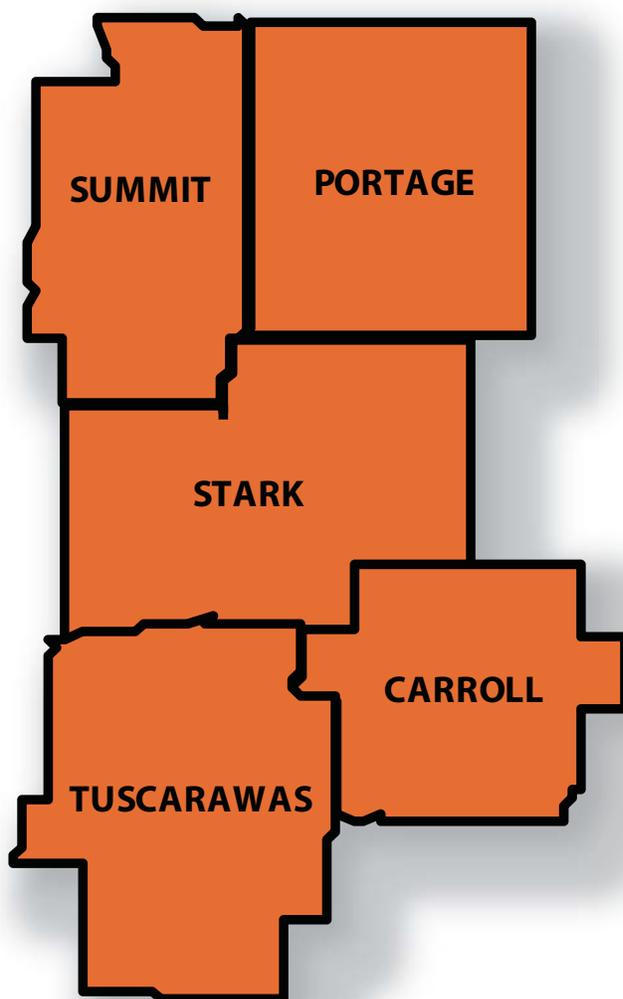


# Ohio Substance Abuse Monitoring Network

## Drug Abuse Trends in the Akron-Canton Region

January-June 2011

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Dear Reader,

The Ohio Department of Alcohol and Drug Addiction Services (ODADAS) is pleased to present its latest Ohio Substance Abuse Monitoring Network (OSAM) *Surveillance of Drug Abuse Trends in the State of Ohio* report covering the period January 1 - June 30, 2011. As you will see, this detailed document is full of qualitative data and first-hand accounts that accurately depict the drug abuse landscape in all regions of the state.

OSAM is a collaborative effort funded by ODADAS in association with stakeholders in the substance abuse and law enforcement community throughout Ohio. The primary mission of OSAM is to provide a dynamic picture every six months of substance abuse trends and newly emerging problems within Ohio's communities. The OSAM Network provides substance abuse professionals and policy makers with the information necessary to plan for alcohol and drug addiction prevention, treatment and recovery services, and to respond to previously unrecognized drug and alcohol problems among underserved populations.

Highlights of the June 2011 report include findings that opiates (prescription painkillers and heroin), cocaine and crack cocaine remain highly available in all regions. Evidence continues to show a progression from prescription opioid abuse to heroin abuse, earning the latter the reputation of being "one of the most available street drugs." In fact, OSAM researchers noted that many entrepreneurial dealers are now peddling prescription opiates in an effort to "cash in" on this increased demand.

For the first time OSAM tracked bath salts -- synthetic compounds that produce a high similar to a stimulant or hallucinogenic drug sold under labels such as *Cloud 9*, *Dove*, *Ivory Wave* and *Vanilla Sky* -- characterizing the substances as "highly available in all regions."

The report also examines patterns of abuse with Suboxone, an FDA-approved medication that has been proven to be effective in treating opioid addiction. Research has shown that most opiate-addicted clients relapse without a comprehensive treatment plan that includes medication-assisted treatment (MAT) and counseling. When appropriately used, Suboxone does not produce euphoria.

For opiate naïve individuals (those individuals who are not using heroin or prescription opiates), Suboxone has a potential for abuse when illegally diverted to the streets. ODADAS is committed to educating treatment providers and prescribers on the value of MAT and the importance of following established policies and practices designed to safeguard supplies and ensure successful outcomes for Ohioans with addiction.

I hope you find this report an informative and valuable tool as we continue to work together to promote health, safety and economic opportunity for all Ohioans.

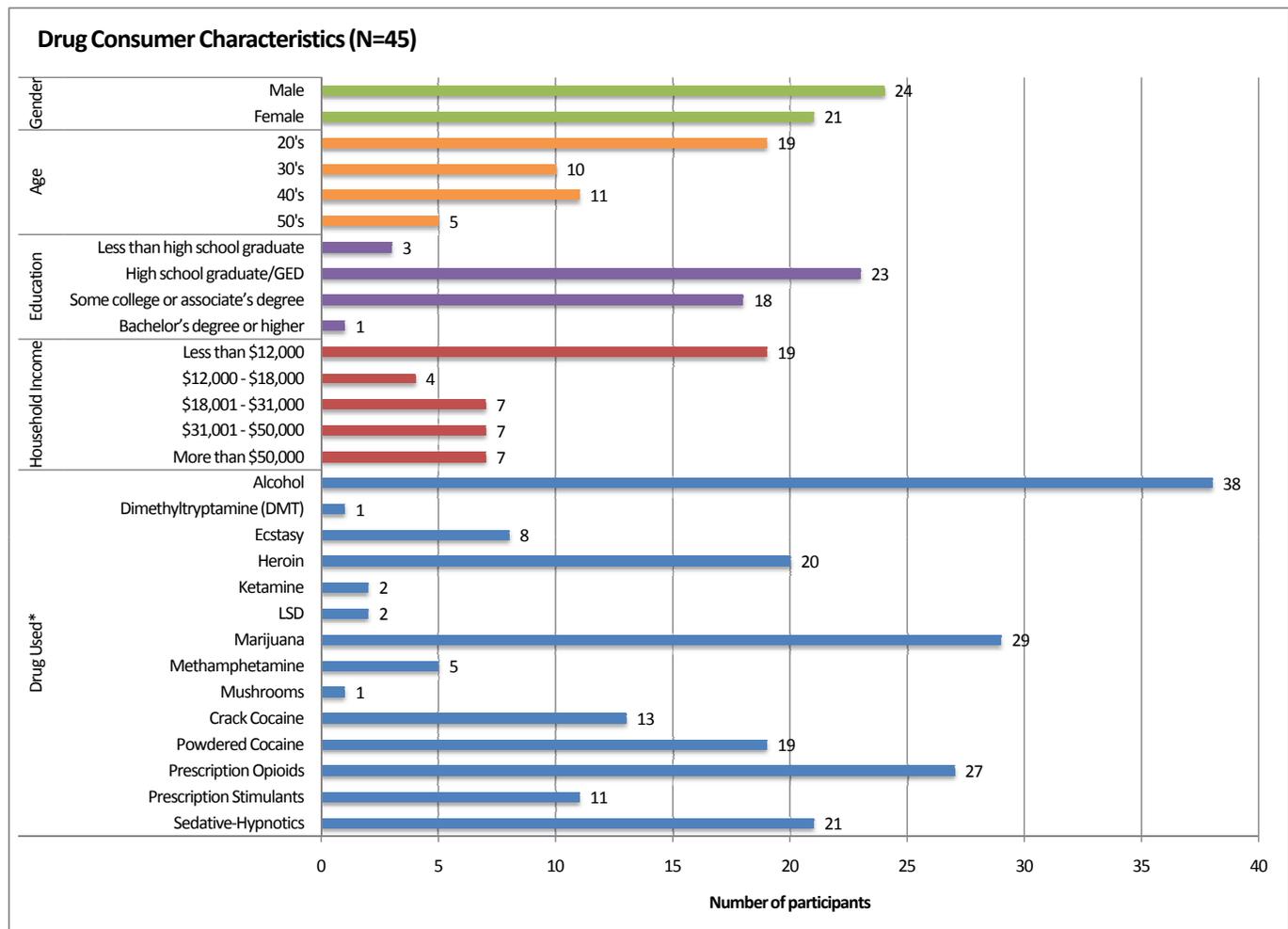
Sincerely,

**Orman Hall, Director**

### Regional Profile

Indicator <sup>1</sup>	Ohio	Akron-Canton Region	OSAM Drug Consumers
Total Population, 2009 estimate	11,542,645	1,199,077	45
Gender (Female), 2009	51.2%	51.5%	46.7%
Whites, 2009	82.2%	86.5%	88.9%
African Americans, 2009	11.9%	9.3%	6.7%
Hispanic or Latino Origin, 2009	2.8%	1.3%	2.2%
High school graduates, 2008	83.0%	89.4%	93.3%
Median household income, 2009	\$45,467	\$44,363	\$12,000 - \$18,000 <sup>2</sup>
Persons below poverty, 2009	15.1%	14.3%	27.3% <sup>3</sup>

Ohio and Akron-Canton statistics are derived from the U.S. Census Bureau<sup>1</sup>.  
 Respondents reported income by selecting a category that best represented their household's approximate income for 2009<sup>2</sup>.  
 Poverty status was unable to be determined for one respondent due to missing or insufficient income data<sup>3</sup>.



