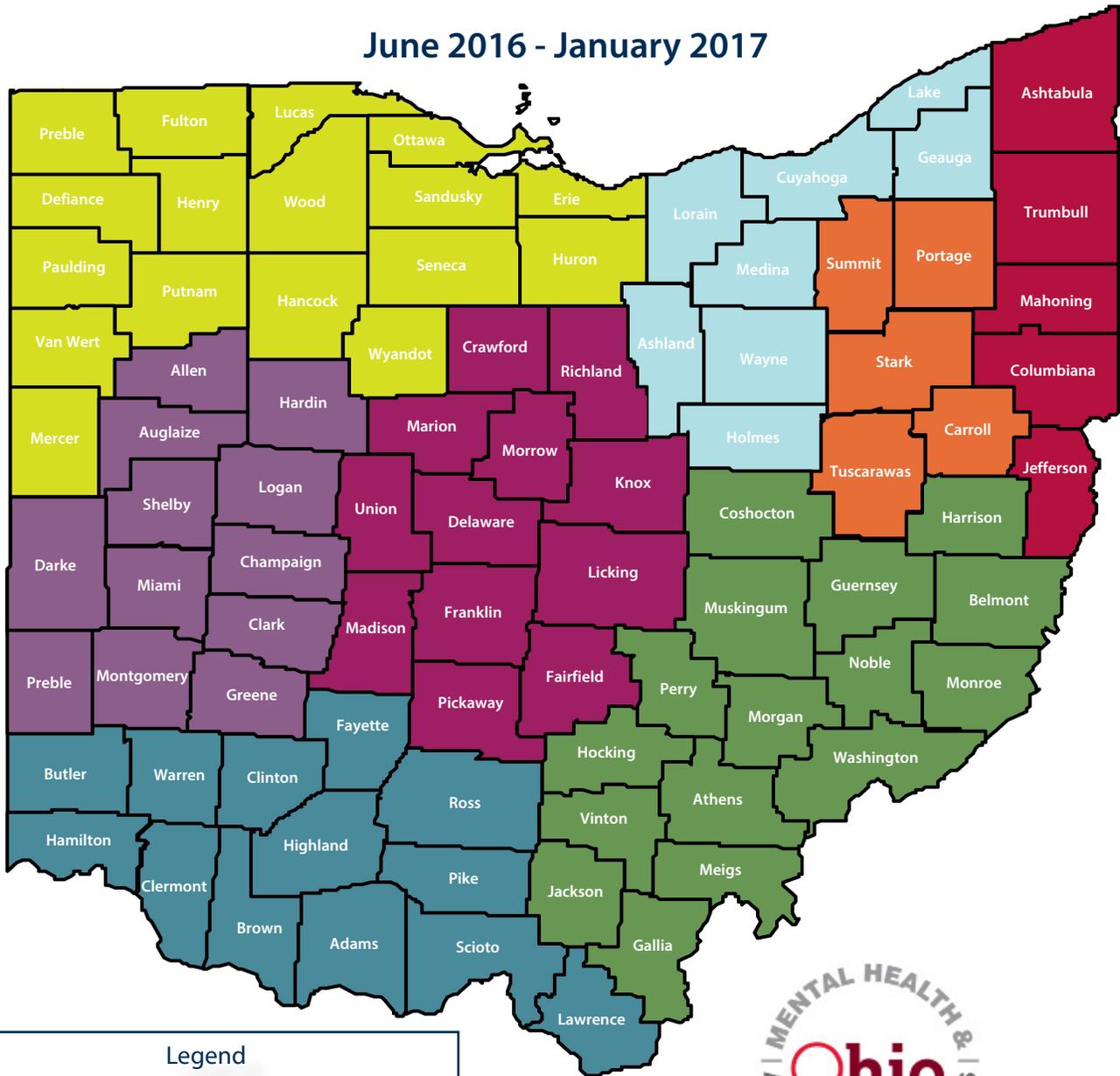




Surveillance of Drug Abuse Trends in the State of Ohio

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

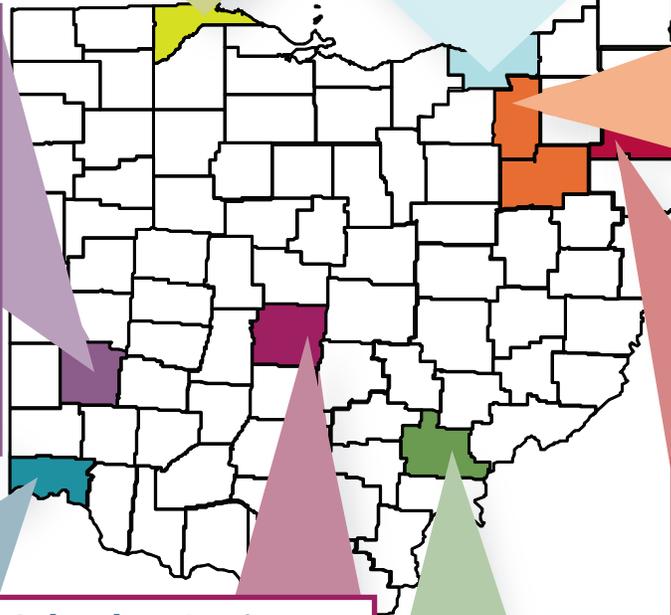
- Heroin, marijuana & illicit Suboxone® availability ↑
- Fentanyl & carfentanil top cutting agents for heroin
- Heroin users seek fentanyl & carfentanil for "stronger" high
- Heroin users track overdoses back to dealers to obtain the "good stuff" for personal use
- Increase in edible forms of marijuana 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 and 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.

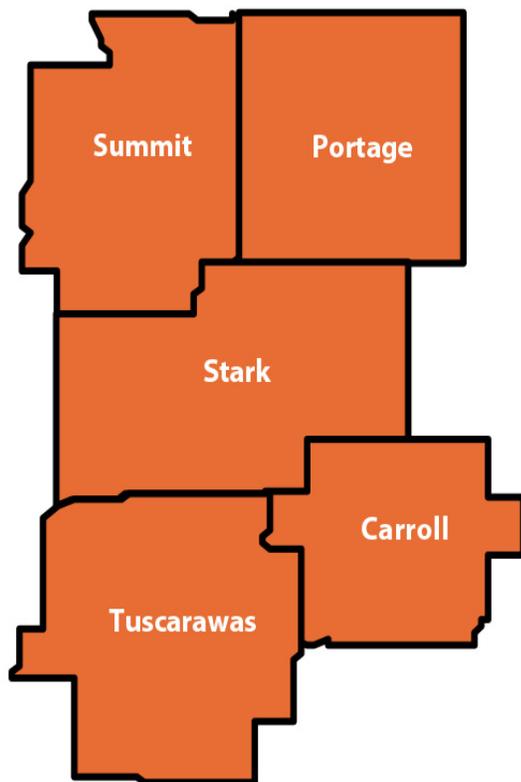
Promethazine

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

Drug Abuse Trends in the Akron-Canton Region



Data Sources for the Akron-Canton Region

This regional report was based upon qualitative data collected via focus group interviews. Participants were active and recovering drug users recruited from alcohol and other drug treatment programs in Portage, Stark, Summit and Tuscarawas counties. Data triangulation was achieved through comparison of participant data to qualitative data collected from regional community professionals (treatment providers and law enforcement) via focus group interviews, as well as to data surveyed from the Ohio Bureau of Criminal Investigation (BCI) Richfield Crime Lab, which serves the Akron-Canton, Cleveland and Youngstown areas. 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. All secondary data are summary data of cases processed from January through June 2016. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for July through December 2016.

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

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Regional Profile

Indicator ¹	Ohio	Akron-Canton Region	OSAM Drug Consumers
Total Population, 2015	11,613,423	1,200,135	41
Gender (female), 2015	51.0%	51.2%	63.4%
Whites, 2015	82.7%	85.7%	78.0%
African Americans, 2015	12.7%	9.9%	12.2%
Hispanic or Latino Origin, 2015	3.6%	2.0%	12.5% ²
High School Graduation Rate, 2015	89.1%	90.2%	80.0% ³
Median Household Income, 2015	\$51,086	\$50,669	\$16,000 to \$19,999 ⁴
Persons Below Poverty Level, 2015	14.8%	13.8%	69.2% ⁵

¹Ohio and Akron-Canton region statistics were derived from the most recent US Census; OSAM drug consumers were participants for this reporting period: July-December 2016.

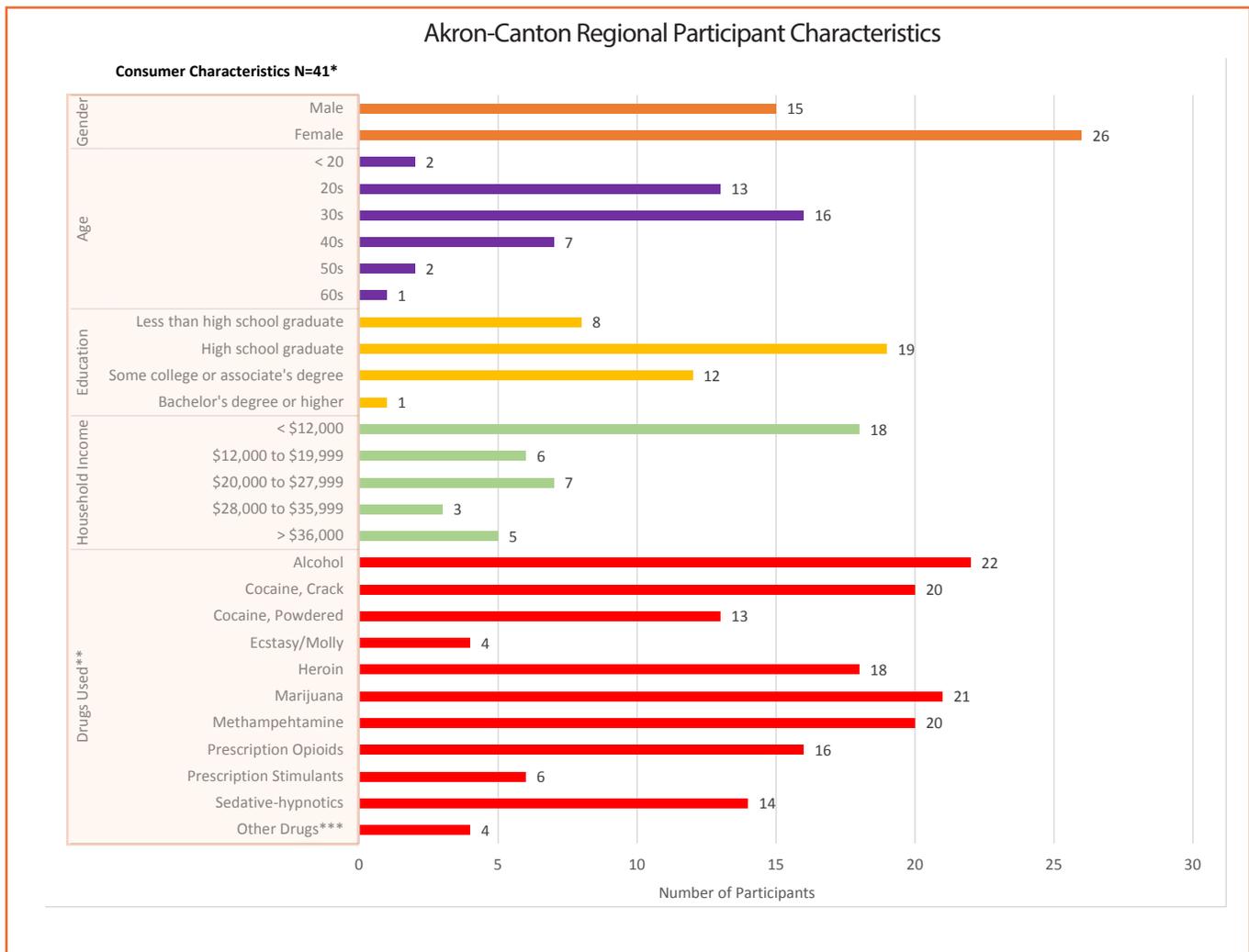
²Hispanic or Latino Origin was unable to be determined for 1 participant due to missing and/or invalid data.

³Education level was unable to be determined for 1 participant due to missing and/or invalid data.

⁴Participants reported income by selecting a category that best represented their household's approximate income for the previous year. Income was unable to be determined for 2 participants due to missing and/or invalid data.

⁵Note income categories have been collapsed in the table below.

⁵Poverty status was unable to be determined for 2 participants due to missing and/or invalid data.



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

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

***Other drugs included: Lysergic acid diethylamide (LSD), dextromethorphan (DXM) and Suboxone®.

Historical Summary

In the previous reporting period (January – June 2016), crack cocaine, heroin, marijuana, methamphetamine, powdered cocaine, prescription opioids, sedative-hypnotics and Suboxone® remained highly available in the Akron-Canton region. Changes in availability during the reporting period included: increased availability for methamphetamine; likely increased availability for hallucinogens and marijuana; and decreased availability for synthetic marijuana.

Participants and community professionals reported powdered heroin as the most available heroin type in terms of widespread use in the region. However, participants noted availability of a variety of colors of powdered heroin, including: blue, brown, cream, gray, green, pink, purple, tan and white. Participants described the consistency of heroin most often as “chunky” or “rocky.”

Most participants described the quality of heroin as high due to fentanyl being “cut” (adulterated) into heroin, which makes the drug more potent. Law enforcement officers noted that the heroin was most often heavily cut with fentanyl. The BCI Richfield Crime Lab also reported more fentanyl with heroin cases during the reporting period than previously seen.

Participants and community professionals reported increased availability of high-grade marijuana extracts and concentrates (aka “dabs,” oil and wax forms of the drug). In addition, law enforcement reported that the marijuana in the region was almost exclusively high-grade. One law enforcement officer explained that high-grade marijuana was being imported from California, Colorado and Washington, states where the drug is legal. Law enforcement reported that distributors could sell their product for a higher profit in Ohio.

Participants reported that methamphetamine was available in crystal and powdered forms throughout the region, although participants identified powdered methamphetamine as the most prevalent form of the drug in terms of widespread use during the reporting period. However, one participant group from Portage County reported that both forms of methamphetamine were highly available and added that crystal methamphetamine was easier to find in that area of the region. Participants reported that the availability of crystal methamphetamine

increased during the previous six months. Additionally, law enforcement from both Summit and Stark counties reported increased availability of crystal methamphetamine.

There was speculation among treatment providers that heroin users were switching to methamphetamine as the knowledge of how to manufacture the drug for personal use spread; reportedly, some heroin users had decided that supplying their own drug was easier than depending on dealers for daily fixes. Community professionals described typical methamphetamine users as white, young people of lower socio-economic status. Treatment providers also reported an increase in methamphetamine use among females during the reporting period.

Lastly, most participants reported that the availability of LSD (lysergic acid diethylamide) increased during the reporting period. Participants reported that the most common route of administration for LSD was placing drops of liquid LSD on the tongue or by chewing blotter paper treated with the drug. Participants also reported that liquid LSD drops were sometimes administered in the eye, albeit rarely. Participants described typical hallucinogen users as white and young. Participants reported that users were often considered hippies, “partiers,” musicians and “stoners” (marijuana users). The BCI Richfield Crime Lab reported that the number of LSD, psilocybin mushroom and PCP (phencyclidine) cases it processes had increased during the reporting period.

Current Trends

Powdered Cocaine

Powdered cocaine remains highly available in the region. Participants most often reported the drug’s current availability as ‘8’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was also ‘8.’ A couple of participants stated that powdered cocaine is easier to obtain than crack cocaine. One participant reported, “*Every time I’ve called for crack cocaine, they’d say they had to ‘rock it up’ (manufacture crack cocaine from powdered cocaine).*” Another participant stated, “*I get ‘powder’ [cocaine] easier than ‘crack’ [cocaine].*”

Treatment providers most often reported the current availability of powdered cocaine as '6,' while law enforcement most often reported it as '10,' the previous most common scores were '3' or '4' for treatment providers and '10' for law enforcement. Treatment providers commented: *"There's a limited number of reports of people using powdered cocaine; I can't remember hearing a person who was currently using it. I'm sure it's out there, but it's expensive."* Law enforcement cited several reasons for high availability: *"Dealers are migrating from Detroit [and bringing powdered cocaine into the region] ... they set up shop; We are seeing it in the southern part of the county [Tuscarawas], where the suppliers are located."* A sheriff's officer reported that they had recently taken a large seizure of powdered cocaine (80 pounds). This officer stated, *"I would have said it was going down [in availability], but with that kind of seizure, maybe not."*

Corroborating data indicated that cocaine is available in the region. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Akron-Canton region returned 513 cocaine cases reported during the past six months, of which 66.5 percent were from Stark County, home of Canton (an increase from 404 cases for the previous six months, of which 60.9 percent were Stark County cases). Note laboratories logging cases into NFLIS do not typically differentiate between powdered and crack cocaine.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Law enforcement arrested a man in Stark County after confiscating several different illegal drugs, including powdered cocaine, from his vehicle when they pulled him over for a traffic violation (www.cantonrep.com, Sept. 10, 2016). Ohio State Highway Patrol (OSHP) arrested a woman from West Virginia in Summit County during a traffic stop after seizing over eight pounds of powdered cocaine from her vehicle (www.statepatrol.ohio.gov, Oct. 10, 2016). Law enforcement arrested a man from his home in Stark County when they found 27 grams of powdered cocaine; the man was previously in prison in 2003 and 2007 for cocaine trafficking (www.cantonrep.com, Oct. 21, 2016). OSHP arrested a man in Akron after pulling him over for a speeding violation, fleeing the officers during the stop, and later finding 24 pounds of powdered cocaine in his vehicle (www.cleveland.com, Nov. 3, 2016). OSHP arrested a man in Summit County during a traffic stop, confiscating two ounces of cocaine and 125 grams

of marijuana from his vehicle (www.statepatrol.ohio.gov, Nov. 17, 2016). Law enforcement arrested another man when he fled a traffic stop in Akron, leading officers on a high speed chase which ended with police confiscating 11 kilograms of powdered cocaine from his vehicle; the Summit County Drug Unit, Akron Police Department, the U.S. Drug Enforcement Agency (DEA), and the Federal Bureau of Investigations (FBI) collaborated on a search warrant of the man's home and found an additional 25 kilograms of powdered cocaine (www.wkyc.com, Nov. 23, 2016). Law enforcement arrested a man in Downtown Akron after confiscating 80 pounds of powdered cocaine (www.akron.com, Dec. 1, 2016).

Participants most often reported that the availability of powdered cocaine has remained the same during the past six months, though these reports varied from county to county. Participants in Tuscarawas County reported that the availability of powdered cocaine has increased. One participant stated, *"They're cracking down on heroin and crystal 'meth' (methamphetamine) right now. They're not worrying about the other drugs, especially with the heroin ... killing people ... they are not focusing on cocaine."* However, participants in Summit County reported that the availability of powdered cocaine has decreased. Several participants attributed decreased availability to an increase in methamphetamine: *"There's a lot more meth on the streets than cocaine; Meth is a lot cheaper ... and lasts longer."*

Treatment providers most often reported that the availability of powdered cocaine has decreased during the past six months, while law enforcement reported that availability has remained the same. Several treatment providers reported: *"Cocaine is costly. People are choosing drugs that are less expensive; Seems like everyone is going for the cheaper 'bang' (high); [Due to] the heroin epidemic, they are not using cocaine as much as the other drugs."*

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

The BCI Richfield Crime Lab reported that the number of powdered cocaine cases it processes has increased during the past six months.

Participants most often rated the current overall quality of powdered cocaine as '4' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '6'. Participants reported: *"Garbage, straight garbage, it's not worth the money; When I have to buy it, it's crappy; It depends on who you get it from; It's not what you know, it's who you know; They are going to get as much as you will give, so they will tell you it's the best stuff in the world and it will be crap; When you 'cook it down' (remove the adulterants), it isn't what it is supposed to be ... so, you're taking a big risk if you don't know who you are dealing with or the kind of quality they have."* Participants reported that dealers carry different grades of powdered cocaine and sell "purer" cocaine, desired for smoking and injecting, for a higher price.

Participants reported the top cutting agents (adulterates) for powdered cocaine as: baby laxative and vitamin B-12. Other adulterates mentioned include: baby aspirin, baby powder, creatinine, ether, inositol (dietary supplement), local anesthetics (lidocaine and procaine), methamphetamine, NoDoz®, Orajel™, Percocet®, salt and sugar. One participant reported on procaine as a cutting agent: *"It's cocaine's cousin, you get the same numbing effect. It just doesn't get you high; it has all the same traits as cocaine except to get you high."* Other participants reported: *"The drugs that are coming in now are being 'jumped on' (adulterated with other stimulants) ... there's so much more 'speed' (amphetamines) that is added to stretch it ... it's being stretched by other stuff; You always know when it's cut with baby laxative 'cause you run to the bathroom. I lost 20 pounds ... 10 pounds in two days."* Overall, participants reported that the quality of powdered cocaine has decreased during the past six months. One participant reported, *"It's getting crappier and crappier. I might as well get sober."*

Powdered Cocaine	Cutting Agents Reported by Crime Lab
	<ul style="list-style-type: none"> ● levamisole and tetramisole (pet and livestock dewormers)

Reports of current prices for powdered cocaine varied among participants with experience buying the drug.

Reportedly, the most common quantities purchased are 1/16 ounce (aka "teener") and 1/8 ounce (aka "eight ball"). Participants remarked: *"The more you buy, the cheaper it is; It depends on who you get it from. It's your relationship with your 'dude' (dealer), basically."* Participants also reported that the price is significantly higher for purer cocaine; for example, a gram sells for \$150 and an eight ball sells for \$310.

Current Prices for Powdered Cocaine		
Powdered Cocaine	A gram	\$50-100
	1/16 ounce (aka "teener")	\$90-180
	1/8 ounce (aka "eight ball")	\$100-200
	1/2 ounce	\$250

Participants reported that the most common route of administration for powdered cocaine is intravenous injection (aka "shooting"). Participants estimated that out of 10 powdered cocaine users, six would shoot and four would snort the drug. A participant reported, *"I used to cook mine, that way I can make it as strong as I want to ... smoke it."* Participants also reported that individuals smoke the drug by lacing a "joint" (marijuana cigarette) or a cigarette (aka "snow capping") with cocaine. One participant described snow capping: *"You pack down the cigarette, so there is room at the tip, and then suck in a half-line [of cocaine] into the cigarette."*

Participants described typical powdered cocaine users as individuals of middle to upper socio-economic status and working in specific occupations, including: bar tenders, laborers, truck drivers, exotic dancers or individuals involved in the sex industry. A few participants noted that drug dealers often use powdered cocaine: *"Drug boys use a lot of powder to keep themselves woke for their money; They stay awake by using cocaine."* Treatment providers also described typical powdered cocaine users as individuals of upper socio-economic status, as well as individuals older than 30 years of age. One treatment provider stated, *"It's still prevalent with the daily after work construction workers who go to the bar. I know all those bars have 'coke' (powdered cocaine) in them."* Law enforcement also described typical powdered cocaine users as individuals of middle to upper socio-economic status. One officer stated, *"It's a luxury drug right now. The price is high; \$150 a gram."*

Crack Cocaine

Crack cocaine remains highly available in the region. Participants most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. Participants commented: *"Really easy in my neighborhood [to obtain crack cocaine], really easy; In our neighborhood, you go to the corner store, you got five or six guys selling 'crack' [cocaine]. You can't go in or out of the store without [hearing], 'Are you good?' (street code for 'are you looking to buy crack cocaine') ... a lot of people in my neighborhood are afraid to go to the store because of this."* While participants overall reported high availability for crack cocaine in the region, participants in Tuscarawas County reported low current availability of the drug. They stated: *"Not a market for it down here; No one sells it as crack. People buy cocaine and 'cook it' (manufacture crack cocaine) themselves."*

Treatment providers most often reported the current availability of crack cocaine as '9', while law enforcement most often reported current availability as '10'; the previous most common scores were '4-5' for treatment providers and '10' for law enforcement. Community professionals 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. One law enforcement officer stated, *"It's out there, but I haven't seen crack in I can't tell you how long. It's not because it's not out there ... it's because the focus is on other things [heroin and fentanyl]. If you want it, it's still readily available."*

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Law enforcement in Stark County arrested a man after pulling him over for a traffic violation and finding crack cocaine in his vehicle (www.cantonrep.com, Sept. 10, 2016). Law enforcement arrested four people in Stark County when they seized an undisclosed amount of crack cocaine from a home used to hold the drug (www.cantonrep.com, Sept. 13, 2016). A man in Canton was observed throwing bags of crack cocaine from his vehicle as he sped from law enforcement; police eventually caught the man and arrested him (www.cantonrep.com, Oct. 4, 2016).

Participants and community professionals reported that the availability of crack cocaine has remained the same during the past six months. The BCI Richfield

Crime Lab reported that the number of crack cocaine cases it processes has increased during the past six months, although the lab noted that it does not typically differentiate between powdered and crack cocaine.

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

Participants most often rated the current overall quality of crack cocaine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '6'. One participant stated, *"It depends on where you get it ... where I got it from, it was good."* Participants continued to report that crack cocaine is most often "cut" (adulterated) with baking soda. Participants remarked: *"Sometimes it's 'soda rocks' (fake crack cocaine pieces containing no cocaine and all baking soda) ... there's so much baking soda in it; It's gotten to the point where I'd take my lighter to it to test it when I go to buy it ... if it melts like candle wax, we're good to go, but if it makes all that noise [crackling], then, 'no, I'm cool' ... it's a soda ball."*

Other cuts mentioned for crack cocaine include: baby aspirin, baby formula, Orajel™, procaine (local anesthetic) and vitamin B. Overall, participants reported that the quality of crack cocaine has decreased or remained the same during the past six months. One participant stated, *"Everybody has been saying it's crap. It's not as good as it used to be ... everybody's trying to find the good stuff they had before, that's not out there anymore ... it's garbage."* Other participants stated: *"They're cutting it more and more; It's based on the [poor] quality of the cocaine; The dealers are using it [the better-quality crack cocaine for personal use]."*

Crack Cocaine	Cutting Agents Reported by Crime Lab	
		levamisole and tetramisole (pet and livestock dewormers)

Reports of current prices for crack cocaine were inconsistent among participants with experience buying the drug. Participants reported: *“Some people sell for \$5, some people sell for \$10, some people sell for \$15, and it goes up, \$20, \$25, \$35, \$45, \$50, whatever; Anywhere from 50 cents to \$100; Some won’t sell for anything but \$20 or more; It comes down to the dealer, some of them are so skimpy. I used to argue with them all the time, ‘What is this really worth, buddy? There’s \$5 of cocaine in this, and you want to sell it for \$30?’”* Reportedly, the most common quantities purchased are 2/10 gram (aka “\$20 rock or piece”) and 1/2 gram (aka “\$50 dub”).

Crack Cocaine	Current Prices for Crack Cocaine	
	2/10 gram (aka “rock”)	\$20
	1/2 gram	\$50
	A gram	\$100
	1/8 ounce (aka “eight ball”)	\$300

Participants reported that the most common route of administration for crack cocaine remains smoking. Participants estimated that out of 10 crack cocaine users, eight would smoke and two would intravenously inject (aka “shoot”) the drug. Participants reported: *“Shooters shoot; smokers smoke; Some shoot it and smoke it at the same time.”*

Participants described typical crack cocaine users as of lower socio-economic status, African American, older and laborers (i.e. roofers, brick layers). However, several participants countered with the following comments: *“The only guy I know who uses crack is a business man, clean cut, works all week, and on the weekend, smokes crack, then goes back to work on Monday; I’ve seen guys as clean cut as you (interviewer) that smoke it and you’d never know; They come in from the nice areas into ‘the hood,’ then bring it back to their nice homes; When I first used it, it was at a high-end cocktail party.”*

Treatment providers described typical crack cocaine users as of lower socio-economic status, African American and individuals addicted to opiates. One provider stated, *“I’ve noticed female clients, older 20s or early 30s, talking about using crack cocaine when they couldn’t get their heroin.”* Law enforcement also described typical crack cocaine users as of lower socio-economic status.

Heroin



Heroin remains highly available in the region. Participants and community professionals most often reported the current availability of the drug as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common scores were also ‘10’. Participants remarked: *“It’s everywhere you look; Throw a stone, you’ll find some; I can’t walk two blocks without running into a heroin dealer; It’s easier for a preteen to get heroin than an 18-year-old to get beer; It’s like going to the store to get a six pack.”*

Corroborating data indicated that heroin is available in the region. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Akron-Canton region returned 419 heroin cases reported during the past six months, of which 46.8 percent were Stark County (home of Canton) cases and 31.7 percent were Summit County (home of Akron) cases (a slight decrease from 430 cases for the previous six months, of which 47.7 percent were Stark County cases and 27.0 percent were Summit County cases).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Two men were indicted on federal charges when police confiscated more than six pounds of fentanyl in their possession (www.cleveland.com, July 28, 2016). OSHP arrested a Canton man and a California man during a traffic stop after confiscating six kilograms of heroin and half a pound of cocaine from their vehicle (www.statepatrol.ohio.gov, July 29, 2016). The U.S. District Court in the Southern District of West Virginia indicted a man from Akron for selling heroin that caused 27 people to overdose in a five-hour timespan (www.cleveland.com, Aug. 28, 2016). Police arrested a Stark County man when they confiscated illegal drugs, including heroin, from his vehicle after pulling him over for a traffic violation (www.cantonrep.com, Sept. 10, 2016). Police arrested a man responsible for selling heroin that resulted in an overdose death of an adult male; police also arrested the girlfriend of the male who overdosed when they learned she was with him when they both intravenously injected the drug; she did not report the death to police (www.cantonrep.com, Sept. 10, 2016). Akron police responded to 24 overdoses thought to have been caused by heroin laced with fentanyl and carfentanil during one weekend in September (www.nbc4i.com, Sept.

11, 2016). Law enforcement in Stark County arrested four people when they seized an undisclosed amount of heroin from a home used to hold the drug (www.cantonrep.com, Sept. 13, 2016). The Stark County Special Investigations Unit arrested a man when officers confiscated 35 grams of heroin from his home; the man had prior felonious drug charges (www.cantonrep.com, Sept. 15, 2016). Akron Police arrested a couple in Stark County when learning the couple was responsible for trafficking heroin to Ohio using a California connection (www.cantonrep.com, Sept. 22, 2016). Law enforcement in Stark and Summit counties made two separate arrests after executing search warrants and seizing an undisclosed amount of heroin (www.cantonrep.com, Sept. 28, 2016). Law enforcement arrested a couple in Canton for trafficking fentanyl-laced heroin in the area; reportedly, the couple had a long-history with prior drug trafficking (www.cantonrep.com, Oct. 3, 2016). A man accused of selling a dose of fentanyl that led to an overdose death faced federal prosecution for providing the drug; the Akron Police Department Narcotics Unit detectives and a DEA task force executed a state-wide search warrant of the man's and his partner's home, and seized 100 grams of fentanyl and several fentanyl patches (www.cleveland.com, Oct. 13, 2016). During a SWAT raid of a home in Summit County, two men possessing fentanyl, diazepam pills and drug paraphernalia were arrested (www.cleveland.com, Oct. 14, 2016). Law enforcement in Summit County arrested a man for supplying heroin that killed a 16 year-old male; the boy's mother and grandmother were also arrested for supplying the drug to the boy (www.thesuburbanite.com, Oct. 27, 2016). One news source reported that from July to October 2016, there were approximately 645 drug overdoses in Summit County; the Summit County Medical Examiner's Office confirmed 73 drug-related overdose deaths were from carfentanil, an analog of fentanyl approximately 100 times stronger than fentanyl (www.ohio.com, Nov. 3, 2016). The U.S. Attorney's office indicted 18 individuals in November on heroin and powdered cocaine charges in Canton; police and federal agents confiscated over half a pound of heroin in multiple packages immediately prior to the arrests (www.cantonrep.com, Nov. 21, 2016). Police in Stark County found a dead man in a public restroom of an area retail store due to a fatal overdose of heroin; the man was previously arrested in September for heroin possession (www.cantonrep.com, Nov. 30, 2016). Police in Stark County arrested a man after finding he crashed his car into a populated coffee shop; the police found the man passed out due to a carfentanil overdose, and used four

doses of Narcan® (naloxone, medication to reverse opioid overdose) to revive him; police found an additional dose of Narcan® in the man's vehicle (www.cantonrep.com, Nov. 20, 2016).

While many types of heroin are currently available in the region, participants and community professionals continued to report powdered heroin as most available. A participant stated, *"Dealers make more money with powder because it's easier to cut. They get their money back with that fentanyl and carfentanil ... it's powerful, but cheap."* Participants reported powdered heroin in a variety of colors, including: blue, brown, green, pink, purple and white. One participant group 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 the heroin the purple and pink hues. Participants described the consistency of the heroin as "chunky."

Black tar heroin (aka "tar") is also available in the region. Participants most often reported the current availability of this type of heroin as '5' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants commented: *"Not a lot of tar here, it's a rarity; It's been two years since I've seen tar; I have to drive farther away to get the stuff; Tar heroin is West Coast, while powder is East Coast."* Treatment providers reported no knowledge of black tar heroin; however, law enforcement mentioned black tar heroin, most often reporting its current availability as '6.' An officer noted that because black tar heroin is more difficult to cut with fentanyl and carfentanil, it is not found as readily in the area.

Participants reported that the availability of heroin has increased during the past six months. Participants stated: *"People will bring it in from out of town; they will rent a room, stay until they sell out; There used to be a big stigma with heroin 'til the prescription drugs became socially acceptable ... people have to have heroin because of the availability problem with pills; I just think everybody is addicted now; I know a lot of young kids on it."* Participants attributed increased availability to the inexpensiveness of heroin. They reported: *"It's getting cheaper. You can spend \$5 on powder heroin and get a high that lasts you a long time. You're not going to find too many people who will sell you a \$5 piece of crack; It's a longer high ... with crack, you smoke, then you smoke some more, but with heroin, you do it, and you are good for the day; They want so much for the pills ..."*

it's cheaper to get heroin, they are getting top dollar for the pills."

Community professionals also reported that the general availability of heroin has increased during the past six months. Treatment providers reported different reasons for the increase: "The opiate pills are harder to get, due to prescription practices; It's cheaper than pills; It's not taboo to use heroin anymore; It's a systemic problem, the economy is so bad, they use heroin to deal with the emotional pain; It's starting in high school, what used to be weed, is now heroin." A law enforcement officer also reported the inexpensive price as a major factor for the increase: "It's due to the synthetics, a kilo of good heroin is \$65-80 thousand, but these people are buying stuff from China way cheaper than that, at 25 percent of the cost, and people want it 'cause it's the ultimate high. You can get a kilo [of fentanyl or carfentanil] for \$20,000."

The BCI Richfield Crime Lab reported that the number of powdered heroin cases it processes has decreased during the past six months; the lab reported processing brown and tan powdered heroin. The lab also reported that the number of black tar heroin cases it processes has increased, although the lab noted that it does not typically differentiate between black tar and powdered heroin.

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

Participants most often rated the current overall quality of heroin as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '10'. Participants commented: "It's garbage, it's really bad; The last six months, purity is really low." It should be noted that most participants did not rate the quality of heroin, because they reported that most of what is currently sold as heroin is adulterated heavily with fentanyl or carfentanil. Participants explained: "Let's keep in mind, heroin isn't heroin anymore, it's fentanyl; It's almost impossible to get heroin lately, 'cause they are pushing this stuff (fentanyl); It's less and less heroin, more fentanyl; There's no such thing as pure heroin; It's very potent, but it's not

heroin; You get used to shooting fentanyl, the pure heroin don't get you high anymore; Are we talking about heroin or fentanyl? There is so much fentanyl on the streets today, it's pretty much what people are dying from ... they aren't dying from heroin. I remember when I first started using heroin, no one was dying, when fentanyl hit the streets, there's bodies every day." A law enforcement officer stated, "It's hard to tell what we buy, we're not supposed to field test." Due to the danger of exposure to carfentanil, officers now carry Narcan® in case they are exposed to the drug. Another officer said, "We don't field test anything that has to do with heroin. We always send it to the lab."

Participants discussed adulterants (aka "cuts") that affect the quality of the drug and reported that the top cutting agents are carfentanil (aka "elephant tranquilizer" or "horse tranquilizer") and fentanyl. Additional cuts mentioned include: baby aspirin, baby laxative, benzodiazepines, caffeine pills, creatinine, Dramamine®, morphine, oxycodone and sugar. A participant stated, "Whenever you get carfentanil, you can tell what it is ... it's a weird color, real powdery with some chunks in it. It doesn't mix." A law enforcement officer confirmed this stating, "Heroin is a powder, where fentanyl is granular ... they don't mix together." Overall, participants reported that the general quality of heroin has increased during the past six months, though mainly due to the use of fentanyl and carfentanil as adulterants. The BCI Richfield Crime Lab reported processing an increased number of fentanyl analogs during the past six months.

Heroin	Cutting Agents Reported by Crime Lab
	<ul style="list-style-type: none">  fentanyl  fentanyl analogs (furanyl fentanyl, 3-methylfentanyl, valeryl fentanyl)

Reports of current prices for heroin were consistent among participants with experience purchasing the drug. Reportedly, the most common quantity of purchase is a half gram. Participants comments regarding pricing included: "It depends on how much money you got. I even bought some for \$10; You can get a \$5 baggie, \$10 baggie, on up; It seems like you don't hear about measurement anymore ... like you used to get a gram or a half gram, but now it's by number; 'You want 5 (\$5 worth of heroin), you want 10 (\$10 worth of heroin)' ... they eyeball it by size."

Heroin	Current Prices for Heroin	
	1/10 gram (aka "point")	\$20
	1/4 gram	\$40
	1/2 gram	\$50
	A gram	\$80

While there were a few reported ways of using heroin, generally the most common route of administration remains intravenous injection (aka "shooting"). Participants reported that out of 10 heroin users, nine would inject and one would snort the drug. Participant comments included: "You start out snorting it ... you have to spend so much money getting high [snorting], then you spend \$20, and you're good all day shooting it; If you snort it long enough, you will shoot it."

Participants reported that injection needles are most available from pharmacies and from drug dealers. However, participants from Summit and Portage counties reported that needles can no longer be purchased from pharmacies. One participant stated, "They changed the law in June or July. You can't get needles without a prescription." However, participants from Stark and Tuscarawas counties reported that needles could still be purchased at some pharmacies without a prescription. One participant stated, "You can go to some drug stores without a prescription, and sometimes they will give you one a day." Additionally, participants also reported obtaining needles from individuals who have a prescription for needles (i.e. diabetics) and from online animal health stores. Participants remarked, "Older people who have diabetes ... they go in and get their prescription and we pay them for their needles; You can buy them online at any kind of animal health store, you can buy big boxes of syringes for \$10." Participants from Summit and Stark counties reported having a needle exchange program in their area to obtain clean needles. The most commonly reported price for needles on the street is \$2-5 per needle. However, one participant reported his dealer gives needles with heroin purchase. Participants reported that sharing needles is common, and stated: "They don't give a shit; All day long; 'Hey, got some bleach?'"

Participants described typical heroin users as white or Asian people, younger and suburban. Participants

overwhelmingly described younger people using the drug, and stated: "I think it's getting more people from the younger generation ... most of the people who are overdosing are in their 20s and teens; You never see an old junkie. They don't live that long; Young privileged kids; It's not the stereotypical heroin addict ... it's people you wouldn't think." One participant reported his observations about how preteens are being targeted for heroin near the apartment complex where he lives. This participant reported, "I've been noting that the teenagers and preteens are calling it 'candy' ... you see teeny tiny Ziploc® bags, and they are pink, and the girls are calling the heroin 'pink pink' ... it's like this pink powder. I don't know if they are mixing it with colored sugar ... I notice the kids eat it, put it on their gums. It looks like they are gearing it for children in these colored baggies. It's like one dealer marketing it."

One treatment provider also reported teenagers commonly using heroin and having "overdose parties". The treatment provider explained: "We've heard a lot about 'overdose parties.' It's mostly teenagers. They get together and see how much heroin they can use before they 'fall out' (overdose), and they use naloxone to bring them back. So, they're getting their hands-on naloxone, which is being distributed by health centers, and they ... see how much they can use. They also call them 'Narcan® parties.'" Overall, treatment providers most often described typical heroin users as white, suburban people. A treatment provider stated, "It's high in the white, suburban population, but it's trickling down to all groups." Law enforcement discussed a broader range of individuals who use heroin: "It cuts across all classes, male, female, class does not matter. We see more middle class. They tend to come from decent households with family values; It's available to everybody, from all walks of life, everyone is using it, low income, middle, to high."

Prescription Opioids



Prescription opioids are moderately available for illicit use in the region. Participants most often reported the current street availability of these drugs as '5' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10'. Participants stated: "It's extremely hard [to obtain prescription opioids]; It depends on who you know, what time of the month they get their scripts." Other participants reported that prescription opioids are difficult to obtain due to people switching to heroin; "Doctors stopped prescribing

them that's why people went to heroin; People really went to heroin when they put that 'wax shit' (abuse deterrent) into 'oxies' (OxyContin®) ... you can't crush them anymore." Community professionals most often reported current street availability as '5'; the previous most common score was '8'. A treatment provider stated, *"They're less pervasive than they were."* A law enforcement officer stated, *"We still see a lot of individuals who 'doctor shop' (secure several prescriptions from multiple doctors).*

Corroborating data indicated that prescription opioids are available for illicit use in the region. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Akron-Canton region returned 540 prescription opioid cases reported during the past six months, of which 53.3 percent were fentanyl/acetyl fentanyl cases; 47.2 percent of these fentanyl/acetyl fentanyl cases were Stark County cases and 38.9 percent were Summit County cases (an increase from 451 prescription opioid cases for the previous six months, of which 35.5 percent were fentanyl/acetyl fentanyl cases).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Law enforcement subverted two potentially fatal opioid overdoses by administering Narcan® nasal spray to two men in Summit County (www.cleveland.com, Sept. 1, 2016). Law enforcement arrested a man in Canton after seizing several bags of prescription opioids from his vehicle (www.cantonrep.com, Sept. 24, 2016). Law enforcement arrested another man in Stark County after seizing a small bag of prescription opioids from his vehicle (www.cantonrep.com, Sept. 27, 2016). The Akron Police Department Narcotics Unit arrested two men in July after executing a search warrant of the men's home and seizing 100 grams of fentanyl and several fentanyl patches (www.patch.com, Oct. 14, 2016). Law enforcement arrested a Canton man when he called police to report he was being robbed at gunpoint, and then confessed he was in the area to sell drugs; the police seized multiple bags of prescription opioids packaged for sale (www.newsnet5.com, Oct. 18, 2016). During the third annual Opiate Symposium hosted by Stark County Mental Health and Addiction Recovery Board, reports showed that there were 80 unintentional overdose deaths in Stark County in 2016, and 68 of those 80 involved opioids; fentanyl and heroin were most common (www.cantonrep.com, Dec. 6, 2016).

Participants identified Dilaudid®, Percocet®, Roxicodone® and Vicodin® as the most popular prescription opioids

in terms of widespread illicit use. A participant stated, *"They want 'vikes' (Vicodin®), 'perks' (Percocet®) and 'roxies' (Roxicodone®) most 'cause they're snortable. The others have that wax in them ... have to be broken down."* Community professionals identified Opana®, Percocet® and Vicodin® as most popular. One treatment provider stated, *"We don't hear about OxyContin®."*

Participants reported that the general street availability of prescription opioids has decreased during the past six months. Participants agreed that stricter prescribing regulations and monitoring of prescribed use as reasons for decreased availability. Participants across the region stated: *"Doctors are restricted on how many they can prescribe; 'Cause of the laws on it, you can only get it once a month ... and they won't give you any more than 30 days' worth; My mom, she has to take her pills with her to the doctor, as soon as she has one pill missing, they're cutting her off; People have to go in at random. If you get called, you have to go in that day with your pills, so people will only sell one or two pills a day."* Other participants attributed the decrease to the preference for other drugs: *"People are so into heroin and 'ice' (crystal methamphetamine) right now; Most opiate users, once they graduate to I.V. (intravenous injection), they don't want pills anymore, unless you can shoot them, but that's a process, too much work."*

Community professionals also reported that the general street availability of prescription opioids has decreased during the past six months. Treatment providers concluded that people are choosing heroin due to the higher price of opioids or the inability to obtain opioids from physicians: *"The price is driving people away; Some doctors are starting to tell people they got to get off these medications, but that's driving them to heroin; I've had clients who started due to legitimate use, then started to abuse them, then, when they can't get them anymore, they go to the heroin."* Law enforcement agreed that high prices and stricter prescribing regulations are making prescription opioids more difficult for people to obtain. They reported: *"They are tightening the nooses on these doctors; The price is high ... they charge you by the milligram for those pills. If you can get one Percocet® for \$20 and buy heroin for \$20, you'll buy the heroin."*

The BCI Richfield Crime Lab reported that the number of fentanyl, methadone, morphine, OxyContin® and Percocet® cases it processes has increased during the past six months, while the number of Dilaudid®, Opana® and Vicodin® cases has decreased.

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

Reports of current street prices for prescription opioids were generally consistent among participants with experience buying the drugs. Reportedly, the majority of prescription opioids sell for \$1 per milligram. Overall, participants indicated that the price of prescription opioids has increased during the past six months. One participant stated, *“They’re so much harder to find ... they know people will pay anything for them, so they jack up the price.”*

Prescription Opioids	Current Street Prices for Prescription Opioids	
	Percocet®	\$5-7 for 5 mg
		\$8-15 for 10 mg
		\$20 for 15 mg
Roxicodone®	\$40-50 for 30 mg	
Vicodin®	\$2-3 for 5 mg	

Participants reported obtaining prescription opioids from doctors, pain management centers, drug dealers, family members and friends who are being treated with them, and through Internet purchase. Some participant describing trading other drugs for opioids on the street: *“You got the swapping game out there: ‘I’ll give you this for that.’ I know guys who want crack will go to the dealer ... ‘I got some perks’ ... and trade them hand in hand.”* Other participants described people intentionally injuring themselves to obtain the drugs. One participant shared, *“I’ve seen people get their teeth pulled out just to get them.”* Participants also reported that older adults sell their prescribed opioids to users: *“If you find a couple of older people ... they need money, so they sell them. I had a couple old people ... they’d sell me their entire script ... keep five pills for when they had to go to the doctor. They were on a fixed income and needed the money; I’m hooked in with the senior community, and I can get any pill you want at any time ... my grandmother is in the senior community, and those people hustle.”* Additionally,

participants reported obtaining opioids through the mail from other states: *“A lot of pills come from Michigan because the laws are different ... get caught with a hundred pills in Michigan, it’s a misdemeanor; Some people get them by mail ... they wait for their box each month.”*

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. Participants estimated that out of 10 illicit prescription opioid users, six would snort, two would inject and two would orally consume the drugs. Oral consumption includes chewing and drinking water in which the medication is dissolved.

Participants described typical illicit users of prescription opioids as individuals with chronic pain, serious physical and/or mental illness, though it was most commonly reported that illicit users are from all population groups. Community professionals described typical illicit users as individuals with chronic pain, including those who experienced injuries (sports injuries among youth users). One treatment provider stated, *“You get a back ache, go to the doctor, beg for the prescription ... and sometimes they get it.”*

Suboxone®

Suboxone® remains highly available for illicit use in the region. Participants most often reported the current street availability of Suboxone® as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was also ‘10’. Participants and community professionals reported that sublingual filmstrips (aka “strips”) are the only form of Suboxone® available on the streets; participants also reported availability of Subutex® pills. One participant stated, *“It’s mostly strips. Pills are Subutex®. People make up reasons why they are allergic [to Suboxone® to get Subutex® from their doctors]. They google the symptoms to get Subutex®.”*

Treatment providers most often reported the current street availability of Suboxone® as ‘8’; the previous most common score was also ‘8’. A treatment provider stated, *“There’s more demand for it among people who can’t get their heroin that day, or people who want to get off of [heroin] and don’t want to experience withdrawal.”* Law enforcement most often reported current street availability as ‘4’; the previous most

common score was '10.' A law enforcement officer from Tuscarawas County stated, "It's very available from a legal standpoint ... from a treatment facility that prescribes, and we still have doctors' offices not associated with treatment that are 'cash and carry' ... you get your 30-day supply and away you go."

Corroborating data indicated that Suboxone® is available for illicit use in the region. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Akron-Canton region returned 46 buprenorphine (an ingredient in Suboxone®) cases reported during the past six months. In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. Law enforcement in Stark County arrested a man, confiscating several different illegal drugs and an undisclosed amount of Suboxone® from his vehicle after pulling him over for a traffic violation (www.cantonrep.com, Sept. 10, 2016).

Participants reported that the street availability of Suboxone® has increased during the past six months. Participant comments included: "Everybody is on it; There are so many 'sub' (Suboxone®) clinics; Everyone sells their Suboxone® to get high; My 'dope boy' (drug dealer) would rather front me some Suboxone® than front me with heroin." Treatment providers reported that the street availability of Suboxone® has remained the same during the past six months, while law enforcement reported decreased street availability. An officer from Summit County stated, "I haven't seen our sources come across it in a while. More clinics are treating with Vivitrol®, so Suboxone® is not being used." The BCI Richfield Crime Lab reported that the number of Suboxone cases it processes has increased during the past six months.

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

Reports of current street prices for Suboxone® were consistent among participants with experience buying the drug. One participant stated, "It depends on if you are in jail or not. People sneak them into jail; you can pay \$50 for 1/4 strip."

Suboxone®	Current Street Prices for Suboxone®	
	filmstrip	\$10-20 for 8 mg
	Subutex®	\$25-30 for 8 mg

In addition to obtaining Suboxone® on the street from dealers, participants also reported getting the drug through treatment clinics and physicians not associated with treatment clinics. Participant comments included: "It's easy to get from a clinic; Go to cash and grab clinics ... docs will only take cash, you go in the back, piss in a cup every once in a while, get your [Suboxone®]; I pay \$200 to a cash doctor, and instead of going to IOP [intensive outpatient treatment], and doing the work, and getting it for free, I would pay a cash doctor personally, and get 83 strips for 28 days." A participant from Tuscarawas County stated, "Some pharmacies won't fill Suboxone® prescriptions. You have to go to a different place to get them filled because there's a lot of cash-grab clinics in the area."

Participants reported that the most common route of administration for illicit use of Suboxone® remains sublingual, followed by intravenous injection (aka "shooting"). Participants reported: "When you're 'dope sick' (in withdrawal), it's better to take it under your tongue because it works better; It doesn't really help with withdrawal if you shoot it."

Participants described typical illicit Suboxone® users as individuals who use heroin and other opiates. A participant added, "A lot of people coming out of prison are strung out on Suboxone®." Community professionals described typical illicit users as individuals who also use heroin and individuals who are trying to detox from heroin for legal reasons. Treatment provider comments included: "Someone gets 'subs' (Suboxone®), they give them to the heroin dealer for heroin, the heroin dealer sells the 'subs' (Suboxone®) to someone trying to quit for legal trouble, but they end up on heroin again; People with legal trouble, trying to detox themselves from heroin." A law enforcement officer stated, "We are finding people dabbing in opiates, use [Suboxone®] to counteract withdrawal symptoms, or as money (payment) to get what they really want."

Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain highly available for illicit use in the region. Participants most often reported the current street availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. One participant remarked, "Super, super easy to get." Treatment providers most often reported current street availability as '7' or '9'; the previous most common score was '8'. A treatment provider remarked, "I think they are highly available ...". Law enforcement most often reported current street availability as '10'; the previous most common score was also '10'. A law enforcement officer commented, "They get their prescription for 'xanie bars' (Xanax® 2 mg), then go out and sell them." Participants and community professionals identified Klonopin®, Valium® and Xanax® as the most available sedative-hypnotics in terms of widespread illicit use.

Corroborating data indicated that sedative-hypnotics are available for illicit use in the region. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Akron-Canton region returned 200 benzodiazepine cases reported during the past six months (an increase from 169 cases for the previous six months).

Participants and community professionals reported that the general street availability of sedative-hypnotics has remained the same during the past six months, although treatment providers noted an increase in the practice of using sedative-hypnotics in combination with heroin. The BCI Richfield Crime Lab reported that the number of Valium® and Xanax® cases it processes has increased during the past six months, while the number of Ativan® cases has decreased.

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

Reports of current street prices for sedative-hypnotics were consistent among participants with experience buying the drugs. One participant stated, "(Klonopin®) is dirt cheap. People just give them to you."

Sedative-Hypnotics	Current Street Prices for Sedative-Hypnotics	
	Klonopin®	\$1 per pill (unspecified dose)
	Valium®	\$2 per pill (unspecified dose)
	Xanax®	\$1 for 0.5 mg \$2-3 for 1 mg \$3-5 for 2 mg

Participants reported obtaining these drugs from bars, doctors, family members and friends, dealers, as well as through Internet purchase. Participant comments included: "I used to work at a bar ... the bar was a pharmacy, literally a pharmacy ... you see a woman coming in from work, going up to this guy getting Xanax®; They are easier to get from doctors than Percocet® ... just say you have anxiety, your family doctor can give it to you; I get them from my grandmother ... she gets them from her mental doctor, so I can get them pretty easy; I used to buy whole prescriptions from people who had them prescribed to them; I'd go to anyone's house that I knew and stole them out of the medicine cabinet; You can get anything on the Internet ... you can buy them in bulk, have them shipped discreetly overnight."

One participant group in Summit County reported on fake sedative-hypnotic pills. Participants commented: "People are making them, pressing their own pills and stuff, they are getting a concentration powder and pressing them; People are pressing them ... you buy a pill press online, you buy a baker to bake it and a stamp." One participant in this group shared a personal account of the danger of purchasing home-manufactured pills: "You have to be careful getting Xanax® right now, they have these pills that are half Xanax® and half fentanyl, my friend just died from it."

Participants reported that the most common route of administration for illicit use of sedative-hypnotics is oral consumption. Participants estimated that out of 10 illicit sedative-hypnotic users, seven would orally consume and three would snort the drug.

While many participants reported that "anybody and everybody" uses sedative-hypnotics, some common

descriptors of typical illicit users include: individuals with mental health issues and heroin users. Participant comments included: *"Depressed people and people with anxiety; People who are highly strung, anxious; Women get them prescribed easier; Dope dealers."* Community professionals described typical illicit users as heroin users. A law enforcement officer stated, *"Everybody uses pills, but I would say these are directly linked to heroin addicts."*

Marijuana

Marijuana remains highly available in the region. Participants most often reported the current availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. Participant comments included: *"It's everywhere ... it's absolutely everywhere; I live in an apartment complex and you cannot walk down the hallway, at any time, and not smell high-grade marijuana; It's not going away; Right outside the courthouse."*

Community professionals also most often reported current availability of marijuana as '10'; the previous most common score was '9-10'. Comments from treatment providers include: *"It's always there; It's completely 'zero' taboo anymore; People don't think anything about doing it, they use it in the open, they talk about sitting outside doing it and think nothing about it ... there's nothing to it."* Law enforcement comments included: *"That's never going to end; Probably the most readily available; Weekly, we are intercepting loads from other states; California, Colorado, Oregon ... all through the mail; Registered marijuana growers in California ... sell it for less than \$2,000 a pound to dispensaries (due to regulations), but he brings it here, and sells it for \$3,000 a pound; Another thing we are seeing is marijuana grows in our area, the indoor hydroponic grows...."*

Corroborating data indicated that marijuana is available in the region. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Akron-Canton region returned 1,015 cannabis cases reported during the past six months, of which 69.5 percent were Stark County cases (a decrease from 1,273 cases for the previous six months, of which 51.7 percent were Stark County cases).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Police in Canton arrested a couple after confiscating 145 pounds of marijuana from their home (www.cantonrep.com, Sept. 22, 2016). Law enforcement in Canton arrested a man after observing him throwing bags of marijuana from his vehicle as he sped from police (www.cantonrep.com, Oct. 4, 2016). Police arrested another man at a traffic stop after finding one pound of marijuana in his vehicle (www.cantonrep.com, Oct. 13, 2017). Police in Stark County arrested a man after he admitted to using marijuana and alcohol which caused him to crash his car with his 6-year-old child in it; police confiscated marijuana and related drug paraphernalia (www.cantonrep.com, Oct. 17, 2016). Law enforcement arrested a man at his home when they confiscated 70 grams of marijuana and 27 grams of powdered cocaine; the man had been convicted on multiple drug charges in the past (www.cantonrep.com, Oct. 21, 2016). A large-scale police operation resulted in the largest marijuana seizure in Stark County to date; law enforcement seized over 200 marijuana plants (www.wdtn.com, Oct. 27, 2016). Police in Alliance (Stark County) arrested two men after seizing approximately 100 grams of marijuana from their home; police found both a butane hash oil (BHO) and a psilocybin mushroom laboratory operation, as well as evidence of bomb making (www.cantonrep.com, Nov. 5, 2016). One news source reported that drugged driving accounted for 3,574 car crashes in Stark County from January to October 2016; toxicology reports analyzed by OSHP found that marijuana accounted for most of these crashes (www.cantonrep.com, Nov. 21, 2016). OSHP arrested a man in Summit County during a traffic stop, confiscating five pounds of high-grade marijuana from his vehicle (www.statepatrol.ohio.gov).

Participants and community professionals also discussed the current availability of high-grade marijuana extracts and concentrates (aka "wax" or "dabs," which reference products derived from an extraction of tetrahydrocannabinol [THC] by heating high-grade marijuana with butane and creating a brown, waxy, hard or oily substance). Participants most often reported the current availability of marijuana extracts and concentrates as '10'. Participants reported: *"It's a newer thing, just getting popular; Most people who sell 'weed' (marijuana), sell dabs."* Treatment providers expressed not having knowledge of the availability of dabs, while law enforcement most often reported current availability as '10'. A law enforcement officer from Summit County remarked, *"It's so potent."*

Participants reported that the availability of high-grade marijuana has increased during the past six months. One participant stated, "The better weed is much more available now, and it's a lot cheaper." Participants indicated that marijuana extracts and concentrates have also increased during the past six months. Participant comments included: *There's a lot more dabs. More people are making it. It's easier to hide and more potent; Definitely more popular, easier to find; It's easier to extract ... just need butane and a screen.*

Community professionals reported that the availability of marijuana has remained the same during the past six months. A treatment professional stated, "It stays solid." The BCI Richfield Crime Lab reported that the number of marijuana cases it processes has decreased during the past six months; the lab does not differentiate marijuana extracts and concentrates from marijuana.

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

Participant most often rated the current overall quality of marijuana as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was also '10'. While user preference is clearly for high-grade marijuana according to participants, those who still use lower grade also reported a quality score of '10'. However, one participant stated, "Most people around here aren't going to bother with 'mids' ('regular' or commercial grade marijuana)."

Participants indicated that the quality of both low-grade and high-grade marijuana has increased during the past six months. Several participants commented on the increased quality of low-grade marijuana: "Even 'reggie' ('regular' or commercial grade marijuana) is stronger than it used to be; I think they are spraying stuff on it; Because it's a leaf, you can spray it, add to it after it's grown. I know people who spray liquid THC on it ... terrible weed. They spray THC on it to make it stronger." Participants also commented on the increased quality of high-grade marijuana: "It's getting

stronger ... it's strong like it's crack (cocaine) now; Going up, up, up, it's legal in some places, so they are able to do the cross breeding and make it better and stronger. They are transporting it over state lines and getting it to you."

Reports of current prices for marijuana were provided by participants with experience buying the drug. There was no agreement among participants regarding the most common quantity of marijuana purchased by consumers; reports ranged from a 'blunt' (cigar) to a quarter ounce. However, participants reported that the most common quantity of dabs purchased is one gram. A participant reported that a gram of dabs is, "about the size of half a Tic Tac®," reporting that this is enough for 5 to 10 hits. One participant group reported that dabs are sold in plastic tubes, "like Chap-Stick®," or a contact lens case.

Marijuana	Current Prices for Marijuana	
	Low grade:	
	A blunt	\$5
	A gram	\$5-10
	1/8 ounce	\$10-20
	1/4 ounce	\$15-25
	1/2 ounce	\$40-60
	An ounce	\$80
	High grade:	
	A blunt	\$10
	A gram	\$15-20
	1/8 ounce	\$30-40
	1/4 ounce	\$225-250
	An ounce	\$175-400
Extracts and concentrates:		
Wax form	\$15-20 for a 'dab' \$40-60 for a gram	

While there were a few reported ways of consuming marijuana, generally the most common route of administration remains smoking. Participants estimated that out of 10 marijuana users, all 10 would smoke the drug. Participants reported, however, that edible forms of marijuana are becoming more common. Participants discussed: "Eating is becoming a little more common than it used to be, but smoking is most popular; The thing that is becoming new is the eating, the brownies and cookies ..."

that's because of the marijuana dispensaries; Edibles are more discreet at work." Participants reported that dabs are most commonly used by vaporizing.

A profile for a typical marijuana user did not emerge from the data. Participants reported that marijuana use is common among all groups of people. Likewise, community professionals reported that marijuana use is common among many groups of individuals. A law enforcement officer stated, "Everybody uses it ... it can be a billionaire to a guy who is broke." Another officer noted an increase of medicinal use among older individuals, aged 50-70 years.

Methamphetamine



Methamphetamine remains highly available in the region. Participants most often reported the current availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. Participant comments included: "It's readily available, at your local pharmacy [referencing how easy it is to acquire the ingredients to manufacture methamphetamine]; It's everywhere, even the 'dope boys' (heroin dealers) are selling it now; You can find 'meth' (methamphetamine) in my neighborhood easier than crack."

Treatment providers most often reported the current availability of methamphetamine as '7'; the previous most common score was '9'. Treatment provider comments included: "Almost as high [in availability] as heroin; I hear about 'shake-and-bake' (locally produced powdered methamphetamine) more than anything else." Law enforcement most often reported current availability as '10'; the previous most common was also '10'. A law enforcement officer stated, "I think 'ice' (imported crystal methamphetamine) is going to be the next epidemic. I think you are three or four years out from it, but it's coming. They are flooding the United States with it and it's 90-95 percent pure ... not your 'mom-and-pop stuff' (shake-and-bake methamphetamine) ... but pure ice."

The powdered form of methamphetamine is typically referred to as "shake-and-bake," which means users are producing the drug in a single sealed container, such as a two-liter soda bottle. By using common household chemicals along with ammonium nitrate (found in cold packs) and pseudoephedrine (found in some allergy

medications), people who make methamphetamine can produce the drug in approximately 30 minutes in nearly any location. A participant commented, "If you are doing it that way, you are making it yourself, not selling it."

Participants reported that methamphetamine is available in crystal and powdered forms throughout the region. However, reportedly, crystal is the most prevalent form in the region. Participants remarked: "There's a lot of ice, 'glass' (crystal methamphetamine) around; There's a lot less people 'cooking dope' (producing shake-and-bake methamphetamine), because there is so much glass around; All I've seen in the past six months is glass ... a lot less people making their own." Both law enforcement and treatment providers agreed that crystal methamphetamine is most available in the region. A law enforcement officer stated, "That's your next epidemic right there."

Corroborating data indicated that methamphetamine is available in the region. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Akron-Canton region returned 429 methamphetamine cases reported during the past six months, of which 34.5 percent were Summit County cases, 33.8 percent were Stark County cases, and 28.9 percent were Portage County cases (an increase from 256 cases for the previous six months, of which 35.5 percent were Portage County cases, 34.8 percent were Summit County cases, and 24.2 percent were Stark County cases).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A man with prior felonious drug convictions was sentenced to nine years in prison for manufacturing methamphetamine in his home in Summit County (www.cleveland.com, July 10, 2016). Law enforcement in Stark County arrested a man after finding several different illegal drugs, including an undisclosed amount of methamphetamine, in his vehicle during a traffic stop (www.cantonrep.com, Sept. 10, 2016). Law enforcement in Stark County arrested a man after learning he was purchasing boxes of pseudoephedrine, batteries and other drug-related paraphernalia used to operate an in-home methamphetamine laboratory (www.cantonrep.com, Sept. 13, 2016). Law enforcement arrested three people in Stark County after finding and dismantling a methamphetamine laboratory (www.cantonrep.com, Sept. 29, 2016). Law enforcement arrested a man when police responded to 35 phone calls in one hour made by the man's 4-year-old daughter; the police confiscated an undisclosed amount of methamphetamine when they

responded to the call (www.cantonrep.com, Oct. 12, 2016). U.S. Marshals and the FBI worked in conjunction to arrest a man in Canton after executing a search warrant of the man’s home and seizing four kilograms of crystal methamphetamine, along with half a kilogram of heroin and 100 grams of powdered cocaine (www.cleveland19.com, Nov. 17, 2017).

Participants reported that the availability of crystal methamphetamine has increased during the past six months, while the availability of powdered methamphetamine has decreased. Several participants reported various reasons for the increased availability of crystal methamphetamine: *“All the dope boys are selling it now; If you are buying any drug, they are trying to sell you the ice. They are trying to get it going; Why spend money on crack, which is garbage, when I can spend \$50-100 on meth and be good for days; It costs so much to do cocaine, now you just do \$50 of methamphetamine and you are up for days; People are afraid of heroin, they are switching over; When we’d be dope sick off of heroin, we’d use meth.”*

While treatment providers were not in agreement as to a change in availability for methamphetamine during the past six months, law enforcement reported an increase in crystal methamphetamine availability. According to law enforcement in Summit County, Mexican cartels are “flooding” crystal methamphetamine into the U.S. Officers reported: *“It’s all coming from Mexico. If you have a good supplier, you can get a pound for \$8,000. So, a kilo is \$16,000, versus \$40,000 on cocaine or \$75,000 on heroin. If you look at the price, people want it; Do you (a user) really want to go out and shop for all the supplies and risk a felony 1 or 2 [criminal charge], versus buying crystal, which is very pure, already made ... [and you risk] a felony 4, no prison time.”*

The BCI Richfield Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months; the lab reported processing mostly crystal and off-white powdered methamphetamine.

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

Participants most often rated the current overall quality of methamphetamine as ‘9’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was ‘10’. Participants specifically rated the quality of crystal methamphetamine as ‘9’ and of powder methamphetamine as ‘4’ or ‘7’; the previous most common scores were ‘10’ and ‘6’ or ‘10’, respectively. Participants reported that crystal methamphetamine is not adulterated as much as powdered methamphetamine. One participant commented, *“There’s so much [crystal methamphetamine], and it’s so cheap. There’s no reason to cut it.”*

Participants mentioned bath salts, MDMA (3, 4-Methylenedioxymethamphetamine, aka “ecstasy”) and salt as adulterates (aka “cuts”) for methamphetamine. In addition, participants reported that bath salts are sometimes sold as methamphetamine. One treatment provider remarked, *“A client told me they were mixing bath salts with it.”* Overall, participants reported that the quality of crystal methamphetamine has increased during the past six months, while the quality of powdered methamphetamine has remained the same.

