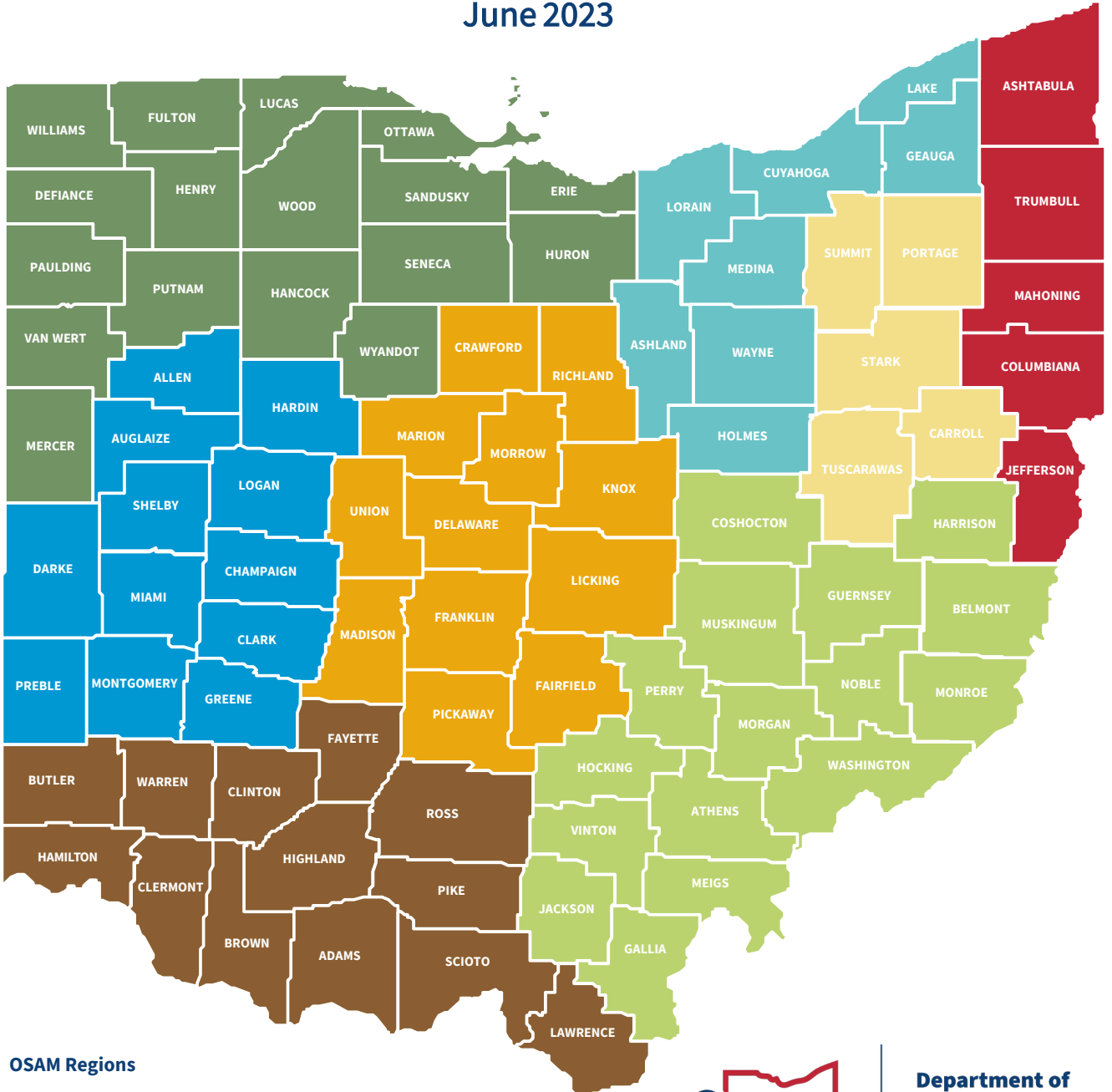




### Surveillance of Drug Use Trends in the State of Ohio June 2023



#### OSAM Regions

- Yellow square: Akron-Canton
- Light green square: Athens
- Brown square: Cincinnati
- Teal square: Cleveland
- Orange square: Columbus
- Blue square: Dayton
- Dark green square: Toledo
- Red square: Youngstown



**Department of  
Mental Health &  
Addiction Services**

**RecoveryOhio**

# ***Surveillance of Drug Use Trends in the State of Ohio January - June 2023***

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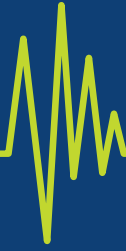
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### Surveillance of Drug Use Trends in the State of Ohio

#### Toledo Region

- ↑ Meth availability
- 12.8% & 11.6% of urinalysis positive for cocaine & fentanyl, respectively (highest among regions)
- BCI reports incidence ↑ in cocaine & heroin
- Consumers indicate cocaine cut with fentanyl & meth
- Consumers indicate MDMA cut with meth & meth cut with fentanyl
- Law enforcement note xylazine in toxicology reports

#### Cleveland Region

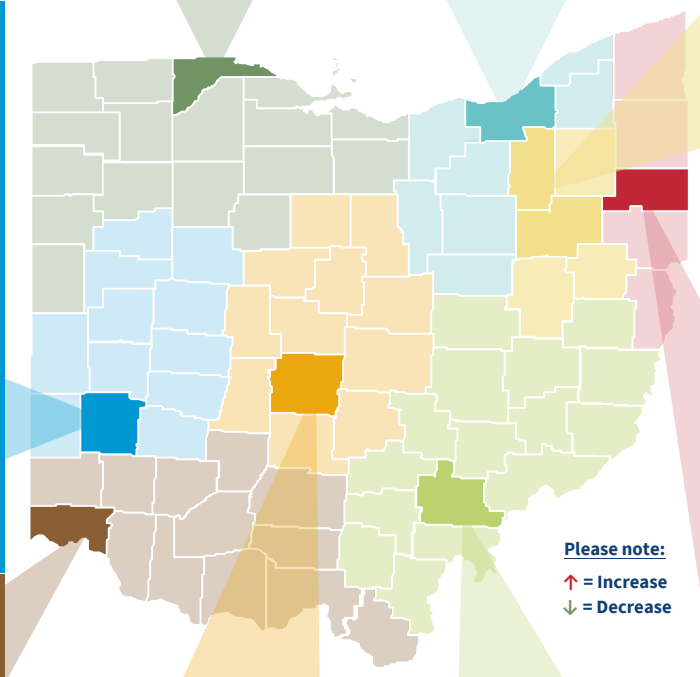
- ↓ Heroin availability
- ↑ Meth & illicit marijuana concentrates availability
- Law enforcement report fake R<sub>x</sub> stimulant pills pressed with meth
- ↑ Hallucinogen popularity due to “microdosing” trend
- Crime labs report incidence of nitazenes
- Crime labs report xylazine found in powdered heroin
- Cuyahoga Co. ME reports 9 deaths involving xylazine

#### Dayton Region

- ↓ Heroin availability
- ↑ Fentanyl & meth availability
- BCI reports incidence ↑ in fentanyl & meth
- 28.9% of urinalysis positive for gabapentin (highest among regions)
- BCI reports processing 38 PCP cases
- Crime labs report incidence of nitazenes
- Montgomery Co. Coroner reports 2 deaths involving xylazine

#### Akron-Canton Region

- BCI reports incidence ↑ in cocaine, heroin, fentanyl, & meth
- Consumers note high crack cocaine & synthetic marijuana availability
- Consumers indicate cocaine & meth cut with fentanyl
- Akron indicated as hub city for meth trafficking
- Law enforcement note xylazine in toxicology reports



**Please note:**  
 ↑ = Increase  
 ↓ = Decrease

#### Cincinnati Region

- ↑ Meth availability
- ↑ Meth use among African Americans
- ODPS seizes 4,600 lbs. of marijuana (36.2% of state total seized)
- Hamilton Co. Coroner reports 34 deaths involving xylazine
- Consumers warn of dangerous wounds from intravenous injection of xylazine
- Consumers discuss nitazenes (“zenes”) added to fentanyl

#### Columbus Region

- ↑ Illicit gabapentin & marijuana concentrates availability
- 28.3% of urinalysis positive for gabapentin
- Fentanyl common cut for cocaine & meth
- ODPS seizes 320 lbs. of cocaine (46.5% of state total)
- 24.8% of Tx clients report cocaine use (highest among regions)
- Columbus FD administers naloxone to 1,232 individuals

#### Athens Region

- Consumers indicate xylazine in fentanyl
- 11.4% & 10.6% of urinalysis positive for amphetamine & meth, respectively (highest among regions)
- Athens Co. Coroner reports 53.3% of all drug-related deaths involved meth
- BCI reports incidence ↑ in buprenorphine, cocaine, & marijuana

#### Youngstown Region

- BCI reports incidence ↑ in fentanyl & meth
- Consumers indicate cocaine & meth cut with fentanyl
- Law enforcement discuss gabapentin as “overly prescribed”
- High illicit buprenorphine use to alleviate “dope sickness”
- Consumers report high availability of synthetic marijuana



### Abstract

The aim of the Ohio Substance Abuse Monitoring (OSAM) Network is to conduct drug use surveillance throughout Ohio and report on new and emerging substance use patterns every six months. Data for this current Drug Trend Report were collected through a mixed research methodology from January through June 2023. A total of 411 respondents from throughout Ohio imparted first-hand knowledge, sharing their lived experiences to inform the evaluation of current drug trends. Key findings of this research show that fentanyl and methamphetamine remain highly available throughout OSAM regions. Universally, respondents noted continued high supply and demand for these drugs. Consumers desire fentanyl due to its low cost and high potency. Moreover, fentanyl is highly addictive, thus consumers of the drug quickly become dependent on it and require a regular supply. Fentanyl is highly profitable for drug dealers. It is added to other drugs to get more people addicted, expanding the customer base, and ensuring increased repeat business. Consumers in Cleveland, Columbus, and Youngstown regions reported fentanyl as a common adulterant for cocaine, while consumers in Akron-Canton, Cincinnati, Cleveland, Columbus, and Youngstown regions reported fentanyl as a common adulterant for methamphetamine. Throughout OSAM regions, respondents reported high prevalence of fentanyl-pressed pills that are often fashioned to resemble legitimate prescriptions pills. Reportedly, like fentanyl, drug dealers are pushing methamphetamine because the drug is highly profitable, and consumers are wanting methamphetamine for its low cost and long-lasting high. Respondents discussed the opioid epidemic as also underlying the current high availability of methamphetamine. Discussion themes were that people who use opioids are switching to methamphetamine to wean themselves off opioids, are using methamphetamine to alleviate opioid withdrawal symptoms and/or to reduce the risk of opioid overdose, and/or they are combining methamphetamine with opioid use to “speedball” (concurrent or consecutive stimulant and depressant highs), an increasingly popular drug trend. Respondents acknowledged fentanyl-adulterated methamphetamine. Law enforcement throughout OSAM regions reported that most of the methamphetamine they encounter is believed to have originated in Mexico and is not produced locally. Respondents in all OSAM regions noted methamphetamine as an adulterant for other drugs, such as MDMA (ecstasy and “Molly”). Thus, people who use other drugs sometimes inadvertently consume methamphetamine. Law enforcement in the Dayton region reported methamphetamine pressed into pill form resembling prescription medications. Although only discussed by consumers in the Cincinnati region, crime lab data sources indicated availability of nitazene compounds (a group of powerful, illicit synthetic opioids) throughout OSAM regions. Consumers noted that nitazene compounds are referred to as “zenes” and that these substances are typically substitutions for, or additions to, fentanyl. Ohio Bureau of Criminal Investigation (BCI) crime labs reported processing 116 cases of nitazene compounds from all OSAM regions, a decrease from 163 cases during the previous reporting period, and they noted that new nitazene compounds continue to be processed. Current availability of xylazine (aka “tranq,” a powerful sedative that the FDA has approved for veterinary use only) was discussed among some law enforcement in half of OSAM regions (Akron-Canton, Cincinnati, Cleveland, and Toledo), as well as some consumers in Cincinnati and Toledo regions, and a treatment provider in the Cleveland region. Xylazine is an adulterant for other drugs and not typically considered a drug of choice. Consumers warned of dangerous wounds resulting from intravenous injection of xylazine, while also noting that the drug is naloxone resistant. BCI crime labs and crime labs in the Cleveland region indicated xylazine as an adulterant found in powdered heroin. Ohio State Highway Patrol Crime Lab indicated xylazine as an adulterant found in powdered cocaine. In addition, coroner and medical examiner offices in Cincinnati, Cleveland, and Dayton regions reported 45 total drug-related deaths involving xylazine, an increase from 18 total deaths during the previous reporting period.

## Introduction

Ohio Substance Abuse Monitoring (OSAM) Network consists of eight regional epidemiologists assigned to the following eight regions of Ohio: Akron-Canton, Athens, Cincinnati, Cleveland, Columbus, Dayton, Toledo, and Youngstown. Regional epidemiologists conduct focus groups/interviews and administer surveys to persons actively involved in illicit substance use and/or receiving treatment services for substance use disorder (SUD), referred to in OSAM reporting as “consumers,” and community professionals, including treatment providers and members of law enforcement. Qualitative findings are supplemented with available quantitative data, such as coroners’ reports and crime laboratory data. Mass media sources, such as local newspapers, are also monitored for information related to illicit substance use. Once integrated, these valuable sources provide Ohio Department of Mental Health and Addiction Services (OhioMHAS) with real-time comprehensive epidemiological descriptions of substance use trends that policymakers need to plan appropriate prevention and intervention strategies. This report presents findings from the OSAM core scientific meeting held in Columbus, Ohio on June 23, 2023. It is based upon data collected from January through June 2023 via focus groups and interviews. OSAM researchers in the Bureau of Quality, Planning, and Research in the Office of Community Planning and Collaboration at OhioMHAS aggregated data from throughout OSAM regions to compile this summary report.

## Data Sources

OSAM respondents were 323 consumers, 43 treatment providers, and 45 members of law enforcement. In addition to the basic consumer demographic information presented in the table, consumers were also asked to report age, employment status, illicit drug use, mental health diagnosis, and utilization of treatment and support services. And, to understand what harm reduction services are offered and what harm reduction services are needed, consumers were asked questions related to crisis intervention, intravenous drug use, medication-assisted treatment (MAT), naloxone (opioid overdose reversal medication), and health communication. Please see appendices for detailed data pertaining to these additional variables.

Consumer Demographic Profile		
Indicator	Ohio <sup>1</sup>	OSAM Consumers <sup>2</sup>
<b>Total Population, 2022</b>	<b>11,756,058</b>	<b>323</b>
<b>Sex (female), 2022</b>	<b>50.6%</b>	<b>48.0%</b>
<b>White, 2022</b>	<b>77.1%</b>	<b>80.2%</b>
<b>African American, 2022</b>	<b>12.0%</b>	<b>17.0%</b>
<b>Hispanic or Latino Origin, 2022</b>	<b>4.4%</b>	<b>5.0%</b>
<b>High School Graduation Rate, 2017-2021</b>	<b>91.1%</b>	<b>80.1%</b>
<b>Median Household Income, 2017-2021</b>	<b>\$61,938</b>	<b>\$14,000-17,999<sup>3</sup></b>
<b>Persons Below Poverty Level, 2017-2021</b>	<b>13.4%</b>	<b>58.1%</b>

<sup>1</sup>Ohio statistics were derived from the most recent US Census. <sup>2</sup>Consumers from this reporting period: January through June 2023. Due to missing or excluded invalid responses, some percentages may not be based on the total number of consumers. <sup>3</sup>Consumers reported income by selecting a category that best represented their household’s approximate income for the previous year.

Participating respondents were recruited from the following 30 counties, arranged by OSAM region: Akron-Canton (Portage, Stark, and Summit); Athens (Athens, Gallia, Hocking, Muskingum, and Washington); Cincinnati (Adams, Brown, Butler, Hamilton, and Highland); Cleveland (Ashland, Cuyahoga, and Lorain); Columbus (Franklin, Marion, Pickaway, and Richland); Dayton (Allen, Clark, and Montgomery); Toledo (Fulton, Henry,



Data triangulation was achieved through comparison of respondent data to data surveyed from the following sources:

- Columbus Fire Department (Columbus region)
- Coroner and medical examiner offices
  - Athens County Coroner’s Office (Athens region)
  - Cuyahoga County Medical Examiner’s Office (Cleveland region)
  - Hamilton County Coroner’s Office (Cincinnati region)
  - Montgomery County Coroner’s Office (Dayton region)
  - Scioto County Coroner’s Office (Cincinnati region)
- Family and juvenile courts, municipal courts, common pleas courts, and drug courts
  - Fairfield County Municipal and Common Pleas Court (Columbus region)
  - Hancock County Probate Court (Toledo region)
  - Summit County Juvenile Court (Akron-Canton region)
- Millennium Health Drug Testing Laboratory (all OSAM regions)
- Ohio Department of Public Safety (all OSAM regions)
- Ohio Bureau of Criminal Investigation (all OSAM regions)
- Police and county crime labs
  - Cuyahoga County Regional Forensic Science Lab (Cleveland region)
  - Lake County Crime Lab (Cleveland region)
  - Miami Valley Regional Crime Lab (Dayton region)
- GPRA, self-reported behavioral health data collected from persons entering publicly-funded SUD treatment programs (all OSAM regions). Government Performance and Results Act (GPRA) was passed by the U.S. Congress in 1993, requiring agencies to engage in performance management tasks, such as setting goals, measuring results, etc. ([www.congress.gov/bill/103rd-congress/senate-bill/20](http://www.congress.gov/bill/103rd-congress/senate-bill/20)).

Lucas, and Wood); and Youngstown (Columbiana, Jefferson, and Mahoning).

In addition to the above data sources, Ohio media outlets in each OSAM region were queried for information regarding illicit substance use from July through December 2022. All secondary data are summary data of cases processed from July through December 2022. Note, OSAM respondents were asked to report on knowledge of drug use pertaining to the past six months prior to the focus group/interview; thus, current secondary data correspond to the reporting period of respondents.

## Cocaine

Cocaine, both crack and powdered forms, is moderately or highly available throughout OSAM regions. However, the consensus was that crack cocaine is more prevalent and easier to obtain than powdered cocaine. Reportedly, drug dealers buy bulk amounts of powdered cocaine, limiting street availability of the drug, to manufacture crack cocaine. Dealers prefer to sell crack cocaine because it is more lucrative as the drug can be heavily adulterated to increase volume and sales. Moreover, many people who use powdered cocaine do so recreationally and on occasion, while people who use crack cocaine do so habitually, ensuring frequent repeat sales.

Consumers observed: “[Powdered cocaine is] a party drug ... it’s really big (popular) on college campuses; I can get ‘hard’ (crack cocaine) before I can get some ‘soft’ (powdered cocaine); Most [drug



**Reported Change in Availability  
during the Past 6 Months**

Region	Crack Cocaine		Powdered Cocaine		BCI Cocaine Case Incidence Change <sup>1</sup>
	Current Availability	Availability Change	Current Availability	Availability Change	
Akron-Canton	High	No Change	Moderate to High	No Change	Increase
Athens	Moderate	No Change	Moderate	No Change	Increase
Cincinnati	No Consensus	No Change	No Consensus	No Change	Decrease
Cleveland	Moderate to High	No Consensus	Moderate	No Consensus	Increase
Columbus	High	No Change	Moderate to High	No Change	Increase
Dayton	High	No Change	Moderate to High	No Consensus	No Change
Toledo	No Consensus	No Change	Moderate	No Change	Increase
Youngstown	High	No Change	High	No Change	Decrease

<sup>1</sup>BCI labs do not differentiate between crack and powdered cocaine.

dealers] are cooking it up and making ‘crack’ (manufacturing powdered cocaine into crack cocaine), doubling their money; Most guys don’t want to sell [powdered cocaine], they’d rather ‘rock it up’ (make crack cocaine) ... and make more money; Everybody I know smokes crack just about; People like crack. It’s really addicting.” Law enforcement concurred, with an officer stating, “You still see [cocaine] ... but you see it rocked up ... crack cocaine [is more available] than powdered cocaine.”

Powdered cocaine is available but acquiring it requires a connection to the drug and a phone call. It is not a drug that is available for street purchase. A member of law enforcement in the Cleveland region reported, “[Powdered cocaine] is still prevalent and still loved recreationally, more so than anything, by a lot of people out there. I have been buying [undercover] recently, one of my cases I have been working has been an ounce to two-ounce buys of powdered cocaine.... I think it’s one, maybe two, phone calls away.” Consumers said: “Crack is more lucrative (prevalent), but ‘coke’ (powdered cocaine) is still easy to find; Pretty much

any cocaine dealer you can order ‘hard’ or ‘soft’ ... you’ll be able to get [powdered cocaine]; I never had a problem getting [powdered cocaine]. Make one phone call [to a known dealer] and they’d be where I’m at within 5, 10 minutes.” A treatment provider in the Columbus region added, “[Powdered cocaine is] available.... If you want it, you can get it.”

Respondents in half of OSAM regions (Akron-Canton, Columbus, Dayton, and Youngstown) reported high current availability of crack cocaine. Unlike powdered cocaine, one can purchase crack cocaine on the street in certain inner-city neighborhoods. Consumers discussed: “[You don’t need a connection], you can just go downtown [Cincinnati] ... certain parts of downtown you can go and ask [for crack cocaine]; You can get [crack cocaine] anywhere, on any block that I know of, especially on the West Side [of Cleveland]; You can walk down the street and ask someone for [crack cocaine] and they will probably have it or know someone that does; Everywhere you go, they’re selling it; If you walk out the door, [you’ll find crack cocaine]; You can pull up at a stop light and somebody will nod ... and you know what that means (they have crack cocaine).”

The appeal of cocaine for some is the perception that it is a safer alternative to the overdose and death potential of using heroin/fentanyl. In addition, consumers noted opioid withdrawal as another reason to use cocaine. One consumer explained, *“People are using powder cocaine. There’s not nearly as many side effects (withdrawal symptoms) as say fentanyl or heroin....”* However, another consumer stated, *“Some buyers are getting [what they think is] cocaine and it has fentanyl.”*

Respondents throughout OSAM regions acknowledged the presence of fentanyl-cut cocaine. Law enforcement in the Columbus region discussed: *“[Powdered cocaine is] available more now than it has been in the last couple of years ... it’s making a comeback. I think that, with all the fentanyl overdoses and all the people dying, people are going back to snorting [powdered] cocaine and smoking crack ... because of their fear of what they’re buying because these dealers are cutting [cocaine] with fentanyl because fentanyl is so cheap; I believe ... [consumers] feel safer with [cocaine]; When we send the drug labs off, most of the white powder that patrol is finding has traces of a little bit of everything in it, but the common drug would be fentanyl ... fentanyl mixed with cocaine a lot of times.... It would surprise me if I got a drug lab back saying it was 100% cocaine....”* Other comments included: *“Most of the dealers [that law enforcement arrest] have cocaine, you can make a lot of money dealing it. But fentanyl is in it often now so they can stretch (increase the volume of) the product and get more people hooked (addicted); Lately ... the overdoses we have are from people doing coke ... it’s cut with fentanyl; The cartel is bringing a lot of cocaine up here (Youngstown region) lately. It’s easy to cut with fentanyl and get people addicted quick; [Consumers] are often saying, ‘They’re putting fentanyl in my coke,’ or it could be even crack. I’m hearing both; Some people are afraid of [cocaine] because of fentanyl.”*

In Cincinnati and Toledo regions, there was no consensus as to current availability of crack

and/or powdered cocaine. In these regions, respondents reported low availability in rural areas and moderate or high availability in urban areas. Comments included: *“I don’t hear of [crack/powdered cocaine in Highland County], you need to travel for it ... have to go to a city; You can get some crack if you want some crack ... you got to drive though ... get a little closer to [Cincinnati]. I don’t think people out here (in Brown County) are getting down like that (crack cocaine is not the stimulant of choice); I’m sure there’s some people around here [that use cocaine].... They’re going to the city to get everything else ... some people getting crack there, too; I don’t really hear about crack. I hear more about crack from people coming from the Toledo area; If you’re willing to drive to Toledo, [you can find crack cocaine].”*

Throughout OSAM regions, respondents most often reported that the availability of crack and powdered cocaine has remained the same during the past six months. However, there was no consensus among respondents in Cleveland and Dayton regions as to a change in availability of crack and/or powdered cocaine. While many respondents in these regions reported unchanged availability, others perceived a decrease in availability, primarily due to increases in methamphetamine popularity and use.

Comments indicating decreased availability included: *“I don’t think cocaine is so popular anymore. I think it’s more ‘meth’ (methamphetamine).... I have more people in here for residential [treatment] for fentanyl and meth [use] than I do for cocaine; Meth is preferred [over cocaine], the high lasts longer, it’s stronger (more potent) than crack.... Meth, you hit it and you are good for hours; I would figure that [cocaine] would have gone down a little [in availability] because meth is on the rise. Less people are buying crack and [powdered] cocaine; [Cocaine] has been replaced by methamphetamine. [Powdered cocaine is] more expensive than methamphetamine, too; Most of the clients that I deal with that have traditionally smoked crack have moved to meth; People prefer meth; People*

*aren't asking for [cocaine]. You can get other drugs [such as methamphetamine] for cheap and get a better high."*

Ohio Bureau of Criminal Investigation (BCI) crime labs reported that the incidence of cocaine cases they process has increased for Akron-Canton, Athens, Cleveland, Columbus, and Toledo regions; decreased for Cincinnati and Youngstown regions; and remained the same for the Dayton region. In addition to BCI reporting, other crime labs in Cleveland and Dayton regions submitted cocaine incidence data. Lake County Crime Lab (Cleveland region) reported that the incidence of cocaine cases it processes has increased during the reporting period. Cuyahoga County Regional Forensic Science Lab (also Cleveland region) does differentiate between crack and powdered cocaine. This lab reported that the incidence of crack cocaine cases it processes has remained the same during the reporting period, while its incidence of powdered cocaine has increased. Miami Valley Regional Crime Lab (Dayton region) reported that the incidence of cocaine cases it processes has decreased.

Other data sources indicated cocaine as available throughout OSAM regions. Ohio Department of Public Safety reported drug task force seizure of 313.5 kilograms (689.8 lbs.) of powdered cocaine from throughout OSAM regions, of which, 46.5% was seized from the Columbus region, and seizure of 3.0 kilograms (6.5 lbs.) of crack cocaine from throughout OSAM regions, of which, 24.4% was seized from the Columbus region. Fairfield County Municipal Court (Columbus region) reported that, of the 3,382 positive adult drug specimens it recorded during the past six months, 1.7% was positive for cocaine. Millennium Health reported that 6.3% of the 129,210 urinalysis specimens submitted for cocaine testing was positive for cocaine.

Coroner and medical examiner offices in the counties of Athens (Athens region), Cuyahoga (Cleveland region), Hamilton (Cincinnati region), Montgomery (Dayton region), and Scioto (Cincinnati region) reported that 13.3%, 51.1%,

### Millennium Health Urinalysis Test Results for Cocaine<sup>1</sup> during the Past 6 Months

Region	% Tested Positive	Number Tested
Akron-Canton	3.2%	8,990
Athens	2.2%	13,954
Cincinnati	5.4%	18,743
Cleveland	4.8%	22,932
Columbus	7.6%	27,067
Dayton	6.8%	4,284
Toledo	12.8%	22,544
Youngstown	1.6%	10,696
<b>Total</b>	<b>6.3%</b>	<b>129,210</b>

<sup>1</sup>Urinalysis does not differentiate between crack and powdered cocaine.

47.3%, 26.9%, and 7.7%, respectively, of all drug-related deaths they recorded this reporting period (15, 319, 182, 461, and 39 deaths) involved cocaine. GPRA (Government Performance and Results Act) data collected from 4,236 persons entering publicly funded SUD treatment programs during the past six months found 15.2% reported cocaine use 30 days prior to intake.

### GPRA Intake: Cocaine Use<sup>1</sup> during the Past 30 Days

Region	% Yes	Total N
Akron-Canton	11.6%	181
Athens	2.8%	212
Cincinnati	14.8%	765
Cleveland	14.4%	970
Columbus	24.8%	1,038
Dayton	5.6%	214
Toledo	16.9%	520
Youngstown	2.4%	336
<b>Total</b>	<b>15.2%</b>	<b>4,236</b>

<sup>1</sup>GPRA does not differentiate between crack and powdered

Media outlets reported on law enforcement seizures and arrests related to cocaine this reporting period (selected media reports follow). Circleville Police officers (Pickaway County, Columbus region) arrested three people while executing a search warrant after finding bulk amounts of fentanyl, methamphetamine, crack cocaine, loaded syringes, and firearms; officers arrested the three individuals on multiple drug possession, trafficking, and weapons charges ([www.sciotopost.com](http://www.sciotopost.com), Dec. 13, 2022). Cuyahoga County Medical Examiner's office (Cleveland region) reported 26 deaths involving cocaine in August 2022, of which 17 involved cocaine mixed with fentanyl, heroin, or both ([www.cleveland.com](http://www.cleveland.com), Nov. 7, 2022). Nelsonville Police officers (Athens County, Athens region), acting on reports of a man transporting illegal narcotics from Columbus to Nelsonville, arrested the man at his residence for possessing a half pound of methamphetamine, an ounce of fentanyl, and a half ounce of crack cocaine ([www.nbc4i.com](http://www.nbc4i.com), Sept. 15, 2022). The U.S. Attorney's Office for the Northern District of Ohio indicted 13 residents of Lorain County (Cleveland region) on conspiracy to possess with the intent to distribute fentanyl, powdered cocaine, and crack cocaine; the 13 were alleged to have been part of a drug-trafficking ring that received large shipments of cocaine from February 2019 to August 2022 that they sold throughout Northeast Ohio ([www.cleveland.com](http://www.cleveland.com), Aug. 31, 2022). Franklin County SWAT agents (Columbus region) executed a search warrant at a Columbus home and seized more than a half kilogram of suspected cocaine and a half kilogram of suspected fentanyl worth \$150,000, along with \$40,000 and several firearms; officers arrested a man at the residence on a felony charge of possession of cocaine with other charges expected ([www.nbc4i.com](http://www.nbc4i.com), July 27, 2022). Butler County Sheriff's officers (Cincinnati region) executed a search warrant at a Hamilton home and seized 70 grams of fentanyl, one kilogram of cocaine, a half ounce of crack cocaine, one pound of marijuana, \$40,000, and multiple firearms; officers arrested the male occupant of the home for possession of drugs and weapons under disability ([www.local12.com](http://www.local12.com), July 22, 2022).

## Adulterants

Throughout OSAM regions, the overall quality of cocaine is variable. On a scale of '0' (poor quality, "garbage") to '10' (high quality), the regional modal quality scores for crack cocaine ranged from '5' for the Cincinnati region to '10' for the Dayton region, and the regional modal quality scores for powdered cocaine ranged from '2' for the Toledo region to '8' for Cleveland and Columbus regions. Reportedly, crack and powdered cocaine quality fluctuates depending on drug dealer, mainly one's relationship to drug dealer, the amount of money one has, and the location of purchase, with higher quality often found in cities.

Consumers shared: "[Crack cocaine quality] depends on who you go to.... You can go [to two different dealers] on the same block and get 'trash' (poor quality) and get really good 'dope' (crack cocaine); If you want [high] quality [crack cocaine] you got to know someone, for sure. The [crack cocaine] quality that's just readily available, I'd say is mediocre ... if you want some 'butter' (high quality crack cocaine), you got to definitely know somebody; If you are not in the circle, [you are not getting good quality cocaine] ... I know the [right dealers]; It's hard to even put a number on (rate the quality of cocaine) because it depends on the dealer, how much money you have; It just constantly fluctuates; My guy (dealer) always has good stuff; If you head up to Columbus [from the Athens region], or any ... big town, you can go to any street corner, and bam! You can get your crack cocaine, anything, [high] quality."

Overall, consumers noted that the quality of crack cocaine has remained the same during the past six months, while the quality of powdered cocaine has remained the same or decreased. Consumers in Akron-Canton, Cincinnati, Cleveland, and Dayton regions most often reported decreased quality of powdered cocaine. These consumers attributed decreased quality to dealer greed, adulterating cocaine to increase profits. They said: "It's all 'stepped on' (adulterated); Everybody's trying to make more money; Definitely



*decreased [quality] because they are adding more 'cut' (adulterant); They are stretching it out; [Powdered cocaine quality] decreased ... because of the cuts. You don't really get cocaine. It's just cut; [Powdered cocaine quality has] decreased because everyone is cutting with all types of stuff. It's just not the same anymore; You just don't know what you're getting."*

Consumers discussed adulterants that affect the quality of cocaine and reported the top cutting agents for crack cocaine as baking soda and fentanyl, and for powdered cocaine, baby laxatives, baking soda, and fentanyl. Consumers shared that any powdery substance that is white could be used as an adulterant. Comments included: *"Common cuts are ... anything white. [Powdered cocaine adulterants are] pretty much [anything] that makes it look and feel like ... powdered cocaine when you snort it.... I used to be a dental assistant ... and I used to take the stuff we used to numb [patient's mouths], like Novocain ... and I would steal it from my dental office, and I would cut it into my coke and I'd sell it; I know someone who cut [crack cocaine] with flour; Baking soda because they are trying to stretch it; At headshops they sell things called 'Seven Star' and mannitol (retail cutting agents); 'X' (ecstasy), Tylenol®, 'percs' (Percocet®). Anything to keep them coming back; I have seen people cut [powdered cocaine] with Viagra® ... any white powdered substance."*

Consumers throughout OSAM regions discussed fentanyl as a cut for crack and powdered cocaine, and consumers in half of the regions (Cincinnati, Columbus, Toledo, and Youngstown) reported crack and powdered cocaine cut with methamphetamine. One consumer remarked, *"I can almost guarantee there's 'fetty' (fentanyl) in 'powder' (powdered cocaine)."*

OSAM secondary data sources indicated fentanyl as an adulterant for cocaine. Coroner and medical examiner offices in the counties of Athens (Athens region), Cuyahoga (Cleveland region), Hamilton (Cincinnati region), Montgomery (Dayton region), and Scioto (Cincinnati region) reported that

100.0%, 77.3%, 87.2%, 87.1%, and 100.0%, respectively, of all cocaine-related deaths they recorded this reporting period (2, 163, 86, 124, and 3 deaths) also involved fentanyl.