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

## Data Sources

This regional report was based upon qualitative data collected via focus group interviews. Participants were active and recovering drug users recruited from alcohol and other drug treatment programs in Portage, Stark and Summit Counties. Data triangulation was achieved through comparison of participant data to qualitative data collected from regional professionals (treatment providers and law enforcement) via individual and focus group interviews, as well as to data surveyed from the Canton-Stark County Crime Lab and the Stark County Coroner's Office. All secondary data are summary data of cases processed from July to December 2010. Note: OSAM participants were asked to report on drug use/knowledge pertaining to the last six months (from time of interview through prior six months); thus, current secondary data correspond to the current reporting period of participants. In addition to the aforementioned data sources, Ohio media outlets were queried for information regarding regional drug abuse for January through June 2011.

## Powdered Cocaine Historical Summary

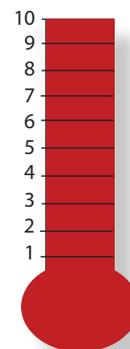
In the previous reporting period, powdered cocaine was highly available in the region. Participants and community professionals most often reported the drug's availability as '10' on a scale of '0' (not available, impossible to get) to '10' (high availability, extremely easy to get). Overall, participants reported that availability depended on the quality of cocaine desired, stating that "uncut" (unadulterated) cocaine was rather difficult to find. Participants and law enforcement agreed that there had been brief periods over the previous six months when powdered cocaine was more difficult to find, describing these periods as "droughts." Participants expressed the belief that there were times when law enforcement was more aggressive in terms of incarcerating suppliers/dealers of powdered cocaine. Participants also stated that much of the powdered cocaine that comes into the region was used to "cook" (manufacture) crack cocaine, making powdered cocaine less available at times. The most common participant quality score for powdered cocaine was '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants reported that the quality of powdered cocaine was dependent on the following: who was selling it, how much one was willing to spend, and from where the cocaine came. Participants reported that a gram of powdered cocaine sold for \$40–\$90, depending on quality. Participants also reported that a person could buy \$5 worth of powdered cocaine. Reportedly, the most common method of using powdered cocaine was intranasal inhalation (snorting), but a good number of participants also reported injecting powdered cocaine. Respondents generally noted that

consumers of powdered cocaine tended to be in their 20's or 30's, and the consensus was that "all types of people" (from all levels of economic status) used powdered cocaine. However, participants noted that individuals who injected tended to be male and individuals who were addicted to heroin; a treatment provider noted that powdered cocaine use was popular among the gay population.

## Current Trends

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'. However, a participant reported that low-quality powdered cocaine is more prevalent: "[Availability of powdered cocaine] it depends on the quality [of powdered cocaine sought], 'garbage' [low-quality] is a '10' [highly available], but better quality is lower, a '6' [moderately available]." Treatment providers and law enforcement most often reported the drug's current availability as '6'. Treatment providers reported that fewer clients are mentioning powdered cocaine use at intake for treatment, and of those clients who do mention use, powdered cocaine is usually a secondary or tertiary drug of choice: powdered cocaine is not a primary drug of choice. A treatment provider stated, "[Powdered cocaine] use is down but still very available. You need it for crack [cocaine]," implying that powdered cocaine is primarily used to manufacture crack cocaine. Collaborating data also indicated that powdered cocaine is readily available in the region. The Stark County Coroner reported that 17.9 percent of all deaths it investigated over the past six months were drug-related (had an illegal substance present or legal drug above the therapeutic range at time of death); in the last reporting period, 16.6 percent of all deaths were drug related. Furthermore, the coroner reported cocaine as present in 30 percent of all drug-related deaths (Note: coroner's data is aggregate data of powdered cocaine and crack cocaine and does not differentiate between these two forms of cocaine). In addition to the coroner's data, media outlets across the state reported on significant arrests this reporting period involving powdered cocaine trafficking in the region. In June, the *Record-Courier* reported that the Ohio Highway Patrol arrested a Youngstown man on Interstate 76 in Rootstown (Portage County) with 100 grams of powdered cocaine ([www.recordpub.com](http://www.recordpub.com); June 5, 2011).

Participants reported that the availability of powdered cocaine has generally remained stable over the past six months. However, many participants noted that the use



of powdered cocaine is decreasing, citing that people are changing their drug of choice. A participant commented, *"People on powdered cocaine are either switching to crack [cocaine] for the intense buzz [high] or to prescription opioids because they are less risky, and they enjoy the buzz better—and it lasts longer."* Many participants noted that crack cocaine is more available, as one stated, *"Much of the [powdered] cocaine is already rocked [manufactured into crack cocaine]."* Treatment providers generally see the preference for powdered cocaine as going down, though it was stated that availability of powdered cocaine has remained stable over the past six months. A treatment provider noted that the availability of powdered cocaine is, *"definitely not going down. Nothing is going down."* Summit County law enforcement commented that the availability of powdered cocaine has decreased: *"[Powdered cocaine availability] is probably down, as we just took out a couple of drug trafficking organizations."* Canton-Stark County Crime Lab reported that the number of powdered cocaine cases it processes has remained stable over the past six months.

Most participants rated the quality of powdered cocaine as '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was also '7'. Participants reported that powdered cocaine in the region is cut (adulterated) with baby laxatives, baking soda, bath salts (synthetic cocaine), creatine, *"horse steroids,"* inositol (B vitamin), vitamin B-12 and *"more dirty dope."* Canton-Stark County Crime Lab continues to cite the following substances as commonly used to cut powdered cocaine: caffeine, levamisole (livestock dewormer) and procaine (local anesthetic). Many participants continued to report that the quality of powdered cocaine depends on from whom one buys it. A participant commented, *"Over half the people [buying powdered cocaine] are not happy; they believe they are being ripped off."* Participants generally reported that the quality of powdered cocaine has decreased over the past six months. Participants reported, *"[Quality of powdered cocaine] it keeps getting worse. They [dealers] cut it [adulterate powdered cocaine], and cut it, and cut it; Sometimes it isn't even [powdered] cocaine; [Quality] it's gotten so bad; it's not worth doing it [using powdered cocaine]. It [poor quality] moved me to quit [using powdered cocaine]."*

Current street jargon includes many names for powdered cocaine. The most commonly cited names were "powder" and "White girl." Participants listed the following as other common street names: "blow," "Christine Aguilera," "fish scales," "girl," "snow," "soft," "white," "White lady" and "ya-yo." A participant group shared that the phrase "go skiing" refers to using powdered cocaine. Current street prices for powdered cocaine were varied among participants with experience buying powdered cocaine, with cited gram

prices slightly lower than the previous reporting period. Participants reported that a gram of powdered cocaine sells for \$30–\$70, depending on the quality and from whom one buys; 1/16 ounce, or "teener," sells for \$60–\$90; 1/8 ounce, or "eight ball," sells for \$120–\$250. Participants reported that the most common ways to use powdered cocaine remain intranasal inhalation (snorting) and intravenous injection. Out of 100 powdered cocaine users, participants reported that approximately 50 would snort it, and 50 would intravenously inject or "shoot it." A few participants continued to report that they had knowledge of individuals smoking powdered cocaine, and a few participants reported knowledge of people "parachuting" powdered cocaine (wrapping powdered cocaine in a piece of tissue and swallowing). Many participants commented that use via injection is a growing practice. A participant reported, *"The needle [injection] is becoming the way [route of administration] of choice [for powdered cocaine use]."*

A profile for a typical powdered cocaine user emerged from the data. Participants described typical users of powdered cocaine as more likely female than male and people with money. Many participants described powdered cocaine as, *"a rich man's drug,"* with a participant commenting, *"[Powdered cocaine use] it's more acceptable to higher-class people."* Additional participant comments included, *"People with hard labor jobs [construction workers], especially who work at night; and people who go clubbing [are more likely to use powdered cocaine than others]."* Regarding age, a participant commented, *"The older crowd tends to stick with powder [cocaine],"* though a number of participants commented that young Whites are trying powdered cocaine versus crack cocaine. Treatment providers also agreed that the powdered cocaine user is likely to be of a higher socioeconomic class, (attorneys and doctors). However, law enforcement viewed powdered cocaine use as pretty well distributed across the board, noting no specific user identifiers.

