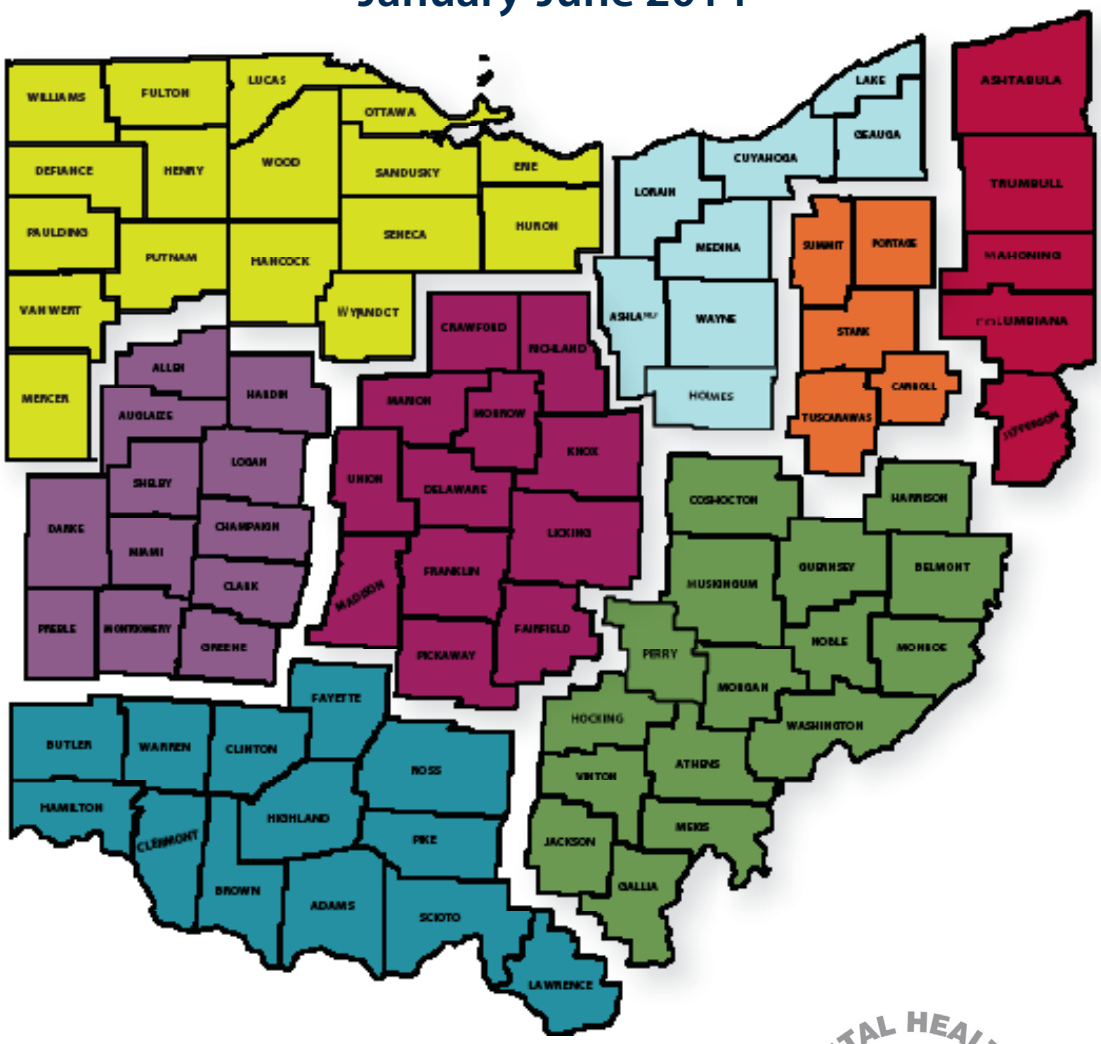
OSAM

Ohio Substance Abuse Monitoring Network

Surveillance of Drug Abuse Trends in the State of Ohio

January-June 2014



Legend

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

MENTAL HEALTH & ADDICTION SERVICES
Ohio

Ohio Department of Mental Health and Addiction Services
Office of Quality, Planning and Research

Ohio Substance Abuse Monitoring Network

Surveillance of Drug Abuse Trends in the State of Ohio

January-June 2014

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OSAM-O-Gram

OSAM

Ohio Substance Abuse Monitoring Network

Surveillance of Drug Abuse Trends in the State of Ohio

January-June 2014

Toledo Region

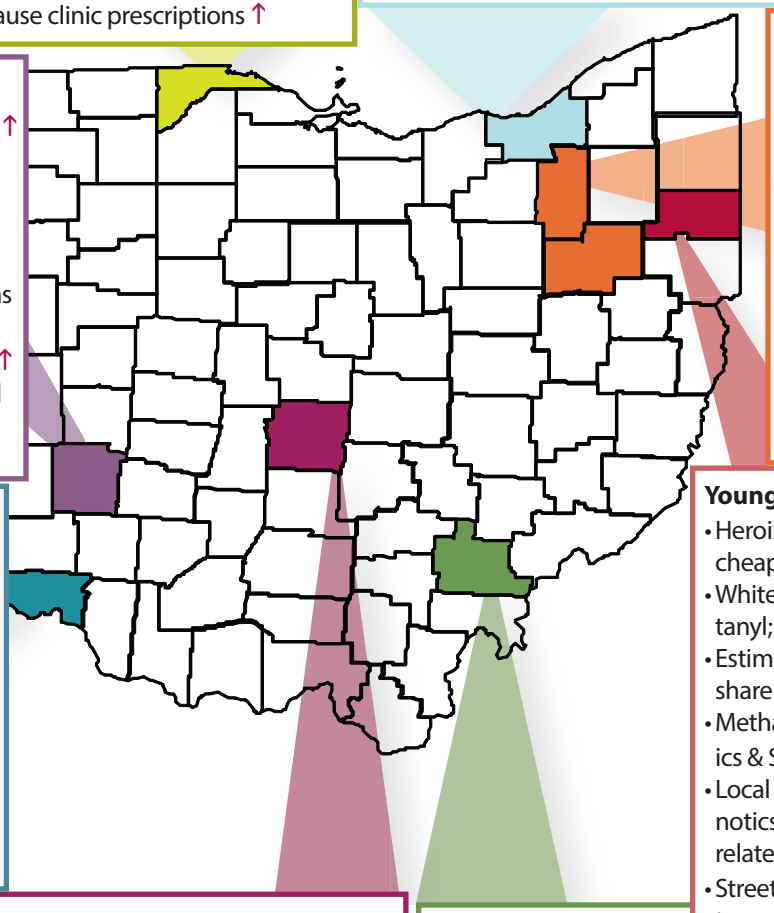
- Heroin & Suboxone® availability ↑
- Heroin more available than crack cocaine
- More heroin users in treatment than prescription opioid addicts
- White powdered heroin cut with fentanyl; causing increased overdoses
- Participants want a needle exchange in the region
- Bath salts and prescription opioids availability ↓
- Prescription opioids availability ↓ . . . fewer prescriptions written
- Suboxone® availability ↑ because clinic prescriptions ↑

Cleveland Region

- Heroin, marijuana & Suboxone® availability ↑
- Heroin is the most available drug in the region
- Gray-colored heroin more available now throughout Cuyahoga Cty.
- Fentanyl in heroin trending; causing frequent heroin overdoses
- Suboxone® ↑ attributed to pain management clinics prescribing drug
- Marijuana concentrates availability ↑ in past six months
- Ecstasy (molly) & sedative-hypnotics availability ↑
- "Molly" (MDMA) cut with bath salts, cocaine & methamphetamine

Dayton Region

- Heroin & Suboxone® availability ↑
- Powdered cocaine ↓
- Crack cocaine ↓
- Heroin favored over cocaine due to the low cost of heroin
- Prescription pain pill regulations makes them difficult to obtain
- Fentanyl boosts heroin overdoses ↑
- Mitragynine (aka "kratom") and hashish emerging drug trends



Akron-Canton Region

- Heroin & methamphetamine ↑
- Heroin use considered "trendy"
- Prescription opioids & fentanyl used to cut heroin ↑
- Methamphetamine use high
- Crack cocaine, ecstasy, marijuana & Suboxone® availability ↑
- Marijuana used more openly
- First time "hash oil" (aka "THC wax" or "dabs") reported
- Bath salts, prescription opioids & synthetic marijuana ↓

Cincinnati Region

- Heroin and Suboxone® availability ↑
- Heroin & marijuana prevalent
- Heroin likely from Mexico
- Heroin cut with Fentanyl involved in over half drug-related deaths in Hamilton Cty.
- Opiate treatment clinics (aka "Suboxone® clinics") prevalent
- "Kratom" subs for heroin high
- Synthetic marijuana ↓

Youngstown Region

- Heroin availability ↑, considerably cheaper than prescription opioids
- White powdered heroin cut with fentanyl; causing increased overdoses
- Estimated 6 out of 10 heroin users share injection needles
- Methamphetamine, sedative-hypnotics & Suboxone® availability ↑
- Local coroner's report sedative-hypnotics present in over 50% of all drug-related deaths in past six months
- Street use of Suboxone® ↑ attributed to an increase in drug prescriptions
- Synthetic marijuana availability ↓

Columbus Region

- Bath salts availability ↓
- Powdered cocaine popularity ↓ due to lure of opiates & heroin ↑
- Methamphetamine & Suboxone® availability ↑
- Prescriptions ↑ contribute to increased street availability of Suboxone®
- Methamphetamine & black tar heroin cross U.S.-Mexican border
- Methamphetamine users likely white, 20-40 years old & lower income
- "Kratom" (a psychoactive plant substance that produces a heroin-like high) reported in Delaware County during the past six months

Athens Region

- Methamphetamine & Suboxone® availability ↑
- After heroin, methamphetamine most available drug in region
- Crystal forms of methamphetamine (aka "ice") now in the region
- Sedative-hypnotics availability ↑, commonly prescribed with Suboxone®
- Bath salts, ecstasy & synthetic marijuana drastically ↓

Ohio Department of Mental Health and Addiction Services • Office of Quality, Planning and Research

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 (treatments providers, law enforcement officials, etc.) to produce epidemiological descriptions of local substance abuse trends. Qualitative findings are supplemented with available statistical data such as coroner's reports and crime laboratory data. Mass media sources, such as local newspapers, are also monitored for information related to substance abuse trends. Once integrated, these valuable sources provide the Ohio Department of Mental Health and Addiction Services (OhioMHAS) with a real-time method of providing accurate epidemiological descriptions that policymakers need to plan appropriate prevention and intervention strategies.

This Executive Summary presents findings from the OSAM core scientific meeting held in Columbus, Ohio, on June 27, 2014. It is based upon qualitative data collected from January through June 2014 via focus group interviews. Participants were 336 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 117 community professionals via individual and focus group interviews, as well as to data surveyed from coroner's offices, family and juvenile courts, common pleas and drug courts, the Ohio Bureau of Criminal Investigation (BCI), police and county crime labs. In addition to these data sources, media outlets in each region were queried for information regarding regional drug abuse for January through June 2014. 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 on in this section.

Powdered Cocaine

Powdered cocaine remains moderately to highly available throughout most OSAM regions. With the exception of Columbus and Dayton, the availability of powdered cocaine has remained the same during the past six months. While participants from various counties within the Columbus region agreed that cocaine is readily available in their communities, participants and community professionals noted that powdered cocaine is beginning to decrease in popularity due to the ever-increasing popularity of opiate and heroin use. The Columbus Police Crime Lab reported that the number of cocaine cases it processes has decreased during the past six months. Dayton respondents also linked reduction in powdered cocaine availability in their region to the increase in desirability and availability of heroin. In addition, law enforcement efforts in the Dayton region were also credited with limiting availability of the drug.

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

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

Participants throughout OSAM regions continued to report the current quality of powdered cocaine as low to moderate: '3-7' on a scale of '0' (poor quality, "garbage") to '10' (high quality). The majority of participants from throughout regions noted that the overall quality of powdered cocaine has decreased during the past six months. Participants universally indicated that powdered cocaine is often "cut" (adulterated) with other substances: aspirin, baby formula, baby laxatives, baby powder, baking soda, bath salts, caffeine, diuretics, ether, head shop cuts (products designed to be used as adulterates), laxatives, local anesthetics, methamphetamine, numbing agents, powdered milk, powdered sugar, protein powder, sleep aids, sugar, talc, various vitamins and dietary supplements. Crime labs throughout OSAM regions most often noted the following cutting agents for powdered cocaine: levamisole (livestock dewormer), lidocaine and procaine (local anesthetics).

Current street jargon includes many names for powdered cocaine. A Youngstown region participant commented, "*They don't call* [powdered cocaine] *'girl' no more, that's too easy for the police to recognize*."

Current Street Names of Powdered Cocaine	
Most Common Names	**blow, girl, powder, snow, soft, white girl, (white lady), yay-yo (yay)**
Other Names	betty, bitch, blonde, booger sugar, butter, cheese, Christina Aguilera (christina, tina), coke, flour, fluff, gack, ice, Miley Cyrus, nose candy, piff, queen, Scooby snacks, snow bunny, sugar

Depending on the region, desired quality and from whom one buys, a gram of powdered cocaine sells for $70-80; 1/16 ounce (aka "teener") sells for $80-100; 1/8 ounce (aka "eight ball") sells for $160-200; an ounce sells for $800-1,000. Several participants noted that it is difficult to obtain large amounts of powdered cocaine. Reportedly, users most often buy a gram of cocaine at a time, though some participants reported buying an eight-ball more often.

Participants throughout most OSAM regions continued to report that the most common route of administration for powdered cocaine is snorting, followed by intravenous injection (aka "shooting"). Participants in Dayton and Toledo estimated that out of 10 powdered cocaine users, half would snort and half would shoot the drug. Participants and community professionals continued to most often describe typical powdered cocaine users as middle class or higher in terms of socio-economic status and racially/ethnically white or Hispanic.

Many other substances are used in combination with powdered cocaine. Participants reported that powdered cocaine is often used in combination with heroin or prescription opioids to take the edge off the stimulant high and also to "speedball," creating alternate stimulant and depressant highs. Treatment providers in Athens reported seeing more cocaine and opiate use together during the past six months. Marijuana and sedative-hypnotics also assist the user in coming down off the stimulant high of powdered cocaine. Participants mentioned Xanax® as the sedative-hypnotic most likely to be used with powdered cocaine. When powdered cocaine is laced into marijuana joints, participants called these "frosty," "laser," or "primo."

Substances Most Often Combined with Powdered Cocaine

• Alcohol • Heroin • Marijuana •
• Prescription Opioids • Sedative-Hypnotics •

Crack Cocaine

Crack cocaine remains highly available throughout most OSAM regions. Overall, most participants and community professionals reported that availability has remained the same during the past six months. Those who noted a change in availability attributed the change to heroin. Increases were attributed to heroin dealers also selling crack cocaine and decreases were attributed to the growing demand for heroin making crack cocaine less desirable.

Reported Change in Availability of Crack Cocaine during the Past 6 Months		
Region	**Current Availability**	**Availability Change**
Akron-Canton	**High**	**Increase**
Athens	**High**	**No Change**
Cincinnati	**High**	**No Change**
Cleveland	**High**	**No Change**
Columbus	**Moderate to High**	**No Change**
Dayton	**High**	**Decrease**
Toledo	**High**	**No Change**
Youngstown	**High**	**No Change**

Participants throughout OSAM regions reported the quality of crack cocaine as moderate to high, rating current quality most often as '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality); participants also noted that the overall quality of crack cocaine has generally remained the same during the past six months. Participants noted that crack cocaine is cut with many of the same agents used to cut powdered cocaine, while continuing to report baking soda as the most common cutting agent for crack cocaine. Crime labs throughout OSAM regions continued to most often report levamisole (livestock dewormer) as the typical cutting agent for crack cocaine.

Current street jargon includes many names for crack cocaine.

Current Street Names of Crack Cocaine	
Most Common Names	**butter , crack, hard, rock, work**
Other Names	boy, crinak, diesel, dope, drop, hardware, pearl, rock candy, stones, yack, yay-yo

Participants most often noted that users purchase crack cocaine by 1/10 gram, although many participants reported that they would buy based on how much money they had to spend. Several participants noted switching to crack cocaine after powdered cocaine became too expensive. Current street prices for crack cocaine were consistent among participants with experience buying the drug: 1/10 gram (aka "rock") sells for $20; a gram sells for $50-85; 1/16 ounce (aka "teener") sells for $80-120; 1/8 ounce (aka "eight ball") sells for $200-220.

Participants reported the most common route of administration for crack cocaine remains smoking. However, participants in Toledo and Youngstown observed equal number of users smoking as intravenously injecting (aka "shooting") the drug. Participants in these regions estimated that out of 10 crack cocaine users, five would smoke and five would shoot. Participants explained that crack cocaine is used intravenously by breaking it down with lemon juice. Several participants in Akron-Canton noted that a user can purchase a "party kit" at various gas stations and convenience stores that contains everything needed to smoke crack cocaine.

While a profile of a typical crack cocaine user did not emerge from the data of half the regions, several stereotypical characteristics continue to be associated with crack cocaine use. Many participants and community professionals continued to describe typical crack cocaine users as African American, living in the inner city and of lower socio-economic status. In addition, this reporting period several treatment providers reported that they found that many heroin users are also using crack cocaine or are relapsing on crack cocaine.

Many other substances are used in combination with crack cocaine. As with powdered cocaine, typically other substances are used with crack cocaine to help balance the effects of the stimulant high or to assist the user in coming down off the high. Heroin is often used with crack cocaine for the "speedball" effect, alternating between the two different highs.

Substances Most Often Combined with Crack Cocaine
• Alcohol • Heroin • • Marijuana • Prescription Opioids • • Sedative-Hypnotics •

Heroin

The current availability of heroin remains high throughout OSAM regions; availability has increased in six of the eight regions during the past six months. In addition, several crime labs throughout the state have reported that the number of heroin cases they process has increased during the past six months. Respondents continued to speak of

heroin use as epidemic with community professionals in several regions currently naming heroin as the most available drug. All respondent groups indicating an increase in heroin availability attributed the increase to growing demand for the drug due to its low price-point compared to the high price of prescription opioid pills along with the new formulations of previously popular pills, which make them difficult to break down and intravenously inject. Participants and treatment providers also commented that doctors are not prescribing opioid medication as often due to increased regulation of these drugs. Treatment providers noted that heroin use is losing its stigma.

Reported Change in Availability of Heroin during the Past Six Months

Region	Current Availability	Availability Change	Most Available Type
Akron-Canton	High	Increase	Brown Powdered
Athens	High	No Change	Black Tar
Cincinnati	High	Increase	Brown Powdered
Cleveland	High	Increase	Brown/White Powdered
Columbus	High	No Change	Black Tar
Dayton	High	Increase	Brown Powdered
Toledo	High	Increase	White Powdered
Youngstown	High	Increase	Brown Powdered

Participants throughout OSAM regions reported that the quality of heroin varies depending on type; however, they reported the overall current quality of heroin as moderate to high, rating current quality most often as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants in half of the regions noted that the overall quality of heroin has remained the same during the past six months; participants in Akron-Canton, Athens and Toledo reported increased quality, while participants in Dayton reported decreased quality. Participants who perceived an increase in quality interpreted the increasing number of heroin overdoses as a sign of increased quality of the drug.

Participants universally indicated that heroin is often cut (adulterated) with other substances: baby laxative, cocoa powder, coffee, dark colored soda, dietary supplements, lactose, methamphetamine, over-the-counter (OTC) pain medications, powdered sugar, prescription opioids (especially fentanyl), sedative-hypnotics, OTC sleep aids, sugar and vinegar. Crime labs throughout OSAM regions most often noted the following cutting agents for heroin: diphenhydramine (antihistamine) and quinine (antimalarial), as well as cocaine, fentanyl and lidocaine (local anesthetic).

Participants and community professionals further discussed fentanyl cut heroin. Most participants echoed the sentiment that white powdered heroin is being cut with fentanyl more often. A participant described fentanyl cut heroin as having a grayish color. Community professionals were also aware of fentanyl cut heroin. Participants and crime lab staff explained that the fentanyl being used is clandestine and not made for medical use. Throughout regions, participants discussed the high number of heroin overdoses, continuing to link many overdose deaths to fentanyl cut heroin. Fear over legal penalties when reporting overdoses remains high among participants and participants discussed leaving individuals or being left themselves when overdosing. Treatment providers noted that overdose often goes underreported, as many do not count or report overdoses that do not end in death.

Current street jargon includes many names for heroin. Several participants revealed colloquial phrases that signal the availability of heroin. For instance, Akron-Canton participants shared "the train is coming through" as street jargon for heroin availability.

Current Street Names of Heroin

Most Common Names	**boy, dog food, (chow, dog, food, pup, puppy chow, puppy food), dope, 'H', smack**
Other Names	black gold (black rain), brown, fire (flame), Charlie Brown, Chris Brown, Hank, Jackie Chan, man (grown man)

Current street prices for heroin were variable among participants with experience buying the drug: 1/10 gram sells for $10-20; 1/2 gram sells for $50-70; a gram sells for $100-125. Participants suggested that price is often dependent on quality and location. Reportedly, heroin is most often sold in smaller amounts (1/10 gram) in balloons or "baggies." However, participants clarified that pricing is lower if purchasing in larger quantities. In addition, participants in Dayton continued to report that powdered heroin in their region is typically sold in capsules. Moreover, participants and law enforcement in Dayton also continued to discuss the common practice of dealers who provide free samples of heroin to prospective buyers.

Universally, participants reported that the most common route of administration for heroin remains intravenous injection (aka "shooting" or "banging"). In addition to purchasing needles (aka "rigs" or "tools") off the street from dealers, participants reported obtaining needles from local pharmacies or from diabetics. Street prices for needles varied among participants with experience buying them; participants reported needles selling anywhere between $1-10 per needle with reported prices varying depending on how badly the user appeared to need a needle. Participants discussed the practice of sharing needles and approximately half of the participants interviewed in the Columbus region were adamant about not sharing needles, while the other half admitted to sharing. Participants in a few regions indicated that obtaining needles through pharmacies is becoming more difficult as some pharmacies have restricted their sale to only those with a prescription. In Dayton, participants and community professionals discussed the increased occurrences of Hepatitis C among heroin users during the past six months, while treatment providers in Columbus, especially in Richland County, indicated an increase in intravenous injection in their heroin-addicted clientele, as well as an increase in Hepatitis C among the same population due to needle sharing. Treatment providers pointed out that the stigma of needle use has decreased and there seems to be less fear of needles among drug users overall. Additionally, participants talked about users trying to sharpen dull needles with a knife or a knife sharpener and reusing it time and time again. Several participants expressed a need for a needle exchange in their region.

Heroin use continues to span a wide range of individuals. Both participants and community professionals reported heroin use among white adult males and females, Hispanics, suburbanites, young whites aged 15-25 years, opiate users and older users who have run out of pain pills (can no longer obtain prescription opioids). Many participants noted that heroin dealers are more likely to be black, but users are more likely to be white. Heroin use remains linked with users of prescription opioids. Participants and community professionals continued to explain the progression of abuse from prescription opioids to heroin. The majority of treatment providers in Youngstown reported an increase in adolescent use of heroin.

Participants reported that heroin is often used in combination with other substances. Participants shared several reasons why marijuana is used with heroin; however, the primary reason is to intensify the heroin high. Likewise, law enforcement officers in the Athens region reported heroin users using mitragynine (aka "kratom," a psychoactive plant substance that produces a heroin-like high) to enhance their opiate high. Treatment providers noted an increase in "speedballing" as users seek a combined up and down high, which is established by using heroin with a stimulant (i.e., cocaine, prescription stimulants, methamphetamine). And, despite knowledge that heroin should not be used with sedative-hypnotics, participants continued to report that this is a popular combination. Participants attributed this combination to an increase in overdose rates.

Substances Most Often Combined with Heroin

- Alcohol
- Bath Salts
- Crack & Powdered Cocaine
- Marijuana
- Methamphetamine
- Prescription Opioids
- Sedative-Hypnotics

Prescription Opioids

Prescription opioids remain highly available throughout most OSAM regions. With the exception of Akron-Canton, Cleveland and Toledo, the availability of prescription opioids has remained the same during the past six months. Participants continued to report higher difficulty in obtaining "premium" prescription opioids such as Dilaudid®, fentanyl, crushable Opana® and morphine. Participants who reported decreased availability of prescription opioids often attributed the decrease to a decline in prescription

writing by doctors. Community professionals also connected decreases in availability to reluctance of doctors to prescribe opioids, as well as to increased security measures such as electronic submission of prescriptions. Law enforcement and treatment providers in Akron-Canton mentioned pain clinics that were recently shut down as having had an impact on prescription pain pill availability in their region. Respondents throughout regions noted that prescription opioids are expensive and heroin is much cheaper, leading people to use heroin in place of pills. In addition, law enforcement in Toledo reported that there are now drop-off locations to facilitate prescription disposal in their region, decreasing opportunity for diversion of medications.

Reported Availability Change of Prescription Opioids during the Past 6 Months

Region	Current Availability	Availability Change	Most Widely Used
Akron-Canton	Moderate to High	Decrease	Percocet®, Vicodin®
Athens	High	No Change	OxyContin®, Percocet®, Roxicodone®, Vicodin®
Cincinnati	High	No Change	Percocet®, Vicodin®
Cleveland	High	No Consensus	Percocet®, Vicodin®
Columbus	High	No Change	Percocet®, Vicodin®, Ultram®
Dayton	High	No Change	Percocet®, Vicodin®
Toledo	High	Decrease	Percocet®, Roxicodone®,
Youngstown	High	No Change	Percocet®

Current street jargon includes many names for prescription opioids (aka "painers, skittles"). Participants reported the following common street names for many of the prescription opioids available to street-level users. Note Percocet®, Roxicet® and Roxicodone® are typically considered the same by participants, so they share similar names. For example, Roxicodone® 30 mg is often referred to as "perk 30."

Current Street Names of Prescription Opioids

Dilaudid®	Ds, K2 (2 mg), K4 (4 mg), K8 (8 mg), superman
Fentanyl	patches
Methadone	dones
Opana®	octagons, OP, pandas, pans
OxyContin®	blue coats (30 mg), blueberries (30 mg), blues (30 mg), green apples (80 mg), gumballs, jumpin' beans, OCs (old formulation), OPs (new formulation), oxies, oxy
Percocet®	blueberries (5 mg), blueberry muffins (5 mg), blues (5 mg), busses (10 mg) (school busses), jerks, Ps, perk 5 (5 mg), perk 10 (10 mg), perks, smurfs (5 mg)
Roxicodone®	15s (15 mg), 30s (30 mg), beans, bigsies, blueboys, fat boys, green beans, IR 30s (30 mg), perk 15 (15 mg), perk 30 (30 mg), roxies
Tylenol® 3	T-3
Ultram®	trammies, trams, trims
Vicodin®	baby vikes (5 mg), candy, coffins, veggies, vickies, victor, vikes, vitamins, Vs

Reportedly, many different types of prescription opioids are currently sold on Ohio's streets. Current street prices for prescription opioids varied between type and OSAM region. However, generally prescription opioids sell for $0.50-5 per milligram. Participants consistently remarked that the price for prescription opioids is high. In addition to obtaining prescription opioids on the street from dealers, participants also reported getting them from friends, doctors, dentists, hospitals, the Internet, emergency rooms and through fraudulent prescriptions. Several participants indicated that people are selling their prescriptions as a way to make ends meet or trading them to obtain their drug of choice, and while more difficult to do, several participants admitted still being able to obtain prescriptions from doctors (aka "doctor shopping").

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 (including chewing, crushing pills and wrapping in tissue to swallow, aka "parachuting") and intravenous injection.

A profile of a typical illicit user of prescription opioids did not emerge from the data. Participants reported that illicit users of prescription opioids could be anyone, especially those being treated for pain; several participants described illicit users to include heroin addicts and people (under the age of 25 years). Treatment providers were also unable to describe characteristics of a typical illicit prescription opioid user. However, treatment providers noted an increase in the number of younger individuals who use these drugs and added that many people who become addicted to these drugs began with legitimately prescribed treatment. Treatment providers also observed that the age of first use of prescription opioids tends to be older teens due to ease of access whose addiction to these pills continues into their twenties and eventually switches to heroin addiction.

Prescription opioids are often used in combination with other substances. Participants reported users most often combine other substances to intensify the high. However, a few participants clarified that marijuana used in combination with prescription opioids provides a "*relaxing kind of buzz.*" Other participants explained that crack cocaine is used in combination with prescription opioids to get a "speedball" effect, which means to alternate between the highs and lows of two different drugs.

Substances Most Often Combined with Prescription Opioids

• Alcohol • Bath Salts • Heroin •
• Marijuana • Prescription Opioids •
• Sedative-Hypnotics •

Suboxone®

Suboxone® remains highly available and has increased in availability throughout OSAM regions during the past six months. More specifically, participants reported that the availability of Suboxone® in strip form has increased during the past six months, while the availability of Suboxone® in pill form has decreased. Participants explained that Suboxone® pills have, for the most part, been replaced by Suboxone® strips because the strips are more abuse resistant; previously, users crushed the pills for snorting and injecting. Reportedly, doctors now almost always prescribe the strip form. Treatment providers also cited increased prescription writing from doctors as contributing to the increased street availability of Suboxone®. Participants and community professionals in Cincinnati and Cleveland attributed increased availability to pain management clinics in those regions , which are now prescribing Suboxone® to patients. Participants shared knowledge of Suboxone® pill mill type operations. Community professionals also linked the increase to the overall increase in heroin use; they, along with participants, spoke of a street market for Suboxone® as more people are abusing and trying to get off heroin.

Reported Availability Change of Suboxone® during the Past 6 Months

Region	Current Availability	Availability Change
Akron-Canton	High	Increase
Athens	High	Increase
Cincinnati	High	Increase
Cleveland	High	Increase
Columbus	Moderate to High	Increase
Dayton	High	Increase
Toledo	High	Increase
Youngstown	High	Increase

Current street jargon includes a few names for Suboxone®.

Current Street Names of Suboxone®

General	boxes, subs, subways
Sublingual film	Band-Aids®, films, strips
Tablet	candy, octagons, oranges, stop signs

Current street prices for Suboxone® were consistent among participants with experience buying the drug. Participants reported that the sublingual strip form is less expensive than the sublingual tablet form. Participants suggested that prices have increased during the past six months: 2 mg sells for $5-10; 4 mg sells for $10-15; 8 mg sells for $15-20. In addition to obtaining Suboxone® on the street from dealers and through opiate treatment centers, participants also reported getting it from people who sell their Suboxone®. Participants commonly stated that some users readily sell their Suboxone® prescriptions

and/or trade them for other drugs. Treatment providers also shared that some individuals sell their prescribed Suboxone® to buy heroin.

While there were a few reported ways of consuming Suboxone®, generally the most common route for administration remains sublingual (dissolving it under the tongue). Participants also reported snorting or intravenously injecting both the pills and the strips. Participants explained that snorting is performed by letting the strip dissolve in water and then snorting it similar to the administration of a nasal spray. Participants described typical illicit Suboxone® users as heroin and other opiate addicts, self-medicating either attempting to quit opiate use or using the drug between highs to avoid withdrawal symptoms. Community professionals also described typical illicit users of Suboxone® as opiate users seeking treatment, abusing between highs or selling/trading the drug to obtain other drugs.

Although the majority of participants reported that Suboxone® is typically used by itself, an increasing number of participants reported that Suboxone® is being used in combination with other substances for different effects. Several participants shared that alcohol, marijuana and Xanax® are used in combination with Suboxone® to intensify the high.

Substances Most Often Combined with Suboxone®
• Alcohol • Bath Salts • Heroin • Marijuana • • Prescription Opioids • Sedative-Hypnotics •

Sedative-Hypnotics

Sedative-hypnotics remain highly available throughout most OSAM regions. Data for Athens, Cleveland and Youngstown indicate a likely increase in availability in these regions during the past six months. Participants and community professionals generally suggested that increased availability of sedative-hypnotics is due to increased prescribing of these drugs by physicians. Treatment providers in Youngstown added that increasing tolerance levels of users is driving increased use of sedative-hypnotics as users mix these drugs with other substances, like heroin, to intensify their high. Corroborating data also indicated sedative-hypnotic availability throughout Ohio. Several crime labs throughout the state have reported that the number of sedative-hypnotic cases they process has increased during the past six months. In addition, the Mahoning County Coroner's Office (Youngstown region) reported that sedative-hypnotics were present at time of death in 54.8 percent of all drug-related deaths it processed during the past six months. Participants and community professionals overwhelmingly cited Xanax® as the top sedative-hypnotic in terms of widespread use and popularity.

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

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

Current street jargon includes many names for sedative-hypnotics (aka "benzos, downers, nervies, brain erasers"). One participant added "time machines" and explained, "*because when you drink* [alcohol] *on* [sedative-hypnotics] *you don't remember anything for like three days.*"

Current Street Names of Sedative-Hypnotics

Klonopin®	forgot-a-pins, going bowling, Ks, klonies, k-pins, green monsters
Soma®	soma-coma
Valium®	blues (10 mg), V-cuts (10 mg), Vs
Xanax®	(general) forget-me-nots, pant droppers, xanies; (0.25 – 0.5 mg) peaches; (1 mg) blues, blue footballs, footballs; (2 mg) bars, ladders, school busses, xanie bars, yellow busses; (3 mg XR) greens

Current street prices for sedative-hypnotics varied throughout OSAM regions. Participants explained that generally the more pills you purchase at a time, the better the price. Currently, sedative-hypnotics sell for $0.50-7 per pill depending on the type, brand and dosage of the pill. Xanax® sells 0.25 mg for $0.50-1, 0.50 mg for $1-3, 1 mg for $2-3 and 2mg for $5-7. In addition to obtaining sedative-hypnotics on the street from dealers, participants more often reported getting them from people they know who have prescriptions or by getting them prescribed by a physician.

While there are 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 for illicit use remain oral consumption followed by snorting. Some participants also mentioned intravenous injection (aka "shooting") these pills. Participants in the Cleveland region explained that snorting or shooting these pills are more common when sedative-hypnotics are used in combination with other drugs. Participants and community professionals described typical illicit users of sedative-hypnotics as opiate addicts, middle class, females more than males and younger "partiers" who use alcohol and sedative-hypnotics in social settings. Reportedly, heroin and prescription opioid users will use sedative-hypnotics when experiencing withdrawal symptoms.

Participants reported that sedative-hypnotics are generally used in combination with other substances to intensify the effect of the other drug (i.e., alcohol, heroin and prescription opioids) and to come down off a stimulant high.

Substances Most Often Combined with Sedative-Hypnotics

- Alcohol
- Crack & Powdered Cocaine
- Heroin
- Marijuana
- Methamphetamine
- Prescription Opioids
- Prescription Stimulants

Marijuana

Marijuana remains highly available throughout OSAM regions. The only changes in availability during the past six months were increased availability (particularly for high-grade marijuana) for Akron-Canton and Cleveland. Participants and law enforcement in these regions suggested that an increase in social acceptability of marijuana has spurred an increase in availability. Participants also added that there is an increase in users growing their own marijuana. Law enforcement noted an increase in local parcel interdiction in , which canine units are finding increased amounts of THC laced products (i.e., brownies and chocolates), as well as an increase in higher grade marijuana coming in from states where marijuana use is legal.

Reported Availability Change of Marijuana during the Past 6 Months

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

Participants continued to report moderate to high quality for all types of marijuana. All regions reported preference for high-grade marijuana and decreased availability of low-grade marijuana. Most participants agreed that there has been an increase in quality of marijuana during the past six months. However, Cincinnati and Youngstown participants mentioned that low-grade marijuana is sprayed with flavors or dipped into "stuff" to make it better. Youngstown treatment providers suggested an increase in lacing marijuana with other substances, such as methamphetamine, "molly" (powdered MDMA) and PCP (phencyclidine, aka "embalming fluid" or "wet").

In addition, more than half the regions reported availability of marijuana concentrates and extracts, which are products derived from medicinal alchemy of marijuana (an extraction of tetrahydrocannabinol, THC, from high-grade marijuana leaves by heating it with butane and creating a brown, waxy, hard substance). This form of the drug is believed to contain over 90 percent THC. Participants in Akron-Canton, Cincinnati, Cleveland, Columbus and Youngstown mentioned increased availability of these marijuana products. A few participants suggested the increase in availability is due to the increase in availability of tools for the extraction process and for consuming the product as well as an increase in the know-how.

Current street jargon includes countless names for marijuana. High-grade marijuana street names often refer to particular strains or name brands typically referring to flavors ("blueberry, bubblegum/bubble kush, grape, lemon zest, strawberry") or places ("California") or colors ("green, green crack, green rhino, purple haze, purple Urkel, silver/silver haze, white, white amnesia, white haze, white rhino, white widow"). A Cleveland area participant explained, "'*Dope' is not* [a term used for] *weed anymore. Nobody says that word unless they mean heroin.*" Participants explained that different names can refer to different qualities of the marijuana product. A treatment provider in the Cleveland region commented, "*I don't think I've even heard* [high-grade marijuana] *called 'marijuana.' They say 'dro' or 'kush.' They don't even call it 'weed.'*"

Current Street Names of Marijuana	
Most Common	**bud, grass, pot, trees, weed**
Low grade	brick, brown (Youngstown brown, bobby brown), commercial (commersh, mersh), dirt, green, middies (mids), rag, reggie (reg, regs), swag/schwag, trash/garbage
High grade	chronic, dank, fire/flame, gasoline/diesel (sour diesel), haze, hydro/dro, kind bud, kush, loud, medicinal/medical

Throughout OSAM regions, prices for marijuana continue to depend upon the quantity and quality desired. Participants continued to report low-grade marijuana as the cheapest form of the drug, while high-grade marijuana sells for significantly more. Some participants suggested price also has to do with a user's relationship with a dealer and admitted that prices are lower if the user is a friend. Currently, for low-grade marijuana, a "blunt" (cigar) or two "joints" (cigarettes) sell for $5; 1/8 ounce sells for $20-25; 1/4 ounce sells for $40; an ounce sells for $100-120. For high-grade marijuana, a "blunt" (cigar) or two "joints" (cigarettes) sell for $10-20; 1/8 ounce sells for $50; 1/4 ounce sells for $100; an ounce sells for $200-275. A few regional participants also provided pricing for marijuana concentrates and extracts: 1/2 gram sells for $60; a gram sells for $80-120.

Participants continued to report smoking as the most common route of administration for marijuana. However, more than half the regions also mentioned that one to three out of ten users would also orally consume the drug via food and beverages (chocolates, brownies, butter, tea). Also, Athens, Cleveland, Columbus and Youngstown participants mentioned vaporizing marijuana. Participants explained that hash oil is generally consumed by placing a dab on a heated piece of glass with the user immediately breathes the resulting fumes.

A profile of a typical marijuana user did not emerge from the data. Participants included heroin dealers and younger kids as typical marijuana users. A few participants also mentioned that high-grade marijuana is more often used by males than females. Community professionals also found it difficult to describe the typical marijuana user and included generational use in their descriptions: grandparents, parents and kids.

Participants and community professionals reported that marijuana is most often used in combination with other substances. Participants explained that marijuana is used with other drugs to enhance the high, although several participants admitted to knowing people who use only marijuana with no other drugs.

Substances Most Often Combined with Marijuana
• Alcohol • Codeine Syrup •
• Crack & Powdered Cocaine (aka "cocoa puff") •
• Ecstasy • Heroin • Prescription Opioids •
• Psilocybin Mushrooms • Sedative-Hypnotics •

Methamphetamine

Methamphetamine remains variable from region to region, yet availability is moderate to high in over half of the regions. In Dayton, Toledo and Youngstown, availability of methamphetamine varies within the region. In Dayton, current availability is high in Montgomery County while low in more rural counties of the region. In Toledo, participants most often reported higher availability in more rural areas. In Youngstown, high availability exists in Ashtabula, Columbiana and Trumbull counties while reportedly low availability exists in Mahoning County. The increased availability in half of the regions is most often attributed to users being able to make the drug themselves in a much quieter and less odious way so as not to draw attention to the labs. In addition, Columbus law enforcement noted an increase in methamphetamine coming into the region with heroin dealers. Several regional crime labs also reported an

increase in number of methamphetamine cases they process during the past six months.

Reported Availability Change of Methamphetamine during the Past 6 Months		
Region	**Current Availability**	**Availability Change**
Akron-Canton	High	Increase
Athens	High	Increase
Cincinnati	Moderate	No Change
Cleveland	High	No Change
Columbus	Moderate	Increase
Dayton	Variable	No Change
Toledo	Variable	No Change
Youngstown	Variable	Increase

Participants and community professionals throughout OSAM regions reported that the most prevalent type of methamphetamine is the powdered form , which is often referred to as "one-pot" or "shake-and-bake" due to the way this form of the drug is produced. Powdered methamphetamine is manufactured 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 (typically found in some allergy medications). This form of methamphetamine can be made in as little as 30 minutes.

While the majority of participants interviewed did not have recent firsthand experience using methamphetamine, those with experience most often reported its current quality as '5-7' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants in Cincinnati purported that methamphetamine is sometimes adulterated with bath salts or powdered cocaine. Overall, participants reported that the quality of methamphetamine has generally increased during the past six months. Current street jargon includes a few names for methamphetamine and its various types.

Current Street Names of Methamphetamine	
General	geek, go-fast, meth, shards, skates, speed, tweak
Powdered Type	crank, one-pot, shake-and-bake
Crystal Type	bezel, crystal, glass, ice

Current street prices for methamphetamine continue to be dependent upon the quantity and quality of the drug. Participants reported that methamphetamine is often exchanged for its precursor ingredients such as Sudafed®. A gram of powdered methamphetamine sells for $50-100; a gram of crystal methamphetamine sells for $100.

Participants reported that the most common routes of administration for methamphetamine are smoking and intravenous injection (aka "shooting"), followed by snorting. Columbus participants also clarified that users shoot both crystal and powdered methamphetamine, but generally smoke and snort the powdered type. Cincinnati participants also mentioned parachuting (placing in tissue and swallowing) and plugging (anal insertion of) the drug.

Participants most often described typical methamphetamine users as white, rural or employed working long hours. Community professionals generally described a typical methamphetamine user as younger (20-40 years of age), white, lower socio-economic status, male and employed more often in hard labor or long hour occupations.

Several other substances are used in combination with methamphetamine. Using a sedative type drug, including alcohol, heroin and Xanax®, with methamphetamine is reported to produce a "speedball" effect that users often seek. Often times other drugs are used to bring the user down from the methamphetamine high.

Substances Most Often Combined with Methamphetamine
• Alcohol • Heroin •
• Marijuana • Sedative-Hypnotics (specifically Xanax®)•

Prescription Stimulants

Prescription stimulants remain highly available in most regions. Toledo participants and community professionals did not report on prescription stimulant use. In general, the availability of prescription stimulants has remained the same during the past six months. A treatment provider in Athens region suggested there are some doctors trying to control these substances more closely by conducting pill counts. The majority of crime labs surveyed also reported that the number of cases they process has remained the

same during the past six months. Adderall® remains the most popular prescription stimulant in terms of widespread illicit use throughout the majority of regions.

Reported Availability Change of Prescription Stimulants during the Past 6 Months

Region	Current Availability	Availability Change	Most Widely Used
Akron-Canton	High	No Change	Adderall®, Vyvanse®
Athens	No Consensus	No Change	Adderall®, Focalin®, Ritalin®
Cincinnati	High	No Change	Adderall®, Vyvanse®
Cleveland	High	No Change	Adderall®,
Columbus	High	No Change	Adderall®, Ritalin®, Vyvanse®
Dayton	High	No Change	Adderall®
Toledo	No Comment	No Comment	No Comment
Youngstown	No Consensus	No Change	Ritalin®

Current street jargon includes a couple names for Adderall®: addies, speed bump. Participants with experience purchasing the drug during the past six months reported current street prices as follows: Adderall® 20 mg sells for $2-3; Adderall® 30 mg sells for $5-8; Vyvanse® 20 mg sells for $3. Participants reported obtaining these drugs most often from friends and family members with prescriptions, people who divert their children's medication and through personal prescriptions from primary care physicians, psychiatrists and college health centers. A treatment provider added that some college students have admitted trading their marijuana to obtain Adderall® because the stimulant helps them focus with less side effects.

Participants throughout OSAM regions continued to report that the most common route of administration for illicit use of prescription stimulants remains oral ingestion and snorting. A participant further clarified that only certain pills can be snorted, while others cannot (extended release). Participants described typical illicit users of prescription stimulants as younger (high school and college aged) students, more often females with children and those who prefer cocaine. Community professionals likewise described illicit users as younger (teens to mid-twenties), students, female (often mothers) and more often poly-substance users.

A few other substances are used in combination with prescription stimulants. Reportedly, alcohol, benzodiazepines and marijuana are used with prescription stimulants to assist the user in coming down off the stimulant high. In addition, a couple participants mentioned using heroin with these prescription stimulants to "speedball."

Substances Most Often Combined with Prescription Stimulants

• Alcohol • Heroin • Marijuana • Sedative-Hypnotics •

Bath Salts

Bath salts (synthetic compounds containing methylone, mephedrone or MDPV) remain available throughout OSAM regions despite the October 2011 legislation that banned its sale and use. However there was a great deal of variability when it came to reporting on this drug. Only Akron-Canton reported moderate availability, while Youngstown reported low availability. Participant and community professionals in Cincinnati did not report on bath salts. Decreases in availability were reported for Akron-Canton, Athens, Columbus and Toledo regions. Most participants cited increased law enforcement as a reason for decreased availability. Participants also attributed purported negative side effects including hallucinations, amnesia and paranoia to the decline of bath salts popularity. The Columbus Police and the Miami Valley

Reported Availability Change of Bath Salts during the Past 6 Months

Region	Current Availability	Availability Change
Akron-Canton	Moderate	Decrease
Athens	No Consensus	Decrease
Cincinnati	No Comment	No Comment
Cleveland	No Consensus	No Change
Columbus	No Consensus	Decrease
Dayton	No Consensus	Decrease
Toledo	No Consensus	No Change
Youngstown	Low	No Change

Regional Crime Labs reported that the number of bath salts cases they process has decreased during the past six months.

Very few participants had direct experience with bath salts during the past six months; in fact, only two participants from Cleveland were able to comment on the quality of the product. These participants reported current quality of bath salts as '10' and '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Both participants reported decreased quality of the drug over the past six months.

Current street jargon for bath salts was known only by few participants in Cleveland and Toledo regions. Most often bath salts are referred to as "salts." However, they are often sold in stores as rim cleaner and window cleaner. Participants listed a few brand names of bath salts: *8-Ball, Infinity Green, Jumpstart and Sexy Tide*.

Due to limited experience with bath salts, participants had difficulty in identifying quantity with prices. Current pricing for bath salts generally ranged between $20-30 and participants varied in their reports as to the quantity, more often quoting anywhere from 1/2 gram to 1 gram amounts. Participants reported buying bath salts most often from head shops, smoke shops and through the Internet.

Participants reported that the most common routes of administration for bath salts are snorting and smoking, with a few users reportedly intravenously injecting the drug. Participants and community professionals described typical users of bath salts as white and young (aged 15 to young twenties). Community professionals added that users are often on probation.

Participants reported that bath salts are most often used alone, but added a few substances used in combination with bath salts. Bath salts are used with methamphetamine to intensify the stimulant high.

Substances Most Often Combined with Bath Salts
• Heroin • Marijuana • Methamphetamine • • Sedative-Hypnotics •

Synthetic Marijuana

Synthetic marijuana (synthetic cannabinoids; aka "K2" and "Spice") remains available throughout OSAM regions despite October 2011 legislation that banned its sale and use. Overall, participants rated synthetic marijuana availability less available ('1-3') than what community professionals rated it ('8-10'). The majority of regions reported considerable variability in availability ratings: Cincinnati reported low availability, Cleveland reported moderate, while participants and community professionals in Toledo did not provide information on synthetic marijuana. In the Columbus region, availability is variable. Reportedly, the drug is rarely available in Franklin County, but highly available in Richland County. Law enforcement in Franklin County reported they had not seen synthetic marijuana during the past six months, while treatment providers in Richland County most often reported the drug's current availability as high.

Reported Availability Change of Synthetic Marijuana during the Past 6 Months

Region	Current Availability	Availability Change
Akron-Canton	No Consensus	Decrease
Athens	No Consensus	Decrease
Cincinnati	Low	Decrease
Cleveland	Moderate	No Change
Columbus	Variable	No Change
Dayton	No Consensus	No Change
Toledo	No Comment	No Comment
Youngstown	Low	Decrease

Half of the regions suggested a decrease in synthetic marijuana availability during the past six months. Participants and treatment providers attributed law enforcement efforts to the decreases in synthetic marijuana availability.

Generally, participants were unable to rate current quality of synthetic marijuana due to their lack of exposure to the substance during the past six months. However, those who could speak about quality shared many stories of bad effects of the drug and indicated overall poor quality.

Current street jargon includes several names for synthetic marijuana. In addition to general street jargon for synthetic marijuana, participants mentioned a variety of brand names: *Brain Freeze, Crazy Monkey, Mr. Nice Guy, Purple Haze* and *Scooby Doo*.

Current Street Names of Synthetic Marijuana	
Most Common Names	K2, Spice
Other Common	Bob Marley, fake weed, loud, posh, potpourri, stuff, tweak, tweed

The majority of participants were unable to provide pricing for synthetic marijuana; however, those with experience purchasing the drug provided the following: a "blunt" (cigar) or two "joints" (cigarettes) sell for $5; a gram sells for $10-20. Participants and community professionals reported that the drug is most often found in small convenience stores, smoke shops and online. Akron-Canton participants added that several users in their area are making their own synthetic marijuana through purchasing chemicals online.

Participants continued to report smoking as the only route of administration for synthetic marijuana. However, participants in Cleveland and Columbus added that the chemical , which is purchased online is often huffed or freebased. Chemicals specifically mentioned throughout those two regions included JWH-018 and AM series of cannabinoids (i.e., AM2201).

Participants and community professionals described the typical synthetic marijuana user as young (teens through young twenties) and in drug monitoring programs (i.e., work related, treatment related, probation, military). Alcohol and marijuana are the only two substances reported as being used in combination with synthetic marijuana. Participants reported that synthetic marijuana is more often used by itself.

Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA and/or TFMPP) remains available throughout OSAM regions. The powdered form of MDMA (aka "molly") is more popular and reportedly more available than the traditional pressed ecstasy tablet. Overall, the majority of regions reported no change in availability of ecstasy, but many participants suggested variability within their own regions during the past six months. Akron-Canton participants and law enforcement indicated an increase in molly, while reporting no change in availability of ecstasy tablets.

Reported Availability Change of Ecstasy during the Past 6 Months

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

Participants did not rate current quality of ecstasy tablets and only Cleveland participants were able to rate quality of molly, rating it as '4' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Nevertheless, participants most often perceived molly to be of higher quality than the pressed ecstasy tablets. Other regional participants and community professionals discussed quality in terms of substances with , which the drug is cut. Reportedly, the most common substances cut into molly are bath salts, methamphetamine and powdered cocaine. *The Athens News* interviewed law enforcement and a drug dealer in the Athens area who disclosed that the substance being sold commonly on the street called 'molly' is more often actually bath salts (www.athensnews.com, Jan. 12, 2014). Cleveland participants suggested a decrease in quality due to how much the drug is cut.

Current street jargon includes a few names for ecstasy and molly. Traditional ecstasy pressed tablets are often referred to by what is imprinted on them. Common street names also refer to dosage (e.g., "double stacks" for double dosed tablets) and to quantity (i.e., "rolls" for a roll of tablets, approximately 100). Powdered MDMA (aka "molly") is most often referred to in colloquial conversations. Participants reported the following ways of asking for molly: "*Is molly coming over?; Is that girl molly in town?; Have you seen molly?; Have you seen that girl?*"

Participants explained that the amount of the drug in the tablet determines the price. Ecstasy typically comes in pressed tablets with imprints of characters on them, whereas molly typically is a powdered form of MDMA , which is generally loose or sold in a capsule. Current street prices were

Current Street Names of Ecstasy/Molly	
Ecstasy Tablet	bureaus, candy flops, disco waffles, E, X,
Molly Powdered MDMA	girl, MDMA, molly, ringwald (in reference to the actress, Molly Ringwald)

consistent among participants with experience purchasing the drug: low-dose tablet (aka "single stack") sells for $10; high-dose tablet (aka "double stack" or "triple stack") sells for $20; a molly capsule (approximately 1/10-2/10 gram) sells for $10-20; a gram of molly sells for $80-100. Users in Akron-Canton region reported that it is common to buy three to seven tablets at a time. A treatment provider in Athens regions reported that a client recently informed her of 'liquid molly' being available in the region.

Reportedly, ecstasy and molly can be obtained most commonly at night clubs, strip clubs, raves (dance parties), outdoor music venues and from friends. The most common route of administration for ecstasy and molly remain oral ingestion and snorting. Other common ways of using ecstasy and molly include intravenous injection (aka "shooting"), 'parachuting' (wrapping the drug in tissue and swallowing it) and 'plugging' (wrapping the drug in tissue and inserting it anally).

Participants and community professionals described typical users of ecstasy and molly as younger (high school and college age; under age 30), people who attend raves (dance parties), use other psychedelic drugs (i.e., acid and psilocybin mushrooms) and strippers/exotic dancers. Participants added that users are often at outdoor music festivals or clubs and are often heroin dealers. Community professionals added that prostitutes will often use this drug.

Participants suggested that ecstasy and molly are more often used with other drugs than by itself. Participants explained that the use of other drugs with ecstasy produces different kinds of effects. Participants reported ecstasy is used with alcohol because it allows the user to drink more without feeling drunk and with heroin in order to increase the heroin high. Participants shared that some users prefer to use ecstasy with hallucinogens (DMT, LSD, aka "candy flipping"). Other participants shared that marijuana is used to help users come down from the ecstasy high.

Substances Most Often Combined with Ecstasy/Molly
• Alcohol • Cocaine • • Hallucinogens • Heroin • Ketamine • • Marijuana • Prescription Opioids •

Other Drugs

OSAM Network participants listed a variety of other drugs as available in Ohio, but these drugs were not reported in all regions: anabolic steroids, hallucinogens, inhalants, khat, kratom and cold and cough medications.

Hallucinogens remain available throughout OSAM regions. Hallucinogens included a variety of substances: dimethyltryptamine (DMT), lysergic acid diethylamide (LSD), psilocybin mushrooms and other psychedelic chemicals (2C-B, 2C-E, 2C-I). DMT was reported as low to moderate availability throughout Ohio and there was no consensus to availability change. Participants shared that DMT is available in a powdered form. Current prices for DMT were consistent among participants with experience purchasing the drug during the past six months: $15 for 1/10 gram and $60 for a gram. The most common route of administration is smoking. DMT is most often used in social settings and the typical user is younger (college age).

LSD remains moderately available throughout Ohio with participants and community professionals generally rating availability of the drug '5-8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). There have been a few large drug busts involving LSD during the past six months. For instance, media outlets in Athens region reported that law enforcement discovered 794 doses of LSD, some marijuana, ketamine and moonshine when they pulled over a 42-year old man in Athens County (www.athensohiotoday.com, Jan. 15, 2014).

Participants and community professionals agreed that the overall availability of LSD has remained the same during the past six months. Current street prices for the drug were consistent among participants with experience purchasing LSD: $7-10 per dose (aka "hit"); $700 for a sheet (approximately 100 hits). Participants reported that this drug is mostly obtained at concerts, outdoor music festivals and raves (dance parties). Reportedly the most common route of administration is oral ingestion; the drug is often mixed in drinks. Participants and community professionals

described typical LSD users as younger (high school and college age), more often white, those who like live music and hippies (young and old).

Psilocybin mushrooms also remain available throughout Ohio, with participants most often rating current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get), while community professionals most often rated current availability as '3.' Both participants and community professionals reported no change in availability of psilocybin mushrooms during the past six months. Current street prices for psilocybin mushrooms varied throughout the state: $15-25 for a gram and $25-40 for 1/8 ounce. Participants reported obtaining the drug at outdoor music venues, concerts, raves and bonfires. The most common routes of administration are oral ingestion and smoking. The drug is most often dried out prior to use, the user grinds it into a fine powder and sprinkles it into food, brews it as a tea or smokes it in marijuana joints. Participants described typical mushroom users as younger (teens to college age), white, "junkies" (poly-drug users), drug dealers and hippies (young and old). Law enforcement reported that typical psilocybin mushroom users are similar to LSD users in that they are generally a certain group of individuals who enjoy hallucinogens.

Other psychedelic compounds mentioned by participants included 2C-B, 2C-E and 2C-I. 2C-B was mentioned by Akron-Canton participants, while the other two compounds were mentioned by Cincinnati participants. These compounds were reported as moderately available. Although this drug was not mentioned by Athens regional participants, the Jackson County Municipal Court reported on the availability of 251-NBOMe (aka "2C-I") in their county and referred to it as a new synthetic acid (memo from the Jackson County Municipal Court, Probation Department, March 31, 2014). Prices were not reported by participants, however one participant commented that users can purchase these compounds through the Internet. The compounds are most often in powdered form and are generally used orally, by dipping a finger into the powder and licking it off, or by snorting. Participants reported that not much of this drug is needed in order to feel a high. Typical users are similar to other hallucinogen users: concert goers, partiers and those who like raves.

Inhalants remain available throughout OSAM regions. Participants in Athens County reported high availability at music festivals. Participants reported that small nitrous oxide (aka "whippets") canisters are most popular in terms of widespread use. Other common inhalants include computer keyboard duster, Freon® from air conditioners, gasoline, paint thinner and whipped cream in aerosol cans. Current street prices were reported only by participants in Youngstown region who had experience purchasing the drug during the past six months. A canister ranges anywhere from $3-10, more popular brands such as Rush or Locker Room sell for $12; a case of 24 whippets generally sell for $25. Participants reported that whippets are sold in adult stores. The most common route of administration is "huffing." Participants and community professionals indicated that inhalant users are typically a niche group of individuals, generally younger (teens), who do not have access to or are not into harder drugs. Treatment providers in Athens region reported an increase in adolescent use of inhalants during the past six months.

Community professionals reported "kratom" (mitragynine, a psychoactive plant substance that produces a heroin-like high; its use is not detected by typical drug screening tests) as available throughout the state. A treatment

Reported Availability of Other Drugs by Region

Region	Drugs
Akron-Canton	Anabolic steroids and hallucinogens (2C-B, LSD, psilocybin mushrooms)
Athens	Hallucinogens (DMT, LSD, psilocybin mushrooms), inhalants, ketamine
Cincinnati	Hallucinogens (DMT, 2C-I and 2C-E series and LSD), mitragynine (aka "kratom," a psychoactive plant substance that produces a heroin-like high)
Cleveland	DMT
Columbus	Hallucinogens (DMT, LSD, psilocybin mushrooms), khat (an edible plant containing cathinone, an amphetamine-like stimulant), kratom, cold and cough medications
Dayton	Hallucinogens (LSD and psilocybin mushrooms), inhalants, cold and cough medications
Toledo	Hallucinogens (psilocybin mushrooms), inhalants
Youngstown	Hallucinogens (LSD and psilocybin mushrooms), inhalants

provider in Franklin County (Columbus region) has already treated one client who used this drug and reported that the substance is more popular overseas. Law enforcement is closely following this new trend , which is reportedly sold in several forms. The Attorney General's Office reported that kratom has a mild sedative effect at low doses, and at higher doses, it can have much more pronounced effects similar to heroin and the substance has already been located for sale at a Mahoning County (Youngstown region) shop (www.wkbn.com, April 30, 2014). In the Columbus region, some employees of a warehouse business in Fairfield County were arrested when law enforcement discovered kratom, nitrous oxide and Hawaiian baby woodrose seeds being sold in 'stash containers' (www.ohioattorneygeneral.com, Jan. 23, 2014). Kratom is most often obtained from tobacco shops, head shops and the Internet. Data indicates this drug is also used with other substances, as an officer in the Cincinnati region commented on reports of opiate addicts using kratom with heroin and other opiates.

Cold and cough medications remain highly available throughout the state, due to the legality of the substances and the ease of store purchase. Medications specifically mentioned by participants included Coricidin® D, promethazine and Robitussin®. Participants and community professionals in Dayton region reported a decrease in use of these drugs, while treatment providers in Columbus region reported an increase in the use of Coricidin® D in particular. Dayton participants attributed the decrease in availability and use of these drugs to waning desirability, while professionals cited increased regulations requiring an ID for purchase. Current prices were provided only by a Columbus participant with experience purchasing promethazine on the street: $15-20 for an ounce of the liquid. Participants reported that promethazine is primarily purchased through a dealer or from someone the user knows who has a prescription, while over the counter (OTC) medications are available at the nearest convenience store or pharmacy. The most common route of administration remains oral ingestion. Participants indicated that typical users are generally younger and often influenced by popular rap or music artists. A treatment provider in Columbus region added that most of her clients who abuse cold and cough medications are male and begin as young as age 11 years. These medications are often used with alcohol and other carbonated beverages.

For detailed information on other drugs reported in a single region only, please see that region's report: anabolic steroids (Akron-Canton), ketamine (Athens) and khat (Columbus). Participants throughout OSAM regions reported common street names for some of the other drugs discussed.

Current Street Names of Other Drugs	
DMT	Demetrius
Inhalants	N2O: balloons, hippie crack, huff dusters , nitrous crackers
LSD	acid, doses, fluff (all white strip), grateful dead, lucy, sid
Cold and cough medications	lean (promethazine), robo-trippin' (Robitussin®); triple C's (Coricidin®)
Psilocybin Mushrooms	boomers, caps, elephant ears, magic, shrooms

Participants reported a few substances used in combination with some of the other drugs mentioned in this section. Alcohol was generally reported to allow the user to "mellow out," whereas the other drug combinations "*makes you trip harder; Intensify the trip*."

Substances Most Often Combined with Other Drugs	
LSD	Alcohol, Ecstasy & Molly, Marijuana
Psilocybin Mushrooms	Alcohol, Marijuana
DMT	Ecstasy

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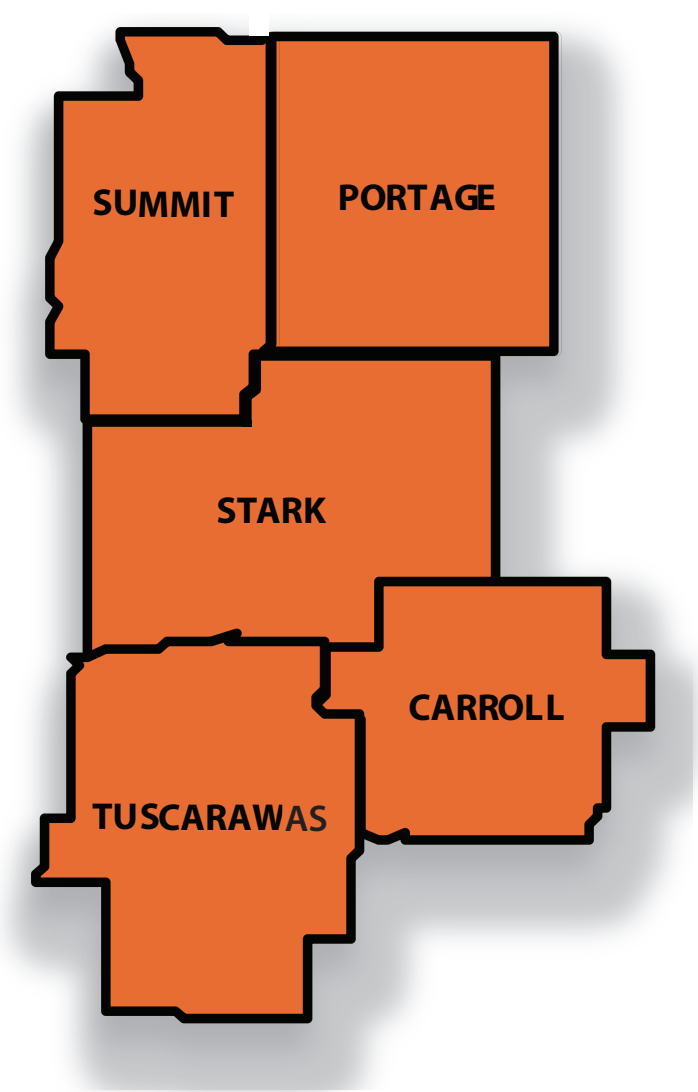
Drug Abuse Trends in the Akron-Canton Region



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 (AOD) 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 Summit County Juvenile Court, the Stark County Day Reporting Program and the Bureau of Criminal Investigation (BCI) Richfield office, which serves the Akron-Canton, Cleveland and Youngstown areas. All secondary data are summary data of cases processed from July through December 2013. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for January through June 2014.

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 current reporting period of participants.

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Regional Profile

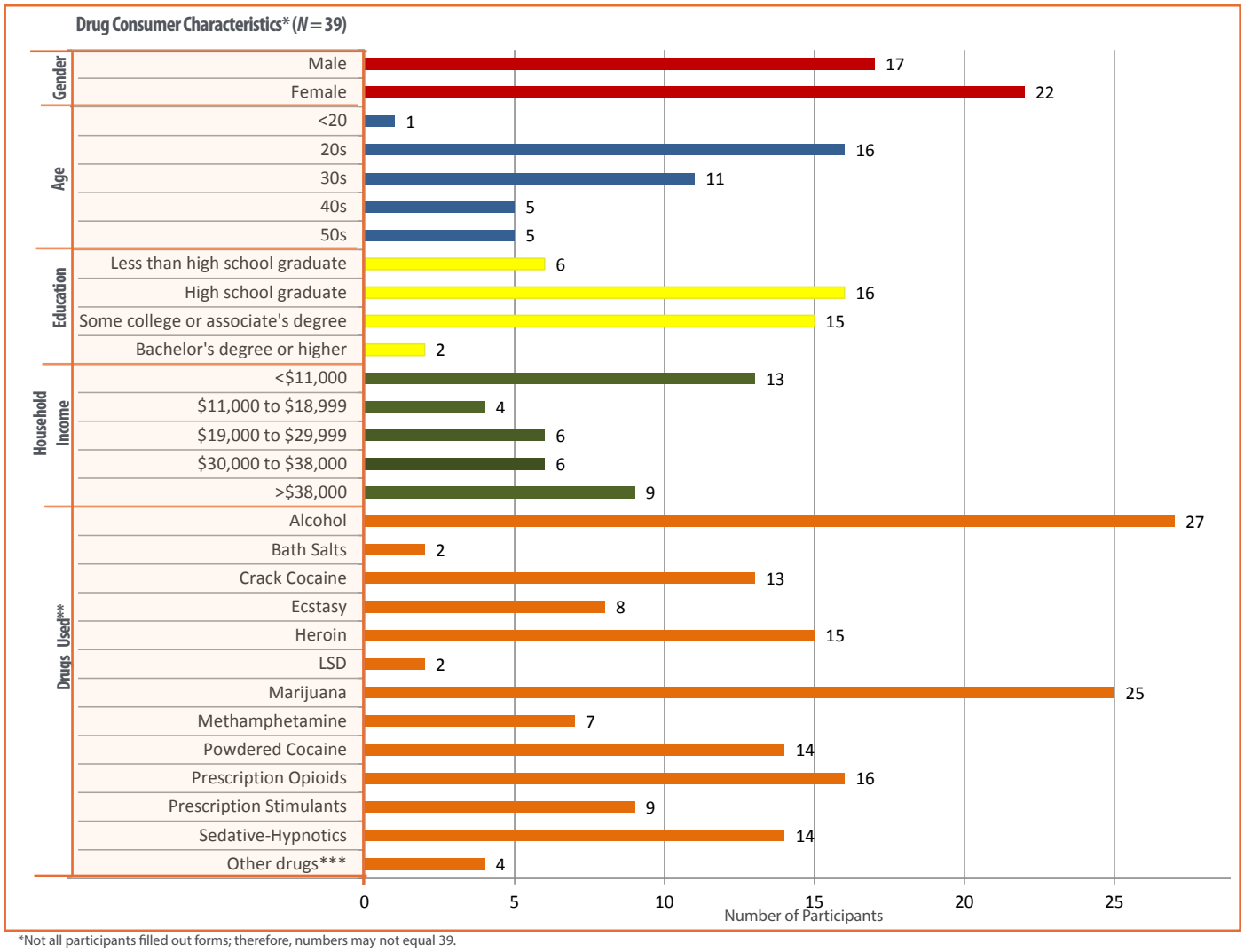
Indicator[1]	Ohio	Akron-Canton Region	OSAM Drug Consumers
Total Population, 2010	11,536,504	1,200,204	39
Gender (female), 2010	51.2%	51.5%	56.4%
Whites, 2010	81.1%	85.4%	79.5%
African Americans, 2010	12.0%	9.4%	12.8%
Hispanic or Latino origin, 2010	3.1%	1.6%	2.7%
High School Graduation rate, 2010	84.3%	86.3%	84.6%
Median Household Income, 2012	$46,873	$46,559	$22,000 to $25,999[2]
Persons Below Poverty Level, 2012	16.2%	14.8%	30.8%[3]

[1]Ohio and Akron-Canton region statistics are derived from the most recent US Census, and OSAM drug consumers were participants for this reporting period: January-June 2014.

