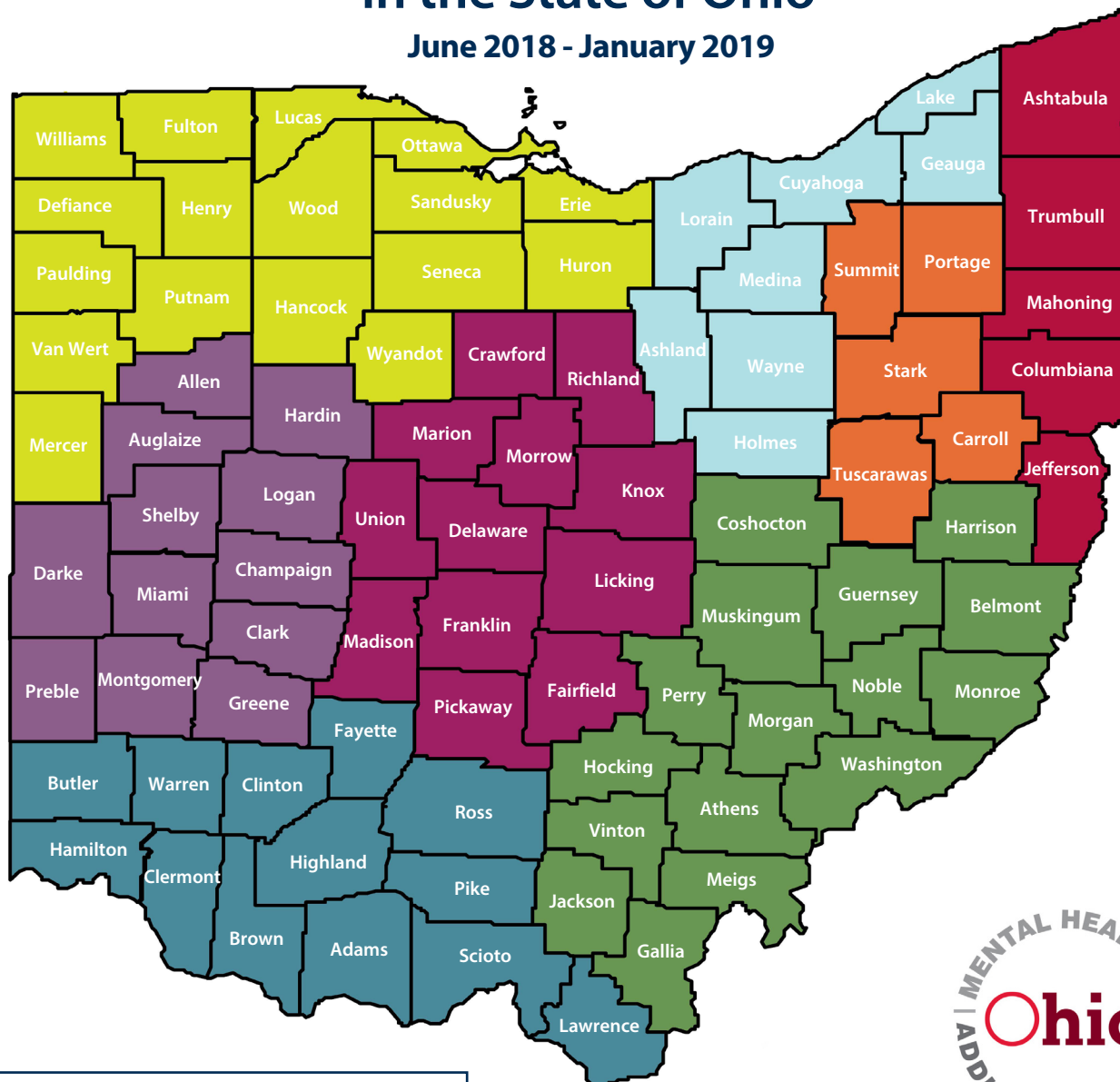










Surveillance of Drug Abuse Trends in the State of Ohio

June 2018 - January 2019



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



Ohio Substance Abuse Monitoring Network

Surveillance of Drug Abuse Trends in the State of Ohio

June 2018 - January 2019

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Surveillance of Drug Abuse Trends in the State of Ohio

Toledo Region

- Fentanyl, marijuana, meth & synthetic marijuana availability ↑
- Illicit prescription opioid availability ↓
- Most users seek heroin-fentanyl mixtures
- Law enforcement noted overdose death ↓ due to ↑ access to Narcan®
- ↑ Desirability for "dabs" among young people
- ↑ Crystal meth availability in urban areas

Cleveland Region

- Meth, illicit Suboxone® & Neurontin® availability ↑
- Illicit prescription opioid availability ↓
- Heroin & fentanyl synonymous with one another
- Dealers in Cleveland actively pushing heroin/fentanyl
- Fentanyl cut into meth, cocaine & pressed into pills resembling prescription opioids
- Fentanyl use continues to result in fatal consequences

Dayton Region

- Fentanyl & meth availability ↑
- Drug dealers aggressively pushing heroin
- Most heroin is fentanyl or heroin-fentanyl mixtures
- Users seek fentanyl for its potency, more intense high than heroin
- Drug dealers pushing meth like heroin by actively soliciting customers
- Opiate users using meth to get off heroin

Akron-Canton Region

- Meth, marijuana, illicit Suboxone® & synthetic marijuana availability ↑
- Illicit prescription opioid availability ↓
- Unadulterated heroin difficult to find
- Users prefer fentanyl to heroin due to ↑ opiate tolerance
- Demand for meth ↑ due to opiate overdose fear
- Pills pressed with fentanyl sold as Xanax®

Cincinnati Region

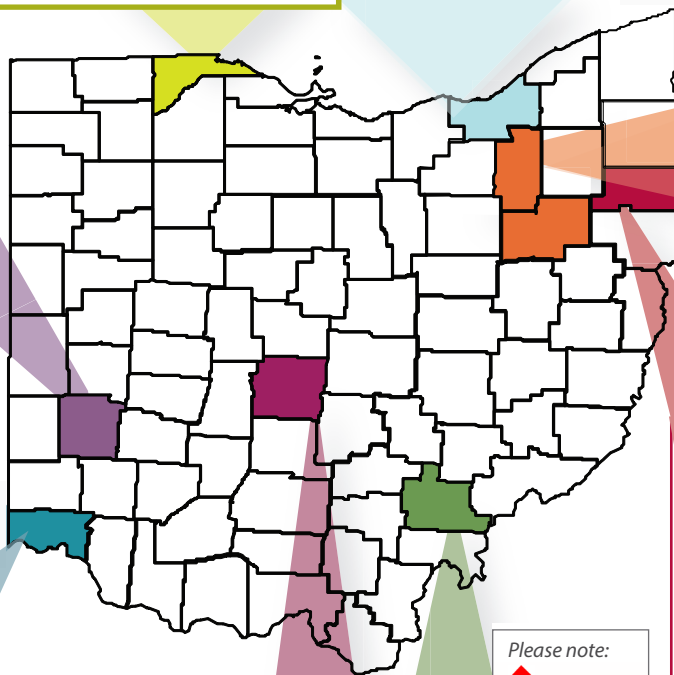
- Fentanyl & meth availability ↑
- Users prefer fentanyl to heroin due to "stronger" high
- Fentanyl used to cut other illicit drugs (cocaine, meth)
- Dealers & heroin users switching focus to stimulants
- Meth used to come off heroin
- ↑ in "speedballing" with heroin-meth combination

Columbus Region

- Fentanyl, marijuana ("dabs") & meth availability ↑
- Illicit prescription opioids, stimulants & sedative-hypnotics availability ↓
- Unadulterated heroin difficult to find; fentanyl-heroin mixtures widely available
- Fentanyl higher in availability than heroin due to demand for more potent opiates
- Meth most available drug in region; MAT clients using meth

Athens Region

- Marijuana ("dabs") & illicit Suboxone® availability ↑
- Illicit prescription opioid availability ↓
- "Straight fentanyl" difficult to obtain; heroin-fentanyl mixtures widely available
- ODPS reported seizing 73 lbs. of fentanyl in region in past 6 mos.
- BCI & law enforcement reported ↑ in meth cases
- Doctors ↑ prescribing of Neurontin®; users seek drug to combat withdrawal



Please note:
 ↑ = Increase
 ↓ = Decrease

Surveillance of Drug Abuse Trends in the State of Ohio

June 2018 - January 2019

Executive Summary

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

This Executive Summary presents findings from the OSAM core scientific meeting held in Columbus, Ohio on January 25, 2019. It is based upon qualitative data collected from July through December 2018 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 data collected from 102 community professionals via individual and focus group interviews, as well as to data surveyed from coroner and medical examiner offices, family and juvenile courts, municipal courts, common pleas and drug courts, Ohio Bureau of Criminal Investigation (BCI), Ohio State Highway Patrol (OSHP) Crime Lab, police and county crime labs, fire department EMS, OhioMHAS' Screening, Brief Intervention and Referral

for Treatment (SBIRT) program which operates in federally qualified health centers, and Ohio Department of Public Safety (ODPS), which logs drug task force seizures from across Ohio. Media outlets in each region were also queried for information regarding regional drug abuse for July through December 2018. OSAM research administrators in the Office of Quality, Planning and Research at OhioMHAS prepared regional reports and compiled this summary of major findings. Please refer to regional reports for more in-depth information about the drugs reported in this section.

Powdered Cocaine

Powdered cocaine is highly available in the majority of OSAM regions. In the Youngstown region where the availability of powdered cocaine has increased during the past six months, a participant remarked, "It's everywhere." ODPS reported seizing 26.9 kilograms (59.4 lbs.) of powdered cocaine from the Youngstown region during the past six months. Participants and community professionals discussed opiate users switching to cocaine use due to fear of overdosing on fentanyl. A treatment provider stated, "They're thinking if they switch to cocaine [from opiates], they would be safer." Treatment providers also noted a correlation with medication-assisted treatment (MAT) and cocaine use. Since MAT blocks an opiate high, they reported that powdered cocaine has become a substitute high for many MAT clients.

Corroborating data indicated that cocaine is readily available throughout OSAM regions. Coroner and medical examiner offices in three of Ohio's largest counties, Cuyahoga, Hamilton and Montgomery, reported that 42.1%, 44.1% and 40.3%, respectively, of all drug-related deaths they recorded this reporting

period involved cocaine (powdered and/or crack cocaine). OSHP Crime Lab reported that of all cocaine cases processed by its lab during the past six months, 53.4% were powdered cocaine and 46.6% were crack cocaine.

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

Participants throughout OSAM regions most often rated the current overall quality of powdered cocaine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the regional modal quality scores ranged from '2' for Cincinnati to '10' for Toledo and Youngstown. Participants in Toledo and Youngstown reported on the potency of powdered cocaine, attributing the drug's current "high quality" to the use of fentanyl as a common cut (adulterant). Participants in six regions noted that the overall quality of powdered cocaine has remained the same during the past six months, while participants in the Cleveland region reported decreased quality; participants in the Columbus region did not reach consensus on whether the quality of powdered cocaine has changed.

Participants continued to universally indicate that powdered cocaine is often cut with other substances and reported the top cutting agents for powdered cocaine as: baby laxatives/laxatives, baking powder, baking soda, fentanyl, powdered sugar and vitamin B-12. With the exception of Athens and Columbus regions, participants noted fentanyl as a top cutting agent. One participant stated, "Everything's being cut with fentanyl now." In addition, participants discussed users overdosing on powdered cocaine due to fentanyl cut.

In August 2018, the Trumbull County Combined Health District and the Trumbull County Mental Health and

Recovery Board informed of a deadly mixture of cocaine and fentanyl as circulating in Trumbull County (Youngstown region), reporting that users often unknowingly get cocaine laced with fentanyl; as of August 2018, there were 29 confirmed overdose deaths recorded in Trumbull County for 2018 (www.wkbn.com, Aug. 20, 2018).

Other cuts for powdered cocaine mentioned included: baby aspirin, baby formula, baby powder, diet pills, ibuprofen, isotol (dietary supplement), MSM (methylsulfonylmethane, a joint supplement), Miami Ice® (powder found at head shops and sold as carpet deodorizer), No-Doz® (caffeine supplement), "molly" (powdered MDMA), numbing agents (Orajel™), over-the-counter nutritional supplements (creatine, whey), prescription stimulants (Ritalin®), sedative-hypnotics (benzodiazepines, sleep aids), steroids and water pills. Crime labs throughout OSAM regions noted the following cutting agents for powdered cocaine: atropine (heart medication), caffeine, levamisole (livestock dewormer), local anesthetics (benzocaine, lidocaine and procaine), phenacetin (banned analgesic) and triacetin (triglyceride).

Current street jargon includes many names for powdered cocaine. Street names often refer to the white color of the drug ("snow," "sugar," "white" and "white rabbit") and often reference females ("Christina Aguilera," "girl," "white girl" and "white lady"). Columbus participants described names for more pure powdered cocaine. One participant said, "Fish scale' is the one that will come in that's pink, that's pure cocaine. ... It's shiny, looks like fish scales...." A Youngstown participant shared, "'Drip' ... just snorting it in general, [your nose is] going to drip ... that's when the party starts."

Current Street Names of Powdered Cocaine	
General Names	blow, coke, girl, powder, snow, soft, white, white girl
Other Names	booger sugar, chalk, china white, Christina Aguilera, drip, fish scale, nose candy, pow-wow, rails, sneeze, white lady, white rabbit, sugar booger, yay, yayo, yo

Throughout OSAM regions, reports of current prices for powdered cocaine were variable among participants with experience buying the drug. Participants noted that price varies depending on the dealer, desired quality, amount

of purchase and location. One participant shared, *"It's subjective, it depends on where you get it."* Participants reported that users pay a higher price for better quality cocaine. A participant remarked, *"The stronger, the more it costs."* Participants also discussed: *"If you have the money to buy a large amount, it is cheaper; The dealer will give you a break the first time to get you hooked, then he increases the price; It really depends on if you go to Columbus, it is cheaper there than around here [Allen County]."*

Participants throughout OSAM regions reported that the most common quantity of purchase for powdered cocaine is a gram for \$40-100, followed by 1/8 ounce (aka "eight ball") for \$100-300. Participants in half of the regions also noted 1/10-gram amounts for \$10-25 as common. Participants in the Akron-Canton region reported that the overall price of powdered cocaine has decreased during the past six months, while participants in all other regions reported that prices have remained the same.

The most common route of administration for powdered cocaine remains snorting, followed by intravenous injection. Throughout OSAM regions, participants reported that most powdered cocaine users, most would snort the drug; only participants in the Cincinnati region thought intravenous injection (aka "shooting") to be more common than snorting. Cincinnati participants noted the high prevalence of opiate users who intravenously inject drugs and reported: *"If you shoot it, you normally shoot [other drugs]; Higher income people (social users) more likely to snort."* Participants in the Akron-Canton, Athens and Toledo regions indicated that snorting and shooting are equally common. Athens participants discussed: *"People can start smoking or snorting, but they always graduate to shooting; People snort because it is easier, and you do not have track marks; They inject it for a better or instant high."*

Participants and community professionals continued to most often describe typical powdered cocaine users as of middle to upper socio-economic status, white people. In addition, much of the discussion of powdered cocaine use continued to relate to the drug's status as a party drug. Comments included: *"It's still a party drug; A bar drug."* In addition, one law enforcement officer observed, *"Some [powdered cocaine users] are opiate users, trying to get off the opiates."*

Many other substances are used in combination with powdered cocaine. Reportedly, using powdered cocaine

with alcohol allows individuals to drink alcohol for a longer period. Comments included: *"It prolongs my drinking. Instead of drinking for two hours and passing out ... if I'm doing coke, then I'm going to go all night and still continue to drink; You can't get drunk."* Participants continued to report that powdered cocaine is often used in combination with opiates to "speedball" (concurrent or consecutive stimulant and sedative highs). Participants discussed: *"You mix an upper and a downer, so you don't fall over; People like to use heroin with cocaine because a lot of people like to try to even themselves out ... they're so high off the cocaine that they have to bring themselves down."* Participants also noted that marijuana, prescription opioids and sedative-hypnotics (Xanax®) are used to bring a user down after cocaine use; crack cocaine, methamphetamine and MDMA (ecstasy/molly) combined with powdered cocaine intensifies one's high.

Substances Most Often Combined with Powdered Cocaine

- alcohol • crack cocaine • ecstasy/molly (MDMA) •
- fentanyl • heroin • marijuana • methamphetamine •
- prescription opioids • sedative-hypnotics •

Crack Cocaine

Crack cocaine remains highly available in the majority of OSAM regions. Participants continued to report drug dealers soliciting customers by offering free samples of the drug, and in many areas, home delivery of crack cocaine is available. Akron-Canton participants shared: *"I can't tell how many times someone drove up and offered me 'crack' (crack cocaine); There's a lot of new drugs coming in, but people still do crack, there's a market for it; It's intense and cheap."*

In most OSAM regions, participants and community professionals agreed that the high availability of crack cocaine has remained the same during the past six months. Respondents in Cleveland and Columbus did not reach consensus. Like powdered cocaine, those who perceived an increase in crack cocaine availability cited opiate users either switching to crack cocaine use out of fear of fentanyl fatal overdose or because they are receiving MAT and can no longer get high on opiates. Those who perceived decreased availability attributed the decrease to methamphetamine, which reportedly, is more potent and widely available.

Law enforcement in Cincinnati and Cleveland reported that heroin/fentanyl dealers market crack cocaine as a safeguard to opiate overdose. One law enforcement officer stated, "Drug dealers are telling people that in order not to overdose on fentanyl, use cocaine (a stimulant) to counter the effects of the depressant (fentanyl)."

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

Participants throughout OSAM regions most often rated the current overall quality of crack cocaine as '4' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the regional modal quality scores ranged from '3' for Cincinnati to '7' for Cleveland. However, participants continued to discuss that the quality of crack cocaine varies, with several saying that it is, "hit or miss." They attributed varying quality to one's dealer, or rather one's relationship with a dealer, location of purchase, and the amount and type of adulterant in the drug.

Overall, participants in the majority of OSAM regions reported that the quality of crack cocaine has remained the same during the past six months, with the exception of Akron-Canton, Dayton and Toledo where participants reported decreased quality. Participants discussed adulterants that affect the quality of crack cocaine, and they continued to most often report baking soda as the top cutting agent (adulterant) for the drug. Other top cutting agents mentioned included: baby laxatives and vitamin B-12. In addition, participants in the Dayton region reported fentanyl as the top cutting agent for crack cocaine in that region; participants in five other regions also discussed fentanyl-cut crack cocaine. Athens and Columbus participants did not express knowledge of fentanyl mixed with cocaine.

While addressing the reason that fentanyl is used as an adulterant for crack cocaine one participant explained, "To get you hooked on heroin. Now you're coming and getting the heroin ... they'll make more money.... If you can buy cocaine from somebody, chances are you can buy heroin from them, too." Another participant commented, "[Crack] is being mixed with fentanyl, making it stronger and more addictive. That's good for the 'dope boy' (drug dealer), but not for the users."

Other cuts for crack cocaine mentioned included: ammonia, baking powder, creatine, ether, Fruit Fresh®, heroin, laxatives, MDMA (ecstasy/molly), methamphetamine, prescription stimulants (Ritalin®), rat poison, sedative-hypnotics (benzodiazepines), sheet rock (drywall), Sudafed® and vitamin B. Crime labs throughout OSAM regions noted the following cutting agents for crack cocaine: atropine (heart medication), caffeine, levamisole (livestock dewormer), local anesthetics (benzocaine, lidocaine and procaine), phenacetin (banned analgesic) and triacetin (triglyceride).

Current street jargon includes many names for crack cocaine. Participants explained that some of the most common street names, such as "hard" and "rock," reference the appearance of the drug. In addition, a participant commented that crack cocaine is often referred to as "work," offering, "Work that's hard."

Current Street Names of Crack Cocaine	
General Names	butter, crack, girl, hard, hardware, rock, work
Other names	boulder, candy, crinack, drop, ear wax, fire, melt, ready, ready rock, stones, sugar cookies

Participants in the majority of OSAM regions continued to report that the most common quantity of purchase for crack cocaine is 1/10 gram (aka "rock") for \$20 (aka "20 piece"); for the Cincinnati region 1/2 gram for \$30 is most common; and for the Youngstown region 1/2 gram for \$50 is most common. Throughout OSAM regions, a gram continues to sell for \$50-100. However, participants continued to report purchasing crack cocaine for whatever amount of money they had at the time of purchase. They commented: "[Dealers] usually just ask,

"What you got? ... I asked for \$25 worth; You can get a \$2 hit if you want; Sometimes [dealers] take what they can get." Participants throughout OSAM regions indicated that the price for crack cocaine has remained the same during the past six months, with the exception of the Columbus region where participants reported increased pricing.

Throughout OSAM regions, with the exception of the Cincinnati region, participants reported that the most common route of administration for crack cocaine remains smoking. A participant remarked, *"You smoke crack ... that's how you do crack."* Participants estimated that out of 10 crack cocaine users, 8-10 would smoke and 0-2 would intravenously inject (aka "shoot") the drug. Participants in Cincinnati estimated that 7 of 10 crack cocaine users in that region would shoot the drug. One participant explained, *"If you don't shoot your heroin, you probably don't shoot crack either."* To intravenously inject the drug, another participant stated, *"You melt it with vinegar."*

While participants and community professionals in half of the OSAM regions found it difficult to describe a typical crack cocaine user, respondents in the other half of regions most often described typical users as of low socio-economic status, with many treatment providers continuing to note crack cocaine use as more prevalent among their African-American clientele. A Columbus treatment provider commented, *"I've noticed the majority of my African-American clients, their drug of choice, is crack.... I do have Caucasian clients who are also addicted to that ... but, I would say a majority of [crack cocaine users] are of African-American descent."* Other providers added: *"People in [homeless] shelters; Inner city."*

Many other substances are used in combination with crack cocaine. Participants continued to report that crack cocaine is most often used in combination with alcohol, heroin and marijuana. Participants reported using alcohol and marijuana primarily to come down from the stimulant high produced by crack cocaine use. A participant commented, *"Alcohol ... balances you out."* Participants reported using heroin with crack cocaine for the "speedball" effect (concurrent or consecutive stimulant and sedative highs). They discussed: *"You don't 'fiend' (intensely crave) for crack if you use it with heroin; Heroin, then the crack to wake you up; Crack goes hand-in-hand with heroin."*

Participants discussed crack cocaine as interchangeable with other stimulant drugs such as methamphetamine

and prescription stimulants. One participant shared, *"If it's like five in the morning and my crack dealer is not picking up his phone, I would take Adderall® to bridge the gap 'til I got more crack ... if I was deciding to go on a bender."*

Substances Most Often Combined with Crack Cocaine

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

Heroin

Heroin continues to remain widely available throughout OSAM regions. Toledo participants commented that they had 3-5 heroin dealers' numbers in their phones, while other participants reported that even if you didn't know any dealers, you could quickly locate one. Participants in several regions continued to discuss drug dealers aggressively pushing heroin. They said dealers seek out customers by profiling users, approaching people whom they suspect to be users and offering heroin for sale. Reportedly, all one has to do is drive slowly down certain streets in Dayton and Cleveland to find drug dealers giving away "testers" (free samples of heroin bundled with the dealer's phone number). One Cleveland participant remarked, *"People come up (approach you) [and ask], 'You working for that boy?' (looking for heroin)."* Law enforcement in Cleveland also noted that heroin dealers drive around and look for customers. One officer commented, *"They see people that they think are either becoming 'dope sick' (experiencing withdrawal) or look like they're addicts, and basically, they're just asking them if they're looking to buy drugs...."*

While heroin remains highly available throughout OSAM regions, respondents acknowledged that a lot of heroin contains fentanyl or is fentanyl substituted for heroin. Thus, Akron-Canton respondents reported that the availability of heroin has decreased during the past six months. Columbus participants also indicated difficulty in finding heroin not adulterated with fentanyl; they described heroin-fentanyl mixtures as having saturated the market. Many respondents noted that heroin is being replaced by cheaper substitutions (fentanyl and methamphetamine). Reportedly, many heroin users prefer and seek fentanyl over heroin due to increased

tolerance to opiates, while other heroin users have become fearful of fentanyl overdose death and have switched to methamphetamine use.

Reported Change in Availability of Heroin during the Past Six Months			
Region	Current Availability	Availability Change	Most Available Heroin Type
Akron-Canton	High	Decrease	Powdered
Athens	High	No change	Black tar
Cincinnati	High	No change	Powdered
Cleveland	High	No change	Powdered
Columbus	High	No consensus	Powdered and Black tar
Dayton	High	No consensus	White powdered
Toledo	High	No change	Powdered
Youngstown	High	No change	Powdered

Participants reported that powdered heroin comes in many colors. They discussed: “Gray [powdered heroin] is popular now; Gray is with the fentanyl; Majority is gray [in Cincinnati region], sometimes an amber color; Black, tan, red, brown, white, blue ... it could be any [color], depends on what you cut it with...” During the past six months, BCI crime labs reported processing beige, blue, brown, gray, purple, tan and white powdered heroin as well as black tar heroin.

Participants throughout OSAM regions most often rated the current overall quality of heroin as ‘3’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the regional modal quality scores ranged from ‘0’ for Youngstown to ‘10’ for Cleveland. Quality ratings were dependent on personal preference towards fentanyl. Participants who desired the potency of fentanyl rated heroin adulterated (aka “cut”) with fentanyl high, while participants who assigned a low-quality rating were commenting on the low quality of heroin not adulterated with fentanyl. Participants explained: “It’s junk ... that’s why they put all the stuff in it; [More fentanyl] makes [heroin] way better.” One participant shared that he found out a friend had overdosed and died on heroin before coming to the focus group. This participant stated, “Well, obviously it’s good [potent] ... the Narcan® (naloxone, opiate overdose reversal medication) or whatever didn’t bring him back.”

Participants in the majority of OSAM regions reported that the quality of heroin has remained the same during the past six months. Akron-Canton and Cincinnati participants reported decreased quality, while Columbus participants reported increased quality. Participants discussed cuts that affect the quality of heroin and continued to universally report fentanyl as the top cutting agent for the drug. One participant remarked, “It’s not even really heroin ... it’s mainly fentanyl.” A law enforcement officer in Toledo commented, “It’s about 3% [heroin] ... and 97% is fentanyl or coke or any other drug they’re mixing in it.”

Participants throughout OSAM regions continued to discuss the risk for overdose. They said: “[Drug dealers] don’t know how to regulate it (cut fentanyl into heroin). They don’t know how much to give out. You can give a little tiny line to somebody and it’ll put them down (they will overdose); You’re getting fentanyl and you don’t know what milligram it is; Some people don’t take the time to do like a warm up (tester of heroin) to see how it’s gonna affect them... When you don’t use responsibly, or you’re careless about it ... that’s why you’re seeing [overdose] happen so much.”

Additional cuts mentioned for heroin included: aspirin, baby formula (Similac®), baby laxatives, Benefiber®, brown sugar, carfentanil (synthetic opioid more potent than fentanyl, horse tranquilizer), cocoa powder, coffee, cosmetics, ecstasy (MDMA), lactose, laxatives, lidocaine (local anesthetic), methamphetamine, Neurontin® (gabapentin), powdered cocaine, powdered sugar, prescription opioids (Percocet®), salt, sedative-hypnotics (Xanax®), soda pop (Coca-Cola®, Dr. Pepper®, Pepsi®), sleep aids (Sleepinal®), sugar, tar, Tylenol®, trazodone (prescribed sedative and antidepressant), vinegar and vitamin B-12.

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

Current street jargon includes many names for heroin. Throughout OSAM regions, participants continued to note “boy” as the most common street name generally, followed by “dope.” One participant commented, “It’s so crazy ... when I was a kid, ‘dope’ was crack ... and now it’s heroin.... Not saying it’s any better, but you know, it

changes.” Participants explained that street names can reference the appearance of the drug; for instance, brown powdered heroin is most often referred to as “dog food” because it looks like dog food. “Sticky” and “tar” reference the appearance of black tar heroin. Reportedly, “slow” references the feeling the user gets after heroin use. In addition, participants once again discussed that “fetty” is used in reference to both fentanyl and heroin due to the high prevalence of heroin-fentanyl mixtures.

Current Street Names of Heroin	
General Names	boy, H, Hank, horse, man, medicine, Ron, slow, smack
Other Names for Black Tar	black, chocolate, sticky, tar
Other Names for Brown Powdered	D, dog, dog food, doggie, pup, puppy chow
Other Names for White Powdered	china, china white, fetty

Participants in half of the OSAM regions reported that the most common quantity of purchase for heroin is 1/10 gram for \$10-20. Participants in the Dayton and Youngstown regions indicated a gram for \$100-120 as most common, while participants in Cleveland and Toledo indicated 1/2 gram and gram amounts as equally common. A Columbus participant observed, “Every time I’ve been in a ‘trap house’ (place where illicit drugs are bought and used), it’s like every other customer in front of me, it’s the same thing ... [they’re buying] either 20 (\$20 1/10 gram) or a gram.”

With the exception of the Columbus region where participants noted a decrease in heroin prices, participants throughout OSAM regions reported that the price of heroin has remained the same during the past six months. However, Akron-Canton participants discussed that the price for heroin varies depending on the quality of the heroin and that heroin is purchased for lower prices in cities such as Akron and Cleveland.

The most common route of administration for heroin remains intravenous injection (aka “shooting”), followed by snorting. Participants estimated that out of 10 heroin users, 7-10 would shoot and 0-3 would snort the drug. Participants commented: “You only snort it for so long; Everyone will eventually shoot it; The high’s way better [when you shoot]; Smoking, it’s a waste.” One Cleveland

participant observed, “[Certain drug houses] they call ‘shooting galleries.’ It’s a dollar to get in and a dollar to use the syringes. So, if you go there, everybody’s shooting.... At a bar, you go in the bathroom and snort [heroin].”

Participants reported that injection needles (aka “darts,” “harpoons,” “pens,” “pins,” “points,” “pokes,” “rigs,” “spikes,” “sticks,” “tools,” “twigs,” “utensils” and “works”) are most available from big box stores, drug dealers, needle/syringe exchange programs, people with diabetes, pharmacies, retail drug stores and through Internet purchase. Participants discussed: “You can go to Walmart and get them without a prescription; I always got mine from the drug dealer; My dope boy gave it to me with each purchase; My mom is diabetic, got from her; A guy I used to work with, would have them ... he got them off the Internet.” Reportedly, needles sell for \$1-5 per needle on the street.

Participants throughout OSAM regions discussed sharing needles as common. They observed: “Sharing needles, yes, absolutely, that’s 100%; I knew a guy who had ‘Hep C’ (hepatitis C) and people would use the needle right after him knowing he has Hep C; I’ve seen people use bent needles, rusted needles, needles filled with blood they found on the street; If you don’t have your own needle, you don’t think twice about sharing.” Other participants added: “I didn’t really do it that much, I carried a bottle of water, alcohol wipes, and a bottle of bleach in my purse. I had a whole kit [to clean needles]; If you miss that noon to two [PM] (needle exchange operating hours), and it’s Friday night ... you’ll use, reuse, go find [a needle somewhere].”

Participants acknowledged several health concerns regarding needle use: abscesses, amputations, cellulitis, clots, heart complications, hepatitis, HIV/AIDS, MRSA/staph infection and death. Despite these concerns, participants reported continued needle use. One participant shared, “There are no health concerns while you are using.”

Respondents in half of OSAM regions continued to describe typical heroin users as young, white people aged 20s to 30s, while respondents in the other half of regions could not provide a profile of typical use. They reported “anyone” could be a heroin user. Athens treatment providers stated: “It is hitting everyone ... young, old, poor, rich; It goes across the board. I have seen every demographic.” Cleveland participants maintained: “I’ve been all over the place shootin’ dope ... I don’t see a lot of African-American men shooting [heroin]; I just got released from the institution and I’ve seen more guys, 20-years old, white [heroin] addicts.”

Many other substances are used in combination with heroin. Participants reported that heroin is most often used in combination with crack/powdered cocaine, methamphetamine and sedative-hypnotics (Xanax®). Participants throughout regions discussed the popularity of using cocaine, and the increasing popularity of using methamphetamine, with heroin to “speedball” (concurrent or consecutive stimulant and sedative highs). Participants explained: *“Heroin and crack for sure ... it’s called ‘speedballing.’ I put my heroin and my crack in a spoon together ... I’d shoot them up at the same time. I would do that, so I would get a real racing feeling and kind of feel down, too; Heroin’s a downer and crack’s like a picker upper; They literally go hand-in-hand; If I had one, I had the other. Always.”*

Participants also discussed using heroin to come down from the intense stimulant high of cocaine and methamphetamine, or they would use stimulant drugs to come up from the down (depressed state) of heroin use. They said: *“I would always use dope to come down because you’d be up for days on methamphetamine; Cocaine is pretty much the balancer that keeps you up and able to move ... it’s just a cycle of getting low and getting high to get low again; You can feel the effect of the heroin without slumping over; If I was too high on meth, I’d come back with heroin.”*

Reportedly, alcohol, marijuana, Neurontin® and sedative-hypnotics are combined with heroin use to intensify the heroin high. Participants commented: *“Xanax® is a huge one, ‘benzos’ (benzodiazepines), they even call it the ‘death cocktail,’ but nobody cares. It intensifies that high; Xanax®. It’s another downer so it makes your high increase; Alcohol and heroin is a death cocktail ... they both slow your body down. So, before you realize it, you’ve taken too much, and it shuts your body down and you ‘OD’ (overdose); I’ve almost died so many times doing that combo, alcohol and dope; You can smoke weed, get high on heroin ... it makes your high stronger; [Neurontin®] makes the high of an opiate or fentanyl ... like a million times stronger. It’s insane.”*

Substances Most Often Combined with Heroin

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

Fentanyl

While respondents discussed speaking of fentanyl apart from heroin as challenging, the consensus throughout OSAM regions was that fentanyl remains highly available as evidenced in the high prevalence of fentanyl-cut drugs. Participants in the Athens region assigned a low current availability rating to fentanyl which is reflective of their viewpoint that “just fentanyl” is difficult to obtain. They stated: *“I have only seen pure fentanyl once or twice in the last year ... usually it is cut into the heroin; I never actually bought fentanyl, it was in my heroin.”* Athens and Akron-Canton respondents were not in agreement as to whether the availability of fentanyl has remained the same or increased during the past six months.

Law enforcement in Columbus noted an increase in fentanyl availability, sharing: *“It’s a little bit higher ... we’re seeing more of the [fentanyl] analogues; There’s hundreds of different analogues.”* One officer remarked, *“There are a lot of users out there that want to come as close to death as possible. So, they want [fentanyl].”* Participants in regions with increased availability of fentanyl reported increased demand for the drug. They discussed users seeking fentanyl for its potency, reportedly, a more intense high than heroin.

Corroborating data indicated that fentanyl is highly available throughout OSAM regions. ODPS reported seizing 164.2 pounds of fentanyl from across Ohio during the past six months; of which, 44.5% was seized from the Athens region and 40.6% was seized from the Cincinnati region. Columbus Fire Department reported administering 2,099 total doses of naloxone (opiate overdose reversal medication) to 1,446 individuals in the city of Columbus during the reporting period. In addition, coroner and medical examiner offices in Cuyahoga, Hamilton and Montgomery counties, reported that 68.7%, 77.7% and 86.0%, respectively, of all drug-related deaths they recorded this reporting period involved fentanyl/ fentanyl analogues.

Reported Change in Availability of Fentanyl during the Past 6 Months

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

Participants most often rated the current overall quality of fentanyl as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality). However, participants in the Athens region were unable to rate the current overall quality of fentanyl, as stated previously, they were unable to speak about fentanyl apart from heroin. The majority of participants reported on extremely potent fentanyl. Comments included: "There's no gauge for [quality] ... you get so high; You are gonna get really high or you are going to die; Everyone's dying from it, [quality] must be '10.'"

Participants discussed adulterants (aka "cuts") that affect the quality of fentanyl and reported that the top cutting agents for the drug are brown sugar, heroin and powdered sugar. Both participants and treatment providers in the Toledo region reported that users are most often looking for a heroin-fentanyl mix when seeking opiates. They request heroin but are expecting heroin and fentanyl. Participants reported that they most preferred the combination because heroin lasts longer than fentanyl, but fentanyl provides a stronger high. The combination of the two provides the user with what they desire.

Additional fentanyl cuts mentioned included: baby formula, beef bouillon, carfentanil, cocaine, coffee creamer, head shop products, heroin, laxatives, methamphetamine, sleeping pills, table sugar and vitamins. Participants continued to report that it is necessary to cut fentanyl due to its high potency. They stated: "They have to 'step on' (adulterate) it or everybody would be dying ... they have to cut [fentanyl]; They cut it with cocaine to keep you alive. If you're dead, they can't

make any money off you; [Fentanyl is] cut with powdered sugar, and you're still going to get high."

Crime labs did not report on adulterants for fentanyl. Overall, participants reported that the general quality of fentanyl has remained the same during the past six months, with the exception of the Dayton region where participants reported increased quality. Dayton participants explained: "The fentanyl is getting stronger as the high is lasting longer; The poor quality [fentanyl] wears out in 10 minutes."

Current street jargon includes several terms for fentanyl. Throughout OSAM regions, participants continued to note "fetty" as the most common street name generally, followed by "fetty wop." A participant reported hearing people say, "I want that fetty." Reportedly, "gray reaper" is so named because of the usual color of the drug when mixed with heroin and because of its extreme potency which often leads to fatal overdose. Participants noted that since fentanyl is often mixed with heroin, many of the street names for heroin are also used to reference fentanyl. In terms of "china" and "china white," users use these names for fentanyl because most fentanyl originates from China.

Current Street Names of Fentanyl

Most Common Names	boy, fetty, fetty wop, slow
Other names	china, china white, death sting, dope, drop, gray reaper, white, whoa

Participants in the majority of OSAM regions reported prices for fentanyl; only participants in the Athens region were unable to report on current pricing. In five of the seven reporting regions, a gram is the most common quantity of purchase. Participants continued to discuss that the pricing for fentanyl is the same as the pricing for heroin. They commented: "The price of fentanyl is the same as what you would pay for heroin; [Dealers] are buying [fentanyl] dirt cheap, but they're selling it for the same [price as heroin]."

Throughout regions, a gram sells for \$80-180; 1/2 gram sells for \$40-60; and 1/10 gram sells for \$10-20. In addition, Cleveland participants discussed fentanyl sold in capsules containing approximately a 2/10-gram amount, selling most often for \$20. A participant remarked, "They put [fentanyl] in capsules and sell it by the capsule." Overall,

participants reported that the price of fentanyl has remained the same during the past six months. However, participants in the Akron-Canton region indicated decreased prices due to an overabundance of the drug in that region. A participant commented, *"It's easier to get than heroin, so they lowered the price."*

The most common route of administration for fentanyl remains intravenous injection (aka "shooting"). Participants most often estimated that out of 10 fentanyl users, 8-9 would shoot and 1-2 would snort the drug. Most participants observed that fentanyl use mirrors that of heroin use. One participant added, *"Snort and shoot. I don't know anyone that smokes fatty."*

Participants and community professionals continued to describe typical fentanyl users as the same as heroin users, white people in their 20s and 30s. Treatment providers commented: *"Many started with heroin in high school, and their tolerance is so high in their 20s [that] they are seeking the stronger opiate; High risk takers."* One participant added, *"[A person who knows] the high potential for overdose and death and being okay with that, so more suicidal in that way."* However, participants noted the increasing use of fentanyl as a cut for other drugs meant: *"Anybody can fall victim to it; Could be anybody."*

Many other substances are used in combination with fentanyl. Participants reported that fentanyl is most often used with heroin, crack/powdered cocaine, methamphetamine and sedative-hypnotics (Xanax®). Participant discussed "speedballing" (concurrent or consecutive stimulant and sedative highs) with fentanyl and cocaine/methamphetamine. Reportedly, these stimulant drugs are used to counter the "nods" (passing out, extreme sedative state) produced by fentanyl use. Participants explained: *"It's common to do a shot of meth to bring you back [up after fentanyl use]; Crack counters, balances it out; If you get too high, use fentanyl. If you get too low, smoke crack; Fentanyl and crack, fentanyl and meth; I used meth [with fentanyl], that is the only way I survived."*

Regarding the use of Xanax® with fentanyl, participants discussed Xanax® as intensifying the fentanyl high and users taking the drug to help alleviate withdrawal symptoms experienced after fentanyl use. They said: *"It's more of a high; You shouldn't do it [noting the lethality of this drug combination], but it's a good high; When you come off of [a fentanyl high], [Xanax®] makes it easier; If you're using cocaine [with fentanyl], you've been stabilized*

... and still taking care of your business during the day. At the end of the day, when you're trying to knock all the way out (pass out), that's when the Xanax® comes into play ... to put you all the way out." Lastly, there was limited discussion of fentanyl use with marijuana. Participants remarked that marijuana use accompanies all drug use. A participant said, *"In some cases, people add [fentanyl] to weed [and smoke]."*

Substances Most Often Combined with Fentanyl

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

Prescription Opioids

Participants throughout OSAM regions reported that the current availability of prescription opioids for illicit use is at least moderate. Participants in the Columbus region reported high current availability, explaining that for users who actively seek prescription opioids and have established connections for obtaining them, the drugs remain highly available. One participant commented, *"Once you find somebody that actually has what you want, it's easy to get from that point."* Participants throughout OSAM regions confirmed that they are no longer being prescribed opioids and that when given the choice, many would choose heroin due to the ease of obtaining it and its significantly lower price. One participant stated, *"I am going to pick the heroin because I'm going to need to spend three times as much on the prescription pills."* Another participant remarked, *"I can get heroin quicker than anything compared to a pill."*

For the majority of OSAM regions, the street availability of prescription opioids has decreased during the past six months. Respondents most often attributed decreased availability to stricter prescribing guidelines and the expanded use of the Ohio Automated Rx Reporting System (OARRS, the state's drug prescription monitoring network). Participants discussed: *"The regulations, the laws are changing; They're tightening up in pain management; Doctors are cracking down on the 'scripts' (prescriptions), you can't go doctor shopping no more; Regular doctors can only give seven days' worth."* One participant shared, *"I couldn't get [an opioid prescription] filled in one pharmacy. I was advised to just leave it alone 'cuz I was on Suboxone®, so that little system*

(OARRS) they have is working." Community professionals concurred with the participant assessment that doctors and pharmacies are limiting and monitoring opioids. A treatment provider observed, "More doctors are taking advantage of the OARRS report and prescriptions are being monitored more." A law enforcement officer added, "Pharmacies are much more vigilant checking for 'fake scripts' (fraudulent prescriptions)."

they're buying a Percocet® but it's pressed fentanyl and they don't know it"

Current street jargon includes many names for prescription opioids. Participants discussed that street names are often shortened forms of the drug's brand name or reference the pill's color or milligram strength. For instance, Percocet® is generally shortened to "perk;" Percocet® 2.5 mg, which is pink in color, is referred to as "pinkie;" Percocet® 5 mg, which is blue in color, is referred to as "blueberries" or by its milligram strength, "5s;" Percocet® 10 mg, which is yellow in color, is referred to as "school buses" or "10s."

Reported Availability Change of Prescription Opioids during the Past 6 Months			
Region	Current Availability	Availability Change	Most Available
Akron-Canton	Moderate to High	Decrease	Percocet® Vicodin®
Athens	Moderate to High	Decrease	Percocet®
Cincinnati	No consensus	No consensus	Percocet®
Cleveland	Moderate to High	Decrease	Norco®, tramadol, Vicodin®
Columbus	Moderate to High	Decrease	Percocet®
Dayton	High	No change	Percocet® Vicodin®
Toledo	Moderate to High	Decrease	Opana® Percocet®
Youngstown	Moderate	Decrease	Percocet®

Current Street Names of Prescription Opioids	
General Names	beans, berries, birds, candy, goodies, killers, painers, pills, Skittles®, Tic-tacs®
Opana®	OPs, pandas, pans
OxyContin®	oxy
Percocet®	5s, 10s, blues, blue angels, blueberries, erks, fuel perks, jerks, Ps, perks, perkies, pinkies, school buses
Roxicodone®	30s, perk 30s, roxi
Vicodin®	Vs, vics, vikes, vikies, Watsons

In addition to the reporting on the current status of illicit use of prescription opioids, participants and community professionals in the Cincinnati, Columbus and Youngstown regions also discussed the increasing prevalence of pressed pills made to look like prescription opioids; reportedly, these clandestine pills actually contain illicit substances, most often fentanyl. Participants stated: "Sometimes they look perfect (just like prescription opioids); A lot of them mostly are fentanyl but ... quality control isn't there. So, one 'perk' (Percocet® lookalike) you may take and be faded (high) all day, but then the next day they take one and, 'Oh, what was wrong with that one? I didn't feel anything.'" A participant remarked, "It's just a crazy time for pills." Treatment providers discussed: "[Drug dealers are] making fake prescription pills ... those are very accessible; Most of the fake pills are pressed fentanyl so they may think

Participants throughout OSAM regions continued to report that prescription opioids generally sell for \$1-2 per milligram. Participants discussed: "It is always at least \$1 per milligram; They are scarce, but when they are around they do go quick." Reportedly, Percocet® 5 mg sells for \$5-10; Vicodin® 10 mg sells for \$8-15. Overall, participants in most regions reported that the price for prescription opioids has remained the same during the past six months, with the exception of the Akron-Canton, Columbus and Toledo regions where participants reported increased prices. An Akron-Canton participant remarked, "Less available, more expensive."

Participants reported obtaining prescription opioids for illicit use from drug dealers, dentists and doctors (often as a result of intentional self-harm), the elderly, individuals with prescriptions or who steal these medications, as well as through Internet purchase. Participants shared: "From old ladies; People sell their scripts to supplement their income or to support another habit; I didn't care who you were, whose friend you were, whose grandma you were ... I would steal whatever was in your medicine cabinet; From someone who

has robbed a pharmacy; My friend knocked his teeth out to go get 'perks' (Percocet®); If all else fails, just crash your car into a telephone pole and go to the emergency room." Treatment providers in the Akron-Canton, Cleveland and Dayton regions noted dentists as a common source for prescription opioids. They discussed: "There's the dentists, they are more likely to prescribe [opioids]; If you go to the dentist, they'll offer Norco® before they even offer Motrin®; I have a patient and every time he goes to the dentist, he is getting opioids."

The most common routes of administration for illicit use of prescription opioids remain snorting, followed by intravenous injection (aka "shooting") and oral consumption. Participants throughout OSAM regions estimated that out of 10 illicit prescription opioid users, 8-10 would snort and the remainder would shoot or orally consume the drugs. Participants commented: "To get high quick, you snort; A lot of people do not try to shoot them ... with the bonding agent [they are unable to break down the pill easily]; Snort ... depending on which one it is ... you can't snort everything; If it doesn't have Tylenol® (acetaminophen in it), snort it. If it does, eat it."

A profile of a typical illicit prescription opioid user did not emerge from the data. One treatment provider stated, "Everyone's at risk." However, respondents continued to note that one would need money to afford buying prescription opioids. Comments included: "You gotta have money; People who make a bit more money are purchasing them, middle to upper class; People who have health insurance..." In addition, participants and treatment providers in a couple of regions indicated illicit use as typical among older people (40s and older). One treatment provider observed, "Referrals wise, with that, I see an older age group coming in, anywhere from 40 to 60 [years of age]. A lot of it ... referrals coming from surgeries, chronic pain, they were prescribed [and developed a dependence on opioids]." A participant added, "They are more available to older people."

Many other substances are used in combination with prescription opioids. Participants reported that these drugs are most often used in combination with alcohol, marijuana and sedative-hypnotics (Xanax®). Reportedly, alcohol, marijuana and Xanax® are used with prescription opioids to intensify the effect of the opioids. Participants commented: "Marijuana intensifies the high, makes it last longer; [Alcohol] to embrace the high; Just like it says on the bottle, alcohol may intensify the effects; To get the nod

off effect ... they would use a Klonopin® [with prescription opioids]." Participants explained that stimulant drugs (cocaine and methamphetamine) are used with opioids to achieve a "speedball" effect (concurrent or consecutive stimulant and sedative highs). They shared: "You wanna party ... speedball; Take [prescription opioids], then smoke crack; Adderall® for sure, It helps balance [the opioid high]."

Substances Most Often Combined with Prescription Opioids

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

Suboxone®

Suboxone® remains highly available for illicit use throughout OSAM regions. Participants and community professionals continued to discuss the ease in which a user can obtain a prescription for Suboxone® and divert all or part of the prescription to other users. They indicated Suboxone® clinics as a source for much of the diverted Suboxone®. Participants discussed: "You can go to any clinic now and say you are a heroin addict and get them the same day; Go there with \$100, leave with 60 of them." Treatment providers observed: "It's as easy to get as heroin; There are so many clinics where people can just walk in and get a script; People get on Suboxone® and they use it for currency ... they trade it for 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	No consensus
Cleveland	Moderate to High	Increase
Columbus	High	No consensus
Dayton	High	No consensus
Toledo	High	No change
Youngstown	High	No change

Participants discussed that Suboxone® in sublingual filmstrip form (aka “strips”) is more desirable than Suboxone® in pill form. Participants shared: *“Strips are more highly-valued than pills; It’s because [the filmstrips] dissolve quicker when you take them ... and they come individually wrapped in paper ... so, you know they’re not fake; Strips last longer and are easier to shoot (intravenously inject) [than pills].”*

While participants expressed a preference for the filmstrips, many indicated that the pill form is becoming more common due to an increase in insurance plans now covering them. A participant stated, *“The insurance company changed [and are now paying for pills], so the pills are coming back.”* Many participants reported that the filmstrips are becoming more difficult to find. Participants commented: *“My insurance would not cover strips; It’s hard to get strips nowadays.”* Treatment providers also believed users are prescribed Suboxone® in pill form more often than previously, they too reported more insurance companies covering the pills. However, they noted that users can purchase Suboxone® at self-pay clinics where filmstrips remain an option. In addition, respondents in Akron-Canton, Cincinnati and Youngstown discussed availability of Suboxone® in jails and prisons, particularly the filmstrip form. Comments included: *“They are really popular in jail; They are in the jails because they are easily transported; It’s profitable for the [person] taking (smuggling) it in, and it’s profitable to that person in prison who’s selling it to the other people.”*

Current street jargon includes several names for Suboxone®. Throughout OSAM regions, participants continued to note “subs” as the most common street name for the drug generally. Participants explained that users typically use a derivative of the brand name or reference the form of the drug. For instance, Subutex® is referred to as “text” and filmstrips are referenced as “strips.” Additional street names reference the color or shape of the pill such as “oranges” and “stop signs.” Participants also reported that certain Suboxone® pills and Subutex® are called “moons” or “half-moons” due to the crescent insignia imprinted on them.

Reports of current street prices for Suboxone® were reported by participants with experience buying the drug. Overall, Suboxone® filmstrips and pills typically sell at similar prices: \$15-25 per 8 mg dose. During the previous reporting period, the consensus among most participants

Current Street Names of Suboxone®	
General Names	boxes, sandwiches, subbies, submarines, subs
Other names for Filmstrips	strips
Other names for Tablets	half-moons, lemon limes, moons, oranges, peaches, stop signs, text

was that pills often sold at higher prices than filmstrips. For the current reporting period, participants in several regions indicated that filmstrips often command higher prices than pills. Akron-Canton participants reported that the filmstrips are more expensive because they last longer, are easier to shoot and are harder to find due to supply and demand. A couple participants in this region also indicated that if a user bought a person’s whole prescription, they would be pay \$10 per 8 mg dose. Participants in the Athens and Youngstown regions continued to report higher pricing for Suboxone® in pill form. Furthermore, participants in a couple of regions reported higher than street pricing for Suboxone® in correctional institutions. An Akron-Canton participant commented, *“[Suboxone® is] huge in prison, one-eighth of a strip goes for \$20. Most people don’t know, but if you use a small amount, you get high.”* Throughout OSAM regions, participants reported that the overall street price of Suboxone® has remained the same during the past six months.

In addition to obtaining Suboxone® through doctors, clinics and individuals selling their prescriptions, participants reported getting the drug on the street from heroin dealers. A participant shared, *“A lot of people will trade their [prescribed Suboxone®] for heroin. Then your heroin dealer has the Suboxone®.”*

The most common route of administration for illicit use of Suboxone® remains oral consumption, followed by snorting. One participant stated, *“Most people put it under their tongue and use it as a crutch to not get sick (experience withdrawal) from the heroin.”* Regarding the snorting of Suboxone®, participants commented: *“Snort it if in pill form; You can melt [the filmstrip] in a spoon (dissolve with water) and snort it; People in prison snort them.”* A few participants also reported intravenously injecting (aka “shooting”) Suboxone®. They said: *“There is a way to shoot the strips ... you can dilute them in water to shoot them; It made me feel like I was gonna die when I shot it though.”*

Participants and community professionals continued to describe typical illicit Suboxone® users as opiate users, or as one treatment provider stated, “chronic relapsers.” Reportedly, those who illicitly use Suboxone® do so to alleviate withdrawal symptoms. A participant explained, “I knew I could take a Suboxone® and get up and function ‘til I could go get some dope (heroin).”

Reportedly, other drugs are used in combination with Suboxone®. Participants continued to report that Suboxone® is often used in combination with cocaine and methamphetamine as the medication does not block the effects of stimulant drugs, allowing the user to continue to get high. Other drugs often combined with Suboxone® include: alcohol, marijuana and sedative-hypnotics (Xanax®). Participants commented: “I know a lot of people that drink [alcohol] with Suboxone® ... and smoke crack because you can’t use opioids on it ... I’ve done that; I know people who smoke ‘pot’ (marijuana) on top of it because it helps them relax; A lot of people do ‘benzos’ (benzodiazepines) with it, even though they say it is dangerous; You can mix it with whatever you want really, other than heroin and fentanyl.”

Substances Most Often Combined with Suboxone®

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

Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) are moderately to highly available for illicit use throughout OSAM regions. Respondents shared that these drugs are typically used illicitly as a backup to one’s drug of choice when that drug is unavailable. Reportedly, sedative-hypnotics help alleviate opiate withdrawal symptoms and aid in the coming down from intense stimulant highs. Respondents also discussed that these medications are more readily prescribed than opioids. Comments included: “If people can’t find the other drugs, they’ll use [benzodiazepines] as a backup, they’re very easy to find; Increased [availability] because we have talked about the dangers of opioids, and doctors are saying maybe we can find something different....”

Participants and community professionals continued to report Xanax® as the most available sedative-hypnotic in terms of widespread illicit use. OSHP Crime Lab reported that alprazolam (Xanax®) is by far the most frequent benzodiazepine found in sedative-hypnotic case submissions; the incidence of alprazolam cases the lab processes has remained the same during the past six months.

Corroborating data indicated that sedative-hypnotics are available for illicit use throughout OSAM regions. Coroner and medical examiner offices in Cuyahoga, Hamilton and Montgomery counties reported that 16.6%, 10.9% and 19.4%, respectively, of all drug-related deaths they recorded this reporting period involved one or more benzodiazepine or other sedative-hypnotic.

Reported Availability Change of Sedative-Hypnotics during the Past 6 Months			
Region	Current Availability	Availability Change	Most Widely Used
Akron-Canton	High	No change	Valium® Xanax®
Athens	Moderate	No change	Klonopin® Xanax®
Cincinnati	Moderate	No consensus	Xanax®
Cleveland	Moderate to High	No change	Klonopin® Xanax®
Columbus	Moderate to High	Decrease	Klonopin® Xanax®
Dayton	High	No change	Klonopin® Xanax®
Toledo	High	No change	Xanax®
Youngstown	High	No change	Klonopin® Xanax®

In addition to reporting on current street availability of sedative-hypnotics, respondents in a few regions discussed the presence of fake Xanax® pills, as was the case in the previous reporting period. Respondents in the Akron-Canton, Cleveland, Columbus and Youngstown regions discussed counterfeit Xanax® in circulation in those regions. A participant in the Youngstown region commented, “They use a pill press and it says Xanax®, and it looks like a ‘xanie bar’ (Xanax® 2 mg) ... like one you get from the manufacturer, but it’s pressed with fentanyl or something else.” In the Cleveland region, Cuyahoga County Regional

Crime Lab reported having processed 10 cases of “designer benzos” (synthetic drugs that produce similar effects as benzodiazepines) during the past six months.

The availability of sedative-hypnotics for illicit use has remained the same for the majority of OSAM regions. In the Cincinnati region where there was no consensus as to a change in availability, participants and treatment providers reported decreased availability due to physicians prescribing sedative-hypnotics less and those with prescriptions keeping their medication and not sharing and/or selling/trading them; law enforcement reported increased availability based on their view that physicians are shifting from opioid to sedative-hypnotics prescribing. Respondents in the Columbus region reported that doctors are prescribing these drugs less often than previously.

Current street jargon includes many names for sedative-hypnotics. General street names include a shortened version of the group classification of benzodiazepines (“benzos”) and refer to the sedative effect of the drugs (“downers”). Klonopin® is often referred to as “forgot-a-pins.” A participant explained, “Using Klonopin®, I will forget days. I won’t remember anything...” Street names for Xanax® often refer to the color of the pill (“blues,” “peaches”) and its shape (“footballs,” “ladders”).

Current Street Names of Sedative-Hypnotics	
General	beans, beany, bennies benzos, downs, downers, forget-me-nots, Pez®, Skittles®, slow
Klonopin®	forgot-a-pins, green monsters, k-pens, k-pins, kingpins, klonies, klons, pins
Valium®	blues, Vs
Xanax®	bars, blues, footballs, green monsters, hulks, incredible hulk, ladders, logs, peaches, Tonka® toys, xanie bars, xanies, xans, yellows

Current street prices for sedative-hypnotics were consistent by region among participants with experience purchasing the drugs. Reportedly, Xanax® 1 mg most often sells for \$2-3; Xanax® 2 mg most often sells for \$5 but can sell as high as \$10 in the Cleveland and Toledo regions. Participants reported that the overall price of sedative-hypnotics has remained the same during the past six months, with the exception of the Akron-Canton region where participants indicated increased pricing. Participants reported obtaining these drugs from drug

dealers, doctors, people with prescriptions and through Internet purchase.

The most common route of administration for illicit use of sedative-hypnotics remains oral consumption, followed by snorting. Participants throughout OSAM regions estimated that out of 10 illicit sedative-hypnotic users, five would orally consume and five would snort the drugs. Participants and community professionals most often described typical illicit sedative-hypnotics users as females, abusers of other substances (alcohol, opioids), persons with a mental health disorder, younger people and drug dealers.

Many other substances are used in combination with sedative-hypnotics. Participants reported that sedative-hypnotics are most often used in combination with alcohol, followed by heroin. Additional substances mentioned included: crack cocaine, fentanyl, marijuana, methamphetamine, powdered cocaine and prescription opioids. Sedative-hypnotics are reportedly used to intensify the effect of alcohol and heroin. Participants shared: *“It makes the alcohol effect better; I would use benzos [when consuming alcohol], so I wouldn’t have a hangover; A lot of people drop them in their shot glasses, wait for them to dissolve, and take the shot [of alcohol]; It’s just like, black out... The last thing I remember was going to a bar. I don’t know what I did; Xanax® makes you feel the dope (heroin) more.”*

Reportedly, sedative-hypnotics are used to aid sleep after the stimulant high of cocaine and methamphetamine. Participants commented: *“I would use them when the crack was gone so I could sleep; If it’s in the evening, I’ll smoke the ‘meth’ (methamphetamine) and it’s kind of an insanity thing, a speedball thing almost ... you need a couple pills, a little alcohol on top of that, then I can sleep.”* A few participants mentioned combining LSD (lysergic acid diethylamide, aka “acid”) with benzodiazepines. One participant stated, *“I’d use Xanax® coming down from acid.”*

Substances Most Often Combined with Sedative-Hypnotics

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

Marijuana

Marijuana remains highly available throughout OSAM regions. Participants and community professionals continued to reason that legislative changes allowing for medicinal marijuana use in Ohio and recreational marijuana use in other states has contributed to societal acceptance and decreased stigma for marijuana use generally. A treatment provider shared, *“That’s the treatment challenge we have, because we know if you don’t stay completely abstinent, you’re going to have a problem with [marijuana] or go back to your drug of choice.”*

Respondents in the majority of the OSAM regions reported that the overall availability of marijuana has increased during the past six months. Seven of the eight regions continued to report an increase in high-grade marijuana extracts and concentrates (aka “wax” and “dabs”). OSHP Crime Lab reported that the incidence of concentrated THC (tetrahydrocannabinol oils, dabs) has increased during the past six months. In addition, ODPS reported seizing more than 7,800 pounds of marijuana from throughout OSAM regions during the past six months.

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

Participants throughout OSAM regions most often rated the current overall quality of marijuana as ‘10’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality). Reportedly, the overall quality of marijuana has remained the same during the past six months, with the exception of the Akron-Canton and Cincinnati regions where participants indicated increased availability of high-quality marijuana coming from legal dispensaries in other states. These participants also noted a heightened demand

for marijuana extracts and concentrates, and the growing popularity and sale of vape pens and other instruments used to consume dabs, as evidence of an overall increase in the availability of marijuana with higher THC content.

Current street jargon includes many names for marijuana. However, participants reported that street names for low-grade marijuana have become less common due to the widespread availability of high-grade marijuana. Current street names for high-grade marijuana include references to combustibles (“fire,” “gas”). One participant commented, *“Even if it’s just their backyard (homegrown) stuff, [every drug dealer] is like, ‘This is that ‘fire’ (high-quality marijuana).”* Current street names for marijuana extracts and concentrates often allude to the appearance of the substances (“oil,” “shatter,” “wax”). One participant added, *“You’re not cooking it, you put [oil] on paper [and] it shatters.”* Reportedly, the oil is heated, and when it cools, it hardens into a glassy sheet; and when dropped, it shatters into pieces.

General Names	bud, bunk, ganja, grass, green, herb, Mary Jane, pot, reefer, smoke, tree, trees, wacky tobacky, weed
Other Names for Low Grade	Bobby Brown, brick, commercial weed (mersh), dirty weed, reggie, skunk weed
Other Names for High Grade	bubble gum, chronic, dank, dro, fire, gas, girl scout cookies, hydro, kind, kind bud, kush, loud, medical, purple, purple haze
Other Names for Extracts & Concentrates	dabs, moon rocks, oil, shatter, wax

Current street prices for marijuana were reported by participants with experience purchasing the drug. Participants reported that marijuana is most often purchased in quantities ranging from a “blunt” (marijuana-filled cigar, usually a gram amount) to 1/4 ounce. For low-grade marijuana, a blunt remains \$5; 1/8 ounce most often sells for \$20; and 1/4 ounce most often sells for \$50. For high-grade marijuana, a blunt remains \$10-20; 1/8 ounce most often sells for \$40-50; and 1/4 ounce most often sells for \$100. Participants reported that marijuana extracts and concentrates are most often purchased in one-gram quantities for \$50-100.

Participants throughout OSAM regions continued to report smoking as the most common route of

administration for marijuana and marijuana extracts and concentrates, followed by oral consumption. Participants and community professionals also continued to report the vaping of THC liquid and oils as common. All OSAM regions reported “edibles” (food products made with marijuana) as available.

Consistent with previous reports, respondents reported that marijuana users are of any age, race, gender, occupation and socio-economic status. One law enforcement officer commented, “Everybody ... there is no social, economic difference there ... it is across the board.” Additionally, participants and community professionals reported that marijuana extracts and concentrates are typically used by young people. A treatment provider shared, “I think the younger crowd. Thirteen [years of age] and up ... mid-teens to late 20s. I was also thinking vaping has become a big thing, too. I think young people are using [dabs] more because of that.”

Marijuana is used in combination with many other substances. Participants explained that marijuana is typically used to intensify the high of other drugs or to come down from the effects of other drugs. Participants shared: “A lot of people smoke weed.... People use it to get off drugs, people use it to enhance other drugs; Heroin is used with dabs because it intensifies the down effect. They're both downers and depressants and they just go good together.” However, many participants reported that they prefer using marijuana extracts and concentrates alone. One participant commented, “Usually, you do not want to do anything after smoking dabs except for eating or sleeping. You are usually too high to move. It is like total body relaxation ... you don't need to mess (combine any other drug) with [dabs].”

Substances Most Often Combined with Marijuana

- alcohol • crack cocaine • ecstasy/molly (MDMA) •
- fentanyl • heroin • methamphetamine • powdered cocaine • prescription opioids • sedative-hypnotics •

Methamphetamine

Methamphetamine remains highly available throughout OSAM regions. Participants and community professionals cited methamphetamine’s low price and a trend of

opioid users receiving medication-assisted treatment (MAT) turning to methamphetamine for a high as reasons for the high availability. Law enforcement continued to note drug cartels directing large amounts of crystal methamphetamine along with heroin shipments to Ohio. There was consensus among most respondents that while methamphetamine is available in both powdered and crystal forms, crystal methamphetamine remains the more prevalent form of the drug.

Participants and community professionals in the majority of OSAM regions reported that the availability of methamphetamine has increased during the past six months. There was no consensus among respondents in the Athens and Youngstown regions on whether methamphetamine availability has increased or remained the same (highly available). Law enforcement in the Athens region perceived an increase in availability driven by opioid users on MAT turning to methamphetamine, while participants in the Youngstown region observed an increase in opioid users switching to methamphetamine out of fear of fentanyl overdose.

Corroborating data indicated that methamphetamine is highly available and has increased for most OSAM regions. ODPS reported seizing over 900 pounds of methamphetamine from throughout OSAM regions during the past six months. BCI and OSHP crime labs reported that the incidence of methamphetamine cases they process from throughout Ohio has increased during the past six months.

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

Participants most often reported the current overall quality of methamphetamine as '7-10' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants discussed adulterants (aka "cuts") that affect the quality of methamphetamine and most often reported the following cutting agents for the drug: bath salts (synthetic cathinones), carfentanil, fentanyl, "molly" (powdered MDMA), prescription stimulants (Adderall®), salt and sugar. Other cuts mentioned included: albuterol, baking soda, brake fluid, bug spray (hornet killer), drain cleaner (Drano®), Epsom salts, mannitol (diuretic), morphine, MSM (methylsulfonylmethane, a joint supplement), rat poison, Suboxone® and vitamin B-12. Participants discussed that methamphetamine is cut to expand the quantity of the drug or to entice new business (with fentanyl), both increase dealer profit. Crime labs reported that methamphetamine is cut with dimethyl sulfone (DMSO, dietary supplement) and magnesium sulfate (Epsom salts).

Current street jargon includes many names for methamphetamine. General street names most often reference the stimulant effect of the drug ("gas," "go," "speed"), while street names for crystal methamphetamine specifically reference the appearance of the substance ("crystal," "glass," "ice," "shards"). Participants discussed the usefulness of using street jargon. They shared: "Some people are paranoid [that] the feds are watching; When you're talking to someone on the phone, you're not going to say you want to go get some 'ice' (a well-known street name) either ... some people go get 'ice cream;' 'You got some water ... ice water?'"

Current Street Names of Methamphetamine	
General Names	gas, go, go fast, go girl, high speed chicken feed, jib, meth, speed, Tina, tweak
Other Names for Powdered	dust, shake, shake-and-bake, snow, smurf
Other Names for Crystal	blue, crank, crystal, glass, ice, ice cream, ice water, shards

Current prices for methamphetamine were provided by participants with experience purchasing the drug. Generally, the most common quantity of methamphetamine purchase is a gram for \$40-80; 1/2 gram most often sells for \$40; and an ounce most often sells for \$500. Overall, the majority of participants

reported that the price of methamphetamine has remained the same during the past six months.

Participants throughout OSAM regions continued to indicate that the most common routes of administration for methamphetamine remain intravenous injection (aka "shooting"), followed by smoking. Participants discussed that users most often shoot the drug primarily because they believe shooting produces a more intense high than smoking, while users who prefer smoking believe it is an easier and more socially acceptable route. Participants also noted snorting and "hot railing" (a process where the user places the drug in a glass pipe, heats the pipe and inhales the resulting vapors) as alternative methods for methamphetamine use.

Consistent with previous reports, respondents described typical methamphetamine users most often as white people, aged 20-30 years, of low socio-economic status. Participants and community professionals also continued to note methamphetamine use among those in the gay community as well as among opiate users. In addition, respondents in the Akron-Canton, Cincinnati, Columbus and Youngstown regions indicated an increase in methamphetamine use among African-American and other non-white people during the past six months.

Many other substances are used in combination with methamphetamine. Participants reported that heroin, prescription opioids and sedative-hypnotics (Xanax®) are used with methamphetamine to achieve a speedball effect, and like alcohol and marijuana, the aforementioned drugs are also used to bring the user down from the stimulant high of methamphetamine. Participants explained: "I'd go on a meth spree for a couple of days, and then when I was coming down off the meth, I'd take Percocet® or Xanax®; Xanax® and meth, I like that kind of speedball because that releases my inhibitions...." Reportedly, powdered cocaine is used in combination with methamphetamine to further intensify one's stimulant high.

Substances Most Often Combined with Methamphetamine
<ul style="list-style-type: none"> • alcohol • ecstasy/molly (MDMA) • fentanyl • heroin • marijuana • powdered cocaine • prescription opioids • sedative-hypnotics • Suboxone® •

Prescription Stimulants

Throughout OSAM regions, prescription stimulants remain moderately to highly available for illicit use. Participants and community professionals agreed that these drugs are easily prescribed compared to other prescription drugs. Participants remarked: *“I could get them so fast; I get prescribed, my kids also get it; A lot of parents have their kids on that stuff, and they sell their kids’ medicine; If you have kids, it’s real easy [to obtain prescription stimulants]; I’d rather do a [prescribed] stimulant than coke or meth, it’s a lot cleaner.”*

Community professionals noted that they most often see people abusing their own prescription or illicitly using a child’s prescription. However, they also discussed individuals with prescriptions selling or trading their prescribed stimulants for profit or to buy other drugs. One law enforcement officer observed, *“College students are being prescribed [Adderall®], and they have no issues sharing or selling off some pills to their friends.”* Respondents in a couple of regions noted methamphetamine users seeking prescribed stimulants. A treatment provider commented, *“People use them ... especially if they are using meth and they can’t get it, they will eat Adderall®.”*

The majority of respondents reported that the availability of prescription stimulants for illicit use has remained the same during the past six months. However, respondents in the Columbus region reported decreased availability, while respondents in the Athens and Cleveland regions were not in agreement on whether availability has remained the same or decreased during the past six months. Those who reported decreased availability perceived doctors cutting back on prescribing stimulants. Participant comments included: *“The doctors have pulled back on prescribing; They’re getting harder to get.”* A treatment provider confirmed, *“[Doctors are] not prescribing them as freely anymore.”*

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

Current Street Names of Prescription Stimulants	
General Names	poor man’s coke/crack, speed, uppers
Adderall®	addies
Ritalin®	rits
Vyvanse®	vans, vy-vys

Current street prices for prescription stimulants were limited and provided by participants with experience purchasing the drugs. Participants in the Columbus, Toledo and Youngstown regions reported that these drugs most often sell for \$0.50 per milligram. Throughout OSAM regions, participants reported that Adderall® 20 mg sells for \$6-7. In addition, participants in the Dayton and Youngstown regions reported that Vyvanse® 30 mg most often sells for \$5-10 and \$10-20, respectively. Participants accounted for variations in price by explaining that if the user knows the person selling the drug, the price may be lower. Overall, participants reported that the price of prescription stimulants has remained the same during the past six months, with the exception of the Columbus region where participants indicated increased pricing.

The most common route of administration for illicit use of prescription stimulants is oral consumption, followed by snorting. Participants explained that users snort for a quicker effect. Additionally, participants in the

Reported Availability Change of Prescription Stimulants during the Past 6 Months			
Region	Current Availability	Availability Change	Most Widely Used
Akron-Canton	Moderate to High	No change	Adderall® Vyvanse®
Athens	High	No consensus	Adderall® Concerta® Ritalin®
Cincinnati	Moderate	No change	Not reported
Cleveland	Moderate to High	No consensus	Adderall® Ritalin®
Columbus	Moderate	Decrease	Adderall®
Dayton	Moderate to High	No change	Adderall®
Toledo	High	No change	Adderall®
Youngstown	Moderate	No change	Adderall® Vyvanse®

Youngstown region also reported “parachuting,” which is a form of oral consumption where the user wraps the pill in toilet paper/tissue, crushes the pill and swallows the tissue. A participant further explained the term “parachuting,” saying, “It looks like a little parachute, parachuting into your mouth.” Reportedly, if the drug is in bead form inside a capsule, some users open the capsule and orally consume the beads. One participant remarked, “You break it open and chew.”

Respondents described typical illicit prescription stimulant users as young adults, high school and college students. Respondents noted that these drugs are typically used to stay alert, focused and awake. One participant shared, “College students [use prescription stimulants] to study. You can sell a ‘script’ (prescription) for twice the price during exam week.” A treatment provider added, “There’s a lot of young people working a lot of hours out there.” Participants reported that other drugs are often used in combination with prescription stimulants. Participants explained that alcohol, heroin, marijuana and sedative-hypnotics (Xanax®) are used to reduce the stimulant high. A participant discussed, “You take the Adderall®, and when you start coming down from it, you take the Xanax®.” Participants also noted that prescription stimulants are often combined with alcohol to enable users to stay awake, drink more alcohol and party for longer periods of time. They said: “When I would take Adderall®, I could drink forever; You keep the party going, you don’t really get drunk.” However, some participants noted not combining prescription stimulants with any other drug. One participant explained, “They are not for getting high, per se. It’s to take for focus.”

Substances Most Often Combined with Prescription Stimulants

- alcohol • heroin • marijuana • sedative-hypnotics •

Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMP) availability is variable throughout OSAM regions. Reportedly, the powdered form of ecstasy, known as “molly,” is more available than the tablet form. Respondents throughout regions reported that ecstasy/molly are not widely used or sought like other drugs such

as marijuana, although many participants in a few regions noted that the drugs are plentiful during music festivals and other arts events. Only participants in the Toledo region reported current high availability of both ecstasy and molly; however, these participants clarified that users have to have the right connections to obtain these drugs. One participant shared, “Molly ... I would do that every day, spend \$80 a day on it.” Generally, respondents reported that the availability of ecstasy/molly has remained the same during the past six months.

Reported Availability Change of Ecstasy/Molly during the Past 6 Months		
Region	Current Availability	Availability Change
Akron-Canton	No consensus	No consensus
Athens	Moderate	No change
Cincinnati	Low to Moderate	No change
Cleveland	Moderate	No consensus
Columbus	No consensus	No consensus
Dayton	Moderate to High	No change
Toledo	High	No change
Youngstown	Low to Moderate	No change

BCI crime labs reported processing very few cases of MDMA (ecstasy/molly) for the Athens, Cincinnati and Youngstown regions during the past six months, while reporting slight increases in cases processed for the Akron-Canton, Cleveland, Columbus and Dayton regions, and a decrease in cases for the Toledo region. Miami Valley Regional Crime Lab in the Dayton region reported an increase in the number of ecstasy/molly cases it processes during the past six months.