Reports of current prices for methamphetamine were variable among participants with experience buying the drug. Reportedly, the most common amount purchased is a gram.

Methamphetamine	Current Prices for Methamphetamine	
	Powdered:	
	A gram	\$35-60
	1/8 ounce (aka “eight ball”)	\$60
	Crystal:	
	A gram	\$40-135
An ounce	\$500	

Participants reported that the most common route of administration for methamphetamine is intravenous injection (aka “shooting”). Participants estimated that out of 10 methamphetamine users, six would shoot, two would smoke and two would snort the drug. Participants also reported the drug is ingested orally (placed in tissue and swallowed, aka “parachuting”), although this method of use is reportedly uncommon.

Participants described typical methamphetamine users as white people, laborers (construction workers, truck drivers, especially those who work late) and individuals who also use heroin. Participants commented: *"All ages, from junior high all the way through; People who need to stay awake; People who work a lot; A lot of people try to wean themselves off of heroin with meth; If you are dope sick, meth will keep you going so you can function from work or whatever."*

Community professionals described typical methamphetamine users as white people, from lower socioeconomic status and individuals who use heroin. One provider stated, *"It was pretty much a select population before ... meth users didn't use heroin. But now, heroin users are using meth. They seem to be switching from heroin to meth."* Law enforcement comments included: *"More Caucasian, they definitely dominate the users; Lower class; Individuals who have a history of other drug use, they gravitate to meth ... the 'frequent flyers' (frequent offenders) in the system, they come back ... 'so you're using meth now?'"*

Prescription Stimulants

Prescription stimulants remain available for illicit use in the region. Participants most often reported the current street availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '4' or '8.' Participant comments included: *"Very easy to get a prescription ... just tell the doctor about the symptoms; They are prescribed to the children and the adults are taking the pills; Adults want Adderall®. They want to get the edge ... instead of doing cocaine, they take Adderall®."*

Treatment providers most often reported current street availability of prescription stimulants as '4'; the previous most common score was '3.' One treatment provider commented, *"Adderall® is somewhat commonplace."* Law enforcement did not assign a street availability score for prescription stimulants. Law enforcement officers stated: *"I'm sure it's out there, but I haven't dealt with anyone in the past six months who is not prescribed it legally; Is it out there? Yes. Do old school users want it? Yes. Do we actively go out looking for it? No."* Participants and community professionals identified Adderall® as the most popular prescription stimulant in terms of widespread illicit use.

Participants reported that the general street availability of prescription stimulants has remained the same during the

past six months. One participant stated, *"Most people who are put on the prescription don't want to share it. You got to get a prescription yourself."* Treatment providers reported decreased street availability of prescription stimulants during the past six months. The BCI Richfield Crime Lab reported that the number of Adderall® cases it processes has increased during the past six months, while the number of Ritalin® cases has decreased.

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

Reports of current street prices for prescription stimulants were consistent among participants with experience buying these drugs. A participant stated, *"There's a couple of different colors ... the orange ones (Adderall® 30 mg) are supposedly stronger. I hear a good price is \$5 for the orange ones."*

Prescription Stimulants	Current Street Prices for Prescription Stimulants	
	Adderall®	\$2 for 10 mg \$3 for 20 mg \$5 for 30 mg
	Vyvanse®	\$15 for 70 mg

Participants reported obtaining these drugs on the street and from doctors and family members (children) who have a prescription. Participants commented: *"The kids with ADHD (attention-deficit hyperactivity disorder), their parents take it and sell it ... take it and snort it; Some people out there, their kids are on it, and they will sell their kids' pills. But, if they are using it, I doubt they'd sell it"* Participants reported that the most common routes of administration for illicit use of prescription stimulants are snorting and oral consumption. Participants estimated that out of 10 illicit prescription stimulant users, six would snort and four would orally consume the drugs.

Participants described typical illicit users of prescription stimulants as college students. In addition, one participant stated that *"corporate people"* illicitly use prescription

stimulants, stating, “My sister says everyone in her office is on it.” Community professionals did not identify a typical illicit prescription stimulant user.

Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) remains available in the region. Participants most often reported the current availability of the pressed tablet form of ecstasy as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was ‘3-4.’ Participants most often reported the current availability of molly (MDMA powdered form) as ‘10;’ the previous most common score was ‘4-5.’ Participant comments regarding the availability of ecstasy and molly included: “It’s very available; People who sell powder [cocaine] sell molly. They run on the same market ... if you have one, you have the other.”

Treatment providers could not rate the current availability of ecstasy or molly. Treatment providers stated: “I can’t remember the last time I heard about it; It was part of the ‘rave’ (dance party) sub-culture ... spiked some time ago, but now it’s just gone.” Law enforcement could not rate the current availability of ecstasy; however, they most often reported the current availability of molly as ‘5’ or ‘10;’ the previous most common score was ‘7.’ Law enforcement officers remarked: “It’s out there ... off of the radar though; It’s still out there, but I haven’t seen ecstasy in the past six months. There’s been no criminal cases involving ecstasy in some time.”

Participants reported that the availability of ecstasy has decreased, while the availability of molly has remained the same during the past six months. A participant reported on the decreased availability of ecstasy: “Three or four years ago, it was really popular, but now it isn’t because people are doing heroin.” Another participant said about the availability of molly: “This has always been a pretty prevalent area for it.” Law enforcement reported that the availability of molly has remained the same during the past six months. The BCI Richfield Crime Lab reported that the number of ecstasy cases it processes has increased during the past six months; the labs do not differentiate between ecstasy and molly cases.

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

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

Participants were unable to rate the overall current quality of ecstasy and molly. Reports of current prices for ecstasy and molly were variable among participants with experience buying the drugs. Participants most often reported that molly is sold by weight. However, one participant reported that molly is sold similarly to crack cocaine, in increments of \$20. Participant comments included: “Pills (ecstasy) are relatively cheap; You can get ‘triple stacks’ (high-dose ecstasy tablets) in a mason jar for \$2 a piece ... and sell them for \$20-30 [each].”

Ecstasy/Molly	Current Prices for Ecstasy/Molly	
	Ecstasy:	
	Low dose (aka “single stack”)	\$5-20
	High dose (aka “triple stack”)	\$10-30
	Molly:	
	1/10 gram	\$5-10
	1/2 gram	\$50
A gram	\$80-100	

Participants reported that the most common route of administration for ecstasy is oral consumption. Participants estimated that out of 10 ecstasy users, nine would orally consume, (including crushing the pill, bundling it in tissue and swallowing, aka “parachuting”) and one would snort the drug. Participants reported that the most common routes of administration for molly are

oral consumption and snorting. Participants estimated that out of 10 molly users, five would orally consume (including parachuting) and five would snort the drug. One participant group reported that molly could also be administered via intravenous injection, but said that this practice is rare.

Participants described typical ecstasy and molly users as young people and individuals involved in the “club scene,” including exotic dancers. Law enforcement described typical ecstasy and molly users also as young people, or as one officer stated, “College kids, more for the young crowd.”

Synthetic Marijuana

Synthetic marijuana (synthetic cannabinoids) remain available in the region. Participants most often reported the drug’s current availability as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was also ‘10’. Participants stated: “It’s out there; Every three houses ... is a ‘spice’ (synthetic marijuana) dealer.” However, participant groups in Portage and Stark counties reported that the drug is not available in their areas. One participant commented, “That came and went. Now, you don’t hear about anyone using it, anywhere.”

Treatment providers most often reported current availability of synthetic marijuana as ‘2’. Treatment providers concluded that synthetic marijuana is found mainly in prisons: “Not on the streets, it’s in the institutions; It’s in all the jails ... Most people don’t want it; Clients report it can be purchased at some stores as potpourri.” Law enforcement most often reported current availability variable. A law enforcement officer in Tuscarawas County stated, “Oh yea, it’s out there. It’s gone underground ... we don’t see anything that is commercially sold around here. It’s very lucrative. A small investment of potpourri and the chemicals from the Internet can get a 50-100 fold in what your investment was.” This same law enforcement officer also stated, “Reports are that it is highly addictive; the withdrawal is very negative. I’m told they are spraying Raid® on the potpourri. We had a fatality recently; a kid smoked spice, was on life support for months and has now died.”

Participants reported that the availability of synthetic marijuana has decreased or remained the same during the past six months. A participant reported, “People are

starting to pull off it because people are putting different stuff in it.” Other participants commented: “They don’t sell in the stores anymore. I had a friend who went to a head shop, and was told, ‘Oh, no, we don’t sell that anymore;’ A few stores around here were shut down for selling the stuff.” Treatment providers reported decreased availability of synthetic marijuana during the past six months. A treatment provider stated, “Once they hit heroin, that’s what they do.” Law enforcement reported no change in availability during the past six months. The BCI Richfield Crime Lab reported that the number of synthetic marijuana case it processes has decreased during the past six months.

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

Reports of current prices for synthetic marijuana were consistent among participants with experience buying the drug. Participants reported that the most common amount of purchase is a bag containing approximately four grams.

Synthetic Marijuana	Current Prices for Synthetic Marijuana	
	A gram	\$10
	A bag	\$20

Despite legislation enacted in October 2011, participants reported that synthetic marijuana continues to be available from dealers and certain retail shops (head shops, gas stations). Some participants reported obtaining the drug from headshops: “You can buy it from the store ... if they know you, they will sell it; My dealer gets it from a corner store, but they have to be closed, he gets it from the owner after hours ... he got a whole truck of that stuff.” Other participants reported ease of obtaining the drug or ingredients to make the drug through Internet purchase: “Order it online, get it right through the mail; People make it ... it’s just a leaf with chemicals sprayed on it ... you order the chemicals online.”

Participants reported that the most common route of administration for synthetic marijuana is smoking. Participants estimated that out of 10 synthetic marijuana users, all 10 would smoke the drug. Participants and community professionals described typical synthetic marijuana users as individuals involved in the criminal justice system and those who are subject to drug screening. One participant reported, *"The main market is people on probation and truck drivers 'cause they can't test for 'K-2' (synthetic marijuana) ... 'cause every time they develop a test for it, they change a strand (a chemical component) ... it changes it up."*

Other Drugs in the Akron-Canton Region

Participants and community professionals listed a variety of other drugs as being present in the region, but these drugs were not mentioned by the majority of people interviewed: anabolic steroids, bath salts and hallucinogens (lysergic acid diethylamide [LSD] and psilocybin mushrooms).

Anabolic Steroids

Anabolic steroids remain highly available according to law enforcement, who rated current availability for them as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. Law enforcement officers commented: *"Steroids are big; It used to be [available in] ... hard core gyms, old time warehouses. Now you can get them at the big box store gyms. We've arrested people in the box store gyms, the trainers."*

Corroborating data indicated that anabolic steroids are available for illicit use in the region. 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.

Law enforcement reported that the availability of anabolic steroids has increased during the past six months. Officers discussed that some personal trainers order the supplies to make the drugs from other countries and manufacture steroids to sell at a high price; officers did not identify how much anabolic steroids sell for on the street. They described typical illicit users as male body builders.

Bath Salts

Bath salts (synthetic cathinones) remain available in the region. Participants most often reported the drug's current availability as '5' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '4' and '7'. Treatment providers most often reported the drug's current availability as '5'; the previous most common score was not reported. A treatment provider stated, *"I hadn't heard about bath salts in quite a while, but now I'm hearing about them more."*

Participants with knowledge of bath salts reported that their availability has decreased during the past six months. Participants commented: *"It's not as available; You have to know the right people."* Participants discussed that manufacturers of the drug change the formula to avoid prosecution. Law enforcement reported not encountering any individual using bath salts during the past six months. The BCI Richfield Crime Lab reported that the number of bath salts cases it processes has increased during the past six months.

Participants reported that bath salts can be purchased from dealers and from certain retail stores. Participant comments included: *"People who sell the 'spice' (synthetic marijuana) have bath salts; Some stores have them, hidden, and you have a special code [to purchase them]."* One participant group reported that retailers will only sell to a very few individuals, who in turn sell them on the street. A participant stated, *"Now, they give them to the dope boys ... instead of getting busted, let the dope boy get busted."* Treatment providers reported clients sharing that bath salts can be purchased at certain neighborhood convenience stores and head shops.

Participants reported that there is a growing practice of selling bath salts on the streets as methamphetamine. A participant stated, *"They are substituting meth with bath salts, and you end up tripping out, doing weird stuff you wouldn't do."* No participant could give pricing information, but one participant stated the drug costs the same as methamphetamine, reiterating that bath salts are often sold as methamphetamine.

Hallucinogens

Hallucinogens are moderately to highly available in the region. Participants most often reported the current availability of LSD and psilocybin mushrooms as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most

common scores were '7' and '5,' respectively. Participants reported: *"Very common; I know certain people who have it, certain circles, they're pretty tight, older 'dead heads' (followers of the rock band, the Grateful Dead) ... it's not pushed; If you have a hippie friend, you can get some."*

Treatment providers and law enforcement most often reported the current availability of LSD as '6,' the previous most common score was '6' as reported by law enforcement only. A treatment provider, reporting that clients do not view the substance as being problematic, stated, *"I don't have a client who has not used it ... it's like marijuana to them."* A law enforcement officer reported, *"I've not seen it since last time we talked. Do we get information about it? Absolutely."*

While treatment providers reported not having knowledge regarding the current availability of psilocybin mushrooms, law enforcement reported the current availability of psilocybin mushrooms as '6-7,' the previous most common score was not reported. Law enforcement comments included: *"We come across information of people growing them; We run across those quite often, but ... sometimes when you send them out to get tested, for some reason, they don't come back as positive. I don't know if they are ripping people off or what."*

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Law enforcement in Stark County arrested a man after seizing an undisclosed amount of LSD and psilocybin mushrooms from his property (www.cantonrep.com, Sept. 28, 2016).

Participants reported that the availability of LSD has increased during the past six months. One participant stated, *"I've seen it go up in the past few years."* Participants reported that the availability of psilocybin mushrooms has remained the same. The BCI Richfield Crime Lab reported that the number of LSD cases it processes has increased during the past six months, while the number of psilocybin mushroom cases has decreased.

Reports of current street prices for hallucinogens were not consistent among participants with experience buying the drug. A participant reported that one could purchase LSD at a better price when buying large quantities.

Participants described typical hallucinogen users as young people, hippies and individuals who attend concerts or festivals. Law enforcement described typical hallucinogen users as young (aged 19-21 years), college students and individuals subjected to drug screening.

Hallucinogens	Current Prices for Hallucinogens	
	LSD:	
	A dose (aka "hit")	\$5-10
	10 doses (aka "strip")	\$40-100
	100 doses (aka "sheet")	\$300-400
	Psilocybin mushrooms:	
1/8 ounce	\$20-30	

Conclusion

Crack cocaine, heroin, marijuana, methamphetamine, powdered cocaine, sedative-hypnotics and Suboxone® remain highly available in the Akron-Canton region. Changes in availability during the past six months include increased availability for heroin and methamphetamine and decreased availability for prescription opioids.

While many types of heroin are currently available in the region, participants and community professionals continued to report powdered heroin as most available. Participants discussed that dealers prefer powdered heroin because it is easy to adulterate (aka "cut") with other substances. Participants reported the top cutting agents for heroin as carfentanil and fentanyl, substances they described as powerful and cheap. Reportedly, there are varying colors of available heroin, including: blue, brown, green, pink, purple and white. Participants explained 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 described the consistency of this heroin as "chunky."

Participants and community professionals attributed increased availability of heroin to the inexpensiveness of the drug, lowered stigma regarding heroin use and increased difficulty in obtaining prescription opioids. Treatment providers noted that prescribing practices have changed, making opioids less available for illicit use. Law enforcement highlighted the inexpensive price of heroin as a major factor for increased heroin availability.

It is noteworthy that participants were unable to rate the current quality of heroin, as they reported that most of what is currently sold as heroin is adulterated heavily with fentanyl

or carfentanil. Law enforcement discussed the danger of carfentanil exposure and reported that they no longer field test suspected heroin; they send all seizures to the crime lab for testing and carry Narcan® in case they are exposed to the drug. In addition to fentanyl and carfentanil, the BCI Richfield Crime Lab reported processing an increased number of fentanyl analogs during the past six months.

Participants and community professionals reported overwhelmingly that younger people are using heroin. One participant reported his observations about how preteens are being targeted to buy heroin near the apartment complex where he lives. One treatment provider reported teenagers commonly using the drug and having “overdose parties” where users will push the limits of their use.

Participants continued to report that methamphetamine is readily available in the region; reportedly, many heroin dealers are also selling the drug. Treatment providers stated that methamphetamine is almost as widely available as heroin. Law enforcement discussed the increase in methamphetamine availability and use as the next drug epidemic.

Corroborating data indicated that methamphetamine is available in the region. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Akron-Canton region returned 429 methamphetamine cases reported during the past six months (an increase from 256 cases for the previous six months).

Both participants and community professionals reported that methamphetamine is available in crystal and powdered forms throughout the region. However, crystal methamphetamine is thought to be the most prevalent form. According to law enforcement in Summit County,

Mexican cartels are “flooding” crystal methamphetamine into the U.S. The BCI Richfield Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months; the lab reported processing mostly crystal and off-white powdered methamphetamine.

Participants reported that the most common route of administration for methamphetamine is intravenous injection. Participants described typical methamphetamine users as white people, laborers (construction workers, truck drivers, especially those who work late) and individuals who also use heroin. Community professionals described typical methamphetamine users as white people, from lower socioeconomic status and individuals who use heroin. Both groups of respondents discussed heroin users turning to methamphetamine to avoid withdrawal when heroin is unavailable. A few participants also stated that some users have switched to the drug out of fear of heroin overdose.

Lastly, anabolic steroids remain highly available in the region, according to law enforcement who reported increased availability during the past six months. Officers discussed that some personal trainers order the chemical ingredients from other countries and manufacture steroids to sell at a high price. They described typical illicit users as male body builders.

Drug Abuse Trends in the Athens Region



Regional Epidemiologist:
Faith M. Kelleher, MSW

Data Sources for the Athens Region

This regional report was based upon qualitative data collected via focus group interviews. Participants were active and recovering drug users recruited from alcohol and other drug treatment programs in Athens and Muskingum counties. Data triangulation was achieved through comparison of participant data to qualitative data collected from regional community professionals (treatment providers and law enforcement) via focus group interviews, as well as to data surveyed from the Ohio Bureau of Criminal Investigation (BCI) London Crime Lab, which serves central and southern Ohio and includes data from BCI's Athens and Cambridge offices. 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. All secondary data are summary data of cases processed from January through June 2016. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for July through December 2016.

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

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Regional Profile

Indicator ¹	Ohio	Athens Region	OSAM Drug Consumers
Total Population, 2015	11,613,423	580,750	40
Gender (female), 2015	51.0%	50.2%	43.6% ²
Whites, 2015	82.7%	94.9%	97.4% ³
African Americans, 2015	12.7%	2.3%	0% ³
Hispanic or Latino Origin, 2015	3.6%	1.1%	2.8% ⁴
High School Graduation Rate, 2015	89.1%	86.4%	87.2% ⁵
Median Household Income, 2015	\$51,086	\$42,608	\$16,000 to \$19,999 ⁶
Persons Below Poverty Level, 2015	14.8%	18.7%	44.7% ⁷

¹ Ohio and Athens region statistics were derived from the most recent US Census; OSAM drug consumers were participants for this reporting period: July-December 2016.

² Gender was unable to be determined for 1 participant due to missing and/or invalid data.

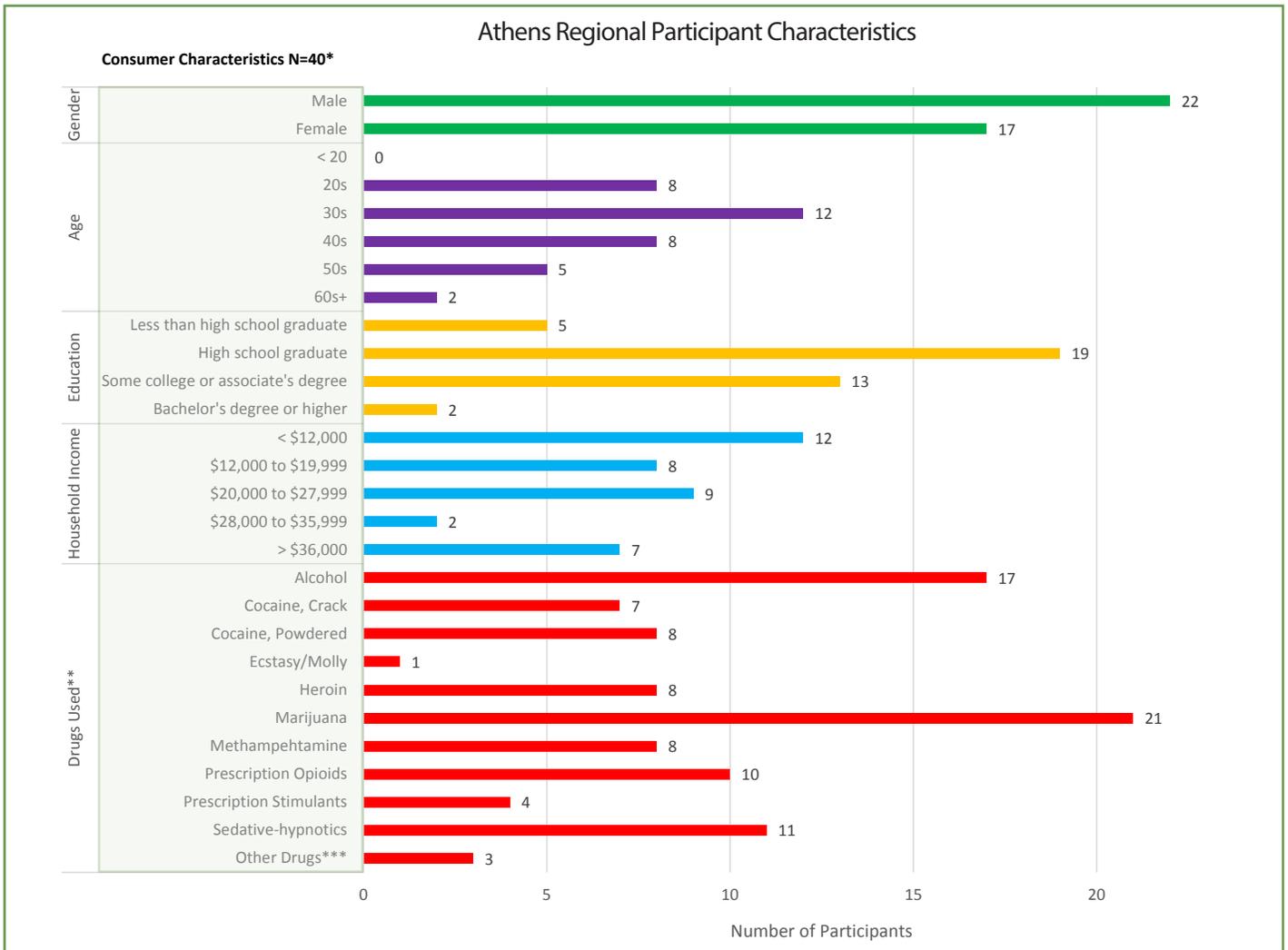
³ Race was unable to be determined for 2 participants due to missing and/or invalid data.

⁴ Hispanic or Latino Origin was unable to be determined for 4 participants due to missing and/or invalid data.

⁵ Education level was unable to be determined for 1 participant due to missing and/or invalid data.

⁶ Participants reported income by selecting a category that best represented their household's approximate income for the previous year. Income was unable to be determined for 2 participants due to missing and/or invalid data. Note income categories have been collapsed in the table below.

⁷ Poverty status was unable to be determined for 2 participants due to missing and/or invalid data.



*Not all participants filled out forms completely; therefore, numbers may not equal 40.

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

***Other drugs included: Lysergic acid diethylamide (LSD) and Suboxone®.

Historical Summary

In the previous reporting period (January – June 2016), crack cocaine, heroin, marijuana, methamphetamine, powdered cocaine, prescription opioids and Suboxone® remained highly available in the Athens region; Neurontin® was also highly available. Changes in availability during the reporting period included: increased availability for powdered cocaine and Neurontin®; likely increased availability for ecstasy and methamphetamine; and decreased availability for prescription opioids.

While there was no consensus among data sources as to a change in availability for heroin during the reporting period, all indicators showed that the drug remained extremely easy to obtain. Many types of heroin were available in the region, however, participants reported brown powdered as most available while community professionals reported black tar as most available.

Participants expressed that the quality of heroin varied and that varying quality drove the many overdoses experienced in the region. One participant explained, *"You might get this [batch of heroin] and you need this much of it. Then the next day, or even later on that same day, half of what you did before could kill you."* Participants once again reported fentanyl as a top cutting agent for heroin. The BCI London Crime Lab also reported fentanyl and acetyl fentanyl in heroin samples it processed during the reporting period.

Community professionals reported increased availability of powdered cocaine during the reporting period. Law enforcement officers believed their targeted efforts with heroin and oxycodone tightened the supply of opiates and may have been a reason for increased cocaine use and availability. Additionally, the BCI London Crime Lab reported that the number of powdered cocaine cases it processes had increased during the reporting period. Participants described typical powdered cocaine users as younger, white people, as well as college students and lawyers, while community professionals described typical powdered cocaine users as more affluent.

Participants and community professionals reported that the availability of "molly" (powdered MDMA) increased during the reporting period. Many respondents noted a connection between molly and college students, with a law enforcement officer stating that molly was likely the most popular drug on college campuses. The BCI London Crime Lab reported that the number of ecstasy cases it processes

had increased during the previous six months.

Lastly, Neurontin® was highly available for illicit use in the region. A participant commented, *"It seems like everyone is on Neurontin®."* A law enforcement officer commented, *"Enormous Neurontin® abuse right now."* Participants and community professionals reported that the availability of Neurontin® increased during the reporting period. Participants reasoned that demand and use for the drug increased because it reportedly did not show up in standard drug screen results; they also reported that many individuals prescribed Vivitrol® were also prescribed Neurontin®. Community professionals described typical illicit users of Neurontin® as heroin addicts who use the drug to aid withdrawal, as well as anybody who could get their hands on the drug.

Current Trends

Powdered Cocaine

Powdered cocaine remains highly available in the region. Participants most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. Participants described the high availability of powdered cocaine: *"I could make one phone call [and obtain powdered cocaine]; I have seen a fair amount of cocaine around Athens; I would say that it is fairly accessible, especially knowing the stories from students."* Treatment Providers most often reported current availability of powdered cocaine as '10', while law enforcement most often reported it as '3'; the previous most common scores were '5' and '10', respectively. Treatment providers stated: *"Oh, that's a 10 for sure ... according to clients it is; I had a [client] and they said they were on cocaine and 'meth' (methamphetamine), but they wouldn't be doing cocaine if it wasn't so readily available ... apparently, there's somebody around here that's got plenty of it."*

Corroborating data indicated that cocaine is available in the region. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Athens region returned 250 cocaine cases reported during the past six months (there were 253 cases for the previous six months). Note laboratories logging

cases into NFLIS do not typically differentiate between powdered and crack cocaine.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Law enforcement in Athens County arrested a man after confiscating 200 grams of powdered cocaine from his home (www.athensnews.com, Sept. 18, 2016). Law enforcement in Nelsonville (Athens County) arrested a man after responding to complaints that the man was offering free samples of powdered cocaine to students at Hocking College, Nelsonville campus, as well as to other residents of Nelsonville (www.athensnews.com, Sept. 25, 2016). Law enforcement in Athens County arrested a woman for trafficking powdered cocaine; police confiscated over one ounce of powdered cocaine from her home (www.athensnews.com, Sept. 25, 2016). Ohio State Highway Patrol (OSHP) arrested a Chicago man in Jackson County during a traffic stop after confiscating 1,500 grams of powdered cocaine and 28 grams of heroin from his vehicle (www.statepatrol.ohio.gov, Oct. 14, 2016). Law enforcement arrested an individual in Athens for trafficking powdered cocaine and “molly” (powdered MDMA) on a university campus; 11 students were questioned by police due to possible use of both drugs; police conducted searches of three student residences and found evidence of drug trafficking in all three residences (www.athensnews.com, Oct. 30, 2016).

Participants reported that the availability of powdered cocaine has remained the same during the past six months. Participant comments included: *“Yeah, it’s always been easy around here; I could go to this specific person’s house and knock and know that I can always get it, always! So it’s definitely like a ‘10’ (highly available) for me all the time.”* Treatment providers reported that the availability of powdered cocaine has increased during the past six months, while law enforcement reported that availability has remained the same. Treatment providers stated: *“It’s gone up because with the Vivitrol® (medication assisted treatment for opiate addiction) they can still get high; [Vivitrol® is] not a blocker [of stimulants], so that’s why I think a lot of the amphetamines are on the rise here ... They’re using the cocaine, the crack, and the meth. That’s why it’s gone off the chain because of the Vivitrol®; People are turning to opiates, but when you do the assessments, all of them have used it (cocaine) in the last six months.”*

The BCI London Crime Lab reported that the number of powdered cocaine cases it processes has increased during the past six months; the lab does not typically differentiate between powdered and crack cocaine.

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

Participants most often rated the current overall quality of powdered cocaine as ‘5’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was also ‘5.’ Participant comments varied in discussing current quality. One participant stated, *“Some of it will really knock you out of your socks.”* However, another participant stated, *“It’s trash. It’s like they just chopped up a soap bar.”*

Participants reported the top cutting agents (adulterants) for powdered cocaine as baby laxative, ether and isotol (dietary supplement). Other adulterants mentioned include: baking soda, Epsom salt, methamphetamine, Orajel™ and vitamin B-12. Overall, participants reported that the quality of powdered cocaine has decreased during the past six months. A participant stated, *“Heroin is taking over, so the guys that are still selling ‘coke’ (cocaine) have to ‘stomp on’ (adulterate) it to make their money.”*

Powdered Cocaine	Cutting Agents Reported by Crime Lab
	<ul style="list-style-type: none">  benzocaine (local anesthetic)  levamisole (livestock dewormer)

Reports of current prices for powdered cocaine were consistent among participants with experience buying the drug. Reportedly, the most common quantity purchased is half a gram. A participant commented, *“\$50 for a 1/2 gram is what I was told.”* Overall, participants reported that the price of powdered cocaine has remained the same during the past six months.

Powdered Cocaine	Current Prices for Powdered Cocaine	
	1/2 gram	\$40-50
	A gram	\$80-100
	1/8 ounce (aka "eight ball")	\$225-300

Participants reported that the most common route of administration for powdered cocaine remains intravenous injection (aka "shooting") and snorting. Participants estimated that out of 10 powdered cocaine users, five would shoot and five would snort the drug. Many participants commented about intravenous injection: "People are addicted to needles; More people are shooting because everyone is used to getting high off of heroin." However, another participant stated, "Depends on what kind of crowd you are around, I mean in certain groups there is still a stigma around needles."

Participants described typical powdered cocaine users as predominantly females and someone who works long hours. Community professionals described typical powdered cocaine users as truck drivers and 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 help them stay awake. A treatment provider stated, "Someone into more serious, harder drugs that needs to stay awake." Treatment providers also specifically reported that people who are prescribed Vivitrol® are also typical users of powdered cocaine because users can still get high with cocaine. A treatment provider remarked, "I had a girl who was on Vivitrol® and she relapsed on cocaine." She continued, "I know the Vivitrol® nurse and nurse practitioner. I was just talking to them yesterday, and they've seen a rise in cocaine and meth being used by clients [receiving Vivitrol® treatment]."

Crack Cocaine

Crack cocaine remains highly available in the region. Participants most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. Participants explained the ease of obtaining the drug: "I could leave

here right now and get some; If I was out there still, it's a 10 all day." Community professionals most often reported current availability as '8' or '10'; the previous most common scores were '3-5' for treatment providers and '8' for law enforcement.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Law enforcement in Gallia County arrested two men during a traffic stop after confiscating 59 grams of crack cocaine and an undisclosed amount of marijuana; the men were trafficking the drugs from Gallia County to Huntington, West Virginia, which, police reported, is a common drug trafficking route (www.mydailytribune.com, Oct. 12, 2016).

Participants reported that the availability of crack cocaine has remained the same during the past six months. A participant reported, "It's always been high [availability] around here." Treatment providers reported that the availability of crack cocaine has increased, while law enforcement reported that availability has remained the same. One treatment provider stated, "It has also gone up because of Vivitrol® (referencing a previous comment that users can still get high on cocaine while on Vivitrol®)." The BCI London Crime Lab reported that the number of crack cocaine cases it processes has remained the same during the past six months.

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

Participants most often rated the current overall quality of crack cocaine as '2' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '5'. A participant remarked, "A two if that! The baking soda quality is high!" Another participant stated, "It's trash." Participants reported that crack cocaine in the region is most often "cut" (adulterated) with ammonia, baking soda and ether. Other cuts for crack cocaine include Orajel™.

Participants also reported that crack cocaine is often "whipped", indicating the drug is not fully cooked. A participant commented, "They don't cut it; they just don't cook it all the way. They leave it half cooked so they can

get more out of it. But it is all just soda (baking soda) and ammonia." Overall, participants reported that the quality of crack cocaine has decreased during the past six months. One participant commented, "It's definitely down-graded. All these punks out there ... trying to make a dollar so they can put rims on their cars."

Crack Cocaine	Cutting Agents Reported by Crime Lab
	<ul style="list-style-type: none"> ● benzocaine (local anesthetic) ● levamisole (livestock dewormer)

Reports of current prices for crack cocaine were consistent among participants with experience buying the drug. Reportedly, the most common quantities purchased are in 1/10 gram increments. A participant described, "A 10-piece (\$10 rock) is like [the size of] a pen tip ... it's just one hit, maybe." Other participants reported that users provide the dealer with money, and the dealer exchanges a "rock" (piece of crack cocaine) equal to the dollar amount. Reportedly, 1/10 gram of crack cocaine sells most often for \$10.

Participants reported that the most common route of administration for crack cocaine remains smoking. Participants estimated that out of 10 crack cocaine users, all 10 would smoke the drug. Participants also mentioned that users will intravenously inject crack cocaine by "breaking down" the drug (using lemon juice or vinegar to liquefy the drug) prior to injecting it.

Participants described typical crack cocaine users as construction workers, farmers/field workers and oil pipeliners. Treatment providers described typical crack cocaine users as clients who also use Vivitrol®. A treatment provider stated, "I had someone told me that the Vivitrol® shot has been the worst thing that has happened to him because now he can't get high on opiates, so he started using everything else." A probation officer added, "I have had people go from cocaine to crack, and they would say, 'I never thought I would use crack, but then I did,' so I think the perception is that it is a lower class drug but that's not the case."

Heroin

Heroin remains highly available in the region. Participants most often reported the current availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. Participants reported: "It's on every street corner; You could leave this room and have it within 45 minutes or less." Community professionals most often reported current availability as '10'; the previous most common score was also '10'. Treatment providers stated: "It's everywhere. It's even in the high schools which is the sad part ... they are starting so early; I believe heroin's cheaper than trying to get pills (opioids) ..." A probation officer remarked, "Probably because meth's out there, too ... it's just right there (indicating the two drugs are often used in conjunction)." When asked if heroin users are often seen in the court system he reported, "Oh yeah ... every day ... two- to three-fold, every day."

Corroborating data indicated that heroin is available in the region. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Athens region returned 316 heroin cases reported during the past six months (a decrease from 421 cases for the previous six months).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. OSHP arrested two Dayton men during a traffic stop in Gallia County after seizing 100 grams of heroin from their vehicle (www.statepatrol.ohio.gov, Oct. 14, 2016). Law enforcement in Athens County arrested a man for drug trafficking after discovering that the man made more than 25 trips from Columbus to Athens with over 50 grams of heroin each time; detectives also arrested several women who were aiding the man in heroin distribution, including one former corrections officer (www.athensnews.com, Oct. 9, 2016). Law enforcement from Washington County were lead on a high-speed chase after detectives approached a man during a heroin transaction; the man fled detectives in his car, and the chase ended when the man crashed into a pole (www.observer-reporter.com, Oct. 18, 2016). Law enforcement in Hocking County collaborated with the United States Marshal Service Southern Ohio Fugitive Apprehension Strike Team (SOFASST), the Athens Major Crimes Unit and the Vinton County Sheriff's Office to arrest 23 people after seizing an undisclosed amount of heroin, methamphetamine and other narcotics during a warrant sweep (www.nbc4i.com, Oct. 25, 2016). Law enforcement

in Meigs County arrested a man for possession and trafficking of heroin; the man had been trafficking heroin for approximately ten years to Athens, Meigs and other counties in the Southeast region of Ohio (www.mydailyseintinal.com, Oct. 26, 2016). Police arrested a man who was under investigation for sexual assault and rape of two different university students for possessing an undisclosed amount of heroin (www.woub.org, Nov. 16, 2016).

While many types of heroin are currently available in the region, participants most often reported black tar as the most available heroin type. Participants in Athens County were in agreement with a participant who stated, *"Tar' (black tar heroin) mixed with fentanyl is the most popular around here."* However, participants in Muskingum County reported powdered heroin as most available in their area. They commented: *"There is 'china' (aka 'china white' powdered heroin) around here; Yeah, mainly powder."* Community professionals reported black tar heroin as most available. A treatment provider stated, *"It's always been black tar; There is also white (powdered heroin), but the black tar mostly."*

Participants reported that the availability of heroin has remained the same during the past six months. One participant commented, *"Probably, for the last couple of years [it has been highly available]."* Another participant added, *"At first, you never heard of it and then it was like 'boom' (heroin seemed to appear everywhere)."* Community professionals also reported that the general availability of heroin has remained the same during the past six months. Although community professionals most often reported unchanged availability of heroin, a probation officer discussed an increase in drug court participation: *"People are coming into court and saying they have a problem [with heroin] ... that has increased tremendously within the last 12 months."*

The BCI London Crime Lab reported that the number of heroin cases it processes has decreased during the past six months; the lab reported processing beige, brown, tan and white powdered heroin along with black tar heroin. However, the lab noted that it does not typically differentiate between black tar and powdered heroin. In addition, the BCI London Crime Lab noted processing cases of heroin-fentanyl mixtures and straight fentanyl submitted as suspected heroin cases during the past six months.

Participants most often rated the current overall quality of heroin as '5' in Athens County and a '10' in Muskingum

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

County on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '7'. One Muskingum County participant stated, *"It's really good, too good. Hell, we have lost 12 friends just this year [to overdose]."* Participants in Athens County commented: *"I know it's being cut; I haven't messed with it, but I got people that still are and they say it's being cut."*

Participants discussed adulterants (aka "cuts") that affect the quality of the drug and reported that the top cutting agents are carfentanyl, coffee, coffee creamer and fentanyl. Additional cuts mentioned include: brown sugar, Coca Cola® and marijuana resin. One participant stated, *"If you go by weight in the bigger cities, they will give you one bag of pure and one bag of cut, so that you can cut it for your sales."* Overall, participants reported that the general quality of heroin has decreased in Athens County and increased in Muskingum County during the past six months. A participant in Muskingum County stated, *"They are cutting it all with fentanyl, so you are getting really high."*

Cutting Agents Reported by Crime Lab	
Heroin	 caffeine
	 diphenhydramine (antihistamine)
	 fentanyl/acetyl fentanyl
	 mannitol (diuretic)
	 triacetin (glycerin triacetate, a food additive)

Reports of current prices for heroin were consistent among participants with experience purchasing the drug. Reportedly, the most common quantity purchased is 1/10 gram. Participants reported that prices do not vary by type of heroin. Overall, participants indicated that the price of heroin has remained the same during the past six months.

Heroin	Current Prices for Heroin	
	1/10 gram	\$20-25
	1/2 gram	\$60-70
	A gram	\$150-180

While there were a few reported ways of using heroin, generally the most common route of administration remains intravenous injection (aka “shooting”). Participants reported that out of 10 heroin users, all 10 would inject the drug. A participant remarked, “Any other way, you are just wasting it.” Another participant agreed, “I snorted it one time and it was a waste of money.” Participants mentioned that heroin can also be administered by smoking.

Participants reported that injection needles are most available from big box stores, pharmacies and drug dealers. A participant stated, “My dealer will sell me a bag of them with 10 needles for \$20.” Another participant stated, “You can just walk right into Walmart and get needles. You just got to tell them you are a diabetic, but they know.” The most commonly reported price for needles on the street is \$3 for one needle or \$5 for two needles.

Participants described typical heroin users as people who previously used prescription opioids. A participant stated, “It could be anyone. You can hide it for a long time.” Community professionals described typical heroin users as those who are of lower socio-economic status, less educated and who have previously used pain medication. One treatment provider stated, “I would say in this area it probably affects the lower class more than the upper class.” Another provider added, “Education, too. I have not had any students or professors come in with heroin problems ... their [substance abuse] is usually pill related.” Treatment providers also noted an increase in heroin use among older people. Treatment providers agreed: “I’ve come across people that didn’t start heroin until an older age, which is an interesting dynamic; Until they can’t get a hold of them (opioids) ... then we’re seeing older people turn to heroin.” A law enforcement officer commented, “People who never thought they would go there, now have ... There is no more standard profile for a heroin user.”

Prescription Opioids

Prescription opioids remain highly available for illicit use in the region. Participants and community professionals most often reported the current street availability of these drugs as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common scores were also ‘10’. A participant commented, “Those are being abused a lot.” Treatment providers reported: “You can still drive up to the pain clinic though and get them; I think everything’s pretty much a 10; Walk right outside the doors [of the interview room]. Walk right outside to the parking lot; Yeah you don’t have to go too far.”

Corroborating data indicated that prescription opioids are available for illicit use in the region. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Athens region returned 300 prescription opioid cases reported during the past six months, of which 14.0 percent were fentanyl/ acetyl fentanyl cases (a decrease from 343 prescription opioid cases for the previous six months, of which 9.0 percent were fentanyl/acetyl fentanyl cases).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Law enforcement in Hocking County arrested a physician for writing illegitimate prescriptions for opioids and selling the drugs (www.nbc4i.com, July 7, 2016). Police confiscated 42 oxycodone pills and an undisclosed amount of marijuana during a traffic stop in Meigs County (www.mariettatimes.com, Nov. 3, 2016).

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

Participants reported that the general availability of prescription opioids has decreased during the past six months. A participant commented, “Absolutely gone down ... doctors aren’t prescribing them anymore.” Treatment providers reported that the general availability of prescription opioids has increased, while law enforcement reported decreased availability during the past six months. Treatment providers stated: “I think some of it’s even more available. The demand is there ... it seems like there is not a problem finding whatever you want. In the past, even just six months ago, it might have taken a few days to track something down. Now, within the

day, you can find somebody [willing to sell prescription opioids]; Yeah, somebody's gonna know somebody that has it." However, a probation officer reported, "I don't think we see it as much as we used to, as far as we can tell . . . I think we've seen it slow down a lot because of what they've done hospital-wise [monitoring prescribing practices]."

The BCI London Crime Lab reported that the number of fentanyl, Lortab®, methadone, Norco® and Vicodin® cases it processes has increased during the past six months, while Dilaudid®, morphine, Opana®, OxyContin® and Percocet® cases have decreased.

Prescription Opioids	Reported Availability Change during the Past 6 Months	
	 Participants	Decrease
	 Law enforcement	Decrease
	 Treatment providers	Increase

Reports of current street prices for prescription opioids were consistent among participants with experience buying the drugs. Reportedly, the majority of prescription opioids sell for a \$1 per milligram. Overall, participants indicated that the price of prescription opioids has increased during the past six months. One participant stated, "They have went up because I remember they used to be cheap as hell." A treatment provider reported, "Clients said it used to be a dollar a milligram, but instead of charging 20 (dollars) a pill, it's 25. In some places up North, it can go up to 30."

Prescription Opioids	Current Street Prices for Prescription Opioids	
	Dilaudid®	\$7-10 for 2 mg \$15 for 4 mg \$30-40 for 8 mg
	Percocet®	\$7 for 5 mg
	Roxicodone®	\$20-25 for 15 mg \$35-40 for 30 mg
	Vicodin®	\$3-5 for 5 mg \$8 for 10 mg
	Ultram®	\$0.75 per pill (unspecified dose)

Participants reported obtaining prescription opioids for illicit use from people who have prescriptions or from drug dealers. Participants reported: "You got to know someone. Those are more like private deals; You can find them on the street; People steal them from people who get them." While there were a few reported ways of consuming prescription opioids, generally the most common route of administration for illicit use remains snorting. Participants estimated that out of 10 illicit prescription opioid users, all 10 would snort the drugs. However, participants noted that Dilaudid® is typically intravenously injected, while Roxicodone® 30 mg is typically smoked.

A profile of a typical illicit prescription opioid user did not emerge from the data. Both participants and community professionals described typical illicit users as anyone. One participant added, "I know professionals that are 'pill heads.'" A probation officer commented, "I think people with psychological pain turn to pain pills, also."

Suboxone®

Suboxone® remains highly available in the region. Participants most often reported the current street availability of Suboxone® as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. Participants commented: "Usually, when you hear of people buying it on the street, it's because they need it and can't get it legitimately for one reason or another; A lot of people are using them instead of heroin (when they run out of heroin), not to get off of heroin." While participants noted availability of both the sublingual filmstrip and pill forms, they indicated that the pill form is more difficult to obtain.

Treatment providers most often reported the current street availability of Suboxone® as '10', while law enforcement most often reported it as '4-5'; the previous most common score for both types of community professionals was '10'. Treatment providers stated: "Everybody is on it; There's a lot of Suboxone® misuse around here; It's not a drug of choice, but it's a substitute, or a supplement." Conversely, a law enforcement officer stated, "It was [highly available], but I don't think it's being prescribed as much because we have the Vivitrol® now. But, when it's available, it does get abused."

Corroborating data indicated that Suboxone® is available for illicit use in the region. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Athens region returned 113 buprenorphine (an ingredient in Suboxone®) cases reported during the past six months (a decrease from 130 buprenorphine cases for the previous six months).

Participants reported that the street availability of Suboxone® has remained the same during the past six months. Treatment providers reported that the street availability of Suboxone® has remained the same, while law enforcement reported it has decreased during the past six months. Treatment providers reported: *"It depends on the time of the month; Whenever the dealers have it, but like anything they run out."* The BCI London Crime Lab reported that the number of Suboxone® and Subutex® cases it processes has increased during the past six months.

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

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

Suboxone®	Current Street Prices for Suboxone®	
	filmstrip	\$20 for 8 mg
	pill	\$20-25 for 8 mg

In addition to obtaining Suboxone® on the street from dealers, participants also noted getting the drug through doctors and clinics. Participants reported that the most common route of administration for illicit use of Suboxone® is sublingual consumption, followed by intravenous injection and snorting. Participants described typical illicit users of Suboxone® as those addicted to opiates. Community professionals described typical illicit users as heroin addicts.

Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) are highly available for illicit use in the region. Participants most often reported current street availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '5'. Treatment providers most often reported current street availability as '10', while law enforcement most often reported it as '7'; the previous most common scores were '10' for treatment providers and '5' for law enforcement.

Corroborating data indicated that sedative-hypnotics are available for illicit use in the region. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Athens region returned 151 benzodiazepine cases reported during the past six months (a decrease from 165 cases for the previous six months).

Participants and community professionals identified Klonopin® and Xanax® as the most available sedative-hypnotics in terms of widespread illicit use. A participant stated, *"I can get 'xanies' (Xanax®) anywhere."* Treatment providers stated: *"I hear a lot about Xanax®; I hear a lot more about Klonopin® and Xanax® around here; They're doing [benzodiazepines] with the opioids because mixing them together, you get a really good 'buzz' (high); I had a client tell me that he wanted to take his Klonopin® with his Suboxone® because it was like a heroin high."*

Participants reported that the general availability of sedative-hypnotics has decreased during the past six months. Treatment providers reported that availability has remained the same, while law enforcement reported decreased availability. A participant stated, *"People love them, but it seems like it's feast or famine. They are available, but as soon as someone gets a 'script' (prescription) they are gone just that fast."* The BCI London Crime Lab reported that the number of Ativan®, Valium® and Xanax® cases it processes has increased

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

during the past six months, while the number of Klonopin® and Restoril® cases has remained the same.

Reports of current street prices for sedative-hypnotics were consistent among participants with experience buying the drugs. One participant mentioned that the prices vary based on the type of pill, and indicated that the extended time release pills generally cost less.

Sedative-Hypnotics	Current Street Prices for Sedative-Hypnotics	
	Klonopin®	\$1 for 0.5 mg \$2 for 1 mg
	Valium®	\$1 for 5 mg \$3 for 10 mg
	Xanax®	\$1-2 for 0.5 mg \$2-3 for 1 mg \$5-6 for 2 mg

Participants reported obtaining these drugs for illicit use most often from people with prescriptions. Participants commented: "People will let you know if they are around; There aren't many people out there looking for Xanax® compared to other things. So, if they are around, someone will let you know."

Generally, the most common route of administration for illicit use of sedative-hypnotics is snorting. Participants estimated that out of 10 illicit sedative-hypnotic users, seven would snort and three would orally ingest the drugs. One participant reported, "Different people take them for different reasons ... which is why people take them differently." Participants described typical illicit users of sedative-hypnotics as middle-class, white people, and someone who is under stress. Community professionals described typical illicit users as anyone.

Marijuana

Marijuana remains highly available in the region. Participants and community professionals most often reported the current availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were also '10'. Participant comments included: "It's quite popular; It's a college town, so I mean it's around; It's always been easy to find." Treatment providers

commented: "I am amazed by the attitude with people. They act like it's not even a drug; It's so much more justified now with people; The stigma's gone for whatever reason; I've walked past people's houses and they had a bong right there in the window." A law enforcement officer expressed, "Oh yeah, it's just the culture around here. Being in the juvenile court ... I see them getting involved with marijuana as early as 10 [years of age]."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Law enforcement in Athens County arrested a man after confiscating 150 marijuana plants from two residences on the same property (www.athensnews.com, Aug. 31, 2016). OSHP arrested a West Virginia man in Guernsey County after seizing 520 grams of vacuum-sealed marijuana from his vehicle (www.statepatrol.ohio.gov, Sept. 30, 2016).

Participants and community professionals reported that the availability of both low- and high-grade marijuana has remained the same during the past six months. A participant reported on the availability of low-grade marijuana, "Oh, you can still get 'mids' (mid-grade marijuana, aka 'regular')." Participants commented on the availability of high-grade marijuana: "Oh yeah, it's grown around here; Yeah, everyone has like medical grade shit now." Treatment providers stated: "I think it will forever be here; And we probably get a lot more [marijuana] crops down here, too; Right, a lot of cultivating." Participants indicated that marijuana concentrates and extracts in the form of oils and wax (aka "dabs") has increased during the past six months. A participant commented, "I have heard of a lot more people doing dabs lately." The BCI London Crime Lab reported that the number of marijuana cases it processes has decreased during the past six months.

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

Participants most often rated the current overall quality of marijuana as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was also '10'. Participants remarked: "It's real good; Around harvest time (now) it's a '10.'" Overall, participants indicated that the quality of low- and high-grade marijuana has remained the same during the past six months.

Reports of current prices for marijuana were provided by participants with experience buying the drug. Reportedly, the most common quantity purchased is 1/8 of an ounce for both low- and high-grade marijuana.

Marijuana	Current Prices for Marijuana	
	Low grade:	
	A blunt (cigar)	\$5
	1/8 ounce	\$25-30
	1/4 ounce	\$50-60
	An ounce	\$100-130
	High grade:	
	A blunt (cigar)	\$10
	1/8 ounce	\$50
	1/4 ounce	\$100
An ounce	\$350-400	

While there were a few reported ways of consuming marijuana, generally the most common route of administration remains smoking. Participants estimated that out of 10 marijuana users, all 10 would smoke the drug. One participant remarked, "Everyone is smoking it."

Participants described typical marijuana users as hippies, teenagers and someone with attention-deficit hyperactivity disorder (ADHD). Participants stated: "Some people with ADHD smoke it and it's like Adderall®; Has no life, no job, just smokes weed." Community professionals most often described typical marijuana users as anyone. A community professional remarked, "Everyone I come across." However, treatment providers specifically reported typical users of marijuana as more often men, college students or individuals with ADHD. A treatment provider commented,

"I've noticed that there a lot more men that are more open with their marijuana use. I rarely hear women talking about smoking marijuana ... it could be that just about everybody is using marijuana, but I tend to see men who are like, 'I just smoke a 'joint' (marijuana cigarette) before I go to bed, I don't see anything wrong with that; It's part of college life, too. I mean we are a college town."

Methamphetamine



Methamphetamine remains highly available in the region. Participants and community professionals most often reported the current availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were also '10'. Participants remarked: "It's everywhere and it's very dangerous; It's like a '20!' [on the availability scale]." Treatment providers stated: "I am actually surprised at how prevalent it is lately; It's up there [in availability] with heroin."

Corroborating data indicated that methamphetamine is available in the region. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Athens region returned 334 methamphetamine cases reported during the past six months (an increase from 197 cases for the previous six months).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Law enforcement in Athens County arrested a man for driving on a revoked license and for possession of an undisclosed amount of methamphetamine (www.dailypostathenian.com, Nov. 17, 2016). Law enforcement arrested eight individuals acclaimed to be significant methamphetamine and heroin suppliers and distributors from the Columbus area to Perry County; after an hour-long stand-off, police were finally able to enter the home of the head supplier to make the arrest; police later arrested seven others responsible for distributing the drugs in the region (www.zansvilletimesrecorder.com, Dec. 6, 2016).

Participants reported that methamphetamine is available in both powdered (aka "shake-and-bake") and crystal (aka "ice") forms, but identified crystal as the most prevalent

form in the region. Participants reported: *“Ice is a lot more available now than the shake-and-bake; I think shake-and-bake is harder to get. The chemicals are harder to get your hands on lately.”* The powdered form of methamphetamine is produced in a single sealed container, such as a two-liter soda bottle. By using common household chemicals along with ammonium nitrate (found in cold packs) and pseudoephedrine (found in some allergy medications), people who make methamphetamine can produce the drug in approximately 30 minutes in nearly any location. One participant commented, *“Everyone that does shake-and-bake, it’s all they want.”*

Participants reported that the availability of both powdered and crystal methamphetamine has increased during the past six months. Participants reported: *“They are both around here and easy to get; It’s definitely gotten more available. People know how to make it (the powdered form) themselves.”* Community professionals reported that the availability of methamphetamine has increased during the past six months. Treatment providers remarked: *“I am really, really concerned about meth. It has increased greatly; I do notice a lot of meth as well; I agree with [her], it’s bad. It scares me; I think it’s been just a steady increase ... I would say heroin and meth are like our old crack epidemic in the past; It doesn’t take a whole lot to make it, so anybody pretty much can do the shake-and-bake.”*

Community professionals also reported that users are switching from powdered cocaine to methamphetamine. Treatment providers reported: *“Meth is cheaper (than powdered cocaine); I think they’re putting more stuff into powdered cocaine, like flour, (baby) powder, so they’re not getting the full effect of powdered cocaine; I’ve had clients who’ve had their noses destroyed by cocaine, so they’ve switched over to meth because they can use it in different ways.”* A probation officer remarked, *“More prevalent, meth is easier to get (than powdered cocaine).”*

The BCI London Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months; the lab reported processing crystal, brown and off-white powdered methamphetamine.

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

Participants most often rated the current quality of both powdered and crystal methamphetamine as ‘10’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was also ‘10’. However, one participant commented, *“Shake-and-bake is only as good as the person making it and them using the right chemicals.”* Participants mentioned MSM (methylsulfonylmethane, a joint supplement), rock salt and vitamin B-12 as “cuts” (adulterants) for methamphetamine. However, one participant mentioned, *“Dealers are not cutting meth, but they are using meth to cut ‘coke’ (powdered cocaine).”* Overall, participants reported that the quality of crystal methamphetamine has remained the same during the past six months, while the quality of powdered methamphetamine has varied based on how it is made.

Reports of current prices for methamphetamine were consistent among participants with experience buying the drug. Reportedly, the most common amount purchased is 1/4 to 1/2 gram for crystal methamphetamine. Participants noted however, that the most common way to obtain the powdered form is to simply trade a box of Sudafed® for 1/4 to 1/2 gram. A participant remarked, *“You can trade a box of Sudafed® for like half of what it produces, like a 1/2 gram.”*

Participants reported that the most common route of administration for methamphetamine is intravenous injection (aka “shooting”). Participants estimated that out of 10 methamphetamine users, six would shoot and four would smoke the drug. One participant explained, *“I think it depends on what your other addictions are. If you’re addicted to heroin and you’re doing meth, you’re probably going to be shooting [methamphetamine], too.”*

Methamphetamine	Current Prices for Methamphetamine	
	Crystal:	
	1/10 gram	\$20
	1/4 gram	\$25
	1/2 gram	\$50
	A gram	\$100
1/16 ounce	\$150	

Participants and community professionals described typical methamphetamine users as truck drivers and those on probation. However, a treatment provider added, *"You can't always tell. You normally think of someone who's skinny and weathered, but I have had many clients, of all sizes and looks that use it regularly."* A law enforcement officer commented, *"I have had a lot of probates who are what I would call maintenance meth abusers. They will come in and report and test clean, then go use quickly after that and it will get them through until their next test and they will come in clean and do it again."*

Prescription Stimulants

Prescription stimulants remain highly available for illicit use in the region. Participants most often reported current street availability of these drugs as '8-9' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10'. A participant commented, *"Adderall® is big right now. I know a lot of people who are doing them."* Community professionals most often reported current street availability as '10'; the previous most common score was '3' or '10' for treatment providers and '4' for law enforcement. Treatment providers commented: *"That's one of the ones that is hard to tell if they are abusing because they may test positive for it but also may have a prescription for it ... so, you can't tell if they are abusing it or taking it as prescribed."*

Participants identified Adderall® and Vyvanse® as the most popular prescription stimulants in terms of widespread illicit use, while treatment providers identified Ativan® as most popular. Participants reported that the general

availability of prescription stimulants has increased during the past six months, while treatment providers reported that availability has remained the same. The BCI London Crime Lab reported that the number of Adderall® and Ritalin® cases it processes has increased during the past six months.

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

Participants did not have any information to report regarding street prices for prescription stimulants during the past six months, as participants reported obtaining these drugs from people with prescriptions. Participants reported that the most common route of administration for illicit use remains snorting. Participants estimated that out of 10 illicit prescription stimulant users, all 10 would snort the drugs. Participants described typical illicit users of these drugs as college students or people in the restaurant industry. Community professionals described typical illicit users as college aged or parents who use their children's prescriptions.

Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) remains available in the region. Although participants were not able to rate the current availability of ecstasy (traditional pressed pills), they most often reported the current availability of "molly" (powdered MDMA) as '5' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Community professionals were not able to rate the current availability of ecstasy or molly.

Participants reported that the availability of molly has increased during the past six months. Participant comments included: *"I would say that molly has been around a lot lately; That's the new thing now; You can go to Columbus and get it anywhere."* No data was provided by community professionals regarding change in availability during the past six months for ecstasy or molly. The BCI London Crime Lab reported that the

number of ecstasy cases it processes has decreased during the past six months; the lab does not differentiate between ecstasy and molly cases.

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

Reports of current prices for ecstasy and molly were consistent among participants with experience buying the drug. Participants reported that molly is typically sold in 1/10 gram amounts.

Ecstasy/Molly	Current Prices for Ecstasy/Molly	
	Molly:	
	1/10 gram	\$20
	1/4 gram	\$30
3.5 grams	\$200	

Participants indicated that molly is obtained by knowing somebody who has access to the drug on the street. Participants reported that the most common route of administration for ecstasy and molly is oral consumption. Participants estimated that out of 10 ecstasy and molly users, all 10 would swallow the drugs. Participants described typical ecstasy and molly users as people who party or are involved in the club or bar scene.

Other Drugs in the Athens Region

Participants and community professionals listed a variety of other drugs as being present in the region, but these drugs were not mentioned by the majority of people interviewed: hallucinogens (lysergic acid diethylamide [LSD] and psilocybin mushrooms) and Neurontin® (gabapentin, an anticonvulsant).

Hallucinogens

Participants were only able to report on the current availability of LSD, most often reporting it as '5' on a

scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10'. Community professionals were unable to rate the current availability of hallucinogens. A treatment provider commented, "I don't have a lot of clients talk about that anymore."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Law enforcement executed a search warrant in the home of a physician who was arrested for writing and selling illegitimate prescription opioids and discovered a large-scale psilocybin mushroom manufacturing operation (www.nbc4i.com, July 7, 2016).

The BCI London Crime Lab reported that the number of LSD and psilocybin mushroom cases it processes has increased during the past six months. Current prices for LSD and psilocybin mushrooms were consistent among participants with experience buying the drugs. Overall, participants reported that the prices for hallucinogens have increased during the past six months. Participants described typical users of LSD and psilocybin mushrooms as "stoners" (marijuana users).

Hallucinogens	Current Street Prices for Hallucinogens	
	LSD:	
	A dose (aka "hit")	\$10
	10 doses (aka "strip")	\$50
	Psilocybin mushrooms:	
1/8 ounce	\$30	

Neurontin®



Neurontin® remains highly available for illicit use in the region. Participants most often reported the current street availability for Neurontin® as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. A participant commented on the use of the drug to stave off opiate withdrawal symptoms: "It's not really a great high, but I will do it to keep from puking."

Treatment providers most often reported the current street availability of Neurontin® as '10,' while law enforcement most often reported it as '5;' the previous most common scores were '10.' A treatment provider reported, "I have a lot of clients that are buying it all the time ... and doctor hopping trying to get prescriptions." A retired emergency room physician added, "As a physician, I'm really gonna get nailed if I prescribe the opiates, but with the Neurontin®, and doctors are always years behind what's going on, they're probably not even aware that they're using and abusing it."

Participants and community professionals reported that the street availability of Neurontin® has increased during the past six months. A participant commented, "It's starting to get more and more popular." A treatment provider reported, "It has definitely become more prevalent because we now have testing for it ... I think all the clients tell each other, 'hey, you can take this and they're not testing for it' ... and then it goes through the grapevine."

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

Current street prices for Neurontin® were consistent among participants with experience buying the drugs.

Neurontin®	Current Prices for Neurontin®	
	300 mg	\$0.50
	600 mg	\$1
	800 mg	\$2

Conclusion

Crack cocaine, heroin, marijuana, methamphetamine, Neurontin® (gabapentin), powdered cocaine, prescription opioids, prescription stimulants and Suboxone® remain highly available in the Athens region; also highly available are sedative-hypnotics. Changes in availability during the past six months include increased availability for Neurontin® and methamphetamine.

According to participants and community professionals, heroin is everywhere. Treatment providers observed that heroin is available to high school students and that young people are using heroin for the first time at an earlier age than previously. While many types of heroin are currently available in the region, participants and community professionals most often reported black tar as the most available heroin type. However, participants in Muskingum County most often reported powdered heroin, specifically "china white" (white powdered heroin adulterated with fentanyl), as most available in their area.

Participants reported fentanyl and carfentanil as top cutting agents for heroin. The BCI London Crime Lab noted processing cases of heroin-fentanyl mixtures and straight fentanyl submitted as suspected heroin cases during the past six months.

Participants and community professionals reported that methamphetamine's high availability in the region has increased during the past six months. Treatment providers discussed that the drug is as widely available as heroin. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Athens region returned 334 methamphetamine cases reported during the past six months (an increase from 197 cases for the previous six months).

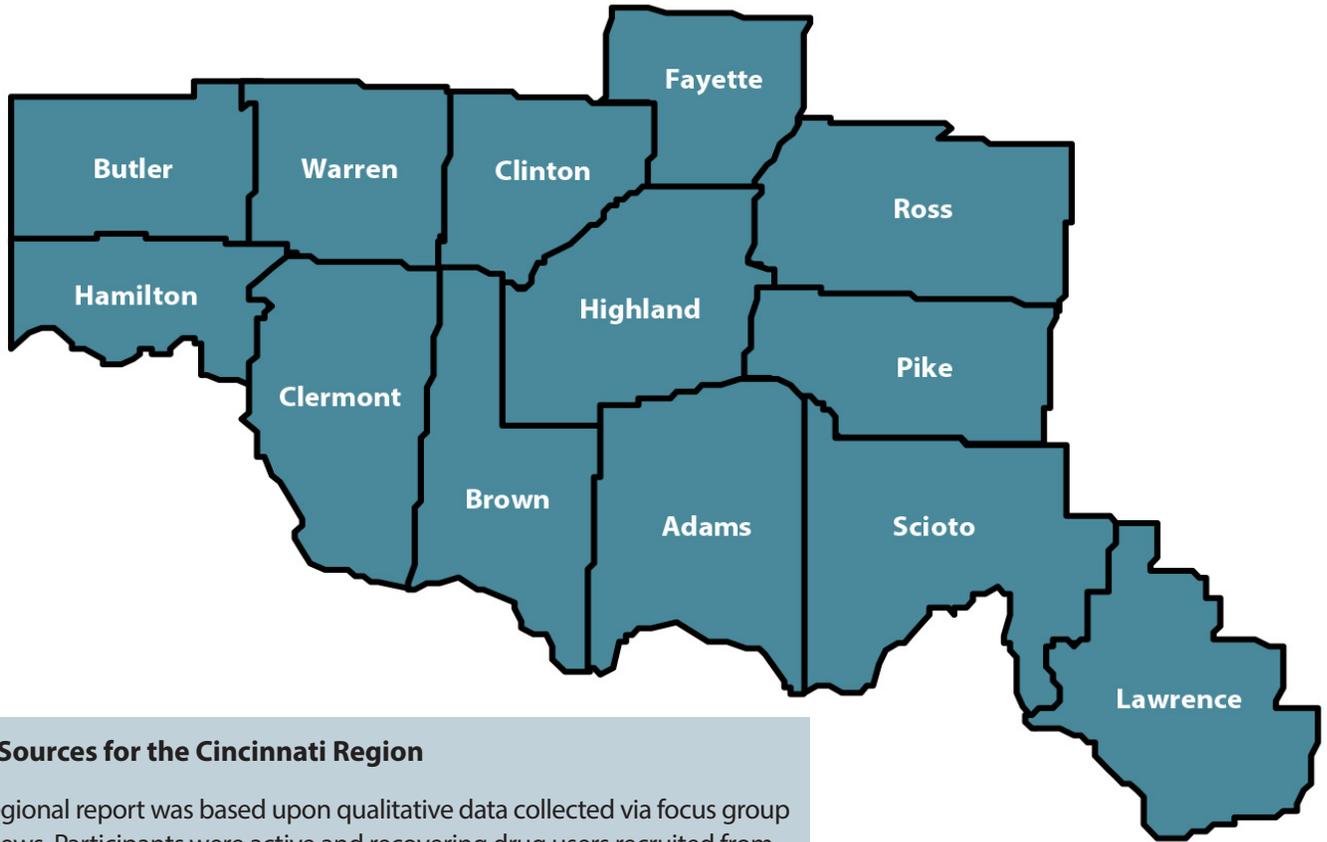
Participants reported that methamphetamine is available in both powdered (aka "shake-and-bake") and crystal (aka "ice") forms, but identified crystal as the most prevalent form in the region. Participants reported that the availability of both powdered and crystal methamphetamine has increased. The BCI London Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months; the lab reported processing crystal, brown and off-white powdered methamphetamine.