[2]Participants reported income by selecting a category that best represented their household's approximate income for 2013. Income status was unable to be determined for 1 participants due to missing and/or invalid data.

[3]Poverty status was unable to be determined for 3 participants due to missing and/or invalid data.

Akron-Canton Regional Participant Characteristics



*Not all participants filled out forms; therefore, numbers may not equal 39.
**Some respondents reported multiple drugs of use during the past six months.
*** Other drugs: DXM, psilocybin mushrooms, Suboxone® and synthetic marijuana.

Historical Summary

In the previous reporting period (June –December 2013), crack cocaine, heroin, marijuana, methamphetamine, powdered cocaine, sedative-hypnotics and Suboxone® remained highly available in the Akron-Canton region; also highly available were prescription opioids. Increased availability existed for heroin and methamphetamine; decreased availability existed for synthetic marijuana. Data also indicated likely decreased availability for Suboxone®.

Brown powdered heroin remained the most available type of heroin throughout the region as reported by all data sources, while reportedly low to moderate regional availability existed for black tar heroin. This was verified by the BCI Richfield Crime Lab that reported processing mostly brown and white powdered heroin during the reporting period. Participants continued to attribute increased heroin availability to the reformulation of some popular prescription opioids as having led users to switch from pills to heroin. Some participants also noted cocaine users switching to heroin because heroin was cheaper than cocaine and its high reportedly lasted longer.

Several sources suggested that heroin was being cut with fentanyl in the region. Participants and community professionals discussed heroin deaths during the reporting period, many of which were thought to have involved fentanyl. A law enforcement officer reported that fentanyl was being removed from fentanyl patches and used to cut heroin.

The most common route of administration for heroin remained intravenous injection. Participants reported that acquiring needles from pharmacies was relatively easy, but that prescriptions were more often required. Participants mentioned that there were no needle exchange programs in their areas, so many traveled outside the Akron-Canton region, mainly to Cleveland, to take advantage of such programs. Participants further explained that used needles were more likely shared than replaced with new needles. Participants and community professionals described typical heroin users as white and aged teens to mid-30s. However, treatment providers suggested an increase in heroin use among African-Americans and older males.

Participants most often reported that the availability of Suboxone® had remained the same during the reporting period, while community professionals most often reported that availability had increased. A law enforcement officer attributed the increase to an increased number of heroin users. The BCI Richfield Crime Lab reported an increase in the number of Suboxone® and Subutex® cases it processed during the reporting period.

Participants reported that it was relatively easy to obtain a Suboxone® prescription whether the aim was legitimate treatment or for resale. Participants admitted that many opiate addicts would use some of their Suboxone® prescription and sell the rest. Participants throughout the region reported that the pill form of Suboxone® was rarely prescribed but could be found by traveling outside the region.

Participants reported that methamphetamine was available in powdered (aka "shake-and-bake") and anhydrous or red phosphorous (aka "old-school" or "traditional") forms; however, shake-and-bake remained the most prevalent methamphetamine type in the region. In addition, participants reported that higher quality methamphetamine, typically imported and often called "ice," was extremely rare throughout the region; many participants had never seen it. The BCI Richfield Crime Lab reported that the number of methamphetamine cases it processed during the reporting period had increased. The lab reported processing mostly off-white and gray powdered methamphetamine, along with a small amount of crystal methamphetamine.

Participants noted that methamphetamine was as available as heroin in the region. Approximately 25 percent of participants in the Akron-Canton region reported recent experience with the drug. Participants and community professionals attributed the increase of availability to the ease of manufacturing shake-and-bake, as well as to the increasingly poor quality of cocaine which had forced some cocaine users to seek an alternative. Many participants noted that it was most common for users to make their own methamphetamine or provide ingredients to a "cook;" many times providing Sudafed® in exchange for the drug.

Reportedly, the most common route of administration for methamphetamine was smoking. Participants reported a decrease in snorting methamphetamine because the shake-and-bake form of the drug was very irritating to nasal passageways. Participants and community professionals continued to describe typical users of methamphetamine as most often white and of lower socio-economic status.

Lastly, sources indicated increases in the availability of hydroponic marijuana and "molly" (powdered MDMA). Participants and law enforcement noted an increase of in-home marijuana grow operations, as well as a decrease in price as the availability of high-grade marijuana increased. Nevertheless, law enforcement reported that the majority of marijuana in the region continued to be imported.

Treatment providers noted that molly, described as "pure ecstasy," was gaining in popularity as they began to hear more about this drug from their clients. However, most treatment providers had very limited knowledge of the drug. Participants and law enforcement reported that the availability had increased during the reporting period. According to participants, molly could be purchased on the street through a dealer. Typical users were described as high school and college aged and more likely African American.

Current Trends

Powdered Cocaine

Powdered cocaine remains highly available in the region. Participants most often reported the drug's current availability 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 '10.' Participant comments on current availability included: "*I can go out my door to the next apartment and get* [powdered cocaine]. *I'm surrounded by it; People go around asking, 'You ok? You ok?'* [Do you need drugs?]. *Just walk around and people are asking; I never had to search for* [powdered cocaine]—*just put in my order.*" Treatment providers most often reported powdered cocaine's current availability as '6;' the previous most common score was '8.' Law enforcement most often reported current availability as '8;' the previous most common score was '5.' Members from law enforcement agreed that powdered cocaine is: "*still easy to get.*"

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Massillon (Stark County) Police arrested a convicted felon during a routine traffic stop and found cocaine in his possession (www.newsnet5.com, March 10, 2014). Corroborating data also indicated that cocaine is available in the region. The Stark County Day Reporting Program reported that nearly 19 percent of all positive drug screens processed during the past six months were positive for cocaine (note the data do not differentiate powdered from crack cocaine).

Participants reported that the availability of powdered cocaine has remained the same or possibly decreased during the past six months. Participants who suggested a decrease in powdered cocaine availability explained: "*As soon as* [dealers] *get* [powdered cocaine], *they cook it up* [into crack cocaine]; *People* [are] *not looking for* [powdered cocaine]; *Heroin is taking over.*" Treatment providers and law enforcement reported that availability has remained the same during the past six months. A member of law enforcement noted, "*The media and law enforcement are focused on heroin, but cocaine is still prevalent.*" The same member of law enforcement noted that he has read about, "*Very large cocaine busts around the world, but locally*, [the availability of cocaine] *is the same.*" The BCI Richfield Crime Lab reported that the number of powdered cocaine cases it processes has remained the same 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 '3' or '4' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '4.' Overall, participants reported that the quality of powdered cocaine has decreased during the past six months. A participant commented, "*The person selling* [powdered cocaine] *is cutting (adulterating) it so bad, to make up for lost profit.*" Other participants noted that the quality of powdered cocaine varies greatly. A participant explained, "*It depends on who you get it from. It varies from person to person - some crap, some potent …* [quality can range] *anywhere between '2' and '10.'*" Another participant commented, "*If you want quality, you have to pay for it.*" Participants also noted that powdered cocaine in the region is often cut with other substances. A participant remarked, "[There are] *too many hands on* [powdered cocaine]. *People want to make more and more money.*"

Participants reported that powdered cocaine in the region is cut with baby laxative, baking soda, powdered sugar, various vitamins and dietary supplements. One participant believed that when powdered cocaine first arrives in Florida, it is: "*Seventy percent pure. By time it comes to Cleveland, 20 percent pure and down here* [in Tuscarawas County, powdered cocaine is between] *two and five percent pure.*"

Powdered Cocaine	Cutting Agents Reported by Crime Lab
	• levamisole (livestock dewormer) • lidocaine and other local anesthetics

Current street prices for powdered cocaine were variable among participants with experience buying powdered cocaine. Participants reported that price is often dependent on the purity of the cocaine and added that users most often buy a gram of cocaine at a time, though some reported buying an "eight-ball" more often.

Powdered Cocaine	Current Street Prices for Powdered Cocaine
a gram (aka "a fifty")	$70-90
1/16 ounce (aka "teener")	$75-100
1/8 ounce (aka "eight ball")	$160-200

Participants reported that the most common route of administration for powdered cocaine is snorting. Participants estimated that out of 10 powdered cocaine users, approximately six would snort, four would intravenously inject or "shoot," and very few would smoke the drug. A number of participants noted that the way an individual uses powdered cocaine depends on with whom the user associates.

Participants described typical users of powdered cocaine as white professionals, of higher socio-economic status. Participants noted that typical users could also be younger – some high school students and also college aged to young 30s. Some individual participants posited that heavy alcohol users, probationers and individuals in the party scene (aka "ravers") also tend to be users of powdered cocaine. Treatment providers described typical users as middle aged, white males. A treatment provider shared, "*We rarely see* [cocaine users] *except in conjunction with alcohol use.*" Law enforcement reported that typical users of powdered cocaine are more often male.

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.' A participant commented, "[Crack cocaine is] *a phone call away.*" Another participant commented, "*I don't even have to make a phone call. I can take 10 steps down the street* [and find crack cocaine]." Treatment providers most often reported current availability as '9;' the previous most common score was '10.' Law enforcement reported current availability as '3' or '5;' the previous most common score was '2.' An officer commented, "*People don't want crack* [cocaine] *anymore, they want heroin.*"

Participants reported that the availability of crack cocaine has increased during the past six months. Participant comments on availability included: "*There's a lot of money in* [selling crack cocaine]; [Crack cocaine is] *so addictive, people need more and more … they can never get that first high.*" Treatment providers reported that availability has remained the same during the past six months, while law enforcement indicated that the availability has increased. The BCI Richfield 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	Increase
Treatment providers	No Change

Participants most often rated the current overall quality of crack cocaine as '5' or '7,' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '5.' Participants reported that crack cocaine in the region is cut with baking soda. Overall, participants reported that the quality of crack cocaine has remained the same during the past six months. Participants often

agreed, as one participant stated, "[The quality of crack cocaine has] *a lot to do with who your hook-up (dealer) is; Depends on who you go to*."

Crack Cocaine	Cutting Agents Reported by Crime Lab
	levamisole (livestock dewormer)
	lidocaine and other local anesthetics

Current street prices for crack cocaine were consistent among participants with experience buying crack cocaine. Participants almost unanimously noted that individuals purchase crack cocaine by a tenth gram. A participant explained, "[The price of crack cocaine depends on] *how much money is in your pocket. I once bought some for $1.50*." Another shared, "*If I have $100, I go to the person who gives me the best buy. If I have $5, I go to the person who will give me a $5 hit*."

Crack Cocaine	Current Street Prices for Crack Cocaine	
	1/10 gram (aka "rock")	$20
	2 rocks	$30
	3 rocks	$50
	1/8 ounce (aka "eight ball")	$220

Participants reported 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 or "shoot" the drug. A participant remarked, "[Crack cocaine is] *intense - you don't need to 'IV' (intravenously inject)*." Several participants noted that a user can purchase a "party kit" at various gas stations and convenience stores which contains everything needed to smoke crack cocaine.

Participants described typical crack cocaine users as African American, living in the inner city and of lower socio-economic status. A participant added, "*I see more younger kids out selling* [crack cocaine]." Another participant observed that a crack cocaine user can be, "*Pretty much everybody. It's not a minority thing*." Community professionals described typical crack cocaine users as African American, male and of lower socio-economic status and likely living in the inner city. Treatment providers also reported that they find many heroin users are relapsing on crack cocaine.

Heroin

Heroin remains highly available in the region. Participants, treatment providers and law enforcement most often reported overall 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 for participants and community professionals was also '10.' A participant noted, "[Heroin] *finds you before you find it*." Treatment providers commented: "[Heroin availability is] *off the scale; It's everywhere*." A law enforcement officer reported, "*We see* [heroin] *almost every day*."

While many types of heroin are currently available in the region, participants and community professionals continued to report brown powdered heroin as the most available type throughout the region. Participants and community professionals rated brown powdered heroin's availability as '10;' the previous most common score was also '10.' Participants reported the color of this form of heroin ranged from off-white to tan or brown. The texture of brown powdered heroin was described as "chunky" by a number of participant groups.

Participants reported moderate availability for black tar heroin and rated its current availability as '7;' the previous most common score was '5.' A participant remarked, "*Been a long time since I've seen 'tar' (black tar heroin)*." Treatment providers and law enforcement were unable to rate the availability of black tar heroin. A treatment provider commented, "*I have not heard anything about black tar*." Likewise, law enforcement reported they have not encountered black tar heroin in Summit County during the past six months.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Ohio State Highway Patrol (OSHP) arrested two women after troopers seized more than a pound of heroin following a traffic stop in Tuscarawas County (www.statepatrol.ohio.gov, Jan. 3, 2014). The Summit County Drug Unit arrested a 33-year-old in Akron (Summit County) dealing heroin in the Chapel Hill Mall parking lot (www.wkyc.com, Jan. 31, 2014). Tallmadge (Summit and Portage counties) Police arrested a 21-year-old man for heroin possession and traf-

ficking when they raided his apartment (www.akronnews-now.com, Mar. 19, 2014). Working alongside the Summit County Alcohol, Drug Addiction and Mental Health Board to curb heroin overdoses and deaths, the Akron Police attributed at least five deaths in two weeks on a "bad batch" of heroin (www.cleveland.com, June 18, 2014).

Media outlets also reported on community initiatives surrounding the heroin epidemic. A heroin forum held in Akron, brought together top leaders to discuss and attempt to mitigate the destruction of the heroin epidemic in the area; Medical Examiner Kohler recounted lives lost to heroin, from 15- to 60-year-olds; Sheriff's Inspector Holland talked about law enforcement efforts against heroin dealers; Judge Teodosio discussed the new Crossroads Court Program intended to help juveniles and their families affected by drug abuse (www.ohio.com, Jan. 21, 2014). In addition, Akron Police Chief Nice created a new Heroin Unit which targets heroin dealers across the city; the department is working to build homicide cases against dealers of fatal overdose cases (www.akronnews-now.com, March 19, 2014).

Participants and community professionals alike reported that the general availability of heroin has increased during the past six months. All respondent groups attributed the increase in availability to increased demand due to the low price-point of heroin. A participant commented, "[Heroin is] *cheaper than pills.*" Law enforcement suggested that the high price of prescription opioid pills and the new formulations of previously popular pills which make them difficult to break down and intravenously inject has added to the increased demand and use of heroin. Participant comments on increased availability included: "*The demand is up, so it's easy* [for dealers] *to make money; If you use heroin one time … they are hooked.*" A treatment provider posited, "[Heroin is] *losing its stigma with the middle class; being a junkie is becoming trendy.*" Some participants believed the rise in heroin use is due to United States military troops bringing the drug into the country as they return home from Afghanistan. Participants and treatment providers also commented that doctors are not prescribing prescription opioid medication as often, so people in pain will often turn to heroin for relief. The BCI Richfield Crime Lab reported that the number of powdered heroin cases it processes has increased during the past six months while the number of black tar cases has remained the same; the lab reported processing primarily white, brown and gray powdered heroin.

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

Participants most often reported the current overall quality of heroin as '8' or '9' on a scale of '0' (poor quality, "garbage") to '10' (high quality), the previous most common score was also bimodal, '7' or '9.' Overall, participants most often reported that the general quality of heroin has increased during the past six months. Participants interpreted the increasing number of overdoses as a sign of increased quality of the drug, as one stated, "[The quality] *must be going up 'cause everyone is dying.*" Participants reported that brown powdered heroin is cut with baby laxatives, coffee, dietary supplements (vitamins, diet pills), dry wall powder, melatonin, prescription opioids (especially fentanyl) and sugar. Some participants reported seeing heroin with a blue-gray tint and noted that color is often a reflection of substances cut into the heroin. A participant stated that white powdered heroin is probably cut with fentanyl. One participant group commented on heroin being cut with methamphetamine; one participant explained, "*It makes you go back* [to the dealer] *quicker.*"

Participants and law enforcement noted that heroin in the region is often cut with fentanyl. Law enforcement officers reported finding fentanyl in crime lab samples and noted three deaths due to overdose on what was sold as heroin which the lab found was 100 percent fentanyl. Law enforcement reported an increase in prescription opioids used as a cut for heroin. The BCI Richfield Crime Lab reported that powdered heroin is occasionally cut with fentanyl.

Heroin	Cutting Agents Reported by Crime Lab
	diphenhydramine (antihistamine) quinine (antimalarial)

Participants reported that brown powdered heroin is available in different quantities, while noting that it is most common for a user to buy a $20 bag at a time, or

as one participant stated, "*a half gram if you can afford it*." Participants also mentioned trading prescription opioids with dealers for heroin.

Heroin	Current Street Prices for Brown Powdered Heroin	
	1/20 (0.05) gram (aka "ticket")	$10
	1/10 gram (aka "baggies, bags, folds")	$20
	1/4 gram (aka "pack, quarter")	$40-50
	1/2 gram	$55-75
	A gram	$100-200

Participants reported 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. It is commonly held by participants that if a user continues to use heroin, they will eventually progress to intravenous injection. One participant shared, "*Even people who hate needles will 'shoot' (aka inject) within a year of heroin use*."

Participants generally reported that syringes used for intravenous injection (aka "rigs" or "tools") are easy to acquire from pharmacies, people with diabetes and heroin dealers. Heroin dealers reportedly sell needles for $5-10 apiece. Participants reported that sharing used needles continues to be common among users. Most participants were not aware of any needle exchange programs in their area, other than travelling to Cleveland. Nevertheless, participants in Stark County reported a methadone clinic in the area which offers needles.

Participants and law enforcement described typical heroin users as white and noted that more young people are using heroin, as well as older individuals who have "*run out of their pills*." Participants observed: "*All kinds of new people are using* [heroin]; *Crack dealers are selling it now*." Treatment providers described typical heroin users as white, middle class and twenty-something. Many treatment providers noted that users are getting younger as heroin is becoming a gateway drug. A treatment provider remarked, "[Users] *no longer progress to* [heroin use], *they jump right into heroin*." A few treatment providers added that there seems to be an increasing number of pregnant women using heroin. Law enforcement reported that the typical user of heroin is white, noting no other definable characteristics.

Prescription Opioids

Prescription opioids are moderately to highly available in the region. Participants most often reported 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.' Participants identified Opana®, OxyContin®, Percocet® and Vicodin® as the most popular prescription opioids in terms of widespread use. Treatment providers most often reported current availability as '6;' the previous most common score was '8.' Law enforcement most often reported current availability as '4' or '5;' the previous most common score was '6.' Community professionals identified fentanyl, Percocet® and Vicodin® as the most popular prescription opioids in terms of widespread use.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. OSHP troopers stopped a vehicle on the Ohio Turnpike in Portage County and found Vicodin® pills and khat (fresh leaves, twigs and shoots of the khat shrub which are chewed like tobacco to produce a stimulant high); two men were arrested (www.statepatrol.ohio.gov, March 6, 2014). Troopers also arrested a 48-year-old male in Summit County for possession of 500 hydrocodone pills and a small amount of marijuana found during a traffic stop (www.statepatrol.ohio.gov, March 9, 2014). A federal grand jury indicted a former Akron doctor and three of his employees for illegally prescribing prescription pills for no legitimate medical purpose; U.S. Attorney Steven Dettelbach described the doctor as, "*simply a drug dealer with a stethoscope who happens to work from a medical office instead of a street corner*," and charged him with conspiring to traffic pharmaceutical drugs and health care fraud (www.newsnet5.com, March 26, 2014).

Participants reported that the general availability of prescription opioids has decreased during the past six months. Participants explained that many prescription opioid pill formulas are being altered with an abuse deterrent which is leading to increased use of heroin. A participant remarked, "'*Cause you can't shoot* [intravenously inject many prescription opioids]." Participants further explained that doctors, even in emergency rooms, are hesitant in prescribing narcotics which have made the drugs more difficult to find. Participant comments on current availability included: "*The state is making it harder and harder to get them out of the ER (emergency room); Doctors are not prescribing them, not even at ER's now; Doctors are more*

selective who they prescribe to; [Pain management clinics] *are doing pill counts. They are doing a good job with pills, but people are switching to heroin."* Participants also suggested, "*No one wants to get rid* [of their pills]" and explained that those who do, "*As soon as they get a script, it's sold.*"

Community professionals also reported decreased prescription opioid availability during the past six months. Law enforcement and treatment providers mentioned pain clinics that were shut down recently as having had an impact on prescription pain pill availability. Treatment providers added that prescription opioids are expensive and heroin is much cheaper, leading people to use heroin in place of pills. Additionally, providers believed more current prescribing practices such as electronic submission of prescriptions, have assisted in decreasing availability of these drugs. The BCI Richfield Crime Lab reported that the number of prescription opioid cases it processes has remained the same during the past six months.

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

Reportedly, many different types of prescription opioids are currently sold on the region's streets. Current street prices for prescription opioids were consistent among participants with experience buying the drug. Participants reported the following prescription opioids as available to the street-level users.

In addition to obtaining prescription opioids on the street from dealers, participants also reported getting them from people who are prescribed the medications, from hospitals, pain clinics and other doctors. A participant reported that acquiring these pills from elderly individuals is the easiest way to get them and explained, "*They supplement their income* [by selling their medications]. *They need the money to live.*" Another participant shared, "*I get* [prescription opioids] *from my neighbor. He's been through surgery, gets prescriptions, turns around and sells it.*" Some participant groups, particularly in Tuscarawas County, reported that it is still rather easy to get prescription opioids from the emergency room; however, participants in Portage County commented that it is increasingly more difficult to attain prescription opioids this way.

Prescription Opioids	Current Street Prices for Prescription Opioids
Opana® (old formula)	$80 for 40 mg
OxyContin® OP (new formula)	$1 per mg
OxyContin® OC (old formula)	$2-3 per mg
Percocet®	$1 per mg
Roxicodone®	$15-30 for 15 mg
Vicodin®	$3-6 for 5 mg

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 is snorting. Participants estimated that out of 10 illicit prescription opioid users, six would snort, two would consume the drug orally (including chewing and "parachuting," crushing pills and wrapping in tissue to swallow) and two would intravenously inject the drugs. However, one participant remarked, "*If you could put it in a needle, most would* [inject prescription opioids]."

A profile of a typical illicit user of prescription opioids did not emerge from the data. Participants reported that illicit users of prescription opioids could be anyone, especially those being treated for pain. Treatment providers were also unable to describe characteristics of a typical illicit prescription opioid user. However, treatment providers noted an increase in the number of younger individuals who use these drugs and added that many people who become addicted to these drugs began with legitimately prescribed treatment. Similarly, law enforcement officers commented: "*A mix of everybody* [abuses prescription opioids]; *From professionals with careers all the way down to the inner-city* [resident]."

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.' A participant commented, "*Easy to go to a Suboxone® Clinic and get some, you just need to pee dirty* [screen

positive for opiate use]." Treatment providers most often reported current availability as '9;' the previous most common score was '7' or '8.' Treatment provider comments on current Suboxone® availability included: "*Pretty high* [availability]; *There's signs for* [Suboxone®], *cardboard signs … along off ramps (highway exits) … 'Suboxone® Treatment at blah blah blah* [phone] *number.'*" Law enforcement most often reported current availability as '4;' the previous most common score was '2.' Law enforcement comments included: "*I have not come across* [Suboxone®] *in a while;* [I] *had a case, but far and few between*." Law enforcement posited, "[Suboxone®] *is not as much sought after;* [Users] *don't use it to get high, they sell it to get heroin*."

Participants most often reported that the availability of Suboxone® has increased during the past six months. Participants spoke of a street market for Suboxone® as more people are trying to get off heroin. Treatment providers also reported that the availability of Suboxone® has increased during the past six months. One treatment provider commented that availability has gone up dramatically, reporting that availability of Suboxone® increases through treatment programs. The provider stated that more and more consumers are, "*trading it, using it, and buying it on the streets.*" Law enforcement reported that the availability of Suboxone® has remained the same during the past six months. The BCI Richfield Crime Lab reported that the number of Suboxone® cases it processes has remained the same during the past six months.

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

Current street prices for Suboxone® were consistent among participants with experience buying the drug. A participant reported, "*Many dealers will give you a deal if you buy more than one* [Suboxone®]." For example, it was reported that two 8 mg strips of Suboxone® sell for $30, whereas one typically sells for $20. One participant group suggested that price is going way up. Another group reported that the price depends on how bad one needed the drug. A participant commented, "*Some will charge more 'cause they can get it from you*."

Suboxone®	Current Street Prices for Suboxone®	
	sublingual film	$20 for 8 mg
	tablet	None reported, rarely available

In addition to obtaining Suboxone® on the street from dealers, participants also reported getting it from physicians, including pain management clinics and psychiatrists. Participants commented: "*You can go to any doctor and get* [Suboxone®]; *Tell them you want to get off heroin; You see signs in people's yards with a number to call* [for Suboxone® treatment]." Treatment providers agreed that they hear more clients getting Suboxone® from clinics than off the street and reported that users often turn around and sell their prescriptions on the street. A participant verified, "*I got 80* [Suboxone®] *strips a month prescribed to me. I sold them all. Insurance covered it*."

Participants reported the most common route of administration for Suboxone® strips is sublingual. Participants estimated that out of 10 illicit Suboxone® users, eight would sublingually ingest and two would intravenously inject or "shoot" the drug. Participants reported, that though rarely found, the most common way to illicitly consume Suboxone® pills is snorting.

Participants did not report any unique descriptors of typical illicit users of Suboxone®, indicating anyone could be a user of the drug. Treatment providers described typical users of Suboxone® as being similar to opiate users in general. Some treatment providers reported that users are often young, in their late teens or 20s, and many have pain issues. Law enforcement reported that the typical illicit user of Suboxone® is most often white.

Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain highly available in the region. Participants most often reported the current availability of these drugs as '7' 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.' Participants identified Klonopin® and Xanax® as the most popular sedative-hypnotics in terms of widespread use. Treatment providers most often reported current avail-

ability as '7;' the previous most common score was '7-8.' Treatment providers identified Ativan® and Xanax® as most popular. Law enforcement did not rate the availability of sedative-hypnotics, but believed current availability to be low. An enforcement officer said, "*Every once in a while we'll see* [sedative-hypnotics], *find some pills in a cigarette box, but they usually have a prescription for it.*" Law enforcement identified Xanax® as most popular.

Media outlets reported on community initiatives aimed at addressing sedative-hypnotic use among young people in the region this reporting period. Hoping to reduce the use of sedative-hypnotics on developing minds, a collaborative across Summit, Portage, Trumbull and Stark counties announced seeking alternatives for children with anxiety that are prescribed psychiatric drugs (www.ohio.com, Feb. 10, 2014).

Participants reported that the general availability of sedative-hypnotics has remained the same during the past six months, although a few participants dissented, reporting decreased availability during the past six months. These participants' comments included: "*Doctors are getting shut down; The chance of dying is higher when using heroin and Xanax® together, so many dealers are not selling Xanax®.*" Treatment providers and law enforcement reported that availability of sedative-hypnotics has remained the same during the past six months. A few treatment providers suggested that prescribing practices are being controlled more by doctors similar to prescription opioids. The BCI Richfield Crime Lab reported that the number of sedative-hypnotic cases it processes has remained the same during the past six months.

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

Reportedly, many different types of sedative-hypnotics are currently sold on the region's streets. Current street prices for sedative-hypnotics were consistent among participants with experience buying the drug. Participants reported the following sedative-hypnotics as available to the street-level users.

Sedative-Hypnotics	Current Street Prices for Sedative Hypnotics	
	Ativan®	$1 per pill
	Klonopin®	$1 for 5 mg
	Xanax®	$1 for 0.25 mg $2-3 for 1 mg $3-5 for 2 mg

In addition to obtaining sedative-hypnotics on the street from dealers, participants also reported acquiring these drugs from friends or family members with prescriptions, as well as getting prescriptions from doctors. Participants reported: "[Sedative-hypnotics are] *easily prescribed, especially for women;* [You] *go to the doctor, say you have high anxiety.*" Another participant added, "*People sell* [sedative-hypnotics] *or trade them when they get their monthly scripts.*"

While there were a few reported ways of consuming sedative-hypnotics, and variations in methods of use were noted among the different types, generally the most common routes of administration remain snorting and oral consumption. Participants estimated that out of 10 illicit sedative-hypnotic users, six would snort and four would consume the drug orally, including swallowing, breaking or chewing the pills.

Although participants generally agreed that illicit users of sedative-hypnotics could be anyone, some participants reported that users are more likely to be females who struggle with anxiety or depression. Treatment providers described typical users of sedative-hypnotics as younger people who attend parties and abuse alcohol.

Marijuana

Marijuana remains highly available in the region. Participants and community professionals 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 '10' for participants and treatment providers and '8' for law enforcement. Participants identified marijuana as the easiest drug to obtain, often stating that the drug is found everywhere. Law enforcement noted that individuals are using marijuana more openly than previously. An officer commented, "*You see people outside McDonald's, passing a 'joint' (marijuana cigarette) back and forth.*"

Corroborating data also indicated that marijuana is readily available in the region. Summit County Juvenile Court reported that 22.3 percent of all drug screens processed during the past six months were positive for marijuana, a slight decrease from 25.1 percent for the previous reporting period.

In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. Stark County Sheriff's Office Metro Narcotics Unit and the DEA (Drug Enforcement Administration) completed a three month long investigation when they arrested seven individuals for drug charges; the collaboration seized 125 pounds of marijuana and 1 kilogram of cocaine (www.newsnet5.com, Feb. 14, 2014). Two Akron residents were pulled over for a moving violation and found to be in possession of marijuana and an open bottle of cognac; subsequently they were arrested (www.cleveland.com, Feb. 22, 2014). OSHP troopers arrested a California couple when they were pulled over in Portage County and seized 50 pounds of hydroponic marijuana (www.wkyc.com, May 21, 2014). Corroborating data also indicated that marijuana is readily available in the region. The Stark County Day Reporting Program reported that nearly 50 percent of all positive drug screens processed during the past six months were positive for marijuana.

Participants and law enforcement reported that the availability of marijuana has increased during the past six months, while treatment providers suggested availability remained the same. Participants and law enforcement agreed that marijuana is becoming more socially acceptable. Participant comments included: "[Marijuana is] *becoming more normal to use it … It's more acceptable; Less stigma; It's becoming legal.*" An officer shared of a recent marijuana arrest in which the individual was upset she was being arrested and noted that marijuana is legal to use in Colorado. Participants suggested one reason for increased availability is the ease of growing the drug. A participant remarked, "*You can grow* [your own marijuana]; [There is] *a lot of indoor growing right now.*" Law enforcement cited two reasons for increased marijuana availability: 1) local parcel interdiction canine units are finding increased amounts of THC laced products such as chocolate and brownies are coming in from western states, and 2) increased amounts of "medical grade" marijuana (very potent) coming in from the west. The BCI Richfield Crime Lab reported that the number of marijuana cases it processes has remained the same during the past six months.

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

Participant quality scores of marijuana ranged from '1' to '10' with the most common score being '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '8' or '10.' 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 it is most common to purchase the higher grades of marijuana. A participant commented, "*Most buy higher quality, but you buy what you can get.*" Participants reported that "medical marijuana" is around because individuals with prescriptions for it will sell it and explained that this type is considered best in terms of potency. Most participant groups also reported availability of "hash oil" (aka "THC wax" or "dabs"). It was described as having a consistency "like a resin; like tar." A participant expressed, "*One hit is like smoking an entire 'blunt' (marijuana cigar).*"

The price of marijuana depends on the type and quality desired; current street prices for marijuana were provided by participants with experience buying the drug. Participants were not in agreement about how much a typical

user purchases at a time, some reported it is most common for users to purchase $20 worth, while others reported it is most common to buy an eighth ounce to a quarter ounce per purchase.

Marijuana	Current Street Prices for Marijuana	
	low grade:	
	a blunt (cigar) or two joints (cigarettes)	$5-10
	1/8 ounce	$15-20
	1/4 ounce	$30-40
	An ounce	$100
	high grade:	
	A blunt (cigar) or two joints (cigarettes)	$20-30
	1/8 ounce	$45-60
	1/4 ounce	$120
	An ounce	$200-300
	Hash oil (aka "dabs")	$10 for 3 hits

Participants reported the most common route of administration for marijuana remains smoking. Participants estimated that out of 10 marijuana users, all 10 would smoke the drug. Participants explained that hash oil is consumed by placing a dab on a heated piece of glass; the user immediately breathes the resulting fumes.

A profile of a typical marijuana user did not emerge from the data. Participants, treatment providers and law enforcement were unable to describe typical user characteristics. Participants generally responded that everybody uses marijuana. Treatment provider comments on typical users included: "*A lot of just about anybody* [uses marijuana]; *Most of our clients use marijuana*." Law enforcement likewise reported individuals from all groups use marijuana. An officer responded, "*You'd be surprised.*"

Methamphetamine

Methamphetamine 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.' A participant described availability of methamphetamine as second highest after heroin. Other participants agreed that though availability varies, it generally remains high. Participant comments on current availability included: "[There is] *a lot of 'meth' (methamphetamine) labs being taken down,* [yet] *for every meth lab that goes down, two new ones pop up;* [Methamphetamine] *will be very available, then a big sweep and it becomes hard to find. Once it dies down, it goes up again.*"

Community professionals also reported high current availability of methamphetamine, with treatment providers rating availability as '8' and law enforcement rating availability as '10;' the previous most common scores respectively were '9' and '5.' Law enforcement reported 247 meth labs and dump sites interdicted upon in Summit County, while there were only 12 such labs in Stark County during the past year; further stating that every one of these were "shake-and-bake" labs. Law enforcement related finding no "red-phosphorous" labs in the past year.

Participants reported that methamphetamine is available in powder (aka "shake and bake" or "one-pot"), anhydrous (aka "old school" or "red-phosphorous") and crystal (aka "ice") forms.

Participants described one-pot methamphetamine as having the consistency of fine powder, or "crystal-like," yet depicted as being almost white as opposed to clear. Reportedly, this form is easily and quickly produced, as fewer ingredients are required and anhydrous gas is not needed. It 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 (typically found in some allergy medications). The production of about 2 grams (aka "a cook") can be produced in 30-45 minutes using this shake-and-bake method. Participants commented: "*A lot of people are cooking* [methamphetamine]; *You go to jail for a parking ticket and come out knowing out to cook* [methamphetamine]."

Participants reported old school methamphetamine as less available in the region. A participant stated, "*If you know the right people, you can get it*." Participants explained many of the required ingredients to produce this form of methamphetamine are more closely monitored and therefore less available. Although the anhydrous method of production takes 6-24 hours, participants reported the quality to be better. Very few participants reported that they are able to find crystal methamphetamine. Those reporting on this type boasted that it is very easy to find, suggesting there is a tight-knit group of individuals and if the user is in this network, "crystal meth" is easier to obtain.

Media outlets reported on methamphetamine prevalence, seizures and arrests in the region this reporting period. Reportedly, Summit County is leading Ohio in number of methamphetamine labs busted (www.vindy.com, Jan. 2, 2014). Following multiple arrests at a hotel for trafficking methamphetamine, Brimfield (Portage County) Police sent a warning to drug dealers saying that they will be arrested if they come to town (www.fox8.com, Jan. 4, 2014). A man from Hubbard (Trumbull County) was robbed when he responded to a Craigslist advertisement in hopes of purchasing jewelry; officers arrested the man who robbed him based on drug charges and subsequently also arrested his roommate when they found him operating a meth lab in their apartment (www.fox8.com, Jan. 20, 2014). Stark County Sheriff's Office completed a month long investigation when they arrested two Massillon men who were operating meth labs both inside and outside their home (www.fox8.com, Jan. 10, 2014). The Summit County Drug Unit arrested a man when they searched his residence and found seven one-pot meth labs (www.wkyc.com, Feb. 4, 2014). A registered sex offender refused to pull over and attempted to elude a Summit County Sheriff's deputy; after he was stopped, he was arrested because the deputy found components of a meth lab in his vehicle (www.wkyc.com, April 8, 2014). Officers arrested an Akron Public Schools librarian, along with two others, for manufacturing methamphetamine from her home (www.newsnet5.com, June 18, 2014).

Participants reported an increase in availability of methamphetamine during the past six months. A participant speculated, "It's getting a lot, lot easier [to find methamphetamine] *right now. It's going to be the next epidemic in Portage County.*" Another participant suggested, "*It's not as addictive* [as heroin], *you don't get dope sick, so people are switching* [from heroin to methamphetamine]." A participant commented, "*People get hooked, making* [methamphetamine] … *a lifestyle*."

Community professionals also reported an increase in methamphetamine availability during the past six months. Treatment providers and law enforcement reasoned that the increase in methamphetamine availability is due to ease of production. Additionally, treatment providers posited that popular media, with programs such as *Breaking Bad,* have lowered social stigma related to methamphetamine use. One provider recalled a recent group of people caught making methamphetamine in a nearby shopping plaza. Treatment providers suggested, "*The legal heat is off methamphetamine*." Finally, one treatment provider shared a similar observation as participants and said that individuals seem to become addicted to the ritual of making methamphetamine and of making money. 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 off-white powder and some crystal 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 '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '8.' However, participants were in agreement that the quality of methamphetamine varies depending on a number of factors. Participant comments on quality variability included: "*Depends on how you make* [methamphetamine]; *Depends on who is cooking, what recipes they are following, how it's cut. Everyone has their own recipes*." Participants were unable to rate the quality of crystal or anhydrous methamphetamine as no one had recent experience with these types.

Current street prices for methamphetamine were consistent among participants with experience buying the drug. Participants reported the following methamphetamine as available to street-level users.

Methamphetamine	Current Street Prices for Methamphetamine	
	Powdered (aka "shake-and-bake" or "one-pot"):	
	A gram	$50-100
	1/16 ounce (aka "teener")	$120
	Crystal (aka "old school"):	
	A gram	$100
	1/16 ounce	$150
	1/8 ounce	$250

Participants reported the most common routes of administration for methamphetamine are smoking and intravenous injection (aka "shooting"). Participants estimated that out of 10 methamphetamine users, five would smoke, three would shoot and two would snort the drug. Participants explained that some users will 'smoke' methamphetamine by heating up a glass pipe (aka "red hot pipe" or "hot rail"), breathing the vapors in through their nose and subsequently blowing the inhaled smoke out through their mouth. Some participants reported a faster and longer lasting effect when snorting and smoking methamphetamine simultaneously.

Participants and community professionals described typical methamphetamine users as white and of lower economic status. Several commented that methamphetamine is "*a poor man's drug*." Participants suggested that users are more likely to include truck drivers and other individuals with work that requires long hours. Treatment providers reported that individuals trying to lose weight and members of biker gangs are more likely to be methamphetamine users than the general public.

Prescription Stimulants

Prescription stimulants are highly available in the region. While participants in Stark and Tuscarawas Counties were unable to report on the availability of prescription stimulants, participants in Summit and Portage Counties most often reported current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Adderall® and Vyvanse® are purportedly the most popular prescription stimulants in terms of widespread illicit use. Treatment providers did not report on prescription stimulants and law enforcement explained that any encounters they have had with the drug are legitimately prescribed.

Participants reported that prescription stimulant general availability has remained the same during the past six months. The BCI Richfield Crime Lab reported that the number of prescription stimulant cases it processes has remained the same during the past six months.

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

Participants were aware of only a few different types of prescription stimulants presently sold on the region's streets. Current street prices for prescription stimulants were consistent among participants with experience buying the drug.

Prescription Stimulants	Current Street Prices for Prescription Stimulants	
	Adderall®	$2-3 for 20 mg $8-10 for 30 mg

In addition to obtaining prescription stimulants on the street from dealers, participants also reported getting them from doctors, friends and family who are being treated with the medication, as well as on college campuses. A participant added, "*Especially around test time* [prescription stimulants become more available]." A participant shared, "[Prescription stimulants are] *easy to get from doctors.* [Attention Deficit Hyperactivity Disorder] *is the easiest disorder to fake.*" Another participant disclosed, *"I was prescribed* [prescription stimulants]. *I never took it; I sold it*." Participants described typical illicit users of prescription stimulants as high school or college students, truck drivers and people trying to lose weight.

Bath Salts

Bath salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues) are moderately available in the region. Participants most often reported the drug's current availability as '7-8' 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 number of participants reported that bath salts are not available at all. One participant commented, "*Six months ago,* [availability of bath salts] *was a '10'* [highly available]. *Now, you can't get it; The only time I've seen it was when someone laced the 'molly' (powdered MDMA) with it*." Another participant reported, "*I was offered* [bath salts] *recently, after not seeing it in a while*."

Treatment providers were unable to rate the current availability of bath salts, but reported little or no availability; the previous most common score was '5.' A treatment provider commented, "*We're not hearing about* [bath salts]." Another treatment provider added, "*When I do hear about* [bath salts], *it is* [injection use]." Law enforcement most often reported bath salts current availability as '2;' the previous most common score was '1-2.'

Participants reported that the availability of bath salts has decreased during the past six months. Participants attributed the decrease to laws prohibiting the sale of the drug and increased law enforcement efforts. A participant stated, "[Law enforcement has] *busted head shops* [for selling bath salts]." Community professionals also reported that the availability of bath salts has decreased during the past six months. Treatment providers agreed that new laws making it illegal to sell the product has affected availability. Treatment providers added that the decrease is also due to high negative stigma around bath salts use. A treatment provider stated, "*I have heroin users who say, 'I would never put* [bath salts] *in my body.'*" Law enforcement likewise referenced legislative actions as having an effect on availability. Their comments included: "*Our unit aggressively went after* [establishments that sold bath salts] - *usually sold out of gas stations. They got rid of them. The risk of selling* [became] *too high; The demand was not worth the risk*." 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	Decrease
	Treatment providers	Decrease

Current street prices for bath salts remain variable among participants with experience buying the drug. Reportedly, bath salts are sold in half gram bags for $20-30. Despite legislation enacted in October 2011, bath salts continue to be available at head shops and the Internet. A participant remarked, "[I] *used to be able to get* [bath salts] *at head shops - you still can, but they have to know you* [in order to sell to you]." Participants did not report on ways of consuming bath salts, but described typical users of bath salts as being white and young. Law enforcement agreed with participants, while treatment providers were unable to identify any typical characteristics of bath salts users.

Synthetic Marijuana

Synthetic marijuana (synthetic cannabinoids; aka "K2" and "Spice") remain available in the region. However, its availability is limited. Participants from only one focus group in Tuscarawas County reported having knowledge about the current availability of synthetic marijuana; these participants most often reported current availability as '3' 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, "[Synthetic marijuana is] *very hard to get*." Another participant commented, "[Synthetic Marijuana] *was popular last summer, but I hear nothing about it anymore*." Community professionals also reported limited availability of synthetic marijuana and were unable to rate the drug's current availability; the previous most common score was '5.' Treatment providers reported not hearing about the use of synthetic marijuana on the streets as much as in institutions such as correctional facilities and half-way houses.

Participants reported decreased availability of synthetic marijuana during the past six months. Participants agreed that law enforcement contributed greatly to the decrease in synthetic marijuana availability. Participant comments

included: "[Law enforcement] *are cracking down on* [the sale of synthetic marijuana], *closing shops; I used to buy at the drive-thru, but it's illegal, can't get it anymore; They sold it at stores for a while after passing laws, but now they don't have it.*"

Community professionals also reported decreased availability of synthetic marijuana during the past six months. Treatment providers attributed the decrease in availability to legislative actions rendering the drug illegal to sell. A law enforcement officer explained that synthetic marijuana availability decreased when bath salts availability decreased. Other officers agreed: "*Once we started hitting* [establishments that sold synthetic marijuana], *they got rid of it … didn't want to take the risk.*" The BCI Richfield Crime Lab reported that the number of synthetic marijuana cases it processes has remained the same during the past six months.

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

Participants were unable to provide current pricing for synthetic marijuana and due to their lack of experience with the drug. Despite legislation enacted in October 2011, synthetic marijuana continues to be available at some stores to users who are known to the seller. A participant explained, "[Shop keepers] *have to know you, or you have to use the right name* [how to ask for the drug]." Several participants shared that users are making their own synthetic marijuana by buying chemicals online. Participants continued to report smoking as the only route of administration for synthetic marijuana.

Participants described typical users of synthetic marijuana as anyone who wants to pass a drug test and people who cannot get away with smoking marijuana. Community professionals were unable to identify any typical characteristics of synthetic marijuana users; suffice to say that the drug is more widely used in corrections or inpatient treatment facilities.

Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) remains moderately available in the region. Participants most often reported the current availability of ecstasy as '5' or '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.' Participants identified "molly" (powdered MDMA) as the most available form of ecstasy. In fact, some participants reported that they have not seen ecstasy tablets in a long time. Treatment providers most often reported the drug's current availability as '4-5,' while law enforcement most often rated current availability as '2-3;' the previous most common score among all community professionals was '2.' Law enforcement reported having one or two cases involving ecstasy in the past year.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Two people were arrested after OSHP stopped a vehicle in Portage County for a marked lanes violation; the passenger threw a bag containing 26 ecstasy tablets and 30 grams of crack cocaine out the window, jumped into the driver's seat while the original driver was in a pat down for weapons and sped off – a subsequent search of the vehicle revealed two bags of marijuana and both individuals were arrested (www.statepatrol.ohio.gov, June 10, 2014).

Participants and law enforcement reported increased availability of molly during the past six months, while treatment providers reported no change in availability. However, treatment providers noted that they hear more about molly than about ecstasy tablets. The BCI Richfield Crime Lab reported that the number of ecstasy cases it processes has remained the same during the past six months.

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

Although participants did not comment on the current quality of ecstasy, a treatment provider recalled several clients indicating that molly is not often actual MDMA but rather bath salts. Law enforcement remarked that the molly they have confiscated and tested in a lab often ends up some other unnamed substance. An officer stated, "[Dealers] *portray it as molly, but nine out of ten times it's not.*"

Current street prices for ecstasy were consistent among participants with experience buying the drug. Reportedly, users most often purchase between three and seven tablets at a time. Participants reported that the texture of molly ranges from being powdery, crystal-like to being sticky or gooey while appearing clear to sky blue in color. Participants reported that molly is sometimes sold in capsules and users commonly purchase a few grams if going to a party.

Ecstasy/Molly	
Current Street Prices for Ecstasy	
Low dose (aka "single stack")	$10-15
Current Street Prices for Molly	
A gram	$65-80
1/8 ounce (aka "eight ball")	$200

Participants reported the most common route of administration for both ecstasy and molly is snorting. Participants estimated that nine out of 10 users of ecstasy tablets and six out of 10 users of molly would snort the drug. One participant group reported intravenously injecting (aka "shooting") molly.

Participants described typical users of ecstasy or molly as hippies and young people (high school and college aged) who like to party (aka "ravers"). Community professionals agreed with participants and described typical users of ecstasy and molly as under 25 years of age and "*rave party types*." Law enforcement added that ecstasy tablets tend to be popular in the Asian community and shared about a recent drug bust in which an Asian individual brought ecstasy tablets into the region from San Francisco intending to sell them at clubs frequented by individuals of Asian descent.

Other Drugs

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 and hallucinogens (2C-B [4-Bromo-2, 5-Dimethoxyphenethylamine; a synthetic psychedelic drug], lysergic acid diethylamide [LSD] and psilocybin mushrooms). The BCI Richfield Crime Lab reported that the number of LSD and psilocybin mushroom cases it processes has remained the same during the past six months; the lab did not report cases of anabolic steroids or 2C-B.

Participants most often reported the current overall availability of hallucinogens 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.' Community professionals did not report on the availability of hallucinogens. Law enforcement indicated little or no contact with hallucinogens in the past year.

Participants reported high current availability of LSD and indicated that availability has remained the same during the past six months. Reportedly, the drug is easily found at concerts and music shows. However, participants were unable to report street names or current pricing for LSD. Participants stated that LSD is typically ingested orally and described typical users as young, white and concert/party goers. Reportedly, psilocybin mushroom are easy to find in the summertime around farms in the area. Participants were unable to report street names or prices for the drug, but stated that the drug is most often ingested orally. Participants did not describe typical users of mushrooms.

Two participants reported 2C-B availability in the region, one reporting that the drug is highly available and the other reporting it is moderately available. Both participants reported decreased availability of this drug during the past six months. Participants reported that 2C-B used to come in pill form years ago, but currently comes in a powder form which can be ingested orally. Participants reported oral ingestion and snorting as the most common routes of administration for 2C-B. Participants were unable to provide current pricing for the drug. Participants explained that users will use only a very small amount of the powder because it causes the user to "*trip real hard*." Therefore, when a user ingests the powder, the practice is to dip one's finger in the powder and lick it off. Reportedly,

typical users of the drug are also concert goers and individuals who attend parties or raves.

Only a few participants reported availability of anabolic steroids in the region, rating current availability as '10' on a scale of '0' (not available impossible to get) to '10' (highly available, extremely easy to get). A participant remarked that anabolic steroids are, "*very common, very easy to get*." Treatment providers most often reported current availability as '5,' while law enforcement were unable to rate current availability. Law enforcement disclosed only one case in which anabolic steroids were found (during a marijuana bust), but in this case, the steroids were found to be legally prescribed. An officer added, "*We don't pursue* [illicit anabolic steroids]. *If we did, we'd have some cases*."

Participants and law enforcement did not report on change in availability during the past six months, but treatment providers indicated an increase in anabolic steroid availability. Treatment providers said the drug is especially increasing with intravenous heroin users. Participants reported that anabolic steroids can be attained off the Internet, as well as through doctor prescription, from gyms and from middle- and high-school students. Treatment providers agreed that the drug is most available in gyms and off the Internet.

Depending on the brand and type of steroid (anabolic or testosterone [aka "test"], participants reported that a five-week supply of anabolic steroids costs $50-300 per bottle and a five-week supply of testosterone sells for $100 per bottle. Participants reported the most common routes of administration to be oral ingestion, intravenous injection (aka "shooting") and transdermal (through the skin) absorption. Treatment providers said they typically hear clients report shooting the drug.

Participants described typical illicit steroid users as individuals interested in body building and sports performance, often middle and high school aged. Participants also reported use by athletes vying for sports scholarships and younger individuals who use it to increase sexual appetite. Treatment providers described typical users as males concerned with body image.

Conclusion

Crack cocaine, heroin, marijuana, methamphetamine, powdered cocaine, sedative-hypnotics and Suboxone® remain highly available in the Akron-Canton region; also highly available in the region are prescription stimulants. Changes in availability during the past six months include increased availability for heroin and methamphetamine; decreased availability for bath salts, prescription opioids and synthetic marijuana; and possible increased availability for crack cocaine, ecstasy, marijuana and Suboxone®.

While many types of heroin are currently available in the region, participants and community professionals continued to report brown powdered heroin as the most available type throughout the region. All respondent groups attributed increased heroin availability to increased demand due to the low price-point of heroin. Law enforcement noted the new formulations of previously popular pills which make them difficult to break down and intravenously inject has added to the increased demand and use of heroin. Participants and treatment providers also commented that doctors are not prescribing prescription opioid medications as often, so people in pain often turn to heroin for pain relief. Moreover, treatment providers believed that negative stigma around heroin use has lessened and that heroin use is now considered trendy. The BCI Richfield Crime Lab reported that the number of powdered heroin cases it processes has increased during the past six months; the lab reported processing primarily white, brown and gray heroin.

Participants and law enforcement noted that heroin in the region is often cut with fentanyl. In addition, law enforcement reported an increase in prescription opioids used as a cut for heroin and a participant reported methamphetamine as a cut. The BCI Richfield Crime Lab reported that powdered heroin is occasionally cut with fentanyl. Treatment providers described typical heroin users as white, middle class and twenty-something. Many treatment providers noted that users are getting younger as heroin is becoming a gateway drug. A few treatment providers added that there seems to be an increasing number of pregnant women using heroin.

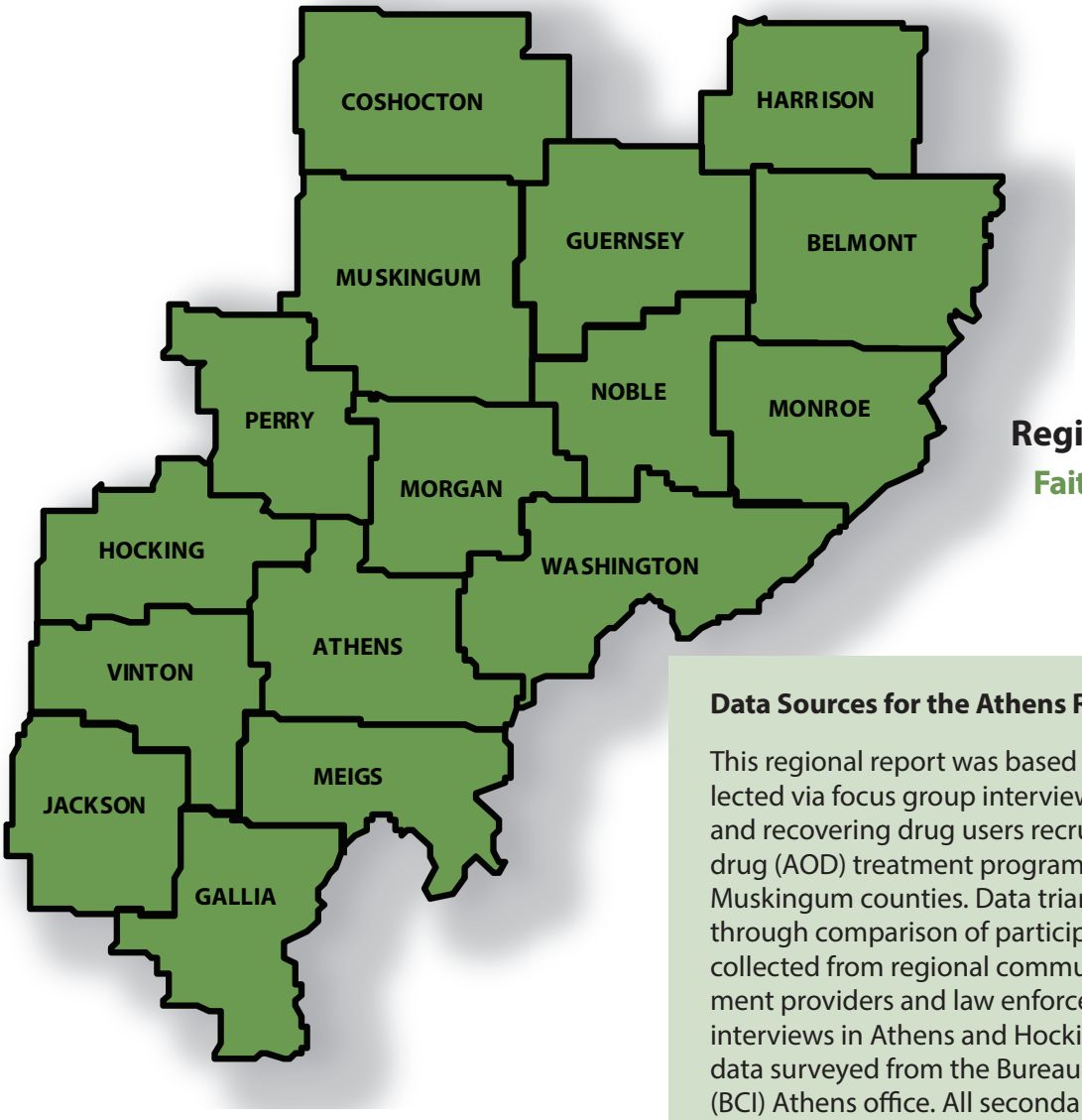
Participants described the current status of methamphetamine as among the highest available drugs in the region after marijuana and heroin. Law enforcement reported

247 meth labs and dump sites interdicted upon in Summit County during the past year, further stating that every one of these were "shake-and-bake" labs. Law enforcement related finding no "red-phosphorous" labs in the past year. Participants reported that methamphetamine is available in powder (aka "shake and bake" or "one-pot"), anhydrous (aka "old school" or "red-phosphorous") and crystal (aka "ice") forms. 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 off-white powder and some crystal methamphetamine.

Treatment providers and law enforcement reasoned that the increase in methamphetamine availability is due to ease of production. Additionally, treatment providers posited that popular media, with programs such as *Breaking Bad*, have lowered social stigma related to methamphetamine use. Participants and community professionals described typical methamphetamine users as white and of lower economic status.

Law enforcement noted that individuals are using marijuana more openly than previously. Participants and law enforcement agreed that marijuana is becoming more socially acceptable. An officer shared of a recent marijuana arrest in which the individual was upset she was being arrested and noted that marijuana is legal to use in Colorado. Participants suggested one reason for increased availability is the ease with which to grow marijuana. Law enforcement cited two reasons for increased availability: increased amounts of THC laced products such as chocolate and brownies, coming in from western states and increased amounts of "medical grade" marijuana (very potent) also coming in from the west. Lastly, for the first time this reporting period, most participant groups also reported availability of "hash oil" (aka "THC wax" or "dabs") a marijuana extract. Participants explained that hash oil is consumed by placing a dab on a heated piece of glass; the user immediately breathes the resulting fumes.

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 (AOD) treatment programs in Athens, Guernsey 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 in Athens and Hocking counties, as well as to data surveyed from the Bureau of Criminal Investigation (BCI) Athens office. All secondary data are summary data of cases processed from July through December 2013. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for January through June 2014.

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 current reporting period of participants.

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Regional Profile

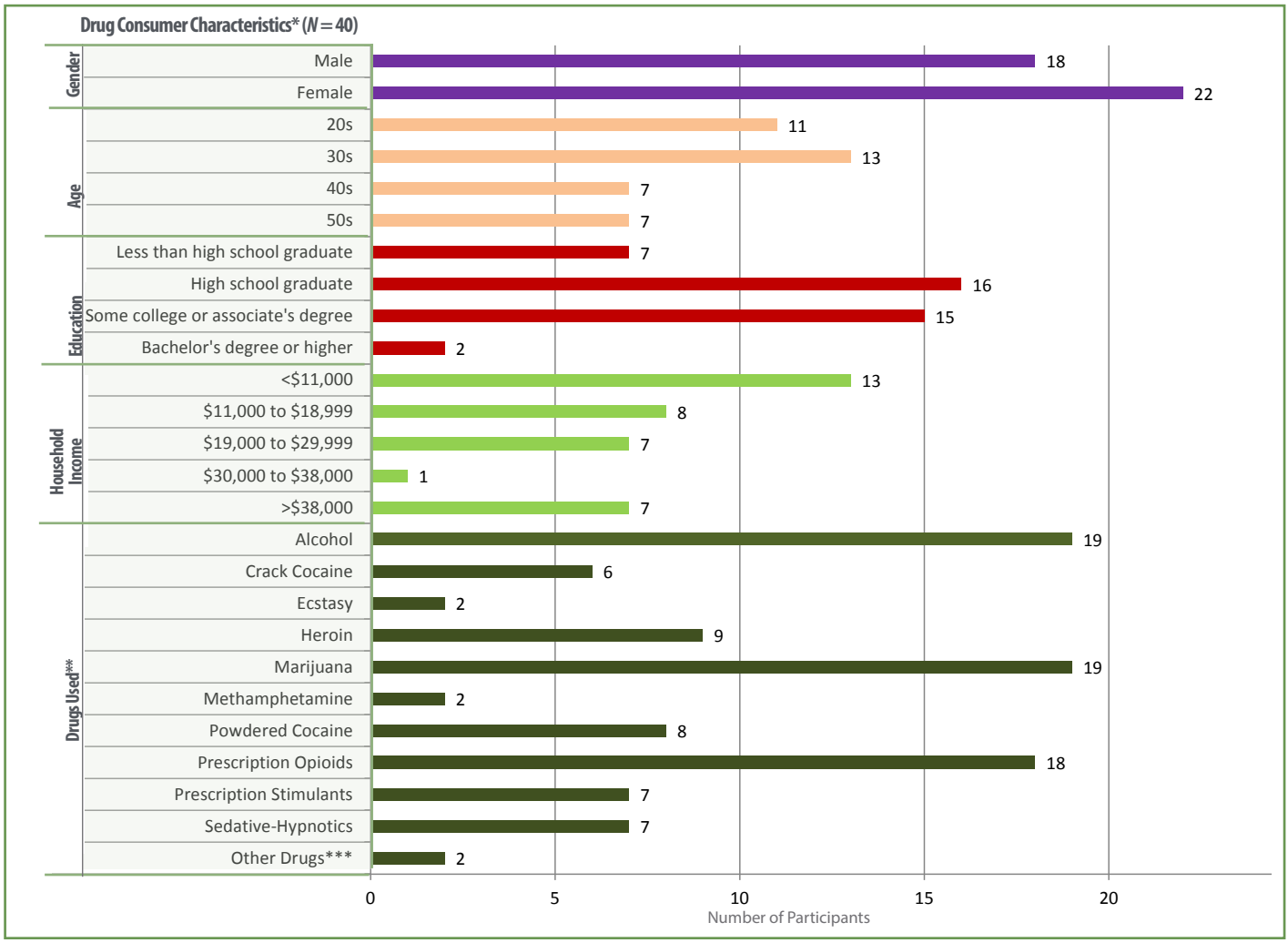
Indicator[1]	Ohio	Athens Region	OSAM Drug Consumers
Total Population, 2010	11,536,504	587,004	40
Gender (female), 2010	51.2%	50.4%	55.0%
Whites, 2010	81.1%	94.7%	92.5%
African Americans, 2010	12.0%	2.1%	2.5%
Hispanic or Latino Origin, 2010	3.1%	0.8%	0.0%
High School Graduation Rate, 2010	84.3%	92.9%	82.5%
Median Household Income, 2012	$46,873	$38,955	$11,000 to $14, 999[2]
Persons Below Poverty Level, 2012	16.3%	19.8%	45.0%[3]

[1]Ohio and Athens region statistics are derived from the most recent US Census, and OSAM drug consumers were participants for this reporting period: January - June 2014.

[2]Participants reported income by selecting a category that best represented their household's approximate income for 2013. Income status was unable to be determined for 4 participant due to missing and/or invalid data.

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

Athens Regional Participant Characteristics



*Not all participants completed forms; numbers may not equal 40.
**Some participants reported multiple drugs of use during the past six months.
***Other drugs: Dimethyltryptamine (DMT), Suboxone®.

Historical Summary

In the previous reporting period (June – December 2013), heroin, marijuana, prescription opioids, Suboxone® and synthetic marijuana remained highly available in the Athens region; also highly available were prescription stimulants. Increased availability existed for heroin and Suboxone®. Data also indicated likely increased availability of methamphetamine.

Black tar and brown powdered heroin were reported as the most available types of heroin throughout the region. Law enforcement reported rarely encountering white powdered heroin. Participants agreed that heroin was the easiest drug to obtain; reportedly, easier to obtain than even marijuana. Participants attributed the increase in availability and usage of heroin to abuse deterrent changes in formulation of certain prescription opioids. Several community professionals noted that previous prescription opioid users had switched to heroin use.

The most reported route of administration for heroin remained intravenous injection. Injection needles were primarily obtained through heroin dealers and from people with diabetes. Participants noted decreased availability of needles as many pharmacies in the region were reported to no longer sell needles without a prescription. Participants agreed that sharing and re-using needles was common practice. Participants and community professionals discussed the need for a clean needle exchange and a consistent place to dispose of dirty needles.

Participants reported that the increased availability of Suboxone® was a result of the increased use of heroin as users seek out this medication when heroin is unavailable to them. A participant reported that Suboxone® was the easiest of all prescription opioids to obtain. Oral consumption was the most common route of administration reported, with snorting and intravenous injection reported as alternative methods.

Lastly, participants and law enforcement reported that methamphetamine was available in powdered (aka "shake-and-bake") form. Increased availability of methamphetamine was reported to be attributed to the ease of manufacturing the drug for personal consumption. The most common route of administration for methamphetamine was smoking. Typical users of methamphetamine were described as white, in their 20s and 30s, both male and female, unemployed and of low socio-economic status.

Current Trends

Powdered Cocaine

Powdered cocaine is moderately to highly available in the region. Participants most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '5.' Although available, participants noted that powdered cocaine could be challenging to obtain and commented: "*Out of all the 'big boy drugs' (hard drugs),* [powdered cocaine is] *probably the hardest one to get; If you want it, you're going to have to travel to get it; I think if you really wanted* [powdered cocaine], *you could probably make some phone calls.*" Treatment providers most often reported current availability as '6,' while probation officers most often reported current availability as '1;' the previous most common score was '5' or '6.' Treatment providers described current availability as follows: "[Powdered cocaine is] *rare; I think they're going* [out of the region] *to get it.*" A probation officer similarly commented, "*I don't see* [powdered cocaine] *too often* [with my probationers]."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Three individuals were sentenced in Athens County Common Pleas Court after being charged with cocaine trafficking between Ohio and Virginia (www.athensohiotoday.com, Jan. 13, 2014; www.athensohiotoday.com, Jan. 15, 2014). An Ohio University student from Dayton was sentenced after authorities found him selling cocaine and marijuana from his Athens apartment (www.athensnews.com, May 7, 2014).

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

Participants in Athens and Muskingum counties reported that the availability of powdered cocaine has remained the same during the past six months, while participants in Guernsey County reported increased availability. An Athens participant reported that availability is affected by law enforcement: "*There was a very big bust on the college campus*

[so availability decreased]." Community professionals reported that availability of powdered cocaine has remained the same during the past six months. The BCI Athens 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 '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was also '5.' Participants' comments varied when describing the quality of powdered cocaine. Comments included: "[The quality of powdered cocaine] *depends on where you're getting it from and where they're getting it from; There's two different sides of town* [and] *it depends on who's 'stepping on it' (adulterating the drug).*" Participants shared that powdered cocaine in the region is cut (adulterated) with baby laxatives, bath salts, ether and methamphetamine. A participant in Muskingum County disclosed, "*I know people who cut it with meth and bath salts.*" Overall, participants reported that the quality of powdered cocaine has decreased during the past six months. Participants commented: "*The price went up and the quality went down; It's getting worse.*" Other participants suggested fluctuating quality and commented: "*I would say* [the quality of powdered cocaine is], *consistently inconsistent; Sometimes it's good, and sometimes it's bad … and that's just how it is.*"

Powdered Cocaine	Cutting Agents Reported by Crime Lab
	• levamisole (livestock dewormer) • lidocaine and procaine (local anesthetics)

Current street prices for powdered cocaine were consistent among participants with experience buying the drug. Participants said price is dependent on the dealer and the quality of the product: "*It just depends on who you know; It depends on how good it is, too.*" Several participants noted that it is difficult to obtain large amounts of powdered cocaine: "*You'd be hard pressed to find an 'eight ball' (1/8 ounce) around here; You don't get a true eight ball unless you know someone.*" A participant explained, "*Some people want to sell lower quantity so they can make more money.*"

Powdered Cocaine	Current Street Prices for Powdered Cocaine	
	1/2 gram	$50
	a gram	$100
	1/16 ounce (aka "teener")	$150
	1/8 ounce (aka "eight ball")	$350

Participants reported that the most common route of administration for powdered cocaine remains snorting. Participants estimated that out of 10 powdered cocaine users, six would snort, two would intravenously inject or "shoot" and two would smoke the drug. A participant suggested that route of administration depends on social ties and commented, "*If I was in a room with people* [using powdered cocaine], *everyone would be snorting it. If it was me and my husband, or just me* [alone], *I would be cooking it* [into crack cocaine] *and smoking it.*"

A profile for a typical powdered cocaine user did not emerge from the data. Participants described typical users of powdered cocaine as anyone from low to high socio-economic status and often mentioned doctors as typical users. Several participants discussed perceptions among powdered cocaine users differentiating them from other drug users and commented: "*In my circle of friends, they think that they're more higher class because they look down upon people for like doing pills and heroin and stuff like that - but they're sitting there talking about it while they're doing a line of coke; There's a cultural divide; They think they are higher class.*" Community professionals described typical users of powdered cocaine as college students.

Crack Cocaine

Crack cocaine is 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 inconclusive and ranged from '0-8.' A participant commented, "[Crack cocaine is] *all about who you know. It's* [available] … *you just gotta know the right people.*" Participants identified that yellow and white forms of crack cocaine are available throughout the region.