Participants throughout OSAM regions, except for Athens and Cincinnati, reported on the current quality of ecstasy/molly. Generally, participants rated overall quality as ‘5-10’ for ecstasy and ‘4-10’ for molly on a scale from ‘0’ (poor quality, “garbage”) to ‘10’ (high quality). Participants discussed variations in molly. A participant stated, “It’s either cut with meth or ‘fetty’ (fentanyl) ... you either get the ‘upper molly’ (molly cut with methamphetamine) or the ‘downer molly’ (molly cut with

fantanyl)." Participants expressed concern about how molly is being made, sharing: *"The stuff that people sell ends up not being molly, so people are afraid to take it; Molly isn't even molly anymore. Molly is every drug..."* Participants reported that ecstasy/molly are often adulterated (aka "cut") with fentanyl, heroin and methamphetamine. Other cuts mentioned included Adderall® and Kool-Aid®. Overall, participants reported that the quality of ecstasy/molly has remained the same during the past six months.

Current street jargon includes several names for ecstasy and few names for molly. Participants reported that powdered MDMA is almost always called, "molly." Common names for ecstasy include abbreviated forms of the word "ecstasy" ("E," "X"). Other names for ecstasy refer to the stamp (imprinted image) on the tablets ("Bart Simpsons," "Obamas").

Current Street Names Ecstasy/Molly	
Most Common Names for Ecstasy	Bart Simpson, beans, double stacker, E, Obamas, rolls, Skittles®, stacks, stackers, triple stacker, X, x-beans
Most Common Names for Powdered MDMA	M, molly

Current prices for ecstasy/molly were provided by participants with experience purchasing the drugs. Participants reported that ecstasy is most often purchased as doses called "stacks," including single, double and triple stacks. A low dose (aka "single stack") of ecstasy continues to most often sell for \$5-10; a medium dose (aka "double stack") most often sells for \$20; and a high dose (aka "triple stack") most often sells for \$20-30. For molly, generally, the most common quantity of purchase is a gram for \$60-100. Reported prices were consistent throughout OSAM regions, except for the Toledo region, which reported significantly lower prices for a gram of molly (\$20-60). Overall, participants reported that the price of ecstasy/molly has remained the same during the past six months.

The most common route of administration for ecstasy/molly remains oral consumption, followed by snorting. Participants reported that ecstasy/molly are most often obtained through drug dealers, at dance parties (aka "raves"), nightclubs and music festivals. Participants and

community professionals continued to describe typical ecstasy/molly users as young people, high school and college students, those who like to party and "hippies." Participants shared: *"It's a party drug or sex drug; I used to love the way it made me feel!"*

Several other substances are used in combination with ecstasy/molly. Reportedly, marijuana and alcohol help accelerate/intensify the effects of ecstasy/molly. A participant stated, *"They say you're supposed to smoke weed to get it to kick in; Usually, people put [molly] in drinks (alcohol); Alcohol ... intensifies [molly]. Like beer and pizza, they just go together."* Participants discussed that sedative-hypnotics (Xanax®) help reduce anxiety brought on by ecstasy/molly. Other substances mentioned as often used in combination with ecstasy/molly include heroin, powdered cocaine and prescription stimulants.

Substances Most Often Combined with Ecstasy/Molly
<ul style="list-style-type: none"> • alcohol • heroin • marijuana • methamphetamine • • powdered cocaine • prescription stimulants • • sedative-hypnotics •

Other Drugs in the OSAM Regions

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

Reported Availability of Other Drugs in each of the OSAM Regions	
Region	Other Drugs
Akron-Canton	bath salts*, hallucinogens (lysergic acid diethylamide [LSD], psilocybin mushrooms), kratom, Neurontin®, synthetic marijuana
Athens	Neurontin®
Cincinnati	hallucinogens (LSD), kratom, Neurontin®, synthetic marijuana
Cleveland	hallucinogens (LSD, psilocybin mushrooms), Neurontin®, synthetic marijuana
Columbus	hallucinogens (psilocybin mushrooms)
Dayton	hallucinogens (LSD, psilocybin mushrooms), synthetic marijuana
Toledo	hallucinogens (psilocybin mushrooms), kratom, Neurontin®, synthetic marijuana
Youngstown	hallucinogens (LSD), inhalants*, kratom, Neurontin®, OTCs* (over-the-counter medications), synthetic marijuana

*For limited information on bath salts, inhalants and OTCs, please see regional report.

Hallucinogens

Respondents in seven of eight OSAM regions reported on the current availability of hallucinogens. Generally, participants and community professionals reported moderate availability of lysergic acid diethylamide (LSD) and psilocybin mushrooms. Respondents discussed that the use of hallucinogens is event-based, often found at concerts and music festivals, and related to one's drug connections. Participants shared: *"It's a festival drug; You can get it all the time... [It] depends on the group you hang out with [though]; It's harder to get mushrooms, you have to know somebody who grows them; [Mushrooms are] available in season, more spring and summer; It's hit or miss ... it depends on the crowd you are with."*

BCI crime labs reported an increase in the incidence of hallucinogen cases it processes for the Akron-Canton, Cleveland, Dayton and Youngstown regions. Overall, respondents reported that the availability of hallucinogens has remained the same during the past six months, while some community professionals reported increased availability for LSD. A law enforcement officer

in the Cleveland region responded, *"We don't see [LSD] all the time, but it has definitely increased."* Cuyahoga County Crime Lab in the Cleveland region reported that the incidence of LSD, psilocybin mushrooms and PCP (phencyclidine) cases it processes has increased during the past six months.

Participants from the Cleveland, Dayton and Youngstown regions reported on the current quality of LSD. Generally, participants rated overall quality as '5-9' for LSD on a scale from '0' (poor quality, "garbage") to '10' (high quality). Akron, Cleveland and Dayton participants reported on prices of hallucinogens. LSD single dose (aka "a hit") most often sells for \$10; 1/8 ounce of psilocybin mushrooms sells for \$30. Participants shared that the most common route of administration for LSD and psilocybin mushrooms remains oral consumption. Respondents generally described typical users of LSD and psilocybin mushrooms as young people (adolescents, college-aged) and middle-aged hippies.

Kratom

Kratom (mitragynine, a psychoactive plant substance) was discussed in four OSAM regions: Akron-Canton, Cincinnati, Toledo and Youngstown. Due to its availability in head shops and online, respondents reported that kratom is highly available. Many participants maintained that kratom is a substitute for opioids, stating: *“It’s a legal substitute for Vicodin® and Percocet®; It is the cure all. It helps you stay awake, it helps with your back pain ... helps with opioid withdrawal.”* Participants reported that the most common route of administration for kratom remains oral consumption. In addition to making tea with it, participants shared: *“If I ate a bunch enough or drank a bunch enough, I wouldn’t be ‘dope sick’ (experience opiate withdrawal); I would take eight [capsules] at a time; I took it because I was trying to withdrawal myself [from opiates].”* Participants and community professionals continued to describe typical kratom users as opiate users.

Neurontin®

Respondents in most OSAM regions reported on the current availability of Neurontin® (gabapentin, an anticonvulsant used to treat nerve pain) for illicit use; Columbus and Dayton were the only regions not to comment on the street availability of Neurontin® during the past six months. Respondents in the Akron-Canton, Athens, Toledo and Youngstown regions described Neurontin® as highly available. Overall, respondents indicated that the availability of Neurontin® for illicit use has increased during the past six months. Participants explained: *“More doctors are giving out this medicine instead of pain pills; A lot of [programs/employers] don’t test for them ... so you can take them and pass a drug test.”*

Participants and community professionals throughout OSAM regions agreed that a prescription for Neurontin® is easy to obtain and that the drug is illicitly used most often to manage opiate withdrawal. One participant remarked, *“So, if they don’t have Suboxone® and need something for their ‘dope sickness’ (opiate withdrawal) ... if they take a handful of Neurontin®, they’re going to be okay.”* In addition, some participants reported that users can experience a high effect if they take enough of the drug. They shared: *“It gives you the buzz that you want ... you feel drunk; Neurontin® is like a miracle drug to the junkie.... If you take enough, you’re gonna ‘nod out’ (experience a high), but you have to take a handful.”*

Reports of current street prices for Neurontin® were reported by participants with experience purchasing the drug. Respondents noted that this drug has little street value and typically sells for \$0.50-2 per pill. The most common route of administration for illicit use of Neurontin® remains oral consumption, followed by snorting. Respondents continued to describe typical illicit users as opiate users who use the drug to alleviate opiate withdrawal symptoms. Participants discussed that Neurontin® is often used in combination with alcohol and opiates to enhance a high. A participant shared, *“If you mix [Neurontin®] with opiates or even fentanyl, it just makes you higher.”*

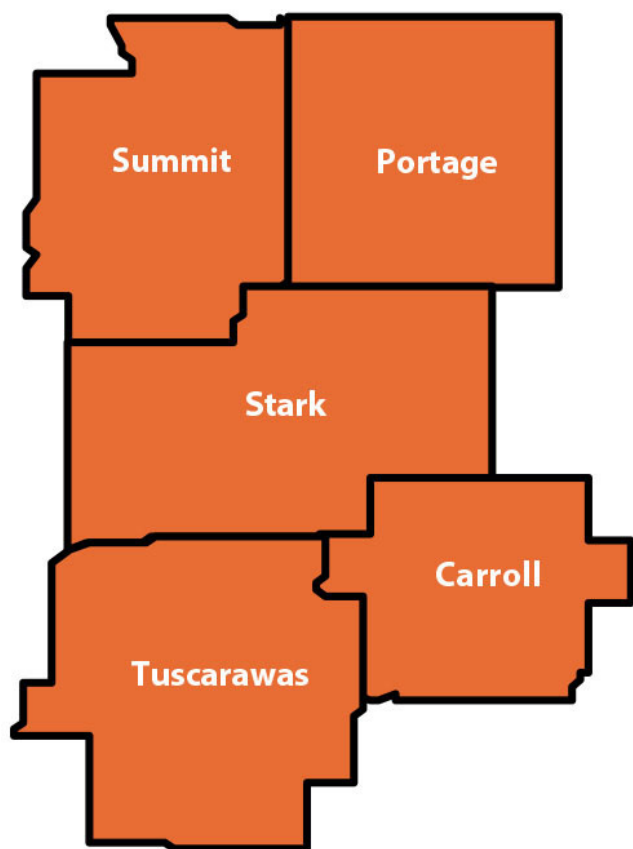
Synthetic Marijuana

Respondents in the majority of OSAM regions reported on the availability of synthetic marijuana (synthetic cannabinoids) during the past six months. Participants most often reported high current availability of this drug, while community professionals reported moderate to high availability, with the exception of the Youngstown region where community professionals reported low availability. BCI crime labs reported that the incidence of synthetic cannabinoid cases they process for the Akron-Canton, Dayton and Toledo regions has increased during the past six months.

Current prices of synthetic marijuana were reported by participants with experience purchasing the drug. Participants shared unknown or varying amounts for purchase at \$35-40. Respondents reported purchasing synthetic marijuana at gas stations and corner convenience stores. The most common route of administration of synthetic marijuana remains smoking. Respondents continued to describe typical users as people involved in the criminal justice system (on probation) and those who are subjected to drug testing.

Current Street Names of Other Drugs	
LSD	acid, doses, Lucy, Lucy in the sky with diamonds, Sid
Neurontin® (gabapentin)	gabs, gabbies, nu nu’s, rots, rotties
Psilocybin mushrooms	copper heads, gold tops, shrooms
Synthetic marijuana	K2, spice

Drug Abuse Trends in the Akron-Canton Region



Regional Epidemiologist:

Joseph Cummins, MA, PCC-S, LICDC

Data Sources for the Akron-Canton Region

This regional report was based upon qualitative data collected via focus group interviews. Participants were active and recovering drug users recruited from alcohol and other drug treatment programs in Portage, Stark and Summit 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 Summit County Juvenile Court, Ohio Bureau of Criminal Investigation (BCI) and Ohio Department of Public Safety (ODPS), which logs drug task force seizures from across Ohio. All secondary data are summary data of cases processed from January to June 2018. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for July through December 2018.

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

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Regional Profile

Indicator ¹	Ohio	Akron-Canton Region	OSAM Drug Consumers
Total Population, 2017	11,689,442	1,196,014	41
Gender (female), 2017	51.0%	51.3%	63.4%
White, 2017	82.2%	85.2%	87.8%
African American, 2017	12.9%	9.9%	12.2%
Hispanic or Latino Origin, 2017	3.8%	2.1%	0.0%
High School Graduation Rate, 2013-17	89.8%	90.7%	77.5% ²
Median Household Income, 2013-17	\$52,407	\$54,686	\$12,000-15,999 ³
Persons Below Poverty Level, 2017	14.0%	13.82%	56.1%

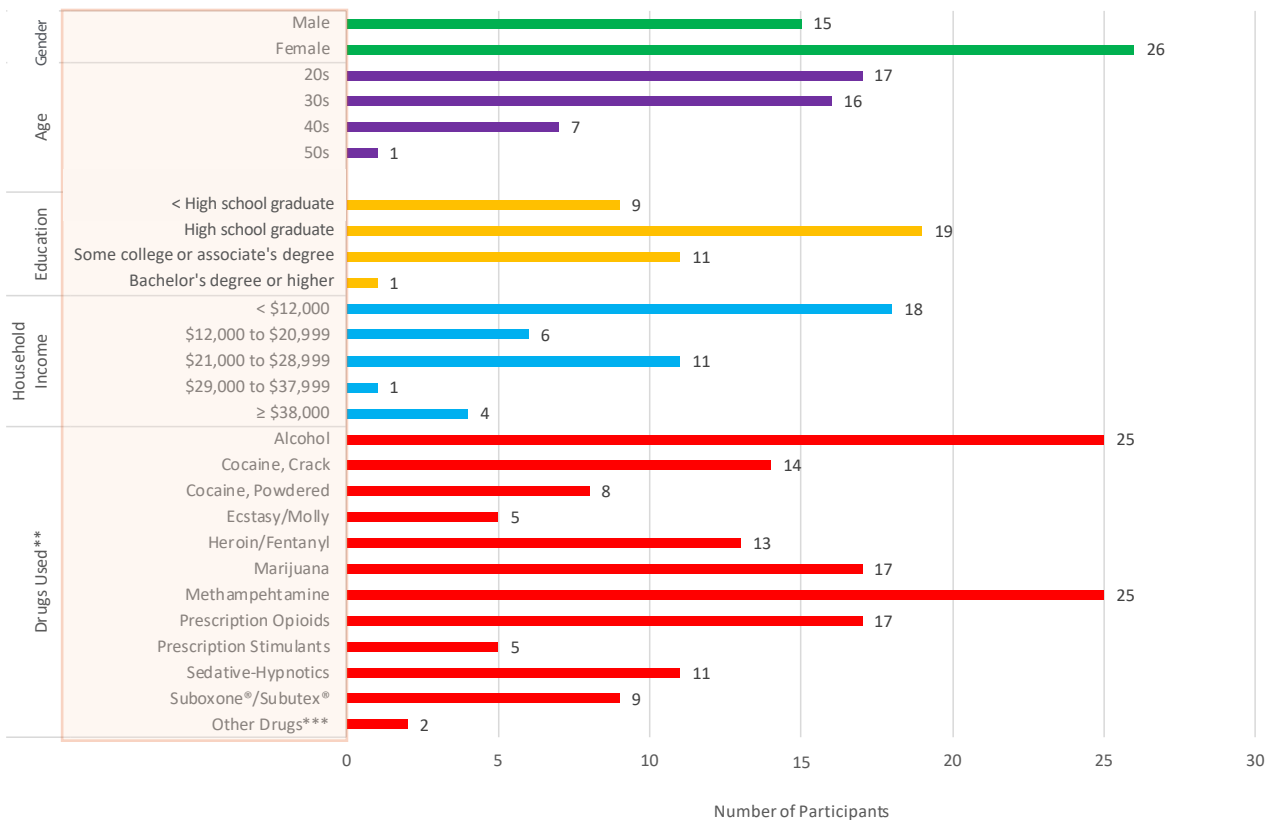
¹Ohio and Akron-Canton region statistics were derived from the most recent US Census; OSAM drug consumers were participants for this reporting period: June 2018 - January 2019.

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

³Participants reported income by selecting a category that best represented their household's approximate income for the previous year. Income was unable to be determined for 1 participant due to missing and/or invalid data.

Akron-Canton Regional Participant Characteristics

Consumer Characteristics N=41*



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

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

***Other drugs included: psilocybin mushrooms and Neurontin® (gabapentin).

Historical Summary

In the previous reporting period (January – June 2018), crack cocaine, fentanyl, heroin, marijuana, methamphetamine, Neurontin® (gabapentin), powdered cocaine, sedative-hypnotics and Suboxone® (buprenorphine) remained highly available in the Akron-Canton region. Changes in availability during the reporting period included: increased availability for methamphetamine; likely increased availability for fentanyl and marijuana; decreased availability for ecstasy; and likely decreased availability for prescription opioids. While participants reported that the availability of heroin had remained high in the region, they discussed finding “pure heroin” (heroin not adulterated with fentanyl) as difficult. Community professionals noted that heroin was most often adulterated with fentanyl. All respondent groups agreed that powdered heroin was the most available heroin type in the region. Participants discussed that powdered heroin came in many colors and indicated that if the color was white, the drug was most likely fentanyl, which participants referred to as “china white.” Participants reported black tar heroin as rarely found in the region. BCI crime labs reported that the incidence of heroin cases they processed from this region had decreased during the reporting period.

Community professionals reported that the availability of heroin had decreased during the reporting period as the prevalence of fentanyl had increased. However, treatment providers had difficulty discussing fentanyl, other than as an adulterant for other drugs. Law enforcement discussion indicated that some users were seeking fentanyl. Participants generally did not identify different types of fentanyl analogues, except for a few expressing awareness of carfentanil in the region. Treatment providers reported high availability of carfentanil and reported that some users were seeking carfentanil. In addition, law enforcement reported on cases of heroin adulterated with carfentanil.

Overall, participants reported that the general quality of fentanyl had decreased during the reporting period as more dealers realized how much they could cut the drug to further increase their profits. Participants and community professionals described typical fentanyl

users as heroin users. However, community professionals expressed that fentanyl users were more progressed in their addiction than heroin users.

Participants and community professionals reported that the availability of crystal methamphetamine had increased during the reporting period. Participants discussed methamphetamine as more available than heroin; treatment providers said of methamphetamine that it was the drug of choice, while law enforcement commented that crystal methamphetamine was so cheap that it had undercut heroin sales. Reportedly, some heroin users had switched to methamphetamine use due to fears of overdose and death; the drug was also said to alleviate opiate withdrawal symptoms. Treatment providers indicated that some clients receiving Vivitrol® as medication assisted treatment continued to get high with methamphetamine.

Participants and community professionals reported an increase in the availability of marijuana extracts and concentrates (aka “dabs”) during the reporting period. Law enforcement discussed that marijuana users who had developed high marijuana tolerance had “graduated” to dabs due to its high potency. Participants described typical extract and concentrate users as hippies, “ravers” (those who attend dance parties) and young people.

Lastly, participants reported that ecstasy and “molly” (powdered MDMA) were often cut with other substances including methamphetamine, and methamphetamine was often sold as molly.

Current Trends

Powdered Cocaine

Powdered cocaine remains highly available in the region. Participants most often reported the drug’s current availability as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was also ‘10’. Participants stated: *“It’s a phone call away; Very easy [to obtain]; I know people who deal it; When I look for ‘crack’ (crack cocaine), I run into people who have ‘coke’ (powdered cocaine); People come up to you and ask, ‘Do you want anything [including powdered cocaine]?”* Treatment providers most often

reported the current availability of powdered cocaine as '5,' while law enforcement most often reported it as '10;' the previous most common scores were '8' and '10,' respectively. One treatment provider remarked, "I don't see a lot of my clients using powdered cocaine." A law enforcement officer noted, "If you want [powdered cocaine], you can find it."




Corroborating data indicated that powdered cocaine is available in the Akron-Canton region. Ohio Department of Public Safety (ODPS) reported seizing 55.9 kilograms (123.2 lbs.) of powdered cocaine from this region during the past six months. In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. Windham Police (Portage County) arrested a bar employee for trafficking in cocaine, marijuana and for possession of drug paraphernalia; after executing a search warrant of the bar where the man was employed, officers seized cocaine and marijuana (<http://www.wfmj.com>, July 3, 2018). Ohio State Highway Patrol (OSHP) seized 32 grams of cocaine valued at approximately \$6,638 during a traffic stop in Canton (Stark County); OSHP arrested the driver of the car for possession of cocaine (<https://statepatrol.ohio.gov>, Sept. 4, 2018). An Assistant U.S. Attorney indicted eleven people for conspiracy to traffic cocaine and methamphetamine from Texas to Akron (Summit County); several law enforcement agencies in Summit County took part in an investigation that tracked possession with intent to distribute five kilograms of cocaine and 500 grams of methamphetamine (<http://www.justice.gov>, Sept. 13, 2018). OSHP seized five pounds of cocaine estimated to be worth \$91,000 during a traffic stop in Summit County; OSHP charged two drug dealers with felony possession and trafficking of cocaine (<https://www.nbc4i.com>, Oct. 2, 2018).

Participants reported that the availability of powdered cocaine has decreased during the past six months. They discussed: "I don't know anyone that uses 'powder' (powdered cocaine) anymore; Powder has taken a back seat to the other drugs; People's tolerance goes so far ... they go to the next best drug, like 'meth' (methamphetamine) or heroin; Meth is taking over, it's cheaper [than cocaine]; Opiates is the epidemic now; They're bringing less over here. ... [Dealers are] now into the synthetics [like fentanyl and methamphetamine] more than cocaine and marijuana."

Treatment providers reported that the availability of powdered cocaine has remained the same during the past






six months, while law enforcement was not in agreement as to a change of availability. One law enforcement officer stated, "It's trending upwards right now. I believe people are trying to get off the opiates and turning toward the stimulants, meth and cocaine." However, another law enforcement officer stated, "It's supply and demand. There's not the demand [for cocaine] as much as with crystal meth."

Ohio Bureau of Criminal Investigation (BCI) crime labs reported that the incidence of cocaine cases they process from this region has slightly increased during the past six months; the labs do not differentiate between powdered and crack cocaine.

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

Participants most often rated the current overall quality of powdered cocaine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '2.' Participants observed: "[Quality] depends on where you get it from; People get what they pay for; It's 'stepped on' (adulterated); At the end of the day, it depends, some people have good, some not so good."

Participants discussed adulterants (aka "cuts") that affect the quality of powdered cocaine and reported the top cutting agents for the drug as: baby laxative, baking soda, fentanyl and powdered sugar. Other adulterants mentioned included: energy pills, ibuprofen, MSM (methylsulfonylmethane, a joint supplement), Orajel®, whey protein, Similac®, sleeping pills and vitamin B-12. A participant remarked, "Dealers keep cutting, cutting, cutting." Overall, participants reported that the quality of powdered cocaine decreased during the past six months.

Powdered Cocaine	Cutting Agents Reported by Crime Lab	
		caffeine
		levamisole (livestock dewormer)
		local anesthetics (lidocaine and procaine)
		phenacetin (banned analgesic)
		triacetin (triglyceride)

Reports of current prices for powdered cocaine were variable among participants with experience buying the drug. Reportedly, the most common quantity of purchase is 1/8 ounce. However, participants explained that users can purchase as little as a small baggie (1/10 gram, aka "point") for \$10, or a half-gram for \$60-80. Participants also reported that users pay a higher price for better quality cocaine. A participant mentioned, *"It depends on what you're looking for, the stronger, the more it costs."* Overall, participants reported that the price of powdered cocaine has decreased during the past six months. A participant stated, *"The reason it's so cheap is 'cause it's so stepped on."*

Powdered Cocaine	Current Prices for Powdered Cocaine	
	A gram	\$40-100
	1/8 ounce (aka "eight ball")	\$100-150
	1/4 ounce	\$250-300
	An ounce	\$1,000-1,200

Participants reported that the most common routes of administration for powdered cocaine remain snorting and intravenous injection (aka "shooting"). Participants estimated that out of 10 powdered cocaine users, five would shoot and five would snort the drug. Participants remarked: *"Shooting up is starting to take over; Most keep [intravenous drug use] quiet, you're judged more, it's a dirtier way, but most shoot it."*

Participants and community professionals described typical powdered cocaine users as individuals who abuse alcohol and those of middle to upper socio-economic status. Participants noted: *"It's a bar drug; People with alcohol issues; People who have disposable income."* A treatment provider commented, *"It's still a party drug. There is not the taboo, there's low stigma with cocaine use."* In addition, one law enforcement officer observed, *"Some [powdered cocaine users] are opiate users, trying to get off the opiates."*




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 added: *"It's everywhere; Just a phone call away; In some neighborhoods ... you go for a walk and you get asked, 'Are you partying? Are you messing around?' [Would you like to buy crack cocaine?]; I can't tell how many times someone drove up and offered me crack; There's a lot of new drugs coming in, but people still do crack, there's a market for it; It's intense and cheap."*






Treatment providers most often reported the current availability of crack cocaine as '9,' while law enforcement most often reported it as '7;' the previous most common scores were '10' and '7-8,' respectively. A law enforcement officer mentioned, *"[Crack cocaine is found] more in the cities, Kent or Ravenna [Portage County], in the low-income areas..."*

Corroborating data indicated that crack cocaine is available in the Akron-Canton region. ODPS reported seizing 380.9 grams (0.8 lbs.) of crack cocaine from this region during the past six months.

Participants and law enforcement reported that the availability of crack cocaine has remained the same during the past six months. A participant stated, *"It's been the same the last 20 years, the only difference is that they are selling other drugs with the crack, but they still have the crack."* A law enforcement officer remarked, *"People don't want to buy crack, they are buying powder (cocaine) and to make their own crack..."* Treatment providers reported that the availability of crack cocaine has increased during the past six months. Treatment providers noted: *"People are afraid of overdosing on heroin, so they are switching to anything other than heroin; There are less criminal consequences for dealers to sell crack [than previously]; It's cheap, and easy to get."* BCI crime labs reported that the incidence of cocaine cases they process from this region has slightly increased during the past six months; the labs do not differentiate between powdered and crack cocaine.

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

Participants most often rated the current overall quality of crack cocaine as '4' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '4' and '8'. A participant remarked, "It's garbage." Participants reported that crack cocaine in the region is most often adulterated with baking soda. Other cutting agents mentioned included: baby laxative, fentanyl, heroin, rat poison and sheet rock (dry-wall). Overall, participants reported that the quality of crack cocaine has decreased during the past six months.

Crack Cocaine	Cutting Agents Reported by Crime Lab	
	<ul style="list-style-type: none">  caffeine  levamisole (livestock dewormer)  local anesthetics (lidocaine and procaine)  phenacetin (banned analgesic)  triacetin (triglyceride) 	

Reports of current prices for crack cocaine were reported by participants with experience buying the drug. Reportedly, the most common quantity of purchase is a "\$20 piece" (approximately 1/10-gram piece of crack cocaine). Participants discussed: "They don't really weigh it, they break a piece off a block, 'that looks like a 15' (\$15 amount); We 20 piece ourselves to death (repeatedly buy \$20 pieces throughout any given day)." One participant shared shortage can impact price, stating, "It was crazy for a few months, there was no dope for a while, the prices were high, \$100 a gram." Overall, participants reported that the price of crack cocaine has remained the same during the past six months.

Crack Cocaine	Current Prices for Crack Cocaine	
	1/10 gram (aka "rock")	\$20
	A gram	\$60-100
	1/8 ounce (aka "eight ball")	\$100-130

Participants reported that the most common route of administration for crack cocaine remains smoking. Participants estimated that out of 10 crack cocaine users, nine would smoke and one would intravenously inject (aka "shoot") the drug. A participant commented, "A lot are shooting it, but most are smoking it."

Participants described typical crack cocaine users as of lower socio-economic status and over the age of 30 years. Participants stated: "It's very common in public housing or low-income areas; It used to be a black drug, but now it's everybody." Community professionals described typical crack cocaine users as African American, female, older (50 years and older) and of lower socio-economic status. One provider remarked, "I don't see a lot of males represented." Another provider countered, "I've seen it cut across to Caucasians and African-American males." Law enforcement noted: "People who make less income; When you piece it out, crack is cheaper; Low-income housing; It seems like the older generation, people in their 50s and 60s."

Heroin



Heroin remains highly available in the region. Participants most often reported the current availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. Participants commented: "A lot of [heroin] is coming from Detroit [Michigan]; My kids in school tell me how much it's in the school ... passing [heroin] in the hallway." While the consensus among participants was that heroin is highly available, many participants clarified that what is available are heroin-fentanyl mixtures and fentanyl sold as heroin. They observed: "[Unadulterated] heroin is not around anymore; If I want pure heroin, I'd be going to Cleveland [Cuyahoga County] or Columbus [Franklin County]; I think I'm getting heroin ... it was fentanyl; You have to test it to really know (to determine if fentanyl)."

Community professionals shared the view that unadulterated heroin is difficult to obtain. Thus, treatment providers most often reported the current availability of heroin as '2' and '5'; while law enforcement most often reported it as '3'; the previous most common scores were '6' and '10', respectively. Treatment providers commented: "It's still available; It's still easy to find, but a smart person will

be asking, 'Is there fentanyl in it?'" Law enforcement shared: "It's hard to say, no one wants plain old heroin, everyone wants the mix, or straight fentanyl; The task force has not purchased or even seen heroin [not adulterated with fentanyl] in months now. It's out there, but we don't typically see it."




Corroborating data indicated that heroin is available in the Akron-Canton region. ODPS reported seizing 43.6 kilograms (96.0 lbs.) of heroin from this region during the past six months. In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. Canton Police (Stark County) went to a home to apprehend a woman on outstanding warrants and arrested four people after identifying heroin and syringes in plain view; charges included being in a place where controlled substances are used, heroin possession and possession of drug paraphernalia (<https://www.cantonrep.com>, July 3, 2018). Stark County Sheriff's deputies charged a couple with child endangering after they overdosed on heroin on a sidewalk while their baby was in the backseat of their car (<https://www.nbc4i.com>, Aug. 16, 2018). Responding to a call about reckless driving on Interstate 77 in Stark County, OSHP arrested an intoxicated 19-year-old man; officers pulled the reckless driver over and found four hypodermic needles and heroin in the man's car (<https://www.cantonrep.com>, Aug. 19, 2018). Canton Police Special Investigations Unit raided five houses in Canton seizing approximately 400 grams heroin, 71.9 grams marijuana, 33.8 grams methamphetamine, 14 grams of crack cocaine, 11 grams of an unknown substance, two bags of Rizzy (a floral preservative and known cutting agent for heroin and fentanyl), \$4,430, three semi-automatic pistols and ammunition; three people were arrested on a string of drug trafficking and possession charges (<https://www.cantonrep.com>, Aug. 20, 2018). An Assistant U.S. Attorney indicted eight people for trafficking heroin and methamphetamine from California to Akron; several law enforcement agencies in Summit County took part in the investigation (<http://www.justice.gov>, Sept. 19, 2018).

While many types of heroin are currently available in the region, participants and community professionals continued to report powdered heroin as most available. Participants described powdered heroin as often tan or brown in color ("kind of like sand") and chunky in texture. A participant stated, "You have to bust it down to powder." A law enforcement officer commented, "It's always white or tan powder."

Participants and law enforcement discussed black tar heroin and reported that this type of heroin remains low in availability in the region. Participants most often reported the current availability of black tar heroin as '2,' while law enforcement most often reported it as '1' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were '1' for participants and not reported for law enforcement. Participants remarked: "'Tar' (black tar heroin) comes in phases; I can get tar, but it's not as common; I've never seen tar." However, one law enforcement officer noted, "We just got some recently."

Participants and community professionals reported that the availability of heroin has decreased during the past six months. Participants commented: "People are switching to methamphetamine; A lot of [dealers] are getting busted (arrested). When people are busted, [availability] gets dry." A treatment provider observed, "They are looking for heroin but finding fentanyl." A law enforcement officer added, "If we see heroin, it's usually fentanyl."

BCI crime labs reported that the incidence of heroin cases they process from this region has increased during the past six months; the labs reported processing beige, blue, brown, gray, purple, tan and white powdered heroin as well as black tar heroin.

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

Participants most often rated the current overall quality of heroin as '5-6' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '5.' Participants confirmed: "You can't put a number on it. From where it comes from to the user, it keeps getting 'stomped on' (adulterated); They tend to stomp on it four to five times." However, one participant noted, "Everyone who sells heroin has different quality." Participants discussed adulterants (aka "cuts") that affect the quality of the drug and reported that the top cutting agent for heroin remains fentanyl. A participant stated, "Fentanyl is taking over."

Treatment providers also discussed fentanyl as a cut for heroin. They said: *"It's cheaper to cut it with fentanyl, and you get more bang for your buck; In their mind, they can handle it, and there's Narcan® (naloxone, opiate overdose reversal medication) available [if they overdose]."*

Additional cuts mentioned for heroin included: aspirin, baby laxative, brown sugar, cocaine, cocoa powder, lidocaine (local anesthetic), powdered sugar, prescription opioids (Percocet®), sedative-hypnotics (Xanax®), sleep aids and vinegar. Overall, participants reported that the quality of heroin has decreased during the past six months.

Heroin	Cutting Agents Reported by Crime Lab
	<ul style="list-style-type: none"> ● acetaminophen ● caffeine ● cocaine ● diphenhydramine (antihistamine) ● fentanyl ● inositol (dietary supplement) ● lidocaine (local anesthetic) ● mannitol (diuretic) ● methamphetamine ● quinine (antimalarial) ● sorbitol (artificial sweetener) ● tramadol

Reports of current prices for heroin were variable among participants with experience purchasing the drug. Reportedly, the most common quantity of purchase is 1/10 gram (aka "point"). Participants discussed that the price of heroin varies depending on quality and that heroin is purchased for lower prices in cities. Participants shared: *"The real stuff is \$180 a gram; If you go to Cleveland or Akron, you can get heroin for \$20 a gram all day, \$80 a 'ball' (1/8 ounce, aka 'eight ball')."* Overall, participants indicated that the price of heroin has remained the same during the past six months.

Heroin	Current Prices for Heroin	
	Powdered:	
	1/10 gram (aka "point")	\$10-20
	1/2 gram	\$40-60
	A gram	\$80-140

While there were a few reported ways of using heroin, generally, the most common route of administration remains intravenous injection (aka "shooting"). Participants estimated that out of 10 heroin users, nine would shoot and one would snort the drug. Participants commented: *"You only snort it for so long; Everyone will eventually shoot it; Smoking, it's a waste."*

Participants described typical heroin users as white, middle class and young (aged 20s and 30s). Participants stated: *"Kids are doing it younger and younger; White people, in their 20s to early 30s."* Community professionals did not identify characteristics of a typical heroin user. Treatment providers remarked: *"It does not discriminate; If parents were users, the children will be users; It can be any group."*

Fentanyl




Fentanyl remains highly available in the region. Participants most often reported the current availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10.' Participants noted: *"It's taking over; A lot of people prefer it to heroin; When you try to get heroin, most of the time it's fentanyl, or mixed with it; Some do fentanyl, it's all they could find."* Treatment providers most often reported the current availability of fentanyl as '8-9'; the previous most common score was '9.' Treatment providers commented: *"It's available, even though most people are not seeking it out; I've had only one client who uses only fentanyl, most are using a mixture of fentanyl and heroin."* Law enforcement most often reported the current availability of fentanyl as '9'; the previous most common score was '10.' Law enforcement observed: *"It's on every corner; Everybody's got it."*

Corroborating data indicated that fentanyl is available in the Akron-Canton region. ODPS reported seizing 1,092.4

grams (2.4 lbs.) of fentanyl from this region during the past six months. In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. Akron Police conducted a traffic stop and arrested a man for having a suspended license; when the officer released the man from the back of his police cruiser, he found a small bag containing a white powdered substance which field testing showed to be fentanyl; the officer issued an arrest warrant for the man (<https://www.ohio.com>, Aug. 10, 2018). Portage County Sheriff's Office reported investigating a potential overdose in the Portage County Jail; two separate cells tested positive for the presence of fentanyl and methamphetamine (<https://fox8.com>, Dec. 10, 2018). Participants and community professionals generally did not identify different fentanyl analogues as present in the region, except for those expressing awareness of carfentanil. A participant stated, "Carfentanil, people don't really know it's mixed with fentanyl."

Participants most often reported that the availability of fentanyl has increased during the past six months. Participants remarked: "You don't have to be a fentanyl user to find it, they are putting it in everything; People's tolerance has gotten so high, they are looking for a better high [and turning to fentanyl]; It's cheap; People prefer fentanyl, so they know what they are shooting up, when it's mixed with heroin, they don't know the mix." Some participants disagreed and reported a decrease in availability during the past six months. These participants shared: "People are getting afraid of [overdosing on fentanyl]; Fentanyl is killing people and dealers don't want that falling back on them."

Treatment providers reported that the general availability of fentanyl has remained the same during the past six months, while law enforcement reported decreased availability. Treatment providers noted: "It's stabilized. More are moving to meth; It was never a heroin epidemic, it was an opiate epidemic." Law enforcement commented: "The market is flooded with meth and they are combatting opiate addiction with stimulants, so they don't get the withdrawal; Some dealers don't want to mess with that fentanyl because of the deaths. They can be charged with manslaughter; All opiates are going down, including fentanyl." BCI crime labs reported that the incidence of fentanyl and fentanyl analogue cases they process from this region has remained the same during the past six months, while the incidence of carfentanil cases has decreased.

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

Participants most often rated the current overall quality of fentanyl as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '10.' Participants observed: "It's hit or miss; It's tricky, it can be fentanyl, carfentanil ... it's unpredictable. From the same bag you get three hits, and each is totally different; The guy with the most customers has the best quality; Everyone's dying from it, [quality] must be '10.'"

Participants discussed adulterants (aka "cuts") that affect the quality of the drug and reported the top cutting agents for fentanyl as brown sugar and powdered sugar. Additional cuts mentioned included: baby formula, beef bouillon, carfentanil, cocaine, coffee creamer, heroin, sleeping pills and table sugar. Participants added: "You can have a lot of cut with powdered sugar, and you're still going to get high; You can take one gram [of fentanyl], and put 10 grams of cut in it, and you still get high; Most of [fentanyl] is at least mixed with heroin; They cut it with cocaine to keep you alive. If you're dead, they can't make any money off you." Overall, participants reported that the quality of fentanyl has remained the same during the past six months.

Reports of current prices for fentanyl were consistent among participants with experience purchasing the drug. Reportedly, the most common quantity of purchase is a gram. Overall, participants indicated that the price of fentanyl has decreased during the past six months. One participant remarked, "It's easier to get than heroin, so they lowered the price."

Fentanyl	Current Prices for Fentanyl	
	1/10 gram	\$10-20
	1/2 gram	\$40-60
	A gram	\$80-100

While there were a few reported ways of using fentanyl, generally, the most common route of administration remains intravenous injection (aka “shooting”). Participants estimated that out of 10 fentanyl users, nine would shoot and one would snort the drug. Participants discussed: *“It depends on who you hang with; The older crowd snorts, the younger crowd shoots it; If they snort, it’s not for long [before progressing to injecting].”*

Participants described typical fentanyl users as white, middle class and young (aged 20s to 40s). Participants explained: *“Same as who uses heroin; Suburbanites; More white people; But it’s starting to be black people doing it.”* Community professionals described typical fentanyl users also as middle class and young (aged late teens to early 30s). Treatment providers stated: *“Many started with heroin in high school, and their tolerance is so high in their 20s, they are seeking the stronger opiate; High risk takers.”*

Prescription Opioids



Prescription opioids remain moderately to highly available for illicit use in the region. Participants most often reported the current street availability of these drugs as ‘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: *“I can get 100 of them today; Like buying a pack of cigarettes; There’s Vicodin® on every door-step; They are easy to find, but no one wants to pay the high prices.”* Treatment providers and law enforcement most often reported the current street availability of prescription opioids as ‘7’; the previous most common scores were ‘7’ and ‘5,’ respectively. A treatment provider noted, *“It’s available, if you have the money.”* Law enforcement commented: *“People are still getting prescribed pain meds, but on the streets, availability is low; We don’t see too many cases anymore.”* Participants and community professionals identified Percocet® and Vicodin® as the most popular prescription opioids in terms of widespread illicit use.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. OSHP conducted a traffic stop on the Ohio Turnpike in Summit County, criminal indicators led officers to search the stopped vehicle with the aid of a K-9 officer; OSHP seized 176 oxycodone pills worth \$5,750 and arrested two men

for possession and trafficking in a schedule II-controlled substance (<http://www.statepatrol.ohio.gov>, July 16, 2018). A U.S. District judge barred an Akron doctor from seeking a Controlled Substances Act registration or applying for a medical license to practice osteopathic medicine and surgery anywhere in the United States after the doctor was found to be selling prescription opioids without any apparent medical need, including selling 50 Percocet® for \$500 to an undercover DEA (Drug Enforcement Administration) officer (www.cleveland.com, Oct. 26, 2018).

Participants and community professionals reported that the street availability of prescription opioids has decreased during the past six months. Participants discussed: *“The regulations, the laws are changing; They’re tightening up in pain management; Doctors are cracking down on the ‘scripts’ (prescriptions), you can’t go doctor shopping no more; Regular doctors can only give seven days’ worth.”* Treatment providers observed: *“Doctors are giving them out less; There’s more restrictions in pain management.”* However, one treatment provider added, *“Then there’s the dentists, they are more likely to prescribe.”*

BCI crime labs reported that the incidence of hydrocodone (Vicodin®) and tramadol (Ultram®) cases they process from this region has increased during the past six months, while the incidence of oxycodone (OxyContin®, Percocet®) and morphine cases has decreased. BCI labs reported processing very few cases of hydromorphone (Dilaudid®), methadone and oxymorphone (Opana®) from this region during the past six months.

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

Reports of current street prices for prescription opioids were consistent among participants with experience buying the drugs. Reportedly, the majority of prescription opioids sell for \$1-2 per milligram. Overall, participants indicated that the price of prescription opioids has increased during the past six months. One participant remarked, *“Less available, more expensive.”*

Prescription Opioids	Current Street Prices for Prescription Opioids	
	Dilaudid®	\$8-15 for 4 mg \$16-25 for 8 mg
	morphine	\$10-12 for 10 mg
	Opana®	\$40-80 for 40 mg
	Percocet®	\$5-10 for 5 mg \$12-18 for 10 mg
	Roxicodone®	\$20 for 15 mg \$40 for 30 mg
	Ultram®	\$1-2 for 10 mg
	Vicodin®	\$5 for 7.5 mg \$7-8 for 10 mg

Participants reported obtaining prescription opioids for illicit use from drug dealers, doctors, individuals who sell their prescription medications, individuals who steal these medications and through Internet purchase. Participants shared: *“From people with conditions that allows them to get these drugs; People sell their scripts to supplement their income or to support another habit; As easy as going to the doctor and asking for it; If you can get some [prescribed], they are more worth selling than using, you can then get something more powerful; Steal them from people who actually need them; People at hospitals (nurses, doctors) are able to sneak it out; You can get them on the dark web (websites operated by criminal enterprises).”* In addition, participants also reported that individuals are pressing fentanyl into pill form to look like prescription opioids. A participant commented, *“A lot of people are pressing their own pills, cutting them with fentanyl!”*

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 is snorting. Participants estimated that out of 10 illicit prescription opioid users, seven would snort and three would intravenously inject (aka “shoot”) the drugs. However, participants explained users are more likely to shoot Dilaudid® and Opana®. Participants commented: *“You can still break them [Opana®] down to shoot; You can shoot [Dilaudid®], you get a big rush, right away.”*

A profile of a typical illicit prescription opioid user did not emerge from the data. However, a few participants described typical illicit users as older (late 40s and older).

A participant stated, *“They are more available to older people.”* Other participants commented: *“People with prescriptions, they abuse them, then they start heroin and sell their scripts; Now it’s used by every group; All across the board.”*




Suboxone®



Suboxone® (buprenorphine) remains highly available for illicit use in the region. Participants most often reported the current street availability of Suboxone® as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was also ‘10’. Participants noted: *“Very easy to find; You can get Suboxone® as easy as you get fentanyl; They get so many a month and don’t need them ... they get two a day, and take only half and sell the rest.”* Generally, participants reported that both Suboxone® filmstrips (aka “strips”) and pills are available in the region. One participant observed, *“Doctors ask if you prefer strips or pills.”* Some participants reported that the strips are more difficult to find and more sought after than pills. Participants added: *“Strips last longer and are easier to shoot than pills; My insurance would not cover strips.”*

Treatment providers most often reported the current street availability of Suboxone® as ‘8’, while law enforcement most often reported it as ‘3’; the previous most common scores were ‘9’ and ‘7-8’, respectively. A treatment provider mentioned, *“People are getting too many prescribed, they sell their prescriptions.”* One law enforcement shared, *“It’s not often we have a case where [users with legitimate Suboxone® prescriptions] are selling it to us.”*

Participants and treatment providers reported that the street availability of Suboxone® has increased during the past six months. Participants explained: *“Treatment centers are giving it out more; They labeled the drug crisis as a certain kind of crisis, so they are trying to get people off of he oin and pills, so they substitute [with Suboxone®]; All you have to do is tell a doc you have a problem and they will prescribe Suboxone®.”* Treatment providers stated: *“Availability is definitely up, especially in the jail; Clients are selling their prescribed Suboxone®; Some use it just to keep from [withdrawal].”* BCI crime labs reported that the incidence of Suboxone® cases they process from this region has remained the same during the past six months.

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

Reports of current street prices for Suboxone® were consistent among participants with experience buying the drug. Participants reported that the filmstrips are more expensive because they last longer, are easier to shoot and are harder to find due to supply and demand. A couple participants indicated that if a user bought a person’s whole prescription, they would pay \$10 per 8 mg filmstrip or pill, otherwise an 8 mg filmstrip or pill sells for \$15-25. In addition, a participant remarked, “[Suboxone® is] huge in prison, one-eighth of a strip goes for \$20. Most people don’t know, but if you use a small amount, you get high.”

Participants reported obtaining Suboxone® from doctors, treatment centers and from other users who have a prescription for the drug. Participants noted: “Treatment centers are giving it out more; People get Suboxone® to sell to support their heroin habit.” Participants reported that the most common routes of administration for illicit use of Suboxone® are oral consumption (sublingual) followed by intravenous injection (aka “shooting”). Out of 10 illicit Suboxone® users, five would use sublingually, three would shoot and two would snort the drug. One participant commented, “People in prison snort them.” Participants and community professionals described typical illicit Suboxone® users as opiate users, or as one treatment provider stated, “chronic relapsers.”

Sedative-Hypnotics




Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain highly available for illicit use in the region. Participants most often reported the current street availability of these drugs as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was also ‘10’. Participants stated: “People are always trying to sell it; The market is flooded with them; If people can’t find the other drugs, they’ll use [benzodiazepines] as a backup, they’re very easy to find.”

However, participants in Summit County reported that many of the sedative-hypnotics found on the street are not the pharmaceutical sedatives. These participants remarked: “It’s hard to get the real Xanax®, they are getting the fake ones; The fake ones can be anything; They give out Buspar® instead of Xanax®; A lot of them are pressed now, they get the powder online and press the pill; In the past two years, I only found three ‘scripts’ (prescriptions) of real Xanax® on the streets; I’ve seen someone die off a bar’ (Xanax® 2 mg, aka ‘xanie bar’). It was fentanyl!”

Treatment providers most often reported the current street availability of sedative-hypnotics as ‘6-7’; while law enforcement most often reported it as ‘3’; the previous most common scores were ‘7’ and ‘7-8’; respectively. A treatment provider noted, “I don’t know about getting them on the streets, most are just getting them prescribed.” Law enforcement commented: “They are always in the mix [with other drug use]; They are there, yes, but we don’t see it that often.”

Participants identified Xanax® and Valium® as the most available sedative-hypnotics in terms of widespread illicit use. Community professionals identified Xanax® as most available. Participants and treatment providers reported that the general availability of sedative-hypnotics has remained the same during the past six months, while law enforcement reported decreased availability. One law enforcement officer concluded, “Prescribed medications across the board have declined significantly.”

BCI crime labs reported that the incidence of alprazolam (Xanax®) and clonazepam (Klonopin®) cases they process from this region have increased during the past six months. BCI labs reported processing very few cases of carisoprodol (Soma®), diazepam (Valium®), lorazepam (Ativan®) and zolpidem (Ambien®) from this region during the past six months.

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

Reports of current street prices for sedative-hypnotics were consistent among participants with experience buying the drugs. Participants discussed: *“The more you buy, the cheaper they are; When the dealers don’t have the Vicodin® or pain killers, they’ll sell you two of the ‘xanies’ (Xanax®) for the same price”*. Overall, participants reported that the price of sedative-hypnotics has increased during the past six months.

Sedative-Hypnotics	Current Street Prices for Sedative-Hypnotics	
	Ativan®	\$1-2 for 1 mg
	Klonopin®	\$1.50-2 for 1 mg
	Valium®	\$0.50 per milligram
	Xanax®	\$2-3 for 1 mg \$5-8 for 2 mg

Participants reported obtaining sedative-hypnotics for illicit use from drug dealers, doctors, individuals being treated with the drugs and through Internet purchase. Participants mentioned: *“Some ‘dope boys’ (drug dealers) have them, people trade their scripts for dope; It’s not hard to get them prescribed, just say, ‘I got anxiety;’ From the Internet, the market is flooded with them.”*

The most common route of administration for illicit use of sedative-hypnotics is oral consumption. Participants estimated that out of 10 illicit sedative-hypnotics users, six would orally consume and four would snort the drugs. Participants shared: *“You chew them; Dissolve in wine; [Route of administration] depends on how quick you want to get high.”*

Participants described typical illicit sedative-hypnotics users as drug dealers, females and individuals who abuse alcohol and/or opiates. Participants commented: *“Dope boys like Xanax®; Addicts, it helps get over ‘dope sickness’ (withdrawal symptoms); Especially the females, they have more anxiety; Alcoholics, to help with hangovers.”* However, some participants disagreed, stating: *“Across the board; Pills don’t have boundaries; All ages, all groups.”* Community professionals described typical illicit sedative-hypnotics users as other substance users. Treatment providers discussed: *“People with a history of alcohol abuse have Xanax® in their history; Stimulant users use it to come down; Some like the combined effect.”* A law enforcement officer added, *“It seems like when you run into ‘meth addicts’ (methamphetamine users), they have xanie bars.”*

Marijuana



Marijuana remains highly available in the region. Participants and community professionals most often reported the current availability of the drug as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common scores were also ‘10.’ Participants stated: *“It’s always easy to find; it’s not shocking to walk by someone, and smell ‘weed’ (marijuana); I can get a contact high [from second-hand exposure] just walking out the door.”* Treatment providers remarked: *“Nine out of 10 clients smoke weed; Everyone smokes weed; It’s legal in their minds.”* Law enforcement noted: *“Anyone in the drug world typically uses marijuana and has easy access to it; It’s flooding in from Colorado, California, Washington and Oregon ... and it’s not cheap; There’s more and more cartridges for vapor pens, with straight THC (tetrahydrocannabinol, the psychoactive ingredient of marijuana), a company was selling them openly, didn’t even know it was illegal.”*




Corroborating data indicated that marijuana is available in the Akron-Canton region. ODPS reported seizing 505.8 kilograms (1,115.1 lbs.) of marijuana from this region during the past six months. In addition, Summit County Juvenile Court reported that of the 935 cannabis (marijuana) tests it performed during the past six months, 37.2% were positive.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Akron Police (Summit County) arrested a robbery victim after determining he was a drug dealer; police seized \$12,000, 422 grams of marijuana, two handguns and three cell phones from the burglar; police seized two handguns, a digital scale, crack cocaine and two jars of marijuana from the victim’s house; the victim (owner of the house) was charged with trafficking in marijuana, trafficking in cocaine and possession of drug paraphernalia and weapons (<https://www.cleveland.com>, Aug. 8, 2018). Canton vice officers (Stark County) arrested a man after executing a search warrant at his home, finding a small amount of marijuana, a rifle and a handgun (<https://www.cantonrep.com>, Aug. 30, 2018). Akron police raided an herbal drug store where they seized marijuana, cocaine and a handgun; police arrested the clerk for drug trafficking (<https://www.ohio.com>, Aug. 30, 2018).

Participants and community professionals also discussed current availability of high-grade marijuana extracts and concentrates, often appearing as oil and waxy forms of the drug (aka “dabs”). Participants most often reported the current availability of marijuana extracts and concentrates as ‘10’. Participant comments included: “A lot more people are doing [dabs]; People know how to make [dabs].” Treatment providers reported not having a lot of knowledge of marijuana extracts and concentrates; however, providers with knowledge most often reported current availability as ‘5-6’, while law enforcement most often reported it as ‘8’.

Participants reported that the availability of marijuana and marijuana extracts and concentrates has increased during the past six months. Participants commented: “With it being legal in other states, it’s easier to get here; People are growing their own; It’s the new trend, everyone is doing dabs; Now the equipment to smoke [dabs] is much more available; It’s more convenient to put it in a dab pen.” Treatment providers reported that the availability of marijuana and marijuana extracts and concentrates has remained the same during the past six months. One treatment provider concluded, “It’s the constant, everything else goes up and down, but marijuana always stays the same.” Law enforcement reported that the availability of marijuana has increased or remained the same during the past six months, while the availability of marijuana extracts and concentrates has increased. Law enforcement observed: “It’s gotten more prevalent as we approach medical marijuana; It’s always been there, readily available; Any one into drugs will have marijuana.” A law enforcement officer said regarding dabs, “They like it, you smoke and you’re high right away.”

BCI crime labs reported that the incidence of cannabis (including edible cannabis) cases they process from this region has increased during the past six months, while the incidence of concentrated THC (tetrahydrocannabinol oils, dabs) cases they process from this region has remained the same.

Marijuana	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 marijuana as ‘10’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was also ‘10’. Participants explained: “I hit it one or two times, I’m high for the day; I’ve never smoked bad dabs.” One law enforcement officer added, “If it comes from a dispensary from Michigan, it’s high grade.” Overall, participants indicated that the quality of marijuana has increased during the past six months. A participant emphasized, “‘Pot’ (marijuana) has gotten way better.”

Reports of current prices for marijuana were provided by participants with experience buying the drug. Reportedly, the most common quantity of purchase for marijuana is 1/4 ounce; the most common quantity of purchase for marijuana extracts and concentrates is a gram. Overall, participants reported that the price of marijuana has increased during the past six months. One participant remarked, “The prices are ridiculous.”

Marijuana	Current Prices for Marijuana	
	Low grade:	
	A blunt (cigar) or a gram	\$5
	1/8 ounce	\$20
	1/4 ounce	\$25-50
	An ounce	\$60-120
	High grade:	
	A blunt (cigar) or a gram	\$10-20
	1/8 ounce	\$35-40
	An ounce	\$120-250
	Extracts and concentrates:	
A dab	\$10	
A gram	\$50-85	

While there were a few reported ways of consuming marijuana, generally the most common route of administration remains smoking. Participants estimated that out of 10 marijuana users, all 10 would smoke or vape (inhale and exhale the vapor produced by an e-cigarette or similar device) the drug. While participants reported that edible forms or marijuana are widely available in the region, they noted that the preferred manner of use continues to be smoking.

A profile for a typical marijuana user did not emerge from the data. Participants and community professionals described typical users as anyone, users of other drugs and drug dealers; however, they indicated younger people as typical marijuana extracts and concentrates users. Participants discussed: *"Eighty percent of Americans smoke weed; Dealers smoke weed instead of shooting dope; People who use cocaine will use dabs to come down; You hear [dabs] constantly now with teenagers."* A treatment provider shared, *"Anyone into drugs will have marijuana."* A law enforcement officer explained, *"Dab users are young kids, in the wealthier part of town. You need the right equipment to use it."*

Methamphetamine



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

(highly available, extremely easy to get); the previous most common scores were also '10'. Participants stated: *"Crystal' (crystal methamphetamine) is everywhere; The majority is the Mexican cartel 'speed' (methamphetamine); It's mostly 'ice' (crystal methamphetamine); [Powdered methamphetamine is] there, not the same as ice; I can always make [powdered methamphetamine]."* However, some participants disagreed with the reports of current availability of powdered methamphetamine, with one participant stating, *"[Powdered methamphetamine is] non-existent these days."* Treatment providers' comments on the current availability of methamphetamine included: *"[Methamphetamine is] coming back because of the fear of fentanyl [overdose and death]; In the Portage County jail, all the men are meth users; At intake, somebody had [methamphetamine] in their shoe, they had it in jail."*

Corroborating data indicated that methamphetamine is available in the Akron-Canton region. ODPS reported seizing 160.2 kilograms (353.3 lbs.) of methamphetamine from this region in the past six months. In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. Alliance Police (Stark County) dismantled a methamphetamine lab and arrested two men for the illegal manufacture of drugs, possession of chemicals for the manufacture of drugs and possession of drug paraphernalia; officers seized three grams of methamphetamine and an undisclosed amount of pseudoephedrine (precursor of

methamphetamine) (<https://www.cantonrep.com>, July 13, 2018). Akron Police (Summit County) conducted a traffic stop and seized more than a half ounce of methamphetamine, two digital scales and 400 little plastic bags often used to sell street drugs; officers arrested the driver for trafficking methamphetamine (<https://www.ohio.com>, Aug. 10, 2018). Alliance Police conducted a traffic stop and seized methamphetamine and a beer being consumed by a minor; police arrested and charged the driver with felony drug possession, selling or furnishing beer to a minor and consumption of alcohol in a motor vehicle (<https://www.cantonrep.com>, Aug. 28, 2018). Akron Police raided a residence and seized a kilogram of methamphetamine, 14 guns, various ammunition, more than \$7,000 and recovered stolen body armor; police charged two people for conspiracy to possess with intent to distribute methamphetamine and possession of firearms in furtherance of drug trafficking crimes (<https://www.news5cleveland.com>, Sept. 12, 2018). Massillon Police (Stark County) arrested a woman after finding a glass pipe and methamphetamine on her person; officers charged the woman with aggravated drug trafficking, aggravated drug possession and possession of drug paraphernalia (<https://www.dispatch.com>, Oct. 31, 2018). Alliance Police conducted a traffic stop and seized 33 grams of methamphetamine from one man and a small amount of methamphetamine, a pipe and a digital scale from another man; police arrested the men for aggravated drug trafficking, drug possession and possession of drug paraphernalia (<https://www.cantonrep.com>, Nov. 8, 2018). OSHP conducted a traffic stop and seized 1.5 pounds of methamphetamine; police arrested two women for aggravated drug trafficking (<https://www.cantonrep.com>, Nov. 14, 2018). Law enforcement and OSHP in Jackson Township (Stark County) conducted a traffic stop and seized over 10 grams of crystal methamphetamine, a scale containing drug residue, nearly a gram of marijuana, six cut straws (for ingesting the drug), four glass smoking pipes and two syringes; officers arrested two men for aggravated drug trafficking, drug possession and possession of drug paraphernalia (<https://www.ohio.com>, Dec. 10, 2018).




Participants reported that methamphetamine is available in crystal and powdered forms throughout the region. However, they indicated crystal methamphetamine as the more prevalent form in the region. A participant stated, *"There's not a lot of 'shake' (powdered methamphetamine, aka 'shake-and-bake') out there, with the flood of ice."* Law

enforcement also reported crystal methamphetamine as "very prevalent," while indicating low presence of powdered methamphetamine. Law enforcement noted: "People don't want to take the chance where they can get a felony 2 or a felony 3 making [powdered methamphetamine]; The crystal is better quality, and very cheap ... one-third the cost of powder; I haven't seen shake-and-bake in well over a year; We've seen one [methamphetamine] lab in the past year."

The powdered form of methamphetamine is typically referred to as "shake-and-bake," which means users produce the drug in a single-sealed container, such as a two-liter soda bottle. By using common household chemicals along with ammonium nitrate (found in cold packs) and pseudoephedrine (found in some allergy medications), people who make methamphetamine can produce the drug in approximately 30 minutes in nearly any location. Participants agreed: "It's very easy to make; Anyone can make it."



Participants and law enforcement reported that the availability of crystal methamphetamine has increased during the past six months, while the availability of powdered methamphetamine has decreased. Participants commented: "[Crystal methamphetamine is] cheaper than weed around here, and you get higher, quicker; You can buy it anywhere; They are cracking down on heroin, so the Mexican [drug cartels] brought a bunch of meth in; That's how I started to get off heroin.... We want to get high, but we don't want to die [of an opiate overdose]; [Powdered methamphetamine] is risky if you get caught [making it], and it's hard to get the materials [necessary to make shake-and-bake]." A law enforcement officer added, "It used to be heroin, heroin, heroin, then fentanyl, fentanyl, fentanyl, now it's [crystal] meth."

Treatment providers reported that the overall availability of methamphetamine has increased during the past six months. They observed: "I've seen much more of the stimulant type users [enter treatment]; Some have overdosed on opiates and won't go back; Most use it as a maintenance drug, to stay off heroin, others use it to manage withdrawal; It balances the opiates out, so they are able to function; People on Vivitrol® (medication-assisted treatment, MAT) report relapsing on meth because you can get high on meth [while receiving MAT]." BCI crime labs reported that the incidence of methamphetamine cases they process from this region has increased during the past six months.

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

Participants most often rated the quality of crystal methamphetamine as '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score overall for methamphetamine was '7' and '10'. However, participants mentioned that quality is variable in the region: "It depends on what kind of ice you're getting. If you get imported out of the country, it's good, but if you get that Raid® (methamphetamine made with Raid® insecticide, also known as 'wasping'), it's bad; People take acetone, freeze it, looks like ice, and they sell it; It's not pure, it's the jambalaya of drugs; You can't tell if it's garbage or not 'til you use it."

Participants discussed adulterants (aka "cuts") that affect the quality of methamphetamine and reported the following cutting agents for the drug: bug spray, fentanyl, "molly" (powdered MDMA), MSM (methylsulfonylmethane, a joint supplement) and vitamin B-12. Participants shared: "There's a lot of cutting agents; They can rock up some shit, you wouldn't know; They are cutting the meth with molly." A participant explained a method to get high that involves bug spray; reportedly, users spray wasp killer on electric wires and use the resulting vapors and crystals to get high, either combined with methamphetamine or substituted for methamphetamine (aka "Raid® dope" or "wasping"). Overall, participants reported that the quality of methamphetamine has decreased during the past six months. One participant remarked, "The quality is way down."

Methamphetamine	Cutting Agents Reported by Crime Lab	
	<ul style="list-style-type: none">  dimethyl sulfone (DMSO; dietary supplement)  magnesium sulfate (Epsom salts) 	

Reports of current prices for methamphetamine were variable among participants with experience buying the drug. Reportedly, the most common amount of purchase is a gram. Participants reported that the price of methamphetamine varies depending on the quality of the drug and where it is purchased. Participants explained: *"You can pay a lot more if it's good; You can go to Akron and buy a gram for \$20, then sell half-grams for \$40 in Ravenna [Portage County]."* A law enforcement officer confirmed, *"In Summit County, meth is the cheapest ... two or three counties over, it's twice as expensive ... a pound goes for \$9,000 in West Virginia A lot of Akron people go to West Virginia to sell their dope, and they make some really good money."* Overall, participants reported that the price of crystal methamphetamine has decreased during the past six months. One participant remarked, *"[Crystal methamphetamine is] really cheap, and getting cheaper."*

Methamphetamine	Current Prices for Methamphetamine	
	Crystal:	
	A gram	\$20-50
	1/8 ounce	\$50-80
An ounce	\$300-500	

Participants reported that the most common route of administration for methamphetamine remains smoking. Participants estimated that out of 10 methamphetamine users, five would smoke, three would "shoot" (intravenously inject) and two would snort the drug. A participant stated, *"Each way makes you feel different."*




A profile for a typical methamphetamine user did not emerge from the data. Participants described methamphetamine use as common among all groups of people: *"Everybody; It does not discriminate; It used to be a white drug, not anymore; A lot of people use it to go to work; A lot of people are trying to get off opiates [and switching to methamphetamine], it's how I got off opiates."* Community professionals described typical methamphetamine users as people in their 20s and individuals seeking an alternative to opiates. A law enforcement officer added, *"A lot are trying to combat their opiate addiction. Others just use it because it's there ... it's so readily available."*

Prescription Stimulants

Prescription stimulants remain available for illicit use in the region. Participants most often reported the current street availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. Participants stated: *"If you have kids, it's real easy [to obtain a prescription for stimulants]; I know a lot of people who use [prescription stimulants] if they can't find meth ... but meth is so easy to find."*

Treatment providers most often reported the current street availability of prescription stimulants as '5-6'; the previous most common score was also '5-6'. Law enforcement most often reported current street availability as '2'; the previous score was '4' and '7'. A law enforcement officer remarked, *"Very seldom do we see Adderall® or buy it. We hear about it, usually someone's prescription they are trying to sell to make a little extra money."*

Participants identified Adderall® and Vyvanse® as the most available prescription stimulants in terms of widespread illicit use. Community professionals identified Adderall® as most available. Participants did not agree on a change of availability for prescription stimulants during the past six months. Participants who reported increased street availability commented: *"They are giving it to kids more and more; More kids are getting diagnosed."* Community professionals reported that the street availability of prescription stimulants has remained the same during the past six months. BCI crime labs did not report any cases of amphetamine (Adderall®) or methylphenidate (Ritalin®) for this region during the past six months, and very few cases of lisdexamfetamine (Vyvanse®).

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

Reports of current street prices for prescription stimulants were consistent among participants with experience buying the drugs. One participant observed, *"XRs (Adderall® XR) are cheap, a couple dollars."*

Prescription Stimulants	Current Street Prices for Prescription Stimulants	
	Adderall®	\$2-3 for 10 mg \$4-6 for 30 mg

Participants reported obtaining prescription stimulants for illicit use from doctors and individuals who sell their prescriptions. Participants confirmed: *“Doctors are prescribing Adderall® to kids left and right; A lot make it up that their kids have ADHD (attention-deficit hyperactivity disorder), then they rob their kids of their medicine.”*

Participants reported that the most common routes of administration for illicit use of prescription stimulants are oral consumption and snorting. Participants estimated that out of 10 illicit prescription stimulant users, five would orally consume and five would snort the drugs. Participants explained: *“You break [the capsules] open and chew [the beads]; You break it down, put it in liquid [and drink].”*

Participants and community professionals described typical illicit prescription stimulant users as young (high school and college aged). Participants shared: *“Rich kids; Younger kids are using them, high schoolers to concentrate; Late teens, early 20s.”* A treatment provider mentioned, *“It’s more common among younger, 18-20 [year olds].”* A law enforcement officer stated, *“If we hear about it, it’s students ... using it to study for tests ... to focus more.”*




Ecstasy

Ecstasy (methylenedioxyamphetamine: MDMA, or other derivatives containing BZP, MDA and/or TFMPP) availability is variable in the region. Participants most often reported the current availability of the pressed tablet form of ecstasy and of “molly” (powdered MDMA) as ‘1’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common scores were ‘2’ for ecstasy and ‘7-9’ for molly. Participants remarked: *“Ecstasy has died out, molly is dying out; People look a long time to find it. They have to go north (Cleveland region), it’s rampant up there; A lot of [ecstasy tablets] are fake.”*

Treatment providers most often reported the current availability of ecstasy/molly as ‘4-5;’ the previous most

common score was ‘7.’ Treatment providers noted: *“It’s not as widely available [as other illicit drugs], they have to know where to find it ... it takes some doing; Clients report using MDMA before addiction took over, so it’s more a history of use.”* Law enforcement most often reported the current availability of ecstasy/molly as ‘8;’ the previous most common score was ‘3-4.’ Law enforcement commented: *“I can go to Kent [Portage County] and get it right now, I could get LSD (lysergic acid diethylamide) or MDMA in Kent; A guy was getting it off the dark web, you can get anything you want from there.”*

Participants were not in agreement as to a change in availability of ecstasy/molly during the past six months. Equal number of participants reported increased and decreased availability. Participants who reported that the availability of ecstasy/molly has increased during the past six months were from Summit County. These participants observed: *“It’s way more around, I hadn’t heard of it a year ago; People know how to make molly.”* Community professionals did not report on the change in availability of ecstasy/molly during the past six months. BCI crime labs reported that the incidence of MDMA (ecstasy/molly) cases they process from this region has increased during the past six months although very few cases were noted.

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

Participants discussed the current overall quality of ecstasy and molly and rated the quality of ecstasy as ‘7-8’ and of molly as ‘8’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common scores were ‘4’ and ‘8’, respectively. Participants added: *“Ecstasy is ‘cut’ (adulterated) with all kinds of stuff, some ‘downers’ (depressants), some ‘uppers’ (stimulants); Molly is the scraps of a bunch of drugs in crystal form.”* Reportedly, ecstasy and molly are often cut with other substances including heroin and methamphetamine. A participant reported that different kinds of ecstasy include “meth-based,” described as lighter in color, and “heroin-based,” described as darker in color. Participants did not agree on a change in quality of ecstasy/molly during the past six months.

Reports of current prices for ecstasy and molly were consistent among participants with experience buying the drugs. Participants reported that molly is typically sold in gram amounts. A participant explained that ecstasy is sold in various doses, including “a single” and a “triple stack,” (equivalent to three singles).

Ecstasy/Molly	Current Prices for Ecstasy/Molly	
	Ecstasy:	
	Low dose (aka “single stack”)	\$5-10
	High dose (aka “triple stack”)	\$20-25
	Molly:	
A gram	\$100	

Participants reported that the most common route of administration for both ecstasy and molly is oral consumption. Participants estimated that out of 10 ecstasy users, all 10 would take the drug orally. Participants estimated that out of 10 molly users, seven would orally consume and three would snort the drug. One participant added, “More people snort molly, more people eat ecstasy.”

Participants described typical ecstasy and molly users as young (high school and college aged) and individuals who participate in “raves” (dance parties). Community professionals described typical ecstasy and molly users as individuals who participate in the “club scene.” One law enforcement representative added, “Grateful Dead [followers], hippie crowd.”

Other Drugs in the Akron-Canton Region

Participants and community professionals listed a variety of other drugs as being present in the region, but these drugs were not mentioned by the majority of people interviewed: bath salts (substituted cathinones), kratom (mitragynine), hallucinogens (lysergic acid diethylamide [LSD] and psilocybin mushrooms), Neurontin® (gabapentin) and synthetic marijuana. In addition, BCI crime labs reported that the incidence of U-47700 (synthetic opioid) cases they process from this region has decreased during the past six months and is very low.

Bath Salts

Bath salts (substituted cathinones; compounds containing methylone, mephedrone, MDPV or other chemical analogues, including alpha-PVP, aka “flakka”) are available in the region. Participants most often reported the current availability of bath salts 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’. BCI crime labs reported that the incidence of bath salts cases they process from this region has remained the same during the past six months.

Participants reported that bath salts can be obtained through Internet purchase and at various convenience (corner) stores and head shops, but a person needs to know how to ask for it. Participants stated: “It’s easy to get; The people I know ordered it (online) and had it delivered to their house.” Participants also discussed bath salts as being sold on the street as methamphetamine. One participant remarked, “People go to get meth and end up getting bath salts.” Participants described the typical bath salts user as a methamphetamine user.

Hallucinogens

Hallucinogens remain available in the region. Participants most often reported the current availability of LSD as ‘5’ and ‘8’ and of psilocybin mushrooms as ‘5’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common scores were ‘8’ for LSD and ‘10’ for psilocybin mushrooms. Participants commented on LSD availability, stating: “I can get it all the time; Dealers sell it.” Participants commented on psilocybin mushrooms, stating: “It’s harder to get mushrooms, you have to know somebody who grows them; It’s hit or miss ... it depends on the crowd you are with.”

Treatment providers most often reported the current availability of LSD as ‘2’. Treatment providers reported that they hear about hallucinogens infrequently, and when they do, it is usually from clients who used the drugs in their past, not recently. Other treatment providers reported that hallucinogen users tend to be young (adolescent, college aged), usually individuals attending raves. Law enforcement most often reported the current availability of LSD as ‘10’ and the current availability of psilocybin mushrooms as ‘6’; the previous most common scores were ‘6-7’ for LSD and ‘7’ for psilocybin mushrooms. Law enforcement observed:

"I could get LSD right now; There's just a few selling it ... just a few targets (populations) are into the mushrooms, we wouldn't seek it."

BCI crime labs reported that the incidence of LSD cases it processes from this region has increased during the past six months, while the incidence of psilocybin mushrooms cases has remained the same.

Very few participants reported recent use of hallucinogens, and hence did not report on current quality. However, a participant stated, "[LSD] is very good quality." Current prices for hallucinogens were reported by participants with experience buying the drugs.

Hallucinogens	Current Prices for Hallucinogens	
	LSD:	
	A "hit" (single dose)	\$10
	Psilocybin mushrooms:	
	1/8 ounce	\$20-30

Participants and community professionals described typical hallucinogen users as young and individuals who attend dance clubs and festivals (*"ravers, hippies, stoners, Grateful Dead followers"*). A participant remarked, *"It's a festival drug."* Law enforcement added: *"Younger, college-age crowd; Mushroom users are typically the same crowd as LSD and the ecstasy group, young."*

Kratom

Kratom (mitragynine, a psychoactive plant substance) is available in the region. Participants reported kratom can be purchased in head shops. One participant stated, *"It's a legal substitute for Vicodin® and Percocet®."* Participants noted that kratom is taken orally. A participant reported a "little bag" of kratom costs \$20. Participants described typical kratom users as individuals trying to get off opiates; many participants discussed that kratom helps to alleviate opiate withdrawal symptoms. No community professional group mentioned kratom.

Neurontin®

Neurontin® (gabapentin, an anticonvulsant and nerve pain medication) remains highly available for illicit use in the region. Participants most often reported the current availability of Neurontin® as '10,' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10.' No community professional group reported on the illicit use of Neurontin®. Participants reported that availability is high primarily because the drug is prescribed rather easily. A participant stated, *"A lot of people are getting scripts."* Participants discussed the effect produced from Neurontin®. One participant described, *"It chills you out, like a dull, relaxing mellow feeling."* The most common route of administration for illicit use of Neurontin® is oral consumption. Participants estimated that out of 10 illicit Neurontin® users, seven would orally consume and three would snort the drug.

