



# ***Surveillance of Drug Abuse Trends in the State of Ohio***

## ***July - December 2021***

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

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#### Abstract

The aim of the Ohio Substance Abuse Monitoring (OSAM) Network is to conduct drug 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 July through December 2021. Regional epidemiologists conducted focus groups/interviews and administered surveys. A total of 421 respondents from throughout Ohio imparted first-hand knowledge, sharing their lived experiences to inform the evaluation of current drug use trends. Key findings of this research reveal fentanyl and methamphetamine as highly available throughout OSAM regions. Reportedly, drug dealers have created high demand for fentanyl by introducing the drug into most other drugs with the intent of addicting more people to it, thus increasing their customer base. Not only has fentanyl been substituted for heroin and adulterated in almost every drug, but respondents also reported high prevalence of fentanyl-pressed pills, oftentimes drug dealers mask these pills as prescription pills. In regions reporting increased availability, respondents most often noted an increase in overdose deaths during the past six months as evidence of increased fentanyl availability. Respondents attributed high current availability of methamphetamine to high supply and demand for the drug. Reportedly, drug cartels, and then local dealers, have also been pushing methamphetamine to increase profits. Respondents noted an increase in methamphetamine availability tied to heroin/fentanyl use. The combination of methamphetamine along with heroin/fentanyl to “speedball” (concurrent or consecutive stimulant and depressant highs) has increased in popularity. And due to its low cost and high potency, methamphetamine is supplanting cocaine as the preferred stimulant. Respondents discussed methamphetamine’s current high availability as widespread, encroaching on every community type. Reportedly, methamphetamine is as common in urban areas as it is in rural areas.

#### Introduction

The Ohio Substance Abuse Monitoring (OSAM) Network consists of eight regional epidemiologists located in the following eight regions of Ohio: Akron-Canton, Athens, Cincinnati, Cleveland, Columbus, Dayton, Toledo, and Youngstown. Regional epidemiologists conduct focus groups and individual interviews with 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 (treatment providers and members of law enforcement). Qualitative findings are supplemented with available statistical 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 a real-time method of providing accurate 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 January 21, 2022. It is based upon qualitative data collected from July through December 2021 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.

Note OSAM is no longer producing separate regional reports but rather will continue to provide regional information in data tables throughout its Drug Trend Reports.

**Data Sources**

OSAM respondents were 306 consumers, 74 treatment providers, and 41 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 to this report for detailed data pertaining to these additional variables.

Consumer Demographic Profile		
Indicator	Ohio <sup>1</sup>	OSAM Consumers <sup>2</sup>
Total Population, 2021	11,780,017	306
Gender (female), 2021	51.0%	41.2%
White, 2021	81.7%	81.4%
African American, 2021	13.1%	13.4%
Hispanic or Latino Origin, 2021	4.0%	4.6%
High School Graduation Rate, 2015-19	90.4%	77.9%
Median Household Income, 2015-19	\$56,602	\$12,000-\$16,999 <sup>3</sup>
Persons Below Poverty Level, 2019	12.6%	53.0%

<sup>1</sup>Ohio statistics were derived from the most recent US Census. <sup>2</sup>Consumers from this reporting period: July through December 2021. <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 28 counties, arranged by OSAM region: Akron-Canton (Portage, Stark, Summit, and Tuscarawas); Athens (Athens, Gallia, Hocking, Jackson, Vinton, and Washington); Cincinnati (Butler, Clermont, Hamilton, and Highland); Cleveland (Cuyahoga, Geauga, and Lake); Columbus (Delaware, Franklin, and Richland); Dayton (Allen, Clark, and Montgomery); Toledo (Lucas and Wood); and Youngstown (Columbiana, Jefferson, and Mahoning).

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
  - 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))

In addition to the above data sources, Ohio media outlets in each OSAM region were queried for information regarding illicit substance use from January to June 2021. All secondary data are summary data of cases processed from January through June 2021. 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.

## Powdered Cocaine

Powdered cocaine is moderately or highly available in most OSAM regions. In regions where current availability was reported as high, consumers discussed powdered cocaine as popular in bars as the drug counteracts the effects of alcohol, balancing the user out to drink alcohol for longer periods of time. Cocaine is also seen as a safer alternative to opioids, and powdered cocaine remains less stigmatized than crack cocaine. In the Cleveland region, treatment providers discussed: “[Cocaine is] a big part of the bar scene because you can snort some ‘coke’ (powdered cocaine), stay up all night ... and the stigma with it isn’t as bad as it would be if you’re smoking ‘crack’ (crack cocaine); Cocaine is a drug that has been pretty popular for quite some decades. It’s kind of a safer alternative [to opioids] ... you don’t hear a lot of cocaine overdoses unless [cocaine is] laced with fentanyl ... people are switching to drugs that are a little less lethal maybe, or they think is less lethal...” A member of law enforcement in Columbus shared, “We still run across [powdered

cocaine].... *If we ask [police informants] to get it for us, they don’t really have any problem.”*

In regions reporting moderate availability, the consensus was that powdered cocaine is not as available as other drugs, such as methamphetamine; moreover, one would need to know the right people or the right places (certain bars) to obtain powdered cocaine. A consumer stated, “*I don’t see no one standing on the corner trying to sell coke.... You just meet people like in ... bars or whatever.... You can buy [powdered cocaine] through others you know....*” Law enforcement generally concurred, with one respondent saying, “[Powdered cocaine] is definitely available ... there are other [drugs] that seem more available right now.... *If we set our mind to it, I am sure it would not be that difficult to find [powdered] cocaine, but it’s not falling out of the sky either.*” In the Athens region where some consumers and law enforcement reported low current availability, limited supply of powdered cocaine was attributed to the increased supply and demand for methamphetamine, a less expensive alternative to cocaine. Law enforcement in the region shared: “*Our [drug] interdiction unit on the highway sometimes will seize [powdered] cocaine but that’s it; The availability of ‘meth’ (methamphetamine) is high, and it gives similar effects [as powdered cocaine].*” A consumer stated, “*The focus is now all meth.*”

Throughout OSAM regions, except for Toledo, respondents reported that the availability of powdered cocaine has remained the same during the past six months. In the Toledo region, consumers and treatment providers indicated that

the availability of powdered cocaine has increased due to increased demand and use of drugs generally during the COVID-19 pandemic. Consumers cited people not working, getting bored, and using drugs, with the federal economic stimulus payments affording some users the ability to buy powdered cocaine. A consumer stated, “[Availability has increased] *because of the stimulus checks, those are facts.*” Ohio Bureau of Criminal Investigation (BCI) crime labs reported that the incidence of cocaine cases they process has increased for half of OSAM regions, including Toledo.

cases it processes has increased during the reporting period.

Other data sources indicated powdered cocaine as available throughout OSAM regions. Ohio Department of Public Safety reported drug task force seizure of 162.8 kilograms (358.1 lbs.) of powdered cocaine from throughout OSAM regions during the reporting period; of which, 42.4% was seized from the Columbus region. Millennium Health reported that 13.6% of the 133,182 urinalysis specimens submitted for cocaine testing during the past six months was positive for powdered/crack cocaine.

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

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

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

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 powdered/crack cocaine cases it processes has increased during the reporting period, while Cuyahoga County Regional Forensic Science Lab (also Cleveland region) reported that the incidence of powdered cocaine cases it processes has remained the same [this lab does differentiate between powdered and crack cocaine, and this pattern reflects powdered cocaine only]. Miami Valley Regional Crime Lab (Dayton region) reported that the incidence of powdered/crack cocaine

Coroner and medical examiner offices in the counties of Cuyahoga (Cleveland region), Hamilton (Cincinnati region), and Montgomery (Dayton region) reported that 39.7%, 40.8%, and 20.7%, respectively, of all drug-related deaths they recorded this reporting period (297, 228, and 484 deaths) involved powdered/crack cocaine. GPRA (Government Performance and Results Act) data collected from 1,825 persons entering publicly-funded SUD

treatment programs during the past six months found 15.2% reported powdered/crack cocaine use 30 days prior to intake.

Media outlets reported on law enforcement seizures and arrests related to powdered cocaine this reporting period (selected media reports follow). Law enforcement agents with the Northern Ohio Violent Fugitive Task Force assisted the U.S. Drug Enforcement Administration (DEA) in apprehending eight individuals for trafficking at least 10 kilograms of cocaine along with heroin into Elyria and Lorain (Lorain County, Cleveland region) ([www.news5cleveland.com](http://www.news5cleveland.com), Jan. 29, 2021).



Members of the Akron Police Department’s Anti-Violence Bureau (Summit County, Akron-Canton region) conducted a warrant search of an Akron home and seized one pound of powdered cocaine, one ounce of fentanyl, half an ounce of methamphetamine, over \$87,000, and three handguns; officers arrested two people for drug possession and trafficking ([www.news5cleveland.com](http://www.news5cleveland.com), Feb. 24, 2021). Marion County Sheriff’s Office (Columbus region) seized 29.6 grams of cocaine, 4.9 grams of fentanyl, drug paraphernalia, and a loaded handgun during a routine traffic stop in Marion ([www.nbc4i.com](http://www.nbc4i.com), Feb. 25, 2021). Ohio State Highway Patrol (OSHP) conducted a traffic stop and probable cause search in Scioto County (Cincinnati region), locating 100 grams of suspected cocaine, 100 grams of heroin, and 14 grams of crack cocaine, with a combined estimated worth of \$26,000; officers arrested the driver of the vehicle, a Michigan man, for possession of cocaine and heroin ([www.nbc4i.com](http://www.nbc4i.com), April 5, 2021). Tuscarawas County Sheriff’s Office (Akron-Canton region) led a two-month investigation into drug trafficking which resulted in the seizure of a large quantity of suspected methamphetamine, fentanyl, cocaine, and firearms from a New Philadelphia home

([www.cleveland19.com](http://www.cleveland19.com), May 12, 2021). According to OSHP statistics, cocaine seizures for northeast Ohio increased more than 2,000% and crack cocaine seizures increased about 1,500% for the first half of 2021 compared to the first half of 2020 ([www.cleveland19.com](http://www.cleveland19.com), June 18, 2021).

Region	% Yes	Total N
Akron-Canton	9.4%	64
Athens	26.8%	123
Cincinnati	9.2%	491
Cleveland	23.7%	520
Columbus	10.9%	183
Dayton	11.4%	202
Toledo	15.7%	127
Youngstown	7.0%	115
<b>Total</b>	<b>15.2%</b>	<b>1,825</b>

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

Region	% Tested Positive	Number Tested
Akron-Canton	11.2%	9,795
Athens	4.2%	11,619
Cincinnati	14.8%	13,565
Cleveland	8.1%	16,795
Columbus	16.5%	31,108
Dayton	18.8%	6,807
Toledo	15.8%	26,345
Youngstown	15.3%	17,148
<b>Total</b>	<b>13.6%</b>	<b>133,182</b>

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

### Adulterants

Consumers throughout OSAM regions most often rated the current overall quality of powdered cocaine as ‘5’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the regional modal quality scores ranged from ‘3’ for the Columbus region to ‘7’ for the Cincinnati region. However, consumers throughout regions discussed variance in quality, primarily based on the dealer and the amount of “cut” (adulterants) used. Consumers discussed: *“Some people will cut [powdered cocaine] more, [and] some people will sell more pure ... [quality of powdered cocaine] just depends on who you go to; I just don’t go to everybody [to purchase powdered cocaine]. If the person that I go to don’t have it, then I don’t buy it. Everybody’s putting different stuff in there, so I just won’t buy from anybody.”* An Akron-Canton consumer shared, *“I know where to get [powdered cocaine]*

*and it's the same [dealer I've had] for a long time... lately they've been putting fentanyl in everything. So, I choose not to buy [powdered cocaine] from random people. I don't want to die.*" Consumers in six regions noted that the overall quality of powdered cocaine has remained the same during the past six months, while consumers in Cincinnati and Toledo regions reported that overall quality has decreased.

Consumers discussed adulterants that affect the quality of powdered cocaine. They indicated that "everything" that looks like powdered cocaine and doesn't alter the taste of powdered cocaine can be used as a cut, explaining that powdered cocaine is cut to add volume, increasing product amount, and thus increasing sales/profits. Comments included: "[Powdered cocaine is] *always cut with a bunch of junk ... baby 'lax' (laxatives), baby powder, baking soda; Anything that looks the same color [as cocaine], honestly ... if it is white and breaks up (reduces to powder); I know some people like to use fentanyl to cut [powdered cocaine] with.*" Throughout OSAM regions, consumers most often reported the top cutting agents for powdered cocaine as baby laxatives, baking soda, and fentanyl.

OSAM secondary data sources also indicated fentanyl as an adulterant for powdered cocaine. Coroner and medical examiner offices in the counties of Cuyahoga (Cleveland region), Hamilton (Cincinnati region), and Montgomery (Dayton region) reported that 70.3%, 79.6%, and 85.0%, respectively, of all cocaine-related deaths they recorded this reporting period (118, 93, and 100 deaths) also involved fentanyl.

Other adulterants for powdered cocaine mentioned included: acetone, aspirin, baby formula, baby powder, baking powder, "bath salts" (substituted cathinone), Bolivian Rock (a cutting agent sold at head shops), brake fluid, caffeine pills, creatine, ether, fiber, gabapentin, glass, heroin, infill/powder for acrylic nails, inositol (dietary supplement), laxatives, levamisole (livestock dewormer), lidocaine (local anesthetic), mannitol (diuretic), methamphetamine, plant food,

powdered drink mixes, powdered milk, powdered sugar, prescription opioids, prescription stimulants, pre-workout powder, rat poison, sugar, toothpaste, vitamins (B-12 and E), and windshield wiper fluid. Crime labs throughout OSAM regions indicated many adulterants (aka "cutting agents") found in cocaine.

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

**atropine (prescription heart medication), caffeine, levamisole (livestock dewormer), local anesthetics (benzocaine, lidocaine, and procaine), mannitol (diuretic), phenacetin (banned analgesic)**

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

### Street Names

Current street jargon includes many names for powdered cocaine. However, throughout OSAM regions, the term most often noted for powdered cocaine was "girl." While powdered cocaine, a stimulant drug, is called "girl," heroin, a depressant drug that produces an opposing effect and often accompanies cocaine, is called "boy." Consumers discussed that many current street names for powdered cocaine play off the term "girl" and/or the usual white color and texture of powdered cocaine ("white girl," "fish scales," "snow," and "skiing"). Thus, white female celebrity names are sometimes used to reference powdered cocaine. Consumers discussed: "*'Hannah Montana' ... because she's a white girl; 'Fish scales' ... because of the texture of the substance; A lot of people use the snowflake emoji for [powdered cocaine] on their phones ... 'snow' and 'white girl' are probably the two biggest [street names for powdered cocaine].*" A Cleveland consumer offered the term "nose beers," saying, "*'Nose beers' ... [snorting powdered cocaine] is like chasers in a bar (used with/following alcohol consumption).*"

**Current Street Names for Powdered Cocaine**

<b>Most Common</b>	<b>blow, coke, girl, powder, snow, soft, white girl</b>
<b>Other</b>	<b>bitch, booger sugar, China, Christina/ Christina Aguilera, Coca-Cola®, cream, fast, fish scale, Hannah Montana, hitting the slopes, nose beers, nose candy, pow wow, rich people’s candy, ski/skiing, snowflake, sweet, toot, white, white cross, white lady, yacht, yayo</b>

*snorted [powdered cocaine]. I know some people that injected it whenever they wanted to get that instant high, but they would mostly be snorting it.” While snorting was the most common route of administration, a Cincinnati consumer observed, “There’s an increasing number of people injecting [powdered cocaine]...”*

In addition to snorting and shooting, consumers in all regions, except Toledo, mentioned smoking as a route of administration for powdered cocaine.

Comments included: *“Sometimes I would throw [powdered cocaine] in a ‘blunt’ (marijuana-filled cigar) and smoke it; I have seen people roll their cigarettes in [powdered cocaine and smoke it].”* Reportedly, smoking powdered cocaine by placing the drug on the tip of a “joint” (marijuana cigarette) is referred to as smoking a “primo” and cigarettes dipped in powdered cocaine are referred to as “numbies.” However, if the quality of powdered cocaine is poor, consumers discussed users “rocking/cooking” the drug into crack cocaine for smoking.

Other routes of administration mentioned were rubbing powdered cocaine on one’s gums and tongue, “hot railing” (a process whereby the user places the drug in a glass pipe, heats the pipe, and inhales the resulting vapors), and “boofing” (anal insertion). Many consumers agreed that hot railing is becoming more popular. Consumers claimed that when one hot rails, whatever the powdered cocaine is cut with burns away, so the user is smoking a purer substance, commenting: *“It’s a rush; It hits you faster.”* Consumers explained boofing as like administering an enema whereby cocaine is mixed with water and administered in the rectum using a syringe less the needle. Reportedly, administration of powdered cocaine this way allows for a greater percentage of the drug to be absorbed into the bloodstream. A consumer remarked, *“It gets you a lot higher...”*

**Pricing**

Consumers in six of the eight OSAM regions reported that the most common quantity of purchase for powdered cocaine is a gram for \$80-100. Consumers in Akron-Canton and Columbus regions reported 1/8 ounce (aka “eight ball”) for \$150-350 as most common. Relative to other street drugs, consumers discussed powdered cocaine as expensive. They said: *“[A cocaine high] is not something you can [maintain for long], you have to have more of it (continuously use), so you can’t really afford [powdered cocaine]; [Powdered cocaine is] expensive. For a gram, it’s probably about \$90 ... and it’s not even cocaine (it’s very poor quality).”* Consumers in most regions reported that the price of powdered cocaine has remained the same during the past six months, while consumers in the Toledo region reported increased pricing. A Toledo consumer stated, *“It’s pandemic prices now,”* meaning like most goods have increased in price during the pandemic, so too has the price of powdered cocaine.

**Route of Administration**

The most common route of administration for powdered cocaine is snorting. Throughout OSAM regions, consumers estimated that out of 10 powdered cocaine users, 5-10 would snort and 0-5 would “shoot” (intravenously inject) the drug. A consumer reported, *“Most of the people I know*

## Typical Use Profile

Throughout OSAM regions, consumers and community professionals most often described typical powdered cocaine use as associated with middle to high socio-economic status and people who frequent bars and nightclubs. Consumers shared: *“A lot of high-class people use [powdered cocaine] ... it is a rich person’s drug; Cocaine is more of an expensive drug, so probably about middle class.... I grew up in the suburbs and ... I started doing [powdered cocaine] around the age of 18 [years] and now I’m 26 [years old]; People that like to party and have a good time. I did [powdered cocaine] at the bars ... in the bars’ bathrooms.”* Other common descriptors of powdered cocaine use included: drug dealers, professionals (judges and lawyers), people who work in fast-paced environments (construction and restaurant workers), people who need to be awake and alert for extended periods of time (college students and truck drivers), other stimulant use (methamphetamine), and opioid use to “speedball” (concurrent or consecutive stimulant and depressant highs).

Analysis of GPRA demographic data of all intake clients that indicated cocaine use during the past 30 days found that, of those who endorsed powdered/crack cocaine use, approximately 60% was male, two-thirds was under the age of 40 years, and 79% indicated white as their race.

## Use Combinations

Many other substances are used in combination with powdered cocaine. Consumers reported that powdered cocaine is most often used in combination with alcohol, heroin/fentanyl, and marijuana. However, they identified alcohol as the drug most often paired with powdered cocaine. Consumers discussed that the two drugs balance each other. Comments included: *“If I was out drinking [alcohol] somewhere and I needed to get somewhere else, and I was drunk, I would find a person that had the ‘sober up stuff’ (powdered cocaine); For me, I would keep alcohol around*

### GPRA Demographic Data of All Intake Clients Who Used Cocaine<sup>1</sup> during the Past 30 Days (N = 278)<sup>2</sup>

Male	60.1%
Female	38.5%
18 - 29	23.4%
30 - 39	43.2%
40 - 49	14.0%
50 - 59	11.9%
60 +	7.6%
White	78.8%
African American	22.7%
Other race <sup>3</sup>	3.8%
Hispanic/Latino ethnicity	6.1%

<sup>1</sup>GPRA does not differentiate between powdered and crack cocaine. <sup>2</sup>Gender total does not equal 100.0% due to four individuals reporting as transgender. <sup>3</sup>Other race included: Alaska Native, American Indian, Asian, and Native Hawaiian. Note some consumers indicated more than one race, thus total percentage for race category is greater than 100.0%.

*[when using powdered cocaine] just to keep the edge off, so I don’t be tweaking (get overly agitated).”* Alcohol, along with marijuana and sedative-hypnotics, intensify the high of cocaine and assist users in coming down after cocaine use. A consumer shared, *“I did a lot of ‘benzos’ (benzodiazepines) and smoked a lot of ‘weed’ (marijuana) [after powdered cocaine use]. We do anything that’ll bring you down from being up (hyper-stimulated).”* Likewise, consumers mentioned using over-the-counter medications containing antihistamines, such as diphenhydramine, that cause drowsiness to promote sleep following cocaine use.

Consumers explained that heroin/fentanyl and prescription opioids are used in combination with powdered cocaine to speedball. They discussed: *“The only way I ever did cocaine, was with heroin; Heroin and cocaine to speedball [is common] ... very common, you can’t have one without the*

other.” One consumer said, *“I got kind of foxy (creative) with it. I’d have one in one arm and one in the other arm,”* meaning this consumer would inject heroin in one arm and inject powdered cocaine in the other arm.

Some consumers commented that many or all other substances are combined with powdered cocaine use. They said: *“I think [using substances in combination is] more common nowadays; We all have our drugs of choice, but I know there’s a lot of times I’ll take what I can get, anything that’s going to make me feel different.”* Reportedly, methamphetamine and prescription stimulants are used with powdered cocaine to intensify and prolong the stimulant high. A consumer stated that methamphetamine added to powdered cocaine, *“keeps you going and gets your heart racing.”*

Substances Used in Combination with Powdered Cocaine	
Most Common	alcohol, heroin/fentanyl, marijuana
Other	bath salts (substituted cathinone), crack cocaine, MDMA, methamphetamine, prescription opioids, prescription stimulants, sedative-hypnotics

## Crack Cocaine

Crack cocaine is highly available in Akron-Canton, Cleveland, Columbus, and Toledo regions. Consumers throughout OSAM regions discussed crack cocaine as more available in cities and urban areas than in rural communities. In some inner-city neighborhoods, street sale of crack cocaine is prevalent. Reportedly, dealers approach individuals offering crack cocaine. An Akron-Canton consumer said, *“Stop at a gas station.... I’ve had people come up to me ... I don’t even know them, and they’ll ask me what I do, if I do anything (use any illicit drugs), and [crack cocaine] is usually something that they have....”* A member of law

enforcement reported, *“We just bought [crack cocaine] off two different people yesterday.... So, in [Stark County], specifically, [crack cocaine] is very prevalent.... [Crack cocaine users] know where to go.”* Toledo consumers commented: *“[Crack cocaine] comes to you now; Like, ‘here’s a starter pack’ (free sample of crack cocaine often with smoking paraphernalia).”* In Youngstown, consumers offered: *“[Crack cocaine] is the most abundant drug in this town for sure; You can’t even walk out these doors (treatment center) without being approached [by someone selling crack cocaine].”*

Treatment providers in Cleveland observed: *“You can get [crack cocaine] anywhere, anytime ... there are places on the street ... hotspots [for crack cocaine sales] ... people are just standing outside [offering crack cocaine for sale]; [Crack cocaine] is the easiest drug to get ... in any city that you’re in....”* Cincinnati consumers shared: *“[Crack cocaine] is about everywhere you look ... you see transactions (drug deals). People going to get it or people dropping it off. It’s everywhere; It doesn’t matter what neighborhood I’m in and where I’m in in that neighborhood, I can normally find crack in maybe like 5 to 10 minutes; We’re in Cincinnati. [Crack cocaine] is what we do around here, more so than other cities.”* A member of law enforcement in the Dayton region noted, *“In certain [urban] areas, [crack cocaine] is more available. It’s readily available if you want to [travel into inner-city neighborhoods] and get it. It’s just not widespread availability [throughout the region].”*

In the Athens region, as in rural counties throughout OSAM regions, crack cocaine is not as easily found. Athens consumers commented: *“You don’t hear [about crack cocaine] around here ... but if I went to Columbus, I definitely would; You have to go to a city to get [crack cocaine]. You have to really look for [crack cocaine in the rural parts of the region].”* In regions reporting low or moderate availability, respondents indicated lower demand for crack cocaine due to an abundance of inexpensive, longer-lasting methamphetamine. Respondents in parts of the Cincinnati region outside of Hamilton County stated: *“You can find*

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

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

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

[crack cocaine] but [what’s available] is mostly ‘meth’ (methamphetamine); Meth has definitely taken over the stimulant world.... People don’t want to mess with [powdered] cocaine or crack because meth lasts days and [cocaine] lasts ten minutes.” A treatment provider in Columbus stated, “I think [crack cocaine] is overshadowed by meth, but otherwise I’m sure it’s just as available [as methamphetamine].”

Throughout OSAM regions, except for Toledo, respondents reported that the availability of crack cocaine has remained the same during the past six months. In the Toledo region, treatment providers indicated that the popularity and demand for crack cocaine has increased, particularly among people receiving Vivitrol® as medication-assisted treatment for opioid use disorder. They said: “[Availability has] increased recently, crack is back [in popularity]; People are getting afraid of dying from fentanyl ... they are polydrug users, and they’ll use crack; People get the Vivitrol® shot and it keeps them from wanting opiates, and they are going to crack because it is easier to get and cheaper [than most street drugs].” Ohio Bureau of Criminal Investigation (BCI) crime labs reported that the incidence of cocaine cases they process has

increased for half of OSAM regions, including Toledo.

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 crack/powdered cocaine cases it processes has increased during the reporting period, while Cuyahoga County Regional Forensic Science Lab (also Cleveland region) reported that the incidence of crack cocaine cases it processes has increased [this lab does

differentiate between crack and powdered cocaine, and this pattern reflects crack cocaine only]. Miami Valley Regional Crime Lab (Dayton region) reported that the incidence of crack/powdered cocaine cases it processes has increased during the reporting period.

Other data sources indicated crack cocaine as available throughout OSAM regions. Ohio Department of Public Safety reported drug task force seizure of 2.9 kilograms (6.5 lbs.) of crack cocaine from throughout OSAM regions during the reporting period; of which, 31.0% was seized from the Youngstown region and 23.0% was seized from the Dayton region. Millennium Health reported that 13.6% of the 133,182 urinalysis specimens submitted for cocaine testing during the past six months was positive for crack/powdered cocaine. For Millennium Health urinalysis data by OSAM region, see table in powdered cocaine section titled, *Millennium Health Urinalysis Test Results for Cocaine during the Past 6 Months* (page 5).

Coroner and medical examiner offices in the counties of Cuyahoga (Cleveland region), Hamilton (Cincinnati region), and Montgomery (Dayton region) reported that 39.7%, 40.8%, and 20.7%, respectively, of all drug-related deaths they

recorded this reporting period (297, 228, and 484 deaths) involved crack/powdered cocaine. GPRA (Government Performance and Results Act) data collected from 1,839 persons entering publicly-funded SUD treatment programs during the past six months found 15.1% reported crack/powdered cocaine use 30 days prior to intake. For GPRA data by OSAM region, see table in powdered cocaine section titled, *GPRA Intake: Cocaine Use during the Past 30 Days* (page 5).

Media outlets reported on law enforcement seizures and arrests related to crack cocaine this reporting period (selected media reports follow). Ohio State Highway Patrol conducted a probable cause search of a vehicle during a traffic stop in Pomeroy (Meigs County, Athens region) and confiscated over \$100,000 in street drugs; officers seized 30 grams of suspected crack cocaine and three pounds of methamphetamine ([www.fox8.com](http://www.fox8.com), Jan. 5, 2021). Law enforcement in Hancock County (Toledo region) executed a search warrant at a home in Findlay and seized a large amount of powdered and crack cocaine, methamphetamine, fentanyl mix, psilocybin mushrooms, and marijuana; a woman at the home was arrested and charged with two drug-related felonies ([www.13abc.com](http://www.13abc.com), Feb. 2, 2021). Ashtabula Police (Ashtabula County, Youngstown region) arrested a man after they executed a search warrant at his home and found 357 grams of suspected crystal methamphetamine, 10 grams of suspected fentanyl, 15 grams of suspected crack cocaine, and a gun; Child Protection Services removed the two children found alone in the home and placed them in the custody of relatives ([www.news5cleveland.com](http://www.news5cleveland.com), May 17, 2021). Columbiana County Drug Task Force and Liverpool Township Police (Youngstown region) arrested a man while serving a federal warrant; officers found the man in possession of a stolen motorcycle, nine grams of methamphetamine, and three grams of crack cocaine ([www.wkbn.com](http://www.wkbn.com), June 4, 2021).

## Adulterants

Consumers throughout OSAM regions most often rated the current overall quality of crack cocaine as '6' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the regional modal quality scores ranged from '3' for the Dayton region to '8' for the Akron-Canton region. Consumers throughout regions discussed variance in the quality of crack cocaine, primarily based on the dealer, the location of purchase, and most notably, the buyer's relationship with the dealer. Consumers in the Cleveland region discussed: "[Crack cocaine quality] *fluctuates ... it's who you know, or who you go to, or what area you are in; The dealer that knows, 'Yeah, she is going to get a disability check, right? So, I am going to give her the 'fire' (high-quality crack cocaine) 'cause that is guaranteed money (a probable repeat customer).'*' You, know? Then you have the one that is hitting them up for a \$5 or a \$10 [piece of crack cocaine], you know, just a hit (single dose). 'So, I am going to give her the 'shake' (poor-quality crack cocaine).'" A Cincinnati consumer added, "Depends on where you are.... Where I know to get [crack cocaine], [quality] would probably be [high] ... but then there are places out there where it would be just plain garbage." A Columbus consumer remarked, "[Crack cocaine quality] depends on how much money [dealers] wanna make and who they wanna rip off." This consumer further explained that if the user was a regular customer, they were less likely to get poor-quality crack cocaine.

