Surveillance of Drug Abuse Trends in the State of Ohio

June 2019 - January 2020

Executive Summary

Ohio Substance Abuse Monitoring (OSAM) Network consists of eight regional epidemiologists located in the following regions of the state: Akron-Canton, Athens, Cincinnati, Cleveland, Columbus, Dayton, Toledo and Youngstown. OSAM Network conducts focus groups and individual interviews with active and recovering drug users and community professionals (treatment providers, law enforcement officers, 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 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 OSAM's data collection cycle of July to December 2019. It is based upon qualitative data collected via focus group interviews. Participants were 317 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 103 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 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 to December 2019. 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 most OSAM regions. However, respondents in the Athens region were not in agreement as to the current level of availability for the drug. Participants in this region thought demand for powdered cocaine to be low. They explained: *"The market for cocaine is not what it used to be; Methamphetamine is cheaper and* [its high] *lasts longer* [than that of powdered cocaine]." An Athens law enforcement officer commented, "[Powdered cocaine] *is here, but it's not super abundant."* In half of OSAM regions, the availability of powdered cocaine has remained the same during the past six months, while in the other half, there was no consensus as to change in availability. In the four regions where there was no consensus, Ohio Bureau of

Criminal Investigation (BCI) crime labs reported that the incidence of cocaine cases they process has increased for Athens, Columbus and Dayton regions, while the incidence of cocaine cases they process for the Akron-Canton region has decreased. BCI labs do not differentiate between powdered and crack cocaine.

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

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

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 '3' for the Dayton region to '10' for Akron-Canton and Columbus regions. However, participants in regions where high-quality ratings were assigned discussed varying quality of powdered cocaine. One participant said, "*I can say both, '0' and '10,' because it can be a chance* [cocaine quality] *is good or there can be a chance it's … not worth* [your money or time]." Participants in five regions noted that the overall quality of powdered cocaine has decreased during the past six months, while participants in Akron-Canton, Athens and Toledo regions reported that overall quality has remained the same.

Participants discussed adulterants that affect the quality of powdered cocaine and most often reported the top cutting agents for the drug as: baby formula, baby laxatives, baby powder, baking soda, creatine, ether, fentanyl, methamphetamine, powdered sugar and vitamin B-12. Six of eight OSAM regions reported fentanyl as a top cutting agent. In Athens and Toledo regions, participants did not name fentanyl as a cut for powdered cocaine. Regarding other street drugs used to adulterate powdered cocaine, participants commented: "[Drug dealers] *mix fentanyl in it … makes it more addictive so you come back for more cocaine; They cut it with 'meth' (methamphetamine) … and* [users] *think it's really good* [powdered cocaine]*, but all they're doing is just meth.*"

Other adulterants for powdered cocaine mentioned included: animal tranquilizers, aspirin, baking powder, Bolivian Rock (a cutting agent sold at head shops), heroin, lidocaine (local anesthetic), mannitol (diuretic), Miami Ice (a cutting agent sold at head shops), MSG (monosodium glutamate), MSM (methylsulfonylmethane, a joint supplement), NoDoz®, Orajel™, powdered coffee creamer, prescription opioids, prescription stimulants, sedative-hypnotics and sleep aids. Crime labs throughout OSAM regions noted the following cutting agents for cocaine: atropine (heart medication), caffeine, levamisole (livestock dewormer), local anesthetics (benzocaine, lidocaine and procaine), mannitol and phenacetin (banned analgesic).

Current street jargon includes many names for powdered cocaine. However, perhaps the most common term for powdered cocaine is "girl." Participants commented: "'*Girl,' that's basically it. That's the only thing I've ever heard; Girl is probably most common.*" When asked why "girl" is used in reference to powdered cocaine, a participant stated, "*Because heroin is 'boy*.'" Other common street names include "powder" and "soft." When asked why "soft" is used, a participant responded, "*Because it's not 'hard' (crack cocaine), it's 'soft' (powdered cocaine)*."

Current Street Names of Powdered Cocaine

General Names	blow, coke, girl, powder, snow, soft, white girl, yayo
Other Names	booger sugar, Christina Aguilera, Lindsay Lohan, Tony, white

Throughout OSAM regions, participants continued to discuss varying prices for powdered cocaine dependent on quality as well as on the dealer and the location of purchase. In addition, Toledo participants noted that price can vary depending on the consumer's age. One participant explained, *"I'd say the age group* [influences pricing], *the younger crowd that doesn't have the availability (established access to powdered cocaine) gets charged more, and the people that are older that have the connects are paying less."* Participants in six of eight

regions reported that the most common quantity of purchase for powdered cocaine is a gram for $45-100. Participants in Akron-Canton and Cincinnati regions reported 1/8 ounce (aka "eight ball") for $150-300 as most common. Participants in all regions reported that the price of powdered cocaine has remained the same during the past six months.

The most common route of administration for powdered cocaine remains snorting. Throughout OSAM regions, participants estimated that out of 10 powdered cocaine users, 6-8 would snort and 2-4 would "shoot" (intravenously inject) the drug; only participants in the Columbus region reported shooting (eight of 10 users) as more common than snorting. A participant stated, "[Snorting is] *the socially acceptable way to do* [powdered cocaine]."

However, many participants reported that the route of administration depends on the people with whom a user spends time. One participant said, "*It depends on who you are around. If you are around people shooting drugs, more people is going to shoot it*." When questioned why users shoot powdered cocaine, another participant stated, "[Shooting] *hits you faster, it's a different (more intense) high*."

In addition to snorting and shooting, a participant commented on smoking powdered cocaine by placing the drug on the tip of a "joint" (marijuana cigarette), referring to joints dipped in powdered cocaine as "primos" and "numbies." Participants in the Athens region observed that powdered cocaine is most often "rocked" (manufactured) into crack cocaine for smoking.

Participants and community professionals continued to most often describe typical powdered cocaine users as white people and people with money. One participant remarked, *"You need money to buy* [powdered cocaine]." Other descriptors of typical users included: drug dealers, professionals, younger people (20-45 years of age), older people, people who work in fast-paced environments (restaurant workers), people who need to be awake and alert for extended periods of time (truck drivers) and adult entertainers (aka "strippers").

Many other substances are used in combination with powdered cocaine. Participants reported that powdered cocaine is most often used in combination with alcohol, heroin/fentanyl, marijuana and methamphetamine.

Regarding the use of powdered cocaine with alcohol, participants discussed: "*Alcohol is a big one … you can drink alcohol all night and not get drunk when you're 'on coke' (using cocaine); Alcohol will balance out the cocaine; You can drink more if you do coke, and you can do more coke if you drink; Cocaine is common in bars.*" Regarding the use of marijuana with the drug, participants explained that marijuana levels out the extreme stimulant high of cocaine and it assists in coming down after cocaine use. Participants said: "*Marijuana takes the edge of cocaine off, mellows you out … you get a nice high, not overly nervous;* [Marijuana] *helps out with the down part.*"

Participants explained that heroin/fentanyl are often used in combination with powdered cocaine to "speedball" (concurrent or consecutive stimulant and depressant highs). They shared: "*Speedball with opioids, heroin and cocaine … it intensifies the high; You will go down and come up, you will go down and come up.*" Reportedly, methamphetamine is used with powdered cocaine to intensify and prolong one's stimulant high. A participant commented, "*With meth,* [powdered cocaine] *goes faster for me …* [and increases its] *longevity.*"

Substances Most Often Combined with Powdered Cocaine

• alcohol • crack cocaine • hallucinogens (LSD) • • heroin/ fentanyl • marijuana • methamphetamine • • "molly" (powdered MDMA) • prescription opioids • • prescriptions stimulants • sedative-hypnotics •

Crack Cocaine

Crack cocaine remains highly available in most OSAM regions. However, as was the case with powdered cocaine, respondents in the Athens region were not able to rate the current availability of crack cocaine. Participants in this region thought current demand for the drug to be low. A participant commented, *"'Crack'* (crack cocaine) *has taken a backseat. Why pay $20 for a 'rock' (small piece of crack cocaine) … when you can do meth* [for less money]*?"* In contrast, respondents in urban areas continued to note the ease of obtaining crack cocaine; reportedly, all a user would need to do is drive in certain areas or go to an inner-city gas

station and dealers approach offering crack cocaine for sale. Cleveland participants stated: "*For me,* [crack cocaine] *is the easiest thing to find; It's at every gas station*." In Dayton, law enforcement officers observed: *"There are areas where* [crack cocaine] *is readily available at all times…. There are certain drug houses (aka 'crack houses') that service specific areas; Crack cocaine is readily available in the areas where there is street mobile prostitution."*

In Toledo, while treatment providers reported that the availability of crack cocaine has remained the same during the past six months, participants and law enforcement reported increased availability. Participants attributed increased availability to tougher legal penalties enacted against drug dealers for selling heroin that causes a fatal overdose as driving more dealers to selling crack cocaine which is perceived as less risky.

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

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

Participants throughout OSAM regions 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 regional modal quality scores ranged from '3' for Cleveland, Columbus and Toledo regions to '10' for the Akron-Canton region. However, similar to powdered cocaine, participants continued to discuss that quality of crack cocaine varies. Comments included: "[Quality] *depends on where you go to get it; Once you find a good dealer, you keep going back."*

Reportedly, quality of crack cocaine remains dependent on one's dealer, or rather one's relationship with a dealer, location of purchase, and the amount and type of adulterant in the drug. In addition, Toledo participants indicated that the time of purchase often determines the quality of crack cocaine. A participant explained, "*I know a lot of guys do* [crack cocaine] *at 8 o'clock in the evening and* [quality] *is a '9' or a '10' (high), then at 2 o'clock in the morning it's a '3' (poor quality)*." Participants in six regions noted that the overall quality of crack cocaine has remained the same during the past six months, while participants in Cincinnati and Dayton regions reported decreased quality.

Participants discussed adulterants that affect the quality of crack cocaine, and they almost universally reported baking soda as the top cutting agent (adulterant) for the drug. Other top cutting agents named included: baby laxatives, baby powder, fentanyl, heroin and methamphetamine. With the exception of Athens and Toledo regions, participants identified fentanyl as a common cut for crack cocaine. When asked why crack cocaine is cut with fentanyl, participants responded: "*It's to get that sickness (addiction to fentanyl) in you … to keep you coming back for more and more; Fentanyl is cheaper than cocaine."* Regarding methamphetamine as a cut for crack cocaine, a participant commented, "*Some people are putting 'ice' (crystal methamphetamine) in their crack … because it* [makes crack cocaine seem of] *higher quality*."

Other adulterants for crack cocaine mentioned included: ammonia, Anbesol®, baby formula, "bath salts" (substituted cathinones), BC® Powder (headache reliever), bleach, caffeine, Drano® (drain cleaner), ether, laundry detergent, lidocaine (local anesthetic), NoDoz®, powdered coffee creamer, prescription stimulants (Adderall®), rat poison and vitamin B-12.

Crime labs throughout OSAM regions noted the following cutting agents for cocaine: atropine (heart medication), caffeine, levamisole (livestock dewormer), local anesthetics (benzocaine, lidocaine and procaine), mannitol (diuretic) and phenacetin (banned analgesic).

Current street jargon includes many names for crack cocaine. Participants continued to identify street names that most often reference the drug as a solid/hard form of powdered cocaine ("hard" and "rock"). There was consensus throughout regions that crack cocaine is most often referred to as "hard." Participants remarked: *"'Cause that's what it is, it's hard; It's like a hard cookie, and you got to break that into little pieces."* A participant explained the rationale behind the term "work" in reference to crack

cocaine as follows, *"I always thought they call it 'work' because it makes the most money. If you got crack, good or bad, it's gonna sell itself. It's gonna work*." Participants also continued to explain that some street names denote high-quality crack cocaine ("butter" and "melt"). Participants discussed: "[Crack cocaine] *needs to be buttery* [in color] *and hard, that is good quality. If it is soft and white, then that is bad quality; When* [crack cocaine] *is really good, we call it 'melt*.'"