Reportedly, powdered cocaine is used in combination with numerous different drugs, with the practice of combining powdered cocaine use with other drug use cited as relatively common. Participants reported that powdered cocaine is used in combination with alcohol, heroin (a.k.a., "speedball," concurrent use of powdered cocaine and heroin), marijuana (a.k.a., "primo," concurrent use of powdered cocaine and marijuana), prescription opioids and sedative-hypnotics (Xanax®). Participants explained that powdered cocaine users who enjoy the *"up and down effect"* speedball with heroin. A participant stated that speedball produces, *"a hell of a high."* Participants also reported that heroin use, along with alcohol and sedative-hypnotic use, after powdered cocaine use helps the user to "come down" from the stimulant high of powdered cocaine. A few participants reported that alcohol used

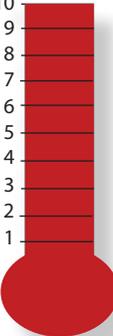
concurrently with powdered cocaine enables an individual to consume more alcohol: *"You can drink, and drink, and drink and not be stumbling around."* Lastly, participants reported that concurrent use of powdered cocaine and prescription opioids will, *"add to the speed buzz, and the opiate buzz lasts longer; it is cheaper to use pills [prescription opioids] with [powdered] cocaine than to have to go and buy another eight ball [of powdered cocaine]."*

### Crack Cocaine

#### Historical Summary

In the previous reporting period, crack cocaine was highly available in the region. Participants most often reported the drug's availability as '10' on a scale of '0' (not available, impossible to get) to '10' (high availability, extremely easy to get). Community professionals also rated the availability of crack cocaine highly; law enforcement rated it's availability as '10' and treatment providers rated it's availability as '8'. Nearly everyone interviewed said the availability of crack cocaine has remained about the same over the past six months while noting periods of fluctuation. The most common participant quality score for crack cocaine was '6' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants reported that crack cocaine was most often cut (adulterated) with other substances. Canton-Stark County Crime lab reported that crack cocaine was most often cut with baking soda. Participants reported a gram of crack cocaine sold for \$75. However, the majority of crack cocaine users reported buying the drug in small quantities ranging in price from \$2–\$20. By far, the most common route of administration for this form of cocaine was smoking. A profile of a typical user of crack cocaine did not emerge in the data; the consensus among treatment providers and law enforcement alike was that many people from all socioeconomic classes use the drug.

#### Current Trends



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 reported, *"[Crack cocaine is] the most available drug on the street right now; People [dealers] will approach you [on the street and solicit a crack cocaine sale]."* Treatment providers most often reported the current availability of crack cocaine as '10' while Summit County law enforcement reported current availability as '6'. Law enforcement commented that availability of

crack cocaine is, *"probably a little lower. Most crack [cocaine] is converted here [manufactured from powdered cocaine for personal use]."* Regional media corroborated the high availability of crack cocaine in the region. In April, the *Record-Courier* reported that local and federal law enforcement arrested two Portage County men after several months of investigation into drug trafficking. The two men allegedly accepted stolen property in exchange for crack cocaine and marijuana ([www.recordpub.com](http://www.recordpub.com); April 6, 2011).

Most participants reported that the availability of crack cocaine has remained stable over the past six months, though participants of one focus group noted an availability increase: *"The economy is so bad. People's unemployment is running out, so they turn to selling drugs. People are buying [powdered] cocaine cheaper, they cook it up at home, and sell it [crack cocaine], and make a good profit."* Treatment providers were in disagreement as to whether the availability of crack cocaine has changed over the past six months. Most agreed that the use of crack cocaine has decreased due to the rise of other drug use, and while some believed this transferred to less availability, others commented that availability has remained high. Treatment providers explained crack cocaine is not usually a primary drug of choice of their clientele, but nonetheless, it is frequently used. Canton-Stark County Crime Lab reported that the number of crack cocaine cases it processes has increased over the past six months.

Most participants rated the quality of crack cocaine as '3' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '6'. Again, participants stated that the quality of crack cocaine depends on from whom one buys. Participants reported that the quality of crack cocaine has remained the same over the past six months, in that the quality has been poor for some time. Complaining of the degree to which crack cocaine is cut (adulterated), a participant commented, *"By the time it [crack cocaine] gets out, it's just baby powder."* Participants did not identify any other substance with which crack cocaine is commonly cut. Canton-Stark County Crime Lab continues to cite baking soda as commonly used to cut crack cocaine.

Current street jargon includes many names for crack cocaine. The most commonly cited names were "hard" and "rock". Participants listed the following as other common street names: "blocks," "crack," "girl," "heaven," "stones," "White boy" and "work." Current street prices for crack cocaine were consistent among participants with experience buying crack cocaine, with cited prices slightly lower than the previous reporting period. Participants reported that a gram of crack cocaine sells for \$40–\$50, depending on the quality; 1/16 ounce, or "teener," sells for \$60; 1/8 ounce, or "eight ball," sells for \$100–\$110; an ounce sells for \$1,000–\$1,400. Participants

reported that the most common method of purchasing crack cocaine continues to be to buy a \$20 rock, and many participants reported that crack cocaine can be purchased for, *"whatever you have to spend, even a couple of dollars."* A participant commented, *"You can buy crack [cocaine] for as low as \$5 and as high as thousands of dollars."* Another participant commented, *"Most people try to save by buying a \$20 piece [of crack cocaine], but they then go get another \$20, and then another, and they do it again."* The most common route of administration for crack cocaine remains smoking. Out of 100 crack cocaine users, participants reported that approximately 90 would smoke the drug. Some participants reported knowledge of users who intravenously use crack cocaine, depending on the quality. A participant explained, *"If the quality [of crack cocaine] is really good, you can use vinegar to break it down, and shoot it."* Another participant had a different perspective: *"If you are already an IV [intravenous] user, you will shoot [inject] anything you can shoot."*

A consistent profile of a typical user of crack cocaine did not emerge from the data. There was disagreement between groups of participants as to whether individuals from lower socioeconomic status are still representative of the typical crack cocaine user. Many agreed with comments made from one participant, *"[Crack cocaine] it used to be a ghetto drug, but not now. Anyone uses it."* A participant focus group suggested that individuals from lower socioeconomic status, namely African-Americans and older White women are more representative of the typical crack user. Likewise, there was also disagreement among treatment providers regarding demographic descriptors of the typical user of crack cocaine. Many treatment providers felt that crack cocaine use is more common among females, and many reported crack cocaine use to be more common among individuals of lower socioeconomic status. Summit County law enforcement reported that from their perspective, crack cocaine use is more common among African-Americans. Law enforcement also said there is a lot of crack cocaine use in the area's public housing projects, but cautioned that people from all walks of life come into these projects to purchase crack cocaine.

Reportedly, crack cocaine is used in combination with alcohol, heroin, prescription opioids and sedative-hypnotics. Most participants agreed that the primary reason for using the aforementioned substances with crack cocaine is to, *"help bring you down"* from the stimulant high of crack cocaine. A participant reported, *"If you use crack [cocaine] by itself, you can't stop. So, you use other drugs to bring you down."* Participants also reported the practice of lacing a marijuana "blunt" (single cigar) with crack cocaine in order to, *"catch a quick speed."* Participants indicated all of these practices are relatively common.

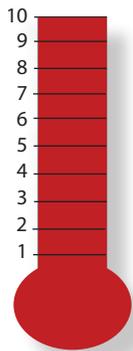
## Heroin

### Historical Summary

In the previous reporting period, heroin was highly available in the region. Participants most often reported the drug's availability as '8' or '10' on a scale of '0' (not available, impossible to get) to '10' (high availability, extremely easy to get). Participants reported powdered heroin as the most common type of heroin found in the region, describing it as tan, brown or yellowish in color. Participants consistently reported that there had been an increase in the availability of heroin over the previous six months. Treatment providers reported a *"substantial spike"* in the number of individuals who reported heroin as their drug of choice over the previous six months, a trend they cited as continuing. The most common participant quality score for heroin was '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants reported no change in the quality of heroin over the previous six months, although a few participants reported that heroin tended to be *"a little more cut"* as dealers *"stomp on it"* (add other substances to increase mass and volume) in order to increase profits. Participants consistently reported that heroin sold for \$20 a *"baggie"* (1/10 gram), with some reporting that heroin could be bought for as little as \$10. While participants noted that heroin could be injected, snorted, smoked, chewed or eaten, the most common route of administration was intravenous injection (shooting), followed by intranasal inhalation (snorting). The consensus among treatment providers and law enforcement alike was that many people from across all socioeconomic classes use heroin, although treatment providers reported an increase in heroin use among younger people under the age of 30 years. Participants in the region concurred that heroin use was popular among young people (teens and college aged individuals). Participants identified heroin use as most common among the following groups: White people, individuals coming out of the armed services, especially those who have served overseas, and individuals addicted to prescription opioids (OxyContin®) who were turning to heroin use as prescription opioids had become increasingly more difficult to obtain and thus more expensive.

