in Cincinnati, Cleveland, Columbus and Youngstown, while one gram sells for \$50-100 in Akron-Canton and \$100 in Athens and Toledo; 1/16 ounce (aka “teen” or “teener”) sells for \$90-150 in Athens, Cleveland and Columbus.

Participants and law enforcement reported that prices for methamphetamine are cheaper than for other prevalent drugs, such as cocaine and heroin, thereby contributing to the drug’s increasing popularity.

Participants in half of the OSAM regions reported intravenous injection (aka “shooting”) as the most common route of administration for methamphetamine, while participants in three of the other four regions reported smoking as the most common route of administration. Only participants in the Columbus region reported snorting as most common. Participants explained that shooting methamphetamine is common due to the popularity of injecting other popular drugs, such as heroin. Participants also reported that some users “hot rail,” which is snorting methamphetamine through a glass tube which has been heated, albeit this route of administration was said to be relatively uncommon.

Participants and community professionals most often described typical methamphetamine users as white, males, rural, ranging in age from 20-40 years and of lower-socioeconomic status. Respondents also noted that those who use heroin and/or cocaine, bikers (motorcycle gang members) and truck drivers are also likely to use methamphetamine. In addition, law enforcement in the Akron-Canton, Athens and Toledo regions reported that methamphetamine users tend to be frequently and habitually involved in the legal system.

Many other substances are used in combination with methamphetamine. Throughout the majority of OSAM regions, respondents identified alcohol and heroin as the most common drugs used with methamphetamine. Reportedly, alcohol is consumed in conjunction with methamphetamine to aid the user in coming down from the intense high of methamphetamine, or methamphetamine is paired with alcohol to enable the user to drink an increased amount of alcohol for extended periods of time. Participants also reported using heroin in combination with methamphetamine to aid in coming down from the methamphetamine high, or to produce a “speedball” effect (concurrent or consecutive stimulant and sedative highs).

Substances Most Often Combined with Methamphetamine

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

Prescription Stimulants

Prescription stimulants are highly available for illicit use throughout most OSAM regions. However, in Akron-Canton there was no consensus on current street availability: participants reported high availability, while treatment providers reported low availability and law enforcement did not report on availability. Participants and community professionals most often attributed the current high street availability of prescription stimulants to the ease in obtaining these drugs from physicians. Several participants described feigning symptoms of ADHD (attention-deficit hyperactivity disorder) in order to obtain a prescription.

Respondents in most OSAM regions either could not reach consensus on whether or not availability of prescription stimulants has changed or they reported that availability has remained the same during the past six months. Only participants and treatment providers in the Columbus region reported a change in availability; they reported that the availability of prescription stimulants has decreased during the past six months. Respondents in the Dayton region indicated that physicians are beginning to monitor patients’ prescribed stimulants more closely and are adjusting their prescribing practices.

Throughout OSAM regions, Adderall® remains the most popular prescription stimulant in terms of widespread illicit use. The BCI Bowling Green, London and Richland crime labs, and the Miami Valley Regional Crime Lab reported increased numbers of Adderall® cases during the past six months.

Reported Availability Change of Prescription Stimulants during the Past 6 Months			
Region	Current Availability	Availability Change	Most Widely Used
Akron-Canton	No consensus	No consensus	Adderall®
Athens	High	No consensus	Adderall® Ativan® Vyvanse®
Cincinnati	High	No consensus	Adderall® Ritalin®
Cleveland	High	No consensus	Adderall®
Columbus	Moderate to High	Decrease	Adderall®
Dayton	High	No change	Adderall®
Toledo	Moderate	No change	Adderall®
Youngstown	High	No change	Adderall®

Current street jargon includes few names for prescription stimulants. Participants explained that street names are often a shortened version of the drug’s name; such as “addies” for Adderall® and “rits for Ritalin®.