Current Street Names of Crack Cocaine	
General Names	crack, hard, rock, work
Other Names	boulders, butter, candy, concrete, drop, hard candy, hardware, melt

Participants in Athens, Cleveland and Columbus regions reported that the most common quantity of purchase for crack cocaine is a gram for a low of $50-80 in the Cleveland region to a high of $80-100 in the Athens region; 1/10 grams amounts for $10-20 are most common in Akron-Canton and Youngstown regions, while $20 amounts are most common in the remainder of regions. Dayton participants shared: "*Usually, they don't sell* [crack cocaine] *by the grams, they chip it off* [a brick] *and sell the 'rock' (piece) to you; I'd say $20 is most popular* [amount spent at one time]." Other participants discussed: "*You buy* [crack cocaine] *by how much money you have;* [Dealers] *don't weigh it, they break it off and price it; They never tell you the weight of it, they just tell you what they want for it; I'd start out with a '20' ($20 worth of crack cocaine) … that is never enough, so you go up from there. My last experience, I started out thinking I could do $20, and ended up using $300*." Overall, participants reported that the price of crack cocaine has remained the same during the past six months, with the exception of the Columbus region where participants indicated increased pricing.

Throughout OSAM regions, participants reported that the most common route of administration for crack cocaine remains smoking. Participants estimated that out of 10 crack cocaine users, 7-10 would smoke and 0-3 would intravenously inject (aka "shoot") the drug. In the Toledo region, participants discussed the logic of smoking crack cocaine versus shooting it. They said: *"With crack,* [the high] *doesn't last a long time, so you got to be steady (consistently) shooting that shit to keep* [your high] *going, whereas you can just keep smoking;* [Smoking], *that's the way it is made to be done; They called it, 'ready rock' in the 80s when it first came out … because you were ready to smoke it (there was no preparation involved) … and it was a rock*." However, participants also discussed that crack cocaine can be broken down for shooting, saying: *"I've seen them use Kool-Aid® to break it down; You can mix it with lemon juice."*

A profile for a typical crack cocaine user did not emerge from the data. One participant remarked, "*Crack don't discriminate*." However, Dayton participants discussed crack cocaine use as associated with theft and prostitution. A participant said, "*If you don't got a job, and you ain't got no hustle (illegal activity to raise money), you can't smoke crack cocaine. You have to commit a crime … at least 17* [crimes] *a day to smoke crack (to support an addiction to crack cocaine)*."

Community professionals in several regions continued to describe typical crack cocaine users as older, long-term drug users of low socio-economic status. Cleveland participants and Toledo law enforcement noted an increase in crack cocaine use among young people. An officer stated, "*We are seeing them being younger, a little bit, the prevalence is still that older population, but in regard to change, we are seeing that younger crack cocaine user….*"

Many other substances are used in combination with crack cocaine. Similar to powdered cocaine, participants reported that crack cocaine is most often used in combination with alcohol, heroin/fentanyl, marijuana and methamphetamine. Participants reiterated that alcohol, marijuana and heroin are primarily used to come down from the stimulant high produced by crack cocaine use. They commented: *"Yeah, it's that comedown, you get so amped up on that crack the comedown really sucks. But if you use heroin, it kind of brings you down quicker. Stops all the jitteriness and you can sleep; I wouldn't smoke crack unless I had heroin to come down with … the comedown is that bad; I put* [marijuana] *together* [with crack cocaine] … *it mellows me out … it keeps me from getting so paranoid; Alcohol is used to curve the crash, to bring you down."*

Substances Most Often Combined with Crack Cocaine
• **alcohol** • **heroin/fentanyl** • **marijuana** • • **methamphetamine** • **prescription opioids** • • **sedative-hypnotics** •

Heroin

Heroin remains available throughout OSAM regions. However, there was much discussion of users having a difficult time discerning heroin from fentanyl. Thus, high availability ratings for heroin might be reflective of the high availability of heroin-fentanyl mixtures and fentanyl substitutions for heroin. A treatment provider observed, *"The patients will use 'heroin' and 'fentanyl' interchangeably…."*

Respondents who reported moderate current availability of heroin expressed that heroin without fentanyl has become difficult to find. A law enforcement officer explained his assessment of moderate availability of "true heroin," by saying, *"Everything we recover anymore is a hodgepodge of drugs when we get the labs (crime lab analysis) back."* Another officer added, *"You ask for heroin, but nine times out of 10,* [the dealer] *is going to* [give you] *something else."*

In the Akron-Canton region, participants and community professionals were not in agreement regarding the current level of availability of heroin. Despite assigning an overall high availability rating to heroin, most participants acknowledged that unadulterated heroin is difficult to find. Reflective of the viewpoint that unadulterated heroin is low in availability, community professionals most often reported the current availability of heroin as low.

Respondents who reported that the availability of heroin has decreased during the past six months attributed decreased availability to decreased demand for heroin as users prefer the cheaper and more intense high of fentanyl, as well as a shift from heroin to methamphetamine among users who want to avoid experiencing opiate withdrawal symptoms and overdose. A treatment provider clarified, "[Heroin is] *less available without fentanyl and more available with fentanyl."* A law enforcement officer stated, "[Heroin] *has gotten harder to get because fentanyl replaced it."*

Corroborating data indicated higher availability of fentanyl than heroin during the past six months. Montgomery County Coroner's Office (Dayton region) found heroin present in 16.3% of the 338 drug-related deaths it processed during the past six months; fentanyl was present in 79.3% of the 338 drug-related deaths. In addition, Cuyahoga County Medical Examiner's Office (Cleveland region) reported that 24.4% of the 283 drug-related deaths it processed during the past six months involved heroin (all of these heroin cases also involved fentanyl); 71.7% of the 283 drug-related deaths involved fentanyl/fentanyl analogues.

Reported Change in Availability of Heroin during the Past Six Months

Region	Current Availability	Availability Change	Most Available Type
Akron-Canton	No Consensus	Decrease	Powdered
Athens	High	No Change	Black tar
Cincinnati	Moderate to High	No Consensus	Powdered
Cleveland	High	Decrease	Powdered
Columbus	Moderate to High	No Consensus	Powdered & black tar
Dayton	Moderate to High	No Change	Powdered
Toledo	Moderate to High	No Change	Powdered
Youngstown	High	No Change	Powdered

Participants throughout OSAM regions most often rated the current overall quality of heroin as '4' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the regional modal quality scores ranged from '0' for the Cincinnati region to '10' for the Youngstown region. Participants in the Cincinnati region emphasized that the current quality of heroin is extremely poor, thus they explained that fentanyl is added to heroin to boost its potency. One participant sated, "*When you compare* [heroin] *to fentanyl-heroin, regular (unadulterated) heroin is bad."* In contrast, the high-quality scores for heroin assigned by participants in the Youngstown region are reflective of the high prevalence of fentanyl substitutions for heroin and fentanyl-heroin mixtures. One participant stated, "[Heroin quality] *is probably a '10' because it's killing people*," which speaks to the user belief that overdose and death are indicative of "high quality."

Participants discussed adulterants (aka "cuts") that affect the quality of heroin, and throughout OSAM regions, participants continued to universally report fentanyl as the top cutting agent for heroin. A participant in the Athens region asserted, "*You are never going to get real (unadulterated) heroin anymore. It is always cut with fentanyl, and it has been that way for over a year.*"

Participants in half of OSAM regions indicated that the overall quality of heroin has decreased during the past six months. However, one participant acknowledged, "*Because fentanyl is so much more potent* [than heroin], *people have built a tolerance to fentanyl, therefore the heroin just sucks.*" Participants in Cincinnati, Cleveland and Toledo regions reported that the overall quality of heroin has remained the same during the past six months, while participants in the Athens region reported increased quality.

Additional cuts mentioned for heroin included: baby laxatives, baby powder, baking soda, Benadryl®, Benefiber®, blood pressure medication, brown sugar, bug spray, cake mix, carfentanil (synthetic opioid more potent than fentanyl), coffee, cosmetics (powdered foundation), gabapentin (Neurontin®), hot chocolate mix, ketamine (anesthetic typically used in veterinary medicine), mannitol (diuretic), MDMA (ecstasy/molly), methamphetamine, powdered cocaine, powdered sugar, prescription opioids (oxycodone, Percocet®), rat poison, sedative-hypnotics (Ambien®, muscle relaxants, Xanax®), Seven Star (a retail cutting agent available at head shops), sleep aids (Dormin®, Sleepinal®), soda pop (Coca-Cola®), sugar, Sweet 'N Low® (sugar substitute), vinegar and vitamins (B-12, D, E).

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, methamphetamine, papaverine (vasodilator), quinine, 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 "dog food." A participant explained that heroin is called "boy," "*Because 'coke' (cocaine) is 'girl.'* [Heroin] *is the opposite of cocaine.*" Participants discussed that street names for heroin often reference the appearance of the drug ("brown sugar" and "dog food").

Participants commented: "*It looks like dog food; We call it 'dog food' because the color, it's brown … and the smell of it* [smells similar to dog food]."

In addition, participants noted other street names as derivatives of more common street names ("grown man" in place of "boy"). A participant shared, "*I heard one friend call it, 'grown man.' He said, 'You got any grown man? I call it 'medicine.'*" Another participant explained the meaning behind the street term "slow," offering, "'*Slow' … have you ever seen anyone on heroin? It slows them down.*" Participants continued to indicate limited street names for black tar heroin ("tar") and for white powdered heroin ("china," aka "china white").

Current Street Names of Heroin

General Names	boy, dog, dog food, dope, food, H, horse, slow, smack
Other Names	brown sugar, chow, grown man, Hank, junk, mud, snoop

Participants in five of eight OSAM regions reported that the most common quantity of purchase for heroin is 1/2 gram. However, a Toledo participant noted, "*Half grams, unless you're broke as shit then you're buying '20s' (1/10-gram amounts for $20) … just not be sick (to alleviate opiate withdrawal symptoms).*" Participants in Cincinnati and Cleveland regions reported a gram as most common, while participants in the Athens region reported 1/10 gram amounts for $20-30 as most common. Throughout regions, participants discussed variability in heroin pricing. Akron-Canton participants said: "[Price] *depends on where you get it, you can get a gram for $60 in Cleveland, the same amount here (Summit County) is $100; It depends on your connection.* [Price] *varies from person to person.*" Depending on region, 1/2 gram of heroin sells for $40-80, and a gram sells for $60-160. Overall, participants indicated that the price of heroin has remained the same during the past six months.

Participants continued to report that the most common route of administration for heroin is intravenous injection (aka "shooting"). Participants estimated that out of 10 heroin users, eight would shoot and two would snort the drug. Participants discussed: "*You start out snorting then you work your way up to shooting it … because* [when you shoot] *you get higher … it hits you faster; Eventually, they all will be shooting….*" Another participant remarked that shooting is, *"more bang for your buck."* Participants

reported that the sharing of injection needles is common practice. They discussed: "*We bought used needles, we didn't care; I found needles on the side of the road and used them; I purchased them from other users*."

Analysis of participant survey data administered at the time of focus group found that half of 299 participants from throughout OSAM regions reported having used needles to inject drugs. Of those 150 participants who reported having used needles, the most common methods of obtaining needles were from other users (61.1%), from drug dealers (56.4%), from a pharmacy (36.9%), from a needle exchange program (28.2%) and from family members and friends (27.5%).

Of those 150 participants who reported having used needles to intravenously inject drugs, 71.8% reported having shared a needle with other users. Participants acknowledged health risks associated with sharing injection needles. They said: "*There are always health concerns* [with sharing needles]; *Yes, I have Hep C (Hepatitis C); It is the most hopeless, helpless and desperate feeling* [experiencing withdrawal symptoms], *you use the needle* [of other users] *because you want to get well … you know the concerns*."

Three quarters of the 299 participants who completed surveys reported ever having been tested for Hepatitis C, while 16.1% reported never having been tested, and 8.4% reported that they did not know if they have ever been tested. Of those 225 participants who have been tested, 40.9% reported having been told that they have Hepatitis C. In addition, 79.5% of those 299 participants who completed surveys reported having ever been tested for HIV (human immunodeficiency viruses), while 13.1% reported never having not been tested, and 7.4% reported that they did not know if they have ever been tested. Of those 237 who have been tested, 1.3% reported having been told they have HIV.