Other adulterants for cocaine mentioned included: acetaminophen, acetone, ammonia, artificial sweeteners, aspirin, baby aspirin, baby formula, baby powder, baking powder, benzene, caffeine pills, cat litter, coffee creamer, creatine, drywall, ether, flour, food coloring, gabapentin, headache powders, headshop cutting agents, heroin, inositol (dietary supplement), laxatives, local anesthetics (benzocaine, lidocaine, Novocain, and procaine), mannitol (diuretic), MDMA (methylenedioxymeth-amphetamine, ecstasy/"Molly"), MSM (methylsulfonyl-methane, a joint supplement), oral numbing agents, powdered sugar, prescription opioids, prescription stimulants, rat poison, seltzer water, soda pop, teething powder, THC wax, and vitamins (B, B-12). Crime labs throughout OSAM regions indicated many cutting agents found in cocaine.

**Cutting Agents**  
**Reported by Crime Labs for Cocaine<sup>1</sup>**

**atropine (prescription heart medication), caffeine, fentanyl, lactose, levamisole (livestock dewormer), local anesthetics (benzocaine, lidocaine, and procaine), mannitol (diuretic), methamphetamine, phenacetin (banned analgesic), tramadol, xylazine (animal sedative)**

<sup>1</sup>Crime labs do not differentiate between crack and powdered cocaine.

### Street Names

Current street jargon includes many names for crack and powdered cocaine. Throughout OSAM regions, consumers continued to explain that common street names most often reference the form/appearance of cocaine: crack cocaine as a solid/hard form of powdered cocaine. Thus, crack cocaine is often referred to as "hard" and "rock," while powdered cocaine is often referred to as

“powder” and “soft.” Consumers discussed that other common street names for crack cocaine are derivations of the most common names (“hardball,” “hardware,” and “stones”). Consumers also continued to note that some street names denote high-quality crack cocaine (“butter,” “cream,” and “straight drop”). One consumer stated, “[Crack cocaine is called] ‘cream’ or ‘butter’ ... because of the color and it melts [indicating high quality].”

Other common street names for powdered cocaine denote the usual white color of the substance (“ski slopes,” “snowball,” and “Snow White”). Although, throughout OSAM regions, the term most often noted for powdered cocaine remains “girl.” Consumers also continued to note “white girl” as another common name and discussed female names, particularly those of female celebrities, as popular in reference to powdered cocaine (“Becky,” “Brittany,” “Christina Aguilera,” and “Whitney Houston”). A consumer commented, “‘Becky,’ white girl names ... I have heard [powdered cocaine] called all kinds of white girl names.”

for \$10. The most common quantity of purchase for powdered cocaine is a gram for \$80-100, although consumers noted that a gram can sell as low as \$50 in Cleveland and Columbus regions and as high as \$120 in the Toledo region. Reportedly, 1/8 ounce (aka “eight ball”) of powdered cocaine most often sells for \$120-200 and can sell for \$350 for higher quality.

There was consensus among consumers that powdered cocaine is the expensive form of the drug. Several respondents referred to powdered cocaine as the “rich man’s drug.” Comments included: *“Powdered cocaine is expensive; [Powdered cocaine is] a rich man’s drug; You’re paying a lot and [powdered cocaine] is not very good unless you have a good connection.”* However, one consumer said of crack cocaine, *“Crack is cheaper, but you go through more of it.”* Consumers continued to indicate that crack cocaine is often purchased in dollar amounts and not weighted quantities. A consumer said, *“[The most common amount of crack cocaine I sold] was \$10, \$20, sometimes even \$3. Just what they had ... because once they’re doing it, they’re just chasing it. As soon as they get more money, they’re coming back [to buy more crack cocaine].”* In addition, consumers in the Columbus region mentioned getting free samples of crack cocaine, with one consumer sharing, *“People walking down the street ... have ‘testers’ (free samples of crack cocaine)... They’ll give you something to try [for free].”*

Consumers throughout OSAM regions discussed the pricing of both forms of cocaine as variable, dependent on dealer, quality desired, and amount of purchase. Reportedly, the more one buys, often the better the price. Consumers said: *“If you go straight to the ‘plug’ (main drug dealer), you can get whatever you want ... the more you spend, the more you get. I can get a half [ounce of crack cocaine] for \$400; If I was buying [powdered cocaine] in more quantity (bulk), I feel like I could get a \$100 ‘ball’ (1/8 ounce, aka ‘eight*

Current Street Names		
	Crack Cocaine	Powdered Cocaine
Most Common	crack, hard, rock, work	coke, girl/white girl, powder, snow, soft
Other	butter, crackle, dope, hardball, hardware, ready rock, stones, straight drop	Becky, blow, booger sugar, Brittany, Christina Aguilera, fast, fish scales, fluff, nose candy, rich man’s drug, ski slopes, snowball, Snow White, white, Whitney Houston, yay, yayo

**Pricing**

Throughout OSAM regions, consumers identified the most common quantities of purchase for crack cocaine as a gram for \$50-60 and 1/10 gram

ball’); *The price depends on the dealer, and how long you been going to them.*” Consumers most often reported that the price of crack and powdered cocaine has remained the same during the past six months.

### Route of Administration

The most common routes of administration (ROAs) remain smoking for crack cocaine and snorting for powdered cocaine. Throughout OSAM regions, consumers estimated that out of 10 people that use crack cocaine, 8-10 would smoke and 0-2 would “shoot” (intravenously inject); and out of 10 people that use powdered cocaine, 8-10 would snort, 0-2 would shoot, and 0-2 would “freebase” (a method of using cocaine that involves heating the powder to create pure, highly concentrated crystals that are then put into a glass pipe with a small piece of copper and heated until it boils into a vapor, which is then inhaled).

Consumers reported: *“People smoke [crack cocaine], they like to hear the crackle; I’ve seen people shoot [crack cocaine], but mostly smoke it; Everyone smokes crack, but there’s always one [person who intravenously injects crack cocaine] in a group, and once you shoot, you don’t go back [to smoking]; You smoke crack. If you snorted it, might as well do coke (powdered cocaine); All snort [powdered cocaine]; Snorting’s the best way to do [powdered cocaine], unless you graduated to shooting; If you like to shoot [any drug], you shoot everything; Snorting [powdered cocaine] or putting it in a ‘primo’ (powdered cocaine in a marijuana cigarette) and smoking it.”*

Consumers also indicated that ROA could vary depending on demographics and the other people with whom one uses. A consumer exclaimed, *“These are really tricky questions (describing typical use characteristics) because [ROA] really does depend on where you are and who you’re with.”* Other comments included: *“Different [ROAs] depending on the different groups out there but mostly people are snorting [powdered cocaine]; I’d say depending on where you’re at, 60/40 split. 60% smoking, 40% shooting [crack cocaine]. It depends.*

*Black people tend to smoke it, white people tend to shoot it. That’s my experience. It’s facts! The needle has a stigma in the black community.”*

In the Cleveland region, consumers reported an increase in people breaking down crack cocaine and injecting it. A consumer explained, *“These days some people do shoot [crack cocaine]. If you ever see people with Kool-Aid packets or vinegar, it’s because they are breaking the crack down to shoot it. A lot more people are shooting it and they use Kool-Aid or vinegar to break it down.”* Also, related to crack cocaine, consumers in the Columbus region noted the sale of smoking paraphernalia for crack cocaine at some gas stations and convenience stores. They observed: *“There’s [a store] here in [Marion County] that sells what’s called a ‘party pack.’ It’s a glass pipe and a [steel wool scouring pad that is used as a screen].... All you have to do is ask for a ‘party pack’ [or a] ‘grab bag;’ You can get [smoking paraphernalia] anywhere nowadays. I see that a lot.”*

### Typical Use Profile

Throughout OSAM regions, consumers and community professionals continued to most often report that there is no profile for typical crack cocaine use. Comments included: *“You know, I wish I could say that there is [a typical use profile], but [crack cocaine] is so easily available that it’s everyone; [Crack cocaine] doesn’t discriminate.... If I’m a drug dealer and I’m selling drugs to make money ... I’m targeting people that have money ... people with jobs; There is no certain type ... from business suits to police uniforms; The person you’d least expect is the one [using crack cocaine]; Top corporate people; They sell [crack cocaine] at gas stations [to anybody]; Fourteen [years of age] and up ... all ages [use crack cocaine]; I could never explain to you all the people that smoke crack: doctors, lawyers, strip club owners, bar owners, to a guy that is collecting cans on the street; I held a job for 14 years smoking [crack cocaine].”*

Common descriptors of crack cocaine use mentioned included: African American, low socio-



economic status, older people (aged 40+ years), and sex work. Consumers discussed: “[People who use crack cocaine] are predominately African-American, males and females; I feel like this is a stereotype, but I see a lot of black males from Toledo who are from a lower socio-economic status [using crack cocaine]. That’s typically what I see; In the inner city, [crack cocaine] is pretty common, especially among the African-American population; It’s a cheap drug so lower income communities are flooded with it; Older people, between 40 and 60 [years of age, typically use crack cocaine]; A lot of the people that I hung out with in the streets when I was smoking [crack cocaine] were [sex workers], because they got nonstop money. They’re in and out of cars all night. They’re in and out of [motel] rooms all night.... Sex workers, absolutely. It’s nonstop money for the dope boys (drug dealers); [As a law enforcement officer], [sex workers are] the demographic that I run into with [crack cocaine].”

Throughout OSAM regions, consumers and community professionals described typical powdered cocaine use as most often associated with alcohol use, bars/nightclubs, businesspeople/professionals, college students, middle to high socio-economic status, and people who work late/long hours that need to stay alert. Respondents described: “[Powdered cocaine] is a bar drug.... You can find it at the bar; Someone who has some disposable income. People who like to party on the weekends ... weekend drinkers [use powdered cocaine]; Attorneys and judges, people who have more income; Your party crowd ... younger, college and college grads ... have some money or have mommy and daddy's money; College kids ... they usually combine [powdered cocaine] with alcohol; People who need to stay up and work long hours; Strippers.”

Analysis of GPRA demographic data of all intake clients that indicated cocaine use during the past 30 days found that, of those who endorsed crack and/or powdered cocaine use, 52.9% was male, approximately half was under the age of 40 years, and 71.5% indicated white as their race.

<b>Male</b>	<b>52.9%</b>
<b>Female</b>	<b>46.4%</b>
<b>18 - 29</b>	<b>16.6%</b>
<b>30 - 39</b>	<b>35.3%</b>
<b>40 - 49</b>	<b>22.3%</b>
<b>50 - 59</b>	<b>19.2%</b>
<b>60 +</b>	<b>6.5%</b>
<b>White</b>	<b>71.5%</b>
<b>African American</b>	<b>30.5%</b>
<b>Other race<sup>3</sup></b>	<b>1.9%</b>
<b>Hispanic/Latino ethnicity</b>	<b>4.2%</b>

<sup>1</sup>GPRA does not differentiate between crack and powdered cocaine. <sup>2</sup>Gender total does not equal 100.0% due to five individuals reporting as non-binary or transgender. Total percentage for race (N = 622) is greater than 100.0% due to some individuals indicating more than one race. Ethnicity (N = 641) excludes missing data. <sup>3</sup>American Indian, Asian, and/or Native Hawaiian.

### Use Combinations

Many other substances are used in combination with cocaine. Consumers continued to report that crack and powdered cocaine are most often used in combination with alcohol, heroin/fentanyl, and marijuana. These drugs are used with both forms of cocaine for the same reasons, primarily to balance out the stimulant high, to regulate a depressant high, to come down after cocaine use, and/or to “speedball” (concurrent or consecutive stimulant and depressant highs).

Typically, powdered cocaine is paired with alcohol to enable the drinking of large amounts of alcohol over extended periods, and alcohol is combined with crack cocaine to temper the intense stimulant effect. Consumers shared: “[Powdered cocaine is used with] alcohol ... just to stay up longer drinking. You find it in a lot of bars; [Powdered cocaine used with alcohol] keeps them up partying all night; [Powdered cocaine] goes

*hand and hand [with alcohol] ... high evens itself out (drink and not get drunk); Alcohol and coke are a great combo ... you can drink forever; Alcohol [with crack cocaine] levels you out. It helps bring you down; I couldn't smoke crack unless I had my alcohol ... to bring me down ... just smoking crack [by itself], I can't do it like that; Alcohol [with crack cocaine] to keep you at 'that level.'"*

Like alcohol, marijuana, as well as other depressant drugs such as prescription opioids and benzodiazepines, are combined with cocaine use to enhance one's high and/or to come down after cocaine use. Consumers explained: *"[Cocaine with marijuana produces] a nice buzz; Puts you in a good head space; Keeps you aware. It takes you to another level, high as hell, but you are aware of everything going on; 'Weed' (marijuana) [is used in combination with cocaine] for if you are too 'up;'* *Marijuana [combined with cocaine] ... mellows you out; 'Benzos' (benzodiazepines) [are used with cocaine] for the effect of upper and downer. It keeps it even; Xanax® ... for the come down."*

Cocaine is combined with heroin/fentanyl to speedball and to prevent opioid overdose. Consumers commented: *"With fentanyl because [cocaine] is an upper and it brings you up when you are 'nodding' (passing out/overdosing); I used to use heroin and crack together. Heroin to come down when I was too high on crack, and vice versa. Crack to come up when I was too low [on heroin]; Heroin and fentanyl [with cocaine] ... to speedball; Upper and downer, a great state; Different euphorias...."*

Lastly, methamphetamine and prescription stimulants are also used with cocaine to intensify the stimulant high. Consumers said: *"You can mix [cocaine] with meth as well ... the high intensifies; If you're way high on crack, you use meth to kind of take the edge off. Because when you're coming down off of crack, it's a hard withdrawal."*

Substances Used in Combination with Cocaine	
Most Common	alcohol, heroin/fentanyl, marijuana
Other	methamphetamine, prescription opioids, prescription stimulants, sedative-hypnotics

### Methamphetamine

Methamphetamine remains highly available throughout OSAM regions. Respondents continued to attribute high availability to supply and demand. Reportedly, drug dealers are pushing methamphetamine because the drug is highly profitable, and consumers are wanting methamphetamine for its low cost and long-lasting high. Consumers noted: *"[Methamphetamine is] highly addictive and gives you a longer high than most drugs; [Methamphetamine] is cheap and stronger than most other drugs; There is a high profit margin [to selling methamphetamine], so there are a lot more people selling it; People are pushing it everywhere; People used to look down on 'meth' (people who use methamphetamine) and now everyone does it. It's so common. They sell torches and pipes (smoking paraphernalia for methamphetamine) at gas stations; There's just pounds of [methamphetamine] everywhere. Everybody's got bulk amounts of it. I've never seen a hard drug where it's that available and that cheap...."*

Community professionals concurred with consumer observations, saying: *"Methamphetamine is everybody's favorite. It's cheap ... really cheap. And you can get it out of your system quickly. So, let's say they see their probation officer on Thursday, they can spend the weekend using [methamphetamine] and start clearing out (ridding methamphetamine from their system in preparation for a drug screen) on*

**Reported Change in Availability of Methamphetamine during the Past 6 Months**

Region	Current Availability	Availability Change	BCI Methamphetamine Case Incidence Change
Akron-Canton	High	No Change	Increase
Athens	High	No Change	Decrease
Cincinnati	High	Increase	Decrease
Cleveland	High	Increase	Increase
Columbus	High	No Change	Increase
Dayton	High	Increase	Increase
Toledo	High	Increase	No Change
Youngstown	High	No Change	Increase

People who had heroin addictions and fentanyl-related overdoses, they think they can get high on meth and not have an overdose; A lot of the [people that use opioids] are really using meth a lot now. It's meth and fentanyl (speedball) ... one brings them up and one brings them down. I think that is one of the biggest things."

Respondents acknowledged fentanyl adulterated methamphetamine. Law enforcement commented: "People [who use methamphetamine] are

Tuesday; [Drug dealers] get [methamphetamine] so cheap and make money off it real quick that most dealers are going to be involved in [selling methamphetamine]. ... That makes it more readily available; [Methamphetamine is] just becoming more and more popular."

testing [positive] for fentanyl, so [methamphetamine is] being 'cut' or 'laced' (adulterated), which means [methamphetamine] would be more addictive because of the fentanyl being in it; You are seeing manufactured methamphetamine, much of which is mixed with fentanyl."

Respondents discussed the opioid epidemic as also underlying the current high availability of methamphetamine. Discussion themes were that people who use opioids are switching to methamphetamine to wean themselves off opioids, are using methamphetamine to alleviate opioid withdrawal symptoms and/or to reduce the risk of opioid overdose, and/or they are combining methamphetamine with opioid use to "speedball" (concurrent or consecutive stimulant and depressant highs), an increasingly popular drug trend. Comments included: "A lot of people use methamphetamine to get off of fentanyl; [Methamphetamine will] keep you up and it'll make you not withdrawal so quick (alleviate opioid withdrawal symptoms). ... I always, always, mixed my heroin with 'ice' (crystal methamphetamine); Some of the [people that use methamphetamine] would be afraid of the overdoses that ... come with the fentanyl or heroin ... and they still want to get high, so they go to methamphetamine instead;

Throughout OSAM regions, respondents continued to identify imported crystal methamphetamine as the most prevalent form of methamphetamine. However, there continued to be a few reports of locally-produced powdered methamphetamine (aka "shake-and-bake") in each region as well. Consumers discussed: "[Methamphetamine] is coming from a [drug] cartel. At least all the [methamphetamine] I was getting was; I know some of [my methamphetamine] was made around here (Akron-Canton region); You can make it in your house for the same price so why not just buy the good stuff (imported crystal methamphetamine); I do think [methamphetamine] is coming from the cartels and people are just cutting (adulterating) it to make it their own; [People who use methamphetamine are] making it less than they used to ... and it's very inexpensive to buy now so they don't need to make it."

Law enforcement throughout OSAM regions reported that most of the methamphetamine they encounter is believed to have originated in Mexico and is not produced locally. They observed: “[Methamphetamine] is all shipped in from Mexico; We're getting a lot more meth most likely from the [U.S. Southern] border, most likely from the cartels.... But no, nobody's producing it here (Akron-Canton region) ... not that we know of, just because [imported methamphetamine] is so cheap. It's cheaper to just go buy a pound of it than it is to get everything to cook it (manufacture methamphetamine); I think we see maybe one a year ... a meth lab where it's being produced locally; I haven't heard many recent news stories in this area (Toledo region) about any kind of meth labs or meth busts or anything like that at somebody's residence; It's pretty much that [methamphetamine] is coming into our area (Cincinnati region) from Detroit and Chicago by way of Mexico.”

Respondents continued to identify cities as hubs for methamphetamine trafficking. Reports included: “A lot of people go to Akron for meth.... One person goes to Akron and gets meth and in turn sells it to a group of people [in Lorain County, Cleveland region] that are connected to another group and it spider webs out; [Law enforcement officers] interview people that are going to get meth at a larger city, like Akron or Cleveland, and it's not your typical ... gram or two ... they go there and typically get multiple ounces, if not more, of crystal meth and bring it back [to areas outside of the city to sell], so my guess is there is probably a dealer in the city that probably got it from somewhere larger if not a cartel directly; Mexico. Columbus, really. [Methamphetamine] goes through Columbus to get to here (Athens region).”

In addition to high prevalence of methamphetamine throughout OSAM regions, respondents noted methamphetamine as a popular adulterant for other drugs, such as MDMA (ecstasy and “Molly”). Thus, people who use other drugs sometimes inadvertently consume methamphetamine. Law enforcement in the

Dayton region reported methamphetamine pressed into pill form to resemble prescription medications. An officer remarked, “Powdered meth is being pressed to pass for fake prescription pills.”

Respondents in half of OSAM regions (Cincinnati, Cleveland, Dayton, and Toledo) most often reported that the availability of methamphetamine has increased during the past six months, while respondents in the other half of regions most often reported availability as having remained the same. Consumers indicating increased availability said: “[Methamphetamine is] becoming more and more available every day; The more people you get addicted, the more you sell; [Methamphetamine availability has] been rising.... It's cheap and everyone wants it; A lot more people are doing [methamphetamine] now, it is cool now, it used to be taboo but now people are looking for it.” Community professional comments on increased availability included: “[Methamphetamine is] absolutely the number one drug on the streets; The cartel-made [methamphetamine] is a lot easier to get and the quality is a lot better so more people want it; [Methamphetamine is] coming into areas where [law enforcement] have never seen it before.”

Ohio Bureau of Criminal Investigation (BCI) crime labs reported that the incidence of methamphetamine cases they process has increased for all OSAM regions, except for Athens and Cincinnati regions where a decrease was reported, and the Toledo region where the incidence of methamphetamine cases has remained the same. BCI labs reported processing primarily crystal specimens and some powder specimens.

In addition to BCI reporting, other crime labs in Cleveland and Dayton regions submitted methamphetamine incidence data. Cuyahoga County Regional Forensic Science Lab (Cleveland region) and Miami Valley Regional Crime Lab (Dayton region) reported that the incidence of methamphetamine cases they process has decreased during the reporting period, while Lake



County Crime Lab (Cleveland region) reported that the incidence of methamphetamine cases it processes has increased. Cuyahoga County Regional Forensic Science Lab reported processing brown/tan and off-white/white powder specimens, crystal methamphetamine, and pressed tablets, usually imitation ecstasy (MDMA) tablets. Lake County Crime Lab reported processing brown/tan and white powder/solid specimens, as well as blue, brown/tan, and white/clear crystal methamphetamine. In addition, this lab reported that most of the clandestine tablets submitted as suspected ecstasy contain caffeine and methamphetamine.

Other data sources indicated methamphetamine as available throughout OSAM regions. Ohio Department of Public Safety reported drug task force seizure of 210.9 kilograms (463.9 lbs.) of methamphetamine from throughout OSAM regions during the reporting period; of which, 37.0% was seized from the Columbus region. Fairfield County Municipal Court (Columbus region) reported that, of the 3,382 positive adult drug specimens it recorded during the past six months, 7.4% was positive for methamphetamine or other amphetamines. Hancock County Probate Court (Toledo region) reported that, of the 39 positive adult drug test results it recorded during the past six months, 5.1% was positive for methamphetamine. Millennium Health reported that 5.7% of the 124,899 urinalysis specimens submitted for methamphetamine testing during the past six months was positive for methamphetamine.

Coroner and medical examiner offices in the counties of Athens (Athens region), Cuyahoga (Cleveland region), Hamilton (Cincinnati region), Montgomery (Dayton region), and Scioto (Cincinnati region) reported that 53.3%, 12.9%, 24.7%, 37.5%, and 43.6%, respectively, of all drug-related deaths they recorded this reporting period (15, 319, 182, 461, and 39 deaths) involved methamphetamine. GPRA (Government Performance and Results Act) data collected from 4,236 persons entering publicly funded SUD treatment programs during the past six months

found 16.1% reported methamphetamine use 30 days prior to intake.

**Millennium Health  
Urinalysis Test Results for  
Methamphetamine  
during the Past 6 Months**

Region	% Tested Positive	Number Tested
Akron-Canton	5.4%	7,663
Athens	10.6%	14,172
Cincinnati	6.9%	18,601
Cleveland	3.2%	21,930
Columbus	7.2%	26,297
Dayton	6.4%	4,139
Toledo	4.0%	21,633
Youngstown	2.3%	10,464
<b>Total</b>	<b>5.7%</b>	<b>124,899</b>

**GPRA Intake: Methamphetamine  
during the Past 30 Days**

Region	% Yes	Total N
Akron-Canton	23.8%	181
Athens	22.2%	212
Cincinnati	15.4%	765
Cleveland	11.5%	970
Columbus	24.9%	1,038
Dayton	11.7%	214
Toledo	10.2%	520
Youngstown	8.0%	336
<b>Total</b>	<b>16.1%</b>	<b>4,236</b>

Media outlets reported on law enforcement seizures and arrests related to methamphetamine this reporting period (selected media reports follow). Southern Ohio Organized and Major Crimes Task Force led a month-long investigation, executing search warrants related to narcotics, illegal firearms, and stolen property bought and sold in Pike, Ross, and Scioto counties (all

Cincinnati region); officers arrested 18 people linked to the seizure of large amounts of suspected methamphetamine, fentanyl, numerous guns, and stolen vehicles ([www.wchstv.com](http://www.wchstv.com), Dec. 29, 2022). Scioto County Sheriff's officers arrested four people for drug possession and trafficking during two separate traffic stops in Lucasville; officers found a total of \$38,000 of illicit drugs, including approximately 1,000 grams of crystal methamphetamine, 30 grams of heroin/fentanyl, a digital scale, plastic baggies, and other evidence of drug trafficking ([www.wowktv.com](http://www.wowktv.com), Dec. 22, 2022). Portage County Sheriff's officers (Akron-Canton region), with the aid of a K9 officer, conducted a probable cause search of a vehicle during a traffic stop and discovered approximately 56 grams of methamphetamine hidden in the vehicle's center console; officers arrested the driver and passenger for possession and trafficking in drugs ([www.cleveland19.com](http://www.cleveland19.com), Sept. 7, 2022). Lake County narcotics officers (Cleveland region) arrested a Painesville man for conducting a drug operation out of a Mentor motel; officers found suspected fentanyl and methamphetamine packaged to sell, used syringes, scales, and other drug paraphernalia in the man's motel room ([www.cleveland19.com](http://www.cleveland19.com), Sept. 1, 2022). Portage County Sheriff's officers arrested a man in Windham during a traffic stop in which they seized one-third pound of methamphetamine, psilocybin mushrooms, and suspected cocaine; after viewing a loaded syringe and hypodermic needle in the car's cupholder, officers searched the car and arrested the man for possession with the intent to distribute methamphetamine ([www.wfmj.com](http://www.wfmj.com), Aug. 25, 2022). Crawford County Sheriff's officers (Columbus region) arrested two people in Bucyrus following a month-long narcotics investigation that resulted in the seizure of suspected methamphetamine, currency, firearms, marijuana, and drug paraphernalia; officers arrested the couple for permitting drug use, possession of drugs, and trafficking in drugs ([www.myfox28columbus.com](http://www.myfox28columbus.com), July 7, 2022).

## Adulterants

Consumers throughout OSAM regions most often rated the current overall quality of methamphetamine as '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the regional modal quality scores ranged from '5' for Cincinnati and Cleveland regions to '10' for the Dayton region. However, the consensus remained that, like most illicit drugs, quality varies. Consumers described the quality of methamphetamine as: *"It's good, it's not good; [Quality] depends on who you are going to; Could be poor quality or good quality, depends on where you get it; Occasionally, there will be a weak batch [of methamphetamine]; Just depends on the day. If they have good stuff, they have good stuff ... if they have bad stuff, it's bad; You don't know what you're getting."*

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 Dayton regions where consumers indicated decreased quality due to increased adulteration. Comments included: *"They are stretching it out with more 'cuts' (adulterants)... [Methamphetamine quality] has decreased because [drug dealers are adulterating] it so much; It's getting worse; I'll say decreased because you have to smoke more to get high off it [than previously]."*

Consumers discussed adulterants that affect the quality of methamphetamine, with consumers in all eight OSAM regions noting fentanyl as the top cutting agent for the drug. They said: *"Definitely fentanyl, but I think that's in everything though. I took meth and 'nodded out' (passed out/overdosed) ... and that shouldn't happen; I've tested a lot of meth for fentanyl, there's more fentanyl in meth [than previously]; A lot of it is cut with 'fetty' (fentanyl), it's harder to find just meth."* In addition to fentanyl, consumers in the Toledo region mentioned xylazine (aka "tranq," a powerful sedative that the U.S. Food and Drug Administration has approved for veterinary use only) as an adulterant for methamphetamine. A

Consumer in the region shared, *“The horse tranquilizer ... xylazine. It just killed my sister. My sister just overdosed [on methamphetamine adulterated with xylazine] and passed away....”*

OSAM secondary data sources indicated fentanyl as an adulterant for methamphetamine. Coroner and medical examiner offices in the counties of Athens (Athens region), Cuyahoga (Cleveland region), Hamilton (Cincinnati region), Montgomery (Dayton region), and Scioto (Cincinnati region) reported that 87.5%, 80.5%, 86.7%, 77.5%, and 82.4%, respectively, of all methamphetamine-related deaths they recorded this reporting period (8, 41, 45, 173, and 17 deaths) also involved fentanyl.

Other top cutting agents included MDMA and MSM (methylsulfonyl-methane, a joint supplement). Consumers shared: *“The [methamphetamine] I was getting and smoking ... was cut with fatty and MDMA, which is ‘Molly,’ ecstasy.... My urine test (drug screen results) literally would say meth and ... [fentanyl and] ecstasy; You can take a crystal called MSM and it’s like a horse medicine/vitamin you can get online; You can go to Tractor Supply and get a horse salt (MSM); MSM is the most common and safest [adulterant for methamphetamine] ... any dope that hits America has got at least a little MSM in it.”*

Additional adulterants for methamphetamine mentioned included: acetaminophen, arsenic, baby laxatives, “bath salts” (substituted cathinone), battery acid, brown sugar, bug spray, cocaine, Freon, heroin, inositol (dietary supplement), isopropyl alcohol, laxatives, lithium, mannitol (diuretic), mescaline, powdered sugar, prescription stimulants, rat poison, research chemicals, rock salt, spices, sugar, vitamin B-12, and wasp spray. Crime labs throughout OSAM regions indicated many cutting agents found in methamphetamine.

**Street Names**

In addition to “meth,” current street jargon includes many names for methamphetamine. General street names most often reference the

stimulant effect of the drug (“fast,” “go,” and “speed”). Consumers indicated that street names for crystal methamphetamine continue to most often reference the appearance of the substance (“crystal,” “glass,” “ice,” and “shards”). They noted that additional street names are derivations of these names (“ice cream”). Consumers also discussed that street names may be used as code when ordering/selling methamphetamine via text messaging. One consumer stated, *“If I’m texting, I’ll say ‘go.’ But if I’m talking to you, I’ll say ‘ice.’”* Another consumer referenced the low price for methamphetamine in relation to the higher price of cocaine, offering, *“[Methamphetamine] is called a ‘poor man’s cocaine.’”*

Cutting Agents Reported by Crime Labs for Methamphetamine	
caffeine, cocaine, dimethyl sulfone (DMSO, dietary supplement), diphenhydramine (antihistamine), etizolam (designer benzodiazepine), eutylone (substituted cathinone), fentanyl, magnesium sulfate (Epsom salts), tramadol	

Current Street Names for Methamphetamine	
General	breakfast/fast, chicken feed, crank, full throttle, go/go-go/go-fast, gorilla, green light, juice, King Kong, jib, meth, poor man’s cocaine, slick, speed, tweak, zoom/zoom-zoom
Crystal	clear, Christina/Tina, crystal, glass, ice/ice cream/cream, Ice Boulevard, ice cubes/cubes, ice skating/skating, icicles, shards, shatter, window
Powdered	bathtub crank, shake/shake-and-bake



## Pricing

Consumers throughout OSAM regions identified the most common quantity of purchase for methamphetamine as a gram for \$20-40. Reportedly, 1/8 ounce most often sells for \$50-100 but can sell as high as \$120 in Toledo and Youngstown regions. Consumers discussed that price varies by location and better prices are found in bigger cities or through an established connection. They shared: “[The price of methamphetamine] really depends on the region. Some areas you can get a ‘ball’ (aka ‘eight ball,’ 1/8 ounce) for like \$50 and other areas you can get it for \$150; For me, [pricing] would depend on where I was getting it. I would get [methamphetamine] from a guy in Dayton. It was a lot cheaper through him. Usually \$70-90 for ‘a ball’.... [It was cheaper because] I had a connection with him.”

Consumers in most regions reported that the price of methamphetamine has remained the same during the past six months; consumers in Akron-Canton, Cleveland, and Dayton regions indicated a decrease in pricing. Consumers reporting decreased pricing cited excess supply and increased competition among methamphetamine dealers as reasons for price decreases. Comments included: “[Methamphetamine is] probably cheaper because [drug cartels] make so much; Meth just keeps getting cheaper because there is a lot more of it; [Dealers] got to have the cheapest [price].... As long as everybody’s got [methamphetamine], you’ve got to have some reason that your [methamphetamine] is better than everyone else’s, whether it be cheaper or stronger.”

## Route of Administration

Consumers throughout OSAM regions reported that the most common routes of administration (ROAs) for methamphetamine remain smoking, including “hot railing” (a process whereby the drug is placed in a glass pipe, heated, and the resulting vapors inhaled), followed by “shooting” (intravenous injection). Consumers estimated that out of 10 people that use methamphetamine,

4-10 would smoke, 0-5 would shoot, and 0-3 would snort the drug. Comments included: “Smoking is definitely probably the top one (ROA for methamphetamine); Everybody I knew, either hot railed it or smoked a ‘bubble’ (glass pipe) but mainly bubbles.... [The high] lasts a long time; A lot of people I’ve seen smoked [methamphetamine]; In my group, most would shoot, but I also liked hot rails. [ROA] just depends on your circle (people with whom one uses); Everybody smokes [methamphetamine] though. Even if they shoot it; Snorting is not really [common] ... because it burns ... feels like ... razor blades. So, it would be 50/50, smoking and shooting.”