Consumers in five of the eight OSAM regions noted that the overall quality of crack cocaine has remained the same during the past six months, while consumers in Athens and Toledo regions reported decreased quality, and consumers in the Cincinnati region were not in agreement as to a change in crack cocaine quality during the past six months. Consumers in the Cincinnati region that reported decreased quality/purity of crack cocaine reported that the drug is cut more, making it weaker, and those indicating increased quality/purity noted the addition of fentanyl to crack cocaine as making the drug more potent. A

consumer commented, *“If they put the fentanyl in it, it’s going to feel like it’s better.”*

Consumers discussed adulterants that affect the quality of crack cocaine, and while some consumers identified specific adulterants used to cut the drug, others reported that they often did not know what was in crack cocaine, stating: *“Nowadays, they’re cutting crack with everything; No one really knows what’s in it. It’s insane; You never know what you’re gonna get.”* Consumers discussed that like powdered cocaine, crack cocaine, too, is cut to increase volume, maximizing dealer profit. A consumer remarked, *“Fluff it up and make more money.”* Other consumers said: *“People want to make that money, and they cut, cut, cut [crack cocaine], and if it’s hard, people buy it; There’s no way to test [for the presence of cocaine in the street], you can’t take a hit and decide if you want to buy it; Nowadays, they [adulterate crack cocaine] until it’s basically nothing; Everybody out there is selling [crack cocaine] ... [and] each one steps on (adulterates) it, so by the time you get it, it’s like 60% baking soda....”*

Throughout OSAM regions, consumers most often reported the top cutting agents for crack cocaine as baking soda and fentanyl. Consumers explained that baking soda is used to “rock” or “cook” (form crack cocaine out of powdered cocaine). They discussed: *“Baking soda, that’s what rocks it up; Baking soda because that’s how you make it; They’re cutting it with too much baking soda.”* Regarding fentanyl, consumers said: *“Number one, fentanyl; Fentanyl [is added to crack cocaine] to make it more addictive; ‘Fetty’ (fentanyl), they are giving people fetty bombs ... it’s fake crack.”* In addition to baking soda and fentanyl, consumers noted that anything used to adulterate powdered cocaine is also found in crack cocaine. A consumer stated, *“Same cuts as powdered cocaine.”* Another consumer summarized, *“[Crack cocaine is] cut with so many other things that sometimes there is not even cocaine in it.”*

Other adulterants for crack cocaine mentioned included: acetone, ammonia, aspirin, baby formula, baby laxatives, “bath salts” (substituted cathinone),

caffeine pills, carfentanil (synthetic opioid more potent than fentanyl), creatine, ether, fiber, flour, gasoline, heroin, lidocaine (local anesthetic), MDMA (methylenedioxyamphetamine), ecstasy/“Molly”), methamphetamine, MSM (methylsulfonylmethane, a joint supplement), oral numbing agents, peppermint candy, powdered drink mixes, prescription opioids, sedative-hypnotics (benzodiazepines), soap, and vitamin B-12. Crime labs throughout OSAM regions indicated many adulterants (aka “cutting agents”) found in cocaine.

Cutting Agents Reported by Crime Labs for Cocaine <sup>1</sup>	
atropine (prescription heart medication), caffeine, levamisole (livestock dewormer), local anesthetics (benzocaine, lidocaine, and procaine), mannitol (diuretic), phenacetin (banned analgesic)	

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

### Street Names

Current street jargon includes many names for crack cocaine. Consumers identified street names that most often reference the drug as a solid/hard form of powdered cocaine (“boulder,” “hard,” and “rock”). Consumers discussed: *“[Crack cocaine is] hard and rocked up; The dealer will ask you what you prefer ‘hard’ (crack cocaine) or ‘soft’ (powdered cocaine).”* Consumers also reported that some street names denote high-quality crack cocaine (“bell ringer,” “butter,” and “melt”). A consumer stated, *“If it rings your bell, that’s good shit.”*

Current Street Names for Crack Cocaine	
Most Common	butter, crack, rock
Other	bell ringer, boulder, candy, c-note, dirty white girl, drop, girl, hard, hardball, hard tacos, hardware, melt, meltdown, ready rock, yak, yank, yayo



Reportedly, when crack cocaine is particularly strong, the user will hear ringing in their ears. Moreover, high-quality crack cocaine is said to be yellow in color, resembling the color of butter, and it melts when heated for smoking. A consumer stated, *“It kind of melts when you smoke it.”*

### Pricing

Throughout OSAM regions, consumers identified the most common quantity of purchase for crack cocaine as a gram for \$80-100. Consumers in half of the regions (Cincinnati, Columbus, Toledo, and Youngstown) identified 1/10 gram as also most common. Consumers in all regions reported that 1/10 gram of crack cocaine sells for \$10-20. Consumers discussed that the amount of crack cocaine bought at any given time is often determined by how much money one has. Consumers discussed purchasing dollar amounts of crack cocaine and not weighed amounts. They said: *“You can buy a hit (single dose of crack cocaine) for \$5; ‘Five-dollar holler’ is a hit; In Cleveland, I can say that the dealers will take any currency, any amount, you know, three bucks in quarters, you can just get a crumb (small piece of crack cocaine).”* Another consumer in Cleveland shared that some dealers accept other forms of payment, such as store merchandise or the use of a car, in exchange for crack cocaine, saying, *“You can have a food stamp card, you can take them shopping [in exchange for crack cocaine].”* Consumers in most regions reported that the price of crack cocaine has remained the same during the past six months, while consumers in the Cincinnati region were not in agreement as to whether pricing has increased or remained the same during the past six months.

### Route of Administration

The most common route of administration for crack cocaine is smoking. Throughout OSAM regions, consumers estimated that out of 10 crack cocaine users, 7-10 would smoke and 0-3 would “shoot” (intravenously inject) the drug. Consumers commented: *“Smoking, that’s just how you do [crack cocaine]; Smoke it through a glass pipe; Free*

*base it with a spoon (heat crack cocaine in a spoon and inhale the resulting vapors); To inject, you have to break [crack cocaine] down with some sort of acidic base, like vinegar; Those who don’t smoke [crack cocaine] in the pipe, smoke it with their ‘weed’ (marijuana) [by lacing marijuana with crack cocaine].”* Consumers discussed shooting crack cocaine as less common generally but typical of intravenous users of other drugs. They said: *“It would be rare that they would be shooting [crack cocaine]; The only time I’ve seen someone shoot crack was when they were shooting heroin. If you are shooting up [heroin], you’d shoot crack, too.”*

Regarding smoking, consumers in the Columbus region noted that some crack cocaine dealers carry smoking essentials. Consumers explained that users ask for a “glass pen and chore boy,” “rose with chore boy,” “brown bag special,” or a “party pack” to receive all the necessary components to smoke crack cocaine. In addition, one consumer commented that users eat crack cocaine if there is nothing available to smoke it with, saying, *“Put [crack cocaine] in their mouth and start eating it like you would hard candy. If they absolutely don’t have nothing to smoke with, they’ll eat it.”*

### Typical Use Profile

Throughout OSAM regions, consumers and community professionals most often described typical crack cocaine use as associated with low socio-economic status. Community professionals in the Cleveland region observed: *“We see a lot of African Americans using crack cocaine here, but that’s not at all specific to the African-American community. I think we see a lot of white users as well, a little bit of Hispanic users. I think maybe the common denominator is that crack seems to be a drug that is on the lower end of the socio-economic sphere; The demographic [profile of typical crack cocaine use] has more to do with socio-economic status. The cost of powder cocaine is considerably higher ... crack cocaine is cheap [and] it’s readily available everywhere; More low income than any specific race.”* Consumers concurred, commenting: *“I think people who are rich sniff (snort) coke, they don’t smoke crack; I feel like snorting coke is more*

*socially acceptable nowadays. You don't really walk up to people in a party and go, 'Yo, you want to 'hit this stem' (smoke crack cocaine)?'"*

Other common descriptors of crack cocaine use included: inner city, middle aged and older, long-term drug use, people who work in fast-paced environments (construction and restaurant workers) or shift workers who need to stay awake at night, people who work in the sex industry, people being treated with MAT drugs (medication-assisted treatment for opioid use disorder), and opioid use to “speedball” (concurrent or consecutive stimulant and depressant highs). Comments included: “[Typical crack cocaine use], *that's going to be your 40s, 50s, 60s, people [who started crack cocaine use] in the 1980s and early 1990s.... That's the age group that [law enforcement] is seeing [with crack cocaine]; Typically, they do shift work, working at a plant on a second or third shift; If you're on an [opioid] antagonist (MAT), you got to have something.*”

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/powdered cocaine use, approximately 60% was male, two-thirds was under the age of 40 years, and 79% indicated white as their race. For GPRA data by OSAM region, see table in powdered cocaine section titled, *GPRA Demographic Data of All Intake Clients Who Used Cocaine during the Past 30 Days* (page 8).

**Use Combinations**

Many other substances are used in combination with crack cocaine. Consumers reported that crack cocaine is most often used in combination with alcohol, heroin/fentanyl, and marijuana. The aforementioned drugs, along with sedative-hypnotics and prescription opioids, are combined with crack cocaine use for the same reasons they are combined with powdered cocaine use, primarily to balance out the stimulant high, to bring the user down, and to speedball. Consumers said: “*If you get really good [crack cocaine] that brings you way up ... you got to do a downer to*

*bring you back down; Crack gets you kind of jittery, heroin and fentanyl just mellow you out; Alcohol brings you down, so you are not so twitchy; Anything that is a downer to take the edge off, to go to sleep; Sometimes I take a Xanax® before [crack cocaine use] so I don't get all freaked out.”* Reportedly, methamphetamine is used with crack cocaine to intensify and prolong the stimulant high.

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

**Heroin**

Heroin availability varies throughout OSAM regions. There was much discussion of users having a difficult time discerning heroin from fentanyl and using the terms “heroin” and “fentanyl” synonymously. Thus, high availability ratings for heroin might be reflective of high availability of heroin-fentanyl mixtures and fentanyl substitutions for heroin. In the Columbus region where respondents reported high current availability of heroin, a member of law enforcement stated, “*People still say 'heroin,' but it's actually 'fetty' (fentanyl). It gets them high, so they don't care if it's actual fetty or straight heroin. Now, I'd say it's very easy to get [fentanyl or fentanyl-heroin mixtures, aka 'heroin']....*” Other law enforcement discussed: “*The people we've been dealing with, especially the drug traffickers, they don't know exactly ... if their suppliers are bringing them heroin [or fentanyl]; I just don't see a lot of pure [heroin] anymore.... They may call it 'heroin' ... but it's some kind of fentanyl analog; Even when you ask for heroin, you're not getting heroin, you're getting fentanyl. It's been a while since we've seen just straight heroin that is unadulterated.*”

**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	Moderate to High	No Change	Brown Powdered	Decrease
Athens	Moderate	Decrease	Black Tar	Decrease
Cincinnati	High	No Change	Brown Powdered	Decrease
Cleveland	No Consensus	Decrease	Brown/White Powdered	Increase
Columbus	High	Decrease	Black Tar, Brown Powdered	Decrease
Dayton	No Consensus	No Change	Brown Powdered	Decrease
Toledo	Low	Decrease	Powdered	Decrease
Youngstown	High	No Change	Black Tar	Decrease

In regions reporting low or moderate current heroin availability, respondents based their reports on the availability of unadulterated heroin. Consumers discussed: *“Real (unadulterated) heroin is not easy to find; Real heroin ... you don’t see it very much; It’s being labeled as heroin, but it’s more fentanyl than it is heroin; [Heroin is] not really that available anymore ... and if [a dealer says] it’s heroin, they’re lying to you; There’s no such thing as heroin anymore.”* Law enforcement in the Cleveland region shared: *“In toxicology [lab submissions], you almost never see [heroin] all by itself; [Heroin is] moderately [available] but only as a mixture with fentanyl. If you are talking about just heroin in and of itself ... you probably couldn’t find just plain straight heroin.”* Treatment providers who reported low availability of heroin evidenced few positive drug screens for heroin during the past six months. Comments included: *“You cannot find heroin. I am shocked when I see somebody who tests (drug screens) positive for [heroin]; It’s all fentanyl now, no one even tests positive for heroin anymore; Even if [clients] tell us that they are using heroin, it’s fentanyl. They test positive for fentanyl.”*

Respondents in half of OSAM regions reported that the availability of heroin has remained the same

during the past six months, while respondents in the other half of OSAM regions reported decreased heroin availability. Respondents attributed decreases in heroin availability to increases in fentanyl availability. The consensus was that heroin has been supplanted by fentanyl. Reportedly, fentanyl is easier and cheaper than heroin for dealers to get and it is very addictive/potent, leading users away from heroin. Comments included: *“[Heroin availability] has decreased because of fentanyl which is more addictive ... [dealers] get more people hooked on it; Fentanyl is taking over ... it is cheaper [for dealers; fentanyl is more profitable than heroin]; Every dealer seems to have switched [from heroin] to fentanyl.”* Moreover, consumers discussed that many users do not want heroin, as they can no longer get high on it due to its general poor quality and increased user tolerance to opioids. Many users prefer and seek fentanyl because it’s stronger than heroin. A member of law enforcement in the Dayton region stated, *“Since fentanyl tends to be stronger [than heroin], a lot of people prefer fentanyl over heroin.”* Ohio Bureau of Criminal Investigation (BCI) crime labs reported that the incidence of heroin cases they process has decreased for all OSAM regions, except for Toledo.

In addition to BCI reporting, other crime labs in Cleveland and Dayton regions submitted heroin incidence data. Cuyahoga County Regional Forensic Science Lab and Lake County Crime Lab (both Cleveland region) reported that the incidence of heroin cases they process has decreased during the reporting period, while Miami Valley Regional Crime Lab (Dayton region) reported that the incidence of heroin cases it processes has increased. Crime labs throughout OSAM regions reported processing the following types of heroin during the reporting period: beige, blue, brown, gray, off-white, pink, purple, tan, and white powdered heroin, as well as black tar heroin. In addition to brown and white powdered and black tar heroin, consumers also discussed varying colors for powdered heroin. Comments included: *“I have seen purple, and green, and blue ... all sorts of different colors [of powdered heroin]; Color differs a little bit because they cut [heroin] with different things; ‘Slate dope’ (gray heroin) looks like concrete; You will see a lot of the white and a lot of the gray. But now, [powdered heroin] is even coming in colors like ... yellow.”*

Other data sources indicated heroin as available throughout OSAM regions. Ohio Department of Public Safety reported drug task force seizure of 35.9 kilograms (79.0 lbs.) of heroin from throughout OSAM regions during the reporting period; of which, 70.9% was seized from the Columbus region. Millennium Health reported that 1.5% of the 131,227 urinalysis specimens submitted for heroin testing during the past six months was positive for heroin.

Coroner and medical examiner offices in the counties of Cuyahoga (Cleveland region), Hamilton (Cincinnati region), and Montgomery (Dayton region) reported that 5.4%, 5.3%, and 4.8%, respectively, of all drug-related deaths they recorded this reporting period (297, 228, and 484 deaths) involved heroin. GPRA (Government Performance and Results Act) data collected from 1,825 persons entering publicly-funded SUD treatment programs during the past six months found 32.5% reported heroin use 30 days prior to intake.

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

Region	% Tested Positive	Number Tested
Akron-Canton	2.7%	9,580
Athens	1.1%	11,677
Cincinnati	2.3%	13,279
Cleveland	1.2%	16,377
Columbus	1.3%	31,180
Dayton	2.3%	6,892
Toledo	0.8%	25,293
Youngstown	2.3%	16,949
<b>Total</b>	<b>1.5%</b>	<b>131,227</b>

**GPRA Intake: Heroin Use  
during the Past 30 Days**

Region	% Yes	Total N
Akron-Canton	20.3%	64
Athens	47.2%	123
Cincinnati	27.5%	491
Cleveland	45.0%	520
Columbus	20.2%	183
Dayton	27.2%	202
Toledo	26.8%	127
Youngstown	24.3%	115
<b>Total</b>	<b>32.5%</b>	<b>1,825</b>

Media outlets reported on law enforcement seizures and arrests related to heroin this reporting period (selected media reports follow). Bellaire Police (Belmont County, Athens region) arrested two men after responding to a call and finding a man dead from a drug overdose; officers found heroin, pills, marijuana, and cocaine at the scene

and charged the men for obstruction of justice, possession of a controlled substance and drug abuse instruments, along with failing to report a death ([www.wtov9.com](http://www.wtov9.com), Jan. 11, 2021). Ohio State Highway Patrol (OSHP) arrested two individuals from Arizona traveling on Interstate 70 in Marion County (Columbus region); during the traffic stop, officers seized two pounds of heroin valued at \$50,000 from the car's trunk ([www.nbc4i.com](http://www.nbc4i.com), March 9, 2021). While executing a search warrant at a Toledo home, Lucas County Metro Drug Task Force officers (Toledo region) arrested two men after finding heroin, fentanyl, and cocaine packaged for sale ([www.nbc24.com](http://www.nbc24.com), March 16, 2021). Euclid Police (Cuyahoga County, Cleveland region) responded to an overdose, and seized 50 grams of methamphetamine, suspected PCP (phencyclidine), and heroin from the scene of the overdose; officers arrested four people in connection to the drugs ([www.cleveland19.com](http://www.cleveland19.com), April 1, 2021). OSHP stopped a speeding car in Pickaway County (Columbus region), and with the aid of a K9 officer from the Pickaway County Sheriff's Office, they found an estimated \$30,000 of methamphetamine, heroin, fentanyl, and "gray death," a mixture of heroin, fentanyl, and carfentanil; officers arrested the two female occupants of the car for drug possession and trafficking ([www.fox8.com](http://www.fox8.com), June 2, 2021).

### Adulterants

Consumers throughout OSAM regions most often reported the current overall quality of heroin as low to moderate. On a scale of '0' (poor quality, "garbage") to '10' (high quality), the regional modal quality scores ranged from '2' for the Youngstown region to '7' for Columbus and Toledo regions. Consumers who reported overall poor quality of heroin attributed low quality to adulteration of heroin with other substances. Comments included: "[Drug dealers] *do a lot of stuff to it; You can't get [heroin] now without it having other drugs added into it; It's not real [heroin], it's all cut up (adulterated).*" Consumers who reported higher overall quality noted fentanyl as an additive to heroin, making it more potent. They said: "*Fentanyl makes [heroin] stronger, or the effects stronger, so*

*it makes people think you got good [heroin]; If it's just heroin without fentanyl then the quality would be pretty bad.*" Consumers in most regions reported that the overall quality of heroin has remained the same during the past six months, while consumers in Akron-Canton, Athens, and Toledo regions indicated decreased quality. An Athens consumer remarked, "*Bad quality [heroin] is very available, and good quality is harder to get.*"

Consumers discussed adulterants (aka "cuts") that affect the quality of heroin, and throughout OSAM regions, consumers universally reported fentanyl as the top cutting agent for heroin. Consumers noted the grave risk of overdose when using heroin-fentanyl mixtures. Comments included: "[Heroin users are] *dying, so I figure it's strong.... Every time I look up, somebody is dying [from heroin/fentanyl overdose]; It just takes a little amount [of fentanyl to overdose].*" Consumers discussed users seeking heroin that has caused an overdose. They said people want the "bad batch," they want the "OD high." A consumer explained, "*They refer to it as a bad batch ... that's what people want. It's stronger.... The heroin users I know want to chase the stuff that's knocking people out.... If you overdose, that [heroin] is what people are chasing. They want that high. That's the best dope going around at that time. Not necessarily that they're chasing the death, but they're chasing the quality (potency).*"

OSAM secondary data sources also indicate fentanyl as an adulterant for heroin. Coroner and medical examiner offices in the counties of Cuyahoga (Cleveland region), Hamilton (Cincinnati region), and Montgomery (Dayton region) reported that 93.8%, 100.0%, and 78.3%, respectively, of all heroin-related deaths they recorded this reporting period (16, 12, and 23 deaths) also involved fentanyl.

In addition to fentanyl, consumers discussed many other adulterants for heroin. Reportedly, dealers cut heroin with, "*anything they can.*" Other consumer comments included: "*If you're just trying to stretch (increase the volume of heroin), they cut it with fiber, Sleepinal®, [and] powdered sugar;*

[Lactose is used] *because it dissolves* [easily for intravenous injection], *it clears up in water*; [Some dealers] *fry Coca-Cola® in a skillet and turn it into a goo, then they mix it with heroin and make ‘tar’ (black tar heroin) out of it.*”

Other adulterants for heroin mentioned included: acetaminophen, antihistamines (diphenhydramine) antipsychotic medication, artificial sweeteners, baby laxatives, baby powder, baking soda, brown sugar, carfentanil (synthetic opioid more potent than fentanyl), cocaine, cocoa/hot chocolate mix, coffee, coffee creamer, creatine, fiber, flour, gabapentin, inositol (dietary supplement), ketamine (anesthetic used in veterinary medicine), lactose, laxatives, mannitol (diuretic), MDMA (methylenedioxymethamphetamine, ecstasy/“Molly”), melatonin, methamphetamine, muscle relaxers, powdered candy, powdered drink mixes, powdered sugar, prescription opioids, prescription stimulants, rat poison, “rizzy” (bromadol, a potent narcotic analgesic), salt, sedative-hypnotics (benzodiazepines), shoe polish, sleep aids, soda pop, and vitamin B-12.

Current Street Names for Heroin	
Most Common	boy, dog, dog food, slow
Other	brother, brown, brown gravy, brown sugar, brownstone, Chi, China, Cobain, dope, food, gravel, H, man, mud, nephew, opium, peanut butter, pup, puppy chow, Ron, smack, son, tar, Tootsie Roll® (black tar), young man

names for heroin often reference the appearance of the drug (“brown sugar,” “gravel,” and “dog food”). The term “slow” denotes the sedative effect produced by heroin. A consumer remarked, “[Heroin is called ‘slow’] *because it makes you slow.*” Another consumer explained the street term “Cobain,” saying, “*I’ve heard some kids called it ‘Cobain.’ I guess ‘cause Kurt Cobain used to do [heroin].... And Nirvana (a rock band) is big (popular) again.*” In addition, consumers noted other street names as derivatives of more common street names (“brother,” “man,” and “nephew” in place of “boy;” “pup,” “puppy chow,” and “food” in place of “dog food”).

**Pricing**

Throughout OSAM regions, consumers identified the most common quantity of purchase for heroin as a gram for \$80-150. Consumers in half of the regions (Athens, Columbus, Dayton, and Youngstown) identified 1/10 gram also most common. Consumers most often reported that 1/10 gram of heroin sells for \$20; additionally, 1/2 gram most often sells for \$40-80. Consumers explained variance in pricing as prices being determined by the quality of the heroin and the location of purchase. Consumers stated: “*Depending on how good you want [heroin], the price goes up; [The price of heroin] fluctuates all the time due to quality; You’re going to pay a lot here in Hocking County (Athens region) for pure heroin; You buy [heroin] from somebody down here (Tuscarawas County, Akron-Canton region), [heroin] gets more expensive because they go up*”

Cutting Agents Reported by Crime Labs for Heroin
acetaminophen, benzodiazepines, caffeine, carfentanil, cocaine, diphenhydramine (antihistamine), fentanyl, fentanyl related compounds, inositol (dietary supplement), lidocaine (local anesthetic), mannitol (diuretic), methamphetamine, papaverine (vasodilator), quinine (antimalarial), sorbitol (artificial sweetener), synthetic cannabinoids, tramadol, xylazine (animal sedative)

**Street Names**

Current street jargon includes many names for heroin. Throughout OSAM regions, consumers continued to note “boy” as the most common street name generally, followed by “dog food.” While cocaine, a stimulant drug, is called “girl,” heroin, a depressant drug that produces an opposing effect and often accompanies cocaine, is called “boy.” Consumers discussed that street

there (travel to Akron or Cleveland) and get it, and they charge you for gas and travel ... if you're smart, just go there and get it yourself." Consumers in most regions reported that the price of heroin has remained the same during the past six months, while consumers in the Cleveland region reported decreased pricing and consumers in the Toledo region were not in agreement as to whether pricing has changed during the past six months.

### Route of Administration

Throughout OSAM regions, intravenous injection (aka "shooting") is the most common route of administration for heroin, followed by snorting, and then smoking. Consumers reported: *"You inject [heroin], some people smoke it, too, but the main way (route of administration) is IV use (intravenous injection); I know a lot of people who inject [heroin]; [Shooting] hits you harder (produces a more intense high)."* Consumers estimated that out of 10 heroin users, 5-10 would shoot and 0-5 would either snort or smoke the drug.

Consumers discussed that new users and professional people would snort or smoke heroin. They said: *"Beginners are usually snorting [heroin], but after a few months they're shooting; Majority of people with jobs and stuff are smoking [heroin]; Some people are professionals. They don't want to mess their arms up [by intravenous injection]. They can't show [needle track marks]; There's a lot of the younger generation using drugs now, and they're trying to be discreet about it, so they might not want to show tracks (track marks) ... So, they [are] sniffing (snorting heroin)."* There were consumers who disagreed that snorting remains a prevalent route of administration. One consumer said, *"From what I've heard from the streets, nowadays, nobody snorts [heroin] anymore. They don't even try snorting it. I've been told they go straight to the needle (intravenous injection) now."*

Other routes of administration mentioned were "mud puddling" and "boofing." Reportedly, mud puddling is a method for snorting black tar heroin. Consumers explained that black tar heroin is

dissolved in water and the liquid produced is snorted up one's nose. Consumers discussed boofing (anal insertion) as an option for those who are unable, or prefer not to, inject drugs. They said: *"Boof' (anally insert heroin), especially when [users] can't find their veins anymore ... when you can't shoot anymore; Some people just don't like needles...."*

Analyses of consumer survey data administered at the time of the focus groups found that, of the 294 consumers who responded to survey questions regarding needle use, 42.9% reported having used needles to inject drugs. Of those 126 consumers who reported having used needles to inject drugs, the most common methods of obtaining needles were from other people who use needles (65.1%), from drug dealers (55.6%), from a pharmacy (51.6%), from family members and friends (34.9%), and from a needle exchange program (28.6%). Consumers in the Athens region discussed utilizing needle exchange programs. Comments included: *"The closest needle exchange is in Athens. Half the time, I just didn't want to go pick up needles. You'd have to have the times of the exchange. Athens [needle exchange] is only [open] once a week; There's [a needle exchange] in Columbus, that'll give you 200 needles. 200! They also give you the tie offs and cotton ... the whole thing. We'd go up there and get [intravenous injection supplies], then sell them off [to other users]."* Of those 126 consumers who reported having used needles to intravenously inject drugs, 68.3% reported having shared a needle with other users.

Other data sources submitted incidence data of intravenous injection of drugs. GPRA data collected from 1,818 persons entering publicly-funded SUD treatment programs during the past six months found 19.3% 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, approximately 61% was male, 72% was under the age of 40 years, and 94% indicated white as their race.

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

Region	% Yes	Total N
Akron-Canton	14.1%	64
Athens	34.4%	122
Cincinnati	19.2%	490
Cleveland	22.9%	520
Columbus	15.9%	182
Dayton	13.6%	198
Toledo	10.2%	127
Youngstown	14.8%	115
<b>Total</b>	<b>19.3%</b>	<b>1,818</b>

**Hepatitis C and HIV**

Of the 306 consumers who completed surveys, 72.1% reported ever having been tested for Hepatitis C, while 22.1% reported never having been tested, and 5.2% reported that they did not know if they have ever been tested. Of those 222 consumers who had been tested, and responded to the survey question regarding their Hepatitis C status, 40.5% reported having been told by a medical professional that they have Hepatitis C. In addition, of the 306 consumers who completed surveys, 77.5% reported having ever been tested for HIV (human immunodeficiency viruses), while 19.6% reported never having been tested, and 2.9% reported that they did not know if they have ever been tested. Of those 234 consumers who had been tested and responded to the survey question regarding their HIV status, 1.7% reported having been told by a medical professional that they have HIV.

**GPR Demographic Data of All Intake Clients Who Injected Drugs during the Past 30 Days (N = 352)<sup>1</sup>**

Male	60.8%
Female	38.4%
18 - 29	27.3%
30 - 39	44.9%
40 - 49	19.0%
50 - 59	7.1%
60 +	1.7%
White	93.6%
African American	7.6%
Other race <sup>2</sup>	3.8%
Hispanic/Latino ethnicity	6.0%

<sup>1</sup>Gender total does not equal 100.0% due to three individuals reporting as transgender. <sup>2</sup>Other race included: Alaska Native and American Indian. Note some consumers indicated more than one race, thus total percentage for race category is greater than 100.0%.

**Typical Use Profile**

Throughout OSAM regions, consumers and community professionals most often reported that there was no profile for typical heroin use. Respondents commonly described heroin use as affecting, *“everybody and anybody.”* Discussions centered around pain as something everyone experiences and addiction as a disease to which everyone is susceptible. A treatment provider offered, *“There are so many different people [who use heroin].... Since they ... cut pill accessibility down (limited opioid prescribing), the picture of what a heroin or an opiate [user] looks like anymore is not what it used to be ... it’s really a pretty wide range [of people using heroin].”* Other comments included: *“Heroin has no specific person that it attaches to. Once you try something like [heroin], I think it just grabs you.... Drugs have no boundaries ... it’ll take on anybody; if it’s available to you, most people will try [heroin] if they use [other illicit drugs]; Heroin addiction does not discriminate; [Heroin] has no prejudice on any race, gender, income, it’s an issue in every social class*



*and culture; I've sold [heroin] to teachers. I've sold [heroin] to a judge before; Everybody is getting high on heroin."*

Another common theme discussed among respondents was initiation of heroin use in adolescence. Comments included: *"I've come across recently a lot of younger people starting to use heroin. I came across a 16-year-old kid that just started injecting heroin.... It's becoming more frequent and popular with younger generations starting to use [heroin]; Heroin is becoming so popular ... it's kids that lost parents to overdoses and ... don't have parents [that are using heroin]; When I ask about the first time [clients] used heroin, they'll say, 14 to 15 [years of age].... I think [first-time heroin users are] just continuing to get younger; I've seen kids 13 [years of age] using [heroin]."*

Other common descriptors of heroin use included: white people, people living with chronic pain, long-term drug use, other opioid use (prescription opioids and fentanyl), and methamphetamine use. 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, approximately 60% was male, 70% was under the age of 40 years, and 87% indicated white as their race.