While respondents in half of OSAM regions continued to note heroin use among white people, aged 20s and 30s, the majority viewpoint remained that anyone could be a heroin user. Participants commented: "[Heroin] *doesn't discriminate … wealthy, poor, young, old, black, white, Hispanic, Asian; I know businessmen that use it.*" Treatment providers remarked: "*You touch* [heroin]*, you're hooked; I got 18-year olds to 60-year olds* [in treatment for heroin use]." Law enforcement also described typical heroin users as having become more diverse. An officer shared, "*I think that has changed over the past couple of years because it used to be mainly white people … but now,* [heroin use] *is across the board … all different ethnicities, income levels, education levels, men and women.*" Additionally, community professionals in the Cleveland region noted an increase in heroin use among young people. A law enforcement officer stated that the typical heroin user, "*has gotten a little younger with the introduction of fentanyl.*"

Many other substances are used in combination with heroin. Participants continued to report that heroin is most often used in combination with crack/powdered cocaine and methamphetamine to "speedball" (concurrent or consecutive stimulant and depressant highs), as well as with alcohol and benzodiazepines to intensify the "nod" (sedative effect of heroin) or to manage opiate withdrawal symptoms. Participants described their experience with speedball, saying: "*I would use meth, then want to come down, so I'd use heroin; Crack and meth … I would speedball like that…. I was always scared of falling out (overdosing) whenever I was using heroin, so I did a shot* [of heroin] *and before I'd fall out, I'd get my heart rate back up, I'd hit a crack pipe….*" Regarding the use of alcohol with heroin, a participant stated, "[Alcohol] *makes the effects* [of heroin] *better.*"

In terms of combining benzodiazepines (aka "benzos") with heroin, participants explained that this combination also magnifies one's depressant high. However, it was widely known among participants that mixing opiate use with benzodiazepine use can be lethal. Participants acknowledged: "[Xanax®] *is supposed to compliment* [heroin] … *but at the same time it's dangerous because* [the combination] *can stop your heart; They nod out even more* [when using benzodiazepines with heroin]*, it makes you delusional … it's deadly; They call it, 'the kiss of death,' using heroin and benzos at the same time because benzos slow your heart rate down and so does heroin; I would use benzos to help my withdrawal from heroin.*"

Substances Most Often Combined with Heroin

• alcohol • crack/powdered cocaine • fentanyl • • gabapentin • marijuana • methamphetamine • • sedative-hypnotics •

Fentanyl

Fentanyl remains highly available throughout OSAM regions. Participants and community professionals discussed that fentanyl is found in many illicit street dugs and in pill form resembling prescription opioids and benzodiazepines. A law enforcement officer in the Athens region commented, "*We found quite a bit of fentanyl in homemade pills.*" Participants continued to report that fentanyl is typically used to adulterate other drugs. One participant relayed, "[Drug dealers] *are putting* [fentanyl] *in other drugs…. So, people are getting hooked on fentanyl without even realizing it.*" Participants noted the appeal of fentanyl to drug dealers as greater profitability: dealers sell fentanyl at heroin prices, but they acquire fentanyl at lower prices than they do heroin. Participants discussed the higher potency of fentanyl over heroin as an appeal to some users. A participant shared, "[Fentanyl] *is what everyone wants. After you do heroin, and you do fentanyl, heroin is just not going to do the job anymore.*"

Participants in the Athens region noted that users seek fentanyl, attributing increased availability of fentanyl in that region partly to increased demand among heroin users for something stronger than heroin. Law enforcement in the Toledo region reported an increase in positive drug test results for fentanyl among probationers and a higher number of arrests and seizures involving fentanyl during the past six months as indicators of increased fentanyl availability. In half of OSAM regions, there was no consensus among respondents as to change in fentanyl availability during the past six months; some respondents reported that availability has remained the same, while other respondents reported it has increased. A treatment provider in the Dayton region remarked, *"There's been a fentanyl problem…. It has been high, and it's still high."*

Corroborating data indicated that fentanyl remains available throughout OSAM regions. ODPS reported seizing 108.1 pounds of fentanyl from across Ohio during the past six months; of which, 35.4% was seized from the Columbus region and 19.2% was seized from the Cincinnati region (ODPS reported seizing 249.1 pounds of fentanyl during the previous reporting period). In addition, coroner and medical examiner offices in the counties of Cuyahoga (Cleveland region), Hamilton (Cincinnati region), Montgomery (Dayton region) and Scioto (Cincinnati region), reported that 71.7%, 82.2%, 79.3% and 85.5%, 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	Increase
Cincinnati	High	No Consensus
Cleveland	High	Increase
Columbus	High	Increase
Dayton	High	No Consensus
Toledo	High	Increase
Youngstown	High	No Consensus

Participants continued to most often rate the current overall quality of fentanyl as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants generally noted variability in fentanyl quality. One participant stated, "[Quality] *depends on how much they 'cut' (adulterate) it* [and] *what they cut it with*," although another participant remarked, "*Fentanyl is very powerful, so even if you cut it, it's still a strong drug.*" Community professionals also discussed the high potency of fentanyl, particularly noting the lethality of the drug. Columbus treatment providers shared: *"I think the word goes around that fentanyl is like the ultimate high*; [Users] *go to these heroin-fentanyl parties. They have Narcan® available close by … if one of their cohorts is going to 'OD' (overdose), they immediately give him some Narcan®; Those kinds of parties are called 'Lazarus parties' because they bring them back from the dead.*"

Analysis of participant survey data administered in the focus group found that the vast majority (95.8%) of 299 participants from throughout OSAM regions reported having heard of Narcan® (naloxone, opiate overdose reversal medication). Of those 286 participants who have heard of Narcan®, 30.1% reported having had Narcan® used on them to reverse an opiate overdose, while 23.4% reported having used Narcan® on another individual to reverse an opiate overdose. Two thirds of 299 participants reported that they know where to obtain Narcan®. Of those 199 participants who reported knowing where to obtain Narcan®, 76.9% reported having ever obtained

Narcan®, while 29.4% reported currently possessing Narcan®. Of those 153 participants who have ever obtained Narcan®, 70.6% reported having been trained on how to use Narcan® when they obtained it. Those who ever obtained Narcan® reported that the most common sources for Narcan® were drug treatment agency (34.6%), pharmacy (18.3%), Project DAWN (Deaths Avoided With Naloxone, a community-based overdose education and naloxone distribution program sponsored by Ohio Department of Health) (14.4%) and emergency room/EMS (11.1%). Participants also reported obtaining Narcan® at a medical clinic (10.5%), doctor's office (8.5%), needle exchange program (8.5%), mental health agency (5.2%) and from a family member or friend (5.2%). In addition, 15.7% reported having obtained Narcan® from a different source, such as at a recovery event or rally, county jail, VA hospital and "on the street."

Participants discussed adulterants (aka "cuts") that affect the quality of fentanyl and reported the top cutting agents for the drug as Benefiber®, benzodiazepines (Xanax®), heroin and powdered sugar. Participants discussed: "*Some people* [cut fentanyl] *to weaken it … too strong, not wanting to kill people, not killing your customers; Benefiber® breaks down in water, it's not going to harm you and you can't detect it.*" Participants summarized that the same cuts used to adulterate heroin are also used to adulterate fentanyl. Additional fentanyl cuts specifically mentioned included: baby laxatives, baby powder, baking soda, brown sugar, crack cocaine, creatine, iced tea mix, gabapentin (Neurontin®), mannitol (diuretic), melatonin, methamphetamine, MiraLAX®, MSM (methylsulfonylmethane, a joint supplement), quinine (antimalarial), Seven Star (a retail cutting agent available at head shops), sleep aids (Sleepinal®), sugar, Tylenol® and vitamin D. A participant explained the use of Seven Star as a fentanyl cut: "*It comes in a bottle. Seven Star … you get it from a store … it makes* [fentanyl] *weaker, so you don't overdose, and you can stretch it out.*" Another participant said of quinine, "*For whatever reason, what's in that quinine, gives* [fentanyl] *'legs.' Legs, meaning you'll be high longer.*"

Law enforcement also commented on adulterated fentanyl. They said: "*You're not going to get* [pure fentanyl], *it's going to be mixed with something … you're going to get acetyl-fentanyl, carfentanil, fentanyl-heroin, fentanyl-meth; You're playing Russian roulette when you ask for* [fentanyl]." Overall, participants in most regions reported that the quality of fentanyl has remained the same during the past six months; participants in the Akron-Canton, Cincinnati and Toledo regions reported decreased quality.

Throughout OSAM regions, participants continued to express difficulty in discerning heroin from fentanyl. Thus, participants explained that many users refer to fentanyl as "heroin" or use street names for heroin in reference to fentanyl ("boy,""dope" and "slow"). However, participants again noted current street jargon as including a few distinctive terms for fentanyl that are derivatives of the drug's name ("fent,""fet,""fetty" and "fetty wop"). Participants discussed: "'*Fetty' comes from fentanyl. You can't just say what you are talking about over the phone* [when ordering drugs]; *They should call* [fentanyl] *'ruin your … life' … it's the truth.*"

Current Street Names of Fentanyl	
Most Common Names	boy, dope, fetty, fetty wop, slow
Other Names	china, confetti, fent, fet, ghost, heroin, junk, RIP, smack

Current prices for fentanyl were reported by participants with experience purchasing the drug. A participant observed, "[Fentanyl pricing] *is the same as heroin* [because] *they are selling it in the guise of heroin.*" Reportedly, the most common quantities of purchase for fentanyl are 1/2 gram for $30-80 and a gram for $40-150. Similar to heroin pricing, fentanyl pricing reportedly varies depending on location of purchase, one's relationship with the dealer and the quality and quantity of fentanyl desired. Participants in the Cleveland region discussed: "*Fentanyl is cheap by itself. If you buy it alone, you will spend about $40 on a gram. If you buy it with heroin, you will be spending $60 or $70;* [Price] *depends on how close to the city you go* [fentanyl is cheaper in cities]." Overall, participants throughout regions 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, 7-10 would shoot and 0-3 would snort the drug. Participants commented: "*Shoot it, sniff it, I'd say most people would shoot it;* [Injecting is] *an immediate rush; Ninety-nine percent of the time you end up using a needle (shooting); Very few people snort anymore…. I guess … if you can't find a vein, you would snort.*"

Throughout OSAM regions, participants and community professionals continued to most often describe typical fentanyl users as heroin users, white people, aged in their 20s and 30s. A treatment provider remarked, "*Same as heroin …* [the drugs are] *interchangeable*." Other community professionals said: "*The people that started with opiates (prescription opioids), then started doing heroin, and then got into fentanyl; Same as heroin … young, white, male*." However, many respondents reported that fentanyl use is widespread, discussing that anyone could be a fentanyl user. Comments included: "*It's like anybody, you can't put it under a class anymore; Any age, any group, teenage to elderly*." In addition, Athens participants and Columbus community professionals noted an increase in young people using fentanyl during the past six months. A participant stated, "*The younger generation because* [fentanyl] *is cheaper than* [prescription opioids] *and it is glorified in movies and rap music*." A professional noted, "*I think the big thing that we're seeing is …* [fentanyl users] *are getting younger*."

Many other substances are used in combination with fentanyl. A participant remarked, "[Fentanyl] *is used with all the drugs … it's fun to mix with other drugs*." However, participants reported that fentanyl is most often used with heroin, crack/powdered cocaine and methamphetamine. Participants continued to explain that while fentanyl is very potent, it's high is short-lived; heroin mixed with fentanyl produces a stronger high than heroin alone and this combination results in a longer-lasting high. Participants said of this combination: "*It hits you hard and then it has legs …* [a heroin-fentanyl high] *lasts longer; You are able to be high longer*." Reportedly, stimulants are used with fentanyl for the "speedball" (concurrent or consecutive stimulant and depressant highs) effect, and to counteract the extreme down effect of fentanyl. Participants stated: "*Meth and fentanyl* [used together] *it is an extremely intense speedball; It is like bipolar drug use … you have the extreme rush and energy of the meth and then you have the warm and fuzzy* [feeling/effect] *of the opioid; Meth would speed you and fentanyl would calm you down; I would intentionally use meth and fentanyl* [in combination]."