### Current Trends

Heroin remains highly available in the region. Participants most often reported overall current availability of heroin 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 '8' and '10'. While many types of heroin are currently available in the region, participants continued to report powdered heroin (white and brown powdered) as the most available. Participant comments on availability included: *"[Heroin] it's more available than anything else; I've been approached many times [to buy heroin]; [Heroin] it's made*



*a big come back.*" In addition to powdered heroin, participants reported that black tar heroin also remains available in the region. As one participant summarized, *"Powder [heroin] is easier to find, but you can find tar [black tar heroin] very easily."* This participant described powdered heroin as, *"white, tan, or brown, usually fine, sometimes in chunks, but able to turn it into powder yourself. Tar [black tar heroin] comes in a ball; it's black, hard and sticky."* Treatment providers and law enforcement most often reported heroin's current availability as '10'. Treatment providers

described the availability of heroin as, *"very plentiful; just a phone call away."* All interviewed agreed that powdered heroin is far more available than black tar heroin in the region, though it was commented, *"the choice [preference] of most users is black tar [heroin]."* Law enforcement in Summit County reported, *"Most everything we [law enforcement] see is powder [heroin], Mexican variety. We saw a little tar [black tar heroin] last year."* Collaborating data also indicated that heroin is readily available in the region. The Stark County Coroner reported heroin as present in 22.5 percent of all drug-related deaths over the past six months. Regional media reported on heroin arrests and heroin deaths this reporting period. In February, the *Canton Repository* reported in an article entitled, *"Heroin Deaths Shoot Up in Stark,"* that heroin use claimed the lives of at least 11 people in Stark County in the previous year ([www.cantonrep.com](http://www.cantonrep.com); Feb. 14, 2011). Also in February, *The Akron-Beacon Journal* reported that Akron police had arrested two people for drug trafficking when an Akron home was raided, seizing 40 grams of heroin with an estimated worth of \$28,000, along with a digital scale and a loaded .22-caliber handgun ([www.ohio.com](http://www.ohio.com); Feb. 18, 2011).

Participants reported that overall availability of heroin has increased over the past six months. Participants stated, *"Heroin [availability] has skyrocketed; Instead of my calling a few people to find it [heroin], they call me, they [dealers] come to me."* Participants commonly cited that due to efforts to make intravenous use of prescription opioids more difficult (changing the formulation of OxyContin®), heroin use and availability have increased: *"Because they [Purdue Pharma] changed oxy's [OxyContin®], pills [prescription opioids] are harder to get. People [users] are changing to heroin."* Treatment providers almost unanimously reported that the availability of heroin has increased over the past six months. Treatment providers stated, *"Each six months, it [heroin] gets easier to find. There are more [heroin] dealers; Years ago, people [users] went to Detroit or Pittsburgh, later to Cleveland [to purchase heroin]. Now, [heroin] it's very available here [Akron]."* Law enforcement in Summit County reported that there has

been a significant increase in the number of large-scale heroin seizures this year. Canton-Stark County Crime Lab reported that the number of powdered heroin cases it processes has increased while the number of black tar heroin cases has remained the same over the past six months.

Most participants generally rated the quality of heroin as '6' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '7'. Participants reported that heroin in the region is cut (adulterated) with a number of cutting agents, including: aspirin, baby laxatives, coffee creamer, creatine, fentanyl, OxyContin®, powdered cocaine, Similac®, sleeping pills and vitamin supplements. Participants often commented that the quality of heroin depends on who you get it from, where it comes from, how it is cut, as well as, the kind of heroin sought (powdered versus black tar heroin). Brown powdered heroin was often rated lower than white powdered heroin in terms of quality. Participants reported that white powdered heroin, which is often referred to as "China white," is commonly cut with fentanyl, making its quality better (more potent). However, participants reported that black tar heroin is generally the highest quality heroin. Participants were evenly split as to whether the quality of heroin has remained the same or decreased over the past six months. A participant who noted a decrease in quality stated, *"There are so many stops before it [heroin] gets here,"* asserting that heroin is cut at each step of the way. Canton-Stark County Crime Lab cited the following substances as commonly used to cut heroin: diphenhydramine (antihistamine), lactose and maltose (disaccharide sugars) and procaine (local anesthetics).

Current street jargon includes many names for heroin. The most commonly cited names remain "boy" and "dog food." Participants reported that heroin is available in different quantities: "folds" or "papers" (1/10 gram folded in corners of a piece of paper to keep the heroin from sticking to the baggie) sell for \$10–\$30; "bundles" (10–12 small packs of heroin), sell for \$70–\$80; a gram sells for \$100–\$200. However, a number of participants noted that one can purchase heroin for, *"whatever you have to spend."* A participant stated, *"Heroin used to be sold in bags. Now, [heroin sells for] what you have to spend; they [dealers] put it on scales."* Participants reported that heroin is less expensive in big cities. Participants reported that the most common way to use heroin remains intravenous injection. Other methods of administration continue to include intranasal inhalation (snorting), and less commonly, smoking. Most participants reported that how a person uses heroin most often depends on how long one has used the drug. Many participants similarly commented, *"Everyone starts out snorting it [heroin], and then, eventually, they shoot [inject] it."*

A profile of a typical user of heroin emerged from the data. Participants described typical users of heroin as young and White: *"Heroin is a young White person's game."* Many participants continued to report that heroin users are, *"getting younger and younger,"* noting that teenage males, as early as junior high school age, are more commonly using heroin.

Reportedly, heroin is used in combination with alcohol, crack cocaine, marijuana, methamphetamine, powdered cocaine, prescription opioids and sedative-hypnotics (Xanax®). The stimulant drugs of cocaine and methamphetamine combined with heroin (a.k.a., "speedball") reportedly produce an up and down feeling which participants report as a desired effect. Drugs with depressant qualities, such as alcohol, marijuana, prescription opioids and Xanax®, reportedly are used in combination with heroin to, *"make the heroin [high] better; an okay quality of heroin becomes like a high-grade heroin,"* although some participants commented on the danger of using heroin with Xanax®, calling this combination a *"suicide cocktail."*

### Prescription Opioids Historical Summary

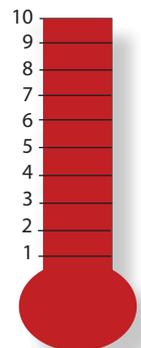
In the previous reporting period, prescription opioids were highly available in the region. Participants most often reported availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (high availability, extremely easy to get). Participants and community professionals identified OxyContin®, Percocet® and Vicodin® as the most popular prescription opioids in terms of widespread use, with participants additionally naming Dilaudid® as also most popular. The Stark County Coroner's office reported prescription pain medication as the most common drug present in drug-related deaths; it was present in 60 percent of all drug-related deaths (this was an increase from 44 percent over the previous six months). Treatment providers stated that prescription opioids were frequently prescribed; participants agreed that these medications were readily prescribed. These drugs found their way onto the region's streets by people stealing medications from family members, individuals forging prescriptions (noted by Summit County law enforcement), dealers bringing prescription opioids in from other states (Florida) and Canada, as well as, individuals fraudulently purchasing prescription opioids on the Internet. Overall, a number of participants identified a continued rise in the popularity of prescription opioid use (save for OxyContin®) over the previous six months. Participants identified the primary reason for the rise in prescription opioid popularity as the nation's recession and individuals recognizing the profitability in selling prescription

opioids. Canton-Stark County Crime Lab reported an increase in the number of prescription opioid cases it processed over the previous six months (increases in codeine, Dilaudid® and OxyContin® cases). While there were a few reported ways of consuming prescription opioids, generally, the most common route of administration was oral consumption. In addition to swallowing pills, participants reported that pills were also crushed and taken via intranasal inhalation (i.e., snorting) and intravenous injection. Some participants and treatment providers noted that prescription opioid users tended to be White; however, the consensus seemed to be that individuals from all ages, socioeconomic statuses and races were abusing these medications. Participants and community professionals noted that addiction to prescription opioids often started with legitimate treatment for pain, then due to various reasons (loss of income, inability to access medical care, increase in tolerance), individuals developed an addiction, often turning to street purchase in order to self-medicate and supplement their addiction.