**Use Combinations**

Many other substances are used in combination with heroin. Consumers reported that heroin is most often used in combination with crack/powdered cocaine and methamphetamine to "speedball" (concurrent or consecutive stimulant and depressant highs), as well as with alcohol and sedative-hypnotics to intensify the "nod" (sedative effect of heroin) or to manage opioid withdrawal symptoms.

Consumers discussed speedballing to counterbalance the extreme depressant state produced by heroin and to prevent/reverse an overdose. They said: *"If you're down too much, you need something that gets you back up;*

Male	61.0%
Female	37.6%
18 - 29	28.6%
30 - 39	42.0%
40 - 49	19.5%
50 - 59	6.9%
60 +	3.0%
White	86.7%
African American	14.0%
Other race <sup>2</sup>	3.5%
Hispanic/Latino ethnicity	7.2%

<sup>1</sup>Gender total does not equal 100.0% due to eight individuals reporting as transgender, non-binary, or gender fluid. <sup>2</sup>Other race included: Alaska Native, American Indian, Asian, and Native Hawaiian. Note some consumers indicated more than one race, thus total percentage for race category is greater than 100.0%.

*[Speedballing] is the best way ... [heroin and crack cocaine] go together like peanut butter and jelly; [Speedballing] evens you out; You use heroin with 'crack' (crack cocaine) to go back and forth. You use heroin and feel okay, then you smoke crack and get a nice rush, then you use heroin to come down, so you are not 'geeking' (tweaking); [Speedball with methamphetamine] brings you back to life (reverses an opioid overdose); [Speedballing is] the best of both worlds."*

While discussing the use of other depressant drugs with heroin, consumers acknowledged the inherent danger for overdose and death. Consumers stated: *"Any kind of depressant put it in your body ... you use another depressant on top of that ... you're most likely going to overdose because your respiratory system is going to be shut down pretty much; [Heroin is combined with Xanax®] to black out; [Xanax® with heroin] makes you super slow.... You just literally pass out; I know a lot of people that are on heroin and they do Xanax® at the same time. I know a lot of people that have*

*overdosed that way. A lot of overdoses happen [with] a mixture of those two ... I saw myself ... with alcohol, too."*

Reportedly, gabapentin and marijuana are combined with heroin use to intensify and prolong the heroin high. Consumers commented: *"If you didn't have a lot of heroin left, you could eat a bunch of [gabapentin] and it would give you a similar feeling; I would smoke 'weed' (marijuana) with [heroin], it boosts the high; Weed intensifies it a little bit."* In the Akron-Canton region, a consumer noted that heroin is used with Subutex® (buprenorphine), saying, *"You can still feel [the high of heroin] ... [Subutex®] is not an opiate blocker (does not contain naloxone)."*

Substances Used in Combination with Heroin	
Most Common	alcohol, crack/powdered cocaine, methamphetamine, sedative-hypnotics
Other	buprenorphine, fentanyl, gabapentin, marijuana

## Fentanyl

Fentanyl is highly available throughout OSAM regions. Respondents reported that dealers have created high demand for fentanyl by introducing the drug into most other drugs with the intent of addicting more people to it, thus increasing their customer base. Law enforcement in the Akron-Canton region explained: *"[Fentanyl] is in almost everything.... Just about everything's got fentanyl mixed with it, except maybe marijuana; [Fentanyl] is very cheap for the dealers to purchase by the kilo (kilogram).... So, they buy it cheap [and] mix it with whatever; [Fentanyl is] addictive so [users] keep coming back for more; Kids these days think that they're getting some kind of party drug like 'coke' (powdered cocaine) or ... 'Molly' (powdered MDMA) ... and they don't realize that their dealer mixed fentanyl into it ... now they're going to seek*

*fentanyl in order to stay high.... [The dealer] led [them] into fentanyl addiction...."* Law enforcement in the Cleveland region added: *"Everything has fentanyl in it. It is a fentanyl problem ... [fentanyl] is in heroin, cocaine, and even 'meth' (methamphetamine) at this point; [Fentanyl] is one of the drugs that shows up the most in our toxicology [reports] and in our drug seizures; It's number one for fatality (overdose death)."*

Consumers in Dayton and Toledo regions reported that drug dealers are distributing free samples of fentanyl, unsolicited. They said: *"You don't even have to ask for [fentanyl]. [Dealers] will come and give it to you; I have had [a free sample of fentanyl with a dealer's phone number] thrown through my [car] window at the store before without even asking for it; If they're trying to make a name for themselves, they put up a tester for free (give a free sample of fentanyl) to reel in some [new] clientele. That way everybody will start calling them."* In addition to dealer purchase of fentanyl, respondents reported availability of fentanyl via online sources, i.e., through the "dark web" (websites operated by criminal enterprises). Consumers discussed: *"You can get [fentanyl] off the Internet ... delivered to your house; [Fentanyl] is coming from China ... in the mail from the dark web; You can buy it online and then they'll ship it right to your house."*

Fentanyl has replaced heroin, and many users now seek fentanyl as their drug of choice. Law enforcement reported: *"[Fentanyl] is just what everybody wants. Even your basic heroin user doesn't even really want heroin anymore. They want fentanyl; [Users] wanted something stronger than the heroin they were getting. So, [demand increased] ... the [drug] cartels are manufacturing [fentanyl] en masse [in large quantities] in Central and South America...."* Youngstown consumers commented: *"They like discontinued heroin ... it's usually just fentanyl [that is available]; Yeah, [fentanyl has] kind of replaced heroin."* Treatment providers shared: *"I'm surprised to note that at admission interviews a lot of people say that they prefer fentanyl to heroin ... they are actually seeking it; [Fentanyl positivity] is seen in nearly*

**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	No Change
Athens	High	Increase	Increase
Cincinnati	High	No Consensus	No Change
Cleveland	High	Increase	No Change
Columbus	High	Increase	Increase
Dayton	High	No Change	Decrease
Toledo	High	No Change	Increase
Youngstown	High	No Change	Decrease

[use]; I know there's been carfentanil that has gone around, but I think that's limited." Treatment providers in the Cincinnati region shared that clients occasionally drug test positive for carfentanil, but it is rare to hear a client differentiate between types of fentanyl. A provider stated, "They usually tend to go for whatever [type of fentanyl] they can get...." Consumers in the Cincinnati region said: "It's very hard to differentiate between [fentanyl and carfentanil]; I don't think you know what you're getting. It's just like anything else. You're

every urine drug screen [result of clients on clinician caseload]."

Not only has fentanyl been substituted for heroin and adulterated in almost every drug, but respondents also reported high prevalence of fentanyl-pressed pills, oftentimes dealers mask these pills as prescription pills. Respondents discussed: "There are a lot of pressed pills out there that look exactly like Percocet® or Vicodin® that are actually fentanyl.... We have a lot of that; [Dealers] are pressing [fentanyl] into pills and selling it as fake Percocet®; I had a friend who went to go buy a 'perk 30' (Roxicodone® 30 mg) and it was fentanyl ... it killed him; Now everyone is addicted to fentanyl and just flat out is asking for 'fetty' (fentanyl) pills; I was buying Percocet® and gradually worked my way to fentanyl pills...."

In terms of current availability of carfentanil (synthetic opioid more potent than fentanyl), respondents shared little current knowledge of the drug, most often reporting limited availability. Treatment providers in the Akron-Canton region discussed: "I'm not saying we see [carfentanil] a lot, but every now and then we'll have someone present [for treatment and report] carfentanil

getting what your dealer's got. You might get something that doesn't do [anything] to you, or you might get something and die (suffer a fatal overdose)."

Acknowledging the lethality of carfentanil, consumers discussed dealers not selling the drug to avoid serious legal consequences (felony charges, i.e., involuntary manslaughter) if someone they sell to overdoses and dies. Consumers discussed: "[Carfentanil availability is] pretty low because it's killing people. Nobody wants to sell it because they're charging people (holding dealers accountable for overdose deaths); I feel like so many people are dying that [carfentanil] is harder to get ... less access [due to dealer caution and law enforcement efforts to restrict]; I am sure [carfentanil is available] ... but just how potent it is? It's probably very, very, very cut down (greatly adulterated to lessen its lethality)...." Law enforcement in the Cleveland region remarked: "One of the blessings that we have had in this year is ... carfentanil is almost nonexistent. We have had just five different [carfentanil] cases so far this year; We had a good run of carfentanil, but I feel like that was a couple of years ago and it seems like now, it is straight fentanyl or acetyl fentanyl or

*acetyl methyl fentanyl.... So, one trend is that we actually might be seeing less carfentanyl.”*

### Naloxone

Analyses of consumer survey data administered at the time of the focus groups, found that, of the 305 consumers who responded to survey questions regarding naloxone (opioid overdose reversal medication), the majority (81.3%) reported having heard of naloxone. Of those 237 consumers who had heard of naloxone, 40.1% reported having had naloxone used on them to reverse an opioid overdose and 33.8% reported having used naloxone on another individual to reverse an opioid overdose. Of the 305 consumers, 63.9% reported that they knew where to obtain naloxone. Of those 195 consumers who knew where to obtain naloxone, 78.5% reported having ever obtained naloxone and 50.8% reported current possession of naloxone. Of those 153 consumers who ever obtained naloxone, 79.7% 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 (54.2%), pharmacy (34.0%), medical clinic (20.9%), Project DAWN (Deaths Avoided With Naloxone, a community-based overdose education and naloxone distribution program sponsored by Ohio Department of Health) (18.3%), mental health agency (13.7%), doctor’s office (13.1%), and emergency room (9.2%). In addition, 18.3% reported having obtained naloxone from a different source, such as family and friends, health department, recovery event or rally, through street outreach, mail delivery, prison, drug court, and police.

Of the 276 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), 24.6% reported having seen a naloxone emergency kit in a public place. Of those 68 consumers that had seen a naloxone emergency kit in a public place, the most common locations for naloxone overdose emergency kits reported were treatment facility, jail, community center, health department, hospital, and pharmacy. Other locations included: clinic, doctor’s office, drug court, homeless shelter, hotel, police station, probation office, sober living house, and support group meeting.

Respondents in half of OSAM regions reported that the availability of fentanyl has remained the same during the past six months, while respondents in Athens, Cleveland, and Columbus regions reported increased fentanyl availability. Respondents in the Cincinnati region were not in agreement as to an increase or no change in fentanyl availability. In regions reporting increased availability, respondents most often noted an increase in opioid overdose as evidence of increased fentanyl availability. Consumers shared: *“More people have died from [fentanyl overdose] in the past six months than ever before; [Fentanyl is] just easier to get ... in the past month, four people have died from it that we personally knew; When I look at the news, I see more and more deaths [from fentanyl overdose]; I’ve just had two family members die from [fentanyl overdose]. My sister just died.... She thought she was buying ‘coke’ (powdered cocaine). I don’t know if she knew [fentanyl] was in there or not, they just found her in the bathroom [deceased].”*

Community professionals also noted an increase in overdose during the past six months. A member of law enforcement in Columbus remarked, *“[Fentanyl availability] is increasing, or at least our numbers of overdoses are increasing.”* A treatment provider in the Columbus region reported, *“I think the risk of death has significantly increased.... Younger people are having multiple, multiple, multiple overdoses, and I didn’t hear that as much before. I’d hear, ‘Oh, it happened (I overdosed) one*

time, I went to the hospital, and then I showed up here [in treatment].’ Now it’s, ‘Well, this past week I was ‘narcan-ed’ (administered Narcan®, naloxone) seven times.’” In addition to an increase in overdose, treatment providers also noted an increase in client reports of fentanyl use, an increase in drug screens showing fentanyl positivity, and a decrease in availability of detox services during the past six months as further evidence of increased availability of fentanyl. A provider observed, “It just seems like there are more people being effected [by fentanyl use] ... detox beds ... are becoming less and less available because of fentanyl withdrawal.”

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 Athens, Columbus, and Toledo regions, while decreasing or remaining the same for all other OSAM regions. BCI labs also reported processing few or zero cases of carfentanil from throughout OSAM regions during the reporting period.

In addition to BCI reporting, other crime labs in Cleveland and Dayton regions submitted fentanyl and carfentanil incidence data. Cuyahoga County Regional Forensic Science Lab and Lake County Crime Lab (both Cleveland region) reported that the incidence of fentanyl and fentanyl analogue cases they process has decreased or remained the same during the reporting period, while Miami Valley Regional Crime Lab (Dayton region) reported that the incidence of fentanyl and fentanyl analogue cases it processes has increased. The crime labs indicated processing the following fentanyl analogues: acetyl fentanyl, acrylfentanyl, benzylfentanyl, brorphine, chlorofentanyl, despropionyl fentanyl, fluorofentanyl, fluoro-furanylfentanyl, ortho-chlorofentanyl, para-fluorofentanyl, and valeryl fentanyl. Cuyahoga County Regional Forensic Science Lab and Lake County Crime Lab reported processing very few cases of carfentanil during the reporting period, while Miami Valley Regional Crime Lab reported processing no cases of carfentanil during the reporting period.

Other data sources indicated fentanyl as available throughout OSAM regions. Hancock County Probate Court (Toledo region) reported that of the 17 positive adult drug test results it recorded during the reporting period, five (29.4%) were positive for fentanyl. Columbus Fire Department (Franklin County, Columbus region) reported administering 2,120 total doses of naloxone to 1,612 individuals in the city of Columbus during the reporting period. Ohio Department of Public Safety reported drug task force seizure of 114.3 kilograms (251.5 lbs.) of fentanyl from throughout OSAM regions during the reporting period; of which, 36.6% was seized from the Cincinnati region and 21.6% was seized from the Columbus region. Millennium Health reported that 20.9% of the 138,409 urinalysis specimens submitted for fentanyl testing during the past six months was positive for fentanyl.

Region	% Tested Positive	Number Tested
Akron-Canton	34.7%	11,177
Athens	14.1%	11,423
Cincinnati	32.6%	15,937
Cleveland	9.6%	16,063
Columbus	17.3%	31,067
Dayton	34.5%	6,973
Toledo	18.8%	28,641
Youngstown	20.3%	17,128
<b>Total</b>	<b>20.9%</b>	<b>138,409</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 72.7%, 82.5%, 77.9%, and 85.3% respectively, of all drug-related deaths they recorded this reporting period (297, 228, 484, and 34 deaths) involved fentanyl.

Cuyahoga County Medical Examiner's Office reported that five of the 297 drug-related deaths it processed during the reporting period involved carfentanil, while the three reporting coroner's offices reported not finding carfentanil present in any of the drug-related deaths they processed during the reporting period.

Media outlets reported on law enforcement seizures and arrests related to fentanyl this reporting period (selected media reports follow). U.S. Drug Enforcement Administration (DEA) agents accompanied two individuals from Oklahoma to a detention hearing in U.S. District Court in Cleveland (Cuyahoga County, Cleveland region); the man and woman were arrested transporting 10,000 pressed fentanyl pills from Phoenix, Arizona to Cleveland for distribution in Northeast Ohio ([www.cleveland.com](http://www.cleveland.com), Jan. 13, 2021). A grand jury in Cleveland indicted a Euclid man (Cuyahoga County) for smuggling fentanyl into the county jail, enabling his cellmate to fatally overdose ([www.cleveland.com](http://www.cleveland.com), Jan. 21, 2021). Erie County Health Department (Toledo region) issued a press release reporting four overdoses, one resulting in death, during a 72-hour period in Sandusky; the health department advised any person with a loved one who illicitly uses opioids to request a free mail order of naloxone ([www.fox8.com](http://www.fox8.com), Feb. 1, 2021). Ohio State Highway Patrol (OSHP) arrested a Cleveland man in Richland County (Columbus region) after the man lead troopers on a chase along Interstate 71 that ended with the man crashing his vehicle; troopers seized \$45,000 of suspected fentanyl pills and three guns ([www.cleveland19.com](http://www.cleveland19.com), Feb. 11, 2021). Law enforcement in Mahoning County (Youngstown region) executed search warrants of three Youngstown residences known to be used for distribution and storage of narcotics; officers arrested a man associated with the properties after seizing 2.8 kilograms of fentanyl, \$26,000, and several firearms ([www.wfmj.com](http://www.wfmj.com), Feb. 18, 2021). Cuyahoga County Medical Examiner (Cleveland region) issued a public health alert, notifying the public of 69 suspected overdose deaths in the county in March 2021; reportedly, fentanyl and cocaine appeared to be the most common drugs responsible for overdose deaths

([www.cleveland19.com](http://www.cleveland19.com), April 6, 2021). OSHP seized 3,000 fentanyl pills worth \$60,000 during a traffic stop in Madison County (Columbus region); officers arrested the driver, a New York man, for possession of drugs ([www.abc6onyourside.com](http://www.abc6onyourside.com), April 9, 2021). Erie County Health Department issued an alert after recording four overdoses over a single weekend in May; the alert warned of fentanyl as an adulterant for heroin and for stimulant drugs, such as cocaine and methamphetamine ([www.fox8.com](http://www.fox8.com), May 10, 2021). Central Ohio Drug Enforcement Bulk Interdiction Task Force executed a search warrant at a storage facility in Pataskala (Licking County, Columbus region) and seized 2,350 grams of methamphetamine and 2,718 counterfeit oxycodone pills that were found to contain fentanyl; officers arrested two Newark men on numerous drug-related charges ([www.abc6onyourside.com](http://www.abc6onyourside.com), May 21, 2021). Hamilton County Addiction Response Coalition (Cincinnati region) issued a public health alert after 21 overdoses were recorded in a single day in Hamilton County; the alert noted suspected high levels of fentanyl in the area's drug supply ([www.cincinnati.com](http://www.cincinnati.com), May 26, 2021). A federal grand jury indicted 11 people, seven from Cincinnati, in a major drug sweep that seized a total of 17 kilograms of fentanyl; four of the people indicted supplied and coordinated the shipment of fentanyl from Arizona to southern Ohio where the other seven people distributed the drug ([www.wlwt.com](http://www.wlwt.com), May 28, 2021). Ross County Health District (Cincinnati region) issued an alert encouraging residents to carry naloxone, following reports of seven drug overdoses in a single night ([www.nbc4i.com](http://www.nbc4i.com), June 13, 2021). Toledo Fire and Rescue (Lucas County, Toledo region) revived a 12-year-old boy with naloxone after his father arrived home and found the boy unresponsive and not breathing; the boy reported that he used drugs that he had purchased from an unknown person at a gas station ([www.10tv.com](http://www.10tv.com), June 14, 2021). Franklin County Coroner (Columbus region) issued an alert warning of a deadly batch of fentanyl-cut cocaine after five people died of overdose in a 24-hour period; the Coroner advised not to use drugs alone, test drugs with fentanyl test strips, and keep naloxone close by ([www.nbc4.com](http://www.nbc4.com), June 16, 2021).

**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). The consensus throughout OSAM regions was that fentanyl is highly potent. Comments included: “[Fentanyl is] *pretty potent ... everybody’s dying* [by overdose]; [Fentanyl] *is killing everybody, so I’m assuming* [it’s highly potent/lethal].” Overall, consumers in most regions reported that the quality of fentanyl has remained the same during the past six months; consumers in Akron-Canton and Columbus regions could not reach consensus on quality change. A consumer in the Athens region shared, “[The quality of fentanyl has] *always been a ‘10’ (high). I’ve OD’d (overdosed) on it five times.*”

Consumers discussed the need to adulterate/dilute fentanyl due to its high potency/lethality. They discussed: “[Dealers] *stomp on (adulterate) [fentanyl] a hundred times before they give it to somebody because even like a grain of salt [amount] of that stuff will make you overdose; There’s so much [potency to fentanyl] that you have to cut it to actually be able to do it; If [dealers sell unadulterated] fentanyl, they’re going to kill you. There’s no way they can just give you straight fentanyl; They cut [fentanyl] with cocaine to try to keep you awake (keep you from overdosing) so you don’t die.*”

Consumers discussed adulterants (aka “cuts”) that affect the quality of fentanyl and reported the top cutting agents for the drug as heroin and powdered sugar. However, consumers explained that the same cuts used to adulterate cocaine and heroin are used to cut fentanyl. They said: “*Same [cuts] as the heroin and cocaine; Anything that is white ... baby powder, baby laxative; Tylenol®, people will crush it up and put it in [fentanyl]....*”

Additional fentanyl cuts specifically mentioned included: acetaminophen, antipsychotic medication, artificial sweeteners, aspirin, baby aspirin, baby formula, baby laxatives, baby powder, baking soda, Bolivian Rock (a cutting agent sold at head shops),

brown sugar, carfentanil, cocaine, corn starch, creatine, dietary supplements, Epsom salt, fiber, flour, gabapentin, laxatives, mannitol (diuretic), MDMA (methylenedioxymethamphetamine, ecstasy/“Molly”), methamphetamine, milk of magnesia, phencyclidine (PCP), powdered creamer, prescription opioids, protein powder, “rizzly” (bromadol, a potent narcotic analgesic), sea salt, sedative-hypnotics (benzodiazepines), sleep aids, sugar, and vitamins (B-12 and D).

**Street Names**

Current street jargon includes many names for fentanyl. However, throughout OSAM regions, consumers discussed that since many users view fentanyl as interchangeable with heroin, many users refer to fentanyl as “heroin” or use street names for heroin in reference to fentanyl (“boy,” “China,” “dope,” and “slow”). A Toledo consumer reported a term related to “slow,” denoting the extreme sedative effects of fentanyl, sharing, “*I’ve heard people call [fentanyl] ‘sleep aid’ before ... ‘you need that sleep aid?’*” Consumers also noted current street jargon as including distinctive terms for fentanyl that are derivatives of the drug’s name (“fent,” “fet,” “fetty,” and “nal”).

Current Street Names for Fentanyl	
Most Common	fetty, fetty wop
Other	boy, chi, China, China white, confetti, dope, fenny, fent, fet, fettucine, man, nal, sleep aid, slow

**Pricing**

Current prices for fentanyl were reported by consumers with experience purchasing the drug. Reportedly, the most common quantities of purchase for fentanyl are 1/10 gram for \$10-20, 1/2 gram for \$40-60, and a gram for \$50-100. In addition, consumers in the Columbus region noted fentanyl-pressed pills thought to be about 30

milligrams typically selling for \$25 each. Overall, consumers throughout regions indicated that the price of fentanyl generally matches the price of heroin and has remained the same during the past six months. A consumer stated, “[The price of fentanyl is the] *same as heroin because [dealers] pass [fentanyl] on as heroin. People don’t know what they are getting [heroin, fentanyl, or both].*”

### Route of Administration

The most common route of administration for fentanyl is intravenous injection (aka “shooting”). Consumers estimated that out of 10 fentanyl users, 7-10 would shoot and 0-3 would snort the drug. The consensus among consumers was that the routes of administration for fentanyl are the same as for heroin. Comments included: *“They use [fentanyl] the same way as heroin; Snort it ... inject it; Usually ‘IV’ (intravenous injection) ... pretty much the only way [to use fentanyl]; Injecting is a faster, quicker, better high [than snorting or smoking]; The younger crowd [snorts fentanyl], they’re not going to want to be showing ... tracks (needle marks from intravenous injection)....”* However, also like heroin, consumers discussed smoking as an alternative method for fentanyl use. They discussed: *“I think people smoke [fentanyl] because they’re scared of needles. And they say smoking it [produces] almost the same [effect] as shooting; People are smoking [fentanyl] and that’s increasing because they’re scared to overdose. But, I mean, people are still overdosing from smoking....”* In terms of fentanyl-pressed pills, consumers stipulated that those are typically consumed orally. A consumer remarked, *“Eating, swallowing....”*

### Typical Use Profile

Throughout OSAM regions, consumers and community professionals were divided when discussing typical fentanyl use. Half of respondents reported that typical fentanyl use is associated with heroin use, young white people, and/or methamphetamine use, while the other half of respondents reported that there is no profile of typical fentanyl use, highlighting that fentanyl use

has become so widespread that anyone could use fentanyl. Comments included: *“Everyone [uses fentanyl]. Homeless, upper class ... it does not discriminate; A whole variety [of people use fentanyl] ... especially because [fentanyl] is becoming so common in other drugs ... fentanyl is being put in so much stuff [that some users] are hooked and don’t even know it....”*

### Use Combinations

Many other substances are used in combination with fentanyl. However, consumers reported that fentanyl is most often used with heroin, crack/powdered cocaine, and methamphetamine. Consumers discussed the addition of fentanyl to heroin to increase the potency of heroin. Reportedly, stimulants are used with fentanyl to “speedball” (concurrent or consecutive stimulant and depressant highs), balance the extreme down effect of fentanyl. Consumers explained: *“People [using fentanyl] nod out (lose consciousness), and they don’t want that nod [so they use cocaine to counteract the sedative effect produced by fentanyl]; If I do some crack and stay up, I can enjoy the opiate high; Mix with methamphetamine because [fentanyl] knocks you down so much, you just don’t want to be stuck there; I got to a point where I knew I was falling out (overdosing), so I would do a shot (injection) of meth to come out of it (reverse the overdose).”* In addition, consumers discussed using methamphetamine to alleviate opioid withdrawal symptoms in the absence of fentanyl. A consumer shared, *“You’ll use [methamphetamine] if you don’t have access to fentanyl or money [to buy fentanyl]. You’ll use meth to help with the sickness (aka, ‘dope sickness,’ experiencing opiate withdrawal symptoms).”*

Consumers discussed the use of sedative-hypnotics (benzodiazepines) with fentanyl to expediate and potentiate the sedative effects produced by fentanyl. However, consumers noted the extreme danger for overdose and death when combining benzodiazepines with fentanyl. They said: *“If you do ‘benzos’ (benzodiazepines) with fentanyl, you’re going to die; There’s probably a 95% chance you’re*



going to die; And, you're probably going to get 'narcan-ed' (administered Narcan®)." Consumers also noted the use of sedative-hypnotics, along with alcohol, in combination with fentanyl use to alleviate opioid withdrawal symptoms and to help with sleep.

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

## Prescription Opioids

Prescription opioids for illicit use are low or moderate in availability in most OSAM regions. Respondents explained that prescription opioids are increasingly difficult to obtain from doctors due to restrictions imposed by prescribing guidelines. A member of law enforcement stated, "With OARRS (Ohio Automated Rx Reporting System) doing its job of regulating how much doctors are prescribing [opioids], people are more aware of 'doctor shoppers' (people who go to several doctors to try to obtain prescriptions for opioids)." Consumers discussed: "[Prescription opioids] are hard to find, doctors have cut way down on prescribing; Not as easy to get as they used to be ... since the laws have gotten stricter; [Doctors] used to give you 'perks' (Percocet®) or Vicodin® for stubbing your toe. Now, they don't do anything like that."

Reportedly, prescription opioids are available for illicit use to those who have connections to them, primarily through known persons with prescriptions. Consumers commented: "You can get [prescription opioids] if you know [people with prescriptions] ... it's not like people are coming up to you on the [street] corner [offering prescription opioids for sale]; If I really needed [prescription opioids], I would just take them from my parents

who get them prescribed all the time; Grandma ... cancer patients ... other people's prescriptions; You can find old people who will sell [their prescribed opioids] to you." Community professionals also reported persons with prescriptions selling their opioid medications. A treatment provider shared, "A lot of clients have said that they've had older, geriatric people that would sell them their whole prescriptions. Like, they were prescribed [opioids] because of their older ailments but they didn't take them, they would sell them for income." In addition, consumers discussed obtaining prescription opioids from drug dealers, stating: "The dealers are in cahoots with someone that is getting [opioids] prescribed; I had a broken hip last year, so I was getting [opioids] prescribed to me, and when I ran out, I went to a dealer."

Other sources for illicit opioids mentioned included: online pharmacy, pain clinic, emergency room, dentist, and veterinarian. A consumer shared, "I know someone that gets [opioids] from her vet, prescribed to her dog." A member of law enforcement in Columbus described the role of social media in the obtainment of illicit opioids, saying, "They're advertising [prescription opioids for sale] on social media.... Sixteen-year olds are advertising it, whether they're taking grandma's pills ... or who knows what (fentanyl-pressed counterfeit pills) from somebody else."

Throughout OSAM regions, respondents indicated high prevalence of counterfeit pills, pressed pills often containing fentanyl. A Columbus consumer estimated, "Ninety percent of the time, if you're buying a 'pain killer' (prescription opioid) on the streets, it's fake ... 'pressies' (street name for counterfeit pills)." Law enforcement stated: "We get [suspected prescription opioid] submissions to the lab ... most of the time ... many are fakes ... they are fentanyl. So, we don't get a lot of street [seizures of actual prescription opioids]; The big problem now is people think that they're getting Percocet® ... but really, it's not Percocet®, it's just fentanyl pressed [to look like] a Percocet® ... [similar] color, shape, and logo. And that's how we get a lot of overdoses [and] overdose deaths...." A treatment provider in the Cleveland region

Reported Change in Availability of Prescription Opioids during the Past 6 Months			
Region	Current Availability	Availability Change	Most Available
Akron-Canton	Low	No Change	Percocet®
Athens	Low	Decrease	Percocet®, Vicodin®
Cincinnati	Moderate	No Change	Percocet®, Vicodin®
Cleveland	Moderate	No Change	Percocet®
Columbus	Moderate to High	Decrease	Percocet®, Vicodin®
Dayton	Low	No Change	OxyContin®, Percocet®
Toledo	No Consensus	Decrease	Percocet®, Ultram®
Youngstown	No Consensus	No Change	OxyContin®, Vicodin®

concluded, “When people are reporting getting [prescription opioids], they aren’t really getting that.... People like to think they are getting a prescription-level opioid when they are in fact getting fentanyl.” Consumers in the Youngstown region described counterfeit prescription opioids: “If you been around and know what you’re doing, you can tell if they’re pressed. The texture is off, you go to break it, they’re soft; The only thing that you can find right now are the [counterfeit pills] that are pressed with stuff and are from Mexico.”