Other routes of administration for methamphetamine mentioned included: “boofing” (anal insertion), “parachuting” (wrapping powder/crystals in tissue and swallowing), and oral consumption (drinking and eating). Consumers shared: “A lot of people like to eat [crystal methamphetamine]; [Eating methamphetamine makes it] way stronger; People drink [methamphetamine]. I have seen people put it in their liquor.” In addition, consumers indicated that multiple ROAs are often used. They said: “People do meth all kinds of ways, it’s just one of those drugs; [Methamphetamine is] a drug where people can smoke, shoot, boof, it doesn’t matter. Just depends on what you want to do that day; Snort it, smoke it, shoot it. I would do all three at the same time.”

## Typical Use Profile

A profile for typical methamphetamine use did not emerge from the data. Throughout OSAM regions, respondents most often reported that methamphetamine does not discriminate, and anyone could use the drug, especially since it is widely available. Comments included: “I think [methamphetamine] started out a predominantly white substance (used by white people), but over time it has flooded the market and it just goes for anyone anymore; When I was in Lorain County jail (Cleveland region), there was white girls, there was

*black girls, all different ones talking about smoking meth; People you wouldn't even expect [use methamphetamine]. It's everywhere and everybody is doing it; [Methamphetamine] could be really, really anybody; I've seen anywhere from like, 13, 14-year-olds using [methamphetamine] to ... an 80-year-old man use it; You can't tell [who is using methamphetamine and who is not]."*

However, common descriptors of methamphetamine use mentioned included: lower socio-economic status, white people, ages 20s to 40s, people who work long or late hours (e.g., long-haul truck drivers, bartenders, third-shift workers, and sex workers), heroin/fentanyl use, the gay community, and manual laborers (e.g., factory workers). Respondents commented: *"I'm going to say 20- to 40-year-olds [typically use methamphetamine]; The working-class use [methamphetamine]. People that have jobs that [are physically demanding]. Truck drivers, for sure; Lower to mid-class people [typically use methamphetamine] because it's cheaper [than cocaine]; Former opiate use ... there seems to be a huge crossover [between opioid and methamphetamine use]; I see [methamphetamine] a lot in the LGBTQ community; Just people who like staying up, people who don't want to quit [partying will use methamphetamine]."*

In addition, respondents in most OSAM regions discussed expanded methamphetamine use among adolescents, teens, and young adults during the past six months, while community professionals in Akron-Canton, Cincinnati, Columbus, and Dayton regions indicated increased methamphetamine use among African-American people. Comments included: *"Younger kids are doing [methamphetamine] more; You see teenagers nowadays using [methamphetamine]; [Methamphetamine use] has moved to the younger crowd. I mean, there's a lot more younger people doing it now than there was before; The [methamphetamine] scene is really bad with young people ... 18 to 30 [years of age].... These young people have no idea what they're getting themselves into; I've been seeing more African-*

*American [people use methamphetamine]; [Law enforcement] have seen many people in the African-American community that are using crystal meth."*

Analysis of GPRA demographic data of all intake clients that indicated methamphetamine use during the past 30 days found that, of those who endorsed methamphetamine use, 55.6% was male, 61.7% was under the age of 40 years, and 92.0% indicated white as their race.

GPRA Demographic Data of All Intake Clients Who Used Methamphetamine during the Past 30 Days (N = 683) <sup>1</sup>	
Male	55.6%
Female	43.9%
18 - 29	17.9%
30 - 39	43.8%
40 - 49	27.2%
50 - 59	8.3%
60 +	2.8%
White	92.0%
African American	8.4%
Other race <sup>2</sup>	3.5%
Hispanic/Latino ethnicity	3.8%

<sup>1</sup>Gender total does not equal 100.0% due to three individuals reporting as non-binary or transgender. Total percentage for race (N = 666) is greater than 100.0% due to some individuals indicating more than one race. Ethnicity (N = 681) excludes missing data.

<sup>2</sup>Alaska Native, American Indian, and/or Asian.

### Use Combinations

Many other substances are used in combination with methamphetamine, particularly depressant drugs, such as alcohol, heroin/fentanyl, marijuana, and sedative-hypnotics, that aid in coming down from the extreme stimulant high of methamphetamine and/or are combined with methamphetamine to "speedball." Consumers identified these drugs as the most common drugs

used with methamphetamine. They discussed: *“They’ll use some ‘nerve tabs’ (benzodiazepines) ... Xanax®, Valium® ... Klonopin® ... when it’s time to sleep; Xanax® just evens you out and makes you come down easier; Marijuana, it calms you down; Alcohol, similar reasons [as marijuana]; Fentanyl to even out, so I am not ‘tweaking’ (too high on methamphetamine); [Any opioid] ... to help you come down after being up for multiple days; When I’d smoke [methamphetamine], I’d use [buprenorphine] that would kind of bring me down; [Methamphetamine is used with] downers to balance you out, speedball; Any type of downer....”*

Crack and powdered cocaine and prescription stimulants are used to potentiate and prolong the effects of methamphetamine. Consumers also noted that methamphetamine is added to cocaine to boost its stimulant effect when it is of poor quality. A consumer remarked, *“[Add methamphetamine when] the ‘coke’ (powdered cocaine) is not good enough.”*

Substances Used in Combination with Methamphetamine	
Most Common	alcohol, heroin/fentanyl, marijuana, sedative-hypnotics
Other	buprenorphine, crack/powdered cocaine, MDMA, prescription opioids, prescription stimulants

### Heroin

Throughout most OSAM regions, there was no respondent consensus as to current availability of heroin. Those reporting high current availability most often conflated heroin with fentanyl, while those reporting low current availability recognized fentanyl as dominating the opioid market and having supplanted heroin. However, a few consumers boasted that they had “the right connections” and easy access to heroin.

Consumers discussed: *“My people (dealers) can get [heroin] but it’s half fentanyl and half heroin; Real heroin, you’d be hard pressed to find it; Most everything [sold as heroin] is fentanyl; You definitely have to know someone [to obtain heroin]. I was living five minutes from here (treatment center in Cincinnati) and the dude across the street had real heroin. It wasn’t fentanyl, it wasn’t ‘cut’ (adulterated) with fentanyl. It was just straight heroin ... that brown rock [form of heroin]; [I cannot rate heroin availability] because it’s all fentanyl. You can get a mix [of drugs that includes heroin], but pure heroin, nobody has that; [The availability of heroin is] about a ‘9’ or a ‘10’ (highly available) for me because my dealers, they deal everything; I don’t have a problem getting any drug I want [including heroin]; You can get [heroin] anywhere ... might not be real....”*

Community professionals discussed similarly: *“I think people might think they’re buying heroin but they’re actually getting fentanyl instead ... trying to separate what people think they’re buying versus what they’re actually getting [is difficult]. In terms of the [crime] lab reports, I haven’t seen heroin reported in a while; It’s all fentanyl. I mean, they call it ‘heroin,’ but it’s not; I see [heroin] all the time ... 98 percent of it is probably fentanyl but you don’t know that until it goes to the lab; [Heroin] is still out there (available) if you know the right people.”*

Respondents discussed that fentanyl has become a drug of choice due to widespread availability, low cost, and high potency. Many consumers have migrated to fentanyl and no longer seek heroin. Comments included: *“Some people are just looking for fentanyl. They’re not even looking for heroin; Heroin has kind of faded out (fallen in demand); [Fentanyl] is so much cheaper [than heroin].... Why pay for heroin; Everybody can get a better high from the fentanyl than just the heroin. So, the trend has moved toward [fentanyl]; Once you mess with fentanyl, heroin don’t touch you no more (fentanyl is much more potent and raises your opioid tolerance so that heroin does not have the same desired effect as previously); Customer demand [for heroin] has gone down, fentanyl high*

Reported Change in Availability of Heroin during the Past 6 Months				
Region	Current Availability	Availability Change	Most Available Type	BCI Heroin Case Incidence Change
Akron-Canton	Low	No Change	Brown Powdered	Increase
Athens	No Consensus	No Change	White Powdered	Decrease
Cincinnati	Low	No Change	Brown Powdered	Decrease
Cleveland	Low	Decrease	Brown Powdered	No Change
Columbus	No Consensus	No Change	White Powdered	No Change
Dayton	No Consensus	Decrease	Brown Powdered	No Change
Toledo	No Consensus	No Change	Brown Powdered	Increase
Youngstown	No Consensus	No Change	Powdered	No Change

*is what they want; Fentanyl is definitely the thing that people are most seeking.”*

Respondents in most OSAM regions reported that the availability of heroin has remained the same during the past six months, while respondents in Cleveland and Dayton regions reported decreased availability. A consumer in the Dayton region reflected that the prevailing sentiment in saying, “Fentanyl has taken over.” Ohio Bureau of Criminal Investigation (BCI) crime labs reported that the incidence of heroin cases they process has decreased or remained the same for all OSAM regions, except for the Akron-Canton region, where heroin case incidence has increased from 65 to 79, and the Toledo region, where heroin case incidence has increased from 63 to 84 cases.

In addition to BCI reporting, other crime labs in Cleveland and Dayton regions submitted heroin incidence data. Cuyahoga County Regional Forensic Science Lab (Cleveland region) reported that the incidence of heroin cases it processes has increased during the reporting period, while Lake County Crime Lab (also Cleveland region) reported that the incidence of heroin cases it

processes has remained the same. Miami Valley Regional Crime Lab (Dayton region) reported that the incidence of heroin cases it processes has decreased during the reporting period.

Crime labs throughout OSAM regions reported processing the following types of heroin during the reporting period: beige, blue, brown, gray, off-white, pink, purple/violet, tan, and white powdered heroin, black tar heroin, as well as the presence of heroin in counterfeit pressed pills. In addition to brown and white powdered heroin, consumers also discussed varying colors for heroin, including: black, blue, gray, pink, purple, tan, and yellow. While considerably less available overall than powdered heroin, respondents throughout OSAM regions mentioned the presence of black tar heroin. Comments included: “The ‘powder’ (powdered heroin) [is most common]; You barely see ‘tar’ (black tar heroin); We do occasionally see some black tar [heroin]. I think [law enforcement] just got some the other day; I have seen black tar.”

Other data sources indicated heroin as available throughout OSAM regions. Ohio Department of



Public Safety reported drug task force seizure of 4.9 kilograms (10.7 lbs.) of heroin from throughout OSAM regions during the reporting period; of which, 32.6% was seized from the Cincinnati region. Millennium Health reported that 0.2% of the 128,321 urinalysis specimens submitted for heroin testing during the past six months was positive for heroin.

of narcotics inside the stopped vehicle; officers arrested the driver of the car and seized one gram of heroin, numerous prescription opioid pills and buprenorphine filmstrips, 30 grams of methamphetamine, and drug paraphernalia ([www.cleveland19.com](http://www.cleveland19.com), Dec. 20, 2022). Whitehall Police officers (Franklin County, Columbus region), with the aid of a K9 officer, arrested two people that they had stopped and suspected of having drugs; officers found two guns and unspecified large amounts of cocaine and heroin during the traffic stop ([www.10tv.com](http://www.10tv.com), Aug. 5, 2022).

Millennium Health Urinalysis Test Results for Heroin during the Past 6 Months		
Region	% Tested Positive	Number Tested
Akron-Canton	0.2%	8,824
Athens	0.2%	13,849
Cincinnati	0.3%	18,781
Cleveland	0.1%	22,794
Columbus	0.2%	26,978
Dayton	0.1%	4,371
Toledo	0.2%	22,178
Youngstown	< 0.1%	10,546
<b>Total</b>	<b>0.2%</b>	<b>128,321</b>

GPRA Intake: Heroin Use during the Past 30 Days		
Region	% Yes	Total N
Akron-Canton	14.9%	181
Athens	7.5%	212
Cincinnati	14.0%	765
Cleveland	14.5%	970
Columbus	24.8%	1,038
Dayton	2.3%	214
Toledo	18.8%	520
Youngstown	4.8%	336
<b>Total</b>	<b>15.7%</b>	<b>4,236</b>

Coroner and medical examiner offices in the counties of Athens (Athens region), Cuyahoga (Cleveland region), Hamilton (Cincinnati region), Montgomery (Dayton region), and Scioto (Cincinnati region) reported that 6.7%, 3.1%, 1.6%, 1.3%, and 2.6% respectively, of all drug-related deaths they recorded this reporting period (15, 319, 182, 461, and 39 deaths) involved heroin. GPRA (Government Performance and Results Act) data collected from 4,236 persons entering publicly funded SUD treatment programs during the past six months found 15.7% reported heroin use 30 days prior to intake.

### Adulterants

Consumers throughout OSAM regions most often reported the current overall quality of heroin as low. On a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality), the regional modal quality scores ranged from ‘1’ for the Akron-Canton region to ‘8’ for Athens and Dayton regions. In the Akron-Canton region, consumers expressed difficulty in rating heroin quality due to fentanyl. They discussed: *“It’s hard to rate heroin [quality] when it’s all fentanyl, but I’d say [low quality]. I mean, you know you aren’t getting all heroin; I would rate [heroin quality low] because it’s all cut with fentanyl.”* Moreover, these consumers agreed that quality of heroin is low because fentanyl is stronger and better, comparatively.

Media outlets reported on law enforcement seizures and arrests related to heroin this reporting period (selected media reports follow). Lake County Sheriff’s officers (Cleveland region), with the aid of a K9 officer, conducted a traffic stop in Perry Township after observing indicators

However, throughout OSAM regions, reports of heroin quality varied depending on one’s preference for fentanyl. For instance, some consumers viewed the lethality of fentanyl-cut heroin as indicative of high quality, recognizing the high potency of fentanyl that they desire, while some consumers viewed the addition of fentanyl to heroin as indicative of low quality, attempts by dealers to mask poor quality or the absence of heroin. Thus, the statement, “*heroin is killing people,*” was said in support of assigning a high-quality rating and in support of assigning a low-quality rating. A member of law enforcement in the Cleveland region explained, “*I guess it’s how you look at it. Somebody on the outside looking in may be like, ‘This person overdosed because they got a bad batch’ [of heroin adulterated with fentanyl], for instance. Whereas, as far as the potency goes ... some people would say, ‘It’s actually not a bad batch, it’s a good batch’ because they are looking for that potency....*” Overall, consumers throughout OSAM regions reported that the quality of heroin has remained the same during the past six months.

Consumers discussed adulterants that affect the quality of heroin, and throughout OSAM regions, consumers universally continued to report that fentanyl remains the top cutting agent for heroin. OSAM secondary data sources also indicated fentanyl as an adulterant for heroin. Coroner and medical examiner offices in the counties of Athens (Athens region), Cuyahoga (Cleveland region), Hamilton (Cincinnati region), and Montgomery (Dayton region) reported that 100.0%, 100.0%, 100.0%, and 83.3%, respectively, of all heroin-related deaths they recorded this reporting period (1, 10, 3, and 5 deaths) also involved fentanyl.

In addition to fentanyl, consumers discussed many other adulterants for heroin. Other adulterants for heroin mentioned included: acetaminophen, allergy medication (diphenhydramine/antihistamine), aspirin, baby formula, baby laxatives, baby powder, brown sugar, caffeine pills, carfentanil, coffee, creatine, fiber, headshop cutting agents, laxatives, mannitol (diuretic), methamphetamine, plant

food, powdered milk, powdered sugar, prescription opioids, rat poison, “rizzly” (bromadol, a potent narcotic analgesic), sedative-hypnotics (benzodiazepines), sleep aids, soda pop, tea, vinegar, and vitamin B-12. Crime labs throughout OSAM regions indicated many cutting agents found in heroin.

**Cutting Agents  
Reported by Crime Labs for Heroin**

**acetaminophen, benzodiazepines, caffeine, cocaine, diphenhydramine (antihistamine), fentanyl, fentanyl related compounds, inositol (dietary supplement), mannitol (diuretic), medetomidine (animal surgical anesthetic and analgesic), methamphetamine, nitazene compounds, papaverine (vasodilator), quinine (antimalarial), sorbitol (artificial sweetener), tramadol, xylazine (animal sedative)**

**Street Names**

Current street jargon includes many names for heroin. Throughout OSAM regions, consumers continued to note “boy,” “dog food,” and “slow” as the most common street names generally. However, consumers reported “boy” most often. Cocaine is “girl” and heroin remains “boy.” Thus, other male nouns and names are also used to refer to heroin (“man” and “Hank”). Reportedly, derivatives of the common name “dog food” or popular dog food brand names are also used

<b>Current Street Names for Heroin</b>	
<b>Most Common</b>	<b>boy, dog food, slow</b>
<b>Other</b>	<b>Alpo®, brown, China/China white, devil, dog, dope, food, gravel, gray death, H, Hank, heavy, horse, man, pup, smack, tar, Tootsie Roll®, white boy</b>

(“Alpo®,” “dog,” and “pup”). Lastly, names referencing the sedative effect of heroin are common (“heavy” and “slow”) as are names that describe the appearance of the drug (“gravel” and “Tootsie Roll®”). Comments on street names included: *“That gray chunky [heroin] looks like ‘gravel;’ [Heroin is called] ‘devil’ because it takes your soul; ‘Tootsie Roll®’ because it looks like black tar heroin.”*

## Pricing

Consumers throughout OSAM regions identified the most common quantity of purchase for heroin as a gram for \$60-80. Reportedly, 1/10 gram most often sells for \$20, and 1/2 gram most often sells for \$40-50. Consumers discussed that heroin pricing varies depending on location of purchase, dealer, and one’s relationship to dealer. They said: *“[Heroin price] depends on where you are ... up in Cleveland, it’s cheaper in the city and more expensive in the suburbs because of people who charge to go get it; [The price of heroin] depends on the area and the person [selling heroin]; [Heroin] goes by ‘Gs’ (sold by grams) around here (Toledo area) and it’s about \$60 [a gram]; I know people that get [heroin] for different prices; Yeah, different people, different prices. If the dealer really likes you or knows you and you do a lot of business, you can get a half a gram for like 40 bucks; The price depends on the dealer, it’s who you know.”* Consumers throughout OSAM regions most often reported that the price of heroin has remained the same during the past six months.

## Route of Administration

Throughout OSAM regions, intravenous injection (aka “shooting”) remains the most common route of administration (ROA) for heroin. Consumers estimated that out of 10 people that use heroin, 5-10 would shoot, 0-5 would snort, and 0-1 would smoke the drug. Consumers discussed the preference for shooting among people who use heroin, as reportedly, shooting provides an immediate delivery of the drug into the bloodstream. They said: *“You can do [heroin many ways], but I think once you shoot ‘dope’ (heroin),*

*you don’t go back to anything else (other ROAs). It hits instantly; If heroin’s your drug [of choice], you’re shooting it.”* In addition, consumers in the Cincinnati region reported increased needle and opioid use among African-American people. A consumer shared, *“Heroin is for white people, ‘crack’ (crack cocaine) is for black people. It was just that way for a long time. Now, it’s different. Black people weren’t ‘banging’ (injecting heroin). Black people were not shooting up [heroin] and now they are.”*

Regarding snorting as an ROA for heroin, one consumer noted snorting black tar heroin via “mud puddling,” snorting the drug dissolved in water, remarking, *“I like mixing up the ‘tar’ (black tar heroin) with some water and snorting it.”* Consumers also indicated that some people who prefer shooting as an ROA for heroin return to snorting due to vein damage from too much injecting.

Analyses of consumer survey data administered at the time of the focus groups found that, of the 322 consumers who responded to survey questions regarding needle use, 37.6% reported having used needles to inject drugs, of which 73.6% reported having ever shared needles while using drugs. Of those 121 consumers who reported having used needles to inject drugs, the most common methods of obtaining needles were from other people who use needles (57.9%), from drug dealers (54.5%), from a syringe services program (44.6%), from a pharmacy (43.0%), and from family members and friends (38.8%).

Other data sources submitted incidence data of intravenous injection of drugs. GPRA data collected from 4,236 persons entering publicly funded SUD treatment programs during the past six months found 12.3% reported injection drug use 30 days prior to intake. Analysis of GPRA demographic data of all intake clients that indicated injection drug use during the past 30 days found that, of those who endorsed injection drug use, 53.0% was male, 64.2% was under the age of 40 years, and 93.5% indicated white as their race.



**GPRA Intake: Injection Drug Use during the Past 30 Days**

Region	% Yes	Total N
Akron-Canton	8.8%	181
Athens	6.1%	212
Cincinnati	13.9%	765
Cleveland	8.0%	970
Columbus	22.5%	1,038
Dayton	4.7%	214
Toledo	11.7%	520
Youngstown	1.5%	336
<b>Total</b>	<b>12.3%</b>	<b>4,236</b>

**Hepatitis C and HIV**

Of the 321 consumers who responded to the survey question regarding Hepatitis C testing, 67.9% reported ever having been tested for Hepatitis C, while 24.3% reported never having been tested, and 7.8% reported that they did not know if they have ever been tested. Of those 218 consumers who had been tested for Hepatitis C, 31.2% reported having been told by a medical professional that they have Hepatitis C. In addition, of the 320 consumers who responded to the survey question regarding HIV (human immunodeficiency viruses) testing, 74.1% reported having ever been tested for HIV, while 20.3% reported never having been tested, and 5.6% reported that they did not know if they have ever been tested. Of those 237 consumers who had been tested for HIV, 2.1% reported having been told by a medical professional that they have HIV.

**GPRA Demographic Data of All Intake Clients Who Injected Drugs during the Past 30 Days (N = 523)<sup>1</sup>**

Male	53.0%
Female	46.8%
18 - 29	14.7%
30 - 39	49.5%
40 - 49	26.4%
50 - 59	6.9%
60 +	2.5%
White	93.5%
African American	7.3%
Other race <sup>2</sup>	2.9%
Hispanic/Latino ethnicity	4.2%

<sup>1</sup>Gender total does not equal 100.0% due to one individual reporting as transgender. Total percentage for race (N = 509) is greater than 100.0% due to some individuals indicating more than one race. <sup>2</sup>Alaska Native, American Indian, Asian, and/or Native Hawaiian.

**Typical Use Profile**

Throughout OSAM regions, consumers and community professionals continued to most often report that there is no profile for typical heroin use. Common responses when asked to describe typical heroin use were “drugs don’t discriminate,” “anybody/anyone,” and “everybody/everyone.”

Consumers shared: *“All walks of life; It doesn’t matter ... age, race, gender, it doesn’t matter. There is no bias; It can be anybody [that uses heroin], lawyer, doctor, police.”* Treatment providers commented: *“That is a tough question (to describe typical heroin use) because addiction doesn’t discriminate. I’ve seen clients from different backgrounds that have used heroin.... I don’t know how to answer that; There’s no group [that typically uses heroin], it always surprises me; All socio-economic, gender, ethnicity, doesn’t matter what your background is.”*

Common descriptors often specified were young people and white people. Community professionals expressed: *“Typically, younger people with a past of opioid pill use who can no longer afford their pill addiction, so they turn to heroin or fentanyl because it’s cheaper; I see the 18, 19-year-olds coming in addicted to [heroin]; It’s most commonly white individuals who are addicted [to heroin] but we do see other races, occasionally.”* Respondents in Akron-Canton, Cleveland, and Columbus regions reported increased heroin use among young people during the past six months. Observations included: *“A lot of young kids are*

*starting to get into heroin ... like high school [aged]; It feels like it's getting younger and younger that people identify their drug of choice as opiates in general; Lately, it has been a lot more younger people [using heroin] ... like in their teens, like 18 to 24 [years of age]; [People that use heroin are] getting younger and younger these days."* In addition, respondents in Akron-Canton and Columbus regions reported increased heroin use among African Americans. A member of law enforcement in the Akron-Canton region stated, *"We have seen an uptick in African-American usage, which previously we haven't seen...."*

Other descriptors of heroin use mentioned included: low socio-economic status, people aged 20s to 40s, history of prescription opioid misuse/people who can no longer access prescription opioids, male, "strippers," formerly incarcerated, and manual labor/service industry (e.g., construction, factory work, and food service).

Analysis of GPRA demographic data of all intake clients that indicated heroin use during the past 30 days found that, of those who endorsed heroin use, 49.6% was male, 63.2% was under the age of 40 years, and 91.1% indicated white as their race.

### Use Combinations

Many other substances are used in combination with heroin. Consumers 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), to regulate their high, and with fentanyl to increase the potency of heroin. Consumers discussed: *"With heroin, you tend to crash, and with meth, it keeps you awake.... You do the heroin first and then do the meth to bring you up; Some people mix them, some don't; Rollercoaster ride ... up, down; A lot of people I know do crack ... [and then use heroin] because ... they also want to take care of kids, do housework; My sister, she smokes crack but she uses 'boy' (heroin) to come down when it's time for her to go to sleep; I know a lot of people that will do*

*their meth or they'll do 'boy' first then the other just to make [their high] last longer. Not mix it necessarily; I've seen a lot of speedballs."*

GPRA Demographic Data of All Intake Clients Who Used Heroin during the Past 30 Days (N = 667) <sup>1</sup>	
Male	49.6%
Female	50.1%
18 - 29	18.7%
30 - 39	44.5%
40 - 49	25.6%
50 - 59	7.8%
60 +	3.3%
White	91.1%
African American	9.9%
Other race <sup>2</sup>	1.6%
Hispanic/Latino ethnicity	5.6%

<sup>1</sup>Gender total does not equal 100.0% due to two individuals reporting as transgender. Total percentage for race (N = 644) is greater than 100.0% due to some individuals indicating more than one race. Ethnicity (N = 664) excludes missing data.

<sup>2</sup>American Indian and/or Native Hawaiian.

Consumers also discussed using methamphetamine with heroin to avoid opioid overdose. They said: *"Heroin is a downer. 'Ice' (methamphetamine) will get you back up if they're 'ODing' (overdosing) ... boom. I've seen people come up off (reverse an overdose with) a shot of ice ... it keeps your heart going; [Combine methamphetamine with heroin] to get to that place where you're just kind of nodding out.... Not dying but not awake. Like, in a 'dream state.'"*

Regarding fentanyl used in combination with heroin, consumers said: *"They mix them together for the weight (increase the volume of the heroin to increase sales); The heroin gives [the high] the 'legs' (longevity), but the 'fetty' (fentanyl) gets you higher (increases potency); [Add fentanyl] to make it (heroin) stronger."* Other depressant drugs, such as alcohol, marijuana, prescription opioids, and sedative-hypnotics, are also used with heroin to enhance and prolong the opioid high.

### Substances Used in Combination with Heroin

<b>Most Common</b>	<b>crack/powdered cocaine, fentanyl, methamphetamine</b>
<b>Other</b>	<b>alcohol, gabapentin, marijuana, MDMA, prescription opioids, prescription stimulants, sedative-hypnotics</b>

Consumers desire fentanyl due to its low cost and high potency. Moreover, fentanyl is highly addictive, thus consumers of the drug quickly become dependent on it and require a regular supply. Consumers said: “[Fentanyl] is a strong drug and people want it; Fentanyl is out of control right now. It’s way more addictive than other drugs.... People keep coming back for more; [Fentanyl] is very potent, and cheaper than most [other drugs]; [Fentanyl is] everywhere.... It’s got a lot of people addicted to it and they need it; Everyone wants [fentanyl]....”

### Fentanyl

Fentanyl is highly profitable for drug dealers. Not only is fentanyl added to other drugs to get more people addicted, ensuring increased repeat business, but it is also adulterated to increase product volume. Law enforcement reported: “[Fentanyl] seems to be absolutely everywhere ... it’s a big money maker, and it’s very easy ... to get people very interested in fentanyl because of how potent it is; [Fentanyl sales] is where the money is made; It’s easy to get [fentanyl] because everybody wants to sell it. People are making a lot of money off it; [Selling fentanyl] is a fast money maker. You can cut this down (adulterate fentanyl) so much and still get high from it; [Fentanyl is] sought after. Dealers know what their customers want ... they want fentanyl because it’s a strong drug.”

Fentanyl remains highly available throughout OSAM regions. Universally, respondents noted continued high supply and demand for the drug. Law enforcement in the Akron-Canton region discussed: “[Fentanyl] is extremely cheap because there’s a large supply and it doesn’t seem like anything we do (law enforcement interdiction) affects the chain of supply; It’s almost like [fentanyl] is the crack cocaine of the ‘80s and ‘90s. Literally, it’s everywhere. People are just walking up to people at gas stations, ‘Slow? Want some ‘slow’ (fentanyl)?’” Law enforcement in the Toledo region shared: “[Fentanyl] is predominantly what’s out there, that’s predominantly what’s coming into the country, and that’s predominantly what’s readily available on the streets right now; When we go into the jail ... [fentanyl] is what the majority [of inmates] are saying they are either snorting or [intravenously injecting] ... fentanyl; It’s all fentanyl. That’s all anybody wants, that’s all anybody can find....”

### Reported Change in Availability of Fentanyl during the Past 6 Months

Region	Current Availability	Availability Change	BCI Fentanyl Case Incidence Change
Akron-Canton	High	No Change	Increase
Athens	High	No Change	Decrease
Cincinnati	High	No Change	Decrease
Cleveland	High	No Consensus	No Change
Columbus	High	No Change	Decrease
Dayton	High	Increase	Increase
Toledo	High	No Change	No Change
Youngstown	High	No Change	Increase

Consumers in Cleveland, Columbus, and Youngstown regions reported fentanyl as a common adulterant for cocaine, while consumers in Akron-Canton, Cincinnati, Cleveland, Columbus, and Youngstown regions reported fentanyl as a common adulterant for methamphetamine. A consumer in the Columbus region shared, *“I always heard that fentanyl was ‘off the hook’ (desirable). And I always heard that ‘dope’ (drug) dealers were putting that stuff in ‘crack’ (crack cocaine). That’s what I do, I smoke crack.... Come to find out that everybody in the neighborhood ... is putting [fentanyl] in crack just so they can ‘get that sale’ (sell more crack cocaine).”* A member of law enforcement in the Columbus region added, *“[Drug dealers] are putting [fentanyl] in cocaine mixtures. They’re putting it in ‘meth’ (methamphetamine) mixtures.... I’m not sure I quite understand all of that, other than the availability of fentanyl [is high] and the cost [is low] ... [fentanyl is a cheap adulterant].”*

Treatment providers also commented on the use of fentanyl as an adulterant for other drugs. A provider in the Cincinnati region said, *“[Fentanyl is] ten times [more potent] than heroin, and it’s coming in so many different forms as well. Talking about [counterfeit fentanyl] pressed pills ... some people think they’re purchasing one thing, and it’s another ... typically fentanyl. They’re just putting [fentanyl] in everything.”*

Throughout OSAM regions, respondents reported high prevalence of fentanyl-pressed pills that are often fashioned to resemble legitimate prescription pills. Comments included: *“A lot of people have fake pressed ‘fetty’ (fentanyl) pills; [Availability of counterfeit prescription pills is high] because they are pressing (manufacturing fentanyl-pressed pills). They press ‘percs’ (Percocet®) and they will press any pill; Everybody wants [fentanyl] and everybody is pressing it [into pill form]; There are a ton of fake counterfeit [prescription opioids], especially the ‘M30’ (Roxicodone® 30 mg), ‘oxys’ (OxyContin® OC), tons of them, and they are just made up of fentanyl. They are just fake pills; [Pressed pills are highly*

*available] because of the overabundance of fentanyl; A lot of people are buying the Percocet® or the Vicodin® and they are actually getting the pressed fentanyl. That happens quite often.”*

In addition, respondents, particularly in cities, reported that drug dealers solicit customers in public places, with consumers in Cincinnati and Dayton regions reporting drug dealers as giving free samples (aka “testers”) of fentanyl to further increase their customer base. Comments included: *“I feel like I don’t even look ‘sick’ (appear to have a substance use disorder), and I’ll be walking down the street, and [a drug dealer will say], ‘Hey! I got testers!’ You hear that a lot, ‘free testers;’ [Drug dealers] will yell at you ... and throw ‘testers’ out [of traveling cars]; We have people ... in public parking lots that are being approached, [they are] not seeking out any narcotics, but being approached ... getting introduced to [fentanyl] to try and drum up business for the drug dealer ... or just going to a gas station parking lot and somebody is going to be selling [fentanyl]; You don’t have to look for [fentanyl], it will find you.”*

Lastly, respondents throughout OSAM regions noted the high prevalence of overdose as indicative of high fentanyl availability. Observations included: *“There are overdoses constantly and they’re all fentanyl related; Most of our [fatal] overdoses contain fentanyl in their ‘tox’ (toxicology) screens; [Fentanyl] is everywhere. Portage County (Akron-Canton region) has just had, in the past 28 days, 12 fatal overdoses, which is very, very unprecedented in a small county like this; [Fentanyl is] pretty readily available. I’ve never messed with it personally, but I’ve seen a lot of my friends ‘OD’ (overdose). I’ve had to give Narcan® (administer naloxone to reverse an opioid overdose); Judging by the overdoses I’ve seen ... [fentanyl] is pretty readily available....”*

Respondents in most OSAM regions reported that the availability of fentanyl has remained the same during the past six months, while respondents in the Dayton region and consumers in the Cleveland region indicated increased availability. Respondents that reported increased availability



noted an increase in fentanyl-pressed pills, specifically, and an increase in fentanyl as an adulterant, generally. They commented: “[Fentanyl] is more available now just because they are lacing (adulterating) everything with it; It definitely seems like [fentanyl-pressed pills have] become more popular and are gaining ground; The demand [for fentanyl] is just going up and up and up because more people are getting addicted [to fentanyl] every day.”