Participants noted that methamphetamine is often used to adulterate cocaine. Reportedly, the most common amount

purchased is 1/4 to 1/2 gram of crystal methamphetamine. Participants noted however, that the most common way to obtain the powdered form is to simply trade a box of Sudafed® for 1/4 to 1/2 gram.

Lastly, participants and community professionals reported that the street availability of Neurontin® has increased during the past six months. Both groups of respondents mentioned increased demand for the drug. Participants explained that Neurontin® is sought to stave off opiate withdrawal symptoms. A treatment provider reported that their agency now drug screens for gabapentin.

Drug Abuse Trends in the Cincinnati Region



Data Sources for the Cincinnati Region

This regional report was based upon qualitative data collected via focus group interviews. Participants were active and recovering drug users recruited from alcohol and other drug treatment programs in Hamilton and Warren counties. Data triangulation was achieved through comparison of participant data to qualitative data collected from regional community professionals (treatment providers and law enforcement) via focus group interviews, as well as to data surveyed from the Hamilton County Coroner's Office and the Scioto County Coroner's Office, OhioMHAS' Screening, Brief Intervention and Referral for Treatment (SBIRT) program which operates in federally qualified health centers in the region, and the Ohio Bureau of Criminal Investigation (BCI) London Crime Lab, which serves central and southern Ohio. 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. All secondary data are summary data of cases processed from January through June 2016. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for July through December 2016.

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

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Regional Profile

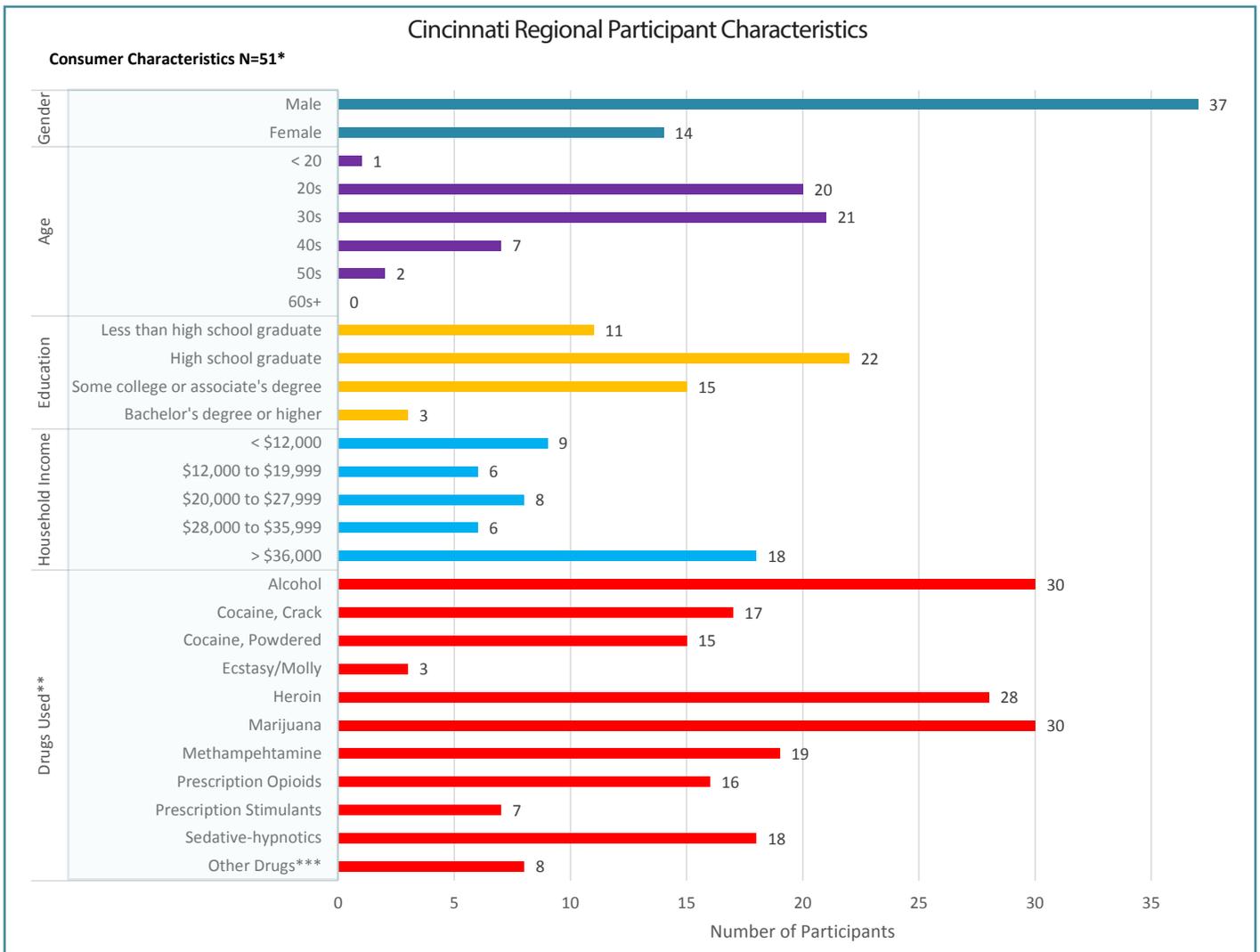
Indicator ¹	Ohio	Cincinnati Region	OSAM Drug Consumers
Total Population, 2015	11,613,423	2,039,199	51
Gender (female), 2015	51.0%	51.0%	27.4%
Whites, 2015	82.7%	82.3%	88.2%
African Americans, 2015	12.7%	13.0%	9.8%
Hispanic or Latino Origin, 2015	3.6%	2.7%	6.1% ²
High School Graduation Rate, 2015	89.1%	88.7%	78.4%
Median Household Income, 2015	\$51,086	\$55,133	\$28,000 to \$35,999 ³
Persons Below Poverty Level, 2015	14.8%	14.7%	31.9% ⁴

¹ Ohio and Cincinnati region statistics were derived from the most recent US Census; OSAM drug consumers were participants for this reporting period: July-December 2016.

² Hispanic or Latino Origin was unable to be determined for 1 participant due to missing and/or invalid data.

³ Participants reported income by selecting a category that best represented their household's approximate income for the previous year. Income was unable to be determined for 4 participants due to missing and/or invalid data. Note income categories have been collapsed in the table below.

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



* Not all participants filled out forms completely; therefore, numbers may not equal 51.

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

***Other drugs included: Air duster (inhalant), lysergic acid diethylamide (LSD), psilocybin mushrooms, and Suboxone®.

Historical Summary

In the previous reporting period (January – June 2016), crack cocaine, heroin, marijuana and prescription stimulants remained highly available in the Cincinnati region; methamphetamine, powdered cocaine and sedative-hypnotics were also highly available. Changes in availability during the reporting period included: increased availability for heroin and marijuana; likely increased availability for crack cocaine and methamphetamine; and decreased availability for bath salts and synthetic marijuana.

Law enforcement professionals discussed that heroin dealers were profiling users and approaching suspected users unsolicited, handing out a contact phone number as well as free testers of heroin. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Cincinnati region returned 3,371 heroin cases reported during the reporting period, an increase in cases from the previous reporting period.

While many types of heroin were available in the region, participants continued to report powdered heroin as the most available type. Overall, participants reported that the quality of heroin increased during the reporting period, primarily due to the use of fentanyl as a top cutting agent (adulterant) for the drug. Both respondent groups and the BCI London Crime Lab reported on a high presence of heroin-fentanyl mixtures and fentanyl substitutions for heroin in the region. Participants described typical heroin users as anyone, although mostly white, young people. Participants continued to report the most common route of administration for heroin as intravenous injection (aka "shooting"), and stated that it was common for users to share injection needles.

Participants and community professionals alike reported that the availability of methamphetamine increased during the reporting period. Law enforcement attributed the increase to Mexican drug cartels pushing the drug along with heroin into the regional market. They explained that methamphetamine was often delivered along with heroin, stating that oftentimes a dealer must accept the drug and agree to push it on their customers in order to purchase heroin. Reportedly, the cartels had a lot of methamphetamine and were working to create a market for the drug.

Lastly, both respondent groups and the BCI London Crime Lab reported an increase in the availability of crack cocaine during the reporting period. There was consensus that the drug was once again widely available. Many described availability as on every street corner. Some in law enforcement indicated that the reduction in sentencing for possession of crack cocaine contributed to its increase in use and availability.

Current Trends

Powdered Cocaine

Powdered cocaine remains highly available in the region. Participants most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '8'. Participants stated: *"It's easy to get; All dope is easy to get if you want it; 'Powder' (powdered cocaine) is all over; It's everywhere I go."*

Treatment providers most often reported current availability of powdered cocaine as '10'; while law enforcement most often reported it as '8'; the previous most common score was '8' for both treatment providers and law enforcement. Treatment providers stated: *"Very available; This is easy to get on the street."* Law enforcement professionals reported: *"It is still out there; It's everywhere; It's there, but more people want heroin now."*

Corroborating data indicated that cocaine is available in the region. The Hamilton County Coroner's Office found cocaine (powdered and/or crack cocaine) present in 33.5 percent of the 155 drug-related deaths it processed during the past six months. The Screening, Brief Intervention and Referral for Treatment (SBIRT) program reported that of the 394 individuals at four health centers in the region who reported any drug use during the past 30 days, 17.3 percent reported using cocaine on one or more days (Note: SBIRT does not distinguish between powdered and crack cocaine). In addition, a query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Cincinnati region returned 2,249 cocaine cases reported during the past six months, of which 79.9 percent were Hamilton County cases (an increase from 1,893 cases for the previous six months, of which 79.0 percent were Hamilton County cases). Note,

laboratories logging cases into NFLIS do not typically differentiate between powdered and crack cocaine.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Law enforcement in Ross County arrested 30 people during an undercover investigation; officers confiscated an undisclosed amount of cocaine, prescription pills, marijuana, and weapons, including an AK-47 (www.nbc4i.com, Sept. 19, 2016). Ohio State Highway Patrol (OSHP) arrested a man in Pike County during a traffic stop after seizing 31 grams of powdered cocaine from his vehicle (www.statepatrol.ohio.gov, Oct. 7, 2016). OSHP arrested two men in Scioto County, one from West Virginia and one from Michigan, during a traffic stop after confiscating 10 grams of cocaine and over 10 grams of heroin from their vehicle (www.statepatrol.ohio.gov, Oct. 13, 2016). A federal grand jury indicted eight people from Southern and Central Ohio, three of whom were Scioto County residents, for distributing heroin, cocaine, MDMA and anabolic steroids in the regions (www.portsmouth-dailytimes.com, Oct. 19, 2016). Law enforcement in Warren County arrested three men during a drug buy for cocaine trafficking (www.wdtn.com, Oct. 21, 2016). Law enforcement from Lawrence County arrested a man during a controlled drug buy in Youngstown; the man was found with almost a half a pound of powdered cocaine hidden in his pants; the man supplied cocaine to users in Coshocton for four years (www.ncnewsonline.com, Dec. 8, 2016). Authorities indicted four people in connection to a prostitution ring, wherein drugs, including cocaine and fentanyl, were often exchanged for sex (www.wcpo.com, Dec. 29, 2016).

Participants and community professionals reported that the availability of powdered cocaine has remained the same during the past six months. One treatment provider stated, "It's the same as it's always been." The BCI London Crime Lab reported that the number of powdered cocaine cases it processes has increased during the past six months; the lab does not typically differentiate between powdered and crack cocaine.

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

Participants most often rated the current overall quality of powdered cocaine as '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '5'. Participants remarked: "It depends on who you get it from; It really is all about who you know." Participants reported the top cutting agents (adulterants) for powdered cocaine include: baby aspirin, baby laxative, baby powder, baking soda, benzocaine (local anesthetic), creatine, dry wall powder, ether, isotol (dietary supplement), mannitol (diuretic), NoDoz®, Orajel™, Splenda® and vitamin B-12. One participant stated, "They use whatever they can to bulk it up." Overall, participants reported that the quality of powdered cocaine has decreased during the past six months. Participants commented: "It's decreased. About four days ago, I got some really bad stuff; The quality's gone down because there are so many cuts now; The quality has definitely gone down."

Powdered Cocaine	Cutting Agents Reported by Crime Lab	
	<ul style="list-style-type: none"> ● benzocaine (local anesthetic) ● levamisole (livestock dewormer) 	

Reports of current prices for powdered cocaine were consistent among participants with experience buying the drug. One participant stated, "They will sell it just like a candy store ... it is weighed by the gram." Another participant added, "Prices are higher in ... more remote areas."

Powdered Cocaine	Current Prices for Powdered Cocaine	
	1/10 gram	\$10
	1/2 gram	\$30-40
	A gram	\$60-80
	1/8 ounce (aka "eight ball")	\$125-200
	An ounce	\$900-1,000
	1/4 pound	\$3,500

Participants reported that the most common routes of administration for powdered cocaine remain snorting and intravenous injection (aka "shooting"). Participants estimated that out of 10 powdered cocaine users,

eight would snort and two would shoot the drug. One participant stated, "Most people snort it." Another participant added, "It depends. If you shoot [other drugs], then you will shoot [powdered cocaine]."

A profile for a typical powdered cocaine user did not emerge from the data. Participants described typical users as everyone (18 years and older). Participants stated: "I first thought it was rich people who used coke and drank wine, now I've seen so many people do it that I can't even be biased; A lot more people are doing it now; Back then it was like the rich man's high. Now it's everyone." Treatment providers described typical powdered cocaine users as primarily white and mid- to upper socio-economic status, while law enforcement described typical users as anyone. Treatment providers stated: "It's more white; Middle class and upper class." Law enforcement officers stated: "It is used by all walks of life; It does not discriminate."

Crack Cocaine

Crack cocaine remains highly available in the region. Participants most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. Participants stated: "It's everywhere; I could get some right now if I wanted to; It's all over the place; I just have to make one call ...". Treatment providers most often reported current availability as '10', while law enforcement most often reported it as '9'; the previous most common score was '8' for both treatment providers and law enforcement. One treatment provider remarked, "It's readily available."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Officers from OSHP, Portsmouth Police Department and the Scioto County Sheriff's Office collaborated during a months-long investigation to arrest 13 people after searching three different locations in Scioto County and seizing seven grams of crack cocaine and 51 grams of heroin (www.wchstv.com, Sept. 9, 2016). A Hamilton County resident is the first person to date to hand in drug paraphernalia with immunity since the Hamilton County Sheriff's Office offered immunity to anyone turning in drugs or drug paraphernalia; the individual turned in two hypodermic needles, five glass crack pipes, four metal crack pipes, five plastic straws with drug residue in them, two push-rods, a pipe scrubber and a tie-off (www.wcpo.com, Oct. 18, 2016).

Participants and community professionals reported that the availability of crack cocaine has remained the same during the past six months. One law enforcement professional stated, "Crack is still very available." The BCI London Crime Lab reported that the number of crack cocaine cases it processes has remained the same during the past six months.

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

Participants most often rated the current overall quality of crack cocaine as '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '8'. One participant stated, "I can't really throw a number on it because it can be some 'fire' (high quality) and they turn it into garbage because they don't know what they're doing." Another participant added, "It depends on who you are getting it from." Participants reported that crack cocaine in the region is most often adulterated (aka "cut") with baking soda. Other cuts mentioned include: ammonia, lemon juice and vinegar. Overall, participants reported that the quality of crack cocaine has remained the same during the past six months.

Crack Cocaine	Cutting Agents Reported by Crime Lab	
	<ul style="list-style-type: none">  benzocaine (local anesthetic)  levamisole (livestock dewormer) 	

Current prices for crack cocaine were consistent among participants with experience buying the drug. One participant stated, *"You can even buy crumbs if you want it for a couple of bucks."*

Crack Cocaine	Current Prices for Crack Cocaine	
	1/10 gram	\$10
	1/2 gram	\$25-40
	A gram	\$40-100

Participants reported that the most common route of administration for crack cocaine remains smoking. Participants estimated that out of 10 crack cocaine users, eight would smoke and two would intravenously inject (aka "shoot") the drug. Participants stated: *"It's mostly smoked but some people will shoot; I used to shoot it with vinegar, but eventually vinegar messes your veins up so then you have to smoke it."* Other participants added: *"It really depends where people are from; It depends, if you start shooting, everything is going in that syringe."*

Participants described typical crack cocaine users as middle age, of low socio-economic status, unemployed and those who engage in prostitution. One participant stated, *"I would say a lot of female prostitutes smoke crack."* Another participant added, *"If you mess with prostitutes then you're smoking crack."* Community professionals described typical crack cocaine users as males, African American and of lower socio-economic status. A treatment provider stated, *"Individuals with a lower income."* Law enforcement officers stated: *"Lower socio-economic status; More in the inner-city."*

Heroin



Heroin remains highly available in the region. Participants and community professionals most often reported the current availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were also '10'. Participants agreed: *"It's what everybody wants; It is very easy to get."* One treatment provider stated, *"It's past a 10 [on a scale of 0 to 10]."*

Corroborating data indicated that heroin is available in the region. The Hamilton County Coroner's Office found

heroin present in 65.8 percent of the 155 drug-related deaths it processed during the past six months; fentanyl was present in 61.8 percent of these heroin cases. The Scioto County Coroner's Office reported that 19.2 percent of the 26 drug-related deaths it recorded this reporting period involved heroin; and of these deaths, 40.0 percent involved fentanyl as well. The Screening, Brief Intervention and Referral for Treatment (SBIRT) program reported that of the 394 individuals at four health centers in the region who reported any drug use during the past 30 days, 34.8 percent reported using heroin on one or more days. In addition, a query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Cincinnati region returned 3,125 heroin cases reported during the past six months, of which 68.6 percent were Hamilton County cases (a decrease from 3,371 cases for the previous six months, of which 66.0 percent were Hamilton County cases).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Ironton Police collaborated with other Lawrence County law enforcement agencies to arrest a man in a motel after executing a search warrant and seizing three ounces of heroin (www.wsaz.com, July 13, 2016). Officers from several different law enforcement agencies collaborated in arresting a man for trafficking heroin from Adams County to Brown County two to three times per week (www.otfca.net, Aug. 11, 2016). The Cincinnati Fire Department responded to over 100 overdoses in six days, with more than 30 overdoses occurring in just one day (www.wcpo.com, Aug. 29, 2016). Law enforcement in Butler County found a father and son unconscious due to a drug overdose in their vehicle on the median of a busy highway during rush hour; a nurse driving on the highway pulled over to help and administered several doses of Narcan® (naloxone, opiate overdose reversal medication) to each man before they regained consciousness; the men were charged with an OVI (operating a vehicle impaired) and possession of drug paraphernalia (www.wcpo.com, Aug. 30, 2016). Law enforcement in Hamilton County arrested two men, one from New York and one from Ohio, after seizing two pounds of heroin (www.wcpo.com, Aug. 31, 2016). Law enforcement responded to 39 overdoses in less than three days in Hamilton County; these overdoses came after approximately 185 overdoses in the prior week and 46 overdoses in one weekend; law enforcement attributed this string of overdoses to heroin laced with fentanyl, furanyl fentanyl and carfentanyl (www.cincinnati.com,

Aug. 31, 2016). Law enforcement in Scioto County arrested seven individuals, seizing 51 grams of heroin and seven grams of crack cocaine; the individuals were thought to be responsible for trafficking the drugs in Portsmouth and all over Scioto County (www.portsmouth-dailytimes.com, Sept. 11, 2016). Chillicothe Police (Ross County) along with OSHP, U.S. Marshals and Columbus Police (Franklin County) collaborated during a six-month long investigation to arrest 30 people for trafficking narcotics in Ross County; an officer reported that it was no coincidence that no drug overdoses occurred the weekend these people were arrested (www.abc6onyourside.com, Sept. 19, 2016). A news source reported data from the Hamilton County Public Health's Epi Center surveillance system that emergency departments in Hamilton County treated 1,004 overdose cases from July 15 to September 21, which equates to 15 overdoses per day; some of these overdoses were due to carfentanil (www.cincinnati.com, Sept. 22, 2016). Law enforcement in Hamilton County arrested a man with prior felonious charges after confiscating 220 grams of heroin and eight stolen guns from his home (www.wcpo.com, Sept. 28, 2016). Authorities in Hamilton County incited a man in September for selling a heroin-fentanyl mixture to a man who subsequently died from the mixture (www.whio.com, Sept. 29, 2016). Safe Streets officers in Hamilton County arrested a man after executing a search warrant and seizing 6.5 ounces of heroin and drug paraphernalia from his home (www.fox19.com, Oct. 7, 2016). Law enforcement in Noble County, Indiana worked with the Hamilton County Sheriff's Office Regional Enforcement Narcotics Unit (RENU) on a 3-month long investigation to arrest a large-scale drug dealer in Cincinnati; the officers used a confidential informant to purchase a total of 15 grams of heroin during three different drug buys; officers searched the dealer's home and confiscated an additional 300 grams of heroin (www.batesvilleheraldtribune.com, Oct. 5, 2016). A staff member at a pizza shop in Hamilton County saved two people from heroin overdose after seeing the two passed out in a car in the parking lot; the worker administered Narcan® that was provided to the pizza shop by ambulance staff; the worker reported she sees paramedics use the antidote up to three times per week (www.mirror.co.uk, Oct. 7, 2016). Law enforcement in Ross County arrested a man after executing a search warrant and seizing 33 grams of heroin and 122 grams of marijuana from his home (www.chillicothe-gazette.com, Oct. 13, 2016). Butler County Undercover Regional Narcotics Taskforce arrested 14 people for trafficking heroin during a drug sweep,

one of whom was a high school athletics coach (www.cincinnati.com, Nov. 4, 2016). A federal judge indicted a man for selling heroin laced with fentanyl to two individuals who overdosed from the drug in a parking lot in Hamilton County (www.chattanooga.com, Dec. 2, 2016). A Kentucky man purchased a car at an auction in Ohio and later found two pounds of heroin hidden in the vehicle; law enforcement found six and a half pounds of heroin in the car eight months prior during a traffic stop where a man reported that a drug cartel was forcing him to transport the drug (www.nbc4.com, Dec. 16, 2016). The Waterloo Region Integrated Drug Strategy issued a warning to Lawrence County residents that a counterfeit pill resembling OxyContin®, with "CDN" printed on one side and "80" on the other, was laced with carfentanil and crystal methamphetamine; a representative from the Waterloo Region Crime Prevention Council reported that carfentanil the size of one grain of salt is strong enough to kill a person (www.therecord.com, Dec. 6, 2016). Authorities sentenced the grandmother of a 9-month-old child and a 21-month-old child after they swallowed heroin that was in her home; the children's teenage mother was previously indicted on child endangering charges (www.nbc4.com, Dec. 15, 2016).

While different types of heroin are currently available in the region, participants once again reported powdered heroin as most available. Participants commented: *"Powder is in Cincinnati; It's all powder here."* Participants also commented that black tar heroin is available in the region, but it is not easy to obtain. Participants remarked: *"If you want 'tar' (black tar heroin), you have to go up north; Tar is here but you have to know the right people."*

Participants reported that the availability of heroin has increased during the past six months. Participants stated: *"It continues to be on the rise; You'll just be driving down the street and they'll throw [free testers of heroin] at you."* Community professionals also reported that the general availability of heroin has increased during the past six months. Treatment providers stated: *"It's extremely easy to get; They throw testers in cars to get people to try the product."* Law enforcement officers remarked: *"It is very available; Heroin is everywhere."*

The BCI London Crime Lab reported that the number of heroin cases it processes has decreased during the past six months; the lab reported processing beige, brown, tan and white powdered heroin along with black tar heroin. However, the lab noted that it does not typically

differentiate between black tar and powdered heroin. In addition, the lab noted processing cases of heroin-fentanyl mixtures and straight fentanyl submitted as suspected heroin cases during the past six months.

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

Participants most often rated the current overall quality of heroin as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was also '10'. One participant stated, "High quality, especially now with the fentanyl and carfentanil." Overall, participants reported that the quality of heroin has remained the same in the past six months.

Participants discussed adulterants (aka "cuts") that affect the quality of the drug and reported that the top cutting agents include: baby formula, baby laxative, fentanyl and carfentanil. One law enforcement professional stated, "We are seeing many cases of heroin laced with fentanyl or carfentanil." Additional cuts for heroin mentioned include: benzodiazepines, creatine, mannitol (diuretic), methamphetamine, powdered cocaine, prescription opioids, Sweet 'N Low® and vitamin B-12. A participant stated, "They are calling it heroin when it is mixed with more pain killers (than actual heroin)." Another participant added, "A lot of dealers do not care what they are putting in it." One law enforcement officer added, "Users do not know what the heroin is being cut with."

Participants and community professionals most often reported the current availability of fentanyl in the region as '10' on a scale of '0' (not available, impossible

Heroin	Cutting Agents Reported by Crime Lab	
	<ul style="list-style-type: none">  caffeine  diphenhydramine (antihistamine)  fentanyl/acetyl fentanyl  mannitol (diuretic)  triacetin (glycerin triacetate, a food additive) 	

to get) to '10' (highly available, extremely easy to get). Participants stated: "The heroin is cut with fentanyl and carfentanil; People are overdosing because of the fentanyl and carfentanil." Participants reported that the availability of fentanyl has increased during the past six months. When participants were asked if there were any concerns about potential overdose with fentanyl and carfentanil, one participant stated, "When someone overdoses, then people want to know where they got their stuff so they can go and get it." Others added: "People want the heroin with the fentanyl; It's called 'fire' because it's the good stuff." One treatment professional stated "Fentanyl has increased. Many are now wanting it."

Several participants discussed that they personally had Narcan® (naloxone, opiate overdose reversal medication) administered to them, sharing that they overdosed due to the current potency of heroin with fentanyl. One participant shared: "I've been doing heroin for the last six or seven years. I've been shooting for about four years. I've OD'ed (overdosed) twice in the last seven months ... I needed two sprays (doses) of Narcan® [the first time I overdosed] ... the second-time ... I overdosed on the metro (public transit) ... 'fell out' (overdosed) and had to get four sprays (doses) of nasal Narcan®." Another participant commented, "Dealers have sold me Narcan®."

Reports of current prices for heroin were consistent among participants with experience purchasing the drug.

Heroin	Current Prices for Heroin	
	Powdered:	
	1/10 gram	\$10-20
	1/2 gram	\$40-50
	A gram	\$80-140
	1/4 ounce	\$700
	1/2 ounce	\$1,400
	An ounce	\$2,000-2,500
	Black tar:	
	1/2 gram	\$50-60
A gram	\$100-120	

The most common route of administration for heroin remains intravenous injection (aka “shooting”). Participants estimated that out of 10 heroin users, nine would shoot and one would snort the drug. Participants stated: *“Once you shoot, you always shoot; People start with snorting but eventually they graduate to shooting; Now people are starting out shooting it; The stigma of shooting is no longer present and it is more acceptable to start shooting, especially with the younger generations; Many people inject right in their car, right after they get it because they can’t wait until they get home.”*

Participants reported that injection needles are most available from needle exchange programs, stores, pharmacies, the Internet, dealers, and family and friends who have diabetes. Reportedly, needles sell for \$3-5 each. Participants stated: *“At the needle exchange, you just trade your old one for a new one; Dealers sell them on the street; Some dealers have them and some don’t. It depends. Some carry them so they can claim they are using and won’t go to prison for being a dealer.”*

When asked about sharing needles, participants stated that it is common to share needles. Participants stated: *“If you are ‘dope sick’ (experiencing withdrawal), you don’t care; Lots of people share; I feel like it’s very common; Everyone who uses has Hep C (hepatitis C).”* Several participants also reported that users attempt to clean needles before re-use: *“They sanitize with water. Sometimes with alcohol; Sometimes with bleach if you think they have something; When I first started using, I would clean the needle with alcohol ... but once you start using, you do whatever you have to do to get [high].”*

Participants described typical heroin users as anyone, although participants also reported people aged 20-30 years as common users. Participants stated: *“Mid-20s to mid-30s; Average age of 18 to 34 [years]; Everyone ... lawyers, judges, architects, everyone; All ages and races.”* Community professionals described typical heroin users as white, young and male. They stated: *“Younger males; Primarily white individuals.”*

Prescription Opioids



Prescription opioids remain moderately to highly available for illicit use in the region. Participants most often reported the current street availability of these drugs as ‘5’ on a

scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was ‘6.’ Community professionals most often reported current street availability as ‘7;’ the previous most common score was ‘8.’ Treatment providers stated: *“Many are using them; They are easy to obtain; The opioids are easy to buy on the street.”*

Corroborating data indicated that prescription opioids are available for illicit use in the region. The Hamilton County Coroner’s Office found at least one prescription opioid present in 72.3 percent of the 155 drug-related deaths it processed during the past six months; fentanyl was present in 83.9 percent of these prescription opioid cases (note coroners’ offices do not typically differentiate between pharmaceutical and clandestine fentanyl). The Scioto County Coroner’s Office reported that 65.4 percent of the 26 drug-related deaths it recorded this reporting period involved one or more prescription opioid; and of these deaths, 58.8 percent involved fentanyl. In addition, a query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Cincinnati region returned 2,136 prescription opioid cases reported during the past six months, of which 73.6 percent were fentanyl/acetyl fentanyl cases; 73.0 percent of these fentanyl/acetyl fentanyl cases were Hamilton County cases (an increase from 1,848 prescription opioid cases for the previous six months, of which 66.2 percent were fentanyl/acetyl fentanyl cases; 78.2 percent of these fentanyl/acetyl fentanyl cases were Hamilton County cases).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Several different police departments in Southern Ohio collaborated with the Athens, Fairfield and Hocking Counties Drug Taskforce to investigate a physician in Highland County who wrote prescriptions for oxycodone, methadone and Xanax® in exchange for cash and “a take” of the pills he prescribed; law enforcement conducted a search of his home and office and seized several thousand pills (www.nbc4i.com, July 7, 2016). Law enforcement arrested a Cincinnati man who admitted to selling fentanyl to a drug buyer in Kentucky on multiple occasions; the man was charged in connection to several overdoses that occurred just outside of Lexington (www.kentucky.com, Aug. 30, 2016). Authorities in Hamilton County charged two people for selling heroin laced with carfentanil; this was the first known indictment made in the U.S. involving trafficking of carfentanil (www.local12.com, Sept. 21, 2016). OSHP

arrested a man in Hamilton County during a traffic stop after confiscating 122 oxycodone pills and a small bag of marijuana from his vehicle (www.statepatrol.ohio.gov, Sept. 27, 2016). Authorities indicted a physician in Butler County for drug trafficking after learning he unethically prescribed medications nine times to one person (www.journal-news.com, Oct. 6, 2016). A news source reported data from the Children’s Defense Fund that Scioto County had the highest number of drug addicted babies in the state, with 76 per 1,000 live births occurring during the five-year study period (www.cantonrep.com, Oct. 17, 2016). Representatives from the Brown County Sheriff’s Officer reported that the Prescription Drug Take-Back Day yielded collection of 1,953.7 pounds of drugs in the county; the drugs included prescription opiates (www.wbay.com, Oct. 25, 2016). A physician in Butler County was arrested for selling alprazolam, hydrocodone, oxycodone and promethazine to his patients (www.journal-news.com, Dec. 5, 2016).

Participants identified methadone, oxycodone, OxyContin®, Percocet®, Ultram® and Vicodin® as the most popular prescription opioids in terms of widespread illicit use. Participants stated: *“Everyone wants Percocet®; Everybody is eating Percocet®. ‘Dope boys’ (drug dealers) are eating Percocet® like candy.”* Community professionals reported oxycodone, OxyContin®, Percocet® and Vicodin® as the most popular prescription opioids in terms of widespread illicit use. One treatment professional stated, *“Percocet® is the most popular right now.”*

Participants reported that the general availability of prescription opioids has decreased during the past six months. Participants stated: *“It’s harder to get now because of the feds cracking down on it; It’s not like it used to be; I think heroin came in because people were cut off a lot of pain pills and heroin is cheaper; Heroin is cheaper and more available.”* Treatment providers reported that the general availability of prescription opioids has decreased during the past six months, while law enforcement reported that availability has remained the same. Treatment providers stated: *“They are more difficult for them to get now; A lot of individuals have moved on from pills to heroin.”* One law enforcement professional stated, *“There is still much prescription opioid abuse.”*

The BCI London Crime Lab reported that the number of fentanyl, Lortab®, methadone, Norco® and Vicodin® cases it processes has increased during the past six months, while Dilaudid®, morphine, Opana®, OxyContin® and Percocet® cases have decreased.

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

Reports of current street prices for prescription opioids were consistent among participants with experience buying the drug. Participants reported that most prescription opioids sell for approximately \$1 per milligram. Overall, participants indicated that the price of prescription opioids has remained the same during the past six months.

Prescription Opioids	Current Street Prices for Prescription Opioids	
	methadone	\$0.50-1 for 1 mg \$8-10 for 7.5 mg
	Opana®	\$1-1.50 for 1 mg
	Percocet®	\$12 for 10 mg
	Vicodin®	\$2-3 for 1 mg

While there were a few reported ways of consuming prescription opioids, generally the most common route of administration for illicit use remains oral consumption. Participants estimated that out of 10 illicit prescription opioid users, eight would orally consume (swallow) and two would snort the drugs. Participants remarked: *“Everyone just swallows them; Some people snort.”*

Participants described typical illicit prescription opioid users as anyone, but specifically people who use heroin, are college aged and individuals with an injury or recent surgery. A participant shared, *“My buddy was put on Vicodin® in seventh grade during football, and when he was 14 [years old] he started shooting ‘dope’ (heroin). It is a sickness. Once you get pain killers you get addicted, get used to them and then need something higher.”* Community professionals described typical illicit users of prescription opioids as anyone. Treatment providers stated: *“All ages, races and occupations; It’s common for those prescribed it to get addicted to it.”* One law enforcement officer stated, *“It is everyone ... across the board.”*

Suboxone®

Suboxone® remains moderately to highly available for illicit use in the region. Participants most often reported the current street availability of the drug as '7' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '7'. Participant comments included: *"I know people that go in [to the clinic] and get them, and then go sell them for heroin; It's so expensive. I've heard it's like 250 [dollars] initially just to go in and see the doctor, but then you have to pay for the 'script' (prescription), and it's so easy for us to come up with 20, 40, 60 dollars to go buy a few [Suboxone®] off the street."*

Treatment providers most often reported current street availability as '10,' while law enforcement reported it as '7;' the previous most common score for treatment providers and law enforcement was '7-10'. One treatment provider stated, *"It's everywhere."* Participants continued to report that most available type of Suboxone® remains the sublingual filmstrip form (aka "strips").

Corroborating data indicated that Suboxone® is available for illicit use in the region. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Cincinnati region returned 168 buprenorphine (an ingredient of Suboxone®) cases reported during the past six months (there were 177 cases reported for the previous reporting period).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Law enforcement in Ross County arrested two men from Columbus after executing a search warrant and seizing 100 Suboxone® filmstrips, 12 grams of heroin, 25 prescription pills and three ounces of crack cocaine from their home in Chillicothe (www.chillicothe gazette.com, Oct. 21, 2016).

Participants and community professionals reported that the availability of Suboxone® has remained the same during the past six months. The BCI London Crime Lab reported that the number of Suboxone® and Subutex® cases it processes has increased during the past six months.

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

Reports of current street prices for Suboxone® were consistent among participants with experience buying the drug. Reportedly, filmstrips and pills continue to sell for \$10-15 per 8 mg dose. In addition to obtaining Suboxone® on the street from dealers, participants also reported getting the drug through Suboxone® clinics. Participants stated: *"You get them from the clinic; Some people are prescribed it and then sell it on the street; I have sold Suboxone®, or just traded my Suboxone® to my 'dope' (heroin) dealer 'cause some people are trying to get off dope and ask their dope dealers for Suboxone®."* One law enforcement officer also reported, *"They get it from the clinic and then sell it."*

Participants reported that the most common route of administration for illicit use of Suboxone® remains sublingual (dissolving under the tongue). Participant estimated that out of 10 illicit Suboxone® users, all 10 would use the drug sublingually. Participants and community professionals described typical illicit users as heroin users who use the drug to avoid experiencing withdrawal symptoms. Another participant added, *"Where a lot of the Suboxone® is abused ... is in the penitentiary."*

Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain highly available for illicit use in the region. Participants most often reported the current street availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. Participant comments included: *"They're all over; You got so many people that were put on 'benzos' (benzodiazepines), on Xanax® ... that are now addicted to 'em and ... you got a lotta people that will not come off of 'em; I mean they're not my drug of choice, but if somebody has 'em, I'll pop one or two of 'em."* Treatment providers most often reported current street availability as '9,' while law

enforcement most often reported it as '7'; the previous most common score was '10' for treatment providers and '7' for law enforcement.

Corroborating data indicated that sedative-hypnotics are available for illicit use in the region. The Hamilton County Coroner's Office found at least one benzodiazepine present in 15.5 percent of the 155 drug-related deaths it processed during the past six months. The Scioto County Coroner's Office reported that 30.8 percent of the 26 drug-related deaths it recorded this reporting period involved one or more benzodiazepine. In addition, a query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Cincinnati region returned 417 benzodiazepine cases reported during the past six months, of which 36.5 percent were Hamilton County cases (there were 406 cases reported for the previous six months, of which 31.8 percent were Hamilton County cases).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Law enforcement in Scioto County arrested a Michigan man during a traffic stop after confiscating 50 Xanax® pills and 74 grams of crack cocaine from his vehicle (www.statepatrol.ohio.gov, Aug. 17, 2016).

Participants identified Ambien®, Ativan®, Klonopin®, Valium® and Xanax® as the most available sedative-hypnotics in terms of widespread illicit use. Participants reported: "Xanax® and Klonopin® are the big two; I know methamphetamine dealers that will give their good customers Ativan® if they ask for it; It (Ativan®) helps you calm down; 'Cause a lot of times people aren't usin' that (Ativan®) for a high or to abuse it ... it's to come down or to tolerate another drug." Community professionals identified Klonopin®, Valium® and Xanax® as most available. Treatment provider comments included: "Xanax® is probably a '10' (highly available); Definitely. Xanax® is probably the number one [most available and most sought sedative-hypnotic]."

Additionally, participants discussed "fake" benzodiazepine pills as being passed as the prescribed pills. Participants relayed: "There's people making their own Xanax® bars, so therefore you don't know what you're getting. You don't know if you're getting a real Xanax® or not; Recently, within the last few months, there are people ordering benzo powders off of these certain websites and then getting a pill press ... quite a few. More than I would had expected; They call them 'xanies' (Xanax®), but they're not."

Participants and community professionals reported that the general availability of sedative-hypnotics has remained the same during the past six months. The BCI London Crime Lab reported that the number of Ativan®, Valium® and Xanax® cases it processes has increased during the past six months, while the number of Klonopin® and Restoril® cases has remained the same.

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

Reports of current street prices for sedative-hypnotics were consistent among participants with experience buying the drugs. Generally, sedative-hypnotics most often sell for \$1-2 per milligram.

Current Street Prices for Sedative-Hypnotics	
Sedative-Hypnotics	Ativan® \$1-2 for 1 mg
	Klonopin® \$1-2 for 1 mg \$5 for 2 mg
	Valium® \$2-3 for 1 mg
	Xanax® \$0.50 for 0.25 mg \$1-2 for 0.50 mg \$3-5 for 1 mg

Participants reported obtaining sedative hypnotics from dealers, doctors, family members and through Internet purchase. Participants stated: "You can buy them on the street or get them prescribed; You can buy them all online." One treatment provider stated, "Some get them from family members." One law enforcement professional stated, "Teens get it from their parents or grandparents."

The most common route of administration for illicit use of sedative-hypnotics remains oral consumption. Participants estimated that out of 10 illicit sedative-hypnotic users, nine would orally consume (swallow) and one would snort the drugs. Participants described typical illicit users of sedative-hypnotics as white, younger and females.

A participant reported, "Xanax® is real big in the younger generations." Another participant added, "A lot of people take Xanax® for drinking ... on top of it [to intensify their alcohol high]." Community professionals described illicit users as anyone. One treatment professional stated, "It's all across the board now."

Marijuana



Marijuana remains highly available in the region. Participants and community professionals most often reported the current availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available,

extremely easy to get); the previous most common scores were also '10'. Participants stated: "It's all around; You can get whatever you want."

Participants and community professionals most often reported the current availability of high-grade marijuana extracts and concentrates, often appearing as oil and waxy forms of the drug (aka "dabs") as '8'; the previous most common scores were '7'. One participant stated, "Everyone wants the good stuff." Another participant added, "Waxes and dabs are becoming more popular."

Corroborating data indicated that marijuana is available in the region. The Screening, Brief Intervention and Referral for Treatment (SBIRT) program reported that of the 394 individuals at four health centers in the region who reported any drug use during the past 30 days, 65.0 percent reported using marijuana/hash on one or more days. In addition, a query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Cincinnati region returned 3,072 cannabis cases reported during the past six months, of which 77.1 percent were Hamilton County cases (an increase from 2,805 cases for the previous six months, of which 67.6 percent were Hamilton County cases).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Law enforcement in Ross County arrested three people after executing a search warrant of their home and confiscating over 1,000 grams of marijuana (www.chillicothe Gazette.com, July 6, 2016). Law enforcement arrested a man after discovering he was responsible for at least 24 THC-related overdoses at a music festival in Butler County; the man sold THC-laced candy to festival goers (THC is tetrahydrocannabinol, a

psychoactive ingredient in marijuana) (www.newsnet5.com, Aug. 6, 2016). Law enforcement in Hamilton County arrested two men involved in a failed drug deal, wherein the man buying the marijuana was dissatisfied with the drug and shot the drug dealer; the bullet hit the dealer's foot and continued through two apartments below it, nearly hitting other residents (www.wlwt.com, Oct. 9, 2016). Authorities in Warren County indicted ten people for selling marijuana extracts and hashish at an area flea market (www.local12.com, Oct. 11, 2016). Law enforcement in Butler County responded to the home of two university students who were shot during a failed Craigslist drug deal; after searching the home, officers found several baggies of marijuana and drug paraphernalia (www.cincinnati.com, Oct. 12, 2016). OSHP arrested a man from Michigan during a traffic stop in Warren County after confiscating two mason jars containing THC and a bag of hydroponic marijuana (www.statepatrol.ohio.gov, Oct. 14, 2016). Officers in Pike County discovered marijuana grow operations in three different crime scene locations where investigations were underway for the execution of eight family members (www.vindy.com, Oct. 7, 2016). Law enforcement in Warren County arrested a man after he bought five pounds of high-grade marijuana from an undercover officer (www.wcpo.com, Nov. 24, 2016). Law enforcement in Hamilton County arrested 10 people in two days for drug possession; law enforcement confiscated 13 pounds of marijuana, nearly one pound of cocaine and heroin during one drug sweep; six pounds of marijuana at a traffic stop; 181 pounds of marijuana through the execution of a search warrant, wherein the marijuana was shipped using the U.S. mail from California to Cincinnati; and 159 pounds of marijuana driven from Texas to Cincinnati (www.wcpo.com, Nov. 25, 2016). Authorities in Hamilton County charged a man with an OVI (operating a vehicle impaired) and drug possession after he led police on a high-speed chase and crashed his vehicle; law enforcement confiscated 163 grams of marijuana from the man's car (www.officer.com, Dec. 8, 2016).

Participants reported that the availability of low-grade marijuana has decreased, while the availability of the high-grade marijuana has increased during the past six months. One participant stated, "Way easier to get the high-grade marijuana." Another participant remarked, "Low grade is getting harder to get." Participants indicated that the availability of marijuana extracts and concentrates (aka "dabs") has remained the same during the past six months. Participants stated: "It's about the same in the last six months; It's easy to get the dabs but it depends on who you know."

Treatment providers indicated that the availability of low-grade marijuana has decreased while the availability of high-grade marijuana has increased during the past six months. Law enforcement reported that the availability of both low- and high-grade marijuana has remained the same during the past six months. Treatment providers remarked on the increased availability of high-grade marijuana: *“They all want it; Everyone wants the high-grade [marijuana].”* The BCI London Crime Lab reported that the number of marijuana cases it processes has decreased during the past six months.

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

Participants most often rated the current overall quality of high-grade marijuana, including extracts and concentrates as ‘10,’ and the overall quality of low-grade marijuana as ‘5’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score for marijuana overall was ‘10.’ One participant stated, *“The high grade is excellent.”* Overall, participants indicated that the quality of high-grade marijuana has increased during the past six months, while the quality of low-grade marijuana has decreased.

Reports of current prices for marijuana were provided by participants with experience buying the drug. Participants indicated that prices vary depending on location and who the dealer is. They stated: *“All depends on who you know; It all depends on where you’re from. It’s going to be a lot cheaper down here (Cincinnati) than in a small town; Location is a big thing.”*

While there were a few reported ways of consuming marijuana, generally the most common route of administration remains smoking. Participants estimated that out of 10 marijuana users, nine would smoke and one would orally consume the drug. One participant stated, *“If it’s in brownies, you might eat it . . . but it’s mainly just smoked.”*

Marijuana	Current Prices for Marijuana	
	Low grade:	
	A blunt (cigar)	\$5
	1/8 ounce	\$15
	1/4 ounce	\$25
	An ounce	\$60-80
	1/4 pound	\$200
	A pound	\$600-800
	High grade:	
	1/2 gram	\$5-10
	A gram	\$10-20
	2 grams	\$30
	1/8 ounce	\$40-45
	An ounce	\$200-250
	1/4 pound	\$750-1,000
	1 pound	\$2,500-4,000
	Extracts and concentrates:	
	A gram	\$50-60

A profile for a typical marijuana user did not emerge from the data. Participants described typical marijuana users as anyone aged 12 years and older. Participants stated: *“Low grade is what the teens can afford; Everyone smokes; College and up want the high grade.”* Community professionals described typical marijuana users as anyone. Community professionals reported: *“It’s across the board; Young, old, everyone; There is no typical marijuana smoker.”*

Methamphetamine



Methamphetamine remains highly available in the region. Participants most often reported the current availability of the drug as ‘8’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was also ‘8.’ A participant stated, *“It’s in popular demand right now.”* Treatment providers most often reported the current availability of methamphetamine as ‘10,’ while law enforcement most often reported it as ‘9;’ the previous most common score was ‘10’ for both treatment providers and law enforcement. Law enforcement officers stated: *“Heroin and ‘meth’ (methamphetamine) are on the rise; Meth is readily available.”*

Participants reported that methamphetamine is available in powdered and crystal forms throughout the region. However, they indicated that powdered methamphetamine is the most prevalent form. The powdered form of methamphetamine is typically referred to as “shake-and-bake,” which means users are producing the drug in a single sealed container, such as a two-liter soda bottle. By using common household chemicals, along with ammonium nitrate (found in cold packs) and pseudoephedrine (found in some allergy medications), people who make methamphetamine can produce the drug in approximately 30 minutes in nearly any location. Participants remarked: *“It’s easy to make; In the inner city, it’s ‘shards’ (crystal methamphetamine that is available). Out in the rural areas, it’s shake-and-bake; Shake-and-bake is mainly sold around this area; If you want ‘shards,’ you have to the inner city.”*

Corroborating data indicated that methamphetamine is available in the region. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Cincinnati region returned 653 methamphetamine cases reported during the past six months, of which 23.6 percent were Hamilton County cases and 21.1 percent were Butler County cases (an increase from 575 cases for the previous six months, of which 12.3 percent were Hamilton County cases and 16.7 percent were Butler County cases).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Law enforcement in Butler County worked with the Kalamazoo Valley Enforcement Team in Michigan to arrest an Ohio man after receiving tips that he was smuggling crystal methamphetamine from California to Michigan; law enforcement arrested the man during a traffic stop in Butler County after seizing five pounds of crystal methamphetamine from his vehicle; law enforcement confiscated another pound of the drug after executing a search warrant of the man’s home (www.nbc4i.com, July 28, 2016). Law enforcement in Lawrence County arrested a couple after executing a search warrant and seizing 50 grams of crystal methamphetamine, along with hydrocodone and oxycodone pills from their home (www.otfca.net.com, Aug. 3, 2016). Law enforcement in Hamilton County arrested three men from Georgia after seizing 16.5 pounds of crystal methamphetamine (the largest amount of methamphetamine seized in Ohio to date) after an extensive investigation; the methamphetamine was manufactured in a clandestine laboratory in Mexico before being shipped to Georgia, then to Ohio (www.wcpo.com, Aug. 31, 2016).

Law enforcement in Scioto County arrested a woman after responding to calls and learning she was operating a one-pot-type methamphetamine laboratory out of a car wash (www.daytondailynews.com, Sept. 20, 2016). Law enforcement in Hamilton County arrested an Arizona man after police received a tip that he was involved in trafficking methamphetamine into Cincinnati; officers confiscated 2.64 pounds of the drug (www.fox19.com, Oct. 25, 2016).

Participants reported that the availability of methamphetamine has increased during the past six months. Participants remarked: *“Meth has really increased; The ‘Mexicans’ (drug cartels) have flooded the market; Meth is becoming more common; Meth is like the new cocaine, it’s like the new speed.”* Community professionals also reported that availability of methamphetamine has increased during the past six months. One law enforcement officer remarked, *“It’s on the increase.”*

The BCI London Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months; the lab reported processing crystal, brown and off-white powdered methamphetamine.

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

Participants most often rated the current overall quality of methamphetamine as ‘8’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was ‘7’. Overall, participants reported that quality of methamphetamine has increased during the past six months. Participants commented: *“‘Ice’ or ‘crystal’ (crystal methamphetamine) is good quality. It has increased; It’s really good quality.”* Participants mentioned baby powder and vitamin powder as adulterates (aka “cuts”) for methamphetamine. One participant commented, *“It must be cut with something very basic on the pH scale.”*

Reports of current prices for methamphetamine were consistent among participants with experience buying the drug. One participant reported, *“The higher the quality, the higher the cost.”*

Methamphetamine	Current Prices for Methamphetamine	
	1/10 gram	\$10
	1/2 gram	\$25-30
	A gram	\$50
	1/4 ounce	\$225
	An ounce	\$1,000-1,200
	A pound	\$8,000-10,000

Participants reported that the most common routes of administration for methamphetamine remain intravenous injection (aka “shooting”) and smoking. Participants estimated that out of 10 methamphetamine users, six would shoot and four would smoke the drug.

Participants described typical methamphetamine users as white, drug dealers, people who use other stimulants, individuals in the gay community, those living in rural areas and those of lower socio-economic status. Participants commented: “Anybody that has that is usually going to be white, an older biker or a hippie; I hope you all don’t take offense to this, but it is referred to as the ‘hillbilly drug.’ I know what it looks like just from one of my white friends; I’ve never seen a black person using it.” Community professionals described typical methamphetamine users as white people and bikers.

Prescription Stimulants

Prescription stimulants remain highly available for illicit use in the region. Participants most often reported the current street availability of these drugs as ‘8’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was ‘10.’ Treatment providers most often reported current availability as ‘8,’ while law enforcement most often reported it as ‘2;’ the previous score was ‘10’ for treatment providers; law enforcement did not report on prescription stimulants in the prior reporting period. Treatment providers stated: “Many are prescribed; It’s easy for them to get.” Conversely, a law enforcement officer stated, “We don’t see a lot of that.”

Corroborating data indicated that prescription stimulants are available for illicit use in the region. A query of the National Forensic Laboratory Information System (NFLIS)

for the counties which comprise the Cincinnati region returned 102 prescription stimulant cases reported during the past six months, of which 36.3 percent were Hamilton County cases.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A woman in Butler County crashed a church van with nine children in it, and later confessed to police that she had taken Adderall® and Vicodin® “all day” prior to the crash (www.mydaytondailynews.com, Dec. 5, 2016).

Participants and treatment providers identified Adderall® and Ritalin® as the most popular prescription stimulants in terms of widespread illicit use. One participant stated, “You have kids on Adderall® ... and they are around like hotcakes (a popular commodity) in high school.” One treatment provider stated, “Adderall® is the leader.”

Participants reported that the general availability of prescription stimulants has remained the same during the past six months. One participant stated, “If you want it, you can get it.” Treatment providers reported that availability has increased during the past six months, while law enforcement reported that availability has remained the same. The BCI London Crime Lab reported that the number of Adderall® and Ritalin® cases it processes has increased during the past six months.

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

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

Prescription Stimulants	Current Street Prices for Prescription Stimulants	
	Adderall®	\$5 for 10 mg \$10 for 30 mg
Ritalin®	\$3-4 for 10 mg	

Participants reported obtaining these drugs from dealers, physicians, or other people with prescriptions. Participants reported: *"You can get these from kids who are prescribed them; You can get prescribed. Just tell them you are having a hard time focusing."* Participants reported that the most common route of administration for illicit use of prescription stimulants remains oral consumption. Participants estimated that out of 10 illicit prescription stimulant users, all 10 would orally consume the drugs. However, participants also mentioned snorting as an alternative route.

Participants and community professionals described typical illicit users of these drugs as high school and college students, and those who work late hours.

Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA and/or TFMPP) is highly available in the region. Participants most often reported the current availability of the pressed pill form of ecstasy and of "molly" (powdered MDMA) as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were also '10'. Participant comments included: *"It's pretty easy to get; It's readily available; Both are here; It's easy to get molly; A lot of rappers talk about it (molly); I think 'X' (ecstasy) is really easy to get."*

Treatment providers most often reported the current availability of both ecstasy and molly as '8', while law enforcement most often reported the current availability of ecstasy as '6' and of molly as '7'; the previous most common scores for both treatment providers and law enforcement were '6' for both ecstasy and molly. However, a treatment provider reported, *"You hear more casual use of ecstasy [than molly]."*

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Law enforcement in Hamilton County arrested a man after executing a search warrant of his property and confiscating 224 ecstasy pills, 56 bottles of TCH and 14 pounds of marijuana (www.wcpo.com, Aug. 17, 2016).

Participants reported that the availability of ecstasy and molly have increased during the past six months, while community professionals reported that availability of ecstasy and molly has remained the same. The BCI London Crime

Lab reported that the number of ecstasy cases it processes has decreased during the past six months; the lab does not differentiate between ecstasy and molly cases.

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

Participants most often rated the current overall quality of both ecstasy and molly as '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common scores were also '7'. One participant stated, *"True molly looks like meth or like a shard of glass."* Participants reported that molly is often "cut" (adulterated) with heroin. One participant reported, *"You can get 'molly beans' that's got heroin in it."* Overall, participants reported that the quality of ecstasy and molly has remained the same during the past six months.

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

Ecstasy/Molly	Current Prices for Ecstasy/Molly	
	Ecstasy:	
	Low dose (aka "single stack")	\$5
	Medium dose (aka "double stack")	\$10
	High dose (aka "triple stack")	\$12-15
	Molly:	
	1/10 gram	\$10-20
A gram	\$80	

Participants reported that the most common routes of administration for ecstasy and molly remain oral consumption and snorting. Participants estimated that out of 10 ecstasy and molly users, seven would orally consume and three would snort the drug. Participants remarked: *"Put it on your tongue; You pop it in your mouth; Open up a 'cap' (capsule)"*

and pour it in your mouth. Pour it in a drink or something." Participants also reported "parachuting" the drug, which refers to wrapping the drug in tissue and swallowing it; the goal of parachuting is to avoid the bitter taste of the drug.

Participants indicated that molly is obtained at "raves" (dance parties) and night clubs. One participant observed, "Molly is always at the music festivals." Another participant remarked, "The main thing is location. Location, location, location." Participants described typical ecstasy and molly users as young people, "ravers," teens, college students and those in the party scene. A participant remarked, "It's more for like the generation in their 20s and 30s." Participants agreed as he continued, "And I think it's a thing a lot of couples do behind closed doors [implying use during sex]." Other participants commented: "It would probably be younger; I say club-going age to 30 [years old]." Community professionals also described typical ecstasy and molly users as younger individuals, college students and those in the club scene. A treatment provider elaborated, "I think the age range on that would be the 18 to 24-year-olds using molly." However, another provider added, "You hear more about it with high school kids."

Synthetic Marijuana



Synthetic marijuana (synthetic cannabinoids) remains available in the region. Participants most often reported the drug's current availability as '2' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '4'. A participant reported, "Some places still have it, but you have to know people [to purchase it]." Treatment providers most often reported the drug's current availability as '1', while law enforcement most often reported it as '4'; the previous most common scores were '1' and '5', respectively. One law enforcement professional commented, "They want the high-grade marijuana (rather than synthetic marijuana)."

Participants reported that the availability of synthetic marijuana has decreased during the past six months. One participant remarked: "'Spice' (synthetic marijuana) is very rare; People tried it and didn't like it." Community professionals also reported that the availability of synthetic marijuana has decreased during the past six months. The BCI London Crime Lab reported that the number of synthetic marijuana cases it processes has decreased during the past six months.

Participants reported that the availability of synthetic marijuana has decreased during the past six months. One participant remarked: "'Spice' (synthetic marijuana) is very rare; People tried it and didn't like it." Community professionals also reported that the availability of synthetic marijuana has decreased during the past six months. The BCI London Crime Lab reported that the number of synthetic marijuana cases it processes has decreased during the past six months.

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

Participants commented on their perceptions of the quality of synthetic marijuana: "Head shop owners are usually the ones who make it, but they usually make it too strong; I've seen people end up in asylums from it; It's strong and laced with stuff." Reports of current prices for synthetic marijuana were consistent among participants with experience buying the drug.

Synthetic Marijuana	Current Prices for Synthetic Marijuana	
	1/2 gram	\$20
	A gram	\$25-30
	5 grams	\$50-60

Despite legislation enacted in October 2011, participants reported that synthetic marijuana continues to be available from dealers, in prisons, in head shops and through Internet purchase. While there were a few reported ways of consuming synthetic marijuana, generally the most common route of administration remains smoking. Participants estimated that out of 10 synthetic marijuana users, all 10 would smoke the drug. Participants and community professionals described typical synthetic marijuana users as teenagers and individuals who need to pass a drug test for employment or because they are on probation. Participants stated: "People trying to pass drug tests; Kids on probation."

Other Drugs in the Cincinnati Region

Participants and community professionals listed a variety of other drugs as being present in the region, but these drugs were not mentioned by the majority of people interviewed: bath salts, hallucinogens (lysergic acid diethylamide [LSD] and psilocybin mushrooms), inhalants, ketamine (an anesthetic typically used in veterinary medicine), Neurontin® (gabapentin, an anticonvulsant),

over-the-counter (OTC) cold and cough medications and Seroquel® (an antipsychotic).

Bath Salts

Bath salts (synthetic cathinones) remain available in the region. Participants most often reported the current availability of bath salts as a '1' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '2'. Participants stated: *"Haven't seen them; They're not around."* Participants and community professionals reported that availability of bath salts has decreased in the past six months. One law enforcement professional stated, *"Decreased since the regulations."* The BCI London Crime Lab reported that the number of bath salts cases it processes has decreased during the past six months. Participants reported that bath salts sell for \$35 for 2 grams. Participants reported that the most common route of administration for bath salts remains snorting. Participants estimated that out of 10 bath salts users, all 10 would snort the drug.

Hallucinogens

Hallucinogens are moderately available in the region. Participants most often reported the current availability of these substances as '6-7' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '7'. One participant stated, *"[LSD] is common at music festivals and concerts."* One participant remarked on psilocybin mushrooms and stated, *"It is seasonal, so it depends on the season."* Community professionals most often reported current availability of hallucinogens as a '4'; the previous most common score was also '4'.

Participants identified LSD and psilocybin mushrooms as the most popular hallucinogens in terms of widespread use. Participants stated that the availability of both LSD and psilocybin mushrooms has remained the same during the past six months. One participant stated, *"It's pretty much stayed the same."* The BCI London Crime Lab reported that the number of LSD and psilocybin mushroom cases it processes has increased during the past six months.

Reports of current prices for hallucinogens were consistent among participants with experience buying the substances. Participant comments included: *"[Cost] depends on who you know and on the quality; The more you buy, the bigger the discount."*

		Current Prices for Hallucinogens	
Hallucinogens	LSD:		
	A dose (aka "a hit")		\$8-10
	10 doses (aka "strip")		\$15
	100 doses (aka "sheet")		\$240-500
	500 doses (aka "book")		\$1,500
	Psilocybin mushrooms:		
	1/8 ounce		\$30-35
	An ounce		\$100-200

Inhalants

Inhalants (duster [DFE] and nitrous oxide) remain highly available in the region. Participants and community professionals both reported high current availability for these substances. Reportedly, inhalants continue to be used most often by teenagers, college-age individuals and those who attend "raves" (dance parties) and nightclubs. Participants stated that the most common price is \$5 for a balloon filled with nitrous oxide. Participants reported that availability of inhalants has remained the same during the past six months.

Ketamine

Ketamine remains available in the region. Participants most often reported the current availability of the drug as '2' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '2'. One participant stated, *"It's rare."* Community professionals most often reported current availability as '1'; the previous most common score was '2'. One community professional stated, *"We haven't seen it."* Participants reported that the availability of ketamine has remained the same during the past six months.

Regarding current pricing, one participant stated, *"A vial (100 ml) is about \$70 to \$80."* Participants reported that the most common route of administration for ketamine remains intravenous injection (aka "shooting"). Participants described typical users of ketamine as hippies.

Neurontin®

Neurontin® is moderately available for illicit use in the region. Participants most often reported the current street availability of the drug as '5' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10'. Participant comments included: *"Neurontin® are big; A lot of people will take Neurontin® when they're coming off of 'dope' (heroin); Yeah, it helps with 'dope sickness' (withdrawal); There are people that give 'em to you for free."* A few participants noted illicit Neurontin® use in jail settings: *"Neurontin® is just something a lot of the guys will abuse in the penitentiaries 'cause there's nothin' else; They used to call it 'penitentiary dope.'"*

Community professionals most often reported current street availability of Neurontin® as '6'; the previous most common score was also '6'. Both participants and community professionals reported that street availability has remained the same during the past six months.

Corroborating data indicated that Neurontin® is available for illicit use in the region. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Cincinnati region returned 16 gabapentin (Neurontin®) cases reported during the past six months.

OTCs

Participants stated that over-the-counter (OTC) cold and cough medications remain available in the region due to the legal sale of these medications. Community professionals most often reported current street availability of the drugs as '7' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). They also reported that their street availability has remained the same during the past six months. A treatment provider stated, *"That seems to always be available, but we don't hear a lot of use of it ... unless they hit rock bottom."* Participants described typical illicit users as teenagers and African Americans. One participant stated, *"That's mainly teenagers."*

Seroquel®

Seroquel® is moderately available for illicit use in the region. Participants most often reported current street availability of the drug as '6' on a scale of '0' (not available,

impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10'. Community professionals most often reported current availability as '5'; the previous most common score was '6'. Both participants and community professionals reported that street availability of Seroquel® has remained the same during the past six months.

Conclusion

Crack cocaine, heroin, marijuana, methamphetamine, powdered cocaine, prescription stimulants and sedative-hypnotics remain highly available in the Cincinnati region; also highly available is ecstasy/molly. Changes in availability during the past six months include increased availability for heroin and methamphetamine; likely increased availability for marijuana; decreased availability for synthetic marijuana; and likely decreased availability for prescription opioids.

While different types of heroin are currently available in the region, participants once again reported powdered heroin as most available. They also commented that black tar heroin is available in the region, but it is not as easy to obtain. Both participants and community professionals noted an increase in heroin availability, describing heroin's current availability as "everywhere." Both respondent groups again reported the practice of drug dealers throwing heroin testers into cars to get people to try their product.

Participants reported that the overall quality of heroin is high, especially now that fentanyl and carfentanil are being used to cut (adulterate) the drug. Reportedly, the top cutting agents for heroin include fentanyl and carfentanil. Participants reported that the availability of fentanyl has increased during the past six months. One participant stated that much of the heroin in the region is more fentanyl than actual heroin. Law enforcement observed that they are seeing many cases of heroin laced with fentanyl or carfentanil. The BCI London Crime Lab noted processing cases of heroin-fentanyl mixtures and 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 users now seek the substances for their potency. 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 with fentanyl (aka "fire"). One participant reported buying Narcan® from a dealer.

The most common route of administration for heroin remains intravenous injection (aka "shooting"). Participants shared knowledge of needle exchange programs operating in the region; however, they discussed needle sharing as a common practice. Community professionals described typical heroin users as white, young males.

Participants reported that methamphetamine is in "popular demand" right now. One participant referred to the drug as the "new cocaine." Community professionals also noted an increase in demand and availability of methamphetamine. One law enforcement officer stated that the drug is on the rise along with heroin. Participants reported that methamphetamine is available in powdered and crystal forms throughout the region. However, they indicated that powdered methamphetamine is the most prevalent form. They also reported that the overall quality of methamphetamine has increased during the past six months.

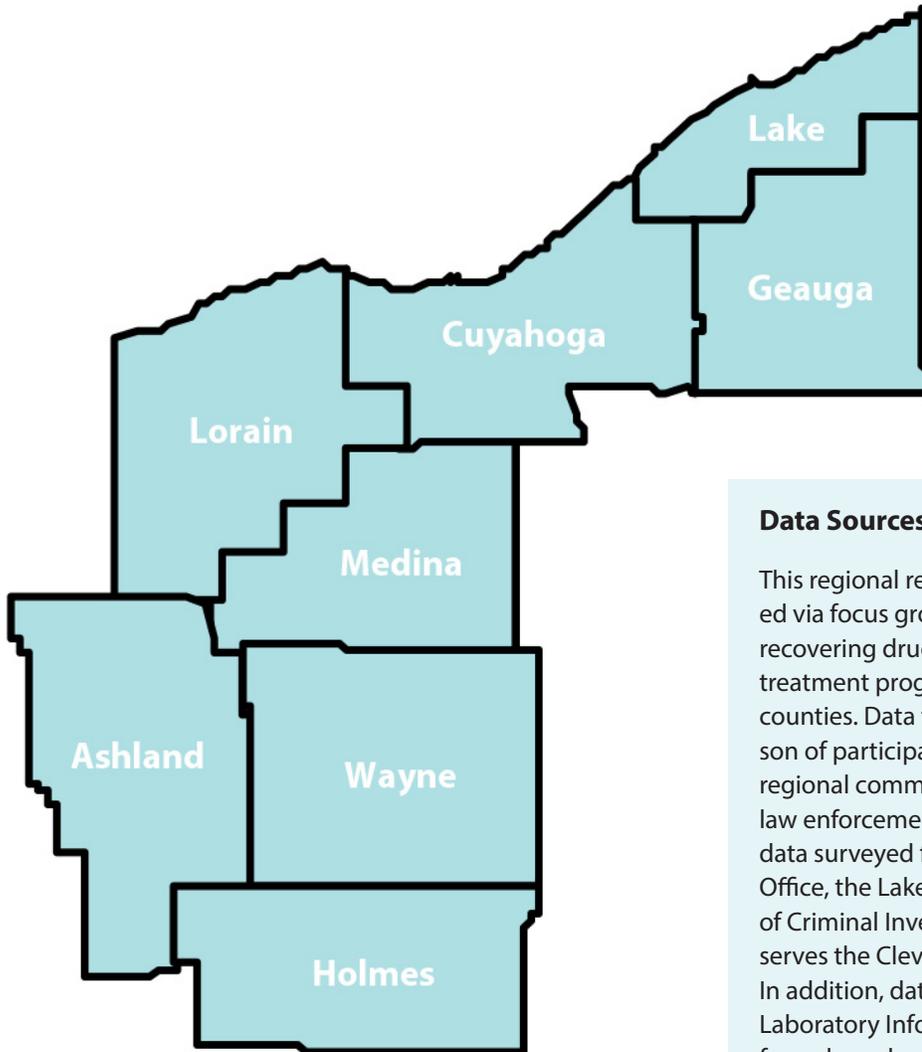
Participants remarked that the Mexican drug cartels are flooding the drug market in the region with methamphetamine as they desire to create a strong market for the drug. The BCI London Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months; the lab reported processing crystal, brown and off-white powdered methamphetamine.