Synthetic Marijuana



Synthetic marijuana (synthetic cannabinoids) 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 also '10.' Participants commented: *"Every other [beverage] drive thru in Akron has it, but they have to know you [to sell to you]; You can still get it at gas stations, corner stores ... on the counter; You can buy it online, you buy the spray and make your own."*

Treatment providers in Summit County rated the current availability of synthetic marijuana as '9'; the previous most common score was also '9.' A treatment provider stated, *"You can get it in smoke (tobacco) shops."* However, treatment providers outside of Summit County commented: *"I haven't heard anything about it; It was a designer drug for a minute, now nothing."* Law enforcement reported having no encounter with the drug during the past six months. A law enforcement officer stated, *"We have heard of K-2 (synthetic marijuana) out there. We're not seeing it."* BCI crime labs reported that the incidence of synthetic cannabinoids cases they process from this region has slightly increased during the past six months.

Reports of current prices for synthetic marijuana were variable among participants with experience buying the drug. A participant reported the drug is purchased from stores for \$30 to \$50 [the participant did not know the volume]. Another participant reported that her high school son shared that the drug is sold in his school for \$35 but did not know the volume. Participants indicated that the only route of administration for synthetic marijuana is smoking. They estimated that out of 10 synthetic users, all 10 would smoke the drug. Participants described typical synthetic marijuana users as individuals on probation and those subjected to drug screening.

Conclusion

Crack cocaine, fentanyl, heroin, marijuana, methamphetamine, Neurontin® (gabapentin), powdered cocaine, sedative-hypnotics and Suboxone® (buprenorphine) remain highly available in the Akron-Canton region. Changes in availability during the past six months include: increased availability for methamphetamine; likely increased availability for marijuana and synthetic marijuana (synthetic cannabinoids); decreased availability for prescription opioids; and possible decreased availability for heroin.

While the consensus among participants was that heroin is highly available, many participants clarified that what is available are heroin-fentanyl mixtures and fentanyl sold as heroin. Community professionals shared the view that heroin not adulterated with fentanyl is difficult to obtain. Thus, participants and community professionals reported that the availability of heroin has decreased during the past six months.

Heroin is being replaced by cheaper substitutions (fentanyl and methamphetamine). Reportedly, many heroin users prefer and seek fentanyl to heroin due to increased tolerance to opiates, while other heroin users have become fearful of fentanyl overdose death and have switched to methamphetamine use for that reason. Law enforcement discussed: *"The market is flooded with meth and they are combatting opiate addiction with stimulants, so they don't get the withdrawal; Some dealers don't want to mess with that fentanyl because of the deaths. They can be charged with manslaughter."*

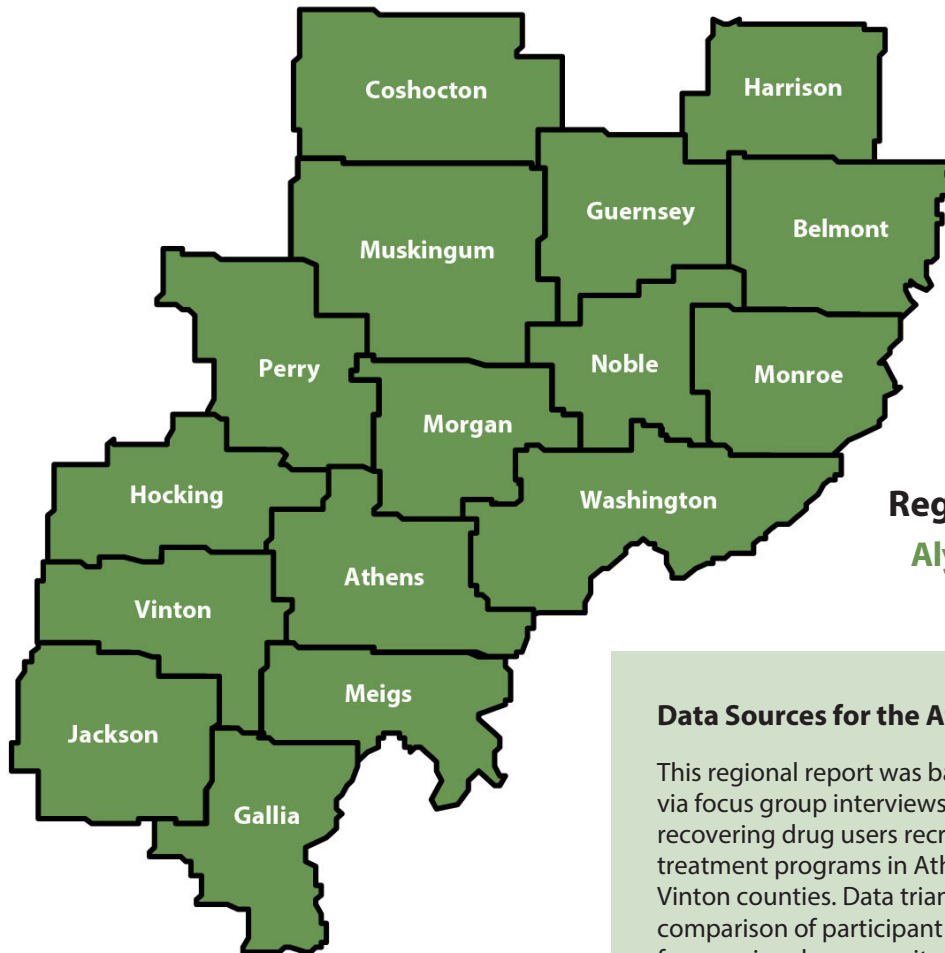
Corroborating data indicated that methamphetamine is highly available in the Akron-Canton region. Ohio Department of Public Safety reported seizing 353.3 lbs. of methamphetamine from this region during the past six months. A law enforcement officer remarked, *"It used to be heroin, heroin, heroin, then fentanyl, fentanyl, fentanyl. Now it's [crystal] meth."*

Participants and law enforcement reported that the availability of marijuana and marijuana extracts and concentrates ("dabs") has increased during the past six months. Participants explained: *"With [marijuana] being legal in other states, it's easier to get here; It's the new trend, everyone is doing dabs; Now the equipment to smoke [dabs] is much more available; It's more convenient to put it in a dab pen."* BCI crime labs reported that the incidence of cannabis (including edible cannabis) cases they process from this region has increased during the past six months, while the incidence of concentrated THC (tetrahydrocannabinol oils, dabs) cases has remained the same.

Lastly, participants reported that many of the sedative-hypnotics (particularly Xanax®) found on the street are not pharmaceutical sedatives but "fake" pills pressed with other substances (usually fentanyl). Participants also discussed bath salts (substituted cathinones) being sold as methamphetamine and methamphetamine cut with fentanyl. In addition, a participant explained a method to get high that involves bug spray; reportedly, users spray wasp killer on electric wires and use the resulting vapors and crystals to get high, either combined with methamphetamine or substituted for methamphetamine (aka "Raid® dope" or "wasping").



Drug Abuse Trends in the Athens Region



Regional Epidemiologist:
Alycia Taylor, MPA

Data Sources for the Athens Region

This regional report was based upon qualitative data collected via focus group interviews. Participants were active and recovering drug users recruited from alcohol and other drug treatment programs in Athens, Gallia, Hocking, Perry and Vinton 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 Ohio Bureau of Criminal Investigation (BCI) and Ohio Department of Public Safety (ODPS), which logs drug task force seizures from across Ohio. All secondary data are summary data of cases processed from January to June 2018. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for July through December 2018.

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

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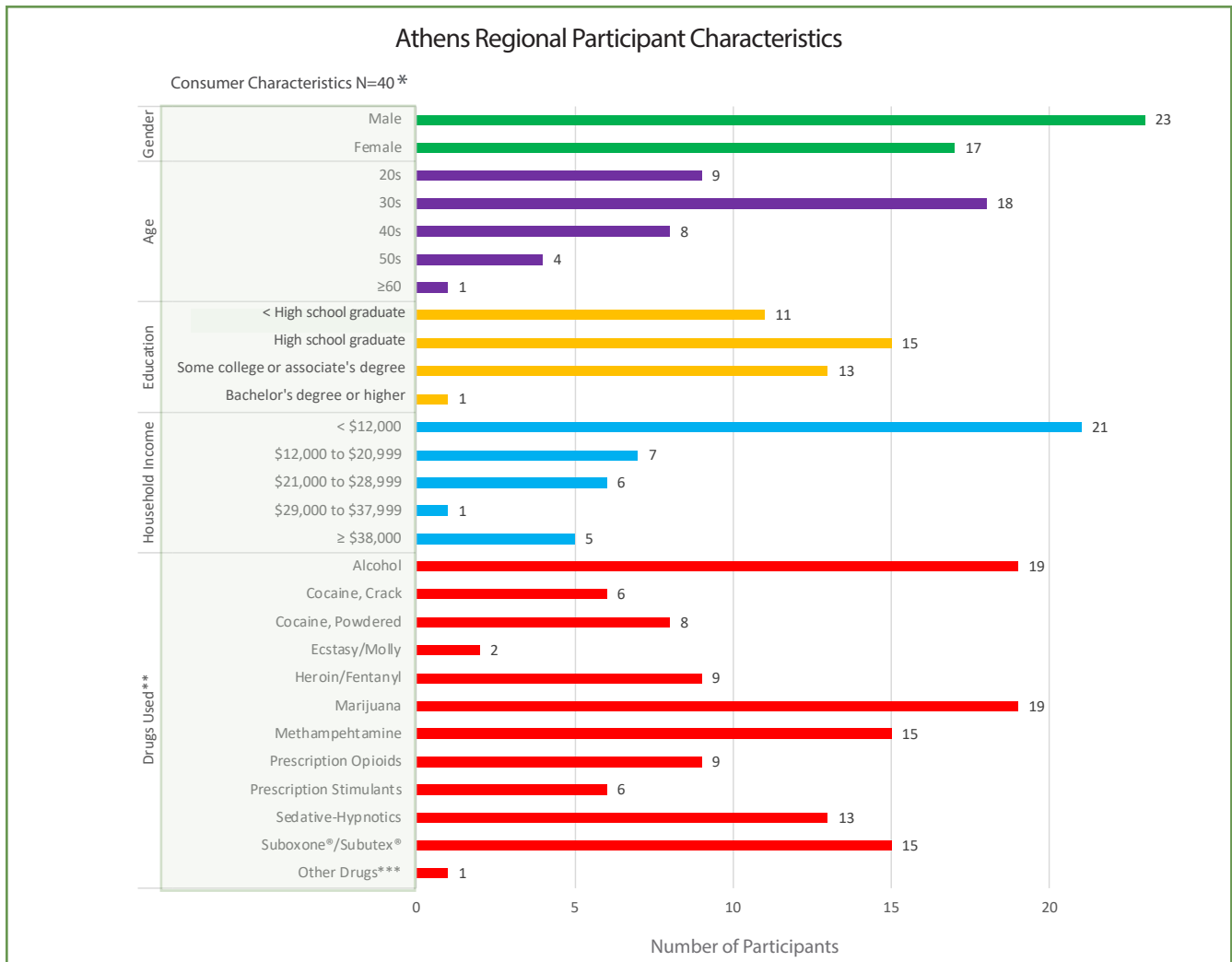
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Regional Profile

Indicator ¹	Ohio	Athens Region	OSAM Drug Consumers
Total Population, 2017	11,689,442	578,199	40
Gender (female), 2017	51.0%	50.2%	42.5%
Whites, 2017	82.2%	94.7%	97.5%
African Americans, 2017	12.9%	2.2%	2.5%
Hispanic or Latino Origin, 2017	3.8%	1.1%	5.0%
High School Graduation Rate, 2013-17	89.8%	87.0%	72.5%
Median Household Income, 2013-17	\$52,407	\$43,411	Less than \$12,000 ²
Persons Below Poverty Level, 2017	14.0%	17.1%	75.0%

¹ Ohio and Athens region statistics were derived from the most recent US Census; OSAM drug consumers were participants for this reporting period: June 2018 - January 2019.

² Participants reported income by selecting a category that best represented their household's approximate income for the previous year.



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

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

***Neurontin® (gabapentin).

Historical Summary

In the previous reporting period (January – June 2018), crack cocaine, heroin, marijuana, methamphetamine and Suboxone® (buprenorphine) remained highly available in the Athens region. Changes in availability during the reporting period included: increased availability for fentanyl and Suboxone®; and likely decreased availability for prescription opioids.

There was no consensus as to an availability change for heroin in the region. Participants reported that the availability of heroin had increased, while community professionals reported that availability had remained the same. BCI crime labs reported that the incidence of heroin cases they processed from the region had decreased during the reporting period. However, all respondent types reported high availability of heroin and noted black tar and white powdered heroin as most available.

Participants discussed an array of substances used to cut (adulterate) heroin and continued to report that coffee and fentanyl/carfentanil were common cuts. They also discussed overdoses requiring multiple administrations of Narcan® as an indication that heroin was being cut with fentanyl/carfentanil. Reportedly, the most common route of administration for heroin remained intravenous injection, and participants continued to indicate sharing needles was a common practice among heroin users.

While participants and community professionals had difficulty speaking to fentanyl use apart from heroin, all respondent groups perceived an increase in the availability of fentanyl during the reporting period. Law enforcement reported that dealers gave away free samples of the drug to get more clientele. Participants and community professionals continued to describe typical fentanyl users as heroin and prescription opioid users.

Respondents continued to discuss the high prevalence of methamphetamine in the region. Participants reported that the availability of crystal methamphetamine had remained high during the reporting period, while noting increased difficulty in obtaining pseudoephedrine to manufacture powdered methamphetamine as leading to decreased availability of this form of the drug. BCI crime labs reported that the incidence of methamphetamine cases they processed from this region increased during the reporting period. Respondents noted that some heroin users

receiving Vivitrol® as medication assisted treatment had switched to stimulant drug use (methamphetamine and cocaine).

Lastly, Neurontin® (gabapentin, an anticonvulsant and nerve pain medication) was moderately to highly available for illicit use in the region. Respondents reported that physicians seemed more comfortable prescribing Neurontin® than opioids. They observed that the drug was prescribed for numerous conditions and that it helped with opiate withdrawal. Treatment providers reported increased street availability of Neurontin® during the reporting period.

Current Trends




Powdered Cocaine

Powdered cocaine remains moderately to highly available in the region. Participants most often reported the drug's current availability as '5' and '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 not reported. Participants stated: *"It is available if you want it ... but not as much as it used to be ... everyone is switching over to 'meth' (methamphetamine); You have to get it in Columbus [Franklin County]; It is not hard to get where I live. I could go five miles up the road to get it."* Treatment providers most often reported the current availability of powdered cocaine as '6', while law enforcement most often reported it as '7'; the previous most common scores were '5-7' and '10' for treatment providers and '4-6' for law enforcement. Treatment providers remarked: *"It is out there; We haven't seen it a lot. [Availability] is sporadic."*

Corroborating data indicated that powdered cocaine is available in the Athens region. Ohio Department of Public Safety (ODPS) reported seizing 9.0 kilograms (19.9 lbs.) of powdered cocaine from this region during the past six months. In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. Athens Police (Athens County) investigated an overdose of a university student; autopsy records confirmed the student overdosed on a combination of alcohol and cocaine laced with fentanyl

(www.athensnews.com, Dec. 5, 2018). Ohio State Highway Patrol (OSHP) seized 47 grams of cocaine, 17 grams of crack cocaine and seven grams of heroin valued at approximately \$6,500 during a traffic stop in Cambridge Township (Guernsey County); OSHP arrested the driver of the car for possession of cocaine and heroin (www.timesreporter.com, Dec. 6, 2018).






Participants and treatment providers reported that the availability of powdered cocaine has remained the same during the past six months. Law enforcement reported that the availability of powdered cocaine has decreased during the past six months. Law enforcement officers added: *"It is standard with the [college] students, but I think with our local community, it is less available; I think [cocaine] is getting overtaken by methamphetamine."* Ohio Bureau of Criminal Investigation (BCI) crime labs reported that the incidence of cocaine cases they process from this region has slightly increased during the past six months; the labs do not differentiate between powdered and crack cocaine.

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

Participants most often rated the current overall quality of powdered cocaine as '6' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '2'. Participants commented: *"I've seen other people do it and it ain't bad [because of the way the people act] ... zoom-zoom ... when [friends visit and start to] clean my house, I know something is on; [Quality is] hit or miss; When it makes you puke, it is good; Depends on who you get it from and how many people touch (adulterate) it."*

Participants discussed adulterants (aka "cuts") that affect the quality of powdered cocaine and reported the top cutting agents as baby laxatives and vitamin B-12. Other adulterants mentioned included: baking soda, creatine, "molly" (powdered MDMA) and Ritalin®. Participants shared: *"Ritalin® is used for speed; B-12 provides jitters ... and baby laxative is tasteless; Drug dealers are going to do what makes that money ... everyone is cutting and 'stomping on'*

(adulterating) the stuff ... making it trash." Overall, participants reported that the quality of powdered cocaine has remained the same during the past six months.

Powdered Cocaine	Cutting Agents Reported by Crime Lab	
		caffeine
		levamisole (livestock dewormer)
		local anesthetics (lidocaine and procaine)
		phenacetin (banned analgesic)
		triacetin (triglyceride)

Reports of current prices for powdered cocaine were varied among participants with experience buying the drug. Reportedly, the most common quantity of purchase is 1/10 gram. Participants discussed: *"There is more of the crystal [methamphetamine] than anything ... powder [cocaine] is just a lot more expensive than crystal; It is cheaper to buy crack [cocaine]. Down here everything (illicit drug pricing) is ridiculous (expensive); We live in a poorer area and we have to travel to Columbus to obtain cheaper prices."* Overall, participants reported that the price of powdered cocaine has remained the same during the past six months.

Powdered Cocaine	Current Prices for Powdered Cocaine	
	1/10 gram	\$10-25
	1/2 gram	\$40-50
	A gram	\$80-100
	1/16 ounce (aka "teener")	\$100-120
	1/8 ounce (aka "eight ball")	\$200-240

Participants reported that the most common routes of administration for powdered cocaine are snorting and intravenous injection (aka "shooting"). Participants estimated that out of 10 powdered cocaine users, five would snort and five would shoot the drug. Participants remarked: *"People can start smoking or snorting but they always graduate to shooting. Eight people in my family went the same way, then they started shooting ... it got bad; I know a lot of people who snort; My group of people would be smoking, injecting and snorting; People snort because it is easier and you do not have track marks; They inject it for a better or instant high."*

A profile for a typical powdered cocaine user did not emerge from the data. Participants and community professionals described typical powdered cocaine users as anyone. A participant noted, *"I have seen addicts look all different ways, and some of them you would not even know [that they were addicted]."* However, community professionals discussed that a user would need a good source of income to afford powdered cocaine. One treatment provider commented, *"[Powdered] cocaine is more expensive ... If you can't afford cocaine ... you have to do a lot more stealing."*




Crack Cocaine

Crack cocaine is moderately to highly available in the region. Participants most often reported the drug's current availability as '6' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were '7' and '10'. Participants stated: *"More people are wanting to smoke crack [cocaine] than 'coke' (powdered cocaine) ... and it is cheaper to get; It is already rocked up, so it is ready to go; You can get it here. It is a little difficult for me, but you can get it here; I've never heard of it being around here (rural setting). I would go to the city to obtain it."*

Treatment providers most often reported the current availability of crack cocaine as '5-6', while law enforcement most often reported it as '8'; the previous most common scores were '4' and '7' for treatment providers and '6' for law enforcement. Treatment providers remarked: *"It is cheap to make; It is probably lower [in availability] than powder ... we do not see a lot of it..."* A law enforcement officer noted, *"We are seeing crack cocaine come back partly because of methamphetamine but also because our opiate addicts are in treatment and they are on Vivitrol® and can't get high off opiates. So, the same dealers that were bringing them heroin are bringing them crack or methamphetamine and in some cases both."*






Corroborating data indicated that crack cocaine is available in the Athens region. ODPS reported seizing 450.1 grams (1.0 lbs.) of crack cocaine from this region during the past six months. Participants and community professionals reported that the availability of crack cocaine has remained the same during the past six months. A treatment provider observed, *"It is still out there ... it is just not as popular as the heroin."* BCI crime labs reported

that the incidence of cocaine cases they process from this region has slightly increased during the past six months; the labs do not differentiate between crack and powdered cocaine.

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

Participants most often rated the current overall quality of crack cocaine as '3' and '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '6-7'. Participants discussed: *"It all depends on how good the coke was before they 'rocked it' (formed crack cocaine); The stuff I got from here, has been crappy; If it is good ... it knocks your socks off; You are wasting your money here with what we can find."*

Participants reported that crack cocaine in the region is most often adulterated (aka "cut") with baby laxatives and vitamin B-12. Other cuts mentioned included: baking soda, creatine, MDMA (ecstasy/molly) and Ritalin®. However, a participant stated, *"I don't ask [what it is cut with] ... I get it 'rocked up' (in rock form)."* 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	
	 caffeine		
	 levamisole (livestock dewormer)		
	 local anesthetics (benzocaine, lidocaine and procaine)		
	 phenacetin (banned analgesic)		
	 triacetin (triglyceride)		

Reports of current prices for crack cocaine were reported by participants with experience buying the drug. Participants shared: *"I can get a gram for \$80; People usually just ask for what you got ... like I asked for \$25 worth;"*

Sometimes [dealers] take what they can get, and sometimes you get ripped off." Overall, participants reported that the price of crack cocaine has remained the same during the past six months.

Crack Cocaine	Current Prices for Crack Cocaine	
	1/10 gram (aka "rock")	\$25-35
	1/2 gram	\$40-50
	A gram	\$80-100

Participants reported that the most common route of administration for crack cocaine remains smoking. Participants estimated that out of 10 crack cocaine users, all 10 would smoke the drug. Participants explained: "[Smoking] is the way most people do it. It is too complicated to breakdown and shoot; You smoke crack ... that's how you do crack." One participant even asked, "Is there another way to do it?"

A profile for a typical crack cocaine user did not emerge from the data. Participants described typical crack cocaine users as anyone. One participant stated, "It could be someone from any social economic status." However, community professionals noted crack cocaine use among individuals of lower socio-economic status. A treatment provider commented, "Poverty has a play in that. The powder is more expensive, and crack is less expensive ... I think individuals from impoverished areas [use crack cocaine] ... [use is] not [based on] gender or race."

Heroin




Heroin remains highly available in the region. Participants most often reported the current availability of the drug as '8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10'. Participants stated: "It is a phone call away; It is easy to get here." Treatment providers most often reported the current availability of heroin as '10', while law enforcement most often reported it as '9'; the previous most common scores were '9' and '10', respectively. Treatment providers remarked: "A lot of people are dealing it; What I see mainly here is heroin and methamphetamine."

Corroborating data indicated that heroin is available in the Athens region. ODPS reported seizing 820.0 grams (1.8 lbs.) of heroin from this region during the past six months. In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. Bridgeport Police charged a woman with possession of heroin and drug abuse instruments; while being booked into Belmont County jail, law enforcement discovered a package containing white powder and a vial whose cap had come off containing an unknown substance the woman was attempting to smuggle into the jail (www.cbs17.com, July 3, 2018). Law enforcement in Belmont County arrested a man after he led them on a high-speed pursuit and crashed his car into an officer's cruiser; officers found the man with heroin and arrested him for reckless operation of a vehicle and drug possession (<https://wtov9.com>, Aug. 22, 2018). A Monroe County Sheriff's officer seized over three grams of heroin during a traffic stop for a marked lane violation and arrested the driver of the stopped vehicle for possession of heroin (www.wtrf.com, Sept. 6, 2018). Cambridge Police (Guernsey County) went to a hotel after a guest was reported to be leaving tools to repair his car in the hotel's parking lot; officers saw suspected methamphetamine and heroin lying in plain view in the guest's room and arrested the guest for possession of drugs after seizing approximately 50 to 100 bindles (small packets) of suspected heroin, an undisclosed amount of methamphetamine and drug paraphernalia (www.daily-jeff.com, Oct. 31, 2018). Central Ohio Drug Enforcement Task Force agents investigated information reporting the transportation of bulk quantities of heroin from Columbus to New Lexington (Perry County); agents arrested a drug dealer for trafficking heroin, possession of heroin and methamphetamine and tampering with evidence (www.zanesvilletimesrecorder.com, Nov. 27, 2018). Belmont County Sheriff's officers executed a search warrant and seized seven grams of heroin, drug paraphernalia and more than \$1,000, arresting two individuals for drug trafficking (<https://wtov9.com>, Nov. 28, 2018).

While many types of heroin are currently available in the region, participants reported black tar heroin as most available. A participant commented, "Where I live, they make mainly the tar." Treatment providers mentioned black tar heroin and rated its current availability as '6', while law enforcement rated it as '9'. Treatment providers observed: "I hear more about the black tar than any of them; It is the same as it has been for the last few years." A law enforcement officer added, "Black tar is available because there is a pipeline from Columbus."

Reportedly, white powdered heroin is also available in the region. Participants most often rated the current availability of this type of heroin as '8'. A participant mentioned, "There is still 'china' (white powdered heroin, aka 'china white') out there. More people like it because it is purer, but it is more expensive." Community professionals reported white powdered heroin as the most available heroin type in the region. Community professionals shared: "I think the powder is more prominent than the black tar; It is more the 'china' that is cut with the fentanyl that I hear about more; The 'white china' just keeps popping up."









Participants and community professionals reported that the availability of heroin has remained the same during and the past six months. A participant stated, "It still remains pretty steady." BCI crime labs reported that the incidence of heroin cases they process from this region has increased during the past six months; the labs reported processing beige, blue, brown, gray, purple, tan and white powdered heroin as well as black tar heroin.

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

Participants most often rated the current overall quality of heroin as '3' and '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '10'. Participants discussed: "About a '3' because the more people 'stomp on' (adulterate) it to sell it [the poorer the quality]; It is not great, you don't get a buzz (high); I have seen and heard people fussing about it." Participants discussed adulterants (aka "cuts") that affect the quality of the drug and continued to report the top cutting agents for heroin as fentanyl and coffee.

Additional cuts mentioned included: brown sugar, Coca-Cola®, laxatives, methamphetamine, Pepsi®, powdered cocaine, sugar, tar and Tylenol®. A participant remarked, "They cut it with the cheap stuff, 'shake-and-bake' (powdered methamphetamine), so they give someone the speed (stimulant) buzz." Overall, participants reported that the general quality of heroin has remained the same during

the past six months. A participant noted, "People stomp on it too much, and so there is no pure heroin now on the streets. It is all fentanyl!"

Heroin	Cutting Agents Reported by Crime Lab	
		acetaminophen
		caffeine
		cocaine
		diphenhydramine (antihistamine)
		fentanyl
		inositol (dietary supplement)
		lidocaine (local anesthetic)
		mannitol (diuretic)
		methamphetamine
		quinine (antimalarial)
	sorbitol (artificial sweetener)	
	tramadol	

Reports of current prices for heroin were consistent among participants with experience purchasing the drug. Reportedly, the most common quantity of purchase is 1/10 gram. Participants commented: "A lot of people don't sell by the whole gram; Nobody is cutting deals on larger quantities because they are greedy, and they know you will pay." Overall, participants indicated that the price of heroin has remained the same during the past six months.

Heroin	Current Prices for Heroin	
	Powdered and black tar:	
	1/10 gram	\$20-30
	1/2 gram	\$70-80
	A gram	\$100-125

The most common route of administration for heroin remains intravenous injection (aka "shooting"). Participants estimated that out of 10 heroin users, all 10 would shoot the drug. A participant observed, "They shoot to make it work faster." Participants and community professionals described typical heroin users as a current or former prescription opioid users as well as anyone. A participant added, "I've seen all kinds [of people use heroin]." Treatment providers mentioned: "It is hitting everyone ... young, old, poor, rich; It goes across the board. I have seen every demographic."




Fentanyl

Fentanyl is moderately to highly available in the region. However, participants most often reported the current availability of fentanyl (not adulterated in other drugs) as '1-2' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was not reported. Participant availability rating reflects the viewpoint that "just fentanyl" is difficult to obtain; participants acknowledged a high prevalence of fentanyl-cut drugs in the region. One participant stated, "I have only seen pure fentanyl once or twice in the last year ... usually it is cut into the heroin."

Treatment providers most often reported the current availability of fentanyl as '8,' while law enforcement reported it as '3;' the previous most common scores were '7-8' and '10,' respectively. Treatment providers remarked: "We have had a lot of deaths and overdosing due to fentanyl; We have a lot of people working with the courts due to fentanyl [use]." A law enforcement officer noted, "It does pop up now and again in prescription meds that are brought over from China." Community professionals also reported carfentanil (synthetic opioid significantly more potent than fentanyl) as available in the region. A treatment provider commented, "We have had some carfentanil that has caused deaths." One law enforcement officer noted, "We had test results come back for carfentanil!"

Corroborating data indicated that fentanyl is available in the Athens region. ODPS reported seizing 33.1 kilograms (73.0 lbs.) of fentanyl from this region during the past six months.

Participants reported that the availability of fentanyl has decreased during the past six months, while treatment providers reported that the general availability of fentanyl has increased. A treatment provider shared, "You are starting to hear more about it." Law enforcement was unable to come to a consensus, reporting that the availability of fentanyl has increased and remained the same during the past six months. A law enforcement officer who reported increased availability said, "More available, a trend nationwide ... a lot of the drugs we are getting now are laced with fentanyl!" BCI crime labs reported that the incidence of fentanyl and fentanyl analogue cases they process from this region has increased during the past six months, while the incidence of carfentanil cases has decreased, and remains low.

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

Participants were unable to rate the current overall quality of fentanyl; the previous most common score was '10.' A participant mentioned, "It hits you quick ... it goes straight to your brain, blood stream." Participants were unable to report the current prices for fentanyl. One participant stated, "I never actually bought fentanyl, it was in my heroin." Community professionals described typical fentanyl users as a heroin and illicit prescription opioid users.

Prescription Opioids



Prescription opioids are moderately to highly available for illicit use in the region. Participants most often reported the current street availability of these drugs as '5' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '8.' Participants shared: "I can get them kind of easy ... it depends on who you know ... more and more people don't have them anymore because the doctors were cutting them off ... some people got off of them completely and went to alcohol or something like marijuana; Not so much ... people are turning to 'boy' (heroin); Doctors ... reduced down (limited) the number [of pills] in the prescription."

Treatment providers most often reported the current street availability of prescription opioids as '9,' while law enforcement most often reported it as '10,' the previous most common scores were '5' and '6,' respectively. Law enforcement commented: "These doctors ... they over prescribe ... it is all about money and they do not care; We have had a long history of over prescription ... and it has not changed; There is no oversight with the pharmacy reps and how much they provide to the doctors...."




Media outlets reported on law enforcement seizures and arrests in the region this reporting period. OSHP seized 1,000

oxycodone pills valued at approximately \$40,000 after a traffic stop in Gallia County; officers arrested the driver and passenger of the vehicle for possession and trafficking in a schedule II substance (www.statepatrol.ohio.gov, Aug. 7, 2018).

Participants identified Percocet® and Vicodin® as the most popular prescription opioids in terms of widespread illicit use. A participant noted, "Vicodin® ... that's about all you can get around here, and you have to go under the knife to get those." Community professionals identified Percocet® and OxyContin® as most popular in terms of widespread illicit use. Treatment providers observed: "Most addicts won't go for a Vicodin®; I just had a client tell me they ate like 15 [Vicodin®] and couldn't get a 'buzz' (high) off of them; Percocet®, Roxicodone® and Opana® [are most desired] because they are stronger medicines; [Percocet®] is what I hear that people are using." Law enforcement added: "Roxicodone® and oxycodone are actually being bought in bulk and shipped in, like from Detroit [Michigan]; Percocet® ... local population likes to get 'scripts' (prescriptions) for those and they like to sell them."

Participants reported that the street availability of prescription opioids has decreased during the past six months. Participants commented: "You are not going to obtain them; A lot of doctors are prescribing less now ... it is all about who you know, and where you can find them ... when they are around they go quick." Treatment providers reported that the street availability of prescription opioids has decreased during the past six months, while law enforcement reported that the availability has remained the same. Treatment providers shared: "Not as easy to get ... maybe if you are terminal; I think some doctors are being educated on this and are changing the way they prescribe; You can't get it as much... You only get a certain amount.... There are a lot more restrictions, and to get them filled at a pharmacy is difficult."

BCI crime labs reported that the incidence of hydrocodone (Vicodin®), morphine, oxycodone (OxyContin®, Percocet®) and tramadol (Ultram®) cases they process from this region have decreased or remained the same during the past six months. BCI labs reported processing very few cases of hydromorphone (Dilaudid®), methadone and oxymorphone (Opana®) from this region during the past six months.

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

Reports of current street prices for prescription opioids were consistent among participants with experience buying the drugs. Reportedly, the majority of prescription opioids sell for \$1-2 per milligram. Participants discussed: "It is always at least a dollar per milligram; People would pre-pay for the script [to ensure that they obtain opioids as soon as the seller fills their prescription]." Overall, participants indicated that the price of prescription opioids has remained the same during the past six months.

Prescription Opioids	Current Street Prices for Prescription Opioids	
	Opana®	\$3 per milligram
	Percocet®	\$7-8 for 5 mg \$10-14 for 10 mg \$18-20 for 15 mg
	Roxicodone®	\$6-8 for 5 mg \$40 for 30 mg
	Vicodin®	\$1 per milligram

Participants reported obtaining these drugs for illicit use from the elderly, drug dealers and individuals who sell their prescriptions. While there were a few reported ways of consuming prescription opioids, generally the most common route of administration for illicit use remains snorting. Participants estimated that out of 10 illicit prescription opioid users, all 10 would snort the drugs. Participants discussed: "A lot of people do not try to 'shoot' (intravenously inject) them because ... there is the bonding agent (abuse deterrent making breaking down pills for injection difficult); Snort ... depending on which one it is ... you can't snort everything." A profile of a typical illicit prescription opioid user did not emerge from the data. Participants and community professionals described typical illicit users as anyone.

Suboxone®





Suboxone® (buprenorphine) remains highly available for illicit use in the region. Participants most often reported the current street availability of Suboxone® as '10' on a scale of '0' (not available, impossible to get)

to '10' (highly available, extremely easy to get); the previous most common score was also '10.' Participants stated: *"Almost everybody and their brother is on them, either ordered by the court or you can just get them [from other users]; It used to be easier to obtain them on the street, but it is now easier to just go get your own [prescription]; More heroin users ... going to the clinics [to obtain Suboxone®] ... until they get kicked out ... can't pass the drug test (monitoring)...."*

Treatment providers most often reported the current street availability of Suboxone® as '10,' while law enforcement most often reported it as '9-10;' the previous most common scores were '8' and '10,' respectively. Treatment providers remarked: *"It is very easy. I think you can obtain both [Suboxone® filmstrip and pill forms]. It is just what you prefer; It is everywhere; A lot of doctors are prescribing it ... it is more readily available, and people are abusing it."* Law enforcement noted: *"There are so many people in opiate treatment [who are prescribed Suboxone®]; You can obtain it anywhere you turn."*

Participants and law enforcement reported that the availability of Suboxone® has increased during the past six months, while treatment providers reported that availability has remained the same. A law enforcement officer observed, *"We have seen an increase, I don't know if it is the new Suboxone® clinic in town ... the more people who get on it ... the supply goes up."* BCI crime labs reported that the incidence of Suboxone® cases they process from this region has slightly increased during the past six months.

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

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

Suboxone®	Current Street Prices for Suboxone®	
	Filmstrip	\$20-30 for 8 mg
	Pill	\$25-30 for 8 mg

In addition to obtaining Suboxone® on the street from dealers, participants reported getting the drug from clinics and from individuals selling their prescriptions. Participants mentioned: *"People who were selling them ... get two a day, they sell one; A lot of people will trade their [prescribed Suboxone®] for heroin. Then your heroin dealer has the Suboxone®; You go every week [to the Suboxone® clinic] and you usually get 28 pills, and then they sell them."*

Participants reported that the most common routes of administration for illicit use of Suboxone® are snorting and intravenous injection (aka "shooting"). Participants estimated that out of 10 illicit Suboxone® users, five would snort and five would shoot the drug. Participants shared: *"There is a way to shoot the 'strips' (Suboxone® sublingual filmstrips) ... you can dilute them in water to shoot them; More inject the strips than take them [orally]."*

Participants and community professionals described typical illicit Suboxone® users as opiate users. Participants explained: *"Anyone trying to get off of opioids; Heroin addicts or a 'pill head' (illicit prescription opioid user)."* A treatment provider commented, *"Opiate addiction ... then they get onto Suboxone® and that becomes their drug of choice, and of course, you know they are abusing it."*

Sedative-Hypnotics

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




was also '5'. One participant commented, "It is not prescribed as much ... they are getting like the opioids (difficult to obtain)."

Treatment providers most often reported the current street availability of sedative-hypnotics as '5, while law enforcement most often reported it as '6,' the previous most common scores were '6' and '4,' respectively. Treatment providers commented: "I don't hear about them that much; With the opiate problem, we don't see a whole lot of 'benzos' (benzodiazepines)." Law enforcement officers commented: "It is not something we see a whole lot of in this area; We just ended a trend where students loved Xanax® ... it is kind of going away though."

Participants and community professionals identified Klonopin® and Xanax® as the most available sedative-hypnotics in terms of widespread illicit use. A treatment provider commented, "Klonopin® and Xanax®, this is what I hear the most of. I think they are prescribed more ... especially Klonopin® because doctors feel that it is less of a benzo."

Participants and treatment providers reported that the general availability of sedative-hypnotics has remained the same during the past six months. A treatment provider noted, "To me, the same [availability] for my clients. They know who to go to and they are not as restricted [as opioids], yet." Law enforcement reported that the availability of sedative-hypnotics has decreased during the past six months. A law enforcement officer commented, "We had a really good bust [seizure of these drugs] ... also pop culture is not focused on this anymore."

BCI crime labs reported that the incidence of alprazolam (Xanax®) cases they process from this region has slightly increased during the past six months, while the incidence of clonazepam (Klonopin®) and diazepam (Valium®) cases has remained the same. BCI labs reported processing very few cases of carisoprodol (Soma®), lorazepam (Ativan®) and zolpidem (Ambien®) from this region during the past six months.

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

Reports of current street prices for sedative-hypnotics were consistent among participants with experience buying the drugs. A participant stated, "The more you buy, the cheaper it gets..." Overall, participants reported that the price of sedative-hypnotics has remained the same during the past six months.

Sedative-Hypnotics	Current Prices for Sedative-Hypnotics	
	Klonopin®	\$3-4 for 2 mg
	Xanax®	\$2.50 for 1 mg

Participants reported obtaining sedative-hypnotics for illicit use from drug dealers and people selling their prescriptions. Participants commented: "Some people sell their whole script to the dealer or they trade for something else; I used to trade them for 'weed' (marijuana); I know a guy who would trade them for food stamps." The most common route of administration for illicit use of sedative-hypnotics remains snorting. Participants estimated that out of 10 illicit sedative-hypnotic users, all 10 would snort the drugs. A participant stated, "[Snorting] is more intense than eating them."

Participants described typical illicit sedative-hypnotics users as female. One participant commented, "Women like Xanax®." Community professionals described typical illicit users as someone who was depressed and alcohol dependent. Treatment providers noted: "Depressed ... and alcoholics and those with anxiety; It seems like we are dealing with benzo people and alcoholics ... they seem to go hand-in-hand."

Marijuana



Marijuana remains highly available in the region. Participants and community professionals most often reported the current availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were also '10'. A participant noted, "If you live out in the country, it is pretty available [due to marijuana grown in rural areas of the region]." A treatment provider commented, "It is becoming acceptable [to use

marijuana] because other states are legalizing [marijuana use].” Law enforcement commented: “Our region is just known for growing [marijuana] ... grown everywhere; It is everywhere you turn; It is being shipped by the [U.S.] postal service from Colorado and California.”




Participants and law enforcement also discussed current availability of high-grade marijuana extracts and concentrates, often appearing as oil and waxy forms of the drug (aka “dabs”). Participants most often reported the current availability of marijuana extracts and concentrates as ‘8;’ the previous most common score was ‘10’ for the waxy form of the drug and ‘6-7’ for hash oil. Participants remarked: “It’s pretty easy to obtain; Most people are wanting high grade or dabs.” Law enforcement most often reported the current availability of marijuana extracts and concentrates as ‘5;’ the previous most common score was ‘4.’ Treatment providers did not report on the current availability of marijuana extracts and concentrates.

Corroborating data indicated that marijuana is available in the Athens region. ODPS reported seizing 272.2 kilograms (600.0 lbs.) of marijuana from this region during the past six months. In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. Belmont County Major Crimes Unit seized more than 2,600 marijuana plants valued at approximately \$1.25 million, growing equipment, a stolen vehicle, two assault rifles, a crossbow and ammunition during a county-wide marijuana sweep (<https://wtov9.com>, Aug. 6, 2018). With assistance from OSHP and Ohio BCI, Coshocton County Sheriff’s Office seized 1,314 marijuana plants during a county-wide marijuana sweep (www.coshoctontribune.com, Aug. 20, 2018). With assistance from several law enforcement agencies, Guernsey County Sheriff’s Office seized 146 pounds of marijuana plants after an officer spotted six suspected marijuana growing locations from a helicopter; Guernsey County Sheriff’s Office arrested nearly a dozen people (www.daily-jeff.com, Aug. 30, 2018). Washington County Sheriff’s Office and Marietta Police executed a search warrant and seized approximately one ounce of marijuana, \$3,000 and cell phones; officers arrested a man for conspiracy to drug trafficking (www.mariettatimes.com, Sept. 1, 2018). Marietta Police seized 1,280 grams of packaged marijuana, fake IDs from different states and \$300 from a vehicle during a traffic stop; officers arrested the driver for drug trafficking, possession of criminal tools and marijuana (www.wtap.com, Nov. 19, 2018).

Participants reported that the availability of marijuana has remained the same during the past six months, while the availability of marijuana extracts and concentrates has increased. A participant remarked, “[Dabs] is more available ... because it got popular quick ... it has more THC (tetrahydrocannabinol, the psychoactive component of marijuana) than ‘bud’ (regular marijuana).”

Law enforcement reported that the overall availability of marijuana has increased during the past six months, while treatment providers reported that it has remained the same. Law enforcement shared: “We are seeing local [marijuana] growers coming back because of ... legalization [of medicinal marijuana use]; [Users] are seeing it as more acceptable and the penalties are getting less and less [for marijuana possession] ... there are not a whole lot of repercussions for their actions.” Treatment providers mentioned: “[Marijuana] has always been there; I don’t think it will go away; ‘Meigs County Gold’ (supposed famous strain of marijuana grown in the region) is right down the street.”

BCI crime labs reported that the incidence of cannabis (including edible cannabis) cases they process from this region has remained the same during the past six months, while the incidence of concentrated THC (oils, dabs) cases they process from this region has decreased.

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

Participants most often rated the current overall quality of marijuana as ‘10’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common scores were ‘8’ and ‘10.’ Participants discussed: “A lot of it going around is the medical, so it is higher quality; Very intense high.” Participants also discussed the high quality of marijuana extracts and concentrates. Participants stated: “It is pure THC. You take the bud and heat it up and squeeze it, and all the THC comes out; It’s like 80% THC and weed is like 17% THC, so it is way pure; I did a dab one time, it about killed me. I about coughed my head off; It is a more intense high.”

Overall, participants indicated that the quality of marijuana has remained the same during the past six months.

Reports of current prices for marijuana were provided by participants with experience buying the drug. Reportedly, the most common quantity of purchase is a gram. Participants discussed: *"The high grade is more expensive ... it takes more time to make it; It is cheaper down here ... because it is the country ... and we are close to Meigs County; They grow a lot of weed [in Meigs County] and they take pride in it. I went to California and South Carolina and people knew where I lived because of Meigs County Gold."* Overall, participants reported that the price of marijuana has decreased during the past six months. A participant remarked, *"It's cheaper because there is more around, and people are cutting better deals for the high grade."*

		Current Prices for Marijuana		
		High grade:		
Marijuana	A blunt (cigar) or a gram		\$10-20	
	1/8 ounce		\$40-50	
	1/4 ounce		\$100	
	1/2 ounce		\$225	
	Extracts and concentrates:			
	A gram		\$50-100	

The most common route of administration for marijuana remains smoking. Participants estimated that out of 10 marijuana users, all 10 would smoke the drug. A participant remarked, *"Smoking is the way to go because with 'edibles' (food products made with marijuana) you have about 45 minutes to two hours before they kick in. Plus, edibles are more expensive."*

A profile for a typical marijuana user did not emerge from the data. Participants and community professionals continued to describe typical marijuana users as anyone. Treatment providers added: *"You'd be amazed at some of the people who smoke weed; I have an older lady client who is here, and she is having a hard time trying to get off of it; A lot of people smoke it."* A law enforcement officer shared,

"Everybody ... there is no social, economic difference there ... it is across the board."

Methamphetamine

Methamphetamine remains highly available in the region. Participants and community professionals most often reported the current availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were also '10'. One participant remarked, *"Meth' (methamphetamine) is readily available here."* Treatment providers commented: *"It is like an epidemic around here ... [methamphetamine] is everywhere; It is easy to get, and it is cheap."* Law enforcement noted: *"It is all 'Mexican ice' (crystal methamphetamine trafficked from Mexico) anymore ... you don't see any home cooks [producing powered methamphetamine, aka "shake-and-bake"] because Mexican ice is cheap and so potent ... it is coming in from the cartels; Everywhere you turn, anybody and everybody [has methamphetamine]."*

Corroborating data indicated that methamphetamine is available in the Athens region. ODPS reported seizing 12.2 kilograms (26.9 lbs.) of methamphetamine from this region during the past six months. In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. Law enforcement in Meigs County received information that two men and a woman were selling narcotics out of their car; upon investigation, law enforcement seized two large plastic baggies with approximately 80 grams of suspected methamphetamine, heroin, crack cocaine and marijuana (www.wsaz.com, July 15, 2018). Central Ohio Drug Task Force along with local law enforcement executed seven search warrants in Muskingum County resulting in the seizure of 1,900 grams of methamphetamine, 550 grams of cocaine, 45 grams of heroin, 45 grams of fentanyl, 1,300 grams of marijuana, hundreds of prescription pills, six firearms and approximately \$60,000; law enforcement arrested six individuals in relation to the raids (www.zanesvilletimesrecorder.com, Aug. 8, 2018). Martins Ferry Police (Belmont County) seized over three ounces of crystal methamphetamine valued at about \$10,000 and arrested two suspected drug dealers during a traffic stop; between the traffic stop and a subsequent

house search, law enforcement also seized guns, ammunition and other narcotics, charging the two drug dealers with drug trafficking, possession of drugs and endangering children since one drug dealer was pregnant at the time of the arrests (<https://wtov9.com>, Aug. 16, 2018). Law enforcement in Monroe County, aided by a K-9 officer, seized methamphetamine, a digital scale, syringes and a handgun during a traffic stop; three people were arrested on drug charges (<https://wtov9.com>, Aug. 28, 2018). Ohio Organized Crimes Investigations Commission and Washington-Morgan-Noble Major Crimes Task Force executed a search warrant and seized 84.42 grams of methamphetamine, a small amount of crack cocaine, marijuana, a handgun and drug paraphernalia; law enforcement arrested a man for trafficking of methamphetamine and illegal weapons possession (www.mariettatimes.com, Sept. 1, 2018). A Monroe County Sheriff's deputy conducted a welfare check and after observing a vehicle sitting on state property, the deputy seized over 67 grams of methamphetamine and arrested two people for bulk possession of methamphetamine and possession of drug abuse instruments (www.wtrf.com, Sept. 6, 2018). Monroe County Sheriff's Office and other law enforcement agencies investigated suspicions of methamphetamine distribution in the area; law enforcement seized a total of 60 grams of methamphetamine and arrested three people for bulk possession of methamphetamine and trafficking in methamphetamine (www.wtrf.com, Sept. 6, 2018). Gallia County Sheriff's officers apprehended a wanted person at his residence; while on the scene, deputies discovered chemicals and components used in the manufacture of methamphetamine and summoned Gallia County Sheriff's Office and Ohio BCI meth lab enforcement teams to process and collect the hazardous materials and evidence (www.mydailytribune.com, Oct. 12, 2018). OSHP arrested a man matching a description of a wanted person and requested Cambridge Police (Guernsey County) to respond; law enforcement seized a substance suspected of being methamphetamine as well as several various pills and a prescription bottle (www.daily-jeff.com, Nov. 26, 2018). Central Ohio Drug Enforcement Task Force agents arrested a drug dealer in Perry County after she sold law enforcement methamphetamine in front of her 18-month-old child; officers charged the drug dealer with aggravated trafficking in methamphetamine, illegal manufacturing in




methamphetamine and child endangerment (www.zanesvilletimesrecorder.com, Nov. 27, 2018). Cambridge Police stopped a man for traffic violations after he left a known drug house; officers found a vial containing suspected crystal methamphetamine in the man's vehicle and arrested him (www.daily-jeff.com, Dec. 12, 2018).

Participants and community professionals reported that methamphetamine is available in powdered and crystal forms throughout the region. However, there was consensus that crystal methamphetamine is the more prevalent form in the region. A participant commented, "[Crystal methamphetamine] is purer ... better high ... people are bringing it in." One law enforcement officer said, "It is primarily crystal [methamphetamine] right now ... it is the new wave (drug trend)..." The powdered form of methamphetamine is typically referred to as "shake-and-bake," which means users produce the drug in a single-sealed container, such as a two-liter soda bottle. By using common household chemicals along with ammonium nitrate (found in cold packs) and pseudoephedrine (found in some allergy medications), people who make methamphetamine can produce the drug in approximately 30 minutes in nearly any location.

Participants reported that the availability of crystal methamphetamine has remained the same during the past six months, while the availability of powdered methamphetamine has decreased. A participant observed, "[Shake-and-bake] is a thing of the past. Why would you want to get a [felony charge for] manufacturing a drug when you can get charged for possession [a less serious charge]?" Treatment providers reported that the general availability of methamphetamine has remained the same during the past six months, while law enforcement reported that it has increased.

Law enforcement commented: "People switched to [methamphetamine] because they want to continue to get high ... if they are in opioid [medication-assisted] treatment; Too many good highways going through [Ohio to transport drugs] ... Columbus is 500 miles from 50% of the population in the U.S. or something like that. We are just right in the danger zone ... we are right on Route 33. Deputies fought a guy for 20 minutes in his car ... they had to taser him 10 times just to get him out of his car. We are seeing more

violence with [methamphetamine use].” BCI crime labs reported that the incidence of methamphetamine cases they process from this region 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 change

Participants most often rated the current quality of crystal methamphetamine as ‘8-10’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was ‘10.’ However, participants reported that quality can vary. They said: *“Crystal, sometimes it is hit and miss. Everyone ‘stomps on’ (adulterates) it ... and everyone is hooked on it, so they are going to sell it whether it is good or bad; [Quality] depends on who you get it from. It depends on who cuts it and what they cut it with.”*

Participants discussed adulterants (aka “cuts”) that affect the quality of methamphetamine and reported the following cutting agents for the drug: Adderall®, albuterol, Epsom salts, horse tranquilizer, mannitol (diuretic), MDMA (ecstasy/molly), salt, Suboxone® and sugar. Overall, participants reported that the quality of methamphetamine has decreased during the past six months. A participant stated, *“The purity has decreased because people are in jail ... good dealers are in jail...”*

Methamphetamine	Cutting Agents Reported by Crime Lab	
	<ul style="list-style-type: none"> ● dimethyl sulfone (DMSO; dietary supplement) ● magnesium sulfate (Epsom salts) 	

Reports of current prices for methamphetamine were consistent among participants with experience buying the drug. Reportedly, the most common amount of purchase is 1/2 gram to a gram. Participants remarked: *“[Price] depends on who you go to ... anywhere from \$50-70 for 1/2 gram; People do half to one gram a night.”* Overall, participants reported that the price of methamphetamine has remained the same during the past six months.

Methamphetamine	Current Prices for Methamphetamine	
	Powdered and crystal:	
	1/2 gram	\$40-70
	A gram	\$100-140
	1/16 ounce	\$120-125
	An ounce	\$225

Participants reported that the most common route of administration for methamphetamine is intravenous injection (aka “shooting”). Participants estimated that out of 10 methamphetamine users, all 10 would shoot the drug. A participant observed, *“They inject because it is quicker and more intense.”*

A profile for a typical methamphetamine user did not emerge from the data. Participants and community professionals described typical methamphetamine users as anyone. However, treatment providers noted methamphetamine use among opiate users and users receiving Vivitrol® (medication-assisted treatment for opioid use disorder). One treatment provider shared, *“Vivitrol® has increased the sales of meth because it blocks the opiate and some people who are in treatment are still wanting to get high.”*




Prescription Stimulants

Prescription stimulants are highly available for illicit use in the region. Participants most often reported the current street availability of these drugs as ‘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 ‘4-5’ and ‘8.’ Participants stated: *“It ain’t too hard to get*

it in my town; A lot of parents have their kids on that stuff, and they sell their kids' medicine." Treatment providers most often reported current street availability as '8,' while law enforcement most often reported it as '6-8,' the previous most common scores were '5' and '10,' respectively. However, a law enforcement officer noted, "Our community is split ... it is like a six or seven in the college and our locals it is like a three or four." Treatment providers remarked: "People use them ... especially if they are using meth and they can't get it, they will eat Adderall®. We have a couple of clients who are claiming they have narcolepsy because they think they are going to get a prescription; I think it is just a drug of choice to keep people moving."

Participants identified Adderall® and Concerta® as the most available prescription stimulants in terms of widespread illicit use. Participants commented: "Almost everybody gets on Adderall® now ... you take it to speed; Concerta® is a lot of what the kids are getting prescribed." Community professionals identified Adderall® and Ritalin® as the most available for illicit use. One law enforcement officer observed, "College students are being prescribed [Adderall®], and they have no issues sharing or selling off some pills to their friends."

Participants reported that the street availability of prescription stimulants has decreased during the past six months. A participant remarked, "The doctors have pulled back on prescribing." Treatment providers were unable to come to consensus on change of availability, while law enforcement reported the street availability of prescription stimulants as having remained the same during the past six months. BCI crime labs did not report any cases of amphetamine (Adderall®) or methylphenidate (Ritalin®) for this region during the past six months, and very few cases of lisdexamfetamine (Vyvanse®).

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

Reports of current street prices for prescription stimulants were consistent among participants with experience

buying these drugs. Overall, participants reported that the price of prescription stimulants has remained the same during the past six months.

Prescription Stimulants	Current Prices for Prescription Stimulants	
	Adderall®	\$6-7 for 20 mg \$6-8 for 30 mg

Participants reported obtaining prescription stimulants for illicit use from parents who sell their childrens' prescriptions. A participant stated, "Parents are selling." A law enforcement officer added, "Locals see it is like a legal form of methamphetamine ... their child was prescribed it and they are taking their child's medication [and selling it]."




Participants reported that the most common route of administration for illicit use of prescription stimulants is snorting. Participants estimated that out of 10 illicit prescription stimulant users, all 10 would snort the drugs. A participant mentioned, "All would snort because it gets to your blood stream faster ... it gets to you faster. That is the only reason why anyone snorts, it works quicker." Participants described typical illicit prescription stimulant users as "soccer moms," while community professionals described typical illicit prescription stimulant users as 5-25 years of age.

Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMP) is moderately available in the region. However, respondents were only able to report on the powdered form of MDMA (aka "molly"); respondents had no current knowledge of ecstasy, the pressed tablet form of MDMA. Participants most often reported the current availability of molly as '5' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were '2-3' for ecstasy and '4' for molly. Participants stated: "[MDMA is] not as popular anymore; On the [college] campus it is real popular; It is mainly [found] right here on campus." Treatment providers did not report on ecstasy and molly; the previous most

common availability scores were '2' and '5,' respectively. Law enforcement most often reported the current availability of molly as '4-5,' the previous score was '3.' Law enforcement remarked: *"The trend right now is more molly with high school and college students; It is a party drug; There are no big dealers in this area, so they can't get ecstasy right now."*

Participants and law enforcement reported that the availability of ecstasy and molly has remained the same during the past six months. A participant noted, *"If they don't have ecstasy, then they will use molly. I know more people who like molly more than they do ecstasy."* BCI crime labs reported processing very few cases of MDMA (ecstasy/molly) from this region during the past six months.

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

Participants did not rate the quality of ecstasy or molly on a scale of '0' (poor quality, "garbage") to '10' (high quality). However, one participant described, *"It's more of an intense high with the molly, than ecstasy."* Reports of current prices for molly were consistent among participants with experience buying the drug. Reportedly, molly most often sells for \$100 a gram. Participants indicated that ecstasy and molly are obtained through drugs dealers and at nightclubs/bars. One participant stated, *"If you are going to a club or something, you get into it."*

Participants reported that the most common routes of administration for ecstasy and molly is oral consumption. Participants estimated that out of 10 ecstasy and molly users, all 10 would orally consume the drugs. Participants and community professionals described typical ecstasy and molly users as college students or "partiers." A law enforcement officer mentioned, *"[It stems from] pop culture ... and our high school and college [students see it as a] party drug."*

Other Drugs in the Athens Region

Participants and community professionals listed another drug as being present in the region, but this drug was not mentioned by the majority of people interviewed: Neurontin® (gabapentin). In addition, BCI crime labs reported that the incidence of U-47700 (synthetic opioid) cases they process from this region has decreased during the past six months. BCI crime labs also reported processing very few cases of hallucinogens (lysergic acid diethylamide [LSD] and psilocybin mushrooms), synthetic cathinones ("bath salts") and synthetic marijuana (synthetic cannabinoids) from this region during the past six months.

Neurontin®



Neurontin® (gabapentin, an anticonvulsant and nerve pain medication) is highly available for illicit use in the region. Participants and treatment providers most often reported the current street availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were '7-8' and '10,' respectively. Participants stated: *"More doctors are giving out this medicine instead of pain pills; All the doctors are writing prescriptions for this right now; Everyone is on it; A lot of [programs] don't test for them ... so you can take them and pass a drug test."* Treatment providers discussed: *"It is becoming popular ... it seems that it is a go to if they can't get something else; It is expensive to test for ... we do random testing."* Law enforcement most often reported the current street availability of Neurontin® as '7-8,' the previous most common score was not reported.

Participants and law enforcement reported that the availability of Neurontin® has increased during the past six months. A participant stated, *"It's all you can get [in terms of prescribed medication]."* Participants discussed increased demand for Neurontin®. They said: *"It is another drug that people are asking for, and they are not looking at it as an addiction; People who have to [take a] drug test, can take this and pass."* A law enforcement officer added, *"Every time we busted a dealer or someone, they seem to have [Neurontin®] on them, and they do not have a prescription."*

Reports of current prices for Neurontin® were consistent among participants with experience buying the drug. A participant shared, *"They are not that expensive..."* Reportedly, Neurontin® 600 mg most often sells for \$0.50; 800 mg most often sell for \$1-2. Participants reported that the most common route of administration for illicit use of Neurontin® remains oral consumption. Participants estimated that out of 10 illicit Neurontin® users, all 10 would orally consume the drug. A participant observed, *"It gives you the buzz that you want, and you feel drunk at the same time."*

A profile of a typical illicit Neurontin® user did not emerge from the data. Participants described typical illicit users as anyone. Community professionals described typical illicit users as 19-30 years of age, while law enforcement described typical users as opioid users. A treatment provider commented, *"A lot of the younger ones aren't ready to get clean [and continue their drug use with Neurontin®], and the older ones are fed up ... and are ready to put in the effort to get clean [and use Neurontin® to alleviate withdrawal symptoms]."*

Conclusion

Heroin, marijuana, methamphetamine and Suboxone® (buprenorphine) remain highly available in the Athens region; also highly available in the region is Neurontin® (gabapentin). Changes in availability during the past six months include: increased availability for Suboxone®; likely increased availability for marijuana extracts and concentrates (aka "dabs") and Neurontin®; and decreased availability for prescription opioids.

While there was consensus among respondents that the availability of heroin has remained highly available in the region during the past six months, participants and law enforcement reported low current availability of fentanyl. These respondents shared the perception that fentanyl, apart from heroin (aka "straight fentanyl"), is challenging for users to obtain; reportedly, dealers typically sell the drug mixed with heroin. Participants continued to discuss fentanyl as a top cut (adulterant) for heroin.

Corroborating data indicated that fentanyl is highly available in the Athens region. ODPS reported seizing 33.1 kilograms (73.0 lbs.) of fentanyl from this region during the past six months. BCI crime labs reported that the incidence of fentanyl and fentanyl analogue cases they process from this region has increased during the past six months; the labs also reported that the number of heroin cases from this region has increased.

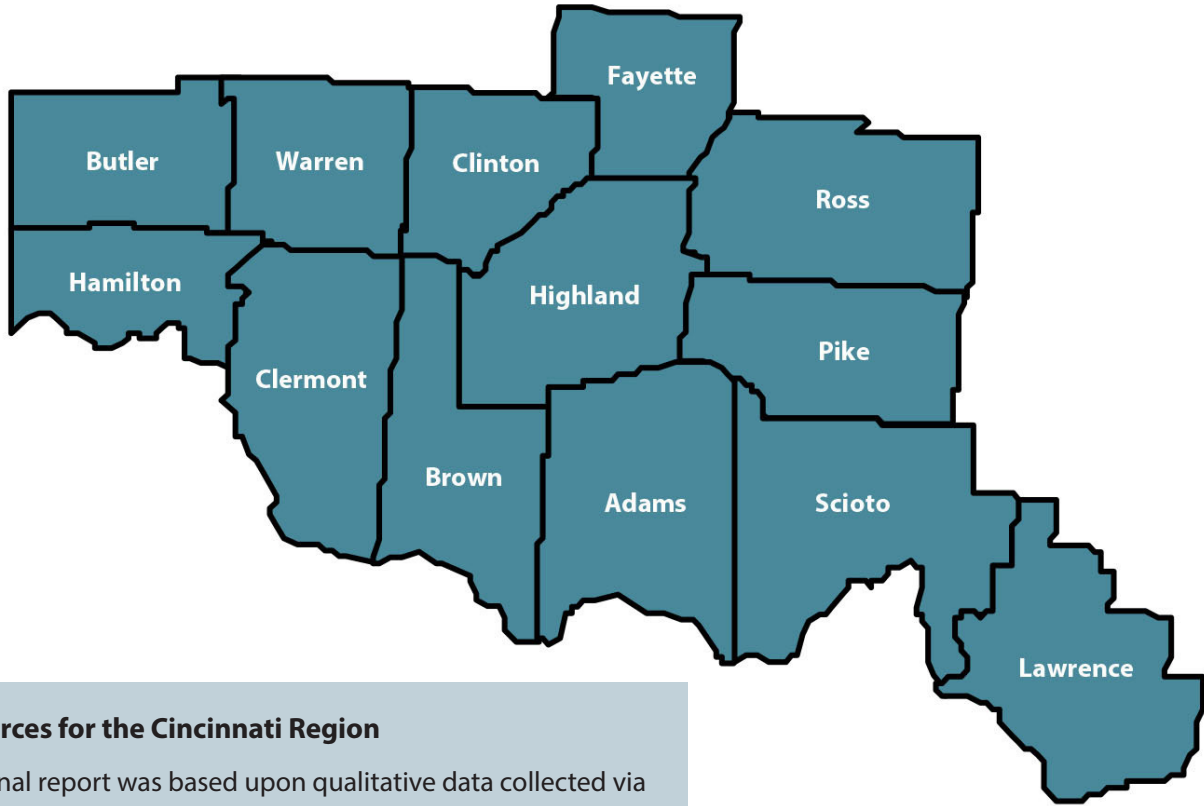
Participants and law enforcement were also in agreement that the availability of high-grade marijuana extracts and concentrates (dabs, oil and waxy forms of marijuana) has increased during the past six months. Participants attributed the increased availability of dabs to heightened popularity for this form of marijuana due to its higher content of THC (tetrahydrocannabinol, the psychoactive component of marijuana). Law enforcement discussed legalization and greater social acceptability of marijuana generally, along with reduced sentencing guidelines for marijuana possession, as having led to more growers of marijuana, and thus more producers of the popular dabs.

Participants and community professionals continued to report high current availability of methamphetamine in the region, with law enforcement and BCI labs indicated increased cases of methamphetamine during the past six months. One treatment provider remarked, *"It is like an epidemic around here ... [methamphetamine] is everywhere."* There was consensus among respondents that crystal methamphetamine is the more prevalent form of methamphetamine in the region. Law enforcement reported that crystal methamphetamine is trafficked into the region via drug cartels originating in Mexico. Participants and community professionals described typical methamphetamine users as anyone. However, treatment providers noted methamphetamine use among opiate users and users receiving Vivitrol® (medication-assisted treatment for opioid use disorder).

Lastly, respondents discussed high current availability of Neurontin® for illicit use. Participants explained that doctors are prescribing this medication more while prescribing opioids less. Reportedly, opiate users seek Neurontin® to alleviate withdrawal symptoms and because this drug is not typically screened for by treatment providers and probation officers.



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 Butler, Clermont, Clinton and Hamilton 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 Hamilton County Coroner’s Office, Scioto County Coroner’s Office, OhioMHAS’ Screening, Brief Intervention and Referral for Treatment (SBIRT) program which operates in federally qualified health centers in the region, Ohio Bureau of Criminal Investigation (BCI) and Ohio Department of Public Safety (ODPS), which logs drug task force seizures from across Ohio. All secondary data are summary data of cases processed from January to June 2018. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for July through December 2018.

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

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Regional Profile

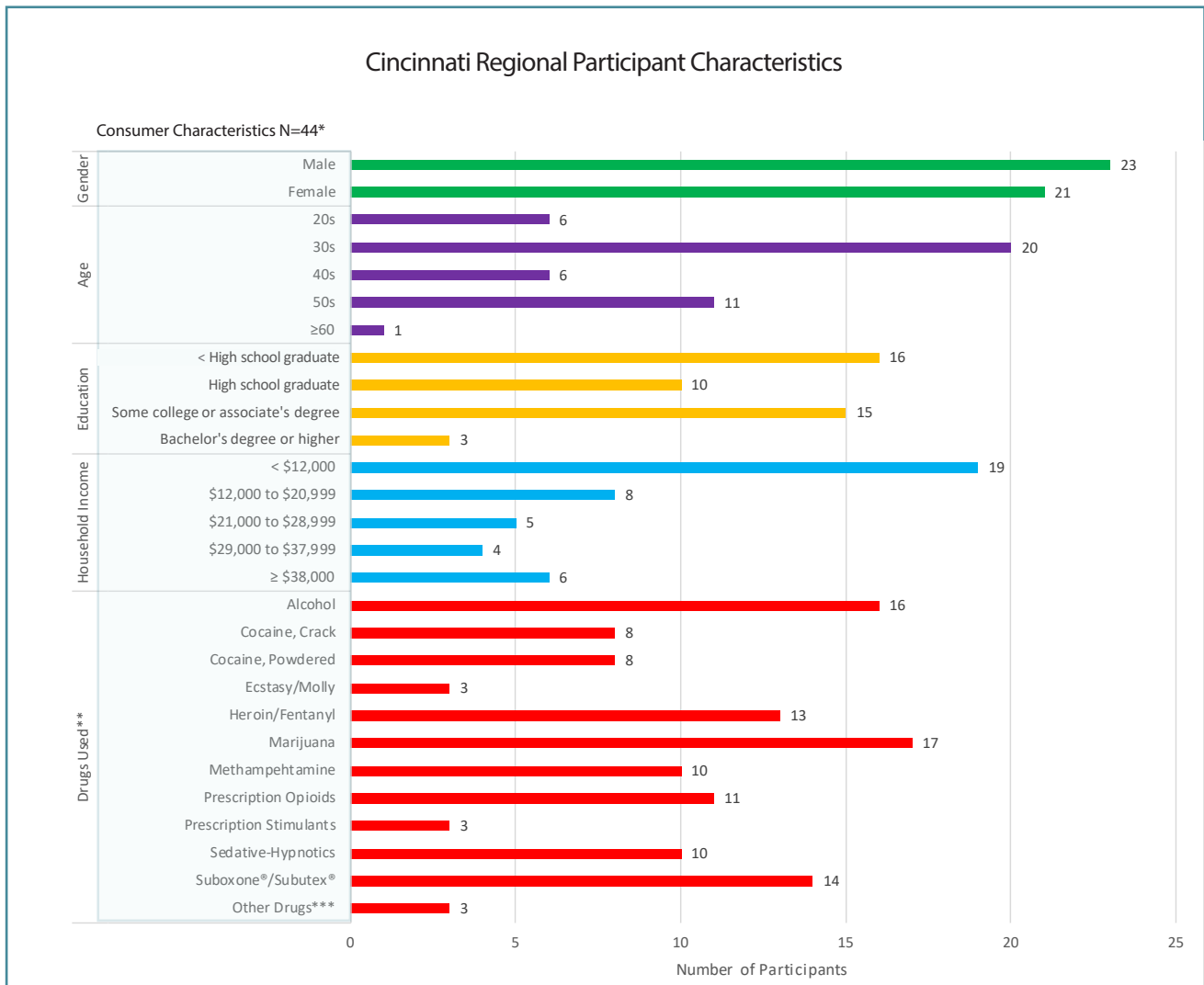
Indicator ¹	Ohio	Cincinnati Region	OSAM Drug Consumers
Total Population, 2017	11,689,442	2,054,317	44
Gender (female), 2017	51.0%	50.9%	47.7%
Whites, 2017	82.2%	81.7%	72.7%
African Americans, 2017	12.9%	13.2%	27.3%
Hispanic or Latino Origin, 2017	3.8%	2.9%	9.1% ²
High School Graduation Rate, 2013-17	89.8%	89.5%	63.6%
Median Household Income, 2013-17	\$52,407	\$50,314	\$12,000-\$15,999 ³
Persons Below Poverty Level, 2017	14.0%	13.5%	59.1% ⁴

¹ Ohio and Cincinnati region statistics were derived from the most recent US Census; OSAM drug consumers were participants for this reporting period: June 2018 -January 2019.

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

³ Participants reported income by selecting a category that best represented their household's approximate income for the previous year. Income was unable to be determined for 2 participants due to missing and/or invalid data.

⁴ Poverty status was unable to be determined for 2 participants due to missing and/or invalid data.



* Not all participants filled out forms completely; therefore, numbers may not equal 44.

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

***Other drugs included: lysergic acid diethylamide (LSD) and dextromethorphan cough syrup (DXM).

Historical Summary

In the previous reporting period (January – June 2018), fentanyl, heroin, marijuana, methamphetamine, powdered cocaine and Suboxone® (buprenorphine) remained highly available in the Cincinnati region; also highly available were crack cocaine and sedative-hypnotics. Changes in availability during the reporting period included: increased availability for methamphetamine; likely increased availability for crack cocaine and marijuana; and likely decreased availability for prescription opioids.

Participants and community professionals throughout the region discussed that heroin and fentanyl remained the primary drugs of concern. Participants continued to report that free samples of heroin/fentanyl (aka “testers”) were widely available in parts of the city of Cincinnati. In addition, several participants reported getting heroin delivered to their homes, with one participant commenting that heroin was delivered quicker than a pizza.

Law enforcement noted that heroin unadulterated with fentanyl was difficult to obtain and not preferred by users. They discussed that dealers had realized that it was cheaper to obtain fentanyl and sell it as heroin than it was to buy actual heroin. Reportedly, the top cutting agent (adulterant) for heroin remained fentanyl. Treatment providers discussed that users often did not know if they were getting fentanyl when purchasing heroin. However, treatment providers and law enforcement reported that some users were specifically seeking fentanyl. One law enforcement officer stated, “Users want stronger, they don’t want just heroin.” Treatment providers also noted an increase in users, especially younger users, going straight to heroin/fentanyl and bypassing the usual progression from prescription opioids.

Corroborating data indicated high availability of both heroin and fentanyl in the region. The Screening, Brief Intervention and Referral for Treatment (SBIRT) program reported that of the 436 individuals in the Cincinnati region who reported substance use during the past 30 days, 22.0% reported using heroin on one or more days. Hamilton County Coroner’s Office reported that 43.2% of the 229 drug-related deaths it recorded during the reporting period involved heroin; of these heroin-related deaths, 80.8% also involved fentanyl. Moreover, 76.4% of

the 229 drug-related deaths involved fentanyl/fentanyl analogues; 6.1% involved carfentanil.

Participants and community professionals reported that the availability of crystal methamphetamine (aka “crystal meth”) increased during the reporting period. Law enforcement discussed drug cartels in Mexico as flooding the region with the drug. Participants commented that crystal meth was inexpensive and produced a longer lasting high than cocaine. BCI crime labs reported that the incidence of methamphetamine cases they processed from this region had increased during the reporting period.

Reportedly, the perception of methamphetamine was that it was a “safe” drug in light of opioid overdose. Participants discussed getting off heroin by switching to methamphetamine use. Community professionals described typical methamphetamine users as similar to heroin users or heroin users trying to get off heroin.

Current Trends

Powdered Cocaine




Powdered cocaine remains highly available in the region. Participants most often reported the drug’s current availability as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was also ‘10’. Participants stated: “If you do it, you know where it’s at; It hasn’t slowed down because there have been no big drug busts.” Treatment providers most often reported the current availability of powdered cocaine as ‘8’, while law enforcement most often reported it as ‘2’; the previous most common scores were ‘8’ and ‘10’, respectively. A treatment provider remarked, “I think it is higher if you know where you are going.”

Corroborating data indicated that powdered cocaine is available in the Cincinnati region. The SBIRT program reported that of the 730 individuals in the Cincinnati region who reported substance use during the past 30 days, 16.2% reported using cocaine on one or more days (SBIRT does not distinguish between powdered and crack cocaine). Hamilton County Coroner’s Office reported that 44.1% of the 202 drug-related deaths it recorded this reporting period involved cocaine. Scioto County






Coroner’s Office reported that three of the 34 drug-related deaths it recorded this reporting period involved cocaine. In addition, the Ohio Department of Public Safety (ODPS) reported seizing 15.6 kilograms (34.5 lbs.) of powdered cocaine from this region during the past six months.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Police officers and firefighters in Norwood (Hamilton County) responded to six drug overdoses, four of which were within an hour and were suspected to be related to the same source of laced cocaine; three individuals died of overdose and one man was hospitalized (www.wlwt.com, Aug. 21, 2018). U.S. Customs and Border Protection officers intercepted four shipments, each containing over 4 lbs. of cocaine from Central America destined for West Virginia, Pennsylvania and New York at a consignment facility in Cincinnati (Hamilton County) (www.fox19.com, Oct. 25, 2018).

Participants and community professionals reported that the availability of powdered cocaine has remained the same during the past six months. Ohio Bureau of Criminal Investigation (BCI) crime labs reported that the incidence of cocaine cases they process from this region has decreased during the past six months; the labs do not differentiate between powdered and crack cocaine.

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

Participants most often rated the current overall quality of powdered cocaine as ‘2’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was ‘0’ and ‘5.’ Participants commented: “[Quality] depends on who you know and where you get it ... the higher down the chain (low-level dealer), the more ‘cut’ (adulterated) it is; It’s lower because they ‘stomp on’ (adulterate) it; The purity is low, low, low.” Participants discussed adulterants (aka “cuts”) that affect the quality of powdered cocaine and reported the top cutting agents for the drug as baking powder and baking soda. Overall, participants reported that the quality of powdered cocaine has remained the same during the past six months.