Ohio Bureau of Criminal Investigation (BCI) crime labs reported that the incidence of fentanyl and fentanyl analogue cases they process has increased during the reporting period for Akron-Canton, Dayton, and Youngstown regions, and decreased or remained the same for all other OSAM regions. BCI labs did not process any cases of carfentanil from throughout OSAM regions during the reporting period. BCI labs noted that fentanyl continues to be seen in complex mixtures, and in a variety of colors.

In addition to BCI reporting, other crime labs in Cleveland and Dayton regions submitted fentanyl and carfentanil incidence data. Lake County Crime Lab (Cleveland region) and Miami Valley Regional Crime Lab (Dayton region) reported that the incidence of fentanyl and fentanyl analogue cases they process has decreased during the reporting period. Cuyahoga County Regional Forensic Science Lab (also Cleveland region) reported that the incidence of fentanyl and fentanyl analogue cases it processes has remained the same. The crime labs indicated processing the following fentanyl analogues: acetylfentanyl, benzylfentanyl, despropionyl fentanyl, flurorfentanyl, fluoroacetyl fentanyl, para-fluoroacetyl fentanyl, para-fluorofentanyl, and valeryl fentanyl. Cuyahoga County Regional Forensic Science Lab, Lake County Crime Lab, and Miami Valley Regional Crime Lab did not report processing any cases of carfentanil during the reporting period.

Other data sources indicated fentanyl as available throughout OSAM regions. Ohio Department of Public Safety reported drug task force seizure of

264.6 kilograms (582.0 lbs.) of fentanyl from throughout OSAM regions during the reporting period; of which, 43.1% was seized from the Columbus region. Fairfield County Municipal Court (Columbus region) reported that, of the 3,382 positive adult drug specimens it recorded during the past six months, 2.1% was positive for fentanyl. Hancock County Probate Court (Toledo region) reported that, of the 39 positive adult drug test results it recorded during the past six months, 17.9% was positive for fentanyl. Summit County Juvenile Court (Akron-Canton region) reported that, of the 65 fentanyl tests it performed during the past six months, 1.5% was positive for fentanyl. Columbus Fire Department (Franklin County, Columbus region) reported administering 1,552 total doses of naloxone to 1,232 individuals in the city of Columbus during the reporting period. Millennium Health reported that 5.9% of the 137,631 urinalysis specimens submitted for fentanyl testing during the past six months was positive for fentanyl.

Region	% Tested Positive	Number Tested
Akron-Canton	4.1%	9,902
Athens	4.9%	14,240
Cincinnati	9.0%	19,925
Cleveland	2.4%	23,753
Columbus	5.0%	28,911
Dayton	3.8%	4,702
Toledo	11.6%	24,640
Youngstown	1.4%	11,558
<b>Total</b>	<b>5.9%</b>	<b>137,631</b>

Coroner and medical examiner offices in the counties of Athens (Athens region), Cuyahoga (Cleveland region), Hamilton (Cincinnati region), Montgomery (Dayton region), and Scioto (Cincinnati region) reported that 93.3%, 78.4%, 88.5%, 79.0%, and 76.9%, respectively, of all drug-

related deaths they recorded this reporting period (15, 319, 182, 461, and 39 deaths) involved fentanyl. These coroner and medical examiner offices did not find carfentanil present in any of the drug-related deaths they recorded for the reporting period.

Media outlets reported on law enforcement seizures and arrests related to fentanyl this reporting period (selected media reports follow). Columbus Police detectives (Franklin County, Columbus region) found 19 kilograms of purple fentanyl, 20,000 suspected fentanyl pills, and guns along with high-capacity magazines in a storage unit in Reynoldsburg; three individuals linked to the storage unit were arrested on felony drug charges ([www.abc6onyourside.com](http://www.abc6onyourside.com), Dec. 27, 2022). Lake County narcotics agents (Cleveland region) found 5,000 fentanyl-pressed pills while executing a search warrant; the U.S. Drug Enforcement Agency (DEA) issued a warning that fentanyl-laced fake prescription pills are being manufactured in Northeast Ohio ([www.news5cleveland.com](http://www.news5cleveland.com), Dec. 6, 2022). Montgomery County Public Health Department (Dayton region) issued an alert cautioning people who use drugs to practice harm reduction strategies after 14 people died of suspected opioid overdose in a week ([www.daytondailynews.com](http://www.daytondailynews.com), Nov. 21, 2022). Erie County Health Department (Toledo region) issued an alert warning that fentanyl can be pressed into pills and adulterated into heroin, cocaine, and methamphetamine after three overdose deaths were recorded in Sandusky over a single weekend ([www.news5cleveland.com](http://www.news5cleveland.com), Oct. 18, 2022). The U.S. Attorney's Office for the Northern District of Ohio reported seizing over 4 million doses of fentanyl in Ohio as part of a nationwide initiative from May through September 2022; the DEA and its law enforcement partners seized more than 65 kilograms of fentanyl powder and 87,000 fentanyl-laced pills from just Ohio ([www.wfmj.com](http://www.wfmj.com), Oct. 11, 2022). Hamilton County Public Health Department (Cincinnati region) issued an alert after 16 overdose deaths, likely caused by fentanyl, occurred in the first five days of October 2022; the alert advised people who use drugs to

obtain naloxone and fentanyl testing strips ([www.spectrumnews1.com](http://www.spectrumnews1.com), Oct. 6, 2022). Guernsey County Sheriff's officers (Athens region) took two people into custody on a felony investigation hold following a traffic stop in Cambridge; the subsequent police investigation led to a residence in Kimbolton associated with the couple, where officers seized bulk quantities of fentanyl ([www.wtov9.com](http://www.wtov9.com), Oct. 4, 2022). Two corrections officers and five inmates of the Licking County Jail (Columbus region) were treated for fentanyl exposure suffered in one of the jail's housing modules; two of the inmates suffered severe reactions ([www.nbc4i.com](http://www.nbc4i.com), Sept. 26, 2022). Law enforcement officers in Montgomery County (Dayton region) executed a search warrant in Trotwood and arrested four people on federal drug charges after locating approximately 7,200 pills containing a mixture of methamphetamine and MDMA (ecstasy/"Molly"), four handguns and a rifle, in addition to approximately six kilograms of fentanyl and an undisclosed amount of cash ([www.daytondailynews.com](http://www.daytondailynews.com), Sept. 7, 2022). Butler County Sheriff's officers (Cincinnati region) executed a search warrant at a Middletown home and seized 25,000 fentanyl-pressed pills with a street value of \$750,000; officers also confiscated loaded guns and digital scales, arresting three people in connection with the investigation on drug possession and trafficking charges ([www.fox19.com](http://www.fox19.com), Sept. 2, 2022). Hamilton County Coroner's office (Cincinnati region) reported that they have seen 15 cases that involved xylazine (aka "tranq"), an animal tranquilizer, mixed with fentanyl/fentanyl analogues that is naloxone resistant ([www.wcpo.com](http://www.wcpo.com), Aug. 24, 2022). DEA agents arrested two men from Sinaloa, Mexico at a Beachwood hotel (Cuyahoga County, Cleveland region) for fentanyl trafficking; investigators had the hotel under surveillance and intercepted bricks of fentanyl that the men were loading into a car containing children ([www.cleveland.com](http://www.cleveland.com), Aug. 15, 2022). Warren Police (Trumbull County, Youngstown region) responded to reports of an overdose at the home of a former Trumbull County attorney; police said that the call history for the home showed four overdoses taking place there over the past three months and they issued

a warrant for the attorney's arrest on the charge of permitting drug use in her home ([www.wkbn.com](http://www.wkbn.com), July 20, 2022). Portage County Sheriff's officers (Akron-Canton region), with the aid of a K9 officer, located 20 grams of fentanyl during a traffic stop in Kent; officers arrested the driver of the car for trafficking in drugs and possession of drugs ([www.cleveland19.com](http://www.cleveland19.com), July 15, 2022). Cuyahoga County Medical Examiner issued a public health alert after recording 30 overdose deaths in the first 12 days of July 2022; the alert included a reminder that naloxone and fentanyl test strips were available throughout the area ([www.wkyc.com](http://www.wkyc.com), July 12, 2022). A librarian working in Columbus' Hilltop neighborhood (Franklin County, Columbus region) utilized a NaloxBox at the library branch there to save the life of a man experiencing an opioid overdose; Franklin County Alcohol, Drug, and Mental Health Board has worked with the county's library system to make naloxone emergency doses available in libraries ([www.nbc4i.com](http://www.nbc4i.com), July 7, 2022).

### Adulterants

Consumers most often rated the current overall quality of fentanyl as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); modal scores throughout regions ranged from '8' to '10.' High scores were generally acknowledgement of the high lethality of the drug as many consumers determined fentanyl's quality by its potency. One consumer said, "[Fentanyl] purity, I'd say it's like a '3' (low) with what's put in it (the amount of adulterants). But, potency, I'd say it's like a '9' (high)..." Other consumers discussed: "[The quality of fentanyl] must be good because it's killing a lot of people; I know a lot of people that died from [fentanyl use], chasing that [extreme high]. People will say, 'That person died from it ... that must be some good stuff. I got to find out where that came from; [Dealers] want it to kill (overdose) people ... because if people found out [their fentanyl sale] killed somebody, then they want to try it.... 'Somebody's got that 'fire' (highly potent drug). Let's go get that fire;' People are [overdosing], so I guess it's good (high quality

*fentanyl).*" Reportedly, consumers seek fentanyl that is linked to overdose as they perceive that fentanyl as "pure" or of high quality, and some consumers seek straight fentanyl.

Consumers throughout OSAM regions reported that the overall quality of fentanyl has remained the same during the past six months, except for Akron-Canton and Cincinnati regions where consumers most often reported increased quality. Consumers reporting increased quality reasoned that quality must have increased given their perception of increased overdose deaths. Comments included: *"Everyone is dying (overdosing on fentanyl) ... [quality] has increased; They are getting [fentanyl] in a more pure form; The overdoses are getting worse (more frequent)..."*

Consumers reported that the top adulterant (aka "cutting agent") for fentanyl is powdered sugar, followed by mannitol (diuretic). Comments included: *"Powdered sugar is the main thing (primary cutting agent for fentanyl); It's cut with powdered sugar, like a lot; They cut it so much with powdered sugar."* One consumer emphasized, *"Even when they are cutting [fentanyl], people are still [overdosing]."*

Consumers also reported the following synthetic drugs as cuts for fentanyl: nitazenes (a group of powerful, illicit synthetic opioids; Cincinnati region) and xylazine (aka "tranq," a powerful sedative that the FDA has approved for veterinary use only; Athens, Cincinnati, and Columbus regions). Consumers in the Dayton region reported tranquilizers but did not specify xylazine. Cincinnati consumers responded: *"There's other drugs now that are also used instead of (as substitutions for/additions to) fentanyl.... They're called 'zenes' (nitazenes); I don't get high by myself. I learned not to do that because [fentanyl] is so dangerous, it will kill you.... And now, the xylazine stuff that's out, that Narcan® (naloxone) is not bringing you back.... [Xylazine is] another type of fentanyl (synthetic drug), but it's a stronger compound, and it eats your skin up ... there's no coming back from it."*



Additional fentanyl cuts specifically mentioned included: aspirin, baby formula, baby laxatives, baby powder, baking soda, cigarette ash, cocaine, coffee, coffee creamer, fiber, gabapentin, headshop cutting agents, heroin, ibuprofen/other over-the-counter pain relievers, inositol (dietary supplement), lactose, laxatives, methamphetamine, prescription opioids, protein powder, quinine (antimalarial), “rizzy” (bromadol, a potent narcotic analgesic), sedative-hypnotics (benzodiazepines), sleep aids, sugar, and vitamin B-12.

### Street Names

Current street jargon includes many names for fentanyl. Throughout OSAM regions, consumers reported “boy,” “fetty,” and “slow” as the most common street names, generally. Consumers continued to discuss that since heroin and fentanyl have become synonymous, in that consumers often cannot discern between the two drugs, many of the street names for heroin are also used in reference to fentanyl (“boy,” “dog

### Naloxone

Analyses of consumer survey data administered at the time of the focus groups found that the majority (79.5%) of the 322 consumers who responded to questions regarding naloxone (opioid overdose reversal medication), reported having heard of naloxone. Of those 255 consumers who had heard of naloxone, and responded to survey questions regarding naloxone administration, 41.2% reported having had naloxone used on them to reverse an opioid overdose and 43.9% reported having used naloxone on another person to reverse an opioid overdose. Of the 322 consumers, 65.5% reported that they knew where to obtain naloxone. Of those 211 consumers who knew where to obtain naloxone, 82.0% reported having ever obtained naloxone and 41.6% reported current possession of naloxone. Consumers remarked: “[Fentanyl is] *annihilating people* ... [you need] *Narcan® (naloxone) on deck (readily on hand)*; *As people’s addiction grows, tolerance grows, seems like the dealers make [fentanyl] stronger; I did my same amount [of fentanyl] and I ‘fell out’ (overdosed) and got ‘narcaned’ (administered naloxone) three times and came back.*”

Of those 172 consumers who ever obtained naloxone, and responded to questions on naloxone administration training, 76.7% reported having been trained on how to use naloxone when they obtained it. Those who reported ever obtaining naloxone reported having obtained it from one or more of the following sources: drug treatment agency (47.4%), pharmacy (27.7%), Project DAWN (Deaths Avoided With Naloxone, a community-based overdose education and naloxone distribution program sponsored by Ohio Department of Health) (24.9%), medical clinic (22.0%), mental health agency (14.5%), doctor’s office (13.3%), and emergency room (11.0%). In addition, 20.2% reported having obtained naloxone from a different source, such as AA (Alcoholics Anonymous) meetings, court, drop-in center, family members and friends, fire department, harm reduction center, harm reduction vending machine, local health department, health fair, jail/prison release, syringe services program, people who use drugs, pop-up clinic, recovery housing, and street outreach.

Of the 321 consumers who responded to the survey question regarding having ever seen a naloxone overdose emergency kit in a public place (e.g., “NaloxBox,” a secured emergency kit like a first aid kit that contains doses of naloxone), 37.1% reported having seen a naloxone emergency kit in a public place. Of those 119 consumers that had seen a naloxone emergency kit in a public place, the locations for naloxone overdose emergency kits reported were community transportation, court, doctor’s office, domestic violence shelter, drop-in center, gas station, health department, hospital, hotel, jail/prison, library, medical clinic, pharmacy, Project DAWN site, recovery housing, restaurant, shopping mall, store, treatment center, and workplace.

food,” and “slow”). Consumers explained: “[Street names for fentanyl are the] *same thing* [as heroin] ‘boy,’ ‘slow,’ ‘food;’ [Drug dealers] *don’t say it’s ‘fentanyl,’ they are like, ‘Hey, you want some ‘chi’ (aka ‘China/China white’) or some ‘boy.’*”

Regarding “fetty,” the most often reported street term for fentanyl, consumers remarked: “‘Fetty’ (fentanyl) ... *that fetty. It’s all that fetty; ‘F’ for ‘fetty.’ It’s just the ‘F.’*” Like heroin, other street names for fentanyl denote the sedative effect of the drug (“slow”) or the drug’s lethality (“drop”). A consumer commented, “‘Drop’ as in ‘drop dead’ or ‘dropping like flies.’ *People are dying from [fentanyl overdose].*”

In addition, there are street names that reference the pressed-pill form of fentanyl specifically. Reportedly, one of the most common fentanyl-pressed pills are counterfeit oxycodone hydrochloride 30 mg pills that are blue in color and imprinted with the letter “M.” These are imitations of the legitimate medication manufactured by Mallinckrodt (“M”) Pharmaceuticals. Thus, consumers will reference these pills as “blue boy,” “dirty 30,” and “M-box.” A consumer said, “*I call [fentanyl pills] ‘blue boys.’*”

Current Street Names for Fentanyl	
Most Common	boy, fetty, slow
Other	chi, China/China white, dog/dog food/food, dope, drop, F, fet, fetty wop/wop, fire, him, man, pink, pup, purple, white
Pressed Pills	blue boy, dirty 30, M-box

### Pricing

Current prices for fentanyl were reported by consumers with experience purchasing the drug. Reportedly, the most common quantity of purchase for fentanyl is a gram for \$40-80; however, consumers in Athens, Cincinnati,

Dayton, and Youngstown regions reported that a gram can sell as high as \$100-125. Gram pricing is better if fentanyl is purchased from an urban source versus purchases made in rural areas where dealers mark up the cost of fentanyl to compensate for transporting the drug, with some dealers reselling a portion of their fentanyl supply at higher prices to cover the cost of their own use. Consumers discussed: “*The people I know that do [fentanyl] around here (Brown County, Cincinnati region), they’re paying a lot more money than \$30 or \$40 a gram. They’re paying a lot closer to \$120 for a gram; [Dealers] go to Cincinnati and get [fentanyl] cheap and then bring it here (Brown County) and sell it [for a profit].... Nobody commits felonies for free; I was buying 10 grams [of fentanyl] at a time, but that’s because I sold to use. Between me and my two kids, I had to support our habit.*”

Throughout OSAM regions, 1/2 gram most often sells for \$25-40, and 1/10 gram (aka a “point”) most often sells for \$20. In addition, consumers in the Dayton region reported that a “cap” (capsule filled with approximately 1/10 gram of fentanyl) sells for \$20. Regarding the current pricing for fentanyl-pressed pills, a consumer stated, “*They are charging the same price for both pressed [fentanyl pills] and real ones (legitimate prescription opioids) because they don’t want you to know that the fake ones are fake.*” Overall, consumers indicated that the price of fentanyl has remained the same during the past six months.

### Route of Administration

The most common route of administration (ROA) for fentanyl remains intravenous injection (aka “shooting”). Consumers estimated that out of 10 people that use fentanyl, 5-10 would shoot, 0-5 would snort, and 0-4 would smoke the drug. Consumers discussed all ROAs because fentanyl is an adulterant for most other drugs, thus its use can be unplanned. They said: “*People do [fentanyl] all kinds of ways; People ‘shoot’ (inject), people snort, people smoke. But shooting is the most common thing with ‘dope’ (fentanyl); Just like with heroin, if you graduate to that strong of a*

*drug, chances are you're shooting [fentanyl]; Once you get to that level [of using fentanyl], that's all you do (intravenously inject fentanyl). The high is better and hits you faster; People don't start off with 'the needle' (intravenous injection). They start off either smoking [fentanyl] or snorting it. The needle's that last leg of the race...."*

Many consumers expressed snorting as a safer alternative to shooting. They believe the overdose risk to be greater when shooting fentanyl. A consumer observed, *"I've seen a pretty good bit of people that snort [fentanyl]. If I was to do [fentanyl], I'd probably just snort it because it's just so dangerous to shoot [fentanyl]...."*

Regarding smoking as an ROA, consumers principally discussed "freebasing" (placing fentanyl on aluminum foil, holding a flame under the foil, and inhaling the resulting vapors, usually through a glass straw). A consumer stated, *"Smoking is normally freebasing though."*

Consumers in the Cincinnati region shared smoking as a common ROA for fentanyl-pressed pills. One consumer said, *"[ROA for fentanyl] depends on if you're getting the [counterfeit] 'M30s' (Roxicodone® 30 mg), like the [fentanyl-pressed] pills ... those are fentanyl, too. And ... it's a lot easier to smoke those.... You put fire to it, underneath it, while it's on the foil, it turns like this golden color and [what remains looks] just like real heroin does. I've never seen anybody smoke fentanyl really up here (Brown County, Cincinnati region), except for those pills."*

### Typical Use Profile

Throughout OSAM regions, consumers and community professionals continued to most often report that there is no profile for typical fentanyl use. Respondents cited the high prevalence of fentanyl and its widespread use as an adulterant for almost all drugs as making everyone who uses drugs susceptible to becoming dependent on it. Comments included: *"[Fentanyl] doesn't discriminate; I would never look at anyone and be like, 'You look like a fentanyl addict.' I think it's anybody. It's very surprising, old people, young people ... it's so accessible. People don't know that*

*they are doing it, and when they do it, they get hooked; Everybody [uses fentanyl], it's a wide range from young to old, rich to poor, everyone ... it's so readily available. It's everywhere; [Typical fentanyl use is] across the board ... females, males, white, Hispanic, African American; Anybody that wants to get high, they'll get high on anything...."*

Descriptors of fentanyl use discussed were "same as heroin" (low socio-economic status, chronic pain issues/previous illicit opioid use, white people, and/or young people). Respondents shared: *"Same demographic as heroin ... white people, 25-45 [year] age range; Typically, the same as heroin ... late 20s through 30s and people who had a pill (prescription opioid) problem in the past; Typically, those people that have a lot of pain [turn to fentanyl] ... they've had jobs where they've hurt themselves, they've had surgeries; Someone who stepped up to fentanyl from heroin."*

### Use Combinations

Many other substances are used in combination with fentanyl. However, consumers reported that fentanyl is most often used with crack/powdered cocaine, heroin, and methamphetamine. Consumers explained using fentanyl with cocaine and methamphetamine to "speedball" (concurrent or consecutive stimulant and depressant highs) and with heroin for a potentiating effect and to give fentanyl "legs" (extend the opioid high as fentanyl, while potent, is a short-lived high). Consumers discussed: *"A lot of people use cocaine for the upper (stimulant effect) because [fentanyl] makes them 'nod' (pass out/overdose) so they do 'coke' (powdered cocaine) to counteract it ... speedball; As soon as I injected [fentanyl], I would be smoking crack to get the upper; [Fentanyl is added to] heroin ... to make [heroin] stronger; Heroin [is combined with fentanyl] because heroin has the 'legs' that fentanyl doesn't."*

In addition to speedball, consumers also discussed using cocaine and methamphetamine with fentanyl to prevent or reverse an opioid overdose. One consumer shared, *"I had to do*

[methamphetamine] *to keep me alive* [after overdosing]. *Every time I ‘ODed’ (overdosed)* [from fentanyl], *they had to get me to smoke some ‘ice’ (crystal methamphetamine).... Or they would shove it down my throat and that would bring me back to life because we didn’t [always] have Narcan® (naloxone).*”

Other drugs that prolong and intensify the high of fentanyl and help to alleviate opioid withdrawal symptoms are alcohol, marijuana, MDMA (methylenedioxymethamphetamine, ecstasy/ “Molly”), prescription opioids, prescription stimulants, and sedative-hypnotics. Consumers discussed using sedative-hypnotics (benzodiazepines, e.g., Xanax® and Klonopin®) in combination with fentanyl, saying: “*Xanax® [is used in combination with fentanyl] because people like the ‘nod;’ [Xanax®] gives you the ‘nod’ so [the effect from fentanyl] lasts a little longer when [fentanyl] doesn’t have what we call ‘legs.’ You mix heroin and ‘benzos’ (benzodiazepines) in it so [the opioid high] lasts longer; Benzos ... [with fentanyl] is a really bad combo ... it’s lethal. But back when I was using [drugs], I would mix Klonopin® with [fentanyl].*”

Substances Used in Combination with Fentanyl	
Most Common	crack/powdered cocaine, heroin, methamphetamine
Other	alcohol, marijuana, MDMA, prescription opioids, prescription stimulants, sedative-hypnotics

### Prescription Opioids

Prescription opioids for illicit use remain low or moderate in availability throughout OSAM regions. Respondents continued to discuss that doctors are less likely to prescribe opioids due to prescribing restrictions and monitoring meant to reduce exposure to opioids. A member of law

enforcement in the Toledo region described reduced opioid prescribing, saying, “*Providers are becoming less likely to prescribe [opioids] to people just because ... everyone’s aware of the possible outcomes there (addiction risk). And I also think there’s better [opioid prescription] tracking so ... the doctors can see if someone is ‘med seeking’ (aka ‘doctor shopping,’ people who go to several doctors to try to obtain prescriptions for opioids) rather than actually being in need of the medication.*” And a treatment provider in the Dayton region stated, “*Pharmaceutical lawsuits and the government cracking down on doctors (restricting opioid prescribing) has decreased the availability.*”

Consumers concurred that it is difficult to obtain a prescription for opioids. They said: “*You can’t go bust your finger and go to the doctor and get pain pills (prescription opioids); [Doctors] give it to you (prescribe opioids) after you have cancer [diagnosed] and after you have a baby, and they barely do that, you have to have a [cesarean] section [to be prescribed opioids]; Doctors don’t write the ‘scripts’ (prescriptions for opioids) like they used to. You can’t take that road trip to Florida and come back with a thousand pills.*” A consumer in Cleveland added that when opioids are prescribed, the quantity is limited, commenting, “*Even if you need [prescription opioids] for surgery, you only get a certain amount, not a full script anymore.*”

Consumers reported access to prescription opioids for illicit use with the right connection, most purchased or stolen from someone with a prescription, including the elderly and people with chronic pain. They commented: “*You get [prescription opioids] from an older person, or someone who has got the script, like someone ... who has back pain; People are stealing [prescription opioids] from their folks (family members), the older populations, and selling them to their friends.*” Community professionals added: “*[Selling prescription opioids] is easy money for those who have the scripts; [Prescription opioids for illicit use are] still out here, you just have to know the right people who get the scripts; The*



**Reported Change in Availability of Prescription Opioids during the Past 6 Months**

Region	Current Availability	Availability Change	Most Available
Akron-Canton	Low	No Change	OxyContin®, Percocet®
Athens	Low	No Change	Percocet®
Cincinnati	Low to Moderate	No Change	Not Specified
Cleveland	Low	No Change	OxyContin®, Percocet®
Columbus	Low to Moderate	No Change	Percocet®
Dayton	Low	No Change	Percocet®
Toledo	Low	No Change	Percocet®
Youngstown	Low	No Change	Percocet®, Vicodin®

to go to a doctor [and what to say] to get a prescription [for opioids]; We have a couple of pain clinics around ... who are known to prescribe a pretty high number [of opioids] to people.” A treatment provider in

person prescribed [opioids] takes a few, feels better, then leaves the extra [pills] laying around for people to grab.”

Because prescription opioids are difficult to obtain, some respondents noted that people who are prescribed opioids increasingly retain them for personal use. They said: “People who have [opioids prescribed] aren’t as willing to sell them; People who are receiving legitimate [opioid] prescriptions are guarding them much more closely.” Although less common, prescription opioids are reportedly available on the streets with a connection to the right dealer. Consumers shared: “If you are lucky to actually get a ‘legit perc’ (legitimate Percocet®) on the street, which is rare, you have to really know somebody who is dealing in straight up Percocet®; There are not as many [prescription opioid] dealers, but the dealers that ... still have access [to prescription opioids], that is who people are going to; If [drug dealers] do sell [prescription opioids], they’re going to [overcharge].”

Other reported sources of obtainment for prescription opioids included: doctor shopping, emergency rooms, Internet purchases, and pain clinics. Regarding obtaining prescription opioids by doctor shopping or from pain clinics, respondents explained: “[Consumers] know how

Athens recalled clients who reportedly obtained prescription opioids from an emergency room, stating, “[Clients] go to the emergency room a lot ... and they can get a three-day supply of [prescription opioids] ... fake [an injury], they injure themselves, too.” Consumers described different ways to purchase prescription opioids on the Internet. A consumer remarked, “I know a couple sites (websites) you can go on and buy certain things, like Vicodin®, ‘perc 5s’ (Percocet® 5 mg), without a prescription, and they’ll send them to you in the mail ... I did it. It was cheap, too.”

Respondents throughout OSAM regions reported no change in the availability of prescription opioids for illicit use during the past six months. They discussed that low supply and high cost of prescription opioids for illicit use have led to a shift toward heroin/fentanyl as highly available, potent, and cheap alternatives. Respondents remarked: “[Doctors] stopped prescribing the pills, but now fentanyl is a big problem; It’s hard to get the [prescription] opioids, and that’s what’s causing people to go to the fentanyl; Fentanyl has really replaced [prescription opioids]; Everybody I knew would just get ‘dope,’ heroin instead, because of the [high] price, they were trying to gouge (overcharge for prescription opioids); Prescription pills are what got people addicted [to opioids], which leads them to cheaper drugs like fentanyl.”

Respondents continued to report the prevalence of counterfeit pressed pills, often containing fentanyl, made to resemble Percocet® and other prescribed opioids. Respondents spoke of the high and increased availability of counterfeit pressed pills, saying: *“I could get bags of thousands of ‘perc 30s’ (aka ‘dirty 30s,’ counterfeit Roxicodone® 30 mg), I mean they are fake, but still [they get you high]; You see an uptick in people using the fake ones (counterfeit prescription opioids) that they’re getting off the street; [Availability] is decreasing for the real ones (legitimate prescription opioids) and increasing for the pressed; Everyone is selling fake pills ... they are all pressed fentanyl.”* In addition, law enforcement in the Cleveland region explained that counterfeit pressed pills are popular due to their low cost to produce and the higher profit margin for the dealer compared to the sale of legitimate prescription opioids.

Respondents described the high risk of overdose inherent in using counterfeit pressed pills. They discussed: *“Everyone is making their own [counterfeit pressed pills] and passing them off as real pills, but people are dying (overdosing) off them. It’s dangerous; We all know that fentanyl is being pressed into Percocet® pills ... they’re still ‘ODing’ (overdosing) on those things; You have no idea how seriously dangerous [counterfeit pressed pills] are and how much fentanyl is really in them.”*

In terms of current availability of legitimate prescription opioids for illicit use, reportedly, Percocet® is most available throughout OSAM regions. In addition to Percocet®, respondents in Akron-Canton and Cleveland regions reported OxyContin® as also most common, while respondents in the Youngstown region reported Vicodin® as also most common. Respondents described the most available types of prescription opioids for illicit use as the most prescribed. Remarks included: *“Percs*

*and ‘vikes’ (Vicodin®) are prescribed more, that’s why they’re more available [on the streets]; It’s just easier to get a script for [Percocet® and Vicodin®] compared to the others; I see Vicodin® more than Percocet® ... they give you [Vicodin®] for everything. They give it to you for a toothache; ‘Oxys’ (OxyContin®) are most common [for illicit use, because they are] prescribed more.”*

Percocet® are reportedly the most requested prescription opioid for illicit use because of their potency. Consumers shared: *“[Percocet®] is just what they ask for [on the streets]. I know that is what I ask for; [Percocet®] are addicting.”* Although reportedly less available for illicit use, some consumers described tramadol as easy to obtain. And a member of law enforcement in the Youngstown region warned of the risk of overdose associated with illicit use of fentanyl patches, stating, *“Our past few overdoses were [people] who melted down the [fentanyl] patches and injected the liquid. It makes them [overdose] instantly.”*

Ohio Bureau of Criminal Investigation (BCI) crime labs reported incidence data for each of the most

Change in BCI Case Incidence for Prescription Opioids during the Past 6 Months			
Region	Hydrocodone (Vicodin®)	Oxycodone (OxyContin®, Percocet®)	Tramadol (Ultram®)
Akron-Canton	No Change	No Change	No Change
Athens	Few Cases <sup>1</sup>	No Change	No Change
Cincinnati	Decrease	No Change	Decrease
Cleveland	Few Cases <sup>1</sup>	Few Cases <sup>1</sup>	Decrease
Columbus	No Change	Increase	Increase
Dayton	No Change	Increase	No Change
Toledo	Increase	Increase	No Change
Youngstown	Increase	Decrease	Decrease

<sup>1</sup>BCI labs reported processing few cases of this drug for this region.

available prescription opioids identified by OSAM respondents. In addition to the drugs presented in the table, BCI labs reported that the incidence of morphine cases they process has remained the same during the reporting period for the Athens region, and the number of cases remains low. BCI labs reported processing few cases of morphine from all other OSAM regions.

In addition to BCI reporting, other crime labs in Cleveland and Dayton regions submitted prescription opioid incidence data. Cuyahoga County Regional Forensic Science Lab (Cleveland region) reported that the incidence of oxycodone and tramadol cases it processes has decreased during the reporting period, while the incidence of hydrocodone cases has remained the same. Lake County Crime Lab (also Cleveland region) reported that the incidence of oxycodone cases it processes has increased during the reporting period, while the incidence of tramadol cases it processes has decreased. This lab reported processing few cases of hydrocodone during the reporting period, and it also reported processing counterfeit oxycodone tablets that contain

fentanyl and fentanyl analogues. Miami Valley Regional Crime Lab (Dayton region) reported that the incidence of oxycodone and tramadol cases it processes has decreased during the reporting period, while the incidence of hydrocodone cases has remained the same.

Other data sources indicated prescription opioids as available for illicit use throughout OSAM regions. Fairfield County Municipal Court (Columbus region) reported that, of the 3,382 positive adult drug specimens it recorded during the past six months, 3.1% was positive for oxycodone. Millennium Health reported that during the past six months, 4.3% of 136,114 urinalysis specimens tested for oxycodone/oxymorphone was positive, and 5.4% of 114,921 urinalysis specimens tested for morphine, codeine, hydromorphone, and hydrocodone was positive.