Respondents in most OSAM regions reported that the availability of prescription opioids for illicit use has remained the same during the past six months, while respondents in Athens, Columbus, and Toledo regions reported that the availability of prescription opioids for illicit use has decreased. They most often cited prescribing regulations as limiting the supply of prescription opioids for diversion as the primary reason for the decline in street availability. In the Athens region, respondents commented: “Increase in security at pharmacies and less [prescription opioid] ‘scripts’ (prescriptions) being written; They’ve really cracked down on doctors giving out (prescribing opioids).” A member of law enforcement in the Toledo region observed, “Doctors can’t prescribe [opioids] as

much anymore. It’s had an impact on what we’re seeing. It used to be you could have a pile of pills, but [now] you can’t even get [opioids] prescribed.... It’s so easy to get fentanyl or heroin.”

Respondents reporting decreased availability also discussed lower demand for illicit prescription opioids generally due to high street price and increasing demand for more potent drugs, such as fentanyl, as reasons for less opioids being sought. They commented: “No one is buying [prescription opioids], you can buy 10 pills or one bag of heroin and get the same high; Pills are more expensive than the other drugs; People traded [using prescription opioids] for heroin, and then when heroin got bad (quality decreased), they traded it for fentanyl; They don’t want to mess with [prescription opioids] because their tolerance is now too high for pain pills.” Respondents in the Columbus region noted users transitioning from prescription opioids to fentanyl as a lower cost and more widely available alternative. Comments included: “You hardly ever see Percocet®, and if you do, it’s expensive. Fentanyl is a lot cheaper than buying the pills; It’s cheaper to just go straight to heroin or fentanyl.... You can go buy \$20 worth of heroin and have more product, more use.”

Throughout OSAM regions, except Youngstown, respondents reported Percocet® as the most available prescription opioid in terms of widespread illicit use. Comments included: *“Percocet® is what I hear about the most; Percocet® is the main go to [for doctor prescribing]; I think [the popularity of Percocet® is] due to rappers and songs talking about ‘poppin’ perks’ (illicitly using Percocet®).”* In the Toledo region, respondents also indicated Ultram® as most available. Law enforcement in the Toledo region discussed: *“Tramadol (Ultram®) [is highly prescribed], I think when doctors started getting the message that, ‘Hey, you can’t just give out ‘oxy’ (OxyContin®),’ they downshifted to tramadol because it’s not as powerful, but you give people 120 pills for the month ... they can swallow handfuls of them and it’s going to kill them; I think the doctors went away from the big names (common prescription opioids) and started pushing [Ultram®]....”* Cincinnati law enforcement discussed powdered tramadol being used as an adulterant for other substances. They shared: *“We’re seeing tramadol mixed in with some other substances as a cut (adulterant). So, [tramadol] has been in some things here recently; Yeah, we’ve seen tramadol mixed in with other things.”*

Ohio Bureau of Criminal Investigation (BCI) crime labs reported incidence data for each of the most 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 Athens, Cincinnati, Columbus, Toledo, and Youngstown regions, although the number of cases remains low, and they reported processing very few cases of morphine for Akron-Canton, Cleveland, and Dayton 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 hydrocodone cases it processes has increased during the reporting period, while the incidence of tramadol cases has decreased. Lake County Crime Lab (also Cleveland region) reported that the incidence of oxycodone and tramadol cases it processes has decreased, and it pointed out that the tramadol cases are powdered tramadol identified in opioid powder and residue cases. This lab reported processing few cases of hydrocodone during the reporting period, while 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 hydrocodone cases it processes has increased during the reporting period, while the incidence of tramadol cases has decreased.

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

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

Other data sources indicated prescription opioids as available for illicit use throughout OSAM regions. Millennium Health reported that during the past six months, 4.4% of 145,145 urinalysis specimens tested for oxycodone/oxymorphone was positive,

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	7.7%	11,532	18.3%	9,643
Athens	3.4%	11,675	7.2%	10,909
Cincinnati	2.6%	16,380	11.8%	15,495
Cleveland	3.7%	17,300	8.2%	15,079
Columbus	7.5%	34,229	9.6%	30,726
Dayton	1.9%	6,675	9.5%	5,946
Toledo	2.2%	29,254	5.5%	26,809
Youngstown	4.1%	18,100	14.4%	16,927
<b>Total</b>	<b>4.4%</b>	<b>145,145</b>	<b>9.9%</b>	<b>131,534</b>

and 9.9% of 131,534 urinalysis specimens tested for morphine, codeine, hydromorphone, and hydrocodone was positive. Fairfield County Municipal Court (Columbus region) reported that of 2,631 positive adult drug specimens it recorded during the reporting period, 5.1% was positive for oxycodone.

Coroner and medical examiner offices in the counties of Cuyahoga (Cleveland region), Hamilton (Cincinnati region), Montgomery (Dayton region), and Scioto (Cincinnati region) reported that 14.5%, 12.7%, 11.0%, and 23.5%, respectively, of all drug-related deaths they recorded this reporting period (297, 228, 484, and 34 deaths) involved prescription opioids. GPRA (Government Performance and Results Act) data collected from 1,831 persons entering publicly-funded SUD treatment programs during the past six months found 9.7% 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	18.8%	64
Athens	17.1%	123
Cincinnati	7.3%	494
Cleveland	8.6%	521
Columbus	9.8%	184
Dayton	5.4%	203
Toledo	26.0%	127
Youngstown	0.9%	115
<b>Total</b>	<b>9.7%</b>	<b>1,831</b>

**Street Names**

Current street jargon includes many names for prescription opioids. Consumers reported that street names generally reference a drug’s brand name (“perks” for Percocet®), or they are a shortened form of the brand name (“vics” for Vicodin®). Street names can also reference the pill’s color (“blues” for Percocet® 5 mg) or milligram strength (“30s” for Roxicodone® 30 mg, aka “perc 30”). A Cleveland consumer stated that Vicodin® is referred to as “speckled eggs” because there are red dots on the tablets. In reference to “Skittles®” as a general street name, a Cincinnati region consumer explained, *“I go to parties and they’ll just have a big bowl full [of pills, including prescription opioids], and [the host] says, ‘Have some Skittles®!’”*

*opioids], they are so expensive; They used to be a dollar a milligram, but now they are \$2 to \$3 a milligram; People move to heroin because pills are expensive....”* A Columbus consumer shared that pricing varies by location, stating, *“The geographical aspect of it has a lot to do with prices. I would come to Columbus (a large city, Franklin County) to buy certain drugs and take it out to Zanesville (a small city, Muskingum County) and sell them for double, sometimes triple what I paid for them....”* Consumers in half of OSAM regions (Akron-Canton, Cincinnati, Columbus, and Toledo) indicated that the price of prescription opioids has increased during the past six months. Consumers that reported increased pricing attributed limited supply to driving prices upward. A consumer remarked, *“Obviously, [the price of prescription opioids] has increased because it is harder to get a prescription for opiates.”*

Current Street Names for Prescription Opioids	
General	beans, candy, painers, pills, Skittles®
OxyContin®	OCs, OPs, oxy/oxy’s
Percocet®	blues, 5s, jerks, Ps, percs/perks, perkies, worky jerks
Roxicodone®	30s, perc 30, roxies, roxy
Ultram®	trams
Vicodin®	Vs, V-cuts, vics, Victoria’s secrets, vikes

**Route of Administration**

The most common route of administration (ROA) for illicit use of prescription opioids is snorting followed by oral consumption. Consumers in six of the eight OSAM regions estimated that out of 10 illicit prescription opioid users, 5-10 would snort and the remainder would orally consume the drugs. Consumers in Columbus and Dayton regions estimated that 5-10 would swallow and the remainder would snort illicit prescription opioids. Consumers who reported snorting prescription opioids shared: *“I know people that snort them because it works faster (produces a more immediate effect than swallowing); [Snorting prescription opioids] is a different high. For me personally, I couldn’t pop (swallow) them. They made my stomach hurt ... that’s why I snorted them....”* In terms of oral consumption, consumers described other ways of orally taking these drugs besides just swallowing, such as “parachuting” (wrapping opioids in a small piece of tissue, crushing the opioids, and swallowing the bundled tissue). Comments included: *“I know you can parachute them; Parachuting ... you bunch [a*

**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 \$8-10 and Percocet® 10 mg most often sells for \$10-25; Roxicodone® 30 mg most often sells for \$40-60; Vicodin® 5 mg most often sells for \$7-10 and Vicodin® 10 mg sells for \$8-18. Consumers discussed current street pricing for prescription opioids as expensive, remarking: *“They’re ridiculously expensive; If you find [illicit prescription*

crushed pill] *all up in a napkin and [swallow] it all at once; Chewing ... chewing really is a different effect than swallowing.*” One consumer highlighted that some users would orally consume and snort opioids concurrently, remarking, *“I feel like all [illicit prescription opioid users] would be doing it both ways (snorting and swallowing).”*

Throughout OSAM regions, consumers also discussed intravenous injection (aka “shooting”) as another ROA for illicit use of prescription opioids. They said: *“You can [intravenously] inject [prescription opioids]. They can be broken down and injected ... it’s just a lot of work; Everyone who ‘shoots’ (injects illicit drugs) would shoot (also inject prescription opioids).”* However, consumers discussed that manufacturers have changed prescription opioids to prevent abuse, explaining that some pills are difficult to crush because they form a gel-like substance when broken down, making intravenous injection difficult. Consumers also noted abuse deterrents to snorting, stating: *“They make pills that will dye your nostril blue or orange if you snort them; They make slow-release pills now that if you snort them, they don’t do anything for you.”* Lastly, a few consumers also mentioned smoking and “boofing” (anal insertion) as other alternative ROAs for illicit prescription opioid use.

**Typical Use Profile**

A profile of typical illicit prescription opioid use did not emerge from the data. One respondent summarized the consensus view by stating, *“[Illicit prescription opioid use has] no bias. It targets (affects) people of all ages, all ethnicities, all income levels.”* Other respondents said: *“[Illicit prescription opioid use has] probably the broadest range of users, age wise and economic status wise; Not specific to race or gender.”* However, due to the cost of illicit prescription opioids, respondents discussed illicit use as typical of people of middle to high socio-economic status. They described: *“White, semi-rich population; Upper income since a lot of people (who illicitly use prescription opioids)*

*originally obtained the drugs through legitimate means, knee replacements and what have you....”*

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 prescription opioid use, approximately 61% was male, two-thirds was under the age of 40 years, and 74% indicated white as their race.

Male	61.6%
Female	38.4%
18 - 29	26.0%
30 - 39	40.7%
40 - 49	15.8%
50 - 59	11.9%
60 +	5.6%
White	73.8%
African American	27.4%
Other race <sup>1</sup>	4.2%
Hispanic/Latino ethnicity	6.8%

<sup>1</sup>Other race: American Indian. Note some consumers indicated more than one race, thus total percentage for race category is greater than 100.0%.

Other common descriptors of illicit prescription opioid use included: people with a history of injury and people with physically demanding jobs. Respondents discussed: *“Somebody who’s been hurt in some way and had a prescription and ran out (for whom doctors discontinued prescribing opioids); Adults that work construction, who work [physically] hard jobs, they ‘pop’ (illicitly take/swallow) a lot of [prescription opioids] to try to cover all of their aches and pains and ailments.”* And although respondents indicated a wide age

range for typical illicit opioid use, they often discussed teenagers obtaining prescription opioids from family members for illicit use at parties. They observed: “[Illicit use of prescription opioids] is more socially acceptable [than the use of street drugs]. I feel like kids are at parties and they want to pop a pill, not sniff (snort) heroin; It's very common for teenagers to go clean out the medicine cabinet of their mom or grandma or whomever ... [often this] starts [opioid] addiction.”

**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 and marijuana. Reportedly, alcohol, marijuana, and sedative-hypnotics are used with prescription opioids to intensify the effect of opioids. Consumers commented: “[The combination of opioids and marijuana produces] a mellow effect; When you drink [alcohol] while taking [prescription opioids], it intensifies your buzz (high); Yeah, you get a nice floaty euphoric feeling [when alcohol is combined with prescription opioids].” Consumers also described using opioids before or after the aforementioned drugs to aid their recovery after “partying,” they shared: “At night, if I wanted to go to sleep after using [prescription opioids], I would roll up a ‘joint’ (marijuana cigarette); I got hooked on pills while I was an [active] alcoholic. I would take [opioids] the next day [after drinking] to cure the hangover ... that was how I got up [out of bed].”

Substances Used in Combination with Prescription Opioids	
Most Common	alcohol, marijuana
Other	crack/powdered cocaine, gabapentin, heroin/fentanyl, methamphetamine, prescription stimulants, promethazine (“lean”), sedative-hypnotics

Stimulant drugs are used with prescription opioids to “speedball” (concurrent or consecutive stimulant and depressant highs) or to counterbalance the down effect of opioids. Consumers stated: “‘Pills’ (prescription opioids) are used a lot with ‘coke’ (powdered cocaine)... I just know a lot of people who do coke, do pills ... as a speedball to keep going; A lot of people [combine cocaine with opioids] so they don’t overdose.”

**Buprenorphine**

Buprenorphine is highly available for illicit use in most OSAM regions. Reportedly, opioid users seek the drug to help alleviate opioid withdrawal symptoms in the absence of heroin/fentanyl, and some users obtain prescriptions with the intent to sell all or part of their prescribed buprenorphine to supplement their income and/or to buy their drug of choice. Throughout OSAM regions, respondents discussed the overall magnitude of the opioid epidemic as fueling the expansion of buprenorphine supply and demand. They noted an increasing number of clinics operating in their communities for the sole purpose of distributing the drug, while they also indicated an increase in treatment, probation, and drug court programs prescribing medication-assisted treatment (MAT) to their clientele. A treatment provider summarized, “They are giving [buprenorphine] out like candy, trying to save lives, but the problem is ... we’re seeing people [entering treatment] who have a prescription for Suboxone® (buprenorphine) on their OARRS (Ohio Automated Rx Reporting System) report, but they don’t test (drug screen) positive for [buprenorphine] ... they are selling it.... [There is] a lack of ... following up with patients to make sure that the patient is actually taking the medication and not diverting it and using heroin....”

Other treatment providers observed: “Suboxone® is very prevalent. It’s being overprescribed in MAT clinics. It’s kind of like a currency in the drug world. So, a lot of people will trade Suboxone® for other drugs; There’s more and more MAT clinics popping

up and more and more people are pushing to get prescribed Suboxone®; If you type in (term search) [Suboxone®] on Facebook, you can see people are selling it all the time.” Consumers also discussed the ease in which buprenorphine prescriptions are obtained and the diversion of prescribed buprenorphine. They said: “A lot of clinics give [buprenorphine] out pretty easily. All you have to do is pee dirty (drug screen positive for opioids) once and you get [prescribed] it; You could go to a doctor and get on [buprenorphine easily] ... and it's free if you're on Medicaid; Based on the heroin and fentanyl epidemic and people getting probation and [prescribed buprenorphine] to get off [heroin/fentanyl].... I would say [illicit buprenorphine is highly available]; Before I started going [to treatment], I bought [buprenorphine] on the street ... it was easy to find.” In addition to obtaining buprenorphine for illicit use on the street from drug dealers and from people who have prescriptions for the drug, consumers discussed pain clinics and online pharmacies as other sources for the drug.

In terms of available buprenorphine types, respondents throughout OSAM regions identified Suboxone® sublingual filmstrip form (aka “strips”) as most available and preferred over pill forms of

**Medication-Assisted Treatment (MAT)**

Of the 287 consumers who responded to the survey question regarding current receipt of MAT, 31.0% 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, 48.3%), Vivitrol® (naltrexone, an injectable form of MAT, 33.7%), and methadone (a long-acting full opioid agonist, 13.5%). A consumer shared, “For me, [buprenorphine] is a lifesaver. If I weren't on Suboxone®, I'd be using [heroin/fentanyl] ... it helps me stay [abstinent from drugs].”

buprenorphine for illicit use. Reportedly, the appeal of the filmstrip form is that they can be portioned out, cut into pieces, whereby the user can take a minimum amount of buprenorphine to stave off opioid withdrawal and cravings between heroin/fentanyl use, and piece amounts can also be sold increasing the number of sales versus selling only full-sized filmstrips. Consumers discussed: “Mostly strips ... that is what the clinics are giving out; What you usually get from the pharmacy or doctor is the strips; [Doctors] think that pills get abused more than strips; I have gone to a clinic before, and they asked me whether I wanted the pill or the strip and I chose the strip because you could abuse it easier; People would rather have the strips than the pills ... because you don't have to take the whole strip. You can cut them into little pieces....” Respondents also commented on the availability of Subutex® (buprenorphine only) and universally described it as difficult to find for illicit use. Reportedly, Subutex® is only prescribed to pregnant women and people allergic to naloxone.

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

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



Law enforcement generally viewed the availability of illicit buprenorphine to be lower than did consumers. They discussed not focusing on buprenorphine or encountering large quantities of it in their narcotics work. However, law enforcement noted that sometimes a heroin/fentanyl user is found with buprenorphine during an arrest. Comments included: *“If you want [buprenorphine], you could get it. Is it prominent? Not really. We’re not seeing a big trend in it; [Buprenorphine] is not really a problem (primary drug concern for law enforcement), so we are not out trying to buy it. Often, someone will have a lot of opiates on them and then we will spot some [buprenorphine] as well; Most of the time, when I see [buprenorphine], it is during a raid ... they will have a couple laying around. Also, traffic stops and whatnot [law enforcement will encounter buprenorphine].”*

In addition to high prescribing of buprenorphine by MAT prescribers, respondents in the Athens region indicated that doctors are prescribing buprenorphine for pain management in lieu of opioids. A consumer shared, *“I have family who were moved to [buprenorphine from prescription opioids] for pain management...”* And respondents in the Akron-Canton region acknowledged illicit buprenorphine use among incarcerated populations. They said: *“They’re intercepting [buprenorphine] at the jail ... it is being found at the jail; In prison, [buprenorphine is] heavily, heavily [prevalent], like ten, ten, ten [out of ten, highly available]. [Buprenorphine is] something that’s easy to convey [into incarcerated settings] and hide.”*

Throughout OSAM regions, except for Cincinnati, respondents reported that the availability of buprenorphine for illicit use has remained the same during the past six months. In the Cincinnati region, consumers and treatment providers indicated that the street availability of buprenorphine has increased. They attributed an increase in illicit buprenorphine to an increase in prescribing generally, saying: *“There’s more and more people prescribed [buprenorphine]; A lot more places are prescribing it.”*

Ohio Bureau of Criminal Investigation (BCI) crime labs reported that the incidence of buprenorphine cases they process has decreased for half of 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 and Lake County Crime Lab (both Cleveland region) reported that the incidence of buprenorphine cases they process has decreased during the reporting period, while Miami Valley Regional Crime Lab (Dayton region) reported that the incidence of buprenorphine cases it processes has remained the same.

**Street Names**

Current street jargon includes several names for buprenorphine. Throughout OSAM regions, consumers noted “subs” as the most common street name, generally. Reportedly, other derivatives and adaptations of the brand name Suboxone® are also used (“boxies” and “subway sandwiches”). In the Toledo region, a consumer offered the street name, “dope tickets,” explaining, *“A street name for Suboxone® is ‘dope tickets’ because all you have to do is trade it in [for other drugs].”* Consumers also noted that users often reference the form of the drug. For instance, filmstrips are referenced as “strips.” Additional street names reference the color or shape of the pill (“oranges” and “stop signs”). A consumer commented, *“The pills are shaped like a stop sign, so [they are referred to as] ‘stop sign.’”* The only street name shared for Subutex® was “text.”

Current Street Names for Buprenorphine	
General	boxies, dope tickets, sandwiches, subs, subway sandwiches
Filmstrip	strip
Pill	oranges, orange pills, stop signs

## Pricing

Current street prices for buprenorphine were reported by consumers with experience buying the drug. Consumers indicated that buprenorphine filmstrip form typically sells for higher prices than the pill form. Reportedly, 8 mg filmstrips sell for \$15-25, while 8 mg pills sell for \$10-20. Consumers explained the range in pricing as fluctuating dependent on the seller's greed and the level of desperation of the buyer. They said: "[Price of illicit buprenorphine] depends on who is selling them and how thirsty (greedy) they are; When there's a person who wants [buprenorphine] and needs it so bad, [dealers] will raise the price.... I've seen people pay \$30 [for an 8 mg filmstrip].... They don't want to be sick (experience opioid withdrawal symptoms) ... so they're buying buprenorphine [at higher prices]." Consumers indicated that often lower prices can be had if users buy many. A Youngstown consumer shared, "It's \$7-8 [per filmstrip] if you buy in bulk." Reportedly, Subutex® 8 mg pills sell for \$20-35. Consumers attributed the high pricing of Subutex® to limited availability and high desirability of buprenorphine without naloxone for illicit use. A consumer remarked, "'Texts' (Subutex®) are [priced] higher because there's no [opioid] blocker (naloxone), and it's less available." Overall, consumers noted that the price of buprenorphine has remained the same during the past six months.

## Route of Administration

The most common route of administration (ROA) for illicit use of buprenorphine is oral consumption (sublingual) followed by snorting. Consumers discussed: "Most people on Suboxone® are just trying not to get sick (experience opioid withdrawal symptoms) ... they're not really looking to get high.... So, most people take it the right way (sublingually/swallowing); I know people break it down (dissolve buprenorphine filmstrips) in water and sniff (snort) it; A lot of people snort it." Consumers also discussed ocular absorption as an alternate ROA, dissolving filmstrips in water and dropping in the eye like an eyedrop or

placing a piece of the filmstrip on the eye like a contact lens. A consumer shared, "People put [buprenorphine filmstrips] in their ... eyeball. Swear to God.... I know people in jail will literally take them, like a tiny little piece, and put it in their eye, and I guess it dissolves in their eye and goes straight to your brain." In addition, a few consumers mentioned intravenous injection (aka "shooting") of buprenorphine.

## Typical Use Profile

Consumers and community professionals described typical illicit buprenorphine use as associated with opioid use; reportedly, illicit buprenorphine is most often used to self-medicate/alleviate opioid withdrawal symptoms between heroin/fentanyl buys. Respondents commented: "Heroin [users] ... they keep [buprenorphine] on standby in case they are feeling sick and need to 'dope' (use an opioid to avoid going into withdrawal) and can't get the real deal; A lot of people will just use Suboxone® when they can't find anything else ... it's a last resort; It's often people who are trying to hold their life together [that use illicit buprenorphine] ... just doing what they can to get by; People who want to get ... off drugs, but they don't want to participate in treatment [illicitly use buprenorphine]." In addition, respondents noted illicit buprenorphine use in jail settings. A member of law enforcement in the Akron-Canton region said, "We see [buprenorphine] in the jail, so inmates [are illicitly using buprenorphine]." A treatment provider in the Cincinnati region observed, "People that have just gotten out of prison.... They are coming out addicted to Suboxone®... and they get released with no [treatment] plan, no rehabilitation, no transitional housing, no support...."

## Use Combinations

Reportedly, other drugs are used in combination with buprenorphine. Consumers reported that buprenorphine is used in combination with alcohol, crack/powdered cocaine, marijuana, and methamphetamine as the medication does not

block the effects of these drugs, allowing the user to continue to get high. Consumers explained: *“A lot of people will drink [alcohol] on [buprenorphine] or use an upper (stimulant drug like methamphetamine/cocaine). You can’t do opiates [while on buprenorphine]; [Methamphetamine] is common to use with [buprenorphine].”* In addition to using methamphetamine while taking buprenorphine, consumers also discussed taking buprenorphine after methamphetamine use to aid in coming down from the extreme stimulant high of methamphetamine.

Consumers reported that buprenorphine use is combined with the use of other drugs, such as alcohol, gabapentin, marijuana, and sedative-hypnotics, to potentiate/intensify the high of other drugs. However, consumers acknowledged the inherent danger for overdose and death when combining buprenorphine with sedative drugs. A consumer said: *“I know a lot of people are mixing [buprenorphine] with Xanax® ... but it’s dangerous.... You get more of a euphoria [when benzodiazepines are combined with buprenorphine].”* Regarding gabapentin in combination with buprenorphine, a consumer stated, *“They just go good together.”*

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

## Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, muscle relaxants, and nonbenzodiazepine sleep-inducing medications, aka “Z drugs,” e.g., zolpidem/Ambien®) are moderately or highly available for

illicit use throughout most OSAM regions. Respondents who reported high street availability noted high physician prescribing, resulting in a high proportion of prescribed sedative-hypnotics being diverted for illicit use. A consumer commented, *“You know a person that has a prescription, ask them if they will sell you one for a couple of bucks.”* Community professionals stated: *“[Many people] are prescribed [sedative-hypnotics] and they like to sell them; [Sedative-hypnotics are] commonly prescribed, so they would be readily available [on the street].”* Consumers who reported moderate availability of sedative-hypnotics for illicit use discussed sedative-hypnotics as not always available for street purchase, indicating that when they are made available for street purchase, these drugs sell quickly. Consumers observed: *“Moderate [street availability of sedative-hypnotics] ... here and there. It comes in spurts; You have to get the timing right. When [dealers] get them in, [sedative-hypnotics] go really quickly.”*

In addition to illicit sedative-hypnotics purchased from drug dealers and people with prescriptions, respondents also discussed Internet and social media purchases. A consumer said, *“My friend bought [sedative-hypnotics] online and she would then resell them.”* Columbus law enforcement commented: *“You’ll see a lot of stuff posted on social media to sell [sedative-hypnotics]; You go onto Snapchat, you go onto Instagram, you’ll see posts and stories [announcing sedative-hypnotics for sale] ... just selling it right out in the open.”* A few consumers reported taking sedative-hypnotics from people with legitimate prescriptions or trading other drugs for the medications. A consumer remarked, *“I’d steal them from my mom,”* while another consumer said, *“If someone has the [sedative-hypnotic] that someone wants, they just trade [other drugs] for them.”*

Respondents that reported low availability of sedative-hypnotics for illicit use indicated that fewer doctors are prescribing sedative-hypnotics. Law enforcement in the Cleveland region stated: *“Doctors are being more careful with what they prescribe ... people just can’t doctor shop like they used to. Doctors can run an OARRS (Ohio Automated Rx Reporting System) report,*

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

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

that a lot in our overdose deaths ... [benzodiazepine] has some compounding effect [with opioids], so it'll trigger an overdose." Along with Xanax®, respondents in half of OSAM regions identified Klonopin® as another widely available sedative-hypnotic for illicit use.

In addition, respondents in all OSAM regions reported current availability of counterfeit sedative-hypnotic pressed pills, often containing fentanyl. Consumers shared: "There are a lot of pressed pills [selling] for Xanax® out

there; If you analyze the pill enough, you can see a white line in the middle of it where they're pressed and they're shaped differently; You don't know if you are going to get a real or fake [Xanax® pill]." Akron-Canton regional law enforcement discussed counterfeit Xanax® from China: "We've definitely seen [fake] Xanax® before, xannie bars ... probably from China; They're totally from China. We did a search (executed a search warrant) for it not too long ago and seized ... I think it was over 5,000 xannie bars from China."

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 alprazolam (Xanax®), clonazepam (Klonopin®), and diazepam (Valium®) cases it processes has increased. Miami Valley Regional Crime Lab (Dayton region) reported that the incidence of alprazolam cases it processes has slightly increased during the reporting period, while the incidence of clonazepam cases has remained the same.

pharmacies can run an OARRS report [to verify for other sedative-hypnotic prescriptions]." An Akron-Canton consumer remarked, "Doctors aren't writing 'scripts' (sedative-hypnotic prescriptions) like they used to." Respondents also described sedative-hypnotics as not a drug of choice. A member of law enforcement in the Akron-Canton region stated, "We don't [see or deal with sedative-hypnotics] ... I just don't think it's a drug of choice for our area." However, an Akron-Canton treatment provider said, "I don't see too many intentionally seeking out [sedative-hypnotics as a drug of choice], but I do see [positive results for benzodiazepine] on drug screens." Overall, respondents in most OSAM regions reported that the availability of sedative-hypnotics for illicit use has remained the same during the past six months.

Throughout OSAM regions, Xanax® was identified as the most available sedative-hypnotic in terms of widespread illicit use. A member of law enforcement stated, "'Xannie bars' (Xanax® 2 mg) are the most common...." A member of law enforcement in Cincinnati reported that Xanax® is found in toxicology screens of people who die from drug overdose, saying, "I think the Xanax® is the most common [sedative-hypnotic] for us. We see

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

of designer benzodiazepines during the reporting period. The crime labs collectively reported processing the following designer benzodiazepines: bromazolam, clonazepam, diclazepam, etizolam, flualprazolam, and flubromazolam.

Other data sources indicated sedative-hypnotics as available for illicit use throughout OSAM regions. Fairfield County Municipal Court (Columbus region) reported that of the 2,631 positive adult drug specimens it recorded during the reporting period, 5.9% was positive for benzodiazepines. Millennium Health reported that 10.8% of 126,784 urinalysis specimens submitted for benzodiazepine testing during the past six months was positive for benzodiazepines.