Treatment providers in Athens County most often reported the current availability of crack cocaine as '7,' while law enforcement in Hocking County reported current availabil-

ity as '1;' the previous most common score among community professionals was '5-7.' Treatment providers reported: "[Crack cocaine is] *not hard to get.* [Users] *may have to travel to Columbus or Zanesville; I know with my clients they don't have a problem getting it.*" Treatment providers divulged: "*I'm hearing a lot* [from clients] *about a Detroit connection … For them to go from Detroit to West Virginia they gotta go through Ohio and … they're dropping off product on their way; There's been a few Detroit guys caught down here in Athens County* [with crack cocaine]."

Participants reported that the availability of crack cocaine has remained the same during the past six months. An Athens County participant commented, "*Overall … there's still 'crack' (crack cocaine) around.*" 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 noted that she believes crack cocaine use has increased with her clients and explained, "*They are using* [crack cocaine] *to offset not as much use of the opiates, you know, like trying to switch habits to something else.*"

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

Participants most often rated the current overall quality of crack cocaine as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '5.' Several participants noted that the quality of yellow crack cocaine is higher than the white crack cocaine. Participants reported that crack cocaine in the region is cut with liquid dish soap and isotol (diuretic). One participant recounted, "*It seems like the longer you go into the night, the worse* [crack cocaine quality] *gets.*" Participants were inconclusive as to quality change of crack cocaine during the past six months. While Athens County participants reported no change in crack cocaine quality, Muskingum County participants reported: "[Crack cocaine quality has] *gotten a little better in the past six months. It was pretty junky there last fall; It's gotten way better.*" Still other participants suggested a decrease in crack cocaine quality and commented: "*I think everything is cut down a lot;* [Crack cocaine quality has] *gotten worse around here 'cause more people are stepping on it.*"

Crack Cocaine	Cutting Agents Reported by Crime Lab
	levamisole (livestock dewormer)
	lidocaine and procaine (local anesthetics)

Current street prices for crack cocaine were consistent among participants with experience buying the drug. Participants reported that the most common amount purchased is 0.2 grams (aka "20-piece"). A participant explained that a 20-piece is the size of a small pea and added, "*If you had 100 dollars, you're going to get 'five peas' (five 20-piece-sized rocks of crack cocaine).*" Although participants did not provide pricing for larger quantities, they reported that 1/16 ounce (aka "teener"), 1/8 ounce (aka "eight ball") and ounce amounts sell for similar prices as powdered cocaine. A participant noted that quantity and price often depend on the dealer and said, "*They'll say, 'Here's a 50-dollar piece.' And it is what it is … It might just be a 35-dollar piece maybe, but you're paying 50 for it.*"

Crack Cocaine	Current Street Prices for Crack Cocaine
0.2 grams (aka "20-piece")	$20
1/2 gram	$50

Participants reported 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 or "shoot" the drug. Participants explained that crack is used intravenously by breaking it down with lemon juice. A Muskingum County participant speculated, "*I think 'shooting up' (intravenously injecting crack cocaine) has increased.*" Another participant supposed, "*The ones that are shooting* [crack cocaine] *are probably smoking, too.*"

A profile for a typical crack cocaine user did not emerge from the data. Participants described typical users of crack cocaine as lower socio-economic status and paranoid from the effects of the drug. One participant explained, "*There are a lot of different types* [of crack cocaine users]. *A lot of people might not know that* [someone] *smokes because they keep it to themselves.*" A treatment provider commented, "*It's a wide variety* [of individuals who use crack cocaine] *because I've had a couple older clients* [and] *I've had in that*

25-30 [year old] *range doing it*." Another treatment provider explained, "*People are addicted* [to drugs] *at younger ages. They're going to the harder drugs like crack sooner than later*."

Heroin

Heroin remains highly available in the region. Participants most often reported current overall 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 from across the region commented on the high availability of heroin: "*This area got flooded with* [heroin]*; It's the easiest* [drug] *to get around here; It's just so easy to find it. You can just walk down the street and find heroin*." A participant from Athens County emphasized the ease of availability by commenting, "*You can hit the streets and get* [heroin] … *I guarantee I can walk out with heroin … and I could not know* [any dealers] *in that town*." Another participant reported that heroin is more available than her drug of choice and commented, "*I've been places to get crack before and all they have is heroin*." Community professionals agreed that heroin is highly available in the region, but did not report a specific rating for overall availability. However, a probation officer commented, "*We could go out there right now and get heroin*," emphasizing the high availability in the region.

While many types of heroin are currently available in the region, participants reported black tar heroin as most available. Participants and community professionals rated black tar heroin's current availability as '10;' the previous most common score was also '10' for participants and '6-10' for community professionals. However, participants disclosed that they were not particular when it came to type of heroin: "*I never set out looking for* [powdered heroin]. *If I found it, it's because I stumbled across it; That's the way it goes - if you go looking for powder and they have 'tar' (black tar heroin), you get the tar*." Treatment providers agreed that it's black tar heroin that they hear their clients using. A probation officer commented, "*All we hear about is black tar*." A treatment provider similarly stated, "*That's pretty much what* [we] *hear … the black tar*."

Participants rated brown powdered heroin's current availability as '6' in Athens County, while participants in Guernsey County reported it as '10.' Community professionals did not comment on the availability of brown powdered heroin. White powdered heroin's availability is variable throughout the region. Athens County participants reported low to moderate availability ('1-6') for white powdered heroin, while Guernsey County participants reported high availability ('10'); the previous most common score for white powdered heroin availability was '5.' Athens County community professionals most often reported white powdered heroin's current availability as '10,' while Hocking County community professionals reported '5;' the previous most common score was '1.' A treatment provider noted, "*I think you can* [get white powdered heroin], *but I think they would rather have the black tar because it seems to be more of a high potency*."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period, as well as community efforts toward decreasing drug abuse and its effects. A team of investigators from the Belmont County Drug Task Force, the Ohio State Highway Patrol (OSHP) and the Criminal Patrol Unit arrested a man in St. Clairsville (Belmont County) for trafficking heroin and cocaine (www.statepatrol.ohio.gov, Feb. 28, 2014). State Rep. Ryan Smith (R-Gallipolis) drafted House Bill 378 in an effort to require behavioral counseling and other recovery resources for opiate addicts (www.athenohiotoday.com, March 21, 2014). From January 1 to the end of June, Athens County EMS workers responded to over 60 reports of overdose, more often than not the drug involved in the overdose was heroin; often drug users fail to call emergency services, but it is critical that EMS is called in this sort of situation to minimize brain damage done when the individual quits breathing (www.athensnews.com, June 29, 2014).

The majority of participants reported no change in general heroin availability during the past six months. A participant commented, "*It's been easy* [to obtain heroin] *for a long time*." The majority of community professionals agreed that there was no change in general heroin availability during the past six months. However, Guernsey County participants reported an increase in availability of black tar and white powdered heroin during the past six months; Athens County participants reported decreased availability of white powdered heroin. Athens County participant comments on decreased availability of white powdered heroin include: "*It's been forever since I've seen* [white] *powder; Haven't seen* [white powdered heroin] *in years*." The BCI Athens Crime Lab reported that the number of heroin cases it processes has increased 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 quality of black tar heroin as '4' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '8.' Participants explained that variables like distance from larger cities and personal tolerance can affect the perceived quality of heroin. Participants stated: "*The further away from the bigger cities, the more 'stomped on' (adulterated)* [heroin] *gets;* [Heroin quality] *depends on your tolerance, how good it is and how long you've been on it* [and] *what you've had before and things like that.*" Participants reported that black tar heroin is cut with coffee, cola and whey protein.

Participants most often rated the current quality of white powdered heroin as '10.' Participants reported that white powdered heroin is cut with baby formula and fentanyl. Many participants reported rumors of Krokodil (synthetic heroin) being used as an adulterant, but this has not been confirmed in the region. Overall, participants reported that the quality of white powdered heroin has increased during the past six months. One participant commented, "*If you get the white powder, it's very good* [quality]."

Heroin	Cutting Agents Reported by Crime Lab
	diphenhydramine (antihistamine)
	quinine (antimalarial)

Current street prices for heroin were consistent among participants with experience buying the drug. Participants commonly reported obtaining heroin for less money by traveling out of the region to larger cities like Columbus. One participant commented, "*Heroin is like the biggest thing and that's why everyone is turning to it. It's so cheap and is here constantly and easy to get.*"

Heroin	Current Street Prices for Black Tar and Brown Powdered Heroin	
	1/10 gram (aka "bags, balloons, packets")	$25
	10-12 bags (aka "bundles")	$120-125

Participants reported the most common routes of administration for heroin are intravenous injection (aka "shooting") and snorting. Participants estimated that out of 10 heroin users, eight would shoot and two would snort the drug. Several participants discussed snorting heroin in detail: "*You can snort it, too. Put in water and it's like a nasal spray; Snort it through a straw.*" In addition, a few participants mentioned smoking heroin, albeit rarely.

Reportedly, injection needles are primarily obtained from people with diabetes and from heroin dealers throughout the region, except in Guernsey County where participants reported that needles can still be obtained from pharmacies and convenience stores without a prescription. A participant reported, "*You normally just get* [needles] *from the drug dealer … your dope dealer when you buy* [heroin]." Current street prices for needles were variable among participants with experience purchasing them. Participants suggested that the price for syringes has increased during the past six months and that prices could be higher depending on how eager someone is to obtain a syringe. Participants reported that new, unused syringes sell for $3-5 each on the street.

In addition, participants from across the region reported a willingness to share a needle if there was no clean needle available at the time of their drug use, reporting needle sharing as a common occurrence. One participant said, "*I think if someone is there and they want to get high bad enough, they are going to use* [a dirty needle]." Another participant explained, "*I always did* [share needles]. *I mean, you don't have a choice. You're sick and you want to get high,* [so] *you're going to share that needle.*" An additional and related concern throughout the region is the increasing number of used syringes found on the ground around the community. Participants shared their concern and recommendations: "*People throw their needles out of their windows. It's just getting worse and worse and I'm worried that my kids are going to step on them and get HIV or hepatitis or anything; I really think they should make it where you got a place to dispose of* [used syringes/needles] *so they are not lying on the sides of the streets - and be able to buy them individually, even though it's for drug use, because it prevents diseases.*" Community professionals also shared that there should be a needle exchange or at least a place to discard dirty needles.

A profile of a typical heroin user did not emerge from the data. A participant reported, "[Addiction to heroin] *attacks everybody - the rich and the poor.*" Another participant

commented, "*A lot of people use heroin now because they can't afford pain pills or they can't get pain pills.*" Community professionals described typical users of heroin as everybody. A treatment provider commented, "[Addiction to heroin] *doesn't discriminate - if it's gotcha, it's gotcha.*" Other treatment providers reported younger and older clients are addicted to heroin: "*I think there's an increase* [in heroin addiction] *and it doesn't matter how old you are because I have three clients in their 50s that just started using heroin; Young kids, too, kids younger and younger are trying heroin.*" Law enforcement agreed and reported that it is common for transitional age (late teens to early twenties) youth to use heroin.

Prescription Opioids

Prescription opioids remain highly available throughout 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 score was also '10.' Participants identified fentanyl, OxyContin®, Percocet®, Roxicodone® and Vicodin® as the most popular prescription opioids in terms of widespread use. Participant comments on availability included: "[Prescription opioids are] *my drug of choice, so I know everyone that does them; I can get* [any prescription opioid] *you want because that's my drug of choice.*" Other participants explained that those who find it more challenging to obtain prescription opioids, still find them readily available in or just outside the region: "Y*ou just gotta know someone that prescribed them or you got know somebody that knows somebody, because I know in Ohio they have cracked down on the laws, so I know people that go to West Virginia just to get their pain meds.*"

Community professionals most often reported current prescription opioid availability as '9-10;' the previous most common score was '9.' Community professionals identified OxyContin®, Percocet®, Roxicodone ® and Vicodin® as the most popular prescription opioids in terms of widespread use. A treatment provider explained, "[Clients] *tell me that 'oxy' (OxyContin®) is their drug of choice and that's what they started on, but then they'll say that they'll take anything they can get.*"

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A man was indicted in connection with a series of pharmaceutical robberies in Roseville (Muskingum/Perry counties) (www.nbc4i.com, Feb. 26, 2014). Another man was arrested in Glouster (Athens County) on drug trafficking charges when Athens law enforcement seized 1,400 oxycodone 30 mg pills following a car chase (www.athensnews.com, May 6 and 12, 2014). A Glouster woman was taken into custody for procuring money and prescription opioids in exchange for sex (www.athensnews.com, Mar. 19, 2014). OSHP arrested a man during a traffic stop for multiple violations in Gallia; 265 oxycodone pills were seized (www.statepatrol.ohio.gov, May 31, 2014). Another man was arrested in Laurelville (Hocking County) on drug trafficking charges after Hocking County Sheriff's deputies found that he participated in trafficking prescription pills and syringes; black tar heroin was seized at his residence (www.nbc4i.com, June 16, 2014).

Most participants reported a decrease in general availability of prescription opioids during the past six months, while participants in Guernsey County reported an increase. Participants reiterated that "*you gotta be in the loop though*" in order to obtain these drugs. Treatment providers reported a decrease in prescription opioid availability, while drug court staff reported no change in availability during the past six months. A probation officer said, "*I have* [clients] *that test positive for* [prescription opioid use] *and admit to using it all the time.*" The BCI Athens Crime Lab reported that the number of prescription opioid cases it processes has increased during the past six months.

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

Reportedly, many different types of prescription opioids are currently sold on the region's streets. Current street prices for prescription opioids were consistent among participants with experience buying these drugs. Participants reported the following prescription opioids as available to the street-level users.

Prescription Opioids	Current Street Prices for Prescription Opioids
fentanyl	$15-25 for 25 mcg $50-75 for 100 mcg
OxyContin® OP (*new formulation*)	$.50 per mg $25 for 40 mg
Percocet®	$5-7 for 5 mg $10 for 10 mg
Roxicodone®	$15-20 for 15 mg $30-45 for 30 mg
Vicodin®	$3-5 for 5 mg

In addition to obtaining prescription opioids on the street from dealers, participants also reported getting them from friends, family members and doctors. One participant reported, "*I live in a house with someone who has pain pills.*" Another participant shared she can easily go to her mother's room and help herself to her mother's medication. Other participants shared more challenges obtaining prescription opioids and commented: "*I had to start 'squeezing' (manipulating) people … in order for them to give me what I needed to not be sick; I started out with a prescription, but when they took my prescription* [away] *that's when I had to figure out a way to get them still because I was hooked on them then.*"

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 for illicit use are snorting and intravenous injection (aka "shooting"). Participants estimated that out of 10 illicit prescription opioid users, seven would snort and three would shoot the drugs. Many participants discussed the different ways they have experimented with, and had heard of from friends, to break down the new abuse-deterrent formulations of prescription opioids in order to snort or shoot. Methods included freezing, microwaving, baking and shaving the pills. One participant reported, "*I know a lot of smart people, but I have never seen it successfully done.*" In addition, a few participants discussed the ability to or prevalence of smoking certain pills. Participants also discussed the myriad ways fentanyl can be consumed: "*Chew on it; People cut it open and shoot it up; You can put it on* [the skin as directed] *and use … a heating pad … it helps it absorb faster.*"

A profile of a typical illicit user of prescription opioids did not emerge from the data. Participants and community professionals described users as anybody and everybody. A participant stated, "*You cannot tell* [if someone is a user] *around here … everybody does it.*" Another participant commented, "*There are so many people these days* [illicitly using prescription opioids] *… it's way out of control.*" A probation officer said a typical illicit user could be anyone aged 13-93 years.

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 '9.' One participant reported, "*I can make a phone call and have* [Suboxone®] *right away.*" Another participant suggested supplies are coming from outside the region: "*It depends on the time of the month and when the people go up to the clinic in Columbus.*" Community professionals most often reported Suboxone® current availability as '10;' the previous most common score was '9.'

Most participants reported an increase in Suboxone® availability during the past six months. However, a couple participants suggested possible stabilization or decrease in availability of Suboxone® for illicit users and commented: "[Suboxone® is] *actually getting a lot harder to get because the doctors are doing counts … and* [there's] *security bar codes on them, so if someone gets caught, they know exactly who sold them.*" Treatment providers and probation officers also reported an increase in Suboxone® availability during the past six months. A treatment provider commented, "[Suboxone® clinics] *are strict, but that doesn't mean that their clients don't go out and sell it or abuse it.*" The BCI Athens 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	Increase
Treatment providers	Increase

Current street prices for Suboxone® were consistent among participants with experience buying the drug. Participants reported that the sublingual strip form is less expensive than the sublingual tablet form. Participants suggested that prices have increased during the past six months. A participant shared, "*When I started on Suboxone® I was paying like 10 bucks. I had a guy offer them to me for $35 the other day - for Suboxone®* [8 mg]."

Suboxone®	Current Street Prices for Suboxone®	
	Tablet	$10-15 for 4 mg $25-35 for 8 mg
	Sublingual film	$20-25 for 8 mg

In addition to obtaining Suboxone® on the street from dealers, participants also reported getting the drug from friends and doctors. One participant commented, "*I just know people to call* [to] *get* [Suboxone®] *and stuff*." While there were a few reported ways of consuming Suboxone®, generally the most common route of administration for illicit use is snorting. Participants estimated that out of 10 illicit Suboxone® users, all 10 would snort the drug. One participant commented, "*If I was in a room with 50 people all doing Suboxone®, all 50 would be snorting … the taste is horrible, I don't think anybody can stand the taste that's probably why people snort*." Participants explained this method of administration is performed by letting the tablet or the strip dissolve in water and then snorting it similar to the administration of a nasal spray.

Participants and community professionals described typical illicit users of Suboxone® as opiate and heroin addicts. One participant explained, "*With Suboxone® … if you're an addict, you're going to sell it and use it*." A treatment provider commented, "*Suboxone® tends to be your 'keep-me-from-getting-sick-in-withdrawal' kinda thing*."

Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) are highly available in the region. Participants most often reported current availability of these drugs 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 '7.' Participants identified Klonopin®, Xanax® and Valium® as the most popular sedative-hypnotics in terms of widespread use. A participant commented, "*Depending on the time of the month, I could get any of them*."

Community professionals most often reported current availability of sedative-hypnotics as '10;' the previous most common score was '3.' Community professionals identified Klonopin® and Xanax® as the most popular sedative-hypnotics in terms of widespread use. A treatment provider added, "*I think* [sedative-hypnotics are] *used more as a supplement rather than as a drug of choice. It's just the way it enhances whatever other drugs they use*."

Athens participants reported no change in general availability of sedative-hypnotics during the past six months, while participants in Guernsey and Muskingum Counties reported decreased availability. Another participant suggested, "[Sedative-hypnotics are] *around, but honestly no one wants them anymore.* [Users] *want the heroin or the pain pills*." Community professionals reported that the availability of sedative-hypnotics has increased during the past six months. Treatment providers said that doctors in the region commonly prescribe sedative-hypnotics to their clients along with Suboxone®. The BCI Athens Crime Lab reported that the number of sedative-hypnotic cases it processes has increased during the past six months.

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

Reportedly, many different types of sedative-hypnotics are currently sold on the region's streets. Current street prices for sedative-hypnotics were consistent among participants with experience buying the drug. Participants reported the following sedative-hypnotics as available to street-level users.

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

In addition to obtaining sedative-hypnotics on the street from dealers, participants also reported getting them from friends, family members and having them prescribed by doctors. Participant comments included: "*It's pretty easy to get* [sedative-hypnotics] *prescribed; It's real easy. I'd just ask my sister; They prescribe Xanax® to just about everybody*."

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 for illicit use remain snorting and oral consumption. Participants estimated that out of 10 illicit sedative-hypnotic users, nine would snort and one would swallow the drugs. A participant reported, "*Everyone I know snorts* [sedative-hypnotics]." In addition, while reportedly rare, a few participants said that some users "shoot" sedative-hypnotics by dissolving the pills in water and then injecting.

Participants described typical illicit users of sedative-hypnotics as anyone, yet particularly noted two groups: the elderly and those who use stimulants. A participant commented, "*It's really, really common among the elderly people now* [to use sedative-hypnotics]." Another participant added, "[For] *people who are coming off of 'uppers' (stimulants)* … [sedative-hypnotics] *will make it easier*." Another participant said it could be anybody because "*they prescribe Xanax® to just about everybody*." Community professionals described typical illicit users of these drugs as opiate addicts, aged 15 to 60 years and more often female than male. A treatment provider commented, "[Sedative-hypnotic use is] *pretty* [much] *across the board*."

Marijuana

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.' One participant commented, "[Marijuana is] *probably easier to get than heroin, for any 'grade' (quality)*." Another participant stated, "[Marijuana availability is] *the only constant down here*." Community professionals also most often reported current availability of marijuana as '10;' the previous most common score was also '10.' A probation officer commented, "*It's more uncommon to get a kid* [assigned to probation] *that's not smoking 'pot' (marijuana)*." Another probation officer said, "*You could probably go outside and find* [marijuana] *in the street that someone dropped out of their pocket*." Treatment providers commented that marijuana use has become socially acceptable.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. OSHP seized 56 pounds of marijuana from a vehicle in Muskingum County following a traffic stop, arresting two men (www.statepatrol.ohio.gov, Feb. 4, 2014). OSHP also arrested a man after seizing four pounds of marijuana and a small amount of synthetic marijuana when they stopped his vehicle in Guernsey County (www.wkbn.com, March 10, 2014).

Participants reported that the high availability of marijuana has remained the same during the past six months. Moreover, participants reported that both low-grade and high-grade marijuana are highly available, with many participants noting that it is easier to obtain high-grade marijuana than low-grade marijuana. Participant comments included: "*The high-grade* [marijuana] *is actually starting to get easier to get; I think it harder to find bad weed than it is good*." Community professionals also reported that the availability of marijuana has remained the same during the past six months. A probation officer commented, "*People grow their own stashes* [marijuana supply] *down here*." The BCI Athens Crime Lab reported that the number of marijuana cases it processes has increased during the past six months.

Marijuana	Reported Availability Change during the Past 6 Months	
	Participants	No Change
	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.' Although low-grade marijuana is readily available, participants reported it is not usually desired and commented: "*A lot of people down here don't smoke that anymore; No one really wants it; I try not to buy lower grade; I don't know anybody that messes with nasty weed … it's all top grade stuff*." 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). Many participants discussed how high the quality of marijuana is in the region. One participant remarked, "*There's gold in these hills*," referring to the high quality of locally grown marijuana in the Athens region. Other participants agreed and commented: "*I get good low-grade* [marijuana] *too; It's damn good weed. It will stick to your fingers and stuff.*" Participants suggested an increase in marijuana quality during the past six months. A participant replied, "[Available marijuana is] *pretty good* [quality] *and it just keeps getting better and better and better.*"

The price of marijuana depends on the type and quality desired; current street prices for marijuana were provided by participants with experience buying the drug.

Participants discussed multiple avenues to obtain marijuana in the region including growing the drug or knowing someone who grows the drug or knowing of parking lots of small convenience stores where dealers sell. A participant shared, "*I can just call anybody in my phone* [to obtain marijuana]."

Participants reported the most common route of administration for marijuana remains smoking. Participants estimated that out of 10 marijuana users, nine would smoke while one would vaporize the drug. Participants from across the region reported an increase in users vaporizing marijuana. A participant replied, "*Poor people smoke pot now. If you have any money, you vaporize it.*" Other Participants commented: "*Vaporize is becoming more popular, it's a lot smoother; A lot of people are smoking* [hash] *oil; 'B.H.O.' (butane honey oil) is increasingly popular - in the 'pen' (vaporizing device).*" A participant explained, "[A] *vape pen … it's a little machine … you can buy one now that looks like a cigarette and it heats it up and the THC comes out and you get a lot more THC than you would if you were smoking it … you're not getting any smoke in your lungs and you're getting more THC.*" Lastly, while less frequently reported, some participants mentioned ingesting marijuana that is baked into food.

A profile for a typical marijuana user did not emerge from the data. Participants and community professionals continued to describe typical users of marijuana as anybody and everybody. Participant comments on users included: "*Normal person just chilled out; Relaxed; From cowboys to yuppies and everybody in between.*" A probation officer commented, "[Using marijuana is] *not as big of a deal as it once was.*" Treatment providers shared that marijuana use is often shared among family members from one generation to another. A treatment provider commented, "*So many clients have smoked* [marijuana] *with their parents because* [they say], '*It's just pot.*'"

Marijuana	Current Street Prices for Marijuana	
	low grade:	
	A blunt (cigar) or two joints (cigarettes)	$5
	A gram	$10
	1/8 ounce	$25-30
	1/4 ounce	$60
	An ounce	$100-150
	high grade:	
	A blunt or two joints	$10
	A gram	$20
	1/8 ounce	$50
	1/4 ounce	$100
	An ounce	$350
	A pound	$3,000-3,500

Methamphetamine

Methamphetamine is is 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 '8-9.' Community professionals most often reported current availability as '8;' the previous most common score was '7.' Participants reported that methamphetamine is available in powder (aka "shake-and-bake") or crystal forms. Participants reported: "[Methamphetamine is] *actually the second* [most available] *thing around here* [second to heroin]; *It's pretty easy to get; A lot of people I used to get opioids off of went from* [dealing prescription opioids] *to* [methamphetamine]."

Participants from across the region commented about the production of "one-pot" or "shake-and-bake," which means users are producing methamphetamine in a single sealed container, such as a two-liter soda bottle. By using com-

mon household chemicals along with ammonium nitrate (found in cold packs) and pseudoephedrine (typically found in some allergy medications), people who make methamphetamine (aka "cooks") can produce the drug in approximately 30 minutes in nearly any location by mixing ingredients in small containers. A participant commented, "*Mostly around here it's the shake-and-bak*e [form of methamphetamine]." A treatment provider also reported, "*It's more shake-and-bake.*" A probation officer added, "[Law enforcement is] *finding bottles on the side of the road of what they cooked* [methamphetamine] *in.*"

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Two men were arrested in Perry County after the Sheriff's Office found an active methamphetamine lab in a bathroom of the apartment in which they lived (www.nbc4i.com, Jan. 14). A university student in Athens County was indicted for trafficking methamphetamine from his apartment (www.thepost.ohiou.edu, Jan. 14, 2014). A drug trafficking investigation led to the arrest of 26 individuals for selling methamphetamine along with several other substances including prescription opioids, LSD, prescription stimulants, cocaine, BZP and marijuana (www.nbc4i.com, March 14, 2014). OSHP found a mobile meth lab in the trunk of a vehicle they stopped in Athens County (www.athensnews.com, May 26, 2014). Athens County Sheriff's deputies seized evidence of a meth lab when they executed a search warrant near Coolville (www.nbc4i.com, June 13, 2014).

Participants reported an increase in methamphetamine availability during the past six months. In addition, participants from Athens and Muskingum counties noted that crystal forms of methamphetamine (aka "ice") have infiltrated the region during the past six months. Participant comments on increased availability of 'crystal meth' included: "*Right now people are getting ounces of ice that's coming in; I know that ice has went up; I think the availability of both* [powdered and crystal methamphetamine] *has went up.*" Probation officers and court workers reported that methamphetamine availability has remained the same during the past six months, while treatment providers reported increased availability. Treatment provider comments included: "*Now* [methamphetamine is] *back up on the rise; I'm not sure the use of it has gone down that much, and I think the quiet new way to process it* [has made the presence of methamphetamine more hidden] … *you're not hearing about neighbors calling about that godawful smell coming out of that house,* [instead] *you're seeing a lot of them in motels and stuff … and people are moving* [meth labs] *around as they're* [manufacturing the drug]; *It's more mobile.*" The BCI Athens Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months.

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

Participants most often rated the current overall quality of methamphetamine as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants specifically reported powdered methamphetamine quality as variable ranging from '2-9;' the previous most common score for powdered methamphetamine quality was '2-3.' A participant remarked, "*Shake-and-bake has always been junk.*" Participants did not rate the quality of crystal methamphetamine, but one participant commented, "*It's pretty good.*"

Current street prices for methamphetamine were consistent among participants with experience buying the drug. Participants from Muskingum County explained, "*You can go buy a box of Sudafed® at the pharmacy and …* [methamphetamine cooks] *would give you a 'quarter' (quarter gram of methamphetamine).*" Reportedly, 1/4 gram of shake-and-bake can be obtained through the exchange of a box of pseudoephedrine (generic or Sudafed®)

Participants reported the most common routes of administration for methamphetamine are smoking and snorting. Participants estimated that out of 10 methamphetamine users, five would snort and the other five would smoke the drug. Several participants discussed snorting as the preferred method, but suggested that the route of administration depends on the social setting. A participant shared, "*Most people I was around snorted* [methamphetamine, so I snorted, too]." Other participants mentioned "hot railing" methamphetamine. One participant explained, "'*Hot rail' is to snort* [methamphetamine], *but you get* [the methamphetamine] *real hot and it turns to liquid.*

We would take the glass 'stem' (pipe) and heat it with a torch until it was red-orange at the end and then just snort a line [from a piece of glass or a mirror] *and blow out smoke; you can really do a lot that way.*" Participants also mentioned intravenously injecting (aka "banging") as another route of administration for methamphetamine.

A profile of a typical methamphetamine user did not emerge from the data. Participants more often described typical methamphetamine users in terms of physical characteristics of prolonged use rather than demographics or professions. Likewise, it was difficult for community professionals to describe typical methamphetamine users. However, community professionals generally identified methamphetamine users as more often male than female. A treatment provider added, "*Generally, when we have a woman in here* [for meth], *there's some guy on fringes in someplace and we just don't see him.*" A probation officer commented, "[Methamphetamine use is] *more prevalent with adults.*"

Prescription Stimulants

Prescription stimulants remain available in the region. However, participants most often reported the current availability of these drugs as '2-3' 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 identified Adderall® as the most popular prescription stimulant in terms of widespread use. Participants also discussed the availability of Focalin® and Ritalin®. A participant noted, "*Ritalin® is harder to find than Adderall®.*" Another participant reported, "[Prescription stimulants are] *really hard to find. Anyone who gets them keeps them.*" Other participants commented: "*It's rare* [to find prescription stimulants]. *You don't see it as much as everything else; Not anymore, everybody's on heroin or pain pills.*" Community professionals most often reported current availability of prescription stimulants as '10;' the previous most common score was '3.' Community professionals identified Adderall®, Ritalin® and Focalin® as the most popular prescription stimulants in terms of widespread use. A treatment provider suggested there are some doctor's trying to control these substances more closely and commented, "*We have two doctors who work around here that do pill counts.*"

Participants and community professionals reported that the overall availability of prescription stimulants has remained the same during the past six months. The BCI Athens Crime Lab reported that the number of prescription stimulant cases it processes has also remained the same during the past six months.

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

In addition to obtaining prescription stimulants on the street from dealers, participants also reported getting them from friends or family members. One participant informed, "*Most people who use* [prescription stimulants] *have their kids get them prescribed.*" A treatment provider also revealed, "*We've got a lot of parents selling their kid's amphetamines.*" Current street prices for Adderall® were consistent among participants with experience buying the drug.

Prescription Stimulants	Current Street Prices for Prescription Stimulants	
	Adderall®	$5 for 30 mg

While there were a few reported ways of consuming prescription stimulants, generally the most common routes of administration for illicit use remain snorting and oral consumption. In addition, participants mentioned that intravenously injecting (aka "shooting") is a fairly common practice. One participant remarked, "*People shoot* [prescription stimulants], *too. You crunch them up, put little water on* [the little balls inside the capsules] *and crunch them up. They'll turn into liquid.*" Participants described typical illicit users of these drugs as younger and older commenting that parents often use their child's prescription stimulants. Community professionals suggested illicit users are often high-school and college-aged students, as well as young mothers.

Bath Salts

Bath salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues) remain available in the region. However, due to limited personal contact with bath salts during the last six months, participants were not able to rate the drug's current availability 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.' Many participants discussed that there is no desire to consume bath salts among the users they know even though bath salts remain available. One participant explained, "*I won't ever be around someone who's high on* [bath salts] *again*." Treatment providers most often reported current availability of bath salts as '7-8,' while probation officers most often rated current availability as '1;' the previous most common score among all community professionals was '7-8.' A probation officer commented, "*I haven't seen* [bath salts] *in a while*."

Media outlets reported on bath salts arrests in the region this reporting period. Athens Police arrested a university football player for selling 4-methylethylcathinone (aka "bath salts") from his dormitory room (www.athensnews.com, Jan. 5, 2014).

Participants reported decreased availability of bath salts during the past six months. One participant reported *"I've never really heard of* [bath salts] *until the other day."* Community professionals concurred and reported decreased availability of bath salts during the past six months. A probation officer stated, "*You gotta really know where to get* [bath salts]."

Bath Salts	Reported Availability Change during the Past 6 Months	
	Participants	Decrease
	Law enforcement	Decrease
	Treatment providers	Decrease

Despite legislation enacted in October 2011, participants from across the region shared that bath salts continue to be available on the street from dealers as well as from smoke shops and the Internet. Community professionals described typical users of bath salts as young, 15 to 17 years old.

Synthetic Marijuana

Synthetic marijuana (synthetic cannabinoids; aka "K2" and "Spice") remains available in the region. However, due to limited personal contact with the drug during the last six months, participants were not able to rate the drug's current availability 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.' Although no availability rating was given, participants from across the region expressed that synthetic marijuana remains readily available in local stores. One participant shared, "*It's easy for people to get* [synthetic marijuana] *if they really want it*." Treatment providers most often reported current availability as '10,' while law enforcement most often reported current availability as '6;' the previous most common score among all community professionals was '1.' Treatment providers reported that the popularity of the substance has shifted, as one treatment provider explained: "[Synthetic marijuana is] *still available* … [users] *can still find it, but I think there's been enough horror stories about what's going on with it and how it affects you that people are not using it as much as they were*."

Media outlets reported on decreased synthetic marijuana popularity in the region this reporting period. *Athens News* interviewed Athens Police Chief and an executive director of a treatment facility based in Athens regarding synthetic marijuana during which a noticeable and welcomed decrease in use of this substance was reported (www.athensnews.com, May 21, 2014).

Participants reported that the availability of synthetic marijuana has decreased during the past six months. Participant comments included: "[Synthetic marijuana] *was a big thing a few years ago; It's kinda fell away*." Community professionals agreed that the availability of synthetic marijuana has decreased during the past six months. A treatment provider commented, "[Popularity of synthetic marijuana has] *kinda died off*." A law enforcement officer commented, "*Now that we have 'dips' (urine analysis tests) that will test for K2 - we don't have them yet. We ordered them - but once we get those, we'll probably start seeing a bigger group of kids still using* [K2]."

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

Participants did not rate the current quality of synthetic marijuana but said the drug is not a preferred substance and indicated poor quality of the product. Participants stated: "[Synthetic marijuana is] *nasty; Why would anyone want to smoke that*?"

Despite legislation enacted in October 2011, synthetic marijuana continues to be available on the street from dealers as well as from small convenience stores and smoke shops in the region. Participants also mentioned obtaining synthetic marijuana online. A treatment provider added, "*You can now order a lot of* [synthetic marijuana] *over the Internet. If you have a credit card you can order it.*"

The only route of administration reported by participants for synthetic marijuana remained smoking. Participants described typical users of synthetic marijuana as those who are getting tested for drugs regularly, often on probation and/or living in a half-way house. One participant added, "[Synthetic marijuana use is] *in the teenage community a lot.*" Community professionals described typical users of synthetic marijuana as younger, teenaged to 20 or 30 years old, often trying to avoid getting caught on a drug screen.

Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) current availability remains variable in the region, depending on the form of the drug. Participants most often reported the current availability of the drug's pressed tablet form as '4' 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.' One participant commented "*I haven't seen* [pressed ecstasy tablets] *in a while.*" Most participants were generally unaware of ecstasy availability in the pressed tablet form.

Participants most often reported the current availability of "molly" (powdered form of MDMA) as '10;' the previous most common score was '7.' One participant testified that it is easier to obtain molly than the traditional pressed ecstasy tablets. Other participants discussed that molly availability is variable and commented: "[Molly availability is] *seasonal, comes and goes with the events; It depends on the scene, like certain concerts and stuff and types of events.*"

Community professionals most often reported ecstasy (tablet form) current availability as '8;' community professionals were unable to rate the availability during the last reporting period.

A treatment provider noted, "*I hear about* [ecstasy] *every once in a while and it's mainly when the music festivals are around. I don't hear about ecstasy on a regular basis at all.*" Community professionals most often reported the current availability of molly as '8;' the previous most common score was '3.'

Participants from across the region reported that the availability of ecstasy has remained the same during the previous six months. Reports on the availability of molly differed between all counties, participants from Athens County reported an increase, Guernsey County participants reported a decrease and Muskingum County participants reported the availability has remained the same during the past six months.

Community professionals reported that the general availability of ecstasy decreased during the past six months. Additionally, community professionals disagreed as to availability change of molly: treatment providers reported an increase, while law enforcement reported no change in availability of molly during the past six months. A treatment provider commented, "*There's a shift from ecstasy to molly.*" Community professionals from across the region commented on the continuing popularity of molly among users: "*I thought it was going to be a short stint, you know what I mean? But I still get wind of more and more people doing* [molly]; *It's hanging in there longer than I anticipated.*" Similar to participant descriptions of molly availability, a treatment provider in Athens commented, "*I get a sense that now that it's warmer and later in the school year, it's more available because of the drug use that's associated with the music festivals and more people going.*" The BCI Athens Crime Lab reported that the number of ecstasy cases it processes has decreased during the past six months.

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

Participants did not comment on the current quality of ecstasy or molly. However, a law enforcement officer commented, "*I heard if you find* [ecstasy/molly] *around here, it's mostly baking powder or soda*." Additionally, media outlets reported on molly quality in the region this reporting period. A drug dealer and law enforcement in the Athens area were interviewed by *Athens News* and disclosed that the substance being sold commonly on the streets called "molly" is more often actually bath salts (www.athensnews.com, Jan. 12, 2014).

Current street prices for ecstasy and molly were consistent among participants with experience buying the drugs. One participant commented on the price, "[The price of ecstasy tablets] *depends on the quality, I think*." Participants reported typical imprints on ecstasy tablets to include Batman, Pikachu, Superman and Transformers. Molly typically comes in powdered form, although a treatment provider reported that a client informed her of "liquid molly" being available.

Ecstasy/Molly	Current Street Prices for Ecstasy	
	Tablet form	$10-20 per pill
	Current Street Prices for Molly	
	1/10 gram (capsule)	$10
	A gram	$90-100

Participants reported that the most common route of administration of ecstasy tablets remains oral consumption (swallowing). However, a few participants reported that they have administered an ecstasy tablet rectally, like a suppository. While there were a few reported ways of consuming molly, generally the most common route of administration is snorting.

Participants described typical ecstasy users as "hippies," while community professionals described typical users as college age. Participants described typical molly users similarly and expounded: "*Hippies; People that like to go to 'raves' (dance parties). Anybody that likes to have a 'trip' (hallucinogenic experience)*." Participants from across the region reported that molly users are often young. A participant commented, "*Younger people mostly … probably because it's fairly new, I guess, and it's like a social thing for when you're out and partying*." Community professionals described typical molly users as high school and college age and more often male than female. A probation officer added, "*There's a group of kids that used to be in drug court and the rest are just on probation … and they are actively using molly*."

Other Drugs

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 (dimethyltryptamine [DMT – a psychedelic compound], lysergic acid diethylamide [LSD] and psilocybin mushrooms), inhalants (nitrites) and ketamine (general anesthesia used in veterinary medicine).

Overall availability of hallucinogens remains moderate in the region. Participants most often reported the current availability of LSD 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.' One participant commented, "*I have heard of some 'acid' (LSD) down here lately*." Community professionals most often reported current availability of LSD as '7-8;' the previous most common score was '3.' Participants reported current psilocybin mushroom availability as ranging from '5-10;' the previous most common score was '7.' Community professionals most often reported current psilocybin mushroom availability as either '3-4' or '7-8' (bimodal); the previous most common score was '3.' A treatment provider commented, "*There's a lot of* [psilocybin mushrooms] *in Athens*."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Regional law enforcement arrested a 42-year-old man after the man was pulled over for a traffic stop and found in possession of 794 unit doses of LSD, some marijuana, ketamine and moonshine (www.thepost.ohiou.edu, Jan. 9, 2014 and www.athensohiotoday.com, Jan. 15, 2014). The Jackson County Municipal Court also reported on 25I-NBOMe (aka "2C-I") that is referred to as a new synthetic acid (memo from the Jackson County Municipal Court, Probation Department, March 31, 2014).

Participants and community professionals agreed that the availability of LSD and psilocybin mushrooms has remained the same during the past six months. Several participants said availability is inconsistent. The BCI Athens 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 remained the same.

While there were a few reported ways of consuming LSD and psilocybin mushrooms, the most common route of

administration is oral ingestion for both. A participant recollected, "*It was liquid* [LSD]. *I put it in a drink*." Regarding psilocybin mushrooms, a participant commented, "*It tastes horrible*." Several participants followed that comment with ways in which they consumed psilocybin mushrooms. One participant shared, "*I'll usually get a coffee pot and dry* [psilocybin mushrooms] *up real good and then run it through the coffee pot quite a few times and then put actual tea with it and it takes away the taste and you still get the same trip off of them*." Another participant added, "*You can bake* [psilocybin mushrooms] *into things as well, like you can make brownies or cookies, really anything*."

Participants had difficulty describing typical users of LSD. Participant comments included: "*I don't know of any typical 'tripper' (LSD user) to be honest; I think that's all over the board, it's like high school kids that probably want to try it and then there is like old hippies that are in their 70s*." Community professionals described typical LSD users as transient hippies or college aged. Descriptions for typical psilocybin mushroom users were similar. Participants described them as hippies or as people who go to all the hippie concerts. A participant noted, "[Psilocybin mushroom users] *could range … it could be somebody who just would like to try it or somebody really from any walk of life*." Community professionals described typical users of psilocybin mushrooms as transitional aged young people (teens to twenties).

Participants most often reported the current availability of DMT availability as '2-4' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). While participants reported low availability of DMT, they indicated an increase in DMT availability during the past six months. The BCI Athens Crime Lab reported processing zero cases of DMT during the past six months. The most commonly reported route of administration for DMT is smoking. Participants described typical users of DMT as college students.

Participants most often reported the current availability of ketamine as '3;' the previous most common score was '2.' A treatment provider from Athens County commented on the availability of ketamine: "*At a music festival* [ketamine availability] *would be a '10'* [highly available] … *outside the music festival it comes and goes like bad weather*." Participants reported that the availability of ketamine has remained the same during the past six months. A participant explained, "[Ketamine has] *always been hard to get*."

Reportedly, ketamine comes in liquid form which is cooked down into a powder form. A participant reported that one vial of liquid ketamine cooks down to a couple of grams of powder form. Participants reported that the most common route of administration of powdered ketamine is snorting. A participant identified other routes of administration as smoking and intravenously injecting (aka "shooting") for both the powder and liquid forms. One participant commented on a typical ketamine user, "*There ain't too many people* [using ketamine]. *A lot of people don't know what the hell you're talking about*." A treatment provider described the typical user as a "free spirit."

Lastly, a few participants shared that they have been exposed to inhalants during the past six months. Participants reported that nitrous oxide is highly available at music festivals in the region. Other common inhalants reported included computer keyboard dusters, whipped cream in aerosol cans, paint thinner and gasoline. Participants and community professionals described typical users of inhalants as teenagers, with community professionals noting an increase in teenage use in the region. A law enforcement officer reported that inhalants are commonly stolen by teenagers.

Other Drugs	Current Street Prices for Other Drugs	
	DMT)	$6-10
	Ketamine (liquid)	$50-60
	LSD	$400
	Psilocybin mushrooms	$5 per mushroom (aka "cap") $25-30 for 1/8 ounce $50-60 for 1/4 ounce $100-150 for an ounce

Conclusion

Heroin, marijuana, prescription opioids and Suboxone® remain highly available in the Athens region; also highly available in the region are crack cocaine, methamphetamine and sedative-hypnotics. Changes in availability during the past six months include increased availability for methamphetamine and Suboxone®; decreased availability for bath salts and synthetic marijuana; likely increased availability for sedative-hypnotics, and likely decreased availability for ecstasy.

Participants reported that methamphetamine is available in powder (aka "shake-and-bake") or crystal forms. Participants identified methamphetamine as the second most available drug in the region after heroin. Participants and community providers reported an increase in methamphetamine availability during the past six months. In addition, participants from Athens and Muskingum counties noted that crystal forms of methamphetamine (aka "ice") have infiltrated the region during the past six months. The BCI Athens Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months.

Reportedly, a box of pseudoephedrine can be traded for a 1/4 gram of the drug. Typical methamphetamine users are adult males and females.

Participants most often reported the current street availability of Suboxone® as '10' (highly available). Participants and community professionals described typical illicit users of Suboxone® as opiate and heroin addicts who use the drug to prevent experiencing withdrawal symptoms. Reportedly, many users with prescriptions will use some of their Suboxone® and sell some to other users. The most common route of administration for illicit use of Suboxone® is snorting. Participants estimated that out of 10 illicit Suboxone® users, all 10 would snort the drug. Participants explained that this method of administration is performed by letting the tablet or the strip dissolve in water and then snorting the drug similar to the administration of a nasal spray.

Participants and community professionals identified Klonopin® and Xanax® as the most popular sedative-hypnotics in terms of widespread use. Community professionals reported that the availability of sedative-hypnotics has increased during the past six months. Treatment providers said that doctors in the region commonly prescribe sedative-hypnotics to their clients along with Suboxone®. The BCI Athens Crime Lab reported that the number of sedative-hypnotic cases it processes has increased during the past six months. Participants estimated that out of 10 illicit sedative-hypnotic users, nine would snort and one would swallow the drugs. Community professionals described typical illicit users of these drugs as opiate addicts, aged 15 to 60 years and more often female than male. Treatment provider reported knowledge of heroin users who use heroin and other opiates along with sedative-hypnotics.

Lastly, participants reported that the popularity of bath salts and synthetic marijuana has declined drastically. Participants had more knowledge of synthetic marijuana than bath salts, reporting that synthetic marijuana is not a preferred substance and its quality is generally poor.

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 Lawrence 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 Bureau of Criminal Investigation (BCI) London office, which serves central and southern Ohio, the Hamilton County Crime Laboratory, the Hamilton County Coroner's Office, the Scioto County Coroner's Office and the U.S. Drug Enforcement Administration's (DEA) Cincinnati office. All secondary data are summary data of cases processed from June 2013 through January 2014. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for January through June 2014.

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 current reporting period of participants.

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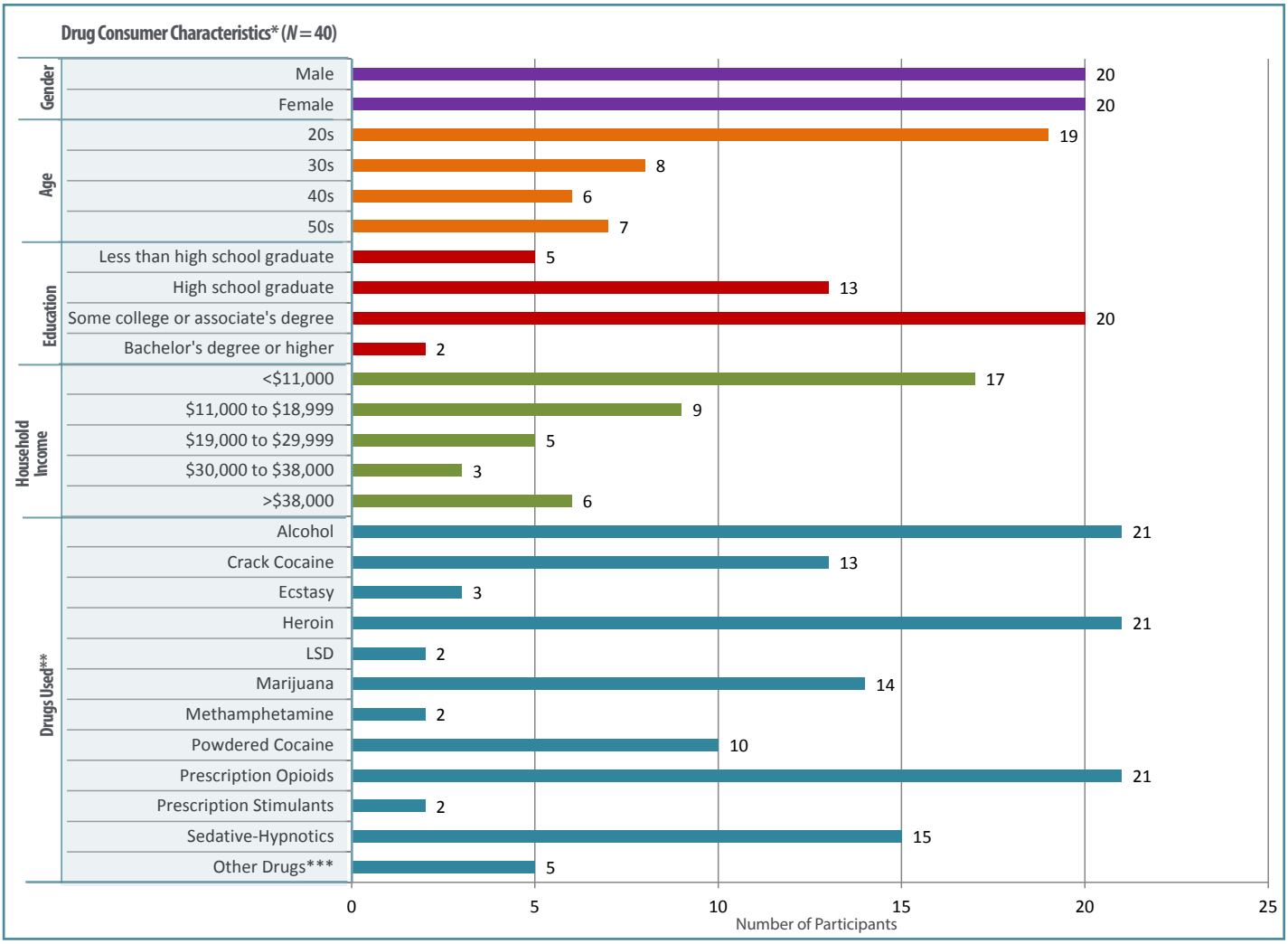
Regional Profile

Indicator[1]	Ohio	Cincinnati Region	OSAM Drug Consumers
Total Population, 2010	11,536,504	2,017,337	40
Gender (female), 2010	51.2%	51.1%	50.0%
Whites, 2010	81.1%	81.3%	80.0%
African Americans, 2010	12.0%	12.5%	10.0%
Hispanic or Latino origin, 2010	3.1%	2.3%	2.6% [2]
High School Graduation rate, 2010	84.3%	88%	87.5%
Median Household Income, 2012	$46,873	$45,258	$11,000 to $14,999[3]
Persons Below Poverty Level, 2012	16.2%	17.4%	45.0%[4]

[1]Ohio and Cincinnati region statistics are derived from the most recent US Census, and OSAM drug consumers were participants for this reporting period: January - June 2014.
[2]Hispanic or Latino origin was unable to be determined for 2 participants due to missing and/or invalid data.
[3]Participants reported income by selecting a category that best represented their household's approximate income for 2013.
[4]Poverty status was unable to be determined for 1 participants due to missing data and/or invalid data.

Cincinnati Regional Participant Characteristics



*Not all participants completed forms; numbers may not equal 40.
**Some respondents reported multiple drugs of use during the past six months.
***Other drugs: DMT, DXM, ketamine, Suboxone® and synthetic marijuana.

Historical Summary

In the previous reporting period (June – December 2013), crack and powdered cocaine, heroin, marijuana, prescription opioids, prescription stimulants and sedative-hypnotics were highly available in the region. Increased availability existed for heroin, prescription stimulants and Suboxone®. Data also indicated likely decreased availability for synthetic marijuana.

Black tar and brown powdered heroin were the most reported type of heroin in the region. Participants attributed the increased availability of heroin to increased demand for the drug as more users addicted to prescription opioids migrated to heroin use upon learning that the substance was widely available and cheaper than prescription opioids. The most common route of administration for heroin remained intravenous injection. Injection needles were reportedly obtained from people with diabetes, drug dealers and through Internet purchase. Drug dealers typically sold syringes for $2 each. Community professionals described typical heroin users as young and white; participants reported that young people have easy access to heroin.

Participants and community professionals reported increased availability of Suboxone®. Suboxone® was obtained on the street through dealers, friends and family, as well as through legal prescriptions. Typical illicit users of Suboxone® were described as opiate addicts and young people. Community professionals added that females used this drug more often than males.

Participants and community professionals identified Adderall® as the most popular abused prescription stimulant in the region. The most common route of administration reported was oral consumption. Participants described typical illicit users of prescription stimulants as college students or young kids; community professionals described typical illicit users as young, white and male.

Lastly, participants and community professionals reported decreased availability of synthetic marijuana. Both participants and community professionals mentioned users obtaining synthetic marijuana via the U.S. mail. Participants described typical users of synthetic marijuana as teens and people who needed to pass a drug test.

Current Trends

Powdered Cocaine

Powdered cocaine is moderately available in the region. Participants most often reported the drug's current availability as '3' 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, "*You need to know someone* [to obtain powdered cocaine]. *Like, I get it from a friend of a friend.*" Another participant explained that his dealer would bring him the substance: "*I had a white collar salesman that would bring* [powdered cocaine] *to my house. I'd call and he'd say, 'What time do you want me there?' He supplied a lot of attorneys and professionals*." Community professionals most often reported the drug's current availability as '6;' the previous most common score was '10.'

Corroborating data also indicated cocaine availability in the region. The Hamilton County Coroner's Office reported that cocaine was present at time of death in 21 percent of all drug-related deaths it processed during the past six months. Note: the coroner's office does not differentiate powdered cocaine versus crack cocaine. In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. Two people were arrested in Chillicothe (Ross County) when detectives searched a home and found 20 grams of cocaine, six grams of heroin, marijuana and Xanax® (www.nbc4i.com, Feb. 4, 2014). The Ohio State Highway Patrol (OSHP) found 124 grams of cocaine and two grams of marijuana when they pulled a vehicle over for a marked lanes violation in Scioto County (www.statepatrol.ohio.gov, June 11, 2014).

Participants reported that the availability of powdered cocaine remained the same during the past six months. A participant explained, "*There's not really a demand for* [powdered cocaine] *because crack* [cocaine] *is better and cheaper, so it's harder to find* [powdered cocaine]." Community professionals reported that availability has remained the same or has slightly decreased during the past six months. The BCI London Crime Lab reported that the number of cocaine cases it processes has increased during the past six months. Note the crime lab does not differentiate powdered cocaine versus crack cocaine.

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

Most participants 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 '6.' Participants felt that powdered cocaine is often cut (adulterated) with substances which negatively affect the quality. Participants reported that powdered cocaine in the region is cut with Anbesol®, aspirin, baby laxative, baby powder, baking soda, isotol/mannitol (diuretics), powdered milk, NoDoz®, sugar, Tylenol® and vitamin B-12. A participant explained, "[Powdered cocaine is] *real 'stomped on' (adulterated). It's easy to cut because of the color.*" Another participant expounded, "*The more people* [powdered cocaine] *goes through, the more it gets cut.*" Overall, participants reported that the quality of powdered cocaine has decreased during the past six months. A participant stated, *"This 'coke' (powdered cocaine) today is nothing like real coke from the '70s and '80s. This is shit."*

Powdered Cocaine	Cutting Agents Reported by Crime Lab
	• levamisole (livestock dewormer) • lidocaine and procaine (local anesthetics)

Current street prices for powdered cocaine were variable among participants with experience buying the drug. Participants agreed that price is dependent on quality. One participant commented, "*We were always able to get good* [quality] *coke, but we paid more.*"

Powdered Cocaine	Current Street Prices for Powdered Cocaine	
	A gram	$45-100
	1/8 ounce (aka "eight ball")	$225-350
	An ounce	$700-1,000

According to Cincinnati DEA data, pricing for powdered cocaine is as follows: a gram sells for $100; an ounce sells for $1,200-1,500; a kilo sells for $33,000-35,000. Participants disclosed that marijuana dealers often have cocaine for sale as well. Participants reported that the most common route of administration for powdered cocaine remains snorting. Other reported ways to use powdered cocaine are smoking and intravenous injection ("shooting").

Participants described typical users of powdered cocaine as split between younger (18-25 years of age) and older (40 years of age and older), college students, older black males, marijuana dealers, professionals, laborers, people who work 3rd shift and white males or females. A participant said, "*The 'old schools' (older African-American males) always have the 'powder' (powdered cocaine), all over 50* [years of age]. *We were all doing it … the men and their ladies. They have coke parties.*" Then another participant remarked, "*Anyone selling marijuana uses cocaine.*" Similarly, treatment professionals described typical users as younger and older groups, white, male or female. Treatment providers commented: "*I think the females use (powdered cocaine) more than males do; It's younger people, like early adults; I think it's more older people, people old enough to remember the '80s.*" Law enforcement described typical users of cocaine generally as living in the inner city.

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 on current availability included: "*You can get crack* [cocaine] *anywhere;* [The availability of crack cocaine is] *as* [high] *as heroin right now; Any apartment building around here will have a crack dealer.*" Several participants reported that crack cocaine is common in very public spaces such as retail parking lots and gas stations. One participant stated, *"I got crack outside (a major grocery store) one time. The guy came up to me and asked if I wanted to party. I asked him why he chose me and he said he could usually just tell which people would want to buy* [crack cocaine]. *I guess I was looking like a user at the time.*" Another participant shared, "*A friend of a friend would bring* [crack cocaine] *to my house. He became good friends with my boyfriend. We would use together.*" Community professionals most often

reported current availability as '6;' the previous most common score was '10.'

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. OSHP arrested a woman following a traffic stop in Scioto County during which they seized half a pound of crack cocaine (www.statepatrol.ohio.gov, Jan. 9, 2014). Two men were arrested in Fayette County after they were pulled over and a K-9 officer alerted to the vehicle; a substantial amount of crack cocaine and heroin and a small amount of marijuana were seized (www.nbc4i.com, April 2, 2014). A successful two-day Scioto County drug blitz brought in a total of 12 arrests and seizure of 56 grams of crack cocaine, 117 grams of heroin, just over a pound of marijuana and 216 prescription opioid pills (www.wsaz.com, April 7, 2014).

Participants reported that the availability of crack cocaine has increased during the past six months. Several participants explained that the high availability is because heroin dealers are selling crack cocaine and commented: "*Anyone who sells heroin has crack; Just walk downtown. The 'dope boys' (drug dealers) say, 'Tester, tester' (free samples available); Dope boys will approach you, they'll say, 'How you doin'? Do you need anything?'*" Treatment professionals and law enforcement reported that availability of crack cocaine has remained the same during the past six months. The BCI London Crime Lab reported that the number of cocaine cases it processes has increased during the past six months. The crime lab does not differentiate powdered cocaine versus crack cocaine.

Crack Cocaine

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

Participants most often rated the overall current quality of crack cocaine as '9' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '5.' Participants reported that crack cocaine in the region is cut with ammonia, baby laxatives, butane, ether, heroin, isotol (diuretic), NoDoz®, peroxide and vitamin B-12. 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)

Current street prices for crack cocaine were consistent among participants with experience buying the drug. Several participants noted switching to crack cocaine after powdered cocaine became too expensive, as a participant explained, "*I turned to crack because the prices for 'coke' (powdered cocaine) are so high and crack is easier to find.*" Participants reported that they would buy based on how much they had to spend: "*If I had $20, the dope boy would give me a '$20-rock' (1/10 gram piece of crack cocaine).*" One participant shared, "*A $20- or $30-rock is nothing . . . they're like little pebbles . . . I would get like four good hits off a $20-rock and then have to go back* [for more crack cocaine]." Another participant described trading the use of his house for crack cocaine when he didn't have money to pay for the drug: "*I would let people 'cook' (manufacture crack cocaine) in my house and they would give me crack in exchange.*"

Crack Cocaine

Current Street Prices for Crack Cocaine	
A gram	$50-80
1/8 ounce (aka "eight ball")	$200-275

According to Cincinnati DEA data, pricing for crack cocaine is as follows: a "rock" for $20; a gram sells for $35-40; an ounce sells for $1,000-1,200. Participants reported that the most common route of administration for crack cocaine remains smoking. Participants estimated that out of 10 crack cocaine users, nine would smoke and one would intravenously inject ("shoot") the drug.

Participants described typical crack cocaine users as 18-25 years of age or older than 40 years, black, white, male, female, middle and lower income. One participant stated, "*Anyone who used* [powdered cocaine] *and is curious will use crack.*" Another participant shared, "*My cousin is 19* [years old] *and she got strung out on crack.*" Treatment providers described typical users of crack cocaine as 18-40 years of age, black and more often male. Law Enforcement described typical users as living more in the inner city.

Heroin

Heroin remains highly available in the region. Participants most often reported the current overall 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 described heroin availability as: *"It's everywhere, just make a phone call or walk down the street; It's as available as marijuana."* Community professionals most often reported current availability of heroin as '10;' the previous most common score was also '10.' Community professionals agreed with participants that brown powdered heroin is the most available type of heroin in the region. A law enforcement agent commented, "*Most of the heroin coming in is brown powder or 'tar' (black tar heroin) from Mexico.*"

While many types of heroin are currently available in the region, participants reported the availability of brown powdered heroin as most available. Participants also mentioned other types and colors of heroin as available: black tar, gray and white powdered. A participant remarked, "*You use the kind of heroin your dope boy has. If he has purple, you use purple. If he has gray, you use gray.*"

Corroborating data also indicated heroin availability in the region. The Hamilton County Coroner's Office reported that heroin contributed to the cause of death in 51 percent of all drug-related deaths it processed during the past six months. The Scioto County Coroner's Office reported that heroin contributed to the cause of death in 29 percent of all drug-related deaths it processed during the past six months.

In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. A couple was arrested in Chillicothe (Ross County) during a search of their home; heroin, drug paraphernalia, syringes and cash were seized (www.nbc4i.com, Jan. 22, 2014). A Clermont County 19-year-old overdosed and died in the presence of three other 'friends' who did not call and report his death until hours later after posting demeaning pictures of him on social websites (www.wlwt.com, Feb. 28, 2014). A man serving 13 years in a Kentucky prison is scheduled to spend another eight years in an Ohio prison for leading a large heroin operation in Brown County (www.wlwt.com, March 12, 2014). A couple was jailed after overdosing on heroin in a McDonald's play area in Hamilton County (www.vindy.com, March 13, 2014). OSHP arrested a man in Hamilton County when troopers discovered 50 grams of heroin in his vehicle along with some crack cocaine packaged for sale (www.statepatrol.ohio.gov, March 28, 2014). Two men were arrested when Butler County Undercover Regional Narcotics (BURN) agents successfully executed a drug bust and seized one ounce of heroin, a heroin cutting agent and other drug related materials (www.wlwt.com, June 13, 2014).

Participants reported that the general availability of heroin has increased during the past six months, yet specifically mentioned decreased availability of black tar heroin and an increase in gray colored powdered heroin. A participant stated, "*The tar is harder to find now. Mainly the Mexicans have it.*" Additionally, several participants discussed a shift in heroin availability from the inner city to suburban areas as one participant explained, "*Heroin is moving into the suburbs. It's not as available in the inner city anymore. You know,* [law enforcement is] *trying to clean it up and the drugs move out to the suburbs.*" Community professionals also reported that the general availability of heroin has increased during the past six months. A treatment provider stated, "*We're seeing less of the tar* … [users] *say it's not as pure and so they're not using it.*" The Hamilton County Crime Lab reported that the number of heroin cases it processes has remained the same 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 continued to rate the overall quality of heroin as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was also '8.' Several participants reported seeking out gray heroin, as a participant stated, "*There's gray* [colored heroin] *out there. It's really good. It's cut with fentanyl.*" A treatment provider reported, "*The white* [powdered heroin] *is the purest. That's what clients are talking about most.*" However, a participant suggested that white powdered heroin is less desirable because it tends to be cut with more agents and stated, "*You don't see the white stuff as much. It gets 'stomped on' (adulterated). They cut it with anything.*" Other participants also noted variability in the quality of white

powdered heroin, as one participant commented, "*It depends on how stomped on it is … how much* [dealers] *cut it up before they sell it. You can get bad stuff because they cut it so much*." Participants reported that black tar heroin is often cut with coffee and cocoa powder whereas brown and white powdered heroin are cut with aspirin, baby laxatives, creatine, fentanyl, melatonin, Tylenol® and Xanax®. Overall, participants reported that the general quality of heroin has remained the same during the past six months.

Heroin

Cutting Agents Reported by Crime Lab

- Cocaine
- Diphenhydramine (antihistamine),
- Fentanyl
- Lidocaine (local anesthetic)

Current street prices for heroin were consistent among participants with experience buying the drug. Participants reported the following pricing in general for all types of heroin. Participants added that small amounts of heroin, typically 1/10 gram amounts, are folded into corners of a piece of paper to keep the heroin from sticking to the baggie in which the drug is packaged. A participant disclosed that she often travels outside the region to purchase heroin and explained, "*We go to Dayton to get heroin. It's cheaper there. It's 1/10 gram for $10. It's because of the* [Highway] *75 through there*."

Heroin

Current Street Prices for Heroin	
1/10 gram (aka "folds" or "papers")	$20
1/2 gram	$50-75
A gram	$90-140
An ounce	$2,700

According to Cincinnati DEA data, pricing for black tar heroin is as follows: a gram sells for $100-200; an ounce sells for $2,000-2,500; a kilogram sells for $80,000-85,000. Participants reported that the most common route of administration for heroin remains intravenous injection ("shooting"). Participants estimated that out of 10 heroin users, nine would shoot and one would smoke the drug. A male participant stated, "*Shooting heroin is totally acceptable among young people, high-school age kids*."

In addition to obtaining injection needles from dealers, participants also reported getting them from diabetics and local pharmacies. Participants commented: "*You can buy* [needles] *from dope boys, usually two* [needles] *for five dollars; I get them from diabetics I know. Sometimes diabetics will sell them to you or sometimes give them to you. Same price, about two dollars apiece; I just buy them at the pharmacy*." One participant bragged, "*I always got (needles) from the pharmacist. You get to know the pharmacy workers. I told them I was creative and I used the needles to glue mosaic tiles down. They would just give them to me*." Additionally, participants reported that users will often re-use needles and commented: "*This is disgusting, but if you go down … where people use* [heroin] *you can find* [needles] *on the street. I know people who go down there and re-use those; I know a girl who would get old needles out of sharps containers where she worked*." Still another participant disclosed, "*There's an underground needle exchange here, but you have to know about it. It's like, there's that guy who carries needles. You can't carry too many around because that has legal implications*."

A profile of a typical heroin user did not emerge from the data. Participants described typical heroin users as everyone and anyone. A participant stated, "*Everyone from high-school kids to older people use heroin*." A male participant from the downtown area reported, "*I could walk down the street this second and get heroin from a white kid, a black kid or a middle-aged man*." Participants suggested heroin is becoming more of a suburban drug for young people in their teens and twenties, as one participant noted, "[Heroin use is] *more popular in the suburbs now, young kids are using it. Like high-school age*." Almost all participants noted the link between prescription opioids and heroin use. Participants remarked: "*It's all the people who got prescribed pain pills and then got cut off or couldn't afford them no more. Heroin is cheaper and easier to get; Anyone who used 'oxy's' (OxyContin®) is using heroin now*."

Likewise, treatment providers and law enforcement were unable to identify typical characteristics of a heroin user. Treatment providers reported: "*Heroin use is widespread. There is no typical user anymore; We're seeing more teens - young men and women under 20* [years old] *entering treatment*." A law enforcement officer commented, "*I'd say* [heroin users could be] *anyone under about 50* [years of age]."