Coroner and medical examiner offices in the counties of Cuyahoga (Cleveland region), Hamilton (Cincinnati region), Montgomery (Dayton region), and Scioto (Cincinnati region) reported that 7.5%,

11.0%, 5.9%, and 17.9%, respectively, of all drug-related deaths they recorded this reporting period (319, 182, 461, and 39 deaths) involved prescription opioids. GPRA (Government Performance and Results Act) data collected from 4,236 persons entering publicly funded SUD treatment programs

**Millennium Health  
Urinalysis Test Results for Prescription Opioids  
during the Past 6 Months**

Region	Oxycodone/Oxymorphone		Opiates (morphine, codeine, hydromorphone, hydrocodone)	
	% Tested Positive	Number Tested	% Tested Positive	Number Tested
Akron-Canton	9.3%	9,649	15.2%	6,570
Athens	2.4%	13,861	2.6%	12,250
Cincinnati	1.2%	19,990	3.4%	15,555
Cleveland	3.5%	23,840	3.8%	20,640
Columbus	6.4%	27,042	6.5%	23,441
Dayton	21.8%	4,831	17.0%	4,401
Toledo	1.5%	25,174	3.3%	21,699
Youngstown	3.8%	11,727	5.7%	10,365
<b>Total</b>	<b>4.3%</b>	<b>136,114</b>	<b>5.4%</b>	<b>114,921</b>

during the past six months found 3.4% reported illicit prescription opioid use 30 days prior to intake.

GPRA Intake: Illicit Rx Opioid Use during the Past 30 Days		
Region	% Yes	Total N
Akron-Canton	3.9%	181
Athens	4.2%	212
Cincinnati	2.5%	765
Cleveland	3.0%	970
Columbus	3.8%	1,038
Dayton	3.3%	214
Toledo	5.4%	520
Youngstown	1.2%	336
<b>Total</b>	<b>3.4%</b>	<b>4,236</b>

### Street Names

Current street jargon includes many names for prescription opioids. Consumers reported that street names are typically abbreviated forms of brand names (“oxy” for OxyContin® and “perks” for Percocet®). Consumers reportedly refer to prescription opioids by milligram dosage or the color of the pill (“30s” for Roxicodone® 30 mg and “pinks” for Percocet® 2.5 mg). Street names also reference the imprint on the tablet. A consumer identified the imprint, “RP,” on Percocet® tablets as a street name, stating, “‘RPs,’ it’s the type of Percocet®. They will just go by the imprint on [the pill].”

### Pricing

Current street prices for prescription opioids were reported by consumers with experience buying the drugs. Throughout OSAM regions, OxyContin® sells for \$1-2 per milligram; Percocet® 5 mg most often sells for \$7-15, and as high as \$20 in Cleveland and Columbus regions, and Percocet® 10 mg most often sells for \$10-20, and as high as \$30 in Akron-Canton and Cleveland regions; Roxicodone® 30 mg most often sells for \$40-60, and as high as \$70 and \$75 in Athens and Columbus regions, respectively;

Vicodin® 5 mg most often sells for \$10, and as low as \$2-5 in the Cleveland region. Consumers acknowledged that the low supply of prescription opioids on the streets has contributed to high prices. Comments included: “[Prescription opioids for illicit use are] *way too expensive because no one gets [opioids prescribed] anymore; Very expensive if you can get them.*”

Price also reportedly varies based on milligram strength, connection to the dealer or person with a prescription, and location of purchase. Consumers stated: “[Illicit prescription opioid pricing] *depends on who you know and the milligram of the pills; [Price] varies from city to city.... You can bring an oxy from Cleveland down here (Portage County, Akron-Canton region) and almost double or triple the price.*” Consumers reported that the price of prescription opioids has remained the same or increased during the past six months. Consumers who indicated increased pricing identified low supply as the main reason. They offered: “*Most people who got [opioids prescribed] don’t want to get rid of them; It’s hard to find them, the price is going up; That’s why people do fentanyl, it’s cheaper....*”

Current Street Names for Prescription Opioids	
General	beans, candy, K9s, painers, Pez®, pills, PKs, Skittles®
Dilaudid®	la la
Opana®	OP, panda bears, stop signs
OxyContin®	OCs, OxiClean®, oxy/oxys
Percocet®	<b>General: jerks, Ps, pants, perch, percs/perks, perkies, RPs</b> <b>2.5 milligrams: pinks</b> <b>5 milligrams: blues</b> <b>10 milligrams: school buses</b>
Roxicodone®	15s, 30s, apples, berries, greens, M boxes, perc 30, robin eggs, Roxy/Roxies
Vicodin®	Vs, vics, vikes



## Route of Administration

The most common routes of administration (ROAs) for illicit use of prescription opioids remain snorting followed by oral consumption. Overall, consumers estimated that out of 10 people that use prescription opioids illicitly, 5-10 would snort and the remainder would orally consume the drugs. A consumer in the Cleveland region said, “A lot of people snort [prescription opioids]. I ‘popped’ (swallowed) them. The majority would snort.” And a consumer in the Youngstown region reported that ROA is contingent on the type of prescription opioid pill, explaining, “[ROA] really depends on what pill you’re using and your preference. Some burn when you snort, or you can’t inject certain ones.”

Consumers noted that tamper-resistant measures that make it difficult to crush prescription opioid pills into a fine powder deter intravenous injection and “hot railing” (a process whereby crushed prescription opioid pills are placed in a glass pipe, which is heated, and the resulting vapors are inhaled). Consumers offered: “Some [prescription opioids] are hard to crush up and inject; [Prescription opioids are] hard to hot rail ... especially with some of the new pills they’re coming out with, they don’t burn. You can’t hot rail them.”

## Typical Use Profile

Throughout OSAM regions, respondents most often reported that there is no typical profile for illicit prescription opioid use. They frequently reported that “everyone” uses illicit prescription opioids and that “drugs don’t discriminate.” A consumer in the Athens region elaborated, “So many different people use prescription opioids, they can be the farmer down the road, or a doctor ... it could literally be anybody, it could be a grandma ... it could be a 15-year-old high school kid.”

Respondents also described illicit prescription opioid use among people with a history of injury and/or chronic pain. They stated: “People that have been in car accidents or Army accidents, long-

*term on-going pain, are at risk [for illicit prescription opioid use]; Anybody that’s had a serious injury or been prescribed [opioids] in the past. That’s how I started. I had surgery on my wrist, and they gave me perc 5s, which got me into liking them.”* Furthermore, people with physically demanding jobs are reportedly more at risk for illicit prescription opioid use. Respondents discussed these occupations, commenting: “The harder labor jobs, like your oil field jobs, your construction; A lot of industry, a lot of factory and physical labor.”

Respondents indicated illicit prescription opioid use among people of all ages, beginning as young as 12 years of age. They commented on use among young people, saying: “They are getting hooked (addicted to prescription opioids), younger and younger, start at 12 [years of age]; They are usually in school when they start experimenting [with prescription opioids]; People who are into certain hip-hop music ... I know so many young people that are, it’s glamorized. [Prescription opioids are] like a cool thing to do, and then they get addicted.” Reportedly, older people also commonly use prescription opioids illicitly. Respondents discussed: “Could go all the way up to 80s; We are seeing the use and abuse in the older populations due to the accessibility of [prescription opioids] through pain clinics.” In addition, people of high socio-economic status are more likely to use prescription opioids illicitly due to the prohibitive cost of the drugs. A treatment provider in the Akron-Canton region observed, “The people that I know that are abusing prescriptions (opioids) have some kind of [high] income.... or are getting their own prescription (have health insurance).”

Analysis of GPRA demographic data of all intake clients that indicated illicit prescription opioid use during the past 30 days found that, of those who endorsed illicit prescription opioid use, 60.6% was male, 62.0% was under the age of 40 years, and 74.8% indicated white as their race.

**GPRA Demographic Data of All Intake Clients Who Used Rx Opioids Illicitly during the Past 30 Days (N = 142)<sup>1</sup>**

Male	60.6%
Female	38.7%
18 - 29	26.8%
30 - 39	35.2%
40 - 49	18.3%
50 - 59	12.7%
60 +	7.0%
White	74.8%
African American	26.6%
Other race <sup>2</sup>	1.4%
Hispanic/Latino ethnicity	3.5%

<sup>1</sup>Gender total does not equal 100.0% due to one individual reporting as transgender. Total percentage for race (N = 139) is greater than 100.0% due to some individuals indicating more than one race. <sup>2</sup>American Indian and/or Native Hawaiian.

**Use Combinations**

Many other substances are used in combination with prescription opioids. Consumers reported that prescription opioids are most often used in combination with alcohol, heroin/fentanyl, and marijuana to intensify the depressant effect. Consumers shared: “[Alcohol with prescription opioids] gives you a better buzz (high); Heroin and fentanyl [with prescription opioids] mellows you out. Takes away your pain even more; [Marijuana] increases [the calming effect of prescription opioids] and takes away some extra pain and anxiety.”

Consumers also discussed the popularity of stimulant drugs, such as crack/powdered cocaine and methamphetamine, used in combination with prescription opioids to “speedball” (concurrent of consecutive stimulant and depressant highs), balance out the depressant effect of opioids, and/or to stay awake. Consumers said: “[Prescription opioids are used with] ‘uppers’ (stimulant drugs) to balance out your buzz; Sometimes when you do

*pills you do ‘coke’ (powdered cocaine) to stay up, usually in the club; It’s typical to do ‘meth’ (methamphetamine) and then pop some pills; People like to come up and then down.”*

**Substances Used in Combination with Prescription Opioids**

Most Common	alcohol, heroin/fentanyl, marijuana
Other	crack/powdered cocaine, methamphetamine, prescription stimulants, sedative-hypnotics

**Buprenorphine**

Buprenorphine remains highly available for illicit use throughout OSAM regions. Respondents continued to report illicit use of buprenorphine to help prevent or alleviate opioid withdrawal symptoms (aka “dope sickness”) in the absence of heroin/fentanyl. Community professionals discussed: “[Consumers use buprenorphine] to not get ... dope sick; They use [buprenorphine] as they withdrawal [from opioids] to just feel better for the day; [Buprenorphine is] a quick fix to get you over the hump before you can get what you really [want] (heroin/fentanyl).” Consumers concurred: “If they can’t get their drug of choice, they will use [buprenorphine] to prevent withdrawal; [Illicit use] is somebody in recovery that needs [buprenorphine], but they don’t have insurance to go to the doctor [to be prescribed buprenorphine], so they are buying them [on the streets].”

Respondents also continued to report that it is easy to obtain buprenorphine prescriptions, contributing to a high supply of buprenorphine available for diversion. They stated: “Just say you have a problem with opiates, they’ll ‘give’ (prescribe) you Suboxone®; Not all [medication-assisted treatment (MAT)] clinics, but mostly they’re just giving it out (readily prescribing

**Reported Change in Availability of Buprenorphine during the Past 6 Months**

Region	Current Availability	Availability Change	BCI Buprenorphine Case Incidence Change
Akron-Canton	High	No Change	No Change
Athens	High	No Change	Increase
Cincinnati	High	No Change	No change
Cleveland	High	No Change	Increase
Columbus	High	No Change	No Change
Dayton	High	No Change	No Change
Toledo	High	No Change	No Change
Youngstown	High	No Change	Decrease

the treatment center] and have a little bit [of buprenorphine] in their system [based on a drug screen] and they take the rest [of the prescription] home, 30-day supply.”

Respondents acknowledged that some consumers sell or trade all or part of their buprenorphine

buprenorphine)... Doctors are just throwing prescriptions at you, not asking if you want it; Doctors aren't afraid to prescribe high doses [of buprenorphine] ... you only need an 8 milligram [buprenorphine dose] ... and they are giving them a 24 milligram [dose].” MAT clinics are reportedly prevalent in many communities. A treatment provider in the Columbus region offered, “We have so many [MAT] clinics in this ... small community. And you can get dosed and prescribed a month's worth [of buprenorphine] today.”

Buprenorphine prescriptions are also reportedly obtained via telehealth services. Respondents observed: “They can [obtain a buprenorphine prescription] via video visit, and they don't have observed drug screens [to monitor use], and they are giving out a couple 'strips' (buprenorphine filmstrips) for the morning and a couple strips for night; There's a lot more telehealth services popping up on the Internet where you don't have to [urine screen positive for opioids] ... you can just do a quick Zoom call and they send the 'script' (prescription) to the pharmacy.” In addition, a treatment provider in the Cleveland region indicated that buprenorphine is prescribed for pain management, commenting, “[Buprenorphine is] being prescribed for pain management reasons and all they have to do is show up once a month [to

prescription to obtain drugs, especially heroin/ fentanyl. Comments included: “Some people take [buprenorphine] how they're supposed to, but most keep what they need and sell the rest for other drugs; They sell their Suboxone® to another [consumer], they take the cash they get from that, and they go back to their dealer, and they get their fentanyl; It's like a side hustle ... sell [their buprenorphine prescription] for their drug of choice; People trade their script for the real thing (heroin/fentanyl)...” In addition, drug dealers, are common sources of obtainment for buprenorphine. Consumers discussed: “People selling their scripts, and that is even how dealers are getting [buprenorphine to sell]; I never went to a dealer that didn't have [buprenorphine].”

Some respondents reported illicit buprenorphine use in jails and prisons. Consumers remarked: “[Buprenorphine is] 'big' (popular) in prison now. It's the biggest black-market prison's ever seen; Suboxone® is easy to find in jail.... They just started doing MAT there right before I got out; I was in a county jail not too long ago and people had [buprenorphine] in there and they were hiding it.” A treatment provider in the Dayton region added, “[Illicit buprenorphine] is inside [this treatment center] and the prisons.”

### Medication-Assisted Treatment (MAT)

Of the 318 consumers who responded to the survey question regarding current receipt of MAT, 28.0% reported currently receiving MAT. Of those 89 consumers who reported current receipt of MAT, the most common types of MAT reported were Suboxone® (buprenorphine/naloxone, 38.2%), Vivitrol® (naltrexone, an injectable form of MAT, 32.6%), methadone (a long-acting full opioid agonist, 13.5%), Sublocade® (buprenorphine only, an injectable form of MAT, 6.7%), and Subutex® (buprenorphine only, 6.7%). A consumer in the Columbus region identified MAT as a beneficial tool in recovery, stating, *“Most of the people I know that did [buprenorphine] lost their jobs over drugs. So, they’re trying to get help [through MAT] to get their job back.”*

Respondents throughout OSAM regions reported the Suboxone® sublingual filmstrip form (aka “strips”) as the most available and preferred form of buprenorphine for illicit use. According to respondents, doctors most often prescribe buprenorphine filmstrips, resulting in a higher supply available for diversion. They said: *“The clinics prescribe strips more; Some insurance will cover [buprenorphine] pills and others, strips. It seems like more [insurance plans] cover the strips.”* Buprenorphine filmstrip form is reportedly desirable because it is easy to conceal and transport. Community professionals stated: *“[Buprenorphine] is very easily accessible, it is easy to hide the strips; I hear about the strips ... mostly.”* In terms of route of administration, consumers indicated that they prefer the versatility of filmstrips, explaining: *“Dissolve [buprenorphine filmstrips] in water then snort the water; [Place strips] in their eyes or dissolve and ‘shoot’ (intravenously inject) it; Put [strips] under their tongue.”*

Respondents in Cincinnati and Cleveland regions described pill and filmstrip forms as equally available. A consumer in the Cleveland region commented, *“I feel like [illicit buprenorphine is] half [strips] and half [pills]. I see both very often.”*

Although sought after, respondents continued to describe low current availability of Subutex® (buprenorphine only) for illicit use because it is reportedly only prescribed to pregnant or breastfeeding women and people allergic to naloxone. Consumers offered: *“Most people who get Subutex® are pregnant women; Subutex® are more sought after, but hard to find; Subutex® is less common.”*

There was consensus throughout OSAM regions that availability of buprenorphine for illicit use has remained the same during the past six months. A consumer in the Athens region noted sustained high availability of buprenorphine available on the streets, stating, *“[Illicit buprenorphine availability has] steadily increased over the last few years because there’s so many [MAT] clinics now and so many people getting [buprenorphine] and getting prescribed more than what they need.”*

Ohio Bureau of Criminal Investigation (BCI) crime labs reported that the incidence of buprenorphine cases they process has increased for Athens and Cleveland regions and decreased or remained the same for all other OSAM regions. In addition to BCI reporting, other crime labs in Cleveland and Dayton regions submitted buprenorphine incidence data. Cuyahoga County Regional Forensic Science Lab (Cleveland region) reported that the incidence of buprenorphine cases it processes has remained the same, while Lake County Crime Lab (also Cleveland region) reported that the incidence of buprenorphine cases it processes has increased during the reporting period. Miami Valley Regional Crime Lab (Dayton region) reported that the incidence of buprenorphine cases it processes has decreased.

### Street Names

Current street jargon includes many names for buprenorphine. In all OSAM regions, consumers continued to report “subs” as the most common general street name, and “strips” as the most common street name for filmstrips. Consumers reported that typical street names are shortened



forms of the drug brand names (“boxies,” “subs,” “subway,” and “subway sandwiches” for Suboxone® and “text” for Subutex®). Street names for the buprenorphine pill form reportedly reference the color or shape of the pill (“oranges” and “stop signs”). A consumer remarked, “‘Stop sign’ because the [buprenorphine] pill looks like a stop sign.”

Current Street Names for Buprenorphine	
General	boxies, subs/subbies, subway/subway sandwiches/sandwiches
Filmstrip	strips, strippers
Pill	oranges, stop signs
Subutex®	tex, text

### Pricing

Current street prices for buprenorphine were reported by consumers with experience buying the drug. Consumers indicated that both buprenorphine filmstrip and pill forms typically sell for \$10-20 for an 8 mg dose. Some consumers in the Cleveland region reported that buprenorphine filmstrip and pill forms can sell for as low as \$3-5 in the city of Cleveland, compared to \$15-20 in other areas of the region, due to the high supply of buprenorphine on the streets and the low demand for buprenorphine in relation to other drugs. Consumers shared: “In Cleveland, it’s really, really hard to sell Suboxone®, nobody wants it ... there are people with hundreds of [buprenorphine doses] at home ... nobody wants them because you have lots of real drugs [available]; There are so many [buprenorphine doses] out there [on the streets] you get deals on them, buy five and get one free.” Reportedly, Subutex® 8 mg sells for \$15-35. A consumer explained, “Subutex® is more expensive because it’s hard to obtain.”

Consumers indicated that the price of buprenorphine has remained the same during the past six months, except for the Dayton region

where the price reportedly has decreased, and the Cleveland region where consumers reported equally that the price has decreased or remained the same. Consumers who reported decreased buprenorphine pricing cited high supply as the primary reason. They stated: “The strips have actually gone down in price because everybody has them; The prices actually went down because [buprenorphine is] more available.”

### Route of Administration

Overall, the most common route of administration (ROA) for illicit use of buprenorphine remains oral consumption, however consumers in Athens and Youngstown regions indicated snorting as slightly more common than oral consumption.

Consumers described snorting buprenorphine filmstrips dissolved in water, a practice referred to as “mudpuddling.” They commented: “The Suboxone® strips ... you can ... dissolve them in water then snort the water; They get the water, they put it on a spoon, throw a little strip in there, take a straw and snort it.”

Consumers also discussed ocular absorption as an alternate ROA for filmstrips. They reported that a portion of a filmstrip can be placed directly on the eye like a contact lens. Consumers identified ocular absorption as popular in jails and prisons. A consumer explained, “The big thing in prison is people put [a portion of a filmstrip] in their eye, in the corner of it, on the pink part, not the white part.” Although not common, consumers described intravenous injection (aka “shooting”) of buprenorphine. A consumer spoke of the dangers of shooting buprenorphine, saying, “I have only known of one person who [injected buprenorphine], and they said they immediately passed out after shooting the Suboxone®. He said it was the worst mistake he ever made.”

### Typical Use Profile

Throughout OSAM regions, respondents continued to associate typical illicit buprenorphine use with illicit opioid use to help

mitigate or prevent opioid withdrawal symptoms between heroin/fentanyl use or when trying to stop opioid use. Respondents shared: *“Anyone with recent history of opiate or fentanyl type use is likely to have some [illicit] buprenorphine use as well ... it’s hand and hand; If they can’t get their drug of choice, they will use [buprenorphine] to prevent withdrawal; People who already use the heavy [opioids] and are trying to get away from it.”* Respondents also described illicit buprenorphine use among people in jails and prisons. Treatment providers stated: *“People who have been in and out of treatment facilities who are more oriented towards [illicit buprenorphine use] ... people from prisons; [Buprenorphine is] popular in prison.”* In addition, respondents observed typical illicit buprenorphine use among white, young people, 18 to 30 years of age.

### Use Combinations

Consumers reported other drugs as used in combination with buprenorphine, most commonly marijuana and stimulants, mainly crack/powdered cocaine and methamphetamine. Consumers explained that buprenorphine does not “block” the effects of these drugs, rather, buprenorphine potentiates and prolongs their effects. They discussed: *“‘Weed’ (marijuana) ... just to get you higher; ‘Meth’ (methamphetamine) because [buprenorphine] doesn’t block [the stimulant high]; Someone told me they used meth for the first time because it’s all they could do [while using buprenorphine]; Some people smoke ‘crack’ (crack cocaine) on [buprenorphine], because that’s all they can do is uppers.”*

Consumers also reported that buprenorphine is used in combination with methamphetamine “to come down” from the stimulant high and/or to “speedball” (concurrent or consecutive stimulant and depressant highs). A consumer said, *“You can use [buprenorphine] with meth and speedball, but it can’t be used with other opioids.”* Consumers reported that buprenorphine is used in combination with alcohol and sedative-hypnotics to intensify the effect of these drugs. A consumer described the reason for the use of buprenorphine

with sedative-hypnotics as, *“to get more of a buzz.”*

Substances Used in Combination with Buprenorphine	
Most Common	crack/powdered cocaine, marijuana, methamphetamine
Other	alcohol, prescription stimulants, sedative-hypnotics

### Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, muscle relaxants, and nonbenzodiazepine sleep-inducing medications, e.g., Ambien® and Lunesta®) for illicit use are low or moderate in availability in half of OSAM regions (Cincinnati, Cleveland, Columbus, and Youngstown), moderate to high in availability in the Akron-Canton region, and there was no consensus as to current availability in the remainder of OSAM regions, where low, moderate, and high availability were reported. Sedative-hypnotics are reportedly available to those with the right connections, mainly through doctor prescribing and diversion from people with prescriptions. Consumers discussed access to sedative-hypnotics through doctor prescribing, commenting: *“[Sedative-hypnotics are] still a medication that gets prescribed a lot; I found online a telehealth service ... made a call, that same day I got a prescription of Klonopin® at the pharmacy.... I was getting 90 [pills prescribed]. For me, ‘benzos’ (benzodiazepines) are super easy to get; There’s a lot of people I know getting prescribed benzos....”*

Some consumers indicated that sedative-hypnotics are prescribed instead of prescription opioids for pain management. They said: *“More people who get pain meds (are prescribed opioids), the doctors prescribe them [sedative-hypnotics now instead]; When people go to the pain doctor, they will prescribe the muscle relaxants before they prescribe the opiates.”* And a treatment provider in the Athens region summarized, *“We have so many*

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

Region	Current Availability	Availability Change	Most Available
Akron-Canton	Moderate to High	No Change	Xanax®, Klonopin®
Athens	No Consensus	No Change	Xanax®
Cincinnati	Moderate	No Consensus	Xanax®, Ativan®
Cleveland	Low to Moderate	No Change	Xanax®
Columbus	Moderate	No Change	Xanax®, Klonopin®
Dayton	No Consensus	No Change	Xanax®, Klonopin®
Toledo	No Consensus	No Change	Xanax®
Youngstown	Low to Moderate	No Change	Xanax®

not around anymore.” A treatment provider added, “I used to see a lot of [treatment clients report illicit] Xanax® [use] ... it’s just not as prevalent or prescribed as much, and other drugs are taking over.”

Overall, law enforcement observed low incidence of sedative-hypnotics during arrests and seizures. They shared: “Just based on what

people that are prescribed those medications (sedative-hypnotics).”

Regarding diversion from people with a prescription for sedative-hypnotics, consumers stated: “[Sedative-hypnotics are] hard to come by unless you know somebody who’s got a ‘script’ (prescription); Somebody that has a prescription [for sedative-hypnotics] but doesn’t take them and sells them for money on the side; You can buy ‘xannies’ (Xanax®) anywhere. I know probably four people in my phone I could call [to obtain benzodiazepines]; I can call my friend right now and get [Xanax®].” A member of law enforcement in the Columbus region concurred, saying, “Xanax® and things like that are still readily available but ... you have to have somebody that’s getting prescribed them to sell them.”

Respondents who reported low availability of sedative-hypnotics for illicit use most often cited decreased prescribing. Consumers remarked: “If we’re talking about real (legitimate) Valium® and Ativan® and Lunesta® and Xanax® and Soma®, Klonopin®, they have tightened the reins up on getting (prescribing) prescription pills ... I don’t think they are [available] like they used to be; There are so many doctors cracking down on those (restricting sedative-hypnotic prescribing), they’re

we see on our drug screens, we don’t see the benzos with a whole lot of frequency; We don’t really see [sedative-hypnotics], especially compared to the fentanyl and ‘percs’ (Percocet®) and other pills; Every once and a while, on the street, you’ll get someone with one or two ‘bars’ (Xanax® 2 mg) on them. That’s about it; The supply and demand [for sedative-hypnotics] is not high; I never see [sedative-hypnotics] anymore [during drug arrests and seizures], and it’s because they’re getting really hard to find or get a script for.”

In addition to obtaining sedative-hypnotics for illicit use through doctor prescribing and diversion from people with prescriptions, consumers discussed obtaining these drugs from drug dealers, Internet sources, and through social media. A consumer commented on seeking sedative-hypnotics via social media, saying, “These days you can go on Facebook, make a post, ‘Who got the ‘xans’ (Xanax®)? Hit my inbox.’ Somebody gonna hit your inbox and you’re off to the races.... It’s that simple.” A treatment provider observed, “I just see [sedative-hypnotics advertised] on social media ... they’re illegally selling these prescriptions ... posted right on social media.”

A consumer spoke of purchasing designer benzodiazepines on the “clearnet” (publicly accessible Internet), reporting, *“Mainly online ... the bromazolam, and all [the designer benzodiazepines], you don’t even need ... to get on the ‘dark web’ (websites operated by criminal enterprises). You can order benzo compounds that are legal because all they did was tweak a molecule and you can order straight on the clearnet.”* A member of law enforcement in the Akron-Canton region reported seizures of designer benzodiazepines, saying, *“Most of our purchases, undercover purchases, are these pills sold in the unit dose. And when they get scrutinized by the crime lab ... the Xanax® has no alprazolam in it, it’s another [designer synthetic] benzodiazepine ... it’s a higher strength.”*

Reportedly, Xanax® remains the most available sedative-hypnotic for illicit use throughout OSAM regions. In Akron-Canton, Columbus, and Dayton regions, respondents also indicated Klonopin® as most available, and in the Cincinnati region, respondents also indicated Ativan® as most available. Respondents reported that Xanax® is the most commonly prescribed sedative-hypnotic. Comments included: *“I think [Xanax® is] the one that is most prescribed by doctors, the ‘xannie bars’ (Xanax® 2 mg); [Xanax®] is one of the first [medications doctors] prescribe people with anxiety.”* Some consumers reasoned that Xanax® is popular due to the familiarity with the brand name, stating: *“Xanax® ... I think it’s just the one that most people have heard of. It’s the one they are used to; Xanax® ... I could speculate, it’s just the most comfortable name for people. It’s a household name.”*

Counterfeit sedative-hypnotics in the form of pressed pills, often containing fentanyl, are reportedly prevalent throughout OSAM regions. Consumers shared: *“Pressed ones (counterfeit sedative-hypnotics) are everywhere, and they all have fentanyl in them; Everyone has [sedative-hypnotics], but they are pressed. It’s hard to get the real ones; You never know if [sedative-hypnotics sold on the streets] are going to be real or not. They are usually pressed nowadays; If you want*

*[sedative-hypnotics] you can find it, but are they real?”* Some respondents cautioned against counterfeit sedative-hypnotic use due to the risk of overdose. A consumer said, *“I don’t deal with pressed ... because from my experience with pressed ... part would be the heroin, carfentanyl, or fentanyl, and ... I died (overdosed) on carfentanyl. So, no, if I ain’t getting the [sedative-hypnotic] script bottle, I ain’t buying it.”*

Respondents throughout OSAM regions reported that the availability of sedative-hypnotics for illicit use has remained the same during the past six months, with the exception of the Cincinnati region where there was no consensus as to availability change. Respondents who reported decreased availability cited decreased doctor prescribing. Comments included: *“A lot of doctors stopped prescribing [sedative-hypnotics] and are now prescribing gabapentin instead.... [Doctors are] trying to get people off [sedative-hypnotics] because ... people are abusing them like crazy and selling them; Doctors aren’t prescribing [sedative-hypnotics] like they were before so not as many available [for illicit use].”*

Ohio Bureau of Criminal Investigation (BCI) crime labs reported incidence data for sedative-hypnotics during the reporting period for each OSAM region. In addition to the drugs presented in the table, BCI labs reported processing few or no cases of carisoprodol (Soma®), diazepam (Valium®), lorazepam (Ativan®), and zolpidem (Ambien®).

In addition to BCI reporting, other crime labs in Cleveland and Dayton regions submitted sedative-hypnotics incidence data. Lake County Crime Lab (Cleveland region) reported processing few cases of benzodiazepines during the reporting period, while Cuyahoga County Regional Forensic Science Lab (also Cleveland region) reported that the incidence of clonazepam (Klonopin®) cases it processes has decreased during the reporting period, the incidence of alprazolam (Xanax®) cases has remained the same, and it reported processing few cases of diazepam (Valium®). Miami Valley Regional Crime Lab (Dayton region)



**Change in BCI Case Incidence for Sedative-Hypnotics during the Past 6 Months**

Region	Alprazolam (Xanax®)	Clonazepam (Klonopin®)
Akron-Canton	Increase	Few Cases <sup>1</sup>
Athens	No Change	No Change
Cincinnati	No Change	No Change
Cleveland	No Change	Few Cases <sup>1</sup>
Columbus	No Change	Increase
Dayton	No Change	No Change
Toledo	No Change	Few Cases <sup>1</sup>
Youngstown	No Change	No Change

<sup>1</sup>BCI labs reported processing few cases of this drug for this region.

reported that the incidence of alprazolam and clonazepam cases it processes has decreased during the reporting period and reported processing few cases of diazepam.

In terms of designer benzodiazepines (non-FDA approved synthetic, novel substances that are often structurally like FDA approved benzodiazepines), BCI labs reported processing 366 cases of designer benzodiazepines from throughout OSAM regions during the reporting period; of which, 28.4% was from the Columbus region and 21.6% was from the Akron-Canton region. In the Cleveland region, Cuyahoga County Regional Forensic Science Lab reported processing 151 cases of designer benzodiazepines, and that the incidence of cases it processes has increased, while also noting that designer benzodiazepines are now being added to opioid samples. Lake County Crime Lab (also Cleveland region) reported processing 36 cases of designer benzodiazepines during the reporting period, and that the incidence of cases it processes has remained the same. Miami Valley Regional Crime Lab (Dayton region) reported processing 63 cases of designer benzodiazepines during the reporting period, and that the incidence of cases it processes has decreased.

Crime labs collectively reported processing the following designer benzodiazepines: adinazolam, bromazolam, clonazolam, desalkylgidazepam, deschloroetizolam, etizolam, flualprazolam, flubromazepam, flubromazolam, and nitrazolam.

Other data sources indicated sedative-hypnotics as available for illicit use throughout OSAM regions. Fairfield County Municipal Court (Columbus region) reported that, of the 3,382 positive adult drug specimens it recorded during the past six months, 8.6% was positive for benzodiazepines. Millennium Health reported that 7.8% of 111,162 urinalysis specimens submitted for benzodiazepine testing during the past six months was positive for benzodiazepines.

**Millennium Health Urinalysis Test Results for Benzodiazepines during the Past 6 Months**

Region	% Tested Positive	Number Tested
Akron-Canton	7.5%	5,835
Athens	9.5%	11,471
Cincinnati	7.6%	15,753
Cleveland	4.3%	18,282
Columbus	12.5%	23,725
Dayton	9.3%	4,242
Toledo	5.1%	21,551
Youngstown	6.2%	10,303
<b>Total</b>	<b>7.8%</b>	<b>111,162</b>

Coroner and medical examiner offices in the counties of Cuyahoga (Cleveland region), Hamilton (Cincinnati region), Montgomery (Dayton region), and Scioto (Cincinnati region) reported that 16.9%, 5.5%, 4.6%, and 7.7%, respectively, of all drug-related deaths they recorded during this reporting period (319, 182, 461, and 39 deaths) involved one or more benzodiazepine or other sedative-hypnotic. These same coroner and medical examiner offices reported that 81.5%, 80.0%, 71.4%, and 100.0%,

respectively, of all sedative-hypnotics related deaths they recorded this reporting period (54, 10, 21, and 3 deaths) also involved fentanyl.

GPRA (Government Performance and Results Act) data collected from 4,236 persons entering publicly funded SUD treatment programs during the past six months found 3.5% reported illicit sedative-hypnotic use 30 days prior to intake, including benzodiazepines and/or other sedatives/tranquilizers.

GPRA Intake: Illicit Sedative-Hypnotic Use during the Past 30 Days		
Region	% Yes	Total N
Akron-Canton	7.2%	181
Athens	4.2%	212
Cincinnati	2.6%	765
Cleveland	3.7%	970
Columbus	3.9%	1,038
Dayton	1.9%	214
Toledo	4.2%	520
Youngstown	1.2%	336
<b>Total</b>	<b>3.5%</b>	<b>4,236</b>

### Street Names

Current street jargon includes many names for sedative-hypnotics. Consumers reported that the

Current Street Names for Sedative-Hypnotics	
General	benzos, candy, downers
Xanax®	General: xannie/xannies, xans, Zs 0.5 milligram: peaches 1 milligram: blues, footballs 2 milligrams: bars/xannie bars, bus/buses/school bus, greens, incredible hulks/hulks, ladders, purples
Klonopin®	K-pins/pins
Valium®	V-cut

most common general street name remains a shortened version of the drug classification of benzodiazepines, “benzos.” The most common street name for Xanax® continues to be “xannies,” and other street names for Xanax® reference the color or shape of the pill (“blues” and “footballs” for Xanax® 1 mg, and “greens” for Xanax® 2 mg). A consumer remarked, “[Xanax® 0.5 milligram pills are called] ‘peaches’ because they are peach color.”