Powdered Cocaine	Cutting Agents Reported by Crime Lab	
		caffeine
		levamisole (livestock dewormer)
		local anesthetic (lidocaine and procaine)
		phenacetin (banned analgesic)
	triacetin (triglyceride)	

Reports of current prices for powdered cocaine were variable among participants with experience buying the drug. Reportedly, the most common quantity of purchase is a gram. Participant shared, “\$20 for 1/10 of a gram; \$70 for a ‘G’ (gram) ... G is the most common way to use.” Overall, participants reported that the price of powdered cocaine has remained the same during the past six months.

Powdered Cocaine	Current Prices for Powdered Cocaine	
	1/10 gram	\$20
	A gram	\$40-100
	1/16 ounce (aka “teener”)	\$70-80
	1/8 ounce (aka “eight ball”)	\$100-250
	1/2 ounce	\$250
	An ounce	\$300-500

Participants reported that the most common route of administration for powdered cocaine is intravenous injection (aka “shooting”). Participants estimated that out of 10 powdered cocaine users, eight would shoot and two would snort the drug. Participants observed: “If you shoot it, you normally shoot [other drugs]; I think shooting. ... More white guys shooting; Higher income people more likely to snort.”

Participants and community professionals described typical powdered cocaine users as older, white people and of higher socio-economic status. Participants commented: “Old people ... if I was on the block looking for drugs ... for powder, I’d look for people in their 40s; [Powdered cocaine is] more expensive, middle class and working types [can afford it]; Hard to use it if you don’t have a job, correlates to pay days; It’s a rich people drug; The only people I know doing powder cocaine, they’d be around my parents age, pushing 60 [years old]; Mostly white in my experience.” However, a few participants noted use of powdered cocaine among younger people. They said: “College kids love it ... partying [with alcohol]; People in their 20-30s.”

In addition, one participant shared, *"We (restaurant employees) snort it off the back of the toilet ... getting it from the cooks at the restaurants."* Treatment providers described the typical powdered cocaine user as: *"Older person; Caucasian ... [and] more affluent people."* A law enforcement officer added, *"Usually, male, white, middle to upper income."*




Crack Cocaine

Crack cocaine remains highly available in the region. Participants most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. Participants stated: *"I was living in [Hamilton County] and I got it like 'snap'; I can walk down the street and find the right person for it; Easy to spot; You could ask two people and [one would] be able to get some."*

Community professionals most often reported the current availability of crack cocaine as '9'; the previous most common score was '8.' A law enforcement officer remarked, *"Drug dealers are telling people that in order not to overdose on fentanyl, use cocaine (a stimulant) to counter the effects of the depressant ... it is the current 'speedball' (consecutive use of stimulant and depressant drugs) ... people are worried about overdoing on fentanyl, so they have switched to other drugs ... with 'crack' (crack cocaine) and 'meth' (methamphetamine) ... we are seeing a bump (increase in availability and use)."*






Corroborating data indicated that crack cocaine is available in the Cincinnati region. ODPS reported seizing 709.1 grams (1.6 lbs.) of crack cocaine from this region during the past six months. In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. Liberty Township Police (Butler County) witnessed a suspected drug deal occur in the parking lot of a business and arrested a man for drug trafficking, possession of drugs and driving with a suspended license; another man was charged with possession of drug paraphernalia (www.wkbn.com, Aug. 27, 2018). Officers of the Ross County Sheriff's Department conducted a traffic stop in Chillicothe when their police cruiser was hit by the car they pulled over due to the driver accelerating in reverse; the incident led to the seizure of a large amount of suspected crack cocaine, methamphetamine and prescription drugs and the arrest of the driver and a passenger on charges of drug

trafficking, possession, tampering with evidence and vandalism (www.nbc4i.com, Oct. 26, 2018). Participants and community professionals reported that the availability of crack cocaine has remained the same during the past six months. BCI crime labs reported that the incidence of cocaine cases they process from this region has decreased during the past six months; the labs do not differentiate between crack and powdered cocaine.

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

Participants most often rated the current overall quality of crack cocaine as '3' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was also '3.' One participant commented, *"You don't get what you paid for."* Other participants discussed quality as variable. They said: *"Quality just depends on location; Hit or miss."*

Participants discussed adulterants (aka "cuts") that affect the quality of crack cocaine and reported that the top cutting agent for the drug remains baking soda. Other cuts for crack cocaine mentioned included: baking powder, ether, fentanyl, Fruit-Fresh® and vitamins (B-3, B-12). Participants observed: *"Vitamins from GNC® store ... gives you energy, so they think it's good, but it is just what it is cut with; Everything is cut with stuff now-a-days ... fentanyl."* A treatment provider added, *"There is fentanyl in [crack cocaine] so people are overdosing."* Overall, participants reported that the quality of crack cocaine has remained the same during the past six months.

		Cutting Agents Reported by Crime Lab	
Crack Cocaine		caffeine	
		levamisole (livestock dewormer)	
		local anesthetic (lidocaine and procaine)	
		phenacetin (banned analgesic)	
		triacetin (triglyceride)	

Reports of current prices for crack cocaine were consistent among participants with experience buying the drug. Reportedly, the most common quantity of purchase is 1/2

gram. One participant added, “Lower dollar amounts are more common.” Overall, participants reported that the price of crack cocaine has remained the same during the past six months.

Crack Cocaine	Current Prices for Crack Cocaine	
	1/10 gram (aka “rock”)	\$10-20
	1/2 gram	\$30
	A gram	\$60-100
	1/8 ounce (aka “eight ball”)	\$150

Participants reported that the most common route of administration for crack cocaine is intravenous injection (aka “shooting”). Participants estimated that out of ten crack cocaine users, seven would inject and three would smoke the drug. Participants mentioned: “Black people smoke it. White ... injecting it; I’ve never smoked it.”

Participants described typical crack cocaine users as of lower socio-economic status and older people. Participants shared: “Older people, I’d say because crack’s been [around] for a very long time; Grandpas; Lots of older folks in their 50s and 60s.” Community professionals described typical crack cocaine users also as people of low socio-economic status. Treatment providers commented: “People in [homeless] shelters; Inner city.” A law enforcement officer added, “African-American communities. This has been consistent. Poor, predominantly African-American.”

Heroin

Heroin remains highly available in the region. Participants and community professionals most often reported the current availability of the drug as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common scores were also ‘10’. A participant stated that current heroin availability is, “Off the charts!” Treatment providers concurred that heroin is extremely available. When asked to rate current availability on the scale of ‘0’ to ‘10,’ one provider answered, “12!”

Corroborating data indicated that heroin is available in the Cincinnati region. The SBIRT program reported that of the 730 individuals in the Cincinnati region who reported




substance use during the past 30 days, 15.6% reported using heroin on one or more days. Hamilton County Coroner’s Office reported that 29.7% of the 202 drug-related deaths it recorded this reporting period involved heroin; of these heroin-related deaths, 85.0% also involved fentanyl. Scioto County Coroner’s Office reported that five of the 34 drug-related deaths it recorded this reporting period involved heroin. In addition, ODPS reported seizing 9.5 kilograms (21.0 lbs.) of heroin from this region during the past six months.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Chillicothe Police (Ross County) responding to a report of an unconscious man behind the wheel of a running vehicle, found a man overdosed while a woman was found in a restroom overdosed; a medic on the scene also found an infant that the woman mistakenly determined to be a miscarriage lying in the toilet; the man and woman were arrested and the baby was taken to the hospital (www.fox8.com, Aug. 8, 2018). Chillicothe Police coordinated with several narcotics agencies on a week-long detail around Chillicothe that resulted in the recovery of 15 grams of heroin, 10 grams of cocaine, 40 grams of marijuana, 100 prescription pills and a large amount of cash (www.chillicothe Gazette.com, Sept. 3, 2018). With the assistance of drug task force members and Scioto County Sheriff’s Office, Portsmouth Police seized 12 grams of heroin, a digital scale and a large sum of cash during a traffic stop and arrested one man for drug trafficking (www.herald-dispatch.com, Sept. 21, 2018). Ohio State Highway Patrol (OSHP), the Cincinnati Police SWAT team (Hamilton County) and DEA agents executed search warrants and arrested 11 people allegedly involved in a large scale-operation to ship drugs from Mexico and California to the Cincinnati area; authorities recovered about 3 kilograms of a heroin/fentanyl mixture, 3 kilograms of cocaine and 4 kilograms of methamphetamine and firearms (www.wcpo.com, Oct. 15, 2018). U.S. Customs and Border Protection Officers intercepted a package from Mexico containing nearly 6 lbs. of liquid heroin stored in shampoo bottles at a consignment facility in Cincinnati (www.fox19.com, Oct. 25, 2018). A deputy of the Lawrence County Sheriff’s Department arrested a man on a warrant and charged him with possession of heroin (www.herald-dispatch.com, Oct. 28, 2018). Brown County Drug and Major Crime Task Force, while investigating the fatal overdose of a woman, executed search warrants and recovered a large amount of suspected heroin and fentanyl; officers arrested a man for trafficking in drugs, possession of drugs, corrupting

another with drugs and involuntary manslaughter (www.wcpo.com, Nov. 21, 2018).

While many types of heroin are currently available in the region, participants reported powdered heroin as most available. Participants noted: "Gray [powdered heroin] is popular now; Gray is with the fentanyl and stuff; Majority is gray, sometimes an amber color; Black, tan, red, brown, white, blue ... it could be any [color], depends on what you cut it with..." Community professionals reported white powdered heroin as most available. Reportedly, black tar heroin is also available in the region. However, participants and community professionals did not rate the availability of this type of heroin. One participant shared, "If you're lucky, [you will find] black tar ... there is black tar in Clermont County."

Participants reported that the availability of heroin has decreased during the past six months. A participant stated, "It has decreased because of fentanyl [as a cheaper alternative]." Community professionals reported that the general availability of heroin has remained the same during the past six months. BCI crime labs reported that the incidence of heroin cases they process from this region has increased during the past six months; the labs reported processing beige, blue, brown, gray, purple, tan and white powdered heroin as well as black tar heroin.

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

Participants most often rated the current overall quality of heroin as '3' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '10'. Participants mentioned: "These guys are doing bags and bags and bags [of heroin] each day. You used to do it in the morning and you'd be good [most of the day] ... now you have to do it three, four times a day; The quality of heroin is crap."

Participants discussed adulterants (aka "cuts") that affect the quality of heroin and reported that the top cutting agent for the drug remains fentanyl. One treatment

provider remarked, "It's not even really heroin in this area ... it's mainly fentanyl." Additional cuts mentioned included: baby formula, carfentanil (horse tranquilizer), ecstasy, Neurontin® (gabapentin), sleep aids, sugar and vitamin B-12. Overall, participants reported that the general quality of heroin has decreased during the past six months. Participants explained: "Quality has gone down because it is being cut with everything; It's junk ... that's why they put all the stuff in it."

Cutting Agents Reported by Crime Lab	
Heroin	● acetaminophen
	● caffeine
	● cocaine
	● diphenhydramine (antihistamine)
	● fentanyl
	● inositol (dietary supplement)
	● lidocaine (local anesthetic)
	● mannitol (diuretic)
	● methamphetamine
	● quinine (antimalarial)
	● sorbitol (artificial sweetener)
● tramadol	

Reports of current prices for heroin were variable among participants with experience purchasing the drug. Reportedly, the most common quantity of purchase is 1/10 gram. Participants discussed: "[Price] depends on how much money you got; Can't buy it unless you have 10 bucks; Some people charge \$20 a tenth (1/10 gram)... a fricken' rip off. In Dayton, you can buy \$5 'caps' (capsules filled with heroin) ... Cinci (Cincinnati) won't do caps ... usually you buy 1/10 [gram]." Overall, participants reported that the price of heroin has remained the same during the past six months.

Current Prices for Heroin		
Heroin	White powdered heroin:	
	1/2 gram	\$10-25
	A gram	\$60
	Black tar or brown powdered heroin:	
	1/10 gram	\$10-25
	1/2 gram	\$20-40
A gram	\$50-80	

While there were a few reported ways of using heroin, generally, the most common route of administration is intravenous injection (aka "shooting"). Participants estimated that out of 10 heroin users, seven would shoot and three would snort the drug. Participants remarked: "I snorted it, but everyone in rehab shot; If I IV (intravenously inject) heroin I die (overdose) every time, but if I snort it, I'm okay."

Participants described typical heroin users as young, white people. They observed: "Young, white people. Young, white women. The younger crowd; Younger people between 22 and 35 [years of age] ... there are exceptions, but majority are younger; I don't know many African Americans who shoot up (use heroin)."

Community professionals did not come to a consensus on a typical heroin use. Treatment providers commented: "So many more younger people using heroin than older. Young Black boys and girls in their 20s; Out in the suburbs now; Mid-30s; Older African Americans now using heroin who used to use crack cocaine; Lower SES (socio-economic status); You can't put a face with it on gender, race." Law enforcement discussed: "Male, whites, generally 27-50 [years of age]. We have seen as young as 12 [years] and as old as 70 [years]. Trend in past year of females and doubled use in the African-American community; The age is 8 to 80 [years]; Predominantly white, about 90% white, 10% black ... any economic class."

Fentanyl



Fentanyl remains highly available in the region. Participants most often reported the current availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10.'




Community professionals most often reported current availability as '10'; the previous most common score was '9' for treatment providers and '10' for law enforcement. A treatment provider stated, "It is in everything." A law enforcement officer commented, "Can't throw a rock without hitting fentanyl."

Corroborating data indicated that fentanyl is available in the Cincinnati region. Hamilton County Coroner's Office reported that 77.7% of the 202 drug-related deaths it recorded this reporting period involved fentanyl/fentanyl analogues; one of these 202 deaths involved carfentanil. Scioto County Coroner's Office reported that 58.8% of the

34 drug-related deaths it recorded this reporting period involved fentanyl/fentanyl analogues. In addition, ODPS reported seizing 30.3 kilograms (66.7 lbs.) of fentanyl from this region during the past six months.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Butler County Undercover Regional Narcotics Unit conducted a search of an apartment in Trenton and seized 36 grams of fentanyl and cash; officers arrested two men on charges of trafficking and possession of drugs; another individual was charged with child endangering after a 1-year-old baby was found inside the home (www.abc22now.com, Aug. 21 2018). OSHP was called to investigate the circumstances that led to an apparent overdose of one inmate in the Ross Correctional Institution in Chillicothe; 24 staff members were also exposed to the suspected heroin and fentanyl mixture, requiring medical treatment (www.thesciotopost.com, Aug. 30, 2018). A federal grand jury in Cincinnati heard a guilty plea from a man on charges related to his involvement in a large-scale drug trafficking organization with ties to the Sinaloa Drug Cartel; law enforcement seized 366 grams of fentanyl at the time of his arrest during a traffic stop near Middletown (Butler County) (www.fox19.com, Oct. 4, 2018). Hamilton County Heroin Coalition Task Force concluded an investigation with the arrest of a man in Louisville (Kentucky) after searching the man's residence in Cincinnati; the man allegedly sold cocaine laced with fentanyl that caused four overdoses, including two deaths in Norwood (Hamilton County) (www.local12.com, Nov. 15, 2018).

Participants and community professionals reported that the availability of fentanyl has increased during the past six months. One participant remarked, "I know more people who just don't want heroin, they want fentanyl." A law enforcement officer noted, "The prescription opioid shut-down has led people to seek alternative sources of opioids." BCI crime labs reported that the incidence of fentanyl and fentanyl analogue cases they process from this region has slightly increased during the past six months, while the incidence of carfentanil cases has decreased.

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

Participants most often rated the current overall quality of fentanyl as '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '10'. Participants commented: *"It doesn't last as long [as heroin]. You keep going back to get more and more and more; Never seen bad fentanyl."* Participants discussed adulterants (aka "cuts") that affect the quality of the drug and reported the top cutting agent for fentanyl as brown sugar. A participant shared, *"They put brown sugar in it and act like it's real heroin."* Overall, participants reported that the general quality of fentanyl has remained the same during the past six months.

Reports of current prices for fentanyl were reported by participants with experience purchasing the drug. Reportedly, the most common quantity of purchase is 1/2 gram. A participant shared regarding fentanyl pricing, *"To me it's the same as heroin prices."* Overall, participants indicated that the price of fentanyl has remained the same during the past six months.

Fentanyl	Current Prices for Fentanyl	
	1/10 gram	\$20
	1/2 gram	\$40-60
	A gram	\$80-140

While there were a few reported ways of using fentanyl, generally, the most common route of administration remains intravenous injection (aka "shooting"). Participants estimated that out of 10 fentanyl users, eight would shoot and two would snort the drug. Participants and community professionals described typical fentanyl users as heroin users. Treatment providers commented: *"Same as heroin [users]; Same ones who use the opioids; Young, 18 to mid-30s."*

Prescription Opioids

Prescription opioids remain available for illicit use in the region. However, participants most often reported the current street availability of these drugs 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 '5.' Participants stated: *"Hard to get it*

with the rules (prescribing guidelines) in Ohio; I was on pain medication and couldn't get any more pills." Treatment providers most often reported the current availability of prescription opioids as '5,' while law enforcement most often reported it as '2;' the previous most common scores were '8' and '2-3,' respectively. A treatment provider remarked, *"Most people are going to heroin or fentanyl."*

Corroborating data indicated that prescription opioids are available for illicit use in the Cincinnati region. The SBIRT program reported that of the 730 individuals in the Cincinnati region who reported substance use during the past 30 days, 8.6% reported illicit use of prescription opioids on one or more days. Hamilton County Coroner's Office reported that 17.8% of the 202 drug-related deaths it recorded this reporting period involved prescription opioids. Scioto County Coroner's Office reported that five of the 34 drug-related deaths it recorded this reporting period involved prescription opioids.




Media outlets reported on law enforcement seizures and arrests in the region this reporting period. An officer with Forest Park Police (Hamilton County) allegedly stole medication from a home while on official police business in Colerain Township (Hamilton County); an investigation revealed that the female officer had sold the pills and an undisclosed amount of methamphetamine and marijuana were recovered from her apartment (www.wcpo.com, Aug. 24, 2018).

Participants and community professionals identified Percocet® as the most popular prescription opioid in terms of widespread illicit use. One participant confirmed, *"Percocet® is most common."* A treatment provider commented, *"Don't hear that much about oxy' (OxyContin®) as you can buy Percocet® and Vicodin® for cheaper."* One law enforcement officer observed, *"Perk' (Percocet®) dominate. We see a lot of those with dental or doctor procedures ... oxy has dipped (decreased in availability) ... a lot of these [prescribed opioids] are getting tougher to get."*

In addition, participants reported "fake pills" as present in the region. Participants shared: *"People are getting pill presses ... you don't know if [an opioid is] real or fake; You crush up your prescription, use other stuff with it, and use your pill press and sell it; I was doing perks and got drug tested and had perk, morphine and heroin in my system."*

Participants reported that the general availability of prescription opioids has decreased during the past six months. Participants added: *“Yes, less available. That’s what’s driving people to heroin; Way less available. State and pharmacy has new rules; Harder to get from doctors; They’ve shut down most pill mills.”* Community professionals reported that the general availability of prescription opioids has remained the same during the past six months.

BCI crime labs reported that the incidence of tramadol (Ultram®) cases they process from this region has increased during the past six months, while the incidence of oxycodone (OxyContin®, Percocet®), hydrocodone (Vicodin®) and morphine cases has decreased or remained the same. BCI labs reported processing very few cases of hydromorphone (Dilaudid®), methadone and oxymorphone (Opana®) from this region 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

Reports of current street prices for prescription opioids were reported by participants with experience buying the drugs. Reportedly, the majority of prescription opioids sell for \$1 per milligram. Participants discussed: *“A common guideline for pills is one dollar per milligram; If you buy 10, you can get lower price; If they sell a whole bottle of liquid [codeine], its \$30 or \$35.”* Overall, participants indicated that the price of prescription opioids has remained the same during the past six months.

Prescription Opioids	Current Street Prices for Prescription Opioids	
	OxyContin® OP	\$10 for 10 mg
	Percocet®	\$5-6 for 5 mg \$15 for 10 mg
	Roxicodone®	\$25 for 30 mg

Participants reported obtaining prescription opioids for illicit use from elderly people and family members with prescriptions, oftentimes through theft. Participants stated: *“Take advantage of older people; People who are in pain management ... they sell it; I know a person who has had chronic back pain and has Vicodin® from three different physicians and this person sells them and has customers.”*

The most common route of administration for illicit use of prescription opioids is oral consumption. Participants estimated that out of ten illicit prescription opioid users, five would swallow and five would snort the drugs. A participant commented, *“I know a lot of people snort them.”*




A profile of a typical illicit prescription opioid user did not emerge from the data. Participants observed: *“Anyone would use them; There’s not a higher income, lower income discrepancy.”* Community professionals described typical illicit prescription opioid users as having access to treatment or money to purchase the drugs. One treatment provider shared, *“People who make a bit more money are purchasing them, middle to upper class.”* A law enforcement officer stated, *“One of the key factors is people who have health insurance....”*

Suboxone®

Suboxone® (buprenorphine) remains highly available for illicit use in the region. Participants most often reported the current street availability of Suboxone® in sublingual filmstrip (aka “strip”) form as ‘10’ and in pill form as ‘8’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common general score was ‘10.’

While community professionals noted the filmstrip form of Suboxone® as more available than the pill form, treatment providers most often reported the current general availability of Suboxone® as ‘8,’ and law enforcement most often reported it as ‘2;’ the previous most common scores were ‘9’ and ‘3-4,’ respectively. Treatment providers stated: *“It is prescribed a lot. They will get extra. They may be prescribed two strips a day, but they will only take one [and sell the other]; They are in the prisons ... in the jails because they are easily transported; Very common because a lot of people are prescribed it ... use Suboxone® instead of heroin, and sometimes they walk the line between the two.”*

Participants reported that the availability of Suboxone® in filmstrip form has increased during the past six months, while availability in pill form has remained the same. A participant remarked, *“There is a clinic that opened up next to us, so it is more available.”* Community professionals reported that the general availability of Suboxone® has remained the same during the past six months. However, a treatment provider noted, *“A lot of treatment centers are starting to regulate it now versus in the beginning. Before people could just go and talk to someone for a few minutes then get a prescription.”* BCI crime labs reported that the incidence of Suboxone® cases they process from this region has increased during the past six months.

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

Reports of current street prices for Suboxone® were consistent among participants with experience buying the drug. Participants reported that Suboxone® 8 mg filmstrips and pills typically sell for \$15-20 each. Overall, participants reported that the price of Suboxone® has remained the same during the past six months. In addition to obtaining Suboxone® on the street from drug dealers, participants also reported getting the drug through clinics and people who are prescribed it.

The most common routes of administration for illicit use of Suboxone® are oral consumption (sublingual, dissolving under the tongue) and snorting. Participants estimated that out of 10 illicit Suboxone® users, five would orally consume and five would snort the drug. Participants mentioned: *“Snort it if in pill form; You can melt [the filmstrip] in a spoon and snort it.”*

Participants described typical illicit Suboxone® users as white, young people and opiate users. Participants shared: *“A person who was trying to get well for the day; I took ‘subs’ (Suboxone®) and found them on the street for three months ... I didn’t want to get back on heroin.”* Community professionals described typical illicit users also as opiate users.

Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) are moderately available for illicit use in the region. Participants most often reported the current street availability of these drugs as ‘6’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was ‘8.’ Participants stated: *“I can walk out the door and get it; Those are prescribed from doctors, so you have to know someone who’s getting them.”* Treatment providers most often reported the current availability of sedative-hypnotics as ‘6,’ while law enforcement most often reported it as ‘7;’ the previous most common scores were ‘8.’ One law enforcement professional noted, *“Benzos’ (benzodiazepines) are a problem.”*

Corroborating data indicated that sedative-hypnotics are available for illicit use in the Cincinnati region. The SBIRT program reported that of the 730 individuals in the Cincinnati region who reported substance use during the past 30 days, 8.8% reported illicit use of benzodiazepines on one or more days. Hamilton County Coroner’s Office reported that 10.9% of the 202 drug-related deaths it recorded this reporting period involved one or more benzodiazepine or sedative-hypnotic.




Participants and community professionals identified Xanax® as the most available sedative-hypnotic in terms of widespread illicit use. A treatment provider commented, *“Culture scene with rap [music], most [rappers] are using Xanax®, bragging about it in their songs so all the kids are doing it.”* A law enforcement representative reported, *“Xanax® is always an issue....”*

Participants and treatment providers reported that the general availability of sedative-hypnotics has decreased during the past six months. Participants observed: *“Doctors are trying to get their patients off of it ... not prescribing it; I’m saying less because I had a prescription and I had a limited amount and no refills; Most people who are getting them aren’t trying to get rid of them.”*

Law enforcement reported that the availability of sedative-hypnotics has increased during the past six months. One law enforcement representative added, *“Increased because we have talked about the dangers of opioids, and doctors are saying maybe we can find something different. People with depression are being*

prescribed these meds thinking they are safe, this is what we worry about with the Heroin Coalition [in Hamilton County] ... the benzos. I sit on the death board (overdose fatality review board). In almost every single case, [the deceased] had benzos in their system."

BCI crime labs reported that the incidence of clonazepam (Klonopin®) cases they process from this region has slightly increased during the past six months, while the incidence of alprazolam (Xanax®) and diazepam (Valium®) cases has decreased or remained the same. BCI labs reported processing very few cases of carisoprodol (Soma®), lorazepam (Ativan®) and zolpidem (Ambien®) from this region during the past six months.

Sedative-Hypnotics	Reported Availability Change during the Past 6 Months	
	 Participants	Decrease
	 Law enforcement	Increase
	 Treatment providers	Decrease

Reports of current street prices for sedative-hypnotics were variable among participants with experience buying the drugs. Overall, participants reported that the price of sedative-hypnotics has remained the same during the past six months.

Sedative-Hypnotics	Current Street Prices for Sedative-Hypnotics	
	Ambien®	\$4 for 5 mg
	Klonopin®	\$3-4 for 2 mg
	Valium®	\$3-5 for 2 mg
Xanax®	\$3-12 (dependent on dose amount)	

Participants reported obtaining these drugs for illicit use most often from doctors. The most common routes of administration for illicit use of sedative-hypnotics are snorting and oral consumption. Participants estimated that out of 10 illicit sedative-hypnotic users, five would snort and five would orally consume the drugs.

A profile for a typical illicit sedative-hypnotic user did not emerge from the data. Participants commented: "Anybody; Used to be for a certain type of person, not anymore...." Treatment providers described typical illicit sedative-hypnotic users as younger and female.

Marijuana

Marijuana remains highly available in the region. Participants and community professionals most often reported the current availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were also '10.' Participants discussed: "Legalized in more states; Easier to get, easier with all the dispensaries; I always know where to find 'weed' (marijuana)." Treatment providers remarked: "Clients say they can't do anything without having a 'blunt' (marijuana-filled cigar); We have an adolescent group. Most of them are here for marijuana use; We hear so much about the medicinal form, that it is good for you." A law enforcement officer noted, "Always available."




Participants also reported availability of high-grade marijuana extracts and concentrates, often appearing as oil and waxy forms of the drug (aka "dabs"). Participants most often rated the current availability of marijuana extracts and concentrates as '5,' the previous most common score was '7-8.' One participant commented, "Mainly the crowd using the oils is the younger crowd ... young white folks...." Community professionals did not rate the current overall availability of marijuana extracts and concentrates; the previous most common score was '10.'

Corroborating data indicated that marijuana is available in the Cincinnati region. The SBIRT program reported that of the 730 individuals in the Cincinnati region who reported substance use during the past 30 days, 67.1% reported using marijuana on one or more days. In addition, ODPS reported seizing 510.6 kilograms (1,125.8 lbs.) of marijuana from this region during the past six months. Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A grand jury in Clermont County indicted nine people for trafficking in marijuana; all were alleged to have been involved in a large-scale operation that included money laundering (www.wcpo.com, Sept. 11, 2018). Cincinnati Police

arrested four men for trafficking in marijuana; officers recovered 168 pounds of marijuana after a pursuit by police led to a home in Cincinnati in which the men barricaded themselves before surrendering to SWAT officers (www.fox19.com, Sept. 18, 2018). Butler County Undercover Regional Taskforce executing a search warrant at a home in Fairfield recovered a large amount of marijuana, hash oil, vaping devices, cash and two stolen firearms; officers arrested a man for drug trafficking and drug possession (www.local12.com, Dec. 3, 2018).

Participants reported that the availability of low-grade marijuana has decreased, while the availability of the high-grade marijuana has remained the same during the past six months. One participant observed, "Everyone selling loud (high-grade marijuana) now." Participants indicated that the availability of marijuana extracts and concentrates has increased during the past six months. Participants added: "A lot of it is coming from the legal states; People are just saying, 'Well, let them smoke weed.' Because of the fentanyl epidemic [and overdose deaths], people don't care as much [about marijuana use]; Dabs is real popular; Availability of dabs has increased. It's more popular than just smoking a blunt; [Dabs] gives you a quicker, and a longer high than regular marijuana."

Community professionals reported that the general availability of marijuana has remained the same during the past six months. BCI crime labs reported that the incidence of cannabis (including edible cannabis) and concentrated THC (tetrahydrocannabinol oils, dabs) cases they process from this region has increased during the past six months.

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

Participants most often rated the current overall quality of marijuana as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '5' for low-grade marijuana and '10' for high-grade marijuana. One participant stated, "It's off the hook (high quality)." Overall, participants indicated that the quality of high-grade marijuana has increased, while the quality of

low-grade marijuana has decreased during the past six months. One participant shared, "Reggie' (regular marijuana), you can get high but not high, high ... and [its high] don't last long."

Reports of current prices for marijuana were provided by participants with experience buying the drug. Reportedly, the most common quantities of purchase are a "dime bag" (\$10 amount) for low-grade and a gram for high-grade marijuana. Overall, participants reported that the price of low-grade marijuana has remained the same, while the price of high-grade marijuana has increased during the past six months. A participant stated, "The prices are going up exponentially, but you don't have to smoke as much. Old people like me just stick to [regular] weed ... not 'gas' (high-grade marijuana)."

Marijuana	Current Prices for Marijuana	
	Low grade:	
	A blunt (cigar) or a gram	\$5
	1/8 ounce	\$20
	1/4 ounce	\$50
	1/2 ounce	\$80-100
	An ounce	\$200-300
	High grade:	
	A blunt (cigar) or a gram	\$10-15
	1/8 ounce	\$20-25
	1/4 ounce	\$90
	An ounce	\$150-400
	Extracts and concentrates:	
	A gram	\$35

While there were a few reported ways of consuming marijuana, generally the most common route of administration remains smoking. Participants estimated that out of 10 marijuana users, nine would smoke and one would orally consume the drug in the form of "edibles" (food products made with marijuana). Participants also described how to use extracts and concentrates, stating: "You can't eat [dabs]. It has to be smoked. Put a dab on a needle, you blow torch it, then you smoke (inhale the vapors); You're high for about 12 hours ..."

A profile for a typical marijuana user did not emerge from the data. A participant noted, "Everyone is smoking weed

these days, all ages." Law enforcement officers confirmed: *"Across the board; Anybody and everybody. Similar demographic to drinking alcohol."* For extracts and concentrates, a participant commented, *"It's a lot of younger kids ... high school, college."*

Methamphetamine



Methamphetamine remains highly available in the region. Participants most often reported the current availability of the drug as '8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10.' Participants stated: *"People are really putting themselves out there ... a friend [of mine] got messages on Facebook asking for 'meth' (methamphetamine). She didn't know that person ... [dealers] are also using social media for buyers; Everyone talks about meth. Everyone is selling meth."* Treatment providers most often reported the current availability of methamphetamine as '9,' while law enforcement most often reported it as '10;' the previous most common scores were '10.' A treatment provider remarked, *"I have seen a few people at the other agency I work at that use heroin and crack but that is taking a back seat to meth."*

Corroborating data indicated that methamphetamine is available in the Cincinnati region. The SBIRT program reported that of the 730 individuals in the Cincinnati region who reported substance use during the past 30 days, 11.8% reported using methamphetamine on one or more days. Hamilton County Coroner's Office reported that 13.9% of the 202 drug-related deaths it recorded this reporting period involved methamphetamine. Scioto County Coroner's Office reported that four of the 34 drug-related deaths it recorded this reporting period involved methamphetamine. In addition, ODPS reported seizing 194.8 kilograms (429.5 lbs.) of methamphetamine from this region during the past six months.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. OSHP seized 114 grams of methamphetamine during a traffic stop on Interstate 75 in Warren County after a K-9 officer alerted to the presence of drugs in the vehicle; officers arrested one man for possession and trafficking in a controlled substance (www.statepatrol.ohio.gov, Aug. 6, 2018). A judge with U.S. Southern District Court heard




guilty pleas from seven individuals involved a conspiracy to smuggle methamphetamine into the Chillicothe Correctional Institution (Ross County); among those facing sentencing were three inmates and a former correction officer (www.chillicothegazette.com, Aug. 15, 2018). While conducting a traffic stop for a lane violation on State Route 73 near Middletown (Butler County), OSHP seized 70 grams of methamphetamine and two firearms; officers arrested a man for felony possession and trafficking in methamphetamine (www.cincinnati.com, Aug. 20, 2018). A Deputy of the Lawrence County Sheriff's Department responded to a shoplifting call in Fayette Township and arrested a man for misdemeanor theft and felony possession of methamphetamine (www.hearld-dispatch.com, Oct. 25, 2018).

While participants reported that methamphetamine is available in crystal and powdered forms throughout the region, they noted that crystal methamphetamine remains more prevalent. The powdered form of methamphetamine is typically referred to as "shake-and-bake," which means users are producing the drug in a single sealed container, such as a two-liter soda bottle. By using common household chemicals along with ammonium nitrate (found in cold packs) and pseudoephedrine (found in some allergy medications), people who make methamphetamine can produce the drug in approximately 30 minutes in nearly any location. A participant observed, *"Every once in a while, you hear about shake-and-bake."*

Participants and community professionals reported that the availability of crystal methamphetamine has increased during the past six months. Participants commented: *"You can walk down the street and get it ... right in the parking lot here; There is just so much of it; [Law enforcement is] cracking down so much on heroin, that they're letting up on crack downs on methamphetamine; Everyone's trying to get off dope (heroin) so they start doing meth, they are strung out on meth."*

A treatment provider shared, *"A lot of clients are using meth and heroin ... for a 'speedball' (concurrent or consecutive stimulant and sedative highs)."* A law enforcement officer explained, *"The cartels have synthesized and made [crystal methamphetamine] more pure, and they are actually putting it out with heroin, so the information we are getting is the cartels will give you heroin, but you must take the methamphetamine as well."* BCI crime labs reported that the incidence of methamphetamine

cases they process from this region has increased during the past six months.

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

Participants most often rated the current overall quality of methamphetamine as '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '5.' Participants stated: *"It always got me high; Big 'chards' (crystal methamphetamine) is better than 'shakes' (shake-and-bake) ... shakes is 'cut' adulterated."*

Participants discussed adulterants (aka "cuts") that affect the quality of methamphetamine and reported the following as cutting agents for the drug: bath salts (synthetic cathinones), brake fluid, carfentanil (horse tranquilizer), fentanyl, hornet killer, morphine and rat poison. Participants remarked: *"People put fentanyl in it; I see meth or 'fleece' (a rip-off substitute for methamphetamine).... I had tested positive for morphine when I didn't do anything but meth."* Overall, participants reported that the quality of methamphetamine has decreased during the past six months. One participant noted, *"Quality has decreased because everyone and their brother is doing it ... so many people want it, so they just cut the crap out of it to make it go farther."*

Methamphetamine	Cutting Agents Reported by Crime Lab
	<ul style="list-style-type: none"> ● dimethyl sulfone (DMSO; dietary supplement) ● magnesium sulfate (Epsom salts)

Reports of current prices for methamphetamine variable among participants with experience buying the drug.

Reportedly, the most common amount of purchase is an "eight ball" (1/8 ounce).

Methamphetamine	Current Prices for Methamphetamine	
	Powdered and Crystal:	
	1/2 gram	\$20-50
	A gram	\$35-80
1/8 ounce (aka "eight ball")	\$60-80	

The most common route of administration for methamphetamine remains intravenous injection (aka "shooting"). Participants estimated that out of 10 methamphetamine users, eight would inject and two would snort the drug. A participant observed, *"The longer you use it, the more likely you are to inject it."*




A profile for a typical methamphetamine user did not emerge from the data. While some participants and community professionals continued to describe typical methamphetamine users as white people from rural areas, many respondents noted that methamphetamine users are anyone. Participants commented: *"I have seen homeless people, black people, lawyers, across the board; Gay men are using ice; Lower income families are using ice; Single moms got a couple kids, you need to stay up [are using ice]."* Treatment providers shared: *"Appalachian, young men 18 to 20s, city and rural; Caucasian 20s and 30s; Very seldom hear African Americans using meth."* A law enforcement officer commented, *"Now [methamphetamine] is starting to make its way into the city."*

Prescription Stimulants

Prescription stimulants are moderately available for illicit use in the region. Participants most often reported the current street availability of these drugs as '5' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '8.' Treatment providers most often reported the current street availability of prescription stimulants as '5,' while law enforcement most often reported it as a '4,' the previous most common scores were '5.' A law enforcement officer remarked, *"Not heard too*

much about Adderall® or Ritalin®. Usually, when you hear that, it is in schools ... not too much dealing on the street." Participants and community professionals reported that the general availability of prescription stimulants has remained the same during the past six months.

BCI crime labs did not report any cases of methylphenidate (Ritalin®) for this region during the past six months, and very few cases of amphetamine (Adderall®) and lisdexamfetamine (Vyvanse®).

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




Participants did not report obtaining prescription stimulants for illicit use; therefore, they could not report current pricing information or route of administration for illicit use. Treatment providers described typical illicit prescription stimulant users as young people. A treatment provider shared, *"Younger people are taking it. Some college students ... older people are going to meth."*

Ecstasy

Ecstasy (methylenedioxyamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) remains available in the region. Participants most often reported the current availability of the pressed tablet form of ecstasy as '2' and of "molly" (powdered MDMA) as '6' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were '3-4' and '7,' respectively. Community professionals did not report on the current availability of ecstasy and molly; the previous most common availability scores were '8.' A treatment provider stated, *"Molly and ecstasy, not so much [available]."* Law enforcement commented: *"Haven't heard much about that in a long time; See it occasionally at concert venues."*

Participants reported the availability of ecstasy/molly has remained the same during the past six months. BCI

crime labs reported processing very few cases of MDMA (ecstasy/molly) from this region during the past six months.

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

Reports of current prices for ecstasy were consistent among participants with experience buying the drug; participants did not report current pricing for molly. Overall, participants reported that the price of ecstasy has remained the same during the past six months.

Ecstasy/Molly	Current Prices for Ecstasy/Molly	
	Ecstasy:	
	Low dose (aka "single stack")	\$6
	Medium dose (aka "double stack")	\$12

Participants reported that the most common route of administration for ecstasy and molly remains oral consumption. Participants and community professionals described typical ecstasy and molly users as young people. A law enforcement officer added, *"Predominantly college students."*

Other Drugs in the Cincinnati Region

Participants and community professionals listed a variety of other drugs as being present in the region, but these drugs were not mentioned by the majority of people interviewed: hallucinogens (lysergic acid diethylamide [LSD]), kratom (mitragynine), Neurontin® (gabapentin) and synthetic marijuana (synthetic cannabinoids). In addition, BCI crime labs reported that the incidence of U-47700 (synthetic opioid) cases they process from this region has decreased during the past six months. BCI crime labs also reported that the incidence of synthetic cathinones ("bath salts") they process from this region

has slightly decreased during the past six months, although still very few cases.

Hallucinogens

Participants did not report on the current availability of hallucinogens. One treatment provider 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 not reported. The treatment provider reported that the availability of LSD has increased during the past six months. BCI crime labs reported that the incidence of LSD cases they process from this region has remained the same during the past six months, although still very few cases. The treatment provider described typical hallucinogen users as males aged 20s.

Kratom

Kratom (mitragynine, a psychoactive plant substance) is available in the region. Participants did not report on the current availability of kratom. One treatment provider reported the current availability of kratom 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 not reported. The provider shared, *"You can go right down to the smoke shop here [and obtain kratom]... It is the cure all. It helps you stay awake, it helps with your back pain ... helps with opioid withdrawal."* The provider reported that the availability of kratom has increased during the past six months, and attributed increased availability to, *"Increased advertising."*

Neurontin®

Neurontin® (gabapentin, an anticonvulsant and nerve pain medication) is available for illicit use in the region. Participants most often reported the drug's current street availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10.' Community professionals did not report on the current availability of Neurontin®. Participants reported that the street availability of Neurontin® has increased during the past six months.

A participant shared, *"It's increased because it took over (replaced) the pain meds."* Reportedly, Neurontin® 600 mg

sells for \$1-2 per pill. The most common route of administration for illicit use of Neurontin® is oral consumption. However, one participant added, *"Some people have snorted it."* A profile for a typical Neurontin® user did not emerge from the data. One participant stated, *"You are prescribed it after you're off heroin."*

Synthetic Marijuana

Synthetic marijuana (synthetic cannabinoids) is available in the region. Participants most often reported the current availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was not reported. Participants stated: *"You could go to the [gas station] and get it along with everything else you wanted; A lot of my friends are OD'ing (overdosing) on it."* Community professionals did not report on the current availability of synthetic marijuana. However, law enforcement stated: *"We haven't seen too much with that; We don't deal with synthetic marijuana."*

Participants and community professionals did not report on a change in availability for synthetic marijuana during the past six months. BCI crime labs reported processing very few cases of synthetic cannabinoids from this region during the past six months. The most common route of administration for synthetic marijuana is smoking. A profile for a typical synthetic marijuana user did not emerge from the data.

Conclusion

Crack cocaine, fentanyl, heroin, marijuana, methamphetamine, powdered cocaine and Suboxone® (buprenorphine) remain highly available in the Cincinnati region. Changes in availability during the past six months include: increased availability for fentanyl and methamphetamine.

While the availability of heroin has remained high, participants reported that the availability of heroin has decreased during the past six months. Participants explained that heroin has been supplanted by a cheaper alternative, fentanyl. However, participants noted gray powdered heroin, believed to contain fentanyl, as the

most available and popular heroin type in the region. Respondents discussed adulterants (aka “cuts”) that affect the quality of heroin and reported that the top cutting agent for the drug remains fentanyl. A participant shared, *“They put brown sugar in [fentanyl] and act like it’s real heroin.”* A treatment provider remarked, *“It’s not even really heroin in this area . . . it’s mainly fentanyl.”*

Corroborating data indicated that fentanyl is highly available in the Cincinnati region. Hamilton County Coroner’s Office reported that 77.7% of the 202 drug-related deaths it recorded this reporting period involved fentanyl; Scioto County Coroner’s Office reported that 58.8% of the 34 drug-related deaths it recorded this reporting period involved fentanyl. In addition, Ohio Department of Public Safety (ODPS) reported seizing 30.3 kilograms (66.7 lbs.) of fentanyl from this region during the past six months.

Reportedly, although the high produced from fentanyl does not last as long as the high produced by heroin, many users now prefer fentanyl for its potency over heroin. One participant remarked, *“I know more people who just don’t want heroin, they want fentanyl.”* Law enforcement also discussed fentanyl as an additive to other illicit drugs such as crack cocaine and methamphetamine. A treatment provider stated, *“[Fentanyl] is in everything.”*

Participants and community professionals reported that the availability of crystal methamphetamine has

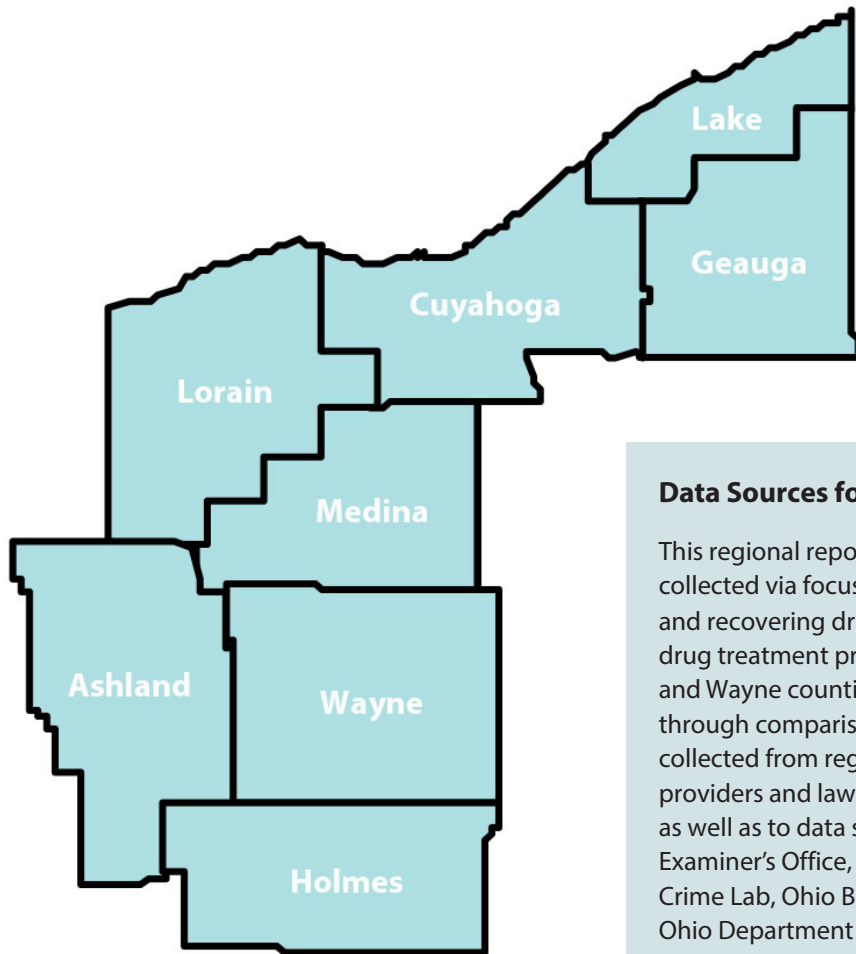
increased during the past six months. Participants discussed that law enforcement efforts have been focused on opiates, and as a result dealers and users are switching focus to methamphetamine and other stimulant drugs. Participants also reported individuals using methamphetamine to come off heroin. One participant started, *“Everyone’s trying to get off dope (heroin) so they start doing meth, they are strung out on meth.”*

Treatment providers discussed an increase in users simultaneously using heroin and methamphetamine to “speedball” (concurrent or consecutive stimulant and sedative highs). Law enforcement attributed the increase in methamphetamine availability to drug cartels forcing the drug on users in the region. An officer reported, *“The cartels will give you heroin, but you must take the methamphetamine as well.”* BCI crime labs reported that the incidence of methamphetamine cases they process from this region has increased during the past six months. ODPS reported seizing 194.8 kilograms (429.5 lbs.) of methamphetamine from this region during the past six months.

Lastly, participants reported high current availability of Neurontin® (gabapentin) for illicit use as well as high availability of synthetic marijuana (synthetic cannabinoids); treatment providers discussed increased availability and use of kratom (mitragynine) during the past six months.



Drug Abuse Trends in the Cleveland Region



Regional Epidemiologist:
Jamie Cammilletti, MPH

Data Sources for the Cleveland Region

This regional report was based upon qualitative data collected via focus group interviews. Participants were active and recovering drug users recruited from alcohol and other drug treatment programs in Cuyahoga, Lake, Lorain, Medina and Wayne counties. Data triangulation was achieved through comparison of participant data to qualitative data collected from regional community professionals (treatment providers and law enforcement) via focus group interviews, as well as to data surveyed from Cuyahoga County Medical Examiner’s Office, Cuyahoga County Crime Lab, Lake County Crime Lab, Ohio Bureau of Criminal Investigation (BCI) and Ohio Department of Public Safety (ODPS), which logs drug task force seizures from across Ohio. All secondary data are summary data of cases processed from January to June 2018. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for July through December 2018.

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

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Regional Profile

Indicator ¹	Ohio	Cleveland Region	OSAM Drug Consumers
Total Population, 2017	11,689,442	2,272,467	47
Gender (female), 2017	51.0%	51.6%	31.9%
Whites, 2017	82.2%	76.7%	72.3% ²
African Americans, 2017	12.9%	18.7%	19.1% ²
Hispanic or Latino Origin, 2017	3.8%	5.4%	6.4% ³
High School Graduation Rate, 2013-17	89.8%	89.1%	77.3% ⁴
Median Household Income, 2013-17	\$52,407	\$59,400	\$16,000 to \$20,999 ⁵
Persons Below Poverty Level, 2013-17	14.0%	14.5%	46.8% ⁶

¹ Ohio and Cleveland region statistics were derived from the most recent US Census; OSAM drug consumers were participants for this reporting period: June 2018 - January 2019.

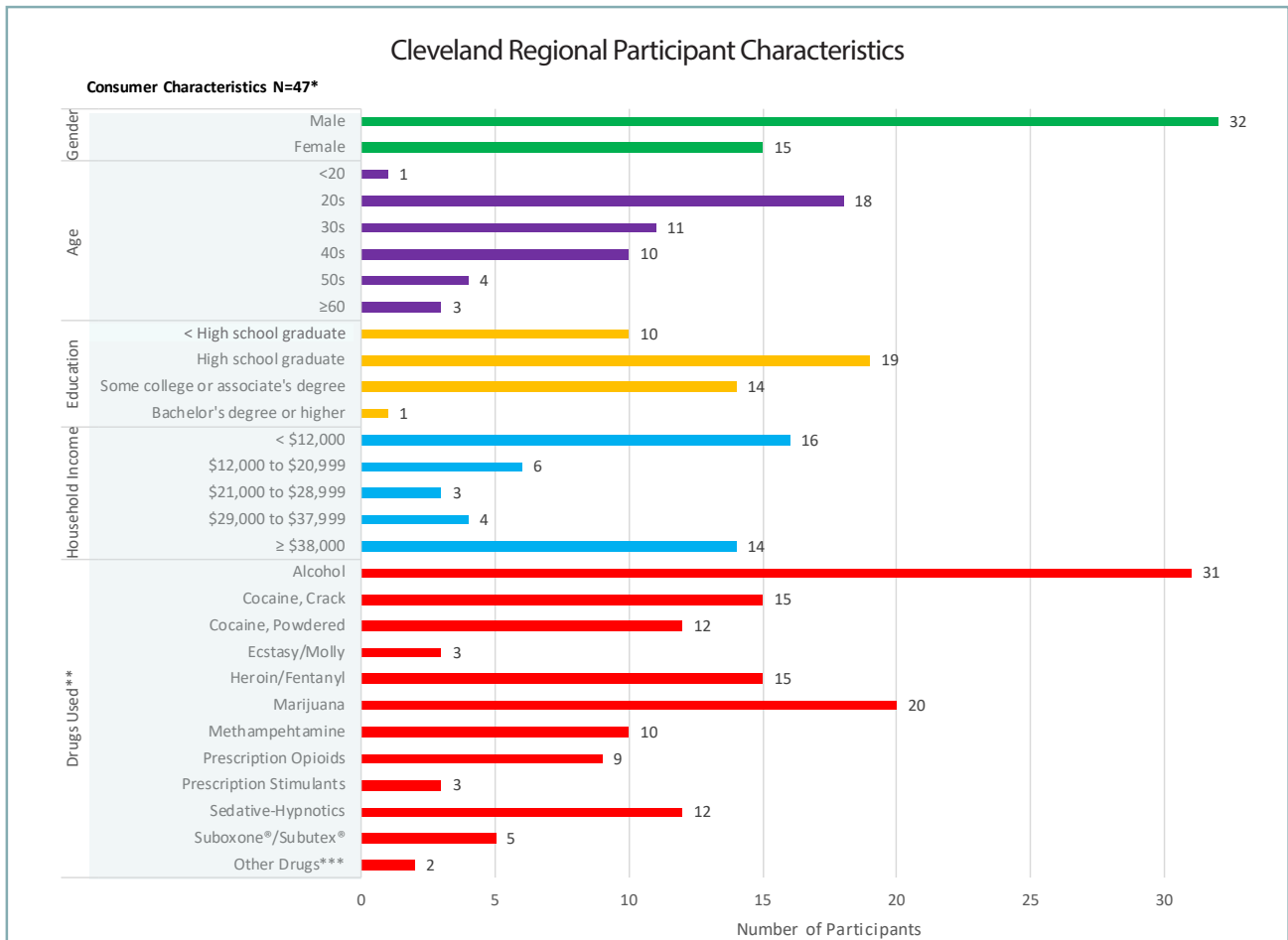
² Race was unable to be determined for 1 participant due to missing and/or invalid data.

³ Hispanic or Latino Origin was unable to be determined for 1 participant due to missing and/or invalid data.

⁴ Education level was unable to be determined for 3 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 the previous year. Income was unable to be determined for 4 participants 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.



*Not all participants filled out forms completely; therefore, numbers may not equal 47.

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

***Other drugs included: lysergic acid diethylamide (LSD) and Neurontin® (gabapentin).

Historical Summary

In the previous reporting period (January – June 2018), crack cocaine, fentanyl, heroin, marijuana, methamphetamine and Neurontin® (gabapentin) remained highly available in the Cleveland region. Changes in availability during the reporting period included: increased availability for methamphetamine and powdered cocaine; decreased availability for prescription opioids; and possible decreased availability for Suboxone® (buprenorphine).

While heroin and fentanyl remained highly available, respondents indicated that fentanyl was easier to obtain than heroin. Moreover, the consensus was that heroin not adulterated with fentanyl had become difficult to obtain. Participants and community professionals continued to report powdered heroin as the most available type of heroin in the region; and they noted that white powdered heroin was typically cut with fentanyl or was fentanyl sold in place of heroin. Participants discussed that the overall quality of heroin was poor; hence, fentanyl was added to heroin to boost its potency. Participants and community professionals also reported the presence of heroin cut with carfentanil (synthetic opioid significantly more potent than fentanyl).

Participants reported that the availability of fentanyl had increased during the reporting period, attributing the increase to greater demand for the drug, while noting that fentanyl was considerably cheaper than heroin; and thus, extremely appealing to dealers who could sell it as heroin at heroin prices. Participants explained that fentanyl was shorter acting than heroin, meaning the high it produced did not last as long, so users needed more of the drug to maintain a high and to avoid experiencing withdrawal symptoms.

Corroborating data indicated that fentanyl was highly available in the region. Cuyahoga County Medical Examiner's Office reported that 53.8% of the 316 drug overdose deaths it processed during the reporting period involved fentanyl/fentanyl analogues; 29.7% of these deaths involved carfentanil. In addition, all participating crimes labs reported that the incidence of carfentanil cases they processed from this region had increased during the reporting period. Law enforcement warned that fentanyl was used to adulterate many drugs, not just

heroin. One law enforcement officer stated, *"They're putting this fentanyl in cocaine, they're putting it in heroin ... everything has fentanyl."* A few participants discussed that some drug dealers pressed counterfeit pills with fentanyl and sold them as prescription opioids.

The availability of illicit stimulant drugs, particularly that of methamphetamine, had increased during the reporting period. Crystal methamphetamine continued to be the more available form of methamphetamine in the region. Law enforcement discussed that the drug was brought into the region from other states and Mexico, sometimes shipped via U.S. postal services. They also discussed that there was an increase in the number of dealers selling the drug and a trend in dealers selling methamphetamine as other drugs such as "molly" (powdered MDMA).

All respondent groups noted heroin users were transitioning to methamphetamine and cocaine use out of fear of fentanyl overdose and due to medication-assisted treatment (MAT) with Vivitrol®, which, while blocking opiate use, allowed for stimulant use. Treatment providers commented that a high proportion of users entering treatment had methamphetamine in their recent use history. One provider said, *"It's very rare to see a new client coming in that doesn't test positive for meth."* Treatment providers also noted that methamphetamine was particularly difficult for clients to stop using.

Lastly, corroborating data indicated that illicit stimulant drugs were highly available in the region. Cuyahoga County Medical Examiner's Office reported that 47.5% of the 316 drug overdose deaths it processed during the reporting period involved cocaine. In addition, Lake County and Cuyahoga County crime labs reported that the incidence of methamphetamine cases they process had increased during the reporting period. Participants and community professionals most often described typical methamphetamine users as white people, aged 20-30s and heroin users.

Current Trends

Powdered Cocaine

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

impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10.' One participant stated, "Any area I go to, it's really accessible."

Treatment providers most often reported the current availability of powdered cocaine as '9,' while law enforcement most often reported it as '6,' the previous most common scores were '8' for treatment providers and '6-7' and '8-9' for law enforcement. Treatment providers commented: "If someone wants it, they can get it; It's the main ingredient in 'crack' (crack cocaine), you can find [crack] anywhere; I'll go out to the bars and there's people selling [powdered cocaine] at the bars." However, one provider remarked, "It's easier for somebody to scrape up \$20 for crack than \$100 for a gram [of powdered cocaine]." A law enforcement commented, "It's fairly available, but it doesn't seem to be as available as crack cocaine or heroin or even pills."




Corroborating data indicated that powdered cocaine is available in the Cleveland region. Cuyahoga County Medical Examiner's Office reported that 42.1% of the 259 drug-related deaths it recorded this reporting period involved cocaine (powdered and/or crack cocaine). In addition, the Ohio Department of Public Safety (ODPS) reported seizing 38.5 kilograms (85.0 lbs.) of powdered cocaine from this region during the past six months.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Cleveland Police, responding to reports of an unresponsive body in a downtown hotel room, found a man dead from an apparent drug overdose; officers recovered three baggies of cocaine from the hotel room (www.cleveland.com, July 17, 2018). North Ridgeville Police (Lorain County), responding to a call from a gas station clerk about an impaired driver, caught up with and stopped a vehicle along State Route 57, seizing a small amount of cocaine; officers arrested the driver of the car for traffic violations, possession of a controlled substance, drug paraphernalia, failure to comply with the arresting officer's orders and OVI (operating a vehicle under the influence of alcohol and/or other drugs) (www.cleveland.com, July 29, 2018).

Participants and community professionals reported that the availability of powdered cocaine has remained the same during the past six months. A law enforcement

commented, "Availability doesn't seem to have changed ... it's prevalent, but it's not the most prominent drug."

Ohio Bureau of Criminal Investigation (BCI) and Lake County crime labs reported that the incidence of cocaine cases they process from this region has decreased during the past six months, while Cuyahoga County Crime Lab reported that the incidence of cocaine cases it processes has increased. The labs do not differentiate between powdered and crack cocaine.

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

Participants most often rated the current overall quality of powdered cocaine as '6' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '8.' Participants observed: "I know one guy with the best stuff, and I know one guy with the worst stuff.... You don't know what you're getting; By the time it gets in the hands of the users, it's been 'cut' (adulterated) so many times, it doesn't have a high purity at all."

Participants discussed adulterants (aka "cuts") that affect the quality of powdered cocaine and they reported the top cutting agent for the drug as fentanyl. Other adulterants mentioned included: Miami Ice® (powder found at head shops and sold as carpet deodorizer) and NoDoz® (caffeine supplement). Participants reported: "A lot of times they like to cut it with pills called NoDoz®, it's kind of like a speed pill, but you can definitely tell the difference between an actual 'coke' (powdered cocaine) high compared to coke that's cut with NoDoz®; Miami Ice®, it gives you the same numbness feeling as if it was real cocaine." Overall, participants reported that the quality of powdered cocaine remained the same during the past six months.

Powdered Cocaine	Cutting Agents Reported by Crime Lab	
	<ul style="list-style-type: none"> ● atropine (prescription heart medication) ● caffeine ● levamisole (livestock dewormer) ● local anesthetic (benzocaine, lidocaine and procaine) ● phenacetin (banned analgesic) ● triacetin (triglyceride) 	

Reports of current prices for powdered cocaine were variable among participants with experience buying the drug. Reportedly, the most common quantity of purchase is a gram. Overall, participants reported that the price of powdered cocaine has remained the same during the past six months. However, a participant added, “[Price] just depends on who you go to.”

Powdered Cocaine	Current Street Prices for Powdered Cocaine	
	A gram	\$50-100
	1/16 ounce (aka “teener”)	\$100-150
	1/8 ounce (aka “eight ball”)	\$150-250

The most common route of administration for powdered cocaine remains snorting. Participants estimated that out of 10 powdered cocaine users, eight would snort and two would intravenously inject (aka “shoot”) the drug. One participant remarked, “Most people snort it.”

Participants described typical powdered cocaine users as white-collar professionals and young adults between 18 and 25 years of age who are experimenting. Participants remarked: “If you’re buying coke, you got a little money; You got prestige and a suit; It’s very social now.” Community professionals described typical powdered cocaine users as of middle to higher socio-economic status and white people. They commented: “People who snort powdered cocaine are more sophisticated and have a better stature financially than [people who use] other street narcotics; People that have an income that could maintain that kind of habit.”

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 also ‘10.’ Participants stated: “There’s a mass amount of it around, usually at all times; It’s so easy to get; You just turn and walk down the street and you’re gonna have someone beep the horn [offering a free sample of crack cocaine], ‘Come here, you wanna test this?’”




Treatment providers most often reported the current availability of crack cocaine as ‘10,’ while law enforcement most often reported it as ‘8;’ the previous most common score was ‘5’ for treatment providers and law enforcement. Treatment Providers remarked: “In Cuyahoga County you have to run away from the crack dealer. If you drive through certain parts of Cleveland [and] you get lost, and you’re white, they will come up to your car thinking you’re only there to buy [crack cocaine]; I work with clients who tell me it’s easy to get” One law enforcement officer noted, “Crack cocaine is making a comeback. It’s being used by heroin users as an upper as a way to come back from the down (depressant effect of heroin use).”

Corroborating data indicated that crack cocaine is available in the Cleveland region. Cuyahoga County Medical Examiner’s Office reported that 42.1% of the 259 drug-related deaths it recorded this reporting period involved cocaine (crack and/or powdered cocaine). In addition, ODPS reported seizing 324.4 grams (0.7 lbs.) of crack cocaine from this region during the past six months.







Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Berea Police (Cuyahoga County) conducted a traffic stop for expired license plates and discovered the driver had outstanding warrants; officers searched the vehicle and seized 16 hypodermic needles, a crack cocaine pipe and a marijuana pipe, leading police to arrest the driver for possession of drug paraphernalia and driving with expired plates and a suspended license (www.cleveland.com, July 19, 2018). A detective with Cleveland Police observed suspicious activity in a parking lot that led to a traffic stop after the driver noticed a marked police car approach and attempted to drive away; the detective arrested the driver for drug possession after police found suspected crack

cocaine in the car's center console and a glass pipe (www.cleveland.com, July 25, 2018). Ashland Police (Ashland County) responded to a call of suspected drug activity and stopped a suspicious vehicle, arresting a man and woman for possession of cocaine and trafficking in drugs; the teenage son of the woman who was in the car at the time of their arrest was placed in custody of Children Services, and additional drug trafficking evidence was seized from the woman's apartment in Ashland (www.mansfieldnewsjournal.com), (Aug. 2, 2018). Elyria Police (Lorain County) conducted a traffic stop and found the woman driving to be in possession of a small baggie with white powder that the woman claimed was sugar she planned to sell as crack cocaine, while the passenger was found in possession of a 1/10 gram "rock" (piece of crack cocaine) that tested positive for cocaine; the driver and the passenger arrested and charged with counterfeit controlled substance and possession of cocaine and drug paraphernalia, respectively (www.newes5cleveland.com, Aug. 8, 2018). Westlake Police (Cuyahoga County) responded to a report of a car theft at a motel and noticed suspected crack cocaine and drug paraphernalia in the caller's room when speaking with him about the car theft; officers arrested the man for possession of cocaine and drug paraphernalia (www.cleveland.com, Sept. 28, 2018).

Participants and treatment providers reported that the availability of crack cocaine has remained the same during the past six months, while law enforcement reported that it has increased. One law enforcement officer observed, "More and more people we are [drug] testing ... test positive for cocaine..." BCI and Lake County crime labs reported that the incidence of cocaine cases they process from this region has decreased during the past six months, while Cuyahoga County Crime Lab reported that the incidence of cocaine cases it processes has increased. The labs do not differentiate between crack and powdered cocaine.

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

Participants most often rated the current overall quality of crack cocaine as '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was also '7.' Participants discussed: "[Quality is] hit or miss depending on how they cook it. Consistently it's been alright; Depends who you're getting it from." Participants reported that crack cocaine in the region is adulterated (aka "cut") with baking soda, fentanyl and methamphetamine. One participant stated, "[Crack] is being mixed with fentanyl, making it stronger and more addictive. That's good for the 'dope boy' (drug dealer), but not for the users." Overall, participants reported that the quality of crack cocaine has remained the same during the past six months.

Cutting Agents Reported by Crime Lab	
Crack Cocaine	 atropine (prescription heart medication)
	 caffeine
	 levamisole (livestock dewormer)
	 local anesthetic (benzocaine, lidocaine and procaine)
	 phenacetin (banned analgesic)
	 triacetin (triglyceride)

Current prices for crack cocaine were reported by participants with experience buying the drug. Reportedly, the most common quantity of purchase is 1/10-2/10 gram (aka "rock"). Participants shared: "Crack really doesn't get sold by weight too much. They carry it by the bag and break off [pieces to sell]; It's not about unit of measure as it is size and amount of 'stones' (rocks of crack cocaine) that you get; Generally, the rule of thumb is a rock is \$20." Overall, participants reported that the price of crack cocaine has remained the same during the past six months.

Current Street Prices for Crack Cocaine		
Crack Cocaine	1/10 gram-2/10 gram (aka "rock")	\$10-20
	A gram	\$60-80
	1/16 ounce (aka "teener")	\$100-150
	1/8 ounce (aka "eight ball")	\$200-220

The most common route of administration for crack cocaine remains smoking. Participants estimated that out of 10 crack cocaine users, nine would smoke and one would intravenously inject (aka “shoot”) the drug. Participants explained: *“If they got crack, they’re going to smoke it; They use vinegar as a neutralizer for crack. They break down the crack ... turn it into a liquid form and start shooting”*

Participants described typical crack cocaine users as people aged 40 years and older and of low socio-economic status. Participants remarked: *“It’s so darn cheap and it’s so readily available; Usually the older crowd, 40s and up.”* Community professionals described typical crack cocaine users also as of low socio-economic status but noted use more often among African-American people. One treatment provider added, *“In talking to clients who prefer [crack] cocaine, 40s and 50s, it was very popular in the eighties and these individuals started their drug use then, they liked the effects of [crack] cocaine and continued to use it.”* Law enforcement reported: *“[Crack cocaine users are] a little more down and out, lower economic class; Mostly African-American.”*

Heroin

Heroin remains highly available in the region. Participants most often reported the current availability of the drug as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was also ‘10.’ A participant remarked, *“You can literally pull up in (travel to) big cities (Cleveland) and people come up, ‘You working for that boy?’ (looking for heroin?).”*

Treatment providers most often reported the current availability of heroin as ‘10,’ while law enforcement most often reported it as ‘9;’ the previous most common scores were ‘7’ and ‘9-10’ for treatment providers and ‘8’ for law enforcement. One treatment provider remarked, *“[Heroin is] available, that’s what they’re going for.”* One law enforcement officer noted, *“There are dealers that actually drive around and seek people out [to sell heroin to]. They see people that they think are either becoming ‘dope sick’ (experiencing withdrawal) or look like they’re addicts, and basically, they’re just asking them if they’re looking to buy drugs ... readily available.”*




Corroborating data indicated that heroin is available in the Cleveland region. The Cuyahoga County Medical Examiner’s Office reported that 40.3% of the 259 drug-related deaths it recorded this reporting period involved heroin; of these heroin-related deaths, 93.8% also involved fentanyl. In addition, ODPS reported seizing 670.8 grams (1.5 lbs.) of heroin from this region during the past six months.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Westlake Police (Cuyahoga County) responded to a call of suspicious activity and found the man in question to be unsteady, sweating and slurring his speech while he attempted to misinform officers; officers arrested the man for felony drug possession and misidentification after officers searched his vehicle that was left running with the doors open and hypodermic needles in plain view with suspected heroin, as well as methamphetamine and pills (www.patch.com, July 28, 2018). Cleveland Police arrested a man for aggravated vehicular homicide after he overdosed behind the wheel and crashed into a woman riding a scooter in downtown Cleveland that led to her death (www.cleveland.com, Aug. 20, 2018). Westlake Police responded to a call about unwanted house guests and drug usage; officers found two women in possession of heroin and needles and arrested them along with the resident who called for drug use and permitting drug use, respectively (www.patch.com, Sept. 25, 2018).

While many types of heroin are currently available in the region, participants and community professionals continued to report powdered heroin as most available. However, a participant noted, *“Heroin and fentanyl are one in the same anymore.”* One law enforcement officer observed, *“We’re not seeing black tar or brown powder [heroin], we’re seeing a lot of gray powder, purplish tinted, and pink powder.”* Another officer stated, *“We don’t see black tar heroin here. In the ten years I’ve been in law enforcement, I think I’ve seen it once ... most of our [heroin cases] are off-white powder heroin.”* Regarding black tar heroin, a participant commented, *“I’ve seen [black tar heroin], but not often.... I saw black tar heroin a few weeks ago, ‘Mexican mud’ they call it. It’s very hard to come by....”*

Participants and community professionals reported that the availability of heroin has remained the same during the past six months. Cuyahoga County Crime Lab

reported that the incidence of heroin cases it processes from this region has increased during the past six months, while BCI and Lake County crime labs reported that the incidence of heroin cases they process has decreased or remained the same. The labs reported processing beige, blue, brown, gray, purple, tan and white powdered heroin as well as black tar heroin.

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

Participants most often rated the current overall quality of heroin as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common scores were '1-2' and '10.' However, quality ratings were dependent on personal preference towards fentanyl. Participants shared: "[More fentanyl] makes [heroin] way better; The chance of getting good quality heroin is very slim. That's why overdoses happen because people get junk ... then when they do get a good one, their bodies aren't used to it; The quality of heroin ... we don't know [what it is]."

Participants discussed adulterants (aka "cuts") that affect the quality of the drug and reported that the top cutting agent for heroin remains fentanyl. A participant remarked, "It's not heroin, it's fentanyl." A treatment provider remarked, "I don't think users actually know what it is. They just buy it and do it and don't care."

Additional cuts mentioned included: aspirin, baby formula, baby laxatives, carfentanil, cosmetics, prescription opioids (Percocet®), powdered sugar, salt, sedative-hypnotics (Xanax®), sugar, trazodone (prescribed sedative and antidepressant) and Tylenol®. Participants discussed: "You don't know [what you get with heroin] until you end up hittin' (using) it. And, some people don't take the time to do like a warm up (tester of heroin) to see how it's gonna affect them.... When you don't use responsibly, or you're careless about it ... that's why you're seeing [overdose] happen so much; I pissed dirty (screened positive on a drug screen) for trazodone, barbiturates, Xanax®... they put all types of cut with that stuff." Overall, participants reported that the quality of heroin has remained the same during the past six months.

Cutting Agents Reported by Crime Lab	
Heroin	● acetaminophen
	● caffeine
	● cocaine
	● diphenhydramine (antihistamine)
	● fentanyl
	● inositol (dietary supplement)
	● lidocaine (local anesthetic)
	● mannitol (diuretic)
	● methamphetamine
	● papaverine (vasodilator)
	● quinine (antimalarial)
	● sorbitol (artificial sweetener)
● tramadol	
● xylazine (animal sedative)	

Reports of current prices for heroin were variable among participants with experience purchasing the drug. Reportedly, the most common quantities of purchase are 1/2 gram and a gram. Overall, participants indicated that the price of heroin has remained the same during the past six months; however, one participant observed, "[Price has decreased for heroin because] not as many people are buying it because they're switching over to meth."

Current Street Prices for Heroin		
Heroin	Powdered:	
	1/10 gram (aka "point")	\$10-20
	1/2 gram	\$40-60
	A gram	\$80-150

The most common route of administration for heroin remains intravenous injection (aka "shooting"). Participants estimated that out of 10 heroin users, nine would shoot and one would snort the drug. Participants discussed: "[Certain drug houses] they call 'shooting galleries.' It's a dollar to get in and a dollar to use the syringes. So, if you go there, everybody's shooting.... At a shooting gallery everyone's coming to shoot. At a bar, you go in the bathroom and snort. At parties, they say we got the heroin over there, the cocaine over there, go get what y'all want and most of them are going to snort it because they have this

persona they have to live up to. I don't shoot 'dope' (heroin), I snort dope; When you first start off doing heroin, you're going to snort it or smoke it. [Route of administration] depends what stage [of use/addiction] you're in; Ten people would shoot it, and all use the same needle."