Participants described typical methamphetamine users as white people, drug dealers, people who use other stimulants, individuals in the gay community, those living in rural areas and those of lower socio-economic status. Community professionals described typical users as white people and bikers.

Participants and community professionals also reported current high availability of high-grade marijuana extracts and concentrates, often appearing as oil and waxy forms of the drug (aka "dabs"). Participants described high demand and increased popularity for dabs, which they reported have increased in availability during the past six months.

Lastly, participants discussed "fake" benzodiazepine pills as being passed as the prescribed pills. They reported that quite a few individuals are purchasing various powders and pill presses through the Internet and making their own benzodiazepines, warning that a lot of pills being passed as Xanax® are not real Xanax®. Participants further cautioned that users do not know what they are getting when it comes to pills.

Drug Abuse Trends in the Cleveland Region



Regional Epidemiologist:
Jennifer Tulli, MSW, LISW-S, LCDC III

Data Sources for the Cleveland Region

This regional report was based upon qualitative data collected via focus group interviews. Participants were active and recovering drug users recruited from alcohol and other drug treatment programs in Cuyahoga, Lake, Lorain and Wayne counties. Data triangulation was achieved through comparison of participant data to qualitative data collected from regional community professionals (treatment providers and law enforcement) via focus group interviews, as well as to data surveyed from the Cuyahoga County Medical Examiner's Office, the Lake County Crime Lab and the Ohio Bureau of Criminal Investigation (BCI) Richfield Crime Lab, which serves the Cleveland, Akron-Canton and Youngstown areas. 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. All secondary data are summary data of cases processed from January through June 2016. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for July through December 2016.

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

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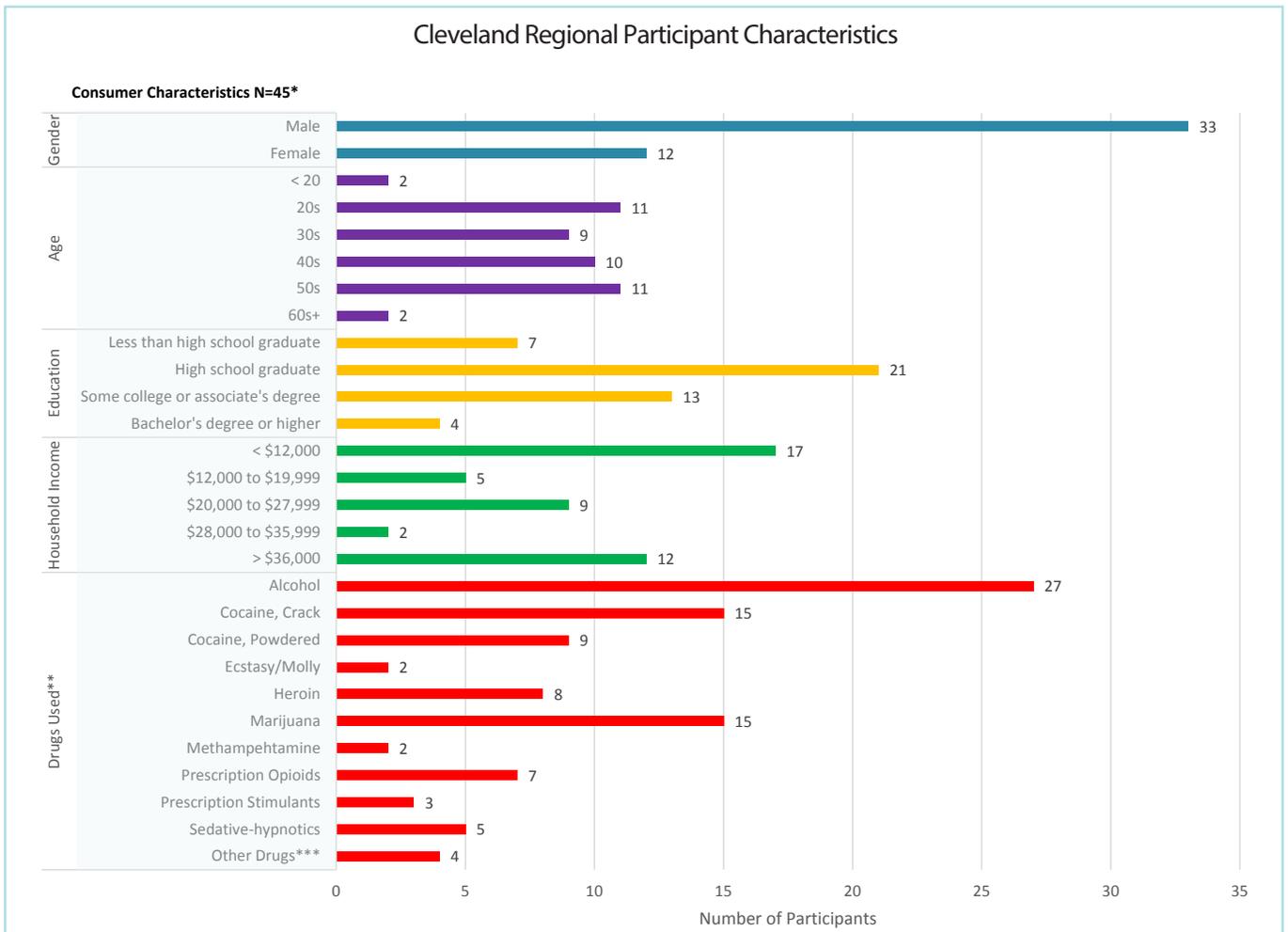
Regional Profile

Indicator ¹	Ohio	Cleveland Region	OSAM Drug Consumers
Total Population, 2015	11,613,423	2,273,995	45
Gender (female), 2015	51.0%	51.6%	26.7%
Whites, 2015	82.7%	76.9%	53.3%
African Americans, 2015	12.7%	18.6%	42.2%
Hispanic or Latino Origin, 2015	3.6%	5.1%	2.5% ²
High School Graduation Rate, 2015	89.1%	88.3%	84.4%
Median Household Income, 2015	\$51,086	\$51,874	\$20,000 to \$23,999 ³
Persons Below Poverty Level, 2015	14.8%	14.7%	48.9%

¹Ohio and Cleveland region statistics were derived from the most recent US Census; OSAM drug consumers were participants for this reporting period: July-December 2016.

²Hispanic or Latino Origin was unable to be determined for 5 participants due to missing and/or invalid data.

³Participants reported income by selecting a category that best represented their household's approximate income for the previous year. Note income categories have been collapsed in the table below.



*Not all participants filled out forms completely; therefore, numbers may not equal 45.

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

***Other drugs included: Air duster (inhalant), DMT (dimethyltryptamine), Flexeril®, ketamine, lysergic acid diethylamide (LSD), phencyclidine (PCP), psilocybin mushrooms, and Suboxone®.

Historical Summary

In the previous reporting period (January – June 2016), crack cocaine, heroin, marijuana, prescription opioids, sedative-hypnotics, Suboxone® and synthetic marijuana remained highly available in the Cleveland region; also highly available were hallucinogens, methamphetamine, Neurontin®, powdered cocaine and prescription stimulants. Changes in availability during the reporting period included: increased availability for methamphetamine; and likely increased availability for “molly” (powdered MDMA), Neurontin®, prescription stimulants and Suboxone®.

Participants discussed heroin dealers profiling users and approaching suspected users with free samples of heroin and a contact phone number for future purchases. Treatment providers discussed heroin dealers soliciting customers at 12-step meetings and outside of drug treatment facilities. Corroborating data indicated that heroin was highly available in the region. The Cuyahoga County Medical Examiner’s Office reported that 51.0 percent of the 198 drug overdose deaths it processed during the reporting period involved heroin; 24.8 percent of those heroin cases also involved fentanyl.

While many types of heroin were available in the region, participants and community professionals agreed that powdered heroin was most available. The BCI Richfield Crime Lab reported that the number of powdered heroin cases it processes had increased during the previous six months; the lab reported that it processed brown, brown chunk, gray, off-white, tan and white powdered heroin. Participants suspected that most white powdered heroin was straight fentanyl. Law enforcement commented on finding fentanyl-heroin mixtures and fentanyl substitutions for heroin. Participants and community professionals continued to note fentanyl as an adulterant (aka “cut”) for heroin throughout the region. Both respondent groups suggested that use of fentanyl as a cut for heroin had increased during the reporting period. The BCI Richfield Crime Lab also noted more fentanyl with heroin cases than previously seen.

Participants reported that methamphetamine was available in powdered (aka “shake-and-bake”) and crystal forms throughout the region, but noted that powdered methamphetamine was more prevalent in terms of widespread use. Participants and law enforcement reported that the availability of powdered methamphetamine had

increased during the reporting period, while the availability of crystal methamphetamine had remained the same. Both respondent groups attributed increased availability to the ease of production of shake-and-bake methamphetamine, noting that users could find recipes and how-to videos on the Internet.

The BCI Richfield Crime Lab reported that the number of methamphetamine cases it processes had increased during the reporting period; the lab reported that it processed mostly crystal and off-white powdered methamphetamine. The Lake County Crime Lab also reported an increased number of methamphetamine cases.

Participants reported that the most common routes of administration for methamphetamine were smoking and snorting. Participants described typical methamphetamine users as of lower socio-economic status and living in more rural settings, with more Puerto Rican and white users than African American. Community professionals described typical methamphetamine users as heroin addicts. Law enforcement discussed the role of heroin users in the production of methamphetamine. Reportedly, methamphetamine cooks were recruiting heroin addicts to buy the pseudoephedrine needed for methamphetamine manufacture in exchange for money or frequently, for heroin. Law enforcement also noted heroin users consuming methamphetamine in addition to heroin.

Lastly, Neurontin® (gabapentin, an anticonvulsant) was highly available in the region. Both participants and community professionals noted increased availability of the drug for illicit use during the reporting period. Participants attributed increased Neurontin® use to the understanding that Neurontin® was not detected by standard drug screens. Community professionals indicated an increase in prescriptions for the drug. They also described typical illicit users as most often heroin addicts using the drug to avoid heroin withdrawal.

Current Trends

Powdered Cocaine

Powdered cocaine remains highly available in the region. Participants most often reported the drug’s current availability as ‘10’ on a scale of ‘0’ (not available, impossible

to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10.' Participant comments included: *"It's like this, if you know somebody who knows somebody, you can get it; It's real easy. You maybe meet your dealer at a bar, gas station, corner of a street ... it all depends really on how well you know them, but basically it's a phone call away; Everyone I know uses 'coke' (powdered cocaine), so it was real easy for me to get it whenever I wanted it."*

Treatment providers most often reported the current availability of powdered cocaine as '5,' while law enforcement most often reported it as '8;' the previous most common score was '7-9' for both treatment providers and law enforcement. Treatment providers commented: *"The clients are easily able to get it; I think it depends on who you know. I'm guessing that if you are running with a crowd who is using cocaine, you have researched it and know where to get it; I have a patient who I think is a dealer, so she has easy access to it."* Law enforcement reported: *"I still see it all the time and the people on my case load say they can get it anytime; I doubt it is that hard to get, and based on what we hear, it seems like it's still out there; Oh, for sure, it is on the streets."*

Corroborating data indicated that cocaine is available in the region. The Cuyahoga County Medical Examiner's Office reported that 37.5 percent of the 291 drug overdose deaths it processed during the past six months involved cocaine (crack and/or powdered cocaine). In addition, a query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Cleveland region returned 2,207 cocaine cases reported during the past six months, of which 67.0 percent were Cuyahoga County cases (an increase from 2,139 cases for the previous six months, of which 69.1 percent were Cuyahoga County cases). Note laboratories logging cases into NFLIS do not typically differentiate between powdered and crack cocaine.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Officers from several different agencies, including the U.S. Drug Enforcement Agency (DEA), Cleveland Division of Police (Cuyahoga County), Lake County Narcotics Agency, Lorain County Drug Task Force and Homeland Security Investigations seized the largest shipment of powdered cocaine in Ohio for the past 10 years when they intercepted 200 pounds of cocaine, packaged into 92 bricks, each holding one kilogram, in a semi-truck off Interstate 90; the men were trafficking the cocaine from

Mexico, to Baltimore, to Cleveland (www.newsnet5.com, Sept. 7, 2016). Federal prosecutors in Cuyahoga County indicted two major cocaine distributors from Mexico who were using contacts in Texas and Northeastern Ohio to distribute cocaine; the men were wanted by both Mexican and American law enforcement for several years for cocaine trafficking; 48 people were charged in connection to this ring (www.cleveland19.com, Oct. 3, 2016). The Cuyahoga County Medical Examiner's Office announced the cause of death for a Cleveland transgender woman who was found lying face down in a parking lot in August as death from a lethal dose of powdered cocaine (www.cleveland.com, Oct. 7, 2016). Elyria Police (Lorain County) arrested 49 individuals of an area gang during a large-scale operation after finding and confiscating undisclosed amounts of powdered cocaine and heroin (www.newsnet5.com, Oct. 19, 2016). Prosecutors in Cuyahoga County arrested 20 individuals from New York, Chicago and Cleveland after learning the group was working together to traffic over 100 pounds of powdered cocaine, heroin and fentanyl to Northeastern Ohio; during the investigation, law enforcement confiscated 29 kilograms of cocaine, six kilograms of heroin and one kilogram of fentanyl; the group had been selling the drugs out of homes in Maple Heights (Cuyahoga County) and Cleveland from 2010 to 2016 (www.wkbn.com, Oct. 13, 2016). Law enforcement arrested a University Heights (Cuyahoga County) man after a sting operation; police seized 11 pounds of powdered cocaine and four pounds of black tar heroin from the man's home (www.cleveland.com, Oct. 26, 2016). Law enforcement arrested two women on separate occasions for trafficking an undisclosed amount of cocaine in Wayne County (www.pal-item.com, Dec. 8, 2016).

Participants reported that the availability of powdered cocaine has remained the same during the past six months. Participants discussed: *"People who are doing 'blow' (powdered cocaine) will keep doing it ... it's not like there's a big push to get people on it; The veterans, like long-time users, are there and they have connections and it will always be that way; It's the same because the demand is the same."*

Community professionals also reported that the availability of powdered cocaine has remained the same during the past six months. Treatment providers commented: *"Technology is still making it easy to contact people a lot for it. It's like, 'look, I have a pager on my side pocket right now so I can get stuff whenever I want;'*

Availability depends on the population's income ... if there is an abundance of wealth in the area, then you are more likely to see powder." Law enforcement stated: "Powder isn't a new thing ... it has been years and years of use; I have been seeing it like this for years, really, it has been the same since the 80s and it's just not that hard for people to get it."

The Lake County Crime Lab reported that the number of powdered cocaine cases it processes has decreased during the past six months, while the BCI Richfield Crime Lab reported that the number of cases it processes has increased; the labs do not typically differentiate between powdered and crack cocaine.

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

Participants most often rated the current overall quality of powdered cocaine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was also '5'. Participants reported: "It depends on who you get it from ... It's like some people have good powder and others have bad powder; If it is somebody who has a solid connection, it is probably a '9' or '8' [rating on the above quality scale]; It depends on who you get it from ... a lot of people are 'middle manning it' (reselling) you know, 'stepping on' (adulterating) it, so it depends on who you are grabbing it from, and if you are selling it. You buy a ton ... [you] have better shit."

Participants reported the top cutting agents (adulterates) for powdered cocaine as: baby laxative, baby powder and vitamin B. Other adulterates mentioned include: aspirin, benzocaine (local anesthetic), creatine and mannitol (diuretic). Participants reported: "Quality is less when people put more cut in it to make more money; They can cut it with really anything that looks like it. That is why they use baby powder; They use benzocaine because it numbs you, so people think they are getting more product; I have a friend who uses and she says it is always cut with baby laxatives." Overall, participants reported that the quality of powdered cocaine has remained the same during the past six months. However, a couple of participants stated: "I can

always find good stuff, but like I said, it depends on who you know; If you are selling it, you got connections to the good stuff."

Powdered Cocaine	Cutting Agents Reported by Crime Lab
	<ul style="list-style-type: none"> <input type="radio"/> acetaminophen <input type="radio"/> atropine (prescription heart medication) <input type="radio"/> local anesthetic (benzocaine and lidocaine) <input type="radio"/> mannitol (diuretic) <input type="radio"/> levamisole (livestock dewormer)

Reports of current prices for powdered cocaine were consistent among participants with experience buying the drug. Reportedly, the most common quantity purchased is one gram. Participants reported: "A gram seems to be the least amount people buy; A gram can be fifty bucks, but if it's better, it is sixty." Overall, participants reported that the price of powdered cocaine has remained the same during the past six months.

Powdered Cocaine	Current Street Prices for Powdered Cocaine	
	A gram	\$50-100
	1/16 ounce (aka "teener")	\$150
	1/8 ounce (aka "eight ball")	\$200
	1/2 ounce	\$650
	An ounce	\$1,000-1,200

Participants reported that the most common routes of administration for powdered cocaine are snorting and intravenous injection (aka "shooting"). Participants estimated that out of 10 powdered cocaine users, seven would snort and three would shoot the drug. Participants discussed: "Most people I know snort powder; Nowadays, I hear people shoot it or snort mostly; People like to shoot [powdered cocaine] with heroin ... it's called a 'speedball.'" Participants and community professionals also reported the smoking of powdered cocaine laced into marijuana cigarettes (aka "joints"). One participant shared, "One of ten would lace their joint with cocaine." A community professional remarked, "Younger ones are usually smoking, like under 30 [years of age] ... and older ones, like 40 to 50 [years of age] are snorting."

Participants described typical powdered cocaine users as people with money, exotic dancers and people who frequent nightclubs and bars. Participants reported: *"I think it is half men and women with a wide age group, but for sure it is common with strippers; I see more rich people than poor people coming in [to treatment] with coke as their drug of choice; It's the 'rich man's drug' because of the cost, and once you start, you can't stop and then you go broke."* Other participants remarked: *"It's in the bar scene and nightclubs because you can be drunk and go snort some cocaine and be sober again ... it is like setting the reset button; Sadly, it's 13-year olds on up; It's all over ... and even older people in suburbs party with it."*

Community professionals described typical powdered cocaine users as young people (16-35 years of age), white people and those living in the suburbs. Treatment providers reported: *"We see mostly young Caucasians, age 35 [years] and under, but there are some African Americans, too; It is common with successful professionals; With the powder, it is the people who have jobs and who are more educated; Young suburban's under 30 [years of age] and white; I heard a lot of attorneys use cocaine because the image of it being more of a party drug has maintained ... it is still seen as an exclusive drug; Powder cocaine is for clients with resources."* Law enforcement reported: *"It's the 16 to 21-year old's in suburbs; It's in bars and it is with young, white, suburban people; A lot of people in the restaurant business are using ... I don't know why, but it goes hand-in-hand with that business."*

Crack Cocaine

Crack cocaine remains highly available in the region. Participants most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. Participant comments included: *"It's cheaper than 'powder' (cocaine), so it is more available; Wherever you live at, you got a crack house on your street; Every store, outside there is someone waiting ... selling crack; Most people who sell heroin, sell crack; If I wanted it, I could get it ... you go to the projects ... you find a dude standing on the corner, or at any gas station ... in Cleveland ... all I would have to do is make eye contact with someone and it's on."*

Treatment providers most often reported current availability of crack cocaine as '8-9'; while law enforcement

most often reported it as '3'; the previous most common score was '9' for both treatment providers and law enforcement. Treatment providers commented: *"A lot of people talk about it and say it is relatively inexpensive, so they do it; We see a lot of people in the ED (emergency department) who can't afford medication but use their money to buy crack, so I guess it is that easy to get."* Law enforcement reported: *"Crack is readily availability; When I go to the gas station, I see it being sold."*

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Law enforcement in Strongsville (Cuyahoga County) arrested a man during a traffic stop for possessing a glass pipe often used to smoke crack cocaine and hypodermic needles with white residue on them; officers reported they also smelled marijuana (www.cleveland.com, Aug. 11, 2016). Ohio State Highway Patrol (OSHP) arrested a man in Cuyahoga County during a traffic stop after seizing 78 grams of crack cocaine and 147 grams of powdered cocaine from his vehicle (www.statepatrol.ohio.gov, Oct. 25, 2016).

Participants and community professionals reported that the availability of crack cocaine has remained the same during the past six months. Participant comments included: *"It has just always been here; There are 'crack heads' (those addicted to crack cocaine) out there, and no matter how many 'dope boys' (drug dealers) go to jail, more just pop up."* A treatment provider reported, *"A lot of people do it, so it has to be out there still."* The BCI Richfield Crime Lab reported that the number of crack cocaine cases it processes has increased during the past six months; although the lab noted, as did the Lake County Crime Lab, that it does not typically differentiate between powdered and crack cocaine.

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

Participants most often rated the current overall quality of crack cocaine as '4-5' on a scale of '0' (poor quality,

“garbage”) to ‘10’ (high quality); the previous most common score was ‘10’. Participant comments on quality included: *“It’s garbage, that’s what it is; The ‘cut’ (the substance used to adulterate crack cocaine) makes the quality change; The first of the month is better quality because people have more money ... so they gonna look for better stuff.”* A treatment provider remarked on the current quality of crack cocaine: *“I have heard a lot of people say they are getting a lot of junk, and a lot of people are using crystal ‘meth’ (methamphetamine) because crack quality is so bad these days ... that is what I am hearing in the [treatment] groups.”*

Participants reported that crack cocaine in the region is most often adulterated (aka “cut”) with baking soda and Orajel™. Other cuts mentioned include: baby laxative, baby powder and vitamin B. Participants discussed: *“Baking soda is what makes crack ... you whip it and flip it ... that is how you cook it to turn the ‘soft’ (powdered cocaine) into ‘hard’ (crack cocaine); Laxatives is what blows it up (adds volume).”* Overall, participants reported that the quality of crack cocaine has decreased during the past six months. Participants stated: *“Quality has decreased because people ... are basically making fake dope and ... sell you a dummy; Quality is going down ... I don’t know what they are doing with it ... it is ‘stomped on’ (adulterated) all the way down; It is not like it used to be.”*

Crack Cocaine	Cutting Agents Reported by Crime Lab
	<ul style="list-style-type: none"> ○ acetaminophen (analgesic) ○ atropine (prescription heart medication) ○ lidocaine (local anesthetic) ○ mannitol (diuretic) ○ levamisole (livestock dewormer)

Current prices for crack cocaine varied among participants with experience buying the drug. Reportedly, the most common quantity purchased is a “rock” (piece of crack cocaine, approximately 1/10 gram). Participant reported: *“A rock the size of a tic tac is \$10; You can buy a ‘five piece,’ which is \$5 ... and it’s like the size of a nerd candy; \$20 will get you an amount the size of pencil eraser; When you buy it, you say, ‘give me a gram, a 30 (\$30 amount), a 20 (\$20 amount)’ ...”* Overall, participants reported that the price for crack cocaine has remained the same during the past six months.

Crack Cocaine	Current Prices for Crack Cocaine	
	1/10 gram (aka “rock”)	\$10
	A gram	\$50-75
	1/16 ounce (aka “teener”)	\$75-80
	1/4 ounce	\$400
	An ounce	\$1,200

Participants reported that the most common route of administration for crack cocaine remains smoking. Participants estimated that out of 10 crack cocaine users, all 10 would smoke the drug. Participant comments included: *“Smoking gets the taste and rush, but if you like the needle, you get the rush, too; People crush it up and lace a ‘weed’ (marijuana) cigarette or regular cigarette with it. It’s called a ‘primo’ when you roll it with weed.”*

Participants described typical crack cocaine users as of low socio-economic status. Participants stated: *“People in poverty or lower income, like in the ghetto, seem to use crack more; Lower income, inner city; It’s in metropolitan cities because it is cheap ... and it is on every corner; True poverty stricken areas are targeted ... advertisements are all about beer, cigarillos, cigarettes ... they just get used to seeing all that so it’s like nothing to see someone selling crack; It’s people in their 40s and 50s; It’s all ages and all races.”*

Community professionals described typical crack cocaine users as African-American people and of lower socio-economic status. They stated: *“It’s people 18 to 60 years old and more popular in the African-American culture. I see a lot less [crack cocaine use] in Caucasian population; African Americans, some Caucasians depending on the income ... if lower income, they would be crack versus ‘coke’ (powdered cocaine); Lower socio-economic status, the lowest, male more than female with a wide age range, but more African American; Income is the biggest factor, then race, then education.”*

Heroin



Heroin remains highly available in the region. Participants most often reported the current availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10.' Participant comments included: *"Two blocks in the right direction and you can get whatever you want; You don't even have to know somebody. I walk down my street from work and I'm approached by two different people a day asking if I want to buy [heroin]; You can go to a methadone clinic, lower west side, all over east side ... it's everywhere; If you are looking for it, you will find it."*

Community professionals most often reported the current availability of heroin as '9-10'; the previous most common score was '10.' Treatment providers commented: *"It's just like ordering a pizza ... the reason why they started [using heroin] was because of how hard it was to get pills (opioids) ... rarely do I have people tell me it is hard to get heroin; The dealers sit and prey at the methadone clinic ... and sell to people because it is a captive audience there; OD (overdose) rates have seemingly gone up and I see a lot of patients who use heroin."*

Corroborating data indicated that heroin is available in the region. The Cuyahoga County Medical Examiner's Office reported that 46.4 percent of the 291 drug overdose deaths it processed during the past six months involved heroin; 63.0 percent of these heroin cases also involved fentanyl. In addition, a query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Cleveland region returned 1,954 heroin cases reported during the past six months, of which 59.9 percent were Cuyahoga County cases (a decrease from 2,153 cases for the previous six months, of which 60.8 percent were Cuyahoga County cases).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. An undercover police operation in Mentor (Lake County), created to overcome crimes related to heroin, yielded 56 arrests during the past six months, 38 of which were arrests of drug users (www.newsnet5.com, Aug. 8, 2016). A Cleveland police officer arrested a man after the man overdosed on heroin in a bathroom at the police station; the officer administered Narcan® to the man to subvert an overdose (www.cleveland.com, Aug. 15, 2016). Authorities

indicted three people for supplying or aiding the supply of heroin to inmates in the Lake County Jail after one inmate of the jail died from an overdose (www.cleveland.com, Aug. 19, 2016). Law enforcement in Cleveland arrested a man responsible for buying at least 26 properties for himself and his family and selling heroin out of them; police confiscated 58 grams of heroin, 196 grams of fentanyl-heroin mixtures and 140 grams of cocaine from three properties located in Garfield Heights and Shaker Heights (two communities in Cuyahoga County) (www.cleveland.com, Sept. 13, 2016). A news source in Cleveland highlighted an emerging drug problem in the region caused by carfentanil; the source reported that Ohio has been called "ground zero" for drug overdose; the source summarized that in Akron there were 236 overdoses in July, 200 overdoses in Cincinnati in August, and 300 heroin and fentanyl overdose deaths in Cuyahoga County so far that year (www.cleveland.com, Sept. 8, 2016). Law enforcement in Lakewood (Cuyahoga County) arrested a man responsible for selling heroin to another man who subsequently died of an overdose; the man was charged with trafficking both heroin and fentanyl (www.cleveland.com, Sept. 19, 2016). Authorities charged another man in Lorain (Lorain County) for selling heroin and cocaine to a man from Westlake (Cuyahoga County) who died from an overdose from the drugs (www.cleveland.com, Sept. 23, 2016). Authorities in Cuyahoga County issued a public warning after seven people died of unintentional overdoses in one day due to heroin and fentanyl; carfentanil was suspected in these deaths (www.cleveland.com, Sept. 24, 2016). A barber in Cleveland rescued a man, and potentially several others, from an opiate overdose after seeing the man passed out behind the wheel of his car while driving (www.fox8.com, Sept. 25, 2016). According to the Cuyahoga County Medical Examiner's Office, 52 unintentional overdose deaths due to fentanyl, carfentanil and heroin were recorded in September in Cuyahoga County (www.cleveland.com, Oct. 6, 2016). Officers from Cleveland, the FBI and the Federal Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF) arrested four individuals belonging to a street gang in Cleveland for trafficking heroin and cocaine (www.cleveland19.com, Oct. 19, 2016). A grand jury at Parma Municipal Court (Cuyahoga County) indicted a man for taking in a 13-year-old girl who ran away from home, injecting her with heroin and smoking crack cocaine with her (www.cleveland.com, Nov. 8, 2016).

While many types of heroin are currently available in the region, participants and community professionals continued to report powdered heroin as most available.

A participant stated, "I am seeing more powder than 'tar' (black tar heroin)." A treatment provider remarked, "Once fentanyl hit, it was all white or purple (powdered heroin) ... we see it more in our referrals." Other community professionals reported: "I have this patient who said it is very easy to get powder ... he just needs to leave his house; [Heroin users] are usually looking for white (powdered heroin) because it is mixed with fentanyl."

Reportedly, black tar heroin is also available in the region. Participants most often reported the current availability of this type of heroin as '3,' the previous most common score was '4.' Participant comments included: "Tar is not very common. It will pop up once in a while ... you can't really cut tar, so powder is what the dope boys [drug dealers] want to go for; I'm pretty sure somebody knows somebody who can get tar but it is not that popular; You have to know somebody who knows somebody who knows somebody to get tar." Community professionals also mentioned black tar heroin as available in the region but were unable to rate its current availability; the previous most common availability rating for black tar heroin was '1-3.' A treatment provider reported, "Tar is rare because of the price ... it is more expensive." A law enforcement officer commented, "I haven't heard of anybody using black tar."

Participants reported that the availability of powdered heroin has increased during the past six months. Participant comments included: "Powder has increased because there is more money to be made and more users; The demand is greater. I think it is because they are cracking down on pain killers." Treatment providers reported that the general availability of heroin has increased during the past six months, while law enforcement reported that availability has remained the same. Treatment providers commented: "People don't have pills anymore and they go into withdrawal and hit the streets for heroin; I just think it keeps increasing ... it is more and more popular and they are cutting it in more creative ways." Law enforcement stated: "It can't get any higher ... demand hasn't changed; If one dealer is busted, there is another to take the place."

The BCI Richfield and Lake County crime labs reported that the number of powdered heroin cases they process has decreased during the past six months. The labs reported processing brown, gray, tan and white powdered heroin. The BCI lab also reported that its number of black tar heroin cases has increased, although the lab noted that it does not typically differentiate between black tar and powdered heroin; the Lake County lab reported processing no black tar heroin cases during the past six

months. In addition, the BCI Richfield Crime Lab noted processing cases of heroin-fentanyl and fentanyl analog mixtures during the past six months.

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

Participants most often rated the current quality of heroin as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '5-10' depending on heroin type. Participant comments included: "Any tar I had was good; Quality was a '10' for white powder because it had fentanyl; Quality varies, but you can get really good brown [powdered heroin]. You just have to pay it." Treatment provider comments on current heroin quality included: "If it is coming out of Summit County, they are claiming it is better; I have had people going into Cleveland and saying there is higher quality there, so I guess it varies based on where you buy it"

Participants discussed adulterants (aka "cuts") that affect the quality of heroin and reported the top cutting agents as: laxatives, fentanyl and vitamin B. Additional cuts mentioned include: ice tea mix, lactose and vinegar. Participants reported: "Everyone wants it if it's cut with fentanyl because it is stronger ... and it's even better dope if it's mixed with carfentanil; If somebody overdoses and dies ... [heroin users] want know who provided that dope because it was obviously good; If somebody dies off this stuff, everybody gonna flock to it because they thinking it got to be good stuff; When I was buying some off my dealers, they would tell me it had fentanyl, so I would not overdose and they would not catch a case ... but I never worry about overdosing. I overdosed one time and it took me six shots (doses) of Narcan® last August to get back; Most white [powdered heroin] is mixed with fentanyl." Overall, participants reported that the general quality of heroin has remained the same during the past six months.

In discussion of fentanyl-heroin mixtures, participants stated: "Heroin on its own is shitty [poor quality] ... it is horrible ... you are just getting good fentanyl; It is mostly fentanyl ... not much pure heroin now; There are a bunch of overdoses on the news ... they are even throwing out that antidote (naloxone) now; People are passing out in the car and just zoning out; You don't know if you are buying

heroin, fentanyl or carfentanil." Community professionals discussed: "There is this false sense of security they are getting with the Narcan® (naloxone), and I am a proponent of Narcan®, but most people I have here have been revived six, seven times ... it's just unreal; [Users] are actually seeking out fentanyl or carfentanil; People are having these Narcan® parties where they are trying to see how high they can get and if they can bring each other back; People are dying; I talked to a few people ... who have a loved one addicted to heroin and they are scared because of fentanyl ... they are worried about them overdosing; The prevalence [of naloxone] in schools, like suburban schools, shows the seriousness of it."

Heroin	Cutting Agents Reported by Crime Lab
	<ul style="list-style-type: none"> ○ fentanyl and fentanyl analogs (furanyl fentanyl, 3-methylfentanyl, valeryl fentanyl)

Reports of current prices for heroin were consistent among participants with experience purchasing the drug. Reportedly, the most common quantity of heroin purchased is a gram. Overall, participants indicated that the prices for heroin have remained the same during the past six months. However, participants discussed, "Some prices are lower for faster turn over and more business; Price depends on how good the dope is, how much you buyin' and who you buyin' from."

Heroin	Current Prices for Heroin	
	Black tar heroin:	
	1/10 gram (aka "balloon")	\$10-20
	1/2 gram	\$50-100
	A gram	\$100-200
	Powdered heroin:	
	1/10 gram	\$10
	1/2 gram	\$50-70
	A gram	\$140
	1/4 ounce	\$60-800
An ounce	\$1,800	

While there were a few reported ways of using heroin, generally the most common route of administration remains intravenous injection (aka "shooting"), followed by snorting and then smoking. Participants estimated that out of 10 black tar heroin users, seven would shoot and three would smoke the drug. They estimated that out of 10 powdered heroin users, five would shoot and five would snort the drug. Participant comments included, "Most people I know shoot; If you shoot, you are looking for that rush ... that intense rush; Depends on what you like ... I like needles, so I shoot; Most people don't start out shooting, but they get there for sure."

Participants reported that injection needles are most available from street dealers and big box stores. Additionally, participants reported obtaining needles from relatives with diabetes and from the needle exchange program. Participants shared: "You can buy a whole pack at Walmart. I just say I have diabetes ... it's not like they ask for proof, and they know what you are buying them for, but maybe they figure it's better than sharing dirty needles; You can get them from diabetes management stores or the HIV (human immunodeficiency virus) coalition; You can go to the TB (tuberculosis) clinic at MetroHealth and get a prescription for them; I always get mine from the streets; Dealers sell them ... but they usually just give them out with the dope." Reportedly, needles on the street most commonly sell for \$1 per needle.

Participants also reported that sharing of injection needles is common. Participant comments included: "I know people in Cleveland use the needle exchange, but we ain't got that here ... I'd for sure use it if we did; I don't go out of my way to share needles, but I don't really care if I do; You aren't really thinking about that when you want to get high. It don't matter who used before you."

A profile for a typical heroin user did not emerge from the data. Participants described typical powdered heroin users as everyone: "Powder is used by people from all walks of life and ages; It seems like everyone is getting on it younger and younger now, like 14 [years of age]." However, participants described typical black tar heroin users as Hispanic people, especially Mexican people, and those with a higher income: "In Hispanic neighborhoods you can get tar because it comes from Mexico; You got to have money to use [black tar heroin]."

Treatment providers described typical heroin users as white people between the ages of 19-32 years, while law

enforcement described typical users as white people from the suburbs. Treatment providers commented: *"I see an equal amount of males and females from 18 to 60s; I see a younger group, in their teens even; Mostly Caucasians in the last six months; There were young Caucasian male and females from suburbs, upper class and middle class and in the age range anywhere from 19 to 30 or 32 [years of age]; You don't see many old people because they die."* Law enforcement reported: *"We see younger white people, but I have also seen a lot of African-American people using it, too; Tends to be more white people from the suburbs; Now it is 19-year-old college students, nurses, ex-doctors ... I had someone who worked at NASA who lost everything ... She was making \$300,000 a year; We also see athletes who had sports injuries who got addicted to the pain pills and then switched to heroin."*

Prescription Opioids

Prescription opioids remain highly available for illicit use in the region. Participants most often reported the current street availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. Participant comments included: *"Pills (prescription opioids) are everywhere, especially 'perks' (Percocet®) and 'vikes' (Vicodin®); A lot of people use pills to help them detox off of heroin."* Treatment providers most often reported the current street availability of prescription opioids as '7', while law enforcement most often reported it as '10'; the previous most common score was '10' for both treatment providers and law enforcement.

Corroborating data indicated that prescription opioids 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 (note coroners' offices do not typically differentiate between pharmaceutical and clandestine fentanyl). In addition, a query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Cleveland region returned 1,471 prescription opioid cases reported during the past six months, of which 65.0 percent were fentanyl/acetyl fentanyl cases; 52.0 percent of these fentanyl/acetyl fentanyl cases were Cuyahoga County cases (an increase from 879 prescription opioid cases for the

previous six months, of which 39.4 percent were fentanyl/acetyl fentanyl cases; 40.8 percent of these fentanyl/acetyl fentanyl cases were Cuyahoga County cases).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A person in Wayne County broke into an animal clinic and stole 2,400 tramadol pills, 1,400 phenobarbital pills, liquid fentanyl and liquid ketamine (www.newsnet5.com, July 27, 2016). Detectives from the Southeast Area Law Enforcement Task Force arrested two individuals for distributing three kilograms of fentanyl in May in Bedford Heights and Maple Heights (two communities in Cuyahoga County) (www.newsnet5.com, July 28, 2016). A news source reported that carfentanil was responsible for a spike in overdose deaths in Summit County and later Cuyahoga County; the report indicated that the introduction of this drug to Cuyahoga County would likely add to the increase in overdose deaths for the year (www.cleveland.com, Aug. 18, 2016). Authorities indicted a total of five people in separate cases for distributing fentanyl, heroin and cocaine that resulted in opioid-related deaths in Lorain and Elyria (two communities in Lorain County) (www.cleveland.com, Aug. 19, 2016). A federal grand jury in Lorain County indicted an Elyria man for selling a deadly dose of fentanyl (www.cleveland.com, Aug. 25, 2016). Cleveland Police and the FBI conducted a search for a man responsible for threatening a pharmacist with a gun and demanding prescription pain pills; the pharmacist complied, and the man escaped with an undisclosed amount of prescription pain killers (www.fox8.com, Sept. 19, 2016). Elyria Police responded to a complaint that a woman's truck was running for too long next to several propane tanks; when police got to the scene, they found the woman overdosed; officers administered Narcan® to revive her (www.newsnet5.com, Sept. 20, 2016). Two brothers from South Euclid (Cuyahoga County), both members of a street gang, were indicted for distributing fentanyl, acetyl fentanyl and heroin from Connecticut to Northeastern Ohio; the brothers sold 80 grams of heroin to an informant (www.cleveland.com, Oct. 13, 2016). The Cuyahoga County Opiate Taskforce reported that unintentional opioid-related deaths in the county have surpassed deaths resulting from suicides, homicides and falls for the first time since 1999 (www.cleveland19.com, Oct. 17, 2016). The Lake County Crime Laboratory issued a warning to law enforcement after identifying two new synthetic opioid analogs in Lake County (carfentanil and 3-methyl fentanyl); the lab reported that both analogs are more potent and deadlier than fentanyl (www.newsnet5.com, Nov. 21, 2016).

Law enforcement in Cleveland arrested a man after searching his car and home and finding over 900 fentanyl pills marked as oxycodone pills; the man was sentenced to 10 years in federal prison (www.wtol.com, Nov. 22, 2016). Authorities charged four Cleveland Clinic nurses for stealing oxycodone, morphine and Nubian® painkillers from MetroHealth Medical Center (www.cleveland.com, Oct. 28, 2016). Authorities indicted two leaders of a drug ring in Cuyahoga County after responding to a pharmacist’s tip of a suspicious transaction and finding the ring had obtained numerous fraudulent prescriptions and planned to distribute approximately 1,800 oxycodone pills; a total of 18 individuals were indicted as part of this drug ring (www.cleveland.com, Dec. 1, 2016).

Participants and community professionals identified fentanyl, Percocet® and Vicodin® as the most popular prescription opioids in terms of widespread illicit use. Participant comments included: *“People eat them (Percocet® and Vicodin®) like popcorn; Some people I know get straight fentanyl; Fentanyl is pretty much the only thing out there now; Everyone is on it (fentanyl) and selling it because people ... are addicted to it and have to have it. If they get some fentanyl and someone ‘ODs’ (overdoses), they want that batch.”* Participants also identified other prescription opioids as available in the region: *“Tramadol is pretty easy to get for me ... if I was really ‘dope sick’ (in withdrawal) I would go into the hospital ... they give them to me; You can get methadone, too. I would get it from older people who were heroin addicts ... they would sell their pills.”*

Participants reported that the general availability of prescription opioids has decreased during the past six months. Participant comments included: *“Availability decreased drastically because of prescribing practices; It all depends on who you know for OxyContin® because not everyone is gonna sell it to you; It is tough getting the real ‘oxies’ (OxyContin®).”*

Although most participants reported that the overall availability of prescription opioids has decreased, some participants reported an increase in the availability for fentanyl. One participant discussed, *“Absolutely, the availability of fentanyl has risen. Fentanyl was never around when I was doing dope and it has now completely taken over the game. You are lucky if you get ‘dope’ (heroin) because fentanyl is cheaper ... it’s cheaper because it is being made, and it’s not the pharmaceutical grade ... that would be way too expensive.”*

Treatment providers reported that the general availability of prescription opioids has decreased during the past six months, while law enforcement reported that availability

has remained the same. Treatment providers commented: *“They have decreased because of OARRS [Ohio Automated Rx Reporting System] ... they are getting more stringent with prescribing practices; Availability decreased because it is more expensive and they are jumping to heroin; People are still selling it, but not as many are buying it.”*

The BCI London Crime Lab reported that the number of fentanyl, methadone, morphine, OxyContin®, Percocet® and Tramadol® cases it processes has increased during the past six months, while the Lake County Crime Lab reported that the number of fentanyl and methadone cases it processes has increased; the numbers for all other prescription opioid cases have either decreased or remained the same during the past six months. In addition, the Lake County Crime Lab reported that it processed 15 cases of U-47700 (synthetic opioid developed as a designer drug) and 10 cases involving acetyl-fentanyl (fentanyl analog) during the past six months.

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

Reports of current street prices for prescription opioids were consistent among participants with experience buying the drugs. Reportedly, the majority of prescription opioids sell for \$1 per milligram. Overall, participants indicated that the prices for prescription opioids have remained the same during the past six months.

Prescription Opioids	Current Street Prices for Prescription Opioids	
	fentanyl	\$60 for 50 mg patch
	Opana®	\$2 per milligram
	Percocet®	\$1-1.50 per milligram
	Ultram®	\$0.50-1 for 50 mg
Vicodin®	\$0.75 per milligram	

Participants reported obtaining these drugs from people who have prescriptions, including family members, as well as through Internet purchase. Participants reported: *"I would get 'scripts' (prescriptions) and give them to my 'dope boys' (heroin dealers) who would eat them and then they would give me dope; Scripts are sold on streets by specific pill dealers; If I know someone has them because of an illness, I will offer them money; People are getting them out of grandma's cabinets; Anyone can get any of these drugs, really, any drug, online; If you know how to use the computer, you can get whatever you want on the dark web."* Treatment providers discussed how fentanyl patches are obtained for illicit use: *"They are not buying them, they are stealing them; I have had people eating the patches ... getting them from cancer patients; Nurses take them from their patients ... their cancer patients."*

While there were a few reported ways of consuming prescription opioids, generally the most common route of administration for illicit use is snorting. Participants estimated that out of 10 illicit prescription opioid users, seven would snort and three would orally consume the drugs. Participants reported: *"Lower milligrams of 'perks' (Percocet®) you eat and higher ones you snort; Young people mostly snort [prescription opioids] because it's a new wave of instant gratification; I know people who use fentanyl and they usually smoke the gel [from fentanyl patches]; You can chew the gel or shoot it, too; Opana® and 'oxies' (OxyContin®) you could shoot."*

Participants described typical illicit prescription opioid users as anyone, but especially heroin users. One participant stated, *"All kinds of people use pills, but for sure heroin users."* Treatment providers described typical illicit users as anyone, but especially nurses. They commented: *"It can be anyone, there are no limitations; A lot of nurses abuse the pills. Their drug of choice is fentanyl; It's anesthesiologists, too."* Law enforcement described typical illicit users as younger. One officer remarked, *"Young, white suburban people."*

Suboxone®



Suboxone® remains highly available for illicit use in the region. Participants most often reported the current street availability of Suboxone® as '8' and '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10'. Participant comments included: *"Dope boys sell them ... so you don't get sick; When I was*

hanging out, dope boys had them a lot because people get on a 'sub' (Suboxone®) program and trade them for heroin; People know who to go to, and when they are low on dope, they will take a sub until they get the next hit."

Treatment providers most often reported the current street availability of Suboxone® as '9', while law enforcement most often reported it as '8'; previous most common score was '10' for both treatment providers and law enforcement. Community professionals believed Suboxone® to be most available in filmstrip (aka "strip") form. Community professional commented: *"Patients are talking about it or it's in their urinalysis, so I know they can get it from the streets; I am pretty sure they buy them off of people who are prescribed, and I guess those people are still using heroin."*

Corroborating data indicated that Suboxone® is available for illicit use in the region. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Cleveland region returned 102 buprenorphine (an ingredient of Suboxone®) cases reported during the past six months (there were from 103 cases for the previous reporting period).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Law enforcement in Cleveland (Cuyahoga County) arrested a man after pulling him over for speeding and finding marijuana and Suboxone® in his vehicle (www.cleveland.com, Dec. 2, 2016).

Participants reported that street availability of Suboxone® in strip form has remained the same during the past six months, while availability in pill form has increased. Participants reported, *"More people are on them now, so you can find them; Every dope boy can get them."* Treatment providers reported that street availability of Suboxone® has increased during the past six months, while law enforcement reported that it has remained the same. Treatment providers commented: *"Suboxone® increased in last six months because heroin availability and usage has gone up; It increased because they also are not monitoring Suboxone® like they should."* A law enforcement officer remarked, *"Doctors are still giving them the same, if not more."* The BCI Richfield and Lake County crime labs reported that the numbers of Suboxone® cases they process have increased during the past six months.

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

Reports of current street prices for Suboxone® were consistent among participants with experience buying the drug. One participant reported, “[Suboxone®] 8 mg can be \$10 or \$20 ... it all depends on how desperate you are.”

Suboxone®	Current Street Prices for Suboxone®	
	filmstrip	\$5 for 2 mg
		\$15-20 for 8 mg
\$20 for 12 mg		
pill	\$5 for 2 mg	
	\$10-15 for 8 mg	

In addition to obtaining Suboxone® on the street from dealers, participants also reported getting the drug through people who are prescribed it. Participants commented: “You can usually get them from a person who has been prescribed them and is selling them to get dope; I can get them from my dealer.” A treatment provider remarked, “Some of my clients sell their subs to get heroin.”

Participants reported that the most common route of administration for illicit use of Suboxone® remains intravenous injection (aka “shooting”), followed by sublingual use of the drug. Participant and community professionals described typical illicit Suboxone® users as heroin addicts attempting to avoid withdrawal. A participant reported, “People might buy heroin and Suboxone® together and save a Suboxone® to use when they run out of dope so they don’t get sick.” A treatment provider remarked, “Heroin addicts trying to avoid withdrawal use Suboxone®, but others too, like pill addicts, and when the supply of Percocet® dries up, they will use Suboxone®.”

Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain highly available for illicit use in

the region. Participants most often reported the current street availability of these drugs as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was also ‘10’. A participant reported, “It has to do with who you know. I used to sell them, so I had them all the time.”

Community professionals most often reported current street availability as ‘10’; the previous most common score was ‘8-10’. A treatment provider remarked, “They prescribe these more for anxiety and they are supposed to help the clients ... but then some are not taking them as prescribed or are selling them to people with no diagnosis for them.” Law enforcement reported: “Xanax® is in every song; They are not cracking down on this stuff in the medical community like they are with opiates; When people are trying to detox themselves, there is a nice street market for this; If you can’t find heroin, this will do.”

Corroborating data indicated that sedative-hypnotics are available for illicit use in the region. The Cuyahoga County Medical Examiner’s Office reported that 16.8 percent of the 291 drug overdose deaths it processed during the past six months involved one or more benzodiazepine. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Cleveland region returned 298 benzodiazepine cases reported during the past six months, of which 58.4 percent were Cuyahoga County cases (an increase from 258 cases for the previous six months, of which 49.6 percent were Cuyahoga County cases).

Participants and community professionals identified Ativan®, Klonopin® and Xanax® as the most available sedative-hypnotics in terms of widespread illicit use. A treatment provider observed, “Our patients like Xanax® and Ativan® ... for sure.”

Participants reported that the general street availability of sedative-hypnotics has remained the same during the past six months. Treatment providers reported that street availability has decreased, while law enforcement reported that it has remained the same. Treatment providers stated: “I feel like all I hear about is heroin; Numbers are lower now because of increasing awareness in the prescribing community, so it’s harder to get; I don’t think we are getting as many people into treatment anymore with these pills. It is really overshadowed by heroin.”

The BCI Richfield Crime Lab reported that the number of Valium® and Xanax® cases it processes has increased during the past six months, while the Lake County Crime

Lab reported an increased number of cases for Ativan®; all other sedative-hypnotics cases numbers either decreased or remained the same.

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

Reports of current street prices for sedative-hypnotics were consistent among participants with experience buying the drugs. Generally, sedative-hypnotics most often sell for \$1 per milligram.

Sedative-Hypnotics	Current Street Prices for Sedative-Hypnotics	
	Ativan®	\$3 for 1 mg
	Klonopin®	\$1 per milligram
	Soma®	\$2 per pill (unspecified dose)
	Valium®	\$3 for 5 mg \$5 for 10 mg
	Xanax®	\$3 for 2 mg

Participants reported obtaining sedative-hypnotics from dealers, through prescriptions or through people who have prescriptions. Participant comments included: *"A lot of times you can them get off someone who has a 'script' (prescription), but then usually your dope boy can get you what you want. Maybe not all these pills, but the common ones like 'xanixes' (Xanax®) for sure; I get them prescribed to me and sell them for whatever I want."*

Generally, the most common routes of administration for illicit use of sedative-hypnotics remain oral consumption and snorting. Participants estimated that out of 10 illicit sedative-hypnotic users, five would orally consume and five would snort the drugs. Participants stated; *"With Xanax® you can mix with promethazine or snort with 'weed' (marijuana); You can shoot, but most people I know just eat them; Sometimes they burn your nose when you snort, so I [orally consume] 'em ... but I have shot before ... hell, I've done it all!"*

Participants described typical illicit sedative-hypnotics users as people in their 20s. A participant reported, *"Xanie bars' (Xanax® 2 mg) are sky rocketing in my age group (early 20s)." Community professionals described typical illicit users as individuals 20-40 years of age and those who use heroin. A treatment provider reported, "I have seen the younger ones use Xanax® because of the availability and price, and they try to boost the high with the opiates."*

Marijuana



Marijuana remains highly available in the region. Participants most often reported the current availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10.' Participant comments included: *"It's not a 10, it's a 20, a 50, a 150 ... it's everywhere; It's hard to find someone who don't smoke pot."*

Community professionals most often reported the current availability of marijuana as '10'; the previous most common score was '9-10.' Community professionals commented: *"Right now, as a non-user, I can think of three people who can get it to me; It is easier to get than anything else; People don't consider it a drug anymore ... it is more like a cigarette to them because everyone in their world uses."*

Corroborating data indicated that marijuana is available in the region. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Cleveland region returned 3,501 cannabis cases reported during the past six months, of which 67.3 percent were Cuyahoga County cases (a decrease from 3,812 cases for the previous six months, of which 61.6 percent were Cuyahoga County cases).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Law enforcement arrested a man who fatally shot another man during a bad marijuana deal in the Clark-Fulton neighborhood of Cleveland (www.cleveland.com, Aug. 28, 2016). Law enforcement arrested two people after responding to calls reporting that their vehicle drove across all lanes on I-271 and crashed into a wall; as police arrived on the scene of the accident, the passenger of the car ran across the freeway to hide a bag of marijuana behind a tree (www.cleveland.com, Oct. 18, 2016). Law enforcement in Cuyahoga County arrested the passenger of a man who was pulled over for a traffic violation

after finding a jar containing 6.8 grams of marijuana in the passenger’s backpack; the following day, police arrested a woman after pulling her over on Interstate 480 for speeding and finding two ounces of marijuana under her jacket (www.cleveland.com, Oct. 20, 2016). Law enforcement in Cuyahoga County arrested several individuals on different occasions at a local Halloween attraction; police confiscated two bags of heroin and marijuana (www.cleveland.com, Oct. 20, 2016). OSHP arrested a man in Lorain County during a traffic stop after seizing 13 pounds of marijuana from his vehicle (www.statepatrol.ohio.gov, Nov. 2, 2016). Law enforcement in Cuyahoga County arrested a man after responding to a call that he was passed out in his vehicle in a parking lot; police found marijuana and amphetamines on him and in his car, and learned he left his 18-month-old baby at home alone during this situation (www.cleveland.com, Dec. 1, 2016). Law enforcement in Cleveland responded to a man who called 911 after being shot twice while trying to escape a marijuana deal gone wrong (www.cleveland.com, Dec. 20, 2016).

Participants also discussed availability of high-grade marijuana extracts and concentrates, often appearing as oil and waxy forms of the drug (aka “dabs”). Participants most often reported the current availability of marijuana extracts and concentrates as ‘8’; the previous score was not reported. Participants stated: *“Anyone willing to smoke ‘pot’ marijuana will likely use dabs. You can use one dab, and it’s like smoking a whole ‘blunt’ (cigar filled with marijuana); I don’t think there is any ‘junk weed’ (low-grade marijuana) from the sounds of it ... it’s all high [grade]; High grade is more available because of the passage of the medical marijuana; High grade is very available ... nobody wants to smoke ‘swag’ (low-grade marijuana) ... I feel like, because there is more money to be made with high grade, more people are selling it; High grade increased because people like to get the most high level they can ...”*

Law enforcement commented on the current availability of marijuana extracts and concentrates: *“One of my defendants had electronic cigarettes with THC (tetrahydrocannabinol) oil in it; ‘Edibles’ (edible forms of marijuana) are available ... there is a truck that drives around Friday night and sells them ... Edibles are everywhere; People travel to those states where it is legal and bring them back, but you have to be more careful about the edibles because you don’t know how much pot is in there.”*

Participants reported that the overall availability of marijuana has remained the same during the past

six months. However, participants indicated that the availability of marijuana extracts and concentrates has increased. Participants commented: *“Dabs is a whole new level of smoking pot ... ‘a dab will do ya,’ as they say, meaning you only need a tiny bit to be high; Dabs are becoming more common; There in an increase in edibles because of the higher quality and they think by processing it in food, they will get a quicker high; A lot of people are using edibles. They usually make it, not buy it.”*

Treatment providers reported that the overall availability of marijuana has remained the same during the past six months, while law enforcement reported increased availability. Both groups of community professionals reported an increase in availability of extracts and concentrates during the past six months. Treatment providers reported: *“Edibles are bigger now. They increased in the last six months; A lot are being shipped in from California lately; It’s about the connections and depends on the population ... but it seems like they are more popular and available now.”* A law enforcement officer responded, *“I think it is more available because they are ordering it from the states in which it is legal.”* The BCI Richfield and Lake County crime labs reported that the numbers of marijuana cases they process have decreased during the past six months.

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

Participants most often rated the current overall quality of high-grade marijuana as ‘10’ and of low-grade marijuana as ‘5’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score were ‘10’ and ‘0’, respectively. A participant observed, *“A lot of people are home growing it rather than getting it from California and that makes it not as good because indoor is not as good as outdoor, like from California and Mexico.”*

Participants indicated that the quality of low-grade marijuana has remained the same during the past six months. However, a couple of participants stated that quality of low-grade marijuana has decreased. One participant remarked, *“It gives me a headache now, so I know it got worse.”* Overall, participants reported that the

quality of high-grade marijuana has remained the same during the past six months.

Reports of current prices for marijuana were provided by participants with experience buying the drug. Reportedly, the most common quantity purchased is a “blunt” (cigar filled with marijuana). Participants commented: “Dabs are very expensive to do ... you get a dab (solid pellet) that is \$75-100; [Edibles] is meant for holidays and birthdays because it is expensive ... like \$50 for a sheet of brownies”

Marijuana	Current Prices for Marijuana	
	Low-grade:	
	A blunt (cigar)	\$2
	A gram	\$5-10
	1/8 ounce	\$20
	1/4 ounce	\$25-40
	1/2 ounce	\$50
	An ounce	\$100
	A pound	\$1,000
	High-grade:	
	A blunt (cigar)	\$15
	A gram	\$20
	1/8 ounce	\$75-80
	1/4 ounce	\$90
	An ounce	\$300
	A pound	\$3,000
	Extracts and concentrates:	
	Dabs	\$75-100 (unspecified amount)

While there were a few reported ways of consuming marijuana, generally the most common route of administration remains smoking. Participants estimated that out of 10 marijuana users, all 10 would smoke and one would also use edibles.

A profile for a typical marijuana user did not emerge from the data. Participants and community professionals described typical marijuana users as everyone. A participant commented, “Everybody ... people in the suburbs, from white neighborhoods, people from the ghetto ... everyone and everywhere.” Treatment providers remarked:

“In treatment, we are seeing 12-70-year olds ... and the older ones are saying they are using it for medical reasons like glaucoma, pain; It is used by everyone especially since they are trying to legalize it.” Law enforcement officers reported: *“There are lots of older users and professionals who don’t like to drink ... so they rather smoke pot; It’s everyone from 13-90 [years of age]; Even 90-year-old people can get it.”*

Methamphetamine

Methamphetamine is highly available in the region, according to the few participants with current knowledge on the drug. These participants most often reported the current availability of methamphetamine as ‘10’ for the crystal form and ‘6’ for the powdered form on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was ‘2’ and ‘9’, respectively. Participant comments included: *“I can get crystal ‘meth’ (methamphetamine) in city areas; It’s not hard, but you definitely have to know somebody to get it; [Crystal methamphetamine] has gotten more popular ... it is coming from Mexico ... from super labs.”*

Community professionals reported the current availability of methamphetamine as ‘4’ for the crystal form and ‘7’ for the powdered form; the previous most common overall score for methamphetamine was ‘8-9’. Treatment providers stated: *“[Powdered methamphetamine is] easy to make. They just need to look it up on the Internet and get the ingredients; It is mostly in rural areas ... you are able to drive there.”*

Corroborating data indicated that methamphetamine is available in the region. The Cuyahoga County Medical Examiner’s Office reported that five of the 291 drug overdose deaths it processed during the past six months involved methamphetamine. In addition, a query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Cleveland region returned 498 methamphetamine cases reported during the past six months, of which 39.4 percent were Cuyahoga County cases and 26.9 percent were Lake County cases (an increase from 370 cases for the previous six months, of which 30.3 percent were Cuyahoga County cases and 32.2 percent were Lake County cases).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Law enforcement in Geauga County arrested a man for

manufacturing methamphetamine when they responded to a call saying that the man was overdosing on heroin in his home; police found a laboratory used to manufacture powdered methamphetamine in the man’s home (www.wkbn.com, Aug. 10, 2016). Law enforcement arrested three people in Brook Park (Cuyahoga County) after finding a methamphetamine lab in their basement during a raid (www.cleveland.com, Aug. 17, 2016); authorities later sentenced the man responsible for operating the lab to three years in prison (www.cleveland.com, Aug. 30, 2016).

Participants reported that methamphetamine is available in powdered and crystal forms throughout the region. However, they reported crystal methamphetamine as the most prevalent form in the region. One participant stated, *“I liked crystal meth and had no trouble getting it.”*

The powdered form of methamphetamine is typically referred to as “shake-and-bake,” which means users produce the drug in a single sealed container, such as a two-liter soda bottle. By using common household chemicals along with ammonium nitrate (found in cold packs) and pseudoephedrine (found in some allergy medications), people who make methamphetamine can produce the drug in approximately 30 minutes in nearly any location. Participants reported: *“It’s extremely easy to get meth because it takes 45 minutes to make it; If you can follow a recipe, you can make methamphetamine.”*

Participants reported that the availability of both crystal and powdered methamphetamine has remained the same during the past six months. Treatment providers reported that the availability of methamphetamine has remained the same, while law enforcement reported decreased availability. One law enforcement professional reported, *“I have seen a decline in methamphetamine because it is not that lucrative for dealers ... plus I think the opiate epidemic kind of changed this.”*

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

The BCI Richfield Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months; the lab reported processing mostly crystal and off-white powdered methamphetamine. The Lake County Crime Lab reported a decreased number of methamphetamine cases; their cases were also predominantly crystal, white and off-white powder.

Participants were only able to rate the current overall quality of crystal methamphetamine, which they most often rated as ‘8’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score for both crystal and powdered methamphetamine was ‘10’. A participant commented: *“Anyone in the meth world calls cocaine, ‘slowcaine,’ because meth is so much better and it acts more quickly.”* Participants identified MSM (methylsulfonyl-methaneas, a joint supplement) as an adulterate (aka “cut”) for methamphetamine. Overall, participants reported that the quality of crystal methamphetamine has remained the same during the past six months.

Reports of current prices for methamphetamine were consistent among participants with experience buying the drug. Participants commented: *“You can spend \$50 on meth and be up for three days ... you are high for about 1/2 a day to a day and you are just out of your mind and you can’t sleep; When you start talking eight balls (1/8 ounce), you are getting it for \$250.”* Reportedly, the most common amount purchased is a gram.

Methamphetamine	Current Prices for Methamphetamine	
	Powdered:	
	1/4 gram	\$25
	1/2 gram	\$50
	Crystal:	
	1/2 gram	\$25
	A gram	\$50-60
1/16 ounce	\$90-100	

Participants reported that the most common route of administration for methamphetamine is smoking. Participants estimated that out of 10 methamphetamine users, eight would smoke and two would either snort

or “shoot” (intravenously inject) the drug. A participant remarked, *“One injection will get you high for 12 hours and then you are awake in a manic phase.”*

Participants described typical methamphetamine users as white people and rural. Participants commented: *“It is more of a white drug; Think, Kentucky country boys; I think it is more out in the country, but I had it in Lorain [Lorain County]; More white people use it than black people; Rural because you need to be isolated to make it.”* Community professionals also described typical methamphetamine users as white people and rural. They reported: *“Rural people with a history of ADHD (attention-deficit hyperactivity disorder); Females ... and they like it because they lose weight.”*

Prescription Stimulants

Prescription stimulants remain highly available for illicit use in the region. Participants most often reported the current street availability of these drugs as ‘8’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was ‘10’. A participant reported, *“I would call this dude I know who sells ‘uppers’ (stimulants) ... he would take a couple of days to get back with me but he’d have them.”* Another participant shared, *“I know people who use [methamphetamine] ... and if they can’t get it, they use Adderall®.”*

Community professionals most often reported current street availability of prescription stimulants as ‘8’; the previous score was ‘10’. Treatment provider comments included: *“It is getting up there. [Availability] is an ‘8’ now because it is prescribed to many of the clients for legitimate reasons and then they are selling it; It is everywhere on campus because they are talking about it in class; Every second child in adolescent psych is prescribed it.”*

Corroborating data indicated that prescription stimulants are available for illicit use in the region. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Cleveland region returned 135 prescription stimulant cases reported during the past six months, of which 51.9 percent were Cuyahoga County cases.

Participants identified Adderall® as the most popular prescription stimulant in terms of widespread illicit use. A participant reported, *“There is more of a demand*

[for Adderall®], so they are easier to get.” Community professionals also identified Adderall® as most popular. They reported: *“Some patients like to experiment with every drug, but for stimulants, I would hear about them abusing Adderall® the most; They like Vyvanse® but it seems to be a little less available than Adderall®; I only ever hear them talking about Adderall® ... they call them ‘addies.”*

Participants reported that the general street availability of prescription stimulants has remained the same during the past six months. Participant remarked: *“It’s status quo; No more, no less, still around like always.”* Treatment providers reported that street availability has increased during the past six months. They commented: *“Maybe they are just more open with telling us this now; We had a group of 20 somethings and it was common with them, so it seems like it increased ...”* The BCI Richfield Crime Lab reported that the number of Adderall® cases it processes has increased during the past six months, while the Lake County Crime Lab reported a decreased number of Adderall cases.

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

Reports of current street prices for prescription stimulants were consistent among participants with experience buying these drugs. In general, prescription stimulants sell for \$1-2 per milligram.

Participants reported obtaining these drugs from people with prescriptions. One participant reported, *“A lot of people are getting it from someone who is diagnosed with ADHD; They may be stealing or sharing them or even trading them for something else.”* Participants reported that the most common routes of administration for illicit use of prescription stimulants remain oral consumption and snorting. Participants estimated that out of 10 illicit prescription stimulant users, five would orally consume and five would snort the drugs. One participant reported, *“You get a faster high when you snort, so that is why some people use them that way.”*

Participants described typical illicit prescription stimulant users as white people from the suburbs and people in college. Participants reported: *“It is more common with*

white people between 14 and 25 [years of age]; Those living in the suburbs; More common with young kids, college kids; I know when a few people could not find Suboxone®, they would look for Adderall®." Community professionals described typical illicit prescription stimulant users as people in college. Treatment providers reported: "I know on college campuses they are using them; With college students, it's a horrible epidemic; Young professionals who use it to go out all night and then need to get up to go to work the next morning; They were usually Caucasian."

Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA and/or TFMPP) remains moderately to highly available in the region. Participants most often reported the current availability of both the pressed pill form of ecstasy and the powdered MDMA form (aka "molly") as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were '6' for ecstasy and '9' for molly. One participant stated, "I can get 'X' (ecstasy) pretty easily still. The crowd I was with, had it all the time." Another participant reported, "If you want molly, there is usually a specific person you would go to or you would know somebody who knew somebody to get it."