### Current Trends

Prescription opioids remain highly available in the region. Participants and treatment providers most often reported the current 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, *"I can get pills [prescription opioids] in 10 minutes. I have a few doctors wrapped around my finger."* Participants and treatment providers identified Percocet® and Vicodin® as the most popular prescription opioids in terms of widespread use, with treatment providers additionally naming OxyContin® as also most popular. A treatment provider explained that the prescriptive nature of these medications contributes to the prevalence of prescription opioid abuse: *"Because it [pain medication] is prescribed [by a doctor], it [prescription opioid use] is mentally acceptable to the user."* Collaborating data also indicated that prescription opioids are readily available in the region. The Stark County Coroner reported prescription opioids remain the most common drug present in all drug-related deaths; they were present in 45 percent of all drug-related deaths (this is a decrease from 60 percent from the previous six-month reporting period).

Participants were not in agreement as to whether the availability of prescription opioids has increased, decreased or remained the same over the past six months, as all three positions were posited by different groups. A



participant that posited availability of prescription opioids has increased, stated, *"People are realizing 'I can sell my medication [prescription opioids] in this bad economy.'" Those who reported a decrease in availability were represented by another participant: "The FDA is cracking down [on over prescribing of prescription opioids]. If you go to the hospital, and they [hospital staff] see you are a repeat offender, they red flag you and give you a lower potency [medication] as a substitute."* An Akron participant group noted that certain doctors, *"got into legal trouble, which changed availability and supply [of prescription opioids]."* Participants agreed that OxyContin®, due to the changes in formulation that make it difficult to crush for intravenous use, is not as readily sought by users. A few participants commented that Opana® is becoming popular as a replacement for OxyContin® as it is easier to use intravenously. A participant stated that Opana® is, *"the most sought opiate medication now."* Treatment providers for the most part reported that the availability of prescription opioids has decreased over the past six months. A focus group of treatment providers speculated that a recent regional media campaign, which they described as, *"pretty intense, kind of graphic media campaign"* that highlighted the dangers of prescription opioid abuse, may have reduced the demand for these medications. Treatment providers cited other causes for their perceived decrease in availability: *"[Law enforcement] putting the squeeze on doctors"* and pharmacies becoming more connected. Canton-Stark County Crime Lab reported that the number of cases it processes for most prescription opioids has remained stable over the past six months; however, the crime lab reported an increase in the number of cases for fentanyl, morphine, Percocet® and Vicodin® and a decrease in the number of cases for Opana® and OxyContin®.

Reportedly, many different types of prescription opioids (a.k.a., "skittles") are currently sold on the region's streets. Participants reported the following prescription opioids as available to the street-level users (Note: When reported, current street names and prices are indicated in parentheses): Dilaudid® (\$8–\$10), morphine 60 mg (\$10), Opana® (10 mg sells for \$15; 20 mg sells for \$40; 40 mg sells for \$50–\$60), OxyContin® (a.k.a., "oxy's" and "oscars"), OxyContin® OP (new formulation, sells for \$0.50–\$1 per milligram; participants reported that the old formulation, OxyContin® OC, sells for two to three times that of the new formulation), Percocet® (5 mg, a.k.a., "perc 5's," sells for \$2–\$7; 10 mg, a.k.a., "perc 10's," sells for \$5–\$10), Vicodin® 50/500 mg (a.k.a., "vike 500's," sells for \$2–\$3).

In addition to obtaining prescription opioids on the street from dealers, participants also reported getting them from doctors, emergency rooms, robbing pharmacies,

family members and friends who work for pharmacies and hospitals, and from family members and friends who are prescribed these medications. Participants reported that it is fairly easy to feign illness or injury in the emergency room in order to acquire these medications. Participants noted that some users may go to multiple emergency rooms in a single night: *"ER's give 120 pills [prescription opioids] to stop you from coming back."* Participants also noted that dealers reportedly hang out in parking lots outside of pharmacies and approach individuals, offering to purchase their prescriptions.

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 routes of administration, in order of most commonly practiced, are intranasal inhalation (snorting), intravenous injection and oral ingestion (swallowing). However, participants reported that once an individual uses any drug intravenously, intravenous injection becomes the preferred method for any other drug: *"Once you shoot [inject] something up, it's the only way you want to use."* Participants identified additional routes of administration for prescription opioids to include "parachuting" (crushing pills, placing powdered content in a piece of tissue and swallowing) and smoking (crushing pills, placing powdered content on aluminum foil, heating underneath and inhaling fumes).

A profile of a typical user of prescription opioids did not emerge from the data, as descriptors of a typical user were wide-ranging and inconsistent. Some participants cited that prescription opioids are more common among population groups where there is still a stigma regarding intravenous use; some participants named, *"rich little White kids; older people; housewives; people in the suburbs."*

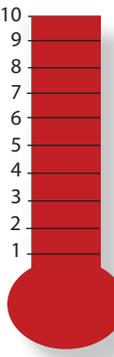
Reportedly, when used in combination with other drugs, prescription opioids are most often used in combination with alcohol, heroin, marijuana and sedative-hypnotics (Xanax®). Participants reported that it is common to use all of the aforementioned substances in combination with prescription opioids to, *"intensify the buzz."*

### **Suboxone®** **Historical Summary**

In the previous reporting period, Suboxone® was moderately available in the region. Participants most often reported availability of Suboxone® as '5' on a scale of '0' (not available, impossible to get) to '10' (high availability, extremely easy to get). There was participant disagreement regarding the street availability of Suboxone®. Participants questioned whether Suboxone® could actually be abused. It was commonly

held by users that, *"No one abuses Suboxone®. It's a life saver."* Treatment providers, on the other hand, reported an increase in the abuse of Suboxone®. Reportedly, Suboxone® was primarily used to assist with managing withdrawal symptoms for individuals who were trying to quit heroin or who temporarily did not have access to heroin. Participants reported that Suboxone® 8 mg generally sold for \$8–\$15, but could sell for as high as \$25, depending on, *"how badly you need it."* Suboxone® was usually taken sublingually as prescribed. However, a few participants reported that some used the drug via intranasal inhalation (snorting) and intravenous injection. Participants reported that Suboxone® was used with alcohol and marijuana as Suboxone® with either drug, *"intensifies the high."*

### Current Trends



Suboxone® is highly available in the region. Participants most often reported the current 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 '5.' Participants continued to report that in addition to being used to support one's attempts to quit using opioids, individuals also use Suboxone® to avoid withdrawal during times when they lack access to their opioid of choice. A participant reported, *"People [heroin addicts] will wait three days in case they are able to find heroin, then use Suboxone® to maintain until they get heroin again."* Another participant stated, *"If you are clean [opioid free], you will get very high from Suboxone®."* Treatment providers also most often reported the current availability of Suboxone® as '10' while Summit County law enforcement reported the drug's current availability as '3.'

Treatment providers reported that the availability of Suboxone® has increased over the past six months. A treatment provider noted, *"It [Suboxone®] is becoming easier to get than methadone."* A focus group of treatment providers noted that users report that using Suboxone® with benzodiazepines breaks down the antagonist function: *"People [users] will use Xanax® a half-hour before Suboxone® and will get high. Some clients say the effects are as good as, or better than, that of OxyContin®."* Canton-Stark County Crime Lab reported that the number of Suboxone® cases it processes has decreased over the past six months.

Participants reported that Suboxone® 8 mg sells for \$10–\$30, and Suboxone® strips sell for \$10–\$20. Participants noted that strips are not as valuable as one is not able to

use them via intranasal inhalation (snorting). Most often participants reported taking Suboxone® sublingually or by snorting. Participant groups differed as to which of the aforementioned two methods is most common. A focus group noted that those who use Suboxone® to get high most often snort the drug. A participant reported, *"I got higher if I snorted them [Suboxone®]."* Participants reported that while doctors have started to prescribe Suboxone® strips more often, Suboxone® pills are still readily available. Suboxone® pills are preferable to many users as they can be crushed and snorted.

In addition to obtaining Suboxone® on the street from dealers, participants also reported getting Suboxone® from doctors and clinics, as well as from individuals with prescriptions. A participant commented that one can acquire Suboxone® from, *"someone who goes to a [Suboxone®] clinic. At the clinic, you get more [Suboxone®] than you need. They sell the rest."*

A profile for a typical Suboxone® user emerged from the data. Participants reported that individuals who need to avoid detection of drug use on urine drug screens (probationers) will use Suboxone® because it is often not screened. A participant remarked, *"[Suboxone® is] the institutional drug of choice."* Treatment providers reported that the typical user of Suboxone® tends to be a younger person, of at least middle-class status, or as one provider stated, *"[Someone] who can go to a doctor regularly for ongoing [Suboxone®] treatment."*

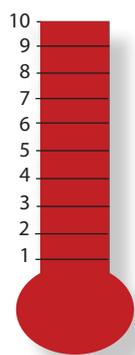
Reportedly, users rarely use Suboxone® in combination with other drugs, as one participant explained, *"Suboxone® makes you feel good, all over,"* implying that other drugs are not necessary. However, as reported above, some participants reported that those abusing Suboxone® for a high often combine the drug with sedative-hypnotics (Xanax®) as this combination reportedly exacerbates the high allegedly produced from Suboxone®.