Participants most often described typical heroin users as white people in their 20s and 30s. Participants observed: *"I've been all over the place shootin' dope ... I don't see a lot of African-American men shooting [heroin].... I don't see them shooting as prevalently as white males and white females. They'd rather smoke crack; I just got released from the institution and I've seen more guys, 20-year-old, white drug addicts. I said, 'How you become a drug addict at 18 [years of age]?' My mom. My mom's drugs, her Percocet®, her Vicodin®; There's more whites doing it than blacks; 18- to 80-year olds ... but primarily people in their 20s and 30s."*

Community professionals could not provide a profile of a typical heroin user. Treatment providers commented: *"[Heroin use is] across the board, the next door neighbor, someone under the bridge (homeless people), high school kids; Everyone's a risk, especially if you've been hospitalized."* Law enforcement officers added: *"All economic realms, suburbs, rich and poor neighborhoods, white, male or female, a lot of times they're younger; Young people with average age of 18-30 [years] being most common."*

Fentanyl

Fentanyl remains highly available in the region. Participants most often reported the current availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10.' Participants discussed: *"Fentanyl is [to heroin] what crack is to cocaine, very cheap, very available; Heroin and fentanyl are one in the same anymore; The demand is up for heroin with fentanyl because it's cheaper and easier to get; The high [with fentanyl] is shorter lasting, so you need to keep doing more, that's why the demand is up; I have no idea how to differentiate [between heroin and fentanyl]. It's all so mixed."*

Treatment providers most often reported the current availability of fentanyl as '10,' while law enforcement most often reported it as '6-7;' the previous most common scores were '6-7.' Treatment providers remarked: *"It's more available than heroin at this point; Drug dealers are passing*




it off as heroin and you don't know what you got till it's already in you." Law enforcement noted: *"Most of the people don't even know they're using it ... I've not had anyone say they're seeking fentanyl, or if they are, they're certainly not verbalizing it; We're actually coming across pills that are passed off as Percocet® ... but turns out to be pressed fentanyl... people end up overdosing from that, thinking they're taking Percocet®, or oxycodone, and it turns out to be fentanyl."*

Corroborating data indicated that fentanyl is available in the Cleveland region. Cuyahoga County Medical Examiner's Office reported that 68.7% of the 259 drug-related deaths it recorded this reporting period involved fentanyl/fentanyl analogues; 9.3% of these deaths involved carfentanyl. In addition, ODPS reported seizing 1,085.3 grams (2.4 lbs.) of fentanyl from this region during the past six months.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Elyria Police (Lorain County) and U.S. Drug Enforcement Administration (DEA) investigated the circumstances surrounding a man who was arrested for allegedly attempting to swallow 40 packages of fentanyl, totaling 400 grams, that were smuggled into the country; officers seized the fentanyl packages from a motel in Elyria (www.cleveland.com, July 17, 2018). A man was indicted in U.S. District Court in Cleveland following the conclusion of a joint Elyria Police and FBI investigation that led his arrest on charges of possession with intent to distribute narcotics and being a felon in possession of a firearm; officers seized 1.46 grams of fentanyl and 22 grams of crack cocaine from the man at the time of his arrest (www.patch.com, July 25-26, 2018). A South Euclid (Cuyahoga County) man was arrested in possession of 14 grams of heroin/fentanyl, 31 grams of heroin, 64 alprazolam (Xanax®) pills and firearms; the man allegedly sold fentanyl and heroin several times over the month prior and was charged with distribution, possession with intent to distribute drugs and two felony charges related to firearms (www.patch.com, July 26, 2018). The U.S. District Court in Pittsburgh, Pennsylvania heard a guilty plea from a Euclid (Cuyahoga County) resident to charges related to the distribution of fentanyl, following a five-month investigation involving federal agents and U.S. Postal inspectors that included the seizure of 10 grams of fentanyl (www.triblive.com, Aug. 13, 2018). Lake County Crime Lab reported a fifty percent increase during the

past six months in cases involving fake oxycodone pills containing fentanyl or carfentanil (www.news5cleveland.com, Sept. 11, 2018). Narcotics agents and several law enforcement agencies in Lorain County concluded a week-long investigation with the recovery of 118 grams of fentanyl and the arrest of one man for aggravated drug trafficking and trafficking in heroin (www.cleveland.com, October 16, 2018). A man was caught on security footage performing a hand-to-hand transaction outside a casino in downtown Cleveland and later arrested for distribution of fentanyl, cocaine and heroin; a baggie of a mixture of cocaine, heroin and fentanyl was found inside the hotel room of the fatally overdosed buyer of the drugs (www.news5cleveland.com, Oct. 24, 2018). Eight deputies of the Cuyahoga County Sheriff's Office serving an arrest warrant were taken to the hospital due to possible fentanyl exposure; one suspect was arrested (www.fox8.com, Nov. 7, 2018).

Participants and community professionals reported that the availability of fentanyl has remained the same during the past six months. BCI and Cuyahoga County crime labs reported that the incidence of fentanyl/fentanyl analogue cases they process from this region has increased during the past six months, while Lake County Crime Lab reported that the incidence of its cases has decreased. All three crime labs reported that the incidence of carfentanil cases they process from this region has decreased during the past six months.

Fentanyl	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 fentanyl as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '10.' Participants discussed adulterants (aka "cuts") that affect the quality of the drug and reported that the top cutting agent for fentanyl is heroin. Additional cuts mentioned included: cocaine, methamphetamine and sugar. Participants explained: "They have to 'step on' (adulterate) it or everybody would be dying, so they have cut

[fentanyl]; [Fentanyl is being used] with a low grade of heroin. You gotta understand that. You get some garbage heroin and you put some fentanyl with it, now you got the best stuff in town 'cause guess what, [the user is] gonna OD (overdose), and everyone's going to say, 'Where'd he get it from?;' What's really messed up is if somebody dies off of their fentanyl ... more people ... will come to that dealer because they know that their [dope] isn't fake." Overall, participants reported that the quality of fentanyl has remained the same during the past six months.

Reports of current prices for fentanyl were consistent among participants with experience purchasing the drug. Reportedly, the most common quantity of purchase is a 2/10 gram for \$20. In addition, participants discussed fentanyl sold in capsules. One participant reported, "They put [fentanyl] in capsules and sell it by the capsule. [My dealer] used to buy this stack of energy pills from like Circle K®, dump all the stuff out of [the capsules] and fill fentanyl into them. That way they were a cool color. You could know who you bought them from off of which capsule they had." Overall, participants indicated that the price of fentanyl has remained the same during the past six months.

The most common route of administration for fentanyl remains intravenous injection (aka "shooting"). Participants estimated that out of 10 fentanyl users, eight would shoot and two would snort the drug. Participants and community professionals described typical fentanyl users as heroin users, white people in their 20s and 30s. A treatment provider explained, "It's the same as heroin users, young, white, male and female. [Fentanyl use is] looked down upon with the black community in Cuyahoga County, but they'll deal it." A law enforcement officer added, "It's predominantly Caucasian ... for us it's predominantly Caucasian because it's the racial makeup of the county [Medina County] ... and men are overdosing [due to fentanyl] at a rate of three to one to women steadily."

Prescription Opioids



Prescription opioids are moderately to highly available for illicit use in the region. Participants most often reported the current street availability of these drugs as '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 '6.' Treatment providers most often reported the current street availability of prescription opioids as '3,' while law enforcement most often reported it as '5;' the previous most common scores were '5' and '6,' respectively.

Corroborating data indicated that prescription opioids are available for illicit use in the Cleveland region. Cuyahoga County Medical Examiner's Office reported that 13.9% of the 259 drug-related deaths it recorded this reporting period involved prescription opioids. In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. During a traffic stop, Solon Police (Cuyahoga County) searched a vehicle and recovered a small amount of marijuana and hydrocodone pills; officers arrested a man for felony drug abuse and driving without a license (www.patch.com, Oct. 12, 2018). Ohio State Highway Patrol (OSHP) conducted a traffic stop for speeding along Interstate 71 and seized 1,899 grams of oxycodone pills and marijuana from the stopped vehicle; two men were arrested for aggravated trafficking in drugs (www.norwalkreflector.com, Dec. 17, 2018).

Participants and community professionals identified Norco®, tramadol and Vicodin® as the most popular prescription opioids in terms of widespread illicit use. Participants stated: *"Norco® would be one of the easier ones to find; I've seen Vicodin®, Norco® and tramadol, but everything else is very rare nowadays; The doctors are cutting the 'perks' (limiting Percocet®). ... If you get some Percocet® from the doctor, they're monitoring it."* A treatment provider remarked, *"If you go to the dentist, they'll offer Norco® before they even offer Motrin®."*

Participants and community professionals reported that the general availability of prescription opioids has decreased during the past six months. A participant commented, *"You can't get a whole month's 'script' (prescription) anymore ... people can't sell them like they used to. ... [Doctors] do more pill counts (prescription monitoring)."* A treatment provider observed, *"More doctors are taking advantage of the OARRS (Ohio Automated Rx Reporting System) report and prescriptions are being monitored more."* Law enforcement concluded: *"I believe people can't get the pills (opioids) or they cost more and that's why they're doing heroin; Cases involving prescription opioids have decreased tremendously over the past year; They're not nearly as easy to come by. Pharmacies are much more vigilant checking for fake scripts. Doctors*

aren't prescribing as much." Cuyahoga County Crime Lab reported that the incidence of hydrocodone (Vicodin®), oxycodone (OxyContin®, Percocet®) and tramadol (Ultram®) cases it processes has increased during the past six months; Lake County Crime Lab reported increased incidence of tramadol cases. BCI crime labs reported that its incidence of cases for the aforementioned drugs has decreased or remained the same during the past six months. All crime labs reported processing very few cases of hydromorphone (Dilaudid®), methadone and oxymorphone (Opana®) during the past six months.

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


Reports of current street prices for prescription opioids were consistent among participants with experience buying the drugs. Reportedly, the majority of prescription opioids sell for \$1 per milligram. Participants commented: *"I've seen people pay \$1.50 to \$2 [per milligram] for Vicodin® because they were withdrawing so bad ... but generally it's \$1 per milligram for Vicodin®; Percocet® are \$1 per milligram; When they're harder to get, the price jacks up..."* Overall, participants indicated that the street price of prescription opioids has remained the same during the past six months.

Prescription Opioids	Current Street Prices for Prescription Opioids	
	Pharmaceutical fentanyl	\$20 for 25 mcg patch
	Opana®	\$35 for 10 mg \$50 for 15 mg
	OxyContin® OP	\$1 per milligram
	Percocet®	\$6-10 for 5 mg \$14-15 for 10 mg
Vicodin®	\$3 for 5 mg \$5 for 7.5 mg \$8-15 for 10 mg	

Participants reported obtaining prescription opioids for illicit use from people with prescriptions for them. Participants explained: *"A lot of people imagine that you get painkillers from big burly drug dealers, but I got them from little old ladies ... little old ladies that had cancer and couldn't pay their rent; I went to my friends [to obtain prescription opioids] ... my one friend, his mom had kidney cancer and he would just steal them from her.... She'd sleep so long that she wouldn't know that she didn't take a dose; My mom ... she's selling [her prescribed Percocet®] ... making at least \$1,200 on one prescription."* In addition, participants discussed that some dealers will sell counterfeit prescription opioids: *"[Drug dealers are] pressin' [prescription opioids] with fentanyl; Some people have stampers (pill presses) and they sell fake pills."*

The most common route of administration for illicit use of prescription opioids remains snorting. Participants estimated that out of 10 illicit prescription opioid users, eight would snort and two would intravenously inject (aka "shoot") the drugs. A profile of a typical illicit prescription opioid user did not emerge from the data. A participant shared, *"It could be anyone."* Treatment providers confirmed: *"Users are across the board; Same as heroin, everyone's a risk."* While law enforcement added: *"Anybody, anywhere from construction workers, doctors, kids stealing them from medicine cabinets; I don't think there is one [typical illicit user], I really don't."*

Suboxone®






Suboxone® (buprenorphine) remains moderately to highly available for illicit use in the region. Participants most often reported the current street availability of Suboxone® as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were '5-7' for the sublingual filmstrip form and '10' for the pill form. A participant stated, *"It's really possible to get because there are so many people [prescribed Suboxone®] ... they sell them like crazy."*

Treatment providers and law enforcement most often reported the current street availability of Suboxone® as '6'; the previous most common scores were '7-8' and '5,' respectively. Treatment providers remarked: *"I've watched clients get their scripts and people are waiting for them outside; It's as easy to get as heroin because people get on*

Suboxone® and they use it for currency ... they trade it for heroin and use it to get through withdrawal periods." Law enforcement noted: *"It's pretty common to find [Suboxone®] on arrests or search warrants related to heroin; Suboxone® has stayed on pace with the opiate epidemic for quite a while now."*

Participants and treatment providers reported that the street availability of Suboxone® has increased during the past six months. A participant commented, *"People are getting in [legal] trouble and in order to get out of trouble, you could [agree to] be on a Suboxone® program, but they don't really want to get better, so they just take the Suboxone®, pass the drug tests, and sell the rest of them."* Law enforcement most often reported that street availability of Suboxone® has remained the same during the past six months. BCI and Lake County crime labs reported that the incidence of Suboxone® cases they process from this region has remained the same during the past six months, while Cuyahoga County Crime Lab reported that the incidence of Suboxone® cases it processes has increased.

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

Reports of current street prices for Suboxone® were consistent among participants with experience buying the drug. Reportedly, Suboxone® 8 mg most often sells for \$16-20. Overall, participants indicated that the street price of Suboxone® has remained the same during the past six months. Participants reported obtaining Suboxone® on the street from drug dealers and from other users.

The most common route of administration for illicit use of Suboxone® remains oral consumption and snorting. Participants estimated that out of ten illicit Suboxone® users, nine would orally consume and one would snort the drug. A participant stated, *"Most people put it under their tongue and use it as a crutch to not get sick (experience withdrawal) from the heroin."* Participants did not identify typical illicit Suboxone® users. However, community professionals described typical illicit users as similar to illicit opioid users: white people in their 20s and 30s.

Sedative-Hypnotics




Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) are moderately to highly available for illicit use in the region. Participants most often reported the current street availability of these drugs as '8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '7.' Treatment providers most often reported the current street availability of sedative-hypnotics as '8;' while law enforcement most often reported it as '4;' the previous most common scores were '7' and '5,' respectively. One law enforcement officer noted, "A lot of times you'll see it mixed with your opiate users."

Corroborating data indicated that sedative-hypnotics are available for illicit use in the Cleveland region. Cuyahoga County Medical Examiner's Office reported that 16.6% of the 259 drug-related deaths it recorded this reporting period involved one or more benzodiazepine and/or sedative-hypnotic. In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. Elyria Police Special Response Team and Lorain Police SWAT (Lorain County) conducted two searches of Lorain residences and seized 136 oxycodone pills, 158 Xanax® pills, 130 grams of cocaine, 12 grams of heroin/fentanyl, 134 grams of marijuana, several firearms and cash; officers arrested a father and son on several counts of drug possession, drug trafficking and receiving stolen property (www.fox8.com, Sept. 4, 2018).

Participants and community professionals identified Klonopin® and Xanax® as the most available sedative-hypnotics in terms of widespread illicit use. Law enforcement commented: "Xanax® is the one that we see the most often on the street; Xanax® and Klonopin® are the most prevalent. Very seldom do we see anything other than those two."

Participants reported that the street availability of sedative-hypnotics has decreased during the past six months. Participants commented: "They're getting harder to get; [Availability has decreased] because of the crackdown on prescription drugs in general; Probation department is on key about stuff like this and the Sheriffs are well-trained about things nowadays, and I think the state troopers have increased [their presence] around here, too. In Lorain County especially, the drugs have just slowed down."

Community professionals reported that the availability of sedative-hypnotics has remained the same during the past six months. Cuyahoga County Crime Lab reported that the incidence of alprazolam (Xanax®), clonazepam (Klonopin®), diazepam (Valium®) and lorazepam (Ativan®) cases it processes has increased in the past six months, while the incidence of carisoprodol (Soma®) and zolpidem (Ambien®) cases it processes has decreased or remained the same. In addition, the lab reported having processed 10 cases of "designer benzos" (synthetic drugs that produce similar effects as benzodiazepines) during the past six months. BCI and Lake County crime labs reported that the incidence of sedative-hypnotics cases they process from the region has decreased or remained the same during the past six months. The two labs reported processing very few cases of carisoprodol (Soma®) and zolpidem (Ambien®) for this region during the past six months.

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

Reports of current street prices for sedative-hypnotics were consistent among participants with experience buying the drugs. Overall, participants reported that the price of sedative-hypnotics has remained the same during the past six months.

Sedative-Hypnotics	Current Street Prices for Sedative-Hypnotics	
	Ativan®	\$2 for 1 mg \$4 for 2 mg
	Klonopin®	\$0.50-1 for 1 mg
	Valium®	\$2 for 2 mg
Xanax®	\$2 for 1 mg \$5-10 for 2 mg (aka "xanie bar") \$6 for 3 mg	

Participants reported obtaining sedative-hypnotics for illicit use from drug dealers. In addition, participants discussed that some dealers sell counterfeit sedative-hypnotic pills. A participant mentioned, *"Xanax® are the top dog for 'benzos' (benzodiazepines), so pill pressers are putting those on production for sure, mixed with fentanyl. The same effects happen, drowsiness, calm and relaxing. People don't know they're not getting benzos..."*

The most common routes of administration for illicit use of sedative-hypnotics are oral consumption and snorting. Participants estimated that out of 10 illicit sedative-hypnotic users, five would orally consume and five would snort the drugs. Participants and community professionals described typical illicit sedative-hypnotics users as female, aged young adult to middle age. Law enforcement shared: *"With Xanax® it seems like females are more apt to possess that; Some middle-aged women are abusers of this stuff. For some reason they seem to get prescribed these easier [than men do] for anxiety or depression."*

Marijuana

Marijuana remains highly available in the region. Participants and community professionals most often reported the current availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were also '10.' Participants commented: *"It's legal basically; Everyone does it."* One treatment provider stated, *"[Clients are] more lax (relaxed) about it and find it easier to talk about it now."* Law enforcement remarked: *"A lot of areas it's basically becoming decriminalized; If we get someone who doesn't test positive for marijuana, we almost question the test..."*

Participants and community professionals also discussed current availability of high-grade marijuana extracts and concentrates, often appearing as oil and waxy forms of the drug (aka "dabs"). Participants most often reported the current availability of marijuana extracts and concentrates as '10;' the previous most common score was '9-10.' A participant noted, *"[Dabs are] more appealing and accessible."* Community professionals did not report on the current availability of marijuana extracts and concentrates; however, the previous most common scores were '4' for treatment providers and '7-8' for law enforcement.




Corroborating data indicated that marijuana is available in the Cleveland region. ODPS reported seizing 594.3 kilograms (1,310.3 lbs.) of marijuana from this region during the past six months. In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. While conducting a traffic stop along U.S. Route 422, Solon Police (Cuyahoga County) were led on a short foot chase by the passenger of the stopped vehicle; the passenger was apprehended and arrested with 24.5 grams of marijuana and a digital scale, and officers also discovered a loaded handgun under the passenger's seat of the car (www.patch.com, July 23, 2018). North Ridgeville Police (Lorain County) arrested a man for possession of marijuana paraphernalia and for improperly handling a firearm in a motor vehicle; officers responded to a call from a fast food restaurant employee regarding the man passed out in his van in restaurant's parking lot for over an hour (www.cleveland.com, July 29, 2018). Westlake Police (Cuyahoga County) conducted a traffic stop along Interstate 90 and were notified by a passenger of the stopped car of a loaded firearm in the car, prompting a search and seizure of an undisclosed amount of marijuana and drug paraphernalia; officers arrested the driver and two passengers of the vehicle for felony drug trafficking and carrying a concealed weapon (www.patch.com, July 31, 2018). Berea Police (Cuyahoga County) arrested two young women after finding 20 bags of marijuana and a scale in their vehicle during a traffic stop (www.cleveland.com, Aug. 12, 2018). OSHP and local law enforcement agencies coordinated in the seizure of 80 marijuana plants from three residences in Wooster (Wayne County); two people were charged with possession and cultivation of marijuana (www.fox8.com, Aug. 24, 2018). Several local law enforcement agencies including U.S. Marshals and DEA agents coordinated in the arrests of 11 people alleged to have been involved in shipping over 2,000 pounds of marijuana from Southern California to Northeast Ohio (www.news5cleveland.com, Sept. 5, 2018). A sergeant of the Cuyahoga County Sheriff's Office fatally shot a man who had been attacking motorists on the side of Interstate 90 and charged officers repeatedly after being subdued with a stun-gun; toxicology reports indicated that the man, an admitted drug dealer, had THC (tetrahydrocannabinol, the psychoactive component of marijuana) in his system (www.cleveland.com, Sept. 30, 2018). Solon Police conducted a traffic stop for tinted windows and discovered that the driver's license was suspended and the man had three active arrest warrants; officers seized 36 individually wrapped bags of marijuana

in a backpack and charged the man with drug trafficking (www.patch.com, Oct. 18, 2018). Solon Police observed the vehicle of a convicted drug trafficker in a parking garage and arrested the man for drug possession after the man attempted to flee the scene, leaving his vehicle running with 48 grams of marijuana and a scale inside the vehicle (www.patch.com, Oct. 18, 2018). A grand jury in Lorain County indicted a woman on drug-related charges and child endangering after it became known that she allegedly smoked marijuana with her juvenile son and his friends (www.chroniclet.com, Oct. 26, 2018). North Ridgeville Police were notified by administrators of a local high school of a female student in possession of vape pens and THC oils that the girl allegedly was selling to other students; the girl was arrested for drug trafficking and possession of marijuana (www.cleveland.com, Oct. 30, 2018). OSHP conducting a traffic stop on the Ohio Turnpike near Olmsted Falls (Cuyahoga County) seized 510 pounds of marijuana wrapped and packaged in boxes from a rented truck; one woman was arrested for drug possession and trafficking in marijuana (www.abc6onyourside.com, Nov. 9 2018). Brecksville Police (Cuyahoga County) made an inquiry of a parked car on the shoulder along Interstate 77 and noticed the odor of marijuana from the driver and passenger who said they had run out of gas; officers found marijuana residue and a digital scale in the vehicle and cited the passenger for possession of drug paraphernalia and drug abuse (www.cleveland.com, Nov. 21, 2018). Lorain County Drug Task Force intercepted four packages containing a total of 539 one-gram THC vape cartridges as part of an ongoing investigation (www.fox8.com, Nov. 21, 2018).

Participants and community professionals reported that the availability of marijuana has remained the same during the past six months. A treatment provider observed, *"Marijuana has always been prevalent, and I think that's because the stigma associated with marijuana has declined tremendously over the years."* Participants indicated that the availability of marijuana extracts and concentrates has increased during the past six months. One participant explained that the increased availability of dabs is due to the increased demand for more potent forms of marijuana. This participant said, *"Most good 'bud' (marijuana) is between 14 and 16 percent THC, and your dabs are 88 percent to 98 percent THC, so you take one hit and you're 'ripped' (high)."* Another participant added, *"[Concentrates and extracts are] new and have a higher potency, so you need less."*

Community professionals did not report on availability change of marijuana extracts and concentrates during the past six months. However, a law enforcement officer shared, *"The big thing in the last six months that we've seen is that a lot of people are switching from smoking marijuana ... to getting THC oil and vape pens ... they prefer [oils] because [its high] lasts longer, so it's cheaper in the long run for them, and it's more of a cleaner (smokeless) ... concentrated high...."*

BCI crime labs reported that the incidence of cannabis (including edible cannabis) and concentrated THC (oils, dabs) cases they process from this region has remained the same during the past six months. Cuyahoga County Crime Lab reported that the incidence of cannabis (including edible cannabis) cases it processes has increased during the past six months, while Lake County Crime Lab reported decreased cannabis incidence. Cuyahoga County Crime Lab reported that the incidence of concentrated THC cases it processes has decreased during the past six months, while Lake County Crime Lab reported increased incidence of concentrated THC cases.

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

Participant most often rated the current overall quality of marijuana as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '8.' Participants stated: *"There's mostly high quality ... it's hard to find low quality; Haven't seen low-grade weed in years."* Overall, participants indicated that the quality of marijuana has remained the same during the past six months.

Reports of current prices for marijuana were provided by participants with experience buying the drug. Reportedly, the most common quantity of purchase is 1/4 ounce; the most common quantity of purchase for marijuana extracts and concentrates is a gram. Overall, participants reported that the price of marijuana has remained the same during the past six months.

Marijuana	Current Street Prices for Marijuana	
	High grade:	
	A blunt (cigar) or a gram	\$5-10
	1/8 ounce	\$25
	1/4 ounce	\$50-100
	An ounce	\$180-250
	Extracts and concentrates:	
	1/2 gram	\$15-25
	A gram	\$30-50

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, eight would smoke and two would orally consume the drug. For marijuana extracts and concentrates, participants estimated that out of 10 users, seven would smoke and three would orally consume. Participants noted: *"Smoking and eating; The new generation of kids are scared of bad effects of things ... so they're switching over to vaporizers and they're not smoking weed, they're eating it, like that's healthier. They're justifying in their head that it's okay to do it that way; Edibles are very popular."*

A profile for a typical marijuana user did not emerge from the data. Participants shared: *"Marijuana doesn't discriminate; Doesn't everybody smoke weed?"* A law enforcement officer concluded, *"Could be anyone ... grandparents, parents, people with prescriptions [for medicinal marijuana]."*

Methamphetamine



Methamphetamine remains highly available in the region. Participants most often reported the current availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '9'. Participants stated: *"It's everywhere; Everybody in my neighborhood does*

it. ... If I wanted to do it, all I'd have to do is walk down the street [to obtain metamphatamine]."

Treatment providers most often reported the current availability of methamphetamine as '4,' while law enforcement most often reported it as '6;' the previous most common scores were '8-9' and '6-7,' respectively. One treatment provider remarked, *"Based on the people that come in (enter treatment) ... I see it on their urine (positive drug screens for methamphetamine). I would say it's pretty easy to get."*

Corroborating data indicated that methamphetamine is available in the Cleveland region. Cuyahoga County Medical Examiner's Office reported that 5.0% of the 259 drug-related deaths it recorded this reporting period involved methamphetamine. In addition, ODPS reported seizing 9.1 kilograms (20.1 lbs.) of methamphetamine from this region during the past six months. Media outlets reported on law enforcement seizures and arrests in the region this reporting period. OSHP in Painesville (Lake County) conducted a search of the vehicle after stopping it for a traffic violation and seeing drug paraphernalia in plain view; officers seized 161 grams of methamphetamine and the arrested the car's driver for drug trafficking and possession of a controlled substance (www.cleveland19.com, July 20, 2018). North Olmsted Police (Cuyahoga County) arrested a man after questioning him near a bus stop and discovering that he had two active warrants for drug-related charges; the man was also found with suspected crystal methamphetamine and unidentified pills on his person (www.cleveland.com, Aug. 25, 2018). Detectives with a regional drug task force conducted a welfare check at a residence in Ashland (Ashland County) and arrested a man and a woman for child endangerment after finding 14 grams of methamphetamine, a pipe and other drug paraphernalia; the 8 month-old daughter of the woman was placed into child protective services with a high level of methamphetamine in her system (www.wmfd.com, Sept. 10, 2018). During a traffic stop in Hinkley (Medina County), police arrested a juvenile for possession of methamphetamine and marijuana (www.cleveland.com, Oct. 1, 2018). OSHP conducting a traffic stop for speeding along U.S. Route 6, searched the stopped vehicle after detecting the odor of marijuana; officers seized 58 grams of methamphetamine, a firearm and arrested a man for trafficking in and possession of methamphetamine (www.chroniclet.com, Oct. 15, 2018). North Olmsted

Police, responding to a possible domestic dispute in a hotel room, took two men with outstanding arrest warrants into custody; the first man was found in the room along with suspected crystal methamphetamine, syringes and glass pipes; the second man later returned to the room with a backpack containing a syringe loaded with methamphetamine, two small bags of methamphetamine and other drug paraphernalia (www.cleveland.com, Oct. 29, 2018).



Participants reported that methamphetamine is available in crystal and powdered forms in the region. However, they continued to identify crystal methamphetamine as more prevalent. Participants commented: *“Sometimes you see powdered meth, but not normally; ‘Shake-and-bake’ (powdered methamphetamine) is nasty.”* One law enforcement officer observed, *“It seems like the users don’t even want [shake-and-bake], even though they do use it ... crystal is the most popular methamphetamine out there right now.”*

The powdered form of methamphetamine is typically referred to as “shake-and-bake,” which means users produce the drug in a single-sealed container, such as a two-liter soda bottle. By using common household chemicals along with ammonium nitrate (found in cold packs) and pseudoephedrine (found in some allergy medications), people who make methamphetamine can produce the drug in approximately 30 minutes in nearly any location. One participant noted of shake-and-bake, *“You can make it in your backyard, you don’t have to wait for the cartel to smuggle it into the country.”* A law enforcement officer observed, *“We’re not seeing the one-pot, self-made, homemade type of methamphetamine (shake-and-bake). We’re not seeing that at all anymore.”*

Participants and community professionals reported that the availability of methamphetamine has increased during the past six months. Participants discussed: *“Meth is so popular right now ... it’s cheaper ... it’s better than ‘coke’ (powdered cocaine); People are changing addictions ... meth is running rampant; It’s the new party drug. I introduced meth to my mom to try to get her off heroin. That was the worst mistake I could make because now she ‘speed balls’ (uses heroin and methamphetamine together or one after the other); It’s way more available since painkillers are so hard to get and a lot of people died from fentanyl, so everyone’s moving to meth; More people want it, so more people have it.”*

One treatment provider shared, *“It started out in very rural populations ... it took it’s time to get more urban, but I think it’s starting to infiltrate more and more. I see it trending up.”* Law enforcement commented: *“We’re seeing methamphetamine more than anything right now, and it’s crystal methamphetamine, probably shipped up from Mexico; In the last six months, patrol officers are coming across it more than they used to ... it seems to be more popular.”*

BCI, Cuyahoga County and Lake County crime labs reported that the incidence of methamphetamine cases they process from this region has increased during the past six months. The labs reported processing brown and white powdered methamphetamine, a white solid substance, and clear, blue, pink and white crystalline methamphetamine during the past six months.

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

Participants most often rated the current overall quality of methamphetamine as ‘7’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was ‘5’ for powdered methamphetamine and ‘9’ for crystal methamphetamine. Participants discussed adulterants (aka “cuts”) that affect the quality of the drug and reported the following cutting agents for methamphetamine: amphetamines (Adderall®), bath salts (synthetic cathinones) and fentanyl.

Participants shared: *“They’re now starting to mix [methamphetamine] with fentanyl to make people come back (to get users addicted to opiates); Adderall®. They [drug] tested me, and [the results] came up [positive] with amphetamines and methamphetamines, so it’s cut with Adderall® for sure.”* Overall, participants reported that the quality of methamphetamine has decreased during the past six months. A participant remarked, *“The quality of [crystal methamphetamine] has gone down. It’s being cut with fentanyl.”*

Methamphetamine	Cutting Agents Reported by Crime Lab
	<ul style="list-style-type: none"> ● dimethyl sulfone (DMSO; dietary supplement) ● magnesium sulfate (Epsom salts)

Reports of current prices for methamphetamine were consistent among participants with experience buying the drug. Reportedly, the most common amount of purchase is a gram. Participants remarked: *“A non-regular user could purchase as little as 1/10 gram and be high for 24 hours easily, so I guess it could go down that small; When I sell it, I sell it in quarter grams for \$50 ... a half gram is like \$60. It goes down real quick ... I buy my grams for \$20, but I flip it; If you’re getting shards, that’s going to be a higher price no matter what. If it’s straight rock, you’re going to pay more than that.”* Overall, participants reported that the price of methamphetamine has remained the same during the past six months.

Methamphetamine	Current Prices for Methamphetamine	
	Crystal:	
	1/4 gram	\$30-40
	1/2 gram	\$60
	A gram	\$50-80
	An ounce	\$400

The most common route of administration for methamphetamine remains smoking. Participants estimated that out of 10 methamphetamine users, four would smoke, three would intravenously inject (aka “shoot”) and three would snort the drug. Participants shared: *“Hot rail’ ... you know what a crack pipe looks like, like a glass straw, you superheat the end of the glass, snort it, and then exhale. You’re snorting it and smoking it; Hot rails is what’s up. You burn [the pipe] with a torch and you sniff it ... that burns the shit out of my nose; I think when people start using they definitely snort, but more people I’ve seen shoot than anything else....”*

Participants described typical methamphetamine users as of low socio-economic status, unemployed, white people,

aged 20s and 30s. A participant commented, *“The people that I’ve seen affected most is younger people in their 20s and 30s, and I’ve seen a lot of women affected, like [exotic] dancers and stuff.”* Participants also discussed heroin users switching to methamphetamine. They said: *“A lot of people are using crystal meth to get off of heroin ... there’s no physical comedown from meth ... you can’t die from meth; It takes the ‘dope sickness’ (withdrawal symptoms) away....”* Community professionals described typical methamphetamine users as of low socio-economic status, white people and age in their 20s. Law enforcement observed: *“Lower socio-economic status, pretty popular in biker community, motorcycle gang, and younger people; Lower income, white, younger late teens and early 20s, and low education.”*

Prescription Stimulants

Prescription stimulants remain moderately to highly available for illicit use in the region. Participants most often reported the current street availability of these drugs as ‘5’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was ‘10.’ One participant stated, *“Adderall® is the most common, and I would probably give it a ‘5.’”*




Treatment providers most often reported the current street availability of prescription stimulants as ‘9,’ while law enforcement most often reported it as ‘5;’ the previous most common scores were ‘6’ and ‘5,’ respectively. A treatment provider remarked, *“I know a lot of people are coming in [to see a doctor], asking for Adderall® right off the bat.”* Law enforcement noted: *“We’re sporadically seeing [prescription stimulants]; People take it if they need to be extra focused in school or something ... our folks (arrestees) don’t seem to be seeking it.”*

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Lyndhurst Police (Cuyahoga County) investigated an automobile accident during which one of the drivers was found to be in possession of Adderall®, oxycodone, marijuana and a digital scale (www.cleveland.com, Oct. 31, 2018).

Participants identified Adderall® and Ritalin® as the most available prescription stimulants in terms of widespread illicit use. Community professionals identified Adderall® as most available. Participants and treatment providers

reported that the availability of prescription stimulants has decreased during the past six months, while law enforcement reported it has remained the same. A participant remarked, *"They're getting harder to get."* A treatment provider observed, *"A little less available, to me it seemed like doctors would give out prescription stimulants more freely ... they're not prescribing as freely anymore."*

Lake County and Cuyahoga County crime labs reported that the incidence of amphetamine (Adderall®) cases they process has increased during the past six months; Cuyahoga County Crime Lab also reported that the incidence of methylphenidate (Ritalin®) cases it processes has remained the same. BCI crime labs did not report having processed any cases of amphetamine (Adderall®) or methylphenidate (Ritalin®) for this region during the past six months, and very few cases of lisdexamfetamine (Vyvanse®).

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

Current street prices for prescription stimulants were provided by participants with experience buying these drugs. Reportedly, Adderall® 20 mg most often sells for \$6. Participants did not comment on whether the price of prescription stimulants has changed during the past six months.

The most common route of administration for illicit use of prescription stimulants is snorting. Participants estimated that out of 10 illicit prescription stimulant users, five would snort, three would orally consume and two would intravenously inject (aka "shoot") the drugs. One law enforcement officer mentioned, *"A lot of people are crushing them up and snorting them. You don't see it too often, but some people are injecting it because they're so addicted to using a needle."*

Participants described typical illicit prescription stimulant users as teenagers or people in their 20s and attending school or are employed. One participant commented,




"[Typical users are] younger, teens and 20s, and career people who are required to stay focused. It's not a dirty drug like heroin or 'coke' (powdered cocaine)." Community professionals described typical illicit prescription stimulant users as white people in their 20s.

Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMP) remains moderately available in the region. Participants most often reported the current availability of the pressed tablet form of ecstasy and of "molly" (powdered MDMA) as '6' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were '3' and '6,' respectively. Participants stated: *"Molly. That's all the 'dope boys' (drug dealers) want to do ... there's still 'X' (ecstasy) around; It's everywhere on the East side [of Cleveland]."*

Treatment providers most often reported the current availability of ecstasy as '5' and of molly as '7'; the previous most common scores were '6-8' and '8,' respectively. Law enforcement most often reported the current availability of ecstasy and molly as '3'; the previous most common scores were '3' and '0-2,' respectively. A treatment provider remarked, *"The way I've been hearing about it, if my clients wanted to get [ecstasy], they would probably need to make a few phone calls or take an hour trip ... Molly is more available than ecstasy."* Law enforcement noted: *"Once in a while ... we don't see much of it anymore; We see more molly. We don't see pills (ecstasy tablets) very often at all anymore."*

Participants reported that the availability of ecstasy and molly has decreased during the past six months. Participants commented: *"You gotta travel to go get this stuff; Hard to get [molly] and harder to make now; Most people are seeking uppers to mix with their opiates [and not MDMA]."* Community professionals reported that the availability of ecstasy and molly has remained the same during the past six months. BCI crime labs reported that the incidence of MDMA (ecstasy/molly) cases they process from this region has slightly increased during the past six months, although it remains low. Cuyahoga County Crime Lab reported that the incidence of ecstasy/molly cases it processes has remained the same during the past six months.

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

Participants discussed the current quality of ecstasy and molly and rated the overall quality of ecstasy as '5' and of molly as '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common scores were '3' and '7,' respectively. Reportedly, molly is often cut with other substances including methamphetamine and fentanyl. Participants added: *"The stuff that people sell ends up not being molly, so people are afraid to take it; It's being substituted with meth; It's either cut with meth or 'fetty' (fentanyl) ... you either get the 'upper molly' (molly cut with meth) or the 'downer molly' (molly cut with fentanyl)."* Overall, participants reported that the quality of ecstasy and molly has remained the same during the past six months.

Reports of current prices for ecstasy and molly were consistent among participants with experience buying the drugs. Reportedly, the most common amount of purchase for molly is 1/2 gram. Overall, participants indicated that the prices of ecstasy and molly have remained the same during the past six months.

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

Participants indicated that ecstasy and molly are obtained through drug dealers. The most common route of administration for ecstasy is oral consumption. Participants estimated that out of 10 ecstasy users, eight

would orally consume, one would intravenously inject (aka "shoot") and one would snort the drug. The most common route of administration for molly is snorting. Participants estimated that out of 10 molly users, six would snort and four would orally consume the drug. Participants described typical ecstasy and molly users as aged late teens through 20s and of middle to high socio-economic status. Community professionals described typical ecstasy and molly users also as people in their late teens and 20s, as well as people who go to dance/night clubs.

Other Drugs in the Cleveland Region




Participants and community professionals listed a variety of other drugs as being present in the region, but these drugs were not mentioned by the majority of people interviewed: hallucinogens (lysergic acid diethylamide [LSD] and psilocybin mushrooms), Neurontin® (gabapentin) and synthetic marijuana (synthetic cannabinoids). In addition, BCI crime labs reported that the incidence of synthetic cathinone ("bath salts") cases they process from this region has decreased during the past six months, while Cuyahoga County Crime Lab reported that the incidence of bath salts cases it processes has increased. Both crime labs reported that the incidence of U-47700 (synthetic opioid) cases they process from this region has decreased during the past six months.

Hallucinogens

Hallucinogens are available in the region. Participants most often reported the current availability of hallucinogens as '7' for psilocybin mushrooms and '7' for LSD on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were '6' for psilocybin mushrooms and '6' and '10' for LSD. Participants stated: *"Yeah, it's definitely around; Someone gave my husband [a psilocybin mushroom] at the bar the other night."* Only one law enforcement officer reported on the current availability of hallucinogens. The officer reported the current availability of LSD as a '3' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '2'. Treatment providers did not comment on availability of hallucinogens.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Cuyahoga County officials initiated an investigation at the county jail after an inmate died of a suspected drug overdose; the man was in jail for possession of cocaine, but hours later exhibited symptoms of being under the influence of drugs, vomiting and complaining of stomach pains; he vomited a balloon full of suspected ecstasy, marijuana, cocaine and liquid PCP (phencyclidine) (www.cleveland.com, July 12, 2018).

Participants reported that the availability of both psilocybin mushrooms and LSD has remained the same during the past six months. Law enforcement reported that availability of LSD has increased. One officer remarked, *"We don't see it all the time, but it has definitely increased."* Cuyahoga County Crime Lab reported that the incidence of LSD, psilocybin mushrooms and PCP cases it processes has increased during the past six months. BCI crime labs reported that the incidence of LSD cases they process from this region has increased during the past six months, although still very few cases, while the incidence of psilocybin mushroom and PCP cases they process has remained the same during, very few cases.

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

Participants discussed the current quality of LSD and rated its overall quality as '8-9' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was not reported. Overall, participants reported that the quality of LSD has increased during the past six months. A participant commented, *"[LSD] has gotten a lot stronger."*

Current prices for hallucinogens were reported by participants with experience buying the drugs. Overall, participants indicated that prices have remained the same during the past six months.

Hallucinogens	Current Prices for Hallucinogens	
	Psilocybin mushrooms:	
	1/2 gram	\$10
	A gram	\$15-20
	1/8 ounce	\$30
	LSD:	
A liquid drop or single dose (aka "hit")	\$5-20	

Participants reported obtaining hallucinogens at "hippie" (music and arts) festivals, raves (dance parties) and at music concerts. Participants did not report on the most common routes of administration for psilocybin mushrooms or LSD; however, one participant reported, *"LSD goes by drops, so you can put it on a sugar cube or put it on your tongue."* Participants described typical hallucinogen users as people aged late teens through 20s, as well as "hippies" in their 40s and 50s. Law enforcement described typical users as people in their early 20s. One law enforcement officer remarked, *"We're seeing [LSD] more prevalent, again [among people] in their lower 20s."*

Neurontin®






Neurontin® (gabapentin, an anticonvulsant and nerve pain medication) remains available for illicit use in the region. However, participants did not report on the current street availability of Neurontin®; the previous most common street availability score was '8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Treatment providers reported the current street availability of Neurontin® as '7,' while the law enforcement reported it as '5,' the previous most common scores were '9' and '2,' respectively.

A treatment provider stated, *"What I've heard about [Neurontin®] is they get it prescribed pretty easily.... You have to take 4,000 to 8,000 mg at a time [to achieve a high] ... it comes in 300 mg capsules, 600 mg tablets and 800 mg tablets, so you've got to pop (consume) 20 at a time to get high. When their labs (drug screen results) come back, I'll notice if they take it to get high or not [by the level of the*

drug found]. *Gabapentin ... is monitored by OARRS (Ohio Automated Rx Reporting System, Ohio's prescription monitoring program).*"




Community professionals reported that the street availability of Neurontin® has increased during the past six months. Law enforcement noted: *"We're seeing a lot of gabapentin lately in the last six months; Definitely increased ..."* Community professionals described typical illicit Neurontin® users as white people in their 20s.

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

Synthetic Marijuana

Synthetic marijuana (synthetic cannabinoids) remains available in the region. However, participants did not report current availability of the drug. Treatment providers most often reported the current availability of synthetic marijuana as '8-9,' while law enforcement most often reported it as '5' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were '9' and '4-5,' respectively. Treatment providers shared: *"[Synthetic marijuana] is not hard to get right now; If you go down to the [inner city], you can still get it at the corner store."* One law enforcement officer stated, *"We don't see synthetic marijuana that much anymore."*

Community professionals most often reported that the availability of synthetic marijuana has remained the same during the past six months. BCI crime labs reported that the incidence of synthetic cannabinoids cases they process from this region has decreased during the past six months, while Cuyahoga County Crime Lab reported that the incidence of synthetic cannabinoids cases it processes has increased. Community professionals described typical synthetic marijuana users as people in their teens and 20s.

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

Conclusion

Fentanyl, heroin, marijuana and methamphetamine remain highly available in the Cleveland region; also highly available in the region is crack cocaine. Changes in availability during the past six months include: increased availability for methamphetamine; likely increased availability for Neurontin® (gabapentin) and Suboxone® (buprenorphine); and decreased availability for prescription opioids.

Respondents reported that the high availability of heroin and fentanyl has remained the same during the past six months. Participants and law enforcement observed drug dealers pushing heroin in urban areas similar to how crack cocaine has been pushed. Participants reported that in Cleveland all one has to do to obtain heroin is drive into certain areas where drug dealers approach cars and solicit for customers. One participant remarked, *"People come up (approach you) [and ask], 'You working for that boy?' (looking for heroin?)."* Law enforcement also noted that heroin dealers drive around and look for customers. One officer commented, *"They see people that they think are either becoming 'dope sick' (experiencing withdrawal) or look like they're addicts, and basically, they're just asking them if they're looking to buy drugs...."*

While several respondents indicated that they thought fentanyl to be more available than heroin, there was consensus that the two drugs have become synonymous. Participants expressed: *"It's all so mixed; Heroin and fentanyl are one in the same anymore."* Participants continued to report that the top cutting agent for heroin remains fentanyl; several participants reported heroin as the top cutting agent for fentanyl.

In addition to heroin-fentanyl mixtures, fentanyl continues to be combined with other drugs such as cocaine and methamphetamine. Law enforcement also reported that fentanyl is pressed into pill form to resemble prescription opioids. The use of fentanyl continues to result in fatal consequences. Cuyahoga County Medical Examiner's Office reported that 68.7% of the 259 drug-related deaths it recorded this reporting period involved fentanyl/fentanyl analogues; 9.3% of these deaths involved carfentanil (synthetic opioid more potent than fentanyl).

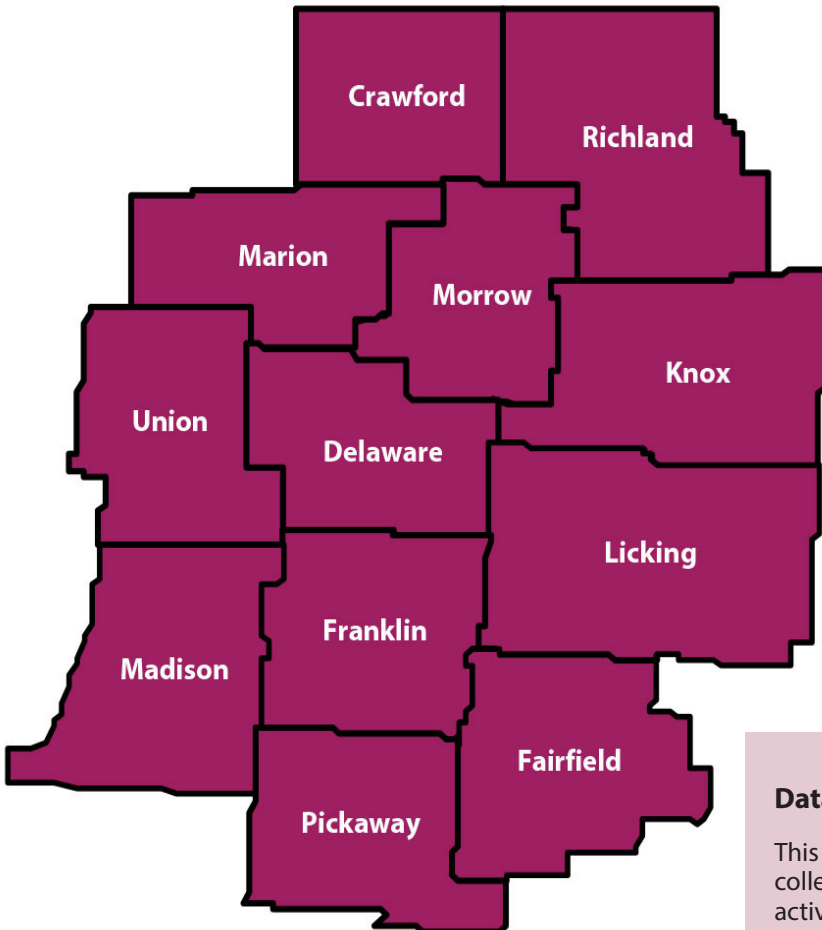
Participants and community professionals reported that the availability of crystal methamphetamine has increased during the past six months. Respondents attributed increased availability to a shift in use from opiates to stimulant drugs due to fear of fatal overdose with fentanyl. Participants commented: *"A lot of people died from fentanyl, so everyone's moving to 'meth' (methamphetamine); People are changing addictions ... meth is running rampant; More people want it, so more people have it."* Participants also discussed that methamphetamine is preferred over cocaine because it is cheaper, more potent and easier to obtain.

According to all reporting regional crime labs (BCI, Cuyahoga County and Lake County crime labs), the incidence of methamphetamine cases for the Cleveland region has increased during the past six months. The labs reported processing brown and white powdered methamphetamine, a white solid substance, and clear, blue, pink and white crystalline methamphetamine during the past six months.

Lastly, participants indicated that the availability of marijuana extracts and concentrates (oils, "dabs") has increased during the past six months. One participant explained that increased availability of dabs is due to increased demand for more potent forms of marijuana. In addition, community professionals reported that the availability of Neurontin® for illicit use has increased during the past six months. A law enforcement officer remarked, *"Definitely increased."* Community professionals described typical illicit Neurontin® users as white people in their 20s.



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, 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, as well as to data surveyed from Columbus Fire Department, Fairfield County Municipal Court, Ohio Bureau of Criminal Investigation (BCI) and Ohio Department of Public Safety (ODPS), which logs drug task force seizures from across the state. All secondary data are summary data of cases processed from January to June 2018. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for July through December 2018.

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

Regional Profile

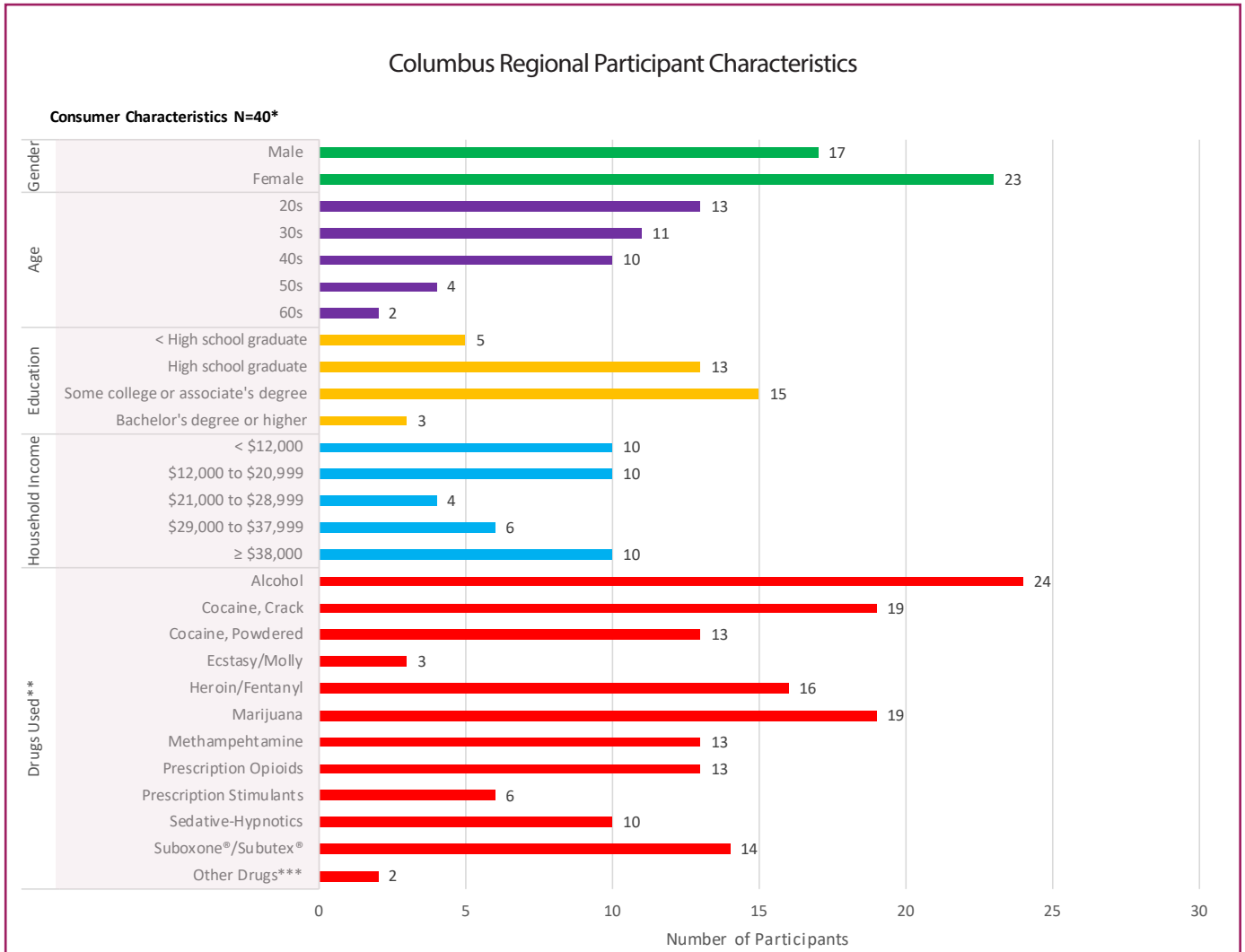
Indicator ¹	Ohio	Columbus Region	OSAM Drug Consumers
Total Population, 2017	11,689,442	2,302,790	40
Gender (female), 2017	51.0%	50.6%	57.2%
Whites, 2017	82.2%	77.8%	67.5%
African Americans, 2017	12.9%	15.2%	30.0%
Hispanic or Latino Origin, 2017	3.8%	4.0%	0.0% ²
High School Graduation Rate, 2013-17	89.8%	90.7%	86.1% ³
Median Household Income, 2013-17	\$52,407	\$59,694	\$21,000-\$24,999 ⁴
Persons Below Poverty Level, 2017	14.0%	13.2%	42.5%

¹ Ohio and Columbus region statistics were derived from the most recent US Census; OSAM drug consumers were participants for this reporting period: June 2018 - January 2019.

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

³ Education level was unable to be determined for 4 participants due to missing and/or invalid data.

⁴ Participants reported income by selecting a category that best represented their household's approximate income for the previous year.



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

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

***Other drugs included: lysergic acid diethylamide (LSD) and psilocybin mushrooms.

Historical Summary

In the previous reporting period (January - June 2018), crack cocaine, heroin, marijuana and Suboxone® (buprenorphine) remained highly available in the Columbus region. Changes in availability during the reporting period included: increased availability for heroin and fentanyl; likely increased availability for methamphetamine; decreased availability for prescription opioids; and likely decreased availability for ecstasy.

When describing the increased availability of heroin, treatment providers noted longer wait lists for detox facilities as an indicator, while law enforcement pointed to police investigative units seizing kilograms of heroin at a time which was previously unheard of in the area. Participants discussed being able to find heroin "anywhere."

Participants and community professionals reported that fentanyl was moderately to highly available in the region. The moderate availability scores were reflective of the participant view that unadulterated fentanyl was not as available as various fentanyl mixtures. Participants remarked that users typically did not seek fentanyl but obtained it mixed with heroin. Treatment providers viewed the availability of fentanyl as high given the high number of positive drug-screens they were recording for the drug. One treatment provider commented, "*They're putting it in everything.*" Law enforcement reported low availability of "straight fentanyl."

Participants and community professionals reported that the availability of fentanyl had increased during the reporting period. Respondents attributed the ease in which dealers could cut other drugs with fentanyl to expand their sales as the reason for increased availability. In addition to reporting fentanyl availability, participants and community professionals reported carfentanil as available as well. BCI crime labs and Columbus Police Crime Lab reported that the incidence of fentanyl and fentanyl analogue cases they processed from this region had increased during the reporting period; in addition, the Columbus Police Crime Lab reported that the incidence of carfentanil cases it processed had also increased.

Methamphetamine was moderately to highly available in the region. The moderate availability scores for

methamphetamine reflected the respondent viewpoint that the drug was not as available as other drugs in the region (heroin and marijuana) and the continued belief that methamphetamine was more prevalent in rural communities and not as easily found in the city of Columbus where reportedly, a user needed connections to obtain the drug.

While methamphetamine was available in crystal and powdered forms throughout the region, respondents continued to report crystal methamphetamine as more prevalent. Participants and law enforcement indicated that the availability of methamphetamine had increased during the reporting period. Participants cited methamphetamine's lower price and longer-lasting high compared to crack cocaine as reasons for the expansion of the drug's use and availability in the region. They discussed more dealers switching from crack cocaine sales to the more profitable sale of methamphetamine as well as an increase in opioid users who receive Vivitrol® as medication assisted treatment turning to methamphetamine for a high. Law enforcement continued to note drug cartels directing large amounts of methamphetamine along with heroin shipments to the region. BCI crime labs reported that the incidence of methamphetamine cases they processed from the region had increased during the reporting period.

Lastly, participants and law enforcement reported that the availability of marijuana extracts and concentrates (aka "dabs") had increased during the reporting period. Columbus Police Crime Lab reported that the incidence of marijuana and marijuana extracts and concentrates cases it processed had increased.

Current Trends

Powdered Cocaine




Powdered cocaine remains moderately to highly available in the region. Participants most often reported the drug's current availability as '6' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were '4' and '7'. Treatment providers most often reported the current availability of powdered cocaine as '8', while law enforcement most often reported it as '6'; the previous most common scores were '9' and '7', respectively.

Treatment providers stated: *“By the sounds of referrals, it sounds very common; You can pretty much walk into any bar in Mansfield [Richland County] and there’s somebody that’ll set you up [with powdered cocaine].”*





Corroborating data indicated that powdered cocaine is available in the Columbus region. Ohio Department of Public Safety (ODPS) reported seizing 114.4 kilograms (252.2 lbs.) of powdered cocaine from this region during the past six months. In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. As part of an investigation of cocaine trafficking in Whitehall (Franklin County), the Whitehall Division of Police Narcotics Unit executed a search warrant of a residence in New Albany (Franklin County) and seized 6,720 grams of cocaine, 732 grams of marijuana and a large amount of cash; officers arrested a man for possession and trafficking in cocaine and marijuana (www.nbc4i.com, Aug. 4, 2018). The Whitehall Division of Police Narcotics Unit and other area special response units executed four search warrants that resulted in the seizure of 44 grams of cocaine, 13 grams of heroin, four firearms, a large amount of cash and the arrest of one man for drug possession (www.10tv.com, Aug. 24, 2018). Whitehall Police executed a search warrant and arrested two men known by police to be drug traffickers, charging them with trafficking in and possession of drugs after seizing 80 grams of cocaine, 85 grams of heroin, 115 prescription pills, several firearms, two of which were stolen, and cash (www.abc6onyourside.com, Nov. 7, 2018). Deputies with the Franklin County Sheriff’s Office executed a search warrant and seized 949 grams of cocaine, 214 grams of heroin, two firearms and cash from a west Columbus residence; officers arrested two men for possession of cocaine (www.nbc4i.com, Dec. 14, 2018).

Participants reported that the availability of powdered cocaine has decreased during the past six months. Participants remarked: *“There are other [drugs] people are doing now; You can make more money if you cook [powdered cocaine] and resell it as ‘crack’ (crack cocaine). So, it is harder to find [cocaine] in its pure (powdered) form.”* Treatment providers reported that the availability of powdered cocaine has remained the same during the past six months, while law enforcement reported that availability has increased. A treatment provider noted, *“It’s pretty consistent.”* Ohio Bureau of Criminal Investigation (BCI) crime labs reported that the incidence of cocaine cases they process from this region has increased during

the past six months; the labs do not differentiate between powdered and crack cocaine.

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

Participants most often rated the current overall quality of powdered cocaine as ‘4-5’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was ‘5’. Participants discussed adulterants that affect the quality of powdered cocaine and reported the top cutting agents for the drug as: baby laxatives, benzodiazepines, No-Doz® (caffeine supplement) and over-the-counter nutritional supplements (creatine, whey). Participants did not reach a consensus on whether the quality of powdered cocaine has changed during the past six months. Participants explained: *“It’s more laced (adulterated); You don’t know what you are getting.”*

Powdered Cocaine	Cutting Agents Reported by Crime Labs	
	<ul style="list-style-type: none">  levamisole (livestock dewormer)  local anesthetics (lidocaine and procaine)  phenacetin (banned analgesic)  triacetin (triglyceride) 	

Current prices for powdered cocaine were reported by participants with experience buying the drug. Reportedly, the most common quantity of purchase is a gram. Participants did not indicate whether the price of powdered cocaine has changed during the past six months.

Powdered Cocaine	Current Prices for Powdered Cocaine	
	1/10 gram	\$10
	1/2 gram	\$50
	A gram	\$60
	1/16 ounce	\$80-100

Participants reported that the most common route of administration for powdered cocaine is snorting. A participant commented, *"They're cooking crack [to smoke] or they're snorting it ... and there's a very small percentage that are 'shooting' (intravenously injecting) it."*

A profile for a typical powdered cocaine user did not emerge from the data. Participants and community professionals described typical users as across the board. Participants discussed: *"Young, old; It could be anyone; College kids; 20s; Late 30s and up; Third-shift factory worker."* One community professional added, *"All walks of life ... white, black, Mexican. It's young users, old users, car salesmen and hipster kids."*




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'. Participants stated: *"It's everywhere; Kids are selling it."* Community professionals most often reported the current availability of crack cocaine as '6'; the previous most common scores were '10' for treatment providers and '8' for law enforcement. A treatment provider remarked, *"When you get into the really low-income neighborhoods, you see a lot more 'hard' (crack cocaine) than you do 'soft' (powdered cocaine)."*





Corroborating data indicated that crack cocaine is available in the Columbus region. ODPS reported seizing 574.9 grams (1.3 lbs.) of crack cocaine from this region during the past six months.

Participants reported that the availability of crack cocaine has increased during the past six months. Participants commented: *"Easier, because almost anyone that sells heroin sells crack; It continues to get easier; It's everywhere now.... I was just sitting out here, and somebody walked by and said, 'Yo, I got 'work' (crack cocaine)."* However, a few participants reported that the availability of crack cocaine has decreased during the past six months. A participant observed, *"I would say, if anything, maybe it's gone down a little bit because of the rise (increase in availability) of 'meth' (methamphetamine)."*

Treatment providers did not report on availability change of crack cocaine during the past six months, while law enforcement reported that availability has decreased. BCI crime labs reported that the incidence of cocaine cases they process from this region has increased during the past six months; the labs do not differentiate between crack and powdered cocaine.

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

Participants most often rated the current overall quality of crack cocaine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '6'. One participant explained, *"Just in the middle because [quality] can go either way [good or bad]."* Participants reported that crack cocaine in the region is most often adulterated (aka "cut") with baking soda. Other cuts mentioned included: benzodiazepines and methamphetamine. Participants shared: *"I've had it cut with baking soda and 'benzos' (benzodiazepines); If it has a yellow tint to it, kind of like butter [appearance], that's a better quality; I ended up in the hospital, and the only thing I had been doing was smoking crack and smoking 'weed' (marijuana) and [my toxicology results] came out positive for methamphetamines."*

Cutting Agents Reported by Crime Labs	
Crack Cocaine	 levamisole (livestock dewormer)
	 local anesthetics (lidocaine and procaine)
	 phenacetin (banned analgesic)
	 triacetin (triglyceride)

Reports of current prices for crack cocaine were consistent among participants with experience buying the drug. Reportedly, the most common quantity of purchase is 1/10 gram. Participants commented: *"[Price] all depends on who you go to; You can get a \$2 hit if you want."* Overall, participants reported that the price of crack cocaine has increased during the past six months. A participant remarked, *"It went up."*

Crack Cocaine	Current Prices for Crack Cocaine	
	1/10 gram (aka "rock")	\$20
	1/2 gram	\$60
	A gram	\$75-80
	1/16 ounce (aka "teener")	\$110-135
	1/4 ounce	\$350
	An ounce	\$600

Participants reported that the most common route of administration for crack cocaine remains smoking. Participants discussed: *"It is pretty much just smoking; I don't think a lot of people are sniffing (snorting) it."*

A profile for a typical crack cocaine user did not emerge from the data. Participants described typical crack cocaine users as anyone. Participants stated: *"Someone carrying a book bag (a student), a [woman] with the kids in the backseat of the car, I mean it could be anybody. I don't really think there's one (a typical user); I used to feel there was a definite stereotype for what you would consider a [habitual crack cocaine user] but as I get older ... I've seen [crack cocaine users] that have good jobs; I've seen all ages, all races, everybody; Black and white; I've seen Mexicans, I've seen Asians."*

Community professionals described typical crack cocaine users as African-American people. A treatment provider commented, *"I've noticed the majority of my African-American clients, their drug of choice is crack. But, I do have Caucasian clients who are also addicted to that ... I would say a majority of [crack cocaine users] are of African-American descent."*

Heroin

Heroin remains highly available in the region. Participants most often reported the current availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10.' One participant shared, *"I just had two overdoses [due to heroin] by my house."* However, participants

acknowledged that a lot of heroin contains fentanyl or is fentanyl substituted for heroin. They said: *"Heroin is not readily available in Columbus, Ohio [Franklin County]. Fentanyl is readily available in Columbus, Ohio; When my friend's dad died, he had been clean for a year and a half, and he relapsed on heroin. It was supposed to be heroin, but it was fentanyl, mostly fentanyl that they found in his system; It used to be, when I would buy 'dope' (heroin), [I would think], 'I know this is heroin, I know how this is gonna make me feel.' Now, if I went to buy a bag [of heroin], I'd be like, 'I might die, can you sit here with me while I do this 'cuz I don't want to die?'"*

Treatment providers most often reported the current availability of heroin as '10,' while law enforcement most often reported it as '7;' the previous most common scores were '10' and '8,' respectively. Treatment providers commented: *"I would say pretty common; Readily available."* A treatment provider noted, *"Actually, heroin in Mansfield [Richland County] is pretty sparse, but there are certainly a lot of other opiates (fentanyl) that are being passed off as heroin."* A law enforcement officer stated, *"It seems to be very accessible."*

Corroborating data indicated that heroin is available in the Columbus region. ODPS reported seizing 15.8 kilograms (34.9 lbs.) of heroin from this region during the past six months. In addition, the Columbus Fire Department reported administering 2,099 total doses of naloxone (opiate overdose reversal medication) to 1,446 individuals in the city of Columbus during the reporting period.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Columbus Police stopped a reported stolen car, and when they approached the vehicle, they found the driver attempting to swallow two baggies of suspected heroin and the passenger unconscious; the passenger was administered six doses of Narcan® (naloxone) before being transported to the hospital, and the driver was charged with receiving stolen property and obstructing official police business with drug charges pending lab results (www.nbc4i.com, July 2, 2018). Ohio State Highway Patrol (OSHP) seized over four pounds of heroin during a traffic stop along Interstate 70 in Madison County; officers arrested a man for possession of heroin (www.wkbn.com, Oct. 4, 2018). During an investigation of a drug ring, Columbus Police recovered more than 8,000 grams of heroin and arrested




eight people allegedly involved in the drug ring (www.myfox28columbus.com, Dec. 7, 2018). The Franklin County Prosecutor’s Office indicted seven people on multiple charges including trafficking in heroin and trafficking in cocaine; the case involved more than 17 pounds of heroin with multi-million-dollar bails set for those involved in the alleged drug ring (www.nbc4i.com, Dec. 20, 2018).

While many types of heroin are currently available in the region, participants were not in agreement as to which type of heroin, powdered or black tar, is most available. Participants commented: *“Of all of it, I think the most common one I’ve seen is the ‘tar’ (black tar heroin). It’s the easiest to cut (adulterate); It looks like balled-up tar, literally, and it almost reminds me of a Tootsie Roll®, but it has a glossy look to it; I’ve seen tar in Mansfield [Richland County] ... brown, light brown, dark brown; You can get tar as well but not as easily as the powder; People actually want powder. There’s more powder than tar.”*

Community professionals reported black tar and brown powdered heroin as most available. A treatment provider observed, *“I hear about black tar. Brown powder. Very rarely, ‘china’ (white powdered heroin).”* A law enforcement officer added, *“We see kind of the brown color, like an off-white, brown color. [Color] depends on the cutting agents.”*

Participants reported that the availability of heroin has decreased during the past six months. Participants discussed difficulty in finding heroin not adulterated with fentanyl; they described heroin-fentanyl mixtures as having saturated the market. Participants shared: *“It’s been getting harder [to find just heroin]... [Heroin is] my drug of choice and Delaware’s [Delaware County law enforcement has] been poppin’ (arresting) a lot of people [that sell heroin], they have had a lot of busts ... [availability has] been going down; There is definitely more fentanyl than heroin; It’s almost all fentanyl; Finding actual [black] tar heroin, you have to seek that out.”*

Treatment providers did not report on change of availability of heroin, while law enforcement reported that the availability of heroin has remained the same during the past six months. BCI crime labs reported that the incidence of heroin cases they process from this region has increased during the past six months; the labs reported processing beige, blue, brown, gray, purple, tan and white powdered heroin as well as black tar heroin.

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

Participants most often rated the current overall quality of heroin as ‘3-4’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was ‘5.’ Participants discussed: *“Heroin right now is a joke. That’s why people don’t really want it. It’s so dirty (adulterated). It’s so cut up (adulterated) now ... especially tar; I feel like a lot of heroin you buy on the street is just ‘stepped on’ (adulterated) too much ... tolerance is a major thing... Since so much fentanyl is around [users’ tolerance to opiates has increased], the heroin’s not good (potent enough).”*

Participants discussed adulterants (aka “cuts”) that affect the quality of heroin and reported the top cutting agent for the drug as fentanyl. Participants stated: *“Most of it is cut with fentanyl; It’s only 25 percent heroin. The rest is cut; You don’t even know what you are buying. I mean, it’s hard to distinguish between fentanyl and heroin ... you can’t tell a difference when you use it for the most part. And, it doesn’t always look different.”* An additional cut for black tar heroin mentioned is soda. A participant remarked, *“And soda. Coca-Cola®, Dr Pepper®, I’m not playing (joking). Cook it in the saucepan. It looks just like dope.”*

Overall, participants reported that the general quality of heroin has increased during the past six months. A participant noted, *“When my son’s dad died I was like, ‘where did he get his dope at?’ ‘Cuz I know all his drug dealers ... it’s stupid but ... if you’re dying off it, it must be good. That’s how you think.”* Another participant agreed with this reasoning, sharing he found out a friend had overdosed before coming to group. This participant stated, *“Well, obviously it’s good ... the Narcan® or whatever didn’t bring him back.”*

Heroin	Cutting Agents Reported by Crime Labs	
		<ul style="list-style-type: none"> ● acetaminophen ● caffeine ● cocaine ● diphenhydramine (antihistamine) ● fentanyl ● inositol (dietary supplement) ● lidocaine (local anesthetic) ● mannitol (diuretic) ● methamphetamine ● quinine (antimalarial) ● sorbitol (artificial sweetener) ● tramadol

Current prices for heroin were reported by participants with experience purchasing the drug. Reportedly, the most common quantities of purchase are 1/10 gram or a gram. One participant shared, "Every time I've been in a 'trap house' (place where illicit drugs are bought and used), it's like every other customer in front of me, it's the same thing ... [they're buying] either 20 (\$20 1/10 gram) or a gram."

Heroin	Current Prices for Heroin	
	Powdered:	
	1/10 gram (aka "point")	\$10-20
	1/2 gram	\$40-65
	A gram	\$90-100
	An ounce	\$900-1,500
Black tar:		
	1/10 gram	\$10

Participants reported that the most common route of administration for heroin is intravenous injection (aka "shooting"). Participants observed: "Injecting's gotten more popular; I think people start with sniffing (snorting) it and then they go to injecting it, and I feel like that's just a natural progression for heroin because eventually, sniffing, it is not gonna do it for you; Most of the people are shooting up."

A profile of a typical heroin user did not emerge from the data. Participants described typical users as anyone.

Participants shared: "It's everybody; It doesn't discriminate in terms of who it hits; You've got 14-year olds, 70-year olds; Rich, poor, black, white." Participant noted that typically heroin users are former prescription drug users. They discussed: "[I was injured and prescribed opioids], and it was all downhill from there, and I think that happens to a lot of people regardless of their stature in the community; I always looked at prescriptions as the gateway drug [to heroin]; Once everything gets dried up, your avenue gets dried up (you can't obtain prescription opioids), you're gonna do what you gotta do."

Community professionals described typical heroin users as white people in their 20s and 30s. One treatment provider commented, "I'd say Caucasian, more Caucasian." Law enforcement confirmed: "Just from reviewing the cases, male, white, probably in their 30s; Slightly lower socio-economic status. But, that line's blurring between what it used to be and what it is now. There are people from different classes and ethnicities who are struggling with [heroin]."

Fentanyl



Fentanyl is highly available in the region. Participants most often reported the current availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '7.' Participants reiterated what they reported in their discussion of heroin that it is difficult to discern fentanyl from heroin as a lot of heroin contains fentanyl or is fentanyl substituted for heroin. Participants stated: "[Fentanyl is] everywhere and in everything; I thought I was getting heroin for the longest [time], and then I went into detox ... there was no heroin [present in my toxicology report] ... it was all fentanyl.... I didn't know it; It's hard to say 'cuz you never know if you're getting fentanyl or what you're getting." However, one participant reported, "Nowadays, people [selling drugs] are open about their stuff. They're like, 'hey, this has 'fetty' (fentanyl) in it.'"




Community professionals most often reported the current availability of fentanyl as '10'; the previous most common scores were '10' for treatment providers and '4' for law enforcement. Law enforcement noted: "You don't need a poppy field at this point, and you don't need to harvest ... you don't need to do any of this. You can make fentanyl in really large amounts or carfentanil [synthetic opioid

significantly more potent than fentanyl] *in really large amounts in a very small space and transport it very easily ... it's very easy to conceal; There are a lot of users out there that want to come as close to death as possible. So, they want [fentanyl]. But, ... the average user from what I can tell ... they don't know carfentanil, they don't know all the [fentanyl] analogues and how strong they can be; They're even going so far as to have Narcan® on hand; I think the users are trying to get as close to that death line where they're able to ride that line as best they can...."*

Corroborating data indicated that fentanyl is available in the Columbus region. ODPS reported seizing 725.2 grams (1.6 lbs.) of fentanyl from this region during the past six months. In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. An autopsy report revealed that the late Kirkersville Police Chief (Licking County) died of fentanyl overdose in his home; officers found a plastic bag of cocaine and two syringes at the scene; one syringe tested positive for fentanyl and appeared to have come from the Kirkersville Police evidence room (www.dispatch.com, July 13, 2018). Columbus Police recovered 35 kilograms of suspected heroin/fentanyl from a vehicle abandoned by its driver who fled police during a traffic stop; officers recovered an additional 6 kilograms of suspected heroin/fentanyl from the suspect's residence and issued warrants for the man's arrest (www.abc6onyourside.com, July 25, 2018). Several local law enforcement agencies in coordination recovered 22 pounds of fentanyl from a residence in east Columbus; officers arrested four men at the residence for conspiracy to distribute fentanyl, methamphetamine and heroin (www.dispatch.com, Aug. 12, 2018). A judge in Franklin County sentenced a woman who was found guilty of involuntary manslaughter and drug trafficking to eight years in prison; a 12-year-old boy in the woman's care fatally overdosed from fentanyl exposure (www.10tv.com, Aug. 24, 2018). Columbus Police, responding to a surge in overdoses in the city, conducted a raid of a Columbus residence and seized a kilogram of fentanyl and a large amount of cash; officers arrested four people (www.dispatch.com, Sept. 2, 2018). In September, the Franklin County Coroner reported an unusually high rate of fentanyl overdoses that included five fatalities over a 24-hour period and 18 fatalities in the duration of a week's time (www.fox8.com, Sept. 6, 2018). U.S. Marshal's and local law enforcement arrested a man with a murder warrant from his Mansfield (Richland County) apartment and seized about 500 grams of

fentanyl, 400 grams of heroin, two firearms, cash and drug trafficking paraphernalia including pill presses and cutting devices (www.wmfd.com, Sept. 12, 2018). A U.S. District Court Judge sentenced a man to serve 15 years in prison for selling fentanyl-laced heroin to a woman in Whitehall (Franklin County) that caused her fatal overdose (www.dispatch.com, Sept. 13, 2018). The U.S. District Court in Columbus indicted a Delaware (Delaware County) man on charges including distribution of crack cocaine, fentanyl and heroin that resulted in the fatal overdose of at least three people (www.nbc4i.com, Sept. 27, 2018). Marion County Common Pleas Court filed an indictment against a man for aggravated possession of drugs and possession of marijuana after crime lab results revealed that the baggie of suspected heroin recovered by OSHP from man was determined to be 20.6 grams of fentanyl (www.marionstar.com, Nov. 29, 2018).