### Pricing

Current street prices for sedative-hypnotics were reported by consumers with experience purchasing the drugs. Throughout OSAM regions, consumers reported that Xanax® 1 mg most often sells for \$3-7; and Xanax® 2 mg sells for \$5-10. Klonopin® generally sells for \$2-5 per pill. Consumers in the Columbus region specified that Klonopin® 0.5 mg sells for \$2; Klonopin® 1 mg sells for \$4; and Klonopin® 2 mg sells for \$6. Consumers explained that pricing depends on several factors: availability, location of purchase, quantity purchased, and connection to the dealer. Consumers discussed: “Availability [goes] down, price goes up; Around this area (Hamilton County, Cincinnati region), you can get a Xanax® bar ... anywhere from \$5-8, but Warren County (Cincinnati region), they’re going for \$15 ... it’s cheaper around Hamilton County; In my case, it was how much you bought ... it was [cheaper to buy sedative-hypnotics in bulk]; Some sell \$8 a bar, but if you have a close relationship with the dealer, you can get them for like \$3.”

A consumer in Cincinnati described pricing of counterfeit sedative-hypnotics, saying, “If you know where to go and who to get it from, [counterfeit Xanax® 2 mg pills cost] a dollar. I’m getting them for a dollar a piece, but I’m going and marking them up for \$15 a bar. It’s supposed to be [Xanax®] 2 mg, but if you’re getting bars nowadays, it’s all research chemicals, bromazolam.”

Consumers throughout OSAM regions reported that the street price for sedative-hypnotics has remained the same during the past six months, except for the Cincinnati region, where consumers

reported an increase and said they paid a higher price because they did not have the right connection.

**Typical Use Profile**

Respondents continued to describe typical illicit sedative-hypnotic use as most common among young people, including high school and college students, beginning as young as 13 years of age and up to 35 years of age. Some consumers shared that music has popularized illicit sedative-hypnotic use among young people, sharing: *“The younger generation [typically uses sedative-hypnotics] because there are more songs that are making it more popular, probably like 14 to 21 [years of age]; The music videos and stuff influence the younger people.”* Respondents also discussed illicit use among students, saying: *“High school kids [typically use sedative-hypnotics illicitly]. That’s when I started using, was in high school; [Sedative-hypnotics] seems like a substance that is more sought after by the younger crowd, so I think probably a lot of the students at the university would have a pretty easy time finding it; College-aged and into young adulthood ... 18 to 19 years old through the mid-30s. I think a lot of people in that age demographic are prescribed [sedative-hypnotics]....”*

Other common descriptors of illicit sedative-hypnotic use included: people with anxiety and depression, middle socio-economic status, white people, and women. Respondents elaborated on these characteristics, commenting: *“Women more than males because they can get [prescribed sedative-hypnotics] easier; A lot of stressed-out women or moms are on them; I see people with private insurance getting benzos; Younger and white.”* And regarding illicit sedative-hypnotic use to alleviate anxiety and depression, a consumer said, *“People who are depressed, anxious people ... when I’m in a dark, depressed place or an anxious place, I’m eating as many Xanax® as I can....”*

Analysis of GPRA demographic data of all intake clients that indicated illicit sedative-hypnotics use

during the past 30 days found that, of those who endorsed illicit sedative-hypnotics use, 45.9% was male, 71.6% was under the age of 40 years, and 87.7% indicated white as their race.

GPRA Demographic Data of All Intake Clients Who Used Sedative-Hypnotics Illicitly during the Past 30 Days (N = 148) <sup>1</sup>	
Male	45.9%
Female	52.0%
18 - 29	27.7%
30 - 39	43.9%
40 - 49	17.6%
50 - 59	6.8%
60 +	4.1%
White	87.7%
African American	12.3%
Other race <sup>2</sup>	2.7%
Hispanic/Latino ethnicity	4.1%

<sup>1</sup>Gender total does not equal 100.0% due to three individuals reporting as non-binary or transgender. Total percentage for race (N = 146) is greater than 100.0% due to some individuals indicating more than one race. <sup>2</sup>American Indian.

**Route of Administration**

The most common routes of administration (ROAs) for illicit use of sedative-hypnotics are oral consumption and snorting. Consumers in Cleveland and Columbus regions estimated that out of 10 people who use sedative-hypnotics illicitly, 8-10 would snort and 0-2 would orally consume the drugs. And although consumers in Athens and Dayton regions had less knowledge, they also reported snorting as more common than oral consumption. In Akron-Canton, Cincinnati, and Youngstown regions, consumers reported oral consumption of illicit sedative-hypnotics as more common than snorting. Consumers described different methods for oral consumption, commenting: *“Letting [sedative-hypnotic pills] dissolve in their drinks; It breaks the time release [coating] on [sedative-hypnotic pills] when you*

*chew them; If they have a time release ... I think when you chew them up, they affect you more."*

**Use Combinations**

Many other substances are used in combination with sedative-hypnotics. Consumers reported that sedative-hypnotics are most often used in combination with alcohol, followed by heroin/fentanyl, marijuana, and stimulants, mainly methamphetamine. Sedative-hypnotics reportedly potentiate the effects of alcohol, heroin/fentanyl, marijuana, and prescription opioids. Consumers described the high from sedative-hypnotics combined with alcohol, saying: *"Sometimes, with the xannie, I was getting used to it (developing a tolerance). So, I'd crush [the Xanax® pill] down in my liquor or my beer and it'd intensify it; Definitely alcohol, even though you're not supposed to do it [with sedative-hypnotics]. It just intensifies the buzz."*

Consumers offered several reasons for combined sedative-hypnotic and opioid use, including to mitigate opioid withdrawal symptoms (aka "dope sickness"). They said: *"When you are dope sick, [sedative-hypnotics] helps you come down; I wouldn't just take a xannie and a perc, I'd mix it all in a cocktail then I'd smoke a 'joint' (marijuana cigarette) before and after; Everybody who does Xanax® does Percocet®...."* And consumers discussed sedative-hypnotics used in combination with marijuana, commenting: *"I love popping a Xanax® and then smoking a 'blunt' (marijuana-filled cigar). It's like you're on a cloud. It's more euphoric; Marijuana, it boosts the high [from sedative-hypnotics]."*

Consumers warned of the dangers associated with the extreme depressant effect of sedative-hypnotics combined with other depressant drugs. They discussed: *"Alcohol intensifies the [sedative-hypnotic] buzz, you could die doing that, but people still do; They usually 'OD' (overdose) when they use [heroin] with Xanax®, mixing it together ... because both drugs affect your breathing."* And law enforcement in the Akron-Canton region added: *"[Sedative-hypnotics] tend to show up in almost all*

*of our overdose deaths; We see benzos in most of our overdose 'tox' (toxicology) screens.... It's something that apparently most must have access to easily."*

Sedative-hypnotics are used with crack/powdered cocaine and methamphetamine to "speedball" (concurrent or consecutive stimulant and depressant highs) and/or to come down after the stimulant high. Comments included: *"Meth would make me really hyper and anxious, and the Xanax® would even me out; [Sedative-hypnotics are used with] meth to come down and put you to sleep; [Sedative-hypnotics are used with] crack and [powdered] cocaine to help with the comedown."*

Community professionals reported that while sedative-hypnotics are not a primary drug of choice, they are commonly used with other drugs. Treatment providers stated: *"[Sedative-hypnotics are] usually a drug that is 'in addition to' ... a person who uses meth a lot will look for those drugs to come down off their meth ... [sedatives-hypnotics] are usually secondary; People still do [sedative-hypnotics] but it's usually in combination with other things. Take the benzos to come down or to black out or whatever; I have just had a lot of [treatment clients] that started using Xanax®, recently. Either they are trying to come down from methamphetamine or they are trying to extend their opioid high, that euphoric feeling."* Law enforcement noted: *"Benzos are something that we see that ride right along with the fentanyl use or whatever the other primary substance is; It seems like normally if someone is doing fentanyl or opiates that they've got some sort of benzos that are in their systems also."*

Substances Used in Combination with Sedative-Hypnotics	
Most Common	alcohol, heroin/fentanyl, marijuana, methamphetamine
Other	crack/powdered cocaine, prescription opioids



**Marijuana**

Marijuana, as well as marijuana extracts/ concentrates, remain highly available throughout OSAM regions. Respondents overwhelmingly agreed that marijuana is viewed as socially acceptable, with many comparing it to drinking alcohol or smoking tobacco. Comments included: “[Marijuana] is just accepted in society ... especially with the younger generations, as alcohol is; [Marijuana] is seen as legal.... No one cares anymore about getting in trouble; People smoke [marijuana] almost like cigarettes; [Marijuana] seems to be something that a lot of people from all different age groups, socio-economic groups, are using on a regular basis, freely, in the open; [Marijuana use is] very mainstream.”

Respondents continued to discuss the widely held belief that marijuana is not a “real” drug or an illicit substance. Treatment providers reported: “I hear [from clients that marijuana is] not a real drug. They will go, ‘You know, it’s marijuana, it’s not a real drug;’ People don’t even look at

[marijuana] as a drug ... it’s natural, it’s an herb.... Back in the day, if you asked people if they smoked, they would think you mean cigarettes or cigars but now they mean marijuana; [Marijuana use] is the new normal; My clients don’t believe [marijuana] is a drug so when we are ... talking about [abstinence], they are like, ‘We can’t smoke ‘weed’ (marijuana)? Really?’” A member of law enforcement similarly summarized, stating, “[Marijuana] is the number one drug. People don’t even view it as a drug anymore ... it’s practically legal.”

Respondents explained that, since other states have legalized recreational marijuana use and there are relaxed legal consequences for marijuana possession in Ohio, many believe marijuana is “basically” or “practically” legal for recreational use in Ohio. Law enforcement stated: “It seems like everybody thinks [marijuana is] legal. It is everywhere, almost in every car we stop, almost in every hotel room we go to; There’s a misconception that [marijuana] is legal everywhere ... with how it’s legal in other states; There seems to be the misnomer that [marijuana] is legal now. There’s a lot of marketing for like CBD (cannabidiol)

**Reported Change in Availability during the Past 6 Months**

Region	Marijuana		Marijuana Extracts/Concentrates		BCI Marijuana Case Incidence Change <sup>1</sup>
	Current Availability	Availability Change	Current Availability	Availability Change	
Akron-Canton	High	No Change	High	No Change	No Change
Athens	High	No Change	High	No Change	Increase
Cincinnati	High	No Consensus	No Consensus	No Change	Decrease
Cleveland	High	No Consensus	High	Increase	No Change
Columbus	High	No Change	High	Increase	Decrease
Dayton	High	No Change	High	No Change	Decrease
Toledo	High	No Change	High	No Change	Few Cases <sup>2</sup>
Youngstown	High	No Change	High	No Change	No Change

<sup>1</sup>Includes marijuana, other marijuana extracts, and THC (tetrahydrocannabinol, the active ingredient in marijuana). <sup>2</sup>BCI labs reported processing few cases of these drugs for this region.

*products, THC products, and various semi-quasi legal forms ... [and], in terms of actual legal penalties for marijuana, there really are none....”*

Since the legalization of medical marijuana in Ohio, many treatment providers discussed the prevalence of clients obtaining medical marijuana cards but still purchasing products from a drug dealer to save money and as a safeguard against potential legal consequences for marijuana possession. Comments included: *“Clients will go to get a medical [marijuana] card, but it is so expensive [to purchase marijuana from an Ohio medical marijuana dispensary], that they ... still buy marijuana off the streets; Most of the [clients] getting the medical [marijuana] card is to show probation [officers] that ... [they are] able to smoke [marijuana] without getting in trouble.”* Law enforcement similarly shared, commenting: *“[People who use marijuana] think if they have that ‘card’ (medical marijuana card), they can just get away with it; Most of our adults have a medical marijuana card these days, so if they’re in the court system ... they think that’s their way to get around [legal issues].”*

When discussing the high availability of marijuana extracts/concentrates, respondents often equated the increasing demand and popularity of those products with how easy the substances are to openly use without others knowing. Consumers reported: *“The trend is increasing in terms of people using [marijuana extracts/concentrates]. And I would say the biggest reason would be discretion. Such as public places, worksites, around other people ... the smell just isn’t there; I think they’re more convenient than the actual ‘tree’ (leaf marijuana) because the tree makes a bunch of smoke ... it’s cloudy and it stinks, pungent. It’s more convenient, sneaky [to use ‘dabs,’ concentrated forms of cannabis].”* A member of law enforcement from the Toledo region added, *“Due to the various new ways of packaging and ingesting it, it’s easier to hide. It doesn’t really smell like anything ... your gummies, your tinctures....”*

Consumers reported obtaining marijuana, as well as marijuana extracts/concentrates, for illicit use

most often from dispensaries, both in-state and out-of-state. When discussing Ohio dispensaries, consumers stated: *“Somebody uses their medical [marijuana] card and then they distribute to others; [Marijuana is diverted] from people who obtain it legally; Get it from a dispensary and sell it; Since they’ve opened up the dispensaries, people are more courageous with just hustling (selling) [marijuana extracts/concentrates].”* A consumer in the Toledo region noted that purchasing marijuana, *“feels safer ... at the dispensary.”*

Consumers discussed obtaining marijuana from out-of-state dispensaries, mainly Michigan, sharing: *“People are doing interstate travel. Going to different dispensaries ... tons of people go to Michigan and bring it right over the border; I have a dude (drug dealer) that goes to a Michigan dispensary to get his [marijuana supply].”* Reportedly, there are benefits to obtaining marijuana from out-of-state dispensaries, such as higher daily limits on quantities purchased, free products/deals with qualifying purchases, higher quality, and lower prices. Comments included: *“[Michigan] doesn’t have a cap on what you can get a month ... it’s like a pound a day or something crazy like that.... There’s a lot of people that, whatever the limit is, they get that whole limit every day and send that out; [Marijuana is obtained from dispensaries in] usually Michigan, or California, it’s not common to get [marijuana] from Ohio because they get better deals in Michigan; I know people who want the better [quality marijuana] and will pay for it. Michigan and New York [are more common]; [Marijuana is] a lot cheaper up there [in Michigan].”* A member of law enforcement remarked, *“With Michigan, the turnpike is an absolute supply chain to Ohio for marijuana....”*

In addition, consumers mentioned obtaining marijuana, including marijuana extracts/concentrates, for illicit use by ordering the products online and having them shipped, as well as purchasing through social media (e.g., Snapchat, Facebook Marketplace). Law enforcement discussed mail shipments of marijuana, with an officer saying, *“From the source states like Arizona, California ... [marijuana is]*

*being shipped through the mail, whether it be a private [package delivery] company, or U.S. postal (United States Postal Service), and there is so much of it that they are inundated ... packages occasionally get through. So, the legalization in some states made the supply easier.”*

While community professionals acknowledged the high availability of marijuana extracts/ concentrates, many reported that those substances are less available compared to leaf marijuana. Law enforcement throughout OSAM regions commented: *“I know [marijuana extracts/ concentrates] are around and easy to find from what I hear, but as far as actually seeing people with them or busting (arresting) people with them, it’s just not something I see or do; I’m not seeing a lot of [marijuana extracts/concentrates] in houses that we do search warrants for; I don’t think [extracts/concentrates are] too available. When we come across [marijuana] ... it’s, 9 times out of 10, in your ‘bud’ (leaf) forms. We don’t come across the vapes or gummies.”*

Respondents throughout OSAM regions reported that the overall availability of marijuana has remained the same, high, during the past six months, except for Cincinnati and Cleveland regions where respondents were not able to come to a consensus on whether availability has remained the same or increased. Respondents in the Cleveland and Columbus regions reported an increase in the availability of marijuana extracts/ concentrates during the past six months.

Ohio Bureau of Criminal Investigation (BCI) crime labs reported that the incidence of marijuana cases they process has remained the same or decreased for all OSAM regions, except for the Athens region, where a slight increase was reported, and the Toledo region where few cases of marijuana were reported. In addition to BCI reporting, Cuyahoga County Regional Forensic Science Lab and Lake County Crime Lab (both Cleveland region) reported that the incidence of cannabis cases they process has decreased during the reporting period. In addition, Cuyahoga County Regional Forensic Science Lab and Lake

County Crime Lab did not report any cases of concentrated THC (oils, dabs) during the reporting period.

Other data sources indicated marijuana as available. Ohio Department of Public Safety reported drug task force seizure of 5,774.2 kilograms (12,703.2 lbs.) of marijuana from throughout OSAM regions during the reporting period; of which, 36.2% was seized from the Cincinnati region. Summit County Juvenile Court (Akron-Canton region) reported that, of the 408 THC tests it performed during the past six months, 54.2% was positive. Fairfield County Municipal Court (Columbus region) reported that, of the 3,382 positive adult drug specimens it recorded during the past six months, 37.9% was positive for cannabinoids. Hancock County Probate Court (Toledo region) reported that, of the 39 positive adult drug test results it recorded during the past six months, 76.9% was positive for cannabinoids; the court also reported that 92.2% of the 51 positive juvenile drug test results it recorded during the past six months was positive for cannabinoids. Millennium Health reported that 22.4% of the 129,542 urinalysis specimens submitted for marijuana testing during the past six months was positive for marijuana.

Millennium Health Urinalysis Test Results for Marijuana during the Past 6 Months		
Region	% Tested Positive	Number Tested
Akron-Canton	19.3%	9,501
Athens	30.4%	14,679
Cincinnati	18.4%	17,382
Cleveland	15.9%	22,804
Columbus	26.4%	27,605
Dayton	31.8%	3,661
Toledo	27.0%	23,216
Youngstown	11.0%	10,694
<b>Total</b>	<b>22.4%</b>	<b>129,542</b>

GPRA (Government Performance and Results Act) data collected from 4,236 persons entering publicly funded SUD treatment programs during the past six months found 18.5% reported marijuana use 30 days prior to intake.

GPRA Intake: Marijuana during the Past 30 Days		
Region	% Yes	Total N
Akron-Canton	22.1%	181
Athens	22.6%	212
Cincinnati	19.5%	765
Cleveland	16.8%	970
Columbus	18.8%	1,038
Dayton	19.6%	214
Toledo	23.1%	520
Youngstown	7.4%	336
<b>Total</b>	<b>18.5%</b>	<b>4,236</b>

Media outlets reported on law enforcement seizures and arrests related to marijuana this reporting period (selected media reports follow). Meigs County Sheriff’s officers (Athens region) found two indoor marijuana grow operations after being called to a building fire in Middleport; first responders found a grow operation in the burnt building and notified police who later discovered a second grow operation in a nearby residence ([www.nbc4i.com](http://www.nbc4i.com), Dec. 17, 2022). U.S. Customs and Border Protection officers in Cincinnati (Hamilton County, Cincinnati region), with the aid of a K9 officer, discovered 12 dehumidifiers that arrived from Canada as concealing 413 pounds of marijuana estimated to be valued at \$1.1 million ([www.10tv.com](http://www.10tv.com), Sept. 20, 2022). Eight students in a middle school in Litchfield (Medina County, Cleveland region) got sick, with some students going to the hospital, after eating cannabis edibles brought to school by a classmate; the students ate gummies that were infused with THC ([www.news5cleveland.com](http://www.news5cleveland.com), Sept. 7, 2022). Athens County Sheriff’s officers (Athens region) seized fentanyl, cocaine, methamphetamine, and marijuana during an operation that focused on

drug trafficking and outstanding warrants; officers arrested four people in The Plains and Chauncey ([www.nbc4i.com](http://www.nbc4i.com), July 28, 2022). Lorain Police (Lorain County, Cleveland region) concluded a month-long investigation with the arrest of an accused drug trafficker and the seizure of suspected fentanyl, cocaine, marijuana, and a gun from a Lorain home with seven kids inside; officers confiscated 81 grams of fentanyl, 20 grams of cocaine, 40 grams of marijuana, an automatic handgun, drug paraphernalia, and cash ([www.cleveland19.com](http://www.cleveland19.com), July 22, 2022). After a 13-year-old girl in Muskingum County (Athens region) showed up to school under the influence of alcohol and marijuana, both of her parents were arrested on felony charges of endangering a child; officers learned that the parents gave the girl a monthly allowance of marijuana, and after executing a search warrant, they found drug paraphernalia, marijuana, and 1.7 grams of methamphetamine in the family’s home ([www.wtrf.com](http://www.wtrf.com), July 15, 2022).

### Quality

Consumers throughout OSAM regions most often rated the current quality of marijuana and marijuana extracts/concentrates as ‘10’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality). Consumers frequently attributed the present accessibility of high-quality marijuana to the availability of dispensary products. Comments included: *“With [marijuana] being legalized, there’s a lot of good [high-quality marijuana] out there now; [The quality/purity of marijuana has] increased because you can get it from a [dispensary]; It’s easier for people to just drive to Michigan and get good weed or get it [in Ohio], medically; Even if you don’t have a card, you can get the medical-grade easy.”* However, in general, the quality of marijuana depends on one’s source (medical-grade dispensaries versus homegrown supplies), as well as the strain or brand of marijuana.

Some consumers reported difficulty finding low-quality marijuana, while others reported no longer using marijuana because the most



available strains/brands are too potent. Consumers shared: *“Me, personally, I used to be able to smoke ‘joint’ (marijuana-filled cigarette) after joint after joint. Now I take 4, 5 hits and I’m cold sweating about to puke ... I’d say, as far as potency goes, a ‘9’ (high quality/purity); I can’t smoke [marijuana] because I get too high; [Marijuana extracts/concentrates] will knock you out; [Extracts/concentrates are] ‘fire’ (high quality). The THC is so high it puts me out.”*

Consumers in Columbus and Dayton regions shared knowledge of people selling fraudulent marijuana extracts/concentrates, specifically referencing marijuana cartridges and vape pens, which influenced their quality/purity ratings. Comments included: *“What’s in [marijuana extracts/concentrates] is terrible. Like, eight percent of the time, you’ll get something fake. And I’ve known dealers that will put honey in the weed to make it look like it’s full; A lot of people aren’t getting the cartridges correct, lack of quality, a lot of knockoffs.”*

Reportedly, the overall quality of marijuana has remained the same, high, for Athens, Cleveland, Toledo, and Youngtown regions, while consumers in Akron-Canton, Cincinnati, Columbus, and Dayton regions could not come to a consensus on whether overall quality has remained the same or increased during the past six months. The overall quality of marijuana extracts/concentrates has remained the same in most OSAM regions, except for Cleveland and Columbus regions where consumers could not come to an agreement on whether the overall quality has remained the same or increased. Consumers reporting increased quality explained: *“Everyone wants to compete with the [quality of extracts/concentrates from the] dispensaries now; It’s just more knowledge. It’s just more socially acceptable and people ... see business opportunities in it now and are ... getting better with making it; They’re mixing different strands and coming up with [new options].”*

### Street Names

Current street jargon includes many names for marijuana. Some consumers differentiated between street jargon for high-grade marijuana (“chronic” and “fire”) versus low-grade marijuana (“mids” and “Reggie”). Additionally, many consumers identify high-grade marijuana by the name of popular strains/brands (“purple haze” and “cookie”). Consumers continued to report that street jargon for marijuana extracts/concentrates often refers to the texture of the substance, such as “shatter” and “wax.”

Current Street Names for Marijuana	
General	<b>bud/buds, Devil’s lettuce, flower, grass, green/collard greens, Mary Jane, pot, smoke, trees, weed</b>
High Grade	<b>chronic, cookie, exotic, fire, ganga/ganja, gas, kill/killer, kush, loud, purple/purple haze, za/zah/zaza</b>
Low Grade	<b>mids, Reggie</b>
Extracts/ Concentrates	<b>butter, carts, crumble, ear wax/wax, edibles/eddie, goo, gummies, honey, oils, pens, resin, shatter, terps, vapes</b>

### Pricing

Current street prices for marijuana and marijuana extracts/concentrates were reported by consumers with experience purchasing the drugs. Consumers reported that the most common quantity of purchase for marijuana is either a gram for \$10-20 or an 1/8 ounce for \$25-50. However, an 1/8 ounce of marijuana can sell for as high as \$60 in the Youngstown region and \$80 in the Akron-Canton region. Consumers also reported an ounce of marijuana typically sells for \$100-200 but can sell for as low as \$80 in the Akron-Canton region and as high as \$400 in the Athens region.

Overall, marijuana pricing depends on the quality of the product, the quantity purchased, as well as one's connection to the dealer. Reportedly, buying lower quality marijuana, buying larger quantities, and having a close connection to the dealer will all result in lower prices. Comments included: *"Price depends on the quality ... the range is very large; If you buy dispensary weed off someone, it's usually higher in price because it's better, more potent; [Marijuana pricing] depends on where you go."*

For marijuana extracts/concentrates, consumers reported cartridges and dabs/dab pens as most purchased. Reportedly, both a marijuana cartridge and a dab/dab pen typically sell for \$20-40, depending on concentration, size, and one's relationship with the dealer. Products that are a higher concentration and/or larger quantity can sell for \$100-200. Similarly, consumers reported a gram of marijuana extracts/concentrates generally sell for \$20-40 but can sell for as high as \$70-80. A consumer summarized, *"[The price of marijuana extracts/concentrates] depends on THC level, so it varies."*

Consumers in Athens, Columbus, Toledo, and Youngstown regions reported that the price of marijuana has remained the same during the past six months, while consumers in the Akron-Canton region reported a decrease in price due to the high availability of marijuana and competition among people who sell it, and consumers in the remainder of OSAM regions did not agree on whether prices changed. Consumers in most OSAM regions reported the price of marijuana extracts/concentrates has remained the same during the past six months. However, some consumers in the Columbus region reported that pricing has decreased because marijuana extracts/concentrates have become more readily available. A consumer explained, *"People are buying [marijuana extracts/concentrates] in such big bulks ... they're selling them cheaper so people will buy more at a time."*

## Route of Administration

Consumers throughout OSAM regions continued to report smoking/vaping as the most common route of administration (ROA) for marijuana and marijuana extracts/concentrates. Consumers estimated that out of 10 people that use marijuana, 9-10 would smoke and 0-1 would orally consume the drug. Comments included: *"Smoke [marijuana] in a 'blunt' (marijuana-filled cigar) or 'bong' (water pipe); Everyone smokes [marijuana], literally everyone; Smoking [marijuana] or cooking with it, making some brownies; There's always one [person] who likes to eat their weed brownies, but everyone smokes."*

Consumers estimated that out of 10 people that use marijuana extracts/concentrates, 6-10 would vape and 0-4 would orally consume. Consumers also indicated smoking as an alternative ROA for concentrates. Consumers from the Columbus region further explained ROAs for marijuana extracts/concentrates, sharing: *"Vaporize for all the cartridges, obviously. They're like vape pens. Then the dabs and stuff, that would be smoking it off a 'dab rig' (a device, typically glass, designed for smoking concentrated forms of marijuana); My experience, if you're down to do a dab pen, you're down to eat an edible, too...."*

## Typical Use Profile

A profile of typical marijuana and marijuana extracts/concentrates use did not emerge from the data. Respondents most often reported "anyone" and/or "everyone" uses marijuana, illicitly. Consumers commented: *"There isn't really, like, a set group of people anymore ... it's everyone now; Humans, I think there's no demographics for marijuana [use]; Anyone. Not everybody does [marijuana], but every type of person does."* Treatment providers similarly shared, commenting: *"Everyone ... I honestly don't think there's any difference between races, socio-economic status, education level or age. Every time I assess someone for [marijuana use], they say 'yeah;' [Marijuana is] not discriminating at all."* Respondents reported that illicit leaf marijuana

use can start as young as seven or eight years and continue up to 80 years.

Respondents also reported illicit marijuana use as common among those self-medicating for a wide variety of physical and/or mental health conditions. A consumer commented, *“Everyone [uses marijuana] because it’s a ‘cure-all.’ It’s used for everything.”* A treatment provider similarly commented, *“Some of the conversations that I have is people, whether it’s illegal or legal marijuana, justifying use based on anxiety and mental health.”* Additionally, consumers in the Toledo region noted that marijuana use is common among people who illicitly use other substances. They said: *“Most people are using [marijuana] to take the edge of withdrawal from other drugs; A lot of other people use it to come down off of other drugs or just to relax.”*

Respondents continued to describe the typical use of marijuana extracts/concentrates as occurring among younger people, under 30 years of age. Consumers shared: *“Maybe a little younger crowd, less conspicuous (doesn’t smell, easy to conceal); A lot of younger people are starting out on dab pens. If you’re older and you smoked bud ... you might switch, but you’re more accustomed to smoking bud; Most of us older folks just want to smoke [leaf marijuana].”* Community professionals commented: *“The younger generation is more into edibles, oils, vapes; [Extracts/concentrates are] popular among younger people, junior high to college age, mid-20s; Vapes are more popular with the younger ... kids ... juveniles.... I’m talking 13 to 18 [years of age] ... the reason for that is because it doesn’t smell like marijuana. You have fruity smells and all these things that adults are not noticing. They are walking in the hallways at school and doing this (vaping marijuana extracts/concentrates).”*

Analysis of GPRA demographic data of all intake clients that indicated marijuana use during the past 30 days found that, of those who endorsed marijuana use, 57.0% was male, 63.1% was under the age of 40 years, and 78.0% indicated white as their race.

**GPRA Demographic Data of All Intake Clients Who Used Marijuana during the Past 30 Days (N = 782)<sup>1</sup>**

<b>Male</b>	<b>57.0%</b>
<b>Female</b>	<b>42.2%</b>
<b>18 - 29</b>	<b>24.4%</b>
<b>30 - 39</b>	<b>38.7%</b>
<b>40 - 49</b>	<b>22.1%</b>
<b>50 - 59</b>	<b>10.7%</b>
<b>60 +</b>	<b>4.0%</b>
<b>White</b>	<b>78.0%</b>
<b>African American</b>	<b>22.6%</b>
<b>Other race<sup>2</sup></b>	<b>4.7%</b>
<b>Hispanic/Latino ethnicity</b>	<b>3.7%</b>

<sup>1</sup>Gender total does not equal 100.0% due to six individuals reporting as non-binary or transgender. Total percentage for race (N = 765) is greater than 100.0% due to some individuals indicating more than one race. Ethnicity (N = 778) excludes missing data. <sup>2</sup>Alaska Native, American Indian, and/or Asian.

**Use Combinations**

Consumers throughout OSAM regions reported that marijuana, as well as marijuana extracts/concentrates, are most often used in combination with alcohol and “everything.” Reportedly, alcohol is used with marijuana to intensify one’s marijuana high. Consumers shared: *“Alcohol [used in combination with marijuana] intensifies the ‘buzz’ (high); Alcohol and weed go hand and hand; My addiction started with weed and alcohol.”* Additionally, consumers reported using marijuana with, *“all drugs!”* Consumers further explained: *“Weed goes with everything; I use [marijuana] with any drug; Marijuana’s like a side dish, like a chaser; I see [marijuana extracts/concentrates] being used alongside anything. It can either be an enhancement of something or it can be used to negate the negative effects of some other [drug].”*

Consumers often described using marijuana with stimulants, such as crack/powdered cocaine and methamphetamine, to speedball (concurrent or

consecutive stimulant and depressant highs) and/or to manage one’s stimulant high. A consumer stated, *“I can’t smoke weed without ‘ice’ (crystal methamphetamine). I can’t smoke ice without weed.”* Additionally, placing powdered cocaine in a marijuana cigarette is often referred to as a “primo,” as explained by a consumer from the Cleveland region, *“A lot of people put cocaine in a blunt. It’s like an upper and a downer...”*

Consumers also reported using marijuana in combination with other depressants, such as sedative-hypnotics and heroin/fentanyl, to create a strong sedative effect. Comments included: *“[Using marijuana and sedative-hypnotics together] makes you really calm; Just enough where I’d fall into the couch and not be able to get up for a while.”* Some consumers reported not commonly using marijuana extracts/concentrates with any other substances, explaining: *“[Extracts/concentrates are used with] nothing because it’s too strong; I don’t use [extracts/concentrates] with anything else because I like the feeling of it.”*

Substances Used in Combination with Marijuana	
Most Common	alcohol
Other	crack/powdered cocaine, hallucinogens (lysergic acid diethylamide [LSD], psilocybin mushrooms), heroin/fentanyl, MDMA, methamphetamine, prescription opioids, prescription stimulants, sedative-hypnotics

### Other Drugs in OSAM Regions

Consumers and community professionals listed a variety of other drugs as currently available, but these drugs were not mentioned by most people interviewed. Additionally, most of these other drugs were not reported as present in every OSAM region. However, no mention/discussion of a drug

does not indicate the absence of the drug in the region(s).