### Sedative-Hypnotics Historical Summary

In the previous reporting period, sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) were highly available in the region. Participants most often reported the availability of these drugs as '8' or '10' on a scale of '0' (not available, impossible to get) to '10' (high availability, extremely easy to get). Participants in Summit County reported the availability of Xanax® as '10' while assigning an availability rating of '8' to Ativan®, Klonopin® and Valium®. Treatment providers and law enforcement throughout the region reported that there has been a longstanding trend of increased sedative-hypnotic prescribing, especially

for Ativan® and Xanax®. Participants stated that these medications could be obtained from emergency rooms and physicians either by feigning illness, paying physicians for prescriptions (\$50), from other individuals to whom these medications were prescribed or through purchase over the Internet. While there were a few reported ways of consuming sedative-hypnotics, the most common route of administration was oral consumption (swallowing). There was no consensus about the typical user profile of sedative-hypnotics. While some participants and treatment providers believed individuals from all ages, socioeconomic statuses and races were abusing these medications, others thought that women and marijuana users were more likely to abuse sedative-hypnotics.

### Current Trends



Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain highly available in the region. Participants most often reported the current 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 '8' and '10'. A participant noted, *"Everything is a phone call away."* Treatment providers also most often reported current availability as '10'. Participants continued to identify Ativan®, Klonopin®, Valium® and Xanax® as the most

popular sedative-hypnotics in terms of widespread use. Treatment providers identified Klonopin® and Xanax® as most popular in terms of widespread use. Treatment providers agreed that the use of these medications is very prevalent, in part because sedative-hypnotics are *"prescribed so freely,"* and because they are inexpensive. A treatment provider commented, *"Xanax® is the most acceptable prescribed drug by far."* Treatment providers reported that many of their clients are being treated with sedative-hypnotics, and that users do not see themselves as addicts because these medications are legally prescribed. Collaborating data also indicated that sedative-hypnotics are readily available in the region. The Stark County Coroner's office reported that sedative-hypnotics are the second most common drug present in all drug-related deaths; they were present in 40 percent of all drug-related deaths (this is a decrease from 57.1 percent from the previous six-month reporting period). Participants and treatment providers reported that the availability of sedative-hypnotics has remained stable over the past six months. Canton-Stark County Crime Lab reported that the number of sedative-hypnotic cases it processes has fluctuated over the past six months. While the number of cases has increased

(Ativan®, Ambien® and Xanax®) or decreased (Restoril®) for some sedative-hypnotics, overall the number of cases for most has remained stable.

Reportedly, many different types of sedative-hypnotics (a.k.a., "happy pills" and "tic tacs") are currently sold on the region's streets. Participants reported the following sedative-hypnotics as available to the street-level user (Note: When reported, current street names and prices are indicated in parentheses): Klonopin® (a.k.a., "k-pins," sells for less than \$1 per milligram); Valium (\$0.50 per milligram); Xanax® (0.5 mg, a.k.a., "footballs," "peaches" and "xani's," sells for \$1–\$1.50; 1 mg, a.k.a., "blues," "footballs" and "xani's," sells for \$2–\$3; 2 mg, a.k.a., "xanibars," sells for \$4–\$6).

In addition to obtaining sedative-hypnotics on the street from dealers, participants also continued to report getting them by prescription from doctors, and from family and friends who have prescriptions. Participants agreed that it is very easy to get a prescription by feigning anxiety symptoms. A participant stated he obtained a prescription even though he does not *"like that [sedative] high; I sell them [sedative-hypnotics] to get what I do like."*

While there were a few reported ways of consuming sedative-hypnotics, and variations in methods of use were noted among types of sedative-hypnotics, generally, the most common routes of administration are intranasal inhalation (snorting) and oral ingestion (chewing or swallowing). Participants expressed differing views about which of these two methods is most common. According to participants, a less common route is to dissolve a pill in alcohol and consume the drink.

A profile of a typical user of sedative-hypnotics did not emerge from the data. Participants and treatment providers were not in agreement regarding descriptors of the typical user. Many participants reported that sedative-hypnotics are common among young people (high school aged youth). A participant reported, *"Xanax® is the drug you take if you are afraid to do any other drug."* Other participants noted that older individuals, especially *"people on disability,"* use these drugs more commonly. Treatment providers noted that typical users tended to be *"suburban kids"* and that White individuals are more likely to use sedative-hypnotics.

Reportedly, when used in combination with other drugs, sedative-hypnotics are most often used in combination with alcohol, crack cocaine, heroin, marijuana and powdered cocaine. Participants described a differing effect of sedative-hypnotic use when used in conjunction with the aforementioned. Sedative-hypnotics are used with alcohol

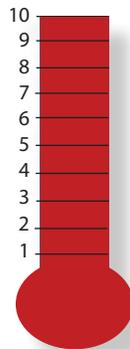
to, “boost the buzz; blackout experience;” with cocaine to, “help you to come down; I call Xanax® ‘landing gear;’” with heroin to, “potentiate the effect of heroin;” with marijuana to, “give you a floating effect; makes you feel like you’re in heaven.”

**Marijuana**  
**Historical Summary**

In the previous reporting period, marijuana was highly available in the region. Participants and treatment providers most often reported the drug’s availability as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (high availability, extremely easy to get). Nearly everyone interviewed believed availability of marijuana was ubiquitous. Participants reported that the quality of marijuana varied from ‘3’ to ‘10’ with the most common score being ‘6’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality). Participants and treatment providers reported an increase in the availability of higher, more potent grades of marijuana such as hydroponically grown marijuana. Participants reported that for commercial-grade marijuana, a “blunt” (single cigar) sold for \$5–\$10, and an ounce sold for \$75–\$100; for high-grade marijuana, an ounce sold for \$250–\$300. By far, the most common route of administration for marijuana was smoking. A profile for a typical user of marijuana did not emerge from the data. Participants and treatment providers reported that marijuana use was widespread across all population groups, but some recognized an increase in use among adolescents and older adults.

**Current Trends**

Marijuana 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 commonly stated that marijuana was, “very available; always available.” Treatment providers and law enforcement also most often reported the drug’s current availability as ‘10.’ Treatment providers noted that more people are growing marijuana, with a provider commenting, “[Marijuana] it’s easy to grow in our climate, unlike poppies and coca plants.” Summit County law enforcement also commented, “getting it [marijuana] is not a problem.” Collaborating data indicated that marijuana is readily available in the region. The Stark County Coroner’s office reported that marijuana is the third most common drug present in all drug-related deaths; it was



present in 30 percent of all drug-related deaths over the past six months.

Participants reported that the availability of marijuana has remained constant over the past six months. However, some participants reported that there are periods when marijuana is more difficult to find: “Election time ... [because] people get busted and are unwilling to sell it [marijuana].” The following statement reflects the participant majority position: “Marijuana is the one drug you can always get, no matter what. What does change is the number of grades and types [of marijuana].” Treatment providers reported that availability of marijuana has remained constant over the past six months. According to one focus group of treatment providers, the new trend in marijuana use is that the, “number of people smoking high-grade [marijuana] is going up greatly; More young people are talking about using more potent marijuana.” Canton-Stark County Crime Lab reported that the number of marijuana cases it processes has increased over the past six months.

Participant quality scores of marijuana varied from ‘3’ to ‘10’ with the most common score being ‘7’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was ‘6.’ Several participants explained that the quality of marijuana depends on whether the user buys “commercial weed” (low to mid-grade marijuana) or hydroponically grown (high-grade marijuana). Participants reported that lower grades of marijuana, commonly referred to as “dirt weed” originate in Mexico. Most participants said, “Only the old-school [users] smoke it [dirt weed].” Participants described commercial weed as slightly higher quality, “brownish, with seeds;” participants reported this grade to be the most available form of marijuana in the region. Participants described high-grade marijuana (hydroponic) as being, “fluffier, with less seeds;” it is often home grown. Participants commonly believed that the quality of marijuana has been increasing, with more individuals, “narrowing in on how to grow it [high-grade marijuana].” Participants said that growers are familiar with, “cloning new hybrids [of marijuana]” in order to “keep THC levels high.”