Substances Most Often Combined with Fentanyl

• **alcohol** • **crack/powdered cocaine** • **heroin** •
• **marijuana** • **methamphetamine** • **sedative-hypnotics** •

Prescription Opioids

The availability of prescription opioids for illicit use is moderate and has decreased for the majority of OSAM regions during the past six months. In Akron-Canton and Cincinnati regions where there was no consensus as to the current street availability of prescription opioids, participants reported availability as high while community professionals reported it as low to moderate. One participant stated, "[Prescription opioids] *are easy to find. They're expensive though*." Several participants explained that a user seeking prescription opioids would need to know where to obtain them. Participants in the Dayton region discussed current availability as varying by location; one participant reported, "*It's all about demographics … in the suburbs* [prescription opioids] *are more available because people have better insurance*." Law enforcement in Akron-Canton discussed: "*We really haven't had any* [arrests/seizures involving prescription opioids lately]; *If you want a good amount, you won't find them … doctors aren't prescribing* [opioids]."

Respondents reporting that the availability of prescription opioids for illicit use has decreased during the past six months most often cited doctors prescribing less and U.S. Drug Enforcement Agency and pharmacy restrictions as limiting the supply of prescription opioids for diversion. Treatment providers commented: "*There's a significant decline in prescriptions for opioids; There are more hoops to jump through (increased oversight) to get them, and to keep getting them; There are less pills on the market now … that seven-day prescribing rule (only allowing for a seven-day supply) has really cut into a lot of people's* [illicit] *use; A lot of people who started on* [prescription opioids] *can't get them, so they moved to heroin or fentanyl*."

In addition, participants and community professionals throughout OSAM regions continued to report counterfeit prescription opioids containing fentanyl as currently available and highly prevalent. A participant stated, "*You have to worry about fentanyl … you have to worry about* [opioids] *being fake…."* A law enforcement officer reported, *"The most prevalent* [opioids] *right now are the counterfeits with the fentanyl, carfentanil and* [fentanyl] *analogues mixed in…."* Lake County Crime Lab (Cleveland region) noted processing counterfeit oxycodone tablets that contained fentanyl and fentanyl analogues during the past six months.

Reported Availability Change of Prescription Opioids during the Past 6 Months

Region	Current Availability	Availability Change	Most Available
Akron-Canton	No Consensus	Decrease	Percocet®
Athens	Moderate to High	No Consensus	Percocet® Vicodin®
Cincinnati	No Consensus	Decrease	methadone Percocet® Vicodin®
Cleveland	Moderate	Decrease	Percocet®
Columbus	Moderate to High	No Consensus	OxyContin® Percocet®
Dayton	Moderate	No Change	Percocet® Vicodin®
Toledo	Low to Moderate	Decrease	Percocet® Vicodin®
Youngstown	Moderate	Decrease	OxyContin® Percocet® Vicodin®

Current street jargon includes many names for prescription opioids. Participants reported that street names are generally shortened forms of a drug's brand name or they reference the pill's color ("blues") or milligram strength ("30s" for 30 milligrams).

Current Street Names of Prescription Opioids

General Names	beans, buttons, candy, goodies, pain killers, pain pills, painers, pharmacies, pills, vitamins
Dilaudid®	Ds
Morphine	morphs, phines
OxyContin®	Os, OCs, oxys
Percocet®	blues, jerks, Ps, perkies, perks, workacets
Roxicodone®	30s, perk 30s, roxis
Ultram®	trams
Vicodin®	Vs, vikes (baby vikes)

Reports of current street prices for prescription opioids were reported by participants with experience buying the drugs. Reportedly, the majority of prescription opioids continue to sell for $1-2 per milligram, with the exception of Vicodin® which often sells for less. Reportedly, Percocet® 5 mg sells for $5-10, and 10 mg sells for $10-20; Roxicodone® 30 mg sells for $30-60; Vicodin® 5 mg sells for $2-8. In addition, Akron-Canton participants also described alternative forms of payment for the purchase of prescription opioids. One participant said: "*You 'go boost,'* [which means] *you steal merchandise for dealers for pills (opioids). Sometimes they'll give you a* list [of grocery, clothing and/or household items]*, go get those at the store, for pills."* Overall, participants in most regions indicated that the price of prescription opioids has increased during the past six months. Comments on increased pricing included: "[Prices have increased] *because demand is up and supply is low; The doctors are withholding* [writing of prescriptions for opioids], *blame the doctors* [for increased street pricing]."

Participants reported obtaining prescription opioids for illicit use from drug dealers, dentists, doctors, emergency rooms, pain clinics, individuals with prescriptions (often elderly people), through theft, social media contacts and the "dark web" (websites operated by criminal enterprises). Participants shared: "*Steal them…. I have stolen some from a family member before and also bought them from someone I knew; You can order them off the Internet* [through social media]…." In addition, a treatment provider commented, *"A lot of clients are still obtaining them through a prescription at the ER,"* and one law enforcement officer reflected, *"People say, 'someone gave it to me' … there is a lot of trading going on."*

The most common route of administration for illicit use of prescription opioids remains snorting, followed by oral consumption. Participants in five of OSAM's eight regions estimated that out of 10 illicit prescription opioid users, 8-10 would snort and the remainder would orally consume the drugs. A participant shared on personal experience with snorting, saying, *"Snorting affects you faster. It gets into the bloodstream faster. It's more of a 'rush' (high), it hits you all at once rather than spread out* [over time]. *But,* [the high] *goes away quicker."* A few participants also discussed intravenously injecting (aka "shooting") as another route of administration. One participant said, *"The harder drugs like Opana® and 'roxi' (Roxicodone®), they are going to crush and shoot."*

A profile of a typical illicit prescription opioid user did not emerge from the data. However, respondents throughout OSAM regions continued to discuss typical illicit users as people of middle to high socio-economic status due to the high street cost of prescription opioids.

Many other substances are used in combination with prescription opioids. Reportedly, alcohol, marijuana and Xanax® are used with prescription opioids to intensify the effect of the opioids. Participants commented: "*The 'weed' (marijuana), like the alcohol, intensifies* [the high from prescription opioids]; *Smoking weed, most people that do pills (opioids) are mostly just smoking weed with them; A lot of people drink alcohol and take pills*." Regarding the use of Xanax® with prescription opioids, a participant reported, "[Opioids with Xanax® produces an effect] *like drinking a lot of alcohol, without drinking* [alcohol]." Stimulant drugs are used with prescription opioids to "speedball" (concurrent or consecutive stimulant and depressant highs) or to counterbalance the down effect of opioids. Participants said: "*Meth* [with opioids] *is a speedball; I see crack* [used with opioids] *as well …* [when the high] *comes down, and you need a pick me up … so you don't crash and burn* [use crack cocaine to come back up]."

Substances Most Often Combined with Prescription Opioids

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

Suboxone®

Suboxone® (buprenorphine) remains highly available for illicit use in most OSAM regions. Reportedly, opioid users continue to seek the drug to help alleviate opioid withdrawal symptoms in the absence of heroin/fentanyl, and many users continue to pursue prescriptions due to the profitability in selling all or part of their prescribed Suboxone®. Participants commented: "*If someone does not have enough money to buy a bag of heroin, they can get a 'strip' (Suboxone® filmstrip). At least they won't get sick that day; A lot of people are going to treatment to get Suboxone® and selling it to get fentanyl.*" Law enforcement added: "*Every heroin or fentanyl case I've done, the* [drug] *dealer has had Suboxone® strips; People are prescribed Suboxone® and they take them to their dealers and* [trade Suboxone® to] *get heroin….*"

Respondents who reported that the availability of Suboxone® for illicit use has increased during the past six months attributed increased availability to increased prescribing and greater user demand. Participants and community professionals in the Columbus region noted greater diversion of Suboxone®, citing a higher number of Suboxone® clinics operating in that region. A treatment provider stated, "*A general* [Suboxone®] *clinic doesn't have the accountability that* [a treatment program] *does for its clients.*" Community professionals also discussed illicit Suboxone® use among people who cannot access/afford treatment through legal channels and want to wean themselves off opiates.

Reported Availability Change of Suboxone® during the Past 6 Months

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

Current street jargon includes several names for Suboxone®. Throughout OSAM regions, participants continued to note "subs" as the most common street name, generally. A participant explained the use of the term "sub" in seeking Suboxone®, saying, "*People want to talk on the phone, or if you're texting over Facebook or text messages* [about obtaining Suboxone®], *just in case the shit goes down with the cops,* [you can say], *'Man I was talking about Subway* [sandwiches], *not Suboxone® …* [I am] *trying to get that $5 footlong.*" Reportedly, other derivatives of the brand name Suboxone® are also used ("box" and "the 'one'"). One participant commented, "*When someone first asked me if I wanted a 'box' (Suboxone®), I said, 'What? What is a box?'*" Another participant explained the reference of "the one," saying, "[Suboxone® is called] *'the one' because Suboxone® has the* [word] *'one' in it.*" Participants also continued to note that users often reference the form of the drug. For instance, filmstrips are referenced as "films" or "strips." Additional street names reference the color or shape of the pill ("oranges" and "stop signs"). One participant shared the reason behind the term "cuties," saying, "*My one friend called them, 'cuties,' you know like the little oranges*."

Current Street Names of Suboxone®	
General Names	boxies, sandwiches, subs, Subway sandwiches, 'the one,' Xbox
Other Names for Filmstrips	films, strippers, strips, tabs
Other Names for Tablets	cuties, oranges, stop signs

Reports of current street prices for Suboxone® were reported by participants with experience buying the drug. Overall, Suboxone® filmstrips typically sell for $10-30 per 8 mg dose, while Suboxone® 8 mg pills sell for $10-20. Participants explained that the variance in street price is due to seller greed. If a seller detects that a potential buyer is experiencing withdrawal symptoms, they will charge more. Participants discussed: "*If you want it,* [drug dealers] *see that, and they keep adding $5 or $10 to* [the price]; *If you're dope sick (experiencing withdrawal) and your tolerance is so high that $20* [of heroin/fentanyl] *ain't gonna* [get you high]…. *You'd rather pay the $20* [for Suboxone®] *not to be sick until you can figure out how to get some more money."*

Participants reported that Suboxone® filmstrip form typically sells for higher prices than the pill form. They said: *"Pills are cheaper because you can't shoot (intravenously inject) 'em; I am a good example of taking (using) part of my Suboxone®* [prescription] *and selling the rest…. In Dayton, Ohio … the most I would get for my strips was $15 (per 8 mg filmstrip) … the most I could get for my pills was $10 (per 8 mg pill) and that was within the past six months."* An Akron-Canton participant remarked, *"I can sell* [a Suboxone® 8 mg filmstrip] *for $30, all day."* Overall, participants in five regions indicated that the price of Suboxone® has remained the same during the past six months, while participants in Akron-Canton and Toledo regions reported increased pricing, and participants in the Cincinnati region reported decreased pricing.