### Anabolic Steroids

Consumers and law enforcement in the Akron-Canton region reported moderate to high current availability of anabolic steroids for illicit use. A member of law enforcement discussed anabolic steroids shipped from China, reporting, *“[Anabolic steroids are] readily available. It’s shipping from China from what we’ve found out, at a very large rate, because it’s not regulated in China. So, if you want it, I don’t think there’s any difficulty in getting it.”* Respondents reported that the availability of anabolic steroids for illicit use has remained the same during the past six months. However, a member of law enforcement noted, *“I believe there’s been an increase in doctors prescribing [anabolic steroids], which is not going to be the same, or at least the dose is not going to be as high as what you’re getting [illegally] in the gym.”* Illicit anabolic steroid use is reportedly typical among young athletes and older men seeking to improve their appearance. A member of law enforcement stated, *“I think [illicit anabolic steroid use] can vary from high school athletes and college athletes, all the way up to the guys in their 50s who want to look like they’re not in their 50s.”*

### Bath Salts

Bath salts (substituted cathinone; compounds containing methylone, mephedrone, MDPV, or other chemical analogues, including alpha-PVP, aka “flakka”) were discussed in the Akron-Canton region, where consumers and law enforcement generally reported low current availability of these drugs, and that the availability has remained the same during the past six months. While law enforcement reported that they do not regularly encounter bath salts on the streets, they indicated that these drugs are easy to purchase. A member of law enforcement observed, *“We don’t really tend to see a lot of [bath salts] anymore [during arrests and seizures] ... you can buy bath salts ... but we don’t really see that [on the streets].”*



**Reported Availability of  
Other Drugs  
in each OSAM Region during the Past 6 Months**

Region	Other Drugs
Akron-Canton	anabolic steroids, bath salts, gabapentin, hallucinogens (lysergic acid diethylamide [LSD], phencyclidine [PCP], psilocybin mushrooms), inhalants, ketamine, kratom, MDMA, over-the-counter medications (OTCs), prescription stimulants, synthetic marijuana, xylazine
Athens	MDMA, prescription stimulants
Cincinnati	gabapentin, hallucinogens (LSD, psilocybin mushrooms), inhalants, ketamine, kratom, MDMA, nitazenes, prescription stimulants, xylazine
Cleveland	hallucinogens (dimethyltryptamine [DMT], LSD, PCP, psilocybin mushrooms), ketamine, kratom, MDMA, prescription stimulants, xylazine
Columbus	gabapentin, hallucinogens (LSD, psilocybin mushrooms), inhalants, ketamine, kratom, MDMA, OTCs, prescription stimulants, synthetic marijuana
Dayton	hallucinogens (psilocybin mushrooms), inhalants, MDMA, prescription stimulants, promethazine
Toledo	gabapentin, inhalants, kratom, MDMA, prescription stimulants, xylazine
Youngstown	gabapentin, hallucinogens (LSD, psilocybin mushrooms), MDMA, prescription stimulants, synthetic marijuana

*prescribing opiates and they're [prescribing] gabapentin; [My doctor] doesn't believe in 'pain pills' (prescription opioids), so he'll give me a three-month supply [of gabapentin].* Treatment providers said that gabapentin is readily prescribed and sometimes misused. Comments included: *"Everybody knows somebody that has 120 [gabapentin pills]; I've probably got 10 clients, at least, right now that have [gabapentin] prescribed to them, maybe more; I don't think [gabapentin misuse is] taken seriously ... and people abuse it, not realizing how powerful it can be."* A member of law enforcement in Youngstown added, *"[Gabapentin is] highly prescribed, probably over prescribed."*

Respondents reported that the availability of gabapentin for illicit use has remained the same during the past six months, with the exception of the Columbus region, where treatment providers and most consumers reported increased availability.

**Gabapentin**

Respondents in half of OSAM regions (Akron-Canton, Cincinnati, Columbus, and Youngstown) described moderate to high current availability of gabapentin (an anticonvulsant used to treat nerve pain) for illicit use. In addition, consumers in the Toledo region mentioned access to gabapentin for illicit use but did not rate the degree to which the drug is available. Respondents continued to report that it is easy to obtain a prescription for gabapentin, and it is often prescribed as an alternative to prescription opioids. Consumers commented: *"I think [gabapentin is] available because doctors are trying to push away from*

*the availability of illicit gabapentin has been consistently high, while some consumers in the Columbus region noticed increased availability. A consumer stated, "I think it's gotten probably easier [to obtain gabapentin], actually, because doctors are more likely to [prescribe] gabapentin ... Neurontin® than they are 'vics' (Vicodin®)."*

Other data sources indicated gabapentin as available for illicit use throughout OSAM regions. Millennium Health reported that 17.8% of the 122,980 urinalysis specimens submitted for gabapentin testing during the past six months was positive for gabapentin.

**Millennium Health  
Urinalysis Test Results for Gabapentin  
during the Past 6 Months**

Region	% Tested Positive	Number Tested
Akron-Canton	14.0%	5,099
Athens	15.3%	12,761
Cincinnati	16.9%	19,954
Cleveland	14.9%	23,800
Columbus	28.3%	22,748
Dayton	28.9%	3,566
Toledo	15.8%	23,859
Youngstown	9.2%	11,193
<b>Total</b>	<b>17.8%</b>	<b>122,980</b>

According to consumers in Cincinnati and Columbus regions with experience purchasing illicit gabapentin, one pill typically sells for \$1.50-3 in the Cincinnati region and \$2 in the Columbus region. Pricing reportedly varies based on milligram strength. Consumers indicated that the price of illicit gabapentin has remained the same during the past six months. Consumers reported that gabapentin is most often referred to as a shortened form of the generic name (“gab” and “gabbies”).

Respondents associated illicit gabapentin use with people who use opioids, primarily heroin/fentanyl, for the potentiating effect and/or “boost,” and to help prevent or alleviate experiencing opioid withdrawal symptoms. A treatment provider in the Columbus region shared, “I have had a lot of clients, and I mean a lot of clients, tell me that they seek [gabapentin] because it helps with [opioid] withdrawal [symptoms].” A consumer in Cincinnati offered, “[Gabapentin is] huge with opiate use. It ‘boosts’ [the opioid high].” Furthermore, a member of law enforcement in the Akron-Canton region observed, “I know on our heroin or opiate overdoses, probably 20% of the time, you’ll find a couple of [gabapentin] pills [in their possession].” Other descriptors of illicit gabapentin use

included: people with chronic pain and/or people with anxiety.

**Hallucinogens**

Respondents reported varying current availability of dimethyltryptamine (DMT), lysergic acid diethylamide (LSD), phencyclidine (PCP), and psilocybin mushrooms throughout the majority of OSAM regions (Akron-Canton, Cincinnati, Cleveland, Columbus, Dayton, and Youngstown). Consumers reported that hallucinogens are easy to obtain with the right connection. They said: “I can get ‘shrooms’ (psilocybin mushrooms). I know a guy that grows them; It’s not that easy to get [hallucinogens] unless you know someone.” Consumers in the Akron-Canton region and treatment providers in the Cleveland region acknowledged current availability of PCP. A treatment provider expressed, “[PCP is] not so popular here (Lorain County, Cleveland region), but it’s more popular in Cleveland, so I think it’s in the larger cities.”

Some respondents reported marijuana dealers as a source for hallucinogens. Consumers discussed: “If you got a good ‘weed’ (marijuana) dealer, he probably has some [psilocybin] mushrooms on him. Kind of associate marijuana dealers with mushrooms, specifically; Most weed dealers in my past have sold shrooms and ‘acid’ (LSD) as well.” A member of law enforcement in the Cleveland region added, “With marijuana derivatives and concentrates ... we raid those houses, along with marijuana flower, edibles, we will often find [psilocybin] mushrooms and LSD ... hallucinogens in the same house being sold.”

Consumers in Cincinnati and Cleveland regions reported growing psilocybin mushrooms for personal use. A consumer in the Cincinnati region stated, “I hear a little bit more about shrooms ... that would be the only emerging trend. I hear a lot more people growing stuff like that....” In addition, consumers in the Cleveland region noted online purchases of hallucinogens. A consumer remarked, “You can get [psilocybin mushrooms] online, too. It’s widely accessible.”

According to consumers in the Cleveland region, hallucinogen use is gaining popularity due to the trend of “microdosing” (consuming very low doses of psychedelic substances for therapeutic use). Consumers offered: *“I think because of all the popularity of [microdosing]. [Hallucinogenic use] has got the newfound glorification; I think [psilocybin mushroom availability increased] just because microdosing became a thing.”* A member of law enforcement in the Cleveland region associated increased availability of hallucinogens with legalization of these substances in other states, reporting, *“There has been a big resurgence and increase in utilization of hallucinogens and I think that has to do with legalization in other states ... where they legalized [psilocybin] mushrooms. There are supposed to be healing properties with hallucinogens.... Typically, we are talking about the psilocybin mushrooms, [but] DMT is on the rise, LSD, but mostly mushrooms ... it's pretty easy to get mushrooms anymore.”*

Respondents who indicated low current availability of hallucinogens pointed to low overall demand, as the drugs are reportedly popular among a small portion of consumers. Law enforcement commented: *“Niche market for the [psilocybin] mushrooms; [Psilocybin] mushrooms ... once in a while, we'll get some [during arrests and seizures].... I guess if someone was actually looking for it, they could probably find it....”*

Overall, respondents reported that the availability of hallucinogens has remained the same during the past six months. Those who reported increased availability shared: *“Hallucinogens are making a comeback. It's like the '60s and '70s all over again; I've heard a lot more people ask to buy [LSD] ... ask if I wanted to buy it ... whereas six months ago, nobody would ask.”* Some respondents observed increased availability of hallucinogens during the spring and summer, coinciding with musical festival season.

Ohio Bureau of Criminal Investigation (BCI) crime labs reported that the incidence of LSD cases they process has remained the same for Akron-Canton and Columbus regions, with few LSD cases reported for all other OSAM regions. BCI crime

labs reported that the incidence of psilocybin mushroom cases they process has increased for Akron-Canton, Cleveland, and Columbus regions, remained the same for Athens, Cincinnati, Toledo, and Youngstown regions, and decreased for the Dayton region. BCI labs noted that psilocybin mushrooms are being found in chocolate products. BCI crime labs reported a decrease in PCP cases from 178 cases processed during the previous reporting period to 83 cases for this current reporting period; of which, 45.8% was from the Dayton region and 27.7% was from the Cincinnati region.

In addition to BCI reporting, other crime labs in Cleveland and Dayton regions submitted hallucinogen incidence data. Lake County Crime Lab (Cleveland region) reported processing few cases of hallucinogens during the reporting period, while Cuyahoga County Regional Forensic Science Lab (also Cleveland region) reported that the incidence of psilocybin mushroom and PCP cases it processes decreased, and the incidence of LSD cases remained the same. Miami Valley Regional Crime Lab (Dayton region) reported that the incidence of LSD and psilocybin mushroom cases it processes has remained the same. This lab did not report any cases of PCP.

Knowledge of the current quality of hallucinogens was limited to the Cleveland region. Consumers there most often rated the current overall quality of LSD and psilocybin mushrooms as ‘7’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality). The quality of psilocybin mushrooms reportedly has increased during the past six months. Reports of current prices for hallucinogens were shared by consumers in the Cleveland region with experience buying the drugs. Reportedly, 1/8 ounce of psilocybin mushrooms sells for \$25, and a single dose of LSD (aka “tab”) sells for \$10, while a “strip” (10 doses) of LSD sells for \$60-100. Consumers in the Cleveland region reported that the price of hallucinogens has remained the same during the past six months.

In the Cleveland region, consumers reported that out of ten people that use LSD and psilocybin mushrooms, all 10 would orally consume the drugs. A member of law enforcement in Dayton noted, *“Dried [psilocybin] mushrooms are eaten on pizza.”* Respondents associated hallucinogen use with young people (18 to 35 years of age), people who attend parties and festivals, and/or hippies. Descriptors included: *“Concert people, college-age, hippies; People who like to party; Hippie-type person; ‘Deadheads’ (people who follow the rock band, The Grateful Dead).”*

Analysis of GPRA (Government Performance and Results Act) demographic data of all intake clients that indicated hallucinogen use during the past 30 days found that, of those who endorsed hallucinogen use, 63.8% was male, 66.0% was under the age of 40 years, and 72.3% indicated white as their race.

<b>GPRA Demographic Data of All Intake Clients Who Used Hallucinogens during the Past 30 Days (N = 47)<sup>1</sup></b>	
<b>Male</b>	<b>63.8%</b>
<b>Female</b>	<b>36.2%</b>
<b>18 - 29</b>	<b>36.2%</b>
<b>30 - 39</b>	<b>29.8%</b>
<b>40 - 49</b>	<b>27.7%</b>
<b>50 - 59</b>	<b>6.4%</b>
<b>60 +</b>	<b>0.0%</b>
<b>White</b>	<b>72.3%</b>
<b>African American</b>	<b>31.9%</b>
<b>Other race<sup>2</sup></b>	<b>8.5%</b>
<b>Hispanic/Latino ethnicity</b>	<b>6.4%</b>

<sup>1</sup>In addition to LSD, PCP, and psilocybin mushrooms, GPRA defines hallucinogens to also include MDMA and mescaline. Total percentage for race category is greater than 100.0% due to some individuals indicating more than one race. <sup>2</sup>American Indian and/or Native Hawaiian.

Consumers in the Cleveland region reported a variety of other substances used in combination with hallucinogens. Psilocybin mushrooms are reportedly used in combination with alcohol and

LSD to intensify the hallucinogenic effect. LSD is reportedly used in combination with marijuana and MDMA (methylenedioxymethamphetamine, ecstasy/“Molly”), with consumers explaining: *“Marijuana, just to get ‘wasted’ (extremely intoxicated), basically; Ecstasy and Molly, it’s just the whole party scene.”*

### **Inhalants**

Inhalants (duster [DFE] and nitrous oxide [N2O], aka “whippets”) were discussed by respondents in Akron-Canton, Cincinnati, Columbus, Dayton, and Toledo regions. Those who indicated high availability of inhalants pointed out that they are legally accessible in stores. Respondents remarked: *“Literally, you can go anywhere and get [inhalants]; You can walk into any headshop and get [inhalants].”* Although reportedly easy to access, the majority of respondents indicated that inhalants are not popular. Consumers commented: *“I don’t know anyone who uses [inhalants], but you can get it; I think [inhalants are] niche.... People who like to get high on quercetin (dietary supplement), and motion sickness [medication], duster ... whippets, that’s an acquired taste.”* Law enforcement concurred: *“We have one or two cases [of inhalant use] a year, and that’s been pretty consistent for years; There’s always one [case], like every three months, that pops up, [of someone] who ‘huffs’ (inhales substances to get high)....”* And a treatment provider noted, *“I’ve had people relapse on [inhalants]. It’s another thing you can’t find on a drug test.... You can get it at the store, and that obviously hasn’t changed.”*

Treatment providers in Dayton and Toledo regions reported illicit use of bug spray, specifically Raid®, primarily among people who are incarcerated. Bug spray is reportedly used as an inhalant, although respondents indicated that the substance is more commonly sprayed on paper, which is then smoked or orally consumed. While reportedly popular in prisons, treatment providers also offered that illicit use of bug spray is gaining popularity among young people, and on the streets overall. Treatment providers in the



Dayton region said: “Younger teens, more widespread [use of bug spray], particularly with sniffing ‘bath salts’ (substituted cathinone), or any type of chemical; [Illicit use of bug spray is] more common in the institution (jails/prisons) and becoming more common in the streets.”

**Ketamine**

Respondents discussed varying availability of ketamine (an anesthetic used in veterinary medicine) in half of OSAM regions (Akron-Canton, Cincinnati, Cleveland, and Columbus). Some respondents suggested therapeutic use of ketamine. Comments included: “It’s getting easier to [obtain ketamine] ... hallucinogens are making a big comeback. Everybody’s on that ‘woke’ scene ... trying to ... open their third eye; Ketamine is still out there ... I think the demand is low ... it’s also being touted as a healing drug for PTSD (post-traumatic stress disorder).” And a member of law enforcement in the Akron-Canton region reported low case incidence of ketamine, saying, “We had a ketamine [case] or two recently. We may have had two or three ketamine [cases] in the last year or so.”

**Kratom**

Kratom (mitragynine, a psychoactive plant substance) was discussed by treatment providers in Akron-Canton, Cincinnati, and Cleveland regions, as well as a consumer in the Columbus region, and law enforcement in the Toledo region. Kratom is reportedly highly available throughout these regions, and most respondents indicated increased availability of kratom during the past six months. Respondents discussed easy access to kratom because it is legal and commonly sold at gas stations and headshops. Comments included: “People feel like they can use [kratom] because they aren’t going to get dinged (arrested) for it ... it is legal; I think kratom use is pretty trendy. It’s easy to get. We have lots of smoke shops here (Wood County, Toledo region), you can get your delta-8 [THC (tetrahydrocannabinol)], delta-9 [THC], kratom, whatever else they sell.”

Kratom is reportedly popular because it is not included in most drug screens. Community professionals discussed: “[Kratom] doesn’t pop up (screen positive) on a quick dip test (instant urinalysis drug test), but if it gets sent to a lab, it will [screen positive]. So, if you know your treatment place only does ‘quick dip,’ then you can use it; I’ve had a few people that have mentioned kratom because they’re ... trying to substitute their drug use with something that’s not necessarily going to show up in their urine screens.” A consumer added, “They found a bunch [of positive kratom test results] in the last treatment [program] I was at.”

Other data sources indicated kratom use throughout OSAM regions. Millennium Health reported that 0.8% of the 104,710 urinalysis specimens submitted for kratom testing during the past six months was positive for kratom.

Millennium Health Urinalysis Test Results for Kratom during the Past 6 Months		
Region	% Tested Positive	Number Tested
Akron-Canton	0.7%	7,471
Athens	0.9%	8,870
Cincinnati	0.5%	15,178
Cleveland	0.5%	20,464
Columbus	1.1%	19,459
Dayton	1.2%	2,528
Toledo	1.1%	21,489
Youngstown	0.4%	9,251
<b>Total</b>	<b>0.8%</b>	<b>104,710</b>

Some consumers reportedly use kratom as an alternative to opioids and/or to self-treat opioid use disorder (OUD). Community professionals discussed: “[Kratom is] also [used by] people who are maybe in the older, above 40 [years of age] demographic, who used harder drugs in their past and don’t want to do that anymore, so they just use kratom. It’s legal, and they can talk about it and be

*free with it; Some people try to justify their kratom use as MAT (medication-assisted treatment for OUD)....”*

### **MDMA**

MDMA (methylenedioxymethamphetamine or other derivatives containing BZP, MDA, and/or TFMPP) availability varied throughout OSAM regions. There was no consensus as to current availability of MDMA in the majority of OSAM regions (Athens, Cincinnati, Cleveland, Columbus, Dayton, and Toledo), while MDMA is reportedly moderate to high in availability in the Akron-Canton region, and low in availability in the Youngstown region. MDMA is reportedly available to those with a connection to the drug. Respondents observed that, outside of certain circles, MDMA requires effort to obtain. Consumers commented: *“I have to go through a few people to get [MDMA]. It’s somewhat hard to get; You have to know where to find [MDMA]; [I can get MDMA because] I know a few people who have it.”* And law enforcement added that MDMA is not prevalent on the streets. Comments included: *“[MDMA is] not very common ... we don’t necessarily find it much for distribution [during drug arrests and seizures]. I would say mostly for personal use if we do find it; I don’t know if there is a big market for [MDMA], but the availability is probably out there ... if someone is looking for it.... We just haven’t seized much of it in the last year or so.”*

MDMA is reportedly available at music festivals, dance/nightclubs, and “raves” (dance parties). Respondents remarked: *“[MDMA availability] is based on the crowd you are with or know. The raver crowd has good access; [I see MDMA when] I’m hanging out with my festival friends; [MDMA is available] mainly at bars and nightclubs, so [availability] just depends on where you go.”* Consumers also indicated that MDMA is more common in urban areas compared to rural areas. They said: *“Little towns don’t really have [MDMA] ... you have to go to like Columbus to get it; You have to go more toward the city (Cincinnati) to find*

*[MDMA]; [MDMA is] out here ... Toledo’s a party town.”*

In addition, respondents noted Internet sources to access MDMA. Comments included: *“Molly is another thing that you see [sold] on social media; I know a guy who likes going to raves, he gets [MDMA] off the ‘dark web’ (websites operated by criminal enterprises); We see [MDMA] come across the mail.”* While popular in certain settings, respondents indicated that MDMA is not a drug of choice. Community professionals explained: *“They don’t use [MDMA] on a daily basis. It’s a party drug; There’s not a lot of people seeking [MDMA], specifically.”*

Overall, respondents agreed that ecstasy (tablet form) is more available than Molly (powdered form), except for the Cleveland region, where consumers and treatment providers reported that Molly is more available. Respondents remarked: *“[Ecstasy tablets] are making a comeback; Everybody I know popped (swallowed) ‘beans’ (ecstasy) ... I could rattle the things in my hands like Skittles® and swallow them back; I don’t come across too much Molly [during arrests and seizures]. We do come across ecstasy.”*

In addition, respondents acknowledged high availability of counterfeit MDMA, most often containing methamphetamine, stating: *“You aren’t getting much Molly or ecstasy. Most of it is just ‘meth’ (methamphetamine) and it’s ... presented as ecstasy; I feel like all Molly is just meth anymore; If you ask for ecstasy, you’re probably going to get pills that have either heroin or meth.”* Respondents also reported that MDMA is an adulterant for methamphetamine. They discussed: *“My meth was laced with [MDMA]; [MDMA is] in my meth. It shows up in all my meth [positive] drug tests; Most of our clients have no idea [MDMA] is in [methamphetamine], and don’t know why they were testing positive for MDMA; Now [Molly is] mixed in the meth.... I feel like it’s very highly linked with the meth right now.”*

Throughout OSAM regions, respondents reported that the availability of MDMA has remained the

same during the past six months. Respondents who reported decreased availability of MDMA often stated consumer preference for other drugs that are easier to obtain. Consumers discussed: *“I think [MDMA is] losing its popularity. People will just outright ask for meth instead; Locals around here (Athens region) are ... using meth and ‘fetty’ (fentanyl); More people are getting fentanyl and meth, instead of Molly ... MDMA; More people are on the fentanyl train.”* Respondents explained that MDMA availability and quality fluctuates depending on the season, offering: *“[MDMA] is more popular in the summer; [MDMA availability and quality is] better around festivals.”*

Ohio Bureau of Criminal Investigation (BCI) crime labs reported low incidence of MDMA cases for all OSAM regions. MDMA case incidence ranged from zero to six cases across all regions. In addition to BCI reporting, other crime labs in Cleveland and Dayton regions submitted incidence data for MDMA. Cuyahoga County Regional Forensic Science Lab (Cleveland region) reported that the incidence of MDMA cases it processes has remained low. Lake County Crime Lab (also Cleveland region) and Miami Valley Regional Crime Lab (Dayton region) reported processing few cases of MDMA during the reporting period.

Consumers most often rated the overall quality of MDMA as ‘4’ or ‘5’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the regional modal quality scores ranged from ‘4’ for Cleveland and Toledo regions to ‘10’ for the Athens region. Consumers reported MDMA quality varies based on the type and degree of adulteration and the source of obtainment. They shared: *“[MDMA] quality can be better or worse due to ‘cutting agents’ (adulterants); [MDMA quality] varies by who you got it from, who it’s made by.”* Most consumers throughout OSAM regions reported that the quality of MDMA has remained the same during the past six months. Consumers who reported decreased MDMA quality cited increased adulteration. A consumer in the Cleveland region stated, *“[MDMA is] more ‘stepped on’ (adulterated). It’s not what it’s supposed to be.”*

Consumers discussed adulterants (aka “cuts”) that affect the quality of MDMA. Universally, consumers reported methamphetamine as the top cutting agent. Other reported adulterants for MDMA included: “bath salts” (substituted cathinone), caffeine, cocaine, embalming fluid, heroin, horse tranquilizer, fentanyl, ketamine, laxatives, opioids, phencyclidine (PCP), prescription stimulants, protein powder, rat poison, and sedative-hypnotics. Consumers commented on MDMA cutting agents, stating: *“Somebody’s trying to make more money [by] cutting [MDMA]; [Molly is cut with] meth because it is cheap and it lasts longer; I did ecstasy one time, the ‘stack’ (ecstasy dose) I did had heroin in it, meth in it, and who knows what else; They put fentanyl in [ecstasy] and it increases the high and potency, and heroin and meth [are also adulterants for MDMA]. You never know what you are getting with ecstasy because it’s all pressed together.”*

Current street jargon includes several names for MDMA. Consumers indicated that ecstasy is most referred to as “beans,” describing the round shape of the tablets, or by a shortened form of its name, “X.” The street name “rolls” also describes the shape of ecstasy tablets. Street names often refer to the stamp/imprint on the ecstasy tablet. Consumers explained: *“There are all sorts of different stamps [on ecstasy tablets], depending on where you are, so they call them by the stamps; ‘Blue dolphins’ because they are blue and have a little stamp of a dolphin on them; Whatever the stamp is, that’s what people refer to ... ‘Volkswagen’, ‘Superman’; I had a guy (dealer) that had a ‘Nintendo’ [imprinted tablet], like the controls ... bunch of different colors.”* Other stamps/imprints include: Maserati®, roller skate, and Transformers® (characters from the science fiction action film series, Transformers®), as well as ecstasy tablets in the shape of Flintstone® vitamins. In addition, consumers referred to ecstasy as “candy” and brand names of round-shaped candy (“Skittles®” and “M&M’s®”). Molly is typically called by its name.

Consumers reported that ecstasy is most often purchased as doses called “stacks.” A single stack

(single dose) of ecstasy most often sells for \$5-10, but reportedly sells for as low as \$2-6 in the Akron-Canton region, and a double stack (double dose) most often sells for \$10-20. Large amounts of purchase are reportedly cheaper. A consumer in the Akron-Canton region shared, *“If you buy in bulk, you get [ecstasy tablets] cheaper. I buy like 50 at a time.”* And consumers in the Columbus region reported receiving free samples of ecstasy. Knowledge of Molly pricing was limited to Athens, Cleveland, Columbus, and Youngstown regions. Throughout these regions, one gram of Molly typically sells for \$60-70, and in the Cleveland region, 1/10 gram (aka a “point”) sells for \$10-12. Overall, consumers reported that the price of MDMA has remained the same during the past six months.

The most common routes of administration (ROAs) for MDMA remain oral consumption, followed by snorting. Consumers throughout OSAM regions estimated that out of 10 people who use MDMA, 5-10 would orally consume and 0-5 would snort the drug. Consumers discussed different methods of oral consumption, commenting: *“I know people that put [Molly] in their water ... ‘Molly water;’ Most people I know ‘parachute’ [MDMA]. They put [crushed ecstasy tablets/Molly] in a piece of toilet paper and swallow it; A lot of drug dealers put [MDMA] right on their tongue.”* Although less common, some consumers remarked on smoking Molly. They reported: *“[It’s called] ‘Molly crack’ ... because people are smoking it; You smoke the Molly because it comes in crystal form these days. If you snorted it, it would probably tear your nose up.”* In addition, some consumers mentioned “boofing” (anal insertion) as an ROA for MDMA. A consumer in the Cleveland region stated, *“Some people boof ecstasy.”*

Respondents continued to describe typical MDMA use as associated with young people (16 to 30 years of age), college students, and/or people who attend music festivals, dance/nightclubs, and “raves.” Comments included: *“[MDMA use] would be more of your college students, they’re going to raves; Younger crowd, late teens to 20s, and club*

*goers.”* Consumers in Akron-Canton and Cleveland regions also indicated MDMA use among drug dealers, sharing: *“A lot of dealers are using [MDMA] to stay up late; To stay up late and sell more drugs.”* According to respondents in Cincinnati and Toledo regions, MDMA is also used to enhance sexual experiences. A consumer stated, *“[MDMA is] a sexual drug.”*

Many other substances are used in combination with MDMA. Consumers continued to indicate that alcohol is the most common substance used in combination with MDMA, followed by marijuana. Like MDMA, alcohol and marijuana are readily available in the party scene, and they are reportedly used to potentiate the effect of MDMA and/or to help “come down” after MDMA use. Consumers said: *“They put [ecstasy] in the [beer] bottle; Alcohol ... it just levels you out; [Alcohol] makes everything feel better; [Marijuana] just intensifies the high; [Marijuana] for the comedown; [Marijuana] so you don’t get so paranoid.”*

Hallucinogens used in combination with MDMA reportedly enhance the hallucinogenic effect. The combination of LSD (lysergic acid diethylamide, aka “acid”) and MDMA is referred to as “candy-flipping” and the combination of psilocybin mushrooms and MDMA is referred to as “hippie-flipping.” A consumer remarked, *“Psychedelics, it’s just part of the rave culture.”* Other drugs that are reportedly used in combination with MDMA, include cocaine, ketamine, and inhalants. Consumers discussed: *“Sometimes [cocaine is] a little strong (overstimulating), so [MDMA] brings you down and levels you out; When I used to do beans, [cocaine] would just intensify my high.”*

### **Nitazenes**

Consumers in the Cincinnati region indicated nitazene compounds (a group of powerful, illicit synthetic opioids) as an adulterant for fentanyl. Nitazene compounds are reportedly referred to as “zenes.” In addition, crime lab data sources indicated availability of nitazene compounds. Ohio Bureau of Criminal Investigation (BCI) crime labs reported processing 116 cases of nitazene



compounds from all OSAM regions during the reporting period, a decrease from 163 cases during the previous reporting period, and noted that new nitazene compounds continue to be processed. In addition to BCI reporting, other crime labs in Cleveland and Dayton regions submitted incidence data for nitazene compounds. Cuyahoga County Regional Forensic Science Lab (Cleveland region) reported processing 29 cases of nitazene compounds; Lake County Crime Lab (also Cleveland region) reported processing 10 cases of nitazene compounds; and Miami Valley Regional Crime Lab (Dayton region) reported processing 17 cases of nitazene compounds. These crime labs reported processing the following nitazene compounds: butonitazene, isotonitazene, metonitazene, and protonitazene.

### OTCs

Respondents in Akron-Canton and Columbus regions reported overall high availability of over-the-counter medications (OTCs) for illicit use, including Benadryl®, Coricidin® HBP Cough & Cold, OTC stimulants, and Robitussin DM®. To describe illicit use of cough syrup containing DXM (dextromethorphan), respondents in the Akron-Canton region used the term, “robotripping,” to refer to Robitussin DM®, and the term, “Triple C,” to refer to Coricidin® HBP Cough & Cold. A treatment provider commented, “*There is ‘robotripping,’ but it’s not super prevalent. I mean, [DXM availability is] is a ‘10’ (highly available).*” In addition, a member of law enforcement in the Akron-Canton region associated Benadryl® with few cases of suicide, stating, “*We get a case or two a year that are associated with suicides.*”

OTC stimulants, reportedly marketed as “knockoff Adderall®,” are popular, according to a treatment provider in the Columbus region, “*because it doesn’t show up as easily on a drug screen.*” Treatment providers identified typical illicit use of OTCs, in general, among people on probation because OTCs are not typically included on drug screens.

### Prescription Stimulants

Prescription stimulants are moderately or highly available for illicit use in more than half of OSAM regions (Akron-Canton, Cleveland, Columbus, Toledo, and Youngstown). However, availability is reportedly low in the Cincinnati region and there was no consensus as to current availability in Athens and Dayton regions. Respondents indicated that access to prescription stimulants for illicit use requires the right connection, mainly through doctor prescribing and diversion from people with prescriptions. Respondents discussed obtaining doctor prescriptions, sharing: “*[Prescription stimulants are] easy to get. You can go to the doctor and say you have ADHD (attention-deficit-hyperactivity disorder), and they will prescribe it; I think you could pretty much go to any doctor’s office and get [a prescription for stimulants] now; My mom’s on [prescription stimulants], my sister is on them, my kid is on them. Just everyone has them.*”

Respondents described diversion of prescription stimulants, primarily from adults who are prescribed, and parents of children with prescriptions. Comments included: “*[Prescription stimulants] are readily available.... I think a lot of parents are getting their kids prescribed Adderall® and ... the parents are [using it themselves], or they are selling it; [Prescription stimulants are] very available.... Kids are on it ... and kids ... take it to school and sell it; A lot of people have kids [who are prescribed stimulants] because they prescribe them like candy for kids with ADHD and then ... the parents sell it.*”

Prescription stimulants for illicit use are reportedly prevalent on college campuses through diversion from students with prescriptions. Respondents said: “*Especially, college areas, there’s a high demand for [prescription stimulants]. Everybody’s looking for anybody who has Adderall®; [Prescription stimulants are] big on campuses, so you can usually find them there; It’s a college town ... if you needed [prescription stimulants], or think you needed it, you could find someone who had it fairly*

easily.” Respondents indicated that illicit prescription stimulants are in demand among college students as a “study drug” to improve focus and concentration and stay up late. They discussed: *“A lot of people buy [prescription stimulants] now when they're trying to stay up all night and study ... for school; I've heard of a lot of students that are seeking Adderall® to help them with studying ... for a big test.”*

Law enforcement reported that they do not regularly encounter prescription stimulants on the streets. They shared: *“I think you could pretty much go to any doctor's office and get [prescribed stimulants] now ... as far as on the streets ... we don't buy it [during undercover purchases]; You don't even hear about [prescription stimulants] being something on the street; People keep [illicit prescription stimulant transactions] hush-hush ... they trade amongst each other... so, we don't hear about a lot of it [on the streets].”* Overall, law enforcement identified few seizures of illicit prescription stimulants, although a member of law enforcement in Columbus observed, *“Adderall® is a big one ... we just had a search warrant last week where we got 1,200 of them, but that was the first time that we've seen a large amount of Adderall®.”*

Respondents who reported low availability of prescription stimulants for illicit use frequently cited decreased prescribing. They reasoned: *“[Access to illicit prescription stimulants] definitely depends on who you know. The doctor's 'crackdown' (stimulant prescribing restrictions) [contributed] for sure, but I can still find them; [Decreased illicit prescription stimulant availability] is all because of the doctor crackdowns, people just moved on to doing 'meth' (methamphetamine); [Stimulants are] just not prescribed as much.”*

Reportedly, Adderall® remains the most available prescription stimulant in terms of widespread illicit use. Respondents described: *“Adderall® is more [available] because it is the strongest and that is what people want; [Adderall®] is what a lot of doctors prescribe; I think [Adderall®] is more*

*popular] because it's more of a household name.”* Some consumers acknowledged the availability of counterfeit pressed pills made to resemble prescription stimulants. A consumer stated, *“You never know if [illicit prescription stimulants] are going to be pressed or not, so you are taking a 50/50 chance.”* And a member of law enforcement in the Cleveland region warned, *“Let's put the disclaimer in there that [prescription stimulants sold on the streets] are often fake, and they are pressed meth.”*

Overall, respondents throughout OSAM regions reported that the availability of prescription stimulants for illicit use has remained the same during the past six months. Respondents who reported decreased availability noted the recent manufacturer shortage of prescription stimulants as having contributed to decreased supply available for diversion. A consumer commented, *“[Prescription stimulants are] less available right now because of the national [manufacturer supply] shortage.”* Other comments regarding decreased availability of prescription stimulants for illicit use included: *“It's harder to get prescriptions, and I've noticed that ... the Adderall® 30 mg, the orange ones, those are a lot of meth (counterfeit pressed pills) now; Doctors are prescribing [stimulants] less, trying to find alternatives.”*

Ohio Bureau of Criminal Investigation (BCI) crime labs did not report any amphetamine (Adderall®) and methylphenidate (Ritalin®) cases from throughout OSAM regions during the reporting period, except for the Cincinnati region where very few amphetamine cases were reported. In addition to BCI reporting, other crime labs in Cleveland and Dayton regions submitted incidence data for prescription stimulants. Cuyahoga County Regional Forensic Science Lab (Cleveland region) reported that the incidence of amphetamine cases it processes has increased during the reporting period, while Lake County Crime Lab (also Cleveland region) reported processing few cases of amphetamine. Miami Valley Regional Crime Lab (Dayton region) reported that the incidence of amphetamine

cases it processes has remained the same during the reporting period. This lab reported processing few cases of methylphenidate.