Current Street Names of Prescription Stimulants	
Most Common General Names	poor man’s coke, speed, uppers

Reports of current street prices for prescription stimulants were consistent among participants with experience purchasing the drugs. Reportedly, Adderall® 30 mg sells for \$5-10, with the higher price end reported in the Cincinnati and Columbus regions. Participants in the Akron-Canton and Youngstown regions reported that Vyvanse® 70 mg sells for \$10-15.

Participants continued to report that the most common routes of administration for illicit use of prescription stimulants remain oral consumption and snorting. Participants and community professionals most often described typical illicit users as white adolescents and young adults (early 20s), as well as college students. Respondents also explained that the parents of children prescribed stimulants often illicitly use the drugs personally or they sell the drugs to supplement their income.

Reportedly, few other substances are used in combination with prescription stimulants, although participants reported use in combination with alcohol and marijuana. Participants explained that using alcohol and/or marijuana in combination with prescription stimulants produces an intense high.

Substances Most Often Combined with Prescription Stimulants
• alcohol • marijuana •

Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA and/or TFMP) is moderately to highly available throughout most OSAM regions. Participants most often indicated that

the powdered form of the drug (aka “molly”) is more prevalent than the traditional pressed ecstasy tablets. Throughout regions, respondents generally reported that the availability of ecstasy has remained the same during the past six months, while participants in the Athens, Cincinnati and Youngstown regions indicated increased availability for molly. Participants in the Cleveland and Columbus regions noted that molly is most available during the academic year to college students, as well as available through a few select people throughout the year, while participants in Akron-Canton indicated stable, widespread availability. The BCI Richfield and Lake County crime labs reported that the numbers of ecstasy cases they process have increased during the past six months; note these labs do not differentiate ecstasy from molly cases.

Reported Availability Change of Ecstasy/Molly during the Past 6 Months			
Region	Current Availability		Availability Change
	Tablet (ecstasy)	Powdered (molly)	Ecstasy/Molly
Akron-Canton	No consensus	Moderate to High	No consensus
Athens	No comment	Moderate	No consensus
Cincinnati	Moderate to High	Moderate to High	No consensus
Cleveland	Moderate to High	Moderate to High	No change
Columbus	Moderate	Moderate to High	No change
Dayton	Moderate to High	Moderate to High	No change
Toledo	High	High	No change
Youngstown	Moderate	Moderate to High	No consensus

Participants in the Cleveland, Cincinnati and Dayton regions reported on the current overall quality of ecstasy and molly; they reported a range in quality, depending on region, of ‘5-10’ on a scale from ‘0’ (poor quality, “garbage”) to ‘10’ (good) quality. Universally, participants noted higher quality for molly than for ecstasy, reporting that molly is often adulterated (aka “cut”) with heroin or methamphetamine. Law enforcement in Columbus

indicated that crime lab reports show that what some users think is molly, is often other synthetic compounds most likely manufactured in China. Participants in Toledo discussed ecstasy tablets having different imprints in them, such as ninja turtles and daises, with each type varying in quality. Overall, participants reported that the quality of ecstasy and molly has remained the same during the past six months.

Current street jargon includes several names for ecstasy and molly.

Current Street Names Ecstasy	
Most Common Names for Ecstasy	candy, beans, monkeys, poppers, rolls, skittles, stacks
Most Common Names for Molly	Miley Cyrus, sass, shard

Reports of current prices for ecstasy and molly were provided by participants with experience purchasing the drugs. Participants most often reported that a low dose (aka "single stack") of ecstasy sells for \$5 and that a high dose (aka "triple stack") sells for \$10; however, in the Akron-Canton and Columbus regions, ecstasy reportedly sells for as high as \$25-30, irrespective of dose amount. For molly, 1/10 gram most often sells for \$20 and one gram sells for \$80-100. In addition, participants in the Athens and Cleveland regions reported that 3.5 grams of molly sells for \$200, while participants in Columbus reported 3.5 grams selling for as low as \$90. Participants in the Columbus and Dayton regions noted that molly is most often sold in capsules.