Prescription Opioids

Prescription opioids 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 score was also '10.' Participants identified Percocet® and Vicodin® as the most popular prescription opioids in terms of widespread use. Community professionals most often reported current availability as '8;' the previous most common score was '10.' Community professionals identified Percocet®, Roxicodone® and Vicodin® as the most popular prescription opioids. A treatment provider expressed concern over medical prescribing practices: "*Kids are being prescribed these medications* [opioids] *when they go in for dental surgery or a sprained ankle. It's out of control.*" Another treatment provider confirmed, "*People are coming in with legitimate 'scripts' (prescriptions) for this stuff* [opioids]. *It's not like they're getting it off the street.*" A law enforcement officer commented, "*Opiates are still overprescribed . . . it's a universal problem.*" Another officer added, "*There's still bad doctors out there who will just write for whatever the patient asks for and writes for large amounts.*"

Corroborating data also indicated prescription opioid availability in the region. The Hamilton County Coroner's Office reported that prescription opioids were present at time of death in 41 percent of all drug-related deaths it processed during the past six months. In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. OSHP arrested two teens in Scioto County and seized 150 oxycodone pills that were admittedly concealed on one of the individuals (www.statepatrol.ohio.gov, Jan. 15, 2014). OSHP arrested a motorist in Warren County when the officer observed a marijuana cigarette on the center console and discovered 805 hydrocodone pills in the vehicle (www.statepatrol.ohio.gov, May 20, 2014). A Scioto County man was sentenced to 14 years in prison after he was caught running a pill mill in southern Ohio (www.wdtn.com, May 21, 2014).

Participants reported that the general availability of prescription opioids has decreased during the past six months and often attributed the decrease to changing prescribing patterns of regional physicians. A participant explained, "[Prescription opioids are] *a little harder to get now, doctors are being more careful, but all you have to do is go to a pain specialist.*" Community professionals reported that availability of prescription opioids has remained the same during the past six months. The Hamilton County Crime Lab reported that the number of heroin cases it processes has remained the same during the past six months.

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

Reportedly, many different types of prescription opioids are currently sold on the region's streets. Current street prices for prescription opioids were consistent among participants with experience buying these drugs. Participants reported the following prescription opioids as available to street-level users.

Prescription Opioids	Current Street Prices for Prescription Opioids	
	methadone (pill form)	$1 per mg
	methadone (liquid form)	$15 (quantity unspecified)
	Norco®	$1 per mg
	Opana® (*old formulation*)	$80-100 for 40 mg
	Opana® (*new formulation*)	$0.50 per mg
	Percocet®	$1 per mg
	Roxicodone®	$30-50 for 30 mg
	Vicodin®	$3 for 5 mg $5-6 for 7.5 mg $8 for 10 mg

In addition to obtaining prescription opioids on the street from dealers or by obtaining a prescription from a doctor, more often participants reported getting these pills from family and friends either by stealing, buying or for free. A participant shared that despite new controls in prescribing, "*There's still a lot of bad doctors out there, pill pushers.*" Other participants agreed and added that sometimes users travel outside the region to obtain these pills. A participant divulged, "*In Kentucky you can get prescribed almost anything, they've got those pill mill things.*" Several participants admitted that it is more difficult to do, but they are still able to obtain prescriptions from doctors, as one participant explained, "*Doctors have to treat your pain. I had*

a doctor tell me he wasn't going to give me painkillers and so I told him to put in writing because I have a right to have my pain treated. He gave me a script. That's how you get around it." Another participant shared, "*My grandma was in hospice and there were a lot of leftover pills. I just took those.*"

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 are oral consumption and intravenous injection ("shooting"). Participants estimated that out of 10 illicit prescription opioid users, six would shoot and four would orally ingest the pills.

A profile for a typical illicit user of prescription opioids did not emerge from the data. Participants described typical illicit users as everyone, anyone who's been in pain, middle-class professionals and high-school students. Participant comments included: "*It's everyone, across the board; Anyone from 14 years* [old] *to 90-years* [old] *is using* [prescription opioids]." Likewise, community professionals were unable to identify any typical characteristics of illicit prescription opioids users.

Suboxone®

Suboxone® is highly available in the region. Participants most often reported 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 '6.' Participants in urban areas noted that Suboxone® is highly available on the street. Participants posited: "*A lot of people are getting* [prescribed Suboxone®] *because they're on Medicaid; Where* [prescription opioids] *are scarce, there's more people on Suboxone®*."

Community professionals most often reported current availability as '9;' the previous most common score was '8.' A law enforcement officer stated, "[Opiate treatment clinics are] *prevalent … They're not limiting their patient load. They're the mirror image of pill mills.*" An officer further explained concerns with how Suboxone® clinics are operating: "*We went to tour one treatment center. They had prewritten scripts for Suboxone® … You're supposed to observe a person for 24 hours before prescribing Suboxone® to make sure they're not in withdrawal. That wasn't happening*."

Although participants reported an increase in overall availability of Suboxone® during the past six months, several participants noted less availability in rural areas only. One participant shared about recent fluctuations in availability and commented, "*The* [Suboxone®] *pills aren't around as much, but they're giving pills out on* [State Route] *93 again, so they're getting more available*." Community professionals also reported increased availability of this drug during the past six months. A treatment provider commented, "*There are more treatment centers and they're prescribing more Suboxone®*." The Hamilton County Crime Lab reported that the number of Suboxone® cases it processes has remained the same during the past six months.

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

Current street prices for Suboxone® were consistent among participants with experience buying the drug. Participants reported that the 8 mg sublingual form of the drug currently sells for $20-25. In addition to obtaining Suboxone® on the street from dealers and opiate treatment centers, participants also reported getting it from people who sell their Suboxone®. Participants commented: "*A lot of people who get prescribed Suboxone® sell it to buy heroin; It's so easy to get a script at a treatment center.*"

While there were a few reported ways of consuming Suboxone®, participants reported the most common routes of administration for illicit use are intravenous injection ("shooting") and oral consumption. Participants estimated that out of 10 illicit Suboxone® users, eight would shoot and two would orally ingest the drug. A participant explained, "*The* [Suboxone®] *pills are more rare, but they're easier to shoot. You can shoot the strips, but you have to work on it a little first*."

Participants and community professionals described typical illicit users of Suboxone® as heroin addicts who are self-medicating, men and women of all ages. A treatment provider commented, "[Those using Suboxone®] *find* [Sub-

oxone®] *on the street* [from dealers or people selling their prescriptions] *to try and get clean. They're really desperate to stop using heroin*."

Sedative-Hypnotics

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 score was also '10.' Participants identified Klonopin®, Valium® and Xanax® as the most popular sedative-hypnotics in terms of widespread use. However, a participant stated, "*The only reason anyone uses Klonopin® is because they can't find Xanax®*." Community professionals most often reported current availability as '9;' the previous most common score was '8.' Community professionals also identified Klonopin®, Valium® and Xanax® as the most popular sedative-hypnotics in terms of widespread use.

Corroborating data also indicated sedative-hypnotic availability in the region. The Hamilton County Coroner's Office reported that sedative-hypnotics opioids were present at time of death in 45 percent of all drug-related deaths it processed during the past six months.

Participants and community professionals reported that the general availability of sedative-hypnotics has remained the same during the past six months. A law enforcement officer suggested that over-prescribing patterns are the reason for high availability of these drugs, commenting, "[High availability] *isn't even from the street. It's legal prescriptions … millions of doses are prescribed each year*." The BCI London Crime Lab reported that the number of sedative-hypnotic cases it processes has remained the same during the past six months with the exception of increased number of cases for Xanax® and Ambien®.

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

Current street prices for sedative-hypnotics were consistent among participants with experience buying these drugs. A participant explained, "*The more* [sedative-hypnotics] *you buy at one time, the better the price is*." Participants reported the following sedative-hypnotics as available to street-level users.

Sedative-Hypnotics	Current Street Prices for Sedative-Hypnotics	
	Klonopin®	$2 for 5 mg
	Valium®	$2 for 5 mg $2-3 for 10 mg
	Xanax®	$0.50-1 for 0.5 mg $3 for 1 mg $5 for 2 mg

In addition to obtaining sedative-hypnotics on the street from dealers, participants also reported getting prescriptions from primary care doctors, emergency room physicians and psychiatrists. A participant explained that sedative-hypnotics prescriptions are easy to come by and remarked, "*Just go to the doctor and get a script*." Another participant added that prescriptions are not only easy to obtain, but they are also inexpensive and shared, "*A script for 120 pills costs me about $19 with my insurance*." Another participant explained that benzodiazepines are often prescribed to inmates and commented, "*Ativan® is prescribed in jail now*." Participants reported that users often steal sedative-hypnotics from family and friends. Others shared that family members or friends would freely give their pills away or sell their scripts. A participant disclosed, "*I had a friend who had* [sedative-hypnotics] *prescribed, but didn't use them … so I just bought them off her*."

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 for illicit use are oral consumption and snorting. Participants estimated that out of 10 illicit sedative-hypnotic users, seven would orally ingest and three would snort the drugs.

Participants described typical illicit users of sedative-hypnotics as more often female (housewives, women with children who need to relax), people who use stimulants and often middle class. A male participant divulged, "*My* [friends] *and I keep* [sedative-hypnotics] *around 'cause it makes girls forget what they're doing*." Community

professionals also commented that females are more often typical illicit users of sedative-hypnotics than males.

Marijuana

Marijuana remains highly available in the region. Participants and community professionals 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 scores for both respondent groups were also '10.' Several participants admitted growing their own marijuana and many agreed: "*A lot of people are just growing their own* [marijuana] *now in their yards or basements; In the country, people grow their own.*" Treatment providers commented on the prevalence of marijuana use: "*This is a drug everyone uses; There's a wider range of people who use marijuana.*" A law enforcement officer commented on the source of marijuana they more often seize: "*The marijuana we're seeing in the area is from Mexico.*"

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. OSHP seized two pounds of hydroponic marijuana and marijuana cigarettes when they pulled over a vehicle in Hamilton County (www.statepatrol.ohio.gov, Jan. 29, 2014). OSHP seized about 2.5 pounds of marijuana when they pulled over a man in Butler County for registration and marked lanes violations (www.statepatrol.ohio.gov, Feb. 25, 2014). Three people were indicted in Warren County as part of a marijuana distribution ring in southwest Ohio; they were caught because they received many packages (up to 12 pounds per container) of marijuana from Mexico (www.daytondailynews.com, May 20, 2014). OSHP arrested a man in Warren County after discovering 10 pounds of marijuana butter, three marijuana chocolate bars, 18 marijuana gummies, two marijuana plants and three pounds of hydroponic marijuana in his vehicle (www.statepatrol.ohio.gov, May 22, 2014). Three pounds of marijuana was found in the rear passenger floorboard of a vehicle that was stopped by OSHP troopers in Hamilton County; the driver was subsequently arrested (www.statepatrol.ohio.gov, June 2, 2014). The owner of pit bulls that mauled a 6-year-old was indicted on marijuana drug trafficking charges; the dogs were trained to guard the drug trafficking operation (www.wlwt.com, June 13, 2014). Two Cincinnati teens are facing charges as adults after they entered a house to steal marijuana and fatally stabbed the home's resident (www.wlwt.com, June 13, 2014).

Participants and community professionals reported that the overall availability of marijuana has remained the same during the past six months. Nevertheless, several participants commented on the increasing amount of high-grade (high-quality) marijuana available in the area. A participant reported, "*There's a lot more high-grade* [marijuana] *out there now. There's more demand and* [dealers] *can charge more, so it's easier to find.*" The Hamilton County Crime Lab reported that the number of marijuana cases it processes has remained the same during the past six months.

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

Participants most often reported the current overall quality of marijuana as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '7.' 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 commented on the availability of the different grades of marijuana: "*There's a lot of high-grade marijuana available now; Low-grade* [marijuana] *is less out there now. It doesn't do anything for you if you're used to smoking 'kush' (high-grade marijuana).*" Another participant explained that lower grade marijuana is often sprayed with chemicals to mimic higher grade product: "*Dealers spray* [low-grade marijuana] *with stuff or dip it in stuff to make you think it's better, but it's just for taste. They sell that* [chemical additive] *stuff in head shops. The weed isn't better.*"

Current street prices for marijuana were consistent among participants with experience buying the drug. Participants noted that the price of marijuana depends on the quality desired. Participants reported commercial grade marijuana as the cheapest form of marijuana.

Marijuana	Current Street Prices for Marijuana	
	low grade:	
	a blunt (single cigar) or two joints (cigarettes)	$10
	1/4 ounce	$25
	1/2 ounce	$90
	an ounce	$90-150
	high grade:	
	1/4 ounce	$100-150
	an ounce	$200-275

According to Cincinnati DEA data, pricing for marijuana is as follows: an ounce of domestic high-grade sells for $350 and a pound sells for $4,500-7,000; a pound of domestic low-grade sells for $1,000-1,100; a pound of "BC bud" (high-grade marijuana from British Columbia, Canada) sells for $4,000-5,000; a pound of Mexican (low-grade) marijuana sells for $800-1,100. Participants reported that the most common route of administration for marijuana remains smoking. Participants estimated that out of 10 marijuana users, nine would smoke and one would orally consume the drug. One participant admitted, "*I like to eat* [marijuana]. *I make myself some good brownies or something and eat it up.*" Participants and community professionals agreed there is no typical profile of a marijuana user.

Methamphetamine

Methamphetamine remains moderately available in the region. Participants most often reported the drug's current availability as '2' or '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.' Participants reported that methamphetamine is most available in powdered form; however a handful of participants reported some crystal methamphetamine availability in the Cincinnati area. One participant disclosed, "*I've seen crystal* [methamphetamine] *around in the suburbs.*" Another reported, "*The 'dope boys' (drug dealers) have crystal sometimes. It's coming in from out of state. It's still pretty rare.*" Community professionals most often reported the drug's current availability as '4;' the previous most common score was '5.' Professionals suggested methamphetamine is most prevalent in rural areas. A law enforcement officer stated, "[Methamphetamine is] *more prevalent in rural areas, Eastern Ohio and Northern Kentucky is where we see it.*"

Participants from across the region commented about the production of "one-pot" or "shake-and-bake," which means users are producing methamphetamine 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 (typically found in some allergy medications), people who make methamphetamine ("cooks") can produce the drug in approximately 30 minutes in nearly any location by mixing ingredients in small containers. A participant commented, "*The stuff* [powdered methamphetamine] *is easy to get.*"

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A major methamphetamine bust led to the arrest of 18 individuals in Ross County and surrounding Indiana counties; detectives in Indiana were able to connect individuals back to a manufacturing lab in Butler County (www.fox19, Feb. 18, 2014). Another large methamphetamine bust occurred when two people were arrested at a home in which five active and 40 inactive meth labs were discovered; this was the largest meth bust to date for Lawrence County (www.wsaz.com, April 4, 2014).

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

Participants reported that the availability of methamphetamine has remained the same or has slightly increased during the past six months, while community professionals reported that availability has remained the same. The Hamilton County Crime Lab reported that the number of methamphetamine cases it processes has remained the same during the past six months.

Participants most often rated the current overall quality of powdered methamphetamine as '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was also '7.' Participants most often rated the current overall quality of crystal methamphetamine as '10.' A participant noted that methamphetamine is often cut with other substances and shared, "*It's cut with bath salts or sometimes cocaine*." Participants reported that the quality of methamphetamine has remained the same or has slightly increased during the past six months.

Current street prices for methamphetamine were consistent among participants with experience buying the drug; however, participants were unable to provide pricing for crystal methamphetamine. Several participants reported that methamphetamine is often given in exchange for ingredients, as one participant shared, "*You can buy a box of Sudafed® for $13 and get a half gram* [of methamphetamine] *in exchange*." In addition to obtaining methamphetamine from a dealer, participants reported that users often make their own. One participant stated, "*It's so easy to make* [methamphetamine] *now, and cheap. People make it and sell to friends or family*."

Methamphetamine	Current Street Prices for Powdered Methamphetamine	
	1/4 gram	$25-50
	1/4 ounce	$120

According to Cincinnati DEA data, pricing for methamphetamine is as follows: a gram sells for $100-200; 1/8 ounce ("eight ball") sells for $500-800; an ounce sells for $2,500-3,000; a kilogram sells for $40,000-50,000. Participants reported that the most common routes of administration for methamphetamine are smoking and intravenous injection ("shooting"). Participants estimated that out of 10 methamphetamine users, five would smoke and five would shoot the drug. One participant added, "S*ome people 'parachute'* [methamphetamine] … *put it in a* [piece of] *coffee filter and then swallow it or put it up their ass ('plugging')*."

Participants described typical users of methamphetamine as rural, white, middle aged and employed outside the home. A participant explained, "*People who make meth usually have normal jobs and make the meth for themselves or side money*."

Participants reiterated that methamphetamine is more of a rural drug, as one participant stated, "*Let me put it this way, meth is not an inner city drug*." Community professionals also described typical methamphetamine users as rural. A treatment provider added, "[Methamphetamine use] *seems like a couple thing, or a family thing; they all use together*."

Prescription Stimulants

Prescription stimulants remain highly available in the region. Participants most often reported prescription stimulant 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.' Participants identified Adderall® and Vyvanse® as the most popular prescription stimulants in terms of widespread illicit use. Community professionals most often reported prescription stimulant current availability as '8;' the previous most common score was '10.' Community professionals identified Adderall® as the most popular prescription stimulant in terms of widespread illicit use. Participants and community professionals reported that the availability of these drugs has remained the same during the past six months. The Hamilton County Crime Lab reported that the number of prescription stimulant cases it processes has remained the same during the past six months.

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

Current street prices for prescription stimulants were consistent among participants with experience buying the drugs.

Prescription Stimulants	Current Street Prices for Powdered Cocaine	
	Adderall®	$2 for 10 mg $5-10 for 30 mg $10-20 for 30 mg XR (extended-release form)

In addition to obtaining prescription stimulants on the street from dealers, participants also reported getting them from primary care doctors, psychiatrists, college health centers and from friends and family members with prescriptions. While there were a few reported ways of using prescription stimulants, participants reported the most common route of administration remains oral consumption. Participants estimated that out of 10 illicit prescription stimulant users, nine would orally ingest and one would snort the drugs.

Participants described typical illicit users of prescription stimulants as young, high-school and college students as well as women who want to lose weight. A female participant admitted that stimulants helped her manage her schedule along with her children's schedules and stated, "*They're like 'mommy's little helpers*'." Community professionals similarly described typical illicit users of prescription stimulants as young, college aged and female.

Synthetic Marijuana

Synthetic marijuana (synthetic cannabinoids; "K2" and "Spice") remains available in the region. However, participants most often reported the drug's current availability as '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 '10.' Community professionals most often reported the drug's current availability as '3;' the previous most common score was '4.'

Participants and community professionals reported that the availability of synthetic marijuana has decreased during the past six months. Several participants reasoned that the low quality and negative side effects associated with synthetic marijuana has led to decreased demand for the drug. One participant explained, "*No one is using* [synthetic marijuana] *'cause of the bad side effects. It makes people go crazy. I ended up in the hospital 'cause of hallucinations after using that*." Another participant explained, "*You can smoke the tiniest little pinch* [of synthetic marijuana] *and it would give you a marijuana buzz … if you smoke too much, it will make you go nuts. It gave me amnesia. I couldn't remember my name or where I lived*." The Hamilton County Crime Lab reported that the number of synthetic marijuana cases it processes has remained the same during the past six months.

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

Only one participant had experience buying synthetic marijuana and reported that the drug sells for $85 for three grams. Despite legislation enacted in October 2011, participants reported that synthetic marijuana continues to be available from head shops and gas stations. One participant explained, "[Synthetic marijuana is] *still in head shops, but you have to know what you're asking for. It was on the wall behind the counter and I asked for K2, but they said they didn't have it. It was called 'Hawaiian Spice*'." A mother reported, "*I've never bought* [synthetic marijuana], *but I know it's out there because my son smokes it all the time*."

Participants reported the most common route of administration for synthetic marijuana remains smoking. Participants estimated that out of 10 synthetic marijuana users, all users would smoke the drug. Participants described typical users of synthetic marijuana as high-school aged, people on probation and military personnel. A participant noted, "*If you can't find* [marijuana], [synthetic marijuana] *is alright*." Community professionals also described typical synthetic marijuana users as teens and college aged.

Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) current availability is variable depending on the form of the drug. Participants most often reported the current availability of ecstasy tablets as '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 '9.' Participants reported the current availability of "molly" (perceived as pure MDMA in a crystalized powder form) as '10;' the previous most common score was '4.' Community professionals most often reported current availability of ecstasy tablets as '3' and current availability of molly as '8;' the previous most common scores were '10' for both forms.

Participants reported decreased availability for ecstasy tablets and increased availability for molly during the past

six months; whereas community professionals reported no change in availability for either form of the drug. The Hamilton County Crime Lab reported that the number of ecstasy cases it processes has remained the same during the past six months.

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

Several participants perceived molly to be of higher quality than the pressed ecstasy tablets. One participant remarked, "*Why would you use ecstasy when you could use 'pure' molly?*" Current street prices for molly were consistent among participants with experience buying the drug: a gram of molly sells for $80-100. Participants reported obtaining molly most often from friends for free at clubs or outdoor concerts. A participant stated, "*I never paid for* [molly], *my friends had it*." Another participant stated, "*You can get* [molly] *in clubs or at parties. People just ask, 'You seen Molly?'* or '*Where's Molly?' If you know what they're talking about you buy, if not, they just say, 'Who's Molly*?'" Participants did not have current pricing information for ecstasy tablets.

While there were a few reported ways of consuming ecstasy and molly, participants reported the most common route of administration remains oral consumption for both forms of the drug. Participants estimated that out of 10 ecstasy or molly users, eight would orally ingest, one would snort and one would smoke the drug. A participant added, "*You can crush* [ecstasy tablet] *up, put it in a* [piece of] *coffee filter and swallow it. That's what we did.*" Another participant stated, "*Some people 'candy bomb' … they put* [molly or crushed ecstasy pill] *in a* [piece of] *coffee filter and, you know, stick it up their butt*."

Participants described typical ecstasy and molly users as under 30 years of age, people who attend music festivals and clubs. A participant stated, "*A lot of college kids and hipsters use* [ecstasy and molly]. *You can always find it on campuses.*" Several participants explained that heroin dealers often use molly, as one participant reported, "*Dope boys use Molly. They always have it.*" Community professionals also described typical users of ecstasy as high-school and college students, under 30 years of age.

Other Drugs

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 (dimethyltryptamine [DMT – a psychedelic compound], 2C-I and 2C-E series [synthetic psychedelic compounds] and lysergic acid diethylamide [LSD]) as well as mitragynine ("kratom," a psychoactive plant substance that produces a heroin-like high; its use is not detected by typical drug screening tests).

A participant briefly commented on DMT: "*A lot of people at festivals are using* [DMT] … *younger people. I was buying* [marijuana] *off this guy at a concert and his girlfriend had DMT. I was surprised 'cause you don't see it around much*."

Another participant discussed LSD availability and reported its current availability as '7' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). That participant suggested an increase in LSD use in urban areas, the blotter paper form. The informant reported poor quality of LSD and said it sells for $5-10 per hit (dose). Typical users are younger people who enjoy live music and the rap scene, and some teens. The Hamilton County Crime Lab reported that the number of LSD cases it processes has increased during the past six months.

A participant also briefly discussed other synthetic psychedelic compounds in the region referred to as 2C-I and 2C-E and explained, "*They're research chemicals. They give you a real clear-headed trip, visual like Photoshop® for your brain. I can order it off the Internet right now*."

Law enforcement mentioned kratom in the Cincinnati area and commented, "*We got reports that opiate addicts are using* [kratom] *with heroin or opiates. It comes in many forms: teas, powders and in food form. You can buy it over the Internet*."

Media outlets also reported on other drugs including anabolic steroids and psilocybin mushrooms in the region this reporting period. OSHP seized a small amount of psilocybin mushrooms and a pound of marijuana after pulling over a man for a marked lanes violation in Warren County (www.statepatrol.ohio.gov, May 15, 2014). A former corrections officer was sentenced to four years for trafficking illegal steroids in Warren County (www.wlwt.com, March 12, 2014).

Conclusion

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

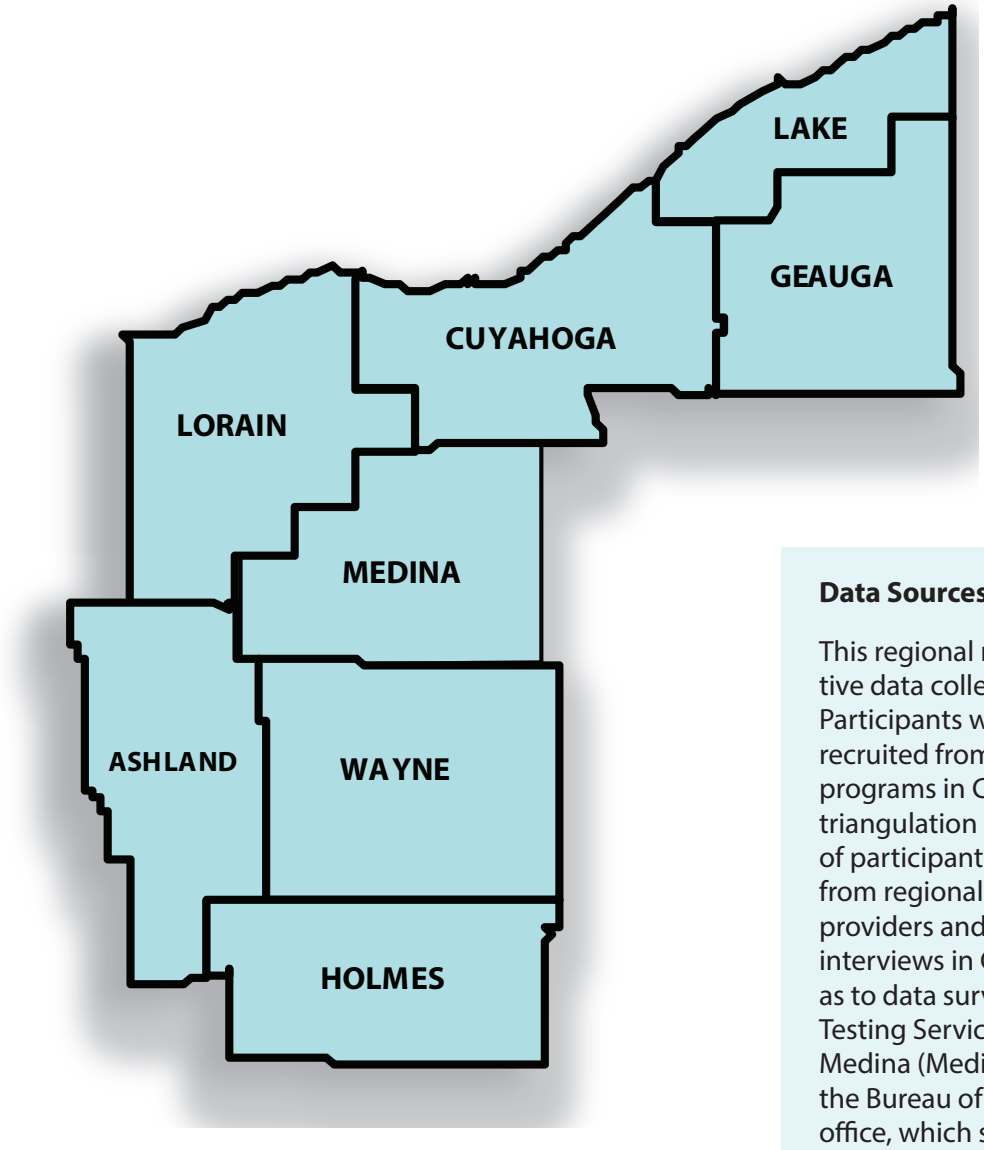
While many types of heroin are currently available in the region, black tar and brown powdered heroin are the most available heroin types; however, the BCI London Crime Lab reported processing all types of heroin during the past six months. Participants attributed the continuing increase in heroin availability to increased demand for the drug, as more users addicted to prescription opioids migrate to heroin use upon learning that the drug is widely available and cheaper than prescription opioids. The most common route of administration for heroin remains intravenous injection. Participants reported obtaining injection needles from people with diabetes, drug dealers and through Internet purchase. Reportedly, drug dealers often sell needles for $2 apiece. Community professionals described typical users of heroin as young and white. Participants also acknowledged that young people have easy access to heroin.

Participants and community professionals reported that the availability of Suboxone® has increased during the past six months. In addition to obtaining Suboxone® on the street from dealers, participants also reported getting the drug through legal prescriptions and buying it from friends and family members with prescriptions. Participants described typical illicit users of Suboxone® as opiate addicts and young people. Community professionals described typical illicit users of Suboxone® as young and more often female.

Participants and community professionals identified Adderall® as the most popular widely abused prescription stimulant. While participants reported a few ways of consuming prescription stimulants, the most common route of administration is oral consumption. Participants described typical illicit users of prescription stimulants as college students or "young kids." Community professionals described typical illicit users of prescription stimulants as young, white and male.

Lastly, although synthetic marijuana remains available in the region, participants and community professionals reported that the availability of synthetic marijuana has decreased during the past six months. Both participants and community professionals mentioned users obtaining synthetic marijuana via the U.S. mail. Participants described typical users of synthetic marijuana as teens and people who need to pass a drug test.

Drug Abuse Trends in the Cleveland Region



Regional Epidemiologist:
Angela Arnold, MS

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 and Lake 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 in Cuyahoga and Lake counties, as well as to data surveyed from American Court and Drug Testing Services, which processes drug screens in Medina (Medina County) from across the region and the Bureau of Criminal Investigation (BCI) Richfield office, which serves the Cleveland, Akron and Youngstown areas. All secondary data are summary data of cases processed from June 2013 through January 2014. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for January through June 2014.

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 current reporting period of participants.

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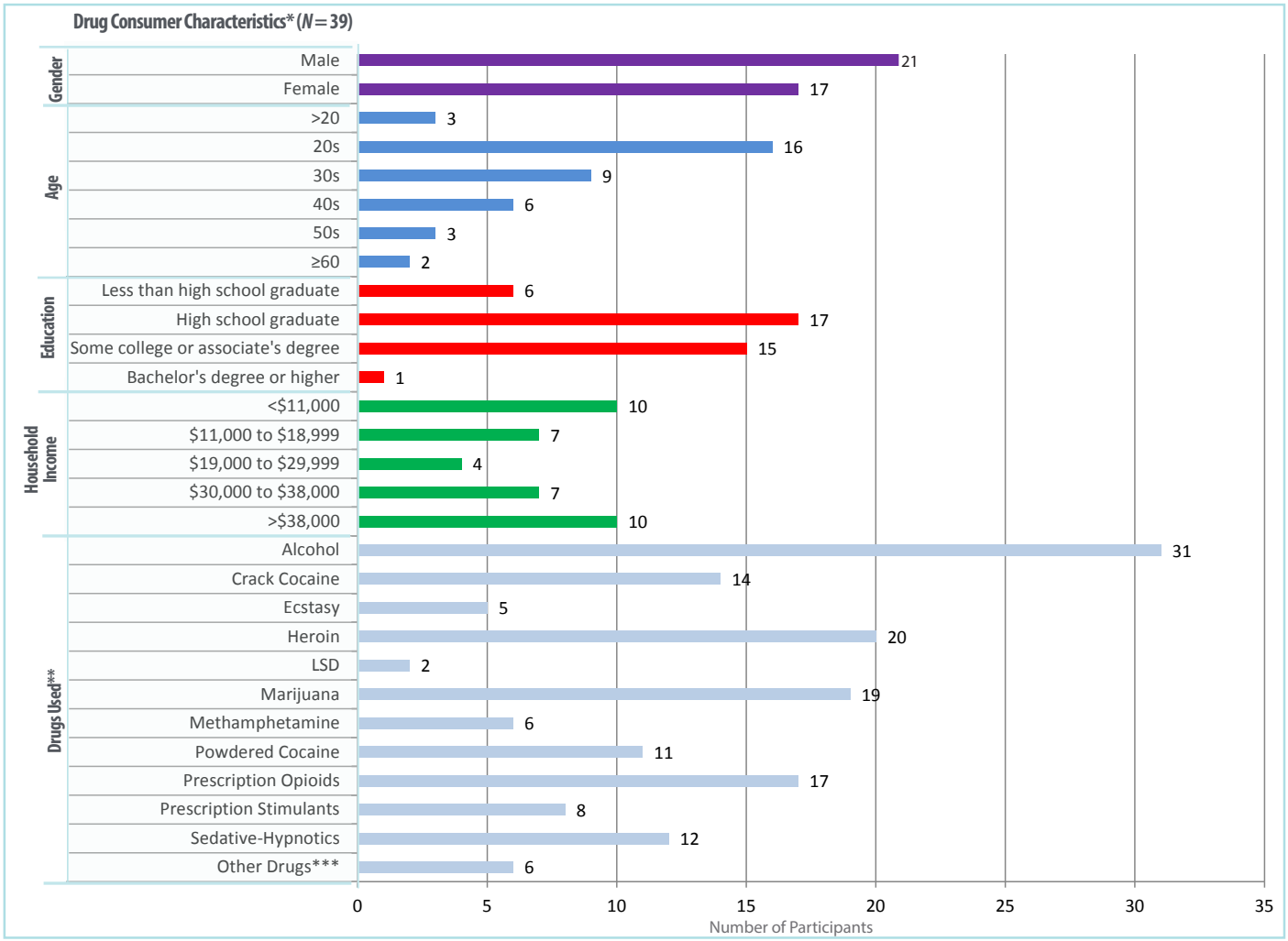
Regional Profile

Indicator[1]	Ohio	Cleveland Region	OSAM Drug Consumers
Total Population, 2010	11,536,504	2,287,265	39
Gender (female), 2010	51.2%	51.8%	44.7%[2]
Whites, 2010	81.1%	74.0%	86.8%[3]
African Americans, 2010	12.0%	18.0%	10.5%[3]
Hispanic or Latino Origin, 2010	3.1%	4.4%	2.7%[4]
High School Graduation Rate, 2010	84.3%	82.8%	84.6%
Median Household Income, 2012	$46,873	$52,247	$19,000 to $21,999[5]
Persons Below Poverty Level, 2012	16.2%	12.4%	15.4%[6]

[1]Ohio and Cleveland region statistics are derived from the most recent US Census, and OSAM drug consumers were participants for this reporting period: January - June 2014.
[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 4 participants due to missing and/or invalid data.
[4]Hispanic or Latino origin was unable to be determined for 2 participants due to missing and/or invalid data.
[5]Participants reported income by selecting a category that best represented their household's approximate income for 2013. Income status was unable to be determined for 1 participant due to missing and/or invalid data.
[6]Poverty status was unable to be determined for 4 participants due to missing and/or invalid data.

Cleveland Regional Participant Characteristics



*Not all participants filled out forms; therefore, numbers may not equal 39.
**Some respondents reported multiple drugs of use during the past six months.
***Other drugs: Bath salts, DMT, ketamine, psilocybin mushrooms, Suboxone® and synthetic marijuana.

Historical Summary

In the previous reporting period (June – December 2013), crack cocaine, ecstasy, heroin, marijuana, PCP (phencyclidine), prescription opioids, prescription stimulants, Suboxone® and synthetic marijuana were highly available in the Cleveland region. Changes in availability included increased availability for heroin and decreased availability for powdered cocaine; likely increased availability for methamphetamine, prescription opioids, sedative-hypnotics and Suboxone®.

Participants reported powdered heroin as more available than black tar heroin in the region. Participants mentioned fewer distinctions between brown and white powdered availability due to the great variation of and broad spectrum of heroin colors. Lake County Crime Lab reported processing brown, gray, tan and white powdered heroin as well as compressed rock forms of heroin. Participants reported black tar availability as moderate, with higher availability of that type of heroin for the west side of Cleveland.

Participants suggested several reasons for increased heroin availability. First, participants reported dealers switching from other drug sales to more profitable heroin sales. Second, the heroin market was extremely resilient even following large law enforcement drug busts. Finally, the decrease in available prescription opioids due to the increased oversight in prescribing patterns in addition to abuse deterrent changes in pill formularies purportedly increased the demand for heroin. Community professionals also reported increased heroin availability as seen in the increased number of addicted clients and increased number of heroin related law enforcement cases.

Participants and community professionals discussed current quality of heroin in relation to cuts (adulterates) in the drug (i.e. fentanyl) which led to many overdoses. Participants described heroin users as under 30 years of age and typically prescription opioid abusers. Generally, participants agreed that younger blacks were not the typical heroin user, but whites and Hispanics used heroin more often. Treatment providers also reported an increase in younger individuals using heroin.

Participants did not agree on change in availability of prescription opioids, but community professionals reported increased availability for these drugs. Treatment providers suggested doctors did not monitor prescription opioids closely enough and explained that illicit use was fueled primarily through diversion; law enforcement noted an influx of pills from outside Ohio.

Community professionals also reported increased availability of Suboxone®. Law enforcement observed that Suboxone® use mirrored the increased use of heroin and explained that it was due to addicts attempting to combat withdrawal when heroin was unavailable. Participants did not express difficulty in finding the drug through friends or dealers, but a few participants reported challenges involved with a managed treatment program. The BCI Richfield Crime Lab reported an increase in the number of Suboxone® and Subutex® cases it processed during the reporting period.

Demand for Xanax® appeared to be increasing as heroin users sought this particular sedative-hypnotic. Law enforcement reported increased availability for Xanax® and participants reported increased popularity of the drug. Typical illicit users of Xanax® were often described as younger and addicted to other drugs, especially heroin.

Community professionals reported an increase in methamphetamine availability, while most participants reported little personal experience or knowledge about the drug. Cleveland news sources also reported that methamphetamine labs had increased in number due to the ease with which the drug was made and its portability with the one-pot method. The BCI Richfield Crime Lab reported that the number of methamphetamine cases it processes had increased; the lab reported processing mostly off-white and gray powdered methamphetamine along with a small amount of crystal methamphetamine.

Participants commented on the ever fluctuating availability of methamphetamine and added that availability was lowest in the urban centers and higher in the region's more rural areas. Participants described typical users of methamphetamine as white and both male and female.

Lastly, PCP (phencyclidine) remained highly available in the city of Cleveland. Participants continued to report an area called 'Water World' on the northeast side of Cleveland as the origin of the region's PCP. Reportedly, availability of the drug was only through specific dealers. Participants described typical PCP users as younger, black and more often residing on Cleveland's east side.

Current Trends

Powdered Cocaine

Powdered cocaine 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 '7.' A participant described powdered cocaine availability and explained, "*Yes, one phone call* [to obtain powdered cocaine], *two at the most. For specific drugs, there's specific drug dealers. For cocaine would be completely different than the person I'd call for heroin*." Another participant stated, "[Powdered cocaine] … *it's a phone call away … every dealer I went to had crack* [cocaine], *'coke' (powdered cocaine) or heroin*. [Location] *doesn't matter - east side, west side, they've got it.*" Still another participant commented, "*Yes,* [powdered cocaine is] *available, but I don't think it's as accessible as other things. A few phone calls away.*"

Community professionals most often reported the current availability of powdered cocaine as '5;' the previous most common score was '8.' A treatment professional shared, "*I think you can find* [powdered cocaine] *readily. I don't see clients coming in with powder* [cocaine] *as a primary drug of choice* [however]."

Corroborating data also indicated the presence of cocaine in the region. American Court and Drug Testing Services reported that 5.9 percent of the 971 individuals screened through its Medina lab during the past six months were positive for cocaine (crack and/or powdered cocaine). In addition, media outlets reported on law enforcement seizures of powdered cocaine in the region this reporting period. A combined effort of Elyria and North Ridgeville police (Lorain County) seized approximately 50 grams of cocaine when they searched a local residence (www.morningjournal.com, Jan. 21, 2014).

Participants reported that the availability of powdered cocaine has slightly increased during the past six months. A participant remarked, "*I was able to find* [powdered cocaine] *anytime I wanted it. One or two phone calls. I could always find it easily*." Community professionals did not identify this drug as a top trending drug. A treatment provider felt powdered cocaine had become less available.

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

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

Participants most often reported the current quality of powdered cocaine as '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '4.' Participants reported that powdered cocaine in the region is cut (adulterated) with baby laxative, baking soda, caffeine, ether, head shop cuts (often sold as carpet and room deodorizers) as well as numbing agents. Participants indicated varying quality of the drug. A participant reflected, "*I spent a lot of money and I wasn't going to spend it on junk* [low quality cocaine]." Another participant said, "*With my* [young] *age and* [limited] *resources, I could only get very low quality*." Overall, participants reported a decrease in the quality of powdered cocaine during the past six months.

Powdered Cocaine	Cutting Agents Reported by Crime Lab
	levamisole (livestock dewormer)
	lidocaine and procaine (local anesthetics)

Current street prices for powdered cocaine were consistent among participants with experience buying the drug. Participants revealed that the price of the drug is dependent on the quality one obtains, as well as higher prices in rural areas or outlying suburbs. A participant explained, "*You can spend the extra on gas and drive* [into the city] *or you can buy local and pay more.*"

Powdered Cocaine	Current Street Prices for Powdered Cocaine	
	a gram	$60-80
	1/8 ounce (aka "eight ball")	$150-300

Participants reported that the most common route of administration for powdered cocaine remains snorting. Participants estimated that out of 10 powdered cocaine users, five would snort, three would smoke and two would intravenously inject ("shoot") the drug. Participants explained that users will often cook their powdered cocaine into crack cocaine and smoke it. A participant explained, "*We like crack better so we get* [powdered cocaine] *and crack it up. It's easier to find and cheaper that way*."

Participants and community professionals described typical powdered cocaine users as of higher socio-economic status, more often white, older individuals (40-50 years of age with few mentions of users under the age of 25), those who work in physically demanding occupations and crack users. Participants commented: "*The powder* [cocaine] *users are well-employed executives, teachers, people with good jobs who can keep up with their lives and pay their bills; Landscapers and construction people go in the truck for a quick couple of lines* [of powdered cocaine]; *People in bars* [use powdered cocaine] *a lot. Barmaids, men in bars who offer it to women in bars*."

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 reported that crack cocaine is very easy to obtain. A participant commented, "[Crack cocaine is] *everywhere. You don't even have to look for it, it finds you. I could be walking down the street and people would ask me if I messed with that 'hard' (crack cocaine)* … [but] *when there is a bust in the neighborhood*, [crack cocaine is] *less likely to be on the street - It's a phone call* [to a dealer to obtain]." Participants reported white and yellow ("butter") as the most available types of crack cocaine in the Cleveland area. A participant commented, "*I know that every time I went to get my drug of choice (heroin),* [crack cocaine] *was always available. It was white, like yellowish color. Easily available*." Community professionals most often reported current availability of crack cocaine as '7;' the previous most common score was '10.' A treatment provider reflected, "*Even heroin addicts are smoking crack*." A law enforcement officer commented, "[Crack cocaine is] *still out there … people still smoke crack*."

Media outlets reported on law enforcement seizures of crack cocaine in the region this reporting period. A Cleveland man was arrested by police when he was caught advertising crack cocaine and marijuana on Craigslist (www.impact.cleveland.com, Jan. 13, 2014). A man in Ashland County pleaded guilty to four counts of trafficking crack cocaine and received a four-year prison sentence (www.herald-dispatch.com, Jan. 16, 2014). An ongoing investigation led Shaker Heights (Cuyahoga County) detectives to a crack cocaine dealer in their city (www.cleveland.com, May 6, 2014). A woman let her grandmother borrow her car and reported it missing five hours later; her grandmother has a history of taking cars from family members to smoke crack cocaine on the east side of Cleveland (www.cleveland.com, May 12, 2014).

A majority of participants reported that the availability of crack cocaine has remained the same during the past six months. Community professionals also suggested that availability has remained the same during the past six months. However, a few treatment providers reported a decrease in crack cocaine availability as one commented, "*The young 'corner boys' (drug dealers) have switched to heroin. I very seldom have a client who comes in who's struggling with crack as a primary drug.*" A law enforcement officer said, "*The heroin dealers that we're getting, the majority used to be crack dealers. I think their inexperience and poor connections contributes a lot to the* [heroin] *overdoses*." The BCI Richfield 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 quality of crack cocaine as '9' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '5.' Participants reported that crack cocaine in the region is cut with amphetamines ("speed"), baby formula, baby laxative, baking soda, benzodiazepines, caffeine, head shop cuts, heroin, methamphetamine and numbing agents. A

participant remarked, "[Crack cocaine] *doesn't burn right if it has pills or stuff in it*." A slight majority of participants reported no change in the quality of crack cocaine during the last six months, while other participants felt quality had decreased. A participant talked about fluctuating quality of crack and shared, "*When* [crack cocaine] *was more pure, a hit would last for 45 minutes, now it's only 20 minutes.*" Other participants discussed how quality can be increased by cooking the drug again. A participant commented, "*I would have to cook* [crack cocaine] *back to make it more potent*."

Crack Cocaine	Cutting Agents Reported by Crime Lab
	levamisole (livestock dewormer) lidocaine and procaine (local anesthetics)

Current street prices for crack cocaine were consistent among participants with experience buying the drug. A participant said, "*Dealers like to sell '20s' ($20-pieces of crack cocaine) and '50s' ($50 pieces) - not larger amounts because they make more money on those* [smaller] *sizes*."

Crack Cocaine	Current Street Prices for Crack Cocaine	
	1/10-3/10 gram pieces	$20
	1/2 gram (aka "fifties" or "block")	$50
	1/8 ounce (aka "eight ball")	$150-200

The most common route of administration for crack cocaine remains smoking. Out of 10 crack cocaine users, participants reported that approximately eight would smoke and two would intravenously inject ("shoot") the drug. A participant stated, *"A lot more people smoke crack now because you get higher than you do from powder. There's a lot more crack smokers now*."

A description of a typical crack cocaine user did not emerge from the data. Participants described crack cocaine users as whites, blacks, Hispanics, east-siders and west-siders. A participant said, "[Crack cocaine has] *got an unexpected crowd. It's very under the table. I've seen the homeless stereotype people, but I've also seen rich suburban people smoke it. There's a lot of diversity there*." Another participant said, "*It's getting more suburban, people in the outlying areas. It's not just an urban person.*" Community professionals also had trouble identifying typical crack cocaine users. Treatment providers suggested users are from many demographic groups, especially middle-aged users. Treatment providers commented: "*I've seen a lot more women in their 40s smoking crack than I've seen younger people. That's a trend. Also it's both white and black; I see 40* [years of age] *and over, African-American women; It's 45* [years] *on up*."

Heroin

Heroin remains highly available in the region. Participants and community professionals most often reported the 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 from both respondent groups were also '10.' Participants discussed heroin availability and resiliency of the supply. A participant remarked, "*Heroin is at a '9' or a '10' for availability. Every time the police bust, they rip down 120 guys at one time, but those neighborhoods have so many youth ready to take up the phone from the guy . . . .*" Other participants shared: "[Heroin] *was* [easy to get] *like crack;* [Heroin] *is my drug of choice, so I know it is super easy to get; I always went to Cleveland. You didn't even have to blink and somebody would be coming up to you; I know dealers who will pass out samples*." Participants noted fewer differences in heroin availability between the west and east sides of the city of Cleveland than previously, as one participant explained, "[Heroin is] *everywhere. If you're from the east side you get it on the east, if you're from the west side, that's where you get it*." Community professionals continued to cite heroin as the most available drug in the region.

While many types of heroin are currently available in the region, participants and community professionals continued to report powdered heroin as the most available type in the region. A participant commented, "*I think it is white and brown powder* [heroin that is most available], *'tar' (black tar heroin is) a little scarcer*." A treatment counselor said, "*Brown heroin is what I hear the most about. I hear that tar is primo, but hard to get. You really have to know people for that*." A law enforcement officer also reported, "*Mostly the brown powder is available*." Participants and law enforcement officers most often reported current availability

of black tar heroin as '2;' the previous most common score by participants was '4.' A treatment provider commented, *"People are not doing the tar anymore, it's all powder."*

Participants mentioned fewer distinctions between brown and white powdered availability due to the great variation of and broad spectrum of heroin colors. Heroin colors reported by participants this reporting period included the typical brown powder, tan, dark brown and chunk; also reported were blue, purple, green, white and gray varieties that resemble drywall, concrete or gravel. A participant said, "*I did white powder* [or] *brown powder, so I can get* [heroin] *anywhere; I have seen dry-wall gray, light gray. I've seen all kinds of shit* [colored heroin] - *shit that looks like sand*." Another participant shared, "*There's definitely different kinds* [of heroin]. *I've seen blue, purple, cream, milky stuff that's tannish*."

Corroborating data also indicated the presence of heroin in the region. American Court and Drug Testing Services reported that 13.2 percent of the 971 individuals screened through its Medina lab during the past six months were positive for opiates.

Media outlets reported on law enforcement seizures of heroin in the region this reporting period. The U.S. attorney's office in Northeast Ohio indicted 20 individuals as it begins to prosecute those who are responsible for drug overdose deaths (www.wkyc.com, Jan. 14, 2014). A 10-year-old boy let Lorain (Lorain County) police officers into his home to save his dad who was overdosing on heroin; officers administered Narcan® (naloxone) to save the man (www.morningjournal.com, Jan. 16, 2014). Cuyahoga County prosecutors arrested two individuals believed to have caused eight heroin overdoses (at least three deaths included in that total) by selling heroin laced with fentanyl, a very potent prescription opioid (www.vindy.com, March 7, 2014). Lake County law enforcement arrested a man for trafficking and possession of 35 grams of heroin (www.newsnet5.com, March 14, 2014). A Lorain County man was arrested and charged after shooting up heroin in the restroom of a restaurant; he overdosed and was resuscitated with Narcan® (www.newsnet5.com, March 20, 2014). Lake County officials have increased their efforts targeting illegal drug activity in and around hotels and motels; throughout a six week period, 14 suspects were arrested and nearly 40 grams of heroin, 10 grams of cocaine and two ounces of marijuana have been seized (www.cleveland.com, June 5, 2014). Geauga County Job and Family Services reported an increase in number of children in their custody due to parents using heroin (www.wkyc.com, April 17, 2014).

Participants and community professionals reported that the availability of heroin has increased during the past six months. A participant observed, "[Heroin] *can't get more available. When a 15-year-old kid can figure out how to get it, how hard can it be?*" A health professional said, "*Based on the increase over the last six months and the amount of patients I've seen, I'd definitely say* [heroin is] *more available. It's insane*." Law enforcement officer shared, "*A girl 'ODs' (overdoses) and she doesn't die, and her friends say, 'You were really lucky … she says, 'Yeah, I was lucky.' And in the next conversation she's trying to recruit others to use that* [same] *heroin*." Another officer noted, "*The 'grays' (gray-colored heroin) I've seen from time to time. It's more available than it's ever been in the city, there are more hookups, more in different parts of Cuyahoga County than we've ever encountered*." The BCI Richfield Crime Lab reported that the number of powdered heroin cases it processes has increased during the past six months while the number of black tar cases has remained the same; the lab reported processing primarily white, brown and gray powdered heroin.

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

Participants and community professionals agreed that powerful economic forces are driving the increase in heroin availability. Despite law enforcement activity, participants and community professionals reported a limitless network of heroin and dealers. A participant explained, "*Heroin got cheaper and a longer high - cheaper to get for the dealer and more clientele*." An officer explained, "*The* [heroin] *clientele is better than crack* [clientele]. *The new market seems to be going younger and younger as you have a transition from prescription pills to heroin. It's more middle-class America getting into this and it's the best market in the world. They're reliable and they pay*."

Participants most often reported the overall current quality of brown powdered heroin as '6,' white powdered heroin as '9' and black tar heroin as '10' on a scale of '0'

(poor quality, "garbage") to '10' (high quality); the previous most common overall quality score was '8.' A majority of participants felt that the quality of heroin has remained the same during the past six months, albeit variable. A participant explained, "*It's who you know. There's great* [quality heroin] *and bad on the east* [side], *great and bad on the west side*." Participants advised: "*This sounds crazy, but you need to build a relationship with your dealer to not get ripped off or get bad* [quality heroin]; *I would stick with somebody you know. If you just go driving and they see a white girl driving, they're going to rip you off*."

Participants reported that heroin in the region is cut with baby laxatives, cocaine, cocoa powder, fentanyl, head shop cuts (typically sold as room and carpet deodorizers), methamphetamine, mannitol, methadone, sleep aids (Dormin®, NoDoz®) and vitamin B-12. A law enforcement officer shared, "[Head shops] *sell the cut - the sleeping pills ... and every kind of cut - mannitol, Anestol®, Sleepinal® and anything to color it with*."

Heroin	Cutting Agents Reported by Crime Lab
	diphenhydramine (antihistamine) quinine (antimalarial)

Participants and community professionals further discussed fentanyl cut heroin. Participants shared: "*The dealer never told me if it had fentanyl in it, but I could always tell. It had a stone look to it; It wasn't sold as being with fentanyl in it, but you could tell; I don't know if heroin is getting stronger, but they're adding fentanyl. I flat lined two times and OD'd four times. You never know what you're getting*." Other participants shared similar experiences. A treatment provider said, "*Fentanyl has become a trend. You hear a lot on the news and in the papers and people are dying of it.* [Heroin users] *need to be made aware of it. It's not heroin - it's a synthetic drug and it's hitting the hotlist*." A law enforcement officer said, "[Heroin with] *fentanyl has cropped up a lot lately. Sometimes that's represented as 'china white.' It's bringing back an old term for a new product.*" Participants and community professionals expressed concern about how frequently overdose occurs. Participants reasoned: "*All these overdoses you hear about are young kids; Rookie drug dealers too; People see that you can make a lot of money and they just jump in the game and don't know what they are doing and selling something so pure - not cutting it - and they are killing people*."

Participants reported that heroin is available in different quantities. Reportedly, powdered heroin is most commonly sold by the gram. A participant explained, "*I think it is people that just can't afford* [larger quantities] *that get 'points' (1/10 grams) instead of chunks … 'bundles' (approximately one gram)*." Participants and law enforcement discussed differences in pricing based on location. Participants explained: "*It's cheaper* [west of Cleveland] … *It's higher pricing further east; On the west side, it's* [per] *hit pricing. In Cleveland, don't call the dealer for less than $20-40 orders*." Law enforcement also noted differences between the east side and the west side pricing, as well as pricing differences among demographics: "*It was always heard that it's cheaper on the west side. We say, among ourselves, 'You got the white boy price,' meaning it's higher* [price] *to the white consumer and that's who's buying it*."

Heroin	Current Street Prices for Brown Powdered and Black Tar Heroin	
	1/10 gram)	$10-20
	1/2 gram)	$60-70
	A gram	$90-120

Participants reported that the most common route of administration for heroin remains intravenous injection ("shooting"). Out of 10 heroin users, participants reported that approximately nine would shoot, one would snort and an occasional user would smoke the drug. Participants continued to report that those who are new to heroin are more likely to snort before progressing to shooting. One participant commented, "*There's a 90 percent chance you're going to end up shooting. Pretty much all heroin addicts started snorting - every addict I know started* [using heroin by] *snorting*."

The Cleveland region has a needle exchange program operated by The Free Clinic of Greater Cleveland and many users continue to report obtaining needles from there as well as obtaining needles from pharmacies by posing as a diabetic patient or buying them from other users and occasionally dealers. Some participants reported it continues to become more difficult to get clean needles at certain retailers. Other participants discussed purchasing needles from dealers and commented: "*Some drug dealers will sell me a needle with the heroin.* [The syringe] *was free; My drug dealers were always buying needles from me; Some drug dealers will sell them to you for $5 per 'rig' (syringe). You can get them from other people - diabetics, horse and*

tractor supply [stores] - *I used horse tranquilizer needles*." An officer described the frustration associated with heroin users seeking needles: "*They constantly go to pharmacies* … [in turn, the pharmacies] *said they got so tired of finding needles in the bathroom they said they're only giving them to regular customers*."

Heroin use continues to span a wide range of individuals. Both participants and community professionals reported heroin use among white adult males and females, Hispanics, suburbanites, young whites aged 15-25 years, opiate users and older users who have been addicted for years. One participant said, "[A typical heroin user is] *14* [years of age] *and up. I say mostly white people. I do see a handful of black people but they're older - like from Ray Charles' era, from back in the bluesy times when* [using heroin] *wasn't so big - and those are the lifers*." Other participants commented: "*The biggest thing I see is suburban people. It's a lot of middle class using heroin; Suburban kids. It's their brother or their friend who does* [heroin]." Many participants noted that dealers of heroin are more likely to be black, but users are more likely to be white. A participant reflected, "*Predominantly black males that sell* [heroin], *but I've seen all different types of races using it*." A treatment provider said, "*I see a lot of young white girls who are using* [heroin] *for the first time, using it intravenously because of their boyfriends'* [use]."

Prescription Opioids

Prescription opioids 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 score was also '10.' A participant commented, "*You can get* [pills] *with a couple of phone calls*." Community professionals most often reported current availability as '7;' the previous most common score was '10.'

Participants and community professionals identified Percocet® and Vicodin® as the most popular prescription opioids in terms of widespread use, followed by OxyContin® OPs, oxycodone ("Perk 30s") and Opana®. Several participants agreed, "'*Perks' and 'Vikes' (Vicodin®) are easiest to get*." An officer also reported, "*All the heroin addicts we get are still … requesting perks or vikes or whatever they can get* [from doctors]." Participants continued to report higher difficulty in obtaining "premium" prescription opioids such as Dilaudid®, fentanyl, crushable Opana® and morphine.

One participant reported, "[My dealer] *could get crushable* [opioid pills] easily, but not within the last six months."

Corroborating data also indicated the presence of prescription opioids in the region. American Court and Drug Testing Services reported that 8.7 percent of the 971 individuals screened through its Medina lab during the past six months were positive for oxycodone.

Media outlets reported on law enforcement seizures of prescription opioids in the region this reporting period, as well as prescription fraud and the use of the Ohio Automated Rx Reporting System (OARRS) to stop doctor shopping. Reportedly, prescription ("script") drug rings are a growing crime; typically a ring leader will enter a legitimate occupation as a low level employee in a medical facility and steal prescription pads and then recruit people to fill fraudulent prescriptions at various pharmacies (www.wkyc.com, Feb. 8, 2014). The Ohio State Highway Patrol (OSHP) arrested a man in Geauga County after finding over 80 prescription opioid pills in his vehicle, as well as approximately 70 benzodiazepine pills, eight prescription stimulant pills and a small amount of marijuana (www.statepatrol.ohio.gov, March 24, 2014). Several Elyria (Lorain County) police units worked together and conducted a spring roundup targeting narcotics dealers; 21 arrests were made and police seized 220 doses of oxycodone and Opana®, 160 grams of cocaine, 30 grams of heroin, 270 grams of marijuana and nine doses of ecstasy/MDMA (www.wkyc.com, April 8, 2014). A 51-year old man was reported as doctor shopping in Westlake (Cuyahoga County) when the hospital staff checked the OARRS system and found that the man obtained prescriptions through 56 doctors and 18 pharmacies in the past year; hospital staff alerted police (www.cleveland.com, May 14, 2014). A Medina County resident was robbed of her medication when she excused herself to use the restroom while talking to a newspaper solicitor (www.cleveland.com, June 6, 2014). A woman from North Ridgeville could not adequately explain to Westlake hospital staff why she had been prescribed 120 pain pills the previous month, so they contacted the police to check pharmacy records; the city prosecutor is considering charging the woman with attempted deception to obtain prescription drugs (www.cleveland.com, June 11, 2014).

There was no consensus among participants regarding a change in availability of prescription opioids during the past six months. Participants who discussed decreased availability commented: "*The doctors are cutting them off* [not writing prescriptions for these pills]; *People started*

getting mad when they 'proofed' (reformulated pills to make them more tamper resistant) because they don't work as well; My doctor won't give [prescription opioids] *to me because of my drug history*." Other participants commented that these pills are still readily available.

Community professionals reported that availability has increased during the past six months. A diversion officer described changes in the availability of these pills in the region: "*I've seen a really big push in 'perk 10s' (Percocet® 10 mg) . . . We've gotten* [intercepted] *packages through the mail of the Roxicodone® '15s and 30s' (15 mg and 30 mg) . . . A lot of pharmacies don't carry them because they don't like that risk . . .Dilaudid® is hot* [popular], *as an injectable out of medical facilities. We're getting a couple complaints a month now . . . Vicodin® has stayed the same, but Percocet® has jumped two or three times the amount*." The BCI Richfield Crime Lab reported that the number of prescription opioid cases it processes has remained the same during the past six months.

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

Reportedly, many different types of prescription opioids are currently sold on the region's streets. Current street prices were consistent among participants with experience buying prescription opioids. Participants reported the following prescription opioids as available to street-level users. A participant noted, "'*Perk' (Percocet®) is more wanted than Vicodin®. People are willing to pay a higher price*."

Prescription Opioids	Current Street Prices for Prescription Opioids	
	fentanyl	$1-1.25 per mcg
	Opana®	$1.50-3 per mg
	OxyContin® OP	$0.20-0.50 per mg
	Percocet®	$1 per mg
	Roxicodone®	$1 per mg
	Vicodin®	$0.50 per mg

Prescription opioids remain highly available through doctors, friends, family members and occasionally from dealers. A participant discussed obtaining prescription opioids from doctors: "*For me, I always got them from my doctor, then I moved and got them again and it was easy* [because] *I got referred to another doctor for something with my back . . .*." Participants also discussed obtaining these pills from pill mills. One participant explained: "*It's all in the suburbs, cash doctors all over the place. Mentor, Willoughby, Cleveland Heights. I know a lot of people who will go to a doctor to get pills to sell to a dealer or sell themselves*."

While there were a few reported ways of consuming prescription opioids, the most common route of administration remains oral consumption. Participants estimated that out of 10 illicit prescription opioid users, five would take the drugs by mouth (including crushing, wrapping in tissue and swallowing, "parachuting"), four would snort and one would intravenously inject the drugs. A participant noted that pills with certain ingredients, like acetaminophen, would not be suitable for snorting and commented, "*It depends on the pill. For example, I've never seen anyone snort a Vicodin®*." A treatment provider also observed, "*For the heroin addict you're going to go to extremes to use* [prescription opioids – typically injected if at all possible]. *Casual users just 'pop' (use orally)*."

A profile of a typical illicit user of prescription opioids did not emerge from the data. Several participants agreed that these drugs are consumed by all types of people. Other participants described illicit user groups to include heroin addicts and people (under the age of 25 years). Another participant added, "*The injured person keeps about three pills for themselves and sells the rest*." Law enforcement identified prescription opioid users as heroin addicts and dealers, higher socio-economic status and people in labor intensive occupations. An officer explained, "*In my experience, it's heroin addicts. When they can't get heroin or before they start using heroin*." An officer added, "*A lot of the dealers are users as well and we see the heroin and the prescription pills with them*." Another officer shared, "*I see a lot of the affluent suburbs and the richer white kids* [abusing prescription opioids]. *And it's all the way into the high schools. They start out on pills and then they get into heroin*."

Suboxone®

Suboxone® remains highly available in the region. Participants 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 '8.' Participants agreed with a participant who commented, "'*Strips' (Suboxone® sublingual film form) are more available than* [tablet form]." A participant added, "*I haven't seen the pills for two or three years. I've only seen the strips*." Community professionals most often reported current availability as '7;' the previous most common score was '10.' A law enforcement officer commented, "[Users] *just go to their doctor and they say they're trying to get off heroin and they get it just like that. Then they got* [Suboxone®] *and they sell it*." Another officer remarked, "*They trade* [drugs] *back and forth - for this or that.* [Suboxone®] *does have a high value to it*."

Corroborating data also indicated the presence of Suboxone® in the region. American Court and Drug Testing Services reported that 6.7 percent of the 971 individuals screened through its Medina lab during the past six months were positive for buprenorphine, an ingredient in Suboxone®. In addition, media outlets reported on law enforcement seizures of Suboxone® in the region this reporting period. OSHP seized 123 Suboxone® strips and three Suboxone® pills, 78 grams of heroin and two grams of crack cocaine after pulling a vehicle over in Cuyahoga County for driving left-of-center (www.statepatrol.ohio.gov, Jan. 21, 2014).

Participants reported that the availability of Suboxone® has increased during the past six months. Participants attributed increased availability to pain management clinics which are now prescribing Suboxone® to patients. One participant shared knowledge of Suboxone® pill-mill type operations and explained, "*It's all cash doctors, no insurance and they are moveable. They rent out a random store front and they're here this day and this day and that day and it's all cash - then they're out. It's just Suboxone® … It's not part of a program at all, you just show up, pay cash and leave*." Community professionals also reported that availability has increased during the past six months and attributed the increase to increased number of prescriptions being written and the overall increase in heroin use. A treatment provider said, "*Now that they're covered under Medicaid they can find doctors to prescribe* [Suboxone®] *if they have the money. They get it through pain management, too, though not a lot*."

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

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

Street prices for Suboxone® were consistent among participants with experience buying the drug. A participant commented, " [Suboxone® and Subutex® pills and strips] *are available if you have money*."

Suboxone®	Current Street Prices for Suboxone®	
	Any form (film or tablet; Suboxone® or Subutex®)	$15-25 for 8 mg

Participants shared that Suboxone® continues to be primarily obtained by prescription from drug abuse treatment centers and pain management clinics. Participants also reported acquiring this drug from friends and dealers, particularly connected with heroin. Participants and community professionals indicated this drug is commonly abused. A participant admitted, "*The only time I got* [Suboxone®] *was from my* [heroin] *dealer*." Another participant explained, "*I've never had a Suboxone® prescription from a doctor, but I know there are many that are available now to write a prescription. I always got mine from friends*."

Participants reported that the most common route of administration of Suboxone® is sublingual; however, several participants explained that Suboxone® pills can be crushed and injected. Participants also reported preference for the pill form because they do not have tracking numbers on them like the strips do. Participants estimated that out of 10 illicit Suboxone® users, eight would sublingually use as directed and two would intravenously inject ("shoot") the drug. A participant explained the various forms and preferred administration of this drug, "*I think the Subutex® is better than Suboxone® because you can still get high on them. You can crush them and shoot them. You can't snort the strips, but you need hot water and you can shoot them*."

Law enforcement suggested typical illicit users of Suboxone® are most often heroin addicts who are self-medicating through heroin withdrawal. A law enforcement officer explained, "*They're not getting high from Suboxone® like heroin. They're using* [Suboxone®] *to get through the period when they don't have heroin.*"

Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) are moderately 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 score was '7.' Participants identified, Klonopin®, Valium® and Xanax® as the most popular sedative-hypnotics in terms of widespread use. Several participants agreed, "*Xanax® is it . . . and it's easier to get now.*"

Community professionals most often reported current availability as '7;' the previous most common score was '10.' Community professionals identified Xanax® as the most popular sedative-hypnotic in terms of widespread use. A law enforcement officer commented, "*Xanax® is as available as 'perk' (Percocet®) and Vicodin®. It goes hand-in-hand. If you're selling pills or diverting pills, you're going to be diverting Xanax® because people want it. Xanax® is at the top of the list.*" A treatment provider explained that doctor prescribing is one reason Xanax® is so popular and commented, "*Anytime you go to the doctor and you say, 'I have anxiety.' They try to give you Xanax®.*"

Corroborating data also indicated the presence of sedative-hypnotics in the region. American Court and Drug Testing Services reported that 5.7 percent of the 971 individuals screened through its Medina lab during the past six months were positive for benzodiazepines.

Participants reported that the overall availability of sedative-hypnotics has remained the same during the past six months, while community professionals indicated increased availability, especially with Xanax®. A law enforcement officer specifically observed, "*Ambien® and the sleeping aids have gone way up* [in availability]." The BCI Richfield Crime Lab reported that the number of sedative-hypnotic cases it processes has remained the same during the past six months.

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

Reportedly, a few different types of sedative-hypnotics are currently sold on the region's streets. Participants reported that sedative-hypnotics generally sell for between $2-5 per pill, with slightly higher pricing for brand names instead of generics and for higher milligram dosage ($10-12, reported for 2 mg Xanax®). Other pills in this category sell for much less or are traded freely. A participant said, "*Klonopin®, Ativan®, Soma®, Neurontin®, Seroquel® - they sell for about 50 cents a pill. That's like bumming a cigarette.*" Participants most often reported obtaining sedative-hypnotics from doctors, friends and family members. These drugs were not commonly obtained from street-level drug dealers. A participant explained, "*Xanax® is the easiest one to get from doctors and from dealers.*"

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 route of administration remains oral consumption ("popping"). Oral consumption reportedly includes chewing the pill or wrapping in tissue and swallowing it ("parachuting"). Participants estimated that out of 10 illicit sedative-hypnotics users, approximately seven would orally ingest, two would snort and two would intravenously inject ("shoot") the drugs. Reportedly, snorting or shooting are more common when sedative-hypnotics are used in combination with other drugs.

Participants described typical illicit users of sedative-hypnotics as drug addicts and people who have anxiety. A participant said, "*My doctor prescribed me Xanax® and methadone for like a year. When I wanted to detox it took me 40 days because I was detoxing from benzos and opiates at the same time.*" Treatment providers identified typical illicit users of sedative-hypnotics as ranging from 20s to 50s in age, more often female and persons who have insurance. A treatment professional reported, "*It's young females who get* [sedative-hypnotics] *from psychiatrists. The doctor doesn't know that they're shooting a gram of heroin a day, either.*" Another treatment provider disclosed, "*I have a lot of friends who are upper middle class, who don't think of themselves as addicts. They take Ambien®, Xanax®, Klonopin® every night of their life and think nothing*

of it. People are totally in denial and that's the wealthier white population [who are dependent on sedative-hypnotics]."