In addition to obtaining Suboxone® for illicit use on the street from drug dealers, participants reported getting the drug through people who have prescriptions and from doctors, treatment programs, pain management and Suboxone® clinics. One participant commented, *"It's sad, but places like this, treatment centers …* [other treatment clients] *hit you up at the end of the day in the parking lot and say, 'Do you want to sell one of those* [Suboxone®]?" Other participants described: *"You could just go to the doctor and get it, it's so simple; I'll be honest, I just went to the cash doctor to get my Subutex® (buprenorphine), so I could sell them to get heroin…."*

The most common routes of administration for illicit use of Suboxone® remain oral consumption (sublingual) followed by snorting. In addition, a few participants mentioned intravenous injection (aka "shooting") of filmstrips. Participants discussed: *"Most people are going to put it under their tongue; I've seen more people dissolve* [filmstrips] *in water in a ChapStick® cap and snort it; You can put the strips in water and inject them with a needle … I know a lot of people who do that; When I was in prison, the two most common ways* [to administer filmstrips] *were snorting and putting it in your eye."*

Participants and community professionals continued to describe typical illicit Suboxone® users as opiate users who use the drug to self-medicate or to alleviate withdrawal symptoms between heroin/fentanyl buys. Participants commented: *"People that I see taking them can't get a hold of 'dope' (heroin), so they have to settle for* [Suboxone®]; *The typical opiate addict, someone that's tired of the nonsense* [and wants to taper off opiates]." A law enforcement officer stated, *"They are the heroin users that want the Suboxone® but don't want the treatment…. They don't want the structure, they don't want the counselor, they just want relief from the pain."* In addition, a Toledo participant noted the prevalence of illicit Suboxone® use in jail settings, saying, *"Yeah, incarcerated. I made a ton of money locked up off* [selling] *Suboxone®….* [Suboxone®] *is probably the easiest* [drug] *to get into jail, so it is pretty rampant (highly available) when you are locked up."*

Reportedly, other drugs are used in combination with Suboxone®. Participants reported that Suboxone® is often used in combination with alcohol, benzodiazepines, cocaine, marijuana and methamphetamine as the medication does not block the effects of these drugs, allowing the user to continue to get high. Participants explained: *"Just crack. You can't really use any* [opiate] *with Suboxone® because you'll go right into withdrawal;* [Suboxone®] *blocks most everything, so some use alcohol* [with Suboxone®]*; Anything other than opioids."* Other participants shared: *"'Weed' (marijuana) … and melting down the strips and mixing it with meth, if you want a stronger buzz; We were doing a lot of meth in* [prison]*, so it would be common to be up for a few days and then do the strips …* [to] *speedball; Benzos* [with Suboxone®] *makes you nod off … makes you feel like you're on heroin."*

Substances Most Often Combined with Suboxone®

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

Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) are moderately available for illicit use in most OSAM regions. Respondents who reported current high availability usually prefaced their report with, if you know someone who is prescribed the drugs or if you have the right connection, sedative-hypnotics are easily obtained. A participant commented, "*I know people with mental health and anxiety disorders. These people typically have them.*" Respondents who reported decreased availability of sedative-hypnotics for illicit use during the past six months typically cited doctors prescribing these medications less as limiting the supply for diversion. A treatment provider in Akron-Canton reasoned, "*There's been some education among doctors. They are prescribing them a little less.*" Participants in the Toledo region observed: "*Doctors aren't really prescribing them anymore; I think a lot of people are switching from 'benzos' (benzodiazepines) to marijuana now that* [marijuana] *has become legal.*"

In addition, participants and community professionals in Akron-Canton, Cleveland, Columbus and Dayton regions discussed counterfeit sedative-hypnotics, pressed pills often containing fentanyl, as currently available in those regions. Participants discussed: "*You can get them off of the street…. They are supposed to be Xanax®;* [Pressed pills] *are more available* [than legitimate doctor prescribed benzodiazepines] … *they are cut (adulterated with fentanyl) and pressed back together and stamped like the pills you would get from the pharmacy….*" Dayton participants discussed that with the high prevalence of fake Xanax® and other counterfeit pills, users are fearful of illicit purchase of sedative-hypnotics. One participant said, *"Our area got hit really hard with pressed Xanax®, and it was such a good press (imitation) that you couldn't tell that it wasn't real…. So, a lot of people quit taking Xanax® all together. Unless, it is prescribed by a doctor to them… that way you know what you're getting…."*

Additionally, in the Cleveland region, Lake County Crime Lab reported that it processed 11 cases of "designer benzos" (synthetic drugs that produce similar effects as benzodiazepines), and it has seen counterfeit Xanax® tablets that contain synthetic benzodiazepines during the past six months. Participants and community professionals throughout regions continued to report Xanax® as the most available sedative-hypnotic in terms of widespread illicit use. Comments included: "*Everyone wants Xanax®; Xanax®, absolutely Xanax®, it's huge….*"

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

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

Current street jargon includes many names for sedative-hypnotics. The most common general street name is a shortened version of the drug classification of benzodiazepines, "benzos." Likewise, the most common street names of particular benzodiazepines are derivatives of brand names, such as "vans" for Ativan®; "klonies" for Klonopin®; "vals" for Valium®; and "xanies" for Xanax®. Xanax® by far has the most street names, many of which reference the color and/or shape of the different milligram pills. Participants noted: "'*School buses' are the yellow 'bars' (Xanax® 2 mg); Then you've got the 'green monsters,' green 'xanie bars' (Xanax® 2 mg).* [The type of pill] *just depends on what pharmacy you go to and what they have in stock.*" Street names that refer to Xanax® pill shape include "bars," footballs" and "ladders." A participant explained the street name of "forget-me-nots," a general term for sedative-hypnotics, saying, "'*Forget-me-*

nots' because I don't remember what happened last night [due to blackout resulting from illicit drug use]."

Current Street Names of Sedative-Hypnotics	
General Names	benzos, forget-me-nots, forgetters, nervies, go-to-sleepers
Ativan®	apples, vans
Klonopin®	forget-a-pins, Ks, k-pins, klonies, pins
Valium®	Vs, valleys, vals
Xanax®	bars, blues, candy bars, footballs, green monsters, greens, handle bars, incredible hulks, ladders, logs, peaches, school buses, waffles, wagon wheels, wheels, xanie bars, xanies, xans, Zs

Current street prices for sedative-hypnotics were consistent by region among participants with experience purchasing the drugs. Reportedly, sedative-hypnotics sell for $2-5 per milligram. One participant explained, "[Price] *really depends on who you go through, and how many you buy*." Throughout OSAM regions, Xanax® 1 mg sells for $2-5; and Xanax® 2 mg sells for $4-7 but can sell as high as $10 in the Columbus, Toledo and Youngstown regions. Participants in the majority of regions reported that the street price for sedative-hypnotics has remained the same during the past six months; exceptions reported were decreased pricing for the Akron-Canton region and increased pricing for the Cleveland region.

Participants continued to report obtaining sedative-hypnotics for illicit use from drug dealers, doctors, people with prescriptions and through Internet purchase. A participant commented, "*You see somebody that is prescribed them, and you just ask them if they want to sell some, or you ask your drug dealer.*" However, participants warned that obtaining sedative-hypnotics through street purchase is dangerous. Comments included: *"Every person that I know that sells Xanax® bars right now … they're fake. And, I know that because I've taken a drug test and* [Xanax®] *did not show up; If you're getting it from a dealer, it's fake usually. If you get them from somebody that has them prescribed, you get the real ones."* In regard to Internet purchase, one law enforcement officer in the Cincinnati region shared, *"In a recent suicide,* [the man] *was purchasing benzo powder over the Internet and making his own* [benzodiazepine pills]. *When we were looking into this case, we were surprised how much is bought over the Internet."*

The most common routes of administration for illicit use of sedative-hypnotics remain snorting and oral consumption. Participants throughout OSAM regions estimated that out of 10 illicit sedative-hypnotic users, 4-7 would snort and 3-6 would orally consume the drugs. Participants discussed: "*You can snort them or eat them; It hits you (gets you high) faster if you snort them, but* [the high] *doesn't last as long; Everybody I've ever really seen* [taking sedative-hypnotics] *normally just 'pops' (swallows) them*." A law enforcement officer in the Athens region stated, "*The younger generation eats them like Tic Tac® (breath mints)*."

Participants and community professionals most often described typical illicit sedative-hypnotic users as young people (high school/college aged), while also noting illicit use among females, white people and people who misuse other substances, particularly heroin. Participants described: "*Females can get them prescribed to them easier than men; Soccer moms, because she has to run all over the place with the kids, and she is yelling and screaming … so you just pop a pill*." In addition, a participant observed, "*Heroin users, because their tolerance goes up … combining* [heroin] *with the benzos intensifies the effect* [of heroin]."

Many other substances are used in combination with sedative-hypnotics. Participants reported that sedative-hypnotics are most often used in combination with heroin/fentanyl, followed by alcohol, marijuana and methamphetamine. Additional substances mentioned included: crack/powdered cocaine and prescription opioids. Sedative-hypnotics are reportedly used to intensify the effect of alcohol, heroin/fentanyl and marijuana. Participants shared: "*People will mix* [benzodiazepines] *with heroin to get more messed up; To increase the nod (effect of heroin); When you use opiates for a long period of time, you don't get that effect anymore, so you need something else to intensify the effect* [of opiates]; *Strengthens the effect* [of alcohol] … *makes you black out; If you take a 'xanie bar' (Xanax® 2 mg) and drink one beer, you'll feel like you drank 10 beers;* [Benzodiazepines with] *weed relaxes you more; Weed, totally all the way relaxed, no jitters, no paranoia, just high as a kite*."

Reportedly, sedative-hypnotics are used to aid sleep or come down after the stimulant high of crack/powdered cocaine and methamphetamine. Participants commented: "*I would use* [sedative-hypnotics] *to come down off meth and crack; If you come down from meth, you take some Xanax® to go to bed; Puts you back on earth,*

quickly." In addition, participants in the Columbus region discussed the use of Xanax® with Suboxone® as a common combination; reportedly, benzodiazepines intensify the effect of Suboxone®, mimicking an opiate high. One participant said, "[Xanax®] *coincides with Suboxone use® because you can't get high on opiates* [while using Suboxone®]. *Suboxone® and Xanax® is the most common combination*."

Substances Most Often Combined with Sedative-Hypnotics

• alcohol • crack/powdered cocaine • heroin/fentanyl • • marijuana • methamphetamine • prescription opioids • • Suboxone® •

Marijuana

Marijuana remains highly available throughout OSAM regions. Participants and community professionals continued to discuss legislative changes allowing for medicinal marijuana use in Ohio and recreational marijuana use in other states, along with increasing societal acceptance and decreasing stigma for marijuana use, as having contributed to the high current availability of marijuana. A treatment provider reasoned, *"It became legal…. It's more acceptable by society, so people are more open with it."* Participants and community professionals throughout OSAM regions also continued to report high current availability of high-grade marijuana extracts and concentrates, often appearing as oil and waxy forms of the drug (aka "dabs"). Respondents attributed the higher potency of THC (tetrahydrocannabinol) in dabs, compared to that of traditional marijuana, as having increased the popularity/demand/supply of dabs during the past six months. A treatment provider stated, *"People are getting higher with a less amount* [of the drug]."

In addition, respondents discussed the growing popularity of vaping due to users being able to avoid detection of cannabis use in public, as vaping does not emit the strong smell of smoking marijuana. A treatment provider stated, *"Vaping has increased* [because dabs] *are easier to obtain* [than previously], *easier to use and easier to avoid detection* [than marijuana]." A law enforcement officer observed, *"We see more extracts through vaping … vaping has increased."* All OSAM regions reported an increase in the availability of marijuana extracts and concentrates during the past six months.

Corroborating data from BCI crime labs indicated an increase of marijuana incidence in Athens, Cincinnati, Dayton and Youngstown regions, while reporting increased incidence of marijuana extracts and concentrates throughout all regions. Lake County Crime Lab (Cleveland region) and Miami Valley Regional Crime Lab (Dayton region) also reported an increase in concentrated THC cases during the past six months.

Reported Availability Change of Marijuana during the Past 6 Months

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

Participants throughout OSAM regions continued to rate the current overall quality of marijuana as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Reportedly, during the past six months, the overall quality of marijuana has remained the same for Athens, Cleveland, Dayton and Youngstown regions, while it has increased for Akron-Canton, Cincinnati, Columbus and Toledo regions. A Toledo participant stated, "[Quality] *keeps increasing. People are getting botany degrees to do this (cultivate higher grades of marijuana)*." Participants throughout regions often noted the high amount of THC in marijuana extracts and concentrates with no indication of decrease in quality during the past six months. A participant said of the high quality of extracts and concentrates, "*You're pulling all the stuff that gets you high out of the weed (extracting concentrated THC), so you're just getting the benefits (getting higher).*"

Current street jargon includes many names for marijuana and marijuana extracts and concentrates. Participants discussed: "*There's lots of names for* [marijuana]. *'Mary*

Jane,' they still call it Mary Jane; It's [called] *'loud' … (high-grade marijuana) that's real pungent. You got it in your pocket, someone can smell it; 'Sticky icky' means* [high-grade marijuana], *there is oil in it*."