Reportedly, ecstasy and molly continue to be most often available at bars, nightclubs, "raves" (dance parties) and music festivals, although participants in Columbus also noted obtaining the drugs through Internet purchase and at area head shops. Participants throughout regions reported that the most common routes of administration for both ecstasy and molly remain oral consumption, followed by snorting. Participants described many ways to orally consume the drugs, including "parachuting" (wrapping a crushed ecstasy tablet or molly powder in a small piece of tissue and swallowing), opening the molly capsule and swallowing the contents, as well as mixing the drugs into drinks. Participants also discussed intravenous injection (aka "shooting") and anal insertion of these

drugs, albeit these routes are reportedly uncommon.

Participants and community professionals described typical ecstasy and molly users as people aged 20-30 years, as well as high school and college students, exotic dancers and people involved in the party scene. Respondents in Columbus and Toledo specifically noted popularity for the drugs among young African Americans.

Respondents throughout OSAM regions most often reported using alcohol and marijuana in combination with ecstasy and molly. Reportedly, these drugs in combination with ecstasy and molly intensify one's high. Likewise, participants in the Akron-Canton region reported users combining powdered cocaine with ecstasy and molly to intensify their high.

Substances Most Often Combined with Ecstasy/Molly
• alcohol • marijuana •

Synthetic Marijuana

Synthetic marijuana (synthetic cannabinoids) remain available throughout most OSAM regions, despite the October 2011 legislation that banned its sale and use. However, the majority of participants and community professionals reported little or no personal experience with the drug during the past six months. Participants in the Akron-Canton, Cleveland and Dayton regions reported current high availability of synthetic marijuana, stating that the drug remains easily obtainable at some gas stations and head shops, as well as through Internet purchase.

Corroborating data indicated availability of synthetic marijuana in the Cleveland and Dayton regions. Separate queries of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Cleveland and Dayton regions returned 144 and 74 cases of synthetic cannabinoids recorded during the past six months, respectively.

The majority of respondents throughout regions reported that the availability of synthetic marijuana has decreased during the past six months. Some participants attributed

the decrease to the fear of overdose death after a teenage male in the Akron-Canton region reportedly died from an unintentional overdose involving synthetic marijuana. Respondents reported that the drug is often sprayed with Raid® or TCH (tetrahydrocannabinol), adding to the potency and potential lethality of the drug. Other participants simply reported preference for marijuana over synthetic marijuana. The Columbus Police, the BCI London and Richfield crime labs, along with the Lake County Crime Lab, all reported a decrease in the number of synthetic marijuana cases they process during the past six months.

Only participants in the Cleveland and Cincinnati regions commented on the current overall quality of synthetic marijuana. These participants discussed that, although the drug is more potent from the chemicals sprayed onto it, the drug is generally poor in quality.

Current street jargon includes few names for synthetic marijuana.

Current Street Names of Synthetic Marijuana	
Most Common Names	K2, spice
Other Names	spa, spizy, speeze, pep spice

Reports of current prices for synthetic marijuana were variable among participants with experience purchasing the drug. Reportedly, one gram most often sells for \$10, and a 3.5 bag sells for \$20. Participants reported that the most common route of administration for synthetic marijuana remains smoking. Participants and community professionals continued to describe typical synthetic marijuana users as teens, young adults and individuals on probation who are subject to drug screening.

Few other substances are used in combination with synthetic marijuana, reportedly due to the intense high produced by the drug. However, participants discussed that alcohol is sometimes used in helping one to come down from the intense high.

Substances Most Often Combined with Synthetic Marijuana
• alcohol • tobacco •

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.

Reported Availability of Other Drugs in each of the OSAM Regions	
Region	Other Drugs
Akron-Canton	anabolic steroids, bath salts, hallucinogens (LSD, psilocybin mushrooms)
Athens	hallucinogens (LSD, psilocybin mushrooms), Neurontin®
Cincinnati	bath salts, hallucinogens (LSD, psilocybin mushrooms), inhalants, ketamine, Neurontin®, OTCs*, Seroquel**
Cleveland	hallucinogens (LSD, PCP, psilocybin mushrooms), Neurontin®, promethazine
Columbus	hallucinogens (LSD, psilocybin mushrooms), Neurontin®, promethazine
Dayton	bath salts
Toledo	hallucinogens (LSD), Neurontin®
Youngstown	bath salts, hallucinogens (LSD, psilocybin mushrooms), Neurontin®

*For limited information on OTCs (over-the-counter) medications and Seroquel®, please see regional report.