Change in BCI Case Incidence for Sedative-Hypnotics during the Past 6 Months		
Region	Alprazolam (Xanax®)	Clonazepam (Klonopin®)
Akron-Canton	No Change	Increase
Athens	Increase	Few Cases <sup>1</sup>
Cincinnati	Decrease	No Change
Cleveland	Decrease	Decrease
Columbus	Decrease	No Change
Dayton	Decrease	No Change
Toledo	No Change	No Change
Youngstown	Decrease	Few Cases <sup>1</sup>

Millennium Health Urinalysis Test Results for Benzodiazepines during the Past 6 Months		
Region	% Tested Positive	Number Tested
Akron-Canton	15.3%	8,741
Athens	10.8%	10,704
Cincinnati	13.3%	15,168
Cleveland	9.1%	12,471
Columbus	12.1%	30,473
Dayton	12.9%	5,762
Toledo	6.9%	26,636
Youngstown	10.4%	16,829
<b>Total</b>	<b>10.8%</b>	<b>126,784</b>

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

In terms of designer benzodiazepines (non-FDA approved synthetic, novel, or novel psychoactive substances that are often structurally like FDA approved benzodiazepines), BCI crime labs reported processing 516 cases of designer benzodiazepines from throughout OSAM regions during the reporting period; of which, 22.7% was from the Columbus region and 21.9% was from the Dayton region. A member of law enforcement in Cleveland stated, “We see some designer benzodiazepines that we haven’t always seen ... that is different.” In the Cleveland region, Lake County Crime Lab reported processing 29 cases of designer benzodiazepines during the reporting period, many of which were in counterfeit Xanax® tablets, while Cuyahoga County Regional Forensic Science Lab reported processing 141 cases of designer benzodiazepine cases. Miami Valley Regional Crime Lab reported processing 119 cases

Coroner and medical examiner offices in the counties of Cuyahoga (Cleveland region), Hamilton (Cincinnati region), and Montgomery (Dayton region) reported that 13.8%, 11.8%, and 7.0%, respectively, of all drug-related deaths they recorded this reporting period (297, 228, and 484 deaths) involved one or more benzodiazepine or other sedative-hypnotic. These same coroner and medical examiner offices in Cuyahoga, Hamilton, and Montgomery counties reported that 82.9%,

81.5%, and 70.6%, respectively, of all sedative-hypnotics related deaths they recorded this reporting period (41, 27, and 34 deaths) also involved fentanyl. GPRA (Government Performance and Results Act) data collected from 1,831 persons entering publicly-funded SUD treatment programs during the past six months found 7.7% 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	4.7%	64
Athens	14.6%	123
Cincinnati	8.7%	494
Cleveland	8.6%	521
Columbus	4.3%	184
Dayton	7.4%	203
Toledo	5.5%	127
Youngstown	1.7%	115
<b>Total</b>	<b>7.7%</b>	<b>1,831</b>

Media outlets reported on law enforcement seizures and arrests related to sedative-hypnotics this reporting period (selected media reports follow). Sandusky County Drug Task Force, Fremont Police, and Ohio BCI executed a search warrant at a Fremont (Toledo region) residence and found over six kilograms of methamphetamine, 10,000 Percocet®/fentanyl pills, 97 Xanax® pills, 100 grams of marijuana, and over \$20,000 in cash; officers seized a combined \$400,000 worth of drugs, arresting the male resident of the home on felony drug charges ([www.wtol.com](http://www.wtol.com), April 12, 2021).

**Street Names**

Current street jargon includes many names for sedative-hypnotics. The most common general street name is a shortened version of the drug

classification of benzodiazepines, “benzos.” Likewise, the most common street names of specific benzodiazepines are derivatives of brand names, such as “xannies” for Xanax®. Xanax® has the most street names, many of which reference the color and/or shape of the different milligram pills. For example, a Toledo consumer stated, “We call [Xanax® 2 mg] ‘tombstones’ because they look like a tombstone.”

Current Street Names for Sedative-Hypnotics	
General	bennies, benzos, brake fluid, downers, nervies
Xanax®	<i>General: xannies, xans, Zs, zannies</i> <i>0.5 milligram: peaches, peachies</i> <i>1 milligram: balls/footballs, blues</i> <i>2 milligrams: bars/xannie bars, green monsters, hulks, ladders, monkey bars, school buses, tombstones</i>
Klonopin®	forget-a-pins/forgot-a-pins, KPs, K-pins, pins
Valium®	mama's little helper, Vs

**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 sells for \$2-5 and Xanax® 2 mg sells for \$5-10, but can sell as high as \$12-15 in Athens, Cleveland, Dayton, and Youngstown regions. Klonopin® generally sells for \$2-3 per milligram. Consumers commented: “It’s totally affordable. Yeah, they are cheap. I hear the kids selling [Xanax®] ... they are just a couple of dollars; If you buy a lot [of sedative-hypnotics] it will go down in price.” A Cincinnati consumer shared, “[Dealers] always shoot for the people that they know just have to have [sedative-hypnotics] and then they mark the price up. The pill is really worth about \$3, if that, but they’ll get people for about \$5-8 per pill.” Consumers in most OSAM regions reported that the street price for sedative-hypnotics has remained the same during the past

six months, while consumers in the Akron-Canton region indicated an increase in pricing, purportedly due to limited street availability in that region.

**Route of Administration**

The most common route of administration (ROA) for illicit use of sedative-hypnotics is oral consumption followed by snorting. Consumers throughout most OSAM regions estimated that out of 10 illicit sedative-hypnotic users, 5-10 would orally consume and 0-5 would snort the drugs. A Cleveland consumer shared, *“From my knowledge, I would say 9 out of 10 [are swallowing it]. Maybe there’d be that one person who’s ‘dope sick’ (experiencing opioid withdrawal symptoms), wanting to feel better quicker, they’ll snort [sedative-hypnotics] to ... take the edge off.”*

In Columbus and Youngstown regions, consumers reported swallowing and snorting as equally common ROAs for illicit use of sedative-hypnotics. A Dayton consumer shared intravenous injection of sedative-hypnotics as also possible, saying, *“You could ‘shoot’ (intravenously inject) [sedative-hypnotics], but that’s not something I’ve seen.”* A Cleveland consumer commented on injecting, *“There is always one person shooting it. I promise.”*

**Typical Use Profile**

Consumers and community professionals most often described typical illicit sedative-hypnotic use as associated with young people (high school/college aged) up to 40 years of age and white people, particularly females. Consumers shared: *“It’s more white people that use [sedative-hypnotics illicitly]; Teenagers, kids [illicitly use Xanax®] ... music (rap song lyrics), talking about ‘poppin’ xans’ (illicitly using Xanax®); More recently, young 20s, women ... it is easier [for females] to get the prescriptions [for sedative-hypnotics], going to the doctor saying they have anxiety problems ... for the most part it is young, white women.”* An Athens consumer stated stress is a contributor to illicit sedative-hypnotic use among high school students, remarking, *“High school students, because of the stress of school....”*

Law enforcement also discussed illicit sedative-hypnotics use among juveniles. They said: *“Especially with the benzos, we’re talking 12 [years of age] and up now. [Illicit use] is big in the middle schools, it’s big in the high schools; We see a lot of [young] people selling legitimate prescriptions ... the kids that don’t want to take [their prescription medications], they sell [Xanax®] to friends ... they’ll offer it to friends, maybe not necessarily for money, but just to be popular....”*

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, 56% was male, three-quarters was under the age of 40 years, and 92% indicated white as their race.

Male	55.6%
Female	42.3%
18 - 29	23.9%
30 - 39	52.1%
40 - 49	16.2%
50 - 59	4.2%
60 +	3.5%
White	92.0%
African American	8.0%
Other race <sup>2</sup>	4.4%
Hispanic/Latino ethnicity	6.3%

<sup>1</sup>Gender total does not equal 100.0% due to three individuals reporting as transgender. <sup>2</sup>Other race included: Alaska Native and American Indian. Note some consumers indicated more than one race, thus total percentage for race category is greater than 100.0%.

Other common descriptors of illicit sedative-hypnotics use included: people from middle-class

households and opioid users. Law enforcement in Cleveland and Columbus regions described illicit sedative-hypnotics use as associated with access to healthcare. They said: *“In more affluent communities [where people] have primary care physicians or have a doctor relationship, [illicit use of sedative-hypnotics] is going to be more prevalent; People with access to healthcare, generally skewed to a whiter, middle-class group....”* An Akron-Canton treatment provider observed illicit sedative-hypnotics use among, *“People who are also using opiates....”*

**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 crack/powdered cocaine, marijuana, and methamphetamine. Additional substances mentioned included: heroin/fentanyl and prescription opioids. Sedative-hypnotics are reportedly used to intensify the effect of alcohol, heroin/fentanyl, marijuana, and prescription opioids. Sedative-hypnotics are used with crack/powdered cocaine and methamphetamine to aid sleep and to “come down” after a stimulant high.

Consumers described the range of use combinations: *“I would take benzos with everything I did really.... If I did heroin, [benzos] intensified it. If I was doing cocaine, [benzos] helped me to calm down a little bit; You take [sedative-hypnotics] after you take your ‘uppers’ (stimulant drugs) to try and come down; Crack, alcohol, ‘meth’ (methamphetamine), again it’s the up and down thing (aka ‘speedball,’ concurrent or consecutive stimulant and depressant highs).”* In Toledo, consumers discussed combining benzodiazepines with heroin to intentionally overdose at what they referred to as, “Narcan® parties,” sharing: *“They take benzos with heroin to ‘get dead’ (overdose). People are doing that on purpose; People use [benzodiazepines] when they do Narcan® parties, where they overdose to bring each other back. One person doesn’t do [heroin/fentanyl] and they bring*

*everyone back to life. That is one person’s specific job.”*

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

**Marijuana**

Marijuana, as well as marijuana extracts and concentrates, are highly available throughout OSAM regions. Consumers and community professionals discussed increasing societal acceptance and decreasing stigma for marijuana use generally as contributors to the high current availability of marijuana. Consumers shared: *“[Marijuana use] is being normalized at this point; You can get [marijuana] anywhere ... there is not like a stigma attached to [marijuana use] anymore; Availability has just skyrocketed; When I first got out [of incarceration] I didn’t know if [marijuana] was legal or not because so many people were using it. I called my parole officer and asked; Everyone accepts [marijuana] as a recreational drug.”* Treatment providers throughout OSAM regions similarly reported: *“Marijuana is very readily available.... I think that one of the reasons that it is readily available is that it is legalized in more states; [Users] can go to any state [where the sale of marijuana] is legal and load up and bring [marijuana] back. And the penalties are so reduced that you’re not going to get in enough [legal] trouble if you ... [are stopped by law enforcement].”*

Consumers throughout OSAM regions attributed relaxed legal consequences for marijuana possession as having contributed to the drug being



highly available. They discussed: *“I think [marijuana] is so available now because more people are switching over to selling marijuana because it’s less jail time; [Possession of marijuana] ... doesn’t carry the same punishment as [possession of other drugs] unless you carry a trunk full; If you get pulled over [by law enforcement with marijuana], you’re getting a lousy ticket. You’re not even getting in a lot of trouble....”* Law enforcement officials agreed, stating: *“Drug dealers and users anymore look at [marijuana possession] as basically a non-crime, which in my opinion so do the courts. [Marijuana] is still technically illegal here in Ohio but it’s not really. It has to be a very large quantity before anyone gets any kind of severe penalties; [Marijuana] is a huge moneymaker [for dealers], and [users] know there’s a very low penalty [if caught with small amounts of marijuana], so they’re not worried about it.”*

*‘weed’ (marijuana), heroin; Even if you do get a ‘card’ (medical marijuana card), you buy from [dealers] because it’s cheaper to buy [marijuana] on the streets than it is in the dispensaries; I have my medical card and I have never been to a dispensary because it is so much cheaper to get [marijuana] on the street.”* Consumers also reported dealers buying dispensary packaging online and selling products as if they had been diverted from a dispensary to yield a greater profit. Comments included: *“When you get [marijuana] from the dispensary, it’s in a sealed package with all the details. Dealers now just buy [dispensary packaging] online and make it look like [their marijuana] came from a dispensary; You don’t know if you’re getting [marijuana products] from a dispensary unless you buy directly from a dispensary.”* Consumers discussed that out-of-state dispensaries are a source for marijuana, while indicating that Ohio dispensaries are not a typical source for diverted marijuana. Comments included: *“I don’t know anybody who buys from an Ohio dispensary; In Ohio, the dispensary prices are expensive; Most of the [diverted] medical marijuana purchased is from out-of-state [dispensaries]; I know people that make that trip [to Michigan] once a month; Driving to states where [marijuana is] legal; People go to Michigan and California [to buy marijuana]. People get it shipped from California ... ordered online....”*

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

Consumers reported obtaining marijuana, including marijuana extracts and concentrates, from drug dealers, out-of-state dispensaries, by personally growing marijuana and making “edibles” (food products) with extracts and concentrates, as well as ordering marijuana products online. Consumers discussed: *“The heroin sellers ... usually sell crack,*

Respondents in most OSAM regions reported that the overall availability of marijuana has remained the same during the past six months, while respondents in Cincinnati, Dayton, and Toledo regions reported increased availability for marijuana, including marijuana extracts and concentrates. A Cincinnati consumer reported that the federal economic stimulus payments contributed to the increase in availability of marijuana products, stating, *“With the free money we received (referring to the stimulus checks from the federal government during the COVID-19 pandemic), a lot of people would buy a whole bunch of [marijuana].... A lot of people in the area that I knew who didn’t sell weed, they were selling weed [to capitalize on the economic stimulus*

money].” Consumers in the Akron-Canton region discussed the rising popularity of marijuana extracts and concentrates resulting in the drugs’ increase in availability during the past six months. They discussed: “[Marijuana extracts/ concentrates are] *everywhere, I mean, it’s just increased ... six months [ago], you could easily find a ‘cart’ (cartridge), now you can find a six pack of carts easily; I know more dealers who are getting [extracts/concentrates] now; [Extracts/ concentrates are] just more available. So many people are doing [them]....*”

Crime lab testing on marijuana products was affected in 2019 by Ohio Senate Bill 57, which decriminalized hemp and hemp-derived products in Ohio. Crime labs temporarily paused testing marijuana samples while they designed a testing procedure that would allow the differentiation of illegal marijuana from legal hemp. This resulted in fewer crime lab marijuana cases in every region since the testing procedure redesign. After a baseline is reestablished, crime lab marijuana case incidence trends will be provided in OSAM reports.

Other data sources indicated marijuana as available throughout OSAM regions. Fairfield County Municipal Court (Columbus region) reported that, of the 2,631 positive adult drug specimens it recorded during the reporting period, 30.3% was positive for cannabinoids. Hancock County Probate Court (Toledo region) reported that, of the 17 positive adult drug test results it recorded during the reporting period, six were positive for cannabinoids; the court also reported that 94.3% of the 53 positive juvenile drug test results it recorded during the reporting period was positive for cannabinoids. Summit County Juvenile Court (Akron-Canton region) reported that, of the 193 cannabis tests it performed during the past six months, 47.2% was positive. Millennium Health reported that 30.1% of the 134,995 urinalysis specimens submitted for marijuana testing during the past six months was positive for marijuana.

Ohio Department of Public Safety reported drug task force seizure of 3,394.4 kilograms (7,467.7 lbs.) of marijuana from throughout OSAM regions

Region	% Yes	Total N
Akron-Canton	28.1%	64
Athens	39.8%	123
Cincinnati	22.4%	491
Cleveland	22.5%	520
Columbus	16.4%	183
Dayton	20.3%	202
Toledo	27.6%	127
Youngstown	7.0%	115
<b>Total</b>	<b>22.4%</b>	<b>1,825</b>

during the past six months; of which, 31.5% was seized from the Cincinnati region, 19.5% was seized from the Akron-Canton region, and 12.5% was seized from the Cleveland region. GPRA (Government Performance and Results Act) data collected from 1,825 persons entering publicly-funded SUD treatment programs during the past six months found 22.4% reported marijuana use 30 days prior to intake.

Media outlets reported on law enforcement seizures and arrests related to marijuana this reporting period (selected media reports follow). Vienna Police (Trumbull County, Youngstown Region), acting on a tip that someone had a large amount of marijuana in their home, seized 26 pounds of marijuana worth approximately \$78,000; police suspected the homeowner of trafficking in marijuana ([www.wkbn.com](http://www.wkbn.com), Jan. 5, 2021). During a traffic stop in Summit County (Akron-Canton Region), Ohio State Highway Patrol (OSHP) arrested a Colorado woman who was transporting 750 pounds of marijuana with an estimated worth of \$1 million in a rental truck; officers jailed the woman on charges of possession and trafficking in drugs ([www.cleveland19.com](http://www.cleveland19.com), Jan. 21, 2021). Ottawa County Sheriff’s deputies (Toledo Region)

conducted a probable cause search of a truck they stopped for speeding; deputies confiscated 46 pounds of marijuana, valued at approximately \$55,000, and arrested the female driver ([www.cleveland19.com](http://www.cleveland19.com), March 1, 2021). The Crime Enforcement Agency of Ashtabula County (Youngstown Region) executed a search warrant of a home in Andover as part of a months-long investigation into methamphetamine sales; officers arrested a man and woman at the home after locating methamphetamine, heroin/fentanyl, Xanax®, \$1,463 in cash, marijuana, and drug paraphernalia, as well as a small marijuana-grow operation in the home's basement ([www.cleveland19.com](http://www.cleveland19.com), April 14, 2021). OSHP made a traffic stop on Interstate 75 in Butler County (Cincinnati Region) which ended in the arrest of a Georgia man after officers found cocaine, marijuana, and a loaded gun ([www.fox19.com](http://www.fox19.com), May 26, 2021).

### Quality

Throughout OSAM regions, consumers most often rated the current quality of marijuana as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality). However, some consumers reported that the quality of marijuana varies depending on the source and price point. Consumers in the Akron-Canton region shared: "[Marijuana quality is] 50/50. You've got homegrown [marijuana] that's [poor quality] and you've got the good stuff; [The quality of marijuana] depends on how deep your pocket is (how much you are willing to spend)." Consumers in the Athens region also commented on marijuana quality varying based on geographical location. A consumer said, "[Marijuana is] stronger in the city. Looks better, taste better. Around here (small town), it's just old fashioned [regular, low to moderate grade]." Reportedly, the overall quality of marijuana has increased during the past six months for Akron-Canton, Cincinnati, Columbus, Dayton, and Toledo regions, while it has remained the same for Athens, Cleveland, and Youngstown regions. Consumers in Cincinnati, Dayton, and Toledo regions also reported the overall quality of marijuana extracts and concentrates as having increased during the past six months.

Consumers throughout the five OSAM regions that noted an increase in marijuana quality often reported that this is due in part to the legalization of medicinal marijuana as well as advances in marijuana grow technology. Consumers shared: "Medical grade marijuana is now becoming more available on the streets; [Marijuana cultivation methods] have advanced because [dispensaries] need better medical [marijuana] for better products." Consumers went on to discuss: "[Marijuana cultivation] has evolved so much ... there is a science behind it nowadays. A lot of people that [cultivate marijuana] are prideful of what they are doing ... there are all different strains of everything, you would probably be hard pressed to find the 'Reggie' (low-grade marijuana); The education on [cultivating marijuana] has been so [improved] ... you can find an assortment [of marijuana products] now; There is a bunch of different strains and [marijuana] is a lot stronger [than previously]." Consumers in the Cincinnati region also noted the high amount of THC (tetrahydrocannabinol) in marijuana extracts and concentrates as increasing its quality.

### Pricing

Current street prices for marijuana were reported by consumers with experience purchasing the drug. Consumers in the majority of OSAM regions reported that the most common quantity of purchase for marijuana, including marijuana extracts and concentrates, is a gram. Reportedly, a gram of marijuana sells for \$10-20, while a gram of marijuana extracts and concentrates sells for \$20-40. Consumers in the Columbus region reported 1/8 ounce of marijuana as most common. Throughout OSAM regions, 1/8 ounce of marijuana sells for \$30-60. Consumers in Athens and Dayton regions reported an ounce of marijuana as most common, which reportedly sells for as low as \$75 in the Athens region to as high as \$300 in the Toledo region. On average, an ounce of marijuana sells for approximately \$200-250 throughout OSAM regions. Additionally, consumers reported marijuana cartridges as commonly purchased for \$25-45 per cartridge. A consumer in the Akron-Canton region observed, "It's \$25 to \$40 a cart, depends on the

THC percentage and brand.” Overall, consumers reported that marijuana pricing varies depending on the grade of marijuana being purchased. Comments included: “[The price of marijuana] depends on what you get; There could be some real ‘Za’ (high-grade marijuana), exotic weed that would go for \$20 per gram; [Marijuana extracts and concentrates are] expensive. ‘Dabs’ (concentrated forms of cannabis) are really expensive.” Consumers in all regions reported that the price of marijuana, as well as marijuana extracts and concentrates, has remained the same during the past six months.

**Street Names**

Current street jargon includes many names for marijuana. Some consumers differentiated between street jargon for high-grade marijuana and low-grade marijuana. Consumers discussed: “[A street name] is a code name. People be like, ‘Hey, you got some ‘green’ (marijuana);’ [High-grade marijuana is] ... ‘dro’... as in hydroponic; ‘Bunk’ ... bunk is just trash (low-grade marijuana).” Consumers also shared that street jargon for marijuana extracts and concentrates often refers to the color or texture of the substance (“gummies,” “shatter,” “syrup,” and “wax”).

Current Street Names for Marijuana	
General	bud, devil’s lettuce, flower(s), green(s), Mary Jane/Mary/Jane, pot, smoke, tree(s), weed
High Grade	chronic, cookie, dro, fire, gas, hyrdo, kush, loud, skunk, sticky/sticky icky, Za/Zaza
Low Grade	bunk, dirt/dirt weed/Mexican dirt/Mexican dirt weed, ganja, garbage, mids/middies, Reg/Reggie, shake
Extracts & Concentrates	carts, crackle, crumble, dabs, ear wax, edibles, gummies, oils, shatter, syrup, vape, wax

**Route of Administration**

Consumers throughout OSAM regions reported smoking/vaping as the most common route of administration (ROA) for marijuana, as well as for marijuana extracts and concentrates. Consumers estimated that out of 10 marijuana users, 7-10 would smoke and 0-3 would orally consume the drug. Additionally, out of 10 marijuana extracts and concentrates users, consumers estimated that 5-10 would vape and 0-5 would orally consume. Consumers shared: “[I] guess you can eat [marijuana] now, too ... ‘edibles’ (food products infused with marijuana) ... but it’s mainly smoking; There are a few people I know who would eat it, but they all would prefer to smoke [marijuana].”

The growing popularity of vaping was discussed among consumers. They shared that increased popularity may be because it is reportedly easier to vape marijuana than to orally consume it since the high experienced from marijuana edibles tends to last longer than vaping. Therefore, a user who orally consumes marijuana edibles needs to plan for the longer lasting high. Consumers further reported that vaping is more convenient and easier to avoid detection of cannabis use in public than smoking marijuana, as vaping does not emit the strong smell of smoking marijuana. Consumers shared: “A lot of people are vaping now ... you can’t smell it; I see more and more people vaping it as opposed to rolling up (smoking marijuana).”

Consumers throughout OSAM regions discussed demographic differences among ROAs. Reportedly, smoking marijuana is more common among older users while vaping is more common among younger users. Comments included: “I think the older generation ... people that tend to be in their 60s or older ... [use marijuana] the old school way, smoking it; Younger people are dabbing (vaping)....”

### Typical Use Profile

A profile of typical marijuana use did not emerge from the data. Respondents reported that marijuana use is not particular to any age, race, gender, occupation, or socio-economic status. Consumers shared: *“All walks of life [use marijuana]; A lot of people smoke a ‘joint’ (marijuana cigarette) like you drink a beer.”* A member of law enforcement simply stated, *“You either do [marijuana] or you don’t. You’re either into it or you’re not.”* However, consumers and community professionals noted illicit marijuana use among people trying to self-medicate and/or among people looking for pain management that is not opioids. A law enforcement official from the Athens region reported, *“We just had a 75-year-old cancer patient with a 250-plant [marijuana grow] patch.”*

Respondents described typical use of marijuana extracts and concentrates as associated with younger people, under 30 years of age. Consumers discussed: *“I see more of the younger generation using concentrates than I do the older generation; The younger generation ... 30 [years of age] and under; In high school, so [teachers] don’t smell [marijuana] on them; I think more so teenagers than anybody.”* Law enforcement in the Cincinnati region agreed, with one respondent reporting, *“For the extracts, like for the liquid vape variants of [marijuana], I would probably target the younger crowd. Probably around high school age or early 20s. That would be a typical person that we see in the area [using extracts and 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, approximately 65% was male, nearly 70% was under the age of 40 years, and 78% indicated white as their race.

**GPRA Demographic Data of All Intake Clients Who Used Marijuana during the Past 30 Days (N = 410)<sup>1</sup>**

Male	64.9%
Female	33.4%
18 - 29	29.0%
30 - 39	40.7%
40 - 49	18.0%
50 - 59	8.3%
60 +	3.9%
White	78.0%
African American	22.8%
Other race <sup>2</sup>	5.1%
Hispanic/Latino ethnicity	5.6%

<sup>1</sup>Gender total does not equal 100.0% due to seven individuals reporting as transgender. <sup>2</sup>Other race included: Alaska Native, American Indian, and Native Hawaiian. Note some consumers indicated more than one race, thus total percentage for race category is greater than 100.0%.

### Use Combinations

Many other substances are used in combination with marijuana. Consumers reported that marijuana is most often used in combination with alcohol, crack/powdered cocaine, and methamphetamine, while marijuana extracts and concentrates are most often used in combination with alcohol and methamphetamine. However, consumers noted that marijuana is used with just about any other drug. Consumers shared: *“I would say anything. They use about anything with [marijuana]. It just increases the effect (intensifies one’s high); Everything goes with weed; It’s a topper. It’s a cake topper (used to intensify other drugs); Weed goes with everything. It’s like ice cream.”*

When used with other drugs, reportedly, marijuana is used to intensify the high or to come down from the effects of other drugs. Consumers discussed: *“People use marijuana in combination with alcohol*

*because [marijuana] is a party drug; I use [marijuana] with crack or [powdered] cocaine to come down; I mixed [marijuana use] with powdered cocaine just to calm myself down if I'm too high. And [marijuana] makes you hungry ... you can't really eat when you are on cocaine, so [marijuana] makes you eat so you can go to sleep."* Consumers also reported that some people who use marijuana prefer to use marijuana by itself.