Current Street Names of Marijuana	
Most Common General Names	bud, ganja, grass, green, herb, Mary Jane, pine, pot, reefer, smoke, trees, weed
Other Names for Low Grade	mids, Reggie
Other Names for High Grade	chronic, dank, dro, fire, gas, hydro, kush, loud, skunk, sticky icky
Other Names for Extracts & Concentrates	carts, crumble, dabba doo, dabs, ear wax, honey, oils, peanut butter, shatter, wax

Current street prices for marijuana were reported by participants with experience purchasing the drug. Participants reported that the most common quantity of purchase for marijuana is a gram. Throughout OSAM regions, a gram sells for $10-20; and an ounce sells for $200-300. A participant added, "*If you are getting* [marijuana] *from dispensaries, you will, for sure, be paying $50 a gram … it's cheaper on the streets.*" Participants reported that the most common quantities of purchase for marijuana extracts and concentrates are a cartridge (aka "cart") filled with THC oil, which is inserted into vaporizers, and a gram, with each most often selling for $40-60. Participants in the majority of regions reported that the prices for marijuana and marijuana extracts and concentrates have remained the same during the past six months.

Participants throughout OSAM regions continued to report smoking as the most common route of administration for marijuana. A participant commented, "*Mostly just smoke it in a 'blunt' (marijuana-filled cigar) or a 'bong' (water pipe).*" Participants reported vaping as the most common route of administration for marijuana extracts and concentrates, followed by oral consumption. Participants shared: "*Smoke (vape) out of a 'dab rig' (small glass water pipe designed specifically for dabs) or a* [vape] *pen; You could vape, or you could lace* [THC oil] *with weed in a blunt and smoke it*." Regarding the oral consumption of marijuana, participants said: "*There are 'edibles' (food products made with extracts and concentrates), you can make butter, and every dish you make, you can use that butter; I've heard a lot about gummy bears* [infused with THC]; *You can consume* [THC oil] *through brownies.*"

A profile for a typical marijuana user did not emerge from the data. Consistent with previous reports, respondents reported that marijuana users are of any age, race, gender, occupation and socio-economic status. Participants shared: "*Everybody, absolutely everybody;* [Marijuana use seems] *socially accepted. There's no stigma, no guilt*." However, participants and community professionals described typical users of marijuana extracts and concentrates as younger, people under 40 years of age. Participants explained: "*The older generation smokes weed, and the younger generation smokes the cartridges (marijuana extracts); I've never seen anybody over 40* [years of age] *use dabs; There is an increase in the high school population with vaping* [marijuana extracts]." A law enforcement officer also commented, "*There might be some older people, but the majority of* [marijuana extract users] *will be your younger crowd*."

Marijuana is used in combination with other substances. However, many participants commented that most users who prefer marijuana smoke it by itself, not in combination with other substances. A participant commented, "*Why mess with marijuana? It is good by itself.*" When used with other drugs, reportedly, marijuana is used to intensify the high or to come down from the effects of other drugs. Participants shared: "*Marijuana makes everything better;* [Marijuana with] *benzos and pain pills increases your buzz; A lot of people at parties are smoking* [marijuana] *and drinking* [alcohol]; *Sprinkle a little crack* [cocaine] *in* [marijuana] … *that's what is called a 'primo*.'"

Substances Most Often Combined with Marijuana

• alcohol • crack/powdered cocaine • heroin/fentanyl • • methamphetamine • prescription opioids • • sedative-hypnotics •

Methamphetamine

Methamphetamine has increased in availability during the past six months throughout OSAM regions. There was consensus among participants and community professionals that the current availability of methamphetamine is high. Reasons for increased availability of methamphetamine, reportedly, are the low cost of the drug and the migration of opiate users to stimulant drugs to alleviate opiate withdrawal symptoms

and avoid overdose. Community professionals also noted users transitioning from fentanyl to methamphetamine, particularly users receiving Vivitrol®, an injectable medication-assisted treatment (MAT) for opioid use disorder. They explained that Vivitrol® and other forms of MAT block the ability to obtain an opioid high; thus, users who still desire to continue drug use are turning to methamphetamine for an alternative high. Thus, participants and community professionals attributed increased availability of methamphetamine primarily to increased demand for the drug and more drug dealers capitalizing on this demand. Law enforcement observed: "*We are catching (arresting) more people with 'meth' (methamphetamine) than we are catching people with fentanyl;* [Methamphetamine] *is probably 3/4 of what we are seeing* [in drug arrests and seizures]."

Throughout OSAM regions, participants and community professionals reported crystal methamphetamine as the most prevalent form of methamphetamine. Participants explained that crystal methamphetamine is cheaper and easier to obtain than powdered (aka "shake-and-bake") methamphetamine, while acknowledging harsher legal penalties for manufacturing powdered methamphetamine than for possession of crystal methamphetamine as another reason for user preference for crystal methamphetamine. A treatment provider explained, "*It's becoming less of the made in your* [car] *trunk or the basement (shake-and-bake)* [and] *becoming more* [crystal methamphetamine] … *brought into the area by the* [drug] *cartels*…. [Possession of crystal methamphetamine] *is not nearly as risky* [in terms of long incarceration] *as trying to produce* [powdered methamphetamine] *in their basement."*

Corroborating data indicated that methamphetamine remains available throughout OSAM regions. ODPS reported seizing 283 pounds of methamphetamine from throughout OSAM regions during the past six months; of which, 47.5% was seized from the Akron-Canton region and 25.1% was seized from the Cincinnati region. In addition, coroner and medical examiner offices in the counties of Cuyahoga (Cleveland region), Hamilton (Cincinnati region), Montgomery (Dayton region) and Scioto (Cincinnati region), reported that 5.7%, 14.9%, 30.5% and 32.7%, respectively, of all drug-related deaths they recorded this reporting period involved methamphetamine. Crime labs in all regions reported that the incidence of methamphetamine cases they process has increased during the past six months.

Reported Availability Change of Methamphetamine during the Past 6 Months

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

Participants throughout OSAM regions most often rated the current overall quality of methamphetamine as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the regional modal quality scores ranged from '5' for the Toledo region to '10' for Akron-Canton, Athens and Cleveland regions. In the Athens region, a participant remarked, "*It is all top notch*," while a law enforcement officer indicated, "[The crystal methamphetamine] *that we believe is coming out of Mexico is high quality*." One participant in the Cleveland region shared, "*It's always good. I have never had bad meth. I mean I had stuff that made me flip out a little more than I should have, but I have never had any that didn't get me high*." Reportedly, the overall quality of methamphetamine has remained the same during the past six months for most OSAM regions, except for Akron-Canton, Cincinnati and Youngstown regions where participants reported quality as having decreased.

Participants discussed adulterants (aka "cuts") that affect the quality of methamphetamine, with participants in six of eight OSAM regions noting fentanyl as a cutting agent for the drug; participants in Toledo and Youngstown regions did not mention fentanyl-cut methamphetamine. A Columbus participant stated, "*Fentanyl is the hugest one (most used cutting agent for methamphetamine) around here*." A Cleveland participant shared, "*I ended up in jail … I was doing meth and it knocked me out. That's not normal … I think it was cut with fentanyl*." Treatment providers in Akron-Canton discussed: "*Now, meth is laced with fentanyl. Somebody may think they're getting* [pure] *meth, but they're not; People are going into* [treatment] … *testing positive for a lot of things."*

Additional cuts for methamphetamine mentioned included: albuterol, acetone, aspirin, baby laxatives, baking soda, "bath salts" (substituted cathinones), battery acid, bug spray, carfentanil (synthetic opioid more potent than fentanyl), cocaine, Drano® (drain cleaner), ecstasy (MDMA), Epsom salt, gasoline, heroin, ibuprofen, laxatives, MSG (monosodium glutamate), MSM (methylsulfonylmethane, a joint supplement), Neurontin® (gabapentin), prescription stimulants (Adderall®), rock salt, Seroquel® (antipsychotic medication), sleep aids, sugar, table salt, vitamin B and wasp spray. Crime labs throughout regions continued to report 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 continue to most often reference the stimulant effect of the drug ("go juice," "high-speed chicken feed," "Mazda" and "rocket fuel"). A participant in the Cleveland region explained the street name "diet" as follows: "*Diet … 'cause* [methamphetamine] *makes you lose weight … it's a stimulant.*" Participants noted that street names for crystal methamphetamine continue to specifically reference the appearance of the substance ("crystal," "glass," "ice," "rock candy" and "shards"). However, a participant in the Athens region indicated, "*They call it 'go' in this region. And, if you pay attention to people talk, you will hear them talk about 'slow' (heroin/fentanyl) and 'go' (methamphetamine).*"

Current Street Names of Methamphetamine

General Names	biker dope, chicken feed, crank, diet, energy, fast, giddy-up, go, go fast, go-go, go juice, go-go juice, high-speed chicken feed, Mazda, meth, motivation, ricky bobby, rocket fuel, speed, Tina, tweak
Other Names for Powdered	shake-and-bake
Other Names for Crystal	candy, clear, cream, crystal, glass, ice, ice cream, rock candy, shards

Generally, the most common quantity of purchase for methamphetamine is a gram for $40-50; an ounce sells for $200-400. Participants discussed varying methamphetamine pricing based on quality, dealer and location of purchase. Cincinnati participants said: "*In Lebanon* [Warren County] *it's $40 to $50 a gram, in Mason* [also Warren County] *it's $60* [a gram]; *It's dealer's choice … I want $20* [of methamphetamine], *the dealer gives how much they want* [to]; *If you know your dealer, you get a better price.*" A Columbus participant shared, "[Price] *depends. I can get something for $25 … a gram that's no good (poor quality), then you can also get $50 a gram* [for good quality] *… you're paying for what you get.*" Overall, the majority of participants reported that the price of methamphetamine has remained the same during the past six months.