Current street jargon includes countless names for marijuana. The most commonly cited name remains “weed.” Participants listed the following as other common street names: “Bobby Brown,” “bud,” “devil’s lettuce,” “herb,” “mersh,” “reggies” and “regular” for low-grade and commercial-grade marijuana; “hydro,” “kind bud,” “killer” and “kush” for high-grade marijuana. The price of marijuana depends on the quality desired. Participants reported that commercial-grade marijuana is the cheapest type: a “blunt” (single cigar) or two joints (cigarettes) sell for \$5; 1/4 ounce sells for \$40–\$50; an

ounce sells for \$70. Higher quality marijuana (“hydro”) sells for significantly more: a blunt (single cigar) or two joints (cigarettes) sell for \$15–\$25; 1/4 ounce sells for \$100; an ounce sells for \$275–\$400. Reportedly, Marinol® (prescription marijuana) is available on the streets, but participants did not have pricing information.

While there were several reported ways of consuming marijuana, the most common route of administration continues to be smoking. The only other routes of administration involve baking and cooking with marijuana, but these methods are infrequently applied. A participant mentioned marijuana could be made into butter as well as used to make herbal tea.

A profile for a typical marijuana user did not emerge from the data. Participants unanimously agreed that, *“Marijuana is now acceptable to everyone; Marijuana is not considered to be a drug.”* A treatment provider noted, *“The stigma is not there anymore; the attitude is, ‘I don’t use drugs, I just smoke marijuana.’”* Treatment providers agreed that marijuana use is common among individuals from all walks of life (age, race and socioeconomic status). According to Summit County Juvenile Court data, a large percentage of juveniles involved in the court system use marijuana. Over the past six months, of the 1,155 juveniles who tested positive for the presence of drugs during court administered urine drug screens, 24.6 percent tested positive for the presence of cannabis (this is a decrease from 41 percent from the previous six-month reporting period).

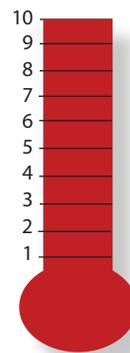
Reportedly, marijuana is used in combination with numerous different drugs, including alcohol, crack cocaine, Ecstasy and powdered cocaine. Most participants agreed that users smoke marijuana with, *“Any drug [because] when you use marijuana with other drugs, it intensifies the [effect of] other drugs.”* Participants reported it is equally common to use marijuana alone as it is to use marijuana with other drugs.

### **Methamphetamine Historical Summary**

In the previous reporting period, methamphetamine was reportedly rare in the region. Most participants knew little about the drug. Participants with knowledge of methamphetamine use most often reported the drug’s availability as ‘2’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (high availability, extremely easy to get). Participants reported the powdered and crystal forms of methamphetamine as equally unavailable. However, treatment providers and law enforcement had differing views regarding the availability of methamphetamine. Summit County professionals most often reported

availability as ‘10’ and Stark County law enforcement reported availability as ‘2’ or ‘3.’ Participants and treatment providers alike indicated that the availability of methamphetamine had recently decreased, due to increased law enforcement efforts and increased difficulty in obtaining the necessary materials to manufacture the drug (pseudoephedrine). Treatment providers and law enforcement reported an increasing popularity in individuals making their own methamphetamine; Summit County law enforcement reported a 200 to 300 percent increase over the past year in the “one-pot method” (methamphetamine production in a single sealed container). Participants gave contradictory information regarding the quality of methamphetamine, quality ratings varied greatly from ‘1’ to ‘10’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality). Participants reported that a gram of powdered methamphetamine sold for \$100–\$120, and a gram of crystal methamphetamine sold for \$150. A profile for a typical user emerged from the data; participants reported that the typical user of methamphetamine was almost exclusively White, between the ages of 17–35 years, and of lower socioeconomic status.

### **Current Trends**



Methamphetamine is highly available in the region. Participants most often reported the drug’s current availability as between ‘5’ 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 ‘2,’ according to the few participants who reported knowledge of methamphetamine use. Treatment providers and Summit County law enforcement most often reported the current availability of methamphetamine as ‘10.’ Law enforcement reported, *“A lot of the old-generation [methamphetamine] labs have disappeared. Now, it’s the one-pot cook. Most people are making it [methamphetamine] for themselves. There have been no meth [methamphetamine] lab busts in a while. We have not seen Mexican meth in a long time; most is home grown. If you are a meth fiend, you will make it yourself.”* Participants often indicated that methamphetamine is somewhat difficult to find in the region: *“[Methamphetamine] it’s available, but not very; You have to know somebody to find it; I know people who use it, but they go to Cleveland to get it.”* Some participants thought that methamphetamine is lower in availability than other drugs because, *“other drugs are easier to get.”* Other participants disagreed and believed that the drug is highly available: *“[Methamphetamine] it’s easy to make; With the new method of ‘shake dope’ [one-pot method], everyone has learned how to shake [make methamphetamine]. It’s very simple [to make] and very plentiful.”* Participants reported that methamphetamine is available in powdered and in crystal

forms. Reportedly, powdered methamphetamine is far more available, although crystal methamphetamine was said to be more pure (higher in quality). Regional media corroborated the availability of methamphetamine in the region this reporting period. In April, *The Suburbanite* reported on a methamphetamine-related arrest in Springfield Township. Firefighters were called to extinguish a fire that allegedly occurred after a methamphetamine lab exploded on the second floor of a home ([www.thesuburbanite.com](http://www.thesuburbanite.com); April 11, 2011).

There was no consensus among participants as to whether the availability of methamphetamine has increased, decreased or remained the same over the past six months. A few participants felt that powdered methamphetamine (a.k.a., “shake dope” or “shake and bake”) has increased because it is reportedly, “easy to make.” However, other participants reported methamphetamine as less available because, “They [state legislature] passed laws making it [methamphetamine] difficult to make [difficult to buy large quantities of pseudoephedrine].” Treatment providers reported that availability of methamphetamine has decreased over the past six months, but they also believed, “If you want it [methamphetamine], you can get it pretty easily.” A treatment provider reported that he had been told that the shake-and-bake method is fairly easy, whereby methamphetamine can be made in a soda bottle. Law enforcement talked about the process of purchasing methamphetamine; they explained that the buyer needs to provide some of the controlled materials (pseudoephedrine) needed to make methamphetamine in addition to cash before he or she can purchase the drug. Canton-Stark County Crime Lab reported that the number of methamphetamine cases it processes has increased over the past six months (powdered methamphetamine cases).

The overall quality of methamphetamine is high. Participants who had used powdered methamphetamine most often ranked its quality as ‘8’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); previously, participants did not agree on quality. Only one participant was able to rank the quality of crystal methamphetamine, which he rated as ‘10’. Some participants believed that the quality of methamphetamine has decreased over the past six months because of the, “lack of availability of materials,” and the fact that it takes, “too much work to make the good stuff.”

Current street jargon includes a few names for methamphetamine. The most commonly cited names were “crank” and “crystal.” Other street names included: “bitch,” “dope,” “glass,” “go fast,” “ice,” “meth,” “shit,” “speed” and “tweak.” Current street prices for methamphetamine were consistent among participants with experience buying the drug, with prices cited as significantly lower than the

previous reporting period. Participants reported that a gram of powdered methamphetamine sells for \$40, and a gram of crystal methamphetamine sells for \$70–\$100. Participants also reported that methamphetamine can be purchased for as little as \$20. Reportedly, the most common route of administration of methamphetamine is intravenous (IV) injection, a practice said to be increasing among users. Other routes of administration included smoking (some participants felt that smoking is more common than IV use) and intranasal inhalation (snorting); participants reported that both smoking and snorting are relatively common.

A profile for a typical methamphetamine user emerged from the data. Participants described typical users of methamphetamine as Whites, between the ages 18–50 years. Participants also mentioned, “The gay community is very huge into meth [methamphetamine].” Treatment providers likewise reported the typical methamphetamine user as White and between the ages of 18–59 years. Participants did not identify other drugs commonly used with methamphetamine.

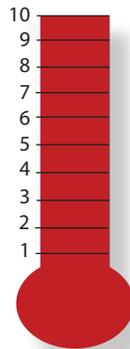
### Ecstasy Historical Summary

In the previous reporting period, Ecstasy [methylenedioxyamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP] was highly available according to participants and moderately available according to community professionals. Participants most often reported the drug’s availability as ‘10’ and community professionals as ‘6’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (high availability, extremely easy to get). Canton-Stark County Crime Lab reported an increase in the number of Ecstasy cases it processed. Prices for Ecstasy pills varied based on dosage, with some selling for as little as \$2 while higher dosage pills sold up to \$25. The quality of Ecstasy varied, with some users reporting that quality had decreased over the previous six months. The only reported method of administration was oral consumption.