Treatment providers most often reported the current availability of ecstasy as '7-8' but had no knowledge of molly's current availability; the previous most common scores were '5' and '4', respectively. One treatment provider stated, "I had one person jump from a car when they were on ecstasy ... their mom was driving 60 miles per hour on the highway ...". A law enforcement officer commented, "Ecstasy is something someone does once in a while but not to the point of addiction."

Participants and community professionals reported that the availability of ecstasy and molly has remained the same during the past six months. Although community professionals most often reported unchanged availability, a few treatment providers indicated that the availability for both substances seems to be decreasing: "Molly decreased since the crack down and they started limiting the ingredient availability; Ecstasy availability decreased maybe because the legal system is cracking down on drug use in general; I honestly haven't heard about any use of that stuff in a while."

The BCI Richfield and Lake County crime labs reported that the numbers of ecstasy cases they process have increased

during the past six months; the labs do not differentiate between ecstasy and molly cases.

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

Participants discussed the quality of ecstasy and molly and rated ecstasy's overall current quality as '5' and molly's as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); no data was reported on the quality of either ecstasy or molly during the previous reporting period. Reportedly, molly is often "cut" (adulterated) with other substances including cocaine and heroin. Participants reported: "Molly is cut with a combination of drugs, like heroin, cocaine ... like a blend of a lot of drugs; X is cut with everything." Overall, participants reported that the quality of ecstasy and molly has remained the same during the past six months.

Reports of current prices for ecstasy and molly were consistent among participants with experience buying the drugs. Participants reported that molly is typically sold by the gram.

Ecstasy/Molly	Current Prices for Ecstasy/Molly	
	Ecstasy:	
	Low dose (aka "single stack")	\$5
	Medium dose (aka "double stack")	\$7
	High dose (aka "triple stack")	\$10
	Molly:	
	1/2 gram	\$30
A gram	\$50-70	

Participants reported that the most common route of administration for ecstasy and molly is oral consumption followed by snorting. Participants estimated that out of 10 ecstasy users, seven would orally consume and three

would snort the drug; out of 10 molly users, five would orally consume and five would snort the drug. Participants reported: *"A lot of people cut X in half and eat it; They mix molly with alcohol ... they put it in their water or juice."*

Participants described typical ecstasy users as exotic dancers and escorts, and typical molly users as young people who attend "raves" (dance parties). Participants noted: *"College kids use molly; Molly is used by people experimenting with drugs; 20 and 30-year olds at raves; I was an escort, so a lot of people had it; Dancers use X because it keeps you up and you are more freely open; Dancers, escorts, strippers ... they all use X. They use cocaine, too, because they all lower inhibitions; Ecstasy is at parties and clubs; Definitely the party scene; X is available at all the concerts; Really available for college aged and younger."*

Community professionals described typical ecstasy and molly users as young people who frequent bars and nightclubs. Treatment providers reported: *"Ecstasy and molly are in the clubs with the younger crowd. We see high school kids using molly; 30-year olds and younger like these drugs."* In addition, a treatment provider said, *"They are at concerts a lot from what the clients tell me."* Law enforcement reported: *"I know molly is out there with the younger; Ecstasy is with the party group ... experimenting with it."*

Synthetic Marijuana

Synthetic marijuana (synthetic cannabinoids) remains highly available in the region. Participants most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '8'. Participant comments included: *"It's easy to get. It's in your local gas station sold in aluminum packets, but you can buy on the streets, too; It is still running rampant."* Treatment providers most often reported current availability as '2'; the previous most common score was '10'. Treatment providers remarked: *"I don't think it is available that much; I think it depends on race and where you live."*

Corroborating data indicated that synthetic marijuana is available in the region. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Cleveland region returned 144 synthetic marijuana cases reported during the past six months. The most common synthetic marijuana ingredients reported in this region were: MDMB-FUBINACA, 5-Fluoro-ADB and FUB-AMB.

Participants reported that the availability of synthetic marijuana has remained the same during the past six months, while treatment providers reported that availability has decreased. Treatment provider comments included: *"Availability has decreased because they want 'the real stuff' (marijuana); They were having such drastic side effects from it, and during the time when it was more commonly used, it was undetectable (it was not tested for on standard urine drug screens) ... but now that they created screens for it. They are now just going back to the real stuff."* The BCI Richfield and Lake County crime labs reported that the number of synthetic marijuana case they process has decreased during the past six months.

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

Several participants commented on the current quality of synthetic marijuana. Participants reported that levels of TCH sprayed onto the leafy substances increase the potency of the drug, but not necessarily the quality of it. Participants stated: *"It is terrible, but some bags are better than others because they spray the chemical that gets you high on it in different amounts ... so, if you get a batch with a lot on it, it's good; Quality is zero because it is not real and it is not giving you the effect you are expecting."*

Reports of current prices for synthetic marijuana were consistent among participants with experience buying the drug. Participants reported that the most common amount of purchase is a package containing approximately 3-5 grams of the product.

Synthetic Marijuana	Current Street Prices for Synthetic Marijuana	
	A blunt (cigar)	\$3
	3.5 grams (a bag)	\$10-20

Despite legislation enacted in October 2011, participants reported that synthetic marijuana continues to be available at some gas stations and head shops.

A participant stated, *"You can look around and just see the stores that are selling them."* A treatment provider stated, *"They order it online and have it delivered. It used to be available in some of the gas stations and head shops, but we are not seeing it anymore here because of police involvement."*

Participants continued to report that the only route of administration for synthetic marijuana remains smoking. Participants estimated that out of 10 synthetic marijuana users, all 10 would smoke the drug. Participants described typical synthetic marijuana users as young people and those on probation. Participants reported: *"People on probation; Someone looking for a real cheap high or novice people; Young kids trying to experiment with doing something stupid."*

Community professionals described typical users of synthetic marijuana as white, young people and those on probation. They reported, *"It is more common in younger Caucasians who have a little higher income; Seeing 20- to 40-year olds because they are trying to get a quicker high and are not afraid to experiment; I have more clients who were white and young who like it."*

Other Drugs in the Cleveland Region

Participants and community professionals listed a variety of other drugs as present in the region, but these drugs were not mentioned by the majority of people interviewed: hallucinogens (lysergic acid diethylamide [LSD], phencyclidine [PCP] and psilocybin mushrooms), Neurontin® (gabapentin, an anticonvulsant) and promethazine (antihistamine, a neuroleptic).

In addition, a query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Cleveland region returned reports of other drugs in the region that were not mentioned by participants. There were 75 synthetic stimulant (aka "bath salts") cases reported during the past six months; the most common synthetic stimulants in this region were dibutylone, ethylone and alpha-PVP. There were also 30 U-47700 (synthetic opioid developed as a designer drug) cases reported during the past six months.

Hallucinogens

Hallucinogens remain available in the region. Participants most often reported the current availability of hallucinogens as '5' for LSD, '5' for psilocybin mushrooms and '10' for PCP on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were '10,' '8' and '6,' respectively. Although participants most often reported high availability of PCP in the Cleveland region, comments indicated that PCP is not readily available unless users know someone who sells the drug. They reported: *"You always have to know somebody, but you still have certain streets that you know you can get it on; It used to be predominantly in the projects; Depends on what neighborhood, in my neighborhood ... it's off the hook there."* Law enforcement most often reported current availability of PCP as '2.' They reported, *"I don't hear about any 'acid' (LSD) or any of those 60s psychedelics."* Treatment providers reported, *"It is readily available; They tell us that [there's a neighborhood in Cleveland] called 'Water World' because it is so prevalent there."*

In terms of the current availability of psilocybin mushrooms, participants explained that their availability depends on the season. Participants stated: *"Seasonal, like around spring time because of the growth time; The only time I seen it, and used it, was in the month of July."* In terms of availability of LSD, participants reported that it is most often obtained at music festivals. One participant added, *"You have to know somebody to get acid."* A treatment provider reported, *"During groups, I am finding that those that are addicted to acid know people ... they know who sells it. It is not on every street corner."*

Corroborating data indicated that hallucinogens are available in the region. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Cleveland region returned 122 hallucinogen cases reported during the past six months.

Participants reported that the availability of PCP has decreased during the past six months. One participant commented, *"It is less available because it killed a couple of people ... you don't have new comers using it."* Treatment providers reported that the availability of PCP has remained the same during the past six months. The BCI Richfield Crime Lab reported that the number of LSD cases it processes has increased during the past six months, while the number of PCP and psilocybin mushroom cases has decreased.

Reports of current prices for hallucinogens were provided by participants with experience purchasing these substances.

Hallucinogens	Current Prices for Hallucinogens	
	LSD:	
	A liquid drop or a single dose (aka "hit")	\$10-20
	10 hits (aka "strip")	\$80
	PCP:	
	A dipped cigarette	\$10-15
	Psilocybin mushrooms:	
	1 gram	\$10
	1.5 grams	\$25
	1/8 ounce	\$45

Participants reported that LSD and psilocybin mushrooms are most commonly orally consumed, while PCP is typically smoked. One participant described the oral administration of LSD: "Hits on blotter paper or in sugar cubes, or gel tabs." Participants estimated that out of 10 PCP users, all 10 would smoke the drug. A participant explained the consumption of PCP: "'Wet' (PCP) is made to dip a cigarette or weed into and you take a hit ... you ain't supposed to smoke the whole thing ... that is what makes you get naked." Reportedly, while most users smoke PCP, one participant said, "You can also make tea with it or eat it."

Participants described the typical user of LSD and of psilocybin mushrooms as younger people, college aged and those involved in the party scene. Participants commented: "Young party goers, college aged; It's big on college campuses with all races." A profile for a typical PCP user did not emerge from the data. Participants reported: "A lot of high schoolers use now ... it's not just old people using anymore; I seen younger men 17-25 [years of age] and older ones, too; I think it is common with straight weed smokers." One treatment provider stated, "I think it goes across all ages." Law enforcement reported, "I think it is maybe more on college campuses; It's available, but the kids, the younger ones, experiment with it on the weekend; Common with those going to concerts and 'raves' (dance parties)."

Neurontin®

Neurontin® is moderately to highly available for illicit use in the region. Participants most often reported the current street availability of the drug as '5' or '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10'. Treatment providers most often reported current street availability as '10'; the previous most common score was also '10'. Treatment provider comments included: "This is another one that was legitimately prescribed for anxiety and now is causing a dilemma because ... they are addictive ... so I can't determine if they are abusing it or not; I hear they are abusing it now."

Corroborating data indicated that Neurontin® is available for illicit use in the region. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Cleveland region returned 31 gabapentin cases reported during the past six months.

Participants and treatment providers reported that the street availability of Neurontin® has increased during the past six months. Participants reported: "If you take enough of it, it will make you have like a cocaine high; It's called 'gabs' (street name for gabapentin) and is more available because there is a demand." Despite current reports of high street availability, one treatment provider did not believe that the availability of Neurontin® has increased: "Because people are cracking down on it, doctors are getting more aware than they were before. There is more tracking being done ..."

Reports of current street prices for Neurontin® varied among participants with experience buying the drug. Participant comments included: "The higher the dosage, the more you buy; They sell 300 milligram capsules for \$5 at highest; You got to take a whole bunch to get high. One 300 mg pill is not gonna get you high ... you need 900-1,000 milligrams to get the effect and then your tolerance builds real quick."

Neurontin®	Current Street Prices for Neurontin®	
	300 mg	\$0.50
	600 mg	\$4
	800 mg	\$5

Participants reported the most common route of administration for illicit use of Neurontin® is oral consumption. Participants estimated that out of 10 Neurontin® users, all 10 would orally consume the drug. Participants described typical illicit Neurontin® users as young people and opiate addicts who seek to the drug to help alleviate withdrawal symptoms. Participants reported: *“Teenagers, rave group ... because they want that extra boost for study time or to have more fun; People use them to avoid withdrawal.”*

Promethazine

Promethazine is moderately available for illicit use in the region. Participants most often reported the current street availability of the drug as ‘6’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get). Participants discussed that promethazine is most commonly used illicitly as “lean” (a mixture of promethazine and soda, aka “sizzurp”). They described: *“They call it sizzurp because it sounds like cough syrup; Have you ever heard, ‘leanin’ on the sizzurp?’ That is what they say; They just drink it or they mix it with Sprite®; They mix it so, they make it however good they want it.”*

Participants reported that the availability of promethazine has increased during the past six months. A participant remarked, *“It is kind of popular with ‘dope boys’ (drug dealers) ... they use it but I am not sure why.”* Participants reported the most common routes of administration for illicit use of promethazine are oral consumption with soda and smoking. Participants discussed smoking: *“It is also common to take ‘blunt paper’ (paper used to roll marijuana cigars) and then you rub lean on that and then you also mix it with your ‘K2’ (synthetic marijuana) and you smoke it like that; You know when you bake a pie and use egg wash on your pie crust? Well, you do that with the lean ... you brush it on the rolling paper like it’s a pastry; You take some on your finger and you rub it on the paper; You use it with weed because it enhances your high; A lot of people lace their weed with it.”*

Participants and community professionals reported typical illicit promethazine users as younger people. A participant reported, *“It’s ... more common because of that rapper, Lil’ Wayne.”* Treatment providers commented: *“It’s the younger people who use it, the older don’t know what it is; It’s the younger generation like 18-30 [years of age]; Even teenagers use it; All races are using it, it’s not just one.”* A law enforcement professional reported, *“I hear about it from the younger black clients ... they are talkin’ about the lean.”*

Conclusion

Crack cocaine, heroin, marijuana, powdered cocaine, prescription opioids, prescription stimulants, sedative-hypnotics, Suboxone® and synthetic marijuana remain highly available in the Cleveland region; also highly available are methamphetamine and PCP (phencyclidine). Changes in availability during the past six months include increased availability for heroin and marijuana and likely increased availability for Suboxone®.

While many types of heroin are currently available in the region, participants and community professionals continued to report powdered heroin as most available. Participants and treatment providers attributed the increased availability of powdered heroin to increased demand for the drug, explaining that there are more users than previously due to the tightening of opioid prescribing. Law enforcement generally thought that the high availability of heroin could not get any higher, noting the seemingly endless number of dealers in the region. Reportedly, as soon as a dealer is jailed, another appears to take over their business.

Participants discussed adulterants (aka “cuts”) that affect the quality of heroin and reported that the top cutting agents for the drug include fentanyl and carfentanil. Participants observed that most white powdered heroin contains either drug; however, many participants reported that there is no “pure” heroin available, acknowledging that users do not know if they are purchasing heroin with fentanyl, carfentanil or a mixture of substances. Participants stated that more users are seeking heroin mixtures containing fentanyl and carfentanil because these potent substances produce a stronger high. They 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. Treatment providers also noted users seeking straight fentanyl. The BCI Richfield Crime Lab reported processing cases of heroin-fentanyl and fentanyl analog mixtures (furanil fentanyl, 3-methylfentanyl, valeryl fentanyl) during the past six months.

The most common route of administration for heroin remains intravenous injection (aka “shooting”). Participants reported that injection needles are most available from street dealers and big box stores. Participants also reported that sharing of injection needles is common. Participants

described powdered heroin users as everyone, while describing typical black tar heroin users as Hispanic people. Treatment providers described typical heroin users generally as white people between the ages of 19-32 years, while law enforcement described typical users as white people from the suburbs.

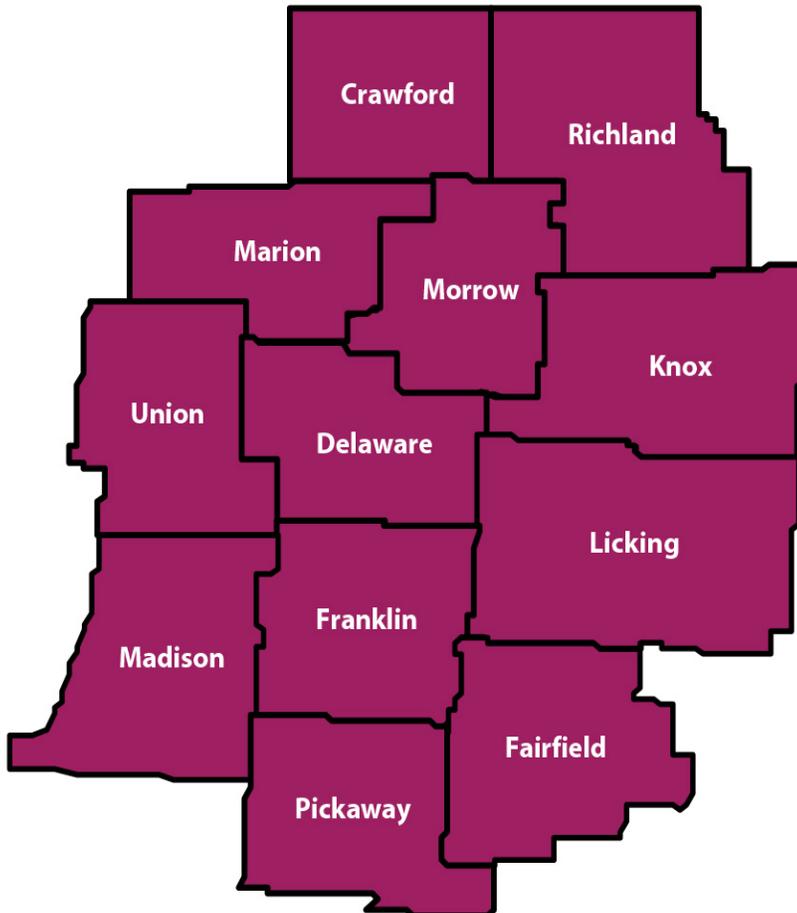
Participants and community professionals indicated that the availability of marijuana extracts and concentrates, often appearing as oil and waxy forms of the drug (aka "dabs"), have increased during the past six months. Both groups of respondents noted an increase in edible forms of marijuana. Reportedly, "edibles" are more popular than previously; they are being shipped to the region from states where their use is permissible by law, namely California.

Participants and treatment providers reported that the street availability of Neurontin® (gabapentin, an anticonvulsant) has increased during the past six months. Participants explained that if a user takes "enough" of

the medication, this produces a "cocaine-like" high. They reported that Neurontin®, often referred to as "gabs" for gabapentin, its generic name, has increased in availability due to increased demand for the drug. Participants described typical illicit Neurontin® users as young people and opiate addicts who seek to the drug to help alleviate withdrawal symptoms.

Lastly, promethazine (antihistamine, a neuroleptic) is moderately available in the region. Participants discussed that promethazine is most commonly used illicitly as "lean" (a mixture of promethazine and soda, aka "sizzurp"). They reported that the availability of promethazine has increased during the past six months, remarking that the drug is popular among drug dealers. Reportedly, the most common routes of administration for illicit use are 1) oral consumption with soda and 2) smoking, laced in marijuana "blunts" (cigars). Participants and community professionals reported typical illicit promethazine users as younger people, with law enforcement noting use particular to young African-Americans.

Drug Abuse Trends in the Columbus Region



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Data Sources for the Columbus Region

This regional report was based upon qualitative data collected via focus group interviews. Participants were active and recovering drug users recruited from alcohol and other drug treatment programs in Franklin, Licking and Marion counties. Data triangulation was achieved through comparison of participant data to qualitative data collected from regional community professionals (treatment providers and law enforcement) via focus group interviews, as well as to data surveyed from the Columbus Police Crime Lab and the Ohio Bureau of Criminal Investigation (BCI) London Crime Lab, which serves central and southern Ohio. 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. All secondary data are summary data of cases processed from January through June 2016. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for July through December 2016.

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

Regional Profile

Indicator ¹	Ohio	Columbus Region	OSAM Drug Consumers
Total Population, 2014	11,560,380	2,219,724	39
Gender (female), 2014	51.1%	50.6%	48.7%
Whites, 2014	84.8%	81.7%	62.5%
African Americans, 2014	13.6%	15.6%	35.0%
Hispanic or Latino Origin, 2014	3.3%	3.7%	5.3% ²
High School Graduation Rate, 2014	82.6%	74.8%	85.0% ³
Median Household Income, 2014	\$49,349	\$55,565	\$20,000 to \$29,999 ⁴
Persons Below Poverty Level, 2014	15.3%	14.4%	42.9% ⁵

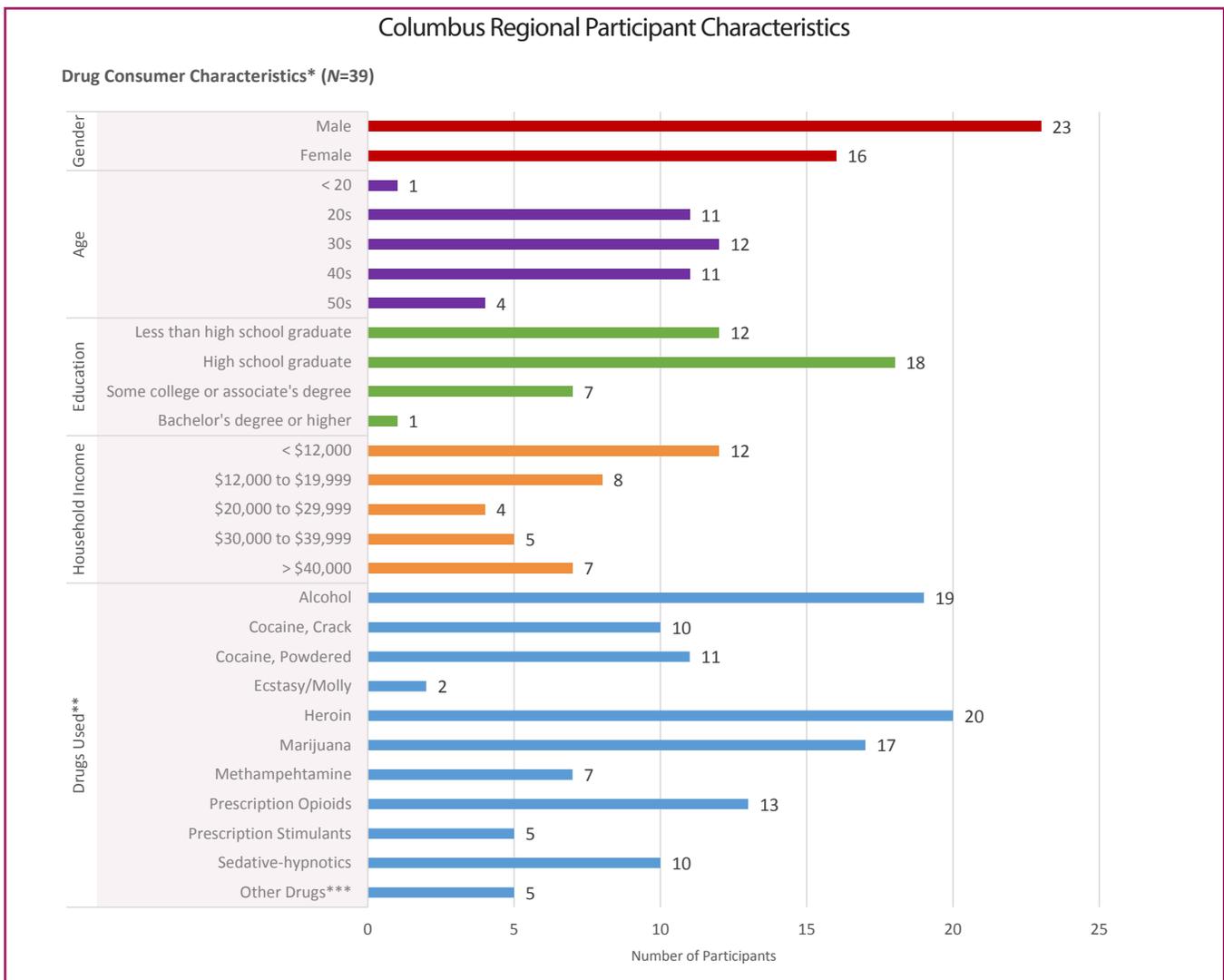
¹ Ohio and Columbus region statistics were derived from the most recent US Census; OSAM drug consumers were participants for this reporting period: July - December 2016.

² Hispanic or Latino origin was unable to be determined for 1 participant due to missing and/or invalid data.

³ High school graduation rate was unable to be determined for 1 participant due to missing and/or invalid data.

⁴ Participants reported income by selecting a category that best represented their household's approximate income for the previous year. Income was unable to be determined for 1 participant due to missing and/or invalid data. Note income categories have been collapsed in the table below.

⁵ Poverty status was unable to be determined for 4 participants due to missing and/or invalid data.



*Not all participants filled out forms completely; therefore, numbers may not equal 39.

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

***Other drugs included: Bath salts, lean (promethazine hydrochloride with codeine), Suboxone® and Subutex®.

Historical Summary

In the previous reporting period (January – June 2016), crack cocaine, heroin, marijuana, methamphetamine, Neurontin®, prescription opioids and Suboxone® were highly available in the Columbus region. Changes in availability during the reporting period included: increased availability for methamphetamine and decreased availability for bath salts.

Participants discussed that heroin remained extremely easy to get given that dealers offered delivery to users; due to home delivery, one participant stated that it was easier to obtain heroin than aspirin. Treatment providers reported that most of their current clients were heroin users.

While many types of heroin were available in the region, participants and community professionals agreed that black tar heroin was most available. The BCI London and Columbus Police crime labs reported that the number of heroin cases they process had increased during the reporting period; along with black tar heroin, the labs reported processing beige, brown, tan and white powdered heroin. Additionally, a participant indicated the presence of “blue drop” (heroin containing fentanyl with a bluish tint) in the region.

Participants continued to include fentanyl as one of the top adulterants for heroin. Both the BCI London and Columbus Police crime labs processed cases of heroin-fentanyl mixtures and straight fentanyl submitted as suspected heroin during the reporting period; the Columbus Police Crime Lab also noted heroin-methamphetamine mixtures as becoming more common.

Methamphetamine remained highly available in the region. One participant stated that methamphetamine use was becoming an epidemic. Participants shared that some individuals started using methamphetamine to lose weight and that methamphetamine use was becoming socially acceptable and less stigmatized. Treatment providers also discussed the high prevalence of methamphetamine and attributed its increased use and availability to more users producing the drug.

Corroborating data indicated that methamphetamine was available in the region. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Columbus region returned 464 methamphetamine cases reported during the reporting period, of which 46.7 percent were Licking County cases, 26.7 percent were Fairfield County cases, and 13.7 percent were Franklin County cases.

Participants reported that methamphetamine was available in powdered and crystal forms throughout the region. However, participants reported crystal as the most prevalent form of the drug. Participants reported that the availability of crystal methamphetamine had increased during the reporting period. Treatment providers described typical methamphetamine users as white, 20-30 years of age, and unemployed and/or involved with the legal system.

Lastly, participants indicated that the availability of Neurontin® (gabapentin, an anticonvulsant) had increased during the reporting period. Participants and treatment providers reported that Neurontin® was easily prescribed and often obtained from people with prescriptions. Participants described typical illicit users of the drug as people who used heroin, opiates and/or Suboxone®. Reportedly, Neurontin® lessens opiate withdrawal symptoms. Treatment providers also noted Neurontin® use with Suboxone®

Current Trends

Powdered Cocaine

Powdered cocaine remains moderately to highly available in the region. Participants most often reported the drug's current availability as '5' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10'. A participant remarked, “*Nobody wants to sell you ‘powder’ (powdered cocaine). It’s better for them to ‘cook it up’ (manufacture crack cocaine out of powdered cocaine) ‘cause they make more money [selling crack cocaine].*” Treatment providers most often reported the current availability of powdered cocaine as '8,' while law enforcement most often reported it as '4,' the previous most common score among community professionals was '2-6.' One treatment provider reported, “*What I have noticed is, when people are doing opiates and they are trying to stop the opiates ... they are using powder and crack [cocaine].*”

Corroborating data indicated that cocaine is available in the region. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Columbus region returned 933 cocaine cases reported during the past six months, of which 69.7 percent were Franklin County cases (an increase from 735 cases for the previous six months, of which 63.7 percent

were Franklin County cases). Note laboratories logging cases into NFLIS do not typically differentiate between powdered and crack cocaine.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Ohio State Highway Patrol (OSHP) arrested two individuals in Madison County from California after pulling them over for speeding and discovering 15 pounds of powdered cocaine in their vehicle (www.nbc4i.com, Aug. 9, 2016). Pickaway County Sheriff's Office, Circleville Police, the Ohio Attorney General's Heroin Unit and the Bureau of Criminal Investigation's Special Operations and Criminal Intelligence Unit collaborated on a 6-month long investigation which ended in the arrest of 26 individuals responsible for trafficking powdered cocaine and heroin from Columbus to Pickaway County (www.patch.com, Aug. 12, 2016). Detectives with an interagency drug task force arrested two individuals after executing a search warrant and seizing 622 grams of cocaine and 319 grams of heroin from a home in Marion Township (Marion County); back in February, the task force executed a search warrant of the same home and seized 84 grams of crack cocaine, four grams of cocaine, 50 grams of marijuana and 39 grams of heroin (www.otfca.net, Aug. 12, 2016).

Participants and law enforcement reported that the availability of powdered cocaine has decreased during the past six months, while treatment providers reported that availability has remained the same. A participant reported, "That's gone down a lot because they're turning it all into crack." Another participant stated, "The reason cocaine has gone down was due to the up rise in methamphetamine use." The BCI London Crime Lab reported that the number of powdered cocaine cases it processes has increased during the past six months, while the Columbus Police Crime Lab reported that the number of cases it processes has remained the same; the labs do not typically differentiate between powdered and crack cocaine.

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

Participants most often rated the current overall quality of powdered cocaine as '2-4' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '8'. A participant commented, "Sometimes you get really good stuff, and other times you get really bad stuff." Participants reported that the top cutting agents (adulterates) for powdered cocaine include: acetone, baby laxative, baking soda and creatine. Other adulterates mentioned include: drywall, ether and inositol (dietary supplement). Overall, participants reported that the quality of powdered cocaine has decreased during the past six months. One participant stated, "I would say down ... by the time it gets here it's 'stomped on' (adulterated) so much."

Powdered Cocaine	Cutting Agents Reported by Crime Labs	
	<ul style="list-style-type: none"> ● local anesthetics (benzocaine and procaine) ● levamisole (livestock dewormer) 	

Reports of current prices for powdered cocaine were consistent among participants with experience buying the drug. Overall, participants reported that the price of powdered cocaine has remained the same during the past six months.

Powdered Cocaine	Current Prices for Powdered Cocaine	
	A gram	\$30-75
	1/16 ounce	\$60-75
	1/8 ounce	\$100-200
	An ounce	\$1,200

Participants reported that the most common route of administration for powdered cocaine remains snorting. Participants estimated that out of 10 powdered cocaine users, eight would snort and two would intravenously inject (aka "shoot") the drug. Participants described typical powdered cocaine users as individuals ranging from 21-60 years and professionals with higher socio-economic status. Community professionals described typical users as anyone. One treatment provider stated, "Doesn't matter if they're professionals, poor, rich, rural or urban." A law enforcement officer stated, "I would say white males early 20s to early 50s [in age]."

Crack Cocaine



Crack cocaine remains highly available in the region. Participants most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. Participants remarked: *"For those of us that go to Columbus to get it, you can find it everywhere ... like you can find crack and heroin like damn near anywhere; You can trip and fall and find crack cocaine in Columbus; It's everywhere ... and it's good."*

Treatment providers most often reported the current availability of crack cocaine as '8-9', while law enforcement most often reported it as '2-4' in rural areas and '8' in inner-city communities; the previous overall most common score was '2-4'. A treatment provider stated, *"I'd say high, though it seems to be a secondary to methamphetamine ..."* A law enforcement officer stated, *"Locally, we haven't seen a lot ... but we have found a lot of crack paraphernalia."* Another officer commented, *"You just don't see a lot of it."*

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Franklin County Sheriff's officers arrested two men during the execution of a search warrant after seizing one ounce of crack cocaine and more than one ounce of heroin (www.nbc4i.com, July 13, 2016). Columbus Police arrested a man after executing search warrants at two different properties owned by the man and seizing 32.8 grams of crack cocaine, 28.5 grams of marijuana and a cocaine press from one location; 27.5 grams of heroin was found at the second location (www.nbc4i.com, Sept. 28, 2016).

Participants reported that the availability of crack cocaine has increased during the past six months. Participants remarked: *"I mean every other ... house in the hood is a crack house; They're turning it [powdered cocaine] all into crack."* Treatment providers reported that the availability of crack cocaine has increased during the past six months, while law enforcement reported that availability has remained the same. A treatment provider stated, *"What I have noticed is, when people are doing opiates and they are trying to stop the opiates ... they are using powder [cocaine] and crack."* The BCI London Crime Lab reported that the number of crack cocaine cases it processes has remained the same during the past six months.

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

Participants most often rated the current overall quality of crack cocaine as '6-8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '7'. A participant stated, *"Compared to the stuff I used to get seven years ago, this shit is garbage."* Another participant remarked, *"It's getting 'stomped on' (adulterated) a lot."* Participants reported that crack cocaine in the region is most often adulterated (aka "cut") with baking soda. Participants reported: *"They say I got the 'fire' (high quality crack cocaine), but it's all baking soda; [Quality] basically depends on if the person (dealer) is getting greedy and just wants to make more [money] or cares for their customers to come back; Yeah, baking soda, it's cut ... a lot, a lot."* Other cuts mentioned for crack cocaine include: acetone, baby laxative and ether. Overall, participants reported that the quality of crack cocaine has remained the same during the past six months.

Crack Cocaine	Cutting Agents Reported by Crime Labs	
	<ul style="list-style-type: none"> ● local anesthetics (benzocaine and procaine) ● levamisole (livestock dewormer) 	

Reports of current prices for crack cocaine were consistent among participants with experience buying the drug. Overall, participants reported that the price of crack cocaine has remained the same during the past six months.

Crack Cocaine	Current Prices for Crack Cocaine	
	1/10 gram (aka "rock")	\$5
	A gram	\$50
	1/16 ounce (aka "teener")	\$75-100

Participants reported that the most common route of administration for crack cocaine remains smoking. Participants estimated that out of 10 crack cocaine users, nine would smoke and one would intravenously inject (aka "shoot") the drug. One participant stated, *"I shot it one time and I'll never shoot it again."* A treatment provider reported, *"I have noticed that people have been shooting up crack."*

Participants described typical crack cocaine users as white people and older African-American males. One participant stated, *"I've smoked with a lot of old black people."* Community professionals described typical users as individuals around 30 years of age and more often males. A law enforcement officer remarked, *"White males are what we have dealt with."*

Heroin



Heroin remains highly available in the region. Participants most often reported the current availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. Participants reported: *"It's everywhere, falling from the sky; You can get heroin in Newark (Licking County) like you can get crack [cocaine] in Columbus."* Community professionals most often reported current availability as '10'; the previous most common score was also '10'. A law enforcement officer stated, *"Yeah, maybe even more [than '10' on the availability scale]. It's like water."*

Corroborating data indicated that heroin is available in the region. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Columbus region returned 1,051 heroin cases reported during the past six months, of which 52.3 percent were Franklin County cases (a decrease from 1,173 cases for the previous six months, of which 40.7 percent were Franklin County cases).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Columbus Police issued a warning to Central Ohio citizens after responding to eleven heroin-related overdoses in less than 24 hours in Franklin County, two of which resulted in death (www.10tv.com, July 10, 2016). A news source in Franklin County reported on the emergence of carfentanil, often sold as heroin, on the streets of Columbus; the

report stated the drug is often sold online from Chinese companies; law enforcement arrested a man responsible for the rash of heroin-related overdoses in Franklin County which were reportedly laced with carfentanil (www.yahoo.com, July 28, 2016). The Franklin County Drug Task Force arrested two men after raiding their home in Columbus and seizing an undisclosed amount of brown powdered heroin and powdered cocaine (www.nbc4i.com, Aug. 3, 2016). Paramedics in Franklin County administered Narcan® (naloxone, medication to reverse opiate overdose) to save 31 individuals from heroin-related overdose in one weekend (www.nbc4i.com, Aug. 23, 2016). Upper Arlington Police (Franklin County) arrested a woman after learning she provided heroin to a man whom they found dead in his home of an overdose (www.nbc4i.com, Sept. 22, 2016). Officers from the Franklin County Sheriff's Office and the Franklin County Prosecutor's Office (part of the Heroin Overdose Prevention and Education [HOPE] Task Force) worked together to arrest a woman for involuntary manslaughter and drug trafficking after learning she provided heroin to a woman who was later found dead from overdosing in a public restroom on the West side of Columbus (www.nbc4i.com, Sept. 23, 2016). A news source in Franklin County reported two individuals died from heroin-related overdoses in one week in September (www.dispatch.com, Sept. 25, 2016). Columbus Police and the U.S. Drug Enforcement Agency (DEA) collaborated to arrest three individuals after learning they sold heroin that resulted in seven overdoses in one weekend; police seized 14 grams of heroin from their Columbus home (www.therepublic.com, Sept. 29, 2016). The Franklin County Coroner's Office reported 21 heroin-related overdoses in 24 hours (www.dispatch.com, Sept. 30, 2016). Columbus Police arrested two women after executing a search warrant and seizing 79 grams of heroin; the heroin caused 48 people to overdose over the course of a few weeks (www.dispatch.com, Oct. 7, 2016). A Franklin County Grand Jury indicted two men on separate occasions for selling heroin to people who subsequently overdosed from the drug; one man sold heroin to a 25-year-old who overdosed in June, and the other man provided heroin to his 20-year-old girlfriend who overdosed in July; in both cases, EMS used Narcan® to save the two lives (www.10tv.com, Oct. 7, 2016). A news source in Richland County distributed a report issued by the Mansfield Police Department, reporting six overdose deaths in the county in a few days; the Montgomery County Coroner's Office confirmed four of these deaths were due to carfentanil (www.wmfd.com,

Oct. 10, 2016). Whitehall Police (Franklin County) arrested two individuals after executing a search warrant and confiscating 100 grams of heroin (www.nbc4i.com, Oct. 14, 2016). Reynoldsburg Police (Franklin County) administered four doses of Narcan® to a man after responding to a call that he overdosed in his car; police arrested him for drug possession and an OVI (operating a vehicle impaired) (www.nbc4i.com, Oct. 27, 2016). Law enforcement in Marion County responded to 12 heroin overdose calls in two days and arrested several people for trafficking the drug; police identified the heroin source, raided the home, and found hundreds of forged credit cards, gift cards and a credit card imprinter; one key suspect in the arrest had 32 bags of heroin hidden in his rectum (www.nbc4i.com, Nov. 1, 2016). Crawford County Sheriff's Office, Galion Police along with a regional drug task force arrested a man in Galion (Crawford County) after seizing 23 bundles of heroin from his home (www.otfca.net, Nov. 17, 2016). Regional drug task forces worked in conjunction with Mansfield Police (Richland County) to execute a search warrant and seize an undisclosed amount of heroin from a Mansfield home where two men were trafficking drugs (www.wmfd.com, Dec. 12, 2016). Law enforcement in Franklin County arrested five men with connection to a Mexican heroin cartel after seizing 18 kilograms of the drug and an undisclosed amount of marijuana (www.nbc4i.com, Dec. 2, 2016). The Racketeer Influenced and Corrupt Organizations (RICO) Act helped to indict a Columbus couple for possession of heroin and for advertising prostitution over the Internet (www.nbc4i.com, Dec. 28, 2016).

While many types of heroin are currently available in the region, participants continued to report black tar heroin as most available. A participant stated, "I'd say 'tar' (black tar heroin) is more available than 'china' (white powdered heroin, aka 'china white')." Reportedly, white powdered heroin is also available in the region.

Participants reported that the general availability of heroin has increased during the past six months. Participants stated: "It's increased, 10 plus; They want to make more money; 'Cause people want it more; Less money, a longer high [compared to prescription opioids]." Community professionals also reported that the general availability of heroin has increased during the past six months.

The BCI London Crime Lab reported that the number of heroin cases it processes has decreased during the past six months, while the Columbus Police Crime Lab

reported that the number of cases it processes has remained the same; the labs reported processing beige, brown, tan and white powdered heroin along with black tar heroin. However, the labs noted that they do not typically differentiate between black tar and powdered heroin cases. In addition, the BCI London Crime Lab noted processing cases of heroin-fentanyl mixtures and straight fentanyl submitted as suspected heroin cases during the past six months.

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

Participants most often rated the current overall quality of heroin as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was also '10'. Participants reported that white powdered heroin in the region is most often adulterated (aka "cut") with fentanyl and tranquilizers (carfentanil, aka "elephant tranquilizer"). Additional cuts mentioned include: baby laxative, NoDoz®, Sleepinal® and prescribed sleeping pills. Reportedly, the most common adulterates for black tar heroin are soda and coffee. Additional cuts mentioned include: coffee, brown sugar, dietary supplements, resin and vinegar. Participants reported: "You can take Coke (Coca-Cola™) or Pepsi™ and whip it up in the microwave and it will look just like heroin; Yeah, it cooks it into a syrup and you can stick it into the freezer or something; You can top that off with a little bit of vinegar or coffee and not even an experienced addict will taste it!"

Overall, participants reported that the general quality of heroin has decreased during the past six months. However, participants across the region reported increased quality if fentanyl is used to cut the heroin. Participants remarked: "It's gone up ... but that's the fentanyl; I'd say you never know anymore what you're getting especially when it comes to 'china' (white powdered heroin, aka 'china white') 'cause it's not even 'dope' (heroin), it's fentanyl, 'elephant tranquilizer' (carfentanil) and all this other crazy stuff; The quality's not changing, what they are cutting it with is changing ... we go out seeking the fentanyl ... we're

going in search of the best; I don't care where you are in Ohio ... it won't be pure; Now [fentanyl] is clandestine, like made in a lab ... not in the little patch (pharmaceutical fentanyl patches)." A treatment provider stated, "[Fentanyl is] what they are using to cut the heroin. A lot of the times our clients aren't even aware that they did it, and when we test them, they see it [in their drug test results]."

Heroin	Cutting Agents Reported by Crime Labs	
	<ul style="list-style-type: none"> ● caffeine ● diphenhydramine (antihistamine) ● fentanyl/acetyl fentanyl ● mannitol (diuretic) ● triacetin (glycerin triacetate, a food additive) 	

Reports of current prices for heroin were consistent among participants with experience purchasing the drug. Reportedly, the most common quantity purchased is 1/10 of a gram. Overall, participants indicated that the price of heroin has remained the same during the past six months.

Heroin	Current Prices for Heroin	
	Black tar or powdered heroin:	
	1/10 gram	\$10
	A gram	\$50-80

While there were a few reported ways of using heroin, generally the most common route of administration remains intravenous injection (aka "shooting"). Participants estimated that out of 10 heroin users, nine would shoot and one would snort the drug. A participant reported, "I started shooting it. And if you came to me personally, I would try to get you to shoot it because you're wasting it any other way." Few participants also described snorting heroin through a method referred to as 'mud puddling': "It's when you get like a cap ... I would use a chap stick lid ... and put your heroin inside it ... add water and shake it 'till it dissolves, and then you snort it."

In addition to obtaining injection needles from dealers, participants reported obtaining them from pharmacies and big box stores. Reportedly, needles from retail stores cost \$1.29 for 10 needles. If a needle is obtained through

a local drug dealer, the cost per needle is typically \$1. Participants also discussed that used needles are not often disposed of safely; they described coming across needles or needle remnants on the streets: "You always see the little orange needle caps everywhere, at a gas station, anywhere, at the shelter where I stay; I live next to a church and my daughter came in one day and she was like, 'Mom there's a needle ... you know those things grandma uses to take her medicine with ... there's a whole bunch of them laying over there in the church parking lot.'" Participants also noted needle sharing among users as a common practice.

Participants described typical heroin users as white people of upper socio-economic status. However, participants also observed an increase in African-American males using heroin. Community professionals most often described typical heroin users as anyone; however, a few professionals insisted that heroin is still predominantly used by white males. A treatment provider stated, "Doesn't matter if they're professionals, poor, rich, rural or urban." A law enforcement officer stated, "You name it. I mean the ones that we have encountered generally have been white males ... about 20s to 30s [years of age]."

Prescription Opioids

Prescription opioids are moderately to highly available for illicit use in the region. Participants most often reported the current street availability of these drugs as '5' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '8'. A participant commented, "The ones that are 'hospital hoppers' (aka 'doctor shoppers') ... they have multiple prescriptions from multiple doctors; I mean [prescription opioids] are out there, but people aren't buying them [users are buying heroin instead]."

Community professionals most often reported the current street availability of prescription opioids as '10'; the previous most common scores were '6' for treatment providers and '8-9' for law enforcement. A treatment provider stated, "We hear grandmas are selling it ... the newspapers are talking about it. 'I had to have surgery that's how I began, and then they got so expensive ... I went to heroin' ... we see that often with the women [in treatment]."

Corroborating data indicated that prescription opioids are available for illicit use in the region. A query of the National Forensic Laboratory Information System (NFLIS)

for the counties which comprise the Columbus region returned 651 prescription opioid cases reported during the past six months, of which 11.8 percent were fentanyl/ acetyl fentanyl cases; 44.2 percent of these fentanyl/acetyl fentanyl cases were Franklin County cases (there were 642 prescription opioid cases for the previous six months, of which 10.1 percent were fentanyl/acetyl fentanyl cases; 29.2 percent of these fentanyl/acetyl fentanyl cases were Franklin County cases).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Marion Police (Marion County) arrested a couple after responding to two Percocet® overdoses by their 18-month-old daughter in one week (www.nbc4i.com, July 27, 2016). Hilliard Police (Franklin County) arrested a husband and wife after executing a search warrant and confiscating prescription opioids and marijuana from their home (www.nbc4i.com, Aug. 26, 2016.) A man jumped over the counter of a retail pharmacy in Columbus, holding a knife he demanded the pharmacist open the safe; the man escaped with an undisclosed amount of narcotics (www.nbc4i.com, Aug. 26, 2016). A news source reported another man jumping the counter at another Columbus retail pharmacy, pointing a gun at pharmacy employees and escaping with an undisclosed amount of prescription drugs (www.nbc4i.com, Sept. 6, 2016). Galion Police (Crawford County) arrested a man after seizing several packages containing 200 oxycodone pills that were sent to him via the U.S. mail (www.wmfd.com, Oct. 27, 2016).

Participants identified Percocet® as the most popular prescription opioid in terms of widespread illicit use. Treatment providers identified oxycodone as most popular, while law enforcement identified Percocet® and oxycodone as most prevalent.

Participants reported that the general street availability of prescription opioids has decreased during the past six months. Participants reported: "Yeah, it's harder to get now, 'cause they don't just give them out; You ain't lookin' 'cause it's harder for people to get them ... it's getting more expensive and it's harder to get them prescribed because they are starting to get strict on them." Community professionals reported that the general street availability of prescription opioids has remained the same during the past six months.

The BCI London Crime Lab reported that the number of fentanyl, Lortab®, methadone, Norco® and Vicodin® cases it processes has increased during the past six months, while the Columbus Police Crime Lab reported that the number of cases for these substances has remained the same. The BCI London Crime Lab also reported that the number of Dilaudid®, morphine, Opana®, OxyContin® and Percocet® cases have decreased, while the Columbus Police Crime Lab reported that the number of cases of these substances has remained the same.

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

Reports of current street prices for prescription opioids were consistent among participants with experience buying the drugs. Reportedly, the majority of prescription opioids sell for \$1 per milligram. Participants reported that, in some areas, dealers place a \$1-2 "tax" on each pill. A participant stated, "Most of your pills go for a dollar a milligram, except for Vicodin®, if you buy five, you pay \$3."

Participants reported obtaining these drugs from hospitals, doctors, elderly people and through Internet purchase. One participant stated, "Well, you got the bright ones that are hospital hoppers." Another participant stated, "Or most of them are buying 'scripts' (prescriptions) off the elderly."

Prescription Opioids	Current Street Prices for Prescription Opioids	
	methadone	\$10-15 for 10 mg
	Percocet®	\$7 for 5 mg
	Opana®	\$8 for 5 mg \$30-35 for 40 mg \$55 for 50 mg
	Roxicodone®	\$30-40 for 30 mg
	Vicodin®	\$3 for 5 mg

While there were a few reported ways of consuming prescription opioids, generally the most common route of administration for illicit use remains snorting. Participants estimated that out of 10 illicit prescription opioid users, seven would snort, two would orally consume and one would intravenously inject (aka “shoot”) the drugs.

Participants described typical illicit prescription opioid users as white, middle-aged males. Community professionals described a broad range of people who use prescription opioids illicitly. A law enforcement officer stated, “All walks of life ... could be anybody.”

Suboxone®



Suboxone® remains highly available for illicit use in the region. Participants most often reported the current street availability of drug as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy

to get); the previous most common score was also ‘10’. Participants reported: “Yeah, you can get those easily; People that sell pills and heroin have them because [users] go and trade them ... their Suboxone® ... they get the heroin and pills.”

Community professionals most often reported the current street availability of Suboxone® as ‘10’; the previous most common score was ‘4-6’. Treatment providers stated: “Suboxone® clinics are popping up everywhere. You just give [them cash] ... it’s just really, really crazy, so anybody can get it now; The trend that I am seeing is, that these people aren’t even offering treatment in these ‘pop-up shops’ [clinics which seem to appear overnight] ... that is creating a bigger problem than I think the system was ready for; I think a lot of people are getting it but are not using it They are just keeping enough of it to test positive on the day that they are screening ... but they are still using heroin ... they are just selling the Suboxone®, so you have a lot of people who are buying the Suboxone® on the street.”

Corroborating data indicated that Suboxone® is available for illicit use in the region. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Columbus region returned 202 buprenorphine (an ingredient in Suboxone®) cases reported during the past six months, of which 50.5 percent were Franklin County cases (an increase from 163 cases for the previous reporting period, of which 31.9 percent were Franklin County cases).

Participants reported that the availability of Suboxone® in filmstrip form has increased during the past six months, while the availability in pill form has decreased. A couple of participants remarked on the increasing availability of Suboxone® filmstrip: “I would say it’s gone up. A lot of people are getting them; ‘Cause everyone is on heroin here.” Other participants remarked on the decreased availability of Suboxone® pills: “For a while Subutex® were really popular here ‘cause it don’t have the ‘opiate blocker’ (naloxone) in it; But now they only give it to pregnant woman who were on heroin.”

Treatment providers reported that the availability of Suboxone® overall has increased during the past six months, while law enforcement reported decreased availability. Law enforcement officers remarked: “It’s gone down ... it has definitely gone down; It seemed like it has decreased a bit, it’s just a little harder to get now.” The BCI London Crime Lab reported that the numbers of Suboxone® and Subutex® cases it processes have increased during the past six months, while the Columbus Police Crime Lab reported that the numbers of Suboxone® and Subutex® cases it processes have remained the same.

Reported Availability Change during the Past 6 Months		
Suboxone®	Participants	Increase
	Law enforcement	Decrease
	Treatment providers	Increase

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

Current Street Prices for Suboxone®		
Suboxone®	filmstrip	\$20 for 8 mg
	pill	\$30 per pill (unspecified dose)

In addition to obtaining Suboxone® for illicit use on the street from dealers and other users, participants also reported getting the drug through clinics. Participants remarked: “Nine times out of 10, they will sell them (Suboxone®) to buy heroin or trade them to get heroin. And a

lot of times, they won't give you the packet because they have to give them back to the doctor to get more; You have to go to Columbus to get them ... all the junkies are going to get them."

Participants reported that the most common route of administration for illicit use of Suboxone® filmstrips remain sublingual. However, participants also continued to report illicit use of Suboxone® through intravenous injection (aka "shooting").

Participants described typical illicit Suboxone® users as white people and someone addicted to opioids. Community professionals described typical illicit users as individuals addicted to opioids. Treatment providers commented: "Anybody who is an opiate addict ... I don't know how else to say that; Anyone ranging from 18 to ... haven't seen as many older lately ... 30 or 35 [years of age]; White mostly from what I've seen." A law enforcement officer remarked, "Same as the heroin user."

Sedative-Hypnotics



Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) are highly available for illicit use in the region. Participants most often reported the current street availability of these drugs as '10' on a

scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '7'. A participant stated, "All you have to do is go to your doctor and tell them you can't sleep and they just give them to you." Community professionals most often reported the current street availability sedative-hypnotics also as '10'; the previous most common score was '3' for treatment providers and '9' for law enforcement.

Corroborating data indicated that sedative-hypnotics are available for illicit use in the region. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Columbus region returned 280 benzodiazepine cases reported during the past six months, of which 50.0 percent were Franklin County cases (an increase from 231 cases for the previous six months, of which 42.9 percent were Franklin County cases).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Dublin Police (Franklin County) arrested a man after responding to

calls that he was lying naked in the middle of a grocery store aisle; the man had smoked marijuana and taken an undisclosed number of Xanax® pills earlier that night (www.nbc4i.com, Aug. 30, 2016).

Participants identified Xanax® as the most available sedative-hypnotic in terms of widespread illicit use. Participant comments included: "I was actually sitting in the pharmacy yesterday and there was like three other people in there getting their Suboxone®. They were literally sitting there making drug deals ... 'I'll trade you some Xanax® for some 'subs' (Suboxone®); People that sell pills and heroin have them (Xanax®) because they go and trade them (Xanax®) with everybody else." Treatment providers also identified Xanax® as the most available sedative-hypnotic, while law enforcement identified both Xanax® and Klonopin® as most available. Treatment providers stated: "It's rare that we get a female that doesn't have Xanax® as a prescription ... and of course they can't take that here (in treatment program)." Law enforcement officers stated: "Xanax® is the new 'oxy' (oxycodone, pill of choice); They are using it (Klonopin®) to come down from other drugs."

Participants and community professionals reported that the general availability of sedative-hypnotics has increased during the past six months. A treatment provider stated, "I think it's an increase for the Xanax® ... I have seen an increase with them among the kids, the teenagers." A law enforcement officer stated, "Definitely an increase as hydrocodone has gotten harder to get ...". The BCI London Crime Lab reported that the numbers of Ativan®, Valium® and Xanax® cases it processes have increased during the past six months, while the numbers of Klonopin® and Restoril® cases have remained the same. The Columbus Police Crime Lab reported that the numbers for all sedative-hypnotics cases have remained the same during the past six months.

		Reported Availability Change during the Past 6 Months	
Sedative-Hypnotics	 Participants	Increase	
	 Law enforcement	Increase	
	 Treatment providers	Increase	

Reports of current street prices for sedative-hypnotics were consistent among participants with experience buying the drugs. Generally, sedative-hypnotics sell for \$0.50-2 per milligram.

Sedative-Hypnotics	Current Street Prices for Sedative-Hypnotics	
	Klonopin®	\$2 for 1 mg \$5 for 2 mg
	Valium®	\$5 per pill (unspecified dose)
	Xanax®	\$0.50 for 0.5 mg \$2 for 1 mg \$7-8 for 2 mg

Participants reported obtaining these drugs from doctors, family members, friends and dealers. A participant stated, *"In my town, you can get any 'benzo' (benzodiazepine) prescribed from a doctor ..."* Generally, the most common route of administration for illicit use of sedative-hypnotics is oral consumption. Participants estimated that out of 10 illicit sedative-hypnotic users, six would orally ingest, three would snort and one would intravenously inject (aka "shoot") the drugs.

A profile for a typical illicit sedative-hypnotics user did not emerge from the data. Participants described illicit users as people of all ages, races and genders. Treatment providers noted adolescents as typical illicit users. One provider stated, *"I have seen an increase with them among the kids, the teenagers ... I think that they are getting it from their parents who are getting prescriptions ... before it was just smoke a little 'weed' (marijuana) and drink a little wine. The dynamics have really changed ... now it's like they had a party and they are like, 'we are just going to do all of it.'"*

Marijuana



Marijuana remains highly available in the region. Participants most often reported the current availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. Participants stated: *"This time is harvest time ... its [now] prime in Ohio. Once the corn comes down, the [marijuana] plants come*

down, too; Man, you just go to Michigan and get it (medical marijuana)." Community professionals most often reported the current availability of marijuana as '10'; the previous most common score was also '10'.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A marijuana advocacy group in Newark (Licking County) is pushing for lawmakers to legalize marijuana; the group obtained enough signatures to get a spot on the next ballot; their proposal would allow people to possess 200 grams of marijuana without legal ramifications (www.abc6onyourside.com, July 13, 2016). Mansfield Police (Richland County), along with a couple of regional drug task forces, conducted a door-to-door drug sweep in Richland County which resulted in the arrest of 29 people linked to an indoor marijuana grow operation; law enforcement also seized 10 grams of heroin and numerous prescription medications (www.otfca.net, Aug. 3, 2016). Crawford County Sheriff's Office, along with other county law enforcement agencies, and the Ohio BCI collaborated in executing a search warrant at the home of two individuals suspected of trafficking marijuana; law enforcement arrested the men after seizing 47 marijuana plants and finding a methamphetamine laboratory (www.otfca.net, Aug. 12, 2016). Gahanna Police (Franklin County) executed a search warrant of a couple's home after learning that two high school students purchased THC (tetrahydrocannabinol)-laced candy and were later transported to an area hospital due to overdose symptoms; the police confiscated several batches of THC-laced candy from the couple's home (www.nbc4i.com, Aug. 30, 2016). Law enforcement in Madison County arrested a man during a traffic stop, confiscating 32 pounds of marijuana from the man's vehicle (www.statepatrol.ohio.gov, Dec. 15, 2016).

Participants and community professionals also discussed the current availability of high-grade marijuana extracts and concentrates, often appearing as oil and waxy forms of the drug (aka "dabs"). Participants most often rated the current availability of extracts and concentrates as '10'; the previous score was either '2-3' and '10'. Participants across the region remarked: *"It's everywhere; Yes, all you do is take an iron and put it (marijuana) between wax paper and put the iron over it and then you've got dabs; The wax is being used cause you can't smell it."* Community professionals most often reported current availability of marijuana extracts and concentrates as '10'; the previous score was '8-10'.

Participants reported that the availability of low-grade marijuana has decreased; the availability of the high-grade marijuana has increased; and the availability of marijuana extracts and concentrates has remained the same during the past six months. A participant remarked on the availability of extracts and concentrates: *"All those places (U.S. states where marijuana use is legal) are shipping it out. Like whenever I've seen it, it has been from those places."*

Community professionals reported that the availability of marijuana overall has increased during the past six months, including availability of extracts and concentrates. Law enforcement officers stated: *"It's all high grade; It's coming from Colorado in vacuum sealed bags instead of the bricks; California or Colorado mail shipments."* The BCI London Crime Lab reported that the number of marijuana cases it processes has decreased during the past six months, while the Columbus Police Crime Lab reported that the number of cases it processes has remained the same.

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

Participants most often rated the current overall quality of marijuana as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '4' for low-grade marijuana and '10' for high-grade marijuana. A participant stated, *"Man, it's so strong it had me hallucinating."* A treatment provider stated, *"It's adulterated with so many different substances to make it more potent that you end up with ... them smoking not just marijuana."* Overall, participants indicated that the quality of low-grade marijuana has decreased during the past six months, while the quality of high-grade has increased.

Marijuana	Current Prices for Marijuana	
	Low grade:	
	A gram	\$5
	1/4 ounce	\$10
	1/2 ounce	\$25-35
	High grade:	
	A blunt (cigar)	\$20
	A gram	\$15-20
	1/8 ounce	\$30-50
	1/4 ounce	\$100
	An ounce	\$250-300
	A pound	\$2,500
	Extracts and concentrates:	
	A gram	\$60-100

While there were a few reported ways of consuming marijuana, generally the most common route of administration remains smoking. Participants estimated that out of 10 marijuana users, all 10 would smoke the drug. However, a few participants also reported eating the drug in baked goods (aka "edibles").

A profile of a typical marijuana user did not emerge from the data. A participant stated, *"From 10 to death (10-year olds and up) ... and any race or gender."* Community professionals also described typical marijuana users as anyone. Treatment providers stated: *"Any one, any race or gender who is over the age of 12 [years]; I have seen the trend in the entire family [using marijuana] from the kids to the parents to the grandparents."* Law enforcement officers reported: *"Anybody breathing; There's no discrimination for that here."*

Methamphetamine



Methamphetamine remains highly available in the region. Participants most often reported the current availability of the drug as '10' on a scale of '0' (not available, impossible to

get) to '10' (highly available, extremely easy to get); the previous most common score was '9'. Participants stated: *"It's available everywhere. If you can't get it at one trap house (a residence that is used for the sole purpose of narcotics distribution), you can get it at another. All you gotta do is walk next door and there's another trap house; Newark [Licking County] is like the 'meth' (methamphetamine) capital in Ohio; Nine times out of 10, all I could get my hands on was meth."* Treatment providers most often reported the current availability of methamphetamine as '10', while law enforcement most often reported it as '3' and '7'; the previous most common score was '9-10' for both treatment providers and law enforcement.

Corroborating data indicated that methamphetamine is available in the region. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Columbus region returned 492 methamphetamine cases reported during the past six months, of which 34.6 percent were Licking County cases, 29.5 percent were Fairfield County cases, and 19.9 percent were Franklin County cases (there were 464 cases for the previous six months, of which 46.7 percent were Licking County cases, 26.7 percent were Fairfield County cases, and 13.7 percent were Franklin County cases).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. New Albany Police (Franklin County) arrested a man at a traffic stop after finding he was using his car as a mobile methamphetamine laboratory (www.nbc4i.com, July 13, 2016).

Participants reported that methamphetamine is available in powdered and crystal forms throughout the region. However, they reported crystal methamphetamine as the most prevalent form in the region. Participants stated: *"This is the 'cartel shit' (imported crystal methamphetamine trafficked by the Mexican drug cartels) around here; You can't really buy 'shake-and-bake' (locally produced powdered methamphetamine) around here anymore ... people won't sell it because people won't buy it; If you got shitty shit, meth users are not coming back to you, ever."*

Powder methamphetamine is typically referred to as "shake-and-bake," which means users are producing the drug in a single sealed container, such as a two-liter soda bottle. By using common household chemicals along with ammonium nitrate (found in cold packs) and pseudoephedrine (found in some allergy medications),

people who make methamphetamine can produce the drug in approximately 30 minutes in nearly any location.

Participants reported that the availability of powdered methamphetamine has decreased during the past six months, while the availability of crystal methamphetamine has increased. A participant reported on the availability of crystal methamphetamine: *"It's almost as popular as heroin ... more [popular] than crack ... [the region] is flooded."* Treatment providers reported that the availability of methamphetamine has increased during the past six months, while law enforcement reported that availability has either remained the same or has increased. A law enforcement officer who reported increased availability stated: *"I mean it's coming in just like the heroin from Mexico. They got the 'super labs' (large-scale methamphetamine labs), and they can produce it cheaper than they can produce heroin."*

The BCI London Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months, while the Columbus Police Crime Lab reported that the number of cases it processes has remained the same; the labs reported processing crystal, brown and off-white powdered methamphetamine.

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

Participants most often rated the current overall quality of methamphetamine as '7-8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '8'. A participant stated, *"Whenever I would go [to purchase methamphetamine] ... I would bring back 'glass' (crystal methamphetamine) and would have to 'cut' (dilute) it ... because no one would be able to tolerate that potency."* Participants mentioned: bath salts, fentanyl, pool shock and red Sulphur as adulterates (aka "cuts") for methamphetamine. A participant stated, *"Pool shock, it's a chemical they sell at Walmart to shock your pool."* Overall, participants reported that the quality

of methamphetamine has increased during the past six months.

Reports of current prices for methamphetamine were consistent among participants with experience buying the drug. Reportedly, the most common amount of purchase is 1/16 gram.

Methamphetamine	Current Prices for Methamphetamine	
	Crystal:	
	A gram	\$40-60
	1/16 ounce	\$80-100
An ounce	\$600-1,200	

Participants reported that the most common route of administration for methamphetamine is snorting. Participants estimated that out of 10 methamphetamine users, eight would snort and two would intravenously inject (aka "shoot") the drug. Participants described typical methamphetamine users as white people aged 20-50 years. Treatment providers described typical users as white males.

Prescription Stimulants



Prescription stimulants are moderately to highly available for illicit in the region. Participants most often reported the current street availability of these drugs as '6-10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '4'. A participant stated, "They are easy to get prescribed ... you just go in there (doctor's office) and say, 'I have ADD (attention-deficit disorder) and I can't focus' and boom there you go."

Community professionals most often reported the current street availability of prescription stimulants as '6'; the previous most common score was '10'. A law enforcement officer stated, "It's pretty much always been some kid in high school or junior high that has a prescription and wants to make some money so he starts selling it to his buddies." Participants and community professionals identified

Adderall® as the most popular prescription stimulant in terms of widespread illicit use.

Participants and treatment providers reported that the general availability of prescription stimulants has decreased during the past six months, while law enforcement reported that availability has remained the same. Treatment providers stated: "It's just not in that high of demand; I think because ... not that many people are getting it prescribed ... it went down." The BCI London Crime Lab reported that the numbers of Adderall® and Ritalin® cases it processes have increased during the past six months, while the Columbus Police Crime Lab reported that the numbers of Adderall® and Ritalin® cases it processes have remained the same.

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

Reports of current street prices for prescription stimulants were consistent among participants with experience buying these drugs. In general, prescription stimulants sell for \$0.50-1 per milligram.

Prescription Stimulants	Current Street Prices for Prescription Stimulants	
	Adderall®	\$5 for 5 mg \$10 for 30 mg

Participants reported obtaining these drugs from doctors or from people who have prescriptions. One participant stated, "Everybody's kids are getting them, then they are taking them or selling them." Participants reported that the most common route of administration for illicit use of prescription stimulants remains oral consumption. Participants estimated that out of 10 illicit prescription stimulant users, eight would orally consume and two would snort the drugs.

Participants described typical illicit prescription stimulants users as white people and/or college students.

A participant stated, "I've seen a lot of kids in college; people you wouldn't think you would see [illicitly use prescription stimulants]." Community professionals also described typical illicit users as college students. One treatment provider remarked, "I think that is more of a college scene."

Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA and/or TFMPP) is moderately available in the region. Participants most often reported the current availability of ecstasy and "molly" (powdered MDMA) as '5' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were '1-4' and '5-8,' respectively. One participant explained, "I mean it has been going down for the last 15 years but now it's making a bigger come back. The people who are using heroin are liking to do it." Community professionals most often reported the current availability of ecstasy as '5' and of molly as '7-8'; community professionals did not rate availability of either drug during the previous six months.

Participants reported the availability of ecstasy and molly has remained the same during the past six months. A participant stated, "You only see an increase when school (college) is back in session." Community professionals also reported that the availability of ecstasy and molly has remained the same during the past six months. However, a law enforcement officer added, "We are finding that it's coming back as MDA not MDMA, meaning it's a synthetic from china. So, when we get lab results back that's typically what it is."

The BCI London Crime Lab reported that the number of ecstasy cases it processes has decreased during the past six months, while the Columbus Police Crime Lab reported that the number of cases it processes has remained the same; the labs do not differentiate between ecstasy and molly cases.