Substances Used in Combination with Marijuana	
Most Common	alcohol, crack/powdered cocaine, methamphetamine
Other	codeine, hallucinogens, heroin/fentanyl, MDMA, prescription opioids, sedative-hypnotics, synthetic marijuana

*have Mexican super labs making kilos (kilograms) and kilos of meth and shipping it right over ... spreading it all over the U.S.; My main drug choice was fentanyl but [methamphetamine is] so abundant around here (Richland County) that [dealers] would just give me free meth; [Dealers] offer [methamphetamine] for free to get you hooked (addicted to methamphetamine)."*

Heroin/fentanyl dealers now carry methamphetamine. Law enforcement in the Dayton region observed: *"A lot of the dealers that were traditionally fentanyl or heroin dealers, now deal both (heroin/fentanyl and methamphetamine); Rarely do we come in contact with someone who is selling one and not the other."* Law enforcement in other regions added: *"We've arrested some long-time heroin dealers who are now selling meth; It seems like the same people that are distributing fentanyl, have meth on hand."*

## Methamphetamine

Methamphetamine is highly available throughout OSAM regions. Treatment providers reported: *"Meth' (methamphetamine) seems to be our biggest issue right now.... Almost everybody that comes in [for treatment] seems to have a stimulant diagnosis; Everyone [in treatment] is [drug screening] positive for [methamphetamine]; I'm hearing people that didn't use [methamphetamine] before are now using it; In Columbus, we're seeing more ... people identifying [methamphetamine] as their DOC (drug of choice)...."* A member of law enforcement stated, *"[Methamphetamine] is everywhere. Literally, it's everywhere,"* while a consumer remarked, capturing the viewpoint of many, *"[Methamphetamine use] is on an epidemic scale...."*

Respondents attributed high availability of methamphetamine to high supply and demand for the drug. Reportedly, drug cartels, and then local dealers, have been pushing methamphetamine to increase profits. Comments included: *"Now, you*

Respondents noted an increase in methamphetamine use tied to heroin/fentanyl use. Reportedly, the use of methamphetamine along with heroin/fentanyl to "speedball" (concurrent or consecutive stimulant and depressant highs) has increased in popularity. A treatment provider commented, *"I would say the concurrent use of fentanyl and methamphetamine (speedball) has significantly increased. It seems [clients] are no longer methamphetamine users or fentanyl users ... they use a combination of both."* A member of law enforcement stated, *"More people are wanting to offset (balance) the fentanyl or the heroin by using [methamphetamine] at the same time."* In addition, respondents discussed the use of methamphetamine to avoid opioid overdose and to manage opioid withdrawal symptoms. A Cincinnati consumer shared, *"I know [dealers] are cutting their fentanyl with meth, so their costumers don't die (fatally overdose)...."* Treatment providers discussed: *"If you are a heroin [user] ... you can smoke crystal meth and it'll keep you from getting sick (experiencing opioid withdrawal symptoms); [Methamphetamine] will tide you over (alleviate withdrawal symptoms) if you can't find your drug of choice (heroin/fentanyl)...."*

**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	Decrease
Athens	High	No Change	Increase
Cincinnati	High	Increase	Increase
Cleveland	High	Increase	Decrease
Columbus	High	No Change	Decrease
Dayton	High	No Change	Increase
Toledo	High	Increase	Increase
Youngstown	High	No Change	Decrease

*to meth; People are finding [methamphetamine] to be an alternative to their opioids, which is odd ... it speaks to the nature of addiction where even if I prefer downers, I will take uppers if it will get me high."*

Due to its low cost and overall high potency, methamphetamine is supplanting cocaine as the preferred stimulant. Consumers discussed methamphetamine as a less expensive and longer lasting alternative to cocaine. They said: *"If you want to not spend hundreds [of dollars] a day on crack cocaine, you can get a 'dime' (1/10-gram amount of*

People who use opioids are transitioning from heroin/fentanyl to methamphetamine. Consumers discussed heroin users switching to methamphetamine as a "safer" alternative to opioids. A consumer said, *"My generation is tired of dying (overdosing) from fentanyl, so they're all changing their drug of choice to methamphetamine."* Likewise, treatment providers discussed: *"People are trying to get off heroin, so they start using meth.... I hear from a lot of people that the meth, 'Gives me the energy to do things, but now I can't stop using meth;' We have had a lot of clients tell us that they have used meth to get off opioids.... I had one client brag about how many people they got off heroin by introducing them to meth. It's been kind of an exchange [of addictions]."* Treatment providers also noted methamphetamine use among persons receiving medication-assisted treatment (MAT) for opioid use disorder. They discussed: *"I have seen more and more meth over the years as opioid addiction has been addressed through medication-assisted treatment. Meth is used as a work around for people to get high who are on things like Vivitrol® or Suboxone® (both MAT drugs). So, when [users] can't get high on their opioids anymore, they'll go*

*methamphetamine) for ten bucks and that'll last two to three days; Everyone was doing 'crack' (crack cocaine) and now it seems everyone is doing [methamphetamine]; 'Speed' (methamphetamine) is cheaper [and] lasts longer [than cocaine]."* An Athens treatment provider stated, *"I think that [the high current availability of methamphetamine] has to do with its low pricing...."*

Lastly, respondents discussed methamphetamine's current high availability as widespread, encroaching on every community type. Reportedly, methamphetamine is just as common in urban areas as it is in rural areas. Comments included: *"There was a time where it seemed like [methamphetamine] was only found in the rural area, but now it's in the city; It used to be [exclusive to] the rural world and now [methamphetamine] is everywhere; [Methamphetamine] used to be a country drug and now it's brought into the city and it's literally starting to take over."*

Throughout OSAM regions, respondents identified imported crystal methamphetamine as the most prevalent form of methamphetamine. Law enforcement generally noted current

methamphetamine as almost exclusively imported methamphetamine. Law enforcement in the Athens region reported: *“Last meth lab (locally produced methamphetamine) we found was three years ago; All of [the methamphetamine] is being brought in (imported into Ohio).…”* Law enforcement in the Cincinnati region observed: *“My experience has been that it’s all ‘crystal’ (crystal methamphetamine). It’s all consistent and it’s all high quality; There’s been none of the ‘dirty stuff’ (heavily adulterated, locally produced methamphetamine) at all; It does not appear to be mom-and-pop type stuff ... homemade stuff (user produced methamphetamine, aka ‘shake-and-bake’) or anything like that.”* A member of law enforcement in Columbus shared, *“It’s mostly crystal, we have a lot of people from southern Ohio coming up [to/through Central Ohio] and ... from traffic stops [law enforcement has seized] pretty good amounts of crystal meth in the last couple of months.”*

Consumers and treatment providers agreed with law enforcement assessments that most methamphetamine is imported crystal methamphetamine. They said: *“[Crystal methamphetamine is] easy to get. I wake up and my family has it. You don’t even need to cook it up (produce methamphetamine) yourself. Good shit (crystal methamphetamine) is widely available; Crystal is more available [than other types]. I’ve never seen powder (shake-and-bake); Everything I got was crystal; [Powdered methamphetamine], there’s not really too much anymore ... it’s around but it’s mostly just ‘ice’ (crystal methamphetamine).”* A treatment provider remarked, *“We don’t have people making [methamphetamine] in their basements, in their houses anymore. It’s all coming from the cartel now.”*

However, there were reports of user-produced methamphetamine. Consumers in the Cincinnati region reported: *“[Most available is] definitely crystal ... you still see the shake-and-bake every once in a while, but the limits that the government put on [the sale of pseudoephedrine, precursor of methamphetamine] has really slowed that down; I*

*know areas around here where you can go to get strictly shake-and-bake.”* Youngstown consumers said: *“I hear about shake-and-bake, but it’s crystal mostly; It’s hard to make [methamphetamine] anymore because [pseudoephedrine sale] is monitored.”* A treatment provider in the Cincinnati region offered: *“The ‘backyard meth’ (shake-and-bake) is still available. I’ve had several clients talk about it, but a lot of clients will talk about their preference for the higher grade [imported crystal methamphetamine]. I had one client call it ‘city meth’ ... the lab-created, true crystal meth that you can get from the bigger cities, there is a difference in [quality/potency]... I’ve also had people refer to ‘dirty’ versus ‘clean’ meth ... ‘dirty’ being backyard meth and ‘clean’ being lab-created, city meth.”*

Additional types of methamphetamine discussed included: liquid and methamphetamine-pressed pills. Treatment providers in the Cincinnati region and Columbus consumers mentioned the use of liquid methamphetamine in vape pens, although Columbus consumers described liquid methamphetamine as not readily available. A treatment provider shared, *“It’s easier to smoke [liquid methamphetamine via vape pen] and sneak (inconspicuously use methamphetamine) ... no odor.”* Law enforcement in the Dayton region reported availability of methamphetamine-pressed pills. A member of law enforcement discussed: *“People press [methamphetamine] into pills. It’s pretty common, they call them ‘transformers’ or ‘Flintstones.’ They have meth in them. If somebody crushed it up, it would be powdered [methamphetamine].”*

Respondents in most OSAM regions reported that the availability of methamphetamine has remained the same, highly available, during the past six months, while respondents in Cincinnati, Cleveland, and Toledo regions reported that the availability of methamphetamine has increased. A member of law enforcement in Columbus stated, *“I don’t think availability has shifted, just the [number of] people wanting [methamphetamine] has increased.”* In the regions reporting increased availability, respondents identified increased supply and demand as reasons for increased



availability and use of methamphetamine. Consumers in the Cleveland region noted that supply/demand for methamphetamine increased considerably with the widespread importation of crystal methamphetamine. They explained: *“I would definitely say meth has kind of taken over the area; There was the shake-and-bake dope (user-produced powdered methamphetamine). A lot of people would ‘shoot’ (intravenously inject) it and didn’t know how to shoot crystal meth. Once they figured out that they could shoot crystal meth, the demand for it went through the roof, prices went way down, and it became way more available.”* Respondents in the Toledo region also noted an influx of crystal methamphetamine as heightening demand for the drug. A Toledo consumer stated, *“Now that [crystal] meth has been introduced [in Toledo], people want more and more and more of it.”* A member of law enforcement in the Toledo region remarked, *“Shifting trends, [methamphetamine] is just the next thing everyone is doing....”*

In the Cincinnati region, consumers from rural areas reported increased availability of methamphetamine in their communities. They discussed: *“More and more [methamphetamine] is coming into town; When COVID amped up (the coronavirus pandemic worsened), a lot of people lost their [drug] treatments. And a lot of people started going back to ... their old ways ... using drugs; I’ve seen so many of my friends in the past six months that have never done meth now doing it; A lot of people are having ‘dope boys’ (drug dealers) come down from the city and post up in their houses. There are a lot more city boys running around down here now [selling methamphetamine].”* Consumers clarified that dealers are coming in from Cincinnati, Columbus, and Dayton with a supply of methamphetamine, setting up in a house like a flop house and selling methamphetamine out of the house. When their supply is gone, they leave town. Reportedly, these drug-trafficking operations are reoccurring and happen with most drugs.

Ohio Bureau of Criminal Investigation (BCI) crime labs reported that the incidence of methamphetamine cases they process has

increased for half of OSAM regions (Athens, Cincinnati, Dayton, and Toledo) while decreasing for the other half of OSAM regions. 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), Lake County Crime Lab (also Cleveland region), and Miami Valley Regional Crime Lab (Dayton region) reported that the incidence of methamphetamine cases they process has increased during the reporting period. For the Cleveland region, Cuyahoga County Regional Forensic Science Lab reported processing off-white and crystalline specimens, while Lake County Crime Lab reported processing brown/tan and white powder/solid specimens, as well as blue, brown/tan, and white/clear crystal methamphetamine. Consumers described methamphetamine, saying: *“[Methamphetamine] looked like big crystals, yeah like [glass] shards; It was mostly clear, but I [have] seen blue and pink, purple, too; I’ve seen red phosphorus dope, meth, but that was, like, on two occasions ... that came up from Mexico....”*

Other data sources indicated methamphetamine as available throughout OSAM regions. Fairfield County Municipal Court (Columbus region) reported that of the 2,631 positive adult drug specimens it recorded during the reporting period, 14.1% was positive for methamphetamine or other amphetamines. Coroner and medical examiner offices in the counties of Cuyahoga (Cleveland region), Hamilton (Cincinnati region), Montgomery (Dayton region), and Scioto (Cincinnati region) reported that 13.5%, 17.1%, 32.2%, and 44.1%, respectively, of all drug-related deaths they recorded this reporting period (297, 228, 484, and 34 deaths) involved methamphetamine.

Ohio Department of Public Safety reported drug task force seizure of 629.9 kilograms (1,385.7 lbs.) of methamphetamine from throughout OSAM regions during the past six months; of which, 65.6% was seized from the Akron-Canton region and 17.0% was seized from the Cincinnati region. Millennium Health reported that 12.5% of the 129,319 urinalysis specimens submitted for

methamphetamine testing during the past six months was positive for methamphetamine. GPRA (Government Performance and Results Act) data collected from 1,825 persons entering publicly-funded SUD treatment programs during the past six months found 17.2% 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	22.7%	9,235
Athens	16.8%	11,700
Cincinnati	16.8%	13,679
Cleveland	6.0%	14,067
Columbus	16.4%	31,362
Dayton	16.5%	6,575
Toledo	5.3%	25,791
Youngstown	7.7%	16,910
<b>Total</b>	<b>12.5%</b>	<b>129,319</b>

GPRA Intake: Methamphetamine during the Past 30 Days		
Region	% Yes	Total N
Akron-Canton	21.9%	64
Athens	30.1%	123
Cincinnati	18.3%	491
Cleveland	16.7%	520
Columbus	16.9%	183
Dayton	19.3%	202
Toledo	4.7%	127
Youngstown	8.7%	115
<b>Total</b>	<b>17.2%</b>	<b>1,825</b>

Media outlets reported on law enforcement seizures and arrests related to methamphetamine this reporting period (selected media reports follow). Toledo Police (Lucas County, Toledo region) executed two search warrants at two separate homes and confiscated nearly \$450,000 worth of drugs, seizing two kilograms of crystal methamphetamine, 2.5 kilograms of powdered methamphetamine, 50 pounds of marijuana, 1.5 ounces of fentanyl, and two stolen firearms ([www.13abc.com](http://www.13abc.com), Jan. 7, 2021). Mentor-on-the-Lake Police (Lake County, Cleveland region) executed a search warrant of a residence and found 14 grams of methamphetamine, drug paraphernalia, and a man moving about the home carrying a loaded rifle; officers arrested the man for possessing methamphetamine ([www.cleveland19.com](http://www.cleveland19.com), Jan. 20, 2021). Ohio State Highway Patrol (OSHP) arrested two motorists from California at a rest area along Interstate 70 in Madison County (Columbus region); officers found the men in a prohibited area with 14 pounds of methamphetamine worth an estimated \$140,000 ([www.wkbn.com](http://www.wkbn.com), Jan. 26, 2021). U.S. Drug Enforcement Administration (DEA) agents across Ohio seized 150 pounds of methamphetamine in the last week of January alone; a DEA special agent stated, “These are quantities typically seen at the border and we’re seeing it in Ohio” ([www.news5cleveland.com](http://www.news5cleveland.com), Feb. 3, 2021). Members of the Akron Police Department’s Anti-Violence Bureau (Summit County, Akron-Canton region) conducted a warrant search of an Akron home and seized 10 grams of methamphetamine and a handgun; officers arrested four people for drug possession and trafficking ([www.news5cleveland.com](http://www.news5cleveland.com), Feb. 24). Columbiana County Drug Task Force (Youngstown region) executed a search warrant of a house in Salem and arrested a man after uncovering methamphetamine, chemicals for the manufacture of methamphetamine (shake-and-bake), numerous “one-pot” methamphetamine labs, and a loaded pistol ([www.wkbn.com](http://www.wkbn.com), Feb. 26, 2021). Akron Police, responding to complaints of illegal drug activity at a home, seized more than \$100,000, 70 grams of methamphetamine, 46 grams of suspected fentanyl, 448 grams of an unknown powder substance, and three handguns; officers

arrested the male resident for drug trafficking, weapons violations, and violation of a temporary protective order ([www.cleveland19.com](http://www.cleveland19.com), March 2, 2021). Nelsonville Police (Athens County, Athens region) with the aid of a K9 officer, conducted a traffic stop and subsequent vehicle search, locating 3.1 ounces of methamphetamine and a stolen handgun; officers arrested the two occupants of the car for drug trafficking, possession of drugs, and receiving stolen property ([www.nbc4i.com](http://www.nbc4i.com), March 5, 2021). OSHP seized 22 pounds of methamphetamine worth approximately \$220,000 during a traffic stop in Madison County; after finding the methamphetamine hidden in a door panel, officers arrested the three occupants of the car on felony drug charges ([www.fox8.com](http://www.fox8.com), March 11, 2021). Ashtabula County Sheriff's Office and the Crime Enforcement Agency of Ashtabula (Youngstown region) conducted a drug bust at a truck stop as part of an ongoing investigation into methamphetamine trafficking from Akron to Ashtabula County; officers arrested an Akron man in possession of more than 1,000 grams of methamphetamine ([www.cleveland19.com](http://www.cleveland19.com), March 11, 2021). St. Clairsville Police (Belmont County, Athens region) conducted a traffic stop and probable cause search and arrested two men after locating more than two ounces of methamphetamine; the men were suspected of transporting the methamphetamine to Belmont County to sell ([www.wtrf.com](http://www.wtrf.com), April 1, 2021). Cadiz Police (Harrison County, Athens region) responded to a convenience store on reports of suspicious activity and made the largest methamphetamine bust in Harrison County history; officers confiscated 211 grams of methamphetamine and arrested two people involved in the sale of the drug ([www.wtov9.com](http://www.wtov9.com), April 15, 2021). Law enforcement in Deersville (Harrison County) arrested a man after discovering a methamphetamine lab in his home; Deersville Volunteer Fire Department neutralized and dismantled the lab while police officers confiscated the drug and supplies to manufacture the methamphetamine ([www.wtov9.com](http://www.wtov9.com), June 3, 2021). Moraine Police (Montgomery County, Dayton region) executed a search warrant of a Dayton man's hotel room near a popular shopping center in Miamisburg and found more than 89

grams of methamphetamine and a loaded firearm; the man pleaded guilty to one count of possessing with intent to distribute methamphetamine in U.S. District Court ([www.wdtn.com](http://www.wdtn.com), June 8, 2021). According to OSHP statistics, methamphetamine seizures statewide increased 436% for the first half of 2021 compared to the first half of 2020 ([www.cleveland19.com](http://www.cleveland19.com), June 18, 2021).

### Adulterants

Consumers throughout OSAM regions most often rated the current overall quality of methamphetamine as '7' and '9' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the regional modal quality scores ranged from '7' for the Cincinnati region to '10' for the Cleveland region. Consumers in most OSAM regions described the current quality of methamphetamine as high. Comments included: "[Quality] *has been solid (consistently good); I don't think I have ever got a bunk (bad/poor quality) batch of meth; It's honestly hard to find bad meth.*" However, like most other illicit street drugs, consumers acknowledged variance in quality based on location, dealer, and amount/type of adulterant (aka "cut"). Consumers discussed: "[Quality depends on] *where you get [methamphetamine] and what it's cut with; You don't know what you're taking ... fentanyl, meth, you don't know; [Methamphetamine quality] all depends on who you go to and who you know.*" Reportedly, the overall quality of methamphetamine has remained the same during the past six months for most OSAM regions, except for the Athens region where consumers reported quality as having increased and the Dayton region where consumers reported decreased quality.

Consumers discussed adulterants that affect the quality of methamphetamine, with consumers in seven of the eight OSAM regions noting fentanyl as a cutting agent for the drug. Consumers in the Toledo region did not mention fentanyl-cut methamphetamine. A consumer shared, "*I was on meth while getting off heroin, and I had Suboxone® in my system. I went into withdrawal because ... [the methamphetamine I was using] had a lot of*

*'fetty' (fentanyl) in it, and I had all this Suboxone® in my system.*" Community professionals also reported fentanyl as a common cut for methamphetamine. Treatment providers said: *"You think you're buying [just] meth and you will have fentanyl in it; [Dealers] are lacing (adulterating) everything with fentanyl and meth is laced with it..."* A member of law enforcement in the Cleveland region observed, *"A lot of the meth overdoses that we see are usually mixtures ... about 75% have fentanyl in it..."*

OSAM secondary data sources also indicate fentanyl as an adulterant for methamphetamine. Coroner and medical examiner offices in the counties of Cuyahoga (Cleveland region), Hamilton (Cincinnati region), Montgomery (Dayton region), and Scioto (Cincinnati region) reported that 67.5%, 89.7%, 82.1%, and 93.3%, respectively, of all methamphetamine-related deaths they recorded this reporting period (40, 39, 156, and 15 deaths) also involved fentanyl.

In addition to fentanyl, respondents reported that many substances are used to cut methamphetamine. A treatment provider stated, *"There are a lot of substances in the meth... There's ecstasy (MDMA), PCP (phencyclidine) ... I had a guy who dropped off a meth sample to the lab and it had 12 different substances in it. So, [typical methamphetamine] is really a cocktail [of many drugs]."* A consumer commented, *"[Methamphetamine is cut with] anything under the sink, moth spray, Comet® (household cleaner)."* However, in the Athens region where consumers indicated increased quality of methamphetamine during the past six months, consumers discussed the use of other drugs as cuts making methamphetamine more potent than previous. They noted: *"[The quality of methamphetamine is] getting better (more potent) because of what they're cutting it with; [Dealers are] cutting [methamphetamine] with fentanyl, Seroquel® (antipsychotic medication), and gabapentin ... where before [dealers were cutting methamphetamine] with baby powder and laxative, junk stuff."*

Additional adulterants for methamphetamine mentioned included: acetaminophen, acetone, albuterol, antipsychotic medication, baby formula, baby laxatives, baby powder, baking soda, "bath salts" (substituted cathinone), battery acid, brake fluid, caffeine pills, candy, cocaine, diesel fuel, dietary supplements, drain cleaner, Epsom salt, gabapentin, gasoline, glass shards, heroin, household cleaning products, laxatives, MDMA (methylenedioxymethamphetamine, ecstasy/ "Molly"), moth/wasp spray, MSG (monosodium glutamate), MSM (methylsulfonylmethane, a joint supplement), nasal spray, phencyclidine (PCP), prescription opioids, prescription stimulants, procaine (local anesthetic), rat poison, rock salt, rubbing alcohol, sea salt/table salt, sedative-hypnotics (benzodiazepines), sugar, vitamin B-12, weight loss products (phentermine), and xylazine (animal sedative).

### Cutting Agents Reported by Crime Labs for Methamphetamine

dimethyl sulfone (DMSO, dietary supplement),  
diphenhydramine (antihistamine),  
magnesium sulfate (Epsom salts)

### Pricing

Generally, the most common quantity of purchase for methamphetamine is a gram for \$40-60. Consumers discussed varying methamphetamine pricing based on quality, dealer, and location of purchase. Youngstown consumers reported: *"[There are a] wide variety [of prices] because [price] depends on what kind [of methamphetamine] it is and how bad [buyers] want it; If [methamphetamine] is good, if it's like real dope (high quality), I've seen people pay \$750 an ounce."* Reportedly, methamphetamine is more expensive in areas away from larger cities. Overall, most consumers reported that the price of methamphetamine has remained the same during the past six months.

**Street Names**

Current street jargon includes many names for methamphetamine. General street names most often reference the stimulant effect of the drug (“go,” “high-speed chicken feed,” “speed,” and “up”). A Cleveland consumer explained, “Go’ because you just keep going.” Consumers noted that street names for crystal methamphetamine specifically reference the appearance of the substance (“crystal,” “glass,” “ice,” and “shards”). Consumers also reported referring to powdered methamphetamine as “shake-and-bake.”

Current Street Names for Methamphetamine	
General	crank, go/go-go/go fast/fast, high-speed chicken feed/chicken feed/feed, meth, speed, Tina, tweak, up
Crystal	crystal, glass, ice/ice cream/cream, shards, shatter

**Route of Administration**

Consumers throughout OSAM regions reported that the most common route of administration (ROA) for methamphetamine is smoking, followed by “shooting” (intravenous injection). A consumer summarized, “Smoking is most common.” Consumers discussed that users who inject methamphetamine primarily do so because they believe injecting produces a more intense high than smoking. A consumer stated, “Once they shoot [methamphetamine], they don’t really want to go back [to smoking] because shooting is the most intense [high].” Consumers reported snorting as less common than smoking and injecting because it burns the nose. They commented: “Snorting [methamphetamine] hurts, it burns, but I know people who do it; I started snorting it and hated that, then I went to smoking....” Several

consumers also spoke of using more than one ROA for methamphetamine as common. A consumer shared, “I think that most people do all [ROAs]. If you do meth, you will inject it. You’ll smoke it. You’ll snort it. You’ll do all of it.” Other consumers remarked: “I watched someone do a line (snort methamphetamine), then take a hit (smoke methamphetamine); I shoot [and] I smoke [methamphetamine].”

Other ROAs for methamphetamine include “boofing” (anal insertion), “hot railing” (a process whereby the user places the drug in a glass pipe, heats the pipe, and inhales the resulting vapors), “parachuting” (placing powder/crystals in tissue and swallowing), and oral consumption. Consumers shared: “Yeah, [boofing is] the quickest way it works ... you’ll feel it the quickest; ‘Hot rails,’ it’s like where you are sniffing (snorting methamphetamine) and smoking it at the same time; [Hot railing produces] less burn in the nose [than snorting]; [Parachuting is] more common in bigger cities; I know a lot of people eat [methamphetamine] in Pepsi® all the time. I would put up to a gram in my Pepsi® and carry it around.” Cincinnati consumers discussed placing methamphetamine at the bottom of a coffee filter, putting coffee grounds on top, brewing the coffee, and then drinking the methamphetamine with coffee. They commented: “They call it ‘moffee’; The coffee thing is the best way to hide [methamphetamine use].”

**Typical Use Profile**

Consumers and community professionals most often described typical methamphetamine use as associated with white people, people aged 20 to 40 years, and people of low socio-economic status. Consumers shared: “The age range is 20 to 40 years old. I would not say there is a difference between male or female; There’s more white people using [methamphetamine] than African-American [people]; Lower class, like low income,

[methamphetamine] is a lot cheaper [than other drugs] to get.” Other common descriptors of methamphetamine use included: other stimulant drug use, opioid use, and people who work long/late hours. In addition, many respondents throughout OSAM regions held the viewpoint that there is no typical use profile for methamphetamine. Comments included: *“Anybody you could think of around here could be using [methamphetamine]; [Methamphetamine] is a drug that used to be [typical to] younger white guys and now you are seeing everything ... men, women, multiple age groups; I’ve seen so many people using [methamphetamine]. I would not say there is a typical user anymore; [Methamphetamine] definitely does not discriminate. People you would never think are using [methamphetamine] ... definitely could be ... soccer moms, farmer Joe ... you name it.”*

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, approximately 59% was male, nearly three-quarters was under the age of 40 years, and nearly 94% indicated white as their race.

**Use Combinations**

Many other substances are used in combination with methamphetamine, particularly those that bring the user down from the extreme stimulant high of the drug, such as alcohol, heroin/fentanyl, marijuana, and sedative-hypnotics. Comments included: *“The high of the meth is so intense that we’re gonna start to come down, crash, really hard.... Your body is extremely exhausted, but your mind is still racing. So, you can’t shut it off. They need something to come down; When I was coming down [off methamphetamine] and wanted to go to sleep, I’d smoke ‘weed’ (marijuana); I use the alcohol [to] come off [methamphetamine]; People use [methamphetamine] with Xanax® because you go into psychosis if you are not sleeping.”* In addition, consumers described feeling little effect from alcohol when combined with methamphetamine, saying: *“Alcohol because you could drink as much as you want and feel very little*

Male	58.5%
Female	39.6%
18 - 29	27.5%
30 - 39	44.9%
40 - 49	20.3%
50 - 59	6.0%
60 +	1.3%
White	93.8%
African American	7.2%
Other race <sup>2</sup>	4.6%
Hispanic/Latino ethnicity	4.7%

<sup>1</sup>Gender total does not equal 100.0% due to six individuals reporting as transgender, non-binary, or gender fluid. <sup>2</sup>Other race included: Alaska Native and American Indian. Note some consumers indicated more than one race, thus total percentage for race category is greater than 100.0%.

*effect; You could drink [alcohol] like a fish on meth.... And if you were completely trashed, drunk ... and did some meth, you’d sober up.”* Consumers went on to explain that opioids are also used with methamphetamine concurrently or consecutively to speedball. They discussed: *“People are using meth and heroin together or one after the other to speedball; Really common to speedball. It gives you the best of both worlds; I would stay up so long doing meth that my body would hurt. So, [opioids] would take the body aches away [and] I’d be able to use meth longer.”*

Most Common	alcohol, heroin/fentanyl, marijuana, sedative-hypnotics
Other	buprenorphine, crack/powdered cocaine, gabapentin, MDMA, prescription opioids, prescription stimulants

## Prescription Stimulants

Prescription stimulants are at least moderately available for illicit use in most OSAM regions. Respondents who reported moderate or high current availability of prescription stimulants for illicit use often cited the ease of doctor prescribing as having led to prevalent diversion of these medications. Consumers shared: *“Go to the doctor and say, ‘Hey, I can’t focus.’ ‘Hey, my son is having trouble in school.’ ‘Okay, here is ... [a prescription for] Adderall®; You can basically say [to a doctor] that you have ADHD (attention-deficit-hyperactivity disorder) and get [a prescription for stimulants]; Everyone gets prescribed [Adderall®] ... kids like to sell it...”* A member of law enforcement in the Toledo region, stated, *“The thing is, [doctors overprescribe stimulants], and the kids get it and share it.”*

children. A consumer from the Athens region stated, *“[Prescription stimulants are] too easy to get. Lots of parents have their kids on it, but they aren’t [administering the medications to their children], it’s the parents using it.”* Similarly, in the Columbus region, consumers discussed: *“People sell their children’s prescriptions; My goddaughter sells her son’s [prescribed stimulants].”* However, law enforcement in the Athens region, outside of Athens County, reported low prescription stimulant availability for illicit use. They said: *“We used to see Adderall®, but you don’t see that anymore. You see it more in a college town; I don’t even remember the last time we seized any [prescription stimulants].”* An Athens County treatment provider reported, *“I don’t hear much about [illicit use of] prescription stimulants.”*

In addition to prescription by doctors, consumers reported that prescription stimulants are often obtained for illicit use from individuals with access

to prescriptions, including friends and family members, as well as parents of children being treated with the drugs. Consumers discussed purchasing prescription stimulants from individuals with doctor’s prescriptions, commenting: *“Buy [prescription stimulants] from people who have been prescribed them; [Many people] have a prescription [for stimulants] and turn around and sell it.”* Other consumers specifically reported friends and family, including their children, as sources of prescription stimulants,

stating: *“I have a bunch of people in my family who get [stimulants prescribed], so I just got them from them; Misusing family member’s prescriptions [is typical]; [I obtained stimulants] from friends who were prescribed them; Parents get their kids’ [prescription stimulants] and they take them; My*

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

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

In Athens and Columbus regions where respondents were not in agreement as to the current availability of illicit prescription stimulants, consumers reported high availability and described parents abusing stimulants prescribed to their

*buddy, his kid gets them, but his kid doesn't take them. So, he takes them from his kid."* Consumers also mentioned obtaining prescription stimulants for illicit use from drug dealers and online pharmacies. They discussed: *"Someone who sells [prescription stimulants] to a dealer who sells it for them; You can buy pills [prescription stimulants] online; You can get them delivered to you...."*

In the Dayton region, where current street availability of prescription stimulants was reported as low, treatment providers discussed low demand and prevalent use of methamphetamine. They said: *"I did not come across anyone who seeks [prescription stimulants] to abuse [lately] because 'meth' (methamphetamine, a more potent stimulant) is so prevalent and easy to get; I see some [clients] on Adderall®, but that's few and far between."* Consumers in the Youngstown region also discussed methamphetamine, saying: *"Adderall® is one molecule away from methamphetamine; Doctors aren't prescribing [stimulants as before] and meth is so much cheaper and easier to get; Meth is so readily available [as an alternative]."* In addition, consumers generally discussed the high cost of prescription stimulants for illicit use as a deterrent, while also discussing high availability of methamphetamine as a cheaper alternative. Comments included: *"The methamphetamine market is super high (saturated) ... [and methamphetamine] is cheaper and easier to access [than prescription stimulants]; It's cheaper to go to meth; Adderall® is really expensive now...."*

Throughout OSAM regions, except Toledo, respondents reported that the availability of prescription stimulants for illicit use has remained the same during the past six months. Consumers in the Toledo region reported that illicit prescription stimulant availability has decreased or remained the same during the past six months, while community professionals reported increased street availability. Law enforcement from outside the city of Toledo described increased availability because college is in session, remarking, *"The kids are back in college and they're bringing [prescription stimulants]."* A Toledo treatment

provider conjectured that decreased adult supervision during the COVID-19 pandemic caused children to have increased access to prescription stimulants, stating, *"[Due to the COVID-19 pandemic], kids are at home, and they are not going to school, so parents have more access to their medication. [Prescription stimulants are] usually [secured] in the nurse's office, and [now at home] it is not monitored."*

There was universal agreement that Adderall® is the most available prescription stimulant in terms of widespread illicit use. Reportedly, Adderall® is the most prescribed stimulant, contributing to its accessibility on the street. Respondents noted: *"[Adderall® is] overly prescribed; Adults are prescribed Adderall® more than the [other stimulants], and therefore it is just more accessible ...."* While Adderall® was reported as most common, other prescription stimulants, such as Ritalin® and Vyvanse®, are also available for illicit use. Comments included: *"I keep still hearing about the Ritalin®... but I think it's more of the older generation that are being prescribed it; I've seen a little bit of Ritalin®; Teens have more Vyvanse® [prescribed to them]."* A treatment provider in the Athens region reported Concerta® as available for illicit use, mentioning, *"It's Adderall® and some 'concerti' (Concerta®)."*

Ohio Bureau of Criminal Investigation (BCI) crime labs reported processing few to no amphetamine (Adderall®) and methylphenidate (Ritalin®) cases from throughout OSAM regions during the reporting. 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 remained the same during the reporting period, while Lake County Crime Lab (also Cleveland region) reported increased case incidence of amphetamine, although the number remains low. Miami Valley Regional Crime Lab (Dayton region) reported that the incidence of amphetamine cases it processes has remained the same during the reporting period and remains low.