Marijuana

Marijuana remains highly available. Participants and community professionals continued to most often report the current availability of marijuana 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' for both respondent groups. Higher quality marijuana is the most available type of marijuana throughout the region. Participants commented: "*I couldn't get 'reggie' (regular, low-grade marijuana) if I tried … It's just 'kush' (high-grade marijuana) and better kush; Reggie is a bit harder to find. People don't want it and the dealers make more money off 'loud' (high-grade marijuana).*" A treatment provider made a similar observation and commented, "*That's right,* [high-grade marijuana is] *all we hear. We don't hear about regular marijuana anymore.*"

Marijuana concentrates and extracts are also available throughout the Cleveland region. Participants familiar with these forms of marijuana rated current availability most often as '10.' Marijuana concentrates and extracts reference products derived from medicinal alchemy of marijuana: an extraction of tetrahydrocannabinol (THC) from high-grade marijuana leaves by heating it with butane and creating a brown, waxy, hard substance. These concentrates are known to contain over 90 percent THC. One participant claimed, "*I've made butane hash oil before. It's pretty easy to get.*" Treatment providers indicated that there needs to be a social connection to obtain these THC products, as one treatment provider commented, "*You need to know people that can do it (are able make the concentrate).*"

Corroborating data also indicated the presence of marijuana in the region. American Court and Drug Testing Services reported that 17.9 percent of the 971 individuals screened through its Medina lab during the past six months were positive for marijuana.

Media outlets reported on law enforcement seizures of marijuana in the region this reporting period. OSHP arrested an Oregon man in Lorain County after they stopped him for a moving violation and discovered 32 pounds of marijuana in his vehicle (www.statepatrol.ohio.gov, Jan. 21, 2014). A man was taken from Cleveland's west side (Cuyahoga County) to the hospital for injuries after a marijuana grow operation and lab exploded and set fire to the building; police seized evidence including four butane tanks which were used to extract cannabis oil from the plant for making marijuana concentrates (www.impact.cleveland.com, Jan. 29, 2014). The South East Area Law Enforcement (SEALE) narcotics unit (Cuyahoga County) targeted marijuana being delivered in the area via postal services; more than 50 pounds of the substance was seized (www.impact.cleveland.com, Feb. 11, 2014). A man was arrested in Cleveland after police found seven ounces of marijuana, a digital scale, a gun and cash in a child's gym bag in his vehicle (www.statepatrol.ohio.gov, March 10, 2014). South Euclid (Cuyahoga County) police found nearly 28 grams of marijuana inside an SUV following a high-speed chase (www.impact.cleveland.com, March 19, 2014). Cleveland police were called to a house to investigate a sound complaint and found a marijuana grow operation; they seized over 50 plants (www.cleveland.com, March 31, 2014). South Euclid Police arrested a man after finding 153 grams of marijuana in his car after they pulled him over for driving at night without using headlights (www.cleveland.com, May 16, 2014). A 19-year-old was punched in the face and choked when he went to meet three people to purchase marijuana (www.cleveland.com, May. 19, 2014). OSHP troopers located 1.5 pounds of high-grade marijuana inside the rear cargo area of a vehicle after a K-9 officer alerted to the vehicle during a traffic stop (www.statepatrol.ohio.gov, May 21, 2014).

Participants reported that the availability of low-grade marijuana has remained the same or has decreased during the past six months, while noting that high-grade marijuana availability has increased during the same time period. Participants remarked upon the increasing availability of high-grade marijuana due to the proximity of states where marijuana is legal. A participant observed, "*It used to be … 'reggie' (regular, low-grade marijuana) was everywhere. You couldn't get any 'kind bud' (high-grade marijuana). Now you can't find any reggie. It's all high end coming from states where it's all medical.*" Additionally, participants reported increasing availability of marijuana concentrates during the past six months. Participants attributed the increased availability of this drug, in part, to the increased availability of tools and equipment to create and consume the product. A participant explained, "*There's a new tool to smoke the 'earwax' (marijuana concentrate). They have connectors for bongs now - it's a piece of metal, like a nail head and you hit it with the butane and you put a little glass globe with a hole in the top and heat it.*" Another participant said, "*You can buy extractors now, oil extractors, it does it for you.*"

Community professionals reported that the availability of low-grade marijuana has remained the same during the past six months, while noting that high-grade marijuana availability has increased. A law enforcement officer said, "*The high quality medical* [marijuana] *is out there because of all the source states. You can go to the post office and pull 30 boxes off the line every day. The postal inspectors are looking for other stuff, but there's so much 'weed' (marijuana) ... sticky bud, pharmaceutical, the expensive stuff.*" Law enforcement also reported an increase in marijuana concentrates and extracts during the past six months. A law enforcement officer said, "*We're starting to see so much of it … Two months ago I got an alert about this drug and that week we grabbed three packages coming through the mail.*" Another officer reported, "*I talked to a fireman who said they used to have a lot more explosions because of the meth labs, but they're seeing a lot more because of the hash oil and the extraction process.*" Additionally, an officer related recent experience and commented, "*We never heard of this stuff a year ago ... most of the* [marijuana extractions] *we've seen around here have been people making it for themselves, not selling it.*" The BCI Richfield Crime Lab reported that the number of marijuana cases it processes has remained the same during the past six months.

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

Participants continued to rate the overall current 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.' A participant explained, "*Even the 'regs' (regular low-grade marijuana) that do come around are good* [quality] … *The weed that's around is such high quality.*" Most participants rated the quality of marijuana extracts as '10.' Participants and community professionals remarked on how potent these extracts are. A participant said, "*You only need a couple hits and you'll be out of your mind.*" A law enforcement officer explained, *"It's super* [potent] *marijuana.*" Participants reported that marijuana concentrate is not cut or adulterated with any other substance.

The price of marijuana depends on the quality desired; current street prices for marijuana were consistent among participants with experience buying the drug. Participants did not provide specific pricing for low-grade marijuana, but commented that it sells for about half as much as high-grade marijuana. An officer commented, "'*Mexican brown' (low-grade marijuana) is sold by the pound, there are bales of it.*" Current street prices for marijuana concentrates and extracts were reportedly high among participants with experience buying the drug and depends on the cost of the marijuana needed to produce the product. A participant explained, "*My friend wouldn't sell the oil. It's very labor intensive. That's why you get a bunch of guys together to throw in their bags* [of marijuana] *and then you all just blast it* [with butane to make the extract] *and sit around and do 'dabs' (hash oil) all night.*"

	Current Street Prices for Marijuana	
Marijuana	High-grade:	
	A blunt (cigar) or two joints (cigarettes)	$10
	1/4 ounce	$80-100
	An ounce	$200
	A pound	$5,000-6,000
	Concentrates/extracts:	
	1/2 gram	$60
	A gram	$80-120

The most common and only route of administration for marijuana reported by participants remains smoking. Participants estimated that out of 10 marijuana concentrate

users, all of them would smoke the drug, most typically using a vaporizer device. A participant said, "*When I've smoked it looked like an e-cigarette. You can't even tell* [the difference]. *It's a little vial with some liquid in it*…." Another participant shared, "*It's vaporized basically … It's as much THC as you can possibly get*."

A profile for a typical marijuana user did not emerge from the data. Universally, respondents felt marijuana use to be widespread. A treatment provider remarked on how marijuana is consistently the most identified drug of use by clients during intake interviews despite any demographic. Participants and law enforcement described typical concentrate and extract users as marijuana connoisseurs. A law enforcement officer commented, "[Dabs] *is for people who are really into weed, people who love it*."

Methamphetamine

Methamphetamine is highly available in the region. Although most participants did not have experience with this substance, the participants who did 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 score was '3.' Participants reported lowest availability in the urban center. A participant shared, "[Methamphetamine] *is so easy to get* [on the far east side]." Another participant said, "*Meth and heroin are the biggest thing in Lake County. You need to know somebody. It's not really a party drug. You have to make a chain of phone calls.*" Additionally, a participant explained that once you know someone who makes methamphetamine, it is very easy to obtain the drug.

Participants reported that the most common type of methamphetamine in the region is powdered ("shake-and-bake" or "one-pot"). Reportedly, this form is easily and quickly produced, as fewer ingredients are required. It 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 (typically found in some allergy medications). The production of about 2 grams can be produced in 30-45 minutes using this shake-and-bake method. In regards to the higher grade, lab created, crystal-like methamphetamine a participant remarked, "*Maybe once in a blue moon you see the lab stuff.*"

Community professionals most often reported the current availability of methamphetamine as '1;' The previous most common score was '4.' However, treatment providers noted that participants report high availability of methamphetamine, but clients who are addicted to methamphetamine rarely pass through treatment facilities. A treatment provider disclosed, "*I've worked 26 years in the* [alcohol and other drug] *field and I've never worked with a meth addict.*" Another treatment provider commented, "*I don't see* [meth addiction] *a lot. I go to a ton of AA and NA meetings and talk with a lot of people and I'm just not hearing it. I have a niece in West Virginia and in the mountains it's rampant, but not here. What's blowing my mind is that I don't see it.*"

Media outlets reported on law enforcement seizures of methamphetamine in the region this reporting period. A man hid a woman with several warrants out for her arrest in the attic above his parent's garage (Cuyahoga County); both were arrested after police were called and signs of meth labs were found in the attic and garage (www.cleveland.com, Jan. 8, 2014). Medina County Drug Task Force seized eight portable labs in a home and five people were arrested; further investigation reported a number of people come from Summit County to Medina County to buy pseudoephedrine to make the drug (www.cleveland.com, March 3, 2014). Four individuals were arrested in Geauga County when a narcotics raid uncovered six pounds of methamphetamine worth over $600,000 along with 100 pounds of marijuana, a kilo of black tar heroin and a vial of steroids; reportedly this was the largest number of illegal drugs seized at one time in the county's recent history (www.cleveland.com, June 16, 2014).

Participants reported that the availability of methamphetamine has increased during the past six months and purported that heroin and methamphetamine trafficking are now interrelated. Treatment providers suggested no change in methamphetamine availability during the past six months. 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 off-white powder and some crystal methamphetamine.

Of the few participants who commented on the current overall quality of methamphetamine, they rated it as '5-7' on a scale of '0' (poor quality, "garbage") to '10' (high quality). A participant shared that powdered, home-made methamphetamine contains, "*whatever's under the kitchen sink*." When asked about other substances used to cut methamphetamine, a participant explained, "Y*ou don't need to cut meth*."

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

Current street prices for methamphetamine were consistent among participants with experience buying the drug; a gram sells for $50-60. Participants noted that methamphetamine dealers will often accept chemical components used to make the drug. as payment for either methamphetamine or heroin. A participant explained, "*I used to buy Sudafed®* [to trade] *for heroin*." Another participant explained, "*Yep, you can get $50 of meth or heroin for a box of Sudafed®*."

Generally participants reported obtaining methamphetamine from outside the region in adjacent OSAM regions: Akron-Canton and Youngstown. While there were a few reported ways of consuming methamphetamine, the most common route of administration is smoking, followed by snorting and intravenous injection ("shooting"). Out of 10 methamphetamine users, participants estimated that approximately four would smoke, three would shoot and three would snort the drug. A participant explained, *"Older people smoke and younger people shoot*."

Participants described typical methamphetamine users as white, rural, males and females. Participants shared: "[Methamphetamine is] *for hillbillies; It's out in the country; I've seen more* [40-year olds and older] *smoking meth*." A participant commented about race, "*I've never seen a black person use meth*." Additionally, participants suggested crack cocaine dealers and incarcerated individuals would be more likely to use methamphetamine. Participants commented: "*I was in jail and there were a lot of people who were doing* [methamphetamine]; *My old dealer would do crystal meth to stay up and sell crack*."

Prescription Stimulants

According to the few participants who had recent experience with these drugs, prescription stimulants remain highly available in the region. Participants reported the current availability of prescription stimulants as '9' 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.' Community professionals were unable to comment about the illicit use of this drug as they do not encounter it often.

According to participants, Adderall® is the most available prescription stimulant throughout the region. A participant stated, "*Adderall® is most prevalent. It used to be that Ritalin® was most popular, but then Adderall® took over*." Participants reported increased availability of prescription stimulants during the past six months. A participant reasoned, "*More people are getting diagnosed ADHD, so there* [are] *more* [prescription stimulant prescriptions] *out there. It seems like anyone that walks in and says they have trouble concentrating can get it*." The BCI Richfield Crime Lab reported that the number of prescription stimulant cases it processes has remained the same during the past six months.

Participants did not have much pricing information and said most prescription stimulants sell for $1-5 per pill. A participant shared that Adderall® 30 mg sells for approximately $8. Participants continued to report obtaining prescription stimulants most often from people with prescriptions, diversion from children's prescriptions and from obtaining prescriptions from doctors.

The most common route of administration for prescription stimulants remains oral consumption. A participant explained, "*Nobody snorts the Adderall® extended release pills. They have those beads inside for delayed release*." Participants described typical illicit users of prescription stimulants as younger, female and cocaine addicted. Other user groups included people illicitly using the drugs to improve productivity. A participant commented, "[Prescription stimulants] *are used by people studying*."

Bath Salts

Bath salts (synthetic compounds containing methylone, mephedrone or MDPV) remain available in the region. Although few participants had recent experience with bath salts, they reported them as highly available in the region. Of participants who were able to comment on bath salt availability, they most often reported 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 '3.' Participants shared that availability would be highest for people who have a direct connection with local corner store owners and sales people, as the sale of bath salts is typically hidden. A participant explained, "*It's probably an '8'* [on the availability scale] *if you look real hard. I know a couple stores that put* [bath salts] *out through people. I've heard that as long as you know people you can get them. You can get them online, too.*" Treatment providers continued to rate bath salt availability as '2;' the previous score was also '2.'

Participants reported that the availability of bath salts has either remained the same or has slightly decreased during the past six months. A participant reasoned that availability has slightly decreased because, "*If you go into any head shop* [to buy bath salts] *and they don't know you, they act like SWAT is behind you.*" A treatment provider also reported that availability has decreased and explained, "*From what I hear,* [bath salts] *was easy to get, but now it's more difficult.*" 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	No Consensus
	Law enforcement	No Comment
	Treatment providers	Decrease

Two participants reported the current quality of bath salts as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality), while another participant reported the quality as '7' on the same scale; the previous most common quality score was '10.' A participant said, "*All it is now is research chemicals like mephedrone, and you can order that online 99 percent pure.*" Participants with knowledge of this drug reported that the overall quality of bath salts has decreased during the past six months. One participant explained, "*Quality is going down because they keep changing the analogs … I was a bath salts freak. I did everything and anything I could have wanted. The shit* [you purchase online] *sucks. . . .*"

A participant reported that a vial (approximately 1 gram) sells for about $30. Participants reported purchasing bath salts at corner stores or online. A participant described purchasing the product, "*It's usually in a package like when you buy those caffeine pills, and then inside is a clear glass vial with a cap. Or, it's round like a lip balm. It's cheap.*"

Participants reported the most common route of administration for bath salts is snorting. Participants estimated that out of 10 bath salt users, five would snort, three would smoke and two would intravenously inject the drug. A participant described smoking bath salts: "*I know people who buy* [bath salts] *online, then they soak it* [in] *acetone, then they put it on potpourri. You can smoke it. It's not in the stores, it's something you buy. It's like 'Spice' (synthetic marijuana) and bath salts had a baby.*"

Participants and treatment providers described typical bath salts users as whites and young people. Several participants discussed how bath salts do not appeal to most poly-drug users. One participant commented, "[Bath salts use is] *like a meth high and a coke high at the same time. You're trapped in this bizarre mind thing and it's terrible.*" A treatment provider recalled, "*I had some clients at my last job who used* [bath salts]. *They were white and young.*"

Synthetic Marijuana

Synthetic marijuana (synthetic cannabinoids; "K2" and "Spice") remains available in the region. Participants most often reported the current 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 '10.' A participant reported, "*You can't really get* [synthetic marijuana] *in the stores, but online it's a '10.'*" Community professionals did not rate the availability of synthetic marijuana; the previous most common score was '10' by law enforcement. However, a treatment provider reported, "*I hear about K2 a lot.*"

Participants reported that the availability of synthetic marijuana has decreased during the past six months. Community professionals did not provide comment as to availability change for synthetic marijuana during the past six months. The BCI Richfield Crime Lab reported that the number of synthetic marijuana cases it processes has remained the same during the past six months.

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

Two participants rated the current quality of synthetic marijuana as '5' or '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality). However, several participants indicated that the quality of synthetic marijuana continues to decline. A participant explained, "*When* [synthetic marijuana] *first came out, it was pretty strong, but it got weaker*." Several participants reported that the drug's high no longer delivers an experience like THC or authentic marijuana. Participants commented: "[Synthetic marijuana] *started out like THC and now it's taken a wrong turn; It's very different than it used to be. It's also very addicting and you do go through withdrawal.*" A participant shared an experience with the substance, "*I've seen squirrels running around my apartment. It's like tripping on a bad trip of acid - It's more like bath salts … you're standing outside your body. It's really weird.*"

Prices for synthetic marijuana were variable among participants experienced with purchasing the drug. Several participants shared that a gram sells for between $10-20, while other participants reported purchasing synthetic marijuana for as little as $25 for 3 grams. Still another participant reported 1/8 ounce sells for $15-20. Participants shared that synthetic marijuana is only obtained through Internet purchase. A participant remarked, "*I couldn't get* [synthetic marijuana] *in any stores … I couldn't even get it off the streets from people. You can still get it online*."

Participants reported smoking as the only route of administration for synthetic marijuana. One participant added, "*There was this stuff called 'JWH-018' (a specific synthetic cannabinoid sold online) and I freebased it. It was like a pen. They use 'AM2201' (another synthetic cannabinoid sold online) now. There are still some 'AM's' (AM series of cannabinoids) that aren't illegal yet.*"

Participants and treatment providers described typical users of synthetic marijuana as people who are on probation, in a drug use monitoring program or in the military. A treatment provider commented, "[Synthetic marijuana is] *kind of an issue at the halfway house. I haven't seen anyone with it, but it's an issue there because it doesn't show up in tests, so they try to get away with something*."

Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) remains highly available in the region. Participants reported the most popular form of the drug is the loose powder that is purported to be pure MDMA known as "molly." Participants most often reported the current availability of molly 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 for ecstasy tablets was '10.' A participant commented, "*I've heard of* [molly] *and it's out there. I know people around my neighborhood that have gotten it and sell it.*" Another participant clarified, "'*Real molly' (pure MDMA) is a '2,' but 'fake' (adulterated) molly with bath salts is '10.*'"

Community professionals rated the current availability of ecstasy tablets as '2;' the previous score was variable between '2' and '10.' Treatment providers commented on the perceived high availability of molly: "*It's very easy to get* [molly]; *I've heard about it from people. At my hospital I assess all the patients that come in with dual diagnosis and in my assessments I'd have to say that 50 percent of the people have at least tried molly*." Nevertheless, a law enforcement officer reported, "*We've only seen a little bit of molly here. It's popped up but we've only seen it a couple times*."

Media outlets reported on law enforcement seizures of ecstasy in the region this reporting period. After a long investigation, two area students in Berea (Cuyahoga County) received mandatory prison time for stealing supplies from a chemistry lab on campus and making ecstasy in an empty dorm room for distribution (www.cleveland.com, Jan. 15, 2014).

Participants reported that the availability of molly has remained the same during the past six months. On the other hand, community professionals reported that molly availability has increased. A treatment provider commented, "*I think* [molly is] *more available because I've heard about it more and I never used to hear about it*." The BCI Richfield Crime Lab reported that the number of ecstasy cases it processes has remained the same during the past six months.

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

Participants most often rated the current quality of molly as '4' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common quality score was '10.' A participant explained variability in quality of the drug: *"I've had some* [molly] *that was poor* [quality] *and 'cut' (adulterated with other substances) and then I've had it really good. It's hit or miss."* Another participant shared their experiences with this drug: *"I've had pure molly, called sassafras, it's a tan color - it smells like licorice. You only need a little bit to get high for hours."*

A couple participants suggested that quality depends on where one purchases the drug and one commented, *"I've gotten drugs from the east side and west side and anything I've gotten from a rich neighborhood on the west side is phenomenally better than anything on the east side … I don't know why."*

Although molly is often sold as a "pure" form of MDMA, several participants related that the powder is most often cut with other substances, such as bath salts, cocaine and methamphetamine. A participant explained, *"There's fake stuff* [molly] *that has chemicals and bath salt and research drugs* [cut into the molly] *and it's speed and it's not an ecstasy feeling - it's meth that got sold as molly."* Another participant disclosed, *"I do a lot of cocaine and powder is easy to get and the same dealers have molly, too. Often they say it is molly, but it is really cocaine or crushed up meth."* Another participant suggested that the high demand and profit of molly has resulted in decreased quality and remarked, *"There's so many people trying to sell* [molly], *so they just put a bunch of stuff together* [and sell it as molly]."

Reportedly, ecstasy in tablet form is sold as small pressed colored pills featuring stamped logos or images, while "molly" is typically sold as a yellowish loose powder. Traditionally, ecstasy was sold in different strengths as single, double and triple stacks; currently, a participant explained, *"Single stacks or double stacks are just a myth. That's the dealer feeding you a myth … 'Stacks' mean nothing whatsoever. I've paid for the amount* [of ecstasy] *that's in the pill, not double or whatever."* Molly is available as loose powder in a baggie, by weight or in gelatin capsules. Current street prices for ecstasy and molly were consistent among participants with experience buying the drugs.

Ecstasy/Molly	Current Street Prices for Ecstasy	
	Tablet form	$20 per pill
	Current Street Prices for Molly	
	2/10 gram	$10-20
	A gram	$120-150

Participants reported that the most common place to obtain ecstasy or molly remains nightclubs, strip clubs and rave (dance party) scenes. A participant disclosed, *"The guy I know that has* [ecstasy/molly] *goes to clubs to get rid of it."* Participants reported that the most common routes of administration for ecstasy/molly are oral consumption and snorting. Participants estimated out of 10 ecstasy/molly users, five would orally ingest, four would snort and one would intravenously inject the drug. Other reported methods of administration included vaginal or anal absorption.

Participants described typical ecstasy/molly users as people who like hallucinogens as well as young club goers. Participants also indicated that both blacks and whites use molly and that users are typically more affluent. A participant stated, "[Ecstasy/molly is] *for people that like psychedelics, 'acid' (LSD) and 'shrooms' (psilocybin mushrooms)."* Community professionals also linked ecstasy/molly use to young individuals who are more often white. Treatment providers commented: *"It's the young people that are doing* [ecstasy/molly] *regularly; It's the white kids who say they're doing it."*

Other Drugs

Participants and community professionals mentioned DMT (dimethyltryptamine, a hallucinogen) as another drug present in the region, but this drug was not mentioned by the majority of people interviewed. Participants reported moderate availability of DMT and most often rated its current availability as '7' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants did not discuss quality or indicate that DMT is adulterated with any other substances. Par-

ticipants suggested decreased DMT availability during the past six months. The BCI Richfield Crime Lab reported that the number of DMT cases it processes has remained the same during the past six months.

DMT is typically sold as a loose powder and sells for approximately $60 per gram. Participants suggested typical DMT users are more often young and in a social setting. A participant said, "*With those drugs it's very social, you just throw money on the table* [and take the drug]."

Media outlets also reported on law enforcement seizures of a variety of other drugs in the region this reporting period, including psilocybin mushrooms, steroids and powdered caffeine. Medina County sheriff's officers arrested a man following a search warrant of his home where they found a grow operation in a bedroom and seized 24 containers of psilocybin mushroom spores which were just beginning to grow, prescription medications and 27 marijuana plants (www.newsnet5.com, Feb. 7, 2014). A man was pulled over and arrested in North Royalton (Cuyahoga County) for driving under a suspended license and having syringes and testosterone enanthate (steroids) in his possession (www.cleveland.com, Feb. 28, 2014). A Lorain County high school student died of caffeine overdose following the ingestion of powdered caffeine just days before he was to graduate; powdered caffeine can be very potent and is most often ordered online (www.cleveland.com, June 30, 2014).

The BCI Richfield Crime Lab reported that the number of LSD (lysergic acid diethylamide) and psilocybin mushroom cases it processes has remained the same during the past six months; the lab did not report cases of anabolic steroids.

Conclusion

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

Participants noted fewer differences in heroin availability between the west and east sides of the city of Cleveland than previously, reporting that heroin is everywhere. Community professionals continued to cite heroin as the most available drug in the region. While many types of heroin are currently available in the region, participants and community professionals continued to report powdered heroin as the most available type. Law enforcement reported that gray-colored heroin is more available than it's ever been in the city and throughout Cuyahoga County. The BCI Richfield Crime Lab reported that the number of powdered heroin cases it processes has increased during the past six months; the lab reported processing primarily white, brown and gray powdered heroin.

Participants and community professionals agreed that powerful economic forces are driving the increase in heroin availability. Despite law enforcement activity, there seems to be a limitless network of heroin and dealers. Participants and community professionals also further discussed fentanyl cut heroin. Treatment providers observed that fentanyl in heroin seems to be a trend. Both respondent groups expressed concern about how frequently overdose occurs. Heroin use continues to span a wide range of individuals.

Participants attributed increased Suboxone® availability to pain management clinics which are now prescribing the drug to patients. Community professionals also attributed the increase in Suboxone® availability to increased number of prescriptions being written as well as the overall increase in heroin use. In addition to obtaining Suboxone® by prescription from drug abuse treatment centers and pain management clinics, participants reported acquiring this drug from friends and dealers, particularly connected with heroin. Participants and community professionals indicated that Suboxone® is commonly abused.

Participants and community professionals reported that the availability of low-grade marijuana has remained the same or has decreased during the past six months, while noting that high-grade marijuana availability has increased. Participants remarked upon the increasing availability of high-grade marijuana due to the proximity of states where marijuana is legal. Reportedly, higher quality marijuana is the most available type of marijuana throughout the region. Participants commented that regular low-grade marijuana cannot be found.

Additionally, participants reported increasing availability of marijuana concentrates during the past six months. Marijuana concentrates and extracts reference products derived from an extraction of tetrahydrocannabinol (THC) from high-grade marijuana leaves by heating it with

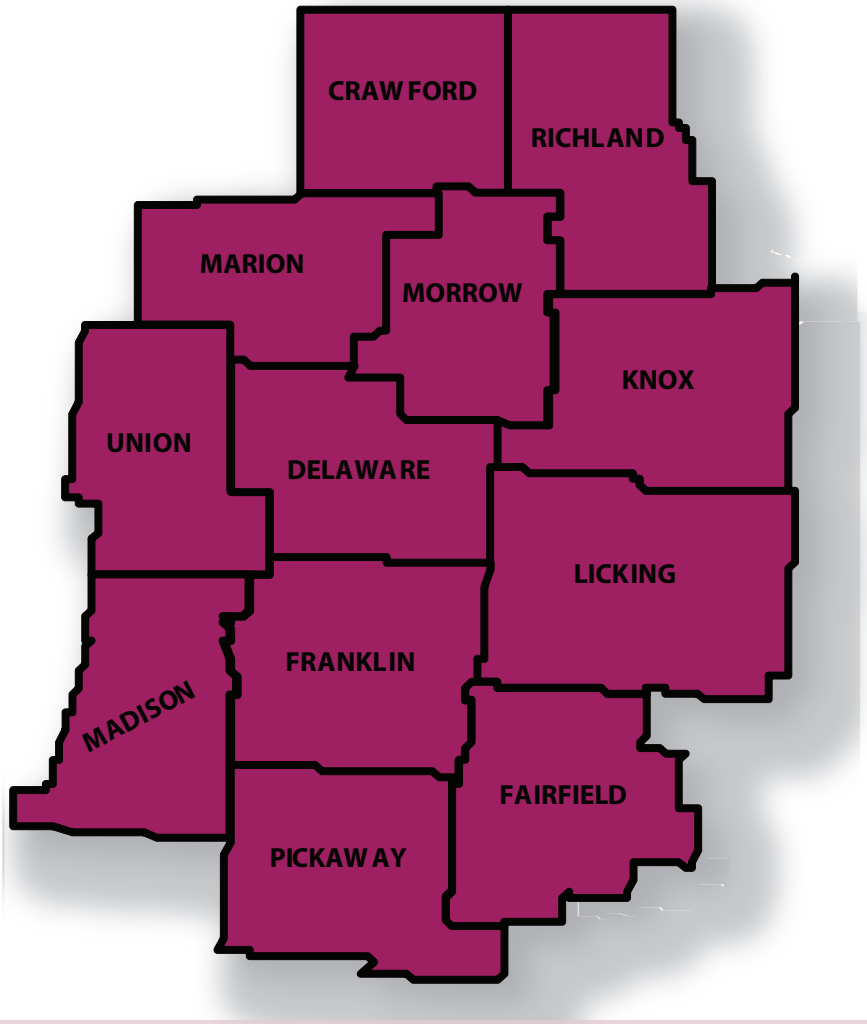
butane and creating a brown, waxy, hard substance. These concentrates are known to contain very high THC content. Participants attributed the increased availability of this drug, in part, to the increased availability of tools and equipment to create and consume the extracted product. Participants and community professionals remarked on how potent these extracts are.

Participants estimated that out of 10 marijuana concentrate users, all of them would smoke the drug, most typically using a vaporizer device. Universally, respondents felt marijuana use to be widespread. A treatment provider remarked on how marijuana is consistently the most identified drug of use by clients during intake interviews despite any demographic. Participants and law enforcement described typical concentrate and extract users as marijuana connoisseurs.

Participants reported that the availability of methamphetamine has increased during the past six months and purported that heroin and methamphetamine trafficking are now interrelated. Generally participants reported obtaining methamphetamine from outside the region in adjacent OSAM regions: Akron-Canton and Youngstown.

Lastly, ecstasy remains highly available in the region. Participants reported the most popular form of the drug is the loose powder that is purported to be pure MDMA known as "molly." Although molly is often sold as a "pure" form of MDMA, several participants related that the powder is most often cut with other substances, such as bath salts, cocaine and methamphetamine. Participants reported that the most common place to obtain ecstasy or molly remains nightclubs, strip clubs and rave (dance party) scenes. Participants described typical ecstasy/molly users as people who like hallucinogens as well as young club goers.

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 Delaware, Fairfield, Franklin and Richland 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 in Delaware, Franklin and Richland counties, as well as to data surveyed from American Court and Drug Testing Services, which processes drug screens in Columbus and Lancaster (Fairfield County) from throughout the region, the Columbus Police Crime Lab, the Franklin County Coroner's Office and the Bureau of Criminal Investigation (BCI) London office, which serves central and southern Ohio. All secondary data are summary data of cases processed from June 2013 through January 2014. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for January through June 2014.

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 current reporting period of participants.

Regional Profile

Indicator[1]	Ohio	Columbus Region	OSAM Drug Consumers
Total Population, 2010	11,536,504	2,132,217	50
Gender (female), 2010	51.2%	50.7%	52.0%
Whites, 2010	81.1%	78.0%	88.0%
African Americans, 2010	12.0%	13.4%	10.0%
Hispanic or Latino Origin, 2010	3.1%	3.3%	2.1%[2]
High School Graduation Rate, 2010	84.3%	77.0%	93.3%
Median Household Income, 2012	$46,873	$53,422	$15,000 to $18,999[3]
Persons Below Poverty Level, 2012	16.2%	13.9%	44.0%[4]

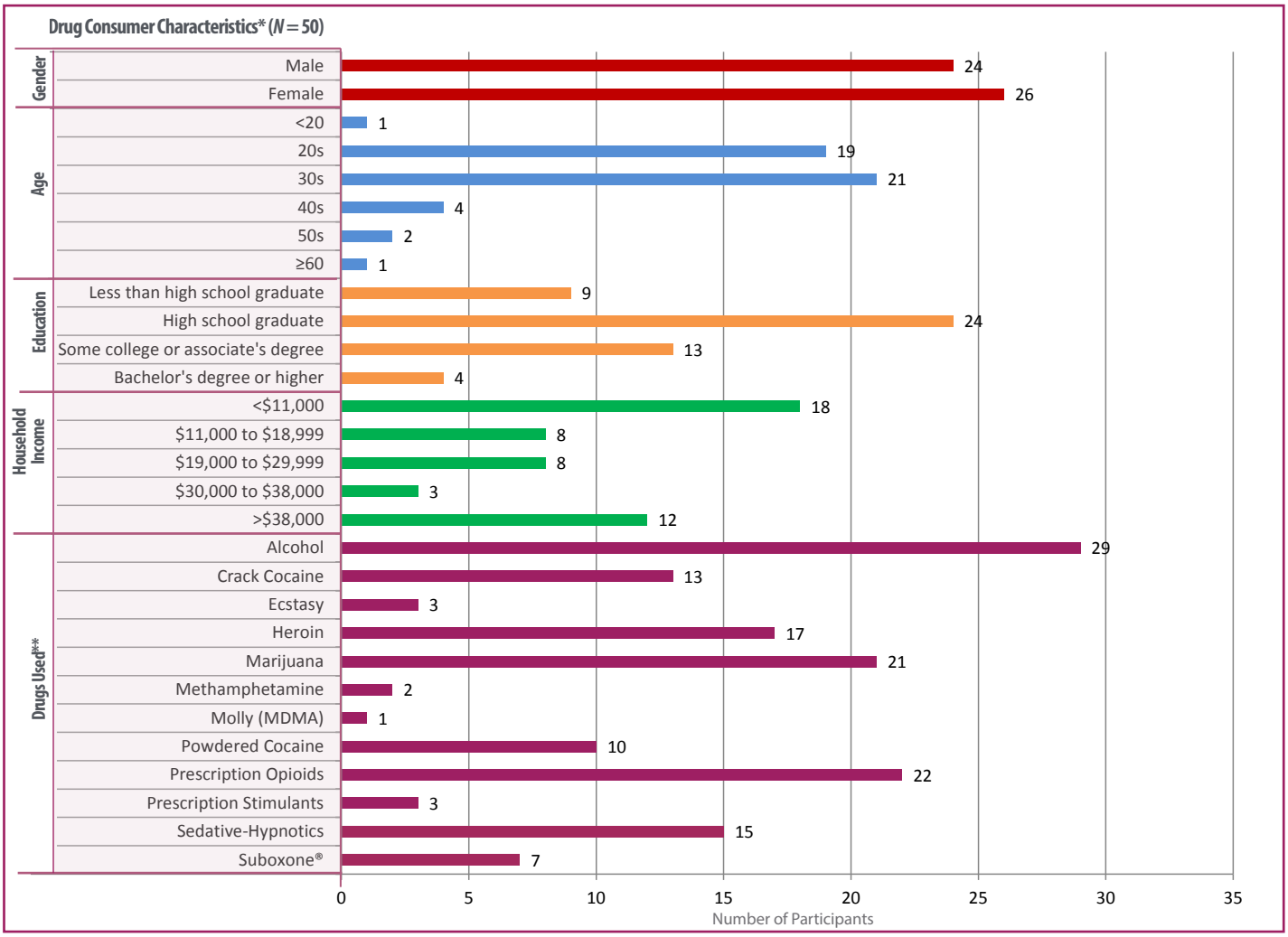
[1]Ohio and Columbus region statistics are derived from the most recent US Census, and OSAM drug consumers were participants for this reporting period: January-June 2014.

[2]Hispanic or Latino origin was unable to be determined for 2 participants due to missing and/or invalid data.

[3]Respondents reported income by selecting a category that best represented their household's approximate income for 2013. Income status was unable to be determined for 1 participant due to missing and/or invalid data.

[4]Poverty status was unable to be determined for 1 participant due to missing and/or invalid data.

Columbus Regional Participant Characteristics



*Not all participants filled out forms; numbers may not equal 50.
**Some respondents reported multiple drugs of use during the past six months.

Historical Summary

In the previous reporting period (June – December 2013), crack and powdered cocaine, heroin, marijuana, prescription opioids, prescription stimulants and Suboxone® remained highly available in the Columbus region. Changes in availability included increased availability for heroin and Suboxone® and decreased availability for synthetic marijuana.

Black tar heroin remained the most available type of heroin in the region. A few participants reported moderate availability of white powdered heroin and said that this type had increased in availability. Law enforcement attributed heroin's increasing availability to the low cost of the drug and predicted that availability would continue to increase. Treatment providers described typical heroin users as more often white males and females, ranging in age from 18 to 40s. In addition, a treatment provider in Delaware County noted high prevalence of heroin users in the Delaware County Jail.

Participants and community professionals reported increased availability of Suboxone® and attributed the increase to greater numbers of users being prescribed the drug and greater social acceptability for the drug. Corroborating data indicated the presence of Suboxone® in the region. American Court and Drug Testing Services reported that 12.4 percent of the 2,863 individuals screened through its Columbus and Lancaster labs during the reporting period were positive for buprenorphine, an ingredient in Suboxone®. Participants described typical illicit Suboxone® users as individuals trying to come off heroin or prescription opioids on their own, as well as those who were still actively using heroin or prescription opioids for when their drug of choice was unavailable to avoid withdrawal. Treatment providers described typical illicit users of Suboxone® as white male and female heroin users, ranging in age from 20-40 years.

Although synthetic marijuana remained available in the region, very few participants had personal knowledge of or experience with the drug. In addition to being available on the street, synthetic marijuana continued to be available from certain gas stations, corner stores and head shops. However, participants continued to attribute decreased availability to legislation in October 2011 banning its sale. The profile of a typical synthetic marijuana user remained unchanged. Participants described synthetic marijuana users as younger people, 20 to 25 years of age, marijuana users and people on probation. Community professionals described typical synthetic marijuana users as younger people, ranging from high-school age to late-20s. In addition, law enforcement stated that typical users generally did not want to be caught with a drug in their system.

Lastly, community professionals reported an increase in powdered MDMA ("molly"). A police detective in Franklin County and treatment providers in Delaware County reported high availability of molly; no community professional reported on molly in the previous report. While there were a few reported ways of consuming molly, generally the most common route of administration was snorting. Participants described typical users of molly as high school and college students, as well as those who attended raves (dance parties) or clubs. Community professionals described typical users of molly as predominantly white males, ranging in age from teens to early-20s.

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.' Generally, participants from various counties within the Central Ohio region agreed that cocaine is readily available in their communities. One participant stated, "*I'm gonna say '10' because you can pull up on damn near any corner and get powdered cocaine off of just about any* [person] *in Central Ohio*." Another participant disclosed, "*When I used* [powdered cocaine], *it was just a phone call away*." Community professionals most often reported current availability as '6;' the previous most common score was '7.' Treatment providers agreed when a colleague stated: "*You've got these dealers and heroin's the hot thing now and that's why I said* [moderate availability for powdered cocaine] … *you* know [heroin is] *the big money maker for the dealers now*."

Corroborating data indicated the presence of cocaine in the region. American Court and Drug Testing Services reported that 7.6 percent of the 2,947 individuals screened through its Columbus and Lancaster labs during the past six months were positive for cocaine (crack and/or powdered cocaine). The Franklin County Coroner's office reported that 28.3 percent of all drug-related deaths it processed during the past six months were caused either by acute intoxication of cocaine or by combined effects of cocaine with another substance(s). In addition, media outlets reported on law enforcement seizures of powdered cocaine in the region this reporting period. Four people were arrested in a drug raid in Marion County; police seized powdered cocaine, crack, oxycodone and heroin (www.nbc4i.com, March 7, 2014).

Participants reported that the availability of powdered cocaine has remained the same during the past six months. However, participants noted that powdered cocaine is beginning to decrease in popularity due to the ever increasing popularity of opiate and heroin use. A participant stated, "*I think like opiates, heroin and pills and shit, have like taken over more, so I don't think* [powdered cocaine is] *quite as popular*." Community professionals reported that the availability of powdered cocaine has decreased during the past six months. Treatment providers' comments on current availability were congruent with those of drug users. One treatment provider explained, "*I think the opiates are just takin' over and … I think the opiates are easier to get and the cocaine's just not as much of an interest 'cause the opiates are what's movin' right now*." Another treatment provider agreed, "*I definitely think more people are on opiates now. Cocaine used to be more popular than it* [is]." The Columbus Police Crime Lab reported that the number of cocaine cases it processes has decreased during the past six months. Note the crime lab does not differentiate powdered cocaine versus crack cocaine.

Powdered Cocaine

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

Most participants 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 '7.' A participant explained, "[Dealers are] *cuttin' it … they're 'stompin' on it' (adulterating powdered cocaine with other substances)*." Participants purported that powdered cocaine in the region is "cut" (adulterated) with baby laxatives, baby powder, baking powder, baking soda, creatine, ether, inositol (dietary supplement), insulin, isotol (diuretic), methamphetamine, vitamin B-12, levamisol (livestock dewormer), laxatives, "Miami Ice" (a cutting agent found in head shops), protein powder, Similac®, sugar, talc, Tylenol® and anything that is white and powdered. A participant noted, "*People steppin' all over* [powdered cocaine]. *Yeah, tryin' to make more money off of it … so they're tryin' to stretch it further*." Overall, participants reported that the quality of powdered cocaine has decreased during the past six months. A participant stated, "[Quality of cocaine] *just depends who you get it from …* [current quality is] *garbage*." Another participant commented, "*You don't know what* [dealers are] *cuttin'* [powdered cocaine] *with … the quality definitely went down*."

Powdered Cocaine

Cutting Agents Reported by Crime Lab

- levamisole (livestock dewormer)
- lidocaine and procaine (local anesthetics)
- mannitol, sorbitol (diuretics)

Current street prices for powdered cocaine were consistent among participants with experience buying the drug. Participants generally agreed that the price for powdered cocaine has increased during the past six months.

Powdered Cocaine

Current Street Prices for Powdered Cocaine	
A gram	$60-80
1/16 ounce (aka "teener")	$70-90
1/8 ounce (aka "eight ball")	$150-180
An ounce	$100-900

Participants reported that the most common route of administration for powdered cocaine remains snorting. Participants estimated that out of 10 powdered cocaine users, more than seven would snort the drug. Other routes of administration included intravenous injection ("shooting")

followed by smoking. Most participants reported that if a person were to smoke powdered cocaine, he or she would generally make it into crack cocaine rather than smoking it in powdered form. Several participants agreed when a participant stated, "*I would think snorting* [powdered cocaine is most common], *but I mean it depends on … how you do your drugs. 'Cause if someone likes 'IV' (intravenous injection) then they're gonna shoot it up, but if someone likes snorting then they're gonna snort it.*"

Participants described typical powdered cocaine users as more often white and of middle to higher socio-economic status. Participants reported that both males and females use the substance; however, most participants agreed that males who use powdered cocaine also tend to be older (middle-aged and above). Community professionals described typical powdered cocaine users as more often white, middle-aged, white-collar working males. Detectives agreed when one detective stated, "*I think usually Caucasian, 30s to 40s.*" A treatment provider described the typical powdered cocaine user as those with more "grandiose jobs" because these are the people who can generally afford to buy the drug.

Crack Cocaine

Crack cocaine is moderately to highly available in the region. Participants most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10.' One participant commented, "*Yeah, you can just drive through certain neighborhoods and get* [crack cocaine]." Another participant stated, "*The availability is definitely a '10' … you can find* [crack cocaine] *almost anywhere.*"

Community professionals most often reported current availability of crack cocaine as '5-7;' the previous most common score was '9.' Treatment providers agreed that the reason they have not heard their clients talk about using crack cocaine is due to the stigma of crack cocaine use. One treatment provider explained, "*I have a couple* [of clients] *that are really hesitant to speak about* [their crack cocaine use] *because they see* [crack cocaine] *as such a low-class drug. They're so ashamed. It's interesting … they're not really ashamed of doin' the heroin,* [but] *they're really ashamed to admit they've been smokin' crack.*"

Media outlets reported on law enforcement seizures of crack cocaine in the region this reporting period. Galion Police (Crawford County) arrested three men while conducting a search of their residence and seized crack cocaine, heroin, marijuana and syringes (www.nbc4i.com, April 24, 2014).

Participants reported that the availability of crack cocaine has remained the same during the past six months, while community professionals reported decreased availability. A treatment provider shared, "*I hear a lot less people talk about crack cocaine.*" Another treatment provider stated, "*Usually when I'm talking to people, they may have done* [crack cocaine] *in the past, but they're not doing it now. It might have been before or during* [early use of] *opiates … but now they're on the opiates.*"

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

Most participants 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 scores were '4' and '9.' Participants commented that the quality of crack cocaine is poor due to the large amount of cutting agents used. A participant commented, "*I think a lot o' people here are 'whippin' it' (adulterating crack cocaine with other substances).*" Another participant stated, "[Quality of crack cocaine] *varies, you never know. Sometimes you get sold crap!*" Participants reported that crack cocaine in the region is cut with ammonia, Anbesol®, baking powder, baking soda, ether, laxatives, lidocaine (local anesthetic), olive oil, Orajel®, peanuts, Similac®, Sprite® and vitamin B-12. Overall, participants reported that the quality of crack cocaine has remained the same during the past six months. However, several participants in Richland County believed quality has decreased.

Crack Cocaine	Cutting Agents Reported by Crime Lab
	• levamisole (livestock dewormer)

Current street prices for crack cocaine were variable among participants with experience buying the drug. Prices varied considerably among participants and they reasoned that price is based on demand and quality. For example, one participant stated, "*If you want* [crack cocaine] *bad enough*, [dealers] *know you're gonna pay* [more for] *it*." Generally speaking, female participants were less able to identify prices for crack cocaine than male participants, several female participants commented that they just handed a dealer money and took whatever amount of crack cocaine the dealer gave them. Participants in Richland County reported that buying crack cocaine in grams is uncommon in their area, as one participant explained, "*If you're gonna buy a gram, why not buy a 'ball' (1/8 ounce)*?"

Crack Cocaine	Current Street Prices for Crack Cocaine	
	A gram	$30-100
	1/16 Ounce (aka "teener"	$75-175
	1/8 ounce (aka "eight ball")	$100-250
	An ounce	$750-1,200

Participants reported that the most common route of administration for crack cocaine remains smoking. Participants estimated that out of 10 crack cocaine users, eight to nine would smoke the drug, while the remaining person(s) would intravenously inject it.

Participants generally described typical crack cocaine users as white and over 30 years of age; whereas law enforcement described typical users as black males, those of a lower socio-economic level with age ranging from 30-50 years. Participants commented that crack cocaine users can be anyone from prostitutes to doctors and lawyers. A participant remarked, "*I've seen people from all walks of life* [use crack cocaine]." Treatment providers were unable to identify typical characteristics of a crack cocaine user.

Heroin

Heroin remains highly available in the region. Participants most often reported 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.' A participant blurted out, "*Everybody's on heroin!*" Community professionals also reported the drug's current availability as '10;' the previous most common score was the same. A treatment provider remarked, "[Heroin is] *extremely available!*"

Participants and community professionals reasoned the high availability of heroin is due to the low cost and popularity of the drug when compared to prescription opioids. A participant explained, "*Because the* [availability of prescription opioids] *has decreased and the heroin is cheaper. Pills are expensive now.*" A treatment provider also commented, "*It's cheaper to get heroin and it's more accessible than it is to get the opiates, so that would be the reason for the high demand.*" A law enforcement officer agreed, "[Users are] *choosin' heroin because it's the cheapest drug to get. It's most economical.*"

While many types of heroin are currently available in the region, participants continued to report black tar heroin as the most available. Participants commented: "[Black tar heroin is] *everywhere!; People just prefer it, prefer the black tar.*" Although treatment providers were unable to differentiate among the types of heroin used by their clients, law enforcement reported that the availability of black tar heroin as most available in the region. A detective stated, "*It seems like* [black tar heroin is] *everywhere.*" Brown powdered heroin is also highly available, while white powdered heroin's availability is variable. A participant reasoned, "*I would say* [white powdered heroin is less available] *because all the brown's pretty much the Afghan* [heroin] *comin' in. Where a lot of times the 'china's' ('china white' or white powdered heroin), ya know, it's aptly named, it's more* [from] *Southeast Asia ….*" Another participant reasoned that white powdered heroin is less available, "*Because I think a lot of the big distributors get china white* [heroin] *and they try to make it go so freakin' far* [by cutting it with other substances] *that it's not china white anymore, it's brown.*"

Corroborating data indicated the presence of heroin in the region. American Court and Drug Testing Services reported that 16.1 percent of the 2,947 individuals screened through its Columbus and Lancaster labs during the past six months were positive for opiates. The Franklin County Coroner's office reported that 38.3 percent of all drug-related deaths it processed during the past six months were caused either by acute intoxication of heroin or by combined effects of heroin with another substance(s).

Media outlets reported on law enforcement seizures of heroin in the region this reporting period. Following a month-long investigation, a man was arrested in Marion (Marion County) on heroin trafficking charges; police seized 4.5 grams of heroin (www.bnc4i.com, Jan. 21, 2014).

Franklin County Sheriff's Office SWAT team arrested 28 individuals in Franklin County during the first few months of the year for trafficking and abuse of heroin and prescription pills (www.nbc4i.com, March 20, 2014). A 23-year old in Columbus was arrested for heroin possession and trafficking following a DEA investigation and search of his home; deputies seized 10 ounces of heroin (www.nbc4i.com, April 9, 2014). A drug sweep in Marion County resulted in 39 individuals arrested for trafficking heroin, cocaine and prescription drugs; 19 others were arrested in February as part of the same effort (www.10tv.com, April 11, 2014).

Participants reported that the availability of heroin has remained the same during the past six months. Treatment providers also reported that heroin availability has remained the same, while law enforcement reported increased availability, especially for black tar heroin, during the past six months. Treatment providers reasoned that continued demand for the drug makes availability steady and commented: "*I think high demand* … [heroin is] *just a big money maker for the dealers; it's very marketable for the people that are bringin' it into the country and there's nothin' people have been able to do to stop that. So, I think as long as we create a market they're gonna keep supplyin' it.*" A detective explained, "*We've also seen an influx of heroin, especially in some of the crimes we're investigating. We may not be seizing as much heroin … but it affects a lot of the property crimes that we're seeing.*" The Columbus Police Crime Lab reported that the number of heroin cases it processes has remained the same during the past six months. Note the crime lab does not differentiate powdered heroin versus black tar heroin.

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

Most participants rated the current overall quality of heroin as '8-9' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '10.' Participants discussed the variability of the quality of heroin in general and commented: "[Heroin quality] *really depends on who you're getting it off of, really; I think it depends on the batch, too. You could go to the same person everyday over and over again, but he could have one thing for two days then, you know, the next batch that comes in could be completely different than that* [first] *batch; It's not consistent, the quality.*" Participants reasoned that the variability in quality is due to how heroin is cut (adulterated) and agreed that this process generally lowers the quality of the product.

Participants shared that the most common cutting agents for all types of heroin are baby laxative, creatine, lactose and vitamins (often B-12). A participant explained, "*More people are tryin' to sell* [heroin] *to make money off it, so they're cuttin' it more.*" Other adulterants purported for black tar and brown powdered heroin included antibiotics, brown sugar, cinnamon, coffee grounds, fentanyl, piano wax, quinine (antimalarial), Similac®, sleep aids, dark-colored soda pop (Coca Cola®, Pepsi® and root beer were mentioned). Additional cuts for brown powdered heroin mentioned were face make-up, morphine and vinegar. Participants seemed to believe that white powdered heroin is more pure and/or potent than other powdered heroin products. One participant commented, "*I think people that are sellin'* [white powdered heroin] *aren't cuttin' it as much because they sell it for more, so they want better quality.*" However, additional cuts for white powdered heroin reportedly include aspirin, prescription opioids (Dilaudid® and fentanyl), protein powder, powdered sugar and sedative-hypnotics (Amytal® and Xanax®). Overall, participants reported that the general quality of heroin has remained the same during the past six months.

Heroin	Cutting Agents Reported by Crime Lab
	• cocaine • diphenhydramine (antihistamine) • fentanyl • lidocaine (local anesthetic)

Current street prices for heroin were variable among participants with experience buying the drug. Reportedly, heroin is most often sold in smaller amounts (1/10 gram) in balloons or "baggies." However, participants clarified that pricing is lower if purchasing in larger quantities, as one participant explained, "*Yeah, if you buy 'em all in one whop, you get 'em for $10* [per balloon]. I*f you only buy a few, then it's like $15-20* [each]. *But if you buy like 15 or 20 of 'em, you get 'em for like $10 apiece, so that's why a lot of people's*

'OD'n' (overdosing) because you have to buy a lot to get it for cheaper and have more of it to use …."

The few participants who provided pricing on white powdered heroin explained that this type is more expensive and sold in balloons as well, but in smaller amounts per balloon (less than 1/10 gram and closer to 1/20 gram amount). Note: Higher prices were reported by more rural participants (Fairfield and Richland counties).

Heroin	Current Street Prices for Heroin	
	Black tar or brown powdered heroin:	
	1/10 gram	$10-40
	1/2 gram	$40-50
	A gram	$80-120
	1/4 ounce	$225-250
	An ounce	$1,250-$2,400
	White powdered heroin:	
	A balloon	$30-50
	3 balloons	$50
	A gram	$120-140

While there were a few reported ways of using heroin, generally the most common routes of administration are intravenous injection ("shooting"), followed by smoking. Participants estimated that out of 10 heroin users, eight to nine would shoot the drug, while the remaining person(s) would smoke it. In addition to purchasing needles off the street from dealers, participants reported obtaining needles from local pharmacies or from diabetics. Street prices for needles varied among participants with experience buying them; participants reported needles selling anywhere between $1-10 per needle with reported prices varying depending on how badly the user needed the needle.

Participants discussed the practice of sharing needles and approximately half of the participants interviewed were adamant about not sharing needles, while the other half admitted sharing if the situation was right. Participants explained: "*Depends on if it was all friends; I've seen maybe spouses, ya know, share, but I've personally never shared a needle.*" However, another participant admitted, "*I've shared* [needles] *early in my addiction.*" Further, a participant reasoned, "*If you're at somebody else's house and you're 'dope sick' (going through withdrawal) and this girl's got a needle, you're not gonna go runnin' around lookin' to buy a needle when they got one right there … usually.*"

Treatment providers, especially in Richland County, indicated an increase in intravenous injection in their heroin-addicted clientele, as well as an increase in Hepatitis C among the same population due to needle sharing. Treatment providers pointed out that the stigma of needle use has decreased and there seems to be less fear of needles among drug users and explained that most users progressed quickly from snorting Percocet® (or similar pills) to injecting pills to shooting heroin.

Participants and community professionals described typical heroin users as white males and females, generally 20-40 years of age. Participants noted that users can be from any walk of life and stated: "*Everybody's just engulfed in* [heroin] … *people of all ages, people from different backgrounds, jobs, whatever … people not having jobs; I mean it could be anybody usin'* [heroin]." In addition, participants and community professionals agreed that the typical heroin user tends to be a person who started with prescription opioids. Participants commented: "*Anybody that's been hooked on pain pills and couldn't find none, or didn't have money for them and wanted to try something cheap and get high, fell in love with* [heroin]; I *think what happens is people can't afford* [prescription opioid] *pills, so they switch over to heroin; I think it used to be a lot more classist or stereotyped, but with the rise in the prescription* [pill] *abuse over the years, I think that's really led to a rise in heroin abuse.*"

Prescription Opioids

Prescription opioids remain highly available in the region. Participants most often reported 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.' Participants identified Percocet®, Vicodin® and Ultram® as the most popular prescription opioids in terms of widespread use. However, participants were quick to note lower availability for Dilaudid®, fentanyl, methadone, Opana®, OxyContin® OC [old formulation] and Percodan®, rating the current availability of these specific prescription opioids as '0-3' on the availability scale. Community professionals most often reported current availability of prescription opioids generally as '7;' the previous most common score was '10.' Community professionals also identified Percocet®, Vico-

din® and Ultram® as the most popular prescription opioids in terms of widespread use.

Corroborating data indicated the presence of prescription opioids in the region. American Court and Drug Testing Services reported that 11.7 percent of the 2,947 individuals screened through its Columbus and Lancaster labs during the past six months were positive for oxycodone. The Franklin County Coroner's office reported that 35 percent of all drug-related deaths it processed during the past six months were caused either by acute intoxication of prescription opioids or by combined effects of prescription opioids with another substance(s).

Media outlets reported on law enforcement seizures of prescription opioids in the region this reporting period, as well as community efforts to lessen the number of prescription opioids on the street. A North Columbus pharmacy called police when they realized they had been robbed of prescription pills and discovered the point of entry was a hole cut into the ceiling (www.bnc4i.com, Jan. 16, 2014). Prescription opioid addicts go to extremes when attempting to obtain medication; one man was arrested in Marion County for staging a shooting in which he hammered a bullet into his thigh in an attempt to obtain prescription pain pills from the hospital (www.nbc4i.com, March 1, 2014). Police responded to a call from a local Kroger in Westerville (Franklin County) and arrested a man who was robbing the pharmacy of prescription pills for a second time (www.nbc4i.com, April 11, 2014). Traditionally, drug take-back days did not accept liquid medications, but this year in Pataskala (Licking County), Police Chief Brooks accepted liquid medication because of liquid morphine and fentanyl which he acknowledged are extremely important to get off the street; pet medicine was also accepted (www.newarkadvocate.com, April 24, 2014).

Participants reported that the general availability of prescription opioids has decreased during the past six months and most often attributed this decreased availability to shutting down of several pill mills in Florida, as well as to the lower prices of heroin in comparison to prescription opioids. A participant purported, "*I think just because the heroin use is getting higher, that the desire for prescription pills is decreased.*" Several participants noted a specific decrease in Percocet® availability. Community professionals reported that availability of prescription opioids has remained the same during the past six months. However, treatment providers in Richland County reported a higher prevalence of Ultram® due to women readily receiving prescriptions from OBGYN doctors as well as from ordering the drug through the Internet. The Columbus Police Crime Lab reported that the number of prescription opioid cases it processes has generally decreased during the past six months but noted the following exceptions: increased numbers for fentanyl and OxyContin® cases.

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

Reportedly, many different types of prescription opioids are currently sold on the region's streets. Current street prices for prescription opioids were consistent among participants with experience buying the drug. Participants reported the following prescription opioids as available to street-level users.

Prescription Opioids	Current Street Prices for Prescription Opioids
Dilaudid®	$20 for 4 mg pill $50 for 8 mg pill $20 for 50 ml Liquid
fentanyl	$40-60 for 100 mcg
methadone	$0.50 per milligram $30 for 70 ml (liquid) $50 for 100 ml (liquid)
Opana® (*new* formulation)	$30-35 for 40 mg
OxyContin® OP (*new* formulation)	$30 for 30 mg $20-40 for 80 mg
Percocet®	$5-7 for 5 mg $10-13 for 10 mg
Roxicodone®	$15 for 15 mg $30-35 for 30 mg
Ultram®	$0.05-2 for 50 mg
Vicodin®	$2-3 for 5 mg $4-8 for 7.5 mg $6-12 for 10 mg

Participants explained that some prescription opioids are not as highly desired, so the price is lower for them, commenting: "*Nobody wants to pay the money for* [Vicodin®]; *No one really likes* [Tylenol® 3], *so I haven't really seen too many*." Participants also commented on the noticeable absence of OxyContin® OC (old formulation) pills: "*They stopped makin' 'em!; I can't find* [OxyContin® OC] *anywhere … people's makin' fake ones outta wax*." Another participant added, "[OxyContin® OP - new formulation are] *like a third of the price of the OCs because you can't do anything with 'em! So nobody cares for 'em*." After providing prices for Percocet®, a participant blurted, "*See that's why people just buy heroin. For real! I mean that is why it happens.* [Percocet® are] *so expensive, so people are like, 'I'll just buy a bag of heroin for $10.'*"

In addition to obtaining prescription opioids on the street from dealers, participants also reported getting them from friends, doctors, dentists, hospitals, the Internet, emergency rooms and through fraudulent prescriptions. A treatment provider commented, "[Vicodin® is] *a common prescription that you find in someone's medicine cabinet … so it's easier to get to*."

While there were a few reported ways of consuming prescription opioids, generally participants reported the most common routes of administration remain oral consumption and snorting. Participants were quick to note that Vicodin® and Ultram® are most often orally ingested due to nasal burning if inhaled through the nose. Furthermore, participants clarified that Percocet® and Roxicodone® are used orally or intravenously injected depending on the pill, as one participant explained, "*If it's 30* [mg Roxicodone®], *of course I'm gonna shoot it*."

A profile of a typical illicit user of prescription opioids did not emerge from the data. Participants and community professionals described typical illicit users of prescription opioids as anyone who has a history of pain, ranging from 20-50 years of age, male or female and of any race. A detective stated, "[Addiction to prescription opioids] *usually starts out with a legitimate complaint* [and prescription] *and it grows into an addiction*." A treatment provider commented that the age at first use of prescription opioids tends to be older teens due to ease of access, whose addiction to these pills continues into their twenties and eventually switches to heroin addiction.

Suboxone®

Suboxone® is moderately to highly available in the region. Participants most often reported the current street availability of the Suboxone® 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.' One participant commented on the overall availability of Suboxone® and said, "[Doctors are] *giving* [Suboxone®] *out more because, you know, they're tryin' to get people off of the other* [opiates]." Participants reported that the sublingual strip form of the drug is more available than the pill form and one participant explained, "*Now the strips are more* [available], *you know, more what* [doctors] *prescribe now*." Community professionals most often reported current availability as '6;' the previous most common score was '8.' A treatment provider commented on the ease of obtaining Suboxone® and stated, "*You got cash, you can get* [Suboxone®]."

Corroborating data also indicated the presence of Suboxone® in the region. American Court and Drug Testing Services reported that 13.1 percent of the 2,947 individuals screened through its Columbus and Lancaster labs during the past six months were positive for buprenorphine, an ingredient in Suboxone®.

Participants reported that the availability of Suboxone® in strip form has increased during the past six months, while the availability of Suboxone® in pill form has decreased. There is more available Suboxone® because, as a participant observed, "*It's a lot easier to go to a doctor now and get Suboxone® than it used to be before*." Participants explained that Suboxone® pills have, for the most part, been replaced by Suboxone® strips because the strips are more abuse resistant; previously, users crushed the pills for snorting and injecting. Reportedly, doctors now almost always prescribe the strip form. Another participant added, "*I used to be on the Suboxone® program a couple years ago and half way through the program my insurance company did not want to pay for the pills anymore, they wanted me to go to the strips. So for like insurance purposes, I went to the strips just because that's what they wanted me to do*."

Treatment providers also reported an increase in Suboxone® availability during the past six months, while law enforcement reported that availability has decreased. Treatment providers also cited increased prescriptions from doctors as contributing to the increased availability on the

street. A treatment provider stated, "*I think it's been steadily going up* [because] *more doctors are getting certified to prescribe it.*" Treatment provider observed: "*We're seeing a lot more doctors that are predatory - prescribing Suboxone® for compensation; It's kind of like a pill mill anymore.*" Contrarily, Law enforcement suggested Suboxone® has decreased in availability due to stricter laws. A detective commented, "*It seems like* [Suboxone® availability has] *decreased to me. I think maybe because they're cracking down on the pill mills more.*" The Columbus Police Crime Lab reported that the number of Suboxone® cases it processes has decreased during the past six months.

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

Current street prices for Suboxone® were variable among participants with experience buying the drug. More rural counties' participants reported availability of 2 mg and 4 mg Suboxone®, whereas participants in more urban areas of the region only reported on 8 mg dosage. Participants reported that pill and strip forms of Suboxone® sell for the same price, but that the 8 mg pill form tends to be on the upper end of that price range. One participant reasoned, "*You can make that* [8 mg pill] *last a lot longer than the strip.*"

Suboxone®	Current Street Prices for Suboxone®
2 mg	$5-10
4 mg	$10-12
8 mg	$10-20

In addition to obtaining Suboxone® on the street from dealers, participants also reported getting the drug from doctors, friends and Suboxone® clinics. Participants commented: "*It's really easy to get a prescription for Suboxone®; Anybody can take an opiate to fail a drug test* [and] *go and get Suboxone®* [prescribed]." In addition, participants commonly stated that some users readily sell their Suboxone® prescriptions and/or trade them for other drugs.

One participant stated, "[Suboxone® is] *easy to get on the streets, too. 'Cause a lot of people abuse it and* [people with prescriptions] *don't take it and they sell 'em.*" Another participant shared, "*A lot o' people that don't wanna stay clean trade … their Suboxone® for their heroin.*"

Community professionals also discussed how illicit Suboxone® users easily obtain prescriptions from doctors and often sell some or all of their Suboxone® on the street. A treatment provider remarked, "*And recently I've been kind of enlightened on that … where clients are being prescribed Suboxone®* [and] *are taking less of what they're supposed to be taking so they can sell the extra to people to make money to buy like marijuana, alcohol, other things … and then when they come in to see the doctor they've been taking their Suboxone®* [and test positive for it] *and the doctor really never knows they were selling some of it.*" A detective also commented, "*Yeah, generally when you run across Suboxone®, it's somebody who has a script who's sellin' the script.*"

While there were a few reported ways of consuming Suboxone®, generally the most common route for administration remains sublingual (dissolving it under the tongue). Participants also reported snorting or intravenously injecting both the pills and the strips. Although reportedly rare, a participant shared, "*I've heard of people cuttin' up* [the strips, dissolving them in water] *and snortin' 'em.*"

Participants described typical illicit users of Suboxone® as recovering or current opiate addicts. Community professionals similarly described typical illicit users of Suboxone® as former or current prescription opioid or heroin users who are either self-medicating or trading the drug for other drugs. A treatment provider stated, "[Suboxone® users are] *the ones that are tired of using the heroin or are just trying to get through and not be sick.*"

Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) are 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 score was '6.' Overall, participants identified Klonopin® and Xanax® as the most popular sedative-hypnotics in terms of widespread use.

Community professionals varied in their responses concerning current availability of sedative-hypnotics in the region. Treatment providers most often rated sedative-hypnotics current availability as ranging from '5-10,' while law enforcement rated current availability as ranging from '3-5;' the previous most common score among both treatment providers and law enforcement was '5.' Community professionals also identified Klonopin® and Xanax® as the most popular sedative-hypnotics in terms of widespread use. A treatment provider mentioned, "*Well I think* [clients are] *able to get prescriptions for* [sedative-hypnotics] *so easily they don't see* [use of sedative-hypnotics as addiction]; *some see it as abusing, but … some don't even mention it because it's not* [viewed as a drug of abuse]." A detective stated, "*I mean you come across* [sedative-hypnotics] *every once in a while, but not anywhere near like what you do the Percocets® and Opanas®*."

Corroborating data indicated the presence of sedative-hypnotics in the region. American Court and Drug Testing Services reported that six percent of the 2,947 individuals screened through its Columbus and Lancaster labs during the past six months were positive for benzodiazepines. The Franklin County Coroner's office reported that 16.7 percent of all drug-related deaths it processed during the past six months were caused either by acute intoxication of benzodiazepines or by combined effects of benzodiazepines with another substance(s).

Participants and community professionals reported that the general availability of sedative-hypnotics has remained the same during the past six months. However, several participants reported that Xanax® has become difficult to obtain, indicating a possible decrease in its availability. One treatment provider remarked, "[Sedative-hypnotics are] *classics! They're not trends!*" Another treatment provider expounded, "[Sedative-hypnotics are] *not even retro*. [Availability of sedative-hypnotics has] *just never changed, it just never goes out of style*." Treatment providers indicated that sedative-hypnotics are not typically reported as the drug of choice among clients but rather a drug that is used along with other drugs. The Columbus Police Crime Lab reported that the number of cases it processes for Ativan®, Klonopin® and Valium® has increased during the past six months, while the number of cases it processes for Ambien® and Xanax® has decreased.

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

Reportedly, many different types of sedative-hypnotics are currently sold on the region's streets and current street prices for sedative-hypnotics were consistent among participants with experience buying the drug. Participants reported the following sedative-hypnotics as available to street-level users.

Sedative-Hypnotics	Current Street Prices for Sedative-Hypnotics	
	Klonopin®	$1-1.50 for 1 mg (yellow or orange) $2-5 for 1 mg (blue or green)
	Valium®	$0.50-3 for 2 mg $1-2 for 5 mg $2 for 7.5 mg $2-3 for 10 mg
	Xanax®	$0.25-1 for 0.25 mg $2-3 for 0.5 mg $2-4 for 1 mg $5-7 for 2 mg

In addition to obtaining sedative-hypnotics on the street from dealers, participants also reported getting them from doctors, friends, family members and through fraudulent prescriptions. One participant divulged, "*There's a whole network of pill people that get* [prescriptions] *and they just call, trade, sell …*." While there were a few reported ways of consuming sedative-hypnotics, generally the most common routes of administration remain oral consumption and snorting.