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

Reports of current prices for ecstasy and molly were consistent among participants with experience buying the drugs. Participants reported that molly is typically sold in capsules.

Current Prices for Ecstasy/Molly		
Ecstasy/Molly	Ecstasy:	
	Low dose (aka "single stack")	\$10
	Medium dose (aka "double stack")	\$15
	High dose (aka "triple stack")	\$25
	Molly:	
	1/16 gram	\$10
3.5 grams	\$90	

Participants indicated that molly is obtained through dealers, Internet purchase, at head shops and at "raves" (dance parties). Participants stated: "You can get it at raves and stuff like that; It's seasonal, we have this [head shop], that's where like the molly, the LSD (lysergic acid diethylamide) ... that's where it's abundant."

Participants reported that the most common route of administration for ecstasy and molly is oral consumption. Participants estimated that out of 10 ecstasy and molly users, nine would use orally consume and one would snort the drugs. Participants described typical ecstasy and molly users as hippies and young African-American males. Community professionals described typical ecstasy and molly users as younger people and people with higher socio-economic status. A treatment provider reported, "Younger ... don't know anyone over 30 [years of age] doing it!"

Synthetic Marijuana



Synthetic marijuana (synthetic cannabinoids) remains available in the region. Participants most often reported the drug's current availability as '5-7' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '2-3' and '10.' Only one community professional reported on the current availability of synthetic marijuana, rating it as '10'; the previous most

common score was '6-7'. The treatment provider stated, "Its everywhere, head shops, gas stations and they keep changing the formula so it's legal."

Participants reported that the availability of synthetic marijuana has decreased during the past six months. Several participants attributed decreased availability to state laws making compounds within synthetic drugs illegal. Community professionals also reported a decrease in availability during the past six months. A treatment provider stated, "Most people who were using it were doing so that they were passing a drug test, but when they came out and tested for that, they were caught. Now, they just go ahead and smoke marijuana." A law enforcement officer remarked, "It's been a while since I've seen it around here ...". The BCI London and Columbus Police crime labs reported that the numbers of synthetic marijuana cases they process have decreased during the past six months.

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

Reports of current prices for synthetic marijuana were consistent among participants with experience buying the drug. Participants reported that the most common amount of purchase is a 3.5 gram bag for \$20.

Despite legislation enacted in October 2011, participants reported that synthetic marijuana continues to be available on the street and through Internet purchase. The most common route of administration for synthetic marijuana remains smoking. Participants estimated that out of 10 synthetic marijuana users, all 10 would smoke the drug.

Participants described the typical synthetic marijuana user as a younger person who is on probation and has a cannabis addiction. Community professionals described typical users as younger people in treatment or on probation who get drug tested. A treatment provider observed, "I don't get a lot of older women, or men [in treatment who report synthetic marijuana use like] ... younger women, [aged] early 20s."

Other Drugs in the Columbus Region

Participants and community professionals listed a variety of other drugs as present in the region, but these drugs were not mentioned by the majority of people interviewed: hallucinogens (lysergic acid diethylamide [LSD] and psilocybin mushrooms), Neurontin® (gabapentin, an anticonvulsant) and promethazine (antihistamine, a neuroleptic).

Hallucinogens

Hallucinogens remain moderately available in the region. Participants most often reported current availability as '5' for LSD and '7' for psilocybin mushrooms on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were '5' for LSD and '4-5' and '10' for psilocybin mushrooms. A participant reported, "Mushrooms' (psilocybin mushrooms) are very available, more so than 'acid' (LSD)."

Community professionals most often reported the current availability of LSD as '7-8'; the previous most common score was reported by law enforcement only as '7'. A treatment provider stated, "I have seen that a lot." One law enforcement officer remarked, "[LSD] is usually not liquid but paper." Community professionals were unable to assign a current availability rating to psilocybin mushrooms.

Participants and community professionals reported that the availability of LSD and psilocybin mushrooms has remained the same during the past six months. The BCI London Crime Lab reported that the numbers of LSD and psilocybin mushroom cases it processes have increased during the past six months, while the Columbus Police Crime Lab reported that the number of hallucinogen cases it processes, in general, has remained the same.

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

Reports of current prices for hallucinogens were provided by participants with experience purchasing the drugs during the past six months.

Hallucinogens	Current Prices for Hallucinogens	
	LSD:	
	A dose (aka "a hit")	\$7
	Psilocybin mushrooms:	
1/8 ounce	\$25-40	

Participants reported that hallucinogens are most often obtained at music festivals and "raves" (dance parties). Additionally, a participant reported ordering LSD through the Internet. One participant stated, "Around here, you have to order it online ... and it's the synthetic stuff, that's pretty much all that's around here." Participants reported that the most common routes of administration for hallucinogens are oral consumption for LSD and smoking for psilocybin mushrooms. Participants and community professionals described typical hallucinogen users as younger (teens to 20s), white people, hippies, college students and/or marijuana users. A law enforcement officer remarked, "the festival kids."

Neurontin®

Neurontin® remains highly available for illicit use in the region. Participants most often reported the drug's current street availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '8-10'. Participants reported: "That is popular; They're free (people give them away) ... there are so many of them; You just go to your doctor and tell them your legs aren't sleeping."

Treatment providers most often reported the current street availability of Neurontin® as '2-3'; the previous most common score was '8-10'. A treatment provider stated, "You have to get a diagnosis for them ... if they are using it, they are probably getting them off the streets through other people's prescriptions" Despite most treatment providers reporting low street availability of the drug, two treatment providers commented: "Yeah, it's horrible. In our community, it's really horrible; The VA (Veterans Affairs Hospital) is prescribing Neurontin®; Yes, it's just like ibuprofen ... every woman in our program comes back with a prescription. The

testing costs of it are so prohibitive ... it's a separate urine test. There is no dipstick; you have to send it to a lab. In our lab, it's almost \$200 a test."

Participants indicated that the availability of Neurontin® has increased during the past six months. Participants commented: "You can get them pretty easily; Probably could be a good thing if it's actually helping them get off of their other stuff ... I would rather see somebody doing the 'rot' (street name for Neurontin®) than doing heroin."

Neurontin®	Reported Availability Change during the Past 6 Months	
	 Participants	Increase
	 Law enforcement	No comment
	 Treatment providers	No comment

Reports of current street prices for Neurontin® were provided by participants who had experience purchasing the drug during the past six months. However, most participants reported that Neurontin® is obtained for free through other people in treatment or through a doctor.

Neurontin®	Current Street Prices for Neurontin®	
	600 mg	\$0.50-0.75
	800 mg	\$1

The most common route of administration for illicit use of Neurontin® remains oral consumption. Participants described typical illicit users as people who use heroin, opiates or Suboxone®.

Promethazine

Reportedly, promethazine (aka "lean" when mixed with soda) remains available for illicit use in the region. One participant stated, "You can just go to the hospital and tell them your chest hurts and they just give it to you." One treatment provider commented, "Haven't heard that, only had one woman in four and a half years say anything about cough syrup. I don't know if they're not using it or not reporting it." Participants described typical illicit promethazine users as African Americans, rappers,

drug dealers and/or people aged mid-20s to mid-30s. Participants reported that one bottle of promethazine (unspecified number of doses) sells for \$400.

Conclusion

Crack cocaine, heroin, marijuana, methamphetamine and Suboxone® remain highly available in the Columbus region; also highly available are sedative-hypnotics. Changes in availability during the past six months include: increased availability for heroin, marijuana, methamphetamine and sedative-hypnotics; likely increased availability for crack cocaine and Suboxone®; decreased availability for synthetic marijuana; and likely decreased availability for prescription stimulants.

While many types of heroin are currently available in the region, participants continued to report black tar heroin as most available. Reportedly, white powdered heroin (aka “china white”) is also available in the region. Participants attributed the overall increased availability of heroin during the past six months to increased demand, more people wanting the drug as more opiate users discover that heroin provides a longer high, and for a lot less money, than prescription opioids.

Participants reported that white powdered heroin in the region is most often adulterated with fentanyl and tranquilizers (carfentanil, aka “elephant tranquilizer”). Participants discussed that the availability and use of clandestine fentanyl has increased during the past six months. Moreover, participants noted that much of the heroin supply is actually straight fentanyl or a fentanyl mixture. The BCI London Crime Lab noted processing cases of heroin-fentanyl mixtures and straight fentanyl submitted as suspected heroin cases during the past six months.

The most common route of administration for heroin remains intravenous injection. Participants observed that used needles are not often disposed of safely, describing coming across needles or needle remnants on the streets. They also noted needle sharing among users as a common practice. While participants described typical heroin users as white people of upper socio-economic status, they also observed an increase in African-American males using heroin during the past six months. However, a few community professionals insisted that heroin is still predominantly used by white males.

Participants reported that methamphetamine is available in powdered and crystal forms throughout the region. However, they reported crystal methamphetamine as the most prevalent form. Several participants described the current availability of methamphetamine as almost as available as heroin and more available than crack cocaine. Both participants and law enforcement identified crystal methamphetamine as imported (trafficked) by Mexican drug cartels. Law enforcement indicated that this form of the drug is manufactured in “super labs” in Mexico and sent to the U.S. along with heroin shipments. They explained that the cartels can produce methamphetamine more cheaply than heroin.

Participants reported that methamphetamine in the region is most often adulterated with bath salts, fentanyl, pool shock and red Sulphur. Overall, participants noted that the quality of methamphetamine has increased during the past six months. Participants described typical methamphetamine users as white people aged 20-50 years. Treatment providers described typical users as white males.

Participants and community professionals discussed the increased availability of high-grade marijuana during the past six months, including increased availability of extracts and concentrates (aka “dabs”). Both respondent groups indicated the source of much of the available high-grade products as western states where marijuana use is legal in some form (i.e. California and Colorado).

Participants most often rated the current overall quality of marijuana as ‘10’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality). One participant explained that high-grade marijuana is so potent that it caused him to hallucinate. A treatment provider discussed that marijuana is sometimes adulterated with other substances to make it more potent, noting that users may be smoking more than just marijuana. Overall, participants reported that the quality of high-grade marijuana has increased during the past six months.

Participants and community professionals identified Xanax® as the most available sedative-hypnotic in terms of widespread illicit use. Both groups of respondents explained that opiate users seek benzodiazepines to help them with withdrawal symptoms. One law enforcement officer likened the wide availability and use of Xanax® to that of oxycodone, referring to the drug as “the new ‘oxy.’” Treatment providers noted an increase in illicit Xanax® use among teenagers; in fact, they described the typical illicit user of sedative-hypnotics as teens.

Lastly, participants indicated that the availability of Neurontin® has increased during the past six months. They reported that illicit use of Neurontin® has become popular and discussed the ease with which one can obtain a prescription from a doctor by feigning the symptoms of restless leg syndrome. Participants continued to describe typical illicit Neurontin® users as people who use heroin, opiates or Suboxone® who seek the drug to help alleviate withdrawal symptoms.

Drug Abuse Trends in the Dayton Region



Regional Epidemiologist:

Louis Guardiola, Jr, MSW, LSW, LICDC-CS

Data Sources for the Dayton Region

This regional report was based upon qualitative data collected via focus group interviews. Participants were active and recovering drug users recruited from alcohol and other drug treatment programs in Allen and Montgomery counties. Data triangulation was achieved through comparison of participant data to qualitative data collected from regional community professionals (treatment providers and law enforcement) via focus group interviews, as well as to data surveyed from the Miami Valley Regional Crime Lab, the Ohio Bureau of Criminal Investigation (BCI) London Crime Lab, which serves central and southern Ohio, the Montgomery County Coroner's Office and the Logan County Family Court. 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. All secondary data are summary data of cases processed from January through June 2016. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for July through December 2016.

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

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Regional Profile

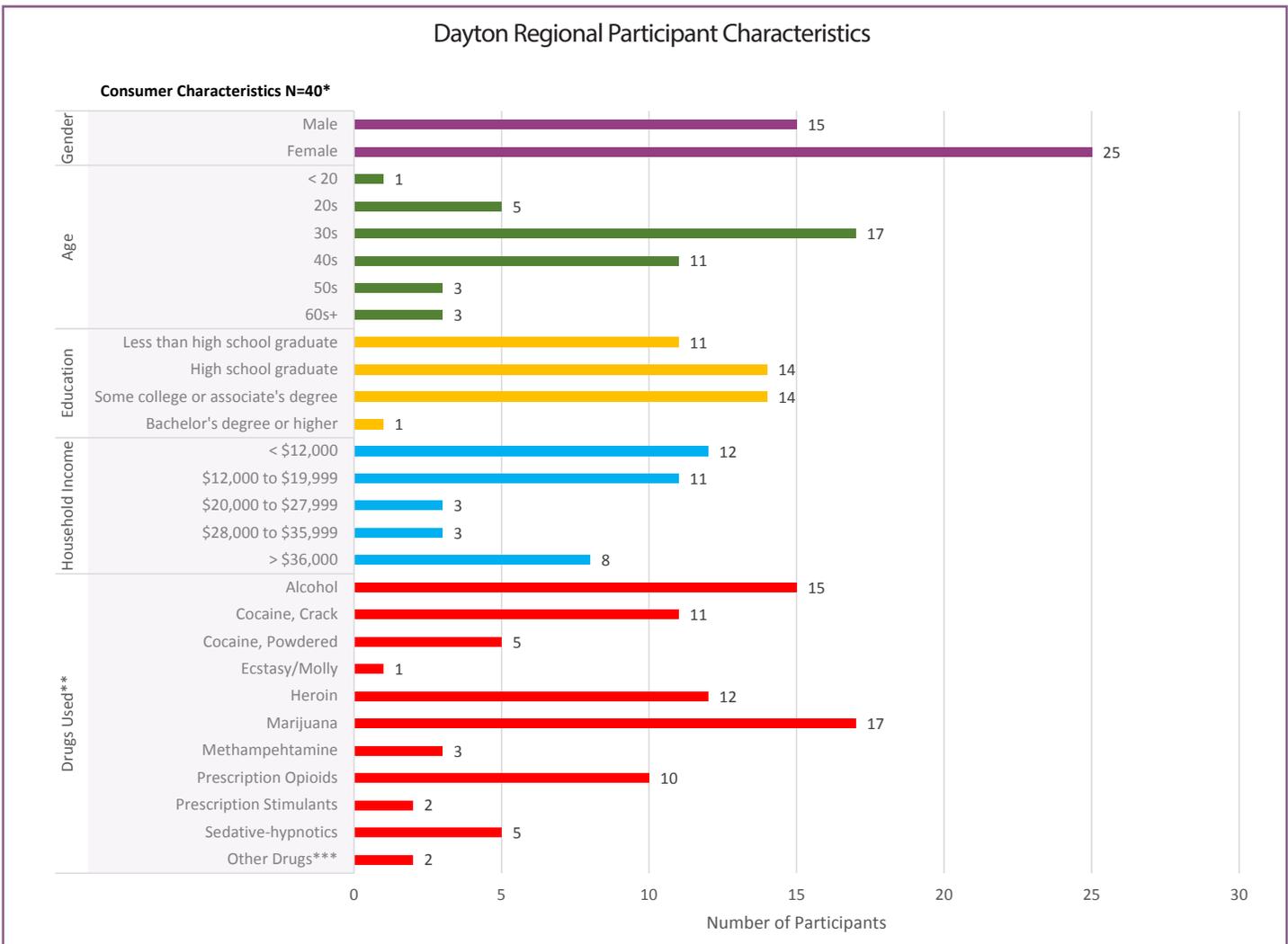
Indicator ¹	Ohio	Dayton Region	OSAM Drug Consumers
Total Population, 2015	11,613,423	1,345,530	40
Gender (female), 2015	51.0%	51.0%	62.5%
Whites, 2015	82.7%	84.0%	62.5%
African Americans, 2015	12.7%	11.6%	25.0%
Hispanic or Latino Origin, 2015	3.6%	2.4%	7.5%
High School Graduation Rate, 2015	89.1%	89.3%	72.5%
Median Household Income, 2015	\$51,086	\$50,709	\$12,000 to \$15,999 ²
Persons Below Poverty Level, 2015	14.8%	14.6%	51.4% ³

¹ Ohio and Dayton region statistics were derived from the most recent US Census; OSAM drug consumers were participants for this reporting period: July-December 2016.

² Participants reported income by selecting a category that best represented their household's approximate income for the previous year. Income was unable to be determined for 3 participants due to missing and/or invalid data. Note income categories have been collapsed in the table below.

³ Poverty status was unable to be determined for 3 participants due to missing and/or invalid data.

Dayton Regional Participant Characteristics



*Not all participants filled out forms completely; therefore, numbers may not equal 40.

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

***Other drugs included gabapentin (Neurontin®) and Prolixin® (antipsychotic).

Historical Summary

Crack cocaine, heroin, marijuana, powdered cocaine and Suboxone® remained highly available in the Dayton region; ecstasy was also highly available. Changes in availability during the reporting period included: increased availability for heroin and marijuana; likely increased availability for ecstasy and methamphetamine; and decreased availability for bath salts, prescription opioids and synthetic marijuana.

Corroborating data indicated the presence of heroin in the region. The Logan County Family Court reported that of the 267 positive adult drug test results it recorded during the reporting period, 34.1 percent were positive for heroin, which was a greater percentage than what was recorded for marijuana (30.7 percent).

While many types of heroin were available in the region, participants and community professionals reported brown and white powdered heroin as most available. There was consensus among respondent groups that the high availability of heroin continued to increase during the reporting period. Law enforcement also noted an increase in fentanyl being sold as heroin and an increase in heroin-fentanyl mixtures; they also reported that users were seeking fentanyl. Reportedly, the top cutting agents (adulterants) for heroin were fentanyl, prescription opioids, vitamins and Xanax®. In addition, treatment providers indicated that heroin was also cut with cocaine.

The BCI London Crime Lab reported processing powdered heroin cases that were identified as heroin-fentanyl mixtures, and sometimes even as straight fentanyl. All respondent groups commented on an increase in overdoses due to fentanyl. Participants and law enforcement reported that heroin in the region was commonly sold in capsules for \$5-10. Participants also noted that testers of the drug were given for free or sold for \$5. Reportedly, heroin users usually spent whatever amount of money they had on the drug.

While there were a few reported ways of using heroin, generally the most common route of administration remained intravenous injection (aka “shooting”). Participants reported that sharing needles was extremely common. Participants also discussed re-using syringes until they broke. A profile of a typical heroin user did not

emerge from the data; however, law enforcement reported an increase in heroin use among African Americans.

Treatment providers discussed that marijuana was so socially accepted among their clients that clients did not often view its use as part of their substance abuse history. Community professionals attributed the increase in marijuana availability, particularly high-grade marijuana, and the increase in the social acceptance of marijuana generally, to the legalization and decriminalization of the drug in some Western states. Participants indicated that high-grade marijuana was more available than it had ever been. Additionally, both respondent groups reported high availability of marijuana extracts and concentrates, often appearing as oil (aka “BHO,” butane honey oil) and wax (aka “dabs”).

Participants reported that methamphetamine was available in powdered and crystal forms throughout the region. However, participants reported that powdered methamphetamine was most prevalent, while law enforcement reported crystal methamphetamine, imported from Mexico, as the most prevalent form of the drug. Community professionals reported that the availability of methamphetamine increased during the reporting period. Treatment providers noted an increase in the number of clients entering treatment who used methamphetamine. Reportedly, heroin users consumed methamphetamine when they could not obtain heroin. Participants described typical methamphetamine users as white people, rural, males, age 18-years or older, of lower socio-economic status and/or gay.

Current Trends

Powdered Cocaine

Powdered cocaine remains highly available in the region. Participants most often reported the drug’s current availability as ‘8’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was ‘10’. A participant remarked, “*Easy to get.*” Treatment providers most often reported the current availability of powdered cocaine as ‘7-8’, while law enforcement most often reported it as ‘10’; the

previous most common score for both treatment providers and law enforcement was '10'. One treatment provider commented, "If you are looking for it, you can find it."

Corroborating data indicated that cocaine is available in the region. The Logan County Family Court reported that of the 205 positive adult drug test results it recorded during the past six months, 13.7 percent were positive for cocaine (crack and/or powdered cocaine). The Montgomery County Coroner's Office found cocaine (crack and/or powdered cocaine) present in 29.0 percent of the 176 drug-related deaths it processed during the past six months. In addition, a query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Dayton region returned 1,493 cocaine cases reported during the past six months, of which 64.3 percent were Montgomery County cases (an increase from 1,349 cases for the previous six months, of which 62.3 percent were Montgomery County cases). Note laboratories logging cases into NFLIS do not typically differentiate between powdered and crack cocaine.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Clark County Sheriff's officers arrested two individuals after executing a search warrant of their Springfield home and seizing three pounds of cocaine and marijuana (www.springfieldnewssun.com, Nov. 2, 2016). A Montgomery County drug task force collaborated with the Dayton Police to arrest a man after a two-month long investigation, ending in the seizure of cocaine, heroin and marijuana from the man's Dayton home (www.wdtm.com, Nov. 23, 2016).

Participants reported that the availability of powdered cocaine has remained the same or has decreased during the past six months. One participant who reported that availability has remained the same commented, "You need to know the right people [to obtain powdered cocaine]." Another participant who indicated that availability has decreased stated, "Decreased because people are doing heroin." Community professionals reported that the availability of powdered cocaine has remained the same during the past six months. A treatment provider reported, "Stayed the same. If they've used the powder (cocaine), they still want it." Another provider added, "Same ... if you're looking for it, you can find it"

The BCI London and the Miami Valley Regional crime labs reported that the number of cocaine cases they process has increased during the past six months. Note the labs do not typically differentiate between powdered and crack cocaine case.

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

Participants most often rated the current overall quality of powdered cocaine as '2-3' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '5'. One participant stated, "They are trying to make money and 'cut' (adulterate) it ... the quality is poor." Participants reported the top cutting agents for powdered cocaine include: acetone, baby laxative and isotol (dietary supplement). Other adulterates mentioned include: lactose and vitamin B-12. Overall, participants reported that the quality of powdered cocaine has remained the same or has decreased during the past six months. One participant indicated, "The quality is decreased a bit because they are cutting it to make more money."

Powdered Cocaine	Cutting Agents Reported by Crime Lab	
	<ul style="list-style-type: none">  Benzocaine (local anesthetic)  levamisole (livestock dewormer) 	

Reports of current prices for powdered cocaine were consistent among participants with experience buying the drug. Reportedly, the most common quantity purchased is a gram. Overall, participants reported that the price of powdered cocaine has remained the same during the past six months.

Powdered Cocaine	Current Prices for Powdered Cocaine	
	1/10 gram	\$5-10
	1/2 gram	\$30-40
	A gram	\$50
	1/16 ounce (aka "teener")	\$100
	1/8 ounce (aka "eight ball")	\$150
	1/2 ounce	\$400-500
	An ounce	\$800-1,000

Participants reported that the most common routes of administration for powdered cocaine are snorting and intravenous injection (aka "shooting"). Participants estimated that out of 10 powdered cocaine users, six would snort and four would shoot the drug. One participant remarked, "Individuals tend to shoot to have a quick high."

Participants most often described typical powdered cocaine users as wealthy individuals such as doctors and lawyers, as well as younger individuals. Participants indicated that high school students are also using powdered cocaine. Participant comments included: "Whole gambit of people ... attorneys, doctors, everyone; Ranges from age 13 [years] to about 70 to 75." Treatment providers described typical users as those of upper socio-economic status who use the drug recreationally. A treatment provider stated, "Generally upper class [use powdered cocaine] ... poor cannot afford [powdered cocaine] and use crack (cocaine)."

Crack Cocaine

Crack cocaine remains highly available in the region. Participants most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. One participant stated, "You can go into a carryout, and people right outside are asking you if you want to buy crack (cocaine)." Other participants discussed: "It is right up there with heroin in terms of availability; You can get it anywhere." Treatment providers most often reported the current availability of

crack cocaine as '8,' while law enforcement reported it as '10,' the previous most common score for both treatment providers and law enforcement was '10.' Treatment providers commented: "It is very prevalent; If you want crack, in some neighborhoods, you can go right outside your door [and find it]."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Clark County Sheriff's Office arrested two brothers after executing a search warrant of their home in Springfield and confiscating multiple, individually wrapped baggies of heroin and crack cocaine (www.whio.com, Sept. 9, 2016). Dayton Police (Montgomery County) arrested a woman after seeing a 10-month-old baby alone in a car outside a known crack cocaine and heroin house; the officers attempted several times to have the mother come out of the house before she came out and identified the child as hers; she claimed the father of the child was holding her inside until police left (www.wdtn.com, Oct. 4, 2016).

Participants and community professionals reported that the availability of crack cocaine has remained the same during the past six months. Participants remarked: "I can get it every day if I wanted it ... so, availability remains the same; It is the same. I can still walk outside my door and get it." One treatment provider stated, "Overall availability is the same ...". The BCI London Crime Lab reported that the number of crack cocaine cases it processes has remained the same during the past six months.

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

Participants 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 previous most common score was '7'. One participant indicated, "It depends on if you know the dealer ...". Participants reported that crack cocaine in the region is most often adulterated (aka "cut") with baking soda, laxatives and wax. Other cuts mentioned for crack cocaine include: Seroquel® (an antipsychotic). Overall, participants reported that the quality of crack cocaine has decreased during the past six months. One participant

indicated, *"It's about the money, so it is cut to make more money for the dealer."*

Crack Cocaine	Cutting Agents Reported by Crime Lab
	<ul style="list-style-type: none"> ● Benzocaine (local anesthetic) ● levamisole (livestock dewormer)

Reports of current prices for crack cocaine were consistent among participants with experience buying the drug. Participants indicated the most common quantity purchased is a "rock" (piece of crack cocaine), which participants reported is usually about 1/10 gram. Overall, participants reported that the price for crack cocaine has remained the same during the past six months.

Crack Cocaine	Current Prices for Crack Cocaine	
	1/10 gram	\$20-30
	A gram	\$50-100

Participants reported that the most common route of administration for crack cocaine remains smoking. Participants estimated that out of 10 crack cocaine users, seven would smoke and three would intravenously inject (aka "shoot") the drug. Participants discussed: *"You smoke; Smoke it is all I know; They break it down with lemon juice and shoot it; They use vinegar to shoot it up."*

Participants described typical crack cocaine users as blue collar workers and prostitutes. One participant stated, *"Truck drivers and factory workers who have to work long hours smoke crack."* Treatment providers described typical users as older and poor. Law enforcement indicated the typical user as primarily older.

Heroin

Heroin remains highly available in the region. Participants most often reported the current availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. One participant stated, *"It is everywhere and it is increasing in the younger people."*

Community professionals most often reported current availability as '10'; the previous most common score was also '10'. One treatment provider indicated, *"If it is not in your neighborhood, it will be in someone's neighborhood."* A law enforcement officer remarked, *"It's everywhere."*

Corroborating data indicated that heroin is available in the region. The Logan County Family Court reported that of the 205 positive adult drug test results it recorded during the past six months, 30.2 percent were positive for heroin. The Montgomery County Coroner's Office found heroin present in 23.3 percent of the 176 drug-related deaths it processed during the past six months; fentanyl was present in 46.3 percent of these heroin cases. In addition, a query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Dayton region returned 1,223 heroin cases reported during the past six months, of which 63.5 percent were Montgomery County cases (a decrease from 1,738 cases for the previous six months, of which 58.1 percent were Montgomery County cases).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Law enforcement in Eaton (Preble County) confiscated more than 20 capsules of heroin from a man who was sitting on the grass outside his apartment; the arrest was made during the execution of a search warrant of the man's home (www.whio.com, July 11, 2016). Ohio State Highway Patrol (OSHP) arrested a former law enforcement officer after stopping the man in Preble County and confiscating three kilograms of heroin (www.whio.com, Sept. 13, 2016). A Montgomery County task force arrested four individuals after conducting a raid of two homes and seizing six grams of heroin, fentanyl and marijuana (www.guns.com, Sept. 28, 2016). The Clark County Common Pleas Court sentenced a man to 10 years in prison for trafficking heroin in Springfield and in the general Clark County area; law enforcement confiscated one kilogram of black tar heroin, 800 grams of heroin and 5.4 pounds of marijuana from the man while executing a search warrant in June (www.daytondailynews.com, Oct. 7, 2016). A man from Honduras was indicted for intent to distribute over 2.5 kilograms of heroin in Dayton; officers from the Homeland Security Bulk Cash Smuggling Task force received a tip from agents in California, where the man used two connections to help smuggle the drugs, to arrest the three men at a hotel in Dayton (www.abc22now.com, Oct. 8, 2016). A news source reported that carfentanil is gaining popularity among drug users throughout Ohio, adding to deaths throughout the state and specifically in

Montgomery County; carfentanil the size of a grain of salt is potent enough to kill one person and often requires several doses of Narcan® (nalaxone, opiate overdose reversal medication) to successfully subvert a deadly overdose; Narcan®, costing \$40 per dose, is a costly drug for Ohio, and the Dayton Fire Department estimates that it administered 4,663 doses of Narcan® to 1,300 people by the end of 2016, which is double the doses administered in 2015 (www.daytondailynews.com, Oct. 9, 2016). The Miami Valley Bulk Smuggling Task Force arrested a man during a traffic stop in Montgomery County after seizing over one pound of heroin from his vehicle (www.mydaytondailynews.com, Oct. 17, 2016). Dayton Police responded to calls that three individuals overdosed on heroin in a parking lot of a fast food restaurant; the users admitted to traveling from Indiana to Dayton to obtain the heroin (www.mydaytondailynews.com, Oct. 18, 2016). Federal authorities indicted a man for smuggling over 100 grams of heroin, stuffed into small pellets and held in his digestive system; the man was smuggling the heroin from Mexico to California to Dayton; after landing at the airport, the man took a taxi cab that police stopped for a traffic violation, and a K-9 officer alerted police to the narcotics held by the man (www.daytondailynews.com, Oct. 27, 2016). A news source reported on the significance of the drug epidemic in Montgomery County, reporting that there were 181 unintentional drug overdose deaths during the first half of 2016; the source reported that there were 146 deaths related to heroin or synthetic opiates, including fentanyl and carfentanil in 2015 (www.daytondailynews.com, Nov. 30, 2016).

While many types of heroin are currently available in the region, participants reported brown powdered heroin as most available. One participant stated *"What I have seen is brown ... powdered stuff."* However, a treatment provider noted, *"Any form you want is available ... if you want, it is out there ..."*

Participants reported that the high availability of heroin has remained the same during the past six months. One participant indicated, *"You can get it anywhere."* Another participant remarked, *"You can go to the store and get it,"* referring to dealers selling the drug outside neighborhood stores. Community professionals also reported that the general availability of heroin has remained the same during the past six months.

The BCI London and the Miami Valley Regional crime labs reported that the number of heroin cases they process has decreased during the past six months; the labs noted

having processed beige, brown, tan and white powdered heroin along with black tar heroin. However, the labs noted that they do not typically differentiate between black tar and powdered heroin cases. In addition, the labs noted processing cases of heroin-fentanyl mixtures and straight fentanyl submitted as suspected heroin cases during the past six months.

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

Participants most often rated the current overall quality of heroin as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '9'. However, one participant remarked, *"It's killing people, so it can't be that good."* Participants discussed adulterants (aka "cuts") that affect the quality of heroin and reported that the top cutting agents include: aspirin, baby formula and laxatives. Additional cuts mentioned include: fentanyl, LSD (lysergic acid diethylamide), Tylenol® and vitamins. A participant stated, *"They are cutting it with fentanyl ... that is why you hear about people dying."* Overall, participants reported that the general quality of heroin has increased during the past six months. A participant commented, *"The quality is very high."*

Cutting Agents Reported by Crime Lab	
Heroin	 caffeine
	 diphenhydramine (antihistamine)
	 fentanyl/acetyl fentanyl
	 mannitol (diuretic)
	 triacetin (glycerin triacetate, a food additive)

Reports of current prices for heroin were consistent among participants with experience purchasing the drug. Reportedly, the most common amount of heroin purchased is 1/10 gram for \$20. Overall, participants indicated that the prices for heroin have remained the same during the past six months.

Heroin	Current Prices for Heroin	
	1/10 gram	\$20
	1/2 gram	\$40-60
	A gram	\$90-120

While there were a few reported ways of using heroin, generally the most common route of administration remains intravenous injection (aka “shooting”) followed by snorting. Participants estimated that out of 10 heroin users, 6-7 would shoot and 3-4 would snort the drug. One participant stated *“Most users would shoot up.”* Participants reported that injection needles are most available from individuals with diabetes and from local drug stores. However, one participant stated, *“They are selling needles on the street.”* The most commonly reported street price for needles is \$5 per needle.

A profile for a typical heroin user did not emerge from the data. Participants and community professionals described heroin use as spanning all socio-economic backgrounds and age groups. One participant stated, *“All across the board.”* However, another participant indicated, *“You are seeing more white people using it.”* Treatment providers stated: *“Typical user is anybody; Very broad age range and economic classes.”* One law enforcement officer reported, *“Lower economic group in our area.”*

Prescription Opioids

Prescription opioids are highly available for illicit use in the region. Participants and community professionals most often reported the current street availability of these drugs as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was ‘7’ and ‘5-7’, respectively. Participants commented: *“Walk through the neighborhood, people approach asking if you want some; Go right to the hood downtown, they walk up to strangers [and try to sell these drugs].”*

Corroborating data indicated that prescription opioids are available for illicit use in the region. 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. In addition, a query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Dayton region returned 1,007 prescription opioid cases reported during the past six months, of which 64.8 percent were fentanyl/ acetyl fentanyl cases; 64.5 percent of these fentanyl/ acetyl fentanyl cases were Montgomery County cases (an increase from 755 prescription opioid cases for the previous six months, of which 55.8 percent were fentanyl/ acetyl fentanyl cases; 57.7 percent of these fentanyl/ acetyl fentanyl cases were Montgomery County cases).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Dayton Police arrested a man after finding him sitting in his car with a bag of drugs and a gun; officers confiscated 53 grams of a fentanyl-heroin mixture and five grams of cocaine (www.wdtn.com, Sept. 14, 2016). Law enforcement in Clark County arrested a school nurse after an investigation found she stole prescription medication from the school nursing office where she was employed (www.wdtn.com, Sept. 19, 2016). After a 6-week investigation, local law enforcement and federal DEA agents arrested two women for trafficking fentanyl and cocaine in Greenville (Darke County) (www.earlybirdpaper.com, Sept. 30, 2016). Law enforcement in Miami County arrested a man during a traffic stop after seizing 171 oxymorphone-hydrochloride pills and a small amount of marijuana (www.statepatrol.ohio.gov, Sept. 21, 2016). A Springfield (Clark County) woman was charged with several felonies for running a prescription drug ring in Clark County; the woman obtained a doctor’s DEA number and worked with several others to illegally fill prescriptions (www.whio.com, Oct. 5, 2016). Law enforcement in Clark County arrested a school custodian about one month after the arrest of the school’s nurse; the man was caught on video stealing prescription medications for the school’s nursing office (www.whio.com, Oct. 12, 2016). OSHP arrested a defense lawyer, who also serves as a radio legal analyst, after pulling her over for a traffic violation in Piqua (Miami County) and seeing a bottle of prescription pills on the front seat; the officer searched her purse and found an additional baggie full of amphetamines and oxycodone (www.springfieldnewssun.com, Oct. 26, 2016). OSHP in Shelby County arrested a Kentucky man during a traffic stop after seizing 809 oxycodone pills (www.statepatrol.ohio.gov, Nov. 29, 2016). Officers from the Montgomery County Regional Agencies Narcotics and Guns task force arrested a man

after executing a search warrant and seizing two ounces of fentanyl and heroin from his home in Harrison Township (www.whio.com, Nov. 18, 2016). Two men jumped over the counter of a retail pharmacy in Beavercreek (Greene County) and stole thousands of oxycodone and OxyContin® pills; law enforcement suspected this robbery was connected to a string of pharmacy robberies in the Miami Valley in the past several months (www.wdtn.com, Dec. 6, 2016).

Participants identified Percocet® and Vicodin® as the most popular prescription opioids in terms of widespread illicit use. Participants stated: *“Perks’ (Percocet®) are popular; ‘Vicks’ (Vicodin®) were easier for me to get.”* Community professionals also identified Percocet® and Vicodin® as the most popular prescription opioids in terms of widespread illicit use.

Participants reported that the general availability of prescription opioids has decreased during the past six months. Participant comments included: *“Doctors who used to prescribe have stopped; They are hard to get ... prices have doubled; It is available but harder to get due to police crackdown.”* Treatment providers reported that the general availability of prescription opioids has decreased during the past six months, while law enforcement reported that availability has remained the same. One treatment provider stated, *“It’s there but they may not have the money to get it.”*

The Miami valley Regional Crime Lab reported that the numbers of codeine, Percocet® and tramadol cases it processes have increased during the past six months, while the BCI London Crime Lab reported increased numbers of cases for fentanyl, methadone, tramadol and Vicodin®; the numbers for all other prescription opioid cases have either remained the same or decreased.

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

Reports of current street prices for prescription opioids varied among participants with experience buying the

drug. However, reportedly, most prescription opioids sell for \$1 per milligram. Overall, participants indicated that the price of prescription opioids has increased during the past six months. A participant stated, *“The cost has doubled in my area.”*

Prescription Opioids	Current Street Prices for Prescription Opioids	
	Dilaudid®	\$8 for 4 mg \$12-30 for 8 mg
	OxyContin® OP	\$10 for 10 mg \$20 for 15 mg \$45 for 30 mg
	Percocet®	\$5-15 for 5 mg \$11-30 for 10 mg \$30 for 20 mg
	Roxicodone®	\$40 for 30 mg
	Vicodin®	\$3-6 for 5 mg \$7-11 for 10 mg

Participants reported getting these drugs from dealers, nursing homes and hospitals. Participants stated: *“You can go to pain clinics and get them; Someone who is in a nursing home gets everybody’s pills then sells them.”* One law enforcement officer commented, *“If they can’t get it on the street, they are going to the hospital.”*

While there were a few reported ways of consuming prescription opioids, generally the most common routes of administration for illicit use are oral consumption and snorting. Participants estimated that out of 10 illicit prescription opioid users, 5-6 would orally consume and 4-5 would snort the drugs. Few participants reported users intravenously inject (aka “shooting”) prescription opioids. Participants remarked: *“I would crush and snort; I would snort one and swallow one ... if you do both ways, [the high] lasts longer; I take it orally.”*

A profile of a typical illicit prescription opioid user did not emerge from the data. Participants described typical illicit users as *“everyday people.”* One participant stated, *“Housewives, lawyers ... just everyday people.”* Another participant remarked, *“Everybody and anybody.”* Community professionals described typical illicit users as all classes of people. A law enforcement officer stated, *“Get hurt on the job, rely on medications and that leads to other (additional) pills.”*

Suboxone®



Suboxone® remains highly available for illicit use in the region. Participants most often reported the current street availability of Suboxone® as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. One participant stated, "Everybody has some." Community professionals also reported current street availability as '10'; the previous most common scores were '10' for treatment providers and '5' for law enforcement. One treatment provider remarked, "Prescribed for years to people." Both participants and community professionals reported that the most available type of Suboxone® is the sublingual filmstrip form.

Corroborating data indicated that Suboxone® is available for illicit use in the region. The Logan County Family Court reported that of the 205 positive adult drug test results it recorded during the past six months, 16.1 percent were positive for Suboxone®, a higher percentage than for cocaine (13.7 percent). In addition, a query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Dayton region returned 113 buprenorphine (an ingredient in Suboxone®) cases reported during the past six months (an increase from 58 cases for the previous reporting period).

Participants and treatment providers reported that the street availability of Suboxone® has increased during the past six months. One participant stated, "It is easily available ... like heroin." However, law enforcement reported that the availability of Suboxone® has decreased during the past six months. One law officer commented, "You have to know the right person [to obtain illicit Suboxone®]." The BCI London and the Miami Valley Regional crime labs reported that the number of Suboxone® cases they process has increased during the past six months.

Suboxone®	Reported Availability Change during the Past 6 Months	
	 Participants	Increase
	 Law enforcement	Decrease
	 Treatment providers	Increase

Reports of current street prices for Suboxone® were consistent among participants with experience buying the drug. Reportedly, Suboxone® sells for \$15 per 8 mg

filmstrip. In addition to obtaining Suboxone® on the street from dealers, participants also reported getting the drug through methadone clinics. A participant reported, "I can go to the clinic and get on it and just take enough to show that I am taking [and sell or trade the rest]."

Participants reported that the most common route of administration for illicit use of Suboxone® remains oral (sublingual) consumption. A participant stated, "You place it under your tongue." Participants and community professionals described typical illicit Suboxone® users as individuals addicted to heroin and other opiates. A participant reported, "Someone trying to come off heroin ... substituting with Suboxone®." Treatment providers stated: "All across the board; Self-medicating people."

Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) are highly available for illicit use in the region. Participants most often reported current street availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '8'. Participants remarked: "They are easy to get; Still available on street like always; If you know where to go or have contact ... very easy."

Treatment providers most often reported the current street availability of sedative-hypnotics as '9', while law enforcement most often reported it as '8-9'; the previous most common scores were '6' for treatment providers and '4' for law enforcement. A treatment provider remarked on doctors commonly prescribing sedative-hypnotics: "Everyone's anxious, everyone has anxiety." A probation officer stated, "Doctors give them pills for everything."

Corroborating data indicated that sedative-hypnotics are available for illicit use in the region. The Montgomery County Coroner's Office found at least one sedative-hypnotic present in 13.1 percent of the 176 drug-related deaths it processed during the past six months. In addition, a query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Dayton region returned 343 benzodiazepine cases reported during the past six months, of which 68.5 percent were Montgomery County cases (an increase from 297 cases for the previous six months, of which 60.9 percent were Montgomery County cases).

Participants identified Ativan®, Klonopin® and Xanax® as the most available sedative-hypnotics in terms of widespread illicit use. Treatment providers and law enforcement identified Xanax® and Ativan® as most available. Both respondent groups reported that the general availability of sedative-hypnotics has remained the same during the past six months. A participant remarked, "You don't hear as much about Valium®, [but] Xanax® continues to be available." The Miami Valley Regional Crime Lab reported that the number of Xanax® cases it processes has increased during the past six months, while the BCI London Crime Lab reported increased numbers of cases for Ativan®, Valium® and Xanax®; the numbers for all other sedative-hypnotics cases have either remained the same or decreased.

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

Reports of current street prices for sedative-hypnotics were consistent among participants with experience buying the drugs. Generally, sedative-hypnotics most often sell for \$1-2 per milligram. One participant commented, "They are cheap."

Sedative-Hypnotics	Current Street Prices for Sedative-Hypnotics	
	Klonopin®	\$1 per milligram
	Valium®	\$2-3 for 5 mg
	Xanax®	\$3-4 per pill (unspecified dose)

Participants reported obtaining these drugs from doctors and dealers. A participant stated, "Get them from people that want to sell them for opioids." Generally, the most common route of administration for illicit use of sedative-hypnotics remains oral consumption. Participants estimated that out of 10 illicit sedative-hypnotic users, seven would orally ingest and three would snort the drugs. One participant stated, "If you want a quick high ... snort one."

A profile for a typical illicit sedative-hypnotics user did not emerge from the data. Participants and community professionals indicated that typical illicit users come from all socio-economic statuses, ethnicities and age groups. A participant stated, "Anyone uses them ... if you are an addict, you have used." A treatment provider commented, "... hand in hand with alcoholics and heroin addicts." A probation officer described a typical user as, "All shapes, sizes, ages and colors."

Marijuana

Marijuana remains highly available in the region. Participants most often reported the current availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. Participants stated: "It is everywhere; I have seen it in more places; It's available ... just need to know the right people." Treatment providers most often reported current availability as '9', while law enforcement most often reported it as '6'; the previous most common score for both treatment providers and law enforcement was '10'. One treatment provider remarked, "It is not seen as a drug anymore." A probation officer stated, "Available to anybody and everybody."

Corroborating data indicated that marijuana is available in the region. The Logan County Family Court reported that of the 205 positive adult drug test results it recorded during the past six months, 39.5 percent were positive for THC (tetrahydrocannabinol; the principal psychoactive component of marijuana); the court also reported that 96.5 percent of the 86 positive juvenile drug test results it recorded during the past six months were positive for THC. In addition, a query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Dayton region returned 1,632 cannabis cases reported during the past six months, of which 71.1 percent were Montgomery County cases (a decrease from 1,713 cases for the previous six months, of which 62.1 percent were Montgomery County cases).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A marijuana dealer in Jefferson Township (Montgomery County) shot a teenage boy in the leg during a dispute over the cost of the marijuana (www.daytondailynews.com, July 13, 2016). The Miamisburg City Council (Montgomery County)

approved a moratorium for businesses in the county to sell medical marijuana until standards and rules are more clearly specified; the ordinance was held after Beavercreek (Greene County) passed an ordinance banning sales of medical marijuana (www.daytondailynews.com, Aug. 17, 2017). OSHP arrested a woman in Dayton during a traffic stop after confiscating one pound of “shatter” (a marijuana concentrate), four pounds of marijuana, one half gram of crystal methamphetamine, six Klonopin® and 15 Xanax® pills from her vehicle (www.wdtn.com, Sept. 7, 2016). Law enforcement in Miami County arrested a man with Kentucky registration during a traffic stop after confiscating over two pounds of marijuana (www.statepatrol.ohio.gov, Sept. 14, 2016). Authorities at the Montgomery County Common Pleas Court indicted a Kettering man on felonious charges for possession of marijuana and rape (www.daytondailynews.com, Oct. 19, 2016). A fast food corporation is investigating a mother’s complaint that she found marijuana leaves in her two daughters’ fast food meals in Dayton; several employees admitted to smoking marijuana, but not intentionally putting the drug on the food (www.miamiherald.com, Oct. 13, 2016). Officers from a Montgomery County drug task force arrested a 63 year-old-woman after executing a search warrant at her home in Trotwood and confiscating 35 pounds of marijuana (www.mydaytondailynews.com, Oct. 18, 2016). Nine fatal car crashes occurred in Clark County since the beginning of the year, three of which involved drivers impaired by marijuana and hydrocodone pills (www.dayontondailynews.com, Nov. 14, 2016). OSHP in Preble County seized 200 pounds of marijuana during a traffic stop; the driver, a California woman, was charged with drug possession (www.nbc4i.com, Nov. 29, 2016) Law enforcement in Allen County arrested a Kentucky man during a traffic stop after confiscating six pounds of hydroponic marijuana (www.statepatrol.ohio.gov, Dec. 16, 2016). Dayton Police arrested a man for attempting to smuggle marijuana into a jail using his rectum to hide the drugs (www.nbc4i.com, Dec. 19, 2016).

Participants and community professionals also discussed the current availability of high-grade marijuana extracts and concentrates, often appearing as oil and waxy forms of the drug (aka “dabs”). Participants most often reported the current availability of marijuana extracts and concentrates as ‘10;’ the previous most common score was also ‘10.’ Community professionals most often reported current availability as ‘6-9;’ the previous most common score was ‘8.’ A treatment provider indicated, “*Loud’ (high-*

grade marijuana) is highly available.” Another treatment provider added, “If you want to get marijuana of any grade, you can get it.”

Participants reported that the availability of the high-grade marijuana, including extracts and concentrates, has remained the same during the past six months. One participant commented that legal punishment is not as strict as it was previously, keeping the drug highly available in the region. Treatment providers reported that the overall availability of marijuana has remained the same during the past six months, while law enforcement reported that availability has decreased. One treatment provider stated, “*Marijuana has been around and will continue to be around.”* A law enforcement officer stated, “*They [only] smoke the best ... ‘kush’ (high-grade marijuana).”* The Miami Valley Regional Crime Lab reported that the number of marijuana cases it processes has increased during the past six months, while the BCI London Crime Lab reported that the number of cases it processes has decreased.

		Reported Availability Change during the Past 6 Months	
		Participants	Law enforcement
Marijuana		No change	No change
		Decrease	Decrease
		No change	No change

Participants most often rated the current overall quality of marijuana as ‘10’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was ‘3’ for low-grade marijuana and ‘10’ for high-grade marijuana. One participant indicated the high quality of the drug by stating, “*You don’t have to smoke the whole thing.”* Overall, participants reported that the general quality of marijuana has remained the same during the past six months.

Reports of current prices for marijuana were provided by participants with experience buying the drug. Reportedly, the most common amount purchased is 1/4 ounce.

Marijuana	Current Prices for Marijuana	
	Low grade:	
	A blunt	\$5
	1/4 ounce	\$25
	1/2 ounce	\$50
	High grade:	
	A blunt	\$15-20
	A gram	\$15-20
	1/4 ounce	\$75-100
	1/2 ounce	\$100
An ounce	\$200	

While there were a few reported ways of consuming marijuana, generally the most common route of administration remains smoking. Participants estimated that out of 10 marijuana users, all 10 would smoke the drug. One participant stated, *"Most smoke ... I have heard of people eating but not seen it myself."* A profile for a typical marijuana user did not emerge in the data. One participant stated, *"All ages ... all people of all incomes."* A treatment provider stated, *"Everybody uses marijuana ... younger tend to use synthetic."*

Methamphetamine

Methamphetamine remains available in the region. However, few participants had first-hand knowledge of the drug during the past six months and could not assign a current availability rating; participants reported moderate availability for methamphetamine for the previous reporting period. A participant stated, *"Heroin has taken its place."* Treatment providers most often reported the current availability of methamphetamine as '9' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get) the previous most common score was '8-10'. One treatment provider reported, *"I looked down at my feet and found paraphernalia [related to methamphetamine use] ..."* Another provider stated, *"Certain urban neighborhoods are a '10' as far as availability."*

Corroborating data indicated that methamphetamine is available in the region. The Montgomery County Coroner's Office reported that eight of the 176 drug-related deaths it processed during the past six months involved methamphetamine. In addition, a query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Dayton region returned 514 methamphetamine cases reported during the past six months, of which 65.2 percent were Montgomery County cases (there were 503 cases for the previous six months, of which 64.8 percent were Montgomery County cases).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Officers with the Darke County Narcotics Unit and Greenville Police (also Darke County) arrested four people during a traffic stop after learning they were manufacturing methamphetamine out of their home in Greenville (www.whio.com, Aug. 28, 2016). The Miami County Common Pleas Court indicted eight people, including a Tipp City man, for trafficking large quantities of methamphetamine and heroin into the county (www.whio.com, Sept. 9, 2016). During a probation visit by Greene County Adult Probation, officers from the Fairborn Police Department (Greene County) arrested a man after identifying materials used to manufacture methamphetamine in a shed on the man's property (www.wdtn.com, Nov. 5, 2016). Dayton Police arrested a man after witnessing him complete a drug deal in the parking lot of a racino, confiscating methamphetamine from him (www.wdtn.com, Nov. 4, 2016). OSHP arrested two people from California in Preble County during a traffic stop after seizing 27 pounds of methamphetamine and nine pounds of marijuana from their vehicle (www.norwalkreflector.com, Dec. 8, 2016).

Participants reported that methamphetamine is available in powdered and crystal forms throughout the region. However, participants reported that powdered is the most prevalent form in the region. The powdered form of methamphetamine is typically referred to as "shake-and-bake," which means users are producing the drug in a single sealed container, such as a two-liter soda bottle. By using common household chemicals along with ammonium nitrate (found in cold packs) and pseudoephedrine (found in some allergy medications), people who make methamphetamine can produce the drug in approximately 30 minutes in nearly any location. One participant noted, *"The material is there to make the powdered ..."*

Participants reported that the availability of powdered methamphetamine has decreased during the past six months, while treatment providers reported that availability has remained the same. A participant indicated, *"Not around in the area."* Conversely, treatment providers commented: *"It has remained the same; It just isn't their drug of choice."* Although participants most often reported that the availability of powdered methamphetamine has decreased, several participants indicated that they expected the availability of the drug to increase: *"The [methamphetamine] epidemic hasn't started yet. Meth will follow the same road as heroin; Meth will be the thing that makes the heroin epidemic go down."*

The Miami Valley Regional Crime Lab reported that the number of methamphetamine cases it processes has remained the same during the past six months, while the BCI London Crime Lab reported that the number of methamphetamine cases it processes has increased; the labs reported processing brown, crystal and off-white methamphetamine.

Methamphetamine	Reported Availability Change during the Past 6 Months	
	 Participants	Decrease
	 Law enforcement	No comment
	 Treatment providers	Decrease

Participants most often rated the current overall quality of methamphetamine as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '8'. Overall, participants reported that the quality of powdered methamphetamine has decreased during the past six months.

Reports of current prices for methamphetamine were consistent among participants with experience buying the drug. Reportedly, the most common amount purchased is 1/2 gram.

Methamphetamine	Current Prices for Methamphetamine	
	Powdered:	
	A gram	\$50-100
	1/8 ounce	\$300-350
An ounce	\$1,600	

Participants reported that the most common routes of administration for methamphetamine are smoking, intravenous injection (aka "shooting") and snorting. Participants estimated that out of 10 methamphetamine users, four would smoke, three would shoot and three would snort the drug. One participant stated, *"Most people will smoke it."* Another participant added, *"How you do it depends on whether you want a quick high or a long lasting high."*

A profile for a typical methamphetamine user did not emerge from the data. Participants most often described typical methamphetamine users as older and, more often, bikers, while community professionals most often described typical users as younger. Participant comments included: *"You mostly see this among the bikers; Users can be any age ... but mostly older group."* A treatment provider stated, *"They tend to be male and younger."* A law enforcement officer commented, *"Mostly younger ... in their 20's."*

Prescription Stimulants

Prescription stimulants are highly available for illicit use in the region. Participants most often reported current street availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '6'. Participants stated: *"They are more available because ... when kids act up and teachers can't handle them ... they recommend they get a drug; Parents are selling their kids medications."* Another participant added, *"Doctors easily prescribe and then they are sold by the addict for money to purchase another drug."*

Treatment providers reported current street availability of prescription stimulants as '9'; the previous score was

also '9.' A treatment provider stated, "Users don't have to go to the street ... all they have to do is make a call." Law enforcement reported current street availability as '5;' the previous score was '2.' One law enforcement officer stated, "I believe it is harder to get as they are cracking down on prescribing drugs."

Participants identified Adderall® as the most popular prescription stimulant in terms of widespread illicit use. A participant stated, "The drug is being prescribed by doctors to unruly kids whose parents are users and they sell the Adderall® for their drug of choice." Law enforcement also identified Adderall® as the most popular prescription stimulant for illicit use. One law enforcement officer indicated, "It is harder to get, but Adderall® continues to be the most popular."

Participants reported that the general availability of prescription stimulants has remained the same during the past six months. One participant reported, "The doctors are starting to monitor the prescribing [of stimulants] ... but not as much as they are the opioid drugs." Another participant stated, "Doctors continue to prescribe to kids based on school's recommendation." Community professionals reported that the availability of prescription stimulants has remained the same during the past six months. Community professionals reported: "It's there ... it is the same in terms of availability; All of it has remained constant ... no spike in that trade at all!"

The Miami Valley Regional Crime Lab reported that the number of Adderall® cases it processes has increased during the past six months, while the BCI London Crime Lab reported increased numbers of cases for Adderall® and Ritalin®.

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

Reports of current street prices for prescription stimulants were consistent among participants with experience buying these drugs. In general, prescription stimulants sell for \$1 per milligram. However, Adderall® 30 mg reportedly sells for \$7.

Participants reported obtaining these drugs from adults whose children are prescribed the medication. The most common route of administration for illicit use of prescription stimulants remains oral consumption. Participants estimated that out of 10 illicit prescription stimulant users, six would orally consume and four would snort the drugs.

Participants and community professionals described typical illicit prescription stimulant users as high school or college aged, of all socio-economic statuses and ethnicities. One participant stated, "They are mostly high school and college kids." One treatment provider stated, "If they are older, they get on the drug so they can trade for heroin or meth." A probation officer remarked, "Younger group are the users."

Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA and/or TFMPP) is moderately available in the region. Participants most often reported the current availability of the pressed tablet form of ecstasy as '6' and of "molly" (MDMA; powdered form) as '8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score for both ecstasy and molly was '8.' A participant reported, "Molly more common ... taking over." Community professionals most often reported the current availability of both ecstasy and molly as '7-8;' the previous score was '8.' One probation officer stated, "Molly is more common ... is cheaper ... and that high lasts longer [than ecstasy]."

Participants and community professionals reported that the availability of both ecstasy and molly has remained the same during the past six months. The Miami Valley Regional Crime Lab reported that the number of ecstasy cases it processes has increased during the past six months, while the BCI London Crime Lab reported that the number of ecstasy cases it processes has decreased; note the labs do not differentiate between ecstasy and molly cases.

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

Participants rated the current overall quality of ecstasy and molly as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common scores were '7' for both ecstasy and molly. Participants reported: "It is mixed with meth; People are selling molly, but it is meth." Overall, participants reported that the overall quality of ecstasy and molly has remained the same during the past six months.

Reports of current prices for ecstasy and molly were consistent among participants with experience buying the drugs. Participants reported that molly is typically sold in capsules.

Ecstasy/Molly	Current Prices for Ecstasy/Molly	
	Ecstasy:	
	Low dose (aka "single stack")	\$20
	Molly:	
	A capsule	\$20
1/2 gram	\$100	

Participants indicated that ecstasy and molly are obtained at nightclubs and parties. A participant indicated, "Gay clubs are where you can find both molly and ecstasy." Participants reported that the most common routes of administration for ecstasy and molly are oral ingestion and anal insertion. Participants estimated that out of 10 ecstasy and molly users, eight would orally ingest and two would administer the drugs through anal insertion.

Participants and community professionals described typical users of ecstasy and molly as gay, younger and "clubbers" (people who regularly frequent night clubs). Participants remarked: "You can get it at the club downtown; Younger ... just at certain clubs; Goth (a person who wears mostly black, often has black dyed hair, and wears dark makeup) and Emo (a person who reflects the style of music influenced by punk rock) kids use the drug." Law

enforcement officers stated: "You see that with the younger crowds; The typical user is 18-25 years old."

Synthetic Marijuana

Synthetic marijuana (synthetic cannabinoids) is moderately to highly available in the region. Participants most often reported the drug's current availability as '8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '5'. Community professionals most often reported current availability as '6-8'; the previous most common score was '4'. One treatment provider stated, "They don't see it as a drug anymore." A probation officer stated, "Sought out by those who don't want to be caught [using marijuana]."

Corroborating data indicated that synthetic marijuana is available in the region. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Dayton region returned 74 synthetic marijuana cases reported during the past six months. The most common synthetic marijuana ingredients reported in this region were: 5-Fluoro-AMB and AB-FUBINACA.

Participants and community professionals reported that the availability of synthetic marijuana has remained the same during the past six months. Participants remarked: "You can go on the Internet and get it; You can go to the gas station and get it." The Miami Valley Regional Crime Lab reported that the number of synthetic marijuana cases it processes has increased during the past six months, while the BCI London Crime Lab reported that the number of cases it processes has decreased.

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

Reports of current prices for synthetic marijuana were consistent among participants with experience buying the drug. Participants reported that the most common amount of purchased is 1/8 ounce for \$10. Despite legislation enacted in October 2011, participants reported that synthetic marijuana continues to be available from headshops, street

dealers and the Internet. Participants reported the only route of administration remains smoking. A participant indicated, "Most people I know would smoke it."

Participants described the typical synthetic marijuana user as those who are in the military and others who need to pass a drug screen. A participant stated, "Those who have to test clean are the ones using." Treatment providers and law enforcement described typical users as younger individuals.

Bath Salts

Bath salts (synthetic compounds containing methyone, mephedrone, MDPV or other chemical analogues) remain available in the region. However, only a few participants were able to report on the current availability of bath salts, which they most often reported as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '1'. One participant remarked, "They are out there."

Participants reported that the availability of bath salts has decreased during the past six months, while law enforcement reported that availability has remained the same. A participant stated, "It is decreasing but available." A law enforcement officer stated, "Prevalence has remained the same ... they are still selling it." The BCI London Crime Lab reported that the number of bath salts cases they process have decreased during the past six months.

Bath Salts	Reported Availability Change during the Past 6 Months	
	 Participants	Decrease
	 Law enforcement	No change
	 Treatment providers	No comment

Conclusion

Crack cocaine, heroin, marijuana, powdered cocaine and Suboxone® remain highly available in the Dayton region; also highly available are prescription opioids, prescription stimulants and sedative-hypnotics. Changes in availability

during the past six months include likely increased availability for Suboxone®.

Participants and community professionals reported that the high availability of heroin has remained the same during the past six months. Both groups of respondents described current availability as anywhere and everywhere; a few respondents noted an increase in heroin use among young people. The Logan County Family Court reported that of the 205 positive adult drug test results it recorded during the past six months, 30.2 percent were positive for heroin.

Participants discussed fentanyl as a cut (adulterant) for heroin, attributing overdose deaths in the region to fentanyl. The BCI London and the Miami Valley Regional crime labs noted processing cases of heroin-fentanyl mixtures and straight fentanyl submitted as suspected heroin cases during the past six months. Overall, participants reported that the general quality, or rather potency, of heroin has increased during the past six months.

Reportedly, prescription opioids are highly available in the region, although some participants and treatment providers perceived a decrease in street availability during the past six months. They attributed decreased availability to doctors not prescribing as readily as previously and the doubling of street prices for the drugs.

Corroborating data also indicated that prescription opioids are available for illicit use in the region. 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. In addition, a query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Dayton region returned 1,007 prescription opioid cases reported during the past six months, of which 64.8 percent were fentanyl/acetyl fentanyl cases; 64.5 percent of these fentanyl/acetyl fentanyl cases were Montgomery County cases.

Participants and treatment providers reported that the street availability of Suboxone® has increased during the past six months. Participants discussed that increased availability is due to the high prevalence of heroin use in the region. One participant stated that everyone has a prescription for Suboxone®. Many other participants agreed. Participants and treatment providers explained that heroin users seek the drug to self-medicate through

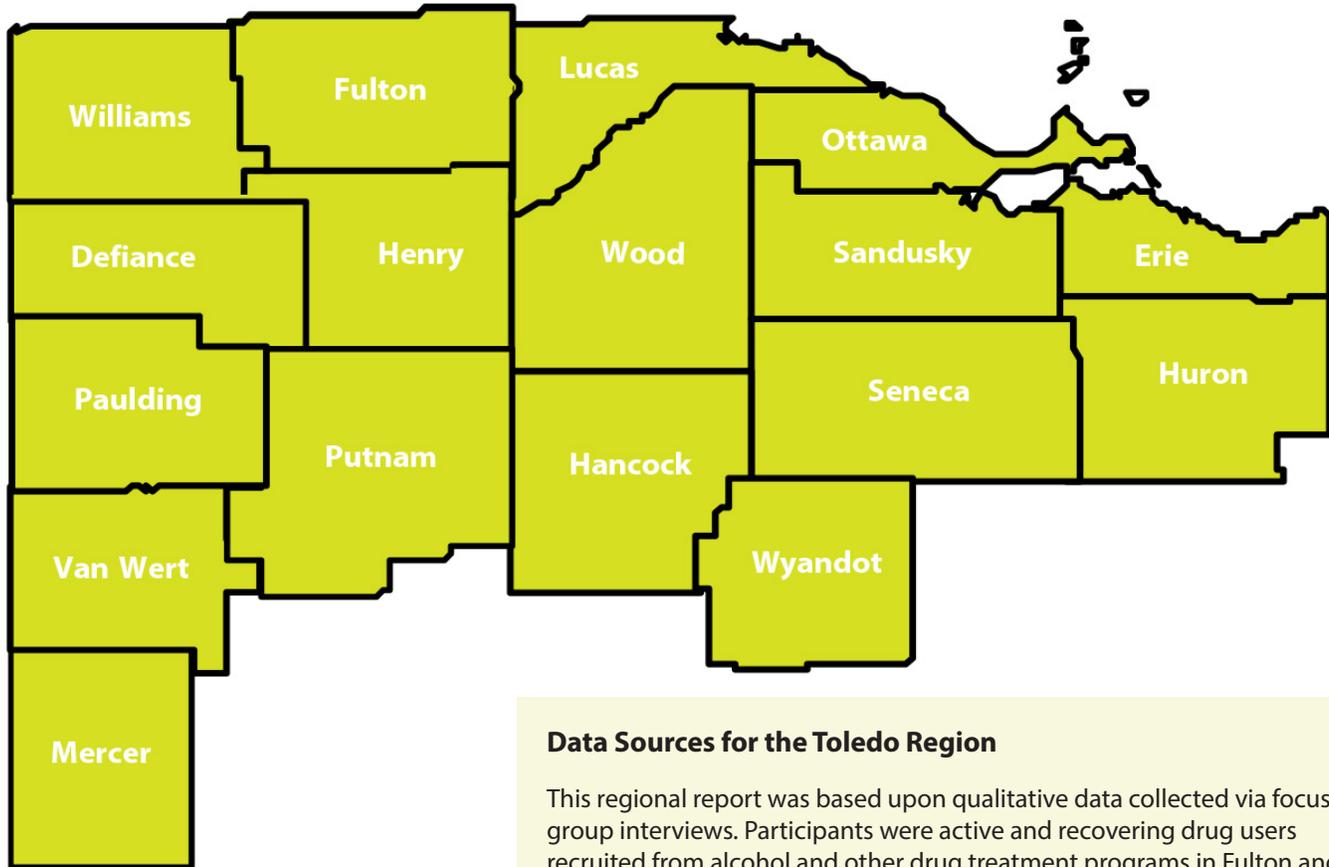
withdrawal. The BCI London and the Miami Valley Regional crime labs reported that the numbers of Suboxone® cases they process have increased during the past six months.

Lastly, while few participants had first-hand knowledge of methamphetamine, treatment providers reported that the current availability for the drug is high. Corroborating data indicated that methamphetamine is available in the region. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Dayton region returned 514 methamphetamine cases reported during the past six months, of which 65.2 percent were Montgomery County cases.

Several participants indicated that they expect the availability of methamphetamine to increase. They predicted: *"The [methamphetamine] epidemic hasn't started yet ... meth will follow the same road as heroin; Meth will be the thing that makes the heroin epidemic go down."* The BCI London Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months; the lab reported processing brown, crystal and off-white methamphetamine.



Drug Abuse Trends in the Toledo Region



Data Sources for the Toledo Region

This regional report was based upon qualitative data collected via focus group interviews. Participants were active and recovering drug users recruited from alcohol and other drug treatment programs in Fulton and Lucas counties. Data triangulation was achieved through comparison of participant data to qualitative data collected from regional community professionals (treatment providers and law enforcement) via focus group interviews, as well as to data surveyed from the Ohio Bureau of Criminal Investigation (BCI) Bowling Green Crime Lab and OhioMHAS' Screening, Brief Intervention and Referral for Treatment (SBIRT) program which operates in federally qualified health centers in the region. 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. All secondary data are summary data of cases processed from January through June 2016. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for July through December 2016.