Participants and community professionals reported that the availability of fentanyl has increased during the past six months. Participants remarked: *"Definitely an increase in fentanyl; It's everywhere."* Treatment providers commented: *"We're seeing more and more fentanyl and less and less heroin; We're also seeing fentanyl laced in other substances."* Law enforcement shared: *"It's a little bit higher ... we're seeing more of the analogues; There's hundreds of different analogues."* BCI crime labs reported that the incidence of fentanyl and fentanyl analogue cases they process from this region has remained the same during the past six months, while the incidence of carfentanil cases has decreased.

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

Participants most often rated the current overall quality of fentanyl as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was not reported. Participants explained: *"It can't be poor; Look at how many people are dying."* Participants discussed adulterants (aka "cuts") that affect the quality of the drug and reported the top cutting agents for fentanyl as

heroin. Additional cuts were not reported. Overall, participants reported that the quality of fentanyl has remained the same during the past six months.

Reports of current prices for fentanyl were variable among participants with experience purchasing the drug. Reportedly, the most common quantity of purchase is a gram. Participants discussed: *"I know people that have mixed fentanyl with heroin and it still costs the same [as heroin]; A common amount is like a gram."* Participants did not indicate whether the price of fentanyl has changed during the past six months.

Fentanyl	Current Prices for Fentanyl	
	1/10 gram (aka "point")	\$20
	1/2 gram	\$35-65
	A gram	\$80-150

Participants continued to report that the most common route of administration for fentanyl remains intravenous injection (aka "shooting"). One participant added, *"Snort and shoot. I don't know anyone that smokes fatty."*

Participants and community professionals described typical fentanyl users as heroin users. A participant remarked, *"A lot of heroin addicts out there are the ones mostly using fentanyl."* However, participants also noted: *"Anybody can fall victim to it; Could be anybody."* Treatment providers discussed: *"Most of these people aren't going out looking for fentanyl, they want heroin or whatever their concept of heroin is and they're getting fentanyl because that's what's available; Same demographic [as heroin]."* Law enforcement commented: *"I don't know that it's any different than the typical heroin user; Anywhere from 20s to 50s..."*

Prescription Opioids



Prescription opioids remain available for illicit use in the region. Participants most often reported the current street availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '2.' Participants explained that high

availability relates to users who actively seek the drugs and have established connections for obtaining them. They discussed: *"Once you find somebody that actually has what you want, it's easy to get ... but actually getting to that point of finding them can be kind of difficult because doctors are cracking down (placing limits on prescribing opioids); I think if you're looking ... it's '10.'"*

Community professionals did not report on the current street availability of prescription opioids; the previous most common scores were '7' for treatment providers and '5' for law enforcement. A law enforcement officer shared, *"We've only had 28 cases this year involving oxycodone, compared to 266 fentanyl cases."*




Participants identified Percocet® and Vicodin® as the most popular prescription opioids in terms of widespread illicit use. Community professionals identified oxycodone and Percocet® as most popular. A treatment provider remarked, *"We see 'oxys' (oxycodone) and Percocet®."* Law enforcement observed: *"I'd say oxycodone's probably the most prominent; We see a lot of oxycodone; Actually, I'm seeing Percocet® a lot at [crime] scenes now."*

In addition, a few participants also discussed the prevalence of pressed pills made to look like prescription opioids, but these clandestine pills actually contain illicit substances such as fentanyl. Participants stated: *"Sometimes they look perfect (just like prescription opioids); I was getting these [pressed pills] called 'K-9s,' and there's actual K-9s (oxycodone) you get from a pharmacy but those are a little bigger than the ones people are pressing and the only time you could even tell is if you were actually looking at it because it wasn't as wide but it was thicker ... as far as the pill went it was a perfect press. It was a professional press. Whoever made it didn't make it quite as big. And, they were always a little bit darker than the real ones ... it's just a crazy time for pills; A lot of them mostly are fentanyl but ... quality control isn't there. So, one 'perk' (Percocet® lookalike) you may take and be faded (high) all day, but then the next day they take one and, 'Oh, what was wrong with that one? I didn't feel anything.'"*

Participants reported that the street availability of prescription opioids has decreased during the past six months. Participants added: *"It's not as available as it used to be. At least not with the people I know; It's harder to get and fill [prescriptions for opioids] because they're pretty much cracking down on what you can get; I couldn't get [a*

prescription] filled in one pharmacy. I was advised to just leave it alone 'cuz I was on Suboxone®, so that little system (OARRS, Ohio Automated Rx Reporting System) they have is working; The demand is way higher than the supply I feel."

Treatment providers reported that the street availability of prescription opioids has remained the same, while law enforcement did not comment on whether availability has changed during the past six months. A treatment provider commented, "I'd say it's been pretty constant." BCI crime labs reported that the incidence of hydrocodone (Vicodin®), morphine, oxycodone (OxyContin®, Percocet®) and tramadol (Ultram®) cases they process from this region has decreased or remained the same during the past six months. BCI labs reported processing very few cases of hydromorphone (Dilaudid®), methadone and oxymorphone (Opana®) from this region during the past six months.

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

Current street prices for prescription opioids were reported by participants with experience buying the drugs. A participant summarized pricing, "People pay for what they want. Don't matter how much it is. If they want it, they're gonna buy it. And, if it's the only place they can get it, they're definitely gonna buy it." Overall, participants indicated that the price of prescription opioids has increased during the past six months.

Prescription Opioids	Current Street Prices for Prescription Opioids	
	Roxicodone®	\$20-25 for 15 mg
		\$30-45 for 30 mg
Vicodin®	\$6-9 for 5 mg	

Participants reported obtaining prescription opioids for illicit use most often from drug dealers, doctors and relatives/friends with prescriptions. Participants shared: "I

have mine from my physician; Somebody that's sick; Sibling." In addition, participants commented: "There's people that'll drive all the way to Tennessee and get a 500 'script' (prescription) of 'perk 30s' (Roxicodone®); The people that get them are traveling [out of state]."

Participants reported that the most common route of administration for illicit use of prescription opioids is oral consumption. Participants remarked: "Swallowing; I've heard of people snorting them." A profile of a typical illicit prescription opioid user did not emerge from the data. Participants described typical illicit users as anybody. A participant observed, "They could look 'clean' (drug free) as hell and you'd never even think they'd use it." Treatment providers described typical illicit prescription opioid users as older. They commented: "Referrals wise, with that, I see an older age group coming in, anywhere from 40 to 60 [years of age]. A lot of it ... referrals coming from surgeries, chronic pain, they were prescribed; More middle class."




Suboxone®

Suboxone® (buprenorphine) remains highly available for illicit use in the region. Participants most often reported the current street availability of the drug 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.' Participants stated: "Real easy, real easy [to obtain]; There's [bus] bench advertisements for Suboxone®. I'm gonna say '10; Off the chart." Participants discussed that Suboxone® in sublingual filmstrip (aka "strip") form is more desirable than Suboxone® in pill form. Participants shared: "People just like strips better; Strips are more highly-valued than pills; It's because [the filmstrips] dissolve quicker when you take them ... and they come individually wrapped in paper ... so, you know they're not fake..." In addition, a participant pointed out, "Strips are a lot easier to get into prison."

Treatment providers most often reported the current street availability of Suboxone® as '10,' while law enforcement most often reported it as '6'; the previous most common scores were '10' and '3,' respectively. A treatment provider remarked, "It's readily available." One law enforcement officer commented, "I chair a recovery committee and so I know some of the recovery home providers ... apparently it's easy to get [Suboxone®] and [residents] use it quite a bit to stave off [opiate] cravings

... they're not prescribed it, but they can get it on the street apparently pretty easily."

Participants reported that the street availability of Suboxone® has decreased during the past six months. One participant commented, "It's hard to get strips nowadays. It is really hard." Treatment providers reported that Suboxone® street availability has remained the same, while law enforcement did not report on whether street availability has changed during the past six months. BCI crime labs reported that the incidence of Suboxone® cases they process from this region has slightly increased during the past six months.

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

Reports of current street prices for Suboxone® were consistent among participants with experience buying the drug. Reportedly, 8 mg Suboxone® filmstrips and pills most often sell for \$10-20 each. Overall, participants reported that the street price of Suboxone® has remained the same during the past six months.

In addition to obtaining Suboxone® on the street from drug dealers, participants also reported getting the drug for illicit use through doctors, emergency rooms, friends, clinics and recovery centers. Participants mentioned: "They've go to a specific Suboxone® clinic, and then there's the 40 percent that are getting it from the people going to those places; You can buy them from people. There are a lot of for-profit doctors and you can go and 'piss dirty' (screen positive for opiate use on urinalysis testing) [and obtain a Suboxone® prescription]. They don't care as long as you're paying them; People go to counseling and stuff and they get Suboxone® for their addiction and then they sell it or abuse it."

Treatment providers added: "I hear very often from referrals that they are buying [Suboxone®] off the streets. That's normally the main source; Nine times out of 10 ... they're buying it off the streets; Say someone's in a MAT (medication-assisted-treatment program), they're on Suboxone®, MAT's

usually coupled with counseling ... self-help meetings, things like that where they seek out other people [to deal Suboxone® to] ... so, we're seeing them peddle it to each other ... also, there's doctor shopping."

Participants reported that the most common routes of administration for illicit use of Suboxone® filmstrips are oral consumption followed by intravenous injection (aka "shooting"); the most common routes of administration for illicit use of Suboxone® pill form are snorting and oral consumption. Participants shared: "Just put it under your tongue the way you're supposed to; Most of the time with the strips they just put it on their gums. Hits you ten times faster; People melt the strips down and inject them; It made me feel like I was gonna die when I shot it though." Participants described typical illicit Suboxone® users as opiate users. They discussed: "Anyone who uses [opiates]; I was gonna say the NA (Narcotics Anonymous) circle ... The beginners of NA, I don't know how else to describe it. When I was in rehab that's what we always called it, just joking around, the 'NA starter pack,' people on Suboxone®...."

Community professionals described typical illicit Suboxone® users as younger. Treatment providers discussed: "Anywhere from 20s to 40s; I have a couple of new clients that have messed with it and then I also have a very functional construction worker that got hooked on it after an injury and he didn't have insurance...." Law enforcement concluded: "They've usually been younger on the scale. As far as people I've seen come in with it; It's still Caucasian though, by and large ... still male."

Sedative-Hypnotics



Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain moderately to highly available for illicit use in the region. Participants most often reported the current street availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '6-7.' Participants stated: "It's very easy to get; When I was delivering pizza ... I would say at least one or two times on the weekends someone would offer me some Klonopin®, Valium® or Xanax® as a tip.... People would offer me free Xanax® all the time." Community

professionals did not assign an availability rating for the current street availability of sedative-hypnotics; the previous most common availability scores were '8' for treatment providers and '9' for law enforcement.

Corroborating data indicated that sedative-hypnotics are available for illicit use in the Columbus region. Fairfield County Municipal Court reported that of the 4,801 positive adult drug specimens it recorded during the past six months, 7.9% were positive for benzodiazepines.




Participants and community professionals identified Klonopin® and Xanax® as the most available sedative-hypnotics in terms of widespread illicit use. A participant confirmed, "Xanax® is the most popular." Treatment providers noted: "Xanax® for sure; Klonopin® and Xanax® are really prevalent. As far as people who use methamphetamine and cocaine, they will also use Xanax® and alcohol. It's a really deadly dangerous combination." A law enforcement officer observed, "Xanax® is number one."

Like prescription opioids, participants reported fraudulent pressed pills sold as Xanax®. Participants shared: "The thing is, some of them, like the Xanax®, I know for sure they're using the same presses that are used in the actual manufacturing plants, the only difference is quality control. So, one Xanax® bar (2 mg) could either be 2 milligrams or it could be 6 milligrams, or it could be 5 milligrams. You didn't know if this one bar would knock you out or get you where you want to be; Here's the other thing. They're actually selling them the actual powder now, that you have to re-form it into the Xanax®. People are ... actually, physically making their own Xanax® bars."

Participants and treatment providers reported that the general availability of sedative-hypnotics for illicit use has decreased during the past six months, while law enforcement reported it has remained the same. Participants observed: "Xanax® used to be easy to get; From what I've seen, yes, it's been harder [to obtain Xanax®]..." However, a few participants disagreed. One participant stated, "It's pretty easy to get Klonopin® prescribed to you." Treatment providers added: "I don't see it very much; I'd say there's a big decrease."

BCI crime labs reported that the incidence of alprazolam (Xanax®) cases they process from this region has increased during the past six months, while the incidence of clonazepam (Klonopin®), diazepam (Valium®) and zolpidem (Ambien®) cases has decreased or remained the

same. BCI labs reported processing very few cases of lorazepam (Ativan®) and carisoprodol (Soma®) from this region during the past six months.

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

Reports of current street prices for sedative-hypnotics were consistent among participants with experience buying the drugs. Reportedly, sedative-hypnotics most often sell for \$1 per milligram. A participant shared, "I'd say anywhere from \$5-25 for the lowest to the highest [milligram pills]." Overall, participants reported that the price of sedative-hypnotics has remained the same during the past six months.

Participants reported obtaining sedative-hypnotics for illicit use through Internet purchase and from people with prescriptions. Participants explained: "Online, the 'dark web' (websites operated by criminal enterprises); Off the street ... people go to the doctor and then they sell them. Klonopin® and Xanax® are real big for that; A lot of people are getting them and then trading their 'dope boy' (trading them with a drug dealer for other drugs)."

Participants continued to report that the most common route of administration for illicit use of sedative-hypnotics is snorting. Participants discussed: "Most people snort 'xans' (Xanax®); One of my good friends was doing heroin and Xanax® and she broke down the Xanax® to mix it with the heroin to 'shoot' (intravenously inject) it up and died; You don't smoke them. You don't shoot them. Really, you just orally take them."

A profile for a typical illicit sedative-hypnotic user did not emerge from the data. Participants and community professionals described typical illicit sedative-hypnotics users as anyone and other drug users. Participants stated: "I would say mostly in their 20s; Older with money; Everybody I know ... the college kids ... older folks, like 60 to 75 [years of age]... My grandparents still get prescribed Klonopin® and Xanax®." Community professionals added: "There's nothing that would really stand out to me; We still find a lot of 'benzos'

(benzodiazepines) in combination with opiate use; I think a lot of the association with those types of medications are that people use it to take the edge of whatever heavy stimulant or opiate they're using."

Marijuana



Marijuana remains highly available in the region. Participants and community professionals most often reported the current availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were also '10.' Participants stated: "It's everywhere; It's always been off the charts; I walk out the front door and smell it every day." One law enforcement officer added, "From what we see, it's almost everyone coming through (arrested) has cannabinoids, cannabinoids, cannabinoids in their system...."




Corroborating data indicated that marijuana is available in the Columbus region. Fairfield County Municipal Court reported that of the 4,801 positive adult drug specimens it recorded during the past six months, 17.3% were positive for THC (tetrahydrocannabinol; the principal psychoactive component of marijuana). In addition, ODPS reported seizing 720.2 kilograms (1,587.8 lbs.) of marijuana from this region during the past six months.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Deputies with the Franklin County Sheriff's Office, responding to a call in Prairie Township, noticed a strong aroma of marijuana from the house next door to the house they were called to investigate, which led to a subsequent investigation and seizure of about 500 pounds of marijuana, 100 marijuana plants and 43 cats from the property; the resident was charged with cultivation of marijuana and the cats were turned over to family members (www.nbc4i.com, Sept. 17, 2018). During a traffic stop in Madison County, an OSHP K-9 officer alerted to the presence of 250 pounds of marijuana inside a rental truck; officers arrested the driver of the truck, a California man (www.nbc4i.com, Nov. 20, 2018). A Judge in Marion County Common Pleas Court sentenced a former corrections officer to serve 30 days in jail and a year of probation after he was found guilty of smuggling eight small parcels of marijuana wrapped in electrical tape to inmates (www.marionstar.com, Nov. 20, 2018).

Participants also discussed current availability of high-grade marijuana extracts and concentrates, often appearing as oil and waxy forms of the drug (aka "dabs"). Participants most often reported the current availability of dabs as '10;' the previous most common score was also '10.' Participants noted: "Yeah, the dab stuff is like what everybody wants to do now; 'Cuz it's a 'one-hitter quitter' ... you hit one time (take one inhalation), you're like baked out of your mind (extremely high); With Snapchat and that kind of stuff you generally know who has it on the minute 'cuz as soon as someone gets it, it's on a social media app and ... flaunted everywhere; Colorado and Michigan [marijuana] have kind of been hitting Ohio pretty bad."

Participants and law enforcement reported that the availability of marijuana has remained the same during the past six months. One participant commented, "It's always been the same (highly available), but I think before you used to get shitty weed, like 'brick weed' (low-grade marijuana), and now all you can get is 'loud, kush, OG' (types of high-grade marijuana)." Treatment providers did not report on whether the availability of marijuana has changed during the past six months.

Participants reported that the availability of marijuana extracts and concentrates has increased during the past six months. Participants observed: "That's like a big change for real. It's more available; Everybody has these little pen things (electronic cigarettes/vaporizers, aka 'vape pens'). Two years ago, they had nicotine in them ... but now they [have dabs in them] I see people all the time out in public with those; With THC stuff (oils and dabs) it's been getting easier [to conceal marijuana use]." Community professionals did not report on the current availability of marijuana extracts and concentrates. BCI crime labs reported that the incidence of cannabis (including edible cannabis) and concentrated THC (tetrahydrocannabinol oils, dabs) cases they process from this region has increased during the past six months.

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

Participants most often rated the current overall quality of marijuana as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was also '10.' Participants discussed: "Depends on what you want, loud is definitely a '10; The cheaper you go, generally the worse it is; You always get what you pay for." Overall, participants indicated that the quality of marijuana has remained the same during the past six months. Participants also discussed the high quality of marijuana extracts and concentrates. They shared: "High potency, very high potency; It's definitely getting better; It's only getting better as they're growing better [marijuana]; It'll put you on your ass."

Reports of current prices for marijuana were provided by participants with experience buying the drug. Reportedly, the most common quantity of purchase is 1/8 ounce. Overall, participants reported that the price of marijuana has remained the same during the past six months.

Marijuana	Current Prices for Marijuana	
	Low grade:	
	A blunt (cigar)	\$5
	1/8 ounce	\$20-25
	1/4 ounce	\$50
	High grade:	
	A blunt (cigar)	\$10
	1/2 gram	\$5-10
	A gram	\$20
	1/8 ounce	\$30-50
1/4 ounce	\$75-100	
Extracts and concentrates:		
A brownie	\$8-10	
A cartridge of THC oil	\$20-100	

Participants continued to report that the most common route of administration remains smoking, but they also but mentioned vaping and orally consuming edibles as other routes of administration.

A profile for a typical marijuana user did not emerge from the data. Participants and community professionals described typical marijuana users as anyone. Participants commented: "Long hair, hippies; A lot of old people; Young people; It can be skateboarders; From the janitor of your building to the CEO of your building." Treatment providers mentioned: "With the cultural acceptance of marijuana, it's in every population, every demographic; From adolescents to probably 60s." Law enforcement noted: "I think it's pretty ubiquitous; We see it as old as [people aged] 60s and 70s."

Methamphetamine



Methamphetamine is highly available in the region. Participants most often reported the current availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get);

the previous most common score was '7.' Participants stated: "[Available] all the time; It's everywhere. It's beyond a '10' (extremely available)... Where I live, that's all there is." Treatment providers most often reported the overall current availability of methamphetamine as '10,' while law enforcement most often reported it as '6; the previous most common scores were '5' and '4-5,' respectively.

Corroborating data indicated that methamphetamine is available in the Columbus region. ODPS reported seizing 21.4 kilograms (47.2 lbs.) of methamphetamine from this region during the past six months. In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. Newark Police (Licking County) arrested a man for vandalism; the man allegedly broke the windows to a historic Vietnam War era helicopter at an American Legion because he was high on methamphetamine and someone dared him to do it (www.nbc4i.com, July 31, 2018). Knox County Sheriff's Office conducted an eight-month long investigation, executing search warrants at multiple locations around Columbus and Marion (Marion County), and seizing an undisclosed amounts of methamphetamine, cocaine, heroin, marijuana, prescription pills, firearms and cash; officers arrested two women for aggravated trafficking in drugs, drug possession and permitting drug abuse (www.wmfd.com, Aug. 9, 2018). Galion Police (Crawford County) were called to investigate a report of a 5-year-old

boy testing positive for methamphetamine at a local hospital following trick-or-treating; the boy had put a pair of fake vampire teeth in his mouth suspected to have been laced with methamphetamine, but after finding no controlled substances detected in the child's candy, officers searched the apartment where the boy lived and found drug paraphernalia, marijuana and methamphetamine; the boy's father was charged with tampering with evidence and drug possession (www.fox8.com, Nov. 2, 2018). OSHP conducted a traffic stop in Delaware County and seized one-pound of methamphetamine, four Suboxone® pills and drug paraphernalia from a vehicle that led to the arrest of the driver for operating a vehicle under the influence of drugs and possession of controlled substances (www.nbc4i.com, Nov. 20, 2018).




Participants reported that methamphetamine is available in crystal and powdered forms throughout the region; however, they noted crystal methamphetamine as more prevalent. A participant remarked, "I've only ever seen crystal [methamphetamine]." However, a few participants commented on the presence of powdered methamphetamine (aka "shake-and-bake"). They said: "There's 'shake-and-bake.' The difference in methamphetamine is where it's made ... a lab ... or ... in a car; In Licking County, a lot of people make [shake-and-bake]...."

The powdered form of methamphetamine is typically referred to as "shake-and-bake," which means users produce the drug in a single-sealed container, such as a two-liter soda bottle. By using common household chemicals along with ammonium nitrate (found in cold packs) and pseudoephedrine (found in some allergy medications), people who make methamphetamine can produce the drug in approximately 30 minutes in nearly any location.

Participants reported that the availability of methamphetamine has increased during the past six months. Participants added: "I've heard that it's more available now than anything. I work in a gas station, so I see a lot of things, and that's one of the things I hear a lot about; In the last six months, it has gotten much easier [to obtain methamphetamine]; I know more people now that do methamphetamine now than six months ago; People on Suboxone® or Vivitrol® who still want to be able to get high

... are gonna go toward 'meth' (methamphetamine); Right when the Vivitrol® shot came out, methamphetamine was everywhere."

Community professionals also reported that the availability of methamphetamine has increased during the past six months. A treatment provider confirmed, "I'd say more prominent." Law enforcement added, "I can't speak to the type, but we've seen an increase in meth ... and I'd say it's pretty significant compared to last year." BCI crime labs reported that the incidence of methamphetamine cases they process from this region has increased during the past six months.

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

Participants most often rated the current overall quality of methamphetamine as '6' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was also '6.' Participants observed: "[Quality] depends on who you know. I mean there's some good going around; I've been to other states and what you're getting is 'shards' (crystal methamphetamine) as big as your finger whereas here it looks 'more shaken' (like shake-and-bake); It depends on what it's made out of...."

Participants discussed adulterants (aka "cuts") that affect the quality of the drug and reported the following as cutting agents for methamphetamine: Adderall®, Drano® (drain cleaner), fentanyl and salt. Participants shared: "It's got Adderall® in it; Like adding baking soda to crack cocaine ... salt you add [to methamphetamine]; [Fentanyl], they're putting fentanyl in everything." Overall, participants reported that the quality of methamphetamine has remained the same during the past six months.

Methamphetamine	Cutting Agents Reported by Crime Labs	
	<ul style="list-style-type: none"> ● dimethyl sulfone (DMSO; dietary supplement) ● magnesium sulfate (Epsom salts) 	

Current prices for methamphetamine were reported by participants with experience buying the drug. Reportedly, the most common quantity of purchase is a gram. One participant remarked of current pricing, "Cheap, dirt cheap." Participants also discussed trading methamphetamine for other drugs. One participant shared, "Meth was easy to come by out there, so I would just trade meth for [heroin]..." Overall, participants reported that the price of methamphetamine has remained the same during the past six months.

Methamphetamine	Current Prices for Methamphetamine	
	Crystal:	
	A gram	\$40-70
	An ounce	\$500

Participants reported that the most common routes of administration for methamphetamine are snorting and intravenous injection (aka "shooting"). Participants estimated that out of 10 methamphetamine users, five would snort and five would shoot the drug. Participants stated: "It depends on the person; I prefer to inject.... But, then there are some users that don't inject [drugs], so they just smoke it; You're addicted to the way you do drugs just as much as you are the drug itself; I always just injected it because I don't want to miss a drop; Or you can 'hot rail' it. Hot railing is taking a broken pipe and snorting [methamphetamine] while the pipe's super hot, which is stupid ... burn your nostrils off."

Participants described typical methamphetamine users as white people, although they discussed the drug as being used by a wide range of people. Participants commented:

"No matter what the drug is these days, you can't just look at someone and say they're a heroin user or they're a meth user; Everybody uses [methamphetamine]; It doesn't discriminate...."

Treatment providers described typical methamphetamine users as white people of low socio-economic status. Treatment providers noted: "Low income I'd say; High school or less; Usually not employed." Law enforcement described typical methamphetamine users as white males while also noting methamphetamine use within the lesbian, gay, bisexual, transgender and questioning (LGBTQ) population. Law enforcement said: "Male and Caucasian. It is prevalent in the LGBTQ community; Younger for sure. Early 20s to 30s."

Prescription Stimulants



Prescription stimulants are moderately available for illicit use in the region.




Participants most often reported the current street availability of these drugs as '7' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '7-8.' Participants stated: "I could get them so fast; I got two nephews that are on Adderall®, and I know [they] don't be taking them like they're supposed to. And, they do get money out of nowhere; I still have multiple friends that are getting prescriptions for that."

Community professionals most often reported the current street availability of prescription stimulants as '6,' the previous most common scores were '10' for treatment providers and '8' for law enforcement. A treatment provider remarked, "I don't really have many clients that struggle with that." Law enforcement commented: "We've seen amphetamine a few times [in toxicology reports] ... Adderall®; It's not a huge amount [that we encounter]."

Participants identified Adderall® as the most available prescription stimulant in terms of widespread illicit use. Participants commented: "Adderall® is real big; It's all Adderall® or generic Adderall®." Community professionals identified Adderall® and Vyvanse® as most available. A treatment provider stated, "Adderall® and Vyvanse® and any of the generic names for those."

Participants and community professionals reported that the street availability of prescription stimulants has decreased during the past six months. Participants observed: *"I haven't heard about Adderall® in a long time. Before, I would just be like, 'Oh, I know where to get those;' It's changed a little bit, but I know they're still out there. I can still get them."*

BCI crime labs did not report any cases of methylphenidate (Ritalin®) for this region during the past six months, and very few cases of amphetamine (Adderall®) and lisdexamfetamine (Vyvanse®).

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

Current street prices for prescription stimulants were reported by participants with experience buying these drugs. Reportedly, prescription stimulants typically sell for \$0.50-1 per milligram. Overall, participants reported that the price of prescription stimulants has increased during the past six months.

Prescription Stimulants	Current Street Prices for Suboxone®	
	Adderall®	\$3-7 for 20 mg \$5-20 for 30 mg

Participants reported obtaining prescription stimulants for illicit use from people who have prescriptions. Participants explained: *"Other people with prescriptions; You could trade pills for weed, and pretty much anything; Pretty much the kids that are getting them prescribed or their siblings that are stealing it from them; I get 60 [prescribed stimulants] a month ... I can totally see [selling them]. If you had 60 a month and only used 30, what are you gonna do with the other 30?"* Participants reported that the most common route of administration for illicit use of

prescription stimulants is oral consumption. A participant stated, *"I just ate mine. But, I know they snort 'em."*

Participants described typical illicit prescription stimulants users as young, high school and college students. Participants remarked: *"On college campuses it's a huge thing; Age of 13 to 26 [years]; I don't think there are a lot of Adderall® addicts that are in their 60s or 70s, or even 50s ... it's a younger type drug; I don't want to say a rich person, but ... upper class, they're not willing to do the meth or the crack. They want the feel and effect and that's why I say college students because they've got studying and stuff to do and they actually care what people think of them."*

Treatment providers also described typical illicit prescription stimulant users as younger, while law enforcement reported the typical user as of high socio-economic status. A treatment provider noted, *"Mostly still in school."* A law enforcement officer commented, *"I think that you would find people who have used, or abused rather, prescription medications over a long period of time would tend to be people of higher socio-economic status who can afford the legitimate prescribed versions of those medications ... those who fall under lower socio-economic status may seek out alternatives on the street like heroin and opioids and things like that."*




Ecstasy




Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMP) remains available in the region. Participants most often reported the current availability of ecstasy and "molly" (powdered MDMA) as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were '2.' A participant stated, *"'10,' I'm a 'rave' (dance party) girl through and through [and can easily obtain ecstasy/ molly]."*

Treatment providers most often reported the current availability of ecstasy/molly as '6,' while law enforcement most often reported it as '1'; the previous most common scores were '8' and '2,' respectively. Treatment providers and law enforcement did not report on the availability of molly; the previous most common scores were '8' and '7,' respectively. A treatment provider remarked, *"A bit lower*

availability than the others (other drugs)." A law enforcement officer noted, "Pretty low. I mean as far as prevalence."

Participants reported that the availability of ecstasy has decreased during the past six months, while the availability of molly has increased. Participants commented: "Ecstasy, it's not [available] like it used to be; I heard more about ecstasy when I was younger; Molly is more available [than six months ago]." Treatment providers did not report on whether the availability of ecstasy and molly has changed during the past six months, while law enforcement reported that the availability of these drugs has remained the same. A law enforcement officer stated, "It is pretty consistent." BCI crime labs reported that the incidence of MDMA (ecstasy/molly) cases they process has slightly increased during the past six months.

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

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

Participants discussed the quality of ecstasy and molly but did not rate current quality on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common scores were '2-9.' Participants explained: "With molly, sometimes it's hard to tell if you're actually getting molly; You don't know what it is really. You just don't."

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

sold in 2/10 gram and gram amounts. A participant shared, "I could probably get some good molly for \$60-70 a gram. And, then an ecstasy pill for like \$20-30 apiece."

Current Prices for Ecstasy/Molly		
Ecstasy/Molly	Ecstasy:	
	Medium dose (aka "double stack")	\$20
	High dose (aka "triple stack")	\$30
	Molly:	
	2/10 gram	\$20
	A gram	\$60-70

Participants indicated that ecstasy and molly are obtained through drug dealers. Participants reported that the most common route of administration of ecstasy is oral consumption, while the most common route of administration for molly is snorting. Participants discussed: "You can snort [ecstasy], but it'll make you real sick before you get high. So, most chew it up; Snorting is what I heard or under the tongue; You can inject it, I've injected molly before; You take the whole ecstasy pill and put it in your butt, or you can put it under your tongue."

Participants and community professionals described typical ecstasy and molly users as hippies, 'ravers' (dance party goers) and partiers. Participants discussed: "Hippie-ish kind of people ... people that like to camp out; People who wanna go hard and just party all night ... the college scene; People that think they are like gangster or are from the ghetto or whatever do a lot more molly than they do ecstasy; All the rappers rap about it, they're doing it; I've seen it all around. I don't really see older ... people past 25 [years] ... with molly." In addition, a participant observed, "It's huge in the gay community." Community professionals noted: "Drinkers, bar goers, partiers; I'd even say kids experimenting; Older teenagers, [young] adults."

Other Drugs in the Columbus Region

Participants reported current availability of hallucinogens (psilocybin mushrooms) in the region; however, these drugs were not mentioned by the majority of people interviewed. In addition, BCI crime labs reported on other substances that were not discussed by participants or community professionals. BCI crime labs reported that the incidence of U-47700 (synthetic opioid) cases they process from this region has decreased during the past six months, while the incidence of synthetic cathinones ("bath salts") and synthetic marijuana (synthetic cannabinoids) cases they process from this region has increased.

Hallucinogens

Hallucinogens remain available in the region. Participants most often reported the current availability of hallucinogens as '3' for psilocybin mushrooms on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was not reported. However, one participant commented, "*Shrooms' (psilocybin mushrooms) are very few and far between.*" Participants did not report any further details on hallucinogens.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. OSHP conducted a traffic stop along Interstate 70 in Madison County and recovered nearly three pounds of psilocybin mushrooms, 144 doses of LSD (lysergic acid diethylamide), 450 doses of nitrous oxide (inhalant, aka "whippets"), an ounce of cocaine and 70 grams of marijuana; officers arrested the driver of the stopped vehicle for possession of drugs (www.nbc4i.com, July 17, 2018). BCI crime labs reported that the incidence of psilocybin mushroom cases they process from this region has increased during the past six months, while the incidence of LSD cases from this region has slightly decreased.

Conclusion

Heroin, marijuana and Suboxone® (buprenorphine) remain highly available in the Columbus region; also highly available in the region are fentanyl and methamphetamine. Changes in availability during the past six months include: increased availability for fentanyl and methamphetamine; likely increased availability for marijuana ("dabs"); decreased availability for prescription stimulants; and likely decreased availability for prescription opioids and sedative-hypnotics.

While heroin remains highly available in the region, respondents acknowledged that a lot of heroin contains fentanyl or is fentanyl substituted for heroin. In fact, participants reported that the availability of heroin has decreased during the past six months. Participants discussed difficulty in finding heroin not adulterated with fentanyl; they described heroin-fentanyl mixtures as having saturated the market. They also continued to report that the top cutting agent (adulterant) for heroin is fentanyl.

Respondents indicated that fentanyl is higher in availability than heroin, and its availability has increased during the past six months. They attributed increased availability of fentanyl to increased user demand for more potent opiates. Law enforcement discussed: "*There are a lot of users out there that want to come as close to death as possible. So, they want [fentanyl]; They're even going so far as to have Narcan® on hand.*"

Corroborating data indicated that heroin/fentanyl is highly available in the Columbus region. Columbus Fire Department reported administering 2,099 total doses of naloxone (opiate overdose reversal medication) to 1,446 individuals in the city of Columbus during the reporting period.

Participants observed high current availability of crystal methamphetamine, with many participants noting methamphetamine as the most available drug in the region. Participants attributed the increase in availability of crystal methamphetamine during the past six months to the drug's low price compared to other drugs, as one participant expressed methamphetamine is, "*Cheap, dirt*

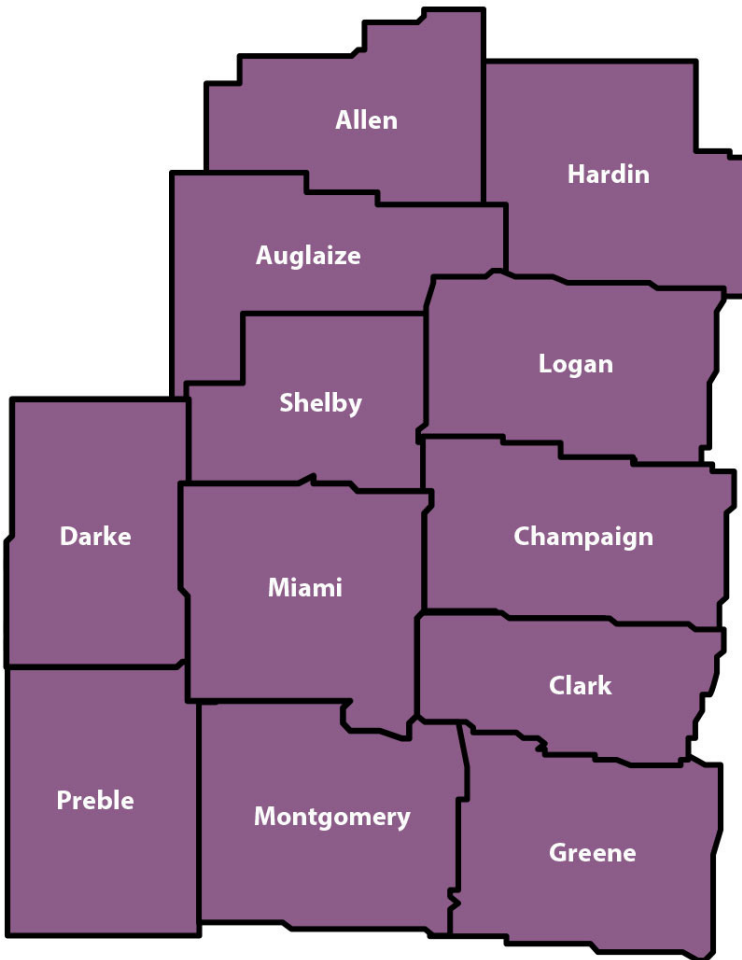
cheap.” Participants also discussed that users receiving MAT (medication-assisted treatment) for opioid use disorder have switched to methamphetamine to continue drug use.

BCI crime labs reported that the incidence of methamphetamine cases they process from this region has increased during the past six months. Participants discussed adulterants (aka “cuts”) that affect the quality of the drug and reported the following as cutting agents for methamphetamine: Adderall®, Drano® (drain cleaner), fentanyl and salt. A participant commented, *“They’re putting fentanyl in everything.”* Respondents described typical methamphetamine users as white people, although they discussed the drug as being used by a wide range of people.

Lastly, participants reported increased availability of marijuana extracts and concentrates, oily and waxy forms of marijuana (aka “dabs”). They discussed that the popularity for these alternative, and more potent, forms of marijuana as increasing due to heightened user demand for potent marijuana and because extract and concentrate use is easily concealed through the use of vape pens. BCI crime labs reported that the incidence of cannabis (including edible cannabis) and concentrated THC (tetrahydrocannabinol oils, dabs) cases they process from this region has increased during the past six months.



Drug Abuse Trends in the Dayton Region



Regional Epidemiologist:

Louis Guardiola, Jr., MSW, LSW, LICDC-CS

Data Sources for the Dayton Region

This regional report was based upon qualitative data collected via focus group interviews. Participants were active and recovering drug users recruited from alcohol and other drug treatment programs in Allen and Montgomery counties. Data triangulation was achieved through comparison of participant data to qualitative data collected from regional community professionals (treatment providers and law enforcement) via focus group interviews, as well as to data surveyed from Montgomery County Coroner’s Office, Logan County Family Court, Miami Valley Regional Crime Lab, Ohio Bureau of Criminal Investigation (BCI) and Ohio Department of Public Safety (ODPS), which logs drug task force seizures from across the state. All secondary data are summary data of cases processed from January to June 2018. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for July through December 2018.

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

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Regional Profile

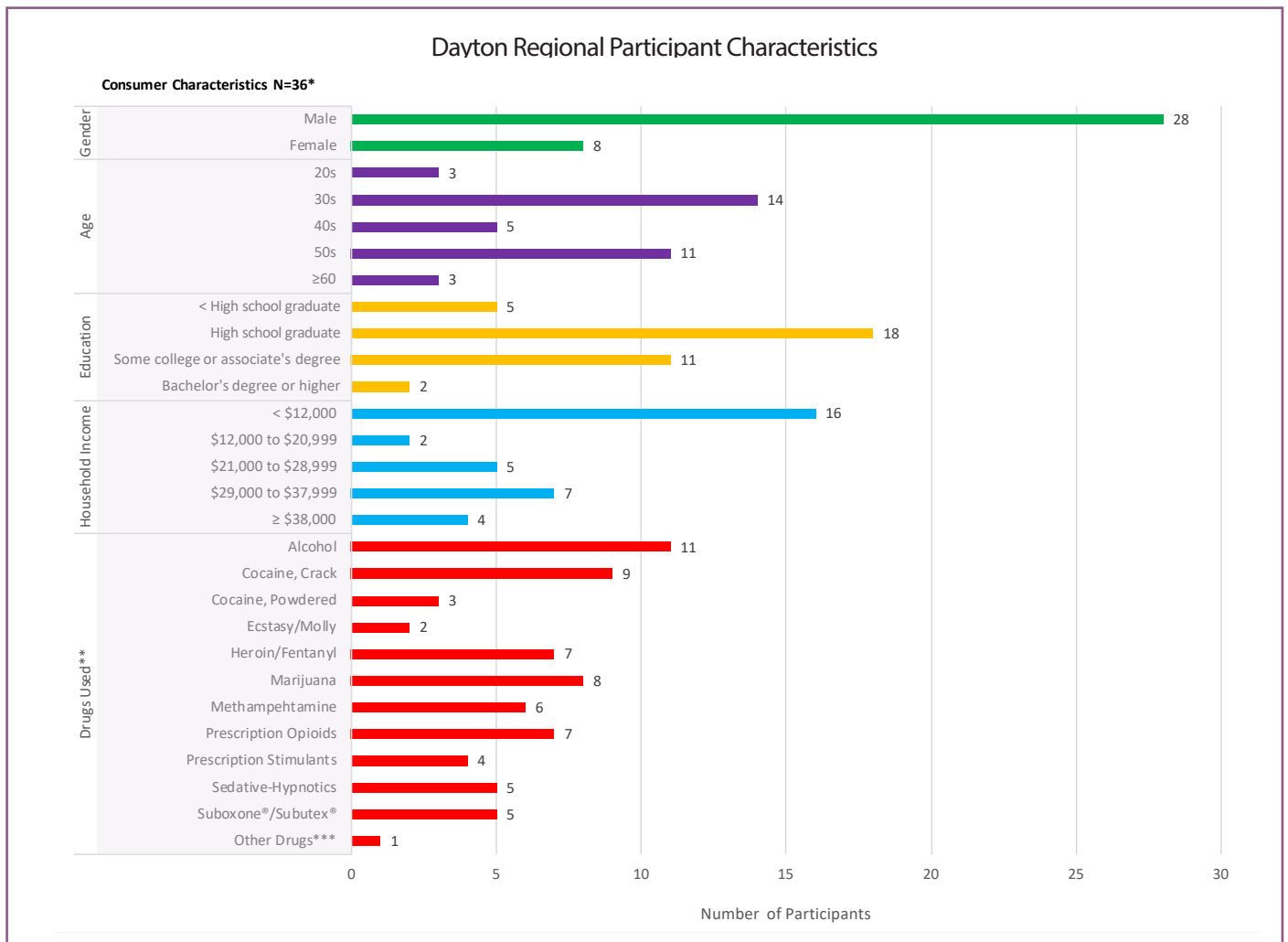
Indicator ¹	Ohio	Dayton Region	OSAM Drug Consumers
Total Population, 2017	11,689,442	1,343,893	36
Gender (female), 2017	51.0%	51.1%	22.2%
Whites, 2017	82.2%	83.7%	47.2%
African American, 2017	12.9%	11.7%	50.0%
Hispanic or Latino Origin, 2017	3.8%	2.5%	5.6% ²
High School Graduation Rate, 2013-17	89.8%	90.0%	86.1%
Median Household Income, 2013-17	\$52,407	\$52,890	\$16,000-\$20,999 ³
Persons Below Poverty Level, 2017	14.0%	13.2%	63.9% ⁴

¹Ohio and Dayton region statistics were derived from the most recent US Census; OSAM drug consumers were participants for this reporting period: June 2018- January 2019.

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

³Participants reported income by selecting a category that best represented their household's approximate income for the previous year. Income was unable to be determined for 2 participants due to missing and/or invalid data.

⁴Poverty status was unable to be determined for 2 participants due to missing and/or invalid data.



*Not all participants filled out forms completely; therefore, numbers may not equal 36.

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

***Lysergic acid diethylamide (LSD).

Historical Summary

In the previous reporting period (January - June 2018), crack cocaine, fentanyl, heroin, marijuana and methamphetamine remained highly available in the Dayton region. Changes in availability during the reporting period included: increased availability for fentanyl and methamphetamine; likely increased availability for marijuana; and likely decreased availability for prescription opioids.

While participants and treatment providers reported high availability of heroin, law enforcement reported moderate heroin availability. Law enforcement noted that fentanyl had replaced much of the heroin in the region. Participants also commented that often one received fentanyl when purchasing heroin.

There was consensus among participants, treatment providers and law enforcement that fentanyl remained highly available in the region and that its availability had increased during the reporting period. Participants discussed that there was more fentanyl than heroin available in the region. Many participants commented that heroin was no longer the drug of choice. Reportedly, many users sought fentanyl. One participant stated, *"People want the dope that can kill them ... they think because it kills ... it is good stuff."* Another participant remarked, *"Narcan® (naloxone, opiate overdose reversal medication) brings them back and they use again."*

Participants and community professionals also reported high availability of carfentanil (synthetic opioid significantly more potent than fentanyl); many respondents commented that they believed carfentanil to be more prevalent than fentanyl. Montgomery County Coroner's Office found fentanyl/fentanyl analogues present in 68.3% of the 189 drug-related deaths it processed during the reporting period; the office found carfentanil present in 34.9% of these deaths. Community professionals described typical fentanyl users as heroin users.

Participants and community professionals reported that the availability of crystal methamphetamine had increased during the reporting period. BCI and Miami Valley Regional crime labs reported that the incidence of methamphetamine cases they processed from this

region had increased during the reporting period; the labs reported having processed mostly clear crystal methamphetamine.

Law enforcement discussed that heroin/fentanyl users were switching to methamphetamine and drove up the demand for crystal methamphetamine. To meet this increased demand, law enforcement reported that drug cartels were targeting the region with increased shipments of methamphetamine. Reportedly, many heroin dealers were selling methamphetamine.

Participants attributed increased demand for methamphetamine to heroin users who were seeking a cheaper high, noting that methamphetamine was less expensive than heroin, as well as to users who were using methamphetamine to detox from heroin/fentanyl. Montgomery County Coroner's Office found methamphetamine present in 21.7% of the 189 drug-related deaths it processed during the reporting period.

Lastly, participants indicated that the availability of high-grade marijuana extracts and concentrates, often appearing as oil and waxy forms of the drug (aka "dabs") had increased during the reporting period. BCI crime labs reported that the incidence of cannabis (including edible cannabis) and high-grade extract and concentrate cases they processed from this region had also increased.

Current Trends

Powdered Cocaine

Powdered 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 also '10.' Participants stated: *"It is not hard to find a dealer; Go a few blocks [and you will find powdered cocaine]; I could probably have it within the hour or sooner; I would say it's pretty easy to get but not really sure what the quality is going to be."*




Treatment providers most often reported the current availability of powdered cocaine as '8,' while law enforcement most often reported it as '10;' the previous

most common scores were '6' and '7,' respectively. Treatment providers remarked: *"It is very easy to get; Walk a couple blocks over and you can get it; You can make a phone call and say meet me someplace (arrange for a drug deal)."* Law enforcement noted: *"You just need to know someone; It is very easy to get in the Lima area [Allen County]."*

Corroborating data indicated that powdered cocaine is available in the Dayton region. Logan County Family Court reported that of the 319 positive adult drug tests it recorded during the past six months, 11.9% were positive for cocaine (powdered and/or crack cocaine). Montgomery County Coroner's Office reported that 40.3% of the 129 drug-related deaths it recorded this reporting period involved cocaine (powdered and/or crack cocaine). In addition, the Ohio Department of Public Safety (ODPS) reported seizing 5.3 kilograms (11.6 lbs.) of powdered cocaine from this region 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) and Springfield Police (Clark County) seized more than 500 grams of cocaine and five cell phones during a traffic stop in Springfield; officers charged the driver and passenger of the stopped vehicle with drug possession and drug trafficking (www.springfieldnewssun.com, Dec. 10, 2018). Miami Valley Bulk Smuggling Task Force observed suspicious behavior during a surveillance operation that included two men meeting and making an exchange; officers seized a total of 90 pounds of drugs from the men's vehicles and charged them with possession with intent to distribute cocaine, heroin, fentanyl and fentanyl analogues (www.daytondailynews.com, Dec. 15, 2018).

Participants and community professionals reported that the availability of powdered cocaine has remained the same during the past six months. Ohio Bureau of Criminal Investigation (BCI) crime labs and Miami Valley Regional Crime Lab reported that the incidence of cocaine cases they process from this region has increased during the past six months; the labs do not differentiate between powdered and crack cocaine.

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

Participants most often rated the current overall quality of powdered cocaine as '4-5' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '7.' Participants discussed: *"Most serious 'coke heads' (powdered cocaine users) go out of town to get it [due to poor local quality]; The dude bringing in the good stuff is looking at some time right now (the dealer of high-quality cocaine has been arrested); [Quality] just depends on where you are getting it; You just have to do your research; If you don't know your dealer, you're probably not getting quality cocaine."*

Participants discussed adulterants (aka "cuts") that affect the quality of powdered cocaine and reported the top cutting agents for the drug as: baking soda, fentanyl and laxatives. A participant stated, *"It is cut with fentanyl."* However, one participant shared, *"Around here it is mostly isotol (dietary supplement), you can go to GNC® and get the same product."* Another adulterant mentioned is baby aspirin. Overall, participants reported that the quality of powdered cocaine has remained the same during the past six months. However, one participant disagreed, stating, *"I think that it's decreased, 'crack' (crack cocaine) and 'coke' (powdered cocaine) is a dying thing. Everybody is meth'd up (using methamphetamine) instead of coked up (using cocaine)."*

Powdered Cocaine	Cutting Agents Reported by Crime Lab	
	<ul style="list-style-type: none"> ● caffeine ● levamisole (livestock dewormer) ● local anesthetic (lidocaine and procaine) ● phenacetin (banned analgesic) ● triacetin (triglyceride) 	

Current prices for powdered cocaine were reported by participants with experience buying the drug. Participants discussed: *"If you have the money to buy a large amount, it is*

cheaper; The dealer will give you a break the first time to get you hooked, then he increases the price; It really depends on if you go to Columbus, it is cheaper there than around here [Allen County].” Reportedly, the most common quantity of purchase is a gram. Overall, participants reported that the price of powdered cocaine has remained the same during the past six months.

Powdered Cocaine	Current Prices for Powdered Cocaine	
	A gram	\$50-90
	1/16 ounce (aka “teener”)	\$90-160
	1/8 ounce (aka “eight ball”)	\$150-300

The most common route of administration for powdered cocaine remains snorting. Participants estimated that out of 10 powdered cocaine users, seven would snort and three would smoke the drug. Participants commented: “I hang with others who snort [so I snort] ... users that inject or smoke will [use powdered cocaine] with others who do the same; It depends on who you are and the people you associate with...” A participant commented on intravenous injection (aka “shooting”) of powdered cocaine, saying, “Once you’ve [injected cocaine], you want that same feeling [every time] ... you’re done snorting it, you go straight to shooting it.”

A profile of a typical powdered cocaine user did not emerge from the data. Participants and community professionals described typical users as across the board and anybody. Participants shared: “Average man or women; I think more white males; Where I come from it is more Latinos; It could be anybody really.” Treatment providers explained: “They are all cultures; Age is 35 or 40 [years]; More working people looking for powdered cocaine; Looking at the blue-collar people and the party scene.” A law enforcement officer added, “Female, Caucasian and ages vary; Over the age of 40 [years], both male and female, African American.”

Crack Cocaine

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

to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was also ‘10.’ Participants stated: “Very easy ... like [obtaining] a bag of Skittles®; They deliver [crack cocaine], like Papa John’s®, Pizza Hut® ... all hours of the night; You can find it in the hallways of my apartment building; You can go to any gas station; Dealer will pull up to you on the street; It’s on the street corners; Very easy, it’s everywhere; Everybody got crack.”




Community professionals most often reported the current availability of crack cocaine as ‘10;’ the previous most common score was ‘6.’ One treatment provider said, “It is very available as it is inexpensive.” Law enforcement stated: “It is readily available; Probably one to two people away.”

Corroborating data indicated that crack cocaine is available in the Dayton region. Logan County Family Court reported that of the 319 positive adult drug tests it recorded during the past six months, 11.9% were positive for cocaine (crack and/or powdered cocaine). Montgomery County Coroner’s Office reported that 40.3% of the 129 drug-related deaths it recorded this reporting period involved cocaine (crack and/or powdered cocaine). In addition, ODPS reported seizing 223.0 grams (0.5 lbs.) of crack cocaine from this region during the past six months.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Law enforcement in Greene County conducted a three-month investigation that concluded with the arrest of two men after two Xenia residences were raided; officers seized crack cocaine, four hand guns and a large amount of cash, charging the two men with possession and trafficking of cocaine (www.daytondailynews.com, Dec. 24, 2018).

Participants and community professionals reported that the high availability of crack cocaine has remained the same during the past six months. Participants remarked: “Everybody has it; It is everywhere, very much available.” Treatment providers noted: “We continue to see clients who admit to using crack, and it may not be the drug of choice, but it may be the next best thing for a high; They may be more scared to use a more potent drug like heroin.”

BCI and Miami Valley Regional crime labs reported that the incidence of cocaine cases they process for this region has increased during the past six months; the labs do not differentiate between crack and powdered cocaine.

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

Participants most often rated the current overall quality of crack cocaine as '6-7' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '6.' Participants stated: "If you have a regular dealer, the quality may not be bad; You never know what you will be getting." Participants reported that crack cocaine in the region is most often adulterated with fentanyl. A participant remarked, "You take the chance that you may be getting fentanyl in the crack." Participants also mentioned baking soda as a cut for crack cocaine. Overall, participants reported that the quality of crack cocaine has decreased during the past six months. One participant shared, "The quality has decreased because of ... fentanyl."

Crack Cocaine	Cutting Agents Reported by Crime Lab	
	<ul style="list-style-type: none"> ● caffeine ● levamisole (livestock dewormer) ● local anesthetic (lidocaine and procaine) ● phenacetin (banned analgesic) ● triacetin (triglyceride) 	

Current prices for crack cocaine were reported by participants with experience buying the drug. Reportedly, the most common quantity of purchase is 1/10 gram (aka "rock"). Participants commented: "In Dayton, a rock goes for anywhere from \$5-10; The butter or yellow color [crack cocaine] is twice as much." Overall, participants reported that the price of crack cocaine has remained the same during the past six months.

Crack Cocaine	Current Prices for Crack Cocaine	
	1/10 gram (aka "rock")	\$5-10
	A gram	\$50-70
	1/16 ounce	\$80-150

The most common route of administration for crack cocaine remains smoking. Participants estimated that out of 10 crack cocaine users, all 10 would smoke the drug. Participants stated: "Most people just smoke it; Those I hung out with smoked."

A profile of a typical powdered cocaine user did not emerge from the data. Participants discussed: "Anybody, equal opportunity; I'd say more men than women; Crack does not discriminate; I've known business owners who used crack; I heard of lawyers, doctors and nurses who have used crack; It is all cultures, no typical user type." Treatment providers commented: "A crack addict can be of any culture; It does not have a particular profile of user." A law enforcement officer shared, "My crack cocaine users tend to run the gambit. I can't pinpoint a group for that one."

Heroin

Heroin remains highly available in the region. Participants most often reported the current availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10.' Participants stated: "It's available, [heroin dealers] find you; You can just go to the gas station [and dealers will approach you]; You drive slow down the road ... and [a dealer] will say, 'tester' [free sample of heroin]; [Heroin] is in extreme abundance."

Community professionals most often reported the current availability of heroin as '10'; the previous most common scores were '10' for treatment providers and '4' for law enforcement. Treatment providers shared: "It is inexpensive; My clients report that it is an easy way to get high; In Dayton [Montgomery County] heroin is very easy to obtain; It is available here in Lima [Allen County] as always and easy to obtain."

Corroborating data indicated that heroin is available in the Dayton region. Montgomery County Coroner's Office found heroin present in 16.3% of the 129 drug-related deaths it processed during the past six months. In addition, ODPS reported seizing 11.9 kilograms (26.2 lbs.) of heroin from this region during the past six months. Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A regional drug task force ended a long-term drug trafficking investigation after seizing a large amount of heroin, fentanyl, powdered




cocaine, crystal methamphetamine, crack cocaine, marijuana, two firearms and several thousand dollars from a Dayton residence; officers arrested three men at the residence for drug possession (www.whio.com, July 17, 2018). Ohio Liquor Control Commission revoked the liquor permit of an adult entertainment establishment in Montgomery County after undercover agents were able to exchange food stamps for heroin, fentanyl, carfentanil, cocaine, methamphetamine and lap dances; agents filed criminal charges against employees and patrons of the bar for drug trafficking, food stamp trafficking, distribution of heroin, engaging in a pattern of corrupt activity and illegal sexual activity (www.daytondailynews.com, Sept. 21, 2018). Sidney Police (Shelby County), acting on a tip, investigated a storage facility and recovered a large amount of black tar heroin (www.wdtn.com, Nov. 22, 2018). Allen County Common Pleas Court indicted a woman on charges of first-degree manslaughter, corrupting another with drugs and aggravated trafficking in drugs in response to an incident where she allegedly provided the suspected heroin that led to the death of a man in Lima (www.limaohio.com, Nov. 30, 2018).

While many types of heroin are currently available in the region, participants reported white powdered heroin, followed by brown powdered heroin, as most available. Participants remarked: *"The white heroin is more available in the area, there may be brown, not much black tar ... at least I haven't seen; The brown and white powder is available in Lima [Allen County]. You'd have to go to Columbus [Franklin County] to get black tar."* However, participants discussed that much of the heroin in the region is actually fentanyl or heroin-fentanyl mixtures. They commented: *"I've not seen 'dog food' (heroin without fentanyl) for a long time; You buy a bag of heroin, it is fentanyl around here [Allen County]; They call it 'fetty wop' (fentanyl-mixed heroin)."*

Community professionals reported white powdered heroin as most available. However, treatment providers noted: *"Addicts have a preference, but in the end, they will take what's available; There is no discrimination as to what kind it is; Heroin is heroin, so I don't think the user cares.... If the dealer only has one type, they will buy it."* One law enforcement officer commented, *"The white or light-colored heroin is more available or that is what I have seen working with probation clients."* However, another officer observed, *"Brown powder is more highly available in the Lima area [and] it is most likely cut with fentanyl."*

Participants reported that the availability of heroin has increased during the past six months. A participant remarked, *"It is all about supply and demand, more people using (demanding) it."* Another participant commented on increased availability, *"There is more fentanyl in the area that is being sold as heroin, this has increased, you are not really getting heroin."* Treatment providers reported that the general availability of heroin has remained the same during the past six months, while law enforcement reported that it has decreased. A treatment provider mentioned, *"It continues to be easy to get."* A law enforcement officer shared, *"About six to eight months ago a bunch of dealers were picked up (arrested) which has effected the supply. I have been seeing more cocaine than heroin...."*

BCI and Miami Valley Regional crime labs reported that the incidence of heroin cases they process from this region has increased during the past six months; the labs reported processing beige, blue, brown, gray, off white, purple, tan and white powdered heroin as well as black tar heroin.

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

Participants most often rated the current overall quality of heroin as '3' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '1.' Participants explained: *"It varies from batch to batch; I've had white that's made me overdose; You don't know what you're getting; It continues to be killing people; We have the highest number of overdoses of heroin in the state [in Dayton] due to it being fentanyl; It is a zero, it ain't even worth buying."*

Participants discussed adulterants (aka "cuts") that affect the quality of the drug and continued to report the top cutting agent for heroin as fentanyl. Overall, participants reported that the quality of heroin has remained the same during the past six months.

Heroin	Cutting Agents Reported by Crime Lab	
	●	acetaminophen
	●	caffeine
	●	cocaine
	●	diphenhydramine (antihistamine)
	●	fentanyl
	●	inositol (dietary supplement)
	●	lidocaine (local anesthetic)
	●	mannitol (diuretic)
	●	methamphetamine
	●	nicotinamide (vitamin)
	●	quinine (antimalarial)
	●	sorbitol (artificial sweetener)
●	tramadol	

Reports of current prices for heroin were consistent among participants with experience buying the drug. Reportedly, the most common quantity of purchase is a gram. A participant shared, *"The dealer will get you hooked with a 'cap' (capsule containing approximately 1/10 gram of heroin), then you start buying the gram."* Overall, participants indicated that the price of heroin has remained the same during the past six months.

Heroin	Current Prices for Heroin	
	Powdered:	
	1/10 gram (aka "cap")	\$10-20
	1/2 gram	\$60-70
	A gram	\$100-120
	Black tar:	
1/10 gram	\$10	

While there were a few reported ways of using heroin, generally, the most common route of administration remains intravenous injection (aka "shooting"). Participants estimated that out of 10 heroin users, nine would shoot and one would snort the drug. A participant remarked, *"I use the needle, so I use with others who shoot up."*

A profile of a typical heroin user did not emerge from the data. Participants and community professionals described typical users as anyone. Participants added: *"It does not*

discriminate, it is everybody ... your boss, your dad, your mother; It is an epidemic for a reason; It is anyone across the board; Anyone who was addicted to pain killers." Treatment providers commented: *"It really doesn't discriminate in age; We see more females than males that are addicted to the heroin; Maybe we see more females because they are seeking treatment; The background of the clients I see who use heroin, they come in all shapes and sizes."* Law enforcement shared: *"Age runs the gambit starting pretty young continuing into 40s, 50s; I do have more Caucasians, probably tend to be in the lower economic end of things; Starting to see more black people using heroin; It really varies, majority of my people started with pills [and] then they work their way up [to heroin] when they can't get pills anymore."*

Fentanyl






Fentanyl remains highly available in the region. Participants and community professionals most often reported the current availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were also '10.' Participants stated: *"It is all over the place; It is easy to get, even if you don't want it; It is in everything. [Drug dealers] use it to cut (adulterate) other drugs; Around here the white stuff is fentanyl; Everybody is dying, so yes, it is everywhere."* A treatment provider remarked, *"It is within reach."* Law enforcement officers noted: *"That stuff is around ... we have overdoses; We have had positive test results [for fentanyl] from probation clients."*

In addition, participants reported the presence of carfentanil (synthetic opioid significantly more potent than fentanyl) in the region. One participant stated, *"In Lima [Allen County], that is all there is, carfentanil."* However, another participant pointed out, *"Unless you have a lab to test the stuff, you don't know what kind of stuff you are getting."* Corroborating data indicated that fentanyl and carfentanil are available in the Dayton region. Montgomery County Coroner's Office found fentanyl and fentanyl analogues present in 86.0% of the 129 drug-related deaths it processed during the past six months; the office found carfentanil present in 10.1% of these deaths. In addition, ODPS reported seizing 5.1 kilograms (11.2 lbs.) of fentanyl from this region during the past six months.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Law enforcement executed a search warrant at a Tipp City (Miami County) home and seized three kilograms of fentanyl, \$150,000, cell phones and a cell phone photo of a Montgomery County man's driver's license; a confidential informant notified officers that the man in the driver's license photo had delivered large amounts of cash to the Tipp City residence which prompted the agents to search the man's Huber Heights home where they seized another 400 grams of fentanyl, an assault rifle, a large amount of money and suspected drug trafficking equipment; the man was arrested for drug possession with intent to distribute (www.daytondailynews.com, July 9, 2018). Miami Valley Bulk Smuggling Task Force along with the Montgomery County Sheriff's Office seized 10 pounds of fentanyl believed to have been brought from Mexico, resulting in the arrest of two individuals; the amount of fentanyl confiscated had an estimated street value of \$500,000 (www.wdtn.com, Aug. 14, 2018). A Montgomery County drug task force seized undisclosed amounts of fentanyl, heroin, marijuana and cash during a raid of a home in Clayton as part of a month-long ongoing investigation; one man was arrested (www.abc22now.com, Oct. 25, 2018). Detectives with the Clark County Sheriff's Office arrested a woman and charged her with three felony counts of child endangering following a search of her home in Springfield that revealed a fentanyl manufacturing and trafficking operation where she and her three young children resided (www.abc22now.com, Nov. 9, 2018). Dayton Police arrested a man after he reportedly tossed a baggie with 17 grams of fentanyl, \$1,300, a digital scale with narcotic residue and eight cell phones on the property of a daycare near children while attempting to flee a traffic stop (www.daytondailynews.com, Nov. 23, 2018). A U.S. marshal with the help of local law enforcement in Montgomery County served an arrest warrant on an individual with an outstanding felony probation violation; officers arrested the man after seizing several kilograms of fentanyl, cash, a narcotics ledger and a press used to package large quantities of drugs, the man reported that he was, "in deep with the cartel" (www.daytondailynews.com, Dec. 14, 2018).

Participants and community professionals reported that the availability of fentanyl has increased during the past six months. Participants mentioned: "It is in high demand; It is income for those that have no income; Despite that the stuff kills you, everyone wants it."

BCI crime labs reported that the incidence of fentanyl and fentanyl analogues cases they process from this region has remained the same during the past six months, while Miami Valley Regional Crime Lab reported that the incidence of fentanyl and fentanyl analogues cases they process has increased. Both BCI and Miami Valley Regional crime labs reported that the incidence of carfentanil cases they process from this region has decreased during the past six months.

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

Participants most often rated the current overall quality of fentanyl as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was also '10.' Participants shared: "It is a '12' (extremely potent); There is no way to tell until you drop (administer) it; You are gonna get really high or you are going to die." Participants discussed adulterants (aka "cuts") that affect the quality of the drug and reported the top cutting agent for fentanyl as heroin. Overall, participants reported that the quality of fentanyl has increased during the past six months. A participant explained, "The fentanyl is getting stronger as the high is lasting longer. The poor quality [fentanyl] wears out in 10 minutes."

Current prices for fentanyl were reported by participants with experience purchasing the drug. A participant remarked, "The price of fentanyl is the same as what you would pay for heroin." Reportedly, the most common quantity of purchase is a gram. Overall, participants indicated that the price of fentanyl has remained the same during the past six months.

Current Street Prices for Fentanyl		
Fentanyl	1/10 gram	\$10-20
	1/2 gram	\$60
	A gram	\$100-180

The most common route of administration for fentanyl remains intravenous injection (aka “shooting”). Participants estimated that out of 10 fentanyl users, nine would shoot and one would snort the drug. Participants stated: *“I know that most of heroin users I used with, would shoot up; The people that snort is because they are afraid of it.”*

A profile of a typical fentanyl user did not emerge from the data. Participants and community professionals described typical fentanyl users as anyone. Participants noted: *“In Dayton [Montgomery County] we had an airline pilot and his wife die of [fentanyl] overdose; Anyone ... across the board.”* Treatment providers commented: *“Nine times out of 10, half the people don’t even know they are getting it, and when they find out they want more of it; The typical user is anyone, no typical profile.”* A law enforcement officer added, *“It is anyone on heroin.”*

Prescription Opioids

Prescription opioids are highly available for illicit use in the region. Participants most often reported the current street availability of these drugs as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was ‘5.’ Participants stated: *“If you want them, they are easy to get; It’s out there, you just need to look for it.”*

Treatment providers most often reported the current street availability of prescription opioids as ‘10,’ while law enforcement most often reported it as a ‘7;’ the previous most common scores were ‘3’ and ‘6,’ respectively. Treatment providers remarked: *“They are everywhere; You can go to the local gas station and get some; I have a patient and every time he goes to the dentist, he is getting opioids.”*




Corroborating data indicated that prescription opioids are available for illicit use in the Dayton region. Logan County Family Court reported that of the 319 positive adult drug tests it recorded during the past six months, 11.0% were positive for prescription opioids (including buprenorphine, Suboxone®). In addition, Montgomery County Coroner’s Office found at least one prescription opioid present in 34.9% of the 129 drug-related deaths it processed during the past six months (not including fentanyl).

Participants and community professionals identified Percocet® and Vicodin® as the most popular prescription opioids in terms of widespread illicit use. A participant remarked, *“It is easy to get Percocet.”* One law enforcement officer added, *“Tramadol is higher [in availability] because [doctors] are trying not to prescribe narcotic pain pills.”*

Participants and community professionals reported that the general availability of prescription opioids has remained the same during the past six months. However, a couple law enforcement officers observed: *“Not as easy to get. Pills have just gotten more expensive since they started cracking down on pills; The cost is going up so that is why I think use is decreasing somewhat.”*

BCI crime labs reported that the incidence of tramadol (Ultram®) cases they process from this region has increased during the past six months, while the incidence of hydrocodone (Vicodin®), morphine and oxycodone (OxyContin®, Percocet®) cases they process has decreased or remained the same. BCI labs reported processing very few cases of hydromorphone (Dilaudid®), methadone and oxymorphone (Opana®) from this region during the past six months.

Miami Valley Regional Crime Lab reported that the incidence of oxycodone, hydrocodone, morphine and tramadol cases it processes has increased during the past six months; this lab reported processing very few cases of hydromorphone, oxymorphone and methadone 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

Reports of current street prices for prescription opioids were consistent among participants with experience buying the drugs. A participant added, *“It is usually a dollar a milligram.”* Overall, participants indicated that the price of prescription opioids has remained the same during the past six months.

Prescription Opioids	Current Street Prices for Prescription Opioids	
	Dilaudid®	\$8 for 4 mg
	Percocet®	\$5-8 for 5 mg \$10-15 for 10 mg
	Vicodin®	\$4-7 for 5 mg \$7-8 for 7.5 mg \$8-10 for 10 mg

Participants reported obtaining prescription opioids for illicit use from drug dealers, individuals who have prescriptions for the drugs, as well as through personal prescription from doctors and dentists and Internet purchase. Participants mentioned: *"You get it from people who have the 'scripts' (prescriptions); I used to buy scripts (entire month's supply) from a bunch of people then I held them to sell them; You can get them on the streets from dealers; Get them from the 'dark web' (websites operated by criminal enterprises); From old ladies; Robbing pharmacies or from someone who has robbed a pharmacy."*

While there were a few reported ways of consuming prescription opioids, generally the most common route of administration for illicit use remains snorting. Participants estimated that out of 10 illicit prescription opioid users, nine would snort and one would orally consume the drugs. Participants shared: *"To get high quick, you snort; Most people I used with would snort like I did."*

A profile of a typical illicit prescription opioid user did not emerge from the data. Participants and community professionals described typical illicit users as of any race/ethnicity or socio-economic class. Participants shared: *"People that are hurting; Every walk of life; It can be anyone, those who were once prescribed the drug legally that are addicted."* A treatment provider explained: *"We are seeing a mix of white and black clients in the program; I think it is across the board."* A law enforcement officer added, *"[My arrests] have been more middle-class white. Age all over the board though, at least for the tramadol and Percocet®."*

Suboxone®




Suboxone® (buprenorphine) is highly available for illicit use in the region. Participants most often reported the current street availability of Suboxone® as '10' on a scale of '0' (not available, impossible to get) to '10' (highly

available, extremely easy to get); the previous most common score was '8.' Participants stated: *"Yes, it is easy, clinics are pushing them; A lot of people get prescribed, so it is very available; Both 'strips' (Suboxone® sublingual filmstrips) and pills are available; You can go to any clinic now and say you are a heroin addict and get them the same day ... handing them out the same day; Go there with \$100, leave with 60 of them; You sell it to purchase other drugs."*

Community professionals most often reported the current street availability of Suboxone® as '10'; the previous most common score was '6.' Treatment providers remarked: *"There are so many clinics around here in Lima [Allen County] where people can just walk in and get a script and walk out, and they can be stoned (high) within five minutes; Pretty easy to get; Docs are still prescribing."* A law enforcement officer reported, *"Yeah, the people trade it, that's what I deal with a lot."*

Participants and law enforcement reported that the street availability of Suboxone® has remained the same during the past six months, while treatment providers reported that availability has increased. Treatment providers commented: *"There are so many clinics to walk in and walk out with Suboxone®; There is no accountability for the agencies that are being opened...."*

BCI crime labs reported that the incidence of Suboxone® cases they process from this region has slightly increased during the past six months, while Miami Valley Regional Crime Lab reported that the incidence of Suboxone® cases it processes has decreased.

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

Current street prices for Suboxone® were reported by participants with experience buying the drug. Participants discussed: *"You can get a strip for around \$15 and pills go for about the same; The prices are around \$15 to \$25. It is higher in the rural areas."* Overall, participants reported that the street price of Suboxone® has remained the same during the past six months.

Suboxone®	Current Street Prices for Suboxone®	
	Filmstrip	\$15-20
	Pill	\$10-20

In addition to obtaining Suboxone® on the street from drug dealers, participants reported getting the drug through clinics. A participant mentioned, *"You just go to the rehab clinic and they will provide it."* Participants reported that the most common route of administration for illicit use of Suboxone® filmstrips and pills is oral consumption. A participant shared, *"I use it orally for the films and pills. I've heard of injecting [Suboxone®]."*

Participants and community professionals described typical illicit Suboxone® users as opiate users. Treatment providers discussed: *"I tend to have lower class African-American and white clients on my case load; I've seen everybody ... across the board; It is everybody."* Law enforcement officers maintained: *"[My arrests] have been in their mid to late 20s, Caucasian females; [My arrests] have been 40-ish black males; I had a mid-twenty [Hispanic arrestee]."*

Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) are highly available for illicit use in the region. Participants most often reported the current street availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '4.' Participants stated: *"They are available, it don't stop; The 'peaches' (Xanax® 0.5 mg) are easy to get."* Community professionals most often reported the current street availability of sedative-hypnotics as '7-8'; the previous most common score was '2.' Treatment providers remarked: *"I think that goes hand-in-hand for individuals doing heroin, a lot of them end up using 'benzos' (benzodiazepines) to bring them down; They are readily available...."*




Corroborating data indicated that sedative-hypnotics are available for illicit in the Dayton region. Montgomery County Coroner 's Office found at least one

benzodiazepine present in 19.4% of the 129 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. Dayton Police responded to a call of an overdose and found the following in the home of the overdosed man: 114 Xanax® pills, 52.75 grams of crack cocaine, 49.73 grams of heroin, 22.63 grams of cocaine, 694 grams of marijuana, a digital scale and two guns; officers charged the man with possession of drugs (www.whio.com, Dec. 18, 2018).

Participants and community professionals identified Klonopin® and Xanax® as the most available sedative-hypnotics in terms of widespread illicit use. A participant noted, *"Xanies' [Xanax®] and 'pins' [Klonopin®] are more available in this area."* A treatment provider commented, *"The clients like to use them (Klonopin® and Xanax®) as it helps bring them down."* Participants and community professionals reported that the general availability of sedative-hypnotics has remained the same during the past six months. A participant observed, *"You can always find them."* A law enforcement officer confirmed, *"It has remained the same."*

BCI crime labs reported that the incidence of alprazolam (Xanax®) and zolpidem (Ambien®) cases they process from this region has increased during the past six months, while the incidence of clonazepam (Klonopin®), diazepam (Valium®) and lorazepam (Ativan®) cases has decreased or remained the same. BCI labs reported processing very few cases of carisoprodol (Soma®) from this region during the past six months.

Miami Valley Regional Crime Lab reported that the incidence of alprazolam and clonazepam cases it processes from this region has decreased or remained the same during the past six months; this lab reported processing very few cases of diazepam, carisoprodol, zolpidem and lorazepam during the past six months.

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

Reports of current street prices for sedative-hypnotics were consistent among participants with experience buying the drugs. Reportedly, sedative-hypnotics most often sell for \$1-2 per milligram. A participant stated, "It averages about a dollar per milligram around Dayton [Montgomery County]." Overall, participants reported that the price of sedative-hypnotics has remained the same during the past six months.

Sedative-Hypnotics	Current Street Prices for Sedative-Hypnotics	
	Ativan®	\$1-2 for 1 mg \$3 for 2 mg
	Klonopin®	\$0.50 for 0.5 mg \$1-2 for 1 mg \$5 for 2 mg
	Valium®	\$2-3 for 2 mg \$3-5 for 5 mg \$5 for 10 mg
	Xanax®	\$1 for 0.25 mg \$2-3 for 0.5 mg \$3-5 for 1 mg \$5-7 for 2 mg

Participants reported obtaining sedative-hypnotics for illicit use from drug dealers, individuals with prescriptions and through Internet purchase. Participants shared: "Everybody got a friend's mom that has anxiety and you get them from her; I get them from people selling them; I get them prescribed; I have a dealer; Everybody has a prescription."