Participants throughout OSAM regions reported that the most common routes of administration for methamphetamine are smoking and shooting. Participants continued to discuss that users who shoot the drug primarily do so because they believe shooting produces a more intense high than smoking, while others reported snorting as less common than smoking and shooting because it burns the nose. However, one participant stated, "*Some people like the burn of snorting* [methamphetamine]." In addition, participants noted oral consumption ("eating") 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. Participants discussed: "*Some people … smoke it and some people might be snorting it while they're shooting it; If you shoot it,* [the high] *lasts way longer than other ways; You can eat* [methamphetamine], *too. You can put it under your tongue; 'Hot rail' is becoming more popular; I like to shoot it. I like to snort it. If I got meth, I am doing all of it.*"

Consistent with previous reports, respondents described typical methamphetamine users most often as white people, aged 20-35 years, of low socio-economic status, as well as heroin users. One participant stated, "*I see young white people … that's just the majority.*" Another participant remarked, "*The meth and heroin epidemic is one and the same.*" A treatment provider shared, "*Just like alcohol and cocaine go together, it seems like meth and the opiates go together. People are using meth to deal with 'dope sickness' (opiate withdrawal symptoms).*" A law enforcement officer observed, "*Most don't start with meth, they might start with marijuana, end up getting a taste of heroin, then someone gives them meth….*"

Many other substances are used in combination with methamphetamine, particularly those that bring the user down from the extreme stimulant high of the drug such as alcohol, benzodiazepines, marijuana and opiates, although opiates are also used to "speedball" (concurrent

or consecutive stimulant and depressant highs). Participants discussed: "[Methamphetamine] *is an upper, so you gotta have a downer to go with your upper; The people I know, mix* [methamphetamine] *with heroin and do it in one shot; Mostly heroin and fentanyl* [with methamphetamine] *for a speedball. A lot of people die from it because it stops your heart. You have an upper and a downer fighting against one another… it's a wild ride; I always used Subutex® (buprenorphine)* [with methamphetamine] *because it would level me back down so my anxiety's not so high; Carfentanil, that was what was keeping me alive* [when using methamphetamine], *that was a perfect combination for me."*

Regarding the use of alcohol and marijuana with methamphetamine participants reported: "*They just go together… it's easier to come down with* [alcohol], *it softens the blow (crash of methamphetamine);* [Marijuana] *calms my nerves, it neutralizes* [methamphetamine], *you can go out (function somewhat normally) and talk to someone.*" Additional comments included: *"LSD (lysergic acid diethylamide) and meth, I did that a lot. Man, you hold on to the floor. It is crazy;* [I used] *Ritalin® with methamphetamine to speed up (intensify) the buzz (high)."*

Substances Most Often Combined with Methamphetamine

• **alcohol** • **crack/powdered cocaine** • **heroin/fentanyl** • **marijuana** • **prescription opioids** • **prescription stimulants** • **sedative-hypnotics** •

Prescription Stimulants

Throughout OSAM regions, prescription stimulants remain available for illicit use. However, respondents in the Dayton region as well as many respondents in Athens and Cincinnati regions reported low current street availability of the drugs. These respondents discussed doctors prescribing prescription stimulants less than previously as the primary reason for decreased availability. Treatment providers discussed: "[Prescribing of stimulants] *is just highly controlled right now, so there's a limited market* [for diversion]; *It's probably just much easier and convenient to get meth or 'coke' (cocaine) than it is to track down an Adderall®* [pill]." Participants concurred: *"You are not getting it if you are over 18* [years of age]; *Doctors will give you everything else but Adderall® … unless you are a kid* [with a diagnosis of ADHD, attention-deficit-hyperactivity disorder], *then they will give it to you*."

In the majority of OSAM regions, the availability of prescription opioids for illicit use has remained the same during the past six months. In regions where there was no consensus as to a change of availability, respondents were split as to whether street availability has remained the same or has decreased during the past six months. In addition to doctors limiting prescriptions for stimulants, respondents reasoned that the lower supply of illicit prescription stimulants is due to diminished demand for them. Participants in the Dayton region said: "*You don't hear of it anymore; Some people don't even go to (seek) these … I can't get high off* [prescription stimulants]…." Respondents further reasoned that low availability is due to the high prevalence of methamphetamine, a cheaper alternative to prescription stimulants. A treatment provider remarked, *"Meth is cheaper than Adderall®."* Participants and community professionals universally identified Adderall® as the most available prescription stimulant in terms of widespread illicit use. Comments included: *"Everyone knows* [Adderall®] *… that's what they ask for (seek);* [Users] *like the energy that Adderall® gives them for work, and school, and* [looking after] *kids…."*

Reported Availability Change of Prescription Stimulants during the Past 6 Months

Region	Current Availability	Availability Change	Most Widely Used
Akron-Canton	Moderate	No Change	Adderall® Vyvanse®
Athens	Low to Moderate	No Change	Adderall®
Cincinnati	Low to Moderate	No Consensus	Adderall®
Cleveland	Moderate	No Consensus	Adderall®
Columbus	Moderate to High	No Change	Adderall®
Dayton	Low	No Consensus	Adderall®
Toledo	Moderate to High	No Change	Adderall®
Youngstown	Moderate	No Change	Adderall®

Current street jargon includes a few names for prescription stimulants. These names reference the stimulant effect of the drugs ("energy" and "speed") or are abbreviations of the drug's brand name ("addies" for Adderall® and "rits" for

Ritalin®). Participants in the Cleveland region reported a street name for dextroamphetamine. A participant said, "*I have heard* [dextroamphetamine] *called 'dex,' you know* [an abbreviation] *for dextroamphetamine*." In addition, a few participants reported "SweeTarts®" as a general term for prescription stimulants. One participant explained, *"'SweeTarts®' because they are sweet [tasting]."* Participants did not identify any street names for Vyvanse®.

Current Street Names of Prescription Stimulants	
General Names	energy, government meth
Adderall®	30s, addies
Ritalin®	rits

Current street prices for prescription stimulants were limited and provided by participants with experience purchasing the drugs. Throughout OSAM regions, participants most often reported that Adderall® 30 mg sells for $5-10; Ritalin® 30 mg also sells for $5-10. Overall, for most regions, participants either could not report on price changes for prescription stimulants during the past six months, or they reported that prices have remained the same. However, participants in the Akron-Canton region reported that prices have decreased during the past six months, and participants in the Cleveland region reported increased pricing. A Cleveland participant stated, "*It's harder to get, so it's supply and demand (higher prices)*."

Participants reported obtaining prescription stimulants for illicit use from doctors, drug dealers, individuals with prescriptions and parents of children being treated with the drugs. Participants shared: "*College students, drug dealers; I get Vyvanse® from the doctor … I tricked him; I'd sell mine 'cause they'd pay me a high price, then I'd use meth; I just took them from my ex's kid; My nephew is on Adderall® and my sister … won't give him his weekend dose … she will sell them*."

The most common routes of administration for illicit use of prescription stimulants remain snorting and oral consumption. Participants estimated that out of 10 illicit prescription stimulant users, 5-10 would snort and 0-5 would orally consume the drugs. Participants reported: *"If it's capsules, they 'pop' (swallow) them. If it's pills (tablets), they'll crush them* [to snort]*; They break open the capsules and 'parachute' (wrap the contents of the capsules in a small piece of tissue and swallow it) or put (empty) them in their coffee."* Regarding snorting, a participant added, *"I would say a little bit more are snorting … the amphetamine in the actual Adderall® is really sweet…. It's like SweeTarts® when you snort them."*

Participants and community professionals described typical illicit users of prescription stimulants as young people (18-30 years of age), high school and college students, parents of children with prescriptions for stimulants, females, people who need to stay up late or work long hours as well as street stimulant users. Comments included: *"College kids. There's an illusion that it helps them study and be more; I see a lot of high school students who are prescribed it and the parents start abusing it; More women … they say it helps with energy and weight loss; People who work long hours because they'd need to stay up; Crack and meth users, for when they can't find crack or meth."*

Many other substances are used in combination with prescription stimulants. However, participants reported that these drugs are most often used in combination with alcohol, marijuana and methamphetamine. Participants explained that alcohol and marijuana are used when users want to come down from the stimulant high and sleep or when they need a pick-me-up from the use of depressant drugs. Participants stated: *"Uppers and downers, Adderall® to bring you up and alcohol to bring you down; People who have been smoking marijuana all day will use Adderall® to get energy."* Reportedly, prescription stimulant use is combined with methamphetamine use to intensify and prolong the stimulant high. One participant shared, "[Adderall®] *really speeds you up and intensifies* [the effect of methamphetamine]."

Substances Most Often Combined with Prescription Stimulants

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

Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) is moderately available throughout most OSAM regions.

Respondents generally reported that "molly" (powdered MDMA) is more available than the pressed tablet form of ecstasy. While ecstasy/molly use was discussed in every region, there was consensus among respondents that these substances are not primary drugs of choice and that they are used when the opportunity to do so is present. Treatment providers commented: "*Molly is a party drug; If I went to a* [dance] *club tonight, I could find* [ecstasy/molly]; *It is more available on* [college] *campuses, at parties, festivals and concerts*…." In addition to finding ecstasy/molly at the aforementioned venues, participants discussed that these substances can be obtained through connections with other users. A participant shared, *"I can go on Snapchat and there would be at least three of my people (connections) with bags full of* [ecstasy for sale]…." However, this participant warned, *"But, I can't say how real they are … anybody can buy a pill press and get a bunch of different shapes and make* [fake ecstasy tablets]…."

BCI crime labs reported processing very few cases of MDMA (ecstasy/molly) for the Youngstown region during the past six months, while reporting an increase in cases for Akron-Canton, Cincinnati and Cleveland regions, a slight increase in cases for the Athens region, and a decrease in cases for the Columbus region. For Dayton and Toledo regions, BCI crime labs reported that the incidence of MDMA cases 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	Moderate	No consensus
Athens	Low to Moderate	No change
Cincinnati	Low to Moderate	No consensus
Cleveland	Moderate	No change
Columbus	Moderate	No change
Dayton	Moderate	No change
Toledo	Moderate	No change
Youngstown	Moderate	No change

Participants throughout OSAM regions most often rated the overall quality of ecstasy/molly as '9' on a scale from '0' (poor quality, "garbage") to '10' (high quality); the regional modal quality scores ranged from '5' for Dayton and Toledo regions to '9' for Akron-Canton, Athens, Cincinnati and Cleveland regions. Overall, participants reported that the quality of ecstasy/molly has remained the same during the past six months.

Participants discussed adulterants (aka "cuts") that affect the quality of ecstasy/molly. Reportedly, ecstasy/molly are often cut with other substances, including: aspirin, benzodiazepines, cocaine, heroin/fentanyl, ketamine (anesthetic typically used in veterinary medicine), laundry detergent, methamphetamine, MSM (methylsulfonylmethane, a joint supplement), prescription opioids, prescription stimulants, Seroquel® (antipsychotic medication) and vitamins (B-12 and C). A participant discussed, "*I got drug tested after using MDMA and came up (drug screened positive) for MDMA, meth and amphetamine … all three of them.*"

In addition to methamphetamine-cut ecstasy/molly, participants also reported that methamphetamine is often substituted for ecstasy/molly unbeknown to users. They said: "*If you're getting molly though, sometimes it's meth; I think a lot of people are really getting meth … one time I thought I was getting* [molly], *it ended up being meth; I did ecstasy and it showed up* [on a drug screen] *as meth in my system.*" A participant summarized, "[Ecstasy/molly] *are being cut with something, or it's meth … it's not what you think you are getting.*"

Participants reported several names for ecstasy, while indicating that powdered MDMA is typically only referred to as "molly." Participants discussed that in addition to the names for ecstasy below in the table, users will also refer to ecstasy by the stamp, the imprint on the tablet ("dolphins,""pikachu's" and "playboys"). Participants also explained that ecstasy tablets are often referred to by their dose amount ("single stack" for low dose; "double stack" or "dub stack" for medium dose; "triple stack" or "trip stack" for high dose). However, reportedly, the most common street names for ecstasy remain abbreviated forms of the word "ecstasy" ("E" and "X").

Current Street Names Ecstasy/Molly

Most Common Names for Ecstasy	beans, E, rolls, skittles, stackers, stacks, X
Other Names for Ecstasy	biscuits, candy, dub stacks, double stacks, e-boys, single stacks, trip stacks, triple stacks

Participants reported that ecstasy is most often purchased as doses called "stacks." A single stack of ecstasy continues to most often sell for $10; a double stack most often sells for $15-20; and a triple stack most often sells for $25-30. However, one participant noted, "[Price] *depends on if you are buying in quantity (bulk) or not*." For molly, generally, the most common quantities of purchase are 1/10 gram for $10 and a gram for $40-60. Overall, participants reported that the price of ecstasy/molly has remained the same during the past six months.

Participants indicated that ecstasy/molly are obtained through drug dealers and at dance/nightclubs, "raves" (dance parties) and music festivals. The most common route of administration for ecstasy/molly remains oral consumption, followed by snorting. Participants discussed: "*Popping them (swallowing) … that's the most natural way to do it; You can put* [molly] *in a capsule and eat (swallow) it; Put* [molly] *in Sprite® and drink it*." Another participant added, "*I'd 'parachute' (wrap crushed ecstasy tablets/molly in tissue and swallow) with a piece of toilet paper*." Participants and community professionals described typical ecstasy/molly users as college students and people who frequent music festivals and dance/nightclubs as well as young people who attend raves.