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

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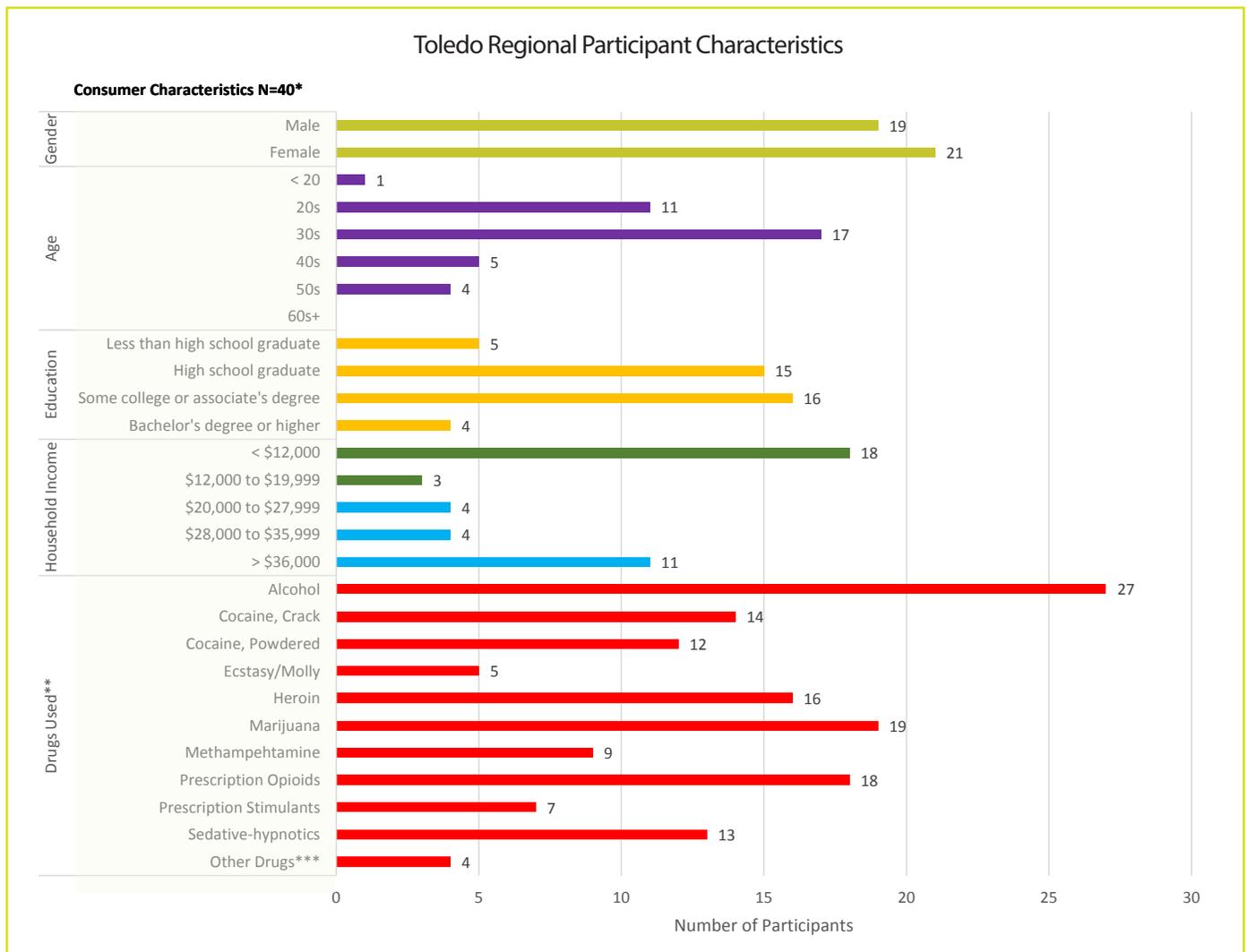
Regional Profile

Indicator ¹	Ohio	Toledo Region	OSAM Drug Consumers
Total Population, 2015	11,613,423	1,219,793	40
Gender (female), 2015	51.0%	50.9%	52.5%
Whites, 2014	82.7%	87.7%	72.5%
African Americans, 2015	12.7%	8.6%	17.5%
Hispanic or Latino Origin, 2015	3.6%	6.1%	7.7% ²
High School Graduation Rate, 2015	89.1%	90.1%	87.5%
Median Household Income, 2015	\$51,086	\$49,809	\$12,000 to \$15,999 ³
Persons Below Poverty Level, 2015	14.8%	14.1%	52.5%

¹ Ohio and Toledo region statistics were derived from the most recent US Census; OSAM drug consumers were participants for this reporting period: July-December 2016.

² Hispanic or Latino Origin was unable to be determined for 1 participant due to missing and/or invalid data.

³ Participants reported income by selecting a category that best represented their household's approximate income for the previous year. Note income categories have been collapsed in the table below.



*Not all participants filled out forms completely; therefore, numbers may not equal 40.

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

***Other drugs included: Dimethyltryptamine (DMT), ketamine, lysergic acid diethylamide (LSD), phencyclidine (PCP), psilocybin mushrooms, synthetic marijuana and Suboxone*.

Historical Summary

Crack cocaine, heroin, marijuana, powdered cocaine, sedative-hypnotics and Suboxone® remained highly available in the Toledo region; ecstasy/molly and methamphetamine were also highly available. Changes in availability during the reporting period included: increased availability for heroin; likely increased availability for ecstasy/molly and Suboxone®; and decreased availability for prescription opioids.

While many types of heroin were available in the region, participants continued to report brown and white powdered heroin as most available. However, participants discussed a user preference for white powdered heroin (aka “china white”). Most participants agreed that china white was cut with fentanyl. Community professionals also reported white powdered heroin as highly available, and noted that this type of heroin was thought to be most often cut with fentanyl. Reportedly, black tar heroin was rarely available in the region.

Participants discussed the many adulterants (aka “cuts”) that affected the quality of the heroin and reported the top cutting agent for the drug as fentanyl. Reportedly, the addition of fentanyl to heroin gave the drug a blue/gray color. Blue heroin was mentioned across focus groups during the reporting period, and some participants referred to this type of heroin as “blue magic” or “blue dolphin.”

Participants reported that the availability of heroin remained consistently high during the reporting period. Participants surmised that since heroin use was so prevalent that even non-drug users knew a person who used heroin. Community professionals reported that the general availability of heroin increased during the reporting period. One law enforcement officer remarked, *“It’s truly an epidemic.”*

Corroborating data indicated that prescription opioids were available for illicit use in the region. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Toledo region returned 581 prescription opioid cases registered during the reporting period, of which 35.5 percent were fentanyl/ acetyl fentanyl cases (an increase from the previous reporting period).

Although participants and community professionals

reported that the general availability of prescription opioids decreased during the reporting period due to abuse-deterrent drug reformulations, the increasing cost of prescription opioids and the inexpensiveness of heroin, along with drug raids by police and a solid tracking system for prescriptions (OARRS: Ohio Automated Rx Reporting System), both respondent groups discussed a high presence of powdered fentanyl in the region. Participants noted sales of powdered fentanyl, which reportedly contained no heroin, and called this straight fentanyl product “ice cream.” The BCI Bowling Green Crime Lab reported processing an increased number of fentanyl cases during the reporting period.

Community professionals discussed that users who wanted to get off heroin, or who could not find heroin, purchased Suboxone® on the street to avoid withdrawal sickness. The BCI Bowling Green Crime Lab reported that the number of Suboxone® cases it processed had increased during the reporting period.

Lastly, participants reported that the availability of ecstasy and molly increased during the reporting period. Those with experience cited the current time of the year as the reason for the increased availability, as these substances are most often obtained at summer music festivals and concerts.

Current Trends

Powdered Cocaine

Powdered cocaine remains highly available in the region. Participants most often reported the drug’s current availability as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was ‘8’. One participant commented, *“I could get powdered cocaine right now with just a cell phone and a few dollars.”* Another participant added, *“If you got a car, it’s not a problem.”*

Community professionals most often reported the current availability of powdered cocaine as ‘10’; the previous most common score was ‘8’. While they reported it as prevalent, treatment providers noted that powdered cocaine is typically not a primary drug of choice among those in treatment.

One treatment provider commented, *"It's a mixture. So, lot of clients ... when we ask ... they start out with the heroin, but 'coke' (powdered cocaine) will be the last on the list. If I can't get this (heroin), I can always go and get that (powdered cocaine)."* Another provider remarked, *"You would be able to get it fairly easily in Toledo."*

Corroborating data indicated that cocaine is available in the region. The Screening, Brief Intervention and Referral for Treatment (SBIRT) program reported that of the 545 individuals at six health centers in the region who reported any drug use during the past 30 days, 11.2 percent reported using cocaine on one or more days. In addition, a query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Toledo region returned 707 cocaine cases reported during the past six months, of which 27.2 percent were Lucas County cases (an increase from 506 cases for the previous six months, of which 14.8 percent were Lucas County cases). Note laboratories logging cases into NFLIS do not typically differentiate between powdered and crack cocaine.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Findlay Police (Hancock County) arrested a man after he led them on a high-speed chase; a K-9 officer alerted police to the man's vehicle, where they confiscated an undisclosed amount of cocaine (www.wtol.com, Aug. 27, 2016). Ohio State Highway Patrol (OSHP) arrested two men in Wood County, one from Buffalo, New York and one from Charlotte, North Carolina, during a traffic stop after seizing six kilograms of powdered cocaine from their vehicle (www.statepatrol.ohio.gov, Sept. 8, 2016). An Erie County grand jury indicted 15 men and women on separate occasions in August and September 2016 for cocaine possession and/or trafficking in the county (www.sanduskyregister.com, Sept. 21, 2016). A Wood County grand jury indicted seven people from Toledo and Bowling Green for trafficking cocaine and marijuana and for administrating prostitution at two hotels in Bowling Green from December 2015 to September 2016 (www.sent-trib.com, Sept. 28, 2016). Officers from the Sandusky County Drug Task Force and the U.S. Drug Enforcement Agency (DEA) arrested a man from Fremont after executing a raid of his home and confiscating one ounce of cocaine and two ounces of heroin; the man had prior cocaine trafficking charges (www.thenews-messenger.com, Sept. 28, 2016). The Wood County Common Pleas Court sentenced a man to four years in prison for selling cocaine and fentanyl to a man who subsequently died from an overdose in Deshler (Henry County) (www.toledoblade.com, Oct. 1, 2016).

Tiffin Police (Seneca County) arrested two people after pulling them over at a local hotel for being with a person under investigation; officers confiscated cocaine and criminal tools from one woman and arrested a man from Toledo for having an active search warrant for permitting drug abuse (www.otfcs.net, Dec. 4, 2016).

Participants reported that the availability of powdered cocaine has remained the same during the past six months. However, there was debate over whether some drug dealers were transitioning away from heroin to sell more powdered cocaine and crack cocaine. One participant reported, *"Right now heroin is a taboo thing for drug dealers ... A lot of them that I know won't touch heroin now because of the way it's being prosecuted. They're just strictly coke and crack (cocaine). So, it's like 'I'll risk the coke and the crack, but I ain't messin' with the heroin.'"* Another participant reported he disagreed, that despite tougher laws, *"One guy goes to jail and two dealers pop up."* Another participant agreed and said, *"It's not taboo, because there's so much money in it."*

Community professionals also reported that the availability of powdered cocaine has remained the same during the past six months. Universally, community professionals reported that participants were most interested in heroin and may use powdered cocaine in conjunction with heroin. One treatment provider explained, *"Powder users have swayed more toward heroin because the 'speedball' effect."* Speedball is a term describing the concurrent or consecutive use of heroin and cocaine. The BCI Bowling Green Crime Lab reported that the number of powdered cocaine cases it processes has increased during the past six months.

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

Participants most often rated the current overall quality of powdered cocaine as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '4'. Reportedly, quality continues to depend largely upon where 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 reported that when

a drug is of high quality, it is known as “fire.” One participant explained, “[Quality] varies. There is some real shit here, but you find the right guy; It’s still what we call fire.” One participant explained why getting drugs from the city is best. He reported, “It’s less ‘stepped on’ (adulterated) because it’s closer to where it’s being imported from”

Participants reported that the top cutting agents (adulterates) for powdered cocaine are: baby laxative, lactose and vitamin B-12. Other adulterates mentioned include: chalk, isotol (dietary supplement), fentanyl, flour, mannitol (diuretic), protein powder, Sleepinal® and soap. One participant reported that prescription opioids and stimulants are also used to adulterate powdered cocaine. He commented, “What they’ll do is, they’ll smash up whatever pills they can get . . . Adderall®, Percocet®, Vicodin® . . . whatever anybody has.” Another participant commented, “It is essentially whatever they can find that is white.” A law enforcement officer shared, “Somebody thought they were snorting coke the other day, and they were snorting fentanyl.” Overall, participants reported that the quality of powdered cocaine has remained the same during the past six months.

Powdered Cocaine	Cutting Agents Reported by Crime Lab	
	●	levamisole (livestock dewormer)

Reports of prices for powdered cocaine were consistent among participants with experience buying the drug. Reportedly, the most common quantity purchased is a gram. However, one participant reported, “The more you get, obviously, the more discount you get.” Another participant stated, “If it’s a front (provided up front to the user with the dealer to be paid later), then it will be \$150 because they try to double it up.” Overall, participants reported that the price of powdered cocaine has remained the same during the past six months.

Powdered Cocaine	Current Prices for Powdered Cocaine	
	A gram	\$80
	1/8 ounce (aka “eight ball”)	\$180

Participants reported that the most common route of administration for powdered cocaine remains snorting. Participants estimated that out of 10 powdered cocaine users, seven would snort and three would shoot the drug. A profile for a typical powdered cocaine user did not emerge from the data. Participants described typical users as people who often party and drink alcohol. Community professionals described typical users as younger people aged 18-25 years, drug dealers and people of any race or sex. One law enforcement officer remarked, “Every demographic.”

Crack Cocaine

Crack cocaine remains highly available in the region. Participants most often reported the drug’s current availability as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was also ‘10.’ One participant commented, “I could walk outside here and within a 1,000 feet, I could get a ‘rock’ (a piece of crack cocaine).” Another participant remarked, “That’s been the easiest thing to get.” Community professionals most often reported current availability as ‘10,’ the previous most common score was ‘8.’ Although community professionals reported high availability, a treatment provider explained, “We don’t have a lot [of clients] that use crack. It’s always their last choice. The last couple of new people we had, had a ‘party pack’ . . . a little bit of everything in their system.”

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Officers from a Seneca County drug task force and Fostoria Police arrested a man after executing a search warrant of his home and confiscating an undisclosed amount of crack cocaine (www.otfca.net, Aug. 10, 2016). OSHP arrested an Illinois man in Wood County during a traffic stop after seizing 345 grams of crack cocaine and 90 hydrocodone pills from the man’s vehicle (www.statepatrol.ohio.gov, Oct. 6, 2016). Officers from a regional drug task force along with the Tiffin Police (Seneca County) arrested a couple after executing a search warrant of their home and seizing large amounts of crack cocaine, powdered cocaine, heroin, ecstasy and marijuana (www.otfca.net, Nov. 4, 2016).

Participants and community professionals reported that the availability of crack cocaine has remained the same during the past six months. One treatment provider reported that although the availability of crack cocaine has remained the same, the demand has moved primarily to prescription opioids

and heroin. He explained: *"The demand . . . for it has decreased and therefore the dealer is not looking to purchase that . . . they're looking for the pills or the heroin."*

The BCI Bowling Green Crime Lab reported that the number of crack cocaine cases it processes has decreased during the past six months, although the lab noted that it does not typically differentiate between crack and powdered cocaine cases.

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

Participants most often rated the current overall quality of crack cocaine as '2' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '4.' A participant stated, *"Until you build some contacts, you ain't getting very good stuff . . ."* Participants often reported that the quality of crack cocaine is better in the city of Toledo than in rural areas because the drug is often cut (adulterated) more in rural areas. A participant remarked, *"It varies, so it goes anywhere from a '2' to a '6."* Participants reported that crack cocaine in the region is most often adulterated with baking soda, but could be cut with almost anything that is approximately the same color and consistency as the drug. Overall, participants reported that the quality of crack cocaine has remained the same during the past six months.

Crack Cocaine	Cutting Agents Reported by Crime Lab	
		levamisole (livestock dewormer)

Reports of current prices for crack cocaine were consistent among participants with experience buying the drug. Reportedly, the most common amount of crack cocaine purchased is 1/10 gram (aka "rock"). One participant reported, *"If you're getting small amounts, they're not going to weigh it in front of you. They'll just be like, 'man here's a twenty' (\$20 amount). With large amounts, you want to weigh it."* Another participant commented, *"Like in the suburbs it's 20s, but in the hood you*

probably are getting 10s (\$10 amounts)." Overall, participants reported that prices for crack cocaine have remained the same during the past six months.

Crack Cocaine	Current Prices for Crack Cocaine	
	1/10 gram (aka "rock")	\$10-20
	A gram	\$60-70

Participants reported that the most common route of administration for crack cocaine remains smoking. Participants estimated that out of 10 crack cocaine users, eight would smoke and two would intravenously inject (aka "shoot") the drug. In addition, participants reported multiple methods to smoke the drug, including using car antennas, glass pipes, cigarettes, fake roses sold in convenient stores and carry outs, soda cans, Plexiglas and electrical sockets. One participant commented, *"You know those roses? They use the glass pipe of it to smoke."* Another participant commented, *"You can find those at every carry out in the hood."* Yet another participant reported, *"A socket, that's one thing . . . a lot of construction [workers] will just pull out one of those sockets [to smoke crack cocaine from]."* Regarding shooting the drug, one participant commented, *"If they're a heroin addict, they're going to shoot it. Anything you can put in a needle, they're going to put in a needle."*

A profile for a typical crack cocaine user did not merge from the data. Participants described typical crack cocaine users as anyone. One participant reported, *"I see a lot of different people smoking crack . . . rich people smoke crack. My grandmother smoked crack. A lot of hard workers like laborers [smoke crack cocaine]."* Community professionals described typical crack cocaine users as females in their mid-20s, older generations and people of any race or sex. One treatment provider reported, *"That would be more or less hustlers, the people that are on the streets most of the day trying to find a dollar. And I would say, of an older generation. I don't see many new young people that are using crack cocaine. It's a lot of older people."*

Heroin

Heroin remains highly available in the region. Participants and community professionals most often reported the current availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores

were also '10.' One participant remarked, "Seriously, is '10' really the highest number?" Another participant noted, "Everybody's got a heroin set up (arrangement for buying and selling heroin) nowadays. All these young boys, that's what they do ... heroin is the easiest drug to get out there and make your money on, and everybody's doing it." One treatment provider reported that heroin is in demand because it is less expensive than prescription opioids. One police officer reported that finding heroin in Toledo is so easy that all one had to do is, "just walk down the street."

Corroborating data indicated that heroin is available in the region. The Screening, Brief Intervention and Referral for Treatment (SBIRT) program reported that of the 545 individuals at six health centers in the region who reported any drug use during the past 30 days, 12.5 percent reported using heroin on one or more days. In addition, a query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Toledo region returned 728 heroin cases reported during the past six months, of which 30.6 percent were Lucas County cases and 22.8 percent were Erie County cases (a decrease from 897 cases for the previous six months, of which 25.2 percent were Lucas County cases and 18.4 percent were Erie County cases).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Toledo Police arrested 23 people involved in a drug ring after conducting raids at three houses and confiscating heroin and fentanyl (www.toledoblade.com, July 13, 2016). The Lucas County Sheriff's Office recounted its first overdose case due to carfentanil in the region; officers reported a man was treated at the hospital for a carfentanil overdose but left early against medical advice, leaving officers in the dark regarding where the man obtained the drug (www.wtol.com, Sept. 9, 2016). A media source highlighted the growing national concern that public libraries are becoming a common location for heroin overdoses to occur; after several overdoses were reported at libraries in Ann Arbor, Michigan, Chicago, and Norfolk, Virginia, the Toledo (Lucas County) public library system is now working with law enforcement to combat this issue in Toledo (www.campussafetymagazine.com, Sept. 15, 2016). An Erie County grand jury indicted three men in September for heroin possession and/or trafficking in the county (www.thevillagereporter.com, Sept. 26, 2016). A Williams County grand jury indicted 14 men and women in August and September for heroin possession and/

or trafficking in the county (www.sanduskyregister.com, Sept. 21, 2016). Officers from the Ottawa County Drug Task Force conducted a five-month long investigation that led to seven individuals being indicted for trafficking heroin and cocaine in the county (www.presspublications.com, Oct. 17, 2016). The Lucas County Common Pleas Court sentenced a man to 15 years in prison for trafficking heroin, cocaine, prescription opioids and marijuana; the man is currently serving a 10-year sentence for kidnapping a 15-year-old female from Toledo and selling her for sex in Chicago (www.toledoblade.com, Oct. 22, 2016). A Seneca County drug task force arrested a man for distributing heroin that led to five overdoses in two days (www.otfca.net, Nov. 1, 2016). A Hancock County drug task force along with Findlay Police arrested a man after executing a search warrant at a motel in Findlay and confiscating heroin, marijuana and prescription opioids from the man's room (www.otfca.net, Nov. 30, 2016). Officers from several regional drug task forces along with Fremont Police (Seneca County) arrested a drug dealer from Michigan suspected of being responsible for a rash of heroin overdoses that occurred in November in Seneca County; officers executed a search warrant at a motel in Sandusky County where the man was staying and found large amounts of heroin and drug paraphernalia in his room (www.otfca.net, Dec. 1, 2016).

While many types of heroin are currently available in the region, both participants and community professionals reported white powdered heroin as most available. In addition, participants noted that brown, gray and tan powdered heroin are also available in the region. Participants discussed: "Actually ... it was gray for a couple of months and then brown for a couple of months and then white ... but I always considered all of that stuff 'china' (aka 'china white,' white powdered heroin) [and] it's all fentanyl; The gray is mostly fentanyl. The white, quite honestly is where people smash up Percocet® and higher potency prescription pills." Community professionals related white powdered heroin as referring to whitish-gray powdered heroin.

Black tar heroin is also available in the region. Participants most often rated the current availability of this type of heroin as '2'; the previous most common score was '1.' One participant stated, "'Tar' (black tar heroin) is hard to come by." Community professionals also mentioned black tar heroin and rated its current availability as '6.' Because black tar heroin is likely to remain in the hands of higher level drug dealers, law enforcement encountered more black

tar than did participants during this reporting period. Although one officer acknowledged, *"It's harder to get, so we aren't seeing very much of it right now."*

Participants and community professionals reported that the overall availability of heroin has remained the same during the past six months. However, one treatment provider commented, *"It continues to be terrible. It's probably our biggest drug problem."* The BCI Bowling Green Crime Lab reported that the number of powdered heroin cases it processes has decreased during the past six months, and estimates that the number of black tar heroin cases it processes has increased, although the lab does not typically differentiate between black tar and powdered heroin. The lab reported having processed brown, off-white, tan and white powdered heroin during the past six months.

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

Participants most often rated the current overall quality of heroin as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was also '10'. Participants discussed adulterants (aka "cuts") that affect the quality of the drug and reported that the top cutting agent is fentanyl. One participant commented, *"The last time I did it [heroin], I failed my drug test ... back in June and it was mostly fentanyl."* Law enforcement reported that white powdered heroin contains very little heroin. Their comments included: *"We don't have a lot of 'china' (white powdered heroin) ... people call it that, but it's not china; Dealers have been cutting it and stripping the actual heroin and replacing it with fentanyl and other animal tranquilizers (carfentanil) to stretch out the original heroin further."*

Additional cuts mentioned for heroin include: Comet® cleanser, flour, powdered cocaine, rat poison, tranquilizers (carfentanil) and Xanax®. A participant added, *"Anything that will break down in water."* Another participant shared, *"It's all 'coke' (cocaine) ... I bought what I thought was 'china' (white powdered heroin) and I came up positive for cocaine on a ... [urine drug] test."* One law enforcement

officer confirmed, *"They mix it with everything they can get their hands on."* Another officer commented, *"Rat poison ... anything that looks blue. They'll cut it with 'benzos' (benzodiazepines) ... A guy, I have his 'tox' (toxicology) screen ... came up [positive] with everything but heroin."*

Overall, participants reported that the general quality of heroin has increased during the past six months. One participant reported, *"Oh yeah, it's much more potent ... now they're introducing these chemicals [into the heroin market] that are more and more potent."* Another participant remarked, *"It's gotten stronger because of the fentanyl!"* Treatment providers commented: *"They are talking about white (powdered heroin), and obviously, fentanyl is in it; I know that [when people] have 'OD'd' (overdosed), when they get their tox (toxicology) screens back ... not only were they getting heroin, but they were getting fentanyl"*

Heroin	Cutting Agents Reported by Crime Lab	
		caffeine
	diphenhydramine (antihistamine)	
	lidocaine (local anesthetic)	

Reports of current prices for heroin were consistent among participants with experience purchasing the drug. Participants reported that dealers tend to sell heroin in smaller quantities such as 1/10 and 1/4 gram amounts. One participant explained that in Toledo, *"You could get a gram or a gram and a half, sometimes two grams, but that's the most ... They're not going to have that much on them. I did have one dude, we went to his 'trap house' (house primarily used to sell and/or use drugs) and we could get as much as we wanted."* However, the most common quantity purchased is 1/10 gram (aka "packs" or "papers," 1/10 gram amounts that typically come in folded up lottery tickets). Reportedly, other ways that heroin is sold is in small baggies obtained from hardware stores. Overall, participants indicated that the price of heroin has remained the same during the past six months.

Heroin	Current Prices for Heroin	
	Powdered:	
	1/10 gram	\$20
	1/4 gram	\$40
	1/2 gram	\$70
	A gram	\$100-120

While there were a few reported ways of using heroin, generally the most common route of administration remains intravenous injection (aka “shooting”). Participants reported that out of 10 heroin users, nine would shoot and one would snort the drug. As one participant declared, “It’s snorted and injected.” However, another participant reported, “I’ve seen it smoked, but I don’t know a whole lot of people that do it.”

Participants reported that injection needles are most available from local pharmacies, particularly those that don’t require a prescription. Additionally, participants reported obtaining needles from diabetics. One participant commented, “I got mine from a diabetic [and] from one pharmacy in Toledo.” One participant reported obtaining needles from pet store: “There are people that will go into pet stores and buy needles that were meant for pets, which in reality is incredibly painful to shoot up with, but it will work.” Another participant stated, “Yeah, you go to feed stores and get them.”

Participants reported that sharing needles for injection is a common practice. One participant commented, “To be completely honest, because there’s people scared to buy them, or don’t know where to buy them, they will use like dirty needles like nothing ... out of desperation.” Another participant reported, “I think there needs to be more NEPs (needle exchange programs). I’m not saying for me personally because I can get needles easily, but I know very few people that don’t have hepatitis.” A treatment provider commented, “They re-use [needles]. That’s a big one. I’ll say, ‘use another needle,’ and they say, ‘why, it’s my needle.’” Another provider reported that of the clients they treat, “Eighty-five percent have hepatitis B and C.”

A profile for a typical heroin user did not emerge from the data. Participants described typical users as of middle socio-economic status, white and black people, suburban and of any age range. One participant reported, “I’ve seen 14-year-olds, teenagers, kids 15 to 16 [years old], all the way

up to 80-year-olds ... heroin has no discretion at all.” Another participant observed, “White, middle-upper class. Around Toledo I’ve seen more blacks do it ...”

Community professionals described typical heroin users as anyone. Treatment providers reported: “Between the ages of 18 and 34 [years of age] has really been the bulk. Of course you have the older generation that has been doing it for 30 years; Could be a business owner ... and it could be someone off the street.” A law enforcement officer commented, “It’s starting to change, the demographic ... maybe last years was a white male between 18 to 30 [years of age], but now we are starting to see people in lower economic areas of every race ... playing around with heroin.”

Prescription Opioids



Prescription opioids are highly available for illicit use in the region. Participants most often reported the current street availability of these drugs as ‘8’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was ‘4.’ However, participants reported that availability fluctuates quite a bit, often from day to day. Participants explained: “It just depends on the dealer ... sometimes it can get dry (opioids become scarce) ... it’s just how fast they (dealers) can get the ‘scripts’ (prescriptions); Anybody can get it. Absolutely anybody can get it, but you can’t get it regularly.”

Treatment providers most often reported the current street availability of prescription opioids as ‘8,’ while law enforcement most often reported it as ‘10’; the previous most common score was ‘10’ for both treatment providers and law enforcement. One law enforcement professional stated, “It’s about supply and demand; if it’s in demand, then they’re going to supply it. They will find a way to supply it.” One treatment provider reported, “[Doctors are] trying to cut down and control it, but ... you can’t control it when a person comes in and says, ‘I got a back issue.’ You can’t readily measure back pain, and so you got to give them what they ask for.”

Corroborating data indicated that prescription opioids are available for illicit use in the region. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Toledo region returned 595 prescription opioid cases reported during

the past six months, of which 44.0 percent were fentanyl/ acetyl fentanyl cases; 32.1 percent of these fentanyl/ acetyl fentanyl cases were Lucas County cases (a slight increase from 581 prescription opioid cases for the previous six months, of which 35.5 percent were fentanyl/ acetyl fentanyl cases; 13.1 percent of these fentanyl/ acetyl fentanyl cases were Lucas County cases).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. An Ottawa County grand jury indicted several people for drug trafficking and possession; one man was indicted for distributing prescription drugs over the course of six months (www.otfca.net, July 27, 2016). Two men were convicted in the Huron County Common Pleas Court for trafficking methadone in Norwalk (www.norwalkreflector.com, Sept. 6, 2016). OSHP in Wood County arrested two Michigan men during a traffic stop after confiscating 262 hydrocodone and morphine pills from their vehicle (www.statepatrol.ohio.gov, Oct. 13, 2016). The Sandusky County Sheriff was indicted after an ongoing investigation completed by the Ohio Bureau of Criminal Investigation for stealing prescription drugs from drop boxes and deceiving physicians into prescribing him prescription pain medicine (www.nbc4i.com, Nov. 22, 2016). Seven individuals were indicted in Hancock County for trafficking fentanyl, oxycodone, heroin and cocaine in Findlay (www.thecourier.com, Nov. 23, 2016).

Participants identified Percocet® as the most popular prescription opioid in terms of widespread illicit use. One participant reported, "There are Norco's®, but they prefer the 'perks' (Percocet®)." Another participant agreed and added, "Percocet's® by far [are most popular]." Community professionals also identified Percocet® as the most popular prescription opioid for illicit use. Treatment providers remarked: "Percocet's® have been the most sought after; 'Perk 10s' (Percocet® 10 mg) are probably more available than anything."

Participants reported that the general street availability of prescription opioids has decreased during the past six months. Participants reported: "Doctors know people are selling it, so it's becoming harder to come across; Not as easy as it used to be for me. It used to be, you could go anywhere and get pills. Pills were everywhere. You had grandmothers with pills, you had kids, you had people paying their 'house notes' (mortgages) with pills; pills ran everything; The availability of perks has gone down considerably because there are less doctors giving them out, less people getting them, and a lot of people have been cut off."

Many participants attributed the current heroin epidemic to the decrease in prescription opioid availability. One participant explained, "We had these doctors out here that flooded the street with pills. Pills were everywhere ... the next thing you know they cracked down on them, busted all the pill dealers, and you're sick, you're messed up, and so there was nothing left but heroin." Another participant added, "That's exactly what's happening. The Percocet® is going down and the heroin is going up." Another participant commented, "It's cheaper and stronger to go with the heroin."

Treatment providers reported that the general street availability of prescription opioids has decreased during the past six months, while law enforcement reported that availability has remained the same. One treatment provider remarked, "It's getting harder to find with [law enforcement] cracking down." Another treatment provider credited the Ohio Automated Rx Reporting System (OARRS) with the decrease in availability. This treatment provider stated, "The OARRS helps ... It has decreased [availability] some." The BCI Bowling Green Crime Lab reported that the number of prescription opioid cases it processes has increased or remained the same during the past six months; however, the lab noted that the number of cases it processes for Dilaudid® and morphine have decreased.

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

Reports of current street prices for prescription opioids were consistent among participants with experience buying the drugs. Reportedly, the majority of prescription opioids sell for \$1 per milligram. One participant commented, "Basically all of them want a dollar a milligram." According to participants and treatment providers, many users sell the opioids that they legitimately receive from a physician in order to obtain illicit drugs, such as heroin. One participant recounted, "I used to get a script of 90 of them [Percocet®] every month and I would hardly take the Percocet®. I'd take like five of them as soon as I got them and then the other 85 of them I'd sell ... for \$2.50 a piece."

Prescription Opioids	Current Street Prices for Prescription Opioids	
	OxyContin® OP	\$0.50-1 for 1 mg \$5-6 for 5 mg
	Percocet®	\$10-12 for 10 mg \$15 for 15 mg
	Roxicodone®	\$30 for 30 mg

Participants reported obtaining prescription opioids from dealers, doctors, friends and family members with prescriptions. One participant stated, *"Know someone with a script, or a person knows someone with a script, or you 'doctor shop' (visit multiple doctors seeking prescriptions for opioids)"*

While there were a few reported ways of consuming prescription opioids, generally the most common routes of administration for illicit use are snorting and oral consumption. Participants estimated that out of 10 illicit prescription opioid users, five would orally consume and five would snort the drugs. One participant noted, *"Most people would snort it."* In addition, participants reported intravenously injecting (aka "shooting") certain types of prescription opioids. According to participants, it is still possible to intravenously inject OxyContin®. One participant commented, *"Every time they come up with a new countermeasure (abuse deterrent) someone comes up with a way to get around it [to allow for illicit use of the drug]."*

A profile of a typical illicit prescription opioid user did not emerge from the data. Participants described typical users as similar to heroin users. One participant remarked, *"Same people that like heroin."* Participants did not believe that race is a factor in identifying a typical user. One participant responded, *"They used to act like it was a white drug, but that's gone out the window. Everybody does it."*

Treatment providers also did not identify a typical illicit prescription opioids user. Treatment providers stated: *"No, there's not a particular user; It's just a big variety."* However, one law enforcement officer noted, *"Generally, it's somebody who has had pain medication from injuries. They'll be prescribed the OxyContin® or the Percocet® and that stuff, and then when the doctors stop giving it to them ... they'll go out in the streets and try to buy those"*

Suboxone®

Suboxone® remains highly available for illicit use in the region. Participants most often reported the current street availability of Suboxone® as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. One participant reported, *"I could seriously get probably 75 Suboxone® strips in ten minutes right now."* Participants reported the Suboxone® sublingual filmstrip (aka "strip") form as the only available form of the drug.

Community professionals most often reported current street availability of Suboxone® as '10'; the previous most common score was '6'. One treatment provider commented, *"That's a big one."* Law enforcement officers commented: *"A lot of folks get on Suboxone® in order to get help and then turn around and sell them to buy heroin; They can get Suboxone® strips from their primary care and then family members will use them or sell them on the street. Some users will actually get their 'subs' (Suboxone®) on the street; We've got a couple people who are getting two doses of Suboxone® a day and they'll take one and sell the other; [They'll] buy strips so they can prevent from being 'dope sick' (in withdrawal)."*

Corroborating data indicated that Suboxone® is available for illicit use in the region. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Toledo region returned 67 buprenorphine (an ingredient in Suboxone®) cases reported during the past six months (there were 69 cases returned for the previous reporting period).

Both participants and community professionals reported that the availability of Suboxone® has remained the same during the past six months. One participant responded, *"For the strips it stayed the same."* A law enforcement officer commented, *"That's been going on for several years."* The BCI Bowling Green Crime Lab reported that the number of Suboxone cases it processes has increased during the past six months.

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

Reports of current street prices for Suboxone® were consistent among participants with experience buying the drug. Participants reported people will often overpay to avoid withdrawal symptoms: *"You can give \$20 if you're desperate; If you're in withdrawal ... you'll pay \$30 to have it; I've paid up to \$40 out of desperation for an 8 mg strip."* Reportedly, an 8 mg filmstrip most often sells for \$15. However, one participant commented, *"The more you buy, the cheaper it is."*

In addition to obtaining Suboxone® on the street from dealers, participants also reported getting the drug from other people who are prescribed it. Participants reported that the most common routes of administration for illicit use of the Suboxone® is sublingual or intravenous injection (aka "shooting"). One participant reported, *"You might find some people that shoot them, but basically [it's] under the tongue."* Participants reported the attraction to shooting Suboxone®: *"If you do Suboxone® on a daily basis, you try to avoid getting sick ... [In] shooting ... you use less of it ... and get the same results; You can feel it quicker; It's awful [the taste] ... Do you know what Goo Gone smells like? That would be the taste ... an orangey mediciney taste."*

Participants and community professionals described typical illicit Suboxone® users as heroin users. In addition, a treatment provider described typical illicit users as anyone 18-25 years of age.

Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain highly available for illicit use in the region. Participants most often reported the current street availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '8'. Treatment providers most often reported current street availability as '7', while law enforcement most often

reported it as '8'; the previous most common score was '9' for both treatment providers and law enforcement.

Treatment providers remarked: *"Individuals that are under the influence of heroin ... they start talking about anxiety ... Doctors and psychiatrists are prescribing it; A person that is on Suboxone® ... when they come in, give it about a month and they'll be seeing a psychiatrist, and about a week after that, they'll be on Xanax®."* Law enforcement officers reported: *"They'll buy whatever they can; I think that they're unexpectedly using 'benzos' (benzodiazepines) when they're buying heroin. Like one guy, I had his 'tox' (toxicology) screens ... came back benzos and 'meth' (methamphetamine), fentanyl ... everything but heroin ..."*

Corroborating data indicated that sedative-hypnotics are available for illicit use in the region. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Toledo region returned 130 benzodiazepine cases reported during the past six months (there were 122 cases for the previous six months).

Participants and treatment providers identified Xanax® as the most available sedative-hypnotic in terms of widespread illicit use. One treatment provider stated, *"Ativan® is at the bottom of the list, they would rather have Xanax®."*

Participants and law enforcement reported that the general street availability of sedative-hypnotics has remained the same during the past six months, while treatment providers reported that availability has increased. The BCI Bowling Green Crime Lab reported that the numbers of cases for Xanax® and Valium® have increased during the past six months, while all other sedative-hypnotic cases have decreased or remained the same in number.

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

Reports of current street prices for sedative-hypnotics were consistent among participants with experience buying the drugs. One participant observed, *"Generally, the one and two milligrams are what most people are getting around here."*

Sedative-Hypnotics	Current Street Prices for Sedative-Hypnotics	
	Klonopin®	\$.50-1 per pill (unspecified dose)
	Xanax®	\$3 for 1 mg \$5 for 2 mg

Participants reported obtaining these drugs from doctors and drug dealers. One Participant reported, "A lot of people are getting them from their doctors because doctors aren't really afraid to give out the Xanax® so much."

Generally, the most common routes of administration for illicit use of sedative-hypnotics remain oral consumption and snorting. Participants estimated that out of 10 illicit sedative-hypnotic users, five would orally consume and five would snort the drugs. However, one participant noted intravenous injection (aka "shooting") as well: "I think if you're in love with snorting, you're going to snort everything you can. That's how I used to be ... but if you're in love with the needle, you're going to put whatever you can in the needle. I heard that from other people." A profile for a typical illicit sedative-hypnotics user did not emerge from the data, although treatment providers described typical illicit users as of any age, people with a trauma history and people with the propensity to self-medicate.

Marijuana



Marijuana remains highly available in the region. Participants and community professionals most often reported the current availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were also '10'. One participant reported, "I have a [marijuana] grow field right next to my house."

Participants and community professionals also discussed availability of high-grade marijuana extracts and concentrates, often appearing as oil and waxy forms of the drug (aka "dabs"). Participants most often reported the current availability of marijuana extracts and concentrates as '5'; the previous most common score was '6'. One participant commented, "It's available ... my son gets it all of the time." Other participants stated: "Me and my ex' (former partner) used to do that; Dabs is real popular."

Another participant explained, "It's coming from Michigan because I know that a lot of those grow farms (marijuana grow operations) get a lot of wax." Community professionals did not provide a current availability rating score for marijuana extracts and concentrates. However, one treatment provider reported, "When we do the marijuana specific groups, some of them have talked about it."

Corroborating data indicated that marijuana is available in the region. The Screening, Brief Intervention and Referral for Treatment (SBIRT) program reported that of the 545 individuals at six health centers in the region who reported any drug use during the past 30 days, 87.5 percent reported using marijuana/hash on one or more days.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Toledo Police arrested a New York man during a traffic stop after confiscating a suitcase containing candy made with THC (tetrahydrocannabinol, the psychoactive ingredient in marijuana), marijuana wax (a marijuana concentrate) and several additional packages of marijuana from his vehicle (www.statepatrol.ohio.gov, July 11, 2016). OSHP arrested a California man during a traffic stop in Wood County after confiscating 101 pounds of hydroponic marijuana from his vehicle (www.statepatrol.ohio.gov, July 13, 2016). OSHP arrested two people during a traffic stop in Erie County after confiscating 17 vacuum-sealed bags of marijuana, weighing over eight pounds (www.statepatrol.ohio.gov, July 30, 2016). Officers from a Seneca County drug task force along with officers from multiple other local law enforcement agencies collaborated in an annual marijuana sweep and confiscated 100 plants from different fields in the county (www.nbc24.com, Aug. 25, 2016). OSHP arrested a New York man during a traffic stop in Lake Township (Wood County) after confiscating 92 pounds of marijuana from his vehicle (www.statepatrol.ohio.gov, Sept. 7, 2016). OSHP arrested another New York man also in Wood County during a traffic stop after seizing seven pounds of marijuana packaged into two blocks and held inside a body pillow (www.statepatrol.ohio.gov, Sept. 12, 2016). An Arizona man was sentenced in Lucas County Common Pleas Court to 30 months in prison for trafficking 221 pounds of marijuana into the region (www.toledoblade.com, Oct. 14, 2016). The Ottawa County Sheriff's Office arrested two people after executing a search warrant and seizing psilocybin mushrooms, dozens of marijuana plants and hash oil from the couple's home (www.presspublications.com, Oct. 17, 2016). OSHP

arrested a New York man in Perrysburg (Wood County) after pulling him over for a traffic violation and seizing 263 pounds of marijuana from his vehicle (www.nbc4i.com, Nov. 10, 2016). OSHP arrested a California man in Wood County during a traffic stop after seizing 71 pounds of marijuana, 360 THC (tetrahydrocannabinol) pills and one pound of hash oil that were wrapped as Christmas gifts in the man’s vehicle (www.10tv.com, Nov. 24, 2016). OSHP arrested a woman with Nevada license plates in Preble County during a traffic stop after seizing 200 pounds of marijuana from her vehicle (www.nbc4i.com, Nov. 29, 2016). OSHP arrested a man in Sandusky County during a traffic stop after confiscating nine pounds of marijuana from his vehicle (www.statepatrol.ohio.gov, Dec. 2, 2016). OSHP arrested two men in Wood County during a traffic stop after confiscating 300 pounds of marijuana from their vehicle (www.statepatrol.ohio.gov, Dec. 7, 2016).

Participants reported that the availability of marijuana has remained the same during the past six months. Participants discussed that the availability of marijuana rarely fluctuates, as one participant remarked, “No, never for marijuana.” Reportedly, both low-grade and high-grade marijuana availability have remained the same. However, one participant reported, “High quality is easier to get now because of the dispensaries in Michigan.” Participants indicated that the availability of marijuana concentrates and extracts has decreased during the past six months.

Community professionals reported that the overall availability of marijuana has increased during the past six months. However, one treatment provider remarked, “I think marijuana has picked up because they use it as a balance. Marijuana is like a balance when an individual does not have the heroin and they start to feel sick. Marijuana is a balance, so they can get up the strength to get up and eat something to go out and hustle.” The BCI Bowling Green Crime Lab reported that the number of marijuana cases it processes has decreased during the past six months.

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

Participants most often rated the current overall quality of marijuana as ‘8’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was ‘10’. Overall, participants indicated that the quality of high-grade marijuana has increased during the past six months. Participants reported: “Quality has gone up and it’s stronger; [With] medical marijuana ... people can control the [potency]. They’re using, different stains.”

Reports of current prices for marijuana were provided by participants with experience buying the drug. Reportedly, the most common quantity purchased is one gram. One participant commented on the high cost of high-grade marijuana: “When I started messing with weed [again] ... I hadn’t smoked in years ... the good stuff come out and I was like, ‘damn people are paying \$20, \$30 a gram’ ... I couldn’t believe it.”

Current Prices for Marijuana		
Marijuana	Low grade:	
	A gram	\$5
	An ounce	\$80
	High grade:	
	A blunt (cigar)	\$10
	A gram	\$20
	An ounce	\$300
	Extracts and concentrates:	
	A gram	\$30-35

While there were a few reported ways of consuming marijuana, generally the most common route of administration remains smoking. Participants estimated that out of 10 marijuana users, all 10 would smoke the drug. One participant reported, “Smoke it, put it in a bong (water pipe).” A profile for a typical marijuana user did not emerge from the data. Both participants and community professionals described typical marijuana users as anyone. However, a few participants observed typical users as hippies and younger people aged 14-20 years.

Methamphetamine



Methamphetamine remains highly available in the rural areas of the region. Participants most often reported the current availability of the drug in rural areas as '8' and in urban areas as '2' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10' in rural areas and '4' in urban areas. One participant reported, *"I have never come across 'meth' (methamphetamine) here (in Toledo). [The drug is] more like in Swanton [Lucas County] and Delta [Fulton County]."* Another participant stated, *"I don't think it's real popular here (in Toledo). It's more on the outskirts."*

Treatment providers most often reported the current availability of methamphetamine in rural areas as '8' and in urban areas as '3'; the previous most common score for rural areas was '9'; no data were reported for availability in urban areas previously. One treatment provider who works in Toledo stated, *"Meth is not so much on the radar. People aren't really chasing that. I've had one or two individuals where crystal meth was something that they used ..."* Law enforcement most often reported the current availability of methamphetamine as '6-7'. One law enforcement professional commented, *"The outlying rural areas ... meth and 'molly' (powdered MDMA) are very high."*

Corroborating data indicated that methamphetamine is available in the region. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Toledo region returned 148 methamphetamine cases reported during the past six months, of which 36.5 percent were Defiance County cases, 16.9 percent were Sandusky County cases and 6.1 percent were Lucas County cases (there were 146 cases for the previous six months, of which 40.0 percent were Defiance County cases, 11.0 percent were Sandusky County cases and 4.8 percent were Lucas County cases).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. The Putnam County Sheriff's Office arrested two people during a traffic stop after seizing 10.6 grams of methamphetamine, materials used to manufacture methamphetamine, 39.6 grams of powdered cocaine, 6.4 grams of crack cocaine, 19.5 grams of marijuana and 49 Roxicodone® pills from their vehicle (www.thecourier.com, Oct. 17, 2016). Findlay Police (Hancock County) arrested a man on Christmas

morning during a traffic stop, confiscating approximately one dozen containers of crystal methamphetamine, other unidentified substances and drug paraphernalia from the man's vehicle (www.toledoblade.com, Dec. 26, 2016).

Participants reported that methamphetamine is available in both crystal and powdered forms throughout the rural areas of the region; however, they reported powdered methamphetamine as the most prevalent form of the drug. The powdered form of methamphetamine is typically referred to as "shake-and-bake," which means users are producing the drug in a single sealed container, such as a two-liter soda bottle. By using common household chemicals along with ammonium nitrate (found in cold packs) and pseudoephedrine (found in some allergy medications), people who make methamphetamine can produce the drug in approximately 30 minutes in nearly any location. One participant reported, *"They make it in them damn bottles now and they shake it with all the batteries and all that crap."*

Participants and community professionals reported that the overall availability of methamphetamine has remained the same during the past six months. However, participants reported that crystal methamphetamine availability has increased during the past six months. One participant commented, *"It's getting pretty available. It's getting more popular to find the crystal because more people want it over the 'bottle dope' (shake-and-bake methamphetamine). It's way better than the bottle dope."* One law enforcement professional commented, *"It's pretty steady."*

The BCI Bowling Green Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months; the lab reported processing crystal, brown, tan, off-white, and liquid methamphetamine.

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

Participants specifically rated the quality of powdered methamphetamine as '4' and of crystal methamphetamine as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common scores were '8' and '6', respectively. One participant explained why she prefers crystal methamphetamine: "[Powdered methamphetamine] makes me sick [with] anxiety real bad; there's a lot of lithium in it ... makes my bones hurt. The 'glass or ice' (crystal methamphetamine) is a lot better." Overall, participants reported that the quality of methamphetamine has remained the same during the past six months.

Reports of current prices for methamphetamine were consistent among participants with experience buying the drug. Reportedly, the most common quantity purchased is 1/10 gram. One participant explained, "If you wanna save money, meth is definitely the way to go; I mean ... I spent like \$50 and that stuff had me high for like a week and a half. You can do a line and be high for three days."

Methamphetamine	Current Prices for Methamphetamine	
	Powdered:	
	1/10 gram (aka "a point")	\$20
	A gram	\$75
	Crystal:	
	A gram	\$100-120

Participants reported that the most common routes of administration for methamphetamine are intravenous injection (aka "shooting") and smoking. Participants estimated that out of 10 methamphetamine users, five would shoot and five would smoke the drug. Reportedly, more methamphetamine users are intravenously injecting the drug due to increasing needle use generally among users. According to one participant, "It came around so late that everybody was already using the needle ... so when it showed up, it's something else to put in a needle." This participant also added, "If you're using a needle, you'll put Tylenol® in a needle to cure a headache."

Participants and treatment providers described typical methamphetamine users as white people and individuals who also use heroin and/or cocaine. One participant explained, "Anybody that likes cocaine will try it, and

anybody that's crossed the line between dealing heroin and smoking crack will more than likely like doing it." A rural treatment provider reported, "They were the same type of individuals that were using heroin, but they couldn't get their heroin and they couldn't find cocaine, so they used the meth because meth is something they could make themselves." Law enforcement professionals described typical methamphetamine users as white people, males and those aged 18-35 years. One law enforcement officer stated, "If they're a burglar, they've got a habit ... whether it's heroin or meth."

Prescription Stimulants

Prescription stimulants remain moderately available for illicit use in the region. Participants most often reported the current street availability of these drugs as '7' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '6'. One participant reported, "[To obtain a prescription for stimulants] they just go to the doctor and tell them they have adult ADHD (attention-deficit hyperactivity disorder)." Treatment providers most often reported the current street availability of prescription stimulants as '7'; the previous most common score was also '7'. One treatment provider commented, "They'll take their kids to the doctor [to obtain a prescription for stimulants] so they can steal it from their kids."

Both participants and community professionals identified Adderall® as the most popular prescription stimulant in terms of widespread illicit use. One participant commented, "Adderall® is everywhere." Other prescription stimulants either were not mentioned or, as is the case with Vyvanse®, were said to be not as available. One participant reported, "That's really hard to come by ... I'm talking about Vyvanse."

Both participants and community professionals reported that the general availability of prescription stimulants has remained the same during the past six months. The BCI Bowling Green Crime Lab reported that the number of Adderall® cases it processes has increased during the past six months, while the number of Ritalin® cases has decreased.

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

Reports of current street prices for Adderall® were consistent among participants with experience buying the drug. Reportedly, Adderall® 30 mg sells for \$2-5. Participants reported obtaining prescription stimulants most often from friends. They were unable to report on the most common route of administration for illicit use of prescription stimulants due to no personal illicit use of these drugs during the past six months; oral consumption was the most common route of administration reported for illicit use during the previous reporting period.

Participants described typical illicit users of prescription stimulants as those aged 18-21 years, college students and adolescents. One participant reported, *“The younger people tend to get it from their friends and stuff.”* Community professionals also described typical illicit users as college students. One law enforcement officer commented, *“Younger college-aged; I mean, I’ve had some people that have had those drugs on them that haven’t been college material, but you know, they’re very accessible [to college students].”*

Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA and/or TFMPP) remains highly available in the region. Participants most often reported the current availability of the pressed tablet form of ecstasy and of “molly” (powdered MDMA) as ‘8’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common scores were ‘6’ and ‘10’, respectively. However, there was only one participant who reported using molly during the past six months. He commented, *“I did a lot of molly.”* Community professionals most often reported the current availability of ecstasy and of molly as ‘8’; the previous scores were ‘10’ for both forms of the drug. One Treatment provider reported, *“They’re doing it pretty big now.”*

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Tiffin Police (Seneca County) and officers from a regional task force worked together to arrest a couple after implementing a search warrant of their home and seizing large amounts of ecstasy, crack cocaine, powdered cocaine, heroin and marijuana (www.otfca.net, Nov. 4, 2016).

Participants and community professionals reported that the availability of both ecstasy and molly has remained the same during the past six months. The BCI Bowling Green Crime Lab reported that the number of ecstasy cases it processes has increased during the past six months; the lab does not differentiate between ecstasy and molly cases.

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

Participants were not able to rate the overall current quality of ecstasy and molly this reporting period; the previous most common score was ‘8’ for both ecstasy and molly. However, although participants did not have first-hand knowledge on the quality of ecstasy or of molly during the past six months, a few participants reported that the quality of ecstasy has generally decreased over time. One participant reported, *“It’s not as good as it was 10-12 years ago.”* Participants did, however, report that the pressed ecstasy pills are typically stamped with pictures, such as: barefoot, Bart Simpson, daisies, ninja turtles and transformers. One participant reported, *“The best one is barefoot.”*

Reports of current prices for ecstasy and molly were consistent among participants with experience purchasing the drugs. Reportedly, ecstasy sells by the pill and molly typically sells by the gram.

Ecstasy/Molly	Current Prices for Ecstasy/Molly	
	Ecstasy:	
	Medium dose (aka "double stack")	\$5
	High dose (aka "triple stack")	\$8
	Molly:	
A gram	\$40-60	

Participants indicated that molly is often obtained from dealers. Participants described typical ecstasy and molly users as "clubbers" (those who regularly frequent nightclubs) and "ravers" (those who attend dance parties). Community professionals described typical ecstasy and molly users as young adults, and particularly, young African Americans. One treatment provider remarked, "It's a party drug."

Other Drugs in the Toledo Region

Participants and community professionals listed other drugs as being present in the region, but these drugs were not mentioned by the majority of people interviewed: hallucinogens (lysergic acid diethylamide [LSD]) and Neurontin® (gabapentin, an anticonvulsant).

Hallucinogens

Reportedly, LSD is available in the region; however, participants were not able to rate its current availability; the previous most common availability score for LSD was '4' on a scale of 0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Only one treatment provider was able to report on the current availability of LSD. This provider reported current availability as '2' and said, "We get a little bit of LSD. Matter of fact ... I just got a call over the weekend from ... a girl and she did meth and LSD ... she was only 19 [years old]." He continued, "However, it's rare that I hear anyone using [LSD]."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Officers from the Mercer County Sheriff's Office arrested a Celina couple after

executing a search warrant of their home and seizing 900 doses of LSD, "dabs" and less than one ounce of marijuana (www.limaohio.com, Sept. 20, 2016).

The BCI Bowling Green Crime Lab reported that the numbers of LSD and psilocybin mushroom cases it processes have decreased during the past six months. A treatment provider described typical LSD users as individuals between 18-21 years of age who use the drug recreationally.

Neurontin®

A few participants reported abusing Neurontin® during this reporting cycle. One participant reported, "When I was at the methadone clinic, everyone was like 'Neurontin® this, Neurontin® that.' We got Neurontin® outside for 50 cents apiece." Another participant reported, "I used to buy them all day, every day." A participant explained the attraction to Neurontin®: "It's not a narcotic, but what it does is, it intensifies your methadone ... so if you take your methadone and you go buy ten Neurontin® and you take all ten, it's sort of like you tripled your [methadone] dose."

Conclusion

Crack cocaine, ecstasy/molly, heroin, marijuana, methamphetamine, powdered cocaine, sedative-hypnotics and Suboxone® remain highly available in the Toledo region; also highly available are prescription opioids. Changes in availability during the past six months include: possible increased availability for marijuana and methamphetamine and likely decreased availability for prescription opioids.

While many types of heroin are currently available in the region, both participants and community professionals reported white powdered heroin as most available. Both groups of respondents discussed that white powdered heroin, which is referred to as "china white," is mostly fentanyl with very low to no heroin content. Law enforcement explained that dealers heavily cut heroin with fentanyl and carfentanil (aka "elephant tranquilizer") to increase the amount of the drug to increase their revenue.

In addition to fentanyl, participants reported that cocaine has become a more common cut for heroin than previously.

Participants shared they had screened positive on drug screens for cocaine use when they expected to screen positive for heroin use only. Treatment providers noted more clients talking about using cocaine when heroin is unavailable during the past six months, while also reporting an increase in clients sharing that they “speedball” the two drugs (concurrent or consecutive use of heroin and cocaine). Overall, participants reported that the general quality (potency) of heroin has increased during the past six months, primarily due to the addition of fentanyl and carfentanil.

Participants and treatment providers indicated that the general street availability of prescription opioids has decreased during the past six months. Participants discussed doctor prescribing as having tightened, making opioids for illicit use increasingly more difficult to find. Treatment providers credited increased use by doctors and pharmacists of the Ohio Automated Rx Reporting System (OARRS) as a primary reason for decreased street availability.

Methamphetamine remains highly available in the rural areas of the region. While participants reported that methamphetamine is available in both crystal and powdered forms throughout rural areas, they reported powdered methamphetamine as the most prevalent form of the drug. However, participants reported that crystal methamphetamine availability has increased during the past six months. Participants noted that users prefer the crystal form as it is thought to be “better dope” (a more potent form of methamphetamine).

Community professionals reported that the overall availability of marijuana has increased during the past six months. A few participants indicated that the current high availability of high-grade marijuana, including extracts and concentrates (aka “dabs”), is due to these high-grade products coming into the region from legal marijuana

dispensaries in Michigan. Treatment providers discussed that heroin users rely on marijuana to help them “keep balance” (ease withdrawal symptoms) when heroin is unavailable.

The BCI Bowling Green Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months; the lab reported processing crystal, brown, tan, off-white and liquid methamphetamine. Participants and treatment providers described typical methamphetamine users as white people and individuals who also use heroin and/or cocaine. Law enforcement professionals described typical users as white people, males and those aged 18-35 years. Reportedly, more methamphetamine users are intravenously injecting the drug due to the widespread and crossover use with heroin.

Lastly, a few participants reported abusing Neurontin® (gabapentin) during the past six months. A participant explained that the attraction to Neurontin® is that the drug intensifies the effect of other illicit drug use, particularly methadone.

Drug Abuse Trends in the Youngstown Region

Regional Epidemiologist:

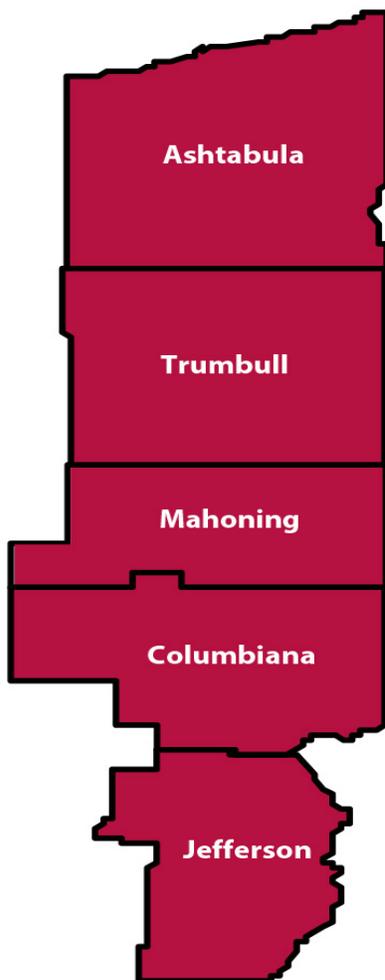
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Data Sources for the Youngstown Region

This regional report was based upon qualitative data collected via focus group interviews. Participants were active and recovering drug users recruited from alcohol and other drug treatment programs in Ashtabula, Mahoning and Trumbull counties. Data triangulation was achieved through comparison of participant data to qualitative data collected from regional community professionals (treatment providers and law enforcement) via focus group interviews, as well as to data surveyed from the Ohio Bureau of Criminal Investigation (BCI) Richfield Crime Lab, which serves the Akron-Canton, Cleveland and Youngstown areas. 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. All secondary data are summary data of cases processed from January through June 2016. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for July through December 2016.

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

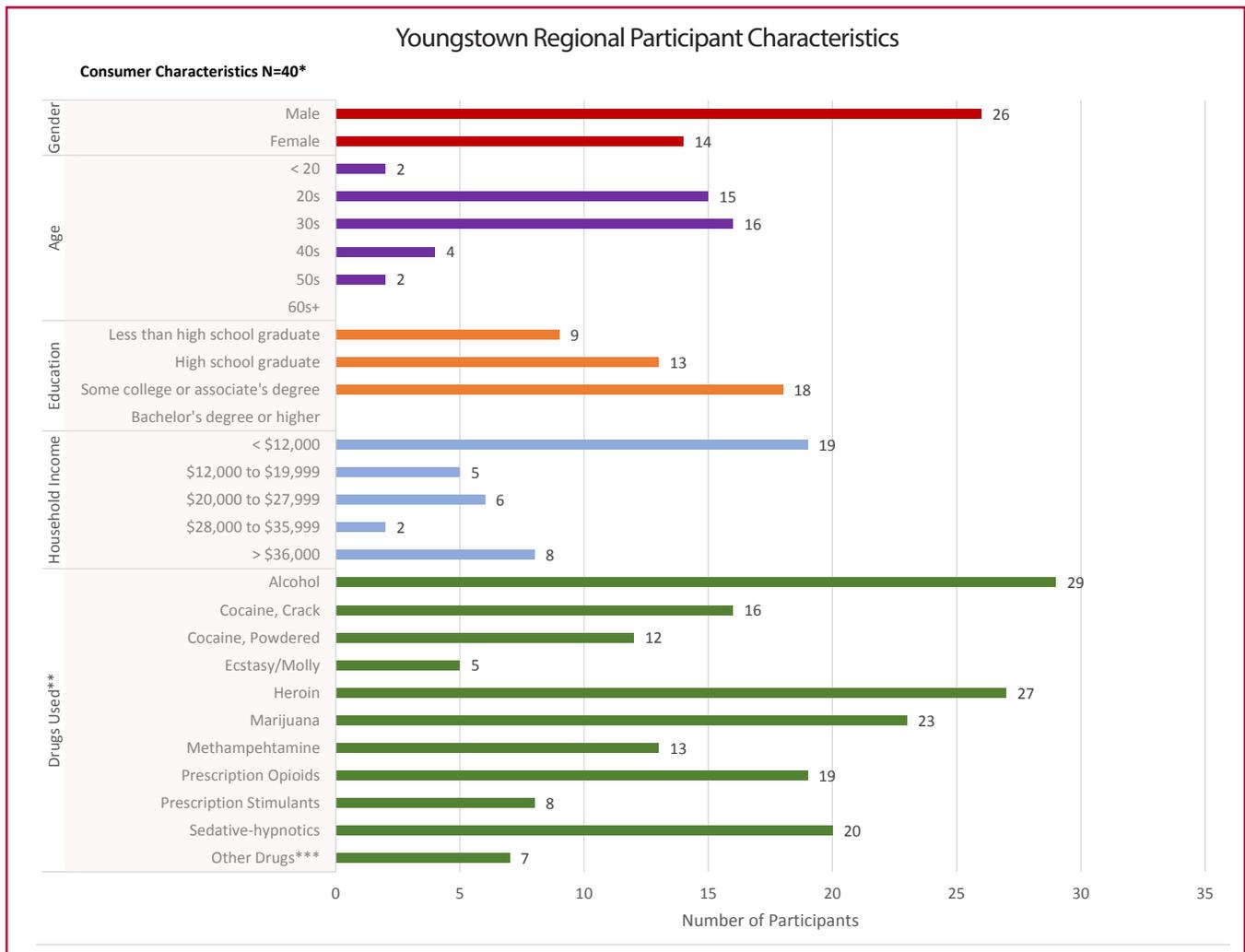
Regional Profile

Indicator ¹	Ohio	Youngstown Region	OSAM Drug Consumers
Total Population, 2015	11,613,423	706,436	40
Gender (female), 2015	51.0%	50.8%	35.0%
Whites, 2015	82.7%	88.0%	80.0%
African Americans, 2015	12.7%	9.1%	12.5%
Hispanic or Latino Origin, 2015	3.6%	3.2%	5.1% ²
High School Graduation Rate, 2015	89.1%	88.3%	77.5%
Median Household Income, 2015	\$51,086	\$42,868	\$12,000 to \$15,999 ³
Persons Below Poverty Level, 2015	14.8%	17.0%	65.0%

¹ Ohio and Youngstown region statistics were derived from the most recent US Census; OSAM drug consumers were participants for this reporting period: July-December 2016.

² Hispanic or Latino Origin was unable to be determined for 1 participant due to missing and/or invalid data.

³ Participants reported income by selecting a category that best represented their household's approximate income for the previous year. Note income categories have been collapsed in the table below.



*Not all participants filled out forms completely; therefore, numbers may not equal 40.

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

***Other drugs included: Lysergic acid diethylamide (LSD), phencyclidine (PCP), dimethyltryptamine (DMT), psilocybin mushrooms, sass (type of MDA) and Suboxone®.

Historical Summary

Crack cocaine, heroin, marijuana, sedative-hypnotics and Suboxone® remained highly available in the Youngstown region; methamphetamine was also highly available. Changes in availability during the reporting period included: increased availability for marijuana; likely increased availability for methamphetamine; and likely decreased availability for prescription opioids and synthetic marijuana.

The general high availability of heroin remained the same during the reporting period. All respondent groups discussed that heroin was the dominate drug in the region. Law enforcement reported that most drug traffickers were focused on heroin. While many types of heroin were available, participants and law enforcement continued to report brown powdered heroin as most available. Law enforcement described primarily finding brown powdered heroin during arrests. Participants in one focus group reported on gray-colored heroin, referring to this type of heroin as “kitty litter.” A treatment provider explained that clients reported that users did not usually know the type or color of the purchased heroin until it was delivered to them.

In addition to brown powdered and black tar heroin, participants and law enforcement also reported availability of white powdered heroin in the region, which they clarified, was not “china white” heroin, but rather fentanyl. Participants and law enforcement discussed adulterants (aka “cuts”) that affected the quality of heroin and reported the top cutting agents for heroin as: fentanyl and other prescription opioids, along with Sleepinal® (sleep aid). The BCI Richfield Crime Lab reported more fentanyl with heroin cases during the reporting period than previously seen.

Participants described the typical heroin user as male or female, aged 20-40 years, white and from all socio-economic statuses. In addition, participants noted increased heroin use among people younger than previously seen. Treatment providers also described typical heroin users as young, white individuals of all sexes, while law enforcement described typical users as white and of low socio-economic status; law enforcement in Trumbull County reported an increase in African-American males using heroin during the reporting period. Reportedly, African-American males typically snorted the drug.

