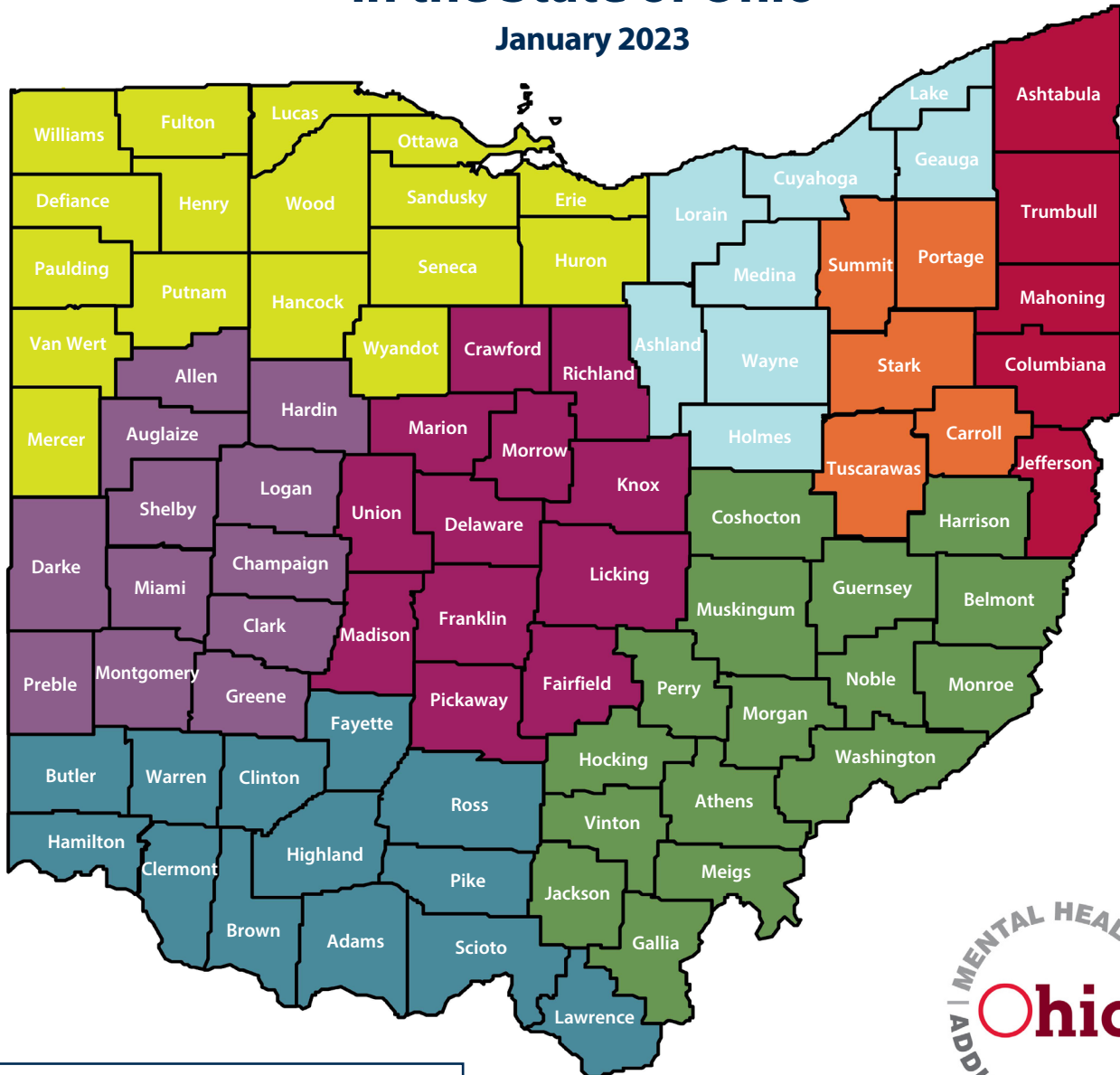




### Surveillance of Drug Use Trends in the State of Ohio

January 2023



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



# Surveillance of Drug Use Trends in the State of Ohio July - December 2022

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

July - December 2022

**Abstract**

The aim of the Ohio Substance Abuse Monitoring (OSAM) Network is to conduct drug use surveillance throughout Ohio and report on new and emerging substance use patterns every six months. Data for this current Drug Trend Report were collected through a mixed research methodology from July through December 2022. A total of 418 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 show that fentanyl and methamphetamine remain highly available throughout OSAM regions. Respondents described the current supply and demand for fentanyl as having remained high or increased during the past six months. Fentanyl is a primary drug of choice and one of the most accessible illicit drugs. Reportedly, the appeal of fentanyl remains its low cost and high potency relative to other street drugs. Drug dealers are adulterating most other illicit drugs with fentanyl to increase their customer base, and due to the high addictiveness of fentanyl, to ensure repeat business. Respondents who reported an increase in the availability of fentanyl during the past six months specifically indicated an increase in fentanyl-pressed pills. Ohio Bureau of Criminal Investigation (BCI) crime labs noted that fentanyl continues to be seen in complex mixtures, including in combination with multiple fentanyl analogues, such as para-fluorofentanyl, phencyclidine (PCP) analogues, and nitazene compounds (a group of powerful, illicit synthetic opioids). Respondents also continued to discuss high supply and demand for methamphetamine. Reportedly, drug cartels in Mexico are producing mass quantities of methamphetamine in super labs and flooding communities with a highly potent and cheaper alternative to other street drugs. Methamphetamine is also increasingly viewed as a “safer” alternative given the high risk for opioid overdose. However, OSAM secondary data sources indicated fentanyl as an adulterant for methamphetamine. People who use methamphetamine buy larger quantities of the drug to sell part to support the cost of their methamphetamine addiction. And due to excess supply and low cost, methamphetamine has become a popular adulterant for many other drugs. Reportedly, consumers often buy and use methamphetamine unbeknownst to them. For instance, methamphetamine is regularly passed off as MDMA (methylenedioxymethamphetamine, ecstasy/“Molly”). Law enforcement in the Dayton region reported that methamphetamine is being pressed into counterfeit oxycodone pills. A member of law enforcement in the Columbus region reported low current availability of nitazene compounds and indicated increased availability during the past six months. Nitazene compounds are reportedly purchased online and are typically used by people that use opioids. Cuyahoga County Regional Forensic Science Lab (Cleveland region) also identified nitazene compounds as emerging substances. A member of law enforcement in the Cincinnati region discussed current availability of xylazine (aka “tranq,” a powerful sedative that