Anabolic Steroids

Only law enforcement in the Akron-Canton region reported on the availability of anabolic steroids during the past six months. They most often reported the current availability of these drugs for illicit use as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Akron-Canton region returned 34 anabolic steroid cases reported during the past six months, with methandrostenolone and testosterone being the most common.

Reportedly, availability of anabolic steroids is high in large gyms in the region. Law enforcement indicated that

availability has increased during the past six months, and discussed that it is common for personal trainers to order supplies from other countries and then manufacture the drugs themselves for profit. Law enforcement continued to describe typical illicit users of anabolic steroids as male body builders.

Bath Salts

Bath salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues, including alpha-PVP, aka “flakka”) remain available and were reported on in four OSAM regions; however, few participants indicated personal experience with this drug during the past six months. Current availability of bath salts is variable: participants in the Cincinnati and Youngstown regions reported low availability; participants in the Akron-Canton region reported moderate availability; participants in the Dayton region and treatment providers in the Youngstown region reported high availability. Universally, participants throughout the reporting regions indicated that the availability of bath salts has decreased during the past six months.

The BCI London Crime Lab reported that the number of bath salts cases it processes has decreased during the past six months, while the BCI Richfield Crime Lab reported an increase in the number of cases it processes.

Only a few participants in the Cincinnati region reported prices for bath salts; they noted that two grams sell for \$35. In addition, participants in Akron-Canton discussed a growing practice of dealers selling bath salts as methamphetamine and charging methamphetamine prices for the substitution. Participants and community professionals reported that bath salts are most often obtained through dealers, head shops and certain area convenience stores.

Participants reported that the most common route of administration for bath salts remains snorting. They estimated that out of 10 bath salts users, all 10 would snort the drug. Participants most often described typical bath salts users as white people, younger in age and of middle to upper socio-economic status. Participants identified alcohol and marijuana as most often used in combination with bath salts.

Hallucinogens

Hallucinogens remain available and were reported on in four OSAM regions. Generally, hallucinogens

include lysergic acid diethylamide (LSD) and psilocybin mushrooms, but participants in the Cleveland region continued to report phencyclidine (PCP) as highly available in city of Cleveland. Personal experience and knowledge of these drugs was limited to a few participants and community professionals in each region. Participants in the Akron-Canton and Youngstown regions reported current high availability of LSD and psilocybin mushrooms, while participants in the Athens, Cincinnati and Columbus regions reported moderate availability. Community professionals in each of these regions reported low to moderate availability of these substances.

Participants continued to report the availability of psilocybin mushrooms as seasonal; but indicated that the availability of both LSD and psilocybin mushrooms has remained the same during the past six months. Only participants in the Akron-Canton region reported increased availability of LSD.

Crime Lab Reported Change in Number of Hallucinogen Cases during the Past 6 Months			
Crime Lab	LSD	Psilocybin Mushrooms	PCP
BCI Bowling Green	Decrease	Decrease	Increase
BCI London Crime Lab	Increase	Increase	Increase
BCI Richfield Crime Lab	Increase	Decrease	Decrease
Columbus Police Crime Lab	No change	No change	No change
Lake County Crime Lab	Increase	No change	Increase
Miami Valley Regional Crime Lab	No change	Increase	No change

Reports of current prices for hallucinogens were variable among participants with experience purchasing the drugs. Reportedly, one dose (aka “hit”) of LSD sells for \$7-10; 1/8 ounce of psilocybin mushrooms most often sells for \$30. Participants in the Cleveland region reported that a cigarette dipped in PCP sells for \$10-15.