Other data sources indicated prescription stimulants as available for illicit use throughout OSAM regions. Millennium Health reported that 8.0% of the 125,198 urinalysis specimens submitted for amphetamine testing during the past six months was positive for amphetamines.

<b>Millennium Health Urinalysis Test Results for Prescription Stimulants with Amphetamine during the Past 6 Months</b>		
Region	% Tested Positive	Number Tested
Akron-Canton	9.1%	7,711
Athens	11.4%	14,288
Cincinnati	8.2%	18,670
Cleveland	5.1%	22,044
Columbus	9.9%	26,210
Dayton	8.5%	4,183
Toledo	6.6%	21,608
Youngstown	5.9%	10,484
<b>Total</b>	<b>8.0%</b>	<b>125,198</b>

Current street jargon includes several names for prescription stimulants. Consumers indicated that street names most often reference a drug’s brand name (“addie” for Adderall®, “rits” for Ritalin®, and “vys” for Vyvanse®). General street names most often reference the stimulant effect of the drug (“go” and “speed”). Consumers elaborated on street names for prescription stimulants: “‘Beads’ because [Adderall®] have orange beads in them, the little capsules; ‘Spideys’ because [Vyvanse®] will be blue and red like Spiderman®.”

Current knowledge of street prices for prescription stimulants were provided by consumers with experience purchasing the drugs. Consumers in Akron-Canton, Athens, Cleveland,

and Columbus regions reported that Adderall® 30 mg most often sells for \$5-15; Adderall® 20 mg typically sells for \$7-8 in Cleveland and Youngstown regions; and consumers in the majority of OSAM regions reported that Adderall®, without specifying the dose, generally sells for \$3-10 per pill. In the Cleveland region, current street prices for Vyvanse® range from \$5 for 40 mg to \$10 for 80 mg. And in the Youngstown region, Vyvanse® generally sells for \$4-5.

Consumers explained that pricing of illicit prescriptions stimulants varies based on milligram strength and quantity purchased. They said: “[The price of illicit Adderall®] depends on what the milligram is; Last time I bought [Adderall® 30 mg] they were \$5, but you give them a deal if you buy the whole ‘script’ (prescription), as opposed to one or two [pills].” A consumer in the Columbus region explained that the pricing of illicit prescription stimulants depends on, “whether or not it’s the capsules or the pills. Pills are more preferred for a lot of people.” The majority of consumers throughout OSAM regions reported that the price of illicit prescription stimulants has remained the same during the past six months.

The most common routes of administration (ROAs) for illicit use of prescription stimulants are oral consumption and snorting. Consumers commented: “To abuse the [Adderall® XR (extended release)] capsules, you get on a steady surface, and you can break the capsule apart and there’s beads. And you can either lick them or snort them. It really is powerful that way; Snorting [is the most common ROA], that’s why a lot of [people] aim for the [prescription stimulant] pills and not the capsules; I did [prescription stimulants by] either snorting it, or [with] capsules, we would open them up and put [the beads] on our tongue and let it dissolve.” Although less common, some consumers in Akron-Canton, Athens, and Columbus regions mentioned “shooting” (intravenously injecting) prescription stimulants. One consumer claimed, “If it was the [Adderall®] 25 milligram, which came in capsule form, we’d cook it up and put it in a needle and shoot it.”

Respondents most often described typical illicit prescription stimulant use among young people (15 to 30 years of age), especially high school and college students, to improve their ability to focus and study and/or to stay up late to party. They shared: *“High school and college kids because they get [prescription stimulants] and they want to focus on their work; College-aged students ... just to study for exams and that type of thing. Maybe 20, 25 [years of age].... I think it’s easier [for students] to get [prescription stimulants]; [Teenagers] ‘pop them up’ (swallow prescription stimulants) to party; The Adderall® is like a party drug. It’s passed out at a lot of parties.”* In addition, people who work long or late hours also reportedly use prescription stimulants illicitly to stay alert. Consumers commented: *“People that work in the factories; People that have to work long hours; People that work two jobs; Night shift workers, basically anyone that needs to stay awake.”*

Many other substances are used in combination with prescription stimulants. Consumers continued to report that prescription stimulants are most often used in combination with alcohol to balance out the stimulant high and enable consumers to drink large quantities of alcohol over extended periods of time. Comments included: *“You can stay up and drink for a long time [on prescription stimulants] and then you get really drunk; You can drink more [alcohol] because you can stay up longer; Everyone uses alcohol to balance out.”* Consumers indicated that prescription stimulants are also used in combination with heroin/fentanyl, marijuana, and sedative-hypnotics to balance out and come down from the stimulant high. Consumers said: *“I know adults that will use fentanyl that want to crash (come down) after they have been on [prescription stimulants] all day; When students do Adderall® they don’t want to stay up all day, so after school, or after work, they will smoke [marijuana to come down]; Xanax® because it brings you down, and stimulants bring you up.”*

Some consumers reported combining several types of prescription drugs for illicit use, discussing: *“When I did [prescription stimulants], I*

*just crushed up a whole bunch of pain killers (prescription opioids) and ‘benzos’ (benzodiazepines) and then I would throw an Adderall® or two in there and just crush it up and snort it all; We always used ‘percs’ (Percocet®), ‘xannie bars’ (Xanax® 2 mg), and maybe a Klonopin®, or two [along with prescription stimulants], and we’d just make a cocktail (drug mixture) and snort it.”* Methamphetamine and cocaine are reportedly used in combination with prescription stimulants to intensify the stimulant high. A consumer offered, *“If you mix [prescription stimulants and methamphetamine] together, you’ll be speeding for days.”*

### **Promethazine**

Treatment providers in the Dayton region reported high current availability of promethazine (prescription-strength cough syrup with codeine, aka “lean” when mixed with soda) for illicit use. They shared: *“They put [cough syrup with codeine] in soda and ice, calling it ‘lean;’ ‘Lean’ is very accessible; If ‘lean’ is the drug of their choice, they can easily get it.”* Regarding typical use, a treatment provider remarked, *“Younger guys in the community are drinking ‘lean.’”*

### **Synthetic Marijuana**

Synthetic marijuana (synthetic cannabinoids, aka “K2” and “spice”) was discussed by some consumers in Akron-Canton, Columbus, and Youngstown regions. These consumers indicated that synthetic marijuana is highly available because it can be purchased from gas stations and made at home. Consumers commented: *“You can get [synthetic marijuana] at a gas station; ‘Posh’ (synthetic marijuana) is real bad (highly available) around here (Richland County, Columbus region). ‘K2’ is also a brand; You can make [synthetic marijuana] with basically anything. I mean, I’ve even heard people using hamster bedding.”* Synthetic marijuana is reportedly popular because it is not typically included on drug screens. A consumer stated, *“People I know are using [synthetic marijuana] a lot because they can pass drug tests.”*



The majority of consumers reported that synthetic marijuana availability has remained the same during the past six months. A consumer in the Columbus region who reported increased availability explained, *“I think [the availability of synthetic marijuana is] getting worse (increasing) by the years ... same reason all the other drugs ... tolerance ... cost and demand.”* In addition, a consumer described high potency of synthetic marijuana, saying, *“You can smoke [synthetic marijuana] to ... get high. It will mess you up. It’s put me on my knees a couple of times.”*

### **Xylazine**

Current availability of xylazine (aka “tranq,” a powerful sedative that the FDA has approved for veterinary use only) was discussed among some law enforcement in half of OSAM regions (Akron-Canton, Cincinnati, Cleveland, and Toledo), as well as some consumers in Cincinnati and Toledo regions, and a treatment provider in the Cleveland region. Xylazine is an adulterant (aka “cutting agent”) for other drugs and not typically considered a drug of choice. Law enforcement in Akron-Canton and Cincinnati regions offered: *“I don’t think we have anybody that can buy [xylazine] straight [during undercover purchases]. They’re buying something else and [xylazine is] in there [as a cut]; I think [xylazine is] out there on the street as a cutting agent with more frequency; I don’t think people really know that [xylazine] is in their drugs.”*

Law enforcement in Akron-Canton, Cincinnati, and Toledo regions noted the presence of xylazine in toxicology reports from coroner and medical examiner offices. A member of law enforcement in the Akron-Canton region said, *“[Xylazine has] shown up on a couple of [postmortem] drug screens.... And from what we’re hearing from the police side, as far as [drugs] that are being confiscated off the street, it’s present as a cutting agent.”* In the Cleveland region, a member of law enforcement recalled a fatal overdose involving xylazine, sharing, *“We haven’t seen xylazine [during arrests and seizures], but we had a fatal drug overdose about a month and a half, or two*

*months ago, and I just recently got the ‘tox’ (toxicology) screens on that particular overdose, and along with fentanyl, there was some [xylazine] in his system as well.”* A member of law enforcement in the Toledo region added, *“Some [harm reduction clients] have expressed that they [suspect] xylazine in the local street supply. In addition, we know from the coroner data that this is confirmed.”*

Two consumers in the Cincinnati region shared their observations of xylazine. A consumer described the high potency of xylazine, saying, *“[Xylazine is] pretty strong, and if you like to ‘go out’ (pass out), that’s what’ll get you there. Me, personally, [I have never sought out xylazine]. I’ve done it a couple times, but it’s just too strong.”* Furthermore, consumers warned of dangerous wounds resulting from xylazine use. They shared: *“I know a guy that, that’s all he wants is xylazine, because he can’t get high off nothing else. He’s got bandages around both arms [to protect wounds]. It’s eating him alive, like ‘krokodil’ (desomorphine, a semi-synthetic opioid). [Xylazine will] kill you; The new thing with this ‘tranq dope,’ or the xylazine, ... is, it rots your ... skin where you shoot it.... I was in rehab with [someone] and his arm was just so [messed] up ... it was horrible ... [the wound] was down to his bone....”* Regarding sources of obtainment, xylazine reportedly can be purchased online. A consumer stated, *“Xylazine, [has] been around forever. It’s a horse medicine. You can get it online without a ... prescription ... [it’s] dangerous....”*

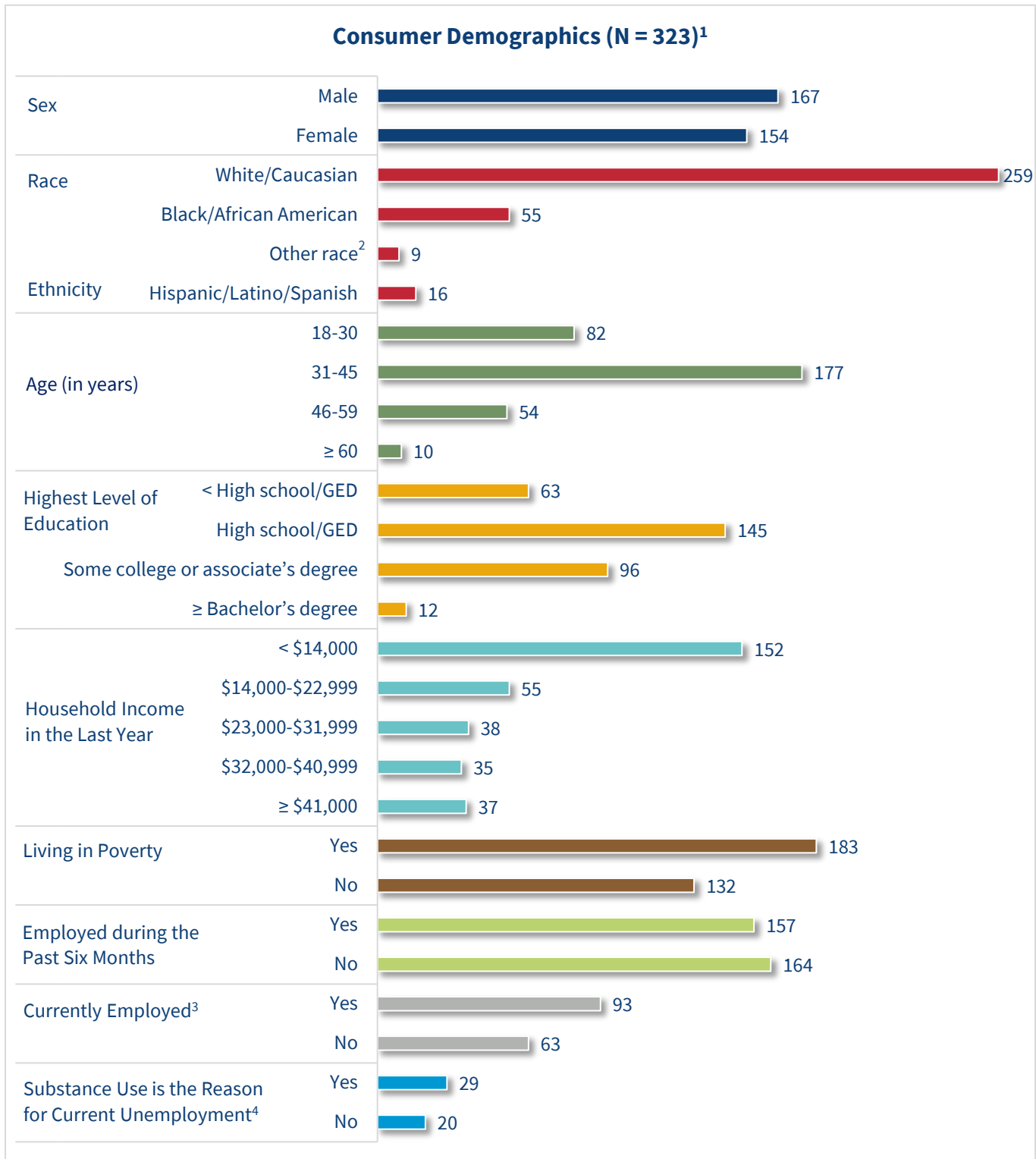
OSAM secondary data sources also indicated xylazine as an adulterant for other drugs. Ohio Bureau of Criminal Investigation (BCI) crime labs, Cuyahoga County Regional Forensic Science Lab (Cleveland region), and Lake County Crime Lab (also Cleveland region) indicated xylazine as an adulterant found in powdered heroin. Ohio State Highway Patrol Crime Lab indicated xylazine as an adulterant found in powdered cocaine. Miami Valley Regional Crime Lab (Dayton region) reported processing one case of xylazine during the reporting period, a decrease from three cases during the previous reporting period. In addition,

coroner and medical examiner offices reported 45 total drug-related deaths involving xylazine: Cuyahoga County Medical Examiner’s Office (Cleveland region), Hamilton County Coroner’s Office (Cincinnati region), and Montgomery County Coroner’s Office (Dayton region) reported 9, 34, and 2 deaths, respectively, an increase from 18 total drug-related deaths involving xylazine during the previous reporting period. All these coroner and medical examiner offices reported that 100.0% of all xylazine-related deaths they recorded over the current and previous reporting periods also involved fentanyl.

<b>Current Street Names for Other Drugs</b>	
<b>Gabapentin</b>	<b>gab, gabbies</b>
<b>Hallucinogens</b>	<i>LSD: acid, blotter, tabs</i> <i>Psilocybin mushrooms: shrooms</i>
<b>Inhalants</b>	<b>duster, whippets</b>
<b>MDMA</b>	<i>Most Common: beans, Molly, rolls, X</i> <i>Other: candy, E, M&amp;M’s®, Nintendo®, single/double/triple stack/stacks, Skittles®, Superman®, Transformers®, Volkswagen®</i>
<b>Nitazenes</b>	<b>zenes</b>
<b>OTCs</b>	<i>Coricidin® HBP Cough &amp; Cold: triple C</i> <i>Robitussin DM®: robotripping</i>
<b>Prescription stimulants</b>	<i>General: go, speed</i> <i>Adderall®: addie/addies, beads</i> <i>Ritalin®: rits</i> <i>Vyvanse®: spideys, Vs, visors, vys</i>
<b>Promethazine</b>	<b>lean</b>
<b>Synthetic marijuana</b>	<b>K2, posh, spice</b>
<b>Xylazine</b>	<b>tranq, tranq dope</b>

**APPENDICES**

**APPENDIX A**

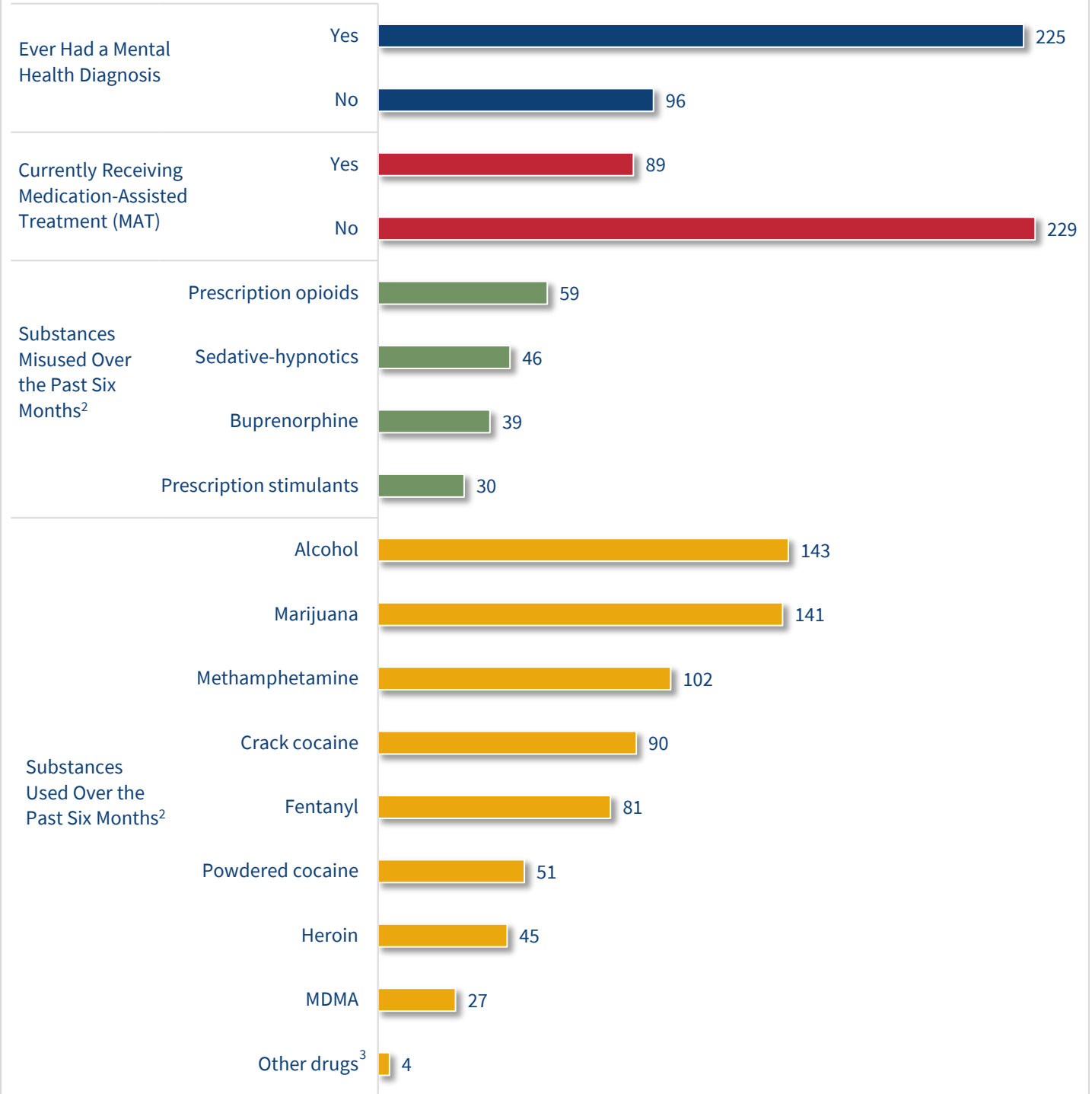


<sup>1</sup>Due to missing or excluded invalid responses, some totals may not equal 323. <sup>2</sup>More than one race: Asian and/or Black/African American and/or White/Caucasian. <sup>3</sup>Question was only asked of consumers who indicated that they were employed during the past six months. <sup>4</sup>Question was only asked of consumers who indicated that they were not currently employed.



**APPENDIX B**

**Consumer Mental Health and Substance Use Characteristics (N = 323)<sup>1</sup>**

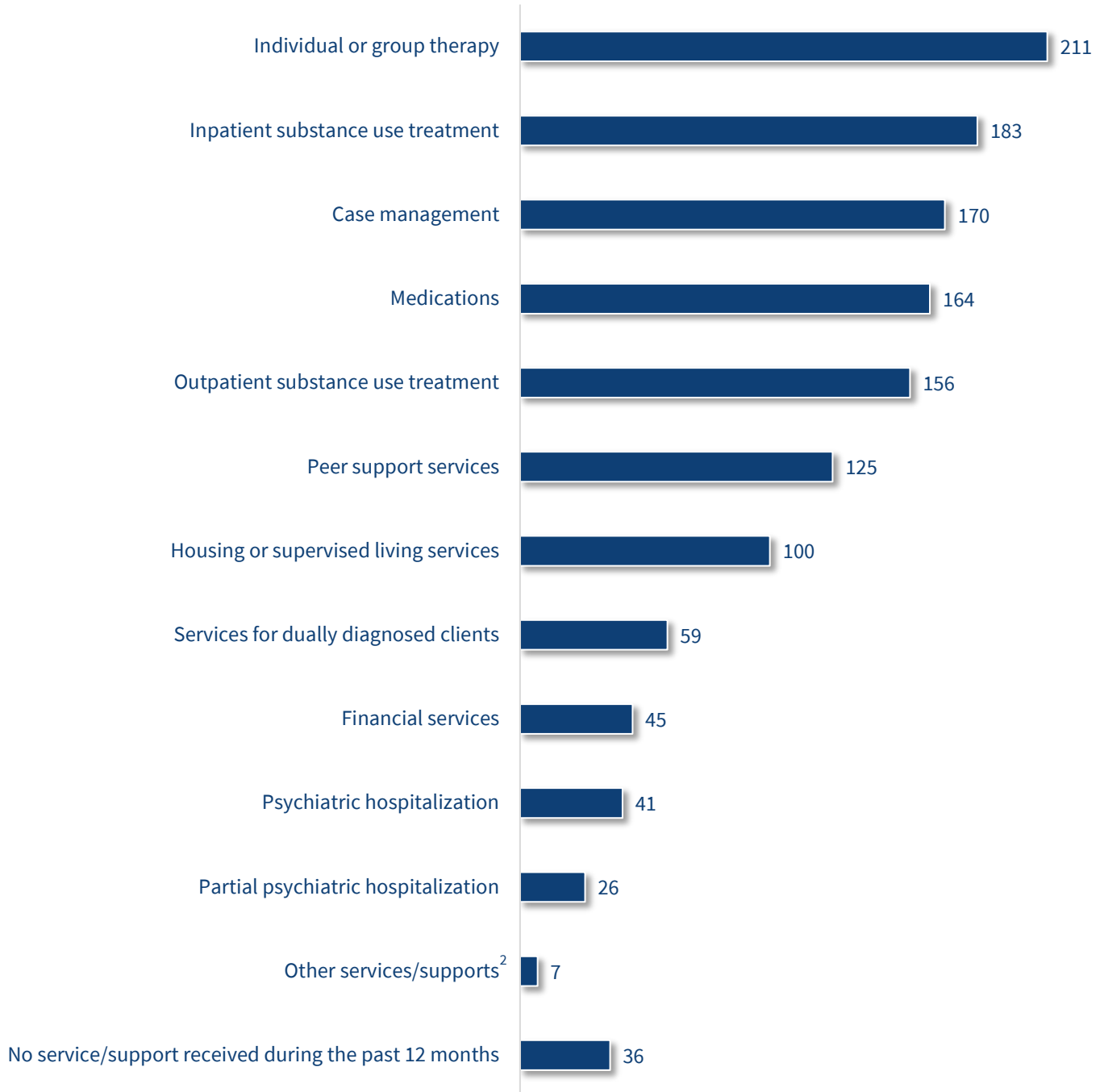


<sup>1</sup>Due to missing or excluded invalid responses, some totals may not equal 323. <sup>2</sup>Consumers were allowed to choose more than one substance.

<sup>3</sup>Hallucinogens (dimethyltryptamine [DMT], lysergic acid diethylamide [LSD], and psilocybin mushrooms).

**APPENDIX C**

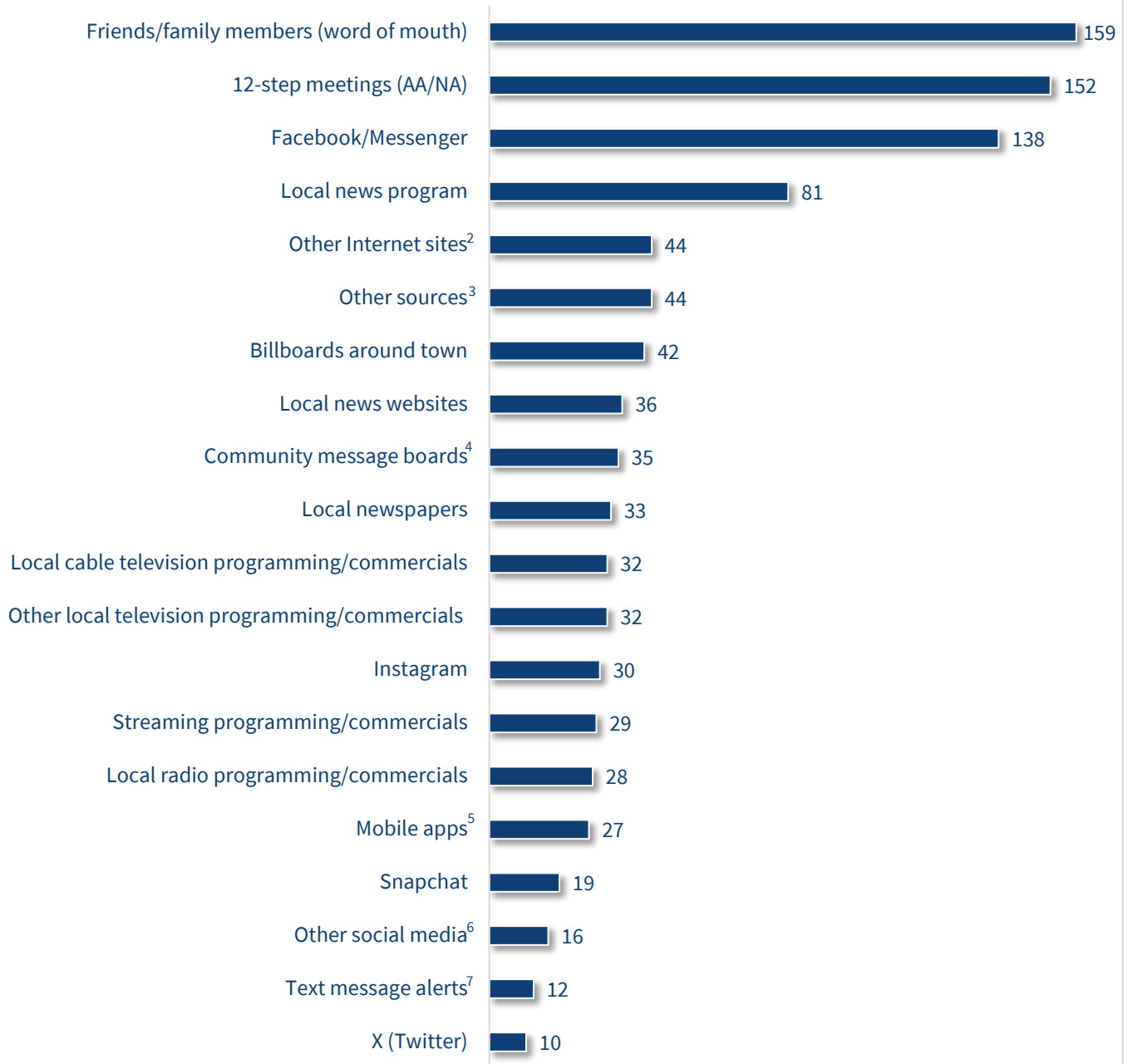
**Consumer Treatment/Support Services Received at Any Time During the Past 12 Months (N = 321)<sup>1</sup>**



<sup>1</sup>Excludes missing data (N = 2). Consumers were allowed to choose more than one treatment/support service. <sup>2</sup>Alcoholics Anonymous (AA) meetings, drug court, intervention counseling in jail, and Narcotics Anonymous (NA) meetings.

**APPENDIX D**

**Consumer Sources of Learning About Recovery News, Activities, and Events in Consumer Communities (N=323)<sup>1</sup>**



<sup>1</sup>Consumers were allowed to choose more than one source. <sup>2</sup>Alcoholics Anonymous (AA), Google, Narcotics Anonymous (NA), local treatment center, and Veterans Affairs (VA). <sup>3</sup>Counselor, drug court, hospital, jail, medical clinic, medication-assisted treatment (MAT) clinic, mental health and substance use disorder treatment center, military diversion program, peer support services, recovery housing, and street outreach. <sup>4</sup>AA meetings, bus station, church, job center, library, NA meetings, probation office, and treatment center. <sup>5</sup>AA apps (Everything AA, Meeting Finder, and Meeting Guide), In the Rooms, and NA. <sup>6</sup>Pinterest, Reddit, Slack, and TikTok. <sup>7</sup>Text message alerts from NA.

**APPENDIX E**

**Hotline/Crisis Support Service Utilization**

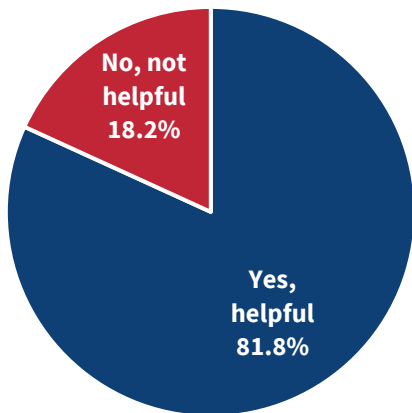
Of the 317 consumers who responded to the survey question regarding calling and/or texting a local or national hotline or crisis support number, 13.9% reported calling and/or texting one or more local or national hotline or crisis support number. Of those 44 consumers, 36 reported only calling a hotline or crisis support service, seven reported calling and texting, and one reported only texting.

Consumers contacted:

- 11 called and 2 texted 211
- 8 called and 4 texted 988 Suicide and Crisis Lifeline
- 4 called a local treatment service hotline
- 1 called a housing and utility support hotline
- 1 called a warmline (peer-run recovery support hotline)
- 22 did not specify which hotline or support service they called or texted

Of the 43 consumers who reported contacting a hotline/crisis support service and responded to the question regarding whether or not it was helpful, 81.8% reported finding the hotline/crisis support service helpful. Consumers were allowed to report more than one way the hotline/crisis support service was helpful or not helpful.

**Did you find the hotline/crisis support service helpful? (N = 43)**



*Helpful – Specified*

- 8 reported they were directed to additional help and resources
- 5 reported the counselor was good/compassionate listener
- 4 reported they were provided with housing assistance
- 2 reported they were provided emotional support during a crisis
- 2 reported they were provided utility assistance
- 2 reported they were linked with detoxification treatment
- 1 reported they communicated with a recovery peer
- 1 reported they were linked with treatment (type not specified)
- 1 reported they were provided suicide prevention counseling
- 12 reported it was helpful but did not specify how

*Not Helpful – Specified*

- 2 reported they were not provided helpful information or resources
- 1 reported the information they were provided was out of date
- 1 reported they were put on hold
- 4 reported it was not helpful but did not specify how