the FDA has approved for veterinary use only). Xylazine is reportedly an adulterant mixed with fentanyl and counterfeit pressed pills, including those resembling Percocet®. Because xylazine is not an opioid, naloxone (opioid overdose reversal medication, i.e., Narcan®) does not reverse its sedative effect. Typical xylazine use is associated with people who use fentanyl as xylazine is used as an adulterant for fentanyl. While not specifying xylazine, consumers in Akron-Canton and Cleveland regions mentioned potent tranquilizers being used as a “cut” (adulterant) for heroin/fentanyl. OSAM secondary data sources indicated xylazine as an adulterant for other drugs. BCI crime labs, Cuyahoga County Regional Forensic Science Lab, and Lake County Crime Lab (Cleveland region) indicated xylazine as an adulterant found in powdered heroin. Ohio State Highway Patrol Crime Lab indicated xylazine as an adulterant found in powdered cocaine. Coroner and medical examiner offices in Cincinnati and Cleveland regions reported 18 total drug-related deaths involving xylazine during the reporting period.

## Introduction

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/interviews and administer surveys to persons actively involved in illicit substance use and/or receiving treatment services for substance use disorder (SUD), referred to in OSAM reporting as “consumers,” and community professionals (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 real-time 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 20, 2023. It is based upon qualitative data collected from July through December 2022 via focus groups and interviews. OSAM researchers in the Bureau of Quality, Planning, and Research in the Office of Community Planning and Collaboration at OhioMHAS aggregated data from throughout OSAM regions to compile this summary report.

### Data Sources

OSAM respondents were 334 consumers, 40 treatment providers, and 44 members of

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

Participating respondents were recruited from the following 29 counties, arranged by OSAM region: Akron-Canton (Portage, Stark, and Summit); Athens (Athens, Gallia, Hocking, Muskingum, Vinton, and Washington); Cincinnati (Butler, Hamilton, Highland, and Ross); Cleveland (Cuyahoga, Geauga, and Lake); Columbus (Franklin, Knox, Licking, and Richland); Dayton (Allen and Montgomery); Toledo (Defiance, Fulton, Lucas, and Wood); and Youngstown (Columbiana, Jefferson, and Mahoning).

Consumer Demographic Profile		
Indicator	Ohio <sup>1</sup>	OSAM Consumers <sup>2</sup>
Total Population, 2022	11,756,058	334
Gender (female), 2021	50.7%	38.3%
White, 2021	81.2%	76.6%
African American, 2021	13.2%	16.8%
Hispanic or Latino Origin, 2021	4.3%	5.1%
High School Graduation Rate, 2017-2021	91.1%	76.9%
Median Household Income, 2017-2021	\$61,938	\$14,000-17,999 <sup>3</sup>
Persons Below Poverty Level, 2017-2021	13.4%	53.6%

<sup>1</sup>Ohio statistics were derived from the most recent US Census. <sup>2</sup>Consumers from this reporting period: July through December 2022. Due to missing or excluded invalid responses, some percentages may not be based on the total number of consumers. <sup>3</sup>Consumers reported income by selecting a category that best represented their household’s approximate income for the previous year.