Participants described typical illicit users of sedative-hypnotics as women who are often mothers. A female participant remarked, "[Sedative-hypnotics are] *called 'momma's little helpers!'*" Treatment providers described typical illicit sedative-hypnotic users as most often people with mental health diagnoses, over 40 years of age and female. A treatment provider added, "*Well, I hear people using* [sedative-hypnotics] *when opiates aren't available to try to help the*

withdrawal effects." Law enforcement also described the typical illicit user as over 40 years of age.

Marijuana

Marijuana remains highly available in the region. Participants and community professionals continued to most often report 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' for both groups. A detective observed, "*It's been prevalent as long as I can remember*."

Corroborating data also indicated the presence of marijuana in the region. American Court and Drug Testing Services reported that 24.5 percent of the 2,947 individuals screened through its Columbus and Lancaster labs during the past six months were positive for marijuana. In addition, media outlets reported on law enforcement seizures of marijuana in the region this reporting period. Crawford County Sheriff's office seized 93 marijuana plants, eight pounds of marijuana and a small amount of cocaine when they executed a search warrant in Crestline; (www.nbc4i.com, March 14, 2014). A tip led to the arrest of a woman for dropping off drugs to the London Correctional Institution (Madison County) for an incarcerated inmate; 25.5 grams of marijuana hidden in a diversion safe ("stash safe"), that looked like an energy drink can, was seized (www.statepatrol.ohio.gov, March 16, 2014). A female university student was arrested in Granville (Licking County) after police responded to another student who was overdosing on THC laced gummy bears that she had been selling; she handed over 39 bags of additional gummy bears to the police – each containing 100 mg active THC (www.nbc4i.com, April 21, 2014). Another tip led Columbus police to the arrest of three men who appeared to be unloading watermelons from a semi-trailer at 3:00 in the morning when officers discovered that the product was actually 3,000 pounds of marijuana (www.nbc4i.com, April 24, 2014). A young man was arrested in Fairfield County after state troopers stopped him for a speeding violation; two pounds of hydroponic (high-grade) marijuana were discovered in the engine compartment (www.statepatrol.ohio.gov, May 14, 2014). When another driver in Fairfield County was pulled over, troopers found half a pound of hydroponic marijuana in the car's trunk (www.statepatrol.ohio.gov, May 16, 2014). Again, in Fairfield County, a marked lanes violation led to the arrest of a woman found to have three pounds of hydroponic marijuana in her vehicle (www.statepatrol.ohio.gov, June 11, 2014). Detectives arrested a man in Columbus after finding 1,000 grams of marijuana and crack cocaine in his residence (www.nbc4i.com, June 20, 2014).

Participants and community professionals continued to report that the availability of marijuana has remained the same during the past six months. However, some participants noted an increase in marijuana concentrates and extracts within the region. Participants commented: "*I've also kinda noticed a really big increase of like concentrates, like hash oil and stuff like that; Yeah, it's just concentrated THC, like people doin' 'dabs' (a waxy type of marijuana extract)*." Marijuana concentrates and extracts are products derived from medicinal alchemy of marijuana (an extraction of THC from high-grade marijuana leaves by heating it with butane and creating a brown, waxy, hard substance). These concentrates are known to contain over 90 percent THC. The Columbus Police 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	No Change
	Treatment providers	No Change

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 most often reported the quality of low-grade marijuana as '3' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score ranged from '2' to '8.' Participants explained that low-grade marijuana is less desirable because it is full of seeds, twigs and stems which cause the product to be dry and of lower quality; whereas high-grade marijuana was described as moist and "spongy."

Participants most often reported the current quality of high-grade marijuana as '10;' the previous most common score was also '10.' Participants reported increased quality of high-grade marijuana. Several participants concluded: "[Growers are] *gettin' smarter on how they grow* [marijua-

na]; *People are growin' more and looking more into how to grow it better and make more money; 'Cause they're startin' to learn more, better tricks about how growin' it, because now it's startin' to be legal in Colorado and everywhere*."

Current street prices for marijuana were variable among participants with experience buying the drug. Participants reported that the price of marijuana depends on the quality purchased and continued to report that low-quality marijuana is the cheapest form of the drug. Participants were unable to provide prices for marijuana concentrates and extracts. A participant commented on how difficult it is to find larger quantities of high-grade marijuana, "*You're lucky if you can get an ounce of the good stuff.*" Participants generally agreed that higher quality marijuana definitely costs more and that prices are often affected by the user's relationship with the dealer; prices are lower if the user is a friend of the dealer.

Marijuana	Current Street Prices for Marijuana	
	low grade:	
	a blunt (cigar) or two joints (cigarettes)	$5
	1/8 ounce	$20-30
	1/4 ounce	$40
	An ounce	$70-120
	A pound	$300-850
	high grade:	
	a blunt (cigar) or two joints (cigarettes)	$10-20
	1/8 ounce	$50-80
	1/2 ounce	$90-200
	An ounce	$200-300
	1/4 pound	$350-400
	A pound	$1,200-3,600

While there were a few reported ways of consuming marijuana, by far the most common route of administration remains smoking. Participants reported several ways to smoke the drug, including in a blunt, a bong, a bowl or a pipe. One participant reported that vaporizing the drug is also common and explained, "*The vaporizer is a double seller. You can vaporize the 'weed' (marijuana), take the THC out of it, re-bag it* [and] *sell it … because it still looks like the same thing. So people are double profiting off* [it]." In addition to smoking the drug, participants also reported using marijuana in edibles and drinks such as brownies, Rice Krispies® treats, hash oil mixed into butter for cooking, alcohol, coffee and tea.

Although a typical profile for a marijuana user did not emerge from the data and most participants described typical users as everyone, a few participants made distinctions between low-grade and high-grade users. These participants described low-grade marijuana users as people without much money and fewer connections, such as high school students, while describing high-grade marijuana users as more often male. Female participants agreed that they see males using high-grade marijuana more often than the low-grade marijuana. Community professionals were also unable to identify any distinguishable characteristics of a typical marijuana user and also described typical users as everyone. A treatment provider shared a similar observation of that of participants in that males often use the high-grade marijuana. Furthermore, law enforcement observed that males often tend to sell marijuana. One detective stated, "*The people we arrest* [for trafficking marijuana] *are mostly males, but we know that both males and females use* [marijuana]."

Methamphetamine

Methamphetamine's is moderately available in the region. However, the majority of participants were unable to comment on methamphetamine because they had no experience or knowledge of the drug during the past six months. Participants in Fairfield County reported more exposure to this drug than participants from other locations in the region. Participants with current methamphetamine knowledge most often reported overall current availability of methamphetamine as '5' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get), while participants in Fairfield County specifically reported the drug's overall availability as '10;' the previous most common score was variable and ranged from '0' to '10.' Treatment providers reported current availability of methamphetamine as '5;' the previous most common score was variable and ranged from '2' to '10.' A treatment provider stated, "*I think if you want* [methamphetamine], *you can get it*."

Participants reported that methamphetamine is available in powdered and crystal forms. Participants commented about the production of "one-pot" or "shake-and-bake"

(powdered) methamphetamine, which means users are producing methamphetamine 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 (typically found in some allergy medications), people who make methamphetamine ("cooks") can produce the drug in approximately 30 minutes in nearly any location by mixing ingredients in small containers.

Fairfield County participants specifically reported moderate to high availability of powdered methamphetamine and rated it as bi-modal ('4-5' or '8-10') on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). One participant commented, "[Powdered methamphetamine is] *everywhere around here*." Fairfield County participants also reported low to moderate availability of crystal methamphetamine and rated it as ranging from '3-7' on the same availability scale. A participant commented on the availability of crystal methamphetamine, "*People are now startin' to use it*."

Media outlets reported on law enforcement seizures of methamphetamine in the region this reporting period. Mansfield (Richland County) police arrested a man after locating a meth lab in his attic following a neighbor's complaint (www.10tv.com, Jan. 15, 2014). Deputies arrested a man and dismantled a large methamphetamine operation when materials were found behind a rural home in Pickaway County (www.10tv.com, April 10, 2014). OSHP seized 17 grams of methamphetamine and about a pound of hydroponic marijuana when they pulled over a truck in Madison County; the driver was arrested (www.statepatrol.ohio.gov, Apr. 8, 2014).

Generally, participants were unable to report on the change in availability of methamphetamine; however, participants from Fairfield County who rated the availability of powdered methamphetamine as '8' or '10' reported increased availability of the drug, while participants who rated the availability as '4' or '5' reported decreased availability during the past six months. Additionally, those same participants reported no change in crystal methamphetamine during the past six months. Community professionals reported that the availability of methamphetamine has increased during the past six months. One detective observed, "*Generally, what you're seeing is, the black tar* [heroin] *is coming in the area, the meth is also coming in the same group of people, so the availability of the methamphetamine is starting to go up as it's comin' across the* [Mexican-US] *border along with the black tar heroin*." The Columbus Police Crime Lab reported that the number of methamphetamine cases it processes has decreased during the past six months; the crime lab reported processing both white powdered and clear crystal methamphetamine.

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

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

Participants reported that the quality of crystal methamphetamine has remained the same, while the quality of powdered methamphetamine has decreased during the past six months. One participant stated, "[Methamphetamine is] *decreased* [in quality] *since* [law enforcement] *targeted it; you gotta get your hands on the juice and make your own*."

Current street prices for methamphetamine were consistent among participants with experience buying the drug. Participants reported that a gram of crystal methamphetamine sells for $100 and a gram of powdered methamphetamine sells for $80-100.

Participants reported that the most common route of administration for crystal methamphetamine is intravenous injection ("shooting"), while the most common routes of administration for powdered methamphetamine include shooting, snorting and smoking the drug. One participant remarked, "*Well, the thing is you can have a crowd of shooters, you can have a crowd of smokers, or you can have a crowd of snorters*."

A profile of a typical methamphetamine user did not emerge from the data. Participants in Fairfield County described typical users of methamphetamine as anybody. Treatment providers described typical users as more often white, 20-40 years of age and of lower socio-economic status.

Prescription Stimulants

Prescription stimulants 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 score was '8.' Participants identified Adderall® and Vyvanse® as the most popular prescription stimulants in terms of widespread use. One participant commented, "*Adderall®'s like really, really, really popular.*" Only two treatment providers reported on prescription stimulants; one clinician rated current availability as '4,' while the other clinician rated current availability as '8-9;' the previous most common scores were '3' and '5.' Community professionals identified Adderall® and Ritalin® as the most popular prescription stimulants in terms of widespread use.

Participants in Franklin County reported that the availability of Adderall® has remained the same during the past six months, while participants in Delaware County reported that the availability of Adderall® and Vyvanse® has increased. One treatment provider reported a decrease in prescription stimulant availability during the past six months, while the other clinician reported that availability has remained the same among college students. The Columbus Police Crime Lab reported that the number of prescription stimulant cases it processes has increased during the past six months.

Very few participants reported current street prices for prescription stimulants; those who had experience buying these drugs reported the following prescription stimulants as available to street-level users.

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

Prescription Stimulants	Current Street Prices for Prescription Stimulants	
	Adderall®	$5 for 30 mg
	Vyvanse®	$3 for 20 mg

In addition to obtaining prescription stimulants on the street from dealers, participants also reported getting them from friends or others who have a prescription. Participants with knowledge of prescription stimulants reported that the most common route of administration for illicit use of these drugs remains snorting.

Participants described typical illicit users of prescription stimulants as college students and users who like the powdered cocaine high. One participant stated, "*A lot of time people will, like 'coke heads' - people who like speedy highs, will go for Adderall® 'cause it's kinda cheaper and easier to get.*" Treatment providers also described typical illicit users of prescription stimulants as college students and added that teenagers are also illicit users of this drug. A treatment provider reported that college students will often trade marijuana for Adderall® and explained, "*In fact, I've heard so many people say it helps them focus with less side effects than the marijuana.*"

Bath Salts

Bath salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues) remain available in the region, although all participants except for one said they had not seen the drug during the past six months. The one participant who had experience with bath salts during the past six months, reported the drug's current availability 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 '10.' One participant commented they had not seen bath salts, "*Not since they were banned.*" Treatment providers and law enforcement indicated that they had not seen the drug enough, or at all, during the past six months to rate current availability; however, the previous most common score was '4.' One treatment provider commented, "*No, you don't see any people with* [bath salts]."

Participants reported that the availability of bath salts has decreased during the past six months. A participant specu-

lated, "[Bath salts has] *probably gotten less readily available because* [law enforcement are] *tryin' to crack down on it.*" Community professionals also reported that the availability of bath salts has decreased during the past six months. Treatment providers reasoned that the decreased availability of this drug is due to legislation enacted in October 2011 banning the drug's sale. Detectives added that they had not seen bath salts at all during the past year. The Columbus Police Crime Lab reported that the number of bath salts cases it processes has decreased during the past six months.

Bath Salts	Reported Availability Change during the Past 6 Months	
	Participants	Decrease
	Law enforcement	Decrease
	Treatment providers	Decrease

Participants were not able to report on current street prices for bath salts, nor were they able to comment on common routes of administration due to not being associated with this particular drug during the past six months. Neither participants nor community professionals commented on characteristics of a typical bath salts user.

Synthetic Marijuana

Synthetic marijuana (synthetic cannabinoids; "K2" and "Spice") remains available, although availability is variable depending on location within the region. Reportedly, the drug is rarely available to participants in Franklin County, but highly available to participants in Richland County. Participants in Franklin County most often reported the drug's current availability as '3-4,' while participants in Richland County most often reported the drug's availability 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 '8' or '10.' A participant in Franklin County commented on the availability and stated, "*I don't really see* [synthetic marijuana] *at all anymore.*"

Law enforcement in Franklin County reported they had not seen synthetic marijuana during the past six months. Treatment providers in Richland County most often reported the drug's current availability as '8' or '10;' the previous most common score was '2' among both treatment providers and law enforcement. A treatment provider in Richland County stated, "*We see* [synthetic marijuana] *a lot in drug court because they don't test for it and* [probationers are] *aware they don't test for it.*"

Media outlets reported on law enforcement seizures of synthetic marijuana in the region this reporting period. Franklin County deputies indicted nine people for trafficking synthetic marijuana and bath salts (www.nbc4i.com, May 23, 2014).

Participants in Franklin County reported that the availability of synthetic marijuana has decreased during the past six months, while participants in Richland County reported that availability has either increased or remained the same. A participant in Richland County explained, "*I know* [legislators] took [synthetic marijuana] *out of the stores for legal purchase, but so many people are learning how to make it that it's just shooting up* [increasing in availability] *and the fact that people are on probation, you can get tested for it, but you can't get tested for it directly … they gotta spend a hundred dollars for a separate drug test to test you for it … I think that's bringin' popularity up more.*"

Community professionals reported that the availability of synthetic marijuana has decreased during the past six months. A treatment provider commented, "[Synthetic marijuana is] *trending way down!*" The Columbus Police Crime Lab reported that the number of synthetic marijuana cases it processes has increased during the past six months.

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

Current street prices and for synthetic marijuana were variable among participants with experience buying the drug. One participant commented, "*People do 10s and 20s* [$10 and $20 amounts], *nothin' real big ….*"

Synthetic Marijuana	Current Street Prices for Synthetic Marijuana	
	A blunt (cigar)	$5
	1/4 gram	$10-25

Despite legislation enacted in October 2011, synthetic marijuana continues to be available on the street from dealers as well as from the Internet and in certain stores. Participants assured: "*No matter what … you can order* [synthetic marijuana] *off the Internet; Yeah, I know a lot of people ordering* [synthetic marijuana] *off the Internet*."

The most common route of administration for synthetic marijuana remains smoking. However, for the first time, several participants talked about users inhaling the chemical that is sprayed on the "fake weed." Richland County participants explained: "[Synthetic marijuana is] *not just sprayed* [with a chemical] *anymore, people are directly inhaling the chemical; Usually if you're making* [synthetic marijuana], *you're on it hardcore, like your doin' it ALL day long - everyday. And it gets to a point where your tolerance goes up and you start doin'* [inhaling] *the chemical which is pure*."

Participants described typical users of synthetic marijuana as people who are trying to pass drug tests. Community professionals were unable to describe typical users of synthetic marijuana. A treatment provider indicated similar observations as participants and stated, "*But the pot* [marijuana] *purists … they turn to* [synthetic marijuana] *because they think it won't pick up* [show] *on a drug screen and they think that because it's synthetic cannabinoids that it's gonna be like marijuana* [highs] *and its nothing like marijuana*."

Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) current availability is low to moderate in the region. Availability continues to vary depending upon which form of the drug users seek: ecstasy tablets or powdered MDMA ("molly"). Participants most often reported low current availability of ecstasy, rating availability as '0-4' 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 '4.' One participant in commented, "I guess everybody's usin' molly." Only two participants were able to report on molly and reported low to moderate current availability for the drug, rating availability as '3' and '6;' the previous most common score was '10.' Treatment providers and law enforcement were unable to comment on current ecstasy or molly availability.

Participants reported that the availability of ecstasy/molly has remained the same during the past six months. Law enforcement stated they had not seen any prevalent influx of ecstasy/molly during the past six months.

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

Current street prices for ecstasy were consistent among participants with experience buying the drug. A participant discussed purchasing molly and stated, "*The more* [quantity] *you buy, the cheaper* [molly] *is*."

Ecstasy/Molly	Current Street Prices Ecstasy	
	Low dose (aka "single stack")	$10
	High dose (aka "double stack")	$20
	Current Street Prices Molly	
	1/2 gram	$50
	A gram	$100

Participants reported several common routes of administration for ecstasy and molly including snorting, intravenous injection ("shooting"), oral consumption and anal insertion ("plugging"). Participants described typical ecstasy and molly users as younger, college-aged people who attend rave (dance parties) concerts, as well as strippers. A participant remarked, "*Ravers! Or people that like electronic music* [use ecstasy/molly]."

Other Drugs

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 (dimethyltryptamine [DMT], lysergic acid diethylamide [LSD] and psilocybin mushrooms), khat (an edible plant containing cathinone, an amphetamine-like stimulant), mitragynine ("kratom," a psychoactive plant substance that produces a heroin-like high; its use is not de-

tected by typical drug screening tests) and cold and cough medications (specifically, promethazine and Coricidin® D).

Hallucinogens remain available in the region. One participant reported on DMT and rated its current availability as '5' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). This participant reported decreased availability of DMT during the past six months and commented, "*I feel like a lot of* [the decreased availability of DMT] *is because how intense it is. A lot of people got scared to try it.*" Quality of DMT was reported as high, as the participant rated it an '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality). The participant reported the quality for this drug has remained the same during the past six months. Reportedly, 1/10 gram of DMT sells for $15 and is most often obtained through a dealer.

A participant reported high availability of LSD and rated 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). A treatment provider reported moderate availability of LSD and rated its current availability a '5;' the previous most common scores for treatment providers were '1' and '3.' Media outlets reported on law enforcement seizures of LSD in the region this reporting period. Two men were arrested during a drug raid when the Franklin County Sheriff's Office Special Investigation Unit searched their residence; over 170 doses of LSD, ecstasy tablets, steroids, crystal methamphetamine, four grams of heroin, prescription pills and 38 grams of powdered cocaine were seized (www.10tv.com, Jan. 26, 2014). The participant reported no change in LSD availability during the past six months. Current street prices for LSD were consistent among participants with experience buying the drug. Participants reported that "a hit" (a dose) sells for between $7-10 and a sheet (approximately 100 hits) sells for $700. Participants reported that LSD is most often found at raves and concerts. Reportedly, the most common route of administration for LSD is oral ingestion by mixing the drug into drinks. Participants described typical LSD users as people who attend raves and concerts.

Participants reported low to moderate availability of psilocybin mushrooms and rated current availability as '3' and '5' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); previous most common scores were reported as '0' and '2' for out-of-season and '8' for in-season. Community professionals did not report on this drug. One participant reported that the availability of psilocybin mushrooms has remained the same during the past six months, while another participant reported decreased availability. Street prices were consistent among participants with experience buying the drug. Participants reported that one gram of psilocybin mushrooms sells for $25 and 1/8 ounce for $30. Participants reported that the most common route of administration for psilocybin mushrooms remains oral consumption by putting them on food, like pizza or hamburgers. An additional route of administration reported was smoking. Participants described the typical users of mushrooms as "hippies," people who attend concerts and people who smoke marijuana.

According to law enforcement, khat availability is variable in the region. Detectives reported no change in khat availability during the past six months. Law enforcement reported the drug is most common among the Somali population.

Treatment providers in Delaware County reported they had seen one client who used kratom during the past six months. Treatment providers believed the drug to be very popular overseas and reported that the client ordered kratom through the Internet. Reportedly, the drug is also found in a few head shops. Media outlets reported on law enforcement seizures of kratom in the region this reporting period. Fairfield County law enforcement arrested a couple employees of a warehouse business after discovering they sold kratom, nitrous oxide (an inhalant) and Hawaiian baby woodrose seeds (which provide a hallucinogen effect); they were arrested for drug trafficking as well as trademark counterfeiting because they sold 'stash containers' (fake product containers with a hidden compartment) in which to store drugs (www.ohioattorneygeneral.gov, Jan. 23, 2014).

Participants who had experience buying promethazine reported high availability in the area and shared that they knew a dealer who sold the drug and clarified that promethazine is not very available unless the buyer knows someone specifically. Participants with experience purchasing the drug reported that one ounce of promethazine sells for $15-20 and reported that it is most commonly used in combination with codeine and the mixture is then called "lean." Treatment providers did not mention promethazine, but discussed the high availability of Coricidin® D. A treatment provider remarked, "[Availability is] *every corner there's a Walgreens or a Rite Aid or a CVS!*" Treatment providers indicated an increase in Coricidin® D ("Triple C's") availability and popularity during the past six months. Treatment providers described typical illicit users as predominantly younger males with age at first use beginning at 11 years.

Conclusion

Crack cocaine, heroin, marijuana, powdered cocaine, prescription opioids, prescription stimulants and Suboxone® remain highly available in the Columbus region; also highly available in the region are sedative-hypnotics. Changes in availability during the past six months include decreased availability for bath salts; likely decreased availability for powdered cocaine; and likely increased availability for methamphetamine and Suboxone®.

Participants noted that powdered cocaine is beginning to decrease in popularity due to the ever increasing lure of opiates and heroin. Community professionals reported that the availability of powdered cocaine has decreased during the past six months. The Columbus Police Crime Lab reported that the number of cocaine cases it processes has decreased during the past six months. Community professionals described typical powdered cocaine users as more often white, middle-aged, white-collar working males.

Participants reported that the availability of Suboxone® in strip form has increased during the past six months, while the availability of Suboxone® in pill form has decreased. Participants explained that Suboxone® pills, have for the most part, been replaced by Suboxone® strips because the strips are more abuse resistant; illicit users previously crushed the pills for snorting and injecting. Reportedly, doctors now almost always prescribe the strip form of the drug. Participants and treatment providers cited increased prescriptions from doctors as contributing to the increased street availability.

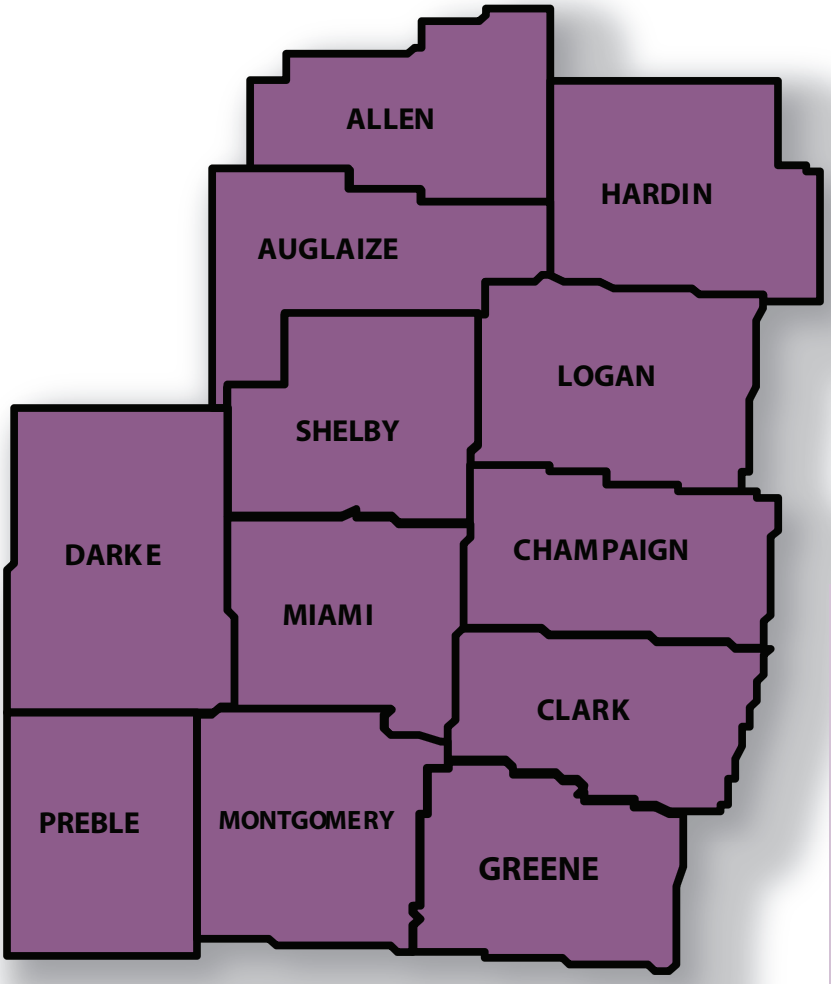
In addition to obtaining Suboxone® on the street from dealers and other users, participants and community professionals also reported users getting the drug from Suboxone® clinics, which many described as operating as pill mills. Participants commented that it is easy to get a prescription for Suboxone®. Moreover, participants commonly stated that some users readily sell their Suboxone® prescriptions and/or trade them for other drugs, particularly heroin. Participants and community professionals similarly described typical illicit users of Suboxone® as former or current prescription opioid or heroin users who are either self-medicating or trading the drug for other drugs.

Fairfield County participants reported moderate to high availability of powdered methamphetamine and low to moderate availability of crystal methamphetamine. Community professionals reported that the availability of methamphetamine has increased during the past six months. Law enforcement indicated that methamphetamine is coming from across the U.S.-Mexican border along with black tar heroin. The same groups that are bringing in black tar heroin are thought to be bringing in methamphetamine as well. Treatment providers described typical methamphetamine users as more often white, 20-40 years of age and of lower socio-economic status.

Participants and community professionals reported that the availability of bath salts has decreased during the past six months. Participants and treatment providers reasoned that the decreased availability of this drug is due to law enforcement efforts and legislation enacted in October 2011 banning the drug's sale. Detectives added that they had not seen bath salts at all during the past year. The Columbus Police Crime Lab reported that the number of bath salts cases it processes has decreased during the past six months.

Lastly, treatment providers in Delaware County reported having seen one client who used mitragynine ("kratom," a psychoactive plant substance that produces a heroin-like high) during the past six months. Treatment providers believed the drug to be very popular overseas and reported that the client ordered kratom through the Internet. Reportedly, the drug is also found in a few head shops.

Drug Abuse Trends in the Dayton Region



Regional Epidemiologist:

Tasha Perdue, MSW

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, Hardin 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 in Allen, Hardin and Montgomery counties, as well as to data surveyed from the Miami Valley Regional Crime Lab. All secondary data are summary data of cases processed from June 2013 through January 2014. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for January through June 2014.

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 current reporting period of participants.

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Regional Profile

Indicator[1]	Ohio	Dayton Region	OSAM Drug Consumers
Total Population, 2010	11,536,504	1,352,510	42
Gender (female), 2010	51.2%	51.2%	64.3%
Whites, 2010	81.1%	83.1%	73.8%
African Americans, 2010	12.0%	11.3%	19.0%
Hispanic or Latino Origin, 2010	3.1%	2.0%	5.3%[2]
High School Graduation Rate, 2010	84.3%	88.1%	71.4%
Median Household Income, 2012	$46,873	$47,061	$11,000 to $14,999[3]
Persons Below Poverty Level, 2012	16.2%	14.4%	40.5%[4]

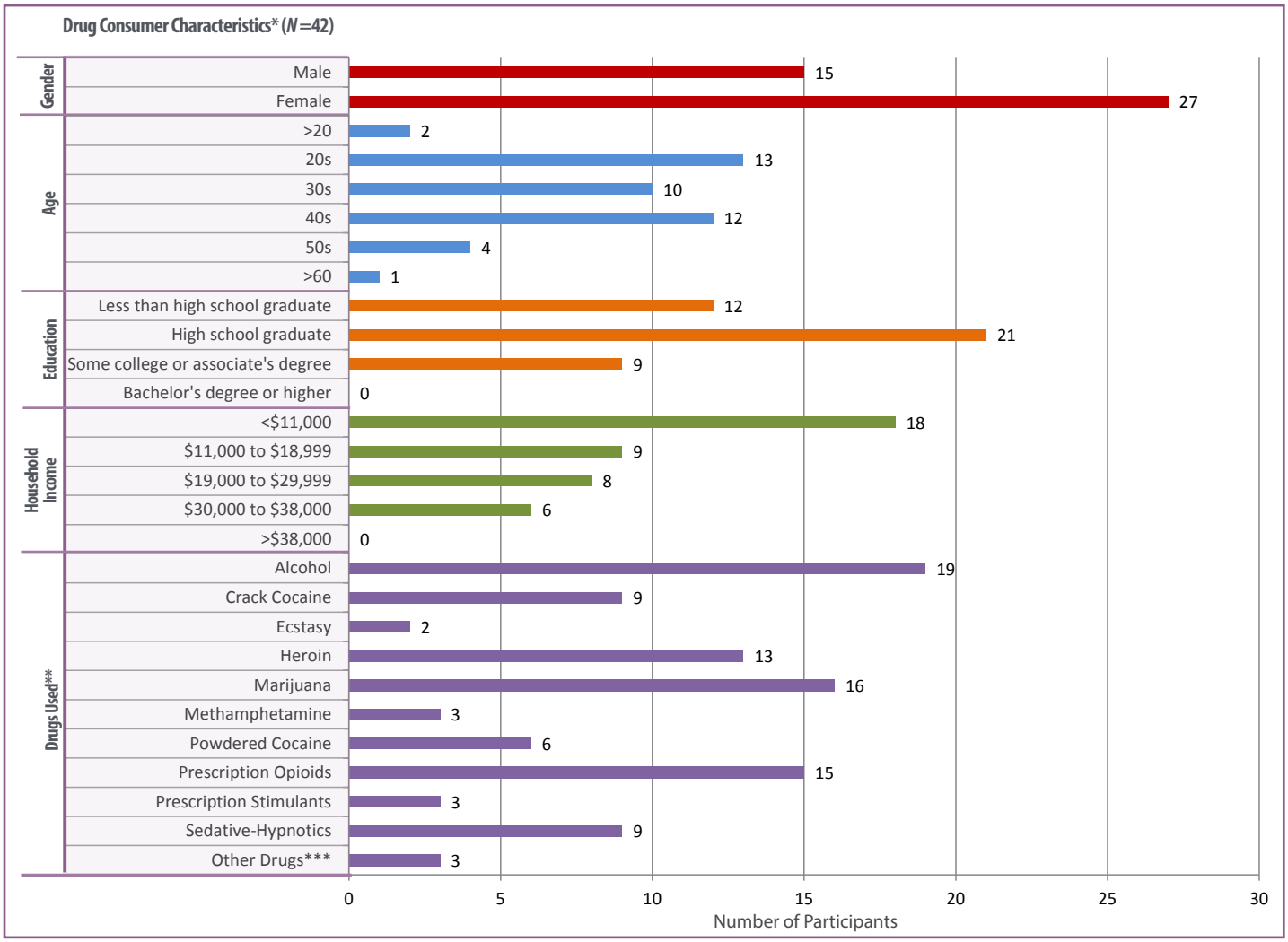
[1]Ohio and Dayton region statistics are derived from the most recent US Census, and OSAM drug consumers were participants for this reporting period: January-June 2014.

[2]Hispanic or Latino origin was unable to be determined for 4 participants due to missing and/or invalid data.

[3]Participants reported income by selecting a category that best represented their household's approximate income for 2013. Income status was unable to be determined for 1 participant due to missing and/or invalid data.

[4]Poverty status was unable to be determined for 6 participants due to missing and/or invalid data.

Dayton Regional Participant Characteristics



*Not all participants filled out forms; therefore, numbers may not equal 42.
** Some participants reported multiple drugs of use during the past six months.
***Other drugs: Inhalants, LSD, Suboxone®.

Historical Summary

In the previous reporting period (June – December 2013), heroin, marijuana, prescription opioids, prescription stimulants, sedative-hypnotics and Suboxone® remained highly available in the Dayton region. Changes in availability included increased availability for heroin and Suboxone® and decreased availability for bath salts and synthetic marijuana.

Brown and white powered heroin were the most available heroin types, while participants reported high availability of black tar heroin as well. Community professionals observed that heroin may have eclipsed marijuana as the most available drug in the region. Participants continued to note dealers in Dayton giving away free testers of heroin.

In addition to a general increase in heroin availability, participants and community professionals noted an increase in overdose rates. Both groups of respondents reported that hesitation to call for assistance when a user was overdosing was common among heroin addicts due to fear of criminal prosecution. Several participants shared stories of ending up in a hospital with complicated health issues or overdosing after using adulterated or highly potent heroin. Participants also explained that drug dealers increased awareness of the quality of their drugs and often gave warnings to users.

Several participants discussed a particular blue-colored heroin reportedly cut with fentanyl. Community professionals also discussed heroin mixed with fentanyl. Additionally, the Montgomery County Coroner's Office warned that heroin cut with fentanyl was being sold by regional drug dealers. Since November 2013, the coroner's office reported 23 suspected heroin deaths in the county: eight cases had been confirmed as having contained both heroin and fentanyl, while another 23 cases remained under investigation. Participants described typical heroin users as younger; community professionals described typical heroin users as white, male or female of all ages. A treatment provider noticed an increase in African-American heroin users.

Community professionals reported an increase in street availability of Suboxone®; the Miami Valley Regional Crime Lab reported that the number of Suboxone® cases it processes had also increased during the reporting period. Community professionals postulated that Suboxone® had supplanted methadone as the drug most often prescribed to combat opiate addiction. Law enforcement speculated that as heroin use continued to climb, so would the illicit use of Suboxone®. Participants and community professionals continued to describe typical illicit Suboxone® users as opiate addicts, self-medicating to alleviate withdrawal symptoms.

Participants and community professionals reported decreased availability and decreased use of bath salts and synthetic marijuana. Respondents attributed waning user interest in these drugs to legislation banning their sale, along with a general fear regarding the many publicized negative side effects of their use.

Lastly, the Miami Valley Regional Crime Lab reported a couple of additional substances emerging. The lab reported that it processed 41 cases of mitragynine (aka "kratom," a psychoactive plant substance that produces a heroin-like high; its use is not detected by typical drug screening tests); this number represented an increase in cases from the previous reporting period. The lab also noted an increase in hashish (cannabis product with higher levels of THC than marijuana) cases/labs and warned of clandestine fentanyl (either dispensed alone or mixed with heroin and/or cocaine) as well as an increase in food products containing THC (tetrahydrocannabinol, the principal psychoactive constituent of cannabis).

Current Trends

Powdered Cocaine

Powdered cocaine availability is variable in the region. Participants most often reported the drug's current availability as '3' 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 clarified, "*To my knowledge the crack cocaine is so plentiful that I think that it would be really hard these days to find powdered cocaine*." Community professionals most often reported the drug's current availability as '2;' however, treatment providers in Allen County reported current availability as '8.' The previous most common score was '5' among community professionals.

Media outlets reported on law enforcement seizures of powdered cocaine in the region this reporting period. Dayton police saw a bag of marijuana in plain view when they pulled a man over; when the vehicle was searched, officers found an additional 17 capsules of powdered cocaine and 32 capsules of heroin (www.daytondailynews.com, Jan. 24, 2014). In Shelby County, police arrested two people after conducting a search at their residence in which they found 18 capsules of powdered cocaine and 15 capsules of heroin (www.daytondailynews.com, Jan. 23, 2014). A woman was caught in Miami Valley Hospital (Montgomery County) with 12 grams of powdered cocaine and 33 oxymorphine pills in her purse (www.daytondailynews.com, March 16, 2014). The Montgomery County Sheriff's Bulk Cash Smuggling Task Force reported seizure of 51 pounds of cocaine, 19 pounds of heroin, 25 pounds of methamphetamine, 1,146 pounds of marijuana and 800 oxycodone pills during the past nine months (www.daytondailynews.com, March 31, 2014).

Participants reported that the availability of powdered cocaine has decreased during the past six months. Participants reasoned: "[The availability of powdered cocaine decreased] *because of heroin and pills;* [Powdered cocaine availability] *probably [decreased] because everybody got busted or they switched to heroin.*" Community professionals also reported decreased availability of powdered cocaine during the past six months. Treatment providers linked reduction in powdered cocaine availability with the increase in desirability and availability of heroin. A treatment provider explained, "*I'm looking at* [powdered cocaine] *also as far as demand. With the heroin* [very available], *the cocaine is not in demand that much.*"

Law enforcement efforts in the region were also credited with the limited availability of powdered cocaine, as one probation officer observed, "*I don't know if it's just because there have been so many low level arrests, or they've had larger scale arrests, we've seen those authorities in here quite often with warrants and stuff like that, so maybe they have gotten some of the larger dealers off the street.*" Another officer commented, "*I've seen fewer people coming on probation with just a powdered cocaine charge.*" The Miami Valley Regional Crime Lab reported that the number of cocaine cases it processes has increased during the past six months. The crime lab does not differentiate powdered cocaine versus crack cocaine.

Powdered Cocaine

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

Most participants rated the current overall quality of powdered cocaine as '3' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '6.' Participants identified money as a motivating factor for "cutting" (adulterating) cocaine, as a participant explained, "*People in the money now.* [Dealers] *don't care what happens to you, they just want their cash.*" Participants indicated challenges with powdered cocaine cut with other substances and commented: "[Adulterated powdered cocaine] *gonna clog me up; And burn, it burn real bad* [when snorted]." Another participant remarked, "*These new-breed sellers, they taintin'* [powdered cocaine] *with poison.*"

Participants purported that powdered cocaine in the region is cut with baby laxatives, baking soda, creatine, diuretics (isotol and mannitol), lidocaine (local anesthetic), Tylenol® as well as cutting agent products available at head shops. One participant discussed specific cutting agents from head shops: "[Cutting agents are] *$60-80 a gram …* [I] *don't know exactly what it is, but they sell it. You can get* [the cutting agent] *at the smoke shops and everything and it's the texture, too and … people* [are] *snorting* [powdered cocaine cut with this agent] *and stuff or even shooting it. It'll break down if they burn it. It'll break down clear and smooth …* [cutting agent] *doesn't really take away from the taste, but it adds to the volume 'cause it's got what they call the pearl (pearl-like appearance) to it and that's usually like a signature of good cocaine.*"

Overall, participants reported decreased quality of powdered cocaine during the past six months. In addition, participants explained that the quality of powdered cocaine often varies within the region. One participant explained, "[Quality] *varies where you're getting* [powdered cocaine] *from, who you're getting it from, where the dealer got it from.* [Quality] *all varies.*"

Powdered Cocaine

Cutting Agents Reported by Crime Lab
• levamisole (livestock dewormer)

Current street prices for powdered cocaine were consistent among participants with experience buying the drug. Participants also disclosed: "*You might get a couple o' lines* [of powdered cocaine] *for 20 bucks; The people I dealt with, you know* [the powdered cocaine amount] *was maybe 7-8 lines ... $50 bag last you all day.*"

Powdered Cocaine	Current Street Prices for Powdered Cocaine	
	1/10 gram	$10
	1/2 gram	$40
	A gram	$80
	1/16 ounce (aka "teener")	$70-100
	1/8 ounce (aka "eight ball")	$180-200

Participants reported that the most common routes of administration for powdered cocaine are snorting and intravenous administration (aka "shooting"). Participants estimated that out of 10 powdered cocaine users, about half would snort and the other half would shoot the drug. A participant clarified, "*Especially if they moved* [their addiction] *on to heroin and* [are] *using needles now, they're going to be injecting* [powdered cocaine]." Another participant added, "*Plus it feels like* [powdered cocaine] *gets into your system faster when you shoot it.*"

A profile for a typical powdered cocaine user did not emerge from the data. Participants described typical users of powdered cocaine as anyone. Treatment providers described typical users of powdered cocaine as younger (18-24 years of age), poly-substance users who like to party. Law enforcement described users as more often female, exotic dancers and prostitutes. An officer described, "*If you're gonna see the powder cocaine use, it's gonna be from the older white. I would say even the 'speedballers' (those who mix heroin and cocaine) are older white. Older I mean, you know, 35 and 40* [years of 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.' A participant in a more rural area, Hardin County, reported low availability and rated it '3;' the previous most common score for Hardin and Miami counties was '5-8.' A participant commented, "*Overall, I don't think* [crack cocaine is] *that popular right now because a lot of people are going back to heroin.*"

Community professionals reported similar availability of crack cocaine throughout the region. Treatment providers most often reported the drug's current overall availability as '9' and availability in Hardin County as '2,' while law enforcement most often reported overall availability as '10' and availability in Hardin County as '4;' the previous most common scores were also '10' overall and '4' for Hardin County. A treatment provider explained, "[Crack users in Hardin County] *usually drive to another county, like Allen* [County], *to get* [crack cocaine] *because of the main drug of choice here is heroin … Is that to say there is no crack cocaine users here in Hardin County? Yes, there* [are crack cocaine users in Hardin County]." An officer reasoned, "[Crack cocaine] *may be available, but why put* [crack cocaine] *in your store* [inventory, if you're a dealer], *if it's not selling*?"

Media outlets reported on law enforcement seizures of crack cocaine in the region this reporting period. Dayton police arrested two men when they found and seized 42 grams of crack cocaine and 73 capsules of heroin during a drug bust (www.daytondailynews.com, Jan. 19, 2014). Dayton police arrested a man during a traffic stop when they found crack cocaine on the passenger seat of the car and filed additional charges after the man brought 10 additional crack cocaine rocks into the Montgomery County Jail in his sock despite being warned that he would face a felony if he brought drugs into the jail (www.daytondailynews.com, May 21, 2014). Responding to a disturbance call in Springfield (Clark County), police seized three baggies of crack cocaine and one baggie of powdered cocaine (approximately 40 grams altogether), arresting three individuals (www.daytondailynews.com, June 9, 2014).

Participants reported that the availability of crack cocaine has remained the same during the past six months, while community professionals reported that availability has decreased. A law officer commented, "*For someone to say that they smoke crack, I bet that I've had two* [crack users] *in the last six months.*"

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

Most participants 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 also '7.' Participants described crack cocaine quality as: "*garbage; junk; terrible now.*" To avoid poor quality crack, a participant divulged, "*I make my own* [crack cocaine]. *I take the powder* [cocaine] *and cook it myself.*" Another participant explained, "[Quality] *depends on who you around and stuff … People I ran with, they got good quality* [crack cocaine]." Participants reported that crack cocaine in the region is cut with baking soda, Orajel®, Percocet® and Vicodin®. Overall, participants reported that the quality of crack cocaine has decreased during the past six months. A participant commented, "*You all's doing yo' job getting dope off the street for real 'cause they getting poor quality … poor quality* [crack cocaine]."

Crack Cocaine	Cutting Agents Reported by Crime Lab
	• levamisole (livestock dewormer)

Current street prices for crack cocaine were consistent among participants with experience buying the drug, although most participants reported that dealers are willing to take "*whatever you want to spend.*" Participants reported: "*$2 sometimes; The lowest some people can get, like $5 worth* [of crack cocaine]. *It just depends. It depends on what the buyer's looking for; You just tell* [dealers] *how much money you have and they just give out* [crack cocaine]. *And it's usually a rip off. They don't weigh* [crack cocaine] *or anything.*"

One participant described a $5 piece of crack cocaine as being about as big as a tip of a ball point pen.

Crack Cocaine	Current Street Prices for Crack Cocaine	
	1/10 gram	$10
	A gram	$40-50
	1/16 ounce (aka "teener")	$80

Participants reported that the most common routes of administration for crack cocaine are smoking or intravenous administration (aka "shooting"). Participants estimated that out of 10 crack cocaine users, seven would smoke and three would shoot the drug. A participant shared, "*I'd smoke* [crack cocaine] *and then after so long when you don't get that rush, I'd shoot* [crack cocaine]." However, one participant observed, "*Less* [crack cocaine] *smokers than used to be. Yeah, we inject it or snort it.*"

A profile for a typical crack cocaine user did not emerge from the data. Participants described typical users of crack cocaine as anybody. However, some participants observed typical users to be middle aged or older. Law enforcement also described typical crack cocaine users as older, but added that users are also often black (males or females) or prostitutes (black or white). A probation officer explained, "*I get a lot of African-American black males that do* [crack cocaine] *and females. And if I do run across a white, or far as female or male, a white male is doing* [crack cocaine] *to get the prostitutes and the white woman is doing* [crack cocaine] *because she is a prostitute. But it's 30* [years of age] *and above. And you're right, I don't see 30 and below. As far as 28, 29* [year olds, they would say], '*Oh let me try some crack.' They do some pills or heroin to start off, but they won't* [start drug use] *with the crack cocaine.*"

A treatment provider explained that older users continue to use the drug because they never let go of it to begin with and said, "*It seems as though everyone that I come across that uses or that smokes crack has a history of smoking crack. Like that's still their drug of choice. You know, I don't see any 20-year olds getting out smoking crack.*" However, treatment providers, specifically in Lima (Allen County), reported younger age groups (high-school aged) experimenting with crack cocaine.

Heroin

Heroin remains highly available in the region. Participants and community professionals most often reported overall 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 scores were also '10' for both respondent groups. Participants claimed: "*A couple* [dealers] *on every street corner; I can get* [heroin] *anywhere I go to; Six years ago* [heroin] *was hard to get, but now* [heroin is] *literally right next door* [at the bus station]." A probation officer exclaimed, "*Didn't you see the billboards when you came around here!? We got billboards now as far as dealing* [heroin], *hot lines and all that stuff because, I mean, it's an epidemic*."

While many types of heroin are currently available in the region, participants reported brown powdered heroin as most available overall. A participant commented, "[Brown powdered heroin is] *all I've been seeing lately*." However, participants noted white powdered heroin as most available in Allen County and black tar heroin as most available in Hardin County. Participants indicated that the high black tar availability in Hardin County is due to its geographical location to which one participant reported, "[Black tar heroin is] *up in Columbus*."

Community professionals reported equal availability of all types of heroin in the Dayton area. However, a treatment provider specifically noted, "*It's mostly the tar … black tar* [heroin] *here* [in Hardin County]."

Media outlets reported on law enforcement seizures of heroin in the region this reporting period. Undercover Dayton police officers witnessed a drug transaction in which two men exchanged $10 cash for a capsule of heroin; when police approached, the man who purchased the drug swallowed it and officers discovered 2.39 grams of heroin packaged in capsules in the dealer's pocket (www.daytondailynews.com, Jan. 24, 2014). A man, who had just dropped off someone who was overdosing to a hospital, was arrested when officers stopped him and found five capsules of heroin in his pocket and 69 syringes in the trunk of his vehicle (www.daytondailynews.com, March 15, 2014). Ohio State Highway Patrol (OSHP) troopers seized 70 grams of heroin, 42 morphine pills and 17 grams of marijuana when they stopped a vehicle for a marked lanes violation in Allen County (www.statepatrol.ohio.gov, May 13, 2014). Two people were arrested during a traffic stop; Dayton officers found 31 capsules of heroin (about 3.8 grams), 50 additional empty capsules and eight syringes (www.daytondailynews.com, June 12, 2014). A recent roundup of over 70 people from Wilmington (Clinton County) to Dayton was conducted in an effort to combat heroin use in the area; half of the heroin they found was cut with clandestine fentanyl from Mexico; law enforcement also seized cocaine, methamphetamine and marijuana (www.wlwt.com, June 27, 2014).

Additionally, media reported about the free naloxone (medication to reverse an opiate overdose) kits provided to families and friends of those who use heroin through Project DAWN as the Dayton area has continued to see an increase in overdose deaths (www.abc22now.com, June 5, 2014); nearly 100 kits had been given out by mid-May in Montgomery County (www.journal-news.com, May 15, 2014).

Participants reported that the general availability of heroin has increased during the past six months. A participant elaborated, "[Availability of heroin is] *like you can't even go anywhere* [without being offered heroin] … *before, you could walk to a corner store and you didn't have a dealer come up on you and say, 'Hey, I have some 'hank' (heroin). You want to purchase some hank?'… because it's just so many people doing* [heroin], [dealers] *just ask anybody. They don't care who they ask because they just think everybody does* [heroin] *anymore* …." Participants also reported that heroin has impacted availability of other substances, as one participant remarked, "*Crack cocaine took a backseat* [to heroin]." Several participants noted an increase in heroin use due to an increase in prescription pain pill regulation, as one participant reported, "*The pain clinics are cracking down. Most of them got raided. A lot of them are more discriminatory - they don't just give* [prescription opioids] *to anyone and everybody like they did before. You have everybody drug tested now and they count pills and everything. It's harder to get those 'pain scripts' (prescription opioids)* …."

Community professionals also continued to report that the general availability of heroin has increased during the past six months. One professional remarked, "*Definitely,* [heroin is] *increasing, definitely*." A treatment provider observed, "*You hear more people using heroin than crack cocaine and stuff.*" Law enforcement attributed the increase in heroin availability to how inexpensive the drug is to purchase and commented: "[Heroin is] *cheaper* [in Dayton, Montgomery County] *so all the surrounding counties'* [addicts] *comin'*

here." The Miami Valley Regional Crime Lab reported that the number of powdered heroin cases it processes has increased during the past six months, while the number of black tar heroin cases has remained the same.

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

Most participants rated the current quality of heroin as '10' for brown powdered and '7' for both white powdered and black tar on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '10' for all types of heroin. A participant warned, "*You don't* [know] *what that person* [dealer is] *cutting their stuff with*."

Powdered heroin is reportedly cut with baby laxatives, Benefiber®, coffee, coffee creamer, creatine, embalming fluid and ramen noodle seasoning packets. Black tar heroin is reportedly cut with vitamins, as one participant explained, "*The 'tar' (black tar heroin), they'll use some kind of vitamin* [to cut the heroin] … *they'll heat it up in the skillet and caramelize and mix the dope like that*." In addition, participants shared that there are two types of white powdered heroin: "china white," which is supposed to be pure heroin and heroin cut with fentanyl. One participant commented, "Y*ou can tell the difference between the stuff that's called 'china white' and the stuff that's being cut with fentanyl*." Another participant explained that the fentanyl being used is clandestine and not made for medical use and remarked, "*Homemade fentanyl at that. People taking one shot and killing themselves. They ain't comin' back* [surviving their overdose]." Overall, participants reported that the general quality of heroin has decreased during the past six months.

Participants discussed the high number of heroin overdoses in the region. A participant remarked, "*I'd say everyone in this room knows at least three … a bunch of people … that's died* [of heroin overdose]." Participants continued to link many overdose deaths to fentanyl cut heroin. Fear over legal penalties when reporting overdoses remains high among participants and participants discussed leaving individuals or being left themselves when overdosing: "*I grab my stuff and go and don't you dare tell anybody I was there* [when someone overdoses]; *They left me one time*." Nevertheless, Project Dawn has made naloxone kits available in the region and one participant was aware of this and commented: "[Overdose numbers are] *so bad now that you can go take a class at St. Elizabeth's* [medical center] … *I think it's an hour class … and they'll give you an overdose* [naloxone] *kit* …."

Treatment providers noted that overdose often goes underreported. A treatment provider explained, *"Oftentimes* [heroin users] … *overdose and … won't consider it as an overdose. They'll consider it as, 'Hey! We got some good drugs. Yeah,* [I] *just got some good drugs.' They went* [unconscious] *for a minute and then they'd be resuscitated and come back, you know, and gather themselves and* [then] *back on another bend*."

Participants reported variable pricing for heroin in the region and suggested that price is often dependent on quality and location. Smaller quantities of heroin are most often sold in capsules (powdered heroin) or balloons (black tar heroin). Montgomery County continued to report lower pricing and the highest availability for capsules (aka "caps"). Participants and law enforcement also continued to discuss the common practice of dealers who provide free samples of heroin to prospective buyers. Participants explained: "*Gas stations are bad. I've had* [dealers] *walk up and throw* [heroin] *through my window* [and say,] '*Here's a tester* [a free sample of heroin]*!' Here's a cap, I got you!' Just throw it in the window; If you go to the methadone clinic, you can get free samples* [of heroin] *just walking out*." Law enforcement verified participant comments and one officer shared, "[Dealers] *give you a tester, you know, a freebie* [of heroin]."

Heroin	Current Street Prices for Heroin	
	1/10 gram (powder)	$5 per capsule
	1/10 gram (black tar)	$20 per balloon
	1/2 gram (powder)	$40-60
	A gram (powder)	$100-200

While there were a few reported ways of using heroin, generally the most common routes of administration remain intravenous injection (aka "shooting" or "banging") and snorting. Participants estimated that out of 10 heroin users, eight would inject and two would snort the drug. Several participants explained that users often progress from snorting heroin to shooting it: "*More or less, everybody will start snorting, but after they snort heroin for a month, two months, three months, then they go to injecting … They 'bang' it; You build up that tolerance so much* [that] *you can't get high the same snorting as much as you would shooting*." A probation officer also said, "*Even if they do snort* [heroin] *… the first time that they shoot, they don't go back to the snorting*." Another participant declared, "*I started always shootin' it - since day one*." Other methods of administration mentioned included smoking the drug, as one participant shared, "*I know a couple of people they like to smoke* [heroin]. *They call it 'chasing the dragon.' I smoked it before*."

Participants and treatment providers discussed the addiction not only to heroin, but to the process of preparing the drug and using a needle as well. One participant commented, "*I fell in love with more the needle than anything. It was the whole cooking up* [heroin], *getting it ready, watching the blood flow back into that needle. I was more high off of that piece - of that small needle going into my arm*."

Media outlets in the region reported on arrests of individuals involving syringes and other drug paraphernalia this reporting cycle. A woman was arrested when she exited an abandoned building to get into a car that was waiting for her; police found a needle, a spoon and other drug-related items on her (www.daytondailynews.com, April 1, 2014). A man was arrested a fourth time for possessing drug abuse instruments; according to Dayton officers, the man was high on drugs and a syringe was found in his pocket (www.daytondailynews.com, June 12, 2014).

Participants reported obtaining needles from dealers, pharmacies and diabetics, as well as simply re-using needles from other users. Reportedly, dealers often supply needles along with drug purchases, as a participant explained, "*And* [to] *some people that's a selling point. 'Hey I've got a 'rig' (syringe) to go with that.' 'Come to me, I got a rig for you, a clean one*.'"

Participants indicated that obtaining needles through pharmacies is variable across the region because some pharmacies have restricted their sale to only those with a prescription. One participant shared, "*They made it so you have to have a prescription and all that does is force addicts to share dirty needles*," while another participant said, "*I've never been turned down* [for needles at a pharmacy] *as long as you have your ID*." Family members also supply needles as a participant explained, "*A lot of people I know, because we sold heroin, was injecting it. They all had at least one member of their family that was diabetic*. [The diabetic family member] *would supply* [the drug user] *with needles*." Current street prices for needles are variable and can cost up to $5 apiece; however, participants often reported that needles are free with heroin purchase. In addition, several participants admitted to re-using needles and a treatment provider explained, "[Heroin users] *do a lot of stuff around here called 'washin' whereas they will use what was left in the needle from the previous user. They call that a 'wash*.'"

Participants and community professionals discussed the increased occurrences of Hepatitis C among heroin users during the past six months. Several participants commented: "*I've got* [Hepatitis C] *myself; There's a chance that I might have it*." An officer reflected, "*I'd say 90 percent of my heroin users are* [positive for] *Hep C and yeah, they're all 'IV' (intravenous) drug users*." Treatment providers related: "*I would say* [Hepatitis C is] *high because of the sharing of the needles*. [About] *70 percent* [of our clients have Hepatitis C] *… two years ago, it was 20-30* [percent of clients with Hepatitis C]; *We're finding more [clients] that have* [Hepatitis C]."

A profile for a typical heroin user did not emerge from the data. Participants and community professionals described typical users as anybody. A participant stated, "[Heroin addiction] *really doesn't discriminate … I guess if you try* [heroin], *and if you like the high, you're just hooked*." A law officer said, "*You got people affluent and you got farm kids* [who use heroin] *… and now there's some black folks that are starting to do* [heroin] *more … so it's everybody*." A treatment provider contemplated, "*It is not surprising to sit down with a client at an assessment, you ask them how did they get introduced to* [heroin] *and they will tell you their parents, brothers or sister …*." However, participants and community professionals observed that heroin users are often younger (early 20s), white and female. Heroin use remains linked with users of prescription opioids. Participants and community professionals often continued to explain the progression of abuse from prescription opioids to heroin.

Prescription Opioids

Prescription opioids 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 score was also '10.' Participants identified Percocet® and Vicodin® as the most popular prescription opioids in terms of widespread use.

Community professionals most often reported current availability of prescription opioids as '8-10;' the previous most common score was '10.' A professional replied, "[Prescription opioid availability is] *still pretty high. I think it's a lot higher than cocaine, but heroin is still … I think heroin is probably easier to get than prescribed* [opioids]." A treatment provider commented, "*I never knew how easy it was* [to obtain opioid prescriptions], *or is … until talking to other people. How easy they can go get* [prescription pain pills]." Community professionals also identified Percocet® and Vicodin® as the most popular prescription opioids in terms of widespread use.

Media outlets reported on law enforcement seizures of prescription opioids in the region this reporting period, as well as a community awareness event. OSHP seized over 200 ounces of codeine syrup and over 7,000 prescription pills, many of which were prescription opioids, in a series of regular traffic violation stops throughout the region during the reporting period (www.statepatrol.ohio.gov, Jan. 11; Feb. 21; April 13, 2014). Two men in Dayton hit an elderly disabled man and held a gun to him while they robbed him of his medication which ended up being prescription strength ibuprofen (www.wdtn.com, April 10, 2014). Dayton police arrested a man for attempting to obtain oxycodone with a fake prescription (www.wdtn.com, April 20, 2014). Two people broke into a Dayton home and stole a pill safe with over 120 pills in it (www.wdtn.com, April 25, 2014). A man from Bradford (Miami County) was arrested after breaking into a neighbor's house and stealing jewelry and prescription medication (www.daytondailynews.com, May 19, 2014). A former VA doctor pleaded guilty in Dayton for prescribing 72 oxycodone pills to an individual who was neither her patient nor a VA patient (www.abc22now.com, June 5, 2014). A 10-month old was taken to Dayton Children's Hospital when the mother found methadone pills, belonging to her sister's boyfriend, lying about the floor; the child was breathing slowly, so the mother called 911 and the child was treated with Narcan® at the hospital (www.abc22now.com, June 10, 2014). Originating in Clark County, a motorcycle event was organized to raise awareness about the increasing opiate issues in the area; the group rode from Springfield to Columbus and was sponsored by several organizations throughout the Dayton, Cincinnati and Columbus regions (www.springfieldnewssun.com, June 18, 2014).

Participants reported that the general availability of prescription opioids has decreased during the past six months. Several participants attributed the decrease in availability to decrease in doctors prescribing. Participants commented: "*Yeah, 'cause I see more and more doctors are less likely to prescribe* [opioids]. *Most people are going to that pain management* [clinic] *where you have to take your meds in every so often and get them counted, so they know you ain't selling them; When I were addicted to pain pills they were easy to find and from what I hear, being in the neighborhood and everything, they're harder to find because the doctors are cracking down. People's coming in for pills counts now that the doctors are catching on … it's a little harder to find a Vicodin® or Percocet® than it was a year ago; The dentist used to give Vicodin® out for teeth, but they don't even do that anymore.*"

Treatment providers and law enforcement reported that the availability of prescription opioids has remained the same during the past six months. A treatment provider remarked, "*They still got pain clinics and the* [addicts] *that aren't getting* [prescription opioids] *from around here, they're … going to Findlay* [Hancock County], *going to Toledo* [Lucas County], *going to, uhh, you know, Bowling Green* [Wood County]. *Wherever there's pain clinics … it's called 'doctor shopping.'*" The Miami Valley Regional Crime Lab reported that the number of prescription opioid cases it processes has generally decreased during the past six months; however, increased number of cases were reported for fentanyl (all clandestine), methadone and Percocet®.

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

Reportedly, many different types of prescription opioids are currently sold on the region's streets. Current street prices for prescription opioids were reported by participants with experience buying the drugs. Although most prescription opioids sell for $1 per milligram, a participant explained, "[If] *you buy somebody's whole prescription, obviously you're gonna get* [opioids] *cheaper*." Participants remarked that the price for prescription opioids is high and commented: "*That's why I went to heroin, because the pain pills were too expensive. If I'm gonna spend $60 and only get three pills, I might as well spend $50 and get two balloons* [of heroin] … *get high all day and still have $10 to get a joint and a pack of cigarettes; People that know that Percocet® is my drug of choice ask me, 'Well you must like heroin.' And I'm like, 'Why do you ask me that?' And then that's when I learned you get more bang for your buck* [with heroin] … *it's a bigger high* [and] *it's not as expensive*."

Prescription Opioids	Current Street Prices for Prescription Opioids	
	Dilaudid®	$20 for 4 mg
	Fentanyl	$50 for 50 mcg
	methadone	$10 for 5 ml (liquid) $7 for 10 mg tablet
	Percocet®	$3 for 7.5 mg $10-14 for 10 mg
	Roxicodone®	$30 for 30 mg
	Ultram®	$0.50-2 for 50 mg
	Vicodin®	$2.50-5 for 5 mg $5-6 for 7.5 mg ES $3-5 for 10 mg

In addition to obtaining prescription opioids on the street from dealers, participants also reported getting the drugs prescribed or from those who have prescriptions. Several participants indicated that people are using their prescriptions as a way to make ends meet or to obtain their drug(s) of choice. Participants commented: "*Most of the people I know that get prescribed pain pills they get them just so they can sell them 'cause they either want crack* [cocaine or] *heroin … They sell they pills in order to get their drug of choice; I know people that sold* [prescription opioids] *just to help pay their bills*."

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 are snorting and oral ingestion. Participants estimated that out of 10 illicit prescription opioid users, five would snort, four would swallow and one would inject the drugs. Participants attributed formulary changes with increased snorting and swallowing of prescription opioids as a participant explained, "*Majority* [of opioid pills] *have become* [more often orally ingested] *or snorted because …* [pharmaceutical companies] *started putting a coating on them and then … you can still 'bang' (inject) them, but there's a process to go through*." A treatment provider also commented on methods of administration: "[Addicts] *can go from swallowing, eating* [prescription opioids] *to snorting them. Yeah, that's about it. Snortin' them is the major trend for the younger adults. Well, actually that's across the board. Snorting is … instant high … goes straight to the brain, straight to the blood system and whatnot*."

A profile of a typical illicit user of prescription opioids did not emerge from the data. Participants continued to describe typical illicit users as anybody. Treatment providers described typical illicit users as under 30 years of age and white females. A treatment provider added, "*I have clients that are like in their 40s and 50s that are telling me they been going to pain doctors and been addicted since their 20s*."

Suboxone®

Suboxone® remains highly available in the region. Participants most often reported the 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.' A participant commented, "*You can pretty much get* [Suboxone®] *anytime now*."

Community professionals most often reported Suboxone® current availability as '10;' however, treatment providers in Lima (Allen County) continued to report moderate ('7') availability in their area; the previous most common score was '7.' A law enforcement officer explained how heroin users generally only use Suboxone® temporarily: "*Suboxone®'s not gonna give them the high they get from heroin … they know how long it takes, three to four days for heroin to get out their system … so they … do what they need to do as far as here and now* [to take care of their withdrawal symptoms] *and then go back to using* [heroin]."

Participants reported that the availability of Suboxone® has increased during the past six months. A participant remarked, "[Suboxone® availability is] *going through the roof!*" Participants reported more people are using Suboxone® and explained, "*Because people are trying to get off of heroin, so they're on Suboxone®. But they end up selling it to go get heroin; Suboxone® was supposed to be that opiate blocker, but we found ways to* [reason], *'Okay, dope man (heroin dealer) ain't gonna be in town for 2-3 hours, so we'll go get a couple of Suboxone® to hold us off so we're not sick ….*" Other participants felt that Suboxone® is most often used as intended. A participant commented, "*Suboxone® … I've seen* [it] *help a lot of people.*"

Community professionals agreed that Suboxone® availability has increased during the past six months. The increase, in part, was attributed to an increase in medical assisted treatment (MAT) programs. A treatment provider reasoned, "*More* [Suboxone® availability] *because you're getting more clients that's on the medical assistant treatment, MAT, so that* [is] *increasing* [availability as users are] *… selling it to the other individuals; The only trend that would be - is more* [addicts] *are being put on medicated assisted treatment that are being prescribed* [Suboxone®]. *That would be the only trend that I would see. You got more people being prescribed Suboxone®.*" A probation officer commented, "*I've seen more family doctors prescribing* [Suboxone®], *whereas previously there was like one specialized pain center or something like that. A specialized doctor would always prescribe* [Suboxone®], *where now the family doctor is able to give it to you ….*" The Miami Valley Regional 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	Increase
	Treatment providers	Increase

Current street prices for Suboxone® were variable among participants with experience buying the drug. Participants reported that Suboxone® 8 mg sublingual strips sell for $10-20 apiece. In addition to obtaining Suboxone® on the street from dealers, participants also reported obtaining it by prescription through pain clinics and doctors.

While there were a few reported ways of consuming Suboxone®, generally the most common routes of administration for illicit use are sublingual and intravenous injection (aka "shooting"). Participants estimated that out of 10 illicit Suboxone® users, seven would use the drug sublingually and three would shoot the drug. A participant commented, "*Depends on if you want to get the high quicker. If you want to get* [high] *quicker, you're gonna inject* [Suboxone®], *if not, you're gonna eat it.*"

Participants described typical illicit Suboxone® users as heroin addicts, self-medicating either in between highs or in attempt to quit heroin use. Community professionals also described typical illicit users of Suboxone® as opiate users seeking treatment or abusing the prescription. An officer remarked, "*I've seen young and old, white, black* [Suboxone® users], *you know? Especially in the last couple o' weeks. Illegally, I've seen the gambit, but as far as like clients who are seeking Suboxone® treatment from either a family doctor or a specialized program, seems to be younger, white males.*" A professional added, "*Also you have some that use that resource … in regards to getting on Suboxone® medical treatment … in lieu of going to jail.*"

Sedative-Hypnotics

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 score was '8.' Participants identified Klonopin®, Valium® and Xanax® as the most popular sedative-hypnotics in terms of widespread use. A participant commented, "*I always see people with* [sedative-hypnotics]. *Everybody wants to sell their 'xanies' (Xanax®).*"

Community professionals also reported high availability of sedative-hypnotics in the region and most often reported current availability as '8-10;' the previous most common score was '8.' Community professionals identified Klonopin® and Xanax® as the most popular sedative-hypnotics. A law enforcement officer commented, "[Sedative-hypnotics are] *paired with everything else (other drugs) … it's like it's a problem now and … I see it … in the methadone clinic. And you have a doctor somewhere that is giving … Xanax® to be paired with* [methadone]. *That's just happening - I've seen it.*" A treatment provider added, "*If* [an addict] *can't get the pain pill, the narcotic, they'll move on to the muscle relaxers.*"

Media outlets reported on law enforcement seizures of sedative-hypnotics in the region this reporting period. OSHP stopped a vehicle in Allen County and seized 124 alprazolam (Xanax®) pills and 288 oxycodone pills; three people were arrested (www.statepatrol.ohio.gov, April 26, 2014). OSHP seized 119 alprazolam pills and 210 hydrocodone (prescription opioid) pills from a motorcyclist who was speeding in Allen County (www.statepatrol.ohio.gov, May 17, 2014). An additional 271 Xanax® pills and two grams of marijuana were seized when OSHP stopped a vehicle in Allen County; the driver was arrested (www.statepatrol.ohio.gov, June 2, 2014).