Many other substances are used in combination with ecstasy/molly. A participant stated, "*Ecstasy enhances anything; Ecstasy just kind of makes everything better. You throw the 'acid' (LSD) in there and you start seeing all the vibrant stuff.* [Ecstasy/molly] *increases hallucinogenic properties and the body buzz.*" Participants discussed that the combination of ecstasy/molly and alcohol is popular because alcohol intensifies the effect of ecstasy/molly, and reportedly, ecstasy/molly prolongs one's drinking, as one participant said, "*It helps you drink* [alcohol] *longer.*" Benzodiazepines and marijuana are used following ecstasy/molly use to come down from one's high. A participant remarked, "*Benzos bring you down, so you don't have a rough come down*."

Substances Most Often Combined with Ecstasy/Molly

• **alcohol** • **crack/powdered cocaine** • **hallucinogens (LSD)** • • **heroin/fentanyl** • **ketamine** • **marijuana** • • **methamphetamine** • **prescription opioids** • • **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 (dimethyltryptamine [DMT]*, lysergic acid diethylamide [LSD], psilocybin mushrooms), synthetic marijuana
Athens	hallucinogens (LSD), inhalants*, Neurontin®
Cincinnati	hallucinogens (LSD), kratom, Neurontin®, OTCs*
Cleveland	bath salts, hallucinogens (phencyclidine [PCP]*), kratom, Neurontin®, synthetic marijuana
Columbus	hallucinogens (LSD), kratom, Neurontin®, synthetic marijuana
Dayton	hallucinogens (LSD, psilocybin mushrooms), Neurontin®
Toledo	ketamine*, kratom, Neurontin®, synthetic marijuana
Youngstown	Neurontin®

*For limited information on DMT, inhalants, ketamine, OTCs (over-the-counter medications) and PCP, please see regional report.

Bath Salts

Bath salts (substituted cathinones; compounds containing methylone, mephedrone, MDPV or other chemical analogues) are available in Akron-Canton and Cleveland regions. However, participants in Akron-Canton who reported on the drug did not agree on current availability and reported it as '3-10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy

to get); community professionals in this region did not have information on bath salts. In the Cleveland region, only treatment providers mentioned bath salts, and they most often reported current availability as '4-5.'

BCI crime labs reported that the incidence of substituted cathinones cases they process during the past six months has increased for Akron-Canton, Cleveland and Toledo regions, slightly increased for Athens, Cincinnati and Columbus regions and decreased for the Youngstown region. BCI and Miami Valley Regional Crime Lab reported processing few cases of substituted cathinones for the Dayton region during the past six months.

Participants reported that bath salts are inexpensive, and one participant reported bath salts selling for $20 a gram. Reportedly, bath salts are most frequently purchased from drug dealers and from certain retailers like corner convenience stores and head shops. Participants noted that bath salts retail as legitimate products, such as pipe cleaner or glass cleaner. Participants described typical bath salts users as people of lower socio-economic status and individuals involved in the sex industry. Treatment providers described typical bath salts users as males aged 20s and 30s.

Hallucinogens

In six of eight OSAM regions, respondents reported on current availability of hallucinogens. Generally, participants and community professionals continued to report moderate to high availability of lysergic acid diethylamide (LSD) and psilocybin mushrooms. In Akron-Canton where participants reported high hallucinogenic availability, one participant shared, "*I dee-jay at a club* [and] *I see* [LSD] *everywhere*." In the Columbus region where treatment providers reported moderate availability of LSD, a provider stated, "[LSD] *is available, you just need to know where to look for it … more in the party scene … it's not just sold on the street*." Overall, respondents generally reported that the availability of hallucinogens has remained the same during the past six months.

BCI crime labs reported an increase in the incidence of LSD cases they process during the past six months for Akron-Canton, Cincinnati, Cleveland and Toledo regions, while the labs reported a decrease in LSD incidence for all other regions. BCI crime labs reported an increase in the incidence of psilocybin mushroom cases they process during the past six months for Akron-Canton, Athens, Dayton, Toledo and Youngstown regions; the labs reported processing very few cases for Cincinnati and Cleveland regions.

Participants from Athens, Cincinnati and Dayton regions reported on the current quality of hallucinogens. Generally, participants rated the overall quality of LSD as '7-10' on a scale from '0' (poor quality, "garbage") to '10' (high quality). Participants in the Dayton region most often reported the quality of psilocybin mushrooms as '7.' However, a Dayton participant noted, "*The quality* [of LSD and psilocybin mushrooms] *depends on who you are connected to. I know the right people*."

Reports of current prices for hallucinogens were reported by participants with experience buying the drugs: LSD sells for $5-10 per "hit" (single dose); 1/8 ounce of psilocybin mushrooms sells for $20-30. Participants noted that the most common route of administration for LSD and psilocybin mushrooms remains oral consumption. However, participants in Athens, Cincinnati and Dayton regions also noted ocular absorption as an alternative route of administration for LSD. A participant commented, "*You can put* [liquid LSD] *in your eyes, like eye drops*."

Respondents generally described typical hallucinogen users as young people, particularly those engaged in the dance club scene and those who attend music festivals in the summertime, as well as hippies. Law enforcement in the Akron-Canton region described hallucinogen use as popular on college campuses. Reportedly, hallucinogens are most often used in combination with alcohol and marijuana. Other substances mentioned as used in combination with hallucinogens included: cocaine, methamphetamine and "molly" (powdered MDMA). A participant remarked, "*Cocaine increases the high and amplifies the effects of LSD*."

Kratom

Kratom (mitragynine, a psychoactive plant substance) was discussed in four OSAM regions: Cincinnati, Cleveland, Columbus and Toledo. Due to its availability for legal purchase, participants continued to report that kratom is highly available. Participants discussed: "*You can get it at a head shop or any store* [that sells herbal supplements]; *You can get it at the mall. They sell it at that one vape store*." Other participants reported obtaining kratom from smoke shops and through Internet purchase. A Cincinnati treatment provider shared, "*I am hearing* [about kratom] *a*

lot. We actually had a conversation about it in my [treatment] *group* [recently] … *you can go to any gas station and buy it."* In addition, corroborating data indicated that kratom is available in the Cleveland region. Millennium Health reported that 1.3% of the 9,187 specimens it tested for kratom from the Cleveland region during the past six months was positive for kratom.

Respondents in Cincinnati, Cleveland and Toledo regions reported that the availability and use of kratom has increased during the past six months. Comments included: "*People are catching onto* [kratom]; *People are using it to get off of opiates; I absolutely think kratom would be a better way to get people off of opiates than Suboxone®.*" Participants in the Toledo region most often rated the current overall quality of kratom as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality). They noted: "*If you get it from a good vendor, it's a '10' (high quality); I'd say a '10' because I have benefitted from it*" While not assigning a current quality rating for kratom, Columbus participants discussed the current overall quality of kratom as "good." They said: "*It's good quality because it's checked for metals; It's double checked when it enters the States. The quality's good*."

Participants throughout reporting regions noted oral consumption as the route of administration for kratom. A participant pointed out that retail packaging includes instructions on how to make kratom into a tea. Participants and community professionals continued to describe typical kratom users as opiate users. One participant clarified, "*Someone who needs help with withdrawal*."

Neurontin®

Respondents throughout OSAM regions, with the exception of the Akron-Canton region, reported on current availability of Neurontin® (gabapentin, an anticonvulsant used to treat nerve pain) for illicit use. Respondents in Cincinnati, Cleveland, Columbus and Dayton regions described the current availability of illicit Neurontin® as high, while respondents in the remaining reporting regions reported it as moderate to high. Participants and community professionals continued to agree that a prescription for Neurontin® is easy to obtain and that the drug is illicitly used most often to manage opiate withdrawal. They also discussed doctors prescribing gabapentin in lieu of opioids for pain.

Treatment providers stated: *"It is being used instead of prescription opiates for pain; Patients who are prescribed it, are prescribed high doses, so they have a lot on hand to share."* One participant said, "*I'll talk about Neurontin® all day. It's a godsend. I was prescribed it, not for* [opiate] *withdrawal, I was prescribed for a nerve disorder. After I was kicked off of Suboxone®, I realized* [Neurontin®] *helped with withdrawal*."

In addition, corroborating data indicated that Neurontin® is available for illicit use in the Cleveland region. Millennium Health reported that 17.5% of the 10,786 specimens it tested for gabapentin from the Cleveland region during the past six months was positive for gabapentin. Reportedly, the availability of Neurontin® for illicit use has increased during the past six months for Columbus and Toledo regions. A law enforcement officer in the Columbus region reported, "*Street availability of gabapentin is skyrocketing … the gentleman I just screened in* [jail] *shared that … if he's struggling to get his heroin, he'll go get some 'gabbies' (gabapentin) to help him, and all that does is take the edge off*."

Respondents throughout regions indicated that Neurontin® 800 mg is most common and that it typically sells for $1-2. One participant remarked, "*They are cheap*." Overall, participants indicated that the street price of Neurontin® has remained the same during the past six months. Participants reported obtaining Neurontin® for illicit use from doctors, drug dealers and people with prescriptions for the drug. The most common route of administration for illicit use of Neurontin® remains oral consumption. Participants estimated that out of 10 illicit Neurontin® users, 9-10 would orally consume and 0-1 would snort the drug. Respondents continued to describe typical illicit Neurontin® users as opiate users who use the drug to alleviate opiate withdrawal symptoms.

Participants reported that Neurontin® is used in combination with other substances to either enhance one's high or to balance out the effects of stimulant drugs. Substances used in combination with Neurontin® mentioned included: alcohol, cocaine, heroin/fentanyl, marijuana and methamphetamine. Participants commented: "*It's kind of like an enhancer. If you do a shot of heroin, if you've got three or four gabapentin in you already, it like doubles the effect* [of the heroin]; *Take twenty of them and then chug a beer*; [Neurontin®] *is used with meth and cocaine to keep going (to party longer)*."

Synthetic Marijuana

Respondents in half of OSAM regions reported current availability of synthetic marijuana (synthetic cannabinoids) during the past six months. Participants in Akron-Canton, Cleveland and Columbus regions reported high availability of synthetic marijuana, while law enforcement in the Dayton region reported moderate availability. Akron-Canton participants described: "*You can get it anywhere; A lot of people make it; I was in the corrections facility. They got it in there; It's all over in the prisons*." Participants in the Cleveland region observed: "*It's flooded in Cleveland* [with synthetic marijuana]; *It was so easy to get* [synthetic marijuana in prison]. *It was everywhere. Everybody had it*."

Reportedly, the availability of synthetic marijuana has remained the same during the past six months for all regions reporting on synthetic marijuana availability. BCI crime labs reported that the incidence of synthetic cannabinoids cases they process during the past six months has decreased for Akron-Canton and Columbus regions, while remaining the same for Cleveland and Toledo regions; the labs reported processing very few cases of synthetic cannabinoids for all remaining regions during the past six months.

Participants in the Columbus region most often rated the current overall quality of synthetic marijuana as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality), while participants in the Cleveland region reported current quality as '7;' participants in the other two regions did not report on current quality. A Cleveland participant commented, "[Quality] *just depends on how strong the people who sent it, made it*." Reports of current prices for synthetic marijuana were consistent among participants with experience buying the drug. Reportedly, 1/8 ounce sells for $10-25. Participants reported that synthetic marijuana can be obtained from various retail outlets, such as beverage drive-thrus, smoke shops and head shops.

Participants discussed that the only route of administration for synthetic marijuana remains smoking. Respondents described typical synthetic marijuana users as young people aged 20s, incarcerated people and individuals subject to random drug screenings such as those on probation or parole. A treatment provider added, "*A typical user might be in a treatment program, trying to pee clean (pass a urine drug screen).*" Other than with alcohol, participants reported that synthetic marijuana is not typically used in combination with other substances.

Current Street Names of Other Drugs

Ketamine	special K
LSD	acid, cid, lucy
Neurontin® (Gabapentin)	dirty rontins, gabba, gabbies, gabby, gabs, pentin, pink gab, rontins, rots, rotties
PCP	wet, woo
Psilocybin Mushrooms	shrooms
Synthetic Marijuana	K2, posh, spice, toochie