Other data sources indicated prescription stimulants as available for illicit use throughout OSAM regions. Millennium Health reported that 14.3% of the 129,786 urinalysis specimens submitted for amphetamine testing during the past six months was positive for amphetamines.

Millennium Health Urinalysis Test Results for Prescription Stimulants with Amphetamine during the Past 6 Months		
Region	% Tested Positive	Number Tested
Akron-Canton	25.6%	9,358
Athens	16.4%	11,704
Cincinnati	17.5%	13,710
Cleveland	9.8%	14,175
Columbus	18.1%	31,273
Dayton	14.6%	6,610
Toledo	8.0%	26,050
Youngstown	10.3%	16,906
<b>Total</b>	<b>14.3%</b>	<b>129,786</b>

**Pricing**

Current street prices for prescription stimulants were limited and provided by consumers with experience purchasing the drugs. Throughout OSAM regions, consumers most often reported that Adderall® 30 mg sells for \$10-20. Consumers in the Athens region reported that Adderall® 30 mg could sell as high as \$40. A consumer in the Athens region stated, “[Prescription stimulants are] getting pretty expensive,” and a consumer in the Cleveland region remarked, “If you want [Adderall®] and you don’t have it prescribed, they will charge you for it ... like \$20 to \$25 a pill.” Overall, consumers in most OSAM regions reported that the price of prescription stimulants has remained the same during the past six months.

**Street Names**

Current street jargon includes a few names for prescription stimulants. These names often reference the stimulant effect of the drugs (“speed”), the color or shape of the drugs (“oranges” and “orange beads”), or are abbreviations of the drug’s brand name (“addies” for Adderall® and “ritties” for Ritalin®). In addition, consumers in the Cincinnati region reported using the actual prescription name and reported a street name for phentermine (a weight loss product, specifically ADIPEX-P®), calling it, “little mints,” which refers to the color and shape of the drug.

Current Street Names for Prescription Stimulants	
General	poor man’s cocaine, speed
Adderall®	ad/addies, let’s roll, oranges, orange beads
Ritalin®	ritties

**Route of Administration**

The most common route of administration for illicit use of prescription stimulants is oral consumption followed by snorting. Consumers throughout OSAM regions estimated that out of 10 illicit prescription stimulants users, 5-8 would orally consume and 2-5 would snort the drugs. Consumers reported: “If you swallow [prescription stimulants], it’s a longer high ... it’s just not as intense [as snorting]; Most of the people would eat (swallow) them.” A Cleveland consumer described dissolving the beads inside Adderall® extended-release capsules for oral consumption, while consumers from the Columbus region reported “parachuting” (wrapping the contents of the capsules in a small piece of tissue and swallowing the bundle). Regarding snorting, consumers discussed: “Snorting [prescription stimulants] is easier and quicker (produces a more immediate effect than swallowing); Maybe some of the [people who use cocaine that] I know would be crushing them up and snorting them....”

**Typical Use Profile**

Consumers and community professionals described typical illicit use of prescription stimulants as associated with young people (aged 18 to 30 years), high school and college students, parents of children with prescriptions for stimulants, females, and people who are middle-class and reside in suburban areas. Comments regarding young people and students included: *“College kids, high school kids, teenagers ... mostly the university people [illicitly use prescription stimulants]; [Students] take it to school so they can [focus on] their tests; [Prescription stimulants are] a college thing; A lot of kids are prescribed Adderall®, Ritalin® ... and they pass a lot of that around to their friends, thinking it's safe because it's prescribed by a doctor.”*

Respondents noted greater access to prescription stimulants generally among people with access to healthcare. Comments included: *“[Illicit prescription stimulants] are being used by kids ... teenagers ... primarily in middle to upper-class areas like the suburbs; [People with] access to a doctor.”* Respondents also indicated higher illicit prescription stimulants use among suburban females, often to promote weight loss. They said: *“You see the younger generation, college kids that are studying ... that has always been the trend, but you also have ... housewives that are running around on Adderall® ... suburban, white, females; Soccer moms ... use their kids' pills; I think there is a perception that if you are on [prescription stimulants] you can lose weight; Gives you a little pep in your step and you lose weight.”*

**Use Combinations**

Many other substances are used in combination with prescription stimulants. Consumers reported that alcohol and marijuana are most often used in combination with prescription stimulants to come down from the stimulant high, or one uses prescription stimulants when they need a pick-me-up from the use of depressant drugs. Consumers explained that prescription stimulants are also

used in combination with alcohol to counterbalance the depressant effects of alcohol to enable the user to drink increased amounts of alcohol for longer durations. Comments included: *“I think the common one is alcohol because you can drink more and stay up longer [when using prescription stimulants]; Stay up all night and drink and [you] don't have to worry about passing out or blacking out; If you aren't taking [prescription stimulants] as prescribed, you are definitely taking it to party [with alcohol].”* The combination of marijuana and prescription stimulants was described as, *“the poor man's 'speedball' (concurrent or consecutive stimulant and depressant highs).”* Sedative-hypnotics and prescription opioids are reportedly used in combination with prescription stimulants to speedball. Prescription stimulants are combined with methamphetamine to intensify and prolong the stimulant high, a consumer shared, *“[Prescription stimulants with] meth, boosts you up.”*

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

**MDMA**

MDMA (methylenedioxymethamphetamine or other derivatives containing BZP, MDA, and/or TFMPP) is low or moderate in availability in most OSAM regions. Respondents in Toledo and Youngstown regions reported that the pressed tablet form of MDMA (ecstasy) and the powdered form of MDMA (“Molly”) are readily available, provided one has connections to the substances. Toledo consumers remarked: *“You got to know somebody [to obtain MDMA]; I can get [MDMA] anytime now.”* There was consensus among

respondents that these substances are not primary drugs of choice and that they are used when the opportunity to do so is present. A member of law enforcement shared, “[MDMA] seems to be more casual use than an addiction.... I think people use it more when they’re out partying and not ... all the time.”

Respondents discussed MDMA as popular at parties, concerts, and festivals, therefore more readily available in those settings. Respondents shared: “Concert goes ... you go to a music festival, and you take Molly; [MDMA is] more of a party type drug so [law enforcement] doesn't run into it a whole lot. It's basically not sold on a large scale ... people may bring it to a party and pass it out.”

Respondents also reported MDMA as more prevalent on college campuses. Comments included: “[MDMA] is very common for college students to do; [MDMA] is more of a college-type drug that you'll see on [a college] campus.”

Consumers also discussed Internet purchase of MDMA, saying: “You can even buy [MDMA] online nowadays; If you're friends with somebody who knows how to navigate the 'dark web' (websites operated by criminal enterprises), [MDMA is] super available; You can order [MDMA] from China on the web.”

Respondents generally agreed that MDMA is not readily found on the streets. They said: “[MDMA is] just more of a sporadic thing that will pop up every once in a while, it's not something you can really find on command; [MDMA] is more available if you look for it, whereas some of the other [drugs] are just more readily available.” A member of law enforcement in the Cincinnati region added, “[MDMA is] still around ... that's one of those things that ends up being tied to other investigations, whether it be rape or sexual assaults or something else, that's when that kind of pops its head up ... either used or present ... [MDMA is] part of that story.”

Overall, respondents reported that “Molly” is more available than ecstasy. Consumers stated: “It's easier to get Molly than it is to get ecstasy; I don't know about ecstasy, but I know [Molly] is available; You rarely see the real ecstasy pills anymore because [what's available is Molly]; It used to be pills (ecstasy), but now it is just powder (Molly) coming through.” Consumers described different forms and colors of Molly, sharing: “[Molly] mostly looks like a powder; Mostly [Molly is packaged in] the gel tabs, the clear capsules; There's pink Molly; For Molly, the most common type is shards ... looks like glass almost; The good [Molly] is clear.”

Consumers who reported current availability of ecstasy described tablets of different shapes and colors: “[Ecstasy] usually comes in little tablets ... you get 'Flintstones' that look like the Flintstone vitamins, or it's Superman shapes; The kind that I can always get is a blue Jordan (Michael Jordan shoe logo imprinted on the tablet).” Some respondents in Cincinnati and Cleveland regions reported Molly and ecstasy as equally available. They said: “Hand in hand ... if we were going to buy ecstasy, we might get Molly [as well]. If we are going to buy Molly, we might get ecstasy.”

In addition, respondents throughout OSAM regions reported availability of counterfeit MDMA consisting of one or more substances, including caffeine, fentanyl, and methamphetamine. Law enforcement commented: “The biggest trend that we're seeing in Molly and 'X' (ecstasy) is ... it's not pure Molly or it's not pure ecstasy ... the last stuff

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

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

*that I (undercover narcotics agent) bought was 'meth' (methamphetamine) and caffeine pressed into a pill; [Often] it's not MDMA, it's meth ... pure Molly hasn't been around in a while, in my area at least; Most of [the seized ecstasy tablets] are the pressed pills; I don't think they are getting [ecstasy tablets], I think they are getting fentanyl tabs (tablets)."* Consumers concurred, stating: *"[Rating current availability of MDMA] is hard because you don't know if it's meth or the real stuff (MDMA); A lot of the Molly is just 'ice' (methamphetamine), people say it's a Molly when it's really just ice; Most of the ecstasy that you find is just pressed meth ... it's not really MDMA."*

Throughout OSAM regions, respondents reported that the availability of MDMA has remained the same during the past six months. However, Youngstown consumers described fluctuating availability of MDMA depending on the season. They said: *"[MDMA availability] is seasonal (higher in the spring/summer); [Availability of MDMA] always comes back in the summer because of the 'raves' (dance parties) and the [music and arts] festivals."* Community professionals reported fluctuating availability of MDMA due to changing restrictions in response to the COVID-19 pandemic. A treatment provider in the Toledo region shared, *"Everything (concert venues/dance clubs) closed [due to the COVID-19 pandemic], so the availability [of MDMA] has gone down,"* whereas a Youngstown treatment provider shared, *"[MDMA] is the party drug, and now that the clubs are starting to open back up (COVID-19 restrictions are lifting), [MDMA use/availability] is starting to take off (increase)..."* Some consumers described MDMA as less available because other alternative drugs are highly available. A consumer remarked, *"Meth is taking over and it's more powerful and cheaper [than Molly]."*

Ohio Bureau of Criminal Investigation (BCI) crime labs reported low incidence of MDMA cases for each OSAM region during the past six months. MDMA case incidence ranged from four to 12 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 decreased during the past six months and remains low, while Lake County Crime Lab (also Cleveland region) reported processing very few cases of MDMA. Miami Valley Regional Crime Lab (Dayton region) reported that the incidence of MDMA cases it processes has increased during the past six months and remains low.

### Adulterants

Consumers throughout OSAM regions most often rated the overall quality of MDMA as '6' 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 Toledo region. Consumers acknowledged variance in quality based on the amount/type of adulterant (aka "cut"). A consumer remarked, *"[MDMA quality] is a hit or a miss (varies)."* Consumers throughout OSAM regions reported that the quality of MDMA has remained the same during the past six months.

Consumers discussed adulterants (aka "cuts") that affect the quality of MDMA. And in all OSAM regions, consumers reported methamphetamine as a top cutting agent for the drug. Comments included: *"[Drug dealers] are cutting Molly with meth now because [methamphetamine] gives you that speed, and it looks just like Molly; The ecstasy side is cut with a lot of meth [too]; I think that meth in the city area is being called Molly..."* However, community professionals reported MDMA as an adulterant for other drugs, most commonly methamphetamine. They said: *"We see [MDMA], but we don't see it ... it's mixed (adulterated) [into other drugs]; For a while (recently), everyone that came in [for SUD treatment] that tested positive for meth [also] tested positive for MDMA. Most of them would ask what [MDMA] was because they didn't know [MDMA] was in [methamphetamine]. As far as just using MDMA on its own, I've seen maybe one person that came in here [reporting MDMA use only]; [MDMA] is heavily mixed in the methamphetamines that are out on the streets right now..."*

Other adulterants for MDMA mentioned included: “bath salts” (substituted cathinone), benzodiazepines, Bolivian Rock (a cutting agent sold at head shops), cocaine, fentanyl, heroin, ketamine, and vitamin B-12. Consumers shared: *“You get a little bit of every drug in Molly; A lot of people are taking pure MDMA and pressing ‘rolls’ (ecstasy tablets) ... but cutting it with heroin, ‘coke’ (powdered cocaine), [vitamin] B-12 ... just depends; [Dealers] are throwing fentanyl on everything; Sometimes ... Molly is cut with ... ‘bath salts’ because they look similar.”*

**Street Names**

Current street jargon includes several names for MDMA. Consumers indicated that ecstasy is typically referred to by the stamp/imprint on the tablet (“Mario Brothers,” “Pikachu,” and “Teslas”). Consumers discussed: *“Whatever picture is on [the ecstasy tablet]; If there is a marking on [the ecstasy tablet], then you would say, ‘Oh, the ‘Sponge Bobs.’”* Also, common street names often describe the round shape of the ecstasy tablets (“rolls”) or incorporate the color of the tablet into the street term (“orange Teslas”). Consumers noted that powdered MDMA is typically only referred to as “Molly.” A consumer said, *“Molly is just called, ‘Molly.’”*

Current Street Names for MDMA	
General	beans, Molly, rolls, Skittles®, X
Other	buttons, candy, Donkey Kongs, E, Ferrari, Mario Brothers, naked ladies, Pikachu, Sponge Bob, stacks, Stacy, Teslas

**Pricing**

Consumers reported that ecstasy is most often purchased as doses called “stacks.” A single stack (single dose) of ecstasy most often sells for \$10, a double stack (double dose) most often sells for \$15, and a triple stack (triple dose) most often sells

for \$20-25. For Molly, generally, the most common quantity of purchase is 1/10 gram for \$10-20. Consumers noted that the price of MDMA is similar to powdered cocaine pricing. They said: *“[MDMA is] similar [pricing] to [powdered] cocaine; [The price of MDMA] kind of ranges like coke does. [Price] depends on who you are and where you are from....”* Overall, consumers reported that the price of MDMA has remained the same during the past six months.

**Route of Administration**

The most common route of administration for MDMA is oral consumption, followed by snorting. Consumers reported multiple methods for orally consuming the drug in addition to swallowing, such as drinking, eating, and “parachuting” (wrapping crushed ecstasy tablets/Molly in tissue and swallowing). Consumers discussed: *“You can eat [Molly]. What normally I would do is lick my finger and stick it in the bag [of powdered/crystalized rock Molly] and eat it and then chase it with a beer.... I’ve heard of people snorting [Molly] ... and you can put it in a bottle of water. [Molly] dissolves like salt and then you just drink the bottle of water; Some people don’t like the taste [of MDMA] so they put it in toilet paper and parachute it; I always just took [ecstasy tablets] as a regular pill ... chewed them and swallowed them.”* Regarding snorting, a consumer explained, *“[Snorting] is typically the quickest release (effect) you can get.”* A few consumers also mentioned “shooting” (intravenous injection) and smoking Molly, while noting “boofing” (anal insertion) of ecstasy tablets.

**Typical Use Profile**

Consumers and community professionals described typical MDMA use as associated with young people, college students, and people who frequent music festivals, dance/nightclubs, and raves. Respondents commented: *“People who go to clubs, parties, and stuff like that ... they’re more likely to be using [MDMA] on a more regular basis; [MDMA is] part of [dance] club culture; College kids they’re using [MDMA] big time....”* A member of

law enforcement in Columbus provided an explanation for the popularity of MDMA use at parties, saying, “[MDMA] is kind of like cocaine ... has a shorter lifespan (half-life) than meth. So, it's that party drug ... [users] know they can go out, party for four hours, and get up and go to work the next day.” Some consumers reported that MDMA is used to enhance sexual experiences. A consumer stated, “It’s a sexual drug....”

**Use Combinations**

Many other substances are used in combination with MDMA. However, consumers reported that MDMA is most often combined with alcohol, explaining that the combination is popular because alcohol intensifies the effect of MDMA and prolongs one’s drinking. They said: “Goes hand in hand ... take the Molly, drink [alcohol], and go to the club; You can drink more and not really feel the drunkenness; [Alcohol] enhances [the effects of MDMA]. It enhances the vibe that you are having.” Marijuana is reportedly used following MDMA use to come down from the effects of MDMA. A consumer commented, “When you are coming down, [marijuana] alleviates the headache.” Consumers discussed the combined use of MDMA with psychedelics, commonly referred to as “candy flipping.” They said: “Candy flipping ... is where you either take [psilocybin] mushrooms or ‘acid’ (lysergic acid diethylamide [LSD]) ... psychedelics with ecstasy; [The combination of MDMA and LSD] heightens your roll (increases your high); [MDMA and LSD] feed off of each other.” Consumers also commented on combining MDMA and methamphetamine, saying: “In my experience, we’d take ecstasy at night and meth during the day ... never wanted the party to stop; It’s like taking a double dose of [MDMA] almost, except you are going to be even more ‘thwacked out’ (high) if you do ‘speed’ (methamphetamine) with it.”

Substances Used in Combination with MDMA	
Most Common	alcohol, marijuana
Other	crack/powdered cocaine, hallucinogens (LSD, psilocybin mushrooms), ketamine, methamphetamine, 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).

**Bath Salts**

Bath salts (substituted cathinone; compounds containing methylone, mephedrone, MDPV, or other chemical analogues, including alpha-PVP, aka “flakka”) were reported as moderately available by community professionals in Cleveland and Dayton regions. Treatment providers in the Dayton region reported that bath salts are often adulterated into or substituted for methamphetamine, sharing: “[Bath salts are] like ‘meth’ (methamphetamine)... I think that a lot of the people who are using meth are getting ‘flakka’ [bath salts] in spurts. So, I would put it in the same category as meth as far as the types of people that are using it. I would say that as far as the availability goes, we see surges of it. This stuff changes week to week. One week people will be flailing [under the influence of bath salts], walking up and down the street; A lot of times people will call [bath salts], meth because they think that that’s what they are getting; I can’t say that people intentionally seek out [bath salts].” Law enforcement in the Cleveland region reported an

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

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

incidence data. Lake County Crime Lab (Cleveland region) reported that the incidence of substituted cathinone cases it processes has increased during the reporting period, but the number of cases remains low, while Cuyahoga County Regional Forensic Science Lab (also Cleveland region) reported that the incidence of substituted cathinone cases it processes has decreased. Miami Valley Regional Crime Lab (Dayton region) reported that the incidence of substituted cathinone cases it processes has slightly increased during the reporting period.

**Gabapentin**

Gabapentin (an anticonvulsant used to treat nerve pain) is moderately to highly available for illicit use throughout OSAM regions. Consumers and community

professionals agreed that a prescription for gabapentin is relatively easy to obtain and they discussed doctors prescribing gabapentin in lieu of opioids for pain. A consumer commented, “[Gabapentin is] what’s being prescribed instead of pain killers (prescription opioids).” A member of law enforcement explained, “Doctors are more apt to prescribe [gabapentin] as a lower-level pain med than they are ... Percocet® and OxyContin® ... they’re being pressured not to prescribe [opioids] as much....” Other law enforcement commented: “I’ve seen more people with gabapentin than I’ve seen people with Percocet® or Vicodin®; [Gabapentin is] always kind of around, and if we want to go buy gabapentin right now, we can find someone selling gabapentin ... it’s widely available....”

increase in the availability of bath salts during the past six months, stating: “For most of the year, [bath salts] have been in the top ten of [lab] submissions; It’s high in our seizures and submissions but it’s not as high in our fatalities [cases], so maybe it’s not as lethal of a drug [as fentanyl/other drugs].”

Ohio Bureau of Criminal Investigation (BCI) crime labs reported that the incidence of substituted cathinone cases they process has decreased during the reporting period for all OSAM regions, except for Athens, where an increase was reported, although the number of cases remains low, and the Cincinnati region, where very few cases of substituted cathinone were processed. In addition to BCI reporting, other crime labs in Cleveland and Dayton regions submitted substituted cathinone

professionals agreed that a prescription for gabapentin is relatively easy to obtain and they discussed doctors prescribing gabapentin in lieu of opioids for pain. A consumer commented, “[Gabapentin is] what’s being prescribed instead of pain killers (prescription opioids).” A member of law enforcement explained, “Doctors are more apt to prescribe [gabapentin] as a lower-level pain med than they are ... Percocet® and OxyContin® ... they’re being pressured not to prescribe [opioids] as much....” Other law enforcement commented: “I’ve seen more people with gabapentin than I’ve seen people with Percocet® or Vicodin®; [Gabapentin is] always kind of around, and if we want to go buy gabapentin right now, we can find someone selling gabapentin ... it’s widely available....”

Treatment providers concurred that gabapentin is prescribed more readily than opioids. A provider stated, *“I think it is much easier to get from a doctor a prescription for gabapentin [than it is a prescription for opioids].... [Doctors] don't want to prescribe opiates....”* Treatment providers in half of OSAM regions (Athens, Columbus, Dayton, and Toledo) reported high current availability of gabapentin for illicit use. Comments included: *“[Current street availability of gabapentin] is definitely a ‘10’ (high). It’s legally obtained [through prescription] and sold; People know where to get [gabapentin] ... which prescribers prescribe it.... Your PCP (primary care physician) may write you a ‘script’ (prescription) for it pretty quickly; A lot of times [gabapentin] is used as currency for other illicit drugs ... people will trade them.”* In addition to doctors prescribing gabapentin for pain, treatment providers also discussed doctors prescribing the drug to assist with detox in alleviating opioid withdrawal symptoms. One provider shared, *“[Gabapentin] is also used to detox people from heroin and opiates. We actually have a detox protocol for that....”*

Respondents described the availability of gabapentin for illicit use as either having remained the same or increasing during the past six months. A consumer in the Youngstown region commented, *“Neurontin® (gabapentin) is like the new [trending] drug.”* Treatment providers discussed: *“I would say [gabapentin is more available] because, when the patient is starting the journey of recovery, you hear a lot about their symptoms of restless legs [syndrome] and such. So, doctors would often prescribe it to assist with those symptoms; [Gabapentin] is being prescribed more frequently; It’s being used [illicitly] and taken in large doses; I think people just don't recognize [gabapentin] as being an addictive drug or understanding the high that comes from it.”*

Other data sources indicated gabapentin as available for illicit use throughout OSAM regions. Millennium Health reported that 21.3% of the 128,888 urinalysis specimens submitted for gabapentin testing during the past six months was positive for gabapentin.

Region	% Tested Positive	Number Tested
Akron-Canton	16.9%	3,281
Athens	16.0%	11,441
Cincinnati	21.9%	15,613
Cleveland	16.1%	15,369
Columbus	30.0%	32,522
Dayton	21.8%	6,470
Toledo	19.9%	28,245
Youngstown	15.0%	15,947
<b>Total</b>	<b>21.3%</b>	<b>128,888</b>

According to consumers with experience making illicit purchases, gabapentin sells for as low as \$0.50 per pill (milligram unspecified) in the Columbus region to as high as \$2 per pill in the Akron-Canton region. Consumers reported obtaining gabapentin for illicit use from doctors, drug dealers, and people with prescriptions for the drug. Consumers throughout OSAM regions reported that the most common route of administration for illicit use of gabapentin is oral consumption.

Respondents most often described typical illicit use of gabapentin as associated with younger adults (aged 20 to 40 years), who likely also illicitly use other drugs, such as opioids, since the illicit use of gabapentin can alleviate opioid withdrawal symptoms. A consumer shared, *“I would take [gabapentin] when I was ‘dope sick’ (experiencing opioid withdrawal symptoms).”* Community professionals shared: *“We have a whole group of heroin [users] that are using [gabapentin] to try and keep themselves from going into [opioid] withdrawal; There are some studies ... that say that people who use opioids are aware that if they use gabapentin as well [as opioids] it (the combination of gabapentin with opioids) kind of prolongs their*



*high, so they are not going to have a crash (experience opioid withdrawal symptoms) when they are coming down from the fentanyl.... Or they could use [gabapentin] as maintenance until they get their next 'fix' (purchase of heroin/fentanyl)."*

Consumers reported that gabapentin is most often used in combination with other substances to enhance one's high. Specifically, use of gabapentin with alcohol and/or buprenorphine/methadone creates an opioid-like high. Consumers also mentioned using gabapentin with marijuana, while law enforcement noted the use of gabapentin with heroin/fentanyl. Law enforcement discussed: *"Gabapentin is showing up a lot more on death certificates, but for the most part, it is because it is being mixed with fentanyl; I have heard of a lot of people using [gabapentin] in conjunction with heroin or other drugs to get a better high. [Gabapentin] is not uncommon to see hand in hand with fentanyl use; When I do a ... traffic stop and someone has fentanyl or heroin, they always have a couple [gabapentin pills] floating around in the car as well."*

### **Hallucinogens**

Throughout OSAM regions, respondents reported current availability of lysergic acid diethylamide (LSD) and psilocybin mushrooms. Consumers in Akron-Canton, Athens, Cincinnati, and Cleveland regions reported high availability of these substances, while consumers in the other half of regions reported moderate availability. Consumers in the Cincinnati region observed: *"'Acid' (LSD) is very highly available; I know multiple people I could get 800-1,000 'hits' (doses) off of if I wanted to sell [LSD]; It's all over the place."* Consumers in the Athens region discussed the appeal of using psilocybin mushrooms while receiving SUD treatment, with a consumer remarking, *"They don't test for it."* The Cleveland region was the only region where consumers reported on current availability of phencyclidine (PCP). Reportedly, the drug is highly available on Cleveland's east side. Consumers commented, *"[PCP] is all over the east side. Everyone is doing it; You can get [PCP] if you know someone and are looking for it. If you know*

*someone, [PCP is] probably a '10' (highly available)...."*

Overall, respondents generally reported that the availability of hallucinogens has remained the same during the past six months. However, law enforcement in the Cincinnati region reported an increase in seizures involving hallucinogens, specifically psilocybin mushrooms and psilocybin pills. They discussed an increase in finding psilocybin mushrooms while executing search warrants, explaining that more people are obtaining psilocybin mushrooms through the "dark web" (websites operated by criminal enterprises). They also shared that law enforcement had intercepted a package of psilocybin pills from Canada that was ordered through a social media platform.

BCI crime labs reported that the incidence of LSD cases they process has decreased during the reporting period for five of the eight OSAM regions, while remaining the same for Toledo and Youngstown regions, with few LSD cases noted for the Athens region. BCI crime labs reported that the incidence of psilocybin mushroom cases they process has increased during the reporting period for the Columbus region, and remained the same, low in number, for Cleveland, Dayton, and Toledo regions. The labs reported processing few or no cases of psilocybin mushrooms for Akron-Canton, Athens, Cincinnati, and Youngstown regions. In terms of PCP, BCI crime labs reported processing 278 PCP cases from throughout OSAM regions during the reporting period; of which, 38.5% was from the Cincinnati region and 31.3% was from the Dayton region.

In addition to BCI reporting, other crime labs in Cleveland and Dayton regions submitted hallucinogen incidence data. Cuyahoga County Regional Forensic Science Lab (Cleveland region) reported that the incidence of psilocybin mushroom cases it processes has increased during the reporting period, while the incidence of LSD and PCP cases has decreased. Lake County Crime Lab (also Cleveland region) reported processing very few cases of hallucinogens during the

reporting period. Miami Valley Regional Crime Lab (Dayton region) reported that the incidence of LSD and psilocybin mushrooms cases it processes has decreased or remained the same during the reporting period, low in number. This lab reported processing no cases of PCP.

Consumers throughout OSAM regions most often rated the overall quality of hallucinogens as moderate to high. On a scale from '0' (poor quality, "garbage") to '10' (high quality), the regional modal quality scores ranged from '4' for the Toledo region to '10' for Akron-Canton, Athens, and Cleveland regions. A consumer in the Cleveland region shared, *"The purity of [LSD] is really, really good ... every time I have ever done it, it was amazing,"* while a Toledo consumer reported, *"People don't necessarily [adulterate LSD], but they don't know how to handle LSD sheets, so when they finger it up, it is going to contaminate it. It's going to decrease the quality real quick. Now, I need two hits to get the desired effect."* In general, consumers reported that the quality of hallucinogens has remained the same during the past six months.

Reports of current prices for hallucinogens were shared by consumers with experience buying the substances. Reportedly, LSD sells for \$10-20 per hit and 1/8 ounce of psilocybin mushrooms sells for \$30-50. A consumer in the Akron-Canton region commented, *"'Shrooms' (psilocybin mushrooms) are \$5 a head (per mushroom cap), [however] the more you buy, the cheaper it is."* Consumers in the Cleveland region also shared current pricing for a PCP-dipped cigarette, referred to as a "stick," reporting that a single stick sells for \$10-15.