Participants and community professionals reported that the general availability of sedative-hypnotics has remained the same during the past six months. Although most participants reported no change in availability, a participant reported changes in prescribing patterns: "[The treatment center] *stopped prescribing Xanax® at the beginning of the year. A lot of places that prescribed benzodiazepines in the area, they began doing the drug testing and things like that and they would give you all your other 'scripts' (prescriptions) except for* [Xanax®]. *And a lot of places have pulled 'benzos' (benzodiazepines) period.*" The Miami Valley Regional Crime Lab reported that the number of sedative-hypnotics cases it processes has generally remained the same during the past six months; however, increased numbers of cases were reported for Klonopin® and Xanax®.

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

Reportedly, many different types of sedative-hypnotics are currently sold on the region's streets. Current street prices for sedative-hypnotics were consistent among participants with experience buying these drugs.

Sedative-Hypnotics	Current Street Prices for Sedative-Hypnotics	
	Ativan®	$1 for 0.5 mg
	Klonopin®	$0.50-0.75 for 0.5 mg $1-2 for 1 mg $2 for 2 mg
	Soma®	$4.75 for 250 mg
	Valium®	$0.50 for 5 mg
	Xanax®	$0.50-1 for 0.25 mg $1-3 for 0.5 mg $2-3 for 1 mg $5-7 for 2 mg $12 for 3 mg XR

In addition to obtaining sedative-hypnotics on the street from dealers, participants also reported getting them from older individuals and doctors. Older individuals reportedly have easier access to sedative-hypnotics prescriptions, as participants explained: "*There's some people, usually the older people, that get them and aren't going to stop getting them … 120* [pills] *every month, selling;* [Users] *just find that old man or that old woman that be getting them and wants some extra money.*" Other participants reported relatively easy access to prescriptions from their doctors: "*I can get* [sedative-hypnotics prescribed] *from my doctor; I mean I was able to get them prescribed to me because I went in and gave my doctor this whole big sob story.*"

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 for illicit use are snorting and oral ingestion. Participants estimated that out of 10 illicit sedative-hypnotics users, six would snort and four would orally consume the drugs. A participant divulged, "*I used to snort* [sedative-hypnotics], *but then I had to eat them because I found that if I snorted them I was* [unable to function]. *I was tired of losing everything, like literally.*"

A profile for a typical illicit sedative-hypnotics user did not emerge from the data. Participants described typical

illicit users as anyone. Community professionals described typical illicit users as more often opiate users (heroin and prescription opioids). A professional explained that sedative-hypnotics are often used to avoid symptoms of withdrawal: "*Most heroin addicts are downer seekers and* [sedative-hypnotics are] *a downer. So, a lot of times* [because of] *the anxiety from the withdrawal, or not being able to get* [heroin], *they'll take a bunch of Xanax® to stay calm.*"

Marijuana

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.' A participant claimed, "*I could always get* [marijuana]. *I remember I was eight* [years old] *and I knew where to get 'weed' (marijuana).*" Another participant remarked, "[Marijuana is] *not hard to come by. I mean, hell, if you need to … if you know what you're doing, you can grow a* [marijuana] *plant easy.*"

Community professionals most often reported the drug's current availability as '10;' the previous most common score was also '10.' A treatment provider shared client's reasoning, "*When the state*[s] *started making* [marijuana] *legal, it justified the argument* [for marijuana use], *like, 'If* [other states] *say it's legal, it's okay.'*" Another treatment provider added, "*I don't know why it is, but … if they're on probation or on some type of legal situation,* [users] *think that THC showin' up their system is not gonna be as devastating as if they have a hard drug in their system. So, they'll smoke weed* [and say,] '*Well that's not bad, I only smoked a joint.*'"

Media outlets reported on law enforcement seizures of marijuana in the region this reporting period. OSHP seized five pounds of marijuana after pulling over a car in Miami County; the driver was arrested (www.statepatrol.ohio.gov, Jan. 11, 2014). Another man was arrested by OSHP in Logan County when they discovered nearly two pounds of marijuana in the trunk of his vehicle (www.statepatrol.ohio.gov, Jan 12, 2014). OSHP located two pounds of marijuana behind the driver seat in a diaper box when they pulled over a car in Allen County; two men were arrested (www.statepatrol.ohio.gov, May 16, 2014). OSHP arrested two men from Tijuana, Mexico and seized more than 2,300 pounds of marijuana when they stopped a U-Haul in Preble County; this was the second largest marijuana seizure in OSHP history (www.fox19.com, June 16, 2014).

Participants and community professionals reported that the availability of marijuana has remained the same during the past six months. The Miami Valley Regional Crime Lab reported that the number of marijuana cases it processes has increased during the past six months.

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

Most participants 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, '5' for mid-grade and '10' for high-grade marijuana. A participant in Dayton commented, "*I think* [marijuana quality is] *all good.*" 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). A participant reflected, "*I know some people that won't smoke nothing but 'loud' (high-grade marijuana) and then I know some people that don't smoke nothing but 'reggie' (regular, lower grade marijuana), but they won't smoke no 'garbage reggie' … really bad weed.*" Low-grade marijuana was described by participants as having seeds in it and high-grade marijuana was described as colorful: "*blue or bright green; reddish, purple hairs and not as many seeds.*" Higher quality marijuana also includes more categories, as a participant explained, "*Loud and kush is two different things now. Kush is better.*"

Current street prices for marijuana were consistent among participants with experience buying the drug; price depends on the quality purchased. Participants reported low-grade marijuana as the cheapest form of the drug, while high-quality marijuana sells for significantly more.

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 ten would smoke the drug. The practice of ingesting (eating) marijuana is explained by participants: "[Marijuana is] *smoked unless you make brownies; Special occasion you make some butter* [with marijuana in it]." Another participant explained, "*My friend had* [Chronic

Obstructive Pulmonary Disease], *so it hurt him real bad to smoke, so he'd eat the weed to get high*."

Marijuana	Current Street Prices for Marijuana	
	low grade:	
	A blunt (cigar) or two joints (cigarettes)	$5
	1/8 ounce	$20-25
	1/4 ounce	$35-40
	An ounce	$80
	high grade:	
	A blunt (cigar) or two joints (cigarettes)	$20
	1/8 ounce	$50
	A pound	$650-700

A profile of a typical marijuana user did not emerge from the data. Participants and community professionals continued to describe typical marijuana users as anybody. Treatment providers commented: "*I find the clients that have* [been] *abusing marijuana to be 18 to 35* [years of age]; *All ages smoke marijuana now … teenagers, older people*." Law enforcement officers responded: "*Come on now,* [marijuana is] *all over; Young, old it don't matter; When we have our little classes here, everybody get in that discussion as far as the marijuana … everybody wants it legal*."

Methamphetamine

Methamphetamine availability remains variable in the region. Participants most often reported the drug's current availability as '10' in Montgomery County, but '0-1' in more rural areas (Allen and Hardin Counties), 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.' Law enforcement and treatment providers in Montgomery and Hardin counties most often reported the drug's current availability as '2,' while treatment providers in Allen County rated current availability as '10;' the previous most common score was '6.'

Media outlets reported on law enforcement seizures of methamphetamine in the region this reporting period. A Montgomery County grand jury formally charged two people on manufacturing methamphetamine in a camper (www.daytondailynews.com, April 9, 2014). Two separate drug busts led to the arrests of three individuals in Darke County on methamphetamine charges (www.wdtn.com, April 15, 2014). Police arrested two people after finding a U-Haul box truck that was being used as a mobile methamphetamine lab in Montgomery County (www.wdtn.com, May 8, 2014).

Participants reported that the availability of methamphetamine has remained the same during the past six months. Participants reported that methamphetamine is available in powder (anhydrous, aka "crank" or in one bottle, aka "one-pot" or "shake-and-bake") and crystal forms. Participants commented about the more commonly produced one-pot or shake-and-bake methamphetamine, which means users are producing methamphetamine 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 (typically found in some allergy medications), people who make methamphetamine (aka "cooks") can produce the drug in approximately 30 minutes in nearly any location by mixing ingredients in small containers. Participants commented: "*Shake-and-bake is more common because everybody's making it. In their sheds, their basements; More people are learning how to make* [methamphetamine] *without killing theirselves* [sic]."

Community professionals also reported that the availability of methamphetamine has remained the same during the past six months. Law enforcement commented: "*Very rarely do we have anybody that tests positive for methamphetamine*; [Methamphetamine is] *available, but I would say it's not desirable*." A treatment provider observed, "[Methamphetamine is] *big in Dayton. They got meth labs running up and down* [State Route] *75*." The Miami Valley Regional Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months; the crime lab reported processing brown, off-white and tan powdered methamphetamine along with crystal methamphetamine.

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

Most participants rated the current overall quality of methamphetamine as '10' and qualified, "[if you] *make it yourself"* and '5' if you *"get it somewhere else."* Overall, participants reported that the quality of methamphetamine has remained the same during the past six months. However, one participant commented, "*Usually 'crank' (anhydrous methamphetamine) would be better than 'glass' (crystal methamphetamine), but the glass that is in the area now is actually coming from … California … where it's ridiculously insane, pure."*

Current street prices for methamphetamine as reported by one participant with experience purchasing the drug are as follows:

Methamphetamine	Current Street Prices for Methamphetamine	
	Shake-and-bake (powdered methamphetamine)	$45-65 per gram
	Crank (anhydrous methamphetamine)	$100 per gram
	Crystal methamphetamine	$150-160 per gram

While there were a few reported ways of consuming methamphetamine, generally the most common routes of administration are intravenous injection (aka "shooting") and smoking. Participants estimated that out of 10 methamphetamine users, six would inject, three would smoke and one would snort the drug.

Participants described typical users of methamphetamine as younger. A participant commented, "*Everybody I was in prison with was hooked on meth."* Law enforcement described typical users as white and 35 years of age and older. Community professionals also identified methamphetamine users as typically employed: "*I've had one young, white female* [methamphetamine user] *and all the rest were older white males, but I think every one of them was working, too, 'cause there was also the* [connection of methamphetamine use with] *hard labor."*

Prescription Stimulants

Prescription stimulants remain highly available in the region. Participants most often reported current 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.' Participants identified Adderall® as the most popular prescription stimulant in terms of widespread illicit use. A participant commented, "*Adderall® is big. I think you can get Adderall® a lot."* Treatment providers most often reported current availability as '8-10;' the previous most common score was '8.' Community professionals also identified Adderall® as the most popular prescription stimulant in terms of widespread illicit use.

Participants reported that the general availability of prescription stimulants has increased during the past six months, while community professionals reported no change in availability. The Miami Valley Regional Crime Lab reported that the number of prescription stimulant cases it processes has decreased during the past six months.

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

Current street prices were consistent among participants who reported experience purchasing the drugs. Participants reported that Adderall® 30 mg sells for $3 apiece. Participants described typical illicit prescription stimulant users as younger, in the same way as community professionals who added that the majority of illicit prescription stimulant users they see are poly-substance users.

Bath Salts

Bath salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues) remain available in the region. Participants most often reported the drug's current availability as '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 '3-5.' However, most participants reported little knowledge of bath salts and many participants reported concern over alleged effects associated with bath salts, as a participant remarked, "*I won't mess with* [bath salts] *because I hear people start eating people."*

Law enforcement most often reported bath salts current availability as '1,' while treatment providers reported current availability as '7-10;' the previous most common score was '4' for all professionals. A treatment provider commented on availability of bath salts, "*Since* [bath salts] *became illegal it had to be under the table and whatnot, so hush hush. So, I think it's still available at a magnitude of an 8-9-10* [on the availability scale]." Although several treatment providers admitted, "*I haven't had any individuals that have done bath salts*."

Participants reported decreased availability of bath salts during the past six months and attributed the decrease most often to regulations which made the substance illegal. A participant reported, "*They can't sell* [bath salts] *at the store no more.*" Community professionals reported that availability has remained the same during the past six months. A treatment provider speculated that the increased popularity of heroin has affected bath salts availability and commented, "[Bath salts have] *kinda went away a little bit, too, with the* [increase in] *heroin. It's still there, it still exists, but you just don't hear about* [bath salts] *as much as you do the heroin, you know.*" The Miami Valley Regional 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

Current street prices for bath salts were consistent among participants with experience buying the drug. Reportedly, bath salts sell for around $30 per gram. Despite legislation enacted in October 2011, bath salts continue to be available on the street from dealers, as well as from select smoke shops in the area and through Internet purchase. A participant reported, "*There's still one store on the east side* [of Dayton] *that sells* [bath salts]." A treatment provider reported, "*I heard most people gettin'* [bath salts] *off the Internet now*."

While there were a few reported ways of consuming bath salts, generally the most common route of administration remains snorting. Participants described typical bath salts users as younger and often on probation. Community professionals also described typical bath salts users as younger. A treatment provider commented, "*The clients that I've had that reported* [bath salts] *are like between the ages of 18 and 21* [years]."

Synthetic Marijuana

Synthetic marijuana (synthetic cannabinoids; aka "K2" and "Spice") remains available in the region. Participants most often reported the drug's current availability as '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 '10.' A participant commented, "*I mean* [synthetic marijuana is] *out there. If you know people or if you go to the* [smoke shop], *you can get it*."

Law enforcement most often reported current availability as '2,' while treatment providers reported current availability as '7-10;' the previous most common score for both groups was '4.' A treatment provider explained, "*If you look at it, availability of both of those, the 'spice' (synthetic marijuana) and the bath salts, … you can go to the convenience stores and get them behind the counter or whatnot, but since they cracked down on them you can't get it that easy anymore*."

Media outlets reported on law enforcement seizures of synthetic marijuana in the region this reporting period. A food mart in Bethel Township (Clark County) was raided by Sheriff's officers and 567 packets of synthetic marijuana were seized and the owner arrested (www.daytondaily-news.com, Jan. 15, 2014).

Participants reported that the availability of synthetic marijuana has decreased during the past six months. A participant suggested that synthetic marijuana is more available in OSAM's Cincinnati region, as well as in secluded areas in the Miami Valley. Community professionals reported no change in availability of synthetic marijuana during the past six months. The Miami Valley Regional 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	No Change
	Treatment providers	No Change

Although participants did not rate the current quality of synthetic marijuana, most participants indicated little interest in this drug because of its reported side effects. One participant illustrated, "*I smoked 'K2' (synthetic marijuana) one time and it smelled like I was smoking an incense. It gave me this pounding headache and that's when I came to the realization that if I was gonna do drugs, I wanted the real stuff.*" Current prices for synthetic marijuana were consistent among participants with experience buying the drug.

Synthetic Marijuana	Current Street Prices for Synthetic Marijuana	
	A gram	$10
	An ounce	$50

Despite legislation enacted in October 2011, synthetic marijuana continues to be available on the street from dealers as well as from smoke shops. Participants reported that the most common route of administration for the drug remains smoking.

Participants described typical users of synthetic marijuana as younger, most often on probation and those subjected to frequent drug testing on the job, such as truck drivers. A participant reported, "*I got a buddy that drives a truck and he smokes* [synthetic marijuana]." Another participant mentioned, "*I know a couple of people that are on parole. They smoke the 'spice' (synthetic marijuana) because … it don't show up in a drug test.*" Community professionals described typical users of synthetic marijuana as young, white males.

Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) remains moderately available in the region in both pill (ecstasy) and powdered (molly) forms. Participants most often reported the availability of these substances as '4-5' 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.' A participant claimed, "*It's easy to find dealers who have* [ecstasy or molly] … *just like if they're selling … heroin, they'll have some molly, too.*" Community professionals most often reported current availability as '6-9;' the previous most common score was '7.' A treatment provider commented, "[There are] *a lot of songs that reference to molly, but when they first came out people … didn't understand the reference.*"

Participants and community professionals reported that the availability of 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 remained the same during the past six months.

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

Current street prices for ecstasy were consistent among participants with experience buying the drug.

Ecstasy/Molly	Current Street Prices for Ecstasy	
	Low dose (aka "single stack")	$10
	High dose (aka "double stack" or "triple stack")	$20-25
	Current Street Prices for Molly	
	a gram	$200

Participants reported that ecstasy/molly can be obtained at large parties and raves (dance parties) and also from friends. A participant commented, "*You'd have to go to like big parties and raves* [to find ecstasy/molly]." Another participant reflected, "*I have no real buying* [experience]. *I've just had friends that bought* [ecstasy or molly and shared it]."

Participants did not report ways of consuming ecstasy and molly; the previous report indicated snorting as the most common route of administration. Participants described typical ecstasy users as everybody of all ages. A treatment provider said, "*It's a lot of younger people popping 'X,' popping 'E' (ecstasy).*" Another treatment provider speculated, "*I think the molly is* [in] *more urban areas. I've noticed in the younger generations … I've been hearing more and more about* [molly]."

Other Drugs

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: inhalants, hallucinogens (lysergic acid diethylamide [LSD] and psilocybin mushrooms), inhalants and over-the-counter (OTC) medication.

Hallucinogens remain low to moderately available in the region. Participants most often reported the current overall availability of hallucinogens as '5' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous score was also '5.' Treatment providers most often reported overall current availability as '0-5,' while law enforcement most often reported current availability as '1.' Community professionals reported: "*I don't really hear about* [hallucinogens]; *I've seen a few* [psilocybin] *mushroom cases.*" Participants and law enforcement indicated that psilocybin mushrooms were the most common hallucinogen in terms of widespread use in the region.

The Miami Valley Regional Crime Lab reported that the number of LSD cases it processes has decreased during the past six months, while the number of psilocybin mushroom cases has increased. Pricing varied among users with experience buying the drugs.

Other Drugs	Current Street Prices for Other Drugs	
	LSD:	$5-10 per "hit" (single dose, aka "trip")
		$7 per capsule
	psilocybin mushrooms	$15 per gram
		$25-50 for 1/8 ounce

The most common route of administration for hallucinogens is to orally ingest the drugs. A profile for a typical hallucinogen user did not emerge from the data. Participants described users as any age. Community professionals, likewise, reported: "*There are some older [users], but more younger.*"

Inhalants remain highly available in the region, but were not listed as desirable among users. A participant commented, "*The availability* [of inhalants], *though, you can get at any store.*" Many participants reported experimenting with inhalants in the past: "*When I got hooked on the hair spray I was only like 15* [years old]; *I think we used to try it like in 6th grade.*" Another participant spoke about inhaling Freon® from air conditioners: "*Like in air conditioners, you can cut this one bar and in there and it's like 1,000 times more* [inhalant] *than air duster. But like one of my friends* [passed out] *on it and busted his head and then like got a concussion and went to the hospital.*" Participants identified typical users of inhalants as those who do not have access to or are not into hard drugs along with younger individuals. A treatment provider also commented, "*18-21* [year olds], *I've seen* [use inhalants], *yeah. I've got a couple of clients that are doing those whippets* [nitrous oxide]."

Over the counter (OTC) medications (i.e., cough syrups) remain highly available in the region, although generally not desirable. A participant remarked, "*I've seen a couple people flip out on triple C (Coricidin® D).*" Participants indicated decreased use of OTCs and commented: "*I think* [use of OTCs] *went down; That used to be big, you know, trippin' on that kind of stuff.*" Treatment providers indicated that obtaining these substances has become more difficult. One provider commented, "*They ID for* [cough medicines] *now. You can't go in and just buy a bottle of NyQuil® or something, you have to show an ID.*"

Overall participants identified that their peer groups were not likely to use OTC medications and indicated that typical users are often younger individuals due to media influence. One participant explained, "*When Lil' Wayne came out with that purple Sprite®, people were acting sick to get that cough syrup to put Sprite® in it.*" Treatment providers also suggested that younger individuals are more likely to use OTC medications, as one clinician speculated, "*If we was treating the adolescents and the youth,* [OTC abuse and addiction] *would be a high number here.*" Another clinician commented, "*I was gonna say some of my younger* [clients] … *they talk about making that drink with the Sprite® and the grape juice and wine and Robitussin®.*"

In addition, media outlets reported on law enforcement seizures of other drugs, particularly mitragynine (aka "kratom," a psychoactive plant substance that produces a heroin-like high; its use is not detected by typical drug screening tests) in the region this reporting period. The Miami Valley Regional Crime Lab has only reported a handful of kratom samples in the past couple years and say that there is no legislation against having it in Ohio, but individuals are not allowed to consume it; kratom, already banned in Indiana

and Tennessee, is a substance often used in place of opiates (www.abc22now.com, Feb. 5, 2014). The Miami Valley Crime Lab noted the following substances as possible emerging drug trends: mitragynine (aka kratom), steroids, hashish (THC solid and liquid preparations) and cathinone (an amphetamine-like stimulant found naturally in the Khat plant; synthetic chemical cathinones are used in the manufacture of some designer drugs like bath salts).

Conclusion

Crack cocaine, heroin, marijuana, prescription opioids, prescription stimulants, sedative-hypnotics and Suboxone® remain highly available in the Dayton region. Changes in availability during the past six months include increased availability for heroin and Suboxone®; decreased availability for powdered cocaine; and likely decreased availability for crack cocaine.

Participants and community professionals most often reported overall current availability of heroin as '10' (highly available). Participants described being able to locate the drug wherever they go. Referring to the current status of heroin use as an epidemic, a probation officer pointed to billboards in the region advertising hotline numbers to report drug dealing and to locate addiction treatment. Many speculated that the continued high availability and increasing use of heroin has impacted the availability of other substances, namely crack and powdered cocaine; participants and community professionals alike both thought these drugs to have taken a backseat to heroin, falling out of favor with users and thus less available.

Participants and community professionals reported that the general availability of heroin has increased during the past six months. Several participants noted an increase in heroin use due to an increase in prescription pain pill regulation making them more difficult to obtain. Law enforcement attributed the increase in heroin availability to how inexpensive the drug is to purchase.

While many types of heroin are currently available in the region, participants reported brown powdered heroin as most available overall. Participants also noted that white powdered heroin is most available in Allen County and black tar heroin is most available in Hardin County. Participants shared that there are two types of white powdered heroin available: "china white," which is supposed to be pure heroin and heroin cut with fentanyl. Participants explained that the fentanyl being used to cut heroin is clandestine and not made for medical use. The Miami Valley Regional Crime Lab reported that the number of fentanyl cases it processes has increased during the past six months and that all of its fentanyl cases were clandestine.

Participants continued to discuss a high number of heroin overdoses in the region, and they continued to link many overdose deaths to fentanyl-cut heroin. Fear over legal penalties when reporting overdoses also remains high among participants; participants discussed leaving individuals or being left themselves when overdosing on heroin. Treatment providers noted that overdose often goes underreported.

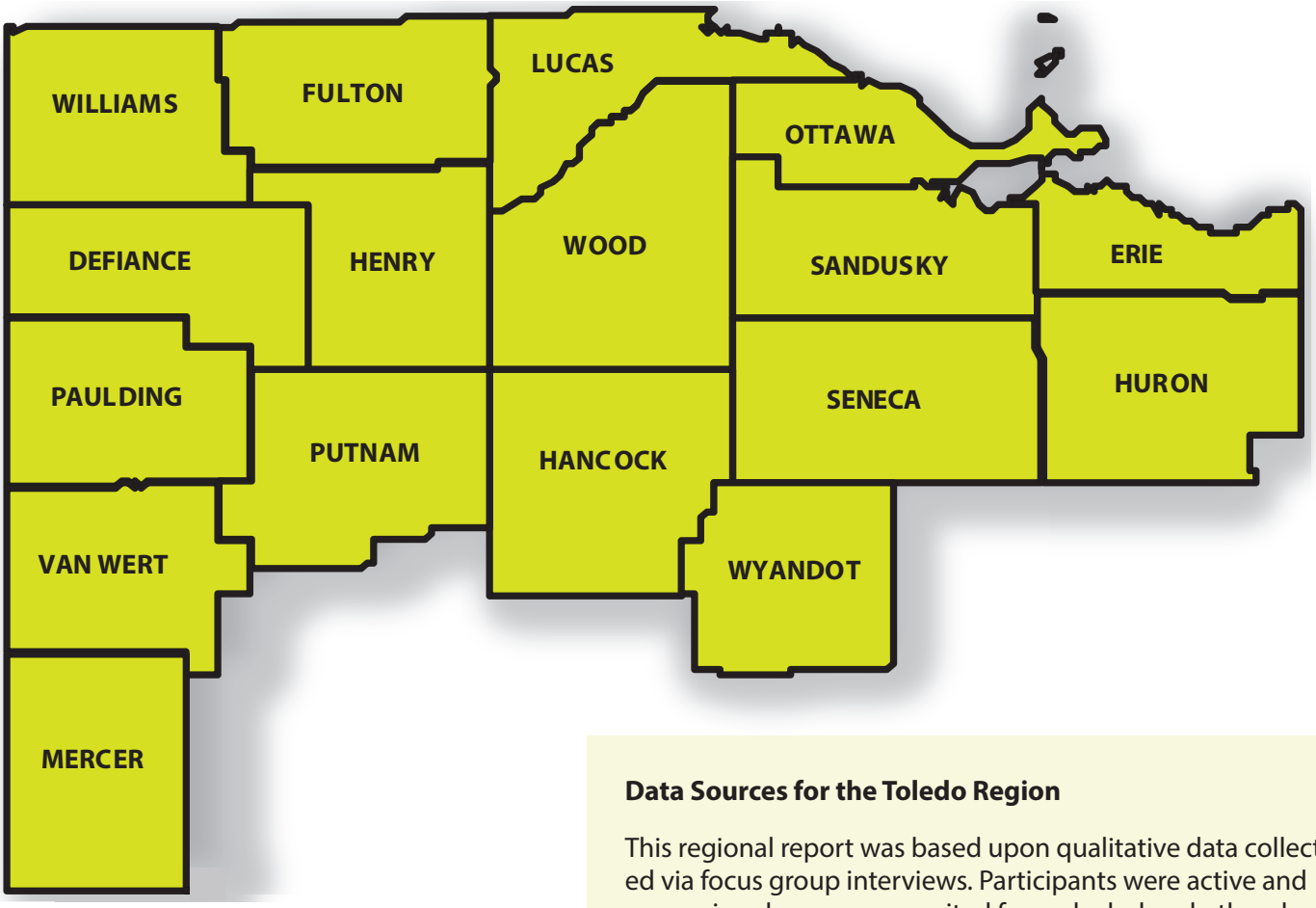
Montgomery County participants continued to report lower pricing and the highest availability for heroin capsules (aka "caps"). Participants and law enforcement also continued to discuss the common practice of dealers who provide free samples of heroin to prospective buyers.

Participants and community professionals agreed that Suboxone® availability has increased during the past six months. The increase, in part, was attributed to an increase in medical assisted treatment (MAT) programs. Treatment providers observed that more clients are being prescribed the medication, and while many participants felt that Suboxone® is most often used as intended, participants continued to report users selling some or all of their prescriptions. The Miami Valley Regional Crime Lab reported that the number of Suboxone® cases it processes has increased during the past six months.

In addition to obtaining Suboxone® on the street from dealers, participants also reported obtaining it by prescription through pain clinics and doctors. A probation officer shared knowledge of family doctors writing Suboxone® prescriptions. Participants and community professionals described typical illicit Suboxone® users as heroin addicts, self-medicating either in between highs or in attempt to quit heroin use.

Lastly, the Miami Valley Crime Lab noted the following substances as possible emerging drug trends: mitragynine (aka "kratom"), steroids, hashish (THC solid and liquid preparations) and cathinone (an amphetamine-like stimulant found naturally in the Khat plant; synthetic chemical cathinones are used in the manufacture of some designer drugs like bath salts).

Drug Abuse Trends in the Toledo Region



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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 Defiance, Lucas and Williams 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 in Defiance, Lucas, Putnam and Williams counties, as well as to data surveyed from the Bureau of Criminal Investigation (BCI) Bowling Green office. All secondary data are summary data of cases processed from June 2013 through January 2014. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for January through June 2014.

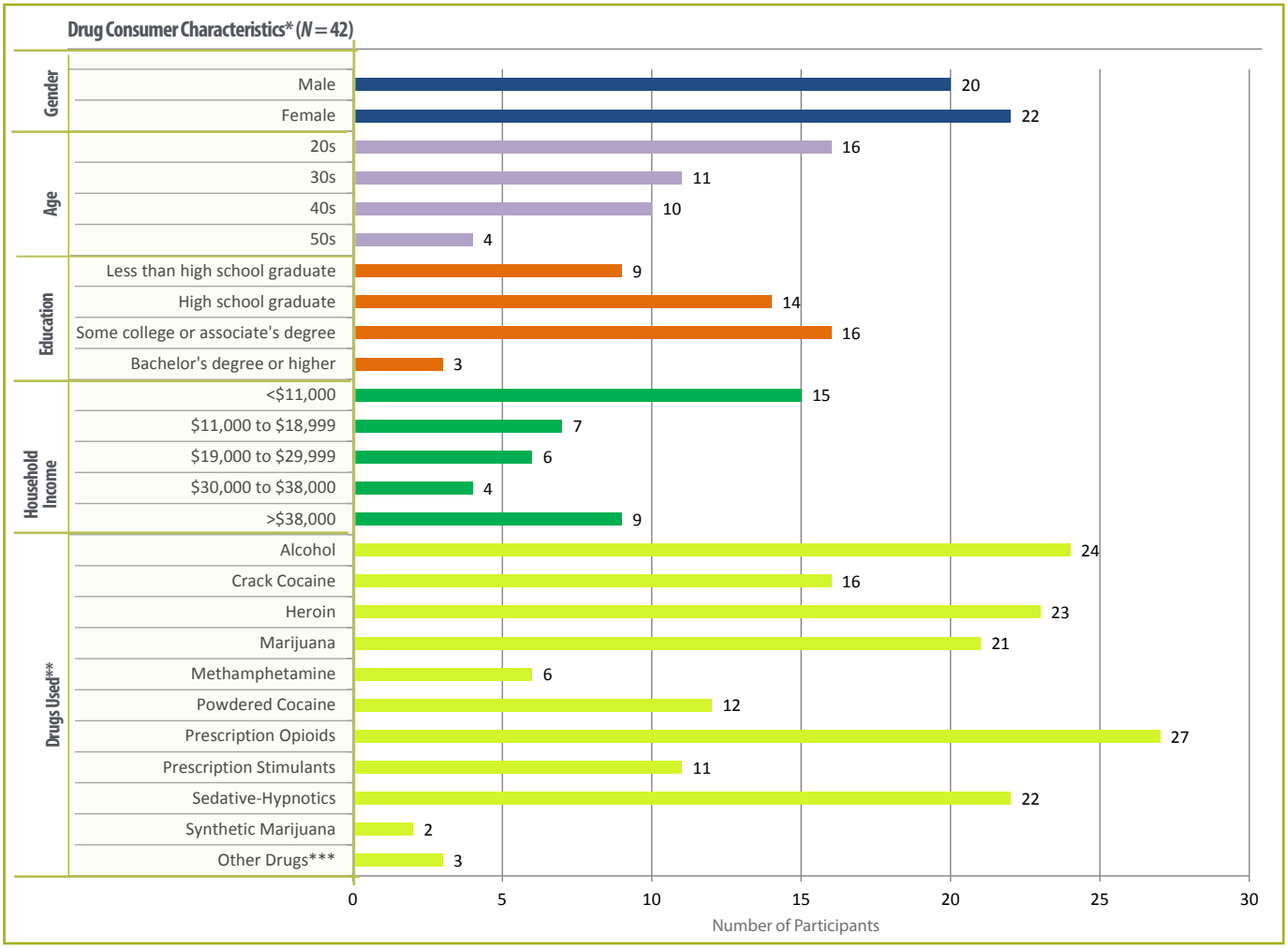
Note: OSAM participants were asked to report on drug use/knowledge pertaining to the past six months prior to the interview; thus, current secondary data correspond to the current reporting period of participants.

Regional Profile

Indicator[1]	Ohio	Toledo Region	OSAM Drug Consumers
Total Population, 2010	11,536,504	1,231,785	42
Gender (female), 2010	51.2%	51.1%	52.4%
Whites, 2010	81.1%	83.7%	81.0%
African Americans, 2010	12.0%	8.0%	14.3%
Hispanic or Latino origin, 2010	3.1%	5.4%	2.5% [2]
High School Graduation rate, 2010	84.3%	83.8%	78.6%
Median Household Income, 2012	$46,873	$47,682	$15,000 to $18,999[3]
Persons Below Poverty Level, 2012	16.2%	12.8%	42.9%[4]

[1]Ohio and Toledo region statistics are derived from the most recent US Census, and OSAM drug consumers were participants for this reporting period: January-June 2014.
[2]Hispanic or Latino origin was unable to be determined for 2 participants due to missing and/or invalid data.
[3]Participants reported income by selecting a category that best represented their household's approximate income for 2013. Income status was unable to be determined for one participant due to missing and/or invalid data.
[4]Poverty status was unable to be determined for 1 participant due to missing and/or invalid data.

Toledo Regional Participant Characteristics



*Not all participants filled out forms; numbers may not equal 42.
**Some respondents reported multiple drugs of use during the past six months.
***Other drugs: bath salts. ecstasy, molly (MDMA).

Historical Summary

In the previous reporting period (June – December 2013), crack and powdered cocaine, heroin, marijuana, prescription opioids, sedative-hypnotics and Suboxone® remained highly available in the Toledo region. Changes in availability included decreased availability for ecstasy.

Participants and community professionals reported that extremely high availability of heroin remained the same during the previous reporting period. Participants often referred to heroin use as epidemic and reported more heroin-addicted individuals than crack-addicted individuals. White powdered heroin remained the most available heroin type in the region. The Toledo Police Crime Lab reported processing all types of heroin, including black tar heroin.

Participants observed increased death rates from heroin overdose and attributed this to more potent heroin and to adulterated heroin (specifically heroin adulterated with fentanyl and Percocet®). Participants also noted bath salts and sleep aids as cutting agents for heroin. Participants explained that reported overdoses were viewed by addicts as a signal of higher quality heroin, which spurred users to seek the dealer of that specific heroin, so as to purchase heroin of the same high quality. Both Toledo police and the Multi-Area Narcotics Unit reported an increase in juveniles using heroin.

According to participants and community professionals, the availability of ecstasy decreased during the previous reporting period, with availability concentrated among small pockets of people. The same was reported for powdered MDMA (aka "molly") which reportedly was concentrated within the arts community. The Toledo Police Crime Lab reported that the number of ecstasy cases it processes remained the same during the previous reporting period. Participants stated that ecstasy was being "cut" (adulterated) with cocaine, heroin and methamphetamine. Participants and community professionals reported that ecstasy was more often a drug used in clubs and described typical ecstasy users as more often white and 15 to 30 years of age.

Lastly, despite legislation enacted in October 2011, bath salts and synthetic marijuana continued to be available through certain convenience stores, gas stations and "head shops" (in and out of the region), as well as through the Internet. Community professionals reported a decrease in the availability of synthetic marijuana during the previous reporting peroid; law enforcement attributed the decrease to enforcement efforts and a general lack of interest in the product.

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.' Treatment providers and law enforcement most often reported the drug's current availability as '10;' the previous most common score was '9.' When discussing the high availability of powdered cocaine, a law enforcement officer indicated, "*There may be a new supplier in town.*"

Participants reported that the availability of powdered cocaine has decreased during the past six months. A participant reported, "*It's easier to get crack cocaine than powdered cocaine.*" Another participant explained, "*I can't usually find* [powdered cocaine] *because* [dealers have] *usually 'rocked it up' (made it into crack cocaine) before I can buy powder.*" Community professionals reported that availability of powdered cocaine has remained the same during the past six months. A treatment provider commented, "*I have not heard of any changes, but* [powdered cocaine is] *definitely prevalent.*" A law enforcement officer stated, "[Availability of powdered cocaine is] *pretty consistent.*" The BCI Bowling Green Crime Lab reported that the number of cocaine cases it processes has remained the same during the past six months. Note the crime lab does not differentiate powdered cocaine versus crack cocaine.

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

Most participants 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.' However, several participants qualified their answers by stating that quality is often variable and commented: "[Powdered cocaine quality] *can be good as a '10' or as bad as a '0.' It depends on who you go through; Depends on what you're doing with it and how many times they've stepped on it* [adulterated the powdered cocaine with other substances]." Participants reported that powdered cocaine in the region is most commonly cut (adulterated) with baby aspirin, baby formula, baking soda, creatine, lactose, laxatives, Sleepinal® and vitamin B12. Overall, participants reported that the quality of powdered cocaine has remained the same during the past six months. One participant commented, "[Users] *want more highs instead of a quality high.*"

Powdered Cocaine	Cutting Agents Reported by Crime Lab
	• levamisole (livestock dewormer) • lidocaine and procaine (local anesthetics)

Current street prices for powdered cocaine were variable among participants with experience buying the drug. One participant explained, "*If you're a user, you're going to* [purchase powdered cocaine] *for more. If you're a dealer, you're going to* [purchase powdered cocaine] *for less.*" One participant observed, "[Powdered cocaine is] *a lot more expensive than crack cocaine … It never used to be that way.*"

Powdered Cocaine	Current Street Prices for Powdered Cocaine
A gram	$60-85
1/16 ounce (aka "teener")	$80-100
1/8 ounce (aka "eight ball")	$125-300
An ounce	$800

Participants reported that the most common route of administration for powdered cocaine is intravenous injection (aka "shooting") or snorting. Participants estimated that out of 10 powdered cocaine users, five would shoot and five would snort the drug. There is a pattern among intravenous (aka "IV") heroin users to shoot all other drugs used, including powered cocaine, as participants related: "*I'm an IV drug user, so I shoot; Heroin users tend to shoot.*"

Participants described typical users of powdered cocaine as middle class, white or Hispanic. Participants discussed the economic status of a typical powdered cocaine user and commented: "*The powdered cocaine user usually has plenty of money. . . More upwardly mobile.*" Treatment providers described typical powdered cocaine users as white, middle aged, male or female and often employed in factory work. Law enforcement was unable to identify a typical powdered cocaine user, as one officer commented, "[Powdered cocaine use is] *across the board.*"

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: "*Crack is very available in Toledo; Every other house;* [With] *crack cocaine, someone will still come up to your car* [to sell it]." However, participants in more rural areas reported moderate availability of crack, rating current availability most often as '5,' as one participant commented, "*I never really got crack* [cocaine] *out here. I got it from Toledo.*" Community professionals most often reported current availability as '4-6' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '6.'

Media outlets reported on law enforcement seizures of crack cocaine in the region this reporting period. A two-year investigation back in 2010 has finally led to the indictment of seven crack cocaine distributors from Toledo (www.northwestohio.com, Jan. 10, 2014).

Participants and treatment providers reported that the availability of crack cocaine has remained the same during the past six months. One participant remarked, "*I think* [availability of crack cocaine has] *been a '10' for 15 to 20 years.*" Another participant noted a shift in preference for the drug and commented, "*People stopped using* [crack cocaine] *and moved on to heroin.*" A treatment provider reflected, "*A lot* [of clients] *say … they've used* [crack cocaine] *in the past.*" Regional law enforcement reported decreased availability of crack cocaine during the past six months. Officers commented: "*It's not like the '90s where everybody had crack cocaine;* [Crack cocaine is] *not what people want.*"

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

Most participants 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 '6.' A participant said, "[Quality of crack cocaine] *depends on where you get it from*." Another participant added, "*The people who have the better* [quality crack cocaine] *seem to stay in business longer and have more sales*." Participants reported that crack cocaine in the region is cut most commonly with baking soda. One participant reported, "*When Christmas and holidays come around,* [dealers] *cut* [crack cocaine] *more so that they can make more money*." Participants reported that the quality of crack cocaine has been variable during the past six months. One participant commented, "*I've had stuff that's been a '7,' and I've had stuff that's been a '3.'*"

Crack Cocaine	Cutting Agents Reported by Crime Lab
	• levamisole (livestock dewormer) • lidocaine and procaine (local anesthetics)

Current street prices for crack cocaine were variable among participants with experience buying the drug. Most participants reported purchasing crack cocaine for $20 per "rock" (approximately 0.2 grams); however, as one participant explained, "*The 'dope man' (drug dealer) will dish out*," meaning the buyer can purchase any smaller amount they want.

Crack Cocaine	Current Street Prices for Crack Cocaine	
	1/10 gram	$70-85
	1/16 ounce (aka "teener")	$70-100
	1/8 ounce (aka "eight ball")	$150-220
	A kilo	$22,000-30,000

Participants reported that the most common routes of administration for crack cocaine are smoking or intravenously injecting (aka "shooting"). Participants estimated that out of 10 crack cocaine users, five would smoke and five would shoot the drug. One participant reflected, "[Administration of crack cocaine] *depend*[s] *on the rush you want*." The prevalence of heroin has altered both the demand and route of administration of other drugs, as several participants commented: "*Once you start shooting, there's no other way; Once you start shooting, you'll shoot everything*."

A participant explained, "*You have to cut the crack when you shoot it up or it will kill ya … You have to cut it with, like, a lemon juice, vinegar or something like that. That way it cooks the baking soda out, so that way you can shoot it*."

A profile for a typical crack cocaine user did not emerge from the data. Several participants shared that users are a wide range of individuals and commented: "*Everybody does* [crack cocaine]; *Crack does not discriminate*." Yet another participant noted, "[The typical crack cocaine user] *depends on where you're at on the street … you're going to see more women because it's prostitution*." Community professionals described typical crack cocaine users as concentrated among "*older African-Americans*." A law enforcement officer speculated, "*Maybe it's people that were doing* [crack cocaine] *in the '90s* [and] *are still finding it*." A treatment provider similarly stated, "*Usually* [crack users] *started in the '80s during the crack epidemic and continued from there. I'm not hearing it as much with younger guys*."

Heroin

Heroin remains highly available in the region. Participants most often reported the current overall 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 remarked, "*If crack's a '10,' heroin's a '15;'* [Heroin is] *an epidemic right now*." Other participants reported: "*A lot of crack cocaine dealers are switching over to heroin; Heroin is one phone call away*." While many types of heroin are currently available in the region, participants reported the availability of white powdered heroin (aka "china white") as the most available, followed by tan and brown powdered heroin. Participants reported low availability for black tar heroin, most often reporting its current availability as '1;' the previous most common score for black tar heroin was '6.' A participant reported having to go to neighboring Lima [Allen County, Dayton Region] to obtain black tar heroin.

Community professionals most often reported current availability of heroin as '10;' the previous most common score was '7.' A treatment provider commented, "*We have more heroin users than we … see for 'pills' (prescription opioids)*." Another treatment provider added, "[Heroin is] *cheaper and easier* [to obtain than prescription opioids] … *Even* [users] *that have never done heroin, are now doing*

heroin, and they come back to see us [for treatment]." A law enforcement officer remarked, "[Heroin is] *an epidemic.*" Community professionals also reported the availability of white powdered heroin as the most available type of heroin in the region. A treatment provider commented, "[Clients] *always say 'china white.'*" A multi-area narcotics task force agent reported, "*We're not finding black tar* [heroin] *very much.*" A sheriff's deputy said, "*A couple years ago, we were seeing more of the black tar … now we're seeing more of the white powder.*"

Media outlets reported on law enforcement seizures of heroin in the region this reporting period. Toledo police arrested a man who was selling heroin in the middle of a street in central Toledo (www.toledonewsnow.com, May 15, 2014). Bowling Green Police charged a woman with involuntary manslaughter after a young man died from overdose of the heroin she supplied him (www.toledonewsnow.com, June 6, 2014). Toledo local media published a series of articles focusing on the opiate epidemic in Ohio and how it is personally affecting many local communities; the articles cover how users progress from prescription pain medication to heroin, the need for increased medical assisted treatment (MAT), personal stories of addiction and people who have lost individuals to addiction, as well as the need for policies, programs and increased addiction education for doctors (www.toledoblade.com, Feb. 2014). A town hall meeting in Sylvania (Lucas County) focused on heroin and prescription drug use and what parents and the community can do to combat the epidemic (www.toledoblade.com, March 27, 2014). The CASA program at Huron County Juvenile Court reported a rise in number of heroin-related abuse, neglected and dependent cases; nearly half of the 85 cases they handled were heroin-related (www.norwalkreflector.com, Feb. 23, 2014). Eerie County Sheriff's Office distributed naloxone to deputies and they reported having already seen many positive results (www.13abc.com, May 14, 2014).

Participants and community professionals reported an increase in the general availability of heroin during the past six months. A participant reported, "[Heroin availability is] *increasing dramatically in Defiance (Defiance County).*" A treatment provider reflected, "*It used to be pills. Now it's heroin.*" Police reported heroin is on an "*upward trend.*" The BCI Bowling Green Crime Lab reported that the number of heroin cases it processes has remained the same during the past six months.

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

Most participants continued to rate 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 brown and white powdered heroin in the Toledo area are cut (adulterated) with lactose, Motrin® and prescription opioids (most notably fentanyl). Most participants echoed the sentiments of one participant who said that white powdered heroin is being cut with fentanyl more often. A participant described fentanyl-cut heroin as having a grayish color. Community professionals were also aware of fentanyl-cut heroin. A treatment provider explained, "*You see these increased overdoses … it relates to the potency and what people are cutting* [heroin] *with. They're cutting it with fentanyl and that creates serious issues.*" Law enforcement observed: "[We've seen] *several deaths …* [heroin] *overdoses in the areas that we cover; OD's (overdoses) off the chart.*"

Overall, participants reported an increase in the quality of heroin during the past six months; more specifically, participants observed a decrease in the quality of brown powdered heroin and an increase in the quality of white powdered heroin. A participant reported, "[Brown powdered heroin is] *really not all that good and a lot of people went to the* [white] *powder.*" Participants confirmed: *"The past six months to a year the quality of 'china' (white powdered heroin) has gotten higher and higher; Even* [higher quality] *in the last four months.*"

Heroin	Cutting Agents Reported by Crime Lab
	• diphenhydramine (antihistamine) • quinine (antimalarial)

Current street prices for heroin were consistent among participants with experience buying the drug. Small amounts of powdered heroin are typically sold in "packs" or "papers," as a participant explained, "*Most of the time*

it's a piece of paper that [dealers] *just fold up* [with heroin]." Reportedly, these packs and papers are typically about 1/10 gram of heroin, which cost about the same whether brown or white powdered heroin. However, when purchasing one gram amounts, participants reported that white powdered heroin is more expensive than brown powdered. Participants did not report pricing for black tar heroin, yet shared that small amounts of this type of heroin are often sold wrapped in foil.

Heroin	Current Street Prices for Heroin	
	white powdered heroin:	
	1/10 gram	$50
	A gram	$100-200
	brown powdered heroin:	
	1/10 gram	$10-20

While there were a few reported ways of using heroin, generally the most common routes of administration are intravenous injection (aka "shooting") or snorting. Participants estimated that out of 10 heroin users, nine would shoot and one would snort the drug. One participant explained, "*They're gonna have one dumb person trying to snort it.* [I] *tried snorting* [heroin] … *immediately went to shooting it.*"

Participants reported getting syringes from heroin dealers, convenience stores, pharmacies, large retailers and diabetics. Participants remarked: "'*Dope' (heroin) dealer sells them; three to five bucks* … [for] *a bag of 10* [syringes]." Previous reporting recounted the ease of purchasing needles in stores throughout Toledo. This is the first time participants reported having difficulty in purchasing needles. In smaller towns, outside of Toledo, it appeared to be more difficult to purchase needles from stores. A participant commented, "*It's very hard* [to obtain needles from a pharmacy] … *a lot of places won't sell them to you if you don't have your insulin prescription.*"

There appears to be differences in pharmaceutical discretion, as one participant shared, "*I walked into a* [local pharmacy], *they told me 'no.' As I walked out to the parking lot … the pharmacist, the head guy, walked up to my car and said, 'Come back in here. I'm going to sell you these needles because even if you're using them for drugs I want you to have clean needles.' And he brought me back in and sold me the needles.*" Another participant explained, "*It depends on where you're at. Like, Van Wert's a small town (Van Wert County). You go to the pharmacy* [there] … *you're not getting* [needles]. *You go right over the state line to Decatur (Indiana), which is 20 miles away from Van Wert. You can go to Walmart, show your ID and they'll sell you a box of needles.*"

Several participants ventured: "*I don't know if they think they're going to stop drug use that way* [by refusing to sell needles to drug users], *but it's probably the dumbest thing that they could possibly do; Not selling needles to the public is not going to stop people from using.*" For these reasons, participants reported it is common practice to reuse and share syringes. One participant explained, *"I didn't have any other needle and I was so sick* [from withdrawal], *I didn't care."* Additionally, participants talked about users trying to sharpen dull needles with a knife or a knife sharpener and reusing it time and time again. Several participants expressed a need for a needle exchange in the region. One participant added, "[A needle exchange is needed] *even in the outer lying counties, not just in the cities.*"

Participants described typical heroin users as white, middle class, from the suburbs and between the ages of 16 and 30 years. Participants observed a majority of heroin users in various settings and reported: "*I was recently in CCNO* [Corrections Center of Northwest Ohio] *and I remember looking around in my pod that I was in and thinking, 80 percent of these girls are 25 or younger, 80 percent of these crimes are heroin; I was just in CTF* [Correctional Treatment Facility] *and out of 23 women, only 3 of us were crack users … the rest were 26 (years old) and under and all heroin users; When I first got here* [to the treatment facility], *there were only two alcoholics and the rest were heroin users.*" One participant further explained, "*Honestly, if someone sees that I'm from Hancock County and I'm white and in Toledo, they're gonna ask* [if I want to purchase heroin] … *'cause I'm white and I'm young and I have tattoos … The cops know, too. If they see Hancock County tags, you're getting pulled over.*"

Treatment providers described typical heroin users as younger adults in their early 20s or 30s and more often white. However, clinicians quickly acknowledged working with a diverse population of heroin addicts and commented: "*We have* [heroin users] *at 18 (years of age) and one at 74; A couple that are upper class, big money people.*" A treatment provider reflected, "*What you hear is they started out on pain killers … and then when they couldn't get that, they start snorting heroin and then injecting it.*"

Police officers described typical heroin users in two groups: 1) younger, disproportionately white and likely to be experimenting with drugs or 2) older individuals that initially were prescribed opioids to address a pain issue, got addicted and switched to heroin. One officer explains, "*We'll see the younger kids that are doing* [heroin] *just to get a high, or the older person that's been on Percocet® or 'oxys'* [OxyContin®], *and they can't afford the prescription anymore and they realize they can get the heroin cheaper*." In affirming that heroin abuse may be experienced across age and gender, one officer commented, "*We had three overdoses this past week. One was a 55-year-old white male. The other two were younger, one male, one female. One was 18. The other one was 20. It's cross the gender barrier. It's crossed the racial barrier …* [Heroin use is] *definitely a … white problem, but it's also everybody's* [problem]."

Prescription Opioids

Prescription opioids rremain highly available in the region. Participants most often reported current 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.' Participants identified Percocet® and Roxicet® as the most popular prescription opioid in terms of widespread use. Vicodin® is readily available, but not preferred, as one participant explained, "[Vicodin® is] *like takin' an aspirin … I wouldn't buy them*."

Community professionals also most often reported current availability of prescription opioids as '8;' the previous most common score was not reported. A treatment provider reported, "*Heroin is more available* [than prescription opioids]." A law enforcement officer shared, "*I'm still finding* [prescription opioid pills] *on people*." Treatment providers and law enforcement officers also reported Percocet® and Roxicet® as most popular and added that OxyContin® and Opana® are still somewhat popular among drug users. Treatment providers also noted that Vicodin®, although readily available, is not preferred. A treatment provider commented, "[Vicodin® is] *given out like candy* [because] *it's supposed to be safer*."

Media outlets reported on law enforcement seizures of prescription opioids in the region this reporting period. Ohio State Highway Patrol (OSHP) stopped a vehicle in Wood County for speeding and, while talking with the driver, the driver dropped a baggie containing 27 hydrocodone pills on the ground, and when the troopers searched him, they discovered 76 additional pills in the driver's pants pocket (www.statepatrol.ohio.gov, Jan. 9, 2014). Also in Wood County, OSHP arrested a man after stopping him for a marked lanes violation and discovered liquid codeine and 130 hydrocodone pills in plain view in the center console (www.statepatrol.ohio.gov, Jan. 11, 2014). OSHP arrested two women when their vehicle was pulled over for speeding because officers found 1,206 oxycodone pills and a gram of marijuana (www.fox8.com, Jan. 17, 2014). In Wood County, OSHP stopped a vehicle for speeding and a probable cause search revealed 326 (30 mg) OxyContin® pills, 36 (10 mg) OxyContin® pills and a small amount of marijuana in the driver's pocket (www.statepatrol.ohio.gov, March 4, 2014). OSHP arrested a driver in Hancock County following a traffic stop after 120 Percocet® pills and 12 Xanax® pills were found in a gym bag in the trunk of the vehicle (www.statepatrol.ohio.gov, May 20, 2014). OSHP seized 310 oxycodone pills when a drug-sniffing canine alerted troopers to a vehicle while it was stopped in Hancock County for registration and headlight violations (www.statepatrol.ohio.gov, June 27, 2014).

Participants reported a general decrease in availability of prescription opioids during the past six months. A participant stated, "[Prescription opioids] *used to be all over, but it's getting hard now* [to find them]." Participants often attributed the decrease in availability to a decrease in prescription writing by doctors. Participants reported: "[Doctors are] *reluctant to give out medications; A lot of the doctors around here quit prescribing* [opioids]."

Community professionals also reported decreased availability of prescription opioids during the past six months. Law enforcement commented: "*Downward trend,* [but prescription opioids are] *still out there; Everybody's going to heroin*." Similar to participant's responses, community professionals connected the decrease in availability to the reluctance of doctors to prescribe these drugs and increased security measures. Treatment providers stated: "[Doctors have] *become much more aware that this is an issue; Doctors* [are] *being more cautious;* [Doctors] *don't* [prescribe opioids] *as much or for as long*." Law enforcement also reported new procedures in some jurisdictions, as an officer explained, "[Now] *if we go to a call of a deceased person, we're taking all of the prescription drugs with us*." In addition, a deputy reported that there are drop-off locations to facilitate prescription disposal and commented,

"We're trying to limit prescription drugs on the street … We've got a lot of the turn-in places around the county. Turn in your old scripts, or grandma's scripts, bring them in and drop them off." The BCI Bowling Green Crime Lab reported that the number of prescription opioid cases it processes has generally decreased during the past six months.

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

Current street prices for prescription opioids were consistent among participants with experience buying the drugs. One participant remarked, *"The 'pills' (prescription opioids) are too expensive …* [Prescription opioid users] *went straight to using heroin because it's cheaper."*

Prescription Opioids	Current Street Prices for Prescription Opioids	
	Opana®	$0.50 per mg
	OxyContin® OP (*new formulation*)	$40 for 80 mg
	Percocet®	$1 per mg
	Roxicodone®	$25-30 for 30 mg

In addition to obtaining prescription opioids on the street from dealers, participants and community professionals reported users getting them from people with prescriptions. One participant explained that users get these drugs from people who are prescribed them legally and do not take them. A law enforcement officer commented, *"A lot of times it's people that are on disability* [who sell prescription opioids] *… and they're receiving their drugs for that* [disability], *and they're keeping back what they actually need and then they're selling the others to help their income because they're on a fixed income."*

While there were a few reported ways of consuming prescription opioids, generally the most common routes of administration for illicit use are intravenous injection (aka "shooting") and snorting. Participants estimated that out of 10 illicit prescription opioid users, five would shoot and five would snort the drugs. Participants indicated that the route of administration varies for each drug and sometimes for different milligrams of these drugs, as a participant illustrated, *"If it's a 'big' (higher milligram) Percocet®, I'm gonna chew it … but if it's a little one, I'm gonna snort it."*

According to participants, some prescription opioids, such as OxyContin® and Opana®, have fallen out of favor because of their new abuse-deterrent formulations; users are not interested in pills that cannot be snorted or injected. These abuse-deterrent formulations have altered routes of administration and preference for these drugs. A participant commented, *"They've been* [reformulating] *everything to where either it gels up* [and] *you can't snort it or shoot it, so everybody had to move on* [to heroin]." Other participants rebutted, *"But you still can. Even though they have it gelled,* [you] *still can … shoot the pills up; People microwave it; There's ways … a user will figure out a way."*

A profile of a typical illicit prescription opioid user did not emerge from the data. Participants described illicit users of prescription opioids as everybody. Community professionals described typical illicit users as younger (teens through 30s). Treatment providers commented: *"Straight across the board;* [Users] *start out on pills;* [Prescription opioid addiction] *usually starts out with an injury."*

Suboxone®

Suboxone® remains highly available in the region. Participants most often reported the current street availability of Suboxone® 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 '10.' One participant commented, *"Everybody's always tryin' to sell me some Suboxone®."* Other participants claimed: *"You can get* [Suboxone®] *anytime; There was a girl selling* [Suboxone®] *in here* [treatment facility]. *That's available."* Participants referred to Suboxone® sublingual strips and did not have knowledge of the Suboxone® pill form availability. Community professionals most often reported current availability as '10' as well; the previous most common score was also '10.' Law enforcement reported: "[Illicit Suboxone® is] *a huge problem for law enforcement, especially on the corrections side of it;* [Inmates are] *getting* [Suboxone® strips] *actually mailed into facilities."*

Participants reported that the availability of Suboxone® has increased during the past six months. One participant replied, "[Suboxone® is] *getting much easier* [to obtain]." Community professionals also reported increased availability during the past six months. Treatment providers shared: "*Increased; We've had more folks come in for the Suboxone®.*" In addition, law enforcement commented on the increased availability on the street as well as in clinics: "[Suboxone® is] *becoming popular on the street now. Before six months ago, you barely, rarely heard of it; People are starting to have* [Suboxone®] *programs everywhere; Now availability is everywhere.*" The BCI Bowling Green Crime Lab reported that the number of Suboxone® cases it processes has remained the same during the past six months.

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

Current street prices for Suboxone® were variable among participants with experience buying the drug. Participants reported that Suboxone® 8 mg sublingual film strips sell for $10-20 each. One participant explained, "[Suboxone® is] *ten dollars if someone's being nice, usually it's $15.*" Participants did not have knowledge of Suboxone® tablet form availability. In addition to obtaining Suboxone® on the street from dealers, participants reported getting them from people they knew who had prescriptions.

While there were a few reported ways of consuming Suboxone®, generally the most common routes of administration are sublingual (dissolving under the tongue) and intravenous injection (aka "shooting"). Participants responded: "*I shoot* [Suboxone®] *if I can; Just put* [Suboxone®] *in your mouth and let them dissolve.*"

Participants described typical illicit users of Suboxone® as heroin users who self-medicate to avoid withdrawal symptoms of heroin. A participant explained, "*A lot of people who seek Suboxone® are people who are trying to wean themselves off heroin and want to do it themselves.*" Community professionals most often described typical illicit Suboxone® users as young (20s and 30s), white males. A law enforcement officer commented, "*White males with opiate problems.*" Treatment providers explained that users most often self-medicate.

Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain highly available in the region. Participants and community professionals were congruent in their availability ratings. Both groups most often reported current availability of sedative-hypnotics 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 for both groups was also '10.' Participants and community professionals were also in agreement in identifying Xanax® as the most popular sedative-hypnotic in terms of widespread use. One participant reported, "*You can find* [Xanax®] *anywhere.*" A law enforcement officer stated, "*Xanax®, that's the popular name brand that everybody wants.*"

Media outlets reported on law enforcement seizures of sedative-hypnotics in the region this reporting period. OSHP arrested three people following a traffic stop in Ottawa County when 119 Xanax® pills and a gram of heroin were seized (www.statepatrol.ohio.gov, Jan. 27, 2014). In Hancock County, OSHP stopped a vehicle for several traffic violations and discovered 96 Xanax®, 140 Percocet® pills and 30 oxycodone pills (www.statepatrol.ohio.gov, April 19, 2013). OSHP seized 109 carisoprodol (generic muscle relaxant) pills, 60 Xanax® pills, 40 acetaminophen pills and 1,509 oxycodone pills during a traffic stop in Wood County (www.statepatrol.ohio.gov, April 21, 2014). An OSHP drug-sniffing canine alerted troopers to a vehicle's trunk when it was stopped in Hancock County for a registration and taillight violation; 620 Xanax® pills were seized (www.statepatrol.ohio.gov, June 29, 2014).

Participants reported that the general availability of sedative-hypnotics has remained the same during the past six months. A participant explained, "*You can get* [sedative-hypnotics] *anytime.*" However, one participant suggested an increase specifically in the availability of Ativan® explaining, "*Doctors are using* [Ativan®] *as a substitute for Xanax®.*" Law enforcement also reported that the availability of sedative-hypnotics has remained the same during the past six months, while treatment providers noted an increase specifically in the availability of Klonopin®. One clinician reported, "*I'd say lately we've been having a lot of* [people coming in reporting they used] *Klonopin®.*" The BCI Bowling Green Crime Lab reported that the number of Ativan®, Klonopin® and Valium® cases have increased during the past six months, while the number of Xanax® cases has decreased.

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

Reportedly, many different types of sedative-hypnotics are currently sold on the region's streets. Current street prices for sedative-hypnotics were consistent among participants with experience buying the drug.

Sedative-Hynotics	Current Street Prices for Sedative-Hypnotics
Ativan®	Free or through trade
Klonopin®	$1 per mg
Xanax®	$1-2 per 0.25 mg $2-5 per 1 mg $5-10 per 2 mg

In addition to obtaining sedative-hypnotics on the street from dealers, participants also reported getting them from doctors and others who have a prescription. One participant reported, "[Sedative-hypnotics are] *really easy to get prescribed*." Another participant added, "*You could walk into a doctor's office today and get* [sedative-hypnotics prescribed] *within five minutes.*" A treatment provider commented that when clients talk of getting sedative-hypnotics on the street or from people with prescriptions, *"It depends on who* [the user] *knows, maybe this person gets scripts of Xanax® each month, but if* [the user] *can't get ahold of them,* [the user would] *know this person that has Klonopin®."*

While there were a few reported ways of consuming sedative-hypnotics, generally the most common routes of administration remain snorting and oral consumption. One participant reported, "*Just eat 'em,*" while another commented, "*snort them*."

Participants described typical illicit users of sedative-hypnotics as white, younger (16-25 years of age) and "*anyone who likes heroin.*" Law enforcement described typical illicit users as white and commented: "*White females; Seems like there's more females that are using* [sedative-hypnotics]." Treatment providers also reported seeing more women than men as users. One treatment provider supposed, "*I think women, in general, carry more stress with the family and still trying to maintain some kind of normalcy* [tend to use or obtain prescriptions for sedative-hypnotics]."

Marijuana

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 remarked: "*Everyone likes marijuana; If* [people] *ever use any kind of drug at all, the first one they use is marijuana*." Community professionals agreed with participants and most often reported current availability of marijuana as '10;' the previous most common score was also '10.' A law enforcement officer responded, "*A lot of our problems are coming out of Michigan and Colorado because of the legalizatio*n [of marijuana]."

Media outlets reported on law enforcement seizures of marijuana in the region this reporting period. OSHP arrested a driver in Wood County when they discovered two modified soda cans in the vehicle; one contained 15 grams of marijuana and the other contained 120 oxycodone pills (www.statepatrol.ohio.gov, Jan. 14, 2014). OSHP seized two pounds of marijuana and 1.5 pounds of hashish after stopping a car for speeding in Hancock County (www.northwestohio.com, Jan. 22, 2014). Toledo Police participated in an operation in which they seized 36 marijuana plants, 8.5 pounds of marijuana, 129 pharmaceutical pills, 10 grams of heroin and 52.2 grams of crack and powdered cocaine (www.toledonewsnow.com, Feb. 24, 2014). OSHP arrested a man after they stopped him for a moving violation in Lucas County and discovered a pound and a half of marijuana under the car's center console (www.statepatrol.ohio.gov, April 17, 2014). Media also reported on a group of individuals who have created a "Sensible Toledo" ordinance in which they ask to decriminalize marijuana in Toledo (www.toledonewsnow.com, May 12, 2014).

Participants, treatment providers and law enforcement reported that the availability of marijuana has remained the same during the past six months. A treatment provider commented, "[Marijuana has] *always been the same* [high availability]." Other treatment providers explained: *"I believe* [clients] *do* [marijuana] *as a leisure drug … a lot of them don't even … think it's a drug; They look at it … like they are smoking a cigarette*." The BCI Bowling Green Crime Lab

reported that the number of marijuana cases it processes has increased during the past six months.

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

Participant quality scores of marijuana ranged from '7' for commercial grade to '10' for hydroponically grown marijuana on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common scores were the same, '7' and '10' respectively. A law enforcement officer added, "*It's easier to access quality weed* [high-grade marijuana]."

Several participants explained that the price of marijuana depends on whether the user buys "commercial weed" (low-grade marijuana) or hydroponically grown (high-grade marijuana). Current street prices for marijuana were provided by participants with experience buying the drug. Participants reported commercial grade marijuana as the cheapest form.

Marijuana	Current Street Prices for Marijuana	
	low grade:	
	a blunt (cigar) or two joints (cigarettes)	$5-10
	1/8 ounce	$20-25
	An ounce	$100-120
	A pound	$3,000
	high grade:	
	a blunt or two joints	$10
	1/8 ounce	$50
	1/4 ounce	$100

Participants continued to report that the most common route of administration of marijuana remains smoking. Participants also reported occasionally eating the substance in baked goods.

A profile of a typical marijuana user did not emerge from the data. Participants and community professionals continued to describe typical marijuana users as everyone. In addition, participants and community professional groups both discussed how marijuana use relates to other addictions. Several participants shared that, although marijuana remains readily available, they do not spend their money on it: "*Once you have an addiction* [to other drugs, particularly heroin], *you don't spend your money on* [marijuana]; *I haven't had weed in my system because any money I would get would go straight to heroin*." However, a law enforcement officer related, "[Most users] *constantly still smoking weed* [marijuana], *but gradually doing other things. I've heard quite bit of, 'I started smoking weed when I was younger and as time goes on I may still smoke weed, but now I'm also using cocaine and I'm also using heroin, using 'benzos' (benzodiazepines), drinking* [alcohol] *all the time.'*"

Methamphetamine

Methamphetamine availability remains variable throughout the region. Participants most often reported higher availability in more rural areas of the region. The majority of participants rated the drug's availability as '10' for rural areas and '1' for urban areas of the region 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' and '1' respectively. Community professionals reported similar availability of the drug rating rural availability as '7-10' and urban availability as '1-4;' previous most common scores were '6-9' and '1-5' respectively. A treatment provider commented, "[Methamphetamine is] *still readily available in this area.*"

Participants reported that methamphetamine is available in both powdered and crystal forms. Community professionals also commented: "*Crystal and powder; Not being purified enough to be crystal* – [Methamphetamine in the area] *looks off-white*."

Participants from rural communities commented about the production of "one-pot" or "shake-and-bake," which means users are producing methamphetamine 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 (typically found in some allergy medications), people who make methamphetamine (aka "cooks") can produce the drug in approximately 30 minutes in nearly any location by mixing ingredients in small containers.

Law enforcement and treatment providers also reported that users are most often making methamphetamine themselves. A treatment provider commented, *"People are making* [methamphetamine] *themselves, but they might also get it from other 'suppliers' (dealers)."* A law enforcement officer explained, "*A lot of the times* [methamphetamine production is] *a group of people, four or five people and they'll go out and get their Sudafed® and they'll get enough to cook it up … or all four or five of 'em get high and they're not really selling it, but they're working together as a unit to be able to make it.*"

Participants reported that the availability of methamphetamine has remained the same during the past six months. Law enforcement reported that methamphetamine availability has increased in rural areas during the past six months. An officer commented, "*We've had over 50 meth labs here in the counties that we cover.*" Urban law enforcement officers report no change in the drug's availability. The BCI Bowling Green Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months.

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

Most participants rated the current overall quality of both crystal and powdered methamphetamine (aka "shake-and-bake") as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score, reported for powdered methamphetamine only, was '5.' A participant reported variability in quality and commented, "*Sometimes* [quality is] *a '10' and sometimes it's alright and it's a '6.'*" Another participant added, "*Meth* [high] *lasts so much longer* [than crack cocaine]." Most participants agreed that crystal methamphetamine is of a higher quality than the powdered type, as a participant explained, *"You can make shake-and-bake almost to an 'ice' (crystal methamphetamine) texture, but it's not the same … Ice is better (higher quality)."*

Current street prices for methamphetamine were consistent among participants with experience buying the drug. One participant reported that powdered methamphetamine was "*the poor man's drug*" and explained, "*$12 can get you 5 grams.*" Participants reported that a gram of crystal methamphetamine sells for $100-120.

While there were a few reported ways of consuming methamphetamine, the most common routes of administration are intravenous injection (aka "shooting") or snorting. Participants estimated that out of 10 methamphetamine users, approximately eight would shoot and two would snort the drug.