### Current Trends

Ecstasy [methylenedioxyamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP] remains highly available in the region. Participants most often reported the current availability 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 also ‘10’. A participant reported, “[Ecstasy is] just a trip down the hallway.” Described as a drug, “mostly used by clubbers,” participants reported that Ecstasy can be obtained anywhere. A participant stated, “Go to a disco or a club, everyone has it [Ecstasy].” Treatment providers

generally reported that Ecstasy is rarely used by clients coming in for treatment. Treatment providers commonly held the belief that Ecstasy is, *"more of a college drug,"* with users being most often high school and college students. Summit County law enforcement reported the current availability of Ecstasy as '6' or '7,' and said that availability, *"ebbs and flows."* Law enforcement also reported that a recent seizure picked up powdered Ecstasy, which is more common on the West Coast and a rarity in this region. Regional media corroborated the availability of Ecstasy in the region this reporting period. In March, *The Aurora Advocate* reported that several people were arrested for selling drugs in Streetsboro and Aurora. Over three months, undercover law enforcement officers bought Ecstasy and prescription medications from three area residents ([www.auroraadvocate.com](http://www.auroraadvocate.com); March 23, 2011). Treatment providers reported that the use/availability of Ecstasy has decreased over the past six months. Canton-Stark County Crime Lab reported that the number of Ecstasy cases it processes has also decreased over the past six months.



Participants did not identify any street names for Ecstasy. Only one participant focus group reported knowledge of the different types and prices of Ecstasy currently available. Ecstasy pills generally sell for \$7–\$10 per pill, depending on the size of the pill. The powdered form of Ecstasy, often referred to as *"highly pure,"* generally sells for \$100 a gram.

A profile for a typical Ecstasy user emerged from the data. Participants described typical users of Ecstasy as young. A participant focus group reported that Ecstasy use is, *"common in the Black community."* Treatment providers reported the typical Ecstasy user to be a young, high school or college student. Reportedly, Ecstasy is used in combination with alcohol. A participant explained that this combination, *"increases the buzz, and makes you horny."*

### Other Drugs Historical Summary

In the previous reporting period, participants and community professionals listed the following 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] and synthetic marijuana (*"K2"* and *"Spice"*). Participants reported the availability of psilocybin mushrooms as '6' on a scale of '0' (not available, impossible to get) to '10' (high availability, extremely easy to get). Participants also said that the availability of psilocybin mushrooms fluctuated with the seasons, classifying them as a *"summertime"* drug.

Stark County law enforcement indicated increasing abuse of psilocybin mushrooms over the previous six months. Canton-Stark County Crime Lab reported an increase in the number of psilocybin mushroom cases it processed over the previous six months. Reportedly, LSD was rarely available and much harder to find than psilocybin mushrooms. Synthetic marijuana was highly available in convenience marts, gas stations and drug paraphernalia shops; the drug was sold as a form of incense and believed to have been increasing in popularity. Participants reported that individuals in alcohol and drug treatment programs were using synthetic marijuana in order to keep getting high while being able to pass random urine drug screens (UDS) as most standard UDS were thought not to screen for synthetic marijuana use.

### Current Trends

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. A few participants reported that prescription stimulants are moderately available in the region, although they did not identify specific medications available. Participants most often rated the availability of these drugs between '7' and '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants did not view prescription stimulants as a commonly abused substance other than by, *"the younger crowd."*

A few participants reported that lysergic acid diethylamide (LSD) is moderately available in the region. Those with knowledge of LSD most often reported its availability as '7' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Typically, participants described LSD as, *"a casual drug; seen once in awhile."* A participant reported that LSD is, *"not a street drug, but go to a festival [drug]; it is very available."* Treatment providers reported that LSD is not commonly reported by clients as a primary drug of choice. A focus group of treatment providers described LSD users as, *"a sub-culture, different from the people [clients] we usually see."* Overall, participants and treatment providers viewed LSD as more popular with younger people, such as college students. Participants reported a hit of LSD sells for \$5–\$10, or 100 hits for \$300–\$400.

Only two participant groups mentioned the availability of psilocybin mushrooms in the region. Participants in one group said psilocybin mushrooms are still popular, but described the quality as being *"real bad."* Participants in the other group agreed that the quality is generally poor, but also said availability is low; they most often rated psilocybin

mushroom quality as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Treatment providers in Portage County reported psilocybin mushrooms seemed to be very popular. When asked why psilocybin mushrooms are so popular, treatment providers said they are easy to grow in this climate, with one provider commenting that there are, "a lot of cow pastures" in the region.

Synthetic marijuana (K2" and "Spice") remains highly available in the region. Canton-Stark County Crime Lab reported that the number of synthetic marijuana cases it processes has increased over the past six months. Reportedly, the drug continues to be sold in some gas stations and head shops as "incense," a few participants reported that they have tried synthetic marijuana, but none reported regular use. A participant noted, "K2 was more discussed than actually used." Participants reported synthetic marijuana as "cost prohibitive." Reportedly, a small pouch of about three grams sells for \$30; marijuana is cheaper. Participants reported that synthetic marijuana is more popular with adolescents, "people on probation" and other individuals who are subject to urine drug screens. The effect produced by synthetic marijuana use was described as, "head high, not a body high." A number of users reported that they, "did not like the taste [of synthetic marijuana]," and a few participants reported that use gave them a headache.

Canton-Stark County Crime Lab also reported several other drugs that were not mentioned by focus group participants. The crime lab reported an increase in the number of bath salts and ketamine cases it processes over the past six months. The crime lab also reported that it had received its first samples of bath salts this reporting period, which included samples of MDPV (3, 4-Methylenedioxypyrovalerone) found in an Ecstasy-type tablet and samples of mephedrone packaged in a baggy.

### Conclusion

Crack cocaine, heroin, marijuana, powdered cocaine, prescription opioids and sedative-hypnotics remain highly available in the Akron-Canton Region. Noted increases in availability over the past six months exist for heroin and methamphetamine; a slight decrease exists for Ecstasy. Participants, treatment providers and law enforcement agreed that the availability of powdered heroin has dramatically increased over the past six months. Most thought that heroin use has increased due to the reformulation of OxyContin®, which made users move to similar drugs. Participants reported that the most common way to use heroin remains intravenous injection. Unlike the previous reporting period, the majority of participants reported knowledge of methamphetamine use, with most participants and community professionals

rating current availability of methamphetamine as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Reportedly, powdered methamphetamine is far more available than crystal methamphetamine, although the crystal form was said to be more pure (higher in quality). While treatment providers believed that street availability of the drug has decreased, they stated, "If you want it [methamphetamine], you can get it pretty easily." Treatment providers and law enforcement reported greater access to methamphetamine now that the "shake-and-bake" method is widely known, whereby methamphetamine can be made in a soda bottle. Canton-Stark County Crime Lab reported that the number of powdered methamphetamine cases it processes has increased over the past six months. While participants continued to report high availability of Ecstasy, community professionals noted a decrease. Treatment providers generally reported that Ecstasy is rarely used by clients coming in for treatment; they commonly held the belief that Ecstasy is, "more of a college drug," with users being most often high school and college students. Canton-Stark County Crime Lab also reported that the number of Ecstasy cases it processes has decreased over the past six months. Crack and powdered cocaine remain highly available in the region. Due to the current low quality of crack cocaine, powdered cocaine is most often purchased to "rock up" (manufacture) crack cocaine. Prescription opioids remain widely available in the region. Participants and treatment providers identified Percocet® and Vicodin® as the most popular prescription opioids in terms of widespread use, with treatment providers additionally naming OxyContin® as also most popular. Participants agreed that OxyContin®, due to the changes in formulation that make it difficult to crush for intravenous use, is not as readily sought by users. A few participants commented that Opana® is becoming popular as a replacement for OxyContin® as it is easier to use intravenously. A participant stated that Opana® is, "the most sought opiate medication now." Along with intravenous injection, intranasal inhalation and oral ingestion, participants this reporting period also named "parachuting" (crushing pills, placing powdered content in a piece of tissue and swallowing), as well as smoking (crushing pills, placing powdered content on aluminum, heating underneath and inhaling fumes), as routes of administration for prescription opioids. The Stark County Coroner's office reported that prescription opioids are the most common drug present in all drug-related deaths; they were present in 45 percent of all drug-related deaths over the past six months. Lastly, in terms of marijuana, what seems to be trending now is increased availability and use of high-grade marijuana. A greater number of young people are talking about using more potent marijuana, with a greater number of people generally seeking and using high-grade marijuana than previously reported.