Respondents discussed that hallucinogens are most often obtained through online purchase or from a drug dealer. A member of law enforcement in the Columbus region commented, *"Now 'mushrooms' (psilocybin mushrooms), we're seeing a little bit more of those ... available in other states where they manufacture chocolate bars with mushrooms and sell them.... You can buy them online and get them shipped [to Ohio] but it's illegal...."*

Consumers throughout OSAM regions also spoke about growing psilocybin mushrooms. They said: *"Grow [psilocybin mushrooms] in your back yard; Everybody is growing mushrooms; If you know how to grow, you can [grow psilocybin mushrooms] in your closet."*

Consumers throughout OSAM regions reported that the most common route of administration (ROA) for LSD and psilocybin mushrooms is oral consumption, either eating, drinking, or swallowing. However, consumers in the Akron-Canton region also noted ocular absorption as an alternative ROA for LSD, with one consumer commenting, *"I've seen people put 'acid' in their eyeballs."* Cleveland consumers reported smoking PCP-dipped cigarettes. A consumer shared, *"They just smoke it. They dip the cigarette in [PCP]. They tear the filter out and they smoke it like that."*

Respondents generally described typical hallucinogen use as associated with people who attend music festivals, as well as hippies. Consumers in the Cleveland region indicated that typical PCP use is associated with Cleveland's east side. A consumer described, *"[On Cleveland's] east side ... lower income, black people, that's mostly where [PCP] is...."* Consumers also reported that hallucinogens are commonly used among people who use powdered cocaine, "Molly" (powdered MDMA), and marijuana. Consumers shared, *"I would say [people who use LSD are] the same crowd as cocaine and Molly, the suburban preppy kids with the higher-than-average household income; If a [marijuana user] were to do anything else besides marijuana, it would be psychedelics (hallucinogens)." Law enforcement in the Cleveland region also endorsed marijuana use as associated with hallucinogenic use. A member of law enforcement said, "A marijuana user ... the hippie ... someone that's just kind of relaxed [would use hallucinogens]...."*

Analysis of GPRA demographic data of all intake clients that indicated hallucinogen use during the past 30 days found that, of those who endorsed hallucinogen use, approximately 70% was male,

83% was under the age of 40 years, and 75% indicated white as their race.

GPRA Demographic Data of All Intake Clients Who Used Hallucinogens during the Past 30 Days (N = 47) <sup>1</sup>	
Male	70.2%
Female	25.5%
18 - 29	25.5%
30 - 39	57.4%
40 - 49	10.6%
50 - 59	0.0%
60 +	6.4%
White	75.0%
African American	27.3%
Other race <sup>2</sup>	2.3%
Hispanic/Latino ethnicity	4.3%

<sup>1</sup>Gender total does not equal 100.0% due to six individuals reporting as transgender, non-binary, or gender fluid. <sup>2</sup>Other race: American Indian. Note some consumers indicated more than one race, thus total percentage for race category is greater than 100.0%.

Reportedly, hallucinogens are most often used in combination with alcohol and marijuana. Other substances mentioned as combined with hallucinogens included: heroin/fentanyl, inhalants, “Molly” (powdered MDMA), and sedative-hypnotics. A consumer remarked, “They use ‘benzos’ (benzodiazepine) to come off [hallucinogens]...”

**Inhalants**

Respondents in half of OSAM regions (Akron-Canton, Athens, Cincinnati, and Youngstown) discussed current use of inhalants (duster [DFE] and nitrous oxide [N2O], aka “whippets”). Since inhalants are available through legal purchase, respondents reported current availability as high. Consumers discussed: “Just walk into Walmart.

*Back when it was open 24/7 (around the clock), you could get [inhalants] any time of day; Whippets are bought from a porn store in a little canister; [Availability of inhalants] is definitely a ‘10’ (high) ... you can get it at the hardware store, gas stations....”* However, a member of law enforcement from the Youngstown region remarked, “You can go to the store and buy [inhalants], but I don’t see people use it as much [as other drugs] because I don’t think it [produces] a long [lasting] high.” Consumers generally reported that the availability/use of inhalants has remained the same during the past six months. Respondents described inhalant use as most often associated with younger, high-school aged people due to the high accessibility of inhalants.

**Ketamine**

Respondents in half of OSAM regions (Akron-Canton, Athens, Cincinnati, and Youngstown) discussed current availability of ketamine (an anesthetic used in veterinary medicine) as moderate. A consumer in the Akron-Canton region commented on the need to have a personal connection to obtain ketamine, reporting, “I only got one person that knows where to get [ketamine].” Consumers in the Youngstown region reported that the substance that is being marketed and sold as ketamine might not actually be ketamine. One consumer shared, “There’s a lot of ‘K’ (ketamine) going around, but it’s not actually ketamine, it’s a research chemical.” Consumers indicated that the overall availability of ketamine has remained the same during the past six months.

Reportedly, the most common route of administration for ketamine is snorting. A consumer in the Akron-Canton region stated, “I think we all snort [ketamine].” Consumers described typical ketamine use as associated with people who attend music festivals and “raves” (dance parties), as well as hippies. A consumer commented, “[Ketamine] is popular among the ravers, party goers, ‘EDM’ (electronic dance music) scene.” When combined with other substances, ketamine is most often used in combination with “Molly” (powdered MDMA) and/or LSD.

**Kratom**

Respondents in half of OSAM regions (Akron-Canton, Cincinnati, Cleveland, and Toledo) discussed current use of kratom (mitragynine, a psychoactive plant substance). Due to its availability through legal purchase, respondents reported that kratom is highly available. Consumers discussed: *“You can get [kratom] anywhere; You can buy [kratom] at gas stations.”* Treatment providers echoed this sentiment, sharing: *“You can go to a head shop and get [kratom] ... order it online. It’s really easy [to obtain kratom]; You can buy [kratom] at any tobacco store or gas station, whatever convenience store you feel like going to....”* While respondents were unable to come to a consensus regarding change in availability/use of kratom during the past six months in any of the OSAM regions, they noted that treatment and probation programs have started to drug test for kratom. A Toledo consumer reported, *“[Treatment programs] started testing for kratom a few months ago.”* Treatment providers in Cincinnati and Cleveland regions reported: *“Probation is now testing for [kratom] because it’s being abused; [Kratom] has become such a problem that we actually treat for it ... we actually assess [clients] for [kratom misuse].”*

Other data sources indicated kratom use throughout OSAM regions. Millennium Health reported that 0.9% of the 88,437 urinalysis specimens submitted for kratom testing during the past six months was positive for kratom.

Respondents reported oral consumption as the most common route of administration for kratom. A treatment provider shared, *“I know a lot of people use the powder [kratom] and put it in drinks.”* Consumers and treatment providers described typical kratom use as associated with opioid use. They noted that kratom use is common among individuals trying to detox or self-medicate when experiencing opioid withdrawal symptoms, as one consumer reported, *“I used kratom to get off of Suboxone®.”* Treatment providers discussed: *“A lot of people don’t really understand what*

*kratom is ... just like Suboxone®, they kind of look at [kratom] as helping them get off heroin.... And before they know it, they’re using it daily; [Opioid users] think they are self-detoxing, but it is still addicting; [Kratom use is common among] people who don’t want to test positive for [drug use] but want to use something.”*

Millennium Health Urinalysis Test Results for Kratom during the Past 6 Months		
Region	% Tested Positive	Number Tested
Akron-Canton	1.4%	4,076
Athens	1.0%	4,588
Cincinnati	0.9%	9,586
Cleveland	0.6%	11,818
Columbus	0.8%	15,147
Dayton	1.2%	6,530
Toledo	1.1%	22,297
Youngstown	0.8%	14,305
<b>Total</b>	<b>0.9%</b>	<b>88,437</b>

**OTCs**

Consumers in Akron-Canton and Cincinnati regions discussed illicit use of over-the-counter medications (OTCs), such as Robitussin DM® and Coricidin® D. They reported these medications as highly available for illicit use since they are available through legal purchase. Cincinnati consumers discussed using different OTCs as a substitute for their drug of choice and knowing how many milligrams of an OTC to take to mimic different illicit substances. The most common route of administration for OTCs is oral consumption. Consumers described typical illicit OTC use as associated with young people, aged 12 to 25 years. Consumers in both regions noted the use of alcohol as often combined with illicit OTC use.

**Promethazine**

Respondents in Columbus and Dayton regions discussed current illicit use of promethazine (prescription-strength cough syrup with codeine, aka “lean” when mixed with soda). Consumers in the Dayton region reported that promethazine is highly available for illicit use. One consumer described, “[‘Lean’ is] everywhere. It’s cough syrup and they add stuff to it.” Dayton consumers reported the current street price for promethazine as \$50 per ounce, and the most common route of administration as oral consumption. Consumers in the Columbus region reported using promethazine as a potentiator to increase the effects of other drugs, such as fentanyl. A consumer stated, “You don’t have to buy as much fentanyl if you have potentiators.” Illicit use of promethazine is often combined with sedative-hypnotics, such as Klonopin®, and alcohol.

**Synthetic Marijuana**

Respondents in Akron-Canton, Cincinnati, and Youngstown regions reported moderate to high current availability of synthetic marijuana (synthetic cannabinoids). A treatment provider in the Akron-Canton region shared, “I think people see [synthetic marijuana] as [being just like] ‘weed’ (marijuana), and I don’t think they see the harm of using it...” Cincinnati consumers reported that the availability of synthetic marijuana has decreased during the past six months, while treatment providers in the Akron-Canton region reported that availability has remained the same.

BCI crime labs reported that the incidence of synthetic cannabinoids cases they process has decreased during the reporting period for the Akron-Canton region and remained the same for

Columbus, Dayton, and Toledo regions. The labs reported that they processed very few cases of synthetic cannabinoids for Athens, Cincinnati, Cleveland, and Youngstown regions. In addition to BCI reporting, other crime labs in Cleveland and Dayton regions submitted incidence data for synthetic cannabinoids. Cuyahoga County Regional Forensic Science Lab (Cleveland region) reported that the incidence of synthetic cannabinoids cases it processes has decreased during the reporting period, while Lake County Crime Lab (also Cleveland region) reported that the incidence of synthetic cannabinoids cases it processes has increased but remains low. Miami Valley Regional Crime Lab (Dayton region) reported that it did not process any cases of synthetic cannabinoids during the reporting period.

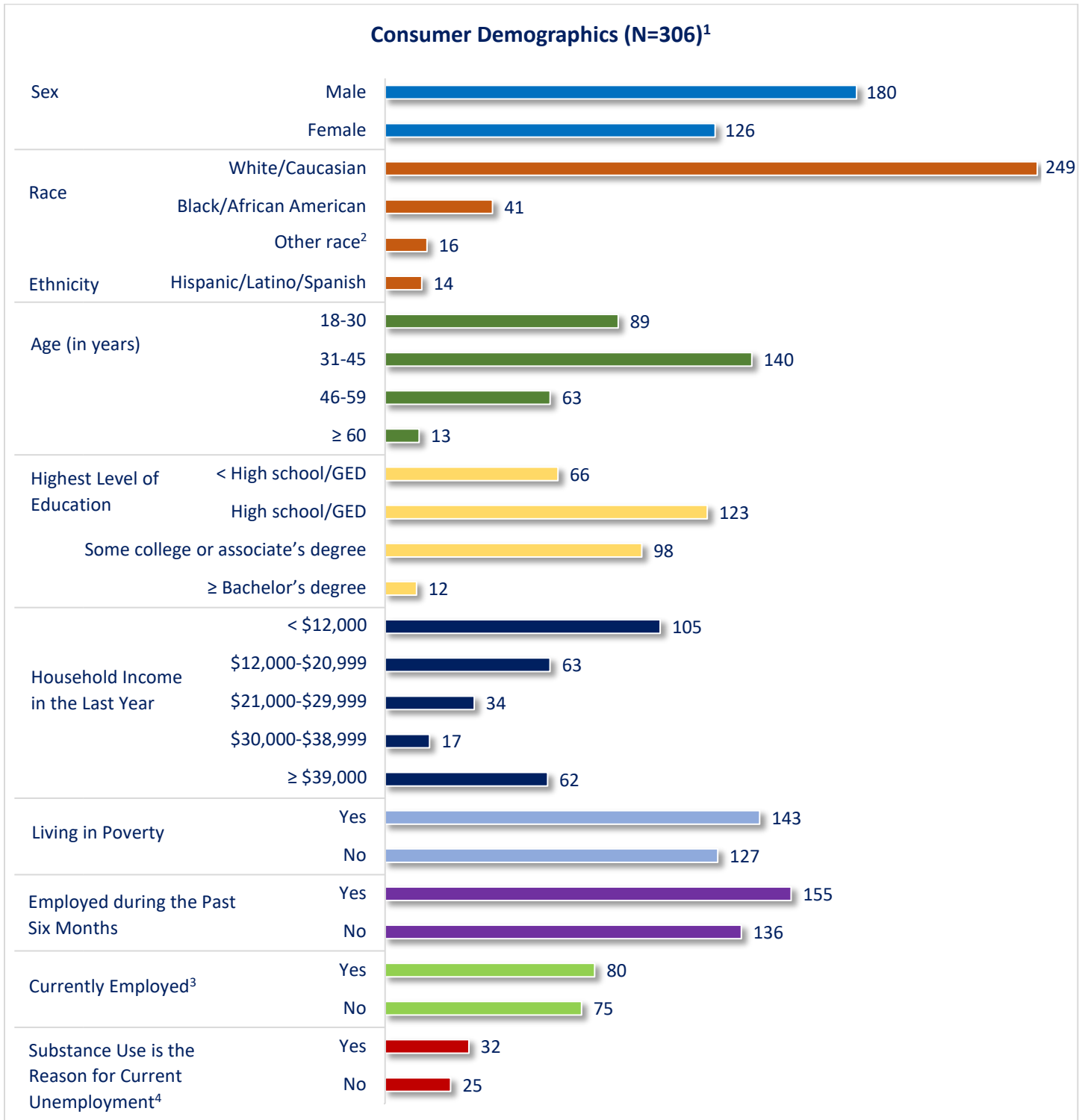
While consumers were not able to report on the current overall quality of synthetic marijuana, a Cincinnati consumer referred to synthetic marijuana as, “cheap, nasty stuff.” Consumers were also not able to provide pricing information for synthetic marijuana, but a consumer from the Akron-Canton region commented, “You can get a lot [of synthetic marijuana] for a little bit of money.” Consumers discussed smoking and oral consumption as routes of administration for synthetic marijuana. They most often described typical synthetic marijuana use as associated with

Current Street Names for Other Drugs	
Gabapentin	gabby, gabbies, gabs
Hallucinogens	LSD: acid, Sid PCP: sherm (PCP-dipped marijuana-filled cigar, aka “blunt”), stick (PCP-dipped cigarette), wet, whoo Psilocybin mushrooms: boomers, mushrooms, shrooms
Inhalants	duster, laughing gas, nitrous, whippets
Ketamine	K, special K
Over-the-Counter Medications	OTCs, robotrips (Robitussin DM®), triple C (Coricidin® D)
Promethazine	lean
Synthetic Marijuana	K2, spice

incarceration and individuals subject to random drug screenings, such as those on probation or parole. A consumer shared, *“People do [synthetic marijuana] because they don't drug test for it ... like for probation or whatever. So, people do it a lot more than what they say ... it's a way for people to get high and not get caught.”* Consumers discussed the popularity of synthetic marijuana within prison. A consumer remarked, *“[Synthetic marijuana] is the most common drug in prison right now....”* Consumers also reported that synthetic marijuana is not typically used in combination with other substances.

**APPENDICES**

APPENDIX A

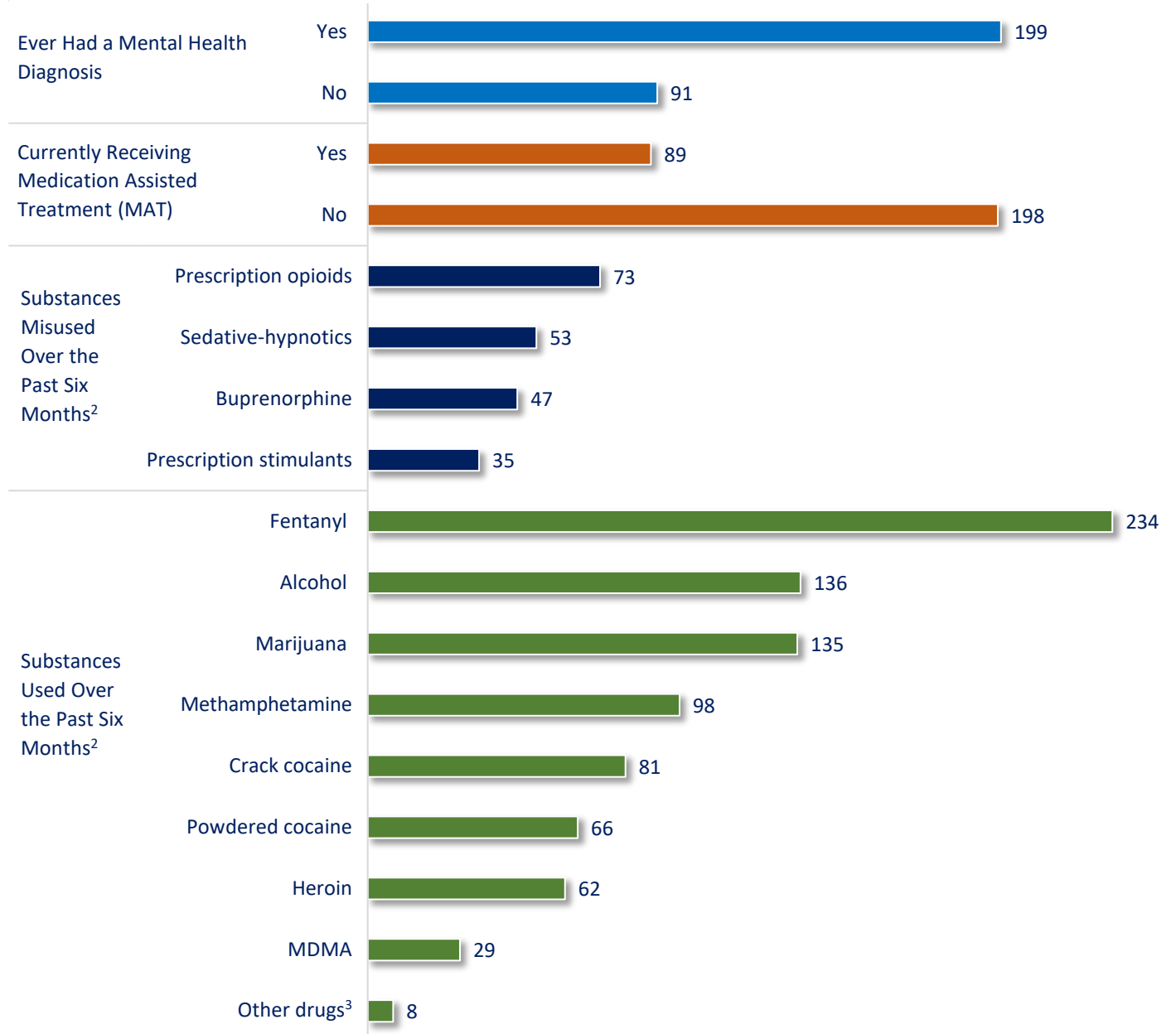


<sup>1</sup>Due to missing or excluded invalid responses, some totals may not equal 306. <sup>2</sup>Other race included: American Indian or Alaska Native, Asian, more than one race, and one consumer who did not specify their racial identity. <sup>3</sup>Question was only asked of consumers who indicated 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**

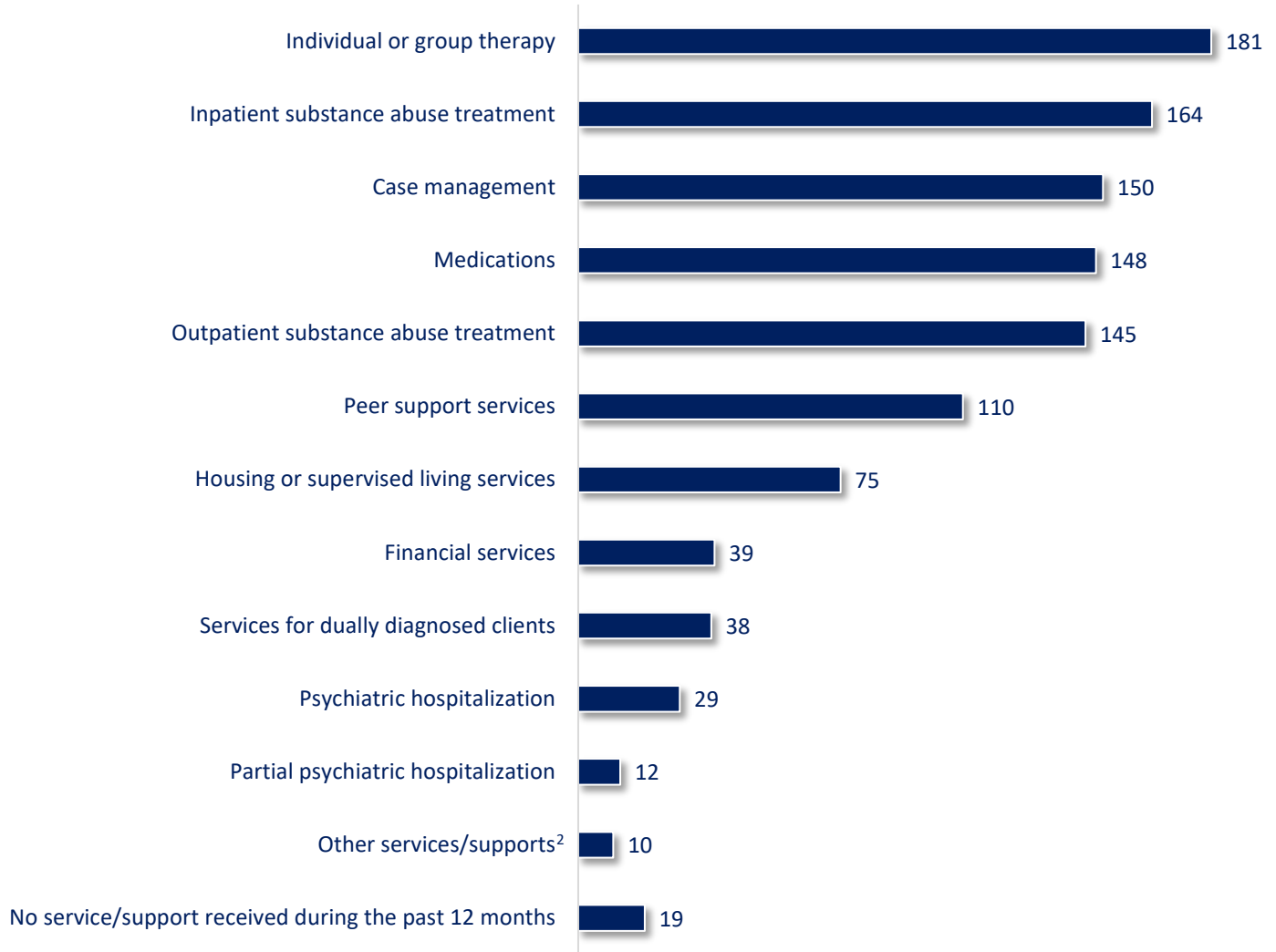
**Consumer Mental Health and Substance Use Characteristics (N=306)<sup>1</sup>**



<sup>1</sup>Due to missing or excluded invalid responses, some totals may not equal 306. <sup>2</sup>Consumers were allowed to choose more than one substance. Substances are not mutually exclusive. <sup>3</sup>Other drugs included: LSD, psilocybin mushrooms, inhalants, and synthetic cannabinoids.

**APPENDIX C**

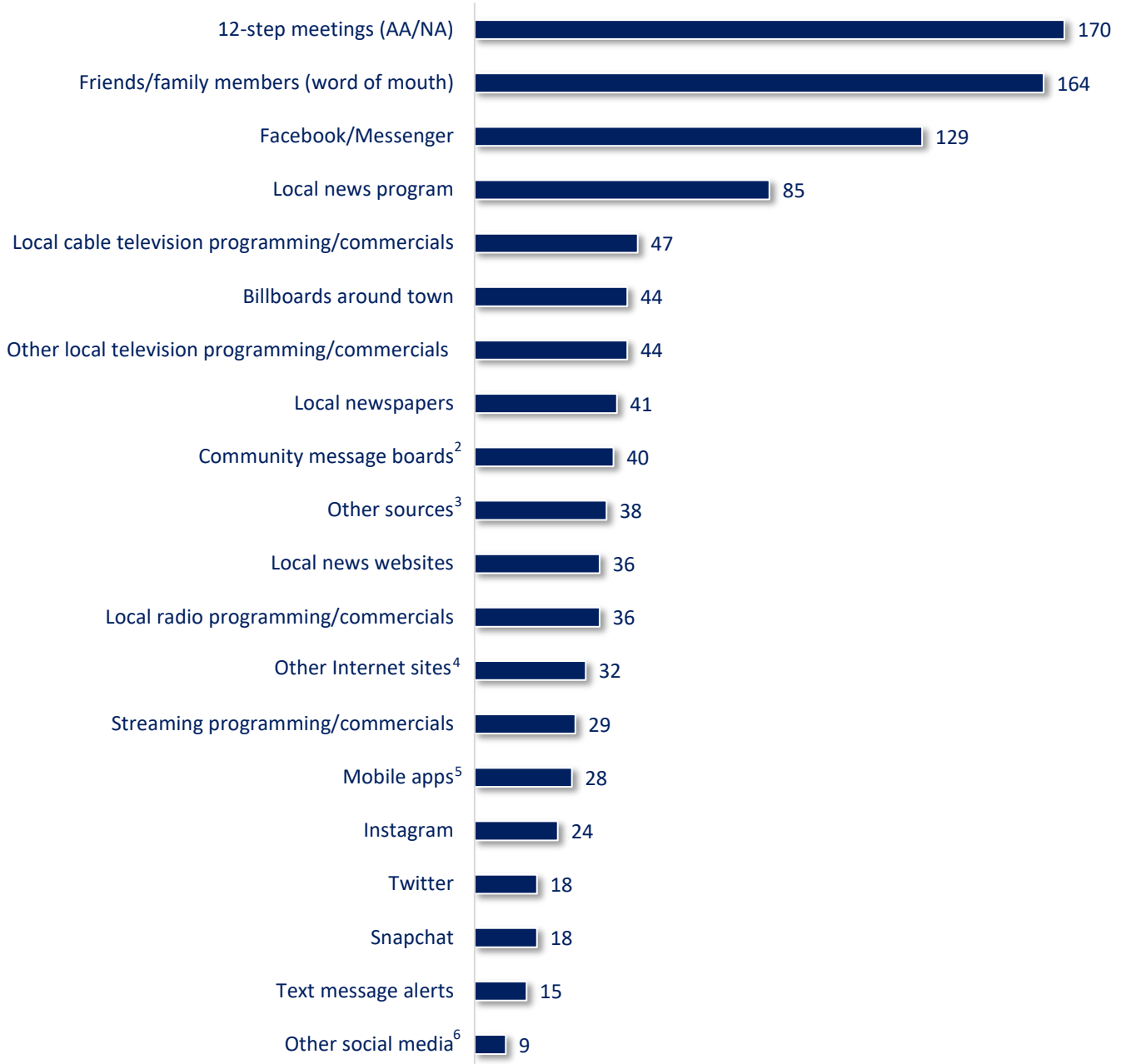
**Consumer Treatment/Support Services Received at Any Time During the Past 12 Months (N=285)<sup>1</sup>**



<sup>1</sup>Excludes missing data (N=21). Consumers were allowed to choose more than one treatment/support service. <sup>2</sup>Other services/supports included: bible study, jails and prisons, family drug court, and other treatment not specified.

APPENDIX D

**Consumer Sources of Learning About Recovery News, Activities, or Events in Consumer Communities (N=306)<sup>1</sup>**



<sup>1</sup>Consumers were allowed to choose more than one source. <sup>2</sup>Community message board locations included: Alcoholics Anonymous (AA) meeting, mental health and substance use disorder treatment facility, courthouse, health department, library, coffee shop, and probation office. <sup>3</sup>Other sources included: mental health and substance use disorder treatment facility, counselor office, church, doctor's office, drug court, hospital, jail, and probation office. <sup>4</sup>Other Internet sites included: AA.org, NA.org, CoDA.org, NewsBreak, and online documentaries. <sup>5</sup>Mobile apps included: I am Sober, In the Rooms, Narcotics Anonymous (NA), NewsBreak, Pink Cloud, and Sober Grid. <sup>6</sup>Other social media platform: TikTok.

**APPENDIX E**

**Hotline/Crisis Support Service Utilization**

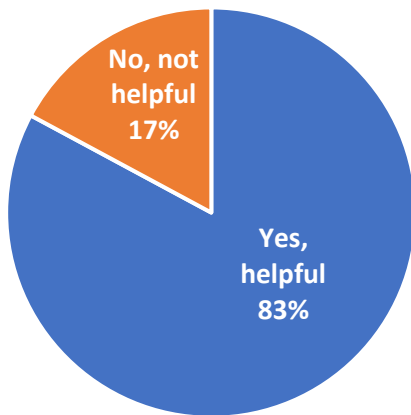
Of the 276 consumers who responded to the survey question regarding calling a local or national hotline or crisis support number, 12.8% reported calling one or more local or national hotline or crisis support number. Of those 35 consumers, two also reported texting a hotline or crisis support service.

Consumers contacted:

- 10 called 211
- 3 called a local treatment service hotline
- 1 called Alcoholics Anonymous (AA) National Hotline
- 1 called SAMHSA National Helpline (1-800-662-HELP)
- 21 did not specify which hotline/crisis support service they called
- 2 did not specify which hotline or support service they texted

Of the 35 consumers who reported contacting a hotline/crisis support service, 82.9% reported finding the hotline/crisis support service helpful.

**Did you find the hotline/crisis support service helpful? (N=35)**



*Helpful – Specified*

- 11 reported they were directed to useful resources, including food assistance, housing and rental assistance, legal help, and treatment
- 3 reported they were provided support
- 2 reported they were provided AA and NA meeting information
- 2 reported they received helpful answers to questions
- 11 reported it was helpful but did not specify how

*Not Helpful – Specified*

- 2 reported they were not provided resources near them
- 1 reported they were put on hold
- 1 reported they were not provided helpful information
- 2 reported it was not helpful but did not specify how