Participants continued to report that hallucinogens are most often obtained at music festivals, “raves” (dance parties) or through Internet purchase. Participants reported the most common route of administration

for LSD and psilocybin mushrooms remains oral consumption. Participants explained that LSD is orally consumed by placing drops of the liquid on sugar cubes or cereal. Participants explained that psilocybin mushrooms are often consumed by placing them on pizza, ice cream or in sandwiches to avoid their bitter taste.

In addition to oral consumption, participants explained that a few users smoke psilocybin mushrooms, while some users administer LSD through ocular absorption (placing drops into their eyes). Participants in Cleveland explained that PCP is either smoked or consumed orally by mixing the drug with tea. In addition, they explained that PCP is smoked in combination with crack cocaine (aka "moon rock") and smoked in combination with marijuana (aka "lovely").

Participants and community professionals described typical hallucinogen users as teens and college-aged individuals, hippies, people who attend festivals and raves, as well as followers of the rock band, the Grateful Dead.

Inhalants

Inhalants (duster [DFE] and nitrous oxide) remain highly available according to participants and community professionals in the Cincinnati region. Respondents reported that the availability of these drugs has remained the same during the past six months, and that they are most often used by teenagers and college-aged individuals who attend nightclubs and "raves" (dance parties). Reportedly, nitrous oxide is most often sold in balloons for \$5 per balloon.

Ketamine

Ketamine (an anesthetic typically used in veterinary medicine) remains available for illicit use in the Cincinnati region according to a few participants and community professionals. However, they reported the current street availability of the drug as low and remaining the same during the past six months. Reports of current street prices were provided by one participant with experience purchasing the drug, who reported that a 100-milliliter vial of ketamine sells for \$70-80. Participants continued to report the most common route of administration as intravenous injection (aka "shooting"). They described typical users as hippies.

Neurontin®

Neurontin® (gabapentin, an anticonvulsant used to treat nerve pain) remains moderately to highly available throughout the five OSAM regions that reported on current availability. Corroborating data indicated availability in the Cincinnati and Cleveland regions. Separate queries of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Cincinnati and Cleveland regions returned 16 and 31 Neurontin® cases recorded during the past six months, respectively.

Participants and community professionals in the Athens, Cleveland, Columbus and Youngstown regions reported that the street availability of Neurontin® has increased during the past six months, while participants and community professionals in the Cincinnati region reported that street availability has remained the same. Participants reported obtaining the drug from doctors and through other users. In the Cincinnati region, participants reported that the drug is commonly abused in prisons, and is thus referred to as "penitentiary dope."

Reports of current street prices for Neurontin® were reported by participants with experience purchasing the drug. Participants in the Athens, Cleveland and Columbus regions reported that 300 mg most often sells for \$0.50, and 800 mg sells for \$1-5, with higher prices indicated in the Cleveland region.

Reportedly, the most common route of administration for illicit use of Neurontin® remains oral consumption. Participants and community professionals described typical illicit users as people addicted to opiates who seek Neurontin® to avoid the pain associated with opiate withdrawal, as well as people wanting to obtain a high but also needing to pass a drug screen.

Promethazine

Reportedly, street availability of promethazine (antihistamine, a neuroleptic) is moderate in the Cleveland region and low in the Columbus region. Participants in the Cleveland region reported that the availability of the drug has increased during the past six months. Participants discussed that promethazine is often mixed with Sprite® (aka "sizzurp"). They also described mixing the drug with marijuana or synthetic marijuana by brushing the substance onto blunts (cigars containing marijuana/

synthetic marijuana) for smoking. Current street prices of promethazine were reported by a few participants in the Columbus region; they reported that one bottle (unspecified dosage) sells for \$400. Respondents in both regions described the drug as popular among younger people (20-30 years of age), drug dealers, rappers and African Americans.

Current Street Names of Other Drugs	
Ketamine	K, kitty, special k
LSD	acid, blotters, Lucy in the sky with diamonds, strips
PCP	sherm, water, wet, woo stick
Psilocybin mushrooms	shrooms
Promethazine	lean, sizzurp