Corroborating data indicated the presence of prescription opioids for illicit use in the region. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Youngstown region returned 305 prescription opioid cases identified during the reporting period, of which 15.7 percent were acetyl-fentanyl/ fentanyl cases. However, participants and law enforcement reported decreased availability of prescription opioids for illicit use during the reporting period.

Participants attributed decreased availability to doctors not writing as many prescriptions as previously. Law enforcement also attributed doctors, as well as pharmacists, for decreased availability due to their increased use of OARRS (Ohio Automated Rx [prescription] Reporting System) to eliminate “doctor shopping” (obtaining multiple opioid prescriptions from several doctors). In addition, both respondent groups discussed the ease of availability and the low cost of heroin as other reasons for the limited availability of prescription opioids.

Community professionals described typical illicit users of prescription opioids as similar to typical heroin users, mostly white people, of all sexes and crossing all socio-economic statuses and occupations. An exception was noted regarding the illicit use of tramadol. One law enforcement official reported that most of their tramadol cases involved African-American users.

Participants and community professionals also discussed the availability of high-grade marijuana extracts and concentrates, often appearing as oil and waxy forms of the drug (aka “dabs”). Participants most often reported high availability of extracts and concentrates, and indicated increased availability of these marijuana byproducts due to more users learning how to produce dabs. A profile for a typical marijuana user did not emerge from the data, although participants alluded to the drug being popular with younger people.

Lastly, participants reported high availability of methamphetamine. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Youngstown region returned 195 methamphetamine cases identified during the reporting period, of which 67.7 percent were Ashtabula County cases. All respondent groups believed the drug was most prevalent in rural Ashtabula County and that there was limited availability in Mahoning and Trumbull counties.

The BCI Richfield Crime Lab reported that the number of methamphetamine cases it processes increased during the reporting period; the lab reported processing mostly crystal and off-white powdered methamphetamine. Participants and community professionals described typical methamphetamine users as young, rural white people.

Current Trends

Powdered Cocaine

Powdered cocaine remains moderately to highly available in the region. Participants most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '7'. Despite reporting powdered cocaine as being highly available, participants frequently remarked that powdered cocaine is not always easily obtainable. Participants reported crack cocaine as more prevalent in the region: *"If your gonna do some 'coke' (powdered cocaine), you might as well buy some crack (cocaine); Crack is a big thing now."*

Treatment providers most often reported the current availability of powdered cocaine as '3'; the previous most common score among treatment providers was not reported. Treatment providers stated: *"I don't see very much powdered cocaine use; They 'rock' (manufacture) it into 'rock' (crack) cocaine."* Law enforcement most often reported current availability as '5'; the previous most common score was '8'. A law enforcement official stated *"It's out there."*

Corroborating data indicated that cocaine is available in the region. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Youngstown region returned 684 cocaine cases reported during the past six months, of which 46.3 percent were from Mahoning County, the county in which the city of Youngstown is located (an increase from 494 cases for the previous six months, of which 46.2 percent were Mahoning County cases). Note laboratories logging cases into NFLIS do not typically differentiate between powdered and crack cocaine.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Youngstown

Police arrested a man after responding to a call that he overdosed in his driveway; police revived the man, then found a 'crack pipe,' hypodermic needles, and burnt spoons with probable heroin residue on them; in addition to drug possession, the man also faced child endangerment charges, as a 7-year-old boy was present during the incident (www.vindy.com, July 6, 2016). Federal Marshals conducted a six-month long investigation resulting in the arrest of an East Liverpool (Columbiana County) woman; confidential informants purchased 221 grams of cocaine during nine separate drug buys; the woman's boyfriend and another man set up the buys, and used the suspect and other women to deliver the drugs (www.otfca.net, July 18, 2016). The Columbiana County Drug Task Force in collaboration with East Liverpool Police arrested a man during a raid of his East Liverpool home, confiscating suspected cocaine, marijuana and heroin (www.otfca.net, July 24, 2016). A judge with the Mahoning County Common Pleas Court sentenced a man to four and a half years in prison for three different counts of cocaine possession from January to June 2016 (www.vindy.com, Aug. 16, 2016). Austintown Police (Mahoning County) arrested three people after confiscating suspected cocaine, marijuana and heroin from their vehicle (www.vindy.com, Aug. 16, 2016). Campbell Police (Mahoning County) responded to a domestic violence call; after officers took a man into custody, the man threw a bag of cocaine from the police car, prompting officers to search his home for additional drugs; officers seized eight grams of cocaine, five grams of marijuana, drug paraphernalia, weapons and ammunition (www.vindy.com, Aug. 24, 2016). Officers from the U.S. Drug Enforcement Administration (DEA) and the Columbiana County Drug Task Force arrested seven people for trafficking powdered and crack cocaine from Columbus to East Liverpool (www.wkbn.com, Aug. 25, 2016). Steubenville Police (Jefferson County) executed a search warrant of a man's home, arresting the man after seizing 40 grams of cocaine, an undisclosed amount of heroin and nine firearms from his home (www.wtov9.com, Sept. 7, 2016). A Mahoning County grand jury indicted a man for possession of cocaine and heroin and for trafficking marijuana; Vice squad officers executed a search warrant of the man's home and found the drugs, as well as two assault rifles and two handguns (www.vindy.com, Sept. 15, 2016). An Ashtabula County grand jury indicted a man for possessing and distributing over seven grams of cocaine in Ashtabula (www.starbeacon.com, Oct. 11, 2016). Youngstown Police

arrested a man after finding him passed out in his car at a gas pump; officers found the man heavily intoxicated with alcohol and found several packets of cocaine (www.wfmj.com, Nov. 1, 2016). Youngstown Police arrested a man during a traffic stop after finding him with two bags of cocaine and a semiautomatic handgun (www.vindy.com, Nov. 9, 2016).

Participants and community professionals reported that the availability of powdered cocaine has remained the same during the past six months. The BCI Richfield Crime Lab reported that the number of powdered cocaine cases it processes has increased during the past six months.

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

Participants most often rated the current overall quality of powdered cocaine as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '6.' Although participants most often reported high quality for powdered cocaine, they discussed that quality is variable. Participants reported: "It depends on what's comin' in; It depends how much someone 'stomps on' (adulterates) it; It's a toss-up ... it changes all the time."

Participants reported the top cutting agents (adulterates) for powdered cocaine as: baby laxative, creatine, prescription medications and vitamins. Other adulterates mentioned include: fentanyl and Novocain (local anesthetic). Law enforcement reported: "They're cutting cocaine with fentanyl now, too; They're mixing fentanyl with just about anything now." Overall, participants reported that quality of powdered cocaine has remained the same during the past six months.

Powdered Cocaine	Cutting Agents Reported by Crime Lab	
		levamisole and tetramisole (pet and live-stock dewormers)

Reports of current prices for powdered cocaine were consistent among participants with experience buying the drug. One participant explained that prices for powdered cocaine are similar to the current prices for methamphetamine. Overall, participants reported that the price of powdered cocaine has remained the same during the past six months.

Powdered Cocaine	Current Prices for Powdered Cocaine	
	A line (single administration)	\$5
	1/4 gram	\$20
	1/2 gram	\$25
	A gram	\$50
	1/16 ounce (aka "teener")	\$100
	1/8 ounce (aka "eight ball")	\$150
An ounce	\$700	

Participants reported that the most common route of administration for powdered cocaine is snorting. Participants estimated that out of 10 powdered cocaine users, seven would snort and three would intravenously inject (aka "shoot") the drug. Although participants most often reported snorting as the most common route of administration, several participants shared: "Everybody's shooting it; To get the effect of cocaine, you need to put it in your vein." Some participants also reported that a few users smoke the drug.

Participants described typical powdered cocaine users as young, white people, both working class and professionals with a higher socio-economic status. Participants stated: "You gotta have money to do 'coke' (cocaine); Everybody in college, that's what they're doing when they're kickin' it." Participants also noted powdered cocaine use as popular among "alcoholics." Community professionals described typical powdered cocaine users as of middle to upper socio-economic status and suburban. A law enforcement officer from Ashtabula noted, "[Powdered cocaine use is high] in the Hispanic community, more so than anywhere else."

Crack Cocaine

Crack cocaine remains highly available in the region. Participants most often reported the drug's current

availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. Participants stated: *"I can find crack easily; You can get heroin and crack from the same dude; Every heroin dealer out there is selling crack, meth, heroin ..."* Treatment providers reported current availability as '7' and '10', while law enforcement reported it as '8'; the previous most common score was '7-8' for treatment providers and '10' for law enforcement. Treatment providers stated: *"More people using crack; I see more people who are heroin users now using both; A lot of people who started on just heroin end up using crack with it. It's almost like it starts that way ... more with heroin and then as their use increases, they add crack to that."*

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Youngstown Police and a vice unit in Mahoning County arrested five people after raiding a home on the west side of Youngstown and confiscating crack cocaine, a scale with heroin residue, used needles and a metal crack pipe; one of the men in the home at the time of the raid immediately placed a bag of heroin in his mouth and ran after seeing police and was later detained; authorities charged another person for possession of Suboxone® and drug abuse instruments (www.wfmj.com, July 9, 2016). Youngstown Police arrested a woman after she tried to hide from them, knowing she had outstanding warrants; officers found several needles, two crack pipes and spoons in her purse (www.vindy.com, July 22, 2016). The Mahoning Valley Crisis Response Team arrested four adults and one teenager after executing a search warrant of their home on the north side of Youngstown, seizing multiple drugs; officers witnessed a man throwing a bag of crack cocaine, a bottle of cough syrup and two bags of marijuana from the house; officers also found another man with heroin, another with crack cocaine and a handgun, and the 14-year-old teenager sitting in an SUV with a gun under the seat (www.wkbn.com, Aug. 11, 2016). A man from Jefferson was sentenced to 21 years in prison in the U.S. District Court in Ashtabula County for distributing crack cocaine and heroin, firearms, and for kidnapping and trafficking an 18-year-old girl whose remains were found in a fire pit outside the man's home; the man is accused of trafficking an additional seven to eight women in the area (www.wkbn.com, Aug. 15, 2016). An off-duty police officer alerted Youngstown Police after seeing a man dump tires behind a football field in Youngstown; an officer arrived to the scene and found crack cocaine and a crack pipe in the man's car; in a separate case,

Youngstown Police arrested another man during a traffic stop after finding ground crack cocaine in his vehicle (www.vindy.com, Aug. 16, 2016). A judge at the Mahoning County Common Pleas Court sentenced a man to seven years in prison for possessing and distributing crack cocaine, as well as engaging in corrupt activity and money laundering; the man and two others were involved in a drug ring that laundered money through the production of rap records (www.vindy.com, Aug. 12, 2016). Liberty Police (Mahoning County) arrested a woman during a traffic stop after seeing a bag of crack cocaine sticking out of her bra; officers confiscated two bags of the drug during the stop (www.vindy.com, Aug. 22, 2016). Youngstown Police charged a man with drug possession after finding him passed out from an overdose; officers found crack cocaine and a crack pipe in the bedroom where the man was found (www.vindy.com, Oct. 18, 2016). A Jefferson County Grand Jury indicted a man from Columbus for trafficking large amounts of crack cocaine and heroin in Steubenville (www.wtov9.com, Nov. 9, 2016).

Participants and community professionals reported that the availability of crack cocaine has remained the same during the past six months. The BCI Richfield Crime Lab reported that the number of crack cocaine cases it processes has increased during the past six months, although the lab noted that it does not typically differentiate between powdered and crack cocaine.

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

Participants most often rated the current overall quality of crack cocaine as '7' and '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '7'. Participants shared: *"[Quality depends] on who you're dealing with; Mine was real good. I got it in Youngstown."* Participants reported that crack cocaine is most often adulterated (aka "cut") with baking soda. A participant commented, *"When you have crack, that's your ingredient (cut) [baking soda]."* Overall, participants reported that the quality of crack cocaine has remained the same during the past six months.



Crack Cocaine	Cutting Agents Reported by Crime Lab	
	<ul style="list-style-type: none"> ● levamisole and tetramisole (pet and livestock dewormers) 	

Current prices for crack cocaine were consistent among participants with experience buying the drug. One participant explained, "Every 'point' (1/10 gram) is 10 (\$10)."

Crack Cocaine	Current Prices for Crack Cocaine	
	1/10 gram	\$10
	2/10 gram	\$20
	A gram	\$60
	1/8 ounce	\$200

Participants reported that the most common route of administration for crack cocaine remains smoking. Participants estimated that out of 10 crack cocaine users, eight would smoke and two would inject the drug. A common response was, "Everybody's smoking it."

Participants described typical crack cocaine users as African Americans, unemployed and of low socio-economic status. One participant stated, "African American when it comes to the 'hard' (crack cocaine), period." Participants also explained that crack cocaine use is popular among people who use methamphetamine. Participants commented: "Anyone who likes 'speed' (methamphetamine); I'm a meth user. If I couldn't find meth for some reason, I'd go get some crack."

Community professionals reported a wide diversity among crack cocaine users. They described typical users as both black and white people, 18-60 years of age and of low socio-economic status. Treatment providers stated: "I see more 40 and over, older crack users, African American. They're still around. They haven't died from an overdose. They have heart issues and stuff now, but they're still here; The overdose risk isn't as high. It takes time for it to beat their body up." Law enforcement reported: "We've got more whites using crack; The majority of people that we arrest for crack are white; A lot of the black heroin dealers, or some of them, use crack cocaine. They won't use heroin; Heroin has branched out in the suburbs, in townships and stuff like that; But you don't see much crack in suburbs." In addition, community professionals noted that

some individuals using Vivitrol® as a form of treatment for their opiate addiction are also using crack cocaine.

Heroin



Heroin remains highly available in the region. Participants and community professionals most often reported the current availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were also '10'. Participants stated: "You could straight just walk down any street out here and find it; Heroin is a '10' all the way across the board in Ashtabula County." A law enforcement officer in Trumbull County described the scope of the heroin problem in their 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."

Corroborating data indicated that heroin is available in the region. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Youngstown region returned 712 heroin cases reported during the past six months, of which 36.1 percent were Mahoning County cases (there were 750 cases for the previous six months, of which 42.8 percent were Mahoning County cases).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. The Youngstown Drug Task Force arrested the wife of a local drug dealer for attempting to flush 100 grams of heroin down the toilet during a raid of her home; officers also arrested her husband the same day during a raid at his workplace in Warren (Trumbull County) (www.wkbn.com, July 5, 2016). A judge in Mahoning County sentenced a man to four years in prison for trafficking heroin after a two-year long investigation conducted by the Mahoning Valley Law Enforcement Task Force lead to his arrest (www.vindy.com, July 22, 2016). Youngstown Police and the U.S. Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF) arrested a man for using his home to sell fentanyl and more than 100 grams of heroin in Youngstown (www.wkbn.com, July 27, 2016). Canfield Police (Mahoning County) arrested a woman after receiving a call from a local gas station in which the caller reported that a woman was acting bizarrely and had taken her 2-year-old daughter, who was dirty and not wearing any shoes, into the bathroom with her for an extended time period;

officers arrived and found the woman in possession of heroin (www.wkbn.com, July 28, 2016). A news source reported that the Trumbull County Coroner recently processed an unintentional overdose death case, wherein 3-methylfentanyl was identified in the toxicology report; local officials warned of the dangers of similar compounds in the county, including carfentanil, and encouraged family and friends to learn how to administer naloxone (medication to reverse an opiate overdose) (www.wkbn.com, Aug. 8, 2016). Boardman Township Police (Mahoning County) arrested two people during a traffic stop who had outstanding arrest warrants; during the stop, police found two hypodermic needles and heroin residue on a burnt spoon; the two individuals were charged with possession of drug-abuse instruments and illegal drug use (www.vindy.com, Aug. 10, 2016). A grand jury in Ashtabula County indicted a man for possessing heroin and resisting arrest in July; during a police chase, officers saw bags of drugs falling out of the man's car; officers eventually caught up to the man, and used a Taser on him until he spit out additional bags of heroin from his mouth (www.wkbn.com, Aug. 19, 2016). East Liverpool Police (Columbiana County) arrested a couple when they saw their vehicle driving erratically, nearly hitting a school bus dropping off kids before coming to a stop; officers found the driver and passenger with symptoms of an overdose and a 4-year-old boy in the back seat; officers called EMS to the scene who administered several rounds of Narcan® (naloxone) to revive the couple (www.nbc4i.com, Sept. 8, 2016). Brookfield Police (Trumbull County) arrested a Greenville (Darke County) couple and charged them with drug possession and child endangerment when police saw a man urinating on a trash can; officers found heroin in the man's pocket; officers charged the couple with child endangerment and heroin possession (www.wkbn.com, Sept. 8, 2016). Austintown Police (Mahoning County) arrested two women during an undercover investigation for soliciting prostitution in Austintown and Niles (Trumbull County); when police arrived at the motel where the women said they would be waiting, they found cotton swabs with heroin residue and several syringes; the women admitted to prostitution to support their heroin habits (www.wkbn.com, Sept. 28, 2016). A grand jury in Mahoning County indicted 28 people on various drug charges; among these 28 people, the jury indicted one man for heroin possession, which he had hidden in his underwear while being taken into custody for resisting arrest; the jury indicted another man when law enforcement found two rocks of crack cocaine in

his vehicle after pulling him over for running a stop sign (www.vindy.com, Sept. 29, 2016). Austintown Police arrested a couple for using drugs in a grocery store parking lot; officers found marijuana, heroin, benzodiazepines and Suboxone® filmstrips on the couple during a search; the couple admitted to snorting heroin while holding their 16-month-old baby (www.nbc4i.com, Sept. 29, 2016). A known drug dealer was sentenced in Columbiana County Common Pleas Court to two years in prison for drug possession and tampering with evidence; during a raid of his home in East Liverpool, law enforcement confiscated five grams of heroin and four grams of cocaine, guns and cash (www.salemnews.net, Oct. 1, 2016). Youngstown Police arrested a man after executing a search warrant of his home on the north side of Youngstown and seizing a bag of heroin and four guns (www.vindy.com, Oct. 21, 2016). Law enforcement in Trumbull County arrested a woman after executing a search warrant of her home and finding four bags of heroin and marijuana remnants; law enforcement also discovered two young, malnourished children living in poor conditions with her (www.observer-reporter.com, Oct. 22, 2016). Law enforcement in North Lima (Mahoning County) arrested a man for possessing drug-abuse instruments after responding to calls that the man was passed out in the bathroom of a restaurant with a syringe in his arm; after officers revived him, he admitted to using heroin (www.vindy.com, Oct. 24, 2016). Officers from the Street Crimes Unit and the Tactical Entry Team executed a search warrant at a home in Warren (Trumbull County) after a 5-month long investigation that led to the seizure of 35 grams of heroin, 10 grams of cocaine, a small amount of oxycodone and several guns; two men were arrested (www.wfmj.com, Oct. 26, 2016). A Trumbull County Common Pleas Court jury convicted a 19-year-old mother after her two children consumed heroin while she took a nap; the woman lived with her mother and older brother, and knew her older brother and his friends sold drugs out of the house; her brother alerted her to the fact that the two children ingested heroin and the woman took her children to the emergency department, but did not immediately inform hospital workers that her kids ingested heroin, thereby delaying their treatment (www.vindy.com, Nov. 4, 2016). A Youngstown man plead guilty to selling heroin to a man who subsequently died from an overdose; after executing a search warrant of the man's home, police seized 286 grams of heroin, 345 grams of powdered cocaine, 84 grams of crack cocaine, firearms and ammunition (www.otfca.net, Nov. 23, 2016). Youngstown Police arrested an 18-year-old male after executing a

search warrant of his home and finding heroin, fentanyl and a semiautomatic handgun (www.vindy.com, Nov. 25, 2016). A judge at the Mahoning County Common Pleas Court sentenced a man to one year in prison for an arrest made in October, wherein police found a bag of heroin and a semiautomatic handgun; the man violated prior drug charges from 2014 (www.vindy.com, Nov. 28, 2016). Authorities in Columbiana County arrested nine people as part of a 51-count indictment for trafficking heroin and cocaine in Salem; this is the largest drug trafficking indictment in the county's history, and officers reported that the traffickers likely chose Salem since it is out of the way from other large drug rings in Youngstown and Warren, making it less dangerous and the market less saturated with the drugs (www.wfmj.com, Nov. 29, 2016).

While many types of heroin are currently available in the region, participants reported white powdered heroin as most available. Participants noted that white powdered heroin is often adulterated with fentanyl or is actually straight fentanyl. Participant comments included: *"Normally the white heroin you get in Ashtabula is not heroin ... it's fentanyl; There's fentanyl 'dope' (heroin-fentanyl mixtures) and there's just straight heroin. The fentanyl dope is what's killing everybody; Some people like fentanyl dope better than regular heroin."* A participant reported that fentanyl laced heroin, *"That's going up 10-fold (has increased tremendously in availability)."*

Participants also reported other colors of powdered heroin as currently available, including brown, gray and purple. Participants observed: *"There's some purple stuff going around right now; The light-colored brown shit's the good stuff; It be white or gray when I see it."* Law enforcement also reported coming across brown, gray and purple powdered heroin. Law enforcement officers stated: *"Brown with different colors because it's adulterated; In Ashtabula, we've actually been buying purple [heroin] ... it could be fentanyl, we haven't got the labs back yet ... could even be the carfentanil ... that's supposed to have a purplish color to it."* An undercover officer described the look and texture of some of the heroin: *"A lot of it we're buying is like ... you go out there in the driveway and pick up a handful of pebbles and its gray ... its stony looking; I mean it doesn't even look like what you would perceive as heroin ... that's from cutting it with something."*

Reportedly, black tar heroin is also available in the region. Participants most often reported the current availability of this heroin type as '10' on a scale of '0' (not available,

impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '4'. Participants remarked: *"You're gonna pay more for it, but you can still get it; If you know a guy (dealer who sells black tar heroin), you can get it."* Conversely, community professionals reported no knowledge of black tar heroin. One law enforcement officer stated, *"We haven't seen any in the last six months."*

Participants and community professionals reported that the overall availability of heroin has increased during the past six months. An undercover law enforcement officer stated, *"We're noticing that it's increased because our prices are coming down."* The BCI Richfield Crime Lab reported that the number of powdered heroin cases it processes has decreased during the past six months; the lab reported processing brown and tan powdered heroin. The lab also reported that the number of black tar heroin cases has increased, although the lab noted that it does not typically differentiate between black tar and powdered heroin.

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

Participants most often rated the current overall quality of heroin as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '9'. Participants explained: *"The quality isn't based on heroin anymore, it's based on if there's fentanyl in it; If you're talking about straight fentanyl, I mean it's a '10' ... it's quality; Any quality of heroin that's mixed with fentanyl or carfentanil, it's going to be top notch."* Participants reported that they usually do not know if they are getting fentanyl-laced heroin. A participant commented, *"It's Russian roulette. You never know what you're getting."*

Participants discussed adulterants (aka "cuts") that affect the quality of the drug and reported that the top cutting agents are carfentanil, cocaine and fentanyl. Additional cuts mentioned include: prescription opioids, sedative-hypnotics, Sleepinal® and vitamins. Participants reported: *"People are definitely cutting ... the heroin with fentanyl."*

It's cheap to come by and you make more off of it; There's where the overdoses come in at; You take 20 micrograms [of fentanyl] and throw it to an ounce of 'boy' (heroin), then your boy is 10 times better cause you're getting both worlds. Overall, participants reported that the quality of heroin has remained the same during the past six months.

Heroin	Cutting Agents Reported by Crime Lab	
	<ul style="list-style-type: none"> ● fentanyl and fentanyl analogs (furanyl fentanyl, 3-methylfentanyl, valeryl fentanyl) 	

Reports of current prices for heroin were consistent among participants with experience buying the drug. Reportedly, the most common quantity purchased is 1/10 gram. An undercover law enforcement official stated, *"The vast majority of people out there are buying \$20, \$10 bags and ... getting point one (1/10 gram), point two (2/10 gram) maybe, most of the time you're probably closer to point one."* However, one participant shared, *"The more I'm going to buy, the cheaper it's going to get."* Overall, participants indicated that black tar heroin is more expensive than powdered heroin.

Heroin	Current Prices for Heroin	
	Powdered heroin:	
	1/10 gram	\$20
	1/2 gram	\$50
	A gram	\$100
	1/4 ounce	\$500

While there were a few reported ways of using heroin, generally the most common route of administration remains intravenous injection (aka "shooting"). Participants estimated that out of 10 heroin users, eight would shoot and two would snort the drug. A participant shared, *"You're wasting it if you don't [inject]."* Participants also reported that some heroin users smoke the drug, albeit this route was said to be uncommon. Treatment providers discussed the progression in heroin use from snorting to shooting: *"They start using it intranasal at first and then maybe move towards intravenous; If you're used to snorting 'oxys'*

(OxyContin®) and someone lays out a line of heroin, you're much more likely to snort ... it the first time. Then someone says, 'hey, you really want to ... use a needle [to maximize your high]."

Participants reported that injection needles are most available from dealers and diabetics. A participant reported, *"Some of your dealers will have them right there."* Additionally, participants reported obtaining needles from retail stores. Reportedly, needles most often sell two for \$5 on the street. When it comes to sharing needles, participants stated: *"If it's a couple, they're sharing for sure; Sharing's still happening; Most people share."* One participant explained, *"It's like this, I'm sick, I got a 20 (\$20), I don't have a 'rig' (injection needle), you got a rig, I'm sitting here throwing up, I'm getting your rig after you're done, I don't care. I'm getting myself right. It's like that. You know it's disgusting, you know it's wrong."*

Participants described typical heroin users as young to middle-aged white people of all socio-economic status and sexes. Participants shared: *"I know a lot of business people in the area that I was affiliated with when I was married to a business man that used heroin; I've seen nurses that use."* A participant with experience in selling heroin reported, *"The 29 [years of age] and older ... those are the big buyers."* In addition, participants noted more African-American people starting to use heroin during the past six months. A participant stated, *"I'm starting to see more black people 'tweak' (get high on heroin) now than I ever had in my life."* Participants also discussed the progression from prescription medication abuse to heroin use. One participant stated, *"You start doing pills and then it goes on to other shit and then you start doing the heroin."*

Community professionals described typical heroin users as white people, aged 20 years and older. Treatment providers also reported that heroin use is starting among younger people than previously; they have particularly seen an increase in young females using the drug. A treatment provider stated, *"They are starting so young, like in high school ... they may not even be finishing high school but they come from a place of opportunity ... places where you're expected to graduate but they're not [due to heroin use]."* Other treatment providers observed: *"We're noting second, third generation addiction; I have one in my group right now. Grandpa's a heroin addict, dad's a heroin addict and he learned to be a heroin addict from his father who specifically taught him how to be a heroin addict."*

Law enforcement noted an increase in older (geriatric) people frequently using heroin. A law enforcement officer stated, "We had an 82-year-old in here that was using [heroin]." Another officer reported, "We had a 60-year-old in Conneaut (Ashtabula County) overdose and die on heroin just a couple of weekends ago." The same officer added, "The average black person selling heroin in Ashtabula County is not using it. The average white [heroin dealer], by far, 9 out of 10 ... is using it. We're having as many females selling heroin ... for their own habit."

Prescription Opioids



Prescription opioids are moderately to highly available for illicit use in the region. Participants most often reported the current street availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '6'. A participant stated, "Doctors still give out 'vikes' (Vicodin®) ... you go to the hospital and you're sick ... you're getting vikes." Community professionals most often reported current street availability as '6'; the previous most common scores were '3-8' for treatment providers and '10' for law enforcement. A treatment provider shared, "I hear them talking about it still and doing that when they couldn't get the heroin." A law enforcement officer stated, "You still have heroin users using pills."

Corroborating data indicated that prescription opioids are available for illicit use in the region. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Youngstown region returned 549 prescription opioid cases reported during the past six months, of which 41.9 percent were fentanyl/acetyl fentanyl cases; 33.5 percent of these fentanyl/acetyl fentanyl cases were Ashtabula County cases, 27.3 percent were Trumbull County cases, and 17.4 percent were Mahoning County cases (an increase from 305 prescription opioid cases for the previous six months, of which 15.7 percent were fentanyl/acetyl fentanyl cases).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Officers with the Columbiana County Drug Task Force arrested two men after executing a search warrant and confiscating 40 grams of fentanyl from their home; according to the DEA, 40 grams of fentanyl is enough for 20,000 deadly doses (www.otfca.net, Aug. 17, 2016). Ohio State Highway Patrol (OSHP) along with other regional law enforcement officers collaborated to raid a home in Niles (Trumbull County)

and arrested a man after seizing prescription drugs and crack cocaine; officers conducted the raid after making several drug buys from the man over the past several months (www.wkbn.com, Aug. 23, 2016). Austintown Police (Mahoning County) arrested a man during a traffic stop after seizing tramadol pills and marijuana from his vehicle (www.vindy.com, Aug. 17, 2016). Youngstown Police arrested a man following a robbery, wherein the man held a gun to another man's head in his driveway and stole a bottle of oxycodone and money from the man's pockets (www.wytv.com, Sept. 19, 2016). A Mahoning County Grand Jury incited two women for prostitution and drug possession; officers responded to a solicitation by the women in Austintown and confiscated 19 oxycodone pills from their car (www.wkbn.com, Oct. 6, 2016). Officers from the U.S. Marshal's Office and the Youngstown Police arrested a local rapper during a party with his fans at a studio in Youngstown; officers investigating the rapper on prior drug-related charges immediately entered the building upon seeing the suspect; once the man saw officers inside, he threw a gun from his pocket onto the floor near a small child; officers confiscated baggies containing Percocet®, Endocet® and Ultram® (www.wkbn.com, Nov. 16, 2016). Law enforcement in Mahoning County arrested an 18-year-old male after executing a search warrant of his home and seizing Ultram® pills, two pieces of paper containing fentanyl, one bag of heroin and one bag of crack cocaine (www.wkbn.com, Nov. 25, 2016).

Participants continued to identify Percocet® and Vicodin® as the most popular prescription opioids in terms of widespread illicit. A participant commented, "You can go the dentist and get Vicodin®." Community professionals also identified Percocet® and Vicodin® as most popular. A treatment provider remarked, "'Roxi' (Roxicodone®) they say a lot, or Percocet®."

Participants reported that the general availability of prescription opioids has decreased during the past six months. One participant lamented, "Wish I could find Dilaudid®." Treatment providers also reported that the general availability of prescription opioids has decreased during the past six months, while law enforcement reported that availability has remained the same. Treatment providers stated: "Definitely harder [to obtain prescription opioids] than heroin; Heroin is more available; Definitely harder to obtain since the new prescribing rules; They don't doctor shop as much anymore because it's so regulated." A law enforcement officer commented, "They're always available if you want to spend the money to do it."

The BCI Richfield Crime Lab reported that the numbers of fentanyl, methadone, morphine, OxyContin® and Percocet® cases it processes have increased during the past six months, while the numbers of Dilaudid®, Opana® and Vicodin® cases have decreased.

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

Reports of current street prices for prescription opioids were consistent among participants with experience buying the drugs.

Prescription Opioids	Current Street Prices for Prescription Opioids	
	Percocet®	\$3 for 0.5 mg \$5 for 7.5 mg \$6 for 10 mg
	Roxicodone®	\$15 for 15 mg \$20-25 for 30 mg
	Vicodin®	\$2 for 0.5 mg \$5 for 7.5 mg \$6 for 10 mg
	Ultram®	\$2 for 50 mg

Participants reported obtaining these drugs from dealers or doctors. A participant stated, "You can get [methadone] from people coming out of treatment." While there were a few reported ways of consuming prescription opioids, generally the most common route of administration for illicit use is snorting. Participants estimated that out of 10 illicit prescription opioid users, six would snort, three would orally consume and one would intravenously inject (aka "shoot") the drugs. Additionally, one participant stated, "You'll probably get that one person trying to smoke it." One participant reported specifically on routes of administration for illicit use of fentanyl patches and stated, "Some people like to break them up and suck the gel out."

Participants described the typical illicit prescription opioid user as people living in more suburban areas of

middle to upper socio-economic status. One participant stated, "People who want to keep it hush hush ... the business people, the housewives." Community professionals described typical illicit users as white people, 15-30 years of age, students, blue collar workers, healthcare workers and housewives. Treatment providers commented: "If they're gonna start doing that, they're younger, high school, maybe early college ... they start getting introduced to that then; Increase with the females." Treatment providers also explained that people in pain often illicitly use the drug. They stated: "The person who's been prescribed them for pain; Especially ones (careers) where it's hard on their bodies." Law enforcement commented: "Rich people can still get their pills; The majority of users are white."

Suboxone®



Suboxone® remains highly available for illicit use in the region. Participants most often reported the current street availability of Suboxone® as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10.' Participant comments included: "Suboxone® ... it's around every corner; They're handing it out to everybody." Treatment providers most often reported current street availability as '7' and '9,' while law enforcement most often reported it as '7;' the previous most common scores were '8' and '10,' respectively. A treatment provider stated "You hear a lot of misuse ... 'I used heroin one day and then I used Suboxone® until I could get heroin again.'" A law enforcement officer shared, "There's people trafficking in Suboxone®." Participants and community professionals reported the sublingual filmstrip (aka "strip") as the most available form of Suboxone®.

Corroborating data indicated that Suboxone® is available for illicit use in the region. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Youngstown region returned 84 buprenorphine (an ingredient in Suboxone®) cases reported during the past six months (there were 75 cases for the previous reporting period).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. The Trumbull County Sheriff's Office investigated several suspects after finding strips of Suboxone® hidden inside a paper insert in a greeting card mailed to the Trumbull County Jail (www.wkbn.com, Aug. 2, 2016). Warren Police (Trumbull

County) responded to a car crash after receiving reports that a Poland (Mahoning County) man overdosed on opiates while driving a truck and hit a car in front of him at a traffic light; at the scene, law enforcement used two doses of Narcan® to revive him; while searching his wallet for identification, officers found two strips of Suboxone®, and the man admitted he did not have a prescription for the drug (www.vindy.com, Aug. 17, 2016). Youngstown Police arrested a man during a traffic stop after a K-9 officer alerted to marijuana and a Suboxone® strip that the man claimed he no longer uses; the man was charged with drug possession (www.vindy.com, Sept. 29, 2016). An Ashtabula Grand Jury indicted a man for attempting to smuggle Suboxone® into a correctional institution and for possessing 28 grams of anabolic steroids (www.starbeacon.com, Oct. 11, 2016).

Participants reported that the street availability of Suboxone® has increased during the past six months. One participant shared, *"People are finding ways around the counts,"* referring to using the drug illicitly while still displaying to healthcare workers that they appear to be using the drug as prescribed. Treatment providers reported that the street availability of Suboxone® has increased during the past six months, while law enforcement reported that availability has remained the same. The BCI Richfield Crime Lab reported that the number of Suboxone® cases it processes has increased during the past six months.

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

Reports of current street prices for Suboxone® were consistent among participants with experience buying the drug. Reportedly, Suboxone® 8 mg filmstrips sell for \$20 apiece. A participant shared, *"The people that are coming out of these programs, that are getting prescribed them that don't have an income, are out there selling them ..."* In addition to obtaining Suboxone® from doctors, participants also reported getting the drug through dealers and other users. A treatment provider concurred, *"Heroin dealers also have Suboxone®."*

Participants reported that the most common route of administration for illicit use of Suboxone® remains oral consumption, followed by intravenous injection (aka "shooting"). A participant remarked, *"I've seen people shoot 'em."* Participants and community professionals described the typical illicit Suboxone® user as someone addicted to heroin who is trying to stop withdrawal symptoms. One participant discussed, *"People that want to get off the drugs that don't want to go to the doctors and admit they have an issue."* A law enforcement officer explained, *"They're just grabbing one or two up just to get them past their sickness until they can get heroin."* In addition, treatment providers described illicit users as people who want to get high: *"Especially if you're not an opiate addict, per se ... you're just using that on the weekend; They say it really rocks them; They use it for energy."*

Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain highly available for illicit use in the region. Participants most often reported the current street availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. A participant stated, *"Ativan®s been a big hit lately."* Treatment providers most often reported current street availability as '10'; while law enforcement most often reported it as '7'; the previous most common score for both treatment providers and law enforcement was '8'. A treatment provider stated, *"I see a lot of people on 'benzos' (benzodiazepines)."*

Corroborating data indicated that sedative-hypnotics are available for illicit use in the region. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Youngstown region returned 146 benzodiazepine cases reported during the past six months, of which 42.5 percent were Mahoning County cases (there were 132 cases for the previous six months, of which 42.2 percent were Mahoning County cases).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A woman was arrested for attempting fill a fraudulent Xanax® prescription at a pharmacy in Poland (Mahoning County); the pharmacy called the prescribing doctor's office, located in Virginia, who reported the prescription was fake (www.wkbn.com, July 29, 2016). Boardman Police (Mahoning County) charged two high school students with drug possession after responding

to calls from the school that four students smelled like marijuana; after searching the car of one of the students, officers found a bag full of prescription pills, including Xanax®, along with a bag of marijuana; a search of another student's car yielded an additional bag of prescription pills, a jar of marijuana and a marijuana grinder (www.vindy.com, Nov. 14, 2016).

Participants identified Klonopin®, Valium® and Xanax® as the most popular sedative-hypnotics in terms of widespread illicit use. Community professionals identified Xanax® as most popular. Treatment providers stated: *"Mostly 'xanies' (Xanax®) ... that's the big one ... big, by far; I do hear some Klonopin®."*

Participants reported that the general availability of sedative-hypnotics has remained the same during the past six months. Treatment providers also reported that general availability has remained the same during the past six months, while law enforcement reported increased availability. A treatment provider reported, *"The ones that like it, they don't seem to have any trouble getting it."* The BCI Richfield Crime Lab reported that the numbers of Valium® and Xanax® cases it processes have increased during the past six months, while the number of Ativan® cases has decreased.

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

Reports of current street prices for sedative-hypnotics were consistent among participants with experience buying the drugs. A law enforcement officer commented, *"They're not that expensive. They're not like the narcotics."*

Sedative-Hypnotics	Current Street Prices for Sedative-Hypnotics	
	Ativan®	\$1 per pill (unspecified dose)
	Klonopin®	\$1 per pill (unspecified dose)
	Valium®	\$2 for 10 mg
	Xanax®	\$2 for 1 mg \$4 for 2 mg

Participants reported obtaining these drugs from dealers, doctors and other users. When referring to a doctor, a participant stated, *"He loaded me up."* A law enforcement officer explained, *"It's more kids getting it out of their medicine cabinets."*

While there were a few reported ways of consuming sedative-hypnotics, generally the most common route of administration for illicit use remains snorting. Participants estimated that out of 10 illicit sedative-hypnotic users, six would snort and four would orally consume the drugs. Participants explained: *"Depends on what type of high you trying to get ... if you want a quick high ... they're gonna snort them ... if you want it to kick in later ... they're gonna 'pop it' (orally consume); They snort 'xanie bars' (Xanax® 2 mg); You can't really 'shoot' (intravenously inject) them (Xanax®) up. I mean you can, but it's not worth it."* While most illicit users of sedative-hypnotics snort or orally ingest the drug, one participant noted, *"There are some people that shoot just about anything."*

Participants described typical illicit sedative-hypnotics users as females and people who use cocaine or heroin. Community professionals described typical illicit users as young white people. Law enforcement officers stated: *"You have a lot of that in the high schools; The schools are just populated with those types of pills; When they turn 18 [years of age], or graduate, you start seeing those same people overdosing on heroin."* A treatment provider explained why someone addicted to heroin may use sedative-hypnotics: *"For someone whose disease is starting to progress, they want to get a better high with the heroin. There are some folks who prefer benzos, you know that's their primary (drug of choice), but I say, usually, they're supplementing. They've learned that they can get a better high with the heroin when they add the benzos to it."*

Marijuana



Marijuana remains highly available in the region. Participants and community professionals most often reported the current availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were also '10'. A participant stated, *"You can always find 'weed' (marijuana)."* Law enforcement officers stated: *"You'll find weed in every heroin house; We're getting a lot of it shipped in from California."*

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Liberty Township Police (Trumbull County) responded to a complaint of a marijuana grow operation in the basement of an area business; police searched the business and discovered three potted marijuana plants and tools to grow and cultivate marijuana; officers arrested the two business owners and charged them with drug possession (www.wkbn.com, Aug. 10, 2016). Youngstown Police arrested a woman while she was at the hospital after a records check showed she had two outstanding warrants; police took the woman to jail where she admitted to having marijuana hidden inside her clothes (www.vindy.com, Aug. 16, 2016). Warren Police (Trumbull County) responded to a call at local gas station after reports of an attempted robbery and gunshots fired in the area; the woman who reportedly fired the shots, the store clerk, shot at a man who attempted robbery in the store; however, officers arrested the clerk after finding marijuana in her purse; police also charged the woman with firing shots inside city limits (www.wkbn.com, Aug. 18, 2016). Boardman Township Police (Mahoning County) charged five teenagers from Wellsville (also Mahoning County) after stopping them in their vehicle and finding marijuana and alcohol in their car; police charged the driver for driving without a license, another teen for underage alcohol possession and marijuana possession, and all teens with a curfew violation (www.vindy.com, Aug. 24, 2016). Youngstown Police arrested a woman after executing a search warrant of her home and seizing marijuana, marijuana grinders and heroin; the woman attempted to drive away in her car, but officers stopped her and confiscated a bag of crack cocaine from her vehicle (www.vindy.com, Sept. 8, 2016). Youngstown Police responded to a call about a suspicious vehicle parked in the driveway of a home; the driver eventually drove away, but police pulled the vehicle over for a traffic violation; officers found a metal crack pipe sitting in the car, and while police attempted to arrest a passenger, he pulled a used marijuana blunt (cigars) from his pants and scattered marijuana across the back seat of the police car; officers also found an oxycodone pill and a bag of crack cocaine (www.wkbn.com, Sept. 15, 2016). Youngstown Police arrested two people after searching a home and finding marijuana in a toilet and two ripped plastic bags with cocaine residue in them (www.vindy.com, Sept. 15, 2016). Youngstown Police arrested a man at a restaurant upon seeing a knife over a foot long in a sheath concealed

under his clothes as he sat down; police searched the man and also found four marijuana blunts in his pockets (www.vindy.com, Sept. 27, 2016). Law enforcement in Youngstown charged a woman with multiple felonies after slipping out of handcuffs in the backseat of a police vehicle, urinating on an officer's jacket, and attempting to hide nine bags of crack cocaine in the squad car (www.vindy.com, Oct. 3, 2016). Youngstown Police arrested three people in two separate traffic stops in one day; during one traffic stop, law enforcement discovered two people in the car with a stolen gun, marijuana and a marijuana grinder; during the other traffic stop, officers confiscated eight bags of marijuana and a handgun from a man driving under suspension (www.vindy.com, Oct. 8, 2016). Youngstown Police arrested a man during the execution of a search warrant after seizing two bags of marijuana hidden in a sewer pipe in the basement of the man's home (www.vindy.com, Oct. 12, 2016). An investigation lead by officers with the Mahoning Valley Law Enforcement Task Force's Drug Unit and assisted by the Ohio Attorney General's Heroin Unit, Ohio Bureau of Criminal Investigations' High Intensity Drug Trafficking Areas (HIDTA) Program, U.S. Marshals Services and the U.S. Postal Service lead to the arrest of 20 people involved in a drug trafficking ring in the Mahoning Valley; of the 20 people, six were high-level traffickers who sold marijuana to low-level traffickers who would push the drug on the streets; marijuana was trafficked by mail from Arizona, California and Michigan directly to the front doors of the high-level traffickers (www.patch.com, Oct. 31, 2016). Warren Police arrested a man during a traffic stop after discovering marijuana, an unidentified pill, crack cocaine and heroin in his car (www.wkbn.com, Nov. 1, 2016).

Participants and community professionals discussed the current availability of high-grade marijuana, as well as marijuana extracts and concentrates, often appearing as oil and waxy forms of the drug (aka "dabs"). Participants most often reported the current availability of extracts and concentrates as '9-10,' the previous most common score was '10.' A participant reported, "I can find high-grade [marijuana] quicker than I can find low-grade [marijuana]."

Participants reported that the availability of low-grade marijuana has remained the same, while the availability of the high-grade marijuana, including extracts and concentrates, has increased during the past six months. Participant comments included: "It's increasing at a steady rate; In the past years, it went from maybe a '3' to a '10.' That

tells you how much; Marijuana just got legalized in the state of Ohio and you have a lot of people growing it." Participants also discussed the increased availability of marijuana concentrates and extracts: "More people getting hip to it; Everybody wants the next best thing."

Community professionals reported that the general availability of marijuana has remained the same during the past six months, while the availability of marijuana extracts and concentrates has increased. A treatment professional shared, "They're learning how to do it themselves (manufacture dabs) and vaporize some of it." A law enforcement officer remarked, "[Dabs are] like a fad they're starting to get into." The BCI Richfield Crime Lab reported that the number of marijuana cases it processes has decreased during the past six months; note the lab does not differentiate marijuana extracts and concentrates from marijuana.

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

Participants most often rated the current overall quality of high-grade marijuana as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was also '10'. Participants most often rated the current overall quality of low-grade marijuana as '3'; the previous most common score was '6'. However, a treatment provider reported that she thinks marijuana is all high-grade and stated, "There is no real low grade anymore." Overall, participants reported that the quality of low-grade marijuana has remained the same during the past six months, while the quality of high-grade marijuana has either increased or remained the same. Participants remarked: "They are improving their skills on the growing side; There's always some new shit coming out." Participants reported that the quality of marijuana concentrates and extracts has increased.

Reports of current prices for marijuana were provided by participants with experience buying the drug. A participant reported that when it comes to purchasing marijuana, "It's cheaper the more you buy." A law

enforcement officer commented, "Average person is buying a 'dime bag' (\$10 amount)."

Marijuana	Current Prices for Marijuana	
	Low grade:	
	A blunt (cigar)	\$5
	A gram	\$5
	1/8 ounce	\$20
	1/4 ounce	\$25
	1/2 ounce	\$40-50
	An ounce	\$80
	A pound	\$900
	High grade:	
	A blunt (cigar)	\$10
	A gram	\$20
	1/4 ounce	\$70
	1/2 ounce	\$120
An ounce	\$220	
A pound	\$2,000	

While there were a few reported ways of consuming marijuana, generally the most common route of administration remains smoking. Participants estimated that out of 10 marijuana users, all 10 would smoke the drug. A few participants also reported eating the drug as "edibles" (food containing marijuana such as cookies and brownies). One participant commented, "We're gonna smoke, then we're gonna get the 'munchies' (hungry) and eat it."

A profile of a typical marijuana user did not emerge from the data. Participants reported that typical users are anyone: "Everybody smokes weed; Marijuana is one of those drugs that everybody uses. They just keep it in the closet; People don't look at it like a bad thing anymore, so there's a wide variety of people that smoke marijuana; There ain't no age limit to smoke 'pot' (marijuana); Your gonna see your average smoker starts at like 13, 14 [years of age]."

Participants did indicate different profiles for users of low-grade marijuana, high-grade marijuana and marijuana extracts and concentrates. Participants reported that typical users of low-grade marijuana are those with less money, while users of high-grade marijuana and extracts and concentrates may have health problems and are more often white people.

Community professionals also reported that anyone may be a user of marijuana. A treatment provider reported, *"Almost all our clients started on weed. They all started on weed. It's just [that] some graduate to other things and some stay there. And the ones that stay, where that is still their primary drug of choice, is probably more young African American males or females, too. The Caucasians tend to move on."* Law enforcement officers responded: *"What groups don't; The majority of your trafficking people who sell heroin and crack will always be smoking [marijuana], always."*

Methamphetamine



Methamphetamine remains highly available in the region. Participants most often reported the current availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. However, participants clarified that high availability exists for Ashtabula County and other rural areas of the region. One participant summarized, *"Depends where you're at ... if you're in Ashtabula ... '10."*

Treatment providers most often reported the current availability of methamphetamine as '9,' while law enforcement most reported it as '10,' the previous most common scores were '3' and '5,' respectively. Treatment providers stated: *"There's not a lot of people using it, but if they want it ... they can get it. It's easy to get because you can just make it."* Law enforcement in Trumbull County reported: *"We've had four or five labs (methamphetamine labs) ... at least four in the past six months; They're probably getting four labs a week up North [in Ashtabula County]."* A law enforcement officer from Ashtabula indicated that perceived methamphetamine availability would be higher if their unit had more manpower to seek out producers of methamphetamine.

Corroborating data indicated that methamphetamine is available in the region. A query of the National Forensic

Laboratory Information System (NFLIS) for the counties which comprise the Youngstown region returned 198 methamphetamine cases reported during the past six months, of which 67.2 percent were Ashtabula County cases and 17.2 percent were Mahoning County cases (there were 195 cases for the previous six months, of which 67.7 percent were Ashtabula County cases and 11.8 percent were Mahoning County cases).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A Mahoning County grand jury charged a family of three for manufacturing methamphetamine in their home in Youngstown; officers found methamphetamine residue 10 feet away from a room where two children slept (www.wkbn.com, July 22, 2016). A Trumbull County grand jury indicted a man for possessing chemicals used to manufacture methamphetamine and for drug possession; law enforcement arrested the man a week prior to this arrest after discovering the methamphetamine manufacturing paraphernalia in his apartment complex in Newtown Falls (www.wkbn.com, Aug. 17, 2016). The Columbiana County Drug Task Force and the Salem Police (also Columbiana County) arrested a man after raiding his home in Salem and discovering a methamphetamine laboratory (www.wkbn.com Aug. 18, 2016). A judge at the Mahoning County Common Pleas Court sentenced a man to five years in prison for manufacturing methamphetamine in his trailer in Goshen Township (www.vindy.com, Sept. 19, 2016). A judge at the Mahoning County Common Pleas Court sentenced a Beloit (Mahoning County) man and an Akron (Summit County) woman to three years of probation for possessing and manufacturing methamphetamine in Youngstown; the man later plead guilty and was sentenced to five years in prison (www.vindy.com, Sept. 21, 2016). An Ashtabula County Grand Jury indicted a man in Hartsgrove Township and another man in Ashtabula, on separate occasions, for manufacturing and possessing methamphetamine (www.starbeacon.com, Oct. 11, 2016). Officers from the Trumbull-Ashtabula Group (TAG) Law Enforcement Task Force discovered a methamphetamine laboratory in a rental home in Newton Falls after receiving an anonymous tip about the lab (www.wkbn.com, Oct. 12, 2016). City officials in Salem condemned a home for having hazardous materials used to manufacture methamphetamine; the city recently passed an ordinance requiring condemned homes to be tested by a certified drug-testing lab and then retested for absence of any substances (www.wyvtv.com, Oct. 28, 2016).

Participants reported that methamphetamine is available in powdered, crystal and anhydrous forms throughout the region; however, they reported powdered methamphetamine as the most prevalent form of the drug. A law enforcement officer remarked, "Primarily 'shake-and-bake.'" The powdered form of methamphetamine is typically referred to as "shake-and-bake," which means users are producing the drug in a single sealed container, such as a two-liter soda bottle. By using common household chemicals along with ammonium nitrate (found in cold packs) and pseudoephedrine (found in some allergy medications), people who make methamphetamine can produce the drug in approximately 30 minutes in nearly any location.

Participants and community professionals reported that the availability of powdered methamphetamine has remained the same during the past six months, while the availability of crystal methamphetamine has increased and the availability of anhydrous methamphetamine has decreased. Participants in Ashtabula County reported: "I've seen more 'glass' (crystal methamphetamine) than I have shake-and-bake; Shake-and-bake is going down though because everybody's getting 'popped' (arrested)." A law enforcement officer stated, "We're getting more and more reports of crystal meth that is coming from somewhere else ... supposedly being brought up from Mexico." A law enforcement officer in Trumbull County reported, "It started to trickle down from Ashtabula and every year it's grown (increased in availability)."

The BCI Richfield Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months; the lab reported processing mostly crystal and off-white powdered methamphetamine.

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

Participants most often rated the current overall quality of powdered methamphetamine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most

common score was '6-10.' Participants most often rated the current overall quality of crystal methamphetamine as '10'; the previous most common score was '8'. A participant shared, "It used to get out of my system in three days, and it stayed in my system five (the last time he used the drug)." Overall, participants reported that the quality of both powdered and crystal methamphetamine has remained the same during the past six months.

Reports of current prices for methamphetamine were variable among participants with experience buying the drug. A participant indicated, "Anhydrous is a little more pricier because it's purer."

Methamphetamine	Current Prices for Methamphetamine	
	1/10 gram	\$10
	1/2 gram	\$40-60
	A gram	\$70-100

Participants reported that the most common route of administration for methamphetamine is smoking. Participants estimated that out of 10 methamphetamine users, six would smoke, three would intravenously inject (aka "shoot") and one would snort the drug. Participants commented: "Injecting all the way; I'm 'hot railing' ... snorting and smoking it at the same time."

Participants described typical methamphetamine users as young, white males, truck drivers, construction workers, anyone who wants to stay awake for long hours and people who live in rural areas. Community professionals described typical users as white people, aged 20-40 years, of low socio-economic status as well as heroin users. Law enforcement officers discussed: "You don't see black people using meth; They're making meth ... selling their meth to buy heroin." A treatment provider concurred, "That's how they're making a living, too."

Prescription Stimulants

Prescription stimulants are highly available for illicit use in the region. Participants most often reported the current street availability of these drugs as '8' on a scale of '0'

(not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '7'. Treatment providers most often reported current street availability as '5' and '7'; the previous most common score was '3,'4,' and '8. Law enforcement most often reported current street availability as '1-2;' law enforcement did not assign an availability score for the previous reporting period. Community professionals remarked: *"I haven't heard anything; The heroin is taking such a spotlight that sometimes you just don't hear a lot about [illicit use of prescription stimulants] as much anymore; Maybe they're just on their way up to the bigger stuff."*

Participants and community professionals identified Adderall® as the most popular prescription stimulant in terms of widespread illicit use. A law enforcement officer stated, *"If we wanted to go out and buy Adderall®, we probably could do it without any type of problem."* In addition, some participants noted an increase in illicit use of Vyvanse®. Participants reported: *"People are really starting to get into them, Vyvanse®; Everybody's getting prescribed Vyvanse® now."*

Participants and community professionals reported that the general availability of prescription stimulants has remained the same during the past six months. A law enforcement officer stated, *"It's as available as it's ever been."* The BCI Richfield Crime Lab reported that the number of Adderall® cases it processes has increased during the past six months, while the number of Ritalin® cases has decreased.

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

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

Prescription Stimulants	Current Prices for Prescription Stimulants	
	Adderall®	\$2-5 for 30 mg
	Vyvanse®	\$5 for 30 mg \$10 for 70 mg

Participants reported obtaining these drugs from doctors or other drug users. Reportedly, the most common route of administration for illicit use of prescription stimulants is snorting. Participants estimated that out of 10 illicit prescription stimulant users, eight would snort and two would orally consume the drugs.

Participants described typical illicit prescription stimulant users as teenagers, college students and/or people who work third shift. A participant remarked, *"College kids like it a lot."* Community professionals described typical illicit users as white people, high-school aged and college students. A law enforcement officer stated, *"Majority white from what I've seen."*

Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA and/or TFMPP) is moderately to highly available in the region. Participants most often reported the current availability of the pressed tablet form of ecstasy as '3' and of "molly" (powdered MDMA) as '8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were '5' and '7', respectively. A participant remarked, *"Molly took over."*

Treatment providers most often reported the current availability of ecstasy and molly as '6' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); providers were unable to assign an availability score to ecstasy previously, while they most often reported availability of molly as '4'. A treatment provider stated, *"I think it's going up ... I think it's high now."* Law enforcement in Ashtabula County most often reported the current availability of ecstasy as '6', while law enforcement in Mahoning and Trumbull counties most often reported it as '1-2'; the previous most common score was '3' for all law enforcement. Law enforcement throughout the region most often reported the current

availability of molly as '1,' the previous most common score was '8.'

Participants reported the availability of ecstasy has remained the same during the past six months, while the availability of molly has increased. A participant reported, "Miley Cyrus got everybody talking about some molly." Treatment providers in urban areas reported that availability of ecstasy and molly has increased during the past six months, while treatment providers in rural areas reported that availability for both has decreased. Treatment providers in more urban areas reported: "I don't think it's hard to get ... it's just do they want it; I hear teens all the time with molly." A treatment provider in Mahoning County stated, "You don't hear that kind of thing ... as much."

Law enforcement reported that the availability of ecstasy and molly has remained the same. A law enforcement officer stated, "If we went out and hunted for it, we probably could find it." The BCI Richfield Crime Lab reported that the number of ecstasy cases it processes has increased during the past six months; note the lab does not differentiate between ecstasy and molly cases.

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

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

Ecstasy/Molly	Current Prices for Ecstasy/Molly	
	Ecstasy:	
	Low dose (aka "single stack")	\$7
	High dose (aka "triple stack")	\$10
	Molly:	
	1/10 gram	\$20
A gram	\$75-100	

Participants continued to report that the most common route of administration for ecstasy remains oral consumption, and for molly, it remains snorting. Participants estimated that out of 10 ecstasy users, six would orally consume and four would snort the drug; out of 10 molly users, eight would snort, one would intravenously inject (aka "shoot") and one would orally consume. Participants shared: "[For] molly, I'm shooting; I'm either eating it or snorting it. I'll probably just do both."

Participants described typical ecstasy and molly users as high school and college students. Participants explained: "I'm gonna say the younger generation. You don't see too many old people out there 'rolling' (high on ecstasy and molly); Age range 18-30 [years] are your average molly users." Community professionals also described the typical ecstasy and molly users as college students. A treatment provider shared, "It's younger party people who haven't got to the heroin yet." A law enforcement officer stated, "It's more your club scene, college scene."

Synthetic Marijuana



Synthetic marijuana (synthetic cannabinoids) remains available in the region. However, participants most often reported the drug's current availability as '0' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '3-10.' A participant stated, "I haven't seen 'spice' (synthetic marijuana) ... in a while."

Treatment providers in rural areas most often reported the current availability of synthetic marijuana as '1,' while treatment providers in urban areas most often reported it as '9.' Treatment providers in urban areas commented: "We're hearing about it a lot ... especially, if they're trying to pass a drug test; You can get it on the Internet; Dealers will have it." Law enforcement most often reported current availability as '0,' the previous most common score was '7.' Law enforcement shared: "We're not seeing any; I'm sure that maybe some of these head shops might sell some different types of it; We're not getting the complaints like we had two years, three years ago."

Participants and treatment providers reported that the availability of synthetic marijuana has decreased during the past six months, while law enforcement reported that the availability has remained the same. The BCI Richfield Crime Lab reported that the number of synthetic marijuana case it processes has decreased during the past six months.

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

Reports of current prices for synthetic marijuana were consistent among participants with experience buying the drug. One participant declared, "It's cheaper than 'weed' (marijuana)."

Synthetic Marijuana	Current Prices for Synthetic Marijuana	
	A gram	\$10
	5 grams	\$30

Participants reported that the most common route of administration for synthetic marijuana remains smoking. Participants estimated that out of 10 synthetic marijuana users, all 10 would smoke the drug. Participants and community professionals described typical synthetic marijuana users as young, white people and those trying to pass a drug screen. Participants reported: "Anybody who has to pass a 'piss test' (urine drug screen); Thinking, 'I want to try this (marijuana), but they're too scared to smoke the real (marijuana); Anyone who doesn't have a drug dealer." A treatment provider shared, "You don't hear the African Americans talk about the spice too much. They just stay with the regular marijuana."

Other Drugs in the Youngstown Region

Participants and community professionals listed a variety of other drugs as being present in the region, but these drugs were not mentioned by the majority of people interviewed: bath salts, hallucinogens (lysergic acid diethylamide [LSD] and psilocybin mushrooms) and Neurontin® (gabapentin, an anticonvulsant).

Bath Salts

Bath salts (synthetic cathinones) remain available in the region. Participants most often reported the current availability of the drug as '0' and '2' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '0'. Treatment providers most often reported current availability as '9-10', while law enforcement most often reported it as '0'; the previous most common scores were '0' for both treatment providers and law enforcement. Treatment providers stated: "It's not their drug of choice but I hear them say it still; My understanding is it's easy to get; I have seen a couple people where that was their drug of choice, but not many." A law enforcement officer reported, "We're not seeing any."

Participants reported that the availability of bath salts has decreased during the past six months, while community professionals reported that availability has remained the same. The BCI Richfield Crime Lab reported that the number of bath salts cases it processes has increased during the past six months.

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

Participants and community professionals described typical bath salts users as young, white people of middle to upper socio-economic status.

Hallucinogens

Hallucinogens are highly available in the region. Participants most often reported the current availability of LSD as '10' and of psilocybin mushrooms as '8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were '7' for both LSD and psilocybin mushrooms. A participant remarked, "I can get it with a phone call." However, participants noted that the availability of psilocybin mushrooms is seasonal and dependent on weather conditions and the concert season.

Treatment providers were unable to reach a consensus as to the current availability of LSD and psilocybin mushrooms; they did not report on availability for the previous report. When asked about psilocybin mushrooms, a treatment provider stated, "That's not primarily a drug of choice." Law enforcement rated availability of LSD as '1', and were unable to rate the availability of psilocybin mushrooms; the previous most common score was '1' for both drugs. A law enforcement remarked on LSD, "Hearing about it, but we're not seeing anything."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Boardman Township Police (Mahoning County) responded to a call from a woman who reported her 20-year-old son left her home expressing intent to commit suicide; law enforcement found the man, searched him, and confiscated psilocybin mushrooms, LSD, ecstasy, marijuana and other illicit drugs from a bag he had in his possession (www.vindy.com, Aug. 6, 2016).

Participants and community professionals reported that the availability of LSD and psilocybin mushrooms has remained the same during the past six months. The BCI Richfield Crime Lab reported that the number of LSD cases it processes has increased during the past six months, while the number of psilocybin mushroom cases has decreased.

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

Reports of current prices for LSD and Psilocybin mushrooms were reported by participants with experience buying the drugs.

Hallucinogens	Current Prices for Hallucinogens	
	LSD:	
	1 drop or 1 square of blotter paper (aka "a hit")	\$7
	Psilocybin Mushrooms:	
	1/8 gram	\$30

When asked about route of administration for LSD, a participant shared, "Liquid drop straight to the eyeball." Participants reported that psilocybin mushrooms are most often orally consumed; however, they also reported that a few users smoke them. Participants and community professionals described typical hallucinogen users as high school to college aged, white males, hippies and individuals who smoke marijuana. A treatment provider stated, "I think a female would be a little more apprehensive to hallucinogens than a male."

Neurontin®



Neurontin® is high availability for illicit use in the region. Participants and community professionals most often reported the current street availability of Neurontin® as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get.); this drug was not discussed during the previous reporting period. Participants shared: "I've seen a lot of people eating that lately; Everybody has Neurontin®; It's super available; It's the new Tylenol®."

Participants and community professionals reported that the availability of Neurontin® for illicit use has increased during the past six months. A participant stated, "I never heard about it until like three months ago." A treatment provider reported, "In the last six months to a year, we've seen a lot more abuse of ... Neurontin® and Seroquel® (an antipsychotic)."

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

Reports of current street prices for Neurontin® were consistent among participants with experience buying the drug. Reportedly, Neurontin® sells for \$0.50 a pill, regardless of dosage. Participants reported obtaining this drug from doctors and other drug users. A treatment provider stated, "They're buying it on the street."

Participants described typical illicit Neurontin® users as females, opiate addicted people, and those who want to pass drug tests. Participants stated: *"I know a lot of people that are on gabapentin. A ton of girls, young girls that are on it now; It doesn't show up on drug tests."* Community professionals described typical illicit users as young, white females. Community professionals reported: *"A little more privileged kids ... maybe they have access to the doctors; [It is used] in an effort to beat urine screens."*

Conclusion

Crack cocaine, heroin, marijuana, methamphetamine, sedative-hypnotics and Suboxone® remain highly available in the Youngstown region; also highly available are hallucinogens, Neurontin® (gabapentin, an anticonvulsant) and prescription stimulants. Changes in availability during the past six months include: increased availability for heroin, marijuana, methamphetamine, Neurontin® and Suboxone®; decreased availability for synthetic marijuana; and possible decreased availability for prescription opioids.

Participants and community professionals reported that the overall availability of heroin and heroin-fentanyl mixtures has increased during the past six months. An undercover law enforcement officer surmised that the high availability of heroin has increased due to the lowering of street prices for the drug. While there are many types of heroin currently available in the region, participants reported white powdered heroin as most available.

Participants indicated that white powdered heroin is often adulterated with fentanyl or is actually straight fentanyl and acknowledged fentanyl as extremely potent, attributing it to the increases in overdoses in the region. 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."*

Participants explained that heroin quality is defined as "better dope" if it contains fentanyl. Participants noted the most common cutting agents for heroin as carfentanyl, cocaine and fentanyl. Reportedly, fentanyl is increasingly used to cut other drugs as well. Law enforcement reported: *"They're cutting cocaine with fentanyl now, too; They're mixing fentanyl with just about anything now."*

Participants described typical heroin users as young to middle-aged white people of all socio-economic status and sexes, although they noted more African-American people starting to use heroin than previously. Community professionals described typical heroin users as white people, aged 20 years and older. Treatment providers noted that heroin use is starting among younger people than previously; they have particularly seen an increase in young females using the drug. Law enforcement noted an increase in older (geriatric) people using heroin.

Methamphetamine remains highly available in the region. However, participants clarified that high availability exists primarily in Ashtabula County and other rural areas of the region. Participants and community professionals reported that the availability of crystal methamphetamine has increased during the past six months. Participants attributed this increase to police arrests of "meth cooks," making powdered methamphetamine (aka "shake-and-bake") a riskier venture.

Law enforcement noted an increase in crystal methamphetamine being imported into the region; they reported this form of methamphetamine as likely coming from Mexico. Law enforcement in Trumbull County reported that methamphetamine is making its way into their county from Ashtabula County. The BCI Richfield Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months; the lab reported processing mostly crystal and off-white powdered methamphetamine.

Participants described typical methamphetamine users as young, white males, truck drivers, construction workers, anyone who wants to stay awake for long hours and people who live in rural areas. Community professionals described typical users as white people, aged 20-40 years, of low socio-economic status as well as heroin users.

Participants and community professionals reported that the availability of the high-grade marijuana, including extracts and concentrates (aka "dabs"), has increased during the past six months. Participant comments included: *"More people getting hip to it."* Law enforcement also noted an increase in popularity of dabs, referring to this increased interest as a "fad" that users are starting to get into. Treatment providers cited an increase in users learning how to manufacture dabs as the reason for increased availability. They also noted users vaporizing these high-grade marijuana products.

Lastly, participants and community professionals reported that the availability of Neurontin® for illicit use has increased during the past six months. Participants reported obtaining this drug from doctors and other drug users. A treatment provider stated, "*They're buying it on the street.*" Participants described typical illicit Neurontin® users as females, opiate addicted people, and those who want to pass drug tests. Community professionals described typical illicit users as young white females.