Participants were unable to describe the typical methamphetamine user. Treatment providers described typical users of methamphetamine as: "*Guys in there 20s, but mainly 30s; Usually white Caucasian guys.*" Law enforcement also described typical methamphetamine users as white and younger, as one officer commented, "*For the most part, the younger crowd … 19 to 30* [years of age]. *Some other ones that are older, but most times it's the younger crowd, 30 or younger* [who use methamphetamine]."

Bath Salts

Bath salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues) remain available in the region. Participants continued to report high availability of bath salts, especially in rural areas, most often rating 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 '5.' However, only two participants reported using bath salts during the past six months. Law enforcement rated current availability as '3;' the previous most common score provided by treatment providers was '8-10.' A law enforcement officer observed, "[Bath salt availability] *goes from a '10' down to a '4' and back up again … it goes in waves. We see a whole bunch of it and then none.*"

Participants and community professionals indicated a decrease in bath salt availability during the past six months. A participant reminisced, "[Bath salts] *used to be pretty* [prevalent]." Law enforcement attributed the decrease to focused enforcement efforts. A multi-area narcotics task force officer reported, "*We have had, in the past, a huge problem with* [bath salts], *but with closing down the multiple major distributors locally,* [users] *had to go to the Internet to obtain it, so our* [local availability] *has slowed down drastically.*"

Bath Salts	Reported Availability Change during the Past 6 Months	
	Participants	Decrease
	Law enforcement	Decrease
	Treatment providers	Decrease

The two participants with experience purchasing bath salts reported that the most common brand is called *Jumpstart* and it sells for $70 per gram.

Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) 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 '7.' Law enforcement reported still seeing ecstasy in the areas they cover and most often rated current availability as '7' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '5.'

Media outlets reported on law enforcement seizures of ecstasy in the region this reporting period. OSHP seized 2,421 ecstasy pills following a traffic stop in Hancock County; three individuals were arrested (www.fox8.com, Jan. 9, 2014). Law enforcement indicated a general decrease of ecstasy availability, as one officer commented that the drug is on a downward cycle.

Ecstasy was not reported as a drug of choice for the participants, so they lacked detailed information on this substance. For instance, participants were unable to provide a quantity, but reported the average price for "molly" (powdered MDMA) as $10-20. Participants reported that ecstasy and molly are typically used by to those who attend music festivals in the region as well as by "hippies." Law enforcement reported that ecstasy is concentrated among younger users (junior high through college aged) and among certain professions (strippers, exotic dancers and prostitutes).

Other Drugs

Participants and community professionals discussed a variety of other drugs as being present in the region, but these drugs were not mentioned by the majority of people interviewed: hallucinogens (psilocybin mushrooms), inhalants and synthetic marijuana (synthetic cannabinoids; aka "K2" and "Spice").

Hallucinogens remain available in the region. However, participants reported only on psilocybin mushrooms which are purportedly found in rural areas throughout the year. Participants most often reported the current availability of 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 score was '4.' One participant reported, "*I know people that grow* [psilocybin mushrooms]." Another participant reported, "*It's kinda like 'weed' (marijuana),* [using psilocybin mushrooms] *doesn't get the hard rap like other drugs do.*" Law enforcement most often reported the drug's current availability as '3.' An officer reported, "*That's almost a specialty item that a certain group likes, and* [psilocybin mushroom users are] *generally the ones that are into the hallucinogens, acids (lysergic acid diethylamide, aka LSD) and that type of stuff.*"

Reportedly, current pricing for psilocybin mushrooms is $40 for 1/8 ounce. One participant boasted, "*I never paid for* [psilocybin mushrooms]. *I just trade them* [for other drugs]." The most common routes of administration remain oral consumption and smoking. One participant said, "*Dry* [mushrooms] *out and eat them.*" Another participant explained users smoke the drug by, "*Dryin'* [mushrooms] *out, crushin 'em up and puttin 'em in their joints* [with marijuana]." Participants described typical psilocybin mushroom users as more often white, 15-30 years of age, hippies (young or older) and drug dealers. A participant reported that psilocybin mushroom users generally, "[Use mushrooms] *at bonfires* [or] *have a rave* [dance party]."

Inhalants remain readily available throughout the region and participants reported these as a niche drug used mostly in rural areas among adolescents. A participant reported, "*You can buy* [nitrous] *at a porn store.* [They're called] *'huff dusters,' 'nitrous crackers' … You go to a porn store and there's little blue canisters and then you crack 'em, put 'em in a balloon and huff 'em.*"

Only one participant reported having used synthetic marijuana during the past six months, but this was not a drug of

choice by the majority of participants and few had experience with the substance. Media outlets reported on law enforcement seizures of synthetic marijuana in the region this reporting period. Two businessmen were arrested and charged in Toledo with trafficking synthetic marijuana from a small shop in Fulton County (www.toledonewsnow.com, May 9, 2014).

Conclusion

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

Participants and community professionals reported an increase in the general availability of heroin during the past six months. Participants remarked that heroin is now more available than crack cocaine; in fact, participants noted that many crack cocaine dealers have switched to heroin sales. Participants were in agreement in the belief that the region is experiencing an epidemic of heroin use. Treatment providers reported that they now treat more heroin users than prescription opioid addicts.

While many types of heroin are currently available in the region, participants and community professionals reported the availability of white powdered heroin (aka 'china white') as most available, followed by tan and brown powdered heroin. Participants reported low availability for black tar heroin.

Most participants echoed the sentiments of one participant who said that white powdered heroin is being cut with fentanyl more often than previously. A participant described fentanyl-cut heroin as having a grayish color. Community professionals were also aware of fentanyl-cut heroin, describing more heroin overdoses as a result of more heroin cut with fentanyl. Law enforcement observed more heroin overdoses during the past six months.

The most common route of administration for heroin remains intravenous injection and, for the first time, participants this reporting period noted difficulty in purchasing injection needles. Reportedly, in smaller towns outside of Toledo, it appears to be more difficult to purchase needles from stores and retail pharmacies, as some require a prescription for purchase. Participants talked about users trying to sharpen dull needles with a knife or a knife sharpener and reusing needles time and time again. Several participants expressed a need for a needle exchange in the region.

Participants described typical heroin users as white, middle class, from the suburbs and between the ages of 16 and 30 years. Police officers also described a second group of typical users: older individuals that initially were prescribed opioids to address a pain issue who got addicted and switched to heroin.

Participants often attributed the decrease in availability of prescription opioids during the past six months to a decrease in prescription writing by doctors; and similar to participant's responses, community professionals connected the decrease in availability to the reluctance of doctors to prescribe these drugs as well as increased security measures. According to participants and community professionals, some prescription opioids, such as OxyContin® and Opana®, have fallen out of favor because of their new abuse-deterrent formulations; users are not interested in pills that cannot be easily snorted or injected.

Participants and community professionals identified Percocet® and Roxicet® as the most popular prescription opioids in terms of widespread use. Vicodin® is readily available, but not preferred. The BCI Bowling Green Crime Lab reported that the number of prescription opioid cases it processes has generally decreased during the past six months.

Law enforcement reported that illicit use of Suboxone® has become a problem, especially in correctional settings as inmates are getting Suboxone® mailed to them while incarcerated. Both participants and community professionals reported high and increasing street availability of Suboxone®. Community professionals also noted an increase in the number of clinics that prescribe the drug. Participants only had knowledge of the film form of Suboxone®; tablets were not reported as available on this reporting cycle. Participants and community professionals continued to describe typical illicit users of Suboxone® as heroin users who self-medicate to avoid withdrawal symptoms of heroin.

Lastly, participants and community professionals indicated a decrease in bath salt availability during the past six months. Law enforcement attributed the decrease to focused enforcement efforts.

Drug Abuse Trends in the Youngstown Region

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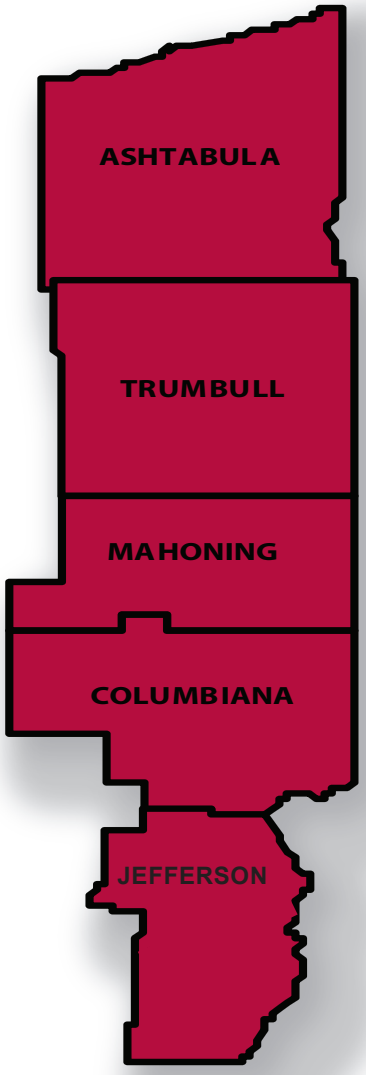


Data Sources for the Youngstown Region

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 Columbiana, Jefferson and Mahoning 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 in Ashtabula, Mahoning and Trumbull counties, as well as to data surveyed from Mahoning County Coroner's Office and the Bureau of Criminal Investigation (BCI) Richfield office, which serves the Cleveland, Akron and Youngstown areas. All secondary data are summary data of cases processed from June 2013 through January 2014. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for January through June 2014.

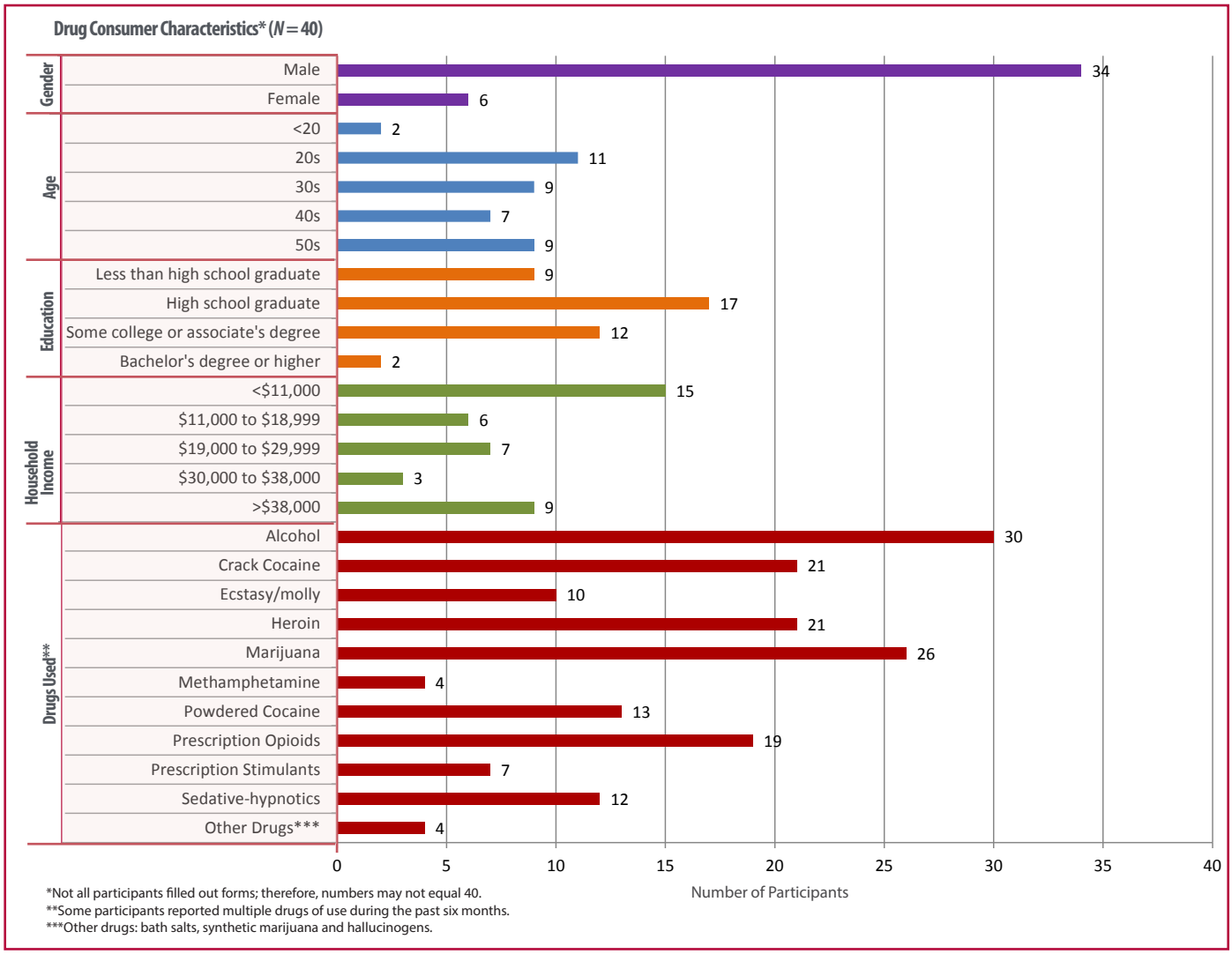
Note: OSAM participants were asked to report on drug use/knowledge pertaining to the past six months prior to the interview; thus, current secondary data correspond to the current reporting period of participants.

Regional Profile

Indicator[1]	Ohio	Youngstown Region	OSAM Drug Consumers
Total Population, 2010	11,536,504	728,182	40
Gender (female), 2010	51.2%	51.1%	15.0%
Whites, 2010	81.1%	86.3%	82.1%
African Americans, 2010	12.0%	8.7%	15.4%
Hispanic or Latino Origin, 2010	3.1%	2.7%	5.1%
High School Graduation Rate, 2010	84.3%	86.8%	77.5%
Median Household Income, 2012	$45,873	$40,388	$15,000 to $18,999[2]
Persons Below Poverty Level, 2012	16.2%	17.9%	57.6%[3]

[1]Ohio and Youngstown region statistics are derived from the most recent US Census, and OSAM drug consumers were participants for the reporting period: June 2013-January 2014.
[2]Participants reported income by selecting a category that best represented their household's approximate income for 2013.
[3]Poverty status was unable to be determined for 7 participants due to missing and/or invalid data.

Youngstown Regional Participant Characteristics



Historical Summary

In the previous reporting period (June – December 2013), crack and powdered cocaine, heroin, marijuana, prescription opioids, prescription stimulants, sedative-hypnotics and Suboxone® remained highly available in the Youngstown region. Changes in availability included increased availability for heroin, powdered MDMA (aka "molly"), prescription stimulants and Suboxone® and decreased availability for synthetic marijuana.

Participants and community professionals were unanimous in reporting increasingly high availability of heroin. To obtain heroin, participants explained one only needs to call a dealer. A helpline service in the region reported an increase in calls related to heroin. Participants consistently attributed increased heroin use to increased availability of the drug, as well as abuse-deterrent reformulation of popular prescription opioids such as OxyContin® and Opana®.

Participants reported light colored brown powdered heroin as most available in the region; participants reported encountering gray, tan, white and "salt and pepper" (mixture of brown and white) heroin as well. The BCI Richfield Crime Lab reported an increase in the number of powdered heroin cases it processed in the previous reporting period. Overall, participants reported a decrease in quality of heroin and named fentanyl as a cut for the substance.

The most common routes of administration for heroin remained intravenous injection and snorting. Participants reported increased challenges in obtaining needles; some users share injection needles. Participants voiced concern over contracting Hepatitis C; several participants noted a demand for a needle exchange program in the region as well as access to Narcan® (naloxone, an opioid antagonist).

Participants and community professionals reported increased Suboxone® availability. Respondents attributed the increase in street availability to the increased number of Suboxone® prescriptions throughout the region. The BCI Richfield Crime Lab reported an increase in number of Suboxone® and Subutex® cases it processed during the previous reporting period. In addition to obtaining Suboxone® on the street from dealers, participants reported getting the drug from clinics, other addicts and through Twitter communications. Participants also noted that drug dealers will often trade heroin for Suboxone®. Participants described typical illicit Suboxone® users as opiate addicts trying to get sober, heroin addicts and exotic dancers. Community professionals described the typical illicit user as someone who self-medicates to mitigate withdrawal symptoms.

Participants reported high availability of ecstasy and molly; although users reportedly preferred molly to the more traditional ecstasy tablets. Treatment providers reported hearing more about molly than ecstasy during the previous reporting period. Participants described typical molly users as college students and younger people, as well as people influenced by "rappers" and certain pop artists.

Lastly, participants and community professionals reported decreased availability of synthetic marijuana. Participants attributed decreased availability to legal measures as well as to the general undesirability of the drug. However, health care professionals noted that while they had seen few cases of synthetic marijuana use in treatment, they occasionally heard of reported use by hospital patients

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.' A participant commented, "*The Ohio Valley … you can get anything you want at any given time*." Community professionals most often reported current availability as '3;' the previous most common score was '7.' A treatment provider commented, "*I don't hear much about powdered cocaine*." Another treatment provider stated, "*They talk about* [powdered cocaine] *in detox.*" A law enforcement officer shared, "*We don't see too much powdered cocaine. It's mostly … crack cocaine*."

Corroborating data also indicated cocaine availability in the region. The Mahoning County Coroner's Office reported that cocaine was present at time of death in 35.5 percent of all drug-related deaths it processed during the past six months. Note: the coroner's office does not differentiate powdered cocaine versus crack cocaine.

Media outlets reported on law enforcement seizures of powdered cocaine in the region this reporting period. Campbell Police (Mahoning County) stopped a vehicle for a traffic violation and arrested the driver after conducting a search in which 12 ounces of powdered cocaine and some heroin were seized (www.wkbn.com, April 13, 2014). Four individuals received indictments in Mahoning County; two men in particular, a rapper and his brother, received the majority of charges including trafficking large quantities of cocaine and heroin and money laundering through their rapping business (www.wkbn.com, April 28, 2014). Ten men of a violent east side Youngstown gang face drug charges for trafficking cocaine and counterfeit controlled substances (www.wkbn.com, May 21, 2014).

Participants and community professionals reported that the availability of powdered cocaine has remained the same during the past six months. However, detox clinicians in Mahoning County noted an increase in reported cocaine use among heroin users. A clinician commented, "[Powdered cocaine] *goes hand in hand with the heroin … the heroin users are using cocaine, too*." The BCI Richfield Crime Lab reported that the number of powdered cocaine cases it processes has remained the same 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

Most participants 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 '3.' Participants commented: "[The quality of powdered cocaine is] *pretty low; In comparison to the highest quality I've ever had, which was from southern Ohio, I'd say, you know, probably a '4.'*" Another participant explained, "*Nowadays, everyone wants to cut (adulterate with other substances) that* [powdered cocaine] … *they're greedy; If it just breaks really easy you can tell it's been re-compressed.*" Participants reported that powdered cocaine in the region is cut (adulterated) with baby laxative, caffeine, creatine, ether, procaine (local anesthetic) and vitamin B-12. A participant explained, "*Procaine numbs you, caffeine speeds you, so you really don't know the damn difference* [between good quality cocaine and cut cocaine]." Other participants shared that if powdered cocaine smells like gasoline or diesel fuel, then it is considered good quality and assumed to have been cut with ether. Overall, participants reported that the quality of powdered cocaine has varied during the past six months. Participants said: "[Powdered cocaine quality] *gets bad, then it gets better; Been both* [good and bad]." Several participants explained that quality seems to get better with increased competition.

Powdered Cocaine	Cutting Agents Reported by Crime Lab
	• levamisole (livestock dewormer) • lidocaine and other local anesthetics

Current street prices for powdered cocaine were consistent among participants with experience buying the drug. Participants explained: "[Price] *depends on the quality; The less cut, the more you pay*." Jefferson County participants reported slightly higher pricing for powdered cocaine than participants from other counties in the region.

Powdered Cocaine	Current Street Prices for Powdered Cocaine	
	A gram (aka "a fifty")	$60-100
	1/16 ounce (aka "teener")	$100
	1/8 ounce (aka "eight ball")	$120-250
	An ounce	$1,200-1,400

Participants reported that the most common route of administration for powdered cocaine is snorting. Participants estimated that out of 10 powdered cocaine users, nine would snort and one would intravenously inject (aka "shoot") the drug. A participant remarked, "[Snorting] *that's what I do*." Jefferson County participants added that a lot of users also smoke the substance.

A profile for a typical powdered cocaine user did not emerge from the data. Participants described typical users of powdered cocaine as: "[Users are a] *wide variety; If you're breathing, you can do* [powdered cocaine]*; Any and every age; A lot of low income people; It's not gender specific; Younger kids; High schoolers; Middle aged men, white men*." One participant ventured, "*The white crowd is more open with* [powdered cocaine use]." Treatment providers described powdered cocaine users as: "*Probably older; Like*

late 20s; Early 30s; African Americans between the ages of 25 and 38 [years of age]; *More African-American males, but the females … we're getting more Caucasian females in treatment right now.*" Law enforcement simply agreed, "*More suburban than urban.*"

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.' A participant commented, "*I just know if I wanted* [crack cocaine], *I could get it.*" Colors of crack cocaine available throughout the region varied and participants reported seeing a dark crystal tan color, white- and yellow-colored crack cocaine during the past six months. Community professionals also reported current availability as '10;' the previous most common score was '8-9.' Law enforcement observed: "[Crack cocaine is] *way more readily available than powder* [cocaine]; [Heroin is] *basically running the 'crack' (crack cocaine) and 'coke' (powdered cocaine) dealers out of business because it's not as profitable.*"

Media outlets reported on law enforcement seizures of crack cocaine in the region this reporting period. Mahoning County Common Pleas Court charged a 39-year-old man for operating a 'crack house' (www.wkbn.com, Feb. 18, 2014). Campbell police (Mahoning County) arrested three men during a traffic stop in which a K-9 officer discovered 10 grams of crack cocaine and some baggies of marijuana (www.wkbn.com, April 1, 2014). A law enforcement task force and Niles Police (Trumbull County) arrested a man and woman in Niles for trafficking crack cocaine and heroin (www.wkbn.com, June 13, 2014).

Participants and community professionals generally reported that the availability of crack cocaine has remained the same during the past six months. However, a couple treatment providers noted an increase in clients they treat who report crack cocaine use: "*Crack cocaine now, too* [in addition to heroin]; [Crack cocaine is] *back on the rise.*" The BCI Richfield 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

Most participants rated the current overall quality of crack cocaine as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '5.' Although quality of crack cocaine was rated highly by the majority of participants, variability in quality was often a point of discussion. Mahoning County participants reported differences in quality of white- and yellow-colored crack cocaine. These participants rated the quality of white crack cocaine as '1' (poor quality) and yellow crack cocaine as '7-10' (high quality). Yellow crack was described as more potent and a participant explained, "*If* [crack cocaine is] *cut, it's more of a white* [color]." Participants reported the quality of the drug depends on the dealer: "*People just getting started* [dealing crack cocaine] *will try to stretch it … They put a lot of baking soda* [in it]. *It's called 'cook back.' … But the ones, you know, that have been in the game for a while, they got 'drop' - that's what we call the good shit; That melts on your skin. You don't get no baking soda on the top; Better stuff, better dealers, better cooking.*" Participants then explained: "*Nobody wants cook back; Cook back means garbage or, you know, you gonna have to use a lot of baking soda to bring it back together; Buy it and recook it.*"

Participants reported that crack cocaine in the region is most often cut with baking soda. Other participants reported that crack cocaine is cut with creatine, diuretics (isotol, mannitol) and vitamin B-12. Participants explained: "[Adulterated crack cocaine] *would be pure garbage, but* [the other substances added in] *blows it up; Makes it bigger* [increases volume]."

Crack Cocaine	Cutting Agents Reported by Crime Lab
	• levamisole (livestock dewormer) • lidocaine and procaine (local anesthetics)

Current street prices for crack cocaine varied among participants with experience buying the drug. Participants in Jefferson County reported slightly higher pricing. Although several prices and quantities were reported, a

participant shared, "*You* [typically] *either get a gram or you get an eight ball.*"

Crack Cocaine	Current Street Prices for Crack Cocaine	
	A rock (approximately 1/10 gram)	$20
	A gram (aka "a fifty")	$60-100
	1/16 ounce (aka "teener")	$120
	1/8 ounce (aka "eight ball")	$200-250

Participants reported the most common routes of administration for crack cocaine is smoking and intravenous injection (aka "shooting"). Participants estimated that out of 10 crack cocaine users, about half would smoke and half would shoot the drug. A participant explained, *"You put* [crack cocaine] *in a pipe, then you melt it down and you pull (inhale)."* Other participants commented: "*You can shoot* [crack cocaine], *but you need vinegar; Or Kool-Aid® … That's new.*" A participant shared that it is common to search for more crack cocaine when users are consuming their last piece and commented, "*Then you start 'carpet mining' … looking on the floor* [for fallen pieces of crack cocaine]*, and while you're looking on the floor your rock is shrinking on the table because* [other users are] *stealing it from you.*"

A profile for a typical crack cocaine user did not emerge from the data; although participants described crack cocaine users as more often black than white, of both genders and aged 13 years and older. A participant added, *"Have to have some kind of income to pay for it."* Treatment providers described typical users from all ages, but several commented: "*There's an increase in the older population* [using crack cocaine]*; They've been using for so many years; We're starting to see that older crowd.*" A treatment provider explained that heroin seems more fatal, while crack cocaine users can use it for a longer period of time. Another treatment provider observed, "*A lot of the heroin users are using the crack, too.*" Still another treatment provider suggested, "*I think* [crack cocaine use is] *increasing in the younger people* [because] *it's available.*" Law enforcement commented, "*I don't think* [the user profile for crack cocaine has] *changed. I think it's, you know, pretty much the same as far as the typical users … crack is more inner city.*"

Heroin

Heroin remains highly available in the region. Participants most often reported the 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 score was also '10.' Community professionals also continued to most often report current availability as '10.' Professionals responded: "*Heroin; Lots and lots of heroin.*"

While many types of heroin are currently available in the region, participants reported brown powdered heroin as most available. Participants varied as to the current availability of white powdered heroin, rating it anywhere from '1' to '7' depending on location. A participant from Jefferson County claimed, "'*China white' (white powdered heroin)* … [that's] *all I get.*" However, a participant from Mahoning County stated, "*I don't see a lot of white.*" Participants mentioned seeing other colors of powdered heroin in the region, including blue, purple, gray (aka 'salt and pepper' or 'killer heroin') and orangish-tan (a more waxy type). However, very few participants reported black tar heroin as available, as a few participants shared: "*I've seen* [black tar heroin] *like twice, it's not real common in this area; Black tar* [heroin is] *hard to get around here; I have to go down south to get it.*" When asked about the different types of available heroin, law enforcement commented: "*We're seeing all brown, Mexican brown* [heroin]; *I mean like 99.5 percent of* [heroin] *is* [brown powdered]."

Corroborating data also indicated heroin availability in the region. The Mahoning County Coroner's Office reported that heroin was present at time of death in 43.5 percent of all drug-related deaths it processed during the past six months.

Media outlets reported on law enforcement seizures of heroin in the region this reporting period. During a drug raid at a Coitsville (Mahoning County) residence, a suspect fled and was subsequently arrested when law enforcement caught him and found heroin in his pockets (www.wkbn.com, Feb. 6, 2014). A paralegal for the city of Warren (Trumbull County) was indicted after being caught with a rock of gray colored heroin, alprazolam and OxyContin® at work (www.wkbn.com, Feb. 27, 2014; www.wkbn.com, April 4, 2014). A man driving in Vienna Township (Trumbull County) was pulled over, taken to the hospital and then to jail after several calls reported seeing him cooking up and

shooting heroin while driving; police found prescription pills and evidence of heroin on the man (www.wkbn.com, March 5, 2014). A Campbell (Mahoning County) man was arrested after shoplifting and found in possession of heroin and drug paraphernalia (www.vindy.com, May 8, 2014).

Media also reported an increase in heroin overdose deaths; in 2013, more people in Trumbull County died of heroin overdose than any other drug or combination of drugs (www.wkbn.com, Feb. 27, 2014). Media reported on the increase of heroin use and overdose rates in the suburbs; specifically, Boardman police and their community are coming together attempting to curb this epidemic as it seems to be increasing in the younger suburban population (www.vindy.com, March 16, 2014).

Participants reported the general availability of heroin has increased during the past six months. Participants explained: "[Heroin has] *gotten easier* [to obtain] … *because everyone wants it.*" Nevertheless, Jefferson County participants noted a recent decrease in availability of heroin in their area and explained: "*Decreased since the Chicago boys got locked up; Within the last three months.*" Participants clarified that brown powdered heroin is increasing, but reported no change in availability of black tar heroin, as one participant commented, "*Just brown* [powdered heroin increase]. *We're not seeing much of a change in* [availability for] '*tar' (black tar heroin).*"

*Community professional*s also reported that the general availability of heroin has increased during the past six months. A treatment provider commented, "*I think* [heroin is] *more available; Grows every day.*" Professionals explained: "*Because* [heroin is] *so available … it's cheap; The dealers are pushing the heroin …* [Dealers convince users,] '*We can get you* [heroin]. *It's more available, it's cheaper* [than prescription opioids].'" A treatment said, "[Users] *find out it's a whole lot cheaper and more powerful to do heroin, and once they do heroin, they don't go back ….*" Another treatment provider illustrated, "*We're getting repeat* [clients] *that were here before for pills and now they started using heroin.*" The BCI Richfield Crime Lab reported that the number of powdered heroin cases it processes has increased during the past six months while the number of black tar cases has remained the same; the lab reported processing primarily white, brown and gray powdered heroin.

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

Most participants rated the current overall quality of heroin as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was also '8.' However, participants discussed the variability in quality of the drug, as one participant explained, "*It all depends … Honestly,* [heroin] *could be brown and garbage or it can be brown and really good.*" Several participants suggested gray colored powdered heroin is better quality and commented: "[Gray heroin is] *better than brown; Gray's better, you don't have to use as much;* [Gray is] *the kind you want to get.*" Other participants stated that the purity of the substance depends on whether the dealer is a user, as one participant explained , "*A dealer who is a user gives lower purity … lower because they gotta make up for what they used out of it.*"

Participants reported that heroin is cut with ether, fentanyl, mannitol (diuretic), prescription opioids (Tramadol®), vinegar and vitamins (B-12 and multivitamin). A participant added, "*Coffee creamer if you're real cheap.*" Another participant explained, "[Mannitol is] *kind of like a laxative. It blends in real good and you can't really taste it.*" Participants specifically added that white powdered heroin is most often cut with fentanyl, which they frequently cited as the reason behind observed increases in overdoses throughout the region. A treatment provider shared, "[Dealers] *use Vicodin® and Percocet® to cut the heroin.*" Overall, participants reported that the general quality of heroin has remained the same during the past six months and specified that white powdered heroin quality varies.

Heroin	Cutting Agents Reported by Crime Lab
	• diphenhydramine (antihistamine) • quinine (antimalarial)

Current street prices were variable among participants with experience purchasing heroin. Participants noted that prices fluctuate depending on demand and location within the region, with slightly higher prices in more rural

areas. A Mahoning County participant shared, "*The prices* [are] *going up because everyone wants* [heroin] *now.*"

Heroin	Current Street Prices for Powdered Heroin	
	1/2 gram	$60
	a gram)	$120-200

While there were a few reported ways of using heroin, generally the most common routes of administration remain intravenous injection (aka "shooting") and snorting. A participant commented, "*Most people who have a* [heroin] *habit are definitely shooting.*" Participants estimated that out of 10 heroin users, eight or nine would shoot or snort and the other one or two would smoke the drug. Participants explained, "[Route of administration for heroin] *depends on what stage you are in your addiction; I think what everyone starts out doing is snorting then working their way up* [to shooting heroin]." Another participant further clarified, "*First* [heroin users] *start with prescription pills … that's what happened to me. Then you start snorting the heroin because it's cheaper. Then that ain't enough, so you shoot* [heroin] *because it's a lot stronger.*"

Participants reported that users obtain needles from dealers, as well as from pharmacies and people who have diabetes. Participants commented: "'*Dope boys' (heroin dealers) got needles; Go and get them yourself* [from a pharmacy or buy them from] *old women who sell their insulin needles for extra money; I know a lot of diabetics, so it's easy to get* [injection needles]." A participant shared that clean needles are available. Another participant added, "*Yeah, they better be brand new because you can get all kinds of diseases – hepatitis, AIDS ….*" Nevertheless, participants estimated that about six out of 10 users will share a needle. Participants commented: "*Especially if you're sick* [and going through withdrawal], *you'll share* [a needle]; *A lot* [of users share needles]; *More* [people share needles] *than you believe; The younger kids now, they don't take it serious … they think they're Superman and won't* [catch a disease]."

Current street prices for needles were variable depending on the dealer. Participants reported typically purchasing more than one needle at a time and reported a variety of prices: two needles for $5 from a dealer; five needles for $2 at a "trap house" (aka crack house); 10 needles for $3 from a diabetic. Purchasing needles at pharmacies is generally much cheaper, as several participants explained: "*50* [needles] *for $5; He buys the whole box for $10* [for] *100 of them.*"

A profile of a typical heroin user did not emerge from the data. Participants commented that heroin users are everybody and anybody. Participants reported knowing professional people and street people who use the drug. Age for use is reportedly a wide range from 15 to 60 years. Treatment providers and law enforcement also had a difficult time describing the typical heroin user and focused most of the discussion on the younger age group of users. The majority of treatment providers reported an increase in adolescent use.

Prescription Opioids

Prescription opioids remain highly available in the region. Participants most often reported 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.' Participants identified Percocet® as the most popular prescription opioid in terms of widespread illicit use. A participant remarked, "*People in here would say, 'Screw the 'vikes' (Vicodin®) … I need 'perks' (Percocet®).'*" Treatment providers most often reported current availability as '10,' while law enforcement most often reported current availability as '8;' the previous most common score was '10' for both groups. Law enforcement commented, "[Availability of prescription opioids is] *pretty high.*" Community professionals also identified Percocet® as the most popular prescription opioid in terms of widespread illicit use. An officer reflected, "*Primarily, you're talking about Percocet®* [and] *oxycodone. That's the two … big ones for us.*" Another officer reasoned, "*More people are being prescribed* [Roxicodone® 30 mg], *so it's going to be … a lot more accessible.*"

Additional prescription opioids identified by participants and professionals as available in the region included: methadone, Opana®, Roxicet®, Tylenol® 3 and 4, Ultracet® and Ultram®. A participant commented, "*If they're going to start pills,* [Opana® is] *one of the big ones.*" A treatment provider observed similarly and stated, "*Yeah, I'm hearing a lot of Opana® lately.*" A counselor explained, "[Lower strength prescription opioids, such as Tylenol® 3s and 4s, are] *their go-to drug when they're trying not to use heroin and stuff like that.*"

Corroborating data also indicated prescription opioid availability in the region. The Mahoning County Coroner's Office reported that one or more prescription opioid was present at time of death in 50 percent of all drug-related deaths it processed during the past six months.

Media outlets reported on law enforcement seizures of prescription opioids in the region this reporting period, as well as community efforts to curb prescription opioid abuse. In Trumbull County, a retail pharmacy was robbed of thousands of dollars' worth of pain pills (www.wkbn.com, April 5 and 14, 2014). A Howland (Trumbull County) dentist was sentenced after pleading guilty to 10 drug charges in which he wrote prescriptions for an associate who was not a patient who, in turn, filled the prescriptions and gave him half the pills which he used for himself (www.vindy.com, May 6, 2014). Reportedly, Trumbull County ranked seventh highest in the state for accidental opiate overdose (www.wkbn.com, June 17, 2014). In an effort to curb illicit use of prescription drugs, Campbell Police (Mahoning County) set up a prescription drug drop box in the lobby of the Lordstown Police Department which accepts pills, capsules, patches, powders, vitamins, inhalers and pet meds; during the first three months, the department collected 81.4 pounds of unwanted pharmaceuticals (www.vindy.com, Jan. 6, 2014).

Participants reported that the general availability of prescription opioids has remained the same during the past six months, with the exception of Jefferson County in which participants indicated a decrease in availability. A Jefferson County participant commented: "*The opiates are harder to get a hold of now because the demand has lessened since heroin took over.*" Community professionals also reported that availability has remained the same during the past six months. A treatment provider commented: "*There was a big crave* [for prescription opioids] *around here for a while.*" The BCI Richfield Crime Lab reported that the number of prescription opioid cases it processes has remained the same during the past six months.

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

Reportedly, many different types of prescription opioids are currently sold on the region's streets. Current street prices for prescription opioids were consistent among participants with experience buying the drug. One participant remarked, "*Heroin's cheaper than these pills!*" Another participant asserted, "*Woo, you've got to have some money* [to use prescription opioids]."

Prescription Opioids	Current Street Prices for Prescription Opioids	
	Dilaudid®	$10 for 2 mg $20 for 4 mg
	methadone	$5-8 per pill
	Opana® (*new formulation*)	$1 per mg
	OxyContin® OC (*old formulation*)	$20 for 40 mg
	OxyContin® OP (*new formulation*)	$3-5 for 10 mg $35 for 80 mg
	Percocet®	$1 for 2.5 mg $3-5 for 5 mg $3.50 for 7.5 mg $4-10 for 10 mg
	Roxicodone®	$10-15 for 15 mg $15-35 for 30 mg
	Ultram®	$0.50-1 per pill
	Vicodin®	$3 for 5 mg $3-5 for 7.5 mg

In addition to obtaining prescription opioids on the street from dealers, participants also reported getting them from medicine cabinets, from friends or family members who have prescriptions or prescribed by dentists and doctors. Participants commented: "*Someone gets a fentanyl patch from one of their elders when they die of cancer or something; I don't think anybody takes their pills anymore. I think they just sell them.*" A community professional shared, "*We're finding older dealers. We're finding people 60 years old that are selling their pills.*"

While there were a few reported ways of consuming prescription opioids, and variations in methods of use were noted among types of prescription opioids, the most common routes of administration are snorting, oral consumption (aka "popping") and intravenous injection (aka "shooting"). Specifically, participants indicated that Dilaudid® would most often be injected or orally ingested, fentanyl

would be used by transdermal application, Opana® and Vicodin® would mostly be used orally and Roxicodone® would be snorted.

A profile of a typical illicit prescription opioid user did not emerge from the data. One participant remarked, "*There is no typical drug user.*" However, participants generally felt that illicit users are often 18-35 years of age, white and female. A participant commented, "*More women on the pills.*" Treatment providers and law enforcement also had difficulty in describing typical illicit prescription opioid users but observed an increase in younger users. An officer commented, "*Pills, it's any age group that are abusing pills.*" Treatment providers discussed: "[Illicit use of prescription opioids is] *not limited to young people, though; Well, it's increased a lot in the kids … younger kids. They're taking Tramadol® and Opana®*; [Ultram® is] *big in adolescents.*" A treatment provider explained, "[Younger users] *start out at* [using drugs] *with the pills.*"

Suboxone®

Suboxone® remains highly available in the region. Participants most often reported 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.' Although one participant believed, "*You can't abuse that,*" another participant stated, "*You see a lot of* [Suboxone® abuse] *now.*" Treatment providers most often reported current availability as '10;' the previous most common score was also '10.'

Media outlets reported on law enforcement seizures of Suboxone® in the region this reporting period. An inmate and his girlfriend were indicted by a Trumbull County court because the woman attempted to send a greeting card with Suboxone® on it to the inmate (www.wkbn.com, March 21, 2014). Five women were arrested for selling alprazolam, Suboxone® and other pain pills near an elementary school in Niles (Trumbull County) (www.wkbn.com, May 6, 2014).

Participants reported that the availability of Suboxone® has increased during the past six months. In Columbiana County, participants especially noted that the availability of both Suboxone® and Subutex® as increasing. Treatment providers also reported an increase in street availability of Suboxone® during the past six months. In Mahoning County, treatment providers shared: "[Suboxone® is] *on the street; First time opiate users are using Suboxone®.*" 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 Comment
	Treatment providers	Increase

Current street prices for Suboxone® were consistent among participants with experience buying the drug, while prices for Subutex® were variable. A participant explained, "*I know people that would pay $40 for Subutex®; You can 'shoot' (inject) Subutex® which is why* [users] *want it more.*"

Suboxone®	Current Street Prices for Suboxone®
Suboxone®	$10-20 for 8 mg (sublingual strip)
Subutex®	$20-40 for 8 mg

In addition to obtaining Suboxone® on the street from dealers, participants also reported getting the drug from people with a prescription. One participant admitted, "*People ask me for* [my Suboxone®] *all the time.*" Participants shared: "*A friend of mine, everybody gives her money and she goes to a doctor to get* [Suboxone®] … *a month prescription and then she'll like split it up; Some doctors take cash.*" Participants estimated that seven out of 10 people with prescriptions will sell their Suboxone® and revealed: "*When I had a prescription, I sold* [Suboxone®] *all the time; I sold more than I took.*" Treatment providers also shared that some individuals sell their prescribed Suboxone® to buy heroin.

While there were a few reported ways of consuming Suboxone®, the most common routes of administration are sublingual consumption, snorting and intravenous injection (aka "shooting"). Participants estimated that out of 10 illicit Suboxone® users, four would sublingually consume, four would snort and two would shoot the drug.

Participants described typical illicit users of Suboxone® as opiate addicts who are self-medicating to avoid withdrawal symptoms. Participants commented: "*People who are addicted to opiates … get a* [Suboxone®] *strip to stay not sick; Heroin addicts; Usually people who are sick and can't get drugs.*" Treatment providers also indicated that the typical illicit Suboxone® user is often self-medicating as one described, "*Any opiate addict 'cause they just don't want to be sick. If you can't get your heroin, they'll do Suboxone®.*" Another treatment provider said that many users are, "*Trying to pass the* [drug] *screen.*"

Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain highly available in the region. Participants most often reported 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.' Participants identified Xanax® as the most popular sedative-hypnotic in terms of widespread illicit use. Treatment providers most often reported current availability as '10;' the previous most common score was '9.' Law Enforcement identified overall availability for sedative-hypnotics as '7.' A law enforcement officer stated, "*I think there's a high availability of* [sedative-hypnotics], *too.*"

Community professionals suggested some of the more available drugs in this category include Valium® and Xanax®. Community professionals reported: "*They really do like those* [Xanax®]; *It's so easy to get.*" Community professionals identified other drugs in this category that are not as prevalent; Ativan®, Klonopin® and Soma® were among the list. A treatment provider commented, "*It's hard to get a doctor to prescribe you Ativan®. They'll give you stuff like … lorazepam, stuff like that … the generic form before they give you Ativan®.*" A few treatment providers discussed Soma® and commented: "*They've learned they can abuse* [Soma®]; *Just like Tramadol®; Get high and still pass the drug screen.*"

Corroborating data also indicated sedative-hypnotic availability in the region. The Mahoning County Coroner's Office reported that sedative-hypnotics were present at time of death in 54.8 percent of all drug-related deaths it processed during the past six months. In addition, media outlets reported on law enforcement seizures of sedative-hypnotics in the region this reporting period. A Boardman (Mahoning County) teenager overdosed after using a combination of drugs supplied by three individuals who are now charged with her death; the drugs included Xanax®, cocaine and marijuana (www.wkbn.com, Feb. 25, 2014).

Participants reported that the general street availability of sedative-hypnotics has remained the same during the past six months. However, community professionals reported that availability has increased during the past six months. Treatment providers suggested the increase is due to tolerance levels of users, as a counselor commented, "*They can't get as high on heroin anymore so they're trying to mix the buzzes up.*" A law enforcement officer stated, "*There's more people being prescribed* [sedative-hypnotics], *too.*" The BCI Richfield Crime Lab reported that the number of sedative-hypnotic cases it processes has remained the same during the past six months.

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

Current street prices for sedative-hypnotics were variable among participants with experience buying the drugs.

Sedative-Hypnotics	Current Street Prices for Sedative-Hypnotics	
	Ambien®	$1 for 10 mg
	Klonopin®	$1 for 0.5 mg
	Valium®	$2 for 10 mg
	Xanax®	$0.50 for 0.25 mg $3 for 1 mg $5-6 for 2 mg

In addition to obtaining sedative-hypnotics on the street from dealers, participants reported getting them more often prescribed from primary care physicians. Participants divulged: "*I doctor shop … I get the doctor to write three years' worth* [of prescriptions]; *I'll send someone like my niece, I'll send her to the doctor* [to obtain a prescription]."

While there were a few reported ways of illicitly using sedative-hypnotics, the most common routes of administration are snorting and intravenous injection (aka "shooting"). Participants estimated that out of 10 illicit sedative-hypnotic users, six would snort and four would shoot these drugs. In Columbiana County, participants reported that users in their area generally swallow the pills.

Participants described typical illicit users of sedative-hypnotics as teenagers. Community professionals found it difficult to describe the typical illicit sedative-hypnotic user and said users are from all walks of life. However, community professionals specifically described illicit Xanax® users as younger and illicit Ativan® users as 25-35 years of age.

Marijuana

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.' A participant who considered himself a marijuana connoisseur said, "[Marijuana] *seems pretty available, but you got to know the right people* [for good quality marijuana]." Community professionals also continued to rate current marijuana availability as '10;' the previous most common score was '10.'

Corroborating data also indicated marijuana availability in the region. The Mahoning County Coroner's Office reported that marijuana was present at time of death in 24.2 percent of all drug-related deaths it processed during the past six months.

Media outlets reported on law enforcement seizures of marijuana in the region this reporting period. Ohio State Highway Patrol (OSHP) stopped a driver in Columbiana County and discovered two pounds of marijuana in the vehicle (www.statepatrol.ohio.gov, Feb. 15, 2014). Warren Police (Trumbull County) seized 100 marijuana plants from the basement of a residence as a result of a tip from a citizen (www.wkbn.com, March 29, 2014). After a car chase and then a foot chase between Youngstown and Campbell (Mahoning County), Campbell Police arrested a man who had weapons, numerous bags of marijuana and some cocaine in his vehicle (www.wkbn.com, April 6, 2014). A man was indicted by a Mahoning County grand jury for marijuana trafficking after police stopped him for a traffic violation and discovered 10 one-pound bags of marijuana in the vehicle (www.wkbn.com, April 17, 2014). The Mahoning Valley Task Force reported seizing more marijuana (62.58 pounds) than any other drug last year, with heroin (4,822 grams) being the second most seized drug (www.wkbn.com, May 22, 2014). Youngstown police found six marijuana plants during a residence search; the owner admitted to using marijuana to fight pain from a previous injury (www.vindy.com, June 11, 2014). A Goshen Township (Mahoning County) man was arrested for smoking marijuana with children and teens, as well as for sexual crimes (www.wlwt.com, June 12, 2014).

Participants reported that the availability of marijuana has remained the same during the past six months. A participant remarked, "[Availability of marijuana] *ain't going to change either.*" Participants indicated seasonal increases in availability when the plant is harvested. Community professionals also reported that availability of marijuana has remained the same during the past six months. However, a law enforcement officer shared, "[There are] *more indoor* [grow operations] … *More people are growing* [marijuana] *indoors than … in the last couple of years.*" The BCI Richfield Crime Lab reported that the number of marijuana cases it processes has remained the same during the past six months.

Marijuana	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 marijuana as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous scores were '5' for low-grade marijuana and '10' for high-grade marijuana. Several participants explained that the quality of marijuana depends on whether the user buys low-grade marijuana or high-grade marijuana. A participant stated, "[High quality marijuana is] *most sought after … there's a bunch of different types of marijuana.*" Another participant explained, "*You can get the 'kind buds,' you can get the 'sour diesel' - that's higher dollar quality … compared to your normal 'fifty' which is just a bit lower grade. Then you get your 'dirt weed' (lowest quality of marijuana).*" Several participants agreed that the general quality of marijuana has increased during the past six months. A participant observed, "*You don't see 'reggies' (regular, low-quality marijuana) too much no more … you*

see the better grade going around now." Another participant agreed, "*The weed is way frickin' better.*"

Current street prices for marijuana were consistent among participants with experience purchasing the drug. Participants reported that low-grade marijuana is the cheapest form of the drug; higher quality marijuana sells for significantly more. A participant explained, "*You gotta look at the different types … I mean there's different types of weed for different prices.*" Another participant added, "*If you have the money, you can get the best* [quality marijuana]." On the other hand, a couple participants commented: "*You can get low quality* [marijuana] *for free; People give it away because it's not worth smoking.*" Hash is also available in the region and sold by the pieces, as one participant explained, "[Hash is] *high-grade marijuana baked down into mush then dried. It's really, really potent ….*" Several participants felt that overall pricing for marijuana has increased during the past six months, because the general quality has improved.

Marijuana	Current Street Prices for Marijuana	
	Low grade:	
	A blunt (cigar) or two joints (cigarettes)	$5
	1/8 ounce	$20
	High grade:	
	A blunt (cigar) or two joints (cigarettes)	$20-35
	1/8 ounce	$50
	An ounce	$250-375
	A pound	$4,200-5,000
	Hash-One piece (quantity unspecified)	$35

While there were a few reported ways of consuming marijuana, participants reported the most common route of administration remains smoking. Participants estimated that out of 10 users, all would smoke the drug. However, participants added that out of those 10 smokers, one to three users would also orally ingest the drug by eating it in deserts or drinking it in tea. Participants further specified that out of those 10 marijuana smokers, approximately four would either vaporize or smoke the extract oil; and, for the first time in these reports, a Jefferson County participant shared that at least one person out of ten would intravenously inject (aka "shoot") marijuana extract oil.

A profile for a typical marijuana user did not emerge from the data. Participants and community professionals continued to describe marijuana users as everyone. Participants remarked, "*There ain't anybody I know that don't do that* [use marijuana]*; It's like a cigarette.*" Another participant said, "[Marijuana is] *most popular among younger kids.*" Other participants added: "*Especially 'dope boys' (heroin dealers), they love the weed more than anybody.*" Treatment providers commented: "*All of our clients* [use marijuana]*; Even their grandmothers; They don't see what's wrong with* [using marijuana] … *the kids* [under 18] *come in* [and] *they're the ones supposed to be getting treatment and the parents use.*"

Methamphetamine

Methamphetamine remains available in the region, yet availability varies depending upon location within the region. Overall, participants most often reported current availability of the drug as '0' in Mahoning County and '10' in Ashtabula, Columbiana and Trumbull counties 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' across the region. A Mahoning County participant commented, "*You really can't get* [methamphetamine here], *you'll have to go to Columbiana* [County] *area.*"

Treatment providers (Mahoning County) reported low availability of methamphetamine, rating current availability as '3,' while law enforcement (Ashtabula and Trumbull counties) reported moderate to high availability, rating current availability as '6-9;' the previous most common availability score was '6-7' for both groups combined. A treatment provider shared, "[Methamphetamine is] *not too many* [clients'] *drug of choice for many folks we get in here, but … we get occasional ones.*" A law enforcement officer specified, "[The methamphetamine] *problem started earlier in Ashtabula than Trumbull and … a matter of fact, a lot of the initial* [methamphetamine] *cases in Trumbull County were Ashtabula County residents that migrated down here.*"

Participants from Ashtabula County commented about the production of methamphetamine in a single sealed container (aka "one-pot," "shake-and-bake"), such as a two-liter soda bottle. By using common household chemicals along with ammonium nitrate (found in cold packs) and pseudoephedrine (typically found in some allergy medications), this type of methamphetamine can be produced in approx-

imately 30 minutes in nearly any location. An Ashtabula County participant reported that this is the most common type of methamphetamine in the area. Treatment providers also noted this type of methamphetamine and commented: "[Users] *can make* [methamphetamine] *themselves at home; They've been making* [methamphetamine] *around here. They just had a lab explode somewhere around here*."

Media outlets reported on law enforcement seizures of methamphetamine in the region this reporting period. Police arrested a 38-year-old man during a drug raid in Coitsville (Mahoning County) where approximately $500,000 worth of methamphetamine was seized (www.wkbn.com, Feb. 6, 2014). Reportedly, Salem, a city that crosses borders of both Columbiana and Mahoning counties, is a hotbed for methamphetamine labs; the Columbiana County Drug Task Force agents seized seven methamphetamine labs in the last year and six of them were in or close in proximity to Salem (www.wkbn.com, Feb. 26, 2014). Mahoning County HazMat crews, police and fire departments cleaned up a methamphetamine lab made with ordinary household chemicals in a Boardman home (www.wkbn.com, March 5, 2014). Another HazMat crew in Trumbull County was called on by police and fire to respond to a suspected methamphetamine lab in a garage at a Newton Falls residence (www.wkbn.com, March 11, 2014). Boardman police arrested four people after being alerted by a pharmacy that there was a car driving back and forth in the parking lot; police stopped them and found chemicals for making methamphetamine and some marijuana in the vehicle (www.wkbn.com, March 14, 2014). Columbiana County Drug Task Force took control of a scene after Perry Township Police found a mobile meth lab; several apartments were evacuated and two individuals were arrested (www.wkbn.com, March 23, 2014). A 48-year-old man on parole for a drug conviction in Columbiana County was arrested at his mother's house in North Jackson (Mahoning County) for making methamphetamine (www.wkbn.com, April 25, 2014).

Participants and treatment providers most often reported that the availability of methamphetamine has increased in the region during the past six months, while law enforcement reported no change in availability. Treatment providers reflected, "*I've heard more about* [methamphetamine] *lately than I have six months ago;* [Methamphetamine is] *moving … it's just taking time to get here; It's starting to come in*."

Law enforcement discussed methamphetamine in connection with pseudoephedrine (one of the ingredients commonly used in one-pot methamphetamine production). Law enforcement provided varying statements as to the effect of new legislation and sales control. One officer explained, "[Control of pseudoephedrine] *improved* [efforts to limit methamphetamine production] … *so everybody's got to report of pseudoephedrine purchases*." However, another officer noted, "[Denial of access to pseudoephedrine] *really hasn't helped in Ashtabula as far as our methamphetamine problem because* [dealers are] *just finding more people to go out and buy it (aka 'smurfs')*." 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 off-white powder and some crystal methamphetamine.

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

Participants reported either low or high quality of methamphetamine, most often reporting current overall quality as either '4' or '9' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '4.' Participants reported an increase in the general quality of methamphetamine during the past six months. Current street prices for methamphetamine were shared only by one participant with experience buying the drug.

Methamphetamine	Current Street Prices for Methamphetamine	
	A gram	$40
	1/16 ounce (aka "teener")	$60-80
	1/8 ounce (aka "eight ball")	$100-120

While there were a few reported ways of consuming methamphetamine, the most common routes of administration remain snorting and smoking. Participants estimated that out of 10 methamphetamine users, all users would snort the drug, but about seven or eight would also smoke it, and a few users might also intravenously inject (aka "shoot") the drug.

Participants described typical users of methamphetamine as more often white. Treatment providers and law enforcement described typical users of methamphetamine as younger (typically in their 20s). Law enforcement reflected, "*Again it's a younger age group … I mean you'll see occasionally somebody into the mid-30s* [using methamphetamine]."

Prescription Stimulants

Prescription stimulants remain available in the region. Participants most often reported current availability of these drugs 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.' Participants identified Ritalin® as the most popular prescription stimulant in terms of widespread illicit use.

Community professionals reported moderate to high availability of prescription stimulants. Treatment providers rated Adderall® and Ritalin® as '8-10' and Vyvanse® as '5-6,' while law enforcement most often rated general availability of prescription stimulants as '5.' Similar to participants, treatment providers also identified Ritalin® as the most popular prescription stimulant in terms of widespread illicit use.

Media outlets reported on community prevention efforts against the illicit use of prescription stimulants in the region this reporting period. The Coalition for a Drug Free Mahoning County passed out t-shirts promoting abstinence from prescription stimulants use during spring finals at Youngstown State University (www.wkbn.com, April 29, 2014).

Participants reported that the availability of prescription stimulants has decreased during the past six months. A participant purported the decreased availability is due to, "*Doctors not wanting to write* [prescriptions for stimulants] *because people stealing prescriptions and abusing it*." Treatment providers reported that the overall availability of prescription stimulants has remained the same during the past six months, while law enforcement reported increased availability. However, treatment providers noted a decrease in availability specifically of Adderall®, as one clinician explained: "*I think* [availability of Adderall® is] *less than it was at one time because we got people who are coming here that were prescribed* [Adderall®] *and now they're off of it … because they are using other drugs.*" However, law enforcement thought that overall availability of prescription stimulants was increasing and explained: "*If doctors are prescribing more, that means we're gonna see more in the street; There's just more chance for abuse when it's out there*." The BCI Richfield Crime Lab reported that the number of prescription stimulant cases it processes has remained the same during the past six months.

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

Participants were unable to report current street prices for prescription stimulants. Participants described typical illicit users of prescription stimulants as aged teens to 30 years. One participant responded, "*People that haven't found 'coke' (powdered cocaine) yet* [abuse prescription stimulants]." Treatment providers agreed that users are more often younger (16-25 years of age) and commented: "*Kids are using Adderall®*; [Illicit use of prescription stimulants is] *more of a kid thing*." Law enforcement were unable to describe a typical illicit user of prescription stimulants.

Bath Salts

Bath salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues) availability was thought to be very limited in the region by participants and community professionals. 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 '7-10.' Treatment providers also rated current availability as '0.' One treatment provider remarked, "*I haven't seen* [bath salts] *in a while*." Another treatment provider said, "[Bath salts] *was a 2012 trend*." Law enforcement professionals reported not seeing bath salts during the past six months. A law enforcement officer stated that bath salts availability decreased due to legislation banning their sale. 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 the availability of bath salts has decreased during the past six months. A participant discussed, "*They don't sell them (bath salts) anymore* [legally] … [availability] *went down … way*

down." Community professionals reported that the availability of bath salts has remained the same 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.

Synthetic Marijuana

Synthetic marijuana (synthetic cannabinoids; aka "K2" and "Spice") 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 '4-5.' Only one participant reported having used synthetic marijuana during the past six months. Treatment providers most often reported the drug's current availability as '3;' the previous most common score among community professionals was '5-10.' Treatment providers responded: "*I know they're using* [synthetic marijuana] … *I mean I've got a* [client under 18 years of age] *in* [treatment] *right now who's using it … he doesn't have any trouble getting a hold of it*." A law enforcement officer shared, "*We haven't seen any* [during the past six months]."

Participants reported that the availability of synthetic marijuana has decreased during the past six months, while treatment providers reported that the availability has remained the same and law enforcement reported decreased availability. An officer said, "*If you're counting the last six months, I think* [availability of synthetic marijuana has] *gone down because of the legislation changes in Ohio*." Another officer from Ashtabula County shared, "*We had a case* [involving synthetic marijuana] *last year, but we didn't have anything in the last six months*." The BCI Richfield Crime Lab reported that the number of synthetic marijuana cases it processes has remained the same during the past six months.

Only one participant had experience purchasing synthetic marijuana and reported that the substance sells $20 for either three grams or two cigarettes. Participants reported that the most common route of administration for synthetic marijuana remains smoking. Participants described typical synthetic marijuana users as people on probation or people who have a job and are worried about passing a drug test. Treatment providers described typical users of synthetic marijuana as under 18 years of age.

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

Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) remains 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 replied, "[Ecstasy availability is a] *'5' right now because it's hard to get … Same with 'molly'* (powdered MDMA), *I have to go all the way to Ashtabula to get it*." Columbiana County participants rated availability higher ('10'). Treatment providers most often reported current availability of ecstasy as '0,' while law enforcement rated availability as '4-6;' the previous most common score was '5.' Treatment providers indicated that they had not had any cases of ecstasy during the past six months.

The availability of "molly" (powdered MDMA) varied throughout the region. Participants rated current availability of molly as '3' in Ashtabula County, '10' in Columbiana County and '0' in Youngstown; the previous most common score was '10.' Treatment Providers most often reported current availability of molly as '6,' while law enforcement rated it as '3;' the previous most common score for both groups was '6.' Treatment providers indicated that availability might be higher, but the drug is generally not a top drug of choice among clients.

Participants were unable to agree on the change in availability of ecstasy or molly. Mahoning County participants reported decreased availability of ecstasy and molly during the past six months. However, Columbiana County participants noted that ecstasy availability fluctuated, while availability of molly has remained the same during the past six months. A participant explained that availability is dependent upon, "*whatever that dude* [the dealer] *has that month*." Community professionals reported that availability of ecstasy and 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 remained the same during the past six months.

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

In terms of current quality, participants reported that darker colored ecstasy is sometimes cut with heroin, while lighter colored ecstasy is sometimes cut with powdered cocaine or methamphetamine. Ecstasy pills most often have images stamped into them or are shaped like various characters. Participants reported that some of the most popular images include superheroes, naked ladies and smiley faces. Current street prices for ecstasy and molly were consistent among participants with experience buying the drugs.

Ecstasy/Molly	Current Street Prices for Ecstasy	
	Low dose (aka "single stack")	$10
	High dose (aka "double stack" or "triple stack")	$20-30
	A jar (100 quantity)	$1,000
	Current Street Prices for Molly	
	A single dose	$20
	A gram	$100

While there were a few reported ways of consuming ecstasy and molly, the most common routes of administration are intravenous injection (aka "shooting"), snorting, parachuting (wrapping the powder in a tissue and swallowing) and oral consumption.

Participants described typical users of ecstasy as those who attend raves (dance parties) and other partiers. A participant commented, "*Mostly white, but it's mixed and it's male or female.*" Law enforcement described typical users of ecstasy as younger and an officer reasoned, "[Ecstasy pills I've seen] *were cut like Bart Simpson's head, a seashell. You don't manufacture something like that to attract a 50 year old. Those are being manufactured* [and marketed] *more to younger people.*" Community professionals described molly users typically as female. Professionals commented: "*Mostly women; Because it makes them, uh … sexual … increases their libido.*" A treatment provider explained that men are not inclined to use molly, but when they do they typically lace marijuana with it.

Other Drugs

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 inhalants.

Participants did not discuss LSD in any detail, but community professionals rated current availability as '3-4' 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' for participants, but professionals did not rate this drug last report period. Law enforcement explained, "*We always tend to get* [LSD] *more in summer when* [local concert venues] *open up and … that clique is out there.*" Treatment providers reported decreased availability of LSD 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 LSD cases it processes has remained the same during the past six months. Community professionals described typical LSD users as younger. Law enforcement agreed, "[LSD users are] *going to be a younger group … 18-25* [years of age] *probably.*" A treatment provider explained, "*Older people like a different kind of non-reality.*"

Participants described the availability of psilocybin mushrooms as seasonal; highly available during springtime and autumn ('10') with lower availability during the other times of the year ('3'); the previous most common score was '10.' Treatment providers most often reported current availability as '8,' while law enforcement most often reported current availability as '3.' Participants and community professionals reported that the availability of psilocybin mushrooms has remained the same during the past six months. The BCI Richfield Crime Lab reported that the number of psilocybin mushroom cases it processes has remained the same during the past six months.

Participants reported variability in current quality of psilocybin mushrooms. Current street prices were variable among participants with experience purchasing the drug

during the past six months; reportedly, 1/8 ounce of psilocybin mushrooms sells for $25-35. The most common route of administration is oral consumption; users most often eat psilocybin mushrooms with food or boil them in water and drink the liquid as a tea. Participants most often described typical users as drug addicts and 'junkies.' A participant added, "*More college town* [setting]." Treatment providers described typical users as more often younger (16-18 years of age). A participant commented that every now and then, "*you get these '60s burnouts*" that are doing mushrooms. Treatment providers added that the typical user is often the same as an LSD user.

Inhalants remain highly available in the region, particularly due to the legal nature of the substances. Participants reported 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.' Community professionals most often reported current availability as '10.' However, law enforcement was quick to point out that they do not see high prevalence in the abuse of inhalants. An officer explained, "*I think the availability is there* . . . [but] *we're not seeing the abuse of* [inhalants]." Both participants and community professionals reported no change in availability of inhalants during the past six months.

Participants reported current prices of inhalants as: $3-10 for a canister ($12 for more popular brands such as Rush and Locker Room) and $25 for a case of 24 whippets (nitrous oxide). Participants with experience buying the drug reported that the product is not purchased on the street, but in stores or "porno shops." Treatment providers described typical inhalant users as younger. One provider explained, "*Mostly kids* [are using inhalants] *because they start there, then* [move] *on to other* [drugs and because] *it's easy to get*."

Lastly, media outlets reported on law enforcement seizures of other drugs in the region this reporting period: mitragynine (aka "kratom," a psychoactive plant substance that produces a heroin-like high; its use is not detected by typical drug screening tests) and phencyclidine (PCP). An OSHP drug sniffing canine alerted troopers to a vehicle during a traffic stop in Ashtabula County; more than five ounces of liquid PCP, 1/2 pound of cocaine and 1/2 pound of fentanyl were discovered (www.statepatrol.ohio.gov, April 23, 2014). Law enforcement is closely following a new trend in kratom which is sold in pill, liquid or powdered forms in tobacco shops and has a "*mild sedative effect at low doses, and at higher doses, it can have much more pronounced effects similar to heroin*," says the Attorney General's Office; police have already found it online and over the counter in Mahoning County (www.wkbn.com, April 30, 2014). Reportedly, there is new craze called 'beezin' in which teens apply Burt's Bees® lip balm to the skin around their eyes which produces a feeling of being high or drunk; health officials say it increases tear production, causes swelling and can lead to some dangerous medical conditions (www.wkbn.com, April 30, 2014).

Conclusion

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

While many types of heroin are currently available in the region, participants reported the availability of brown powdered heroin as most available. Very few participants reported black tar heroin as available. Corroborating data also indicated heroin availability in the region. The Mahoning County Coroner's Office reported that heroin was present at time of death in 43.5 percent of all drug-related deaths it processed during the past six months. Community professionals explained that dealers are pushing heroin more and users are realizing that heroin is considerably cheaper than prescription opioids.

Participants continued to report heroin cut with fentanyl, specifying that white powdered heroin is most often cut with fentanyl, which they frequently cited as the reason behind observed increases in overdoses throughout the region. Participants estimated that out of 10 heroin users, eight or nine would shoot or snort and the other one or two would smoke the drug. Moreover, participants estimated that about six out of 10 users will share an injection needle. While a profile of a typical heroin user did not emerge from the data, the majority of treatment providers reported an increase in adolescent use.

Participants and treatment providers reported an increase in street availability of Suboxone® during the past six months. Both groups of respondents noted an increase in

the number users prescribed the drug. Treatment providers also noted illicit use of Suboxone® by first-time opiate users. The BCI Richfield Crime Lab reported that the number of Suboxone® cases it processes has increased during the past six months. Participants estimated that seven out of 10 people with prescriptions will sell their Suboxone®. Treatment providers also shared that some individuals sell their prescribed Suboxone® to buy heroin. Participants estimated that out of 10 illicit Suboxone® users, four would sublingually consume, four would snort and two would shoot the drug. Participants and treatment providers described typical illicit users of Suboxone® as opiate addicts who are self-medicating to avoid withdrawal symptoms.

Participants and community professionals identified Xanax® as the most popular sedative-hypnotic in terms of widespread illicit use. Community professionals reported that availability of sedative-hypnotics has generally increased during the past six months. Treatment providers suggested the increase is due to tolerance levels of users who often mix these drugs with other drugs to intensify their high, as well as to an overall increase in number of prescriptions written in the region. Participants reported most often getting these drugs through prescription from primary care physicians.

Corroborating data also indicated sedative-hypnotic availability in the region. The Mahoning County Coroner's Office reported that sedative-hypnotics were present at time of death in 54.8 percent of all drug-related deaths it processed during the past six months. Participants estimated that out of 10 illicit sedative-hypnotic users, six would snort and four would shoot these drugs. Participants described typical illicit users of sedative-hypnotics as teenagers. Community professionals specifically described illicit Xanax® users as younger and illicit Ativan® users as 25-35 years of age.

Methamphetamine remains available in the region, yet availability varies depending upon location within the region. Overall, participants most often reported current availability of the drug as '0' (not available) in Mahoning County and '10' (highly available) in Ashtabula, Columbiana and Trumbull counties. Treatment providers (Mahoning County) reported low current availability of methamphetamine, while law enforcement (Ashtabula and Trumbull counties) reported moderate to high availability. Participants and treatment providers reported that the availability of methamphetamine has increased in the region during the past six months. 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 off-white powder and some crystal methamphetamine.

Participants described typical users of methamphetamine as more often white. Treatment providers and law enforcement described typical users of methamphetamine as younger (typically in their 20s).

Lastly, synthetic marijuana remains available in the region. However, only one participant reported having used synthetic marijuana during the past six months. A law enforcement officer in Ashtabula County shared that law enforcement there have not seized any synthetic marijuana during the past six months.

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