The most common route of administration for illicit use of sedative-hypnotics remains oral consumption. Participants estimated that out of 10 illicit sedative-hypnotic users, eight would orally consume and two would snort the drugs. Participants explained: "You should eat them 'cause they are time-released, so it doesn't do anything if you snort them; I've seen people snort; For real, most people will swallow them."

A profile of a typical illicit sedative-hypnotic user did not emerge from the data. Participants and community professionals described typical illicit users as from any socio-economic and racial/ethnic group, although some respondents noted illicit use among females. Participants discussed: "It does not discriminate; It can be anyone; I have seen mostly females." A treatment provider noted, "I have

had all across the board on my caseload." Law enforcement added: "I see mostly female; I think Xanax® has increased in the African-American communities because it is becoming more acceptable."

Marijuana

Marijuana remains highly available in the region. Participants and community professionals most often reported the current availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were also '10.' Participants stated: "It is everywhere; [The marijuana dealer] is on the speed dial, easy to get." Treatment providers remarked: "It is available, twenty-four seven; I pulled up into gas station ... I got out of my car, I smelled 'weed' (marijuana). The car right next to me, it was coming out of their window; You can go to the grocery store and the person in front of you will have it; You can go to the bus station [and find marijuana]."

Corroborating data indicated that marijuana is available in the Dayton region. Logan County Family Court reported that of the 319 positive adult drug tests it recorded during the past six months, 68.7% were positive for THC (tetrahydrocannabinol; the principal psychoactive component of marijuana); the court also reported that 100% of the 63 positive juvenile drug tests it recorded during the past six months were positive for THC. In addition, ODPS reported seizing 454.7 kilograms (1,002.5 lbs.) of marijuana from this region during the past six months.




Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Shelby County Sheriff's Office led a marijuana eradication search that resulted in the seizure of 92 marijuana plants, five pounds of processed marijuana, 50 vaping devices containing approximately one gram of liquid THC valued at \$75 each; the entire seizure was valued at approximately \$97,000 (www.whio.com, Aug. 9, 2018). OSHP seized 20 pounds of marijuana, one pound of hashish, 11 oxycodone pills and a loaded firearm during a traffic stop on Interstate 75 near Sidney (Shelby County) (www.nbc4i.com, Nov. 14, 2018).

Participants and community professionals discussed current availability of high-grade marijuana extracts and concentrates, often appearing as oil and waxy forms of the drug (aka "dabs"). Participants and community professionals most often reported the current availability of

these alternative forms of marijuana as '10,' the previous most common scores were '10' and '9,' respectively. Participants noted: "It is everywhere now; Yes, dab and concentrates are available because of the legalization in other states and soon here...." Treatment providers commented: "Yes, you can get the candies (form of edible marijuana); The concentrates are available." A law enforcement officer confirmed, "Yes, they are available, it is so common."

Participants reported that the availability of marijuana has remained the same during the past six months. Participants added: "It is not even seen as a drug anymore; The high grade is very available like always." Participants indicated that the availability of marijuana extracts and concentrates has also remained the same during the past six months. A participant commented, "Anybody can get dabs."

Community professionals reported that the availability of marijuana and marijuana extracts and concentrates has remained the same during the past six months. A treatment provider confirmed, "It has been available like it always has." BCI crime labs reported that the incidence of cannabis (including edible cannabis) cases they process from this region has slightly decreased during the past six months, while the incidence of concentrated THC (oils, dabs) cases they process from this region has increased during the past six months. Miami Valley Regional Crime Lab reported that the incidence of cannabis cases it processes has remained the same during the past six months, while the incidence of concentrated THC cases it processes has increased.

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 '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was also '10.' Participants stated: "There is some 'reggie' (regular, mid-grade marijuana), which mostly older folks use,

[they] can't tolerate the 'loud' (high-grade marijuana); I haven't seen much of low-grade [marijuana]; It used to be [that] you never saw any good weed around here, but now it is everywhere." Overall, participants indicated that the overall high quality of marijuana has remained the same during the past six months.

Reports of current prices for marijuana were provided by participants with experience buying the drug. Reportedly, the most common quantity of purchase is a "blunt" (marijuana-filled cigar). Overall, participants reported that the price of marijuana has remained the same during the past six months.

Marijuana	Current Prices for Marijuana	
	Low grade:	
	A blunt or a gram	\$5
	1/4 ounce	\$25-30
	An ounce	\$75
	High grade:	
	A blunt or a gram	\$25
	1/8 ounce	\$40-50
	1/4 ounce	\$60-80
	An ounce	\$125-250
	Extracts and concentrates:	
	A gram	\$50-65

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. Participants noted: "Most people smoke marijuana and extracts; People smoke [dabs] right in restaurants."

A profile of a typical marijuana user did not emerge from the data. Participants commented: "Everybody, high school students all the way up to grandmothers and grandpas [use marijuana]; Americans; Could be your boss." Treatment providers observed: "I see more younger; I would say African Americans are smoking loud (high-quality marijuana); The

younger crowd, 13 and 14 [years of age] all the way up to the 12th grade; It seems that everybody in the schools are doing it." A law enforcement officer confirmed, "It is all across the board."

Methamphetamine



Methamphetamine remains highly available in the region. Participants most often reported the current availability of the drug as '10,' the previous most common score was also '10.'

Participants stated: "You can get it pretty easy, it is all over the place; 'Glass' (crystal methamphetamine) is really easy to find ... it is everywhere; It has been my experience that in gas stations or corner stores there's usually somebody out there selling it; Everybody wants to sell 'meth' (methamphetamine)."

Community professionals most often reported the current availability of methamphetamine as '7,' the previous most common score was '10.' Treatment providers remarked: "It is available as it is inexpensive; We do have individuals that are part of the program [and] that was actually their drug of choice." A law enforcement officer commented, "It is very available, you just got to know who to get it from."

Corroborating data indicated that methamphetamine is available in the Dayton region. Montgomery County Coroner's Office found methamphetamine present in 23.3% of the 129 drug-related deaths it processed during the past six months. In addition, ODPS reported seizing 17.7 kilograms (39.1 lbs.) of methamphetamine from this region during the past six months.




Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Miami Valley Bulk Smuggling Task Force seized approximately 38 pounds of methamphetamine with an estimated worth of over \$1 million while executing a search warrant at a Dayton home; authorities believed the methamphetamine was manufactured in Mexico before being sent to California and shipped to Ohio (www.whio.com, July 17, 2018). Montgomery County Sheriff's deputies obtained a search warrant for a home after locating a stolen vehicle there; deputies along with Miami Valley Bulk Smuggling Task Force seized a large amount of crystal methamphetamine, heroin, marijuana,

four firearms, several thousand dollars from the home, and arrested five people for drug possession (<https://abc22now.com>, July 29, 2018). A Montgomery County drug task force seized 17 kilograms of crystal methamphetamine in addition to \$100,000 and two handguns during the raid of a Dayton home (<https://abc22now.com>, Nov. 1, 2018). The Agencies for Combined Enforcement (ACE) Task Force acting on a tip about possible drugs being stored in a Bath Township (Greene County) apartment, seized over 94 pounds of methamphetamine in duct tape wrapped packages; officers arrested a man at the apartment for aggravated drug trafficking (www.xeniagazette.com, Nov. 2, 2018). An off-duty Dayton Police officer identified a stolen vehicle that was stopped for a traffic violation along Interstate 70 near Butler Township (Montgomery County); officers located 85 grams of suspected methamphetamine and arrested the two occupants for the stolen vehicle (www.whio.com, Nov. 27, 2018). Deputies of the Preble County Sheriff's Office responded to a trespassing complaint that led to the arrest of a man and woman who were found in a trailer along with materials suspected to be used in the manufacturing of methamphetamine (www.wdtn.com, Nov. 28, 2018).

Participants reported that methamphetamine is available in crystal and powdered forms throughout the region; however, they identified crystal methamphetamine as more prevalent. Participants remarked: "In regard to meth, or 'ice' (crystal methamphetamine) as we call it, it is extremely easy to be found; I only hear that the crystal is available around here." The powdered form of methamphetamine is typically referred to as "shake-and-bake," which means users produce the drug in a single-sealed container, such as a two-liter soda bottle. By using common household chemicals along with ammonium nitrate (found in cold packs) and pseudoephedrine (found in some allergy medications), people who make methamphetamine can produce the drug in approximately 30 minutes in nearly any location.

Participants and community professionals reported that the availability of crystal methamphetamine has increased during the past six months, while the availability of powdered methamphetamine has decreased. One participant observed, "I think they are using it to get themselves off heroin."

BCI crime labs reported that the incidence of methamphetamine cases they process from this region has remained the same during the past six months, while Miami Valley Regional Crime Lab reported that the incidence of methamphetamine cases it processes has increased during the past six months. The labs reported processing mostly clear crystal methamphetamine as well as some brown and tan powdered methamphetamine.

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

Participants most often rated the current overall quality of methamphetamine as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was also '10'. However, one participant shared, "The quality varies ... use the bleach test [to gauge quality] ... drop a 'shard' (crystal methamphetamine) into bleach. If it goes crazy, then it is good [quality]. If it just sits there, it is junk." Participants discussed adulterants (aka "cuts") that affect the quality of the drug and reported baking soda as the top cutting agent for methamphetamine. Overall, participants reported that the quality of methamphetamine has increased during the past six months.

Methamphetamine	Cutting Agents Reported by Crime Lab
	<ul style="list-style-type: none"> ● dimethyl sulfone (DMSO; dietary supplement) ● magnesium sulfate (Epsom salts)

Reports of current prices for methamphetamine were consistent among participants with experience buying the drug. A participant exclaimed, "It is cheap." Reportedly, the most common quantity of purchase is a gram. Overall,

participants reported that the price of methamphetamine has remained the same during the past six months.

Methamphetamine	Current Prices for Methamphetamine	
	Crystal:	
	1/2 gram	\$25-50
	A gram	\$40-70
An ounce	\$200	

The most common route of administration for methamphetamine remains smoking. Participants estimated that out of 10 methamphetamine users, eight would smoke and two would intravenously inject the drug. A participant noted, "most of the crowd I used with smoked...."

Participants described typical methamphetamine users as white people and heroin users. Participants observed: "I think white people really like meth; I've seen more Caucasian meth users; I think more white people use heroin, so when they try to get off [heroin], they go to meth." Community professionals described typical methamphetamine users as white people of lower socio-economic status. One treatment provider confirmed, "It's definitely a white person's drug." Law enforcement commented: "Majority white; And lower socio-economic class."

Prescription Stimulants

Prescription stimulants are moderately to highly available for illicit use in the region. Participants most often reported the current street availability of these drugs as '7' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '5.' Participants stated: "Pretty common around here; There are a couple big colleges around here; I get prescribed, my kids also get it."

Treatment providers most often reported the current availability of prescription stimulants as '10,' while law enforcement most often reported it as '7-8;' the previous scores were '7' and '6,' respectively. A treatment provider remarked, "It is easy to get as I think it is easier for doctors to prescribe [than opioids]." Law enforcement noted: "It pops

up with meth; Lots of people are prescribed and a significant number ... fill their prescription for sale or trade."

Participants and community professionals identified Adderall® as the most available prescription stimulant in terms of widespread illicit use. Participants commented: "I get [Adderall®] prescribed, don't hear much about the others; Adderall® is what is being prescribed to the college kids; I know people who use it for work. I just had a dude at work ask me if I knew anybody that wanted some." A treatment provider confirmed, "[Adderall®] is widely prescribed."

Participants and community professionals reported that the street availability of prescription stimulants has remained the same during the past six months. A participant added, "It is widely prescribed so it's available most times." BCI crime labs did not report processing any cases of methylphenidate (Ritalin®) for this region during the past six months, and very few cases of amphetamine (Adderall®) and lisdexamfetamine (Vyvanse®). Miami Valley Regional Crime Lab reported that the incidence of amphetamine cases it processes has remained the same; the lab reported processing very few cases of methylphenidate during the past six months

Participants reported obtaining prescription stimulants for illicit use from doctors and individuals with prescriptions. One participant shared, "There are colleges nearby, so they are available to buy." The most common route of administration for illicit use of prescription stimulants is oral consumption. Participants estimated that out of 10 illicit prescription stimulant users, nine would orally consume and one would snort the drugs. A participant noted, "Most users would swallow."




Participants and community professionals described typical illicit prescription stimulant users as college students and teenagers. A participant stated, "College students or young folks are using this drug." A treatment provider noted, "It is the young crowd, black or white, male or female." Law enforcement confirmed, "It is more prevalent in college age kids."

Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) is moderately to highly available in the region. Participants most often reported the current availability of the pressed tablet form of ecstasy as '7' and the current availability of "molly" (powdered MDMA) as '8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were '3' and '5' for ecstasy and '10' for molly. One participant stated, "You still can find it."

Community professionals most often reported the current availability of ecstasy as '6' and of molly as '7'; the previous most common scores were '8.' Treatment providers remarked: "I would say it is here, but we don't really hear too much about it; You run across it." A law enforcement officer added, "Don't see much of ecstasy, hear more about molly."

Participants and community professional reported the availability of ecstasy and molly has remained the same during the past six months. BCI and Miami Valley Regional crime labs reported that the incidence of MDMA (ecstasy/ molly) cases they process from this region has increased during the past six months.

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

Current street prices for prescription stimulants were reported by participants with experience buying the drugs. Overall, participants reported that the price of prescription stimulants has remained the same during the past six months.

Prescription Stimulants	Current Street Prices for Prescription Stimulants	
	Adderall®	\$8 for 10 mg
Vyvanse®	\$5-10 for 30 mg	

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

Participants discussed the overall quality of ecstasy and molly and rated the current quality of both drugs as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common scores were '1' and '10,' respectively. One law enforcement officer stated, "I don't think the party crowd would know the difference . . . if they took molly or ecstasy." Reportedly, ecstasy and molly are adulterated (aka "cut") with other substances, including fentanyl. Overall, participants reported that the quality of ecstasy and molly has remained the same during the past six months.

Reports of current prices for ecstasy and molly were consistent among participants with experience buying the drugs. Reportedly, the most common quantity of purchase for molly is 1/10 gram. Overall, participants reported that the prices for ecstasy and molly have remained the same during the past six months.

Ecstasy/Molly	Current Prices for Ecstasy/Molly	
	Ecstasy:	
	Low dose (aka "single stack")	\$5-6
	Medium dose (aka "double stack")	\$10-20
	High dose (aka "triple stack")	\$20-25
	Molly:	
	1/10 gram	\$10
A gram	\$80	

Participants indicated that ecstasy and molly are obtained at "raves" (dance parties), dance clubs and music festivals. The most common route of administration for ecstasy and molly remains oral consumption. Participants estimated that out of 10 ecstasy and molly users, all 10 would orally consume the drugs.

Participants and community professionals described typical ecstasy and molly users as younger individuals who are involved in the club, rave and festival scenes. Participants commented: "College kids; They go out to the raves; It is more of a younger person's drug, those that go to clubs; Hippies." A treatment provider observed, "It is the college crowd."

Other Drugs in the Dayton Region

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

In addition, BCI crime labs reported that the incidence of U-47700 (synthetic opioid) cases they process from this region has decreased during the past six months. Both BCI and Miami Valley Regional crime labs reported processing very few cases of synthetic cathinones ("bath salts") from this region during the past six months.

Hallucinogens

Hallucinogens are available in the region. Participants most often reported the current availability of LSD as '7' and of psilocybin mushrooms as '5' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were not reported. A participant shared, "[Mushrooms are] available in season, more spring and summer. However, you can buy your own spores and grow them in a fish tank."

BCI Crime Labs reported that the incidence of LSD cases they process from this region has increased during the past six months, although still few cases, while Miami Valley Regional Crime Lab reported that the incidence of LSD cases it processes has decreased. BCI and Miami Valley Regional crime labs reported processing very few cases of psilocybin mushrooms from this region during the past six months.

Participants discussed the overall quality of LSD and psilocybin mushrooms and rated the current quality of LSD as '7' and of psilocybin mushrooms as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common scores were not reported. Current prices for hallucinogens were reported by participants with experience buying the drugs. One participant shared, "I would pay for a 'hit' (single dose) or 'microdot' (LSD in pill form) about \$5-10 or \$100 for a 'sheet' (100 blotter acid tabs)."

Hallucinogens	Current Prices for Hallucinogens	
	LSD:	
	A "hit" (single dose) or pill	\$10
	A "sheet" (100 doses)	\$100
	Psilocybin mushrooms:	
1/4 ounce	\$100 (high quality)	

Participants reported that the most common route of administration for LSD and psilocybin mushrooms is oral consumption. Participants commented: "You eat them [psilocybin mushrooms], that's usually the only way; Peanut butter on bread and orange juice intensifies the trip." Participants described typical hallucinogen users as young people and marijuana users. A participant remarked, "Hippie, concert goer, college kid, partier, high schooler."

Synthetic Marijuana

Synthetic marijuana (synthetic cannabinoids) is highly available in the region. Participants most often reported the current availability of synthetic 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 score was also '10'. A participant stated, "K-2 (synthetic marijuana) is huge around here right now." Community professionals most often reported the current availability of synthetic marijuana as '8'; the previous most common scores were not reported. One law enforcement officer remarked, "We know it is out there, it is not too difficult to get, testing for it is too difficult."

BCI crime labs reported that the incidence of synthetic cannabinoids cases they process from this region has increased during the past six months, while Miami Valley Regional Crime Lab reported processing very few cases of synthetic cannabinoids during the past six months.

Participants discussed the overall quality of synthetic marijuana and rated its current quality as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was not reported. A participant remarked, "It's pretty good quality."

Reports of current prices for synthetic marijuana were consistent among participants with experience buying the drug. Reportedly, the most common quantity of purchase is 1/8-1/4 a gram for \$35-40. Participants and law enforcement described typical synthetic marijuana users as anyone trying to pass a drug test.

Conclusion

Crack cocaine, fentanyl, heroin, marijuana and methamphetamine remain highly available in the Dayton region; also highly available in the region are powdered cocaine, prescription opioids, sedative-hypnotics, Suboxone® (buprenorphine) and synthetic marijuana (synthetic cannabinoids). Changes in availability during the past six months include: increased availability for fentanyl and methamphetamine.

Heroin remains extremely easy to get in the region. Participants discussed that drug dealers aggressively push heroin. They said dealers seek out customers by profiling users, approaching people who they suspect are users and offer heroin for sale. Reportedly, all one has to do is drive slowly down certain streets and they are approached by dealers giving away "testers" (free samples of heroin). While many types of heroin are currently available in the region, participants reported white powdered heroin, followed by brown powdered heroin, as most available. To obtain black tar heroin, participants reported that one would have to travel to Columbus (Franklin County) to acquire it.

Participants reported that the availability of heroin has increased during the past six months. However, a

participant commented on increased heroin availability, *"There is more fentanyl in the area that is being sold as heroin, this has increased, you are not really getting heroin."* Participants discussed that much of the heroin in the region is actually fentanyl or heroin-fentanyl mixtures. BCI and Miami Valley Regional crime labs reported that the incidence of heroin cases they process from this region has increased during the past six months; the labs reported processing beige, blue, brown, gray, off white, purple, tan and white powdered heroin as well as black tar heroin.

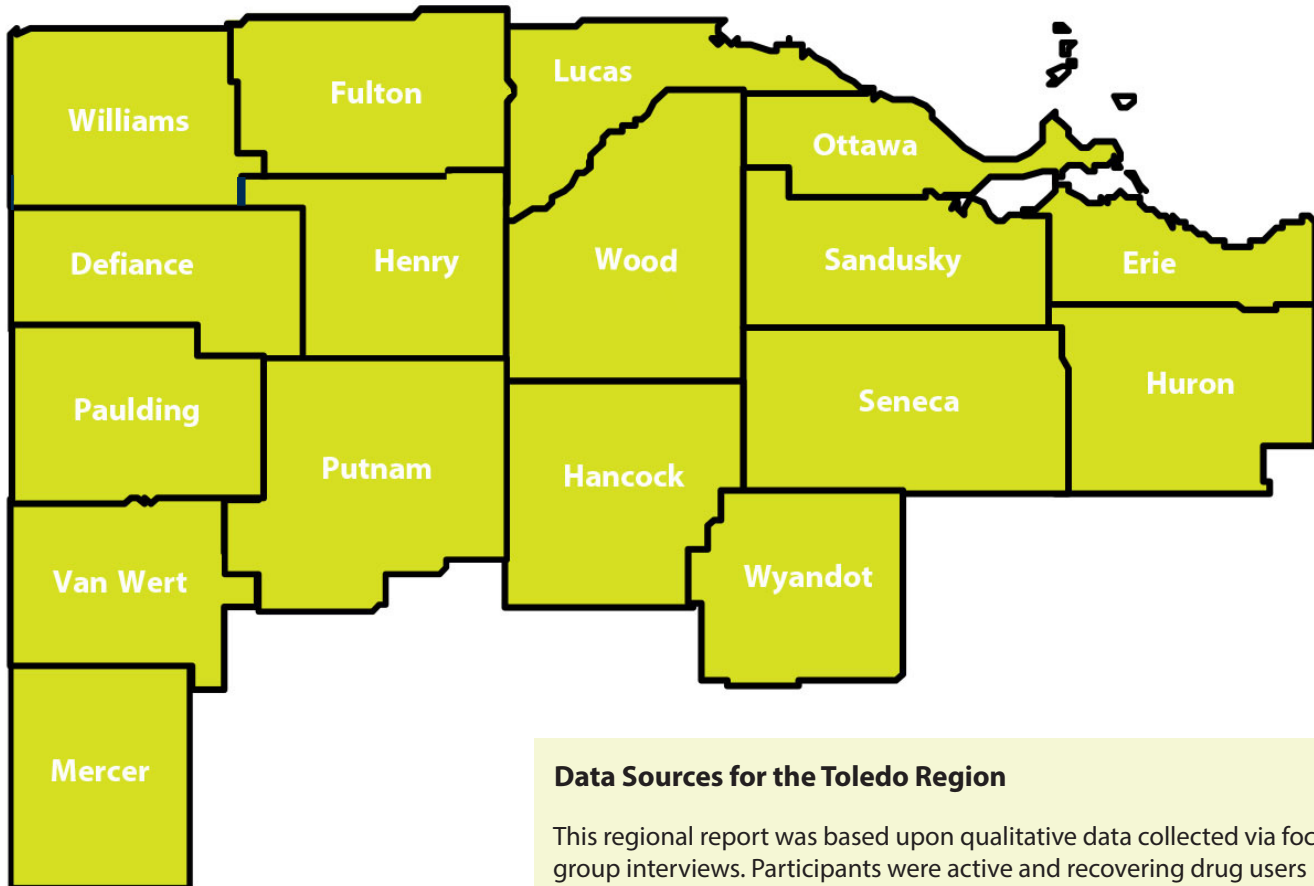
Participants and community professionals reported that the high availability of fentanyl has increased during the past six months. Participants attributed increased availability to increased demand for the drug. They discussed users seeking fentanyl for its potency, a more intense high than heroin. Participants described the current overall quality of fentanyl as extremely potent. One participant remarked, *"You are gonna get really high or you are going to die."* Overall, participants reported that the quality of fentanyl has increased during the past six months. Participants explained: *"Fentanyl is getting stronger as the high is lasting longer; Poor quality [fentanyl] wears out in 10 minutes."*

Corroborating data indicated that fentanyl and carfentanil are available in the Dayton region. Montgomery County Coroner's Office found fentanyl and fentanyl analogues present in 86.0% of the 129 drug-related deaths it processed during the past six months; carfentanil was present in 10.1% of these deaths. Ohio Department of Public Safety reported seizing 5.1 kilograms (11.2 lbs.) of fentanyl from this region during the past six months. In addition, Miami Valley Regional Crime Lab reported that the incidence of fentanyl and fentanyl analogues cases they process has increased.

Lastly, participants and community professionals reported that the availability of crystal methamphetamine has increased during the past six months. Both groups of respondents discussed drug dealers pushing methamphetamine like they do heroin by actively soliciting customers. Participants attributed increased availability to increased demand from heroin users, many of whom, reportedly use methamphetamine to get off heroin. Miami Valley Regional Crime Lab reported that the incidence of methamphetamine cases it processes has increased during the past six months.



Drug Abuse Trends in the Toledo Region



Data Sources for the Toledo Region

This regional report was based upon qualitative data collected via focus group interviews. Participants were active and recovering drug users recruited from alcohol and other drug treatment programs in Erie and Lucas counties. Data triangulation was achieved through comparison of participant data to qualitative data collected from regional community professionals (treatment providers and law enforcement) via focus group interviews, as well as to data surveyed from Hancock County Probate and Juvenile Court, OhioMHAS' Screening, Brief Intervention and Referral for Treatment (SBIRT) program which operates in federally qualified health centers in the region, Ohio Bureau of Criminal Investigation (BCI) and Ohio Department of Public Safety (ODPS), which logs drug task force seizures from across the state. All secondary data are summary data of cases processed from January to June 2018. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for July through December 2018.

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

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Regional Profile

Indicator ¹	Ohio	Toledo Region	OSAM Drug Consumers
Total Population, 2017	11,689,442	1,213,795	46
Gender (female), 2017	51.0%	50.9%	65.2%
Whites, 2017	82.2%	87.5%	80.4% ²
African Americans, 2017	12.9%	8.7%	10.9% ²
Hispanic or Latino Origin, 2017	3.8%	6.3%	19.6%
High School Graduation Rate, 2013-17	89.8%	90.5%	80.0% ³
Median Household Income, 2013-17	\$52,407	\$52,923	\$21,000-\$24,999 ⁴
Persons Below Poverty Level, 2017	14.0%	13.1%	41.3% ⁵

¹ Ohio and Toledo region statistics were derived from the most recent US Census; OSAM drug consumers were participants for this reporting period: June 2018 - January 2019.

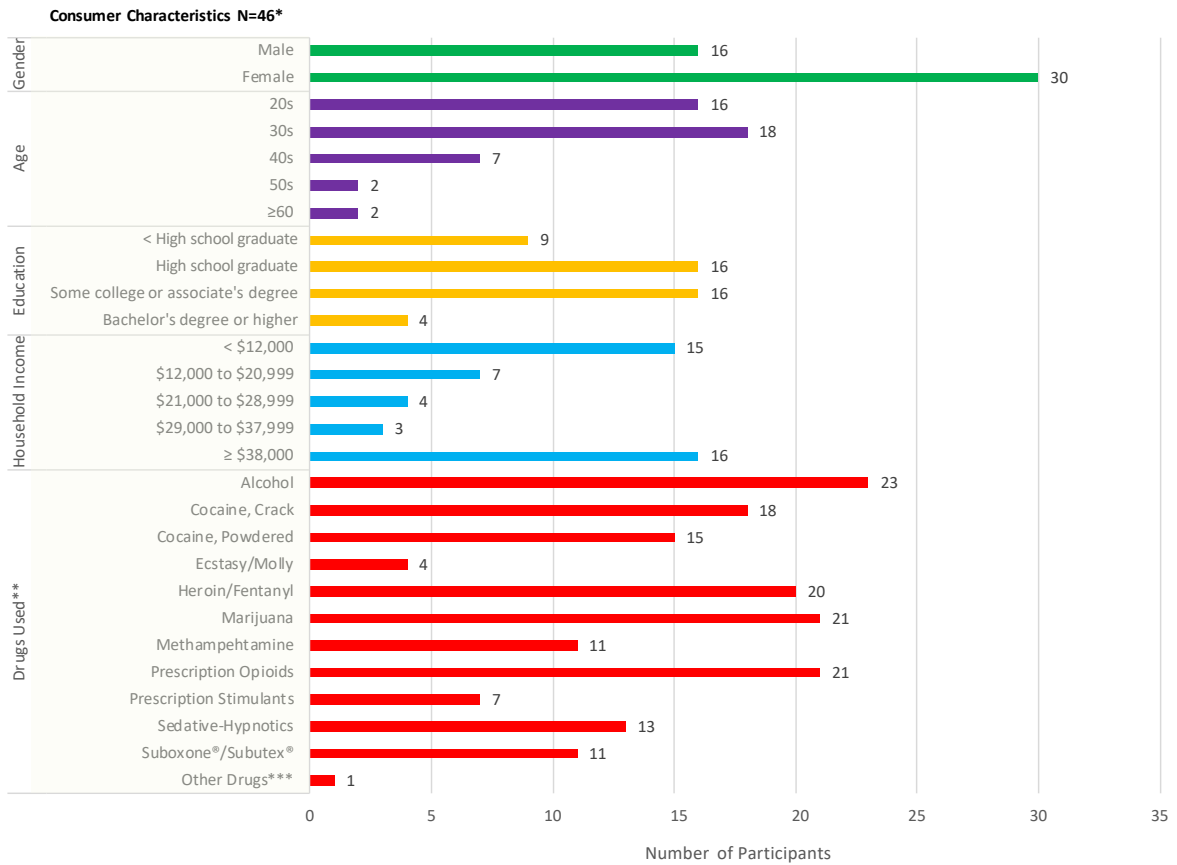
² Race was unable to be determined for 2 participants due to missing and/or invalid data.

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

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

⁵ 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 completely; therefore, numbers may not equal 46.

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

***Other drugs included: hallucinogens and ketamine.

Historical Summary

In the previous reporting period (January – June 2018), crack cocaine, fentanyl, heroin, marijuana, powdered cocaine, prescription opioids, sedative-hypnotics and Suboxone® (buprenorphine) remained highly available in the Toledo region; also highly available was methamphetamine. Changes in availability during the reporting period included: possible increased availability for fentanyl and methamphetamine; and decreased availability for bath salts (synthetic cathinones), ecstasy and prescription opioids.

While many types of heroin were available in the region, participants and community professionals continued to report white powdered heroin as most available. However, participants discussed gray heroin (aka “gray death”) as the most popular type of heroin because it was believed to contain strong amounts of fentanyl. BCI crime labs reported processing beige, brown, gray, purple, tan and white powdered heroin as well as black tar heroin from this region during the reporting period.

Participants discussed adulterants (aka “cuts”) that affected the quality of heroin. They indicated that fentanyl remained the top cutting agent for the drug. Participants reported that most heroin users wanted and expected heroin to be cut with fentanyl. They discussed that fentanyl was more desirable because it was stronger than heroin, even though the high it produced did not last as long as heroin. Participants discussed thinking they had injected heroin and fentanyl, only to learn through drug testing that what they injected was just fentanyl. One participant commented, *“I see a lot of fentanyl. I don't think I ever did true heroin.”* BCI crime labs noted fentanyl as a cutting agent for heroin cases processed during the reporting period.

Participants and community professionals reported that the availability of fentanyl had increased during the reporting period. BCI crime labs reported that the incidence of fentanyl and fentanyl analogue cases they processed from this region had decreased during the reporting period, while the incidence of cases of carfentanil (synthetic opioid significantly more potent than fentanyl) from this region had remained the same.

Participants reported that methamphetamine was available in crystal and powdered forms throughout the region; however, they noted crystal methamphetamine as more prevalent. Participants reported that the availability of crystal methamphetamine had increased during the reporting period. BCI crime labs reported that the incidence of methamphetamine cases they processed from this region had increased during the reporting period. Participants discussed adulterants that affected the quality of methamphetamine and reported the following cutting agents for the drug: acetone, bath salts and heroin. The most common route of administration for methamphetamine remained intravenous injection (aka “shooting”).

Lastly, corroborating data indicated that marijuana was highly available in the Toledo region. Ohio Department of Public Safety (ODPS) reported seizing 1,033.2 kilograms (2,277.8 lbs.) of marijuana from this region during the reporting period.

Current Trends




Powdered Cocaine

Powdered cocaine 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 were also ‘10.’ A law enforcement officer commented, *“As long as you're connected ... you can get powdered cocaine.”*

Corroborating data indicated that powdered cocaine is available in the Toledo region. Hancock County Probate Court reported that of the 18 positive adult drug test results it recorded during the past six months, 55.5% were positive for cocaine (crack and/or powdered cocaine). In addition, ODPS reported seizing 31.2 kilograms (68.9 lbs.) of powdered cocaine from this region 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), conducting a traffic stop for lane violations in Wood County, arrested a Canadian man and charged him with possessing and trafficking in cocaine; a K-9 officer alerted to the presence of 165 pounds of cocaine in the man’s vehicle (www.wtol.com, Aug. 1, 2018). OSHP conducting a traffic stop along the Ohio Turnpike in Wood County arrested two men for possession and trafficking in cocaine after recovering 140 grams of cocaine following a probable search of the men’s vehicle (www.statepatrol.ohio.gov, Sept. 24, 2018).






Participants and community professionals reported that the high availability of powdered cocaine has remained the same during the past six months. One participant stated, “Wherever you can buy ‘crack’ (crack cocaine), you can buy ‘coke’ (powdered cocaine). A lot of dealers make their own crack, so both are consistent (consistently available).” Ohio Bureau of Criminal Investigation (BCI) crime labs reported that the incidence of cocaine cases they process from this region has increased during the past six months; the labs do not differentiate between powdered and crack cocaine.

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

Participants most often rated the current overall quality of powdered cocaine as ‘10’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was also ‘10.’ However, a participant noted that quality, “Depends on who you go through. Some people got some ‘fire’ (good quality) and other people got garbage because they’re cutting (adulterating) it.”

Participants discussed adulterants (aka “cuts”) that affect the quality of powdered cocaine and reported that the top cutting agent for the drug is fentanyl. Other adulterants mentioned included: baby laxative, creatine, diet pills, water pills and Xanax®. One participant remarked, “Yeah, it’s cut with everything. It’s cut with ‘fetty’ (fentanyl). It’s cut

with Xanax®. It’s cut with all that shit.” Another participant noted, “The last cocaine I did was cut with fentanyl.” Overall, participants reported that the quality of powdered cocaine has remained the same during the past six months.

Powdered Cocaine	Cutting Agents Reported by Crime Lab	
		caffeine
	levamisole (livestock dewormers)	
	local anesthetics (lidocaine and procaine)	
	phenacetin (banned analgesic)	
	triacetin (triglyceride)	

Reports of current prices for powdered cocaine were consistent among participants with experience buying the drug. Reportedly, the most common quantity of purchase is a gram. A participant commented, “You usually just buy a gram.” Overall, participants reported that the price of powdered cocaine has remained the same during the past six months. However, participants noted that the price can vary depending on the dealer and the location of purchase. One participant shared, “It’s subjective, it depends on where you get it.”

Powdered Cocaine	Current Prices for Powdered Cocaine	
	1/2 gram	\$40
	A gram	\$75
	1/16 ounce (aka “teener”)	\$120
	1/8 ounce (aka “eight ball”)	\$250

The most common routes of administration for powdered cocaine are intravenous injection (aka “shooting”) and snorting. Participants estimated that out of 10 powdered cocaine users, five would snort and five would shoot the drug. One participant said, “You can shoot ... coke. It’s the same [as shooting crack]. If you smoke [it], then it runs out faster than snorting it. And, it’s kind of a different high.” Another participant shared, “[You shoot] only if you’ve used heroin before.... If it’s coke, I’m always gonna shoot it....”

Participants described typical powdered cocaine users as factory workers and other people who work long or late hours (“workaholics”), as well as professional people. Participants commented: “People who have a job that have




to do overtime; People that make more money.” Community professionals could not describe a typical powdered cocaine user. One treatment provider reported, “It’s across the board. The only thing I would say is the newer users are people who are on Vivitrol® (medication-assisted treatment for opioid use disorder). They can’t do their opiates anymore so they’re going to cocaine, powder or crack.”

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 remarked, “It’s everywhere.” Community professionals most often reported the current availability of crack cocaine as ‘10’; the previous most common score was ‘8.’ One law enforcement officer commented, “It’s readily available. We went through a period ... when everything was heroin ... but then ... I started seeing more crack cocaine....”

Corroborating data indicated that crack cocaine is available in the Toledo region. ODPS reported seizing 321.9 grams (0.7 lbs.) of crack cocaine from this region during the past six months.






Participants and community professionals reported that the availability of crack cocaine has remained the same during the past six months. BCI crime labs reported that the incidence of cocaine cases they process from this region has increased during the past six months; the labs do not differentiate between powdered and crack cocaine.

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

Participants most often rated the current overall quality of crack cocaine as ‘4’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was ‘5.’ However, like powdered cocaine, participants discussed varying quality. One participant

reported, “It depends on who you go through, honestly, because a lot of them cut it with baking soda and it’s not worth what you’re paying.” Participants discussed adulterants (aka “cuts”) that affect the quality of crack cocaine and noted that the top cutting agent for the drug remains baking soda. Other adulterants mentioned included: benzodiazepines, fentanyl and Sudafed®.

Participants expressed concern regarding the use of fentanyl as an adulterant. One participant stated, “They’re starting to lace it with dangerous things, putting fentanyl in it.” While addressing the reason that fentanyl would be used as an adulterant in crack cocaine one participant explained, “To get you hooked on heroin. Now you’re coming and getting the heroin ... they’ll make more money....” Overall, participants reported that the quality of crack cocaine has decreased during the past six months. One participant commented, “It’s not as potent as it used to be. ...”

Crack Cocaine	Cutting Agents Reported by Crime Lab	
	<ul style="list-style-type: none">  caffeine  levamisole (livestock dewormer)  local anesthetics (lidocaine and procaine)  phenacetin (banned analgesic)  triacetin (triglyceride) 	

Reports of current prices for crack cocaine were consistent among participants with experience buying the drug. Reportedly, the most common quantity of purchase is a \$20 “rock” (approximately 1/10-gram piece of crack cocaine). Participants commented: “A ‘20’ or ‘40’ (\$20 or \$40 priced rock), but you can’t just buy a 20 in one day and be done. You continue to use; Some dealers won’t sell you anything under a 20.” Overall, participants reported that the price of crack cocaine has remained the same during the past six months.

Crack Cocaine	Current Prices for Crack Cocaine	
	1/10 gram (aka “rock”)	\$20
	A gram	\$50
	1/16 ounce (aka “teener”)	\$60
	1/8 ounce (aka “eight ball”)	\$150

The most common route of administration for crack cocaine is smoking. Participants estimated that out of 10 crack cocaine users, nine would smoke and one would intravenously inject (aka “shoot”) the drug. One participant reported, *“I shot it, [but] nine out of 10 people are going to smoke it.”* Participants reported that one would likely shoot crack cocaine if they were experienced with shooting heroin. One participant stated, *“If you don’t shoot your heroin, you probably don’t shoot crack either.”* To intravenously inject the drug, one participant explained, *“You melt it with vinegar.”*

A profile of a typical crack cocaine user did not emerge from the data. Participants commented: *“Drug addiction don’t discriminate ... your mother, your father. It don’t have to be somebody living under a bridge (homeless). It could be anybody. I’ve smoked [crack cocaine] with lawyers; It don’t matter. It’s all ages. I’ve seen teenagers ... anywhere from 18-90 [years of age]; I’ve seen all races.”*

Heroin

Heroin remains highly available in the region. Participants and community professionals most often reported the current availability of the drug as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common scores were also ‘10.’ Participants commented: *“[Drug dealers] come up to the car. It’s like a McDonald’s drive thru; Just go to a little [beverage] carry-out in the ‘hood’ (inner city neighborhood). There’s always a dealer there [and at] that car wash....”* One law enforcement representative reported, *“We’ll go through periods where maybe the dealers are not able to get shipments in and so they’ll be a lull, but it’s usually available.”*

Corroborating data indicated that heroin is available in the Toledo region. The Screening, Brief Intervention and Referral for Treatment (SBIRT) program reported that of the 158 individuals in the Toledo region who reported substance use during the past 30 days, 2.5% reported using heroin on one or more days. In addition, ODPS reported seizing 2.3 kilograms (5.1 lbs.) of heroin from this region 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 a man and a woman from West Virginia while conducting a traffic stop along Interstate 75 in Hancock County; officers seized 264 grams

of heroin and one gram of marijuana from the couple’s vehicle (www.whio.com, Aug. 16, 2018). A judge in Sandusky County Common Pleas Court sentenced a man to 18 months in prison after he plead guilty to charges of aggravated trafficking in heroin in response to his arrest during a traffic stop along the Ohio Turnpike; OSHP seized 158 grams of heroin/fentanyl and a firearm from the man’s vehicle (www.thenews-messenger.com, Sept. 26, 2018). OSHP conducted a traffic stop along U.S. Route 68 in Hancock County and seized 392 grams of heroin with the assistance of a K-9 officer; officers arrested two West Virginia women for possession of heroin (www.norwalkreflector.com, Oct. 26, 2018).

While many types of heroin are currently available in the region, both participants and community professionals reported powdered heroin (brown, tan and white) as the most available heroin type. One participant commented, *“It could be white. It could be brown. It depends on what it’s cut with. It could be tan, gray. Nowadays, you can call a drug dealer and ask, ‘what’s it look like?’ I mean, the availability is so high, you don’t have to just call one ‘dope guy’ (drug dealer). You can call numerous [heroin dealers and ask] ‘Is yours brown? Is yours white? You can ask those questions now and they’re going to tell you.”*

Reportedly, black tar heroin is also available in the region. Participants most often reported the current availability of this type of heroin as ‘5’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was ‘3.’ However, many participants reported not being able to locate black tar heroin. One participant shared, *“I’ve never been able to get that.”* Community professionals also indicated availability of black tar heroin, most often rating its current availability as ‘2;’ the previous most common score was not reported. One treatment provider stated, *“That’s an old thing. The percentage is small. People used to get that ‘tar’ (black tar heroin), but it’s not that plentiful now.”* Law enforcement officers agreed. One officer added, *“We’re not seeing any black tar.... Usually, heroin is white [powdered] around here.”*

Both participants and community professionals reported that the availability of heroin has remained the same during the past six months. BCI crime labs reported that the incidence of heroin cases they process from this region has remained the same during the past six months; the labs reported processing beige, blue, brown, gray, purple, tan and white powdered heroin as well as black tar heroin.













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

Participants most often rated the current overall quality of heroin as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '9.' However, participants discussed how quality varies: "That's why it's so scary because you don't know, especially with fentanyl nowadays; Anything around here is usually cut up (adulterated)...." Participants discussed adulterants (aka "cuts") that affect the quality of the drug and reported that the top cutting agent for heroin remains fentanyl. Participants commented: "It's pretty much straight fentanyl anymore. You expect it to be fentanyl. My last couple of months of using, all I got was fentanyl; [Drug dealers] don't know how to regulate it (cut fentanyl into heroin). They don't know how much to give out. You can give a little tiny line to somebody and it'll put them down (they will overdose); You're getting fentanyl and you don't know what milligram it is." One law enforcement officer commented, "The latest report we got from [the coroner's office] is that it is still largely fentanyl.... It's about 3% [heroin] ... and 97% is fentanyl or coke or any other drug they're mixing in it."

While law enforcement commented on the potency of fentanyl in heroin, they observed that the rate of overdose deaths has decreased during the past six months. They shared: "We're seeing less [overdose] deaths in the last two months than we've seen four months ago, six months ago, or nine months ago; Let's be honest, the dealers are smarter now and they're realizing how much is too much to cut it with, where it's not gonna kill people because the fact that they're getting prosecuted and they're gonna be sent to prison for an overdose death, so it's kind of that trial by error ... we're dealing with part-time chemists; I heard some dealers are passing out the Narcan® (naloxone, opiate overdose reversal medication) with their product as well ... And, Narcan® is readily available at some of the pharmacies now."

Additional cuts for heroin mentioned included: baby formula, Benefiber®, lactose, methamphetamine,

Neurontin® (gabapentin), Seroquel® (antipsychotic), Similac®, Sleepinal® and Xanax®. One participant reported, "People are cutting it with Xanax®, so you still get your 'nods' (sedative effect of heroin) ... that shit (combination of opiates and benzodiazepines) will kill you." 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	
	 acetaminophen	
	 caffeine	
	 cocaine	
	 diphenhydramine (antihistamine)	
	 fentanyl	
	 inositol (dietary supplement)	
	 lidocaine (local anesthetic)	
	 mannitol (diuretic)	
	 methamphetamine	
 quinine (antimalarial)		
 sorbitol (artificial sweetener)		
 tramadol		

Reports of current prices for heroin were reported by participants with experience purchasing the drug. Reportedly, the most common quantities of purchase are 1/2 gram and a gram. However, one participant shared, "A couple of grams, that's going to get me through the day at least." Overall, participants reported that the price of heroin has remained the same during the past six months.

Heroin	Current Prices for Heroin	
	Powdered:	
	1/10 gram (aka "point")	\$10-20
	1/2 gram	\$60
	A gram	\$100-180

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. One participant commented, "I never shot up. I've only snorted. Once you shoot up, you kind of crossed the line...."

A profile of a typical heroin user did not emerge from the data. One participant described typical heroin users as, “pretty much everybody.” However, some participants observed that they saw more white users, very few black users, and younger people between the ages of 18-30 years of age using heroin. Participants commented: “There’s no profile anymore. Back in the day, you would assume it would be this one person, but now, it’s every person. I’ve seen more white people though ... I don’t see that many black people addicted to heroin. I’ll see them sell it all day, but I don’t see that many black people use it; I’ve seen a lot less black people in my experience, but I’ve used with all races, basically.” Community professionals described typical heroin users as anyone.

Fentanyl



Fentanyl remains highly available in the region. Participants most often reported the current availability of the drug as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was also ‘10.’




Participants shared: “Just as easy as getting ‘dope’ (heroin); I went to a specific dude. That’s the only person I would go to because I knew his shit was fentanyl; [Users] chase it. The heroin wasn’t really working, so they went for fentanyl.” Both participants and treatment providers reported that users are most often looking for a heroin-fentanyl mix when seeking opiates. They request heroin but are expecting heroin and fentanyl. Participants reported that they most preferred this combination because heroin lasts longer than fentanyl, but fentanyl provides a stronger high. The combination of the two provides the user with what they are looking for. However, some participants didn’t care for fentanyl. Participants explained: “Honestly ... I don’t even prefer the fentanyl dope. I mean, pretty much everybody I talk to prefers the fentanyl. I didn’t like the fentanyl; Fentanyl dope doesn’t last as long as heroin.”

Community professionals most often reported the current availability of fentanyl as ‘10’; the previous most common score was ‘5.’ When treatment providers were asked if they thought users may be upset about getting fentanyl when they ordered heroin, treatment providers commented: “Just fentanyl, just straight fentanyl [is what some would be looking for]; I’ve had multiple clients say that if they got offered heroin they would just laugh. They want fentanyl.”

One law enforcement officer added, “Ninety-percent of addicts are searching for the white [powdered heroin] because the white’s got fentanyl in it, so the white’s gonna be stronger.”

Corroborating data indicated that fentanyl is available in the Toledo region. ODPS reported seizing 2.9 kilograms (6.5 lbs.) of fentanyl from this region during the past six months. In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. A Toledo Police (Lucas County) officer, responding to a call at a residence regarding two drug overdoses was, exposed to suspected fentanyl that required her to be administered three doses of Narcan® before she was transported to a hospital; a man and woman at the residence were charged with permitting drug abuse and child endangering for allegedly allowing a known heroin addict to stay in their home along with their five children (www.13abc.com, July 26, 2018). An investigation led by the FBI, Toledo Police and area task forces resulted in the indictment of nine people charged with conspiracy to possess with intent to distribute at least 400 grams of fentanyl (www.13abc.com, Aug. 23, 2018). A judge in Lucas County Common Pleas Court sentenced a man to serve three years in prison after he was convicted of involuntary manslaughter for selling a fatal dose of fentanyl to a Toledo man (www.toledoblade.com, Sept. 5, 2018).

Both participants and community professionals reported that the availability of fentanyl has increased during the past six months. One treatment provider commented, “I feel like the number [of fentanyl cases] goes up every day.... It seems to be getting more attention. More people are looking for [fentanyl] versus looking for heroin.” BCI crime labs reported that the incidence of fentanyl and fentanyl analogue cases they process from this region has increased during the past six months, while the incidence of cases of carfentanil (synthetic opioid significantly more potent than fentanyl) has decreased.

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

Participants most often rated the current overall quality of fentanyl as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '8.' Participants commented: *"Some people don't like fentanyl, some people love fentanyl; [Fentanyl is] stronger [than heroin] and honestly, you get more for your buck. But, it wears off quicker.... And, it's a worse withdrawal. Much worse; All the dark heroin, the brown heroin, I was finding was junk. I couldn't get high off it ... I knew I'd get a 'buzz' (high) off the fentanyl and only have to buy \$40 a day."* Participants were unaware of adulterants (aka "cuts") for fentanyl. Overall, participants reported that the quality of fentanyl has remained the same during the past six months.

Reports of current prices for fentanyl were consistent among participants with experience purchasing the drug. Reportedly, the most common quantity of purchase is a gram. Overall, participants indicated that the price of fentanyl has remained the same during the past six months and corresponds to the prices for heroin. Participants shared: *"I pay the same price for a 20 (\$20) pack of heroin and a 20 (\$20) pack of fentanyl; [Dealers] are buying [fentanyl] dirt cheap, but they're selling it for the same [price as heroin]. Dealers charge off how potent they think it is, so the better the product the more it costs."*

Fentanyl	Current Street Prices for Fentanyl	
	1/10 gram	\$10-20
	1/2 gram	\$60
	A gram	\$100-180

The most common route of administration for fentanyl is intravenous injection (aka "shooting). Participants estimated that out of 10 users, nine would shoot and one would smoke the drug. Most participants observed that fentanyl use mirrors that of heroin use.

Participants described typical fentanyl users as heroin users. One participant added, *"A lot of white people, more than black people right now. And, a lot of females."* Community professionals described typical fentanyl users as anyone. However, one treatment provider commented, *"I think it typically starts out from heroin. Somebody doesn't just start using fentanyl.... It's usually pills, to heroin, to fentanyl, to carfentanil."*

Prescription Opioids



Prescription opioids are moderately to highly available for illicit use in the region.




Participants most often reported the current street availability of these drugs as '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 '8.' Participants discussed: *"It's not easy, not anymore ... doctors are getting in trouble [and prescribing less]; I can get heroin quicker than anything compared to a pill; I think they're out, but people don't buy them anymore because they're a lot more money [than previously and heroin is cheaper]."*

Community professionals most often reported the current street availability of prescription opioids as '8'; the previous most common score was '7.' Participants and community professionals identified Percocet® and Opana® as the most popular prescription opioids in terms of widespread illicit use. One participant remarked, *"Percocet® ... that's gone through the roof."*

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. OSHP conducted a traffic stop along the Ohio Turnpike in Erie County and seized a bag containing 123 oxycodone pills from a female passenger; she and the driver were charged with possession and trafficking in a schedule II drug (www.statepatrol.ohio.gov, July 31, 2018). OSHP seized 693 oxycodone pills and a small amount of marijuana during a probable cause search of a vehicle along Interstate 280 in Wood County; officers arrested a woman for possession and trafficking in drugs (www.wkbn.com, Nov. 24, 2018).

Participants and community professionals reported that the street availability of prescription opioids has decreased during the past six months. A participant commented, *"They're harder to come by ... doctors don't give them out."* One treatment provider reported, *"Some are getting prescriptions. I don't know if anyone has brought this up in other groups, but we recently had a doctor that got shut down ... in this area, for over prescribing opiate pain pills. I have seen and heard a lot about that. People are seeking out treatment more because, even if they go to another pain specialist, they are not getting what this doctor was prescribing."*

BCI crime labs reported that the incidence of oxycodone (OxyContin®, Percocet®) cases they process from this region has increased during the past six months, while the incidence of hydrocodone (Vicodin®), morphine, oxymorphone (Opana®) and tramadol (Ultram®) cases has decreased or remained the same. BCI labs reported processing very few cases of hydromorphone (Dilaudid®) and methadone from this region during the past six months.

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

Reports of current street prices for prescription opioids were consistent among participants with experience buying the drugs. Reportedly, most prescription opioids sell for \$1-2 per milligram. Participants noted: “[Price] depends on what milligram; Opana® are expensive; A ‘perk 10’ (Percocet® 10 mg) can range from \$10-15.” Overall, participants indicated that the price of prescription opioids has increased during the past six months.

Prescription Opioids	Current Street Prices for Prescription Opioids	
	Opana®	\$80-90 for 40 mg
	Percocet®	\$10 for 5 mg
		\$10-15 for 10 mg \$18-20 for 15 mg
Roxicodone®	\$30-40 for 30 mg	

Participants reported obtaining these drugs for illicit use from doctors, dealers, friends and family members with prescriptions and through Internet purchase. Participants commented: “If you can find doctors to prescribe them, you can get pills and then trade them for ‘dope’ (heroin) or for crack [cocaine]. I got mine from my doctor; My friend knocked his teeth out to go get perks.”

While there were a few reported ways of consuming prescription opioids, generally the most common route




of administration for illicit use is snorting. Participants estimated that out of 10 illicit prescription opioid users, 10 would snort the drugs. One participant shared, “If it doesn’t have Tylenol® (acetaminophen), snort it. If it does, eat it.”

Participants described typical illicit prescription opioid users as people with illness and injuries. They commented: “People that can get the prescriptions; People who have been injured.” Community professionals described typical illicit users as having the financial mean to afford the drugs. One treatment provider reported, “I would say ... it’s people who have access to more money. They can afford it. The person hasn’t yet gone to heroin or fentanyl or whatever because they can still [purchase] the pain pills. But many times, by the time they get to us, they are beyond pills.”

Suboxone®

Suboxone® (buprenorphine) remains highly available for illicit use in the region. Participants most often reported the current street 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 shared, “A lot of people buy it because it gives them a little time to clean up (reduce their tolerance to opiates) ... they can feel a bigger impact when they ‘shoot’ (intravenously inject) again with heroin.” Community professionals most often reported the current street availability of Suboxone® as ‘10’; the previous most common score was also ‘10’. One treatment provider commented, “They’ll get it if they can’t find anything else.”

Participants reported that the availability of Suboxone® in filmstrip form has increased during the past six months, while the availability in pill form has decreased. Community professionals reported that the general availability of Suboxone® has remained the same during the past six months. BCI crime labs reported that the incidence of Suboxone® cases they process from this region 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	No change

Reports of current street prices for Suboxone® were consistent among participants with experience buying the drug. One participant shared, *“When I first got prescribed Suboxone®, I would sell them for like \$7-8 dollars apiece. Now, they go for like \$15-20 [for the filmstrip].”* Another participant commented, *“They’re really popular in jail. An 1/8 of a strip is like fifty bucks in jail. A whole strip is like \$300.”* Participants reported that a Suboxone® 8 mg filmstrip most often sells for \$15-20. Overall, participants reported that the street price of Suboxone® has remained the same during the past six months.

In addition to obtaining Suboxone® on the street from dealers, participants also reported getting the drug through clinics. One participant shared, *“The dealer will make one friend that goes to a Suboxone® clinic and that one person will bring his whole ‘script’ (prescription filled) back to the dealer and they’ll either pay the guy or trade it for whatever [drug] he wants.”*

The most common route of administration for illicit use of Suboxone® is oral consumption. However, participants also discussed intravenous injection (aka “shooting”) of Suboxone®. One participant commented, *“You shoot them ... I started shooting the Suboxone® ... a lot of people do it (shoot) or snort it. I never took them the way I was supposed to.”*

Participants described typical illicit Suboxone® users as heroin users. One participant explained, *“I knew I could take a Suboxone® and get up and function ‘til I could go get some dope (heroin).”* Community professionals described typical illicit Suboxone® users as heroin and fentanyl users. One treatment provider reported, *“To help with the withdrawal. I’ve had a number of clients who are trying to wean themselves off [opiates]. They do their own program kind of thing.”*




Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain highly available for illicit use in the region. Participants most often reported the current street availability of these drugs as ‘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 9.’ Community professionals most often reported the current street availability of sedative-hypnotics as ‘10;’ the

previous most common score was also ‘10.’ One law enforcement officer commented, *“They’re everywhere.”*

Participants and community professionals identified Xanax® as the most available sedative-hypnotic in terms of widespread illicit use. One participant reported, *“Xanax®, you can find that anywhere.”* While another participant shared, *“[Doctors] give me Xanax®, they give me everything I want.”* A treatment provider stated, *“Xanax® is the main ‘benzo’ (benzodiazepine) everybody wants. Sometimes Klonopin® but that’s not usual.”* A law enforcement officer confirmed, *“Xanax® or any generic form of Xanax® [is most available].”*

Participants and community professionals reported that the street availability of sedative-hypnotics has remained the same during the past six months. BCI crime labs reported that the incidence of diazepam (Valium®) cases they process from this region has increased during the past six months, while the incidence of alprazolam (Xanax®) and clonazepam (Klonopin®) cases has decreased or remained the same. BCI labs reported processing very few cases of lorazepam (Ativan®), zolpidem (Ambien®) and carisoprodol (Soma®) from this region during the past six months.

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

Reports of current street prices for sedative-hypnotics were consistent among participants with experience buying the drugs. Reportedly, Xanax® most often sell for \$2 per milligram. One participant remarked, *“[Pill pricing] depends on the milligram.”* Overall, participants reported that the price of sedative-hypnotics has remained the same during the past six months.

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

Participants reported obtaining sedative-hypnotics for illicit use from drug dealers, doctors and friends with prescriptions. One participant stated, *"It's easy to fake a mental disorder of some kind to your doctor so you can get it."* Generally, the most common routes of administration for illicit use of sedative-hypnotics are snorting and oral consumption. Participants estimated that out of 10 illicit sedative-hypnotic users, five would snort and five would orally consume the drugs. Participants commented: *"They're gonna snort it most likely; I've seen a lot of people take it orally."* Participants and community professionals described typical illicit sedative-hypnotic users as female or people with mental health disorders. One treatment provider stated, *"I would say mostly women, all ages."*

Marijuana



Marijuana remains highly available in the region. Participants and community professionals most often reported the current availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were also '10.' One participant remarked, *"That's always going to be a '10' (highly available)."*

Corroborating data indicated that marijuana is available in the Toledo region. The SBIRT program reported that of the 158 individuals in the Toledo region who reported substance use during the past 30 days, 35.4% reported using marijuana on one or more days. Hancock County Probate Court reported that of the 18 positive adult drug test results it recorded during the past six months, 44.4% were positive for marijuana; the court also reported that 97.1% of the 68 positive juvenile drug test results it recorded during the past six months were positive for marijuana. In addition, ODPS reported seizing 440.9 kilograms (972.1 lbs.) of marijuana from this region during the past six months.



Media outlets reported on law enforcement seizures and arrests in the region this reporting period. OSHP arrested a man for possession and trafficking in marijuana after discovering laundry bags containing 40 pounds of marijuana in his vehicle during a traffic stop along the Ohio Turnpike in Wood County (www.13abc.com, July 13, 2018). A judge in the Lucas County Common Pleas Court

sentenced a man from California to two years in prison after he plead no contest to drug charges; OSHP seized over 110 pounds of marijuana from the man's vehicle during a traffic stop on the Ohio Turnpike (www.toledoblade.com, July 18, 2018). Sandusky Drug Task Force and Ohio BCI arrested a man for possession of marijuana and weapons after recovering 150 marijuana plants, 20 pounds of marijuana, cultivation equipment, drug paraphernalia and a firearm from the man's residence in Fremont (Sandusky County); other efforts of the federally funded marijuana eradication program netted approximately 50 additional marijuana plants in different locations around Sandusky County (www.wtol.com, Aug. 14, 2018). Undercover federal agents discovered that a postal carrier in Toledo (Lucas County) had been stealing packages containing marijuana and selling the stolen marijuana; the postal carrier was arrested and charged with theft of mail by a postal employee and possession of a controlled substance with intent to distribute (www.13abc.com, Sept. 20, 2018). OSHP conducted a probable cause search of a vehicle along Interstate 75 in Hancock County and arrested a man for possession of marijuana, cocaine and weapons after seizing about 10 pounds of marijuana, a small amount of cocaine and a firearm from the man's vehicle (www.wkbn.com, Oct. 4, 2018). OSHP arrested two men for marijuana possession during a traffic stop for a license plate violation along Interstate 75 also in Hancock County; officers seized 13 pounds of marijuana, 22 vials of THC (tetrahydrocannabinol, the psychoactive ingredient of marijuana) oil and a scale from the men's vehicle (www.fox8.com, Oct. 26, 2018). Bowling Green Police (Wood County) executed a search warrant at a Perrysburg residence and seized 23 pounds of marijuana, half a pound of THC "shatter" (butane hash oil, aka "BHO"), over 300 THC cartridges, packing materials, scales and ledgers indicating drug trafficking activity; officers arrested a woman at the residence for aggravated trafficking in drugs (www.13abc.com, Nov. 2, 2018). OSHP seized 101 pounds of marijuana from a U-Haul® truck with the assistance of a K-9 officer during a traffic stop along the Ohio Turnpike in Wood County; troopers arrested a man for possession and trafficking in marijuana (www.nbc24.com, Nov. 30, 2018). OSHP seized 10 pounds of marijuana and four ounces of THC wax (aka "dabs") while conducting a probable cause search of a vehicle along the Ohio Turnpike in Sandusky County; one man was arrested for possession of marijuana and hashish (www.nbc4i.com, Dec. 19, 2018).

Participants and community professionals also discussed current availability of high-grade marijuana extracts and concentrates, often appearing as oil and waxy forms of the drug (aka "dabs"). Participants most often reported the current availability of marijuana extracts and concentrates as '10,' the previous most common score was also '10.' A participant remarked, "I could find those all day." Community professionals most often reported the current availability of marijuana extracts and concentrates as '8,' the previous most common score was '5.' A treatment provider commented, "I feel like people are moving to that (marijuana extracts and concentrates)."

Participants and community professionals reported that the high availability of marijuana has remained the same during the past six months. One participant noted, "You can find it all the time." One law enforcement officer said, "That's socially acceptable. It's everywhere." Participants and community professionals indicated that the availability of marijuana extracts and concentrates has increased during the past six months. A participant stated, "Dabs are bigger [in terms of higher availability and increased popularity]." One treatment provider confirmed, "It's becoming more popular."

BCI crime labs reported that the incidence of cannabis (including edible cannabis) and concentrated THC (oils, dabs) cases they process from this region has increased during the past six months.

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

Participants most often rated the current overall quality of marijuana as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was also '10.' Participants also discussed the high quality of marijuana extracts and concentrates. One participant remarked, "I've smoked dabs like twice. It's too potent. It's real potent." Overall, participants indicated that the quality of marijuana has remained the same during the past six months.

Reports of current prices for marijuana were provided by participants with experience buying the drug. Reportedly, the most common quantity of purchase is a "blunt" (marijuana filled cigar); the most common quantity of purchase for marijuana extracts and concentrates is a gram. Overall, participants reported that the price of marijuana has remained the same during the past six months.

Marijuana	Current Prices for Marijuana	
	High grade:	
	A blunt (cigar) or a gram	\$10-20
	Extracts and concentrates:	
A gram	\$40-50	

The most common route of administration for marijuana remains smoking. Participants estimated that out of 10 marijuana users, all 10 would smoke the drug. One participant noted, "You have 'edibles' (food products made from marijuana) now. If we're talking abuse though, it's being smoked." Regarding extracts and concentrates, one participant shared, "The 'vapes' (hand-held vaporizers, e-cigarettes). It comes in a cartridge. If you do dabs, you have a bong thing with a little needle on it and you heat it up."

A profile of a typical marijuana user did not emerge from the data. Both participants and community professionals described typical marijuana users as "everyone," while they described users of extracts and concentrates as young people. One participant commented, "That's the younger generation [using extracts and concentrates]... The old people, they just like smoking their regular weed." A treatment provider described typical dab users, saying, "I think the younger crowd ... 13 [years of age] and up ... mid-teens to late 20s. I was also thinking vaping has become a big thing, too. I think [young] people are using those more because of that."

Methamphetamine



Methamphetamine remains highly available in the region. Participants most often reported the current availability of crystal methamphetamine as '10' and of powdered methamphetamine as '2' on a scale of '0'




(not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were '10' and '3,' respectively. One participant stated, "[Crystal methamphetamine is] *coming up. It's getting more and more available here.*" Community professionals most often reported the overall current availability of methamphetamine as '8;' the previous most common overall score was '10'. One treatment provider shared, "*They're using 'crystal' (crystal methamphetamine) up here (Toledo region). It's come around. Before that we didn't really have much.*"

Corroborating data indicated that methamphetamine is available in the Toledo region. ODPS reported seizing 7.7 kilograms (17.0 lbs.) of methamphetamine from this region during the past six months. In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. U.S. Marshals and local police and narcotics task forces conducted raids at residences in Defiance and Williams counties, arresting three men with multiple active warrants for possession of methamphetamine (www.journalgazette.net, Sept. 15, 2018). OSHP seized 50 grams of methamphetamine during a traffic stop along the Ohio Turnpike in Wood County while conducting a search of a vehicle; officers arrested the driver and the passenger for possession and trafficking in methamphetamine (www.wtol.com, Nov. 30, 2018).



Participants reported that methamphetamine is available in crystal and powdered forms throughout the region; however, they noted crystal methamphetamine as more prevalent in the region. The powdered form of methamphetamine is typically referred to as "shake-and-bake," which means users produce the drug in a single-sealed container, such as a two-liter soda bottle. By using common household chemicals along with ammonium nitrate (found in cold packs) and pseudoephedrine (found in some allergy medications), people who make methamphetamine can produce the drug in approximately 30 minutes in nearly any location.

Participants reported that the availability of crystal methamphetamine has increased in urban areas and remained the same in rural areas during the past six months, while the availability of powdered methamphetamine has decreased overall. Participants shared: "*Everyone's hooked on crystal meth; [Crystal methamphetamine is] more common.... You didn't hear about it [before].*"

Community professionals reported that the availability of crystal methamphetamine has increased during the past six months, while the availability of powdered methamphetamine has remained the same. One treatment provider mentioned, "*I think up here people are far removed from it (powdered methamphetamine). I think shake-and-bake is in the southern part of Ohio....*" BCI crime labs reported that the incidence of methamphetamine cases they process from this region has increased during the past six months.

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

Participants most often rated the current quality of crystal methamphetamine as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '8'. Participants did not rate current quality of powdered methamphetamine; the previous most common score was '1-7.' One participant reported, "*You don't need that much to get a 'buzz' (high) off of [crystal methamphetamine].*" Participants were unaware of any adulterants (aka "cuts") for methamphetamine. Overall, participants reported that the quality of methamphetamine has increased during the past six months. One participant commented, "*[The high] lasts a while ... you'll be up forever.*" Another participant shared, "*It would keep me up for days. That's what I know. It's very scary.*"

Methamphetamine	Cutting Agents Reported by Crime Lab	
	<ul style="list-style-type: none">  dimethyl sulfone (DMSO; dietary supplement)  magnesium sulfate (Epsom salts) 	

Reports of current prices for methamphetamine were consistent among participants with experience buying the drug. Reportedly, 1/2 gram of crystal methamphetamine most often sells for \$30-40; prices for powdered methamphetamine were unknown. Overall, participants reported that the price of methamphetamine has remained the same during the past six months.




The most common route of administration for methamphetamine remains intravenous injection (aka “shooting”). Participants estimated that out of 10 methamphetamine users, seven would shoot, two would snort and one would smoke the drug.

Participants described typical methamphetamine users as people who need to stay up late, people who need energy, as well as white people. Participants discussed: *“People that wanna go fast and stay up; White people.”* Community professionals generally disagreed, reporting there was no typical methamphetamine user. One treatment provider shared, *“There’s not an age or gender or anything like that.”* However, one law enforcement officer reported, *“Older, white, LGBTQ (lesbian, gay, bisexual, transgender and queer) population.”*

Prescription Stimulants

Prescription stimulants are highly available for illicit use in the region. Participants and community professionals most often reported the current street availability of these drugs as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common scores were ‘5.’ Participants commented: *“That’s everywhere; It’s so easy to come by [prescription stimulants].”* One treatment provider remarked, *“It’s pretty available.”*

Participants and community professionals identified Adderall® as the most available prescription stimulant in terms of widespread illicit use. One participant confirmed, *“Adderall®. That would be the most popular.”* Participants and community professionals reported that the street availability of prescription stimulants has remained the same during the past six months. BCI crime labs did not report processing any cases of amphetamine (Adderall®) or methylphenidate (Ritalin®) for this region during the past six months, and very few cases of lisdexamfetamine (Vyvanse®).

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

Reports of current street prices for prescription stimulants were consistent among participants with experience buying these drugs. Participants noted that prescription stimulants typically sell for \$0.50 per milligram. Reportedly, Adderall® 30 mg most often sells for \$15. However, one participant indicated that if one knew the person selling the drug, the price may be lower. The participant stated, *“If I really knew them, [Adderall® 30 mg] would be like \$11 or \$12.... I’d rather do a [prescribed] stimulant than coke or meth, it’s a lot cleaner.”* Overall, participants reported that the price of prescription stimulants has remained the same during the past six months.

Participants reported obtaining prescription stimulants for illicit use from doctors, friends and family members with prescriptions. One participant shared, *“It’s easy to get. When I would do it, I would literally get it from my cousin’s 14-year-old son. I would go through my adult cousin to get it, but it was her son’s prescription.”*




The most common route of administration for illicit use of prescription stimulants is oral consumption. Participants estimated that out of 10 illicit prescription stimulant users, all 10 would orally consume the drugs. One participant commented, *“They’re going to swallow it.... I used to open [the capsules] and throw the beads in the mouth.”*

Participants and community professionals described typical illicit prescription stimulant users as high school and college students. One participant shared, *“College students [use prescription stimulants] to study. You can sell a ‘script’ (prescription filled) for twice the price during exam week.”* One treatment provider stated, *“Younger. College students ... there’s a lot of young people working a lot of hours out there.”*

Ecstasy

Ecstasy (methylenedioxyamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMP) is highly available in the region. Participants most often reported the current availability of the pressed tablet form of ecstasy and of "molly" (powdered MDMA) as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were '6' and '5,' respectively. One participant shared, "Molly, I was addicted to it really bad. I would do that every day, spend \$80 a day on it." While reporting high current availability of both ecstasy and molly, participants clarified that users have to have the right connections to obtain these drugs. However, they noted that ecstasy and molly are plentiful during music festivals and concerts. Community professionals reported that ecstasy and molly are prevalent but did not rate current availability.

Participants and community professionals reported that the availability of both ecstasy and molly has remained the same during the past six months. BCI crime labs reported that the incidence of MDMA (ecstasy/molly) cases they process from this region has decreased during the past six months and is very low.

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

Participants could not rate the current quality of ecstasy and molly during the past six months because they believed ecstasy and molly to be heavily adulterated; the previous most common quality scores were '5' and '9,' respectively. One participant reported, "I love molly and ecstasy, [but] molly isn't even molly anymore. Molly is every drug in one pill." Reportedly, ecstasy and molly are often cut with other substances, including: Adderall®, fentanyl, heroin and methamphetamine. One participant commented, "[Quality] depends on who you know. I won't buy it if it's not yellow or pink [in color]. When it's pure, it looks like meth, 'shards' (crystal methamphetamine)..." Overall, participants reported that the quality of ecstasy and molly has remained the same during the past six months.

Reports of current prices for ecstasy and molly were consistent among participants with experience buying the drugs. Overall, participants reported that the prices of ecstasy and molly have remained the same during the past six months.

Ecstasy/Molly	Current Prices for Ecstasy/Molly	
	Ecstasy:	
	Low dose (aka "single stack")	\$10-20
	Molly:	
	A gram	\$20-60

Participants reported that ecstasy and molly are obtained through drug dealers at clubs, festivals and "raves" (dance parties). One participant commented, "If the festivals hit, then it's going to be all over. It's more event based."

The most common routes of administration for ecstasy and molly are snorting and oral consumption. Participants estimated that out of 10 ecstasy and molly users, five would snort and five would dissolve the drugs in water (aka "molly water") and drink.

Participants and community professionals described typical ecstasy and molly users as people who attend nightclubs and raves, college students, people under the age of 30 years and those considered "hippies." Participants shared: "It's a party drug or sex drug; I used to love the way it made me feel."

Other Drugs in the Toledo Region

Participants and community professionals listed a variety of other drugs as being present in the region, but these drugs were not mentioned by the majority of people interviewed: hallucinogens (psilocybin mushrooms), Neurontin® (gabapentin), kratom (mitragynine) and synthetic marijuana (synthetic cannabinoids). In addition, BCI crime labs reported that the incidence of U-47700 (synthetic opioid) cases they process from this region has decreased during the past six months. BCI crime labs also

reported that the incidence of synthetic cathinones (“bath salts”) cases they process from this region has decreased during the past six months.

Hallucinogens

Reportedly, psilocybin mushrooms are highly available in the region to users who have the right connections or know where to find them. Participants discussed: *“My dealer sells it; You can get it all the time. ... It depends on the group you hang out with [though].”* Participants also discussed availability of psilocybin mushrooms at concerts and music festivals. One participant commented, *“[Availability is] event based. I saw a big ass black trash bag full of mushrooms just recently [at an event].”* BCI crime labs reported that the incidence of psilocybin mushroom cases they process from this region has slightly increased during the past six months, although still few cases. Participants described typical psilocybin mushroom users as young people aged 15-22 years as well as middle-aged people.

Kratom

Kratom (mitragynine, a psychoactive plant substance) is available in the region. Law enforcement most often reported the current availability of the drug as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); participants and treatment providers were unable to rate the current availability of kratom. Law enforcement shared: *“You can buy it at the head shop; You can make a tea out of it. That’s the new thing. Put it in your tea. ... I’ve run into numerous people that say they use [kratom] to come off of heroin. ... They don’t let them know that when you come off the tea ... you’re going to go through withdrawal.”*

Law enforcement described typical kratom users as opiate users. Law enforcement discussed: *“Addicts in recovery. ... When you send out a [drug urinalysis] test, you have to say specifically that you want it tested for kratom. ... It’s a legal way to get a high ... It’s not a scheduled drug; We ran a search warrant. Vice narcotics was there, SWAT was there, and they found kratom. It’s not illegal so they weren’t interested in it in the search warrant. I was the only one there that knew what it was. ... The addicts know and they’re educating themselves on how to deal with their*

withdrawals, deal with their addiction, or substitute. But, the medical profession isn’t aware yet and law enforcement is behind on that.”

Neurontin®

Neurontin® (gabapentin, an anticonvulsant and nerve pain medication) remains highly available for illicit use in the region. Participants most often reported the current street availability of the drug as ‘7’ and ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was ‘6.’ Participants shared: *“That’s everywhere; That’s really big around here. It’s getting popular. My old friends, opiate addicts, that’s their go-to now. A lot of them are on Vivitrol® (medication-assisted treatment for opioid use disorder).”*

Community professionals most often reported the current street availability of Neurontin® as ‘10’; the previous most common score was not reported. One law enforcement officer remarked, *“It’s highly available. It’s a prescription drug. It’s not scheduled. It would be illegal to possess a prescription that doesn’t belong to you, but it’s not a felony because it’s not a scheduled drug.”*

Participants with experience in the illicit use of Neurontin® discussed the effects of the drug when taken in higher doses. They shared: *“Five 800s (Neurontin® 800 mg pills) will get you ‘right’ (feeling good). Yeah, pretty much take five or 10 of them. They make me walk sideways; You can take like two 800s and your nerves feel good; They give you pep. If you take enough, it’s a sedative.”* Participants reported that Neurontin® 800 mg most often sells for \$1-2. However, one participant claimed, *“The most you’ll ever pay for one ... 800 mg ... would be a dollar.”*

Participants indicated that Neurontin® is obtained for illicit use from drug dealers, doctors, friends with prescriptions and through rehabilitation facilities. Participants stated: *“Seems like you can walk into your doctor’s office and ask for it ... they’re giving that out big time; I’m taking that right now. You can get that from rehab; Buy it from a dealer or a friend.”*

Participants described the typical illicit Neurontin® users as opiate users. They discussed: *“People that are trying to get a legal high; Neurontin® is like a miracle drug to the junkie. ... If you take enough, you’re gonna ‘nod out’*

(experience a high), but you have to take a handful. So, if they don't have Suboxone® and need something for their 'dope sickness' (opiate withdrawal) ... if they take a handful of Neurontin®, they're going to be okay; There's people all over the place who take extra gabapentin with their methadone." In addition, one law enforcement officer stated, "If you are getting treatment, 90% of the clients prescribed any mental health or psychiatric medicine ... they're getting prescribed gabapentin."

Synthetic Marijuana



Synthetic marijuana (synthetic cannabinoids) is highly available in the region. Participants and community professionals most often reported the current availability of the drug as '8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10.' One law enforcement officer reported that the availability of synthetic marijuana has increased during the past six months. This law enforcement officer stated, "It's steadily climbing." BCI crime labs reported that the incidence of synthetic cannabinoid cases they process from this region has increased during the past six months.

Participants did not rate the current quality of synthetic marijuana. However, some participants believed synthetic marijuana is often cut with other substances, including: Clorox®, Comet® and rat poison. Participants discussed the effects of the drug from their personal experience. They said: "You can't do nothing with it. You're stuck. You're sitting there stuck on stupid; A few years back, when it was just starting to get popular, it was a very similar high to marijuana. Now, what they have, you couldn't pay me enough to touch that; It messes your body all up."

Reportedly, synthetic marijuana typically sells for \$40 per five-gram bag amount. Participants described typical synthetic marijuana users as school aged, persons needing to pass a drug screen, incarcerated and people on probation. Participants reported: "'K-2' (synthetic marijuana) is big. It's in the high schools; K-2 is seen a lot in jails and prisons, halfway houses, all of that." Community professionals described typical synthetic marijuana users as students and those in treatment for substance use disorder. Law enforcement commented: "A lot of students use it; Addicts in recovery.... It's a way to get around the system (drug screen)."

Conclusion

Crack cocaine, fentanyl, heroin, marijuana, methamphetamine, Neurontin® (gabapentin), powdered cocaine, sedative-hypnotics and Suboxone® (buprenorphine) remain highly available in the Toledo region; also highly available in the region is synthetic marijuana (synthetic cannabinoids). Changes in availability during the past six months include: increased availability for fentanyl, marijuana and methamphetamine; possible increased availability for synthetic marijuana; and decreased availability for prescription opioids.

Heroin continues to remain widely available. Participants explained that there are numerous heroin dealers in the community, some participants commented that they had three to five dealers' numbers in their phones, while other participants reported that even if you didn't know any dealers, you could quickly locate one.

Participants discussed adulterants (aka "cuts") that affect the quality of heroin and reported that the top cutting agent for the drug remains fentanyl. While noting the high potency of fentanyl, law enforcement observed that the rate of overdose deaths has decreased during the past six months, due in part they said to increased access to Narcan® (naloxone, opiate overdose reversal medication). A law enforcement officer stated, "I heard some dealers are passing out the Narcan® with their product ... and Narcan® is readily available at some of the pharmacies now."

Both participants and treatment providers reported that users are most often looking for a heroin-fentanyl mix when seeking opiates. Participants reported that they most preferred this combination because heroin lasts longer than fentanyl, but fentanyl provides a stronger high. The combination of the two provides the user with what they are looking for. BCI crime labs reported that the incidence of heroin cases they process from this region has remained the same during the past six months, while the incidence of fentanyl and fentanyl analogue cases they process has increased.

Participants and community professionals indicated that the availability of marijuana extracts and concentrates (aka "dabs") has increased during the past six months. BCI

crime labs reported that the incidence of cannabis (including edible cannabis) and concentrated THC (tetrahydrocannabinol oils, dabs) cases they process from this region has increased during the past six months. Respondents discussed the social acceptability of marijuana generally while discussing the increased desirability for dabs among young people.

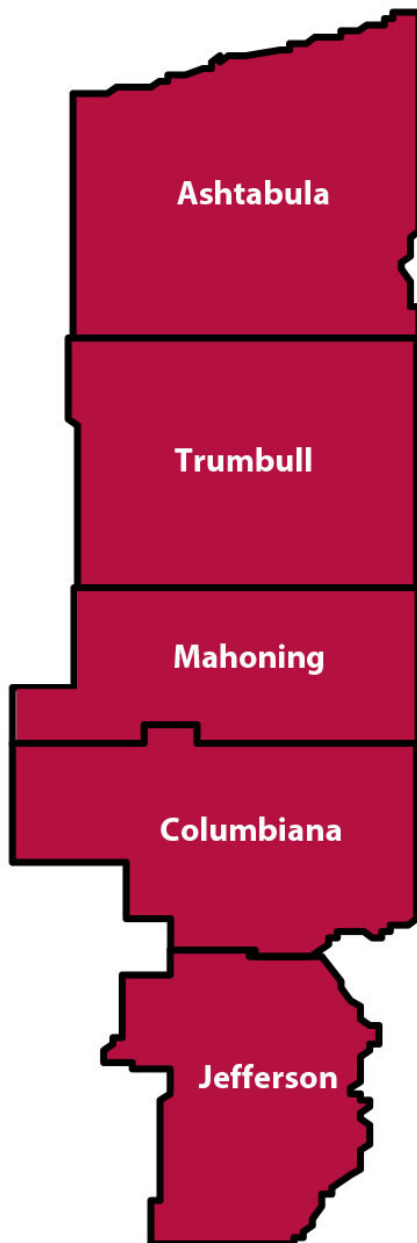
Participants reported that the availability of crystal methamphetamine has increased in urban areas and remained the same in rural areas of the region during the past six months, while the availability of powdered methamphetamine (aka "shake-and-bake") has decreased overall. One participant remarked, "*Everyone's hooked on crystal meth.*" BCI crime labs reported that the incidence of methamphetamine cases they process from this region has increased during the past six months.

Lastly, synthetic marijuana is highly available in the region. Participants described typical synthetic marijuana users as school aged, persons needing to pass a drug screen, incarcerated and people on probation. Community professionals described typical users as students and those in treatment for substance use disorder.

Drug Abuse Trends in the Youngstown Region

Regional Epidemiologist:

Sarah Balsler, MPH, MSW, LSW, CHES



Data Sources for the Youngstown Region

This regional report was based upon qualitative data collected via focus group interviews. Participants were active and recovering drug users recruited from alcohol and other drug treatment programs in Ashtabula, Columbiana, Jefferson, Mahoning and Trumbull counties. Data triangulation was achieved through comparison of participant data to qualitative data collected from regional community professionals (treatment providers and law enforcement) via focus group interviews, as well as to data surveyed from the Ohio Bureau of Criminal Investigation (BCI) and the Ohio Department of Public Safety (ODPS), which logs drug task force seizures from across the state. All secondary data are summary data of cases processed from January to June 2018. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for July through December 2018.

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

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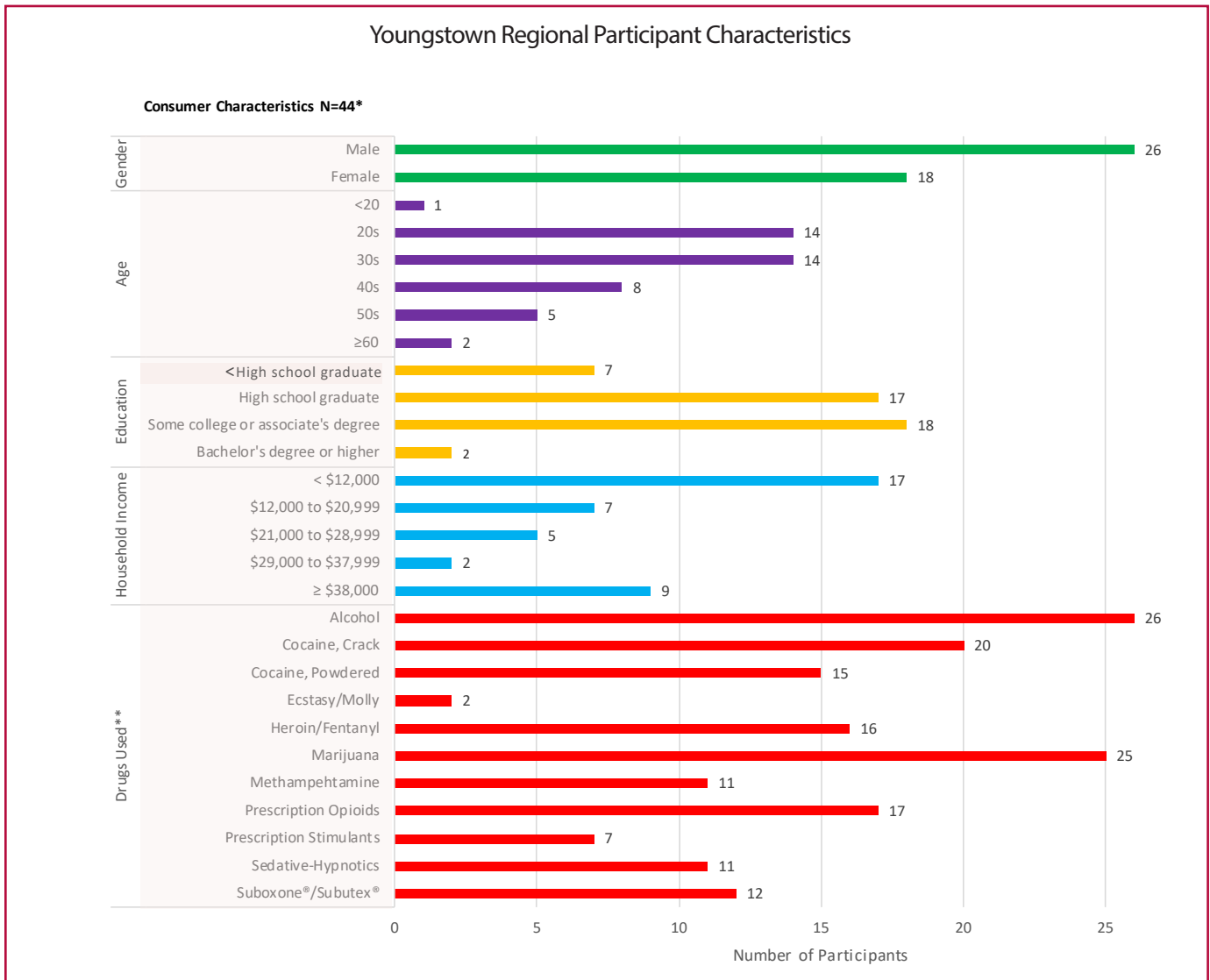
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Regional Profile

Indicator ¹	Ohio	Youngstown Region	OSAM Drug Consumers
Total Population, 2017	11,689,442	697,419	44
Gender (female), 2017	51.0%	50.8%	40.9%
Whites, 2017	82.2%	87.9%	81.8%
African Americans, 2017	12.9%	9.2%	13.6%
Hispanic or Latino Origin, 2017	3.8%	3.4%	4.5%
High School Graduation Rate, 2013-17	89.8%	88.9%	84.1%
Median Household Income, 2013-17	\$52,407	\$44,061	\$16,000-\$20,999 ²
Persons Below Poverty Level, 2017	14.0%	17.1%	54.5% ³

¹ Ohio and Youngstown region statistics were derived from the most recent US Census; OSAM drug consumers were participants for this reporting period: June 2018 - January 2019.
² Participants reported income by selecting a category that best represented their household's approximate income for the previous year. Income was unable to be determined for 4 participants 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.



*Not all participants filled out forms completely; therefore, numbers may not equal 44
 **Some respondents reported multiple drugs of use during the past six months.

Historical Summary

In the previous reporting period (January – June 2018), crack cocaine, fentanyl, heroin, marijuana, methamphetamine, Neurontin® (gabapentin) and powdered cocaine remained highly available in the Youngstown region; also highly available were sedative-hypnotics. Changes in availability during the reporting period included: increased availability for marijuana and methamphetamine; likely increased availability for Neurontin®; and possible increased availability for kratom and U-47700.

Law enforcement in the region discussed heroin as the most deadly drug and the number one drug in negatively affecting families and communities. Participants commented that the high availability of heroin was driven by demand. One participant expressed, *“People want it. The demand is always high.”* While many types of heroin were available in the region, participants and community professionals reported white powdered heroin as most available. However, they noted that heroin was often a fentanyl-heroin mixture which could appear pink in color. Law enforcement noted that they were not seeing “pure” unadulterated heroin; they were seizing fentanyl-heroin mixtures and fentanyl sold as heroin. Participants continued to report fentanyl as the top cutting agent for heroin. Additional cuts mentioned included: ecstasy, “molly” (powdered MDMA), prescription opioids and sedative-hypnotics (sleep aids and Xanax®).

Participants reported that the availability of fentanyl had increased during the reporting period. Law enforcement commented that they had seen an increase in reports of carfentanil in crime lab data. And while BCI crime labs reported that the incidence of fentanyl and fentanyl analogue cases they processed from this region had slightly decreased during the reporting period, the labs noted that the incidence of carfentanil cases had increased.

Participants and community professionals reported that the high availability of methamphetamine had increased during the reporting period. Participants stated that crystal methamphetamine was everywhere, discussing that the drug was highly available in the city

of Youngstown; historically, methamphetamine was prevalent in rural communities and seldom found in urban environments. Law enforcement also noted the ease of obtaining the drug in Youngstown which was something they had not reported previously. Moreover, treatment providers reported that more clients than previous were entering treatment and indicating methamphetamine as their primary drug of choice. A few providers stated that for some users, heroin was a secondary choice to methamphetamine.

Respondents attributed increased availability of methamphetamine to increased demand as more heroin users migrated from heroin to methamphetamine either out of fear of heroin/fentanyl overdose or due to enrollment in a medication-assisted treatment (MAT) program where they were prescribed Vivitrol® or Suboxone® (buprenorphine). Law enforcement also noted an increase in heroin dealers selling methamphetamine to increase drug sales/profits. BCI crime labs reported that the incidence of methamphetamine cases they processed from this region had increased during the reporting period. Participants and treatment providers described typical methamphetamine users as white people and people who worked long hours and needed to be alert/stay awake. Law enforcement noted the popularity of crystal methamphetamine among the gay population.

Kratom (mitragynine, a psychoactive plant substance) was available in the region. While it was easy to obtain, participants reported that kratom was usually not abused. They discussed heroin users taking kratom to help with withdrawal symptoms. However, a few participants expressed their belief that kratom was abused to produce a heroin-like high. Participants and law enforcement reported that the availability of kratom had increased during the reporting period. Participants reported obtaining kratom from head shops and convenience stores.

Lastly, law enforcement reported that the availability of U-47700 (synthetic opioid) had increased during the reporting period. BCI crime labs also reported that the incidence of U-47700 cases they processed from this region had increased.

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, *"It's everywhere."* Community professionals most often reported the current availability of powdered cocaine as '8'; the previous most common scores were '2' for treatment providers and '8-9' for law enforcement. A treatment provider discussed, *"People are scared [of overdosing and dying] because fentanyl is showing up in everything, so they're thinking if they switch to cocaine [from opiates], they would be safer."* Treatment providers noted a correlation with medication-assisted treatment (MAT) and cocaine use. One provider shared, *"We've found even people on medicated assistance, they'll go completely over to cocaine ... many times, there's cocaine in their system ... they seem to gravitate towards the cocaine as a secondary [drug] ... cocaine seems to be a draw for them."* A law enforcement officer reported, *"An average search warrant here would be maybe 25 grams of crack cocaine or powdered cocaine, and they're pretty even in what we would see."*

Corroborating data indicated that powdered cocaine is available in the Youngstown region. Ohio Department of Public Safety (ODPS) reported seizing 26.9 kilograms (59.4 lbs.) of powdered cocaine from this region during the past six months. In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. In August, the Trumbull County Combined Health District and the Trumbull County Mental Health and Recovery Board informed of a deadly mixture of cocaine and fentanyl as circulating in Trumbull County, reporting that users often unknowingly get cocaine laced with fentanyl; as of August 2018, there were 29 confirmed overdose deaths recorded in Trumbull County for 2018 (www.wkbn.com, Aug. 20, 2018). Officers with the U.S. Drug Enforcement Agency (DEA) raided a house on the west side of Youngstown (Mahoning County), confiscating six kilograms of cocaine, 100 grams of heroin, five weapons, \$3,000 in cash and a bulletproof vest; a man at the house was taken into custody, accused of smuggling large amounts of cocaine twice monthly from Houston, Texas to the Youngstown area (www.wkbn.com, Oct. 31, 2018).

Participants reported that the high availability of powdered cocaine has remained the same during the past six months, while community professionals reported increased availability. Treatment providers commented: *"[Availability is] certainly up... It's doubled since 2017; I think there's a lot of cross addictive behavior and people are reaching out to do other drugs because they're still wanting to escape and get that high, and they're becoming afraid of the fentanyl."* Law enforcement noted: *"The last year, year to 18 months, yes [an increase]; Both powder and crack cocaine have made a comeback in this area over the last year, that's probably the biggest change that we've had."*

Ohio Bureau of Criminal Investigation (BCI) crime labs reported that the incidence of cocaine cases they process from this region has increased during the past six months; the labs do not differentiate between powdered and crack cocaine.

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

Participants most often rated the current overall quality of powdered cocaine as '10', on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '5'. However, some participants reported quality can vary from zero to 10. One participant shared, *"It could be like straight baking powder or it could be straight 'scale' (high-quality powdered cocaine)."* Participants discussed adulterants (aka "cuts") that affect the quality of powdered cocaine and reported the top cutting agent as fentanyl. One participant stated, *"Everything's being cut with fentanyl now."* In addition, participants discussed users overdosing on powdered cocaine due to fentanyl. One law enforcement representative commented, *"We have seen [powdered cocaine cut with fentanyl], but it's not common...."*

Other adulterants mentioned included: baby laxative, baby powder, baking soda, creatine, steroids and vitamin B-12. One participant shared, *"A lot of other things you can buy in a head shop that will maybe give you a numb feeling in your mouth..."* Overall, participants reported that the quality of powdered cocaine has decreased during the past six months. Participants commented: *"It's going down;"*

There's a shortage [of good quality cocaine]; [Drug dealers are] greedy and cutting it; There ain't no cut that's good. With cocaine, you would aim to have it not cut at all."

Powdered Cocaine	Cutting Agents Reported by Crime Lab	
	●	caffeine
●	levamisole (livestock dewormer)	
●	local anesthetics (lidocaine and procaine)	
●	phenacetin (banned analgesic)	
●	triacetin (triglyceride)	

Reports of current prices for powdered cocaine were reported by participants with experience buying the drug. Reportedly, the most common quantity of purchase is an "eight ball" (1/8 ounce) for \$175. However, participants discussed that pricing for powdered cocaine fluctuates depending on dealer and location of purchase. One participant stated, *"It depends on where you go, who you're getting it from. At one point I was getting an eight ball for like \$150 and at some other points it cost upwards of \$250."* Overall, participants reported that the price of powdered cocaine has remained the same during the past six months.

Powdered Cocaine	Current Prices for Powdered Cocaine	
	A gram	\$100
1/8 ounce (aka "eight ball")	\$175	
1/2 ounce	\$550-600	
An ounce	\$1,200	

Participants reported that the most common route of administration for powdered cocaine remains snorting. Participants estimated that out of 10 powdered cocaine users, eight would snort and two would intravenously inject (aka "shoot") the drug. Participants discussed snorting: *"[Snorting is] socially acceptable; I'm afraid of needles; It's easier, doesn't take as long to prepare [as intravenous injection] or [you snort] if you can't find a vein."* One participant commented that shooting produces a *"better 'buzz' (high)."*

A profile for a typical powdered cocaine user did not emerge from the data. Participants described typical users as anyone. A participant commented, *"Now, I feel like it's everybody."* Law enforcement representatives were

also unable to describe a typical powdered cocaine user, while treatment providers described typical users as young people (aged 22 to 40 years) who drink alcohol. One treatment provider reported, *"We're seeing young people use alcohol again because they think it's safer [than opiates] and cocaine's a natural upper compliment to [alcohol] ... they're saying, cocaine isn't that bad..."* Another treatment provider commented, *"I know a lot of people who don't think that it's a problem ... you hear 'coke' (powdered cocaine) is more recreational and it's not as addicting so it's less stigmatized."*

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: *"High demand; You can get it anywhere; 'Crack' (crack cocaine), you just want more and more ... there is no end until you deplete everything (all your financial resources) [then] you're stealing stuff [to purchase crack cocaine]...."*

Treatment providers most often reported the current availability of crack cocaine as '7', while law enforcement most often reported it as '8'; the previous most common scores were '8' and '6', respectively. Treatment providers discussed: *"We never hear, 'I had a difficult time getting it; MAT (medication-assisted treatment) program doesn't work for (block) crack cocaine; We now have a generation of people who are afraid of opiates ... they haven't seen so much problems with crack, they're moving back towards [cocaine]."* A law enforcement officer stated, *"Crack has made its comeback,"* describing the prevalence of crack cocaine seizures when serving large-scale search warrants in the area. Another law enforcement officer added, *"When we are purchasing drugs here as part of an investigation ... that average phone call ... is, 'Do you want the 'hard?' meaning crack, or, 'Do you want the 'boy?' meaning heroin, and that's very typical here."*

Corroborating data indicated that crack cocaine is available in the Youngstown region. ODPS reported seizing 661.0 grams (1.5 lbs.) of crack cocaine from this region during the past six months. In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. A Warren (Trumbull County) man was charged in federal court for selling crack cocaine, heroin

and maintaining a drug house; police seized an ounce of heroin, an ounce of crack cocaine, surveillance equipment, syringes, Narcan®, a money counter and an assault rifle magazine from the man's house at the time of his arrest (www.wfmj.com, Aug. 7, 2018). Two people were arrested on drug charges in East Palestine (Columbiana County) after police raided their apartment and confiscated crack cocaine, methamphetamine, heroin, marijuana and \$2,000 (www.wkbn.com, Sept. 21, 2018). A woman was arrested along with her boyfriend after the boyfriend drove the woman's car into a bar on the west side of Youngstown; police arrested the woman because they found a large bag of crack cocaine and marijuana in her car (www.vindy.com, Sept. 24, 2018).






Participants and law enforcement reported that the availability of crack cocaine has remained the same during the past six months, while treatment providers reported increased availability. One treatment provider shared, "I think it has to do with the fear of [opiate] overdose.... We have noticed more cocaine [positive] drug screens." BCI crime labs reported that the incidence of cocaine cases they process from this region has increased during the past six months; the labs do not differentiate between powdered and crack cocaine.

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

Participants most often rated the current overall quality of crack cocaine as '4' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '2.' One participant stated, "A lot of it has to do with who you get it from ... how much coke [versus cut] they're putting into the crack." Participants also discussed the prevalence of "fleece cocaine," fake cocaine made from various substances. They said: "[The drug dealer] usually has to sleep, so the only person out there is the guy that's trying to also buy crack ... he sells you fake and goes to buy the real stuff for himself; People sell soap, drywall [as crack cocaine]; All you need to do is ... get baby aspirin to cook it down and mix it with water, it hardens up in a block and you cut it up, it looks exactly like crack."

Participants reported that crack cocaine in the region is most often adulterated (aka "cut") with baking soda. Other cuts mentioned included: drywall and fentanyl. One participant shared, "You take an ounce of coke, a bunch of baking soda, and make five ounces of crack if you know how to cook it." One participant experienced fentanyl in crack cocaine, stating, "They're putting [fentanyl] in the crack where you're expecting a high ... I passed out. It just drops you to the ground ... smashed my face and everything...."

Overall, participants reported that the quality of crack cocaine has remained the same during the past six months. A participant commented, "It's about the same, and that always depends on who you go to ... small-time guys always cut it more."

Crack Cocaine	Cutting Agents Reported by Crime Lab	
		caffeine
	levamisole (livestock dewormer)	
	local anesthetics (lidocaine and procaine)	
	phenacetin (banned analgesic)	
	triacetin (triglyceride)	

Reports of current prices for crack cocaine were consistent among participants with experience buying the drug. Reportedly, the most common quantity of purchase is 1/2 gram. Participants reported: "'50s' (1/2 gram for \$50) is probably the most common; \$10 for every 'point' (1/10 gram amount)." Overall, participants reported that the price of crack cocaine has remained the same during the past six months.

Crack Cocaine	Current Prices for Crack Cocaine	
	1/10 gram	\$10
	1/2 gram	\$50
	A gram	\$70-100
	1/8 ounce	\$200-250

Participants reported that the most common route of administration for crack cocaine is smoking. Participants estimated that out of 10 crack cocaine users, eight would

smoke and two would intravenously inject (aka “shoot”) the drug. One participant shared, *“It’s a lot easier to smoke it. You just put it in a pipe ... versus like having to melt it down, draw it up, find a vein, shoot the vein.”* Participants who discussed shooting, reported: *“IV use is quicker and stronger but it’s more dangerous; Somebody who does heroin and has needles, they would be more inclined to shoot crack; When crack is your drug of choice you like smoking it....”*

A profile for a typical crack cocaine user did not emerge from the data. Participants described typical users as lower income but emphasized that a typical user is anyone. Participants reported: *“Everybody and anybody will use crack; If you’re uptown, you’re going to buy ‘powder’ (powdered cocaine). If you’re downtown, you’re going to buy ‘hard’ (crack cocaine).”* Treatment providers, who described typical crack cocaine users, reported 18-35 years of age as the typical age range of clients entering treatment who report current crack cocaine use. Law enforcement described typical users as anyone. One law enforcement officer commented, *“It’s as much in the white community, in the black community, Hispanic community....”*

Heroin

Heroin remains highly available in the region. Participants and treatment providers most often reported the current availability of the drug as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common scores were also ‘10.’ Participants discussed the availability of heroin in relation to prescription opioids, stating: *“People are just not able to find pills (prescription opioids) at all [for illicit use]; They can’t get high [on prescription opioids] so they do heroin; Heroin is cheaper [than prescription opioids].”* Treatment providers commented on the ease of access. One provider stated, *“Because of where we are on the highway, [heroin is] easy to get.”* Law enforcement most often reported the current availability of heroin as ‘8-9;’ the previous most common score was ‘9.’ Law enforcement commented: *“I still think heroin is the most abused [drug in the region]; Heroin with a combination of fentanyl ... is on the up rise.”* Corroborating data indicated that heroin is available in the Youngstown region. ODPS reported seizing 903.0 grams (2.0 lbs.) of heroin from this region during the past six months. In addition, media

outlets reported on law enforcement seizures and arrests in the region this reporting period. Law enforcement in Columbiana County raided the home of a drug dealer with ties to a drug cartel, seizing large amounts of heroin, cocaine and marijuana, as well as \$57,000 and two guns; the drug dealer received a 31-year prison sentence (www.wkbn.com, Oct. 15, 2018). A judge in the Trumbull County Common Pleas Court sentenced a Niles drug dealer to five years of probation for heroin trafficking and burglary; undercover agents bought heroin from the dealer at her home where they also seized heroin packaged for sale (www.wfmj.com, Oct. 25, 2018). Youngstown Vice Police raided a home on the south side of Youngstown, arresting two men for possession of heroin; police also seized three digital scales and a handgun from the home (www.wkbn.com, Oct. 26, 2018).




While participants and community professionals reported high current availability of heroin, all respondent types discussed heroin-fentanyl mixtures as most available. A participant shared, *“Those two times [out of 10 heroin purchases] you get [actual] heroin ... it’s not just heroin, it’s heroin and fentanyl... More times than not, it’s just fentanyl and a little bit of heroin.”* Participants explained how they could tell the difference between heroin and fentanyl, stating: *“[A fentanyl high] don’t last as long, you get high way easier and it does not feel like heroin; The sickness is worse [afterwards]; It’s a different color; Fentanyl, to me, is pretty much odorless, I can’t really smell fentanyl. I don’t know if it’s an odorless substance or not, but I can smell heroin, it’s distinct.”* Treatment providers estimated that out of 10 self-identified heroin users, five would test positive for heroin. One treatment provider shared, *“We have a lot of clients coming in thinking that they are on heroin and then when they do their drug test we find out it’s fentanyl.”* One law enforcement officer confirmed, *“There’s always some trace of the fentanyl in most [heroin tested].”*

Reportedly, a solid, brick form of heroin is also available in the region. Law enforcement noted this form of heroin to be prevalent. One law enforcement officer reported, *“Our heroin, it may not be different in terms of potency or anything like that, but in the way that it’s sold here.... We call it ‘rock heroin’... very consistent to crack cocaine.... It has the consistency of a small piece of gravel that you would pick up in a driveway.”* A law enforcement officer described this type of heroin as gray to brown in color and often testing positive for fentanyl. Participants referenced something similar, stating: *“You can get [heroin] in bricks. It’s like a nice*

big chunk [and] once you cut it down, it gets to be powder; Break you off a chunk, pretty much a rock you crush up."

Participants and law enforcement reported that the availability of heroin has remained the same during the past six months, while treatment providers reported that the general availability of heroin has decreased. One treatment provider commented, *"I've heard of people going to 'meth' (methamphetamine) and cocaine because of the idea that heroin and fentanyl are so dangerous."* Treatment providers also noted a decrease in Narcan® (naloxone, opiate overdose reversal medication) administrations as well as a decrease in overdose deaths as indicators of decreased heroin availability.

BCI crime labs reported that the incidence of heroin cases they process from this region has increased during the past six months; the labs reported processing beige, blue, brown, gray, purple, tan and white powdered heroin as well as black tar heroin.













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

Participants most often rated the current overall quality of heroin as '0' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '8.' Participants explained that the quality of heroin is very poor because dealers heavily "cut" (adulterate) the drug. Participants discussed adulterants that affect the quality of heroin and reported that the top cutting agent remains fentanyl. An additional cut mentioned is cocaine. One participant shared, *"I sold ... it was carfentanil (synthetic opioid significantly more potent than fentanyl), heroin, and cocaine [mixture of all three drugs]."* Overall, participants reported that the general quality of heroin has remained the same during the past six months.

Community professionals also discussed fentanyl as a cut for heroin while noting that heroin-fentanyl mixtures have become more common during the past six months. Treatment providers explained: *"Drug dealers realized how much easier it was for them [to cut heroin with fentanyl];*

There's more fentanyl in the heroin in the last six months!" Law enforcement reported: *"You see the lab reports and before it was just heroin, but now ... you get the lab reports, there's always some type of fentanyl; [Fentanyl is] apparently stronger for a cheaper price."*

Reports of current prices for heroin were reported by participants with experience purchasing the drug. Reportedly, the most common quantity of purchase is a gram for \$100. Overall, participants indicated that the price of heroin has remained the same during the past six months.

Heroin	Cutting Agents Reported by Crime Lab	
	<ul style="list-style-type: none">  acetaminophen  caffeine  cocaine  diphenhydramine (antihistamine)  fentanyl  inositol (dietary supplement)  lidocaine (local anesthetic)  mannitol (diuretic)  methamphetamine  quinine (antimalarial)  sorbitol (artificial sweetener)  tramadol 	

While there were a few reported ways of using heroin, generally, the most common route of administration is intravenous injection (aka "shooting"). Participants estimated that out of 10 heroin users, nine would shoot and one would snort the drug. A participant explained, *"The high's way better [when you shoot]."* One participant, who snorts, clarified, *"I snort it. I've never shot because I just can't do it, I'm afraid to do it, I don't like needles..."*

Heroin	Current Prices for Heroin	
	1/10 gram	\$20
	1/2 gram	\$50-70
	A gram	\$100

A profile for a typical heroin user did not emerge from the data. Participants commented: *"Usually people who used pills (prescription opioids); It's everybody."* Community professionals described heroin users similarly. Treatment




providers discussed: *"It crosses all barriers; Young, old, white, black, rich, poor, it's everybody."* However, one treatment provider shared, *"It is really prevalent in the young adults, once again 18 to 25 [years of age] ... that tends to be their primary drug of choice most recently."* One law enforcement officer commented, *"I wouldn't say everyone but there's more of a wide age variety."*

Fentanyl

Fentanyl remains highly available in the region. Participants and treatment providers most often reported the current availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were '10' for participants and '3' for treatment providers. Participants shared: *"They're saying you can't find heroin without fentanyl; Fentanyl is really easy [for the drug dealer] to get ... they'll make a whole lot of money selling it."* One treatment provider commented, *"Some people say they rather have fentanyl because it's so much stronger [than heroin alone]."* Law enforcement most often reported the current availability of fentanyl as '8,' the previous most common score was '9.' A law enforcement officer commented, *"People are buying fentanyl and they think it's heroin."* In addition, participants and community professionals indicated carfentanil as available in the region as well. Participants confirmed: *"We know the difference between carfentanil and fentanyl; [Carfentanil] was a purple [color]."*

Corroborating data indicated that fentanyl is available in the Youngstown region. ODPS reported seizing 192.8 grams (0.4 lbs.) of fentanyl from this region during the past six months. In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. A three-month police investigation resulted in an arrest when police raided a Warren (Trumbull County) home and seized \$3,000 worth of heroin and fentanyl; police also found Suboxone®, oxycodone, marijuana and digital scales along with eight children in the home at the time of the arrest (www.tribtoday.com, July 27, 2018). In July 2018, a judge issued an arrest warrant for the alleged leader of a drug ring that operated in Columbiana County; undercover agents used wiretaps, informants and undercover drug purchases to break up a conspiracy trafficking in fentanyl, carfentanil, heroin and cocaine (www.wfmj.com, July 30, 2018).

Participants and community professionals reported that the availability of fentanyl has remained the same during the past six months. A law enforcement officer stated, *"The only change ... [an increase] with fentanyl ... in our heroin."* BCI crime labs reported that the incidence of fentanyl and fentanyl analogue cases they process from this region has remained the same during the past six months, while the incidence of carfentanil cases has decreased.

Fentanyl	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 fentanyl as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was also '10.' Participants discussed: *"If you like fentanyl [then you rate it high]; There's no gauge for it ... you get so high."* Participants discussed adulterants (aka "cuts") that affect the quality of the drug and reported the top cutting agent for fentanyl as powdered sugar. One participant explained, *"They don't sell pure fentanyl, they'll mix it. If it's not cut with heroin, it's cut with laxatives or vitamins or something ... it's still going to be really strong but they're going to have more product to sell."* Additional cuts discussed included head shop products, heroin, laxatives and vitamins. One participant stated, *"It's fentanyl and laundry detergent."*

While participants discussed cuts for fentanyl, some participants continued to report that fentanyl is not cut as it is the cut for other drugs. They said: *"Fentanyl is the cut; They mix fentanyl with heroin, they mix fentanyl with coke...."* Participants also reported that fentanyl is pressed into pill form and passed off as prescription drugs: *"They're making fentanyl pills; There's a lot of fake Xanax®."* Overall, participants reported that the quality of fentanyl has remained the same during the past six months.

Reports of current prices for fentanyl were variable among participants with experience purchasing the drug. Reportedly, the most common quantity of purchase is a gram. One participant remarked, *"It's sold as heroin,"* indicating the price of fentanyl is comparable to that of

heroin. Overall, participants reported that the price of fentanyl has remained the same during the past six months.

Fentanyl	Current Prices for Fentanyl	
	1/2 gram	\$30
	A gram	\$60-100
	An ounce	\$400

The most common route of administration for fentanyl remains intravenous injection (aka "shooting"). Participants estimated that out of 10 fentanyl users, nine would shoot and one would snort the drug. A participant explained, "You get damn near all of it when you shoot it..." A few participants confirmed people snort fentanyl because they do not like needles or do not want to have track marks.

Participants and law enforcement described typical fentanyl users as heroin users, while treatment providers described typical users as young, white and middle class. One participant added, "[A person who knows] the high potential for overdose and death and being okay with that, so more suicidal in that way."

Prescription Opioids



Prescription opioids remain available for illicit use in the region. However, participants most often reported the current street 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 '7.'

Participants confirmed that opioids are not prescribed as easily as in the past, and when given the choice, they would choose heroin. One participant explained, "I am going to pick the heroin because I'm going to need to spend three times as much on the prescription pills." Treatment providers most often reported the current street availability of prescription opioids as '3,' while law enforcement most often reported it as '5;' the previous most common score was '3' for both treatment providers and law enforcement. Law enforcement confirmed: "We don't see a lot of [prescription opioids]; It's not a concentration of what we investigate anymore."




Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A police chase in Youngstown ended with two men arrested on drug

charges; when officers attempted to stop the vehicle the men were driving in for failure to stop at a stop sign, the men fled; police apprehended the suspects and found them in possession of 668 prescription opioids, crack cocaine, \$754 and a gun (www.vindy.com, Sept. 28, 2018).

Participants and law enforcement identified oxycodone and tramadol as the most popular prescription opioids in terms of widespread illicit use. Participants reported: "Everybody got [Ultram®]; [People] who have to drop (submit to urinalysis) for probation, they can take [Ultram®] and get away with it." Law enforcement reported: "Tramadol is huge, those are like candies; Oxycodone tablets, that's normally what we're going to see." Treatment providers identified Percocet® as most popular.

Participants and community professionals reported that the street availability of prescription opioids has decreased during the past six months. Participants reported: "Doctors are not prescribing them as much at all; Most people are turning to heroin." Treatment providers and law enforcement agreed that prescribing regulations have made an impact in curtailing diversion of prescribed opioids. A treatment provider remarked, "So much has taken place with the control of these that we're not seeing that much." However, treatment providers reported an increase in "fake pills," stating: "[Drug dealers are] making fake prescription pills ... those are very accessible; Most of the fake pills are pressed fentanyl, so they may think they're buying a Percocet®, but it's pressed fentanyl ... they don't know until it comes back as [fentanyl] on a drug screen."

BCI crime labs reported that the incidence of hydrocodone (Vicodin®), oxycodone (OxyContin®, Percocet®) and tramadol (Ultram®) cases they process from this region has increased during the past six months, while the incidence of morphine cases has decreased. BCI labs reported processing very few cases of hydromorphone (Dilaudid®), oxymorphone (Opana®) and methadone from this region during the past six months.

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

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

Prescription Opioids	Current Street Prices for Prescription Opioids	
	methadone	\$1 per milligram
	Opana®	\$30 for 20 mg \$60-80 for 40 mg
	OxyContin® OP	\$1 per milligram
	Percocet®	\$1 per milligram
	Vicodin®	\$3 for 5 mg

Participants reported obtaining these drugs for illicit use through prescription as a result of self-harm or as part of medical treatment, from someone with a prescription and drug dealers. Participants stated: *"I didn't care who you were, whose friend you were, whose grandma you were, whose mother you were, I was in your medicine cabinet and I would steal whatever was in your medicine cabinet; if all else fails, just crash your car into a telephone pole light and go to the emergency room ... or go to the dentist and get a bunch of teeth pulled that you don't even need pulled."*

While there were a few reported ways of consuming prescription opioids, generally the most common route of administration for illicit use remains snorting, followed by oral consumption. Participants estimated that out of 10 illicit prescription opioid users, eight would snort and two would orally consume the drugs. A participant explained, *"[Users] get the 'buzz' (high) quicker [by snorting] pills."*

A profile for a typical illicit prescription opioid user did not emerge from the data. Participants described typical illicit users as anyone while noting one would need money to afford buying prescription opioids. Participants shared: *"You gotta have money; I see everyone from doctors down to lawyers to people working at [convenience stores] ... anybody, anymore."* Treatment providers described typical illicit prescription opioid users as older. They commented: *"[Older people] are still able to obtain a prescription from a doctor ... a doctor's more willing [to prescribe to older persons] thinking they're more honest about their pain; There's*

no distinction in who uses the pills, everybody does, but for African Americans, it's like less stigmatized than heroin is, so it's just easier for them to admit, 'yeah, I pop pills' [and] it's so glamorized in rap music and stuff." Law enforcement described typical illicit prescription opioid users as young adults. A law enforcement representative reported, *"For tramadol, the middle to late 20s, early 30s ... young kids."*

Suboxone®




Suboxone® (buprenorphine) is highly available for illicit use in the region. Participants most often reported the current street availability of Suboxone® in sublingual filmstrip (aka "strips") as '10' and in pill form as '5' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were '7' for filmstrips and '5' for pills. Participants reported: *"You get more [use] out of the strips than you do the pills that's why I get the strips; The insurance company changed [and are now paying for pills], so the pills are coming back. You are actually getting paid more money if you have the strips [to sell] than the pills since the strips are in higher demand."*

Treatment providers most often reported the current street availability of Suboxone® as '6-7,' while law enforcement most often reported it as '8,' the previous most common score was '4' for both treatment providers and law enforcement. Treatment providers believed users are easily able to get a prescription for Suboxone® with insurance companies covering the pills, and they indicated that users can also purchase Suboxone® at self-pay clinics where filmstrips are still an option. Treatment providers confirmed clients are getting Suboxone® from each other as well. One treatment provider shared, *"It's like a job [selling one's Suboxone® prescription]."* In addition, one law enforcement officer discussed the prevalence of illicit Suboxone® use in prison, stating, *"It's profitable to the dealer that's taking it in trade for his product, and it's profitable for the [person] that's taking (smuggling) it into [the prison] ... and it's profitable to that person in prison who's selling it ..."*

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Youngstown Police (Mahoning County) raided a house on the south side of Youngstown and arrested a man after finding various drugs hidden throughout the man's house; officers found 17 Suboxone® filmstrips, along with cocaine

and fentanyl, hidden in a hollowed-out space behind bricks in the home's garage (www.wkbn.com, Nov. 8, 2018).

Participants and community professionals reported that the street availability of Suboxone® has remained the same during the past six months. One participant remarked, "That's been steady." BCI crime labs reported that the incidence of Suboxone® cases they process from this region has slightly increased during the past six months.

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

Reports of current street prices for Suboxone® were consistent among participants with experience buying the drug. Participants discussed: "The strips are usually cheaper [than pills] ... I always got the strips cheaper; I would trade my 'subs' (Suboxone®) for crack cocaine." Overall, participants reported that the street price of Suboxone® has remained the same during the past six months.

Suboxone®	Current Street Prices for Suboxone®	
	Filmstrip	\$10 for 8 mg
	Pill	\$25 for 8 mg

In addition to obtaining Suboxone® on the street from dealers, participants discussed getting the drug through prescription and from other users. Reportedly, the most common route of administration for illicit use of Suboxone® filmstrips is oral consumption, followed by intravenous injection (aka "shooting"), while the most common routes of administration for the pill form are snorting and oral consumption. Participants commented: "People like the strips because they can shoot them; I've seen people shoot them, I've seen people put them in water and snort them; I put it under my tongue, sublingual, under my tongue, it's a horrible taste."

Participants and community professionals described typical illicit Suboxone® users as opiate users. One participant shared, "I know a lot of people who do heroin will always have Suboxone® for when they either can't get money to buy [heroin] or for some reason they can't find [heroin]." Treatment providers also described typical illicit users as younger, stating: "It would be younger, I don't think our senior citizen crowd is in on that; And their parents' insurance is paying for it, too." A law enforcement officer noted illicit Suboxone® use among incarcerated individuals.

Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain highly available for illicit use in the region. Participants most often reported the current street availability of these drugs as '8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '8'. One participant commented, "There's a lot of people getting prescribed them for anxiety." Community professionals most often reported the current street availability of sedative-hypnotics as '6-7'; the previous most common scores were '7' for Mahoning County and '2' for areas outside of Mahoning County. One law enforcement officer shared, "We do deal with the upper milligram Xanax® ... not really buying or seizing a lot of them, but we are dealing with some overdoses [involving Xanax®]."




In addition to discussion of illicit sedative-hypnotic use in the region, many participants spoke about "fake pills" pressed to look like sedative-hypnotics as being passed as legitimate prescription medications. These participants shared: "Now, they're pressing them, and you have no idea what you are getting; They use a pill press and it says Xanax® and it looks like a 'xanie bar' (Xanax® 2 mg) ... like one you get from the manufacturer, but it's pressed with fentanyl or something else."

Participants identified Xanax® and Klonopin® as the most available sedative-hypnotics in terms of widespread illicit use. Community professionals identified Xanax® as most available. Treatment providers reported: "Xanax® would be number one. I really feel like it's glamorized; [Xanax is] just in lots of medicine cabinets; I don't think a lot of people go to their drug dealer and say they want Xanax®, it does happen, but I think that availability is that a lot of people are able to

go to a doctor and say I have anxiety and they're getting a thirty day 'script' (prescription) of Xanax® or Klonopin®; I've also had people that have mental health [diagnosis] get prescriptions, save half their scripts [and] sell the other half of their scripts for heroin or crack or whatever."

Participants and community professionals reported that the general availability of sedative-hypnotics has remained the same during the past six months. One participant stated, "I've always been able to get them." A treatment provider stated, "We've been seeing a lot of our clients who maybe see a physician outside of here, in recovery, who still, even though that physician knows they are in recovery, still continues to prescribe those types of medications for them ... they're still easily prescribed." In addition, one law enforcement officer reported, "We're seeing more with the [counterfeit] Xanax® and postal [delivery]. ... We investigate packages that are coming in ... and they are synthetic, fake lookalike Xanax®."

BCI crime labs reported that the incidence of clonazepam (Klonopin®), diazepam (Valium®) and zolpidem (Ambien®) cases they process from this region has slightly increased during the past six months, while the incidence of alprazolam (Xanax®), lorazepam (Ativan®) and carisoprodol (Soma®) cases has decreased or remained the same.

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

Reports of current street prices for sedative-hypnotics were consistent among participants with experience buying the drugs. Reportedly, sedative-hypnotics most often sell for \$0.50 per milligram. Participants reported: "They're like a dollar a piece. You can get like 10 [pills] for \$10 whether it be green or blue [Valium®]; [Klonopin® is] usually cheaper [than most benzodiazepines]."

Sedative-Hypnotics	Current Street Prices for Sedative-Hypnotics	
	Klonopin®	\$1 for 0.5 mg \$1.50 for 1 mg \$2 for 2 mg
	Valium®	\$1 per milligram
	Xanax®	\$1 for 0.5 mg \$2 for 1 mg \$3-5 for 2 mg

Participants reported obtaining sedative-hypnotics for illicit use from friends with prescriptions, dealers and through Internet purchase. Participants shared: "There are one-stop-shop xanie dealers, but then there's people who sell anything I have known people who have made all their money off [selling] 'xans' (Xanax®); I had a prescription, I was abusing them and selling them." One participant mentioned they sold fake pills to make fast money, stating, "I did that to a few people."

The most common route of administration for illicit use of sedative-hypnotics remains oral consumption. Participants estimated that out of 10 illicit sedative-hypnotic users, all 10 would orally consume the drugs. Participants commented: "Snorting them is pretty painful; I would dissolve mine in hot tea, too ... [the effect is] just like a big cuddle blanket around me; You definitely don't get high off shooting (intravenously injecting) Xanax®, I tried that once, wasted a whole bunch of pills...."

Participants described typical illicit sedative-hypnotic users as drug dealers, females and opiate users who use the drugs to help alleviate withdrawal symptoms. Participants shared: "My drug dealer would use them for himself ... so I would trade them to him for crack; I know a lot of people take them when they're detoxing off heroin; I think it's more females and moms honestly; It starts out using them for what they are supposed to, and then it's using them more and more." Treatment providers discussed the connection between getting into recovery and needing mental health treatment; they reported that some clients with mental health diagnoses are prescribed sedative-hypnotics. Law enforcement described typical illicit sedative-hypnotic users as young. They commented:

"Typically young adults, 14-20-year range; I think Xanax® has almost replaced marijuana in high schools."

Marijuana



Marijuana remains highly available in the region. Participants and community professionals most often reported the current availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were also '10'. Participants commented: *"That stuff's very available because it's legal all over now; Getting socially acceptable, and it's probably the least frowned upon [drug] I guess."* Treatment providers discussed: *"That's the treatment challenge we have, because we know if you don't stay completely abstinent, you're going to have a problem with [marijuana] or go back to your drug of choice; [Marijuana] is used with almost everything and anything."* Law enforcement noted: *"Yeah, it's everywhere; Smokables is about all we deal with, not that we haven't seen edibles (food products made from marijuana)."*




Corroborating data indicated that marijuana is available in the Youngstown region. ODPS reported seizing 66.5 kilograms (146.6 lbs.) of marijuana from this region during the past six months. In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. Residents of a home in Southington Township (Trumbull County) notified police when they found 17 potted-marijuana plants on their property; the owners of the property discovered the marijuana while clearing a trail with a tractor (www.wkbn.com, July 23, 2018). Responding to complaints of drug sales outside of a Youngstown (Mahoning County) bar, police arrested a man for possession of cocaine and marijuana; along with a bag of marijuana, the man was also found with what he reported to be liquid THC (tetrahydrocannabinol, the psychoactive component of marijuana) (www.vindy.com, Aug. 16, 2018). Local drug task forces used helicopters to locate and seize hundreds of marijuana plants from throughout the Youngstown region; reportedly, each fully grown marijuana plant can yield roughly \$1,000 in marijuana (www.wkbn.com, Sept. 6, 2018). Trumbull County Sheriff's deputies responded to a complaint of a man burning trash in his backyard and found the man chopping down marijuana plants in his garden; the man claimed that the marijuana was weeds and later admitted

that he gave marijuana to people but stated that he had never sold or smoked the marijuana himself (www.wkbn.com, Sept. 25, 2018). Niles Police (Trumbull County) found marijuana, a scale and packaging materials along with a gram of a gray powdered substance thought to be heroin or fentanyl while executing a search warrant of a suspected drug house; one man at the home was arrested (www.wkbn.com; Oct. 4, 2018). Youngstown Police raided a home on the east side of Youngstown and seized three bags of marijuana along with three bags of crack cocaine, eight tramadol pills, two digital scales and \$800; a man at the residence was arrested and charged with drug trafficking (www.wkbn.com, Oct. 31, 2018). Employees of a Sebring (Mahoning County) motel called police after smelling marijuana coming from a room at the motel; police arrested a man for drug possession and child endangerment after the man admitted to smoking marijuana with two children present (www.wkbn.com, Nov. 5, 2018).

Participants and community professionals discussed current availability of high-grade marijuana extracts and concentrates, often appearing as oil and waxy forms of the drug (aka "dabs"). Participants most often reported the current availability of marijuana extracts and concentrates as '10'; the previous most common score was '2-3'. One participant commented, *"People want to think [dabs are] better for you, the health-conscious people ... better than smoking just 'weed' (marijuana)."* Community professionals most often reported the current availability of marijuana extracts and concentrates as '8'; the previous most common scores were '2-3'. Treatment providers commented: *"Dabs are big; Vaping [dabs] is a big one."* A law enforcement officer remarked, *"We definitely see the dabs."*

Participants and community professionals reported that the availability of marijuana has remained the same during the past six months. A treatment provider stated, *"People have always used a lot of marijuana."* However, participants and law enforcement indicated that the availability of marijuana extracts and concentrates has increased during the past six months, while treatment providers reported that availability of these alternative forms of marijuana has remained the same. Participants discussed: *"It's on the rise; You can buy the [vape] pens anywhere, all you have to do is buy a cartridge [of THC oil]; Easier to conceal [marijuana use]."* A law enforcement officer confirmed, *"[Dabs are] a lot more available than they ever were."*

BCI crime labs reported that the incidence of cannabis (including edible cannabis) and concentrated THC (tetrahydrocannabinol oils, dabs) cases they process from this region has increased during the past six months.

Marijuana	Reported Availability Change during the Past 6 Months	
	 Participants	Increase
	 Law enforcement	Increase
	 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 overall score was also '10.' One participant shared, "Around here now, it's all better quality." Participants also discussed the high quality of marijuana extracts and concentrates. Participants reported: "When I tried it, it was strong; The best weed is maybe 40, 50 percent THC and then you can get oils that are 99 percent THC." Overall, participants indicated that the quality of marijuana has remained the same during the past six months. One participant commented: "Everybody's got good weed now."

Current prices for marijuana were provided by participants with experience buying the drug. Reportedly, the most common amount of purchase for marijuana is 1/8 ounce; for marijuana extracts and concentrates, it is a gram. Participants discussed the high price for dabs: "Not everyone is going to pay the money for it. Who's going to pay \$60 for a gram when you can pay \$10 for a gram of weed; Money and quality are linked." Overall, participants reported that the price of marijuana and marijuana extracts and concentrates has remained the same during the past six months.

Marijuana	Current Prices for Marijuana	
	Low grade:	
	A blunt (cigar) or a gram	\$10
	An ounce	\$50
	High grade:	
	A blunt (cigar) or a gram	\$20
	1/8 ounce	\$50
	1/4 ounce	\$50-100
	1/2 ounce	\$100
	An ounce	\$150-200
	A pound	\$2,000-3,000
Extracts and concentrates:		
1/2 gram	\$60	
A gram	\$100	
An ounce	\$800	

While there were a few reported ways of consuming marijuana, generally the most common route of administration remains smoking. Participants estimated that out of 10 marijuana users, all 10 would smoke the drug. Participants reported: "I'd smoked it in pipes; I used a pen, a dab pen it's kinda like a e-cigarette; It's called a nectar collector, basically you use a butane torch and this metal pipe with glass; Still smoking ... it's so concentrated it's more effective and immediate if you just smoke it [instead of orally consuming in edibles]."

Participants and community professionals described typical marijuana users as anyone. Participants commented: "Everybody smokes; Older people and young up and comers ... yuppies, executives..." Participants and community professionals described typical marijuana extracts and concentrates users as young people. Participants stated: "College kids 18-30 [years of age]; Millennials." Treatment providers discussed: "I know more young people are loving the dabs; It is more socially acceptable; Parents are grateful they're only using [marijuana]."

Methamphetamine

Methamphetamine remains highly available in the region. Participants most often reported the current availability of the drug as '10' and community professionals most often reported it as '6' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were '10' and '9', respectively. Treatment providers commented:

"I've had more clients say it's very available; if someone's trying to 'speedball' (use both stimulant and depressant drugs) and crack's not readily available, they'll go to 'meth' (methamphetamine) [it is easily found]."

Corroborating data indicated that methamphetamine is available in the Youngstown region. ODPS reported seizing 369.4 grams (0.8 lbs.) of methamphetamine from this region during the past six months. In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. The Columbiana County Drug Task Force, operating on a tip, raided a home in Salem and found a methamphetamine lab; the home was occupied by a man and woman with two young children (www.wkbn.com, Aug. 8, 2018). Ohio State Highway Patrol (OSHP) stopped a vehicle for a stop sign violation, and upon smelling marijuana, searched the vehicle and discovered over an ounce of methamphetamine with an estimated street value of nearly \$3,500; OSHP filed felony drug charges against the driver of the car (www.cleveland.com, Aug. 24, 2018). Police responded to a report of shoplifting at a Bazetta Township (Trumbull County) home improvement store and stopped a vehicle driven by the alleged shoplifters, finding materials used to make methamphetamine; three occupants of the car were arrested for manufacturing illegal drugs, possession of drug paraphernalia and petty theft as some of the materials were found to have been taken from the home improvement store (www.wkbn.com, Sept. 4, 2018). A worker with an electric and power company in Jefferson County discovered a suspected methamphetamine lab at a home where he had gone to shut off electricity; the worker found several bottles containing a crystal substance outside of the home and reported it to the Jefferson County Sheriff's Office (www.wtov9.com, Oct. 5, 2018). Trumbull-Ashtabula Group (TAG) Task Force busted a methamphetamine trafficking operation in Ashtabula; after a two-month long investigation into the sale of methamphetamine from an apartment, officers arrested the resident of the apartment




for trafficking in methamphetamine and possession of marijuana (www.news5cleveland.com, Nov. 20, 2018). Law enforcement in Jefferson County arrested two people at a Yorkville apartment after discovering materials used to manufacture methamphetamine; the four children present at the time of their parents' arrest were placed in the care of a relative (www.wtov9.com, Nov. 26, 2018). Boardman Police (Mahoning County) responded to a large retail store on a report of shoplifting, when police apprehended the suspect alleged to have stolen a purse, they found a hypodermic needle, methamphetamine and a Suboxone® pill in the suspect's purse (www.wkbn.com, Dec. 6, 2018).

Participants reported that methamphetamine is available in crystal and powdered forms throughout the region. However, they indicated crystal methamphetamine as more prevalent in the region. The powdered form of methamphetamine is typically referred to as "shake-and-bake," which means users produce the drug in a single-sealed container, such as a two-liter soda bottle. By using common household chemicals along with ammonium nitrate (found in cold packs) and pseudoephedrine (found in some allergy medications), people who make methamphetamine can produce the drug in approximately 30 minutes in nearly any location.

Regarding the lower current availability of powdered methamphetamine, participants discussed that crystal methamphetamine is inexpensive and that obtaining the materials to produce powdered methamphetamine is challenging due to pharmacy restrictions. One participant stated, *"They made it so we can't easily buy the Sudafed® (pseudoephedrine)."*

Participants reported that the availability of crystal methamphetamine has increased during the past six months, while the availability of powder methamphetamine has remained the same. Participants reported: *"I think it's increasing because the [unadulterated] heroin's no longer available, so they're switching ... going to other products; They're scared of the fentanyl; I've seen more crystal around lately than I've ever have."* Community professionals reported that the overall availability of methamphetamine has remained the same during the past six months. One law enforcement officer remarked, *"I think it's been steady."*

BCI crime labs reported that the incidence of methamphetamine cases they process from this region has increased during the past six months.

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

Participants most often rated the current overall quality of methamphetamine as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was also '8'. One participant confirmed, "Crystal's good." Participants discussed adulterants (aka "cuts") that affect the quality of the drug and reported salt and sugar as cutting agents for methamphetamine. One participant remarked that dealer's cut methamphetamine, "to rip you off." Overall, participants reported that the quality of methamphetamine has remained the same during the past six months.

Methamphetamine	Cutting Agents Reported by Crime Lab	
	<ul style="list-style-type: none"> ● dimethyl sulfone (DMSO; dietary supplement) ● magnesium sulfate (Epsom salts) 	

Reports of current prices for methamphetamine were reported by participants with experience buying the drug. Reportedly, the most common amount of purchase is a gram. Overall, participants reported that the price of methamphetamine has decreased during the past six months.

Methamphetamine	Current Prices for Methamphetamine	
	Crystal and powdered:	
	1/2 gram	\$30-40
	A gram	\$100
	1/8 ounce	\$120-140
	1/4 ounce	\$200
	An ounce	\$550-700

Participants reported that the most common route of administration for methamphetamine is smoking. Participants estimated that out of 10 methamphetamine users, six would smoke and four would intravenously inject (aka "shoot") the drug. Participants stated: "Most people at home smoked it but a couple of us shot; Easier [to smoke]; I don't inject [reason for smoking]." One participant with experience injecting methamphetamine commented, "[Injection] would make me get more of a higher rush."




Participants and community professionals continued to note typical methamphetamine users as white, young people. However, participants also noted methamphetamine use among non-white people. Participants commented: "A lot of times, it's white people, but I know a lot of black people getting high [with methamphetamine] recently, too; I know a lot of people in college [who use methamphetamine] to stay up to do their homework and stuff." Treatment providers commented: "More white; 18 [years of age] to maybe 30s." One law enforcement officer described a shift, stating, "[Methamphetamine is] making an urban presence ... that doesn't mean it's being used by African Americans or Latinos, it's still primarily a Caucasian abused drug ... I'd say [typical users are] probably 20s to mid-30s [in age]."

Prescription Stimulants

Prescription stimulants remain moderately available for illicit use in the region. Participants most often reported the current street availability of these drugs as '7' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '7'. Participants reported: "[Adderall® is] always used in combination [with other drugs]; [Regulators] don't care about it as much; It's very, very common to share [prescribed stimulants]."

Treatment providers most often reported the current availability of prescription stimulants for illicit use as '5', while law enforcement did not comment on current availability; the previous most common availability scores were '3' and '4', respectively. One treatment provider shared, "They've been prescribed Adderall®, and they're like, 'yeah, I have a problem with alcohol' ... but they don't believe that their Adderall® prescription is a problem."

Participants identified Adderall® as the most available prescription stimulant in terms of widespread illicit use, while treatment providers reported Adderall® and Vyvanse® as most available. Treatment providers commented: "My patients say they [get doctors to prescribe Adderall®] because they can sell Adderall®, so that's why ... they're more available; Vyvanse® would be number two." Participants and treatment providers reported that the street availability of prescription stimulants has remained the same during the past six months. BCI crime labs did not report processing any cases of amphetamine (Adderall®) or methylphenidate (Ritalin®) for this region during the past six months, and very few cases of lisdexamfetamine (Vyvanse®).

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

Reports of current street prices for prescription stimulants were reported by participants with experience buying the drugs. Participants discussed: "[Price] depends on the milligrams; I would take some out (remove medication from the capsule) and then sell the pill ... I would cheat them; I've put other stuff inside the capsule." Reportedly, prescription stimulants typically sell for \$0.50 per milligram. Overall, participants reported that the price of prescription stimulants has remained the same during the past six months.

Prescription Stimulants	Current Prices for Prescription Opioids	
	Adderall®	\$5 for 10 mg \$10-20 for 30 mg

Participants reported obtaining prescription stimulants for illicit use through doctor prescription and from others with a prescription for them. Participants commented: "I was prescribed it, I could get it every month; [The doctor] had me fill out this ADHD (attention-deficit hyperactivity

disorder) questionnaire ... apparently I scored pretty high.... I knew the questions and how they were being asked ... manipulating the system was easy therefore getting the drug was easy; Usually, someone with a prescription selling their prescription...."

The most common route of administration for illicit use of prescription stimulants is oral consumption. Participants estimated that out of 10 illicit prescription stimulant users, nine would orally consume and one would snort the drugs. Participants commented: "You can even crush the beads and snort it; You just take it (swallow); Parachuting (form of oral consumption) ... parachuting is with toilet paper or like paper towel ... you [crush the pill] wrap it up [in the tissue and swallow] ... it looks like a little parachute, parachuting into your mouth."

Participants and treatment providers described typical illicit prescription stimulant users as students. A participant shared, "College, but now I'd say millennials in general. I say that because when I got to college that's when I first heard of Adderall® ... a lot of people in college were doing it ... [those same] people now still use it." Treatment providers commented: "Professionals, college students; I think you see it more in the younger generation.... 'Oh, I got this big exam in the morning. Hey, do you got some Adderall® available?'"




Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) remains available in the region. However, participants were only able to provide comment on the current availability of "molly" (powdered MDMA), most often reporting its current availability 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 '1'. Most participants described obtaining molly through the purchase of other drugs, as molly is used to adulterate other drugs. They said: "I can't easily find it; When I was coming into the recovery center, they said that I had cocaine and molly in my system [when I only used cocaine]."

Treatment providers most often reported the current availability of the pressed tablet form of ecstasy as '2-3' and of molly as '3'; the previous most common scores were '2' and '4', respectively. Treatment providers

discussed: *"I had a client this week that mentioned molly; There's an outdoor concert venue/campground [in Portage County] about a half hour away ... it's very available there."* Law enforcement were unable to provide comment on ecstasy and molly availability during the past six months.

Participants and treatment providers reported that the availability of molly has remained the same during the past six months. A participant shared, *"It's not readily available because they're using it to cut other things to make more money off of it."* BCI crime labs reported processing very few cases of MDMA (ecstasy/molly) from this region during the past six months.

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

Participants discussed the quality of molly and rated the current overall quality of it as '4' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '5'. One participant said, *"It was all right, not that good though."*

One participant reported current prices for molly. The participant described buying what he believed to be molly, *"a fold, a piece of paper... I just got a \$20 [amount] ... I don't know [the exact amount], I was pretty drunk ... at parties a lot of times they will 'eyeball' (estimate the amount)."* In terms of the most common route of administration, this participant reported snorting molly; in the previous reporting period participants noted both snorting and oral consumption. The participant stated *"I snorted it that day. I didn't have a needle on me ... I don't know [what's most common]."* Treatment providers described typical ecstasy and molly users as young. They said: *"It's that young generation; Under 25 [years of age]."*




Other Drugs in the Youngstown Region

Participants and community professionals listed a variety of other drugs as being present in the region, but these drugs were not mentioned by the majority of people interviewed: hallucinogens (lysergic acid diethylamide [LSD]), inhalants, kratom (mitragynine), Neurontin® (gabapentin), OTCs (over-the-counter medications: cough syrups and Imodium®) and synthetic marijuana (synthetic cannabinoids). In addition, BCI crime labs reported that the incidence of U-47700 (synthetic opioid) cases they process from this region has decreased during the past six months. BCI crime labs also reported processing very few cases of synthetic cathinones ("bath salts") from this region during the past six months.

Hallucinogens

Hallucinogens are available in the region. Participants most often reported the current availability of hallucinogens as '3' for LSD 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.' A participant commented, *"If you know where to look, it's available."* Another participant shared, *"I know five different people right now who have [LSD]."* Law enforcement most often reported the current availability of LSD as '2-3,' the previous most common score was also '2-3.'

Participants and law enforcement reported that the availability of LSD has remained the same during the past six months. BCI crime labs reported that the incidence of LSD cases they process from this region has slightly increased during the past six months, although still few cases.

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

Participants most often rated the current overall quality of LSD as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was not reported. Overall, participants reported that the quality of LSD has remained the same during the past six months. The most common route of administration for LSD is oral consumption. Participants estimated that out of 10 LSD users, all 10 would orally consume the drug. A participant added, "on the tongue." Participants described typical LSD users as hippies, while law enforcement described typical LSD users as aged early 20s.

Inhalants

Inhalants (duster [DFE] and nitrous oxide [N2O], aka "whippets") are available for illicit use in the region. One treatment provider discussed, "They're going to Walmart, buying a case, several cans of it and doing it immediately in the parking lot ... and then you find out it's been going on quite a while." Law enforcement reported: "We get a lot of intel about it, but we don't see it around here; Other areas sharing what they're seeing with us but not so much that it's happening here." Treatment providers described typical inhalant users as younger to older males. Treatment providers reported: "It's teenagers; The whippets and inhalants with your older crowd."

Kratom

Kratom (mitragynine, a psychoactive plant substance) is 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 not reported. Participants shared: "[Opiate users] consider it not a drug ... they'll make tea from it and the tea will calm them down.... If I ate a bunch enough or drank a bunch enough, I wouldn't be 'dope sick' (experience withdrawal); You can get it off the Internet, you can get it from the head shop; I would take eight [capsules] at a time."

Treatment providers most often reported the current availability of kratom as '9'; the previous most common score was not reported. Treatment providers commented: "They use it more than we know, and they don't talk about it because they don't want to get in trouble; It's probably used 10 times more than what we think it is."

Participants reported that the availability of kratom has remained the same during the past six months, while treatment providers reported increased availability. Providers commented: "My patients have said that they can go into head shops or vape stores and literally get it off of the shelf ... that's the powder, and then they're saying they can buy powder and capsules online; People are talking about it a lot more."

Participants most often rated the current overall quality of kratom as '9' on a scale of '0' (poor quality, "garbage") to '10' (high quality). A participant shared, "It's good." Participants reported that the most common route of administration for kratom remains oral consumption. Participants estimated that out of 10 kratom users, all 10 would orally consume the drug. Participants and treatment providers described typical kratom users as opiate users. Participants commented: "Somebody who has to pass a drug test; People who have a prescription [for opioids] and their prescription runs out; I took it because I was trying to withdrawal myself."

Neurontin®

Neurontin® (gabapentin, an anticonvulsant and nerve pain medication) remains highly available for illicit use in the region. Participants most often reported the drug's current street 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 shared: "There's a lot of people using Neurontin®; [Neurontin® is] a nerve pain killer.... If you take enough Neurontin®, you're not dope sick; I take like 20, 30, 800 mg pills a day."

Treatment providers most often reported the current street availability of Neurontin® as '10'; the previous most common score was '7.' Treatment providers commented: "Doctors are prescribing it like crazy [and] at high doses; People are reporting that similar to ... marijuana kind of enhancing a high, people are saying that gabapentin, Neurontin® have a similar effect ... it enhances the high [when combined with other substance use]."

Participants reported that the street availability of Neurontin® has decreased during the past six months, while treatment providers reported increased availability. Treatment providers shared: "They're prescribing it for

everything ... anxiety ... people have realized if I take more of these it will get me really high.... If I'm a heroin user or an opioid user, it will enhance my high a lot and it's not detected on a drug screen unless you specifically ask them to test for it; Here we do [test for gabapentin] but like probation ... parole and jobs ... they're not going to specifically get all these other tests for specific drugs."

Reports of current street prices for Neurontin® were consistent among participants with experience buying the drug. Reportedly, the most common quantity of purchase is 800 mg for \$1. One participant explained, "800s, you can get them for \$1, \$0.75. I buy a prescription for \$45, I buy them in bulk." Overall, participants reported that the price of Neurontin® has remained the same during the past six months. The most common routes of administration for illicit use of Neurontin® are oral consumption and snorting. Participants estimated that out of 10 Neurontin® users, five would orally consume and five would snort the drug. Participants and treatment providers continued to describe typical illicit Neurontin® users as opiate users.

OTCs

Treatment providers discussed abuse of OTCs. They commented: "All of that is easily available; It's a big problem because we have trouble testing for it." Treatment providers described typical cough syrup users as younger and people in recovery. They said: "Some people in recovery, next thing you know, Nyquil® becomes their drug of choice; I'd say it's age 13 [years] to 30-year olds doing it; The opiate addict or even meth, someone who is a [drug] user."

Participants discussed abuse of Imodium® (anti-diarrheal). They shared: "When you take 25, 30 Imodium® [pills] it tricks your pain receptors in your mind because Imodium® was originally derived from an opiate, so when you take enough of them, it tricks your pain receptors, it makes you think that you took a pain pill; It's a lot more common out there, not everybody wants to say, 'I would go to the store and steal six boxes of ... Imodium®.' You know what I mean, and you start talking about it and people were like, 'Oh yeah, I did that, too.'"

Treatment providers also commented on the abuse of Imodium® during the past six months. They stated: "Well, they talk about it, you can't test for it; Because it helps them withdrawal from opiates ... [and] you can take [several] of them and it gets you high."

Participants and treatment providers described typical illicit Imodium® users as opiate users trying not to use opiates. A participant shared, "Somebody who's coming off of opiates, who's withdrawing, physically dope sick." A treatment provider remarked, "Opiate addict for sure." Participants reported that Imodium® is most often used in combination with Neurontin®. Additional substances mentioned included Pepto-Bismol®. One participant remarked, "[Pepto-Bismol®] for your nausea because Imodium® doesn't help with your nausea."

Synthetic Marijuana

Synthetic marijuana (synthetic cannabinoids) remains available in the region. While participants did not report on availability of the synthetic marijuana during the past six months, treatment providers most often reported the drug's current availability as '2' and law enforcement most often reported it 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' for both treatment providers and law enforcement.

Treatment providers and law enforcement reported that the availability of synthetic marijuana has increased during the past six months. One treatment provider commented, "You can buy it over the counter." Law enforcement stated: "We are seeing that a little bit more; Correction facilities are seeing it more...." BCI crime labs reported processing very few cases of synthetic cannabinoids from this region during the past six months.

Treatment providers described typical synthetic marijuana users as younger people (junior high and high school students) and persons subjected to drug screening as required for employment, probation and treatment programs. Law enforcement described typical users as incarcerated.

Conclusion

Crack cocaine, fentanyl, heroin, marijuana, methamphetamine, Neurontin® (gabapentin), powdered cocaine and sedative-hypnotics remain highly available in the Youngstown region; also highly available in the region is Suboxone® (buprenorphine). Changes in availability during the past six months include: increased availability for powdered cocaine; likely increased availability for marijuana extracts and concentrates (aka “dabs”); and decreased availability for prescription opioids.

“It’s everywhere,” said a participant in describing the current high availability of powdered cocaine in the region. Corroborating data indicated that powdered cocaine is highly available. Ohio Department of Public Safety reported seizing 26.9 kilograms (59.4 lbs.) of powdered cocaine from the Youngstown region during the past six months. Ohio Bureau of Criminal Investigation (BCI) crime labs reported that the incidence of cocaine cases they process from this region has increased during the past six months.

Participants and community professionals discussed opiate users switching to cocaine use due to fear of overdosing on fentanyl. A treatment provider noted, *“They’re thinking if they switch to cocaine, they would be safer.”* Treatment providers also noted a correlation with medication-assisted treatment (MAT) and cocaine use. Since MAT blocks an opiate high, they reported that powdered cocaine has become a substitute high for many MAT clients. One provider remarked, *“Many times there’s cocaine in their system ... they seem to gravitate towards*

the cocaine as a secondary [drug] ... cocaine seems to be a draw for them.”

Participants discussed adulterants (aka “cuts”) that affect the quality of powdered cocaine and reported the top cutting agent as fentanyl. One participant stated, *“Everything’s being cut with fentanyl now.”* In addition, participants discussed users overdosing on powdered cocaine due to fentanyl cut. One law enforcement representative commented, *“We have seen [powdered cocaine cut with fentanyl], but it’s not common....”*

Participants reported that the availability of crystal methamphetamine has increased during the past six months. Participants cited fear of fentanyl overdose as the driver for increased methamphetamine demand. BCI crime labs reported that the incidence of methamphetamine cases they process from this region has increased during the past six months. Law enforcement described a shift in methamphetamine availability to urban areas when previously the drug was almost exclusively found in rural settings.

Lastly, in addition to stimulant drugs, several other substances are reportedly used by opiate users to alleviate opiate withdrawal symptoms (aka “dope sickness”). Participants discussed the use of the over-the-counter drug, Imodium®, as well as Neurontin® and kratom (mitragynine, a psychoactive plant substance). Participants shared: *“When you take 25, 30 Imodium® [pills], it tricks your pain receptors in your mind ... so when you take enough of them ... [it’s like] you took a pain pill; If you take enough Neurontin®, you’re not dope sick; You can get [kratom] off the Internet, you can get it from the head shop; I would take eight [kratom capsules] at a time.”*