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

- Columbus Fire Department (Columbus region)
- Coroner and medical examiner offices
  - Athens County Coroner’s Office (Athens region)
  - Cuyahoga County Medical Examiner’s Office (Cleveland region)
  - Hamilton County Coroner’s Office (Cincinnati region)
  - Montgomery County Coroner’s Office (Dayton region)
  - Scioto County Coroner’s Office (Cincinnati region)
- Family and juvenile courts, municipal courts, common pleas courts, and drug courts
  - Fairfield County Municipal and Common Pleas Court (Columbus region)
  - Hancock County Probate Court (Toledo region)
  - Summit County Juvenile Court (Akron-Canton region)
- Millennium Health Drug Testing Laboratory (all OSAM regions)
- Ohio Department of Public Safety (all OSAM regions)
- Ohio Bureau of Criminal Investigation (all OSAM regions)
- Ohio State Highway Patrol Crime Lab (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 through June 2022. All secondary data are summary data of cases processed from January through June 2022. Note OSAM respondents were asked to report on knowledge of drug use pertaining to the past six months prior to the focus group/interview; thus, current secondary data correspond to the reporting period of respondents.

## Powdered Cocaine

Powdered cocaine is highly available in half of OSAM regions (Cleveland, Dayton, Toledo, and Youngstown), while in the other half of regions, there was no consensus as to the current availability of powdered cocaine. In regions where respondents were not in agreement, availability

was said to be dependent on one’s drug connections. Reportedly, powdered cocaine is not a drug readily available for street purchase but rather a drug one would have to contact a known dealer to purchase. Consumers discussed: *“From what I hear, people are having a hard time [finding powdered cocaine], but for me, I have friends who sell it.... I can always get it; For me, [powdered cocaine is] easy to get. Not a problem. I still have people that I know that can get good ‘powder’ (powdered cocaine); I can just make a phone call.... I know a lot of people I can get [powdered cocaine] from.”* A law enforcement officer in the Akron-Canton region said, *“You don’t have people on street corners selling [powdered cocaine].... But it’s very easy for us to find sources that can get [powdered] cocaine.”* One consumer in the Athens region remarked, *“I don’t do ‘coke’ (powdered cocaine) that often, but when I do, it takes me longer to find it [than other drugs].”*

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

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

Reportedly, powdered cocaine remains prevalent in the bar scene. One consumer shared, “[Powdered cocaine] is more available in the bar scene. It’s a social thing, ‘Hey, I’m gonna do a bump’ (dose of powdered cocaine)... [If] you go to the grocery store or corner store, a lot of people aren’t selling powder, they’re selling ‘balloons’ (1/10-gram amounts of heroin/fentanyl packaged in balloons) or ‘dime bags’ (1/10-gram amounts of heroin/fentanyl packaged in little baggies).” Other comments included: “[Powdered cocaine] goes good with alcohol; The number one bar scene drug is [powdered] cocaine. Drink at the bar [then] smoke some cocaine to wake (sober) up; I smoked some [powdered cocaine] last Friday. It’s easy to get, too. All you have to do is ask [around a bar room]; [Drug dealers in certain bars] offer it. They say, ‘Hey, you looking to feel good? Anyone want to party [with powdered cocaine]?’; [Powdered cocaine is] a party drug.”

Powdered cocaine is not a common drug of choice and is less available and in demand than other less expensive, more potent alternatives, such as methamphetamine and fentanyl. Consumers noted: “[Powdered] cocaine is just junk (poor

quality) these days. People would rather have methamphetamine; [Powdered cocaine availability/demand is low] because of the abundance of methamphetamine [and] cocaine is an expensive drug.... It’s a rich man’s drug; [Powdered cocaine] would be harder to find [than methamphetamine]; Fentanyl and methamphetamine are cheaper and last longer; [Powdered cocaine is] available, but I’d say it’s a little out of style.”

Treatment providers discussed: “[Powdered

cocaine] is not as prevalent as ‘meth’ (methamphetamine); [Powdered cocaine is] not a drug of choice that I’m seeing in my [treatment client] population; I have 30 people on my [treatment] caseload and only one that reports [powdered] cocaine use. I haven’t had any reports [of powdered cocaine] as their primary drug of choice; I think meth [is] cheaper. So, if they’re chasing a ‘speed’ (stimulant high), they’ll use meth.” Law enforcement added: “We still recover [powdered cocaine], but not as much as the meth and the fentanyl; Cocaine’s pretty expensive compared to the other drugs....”

Powdered cocaine is less available than crack cocaine. Reportedly, drug dealers buy up available powdered cocaine to manufacture the more profitable crack cocaine. Respondents said: “When people have [powdered] cocaine, they are normally big [drug] dealers; When [drug dealers] get [powdered cocaine], they are just going to rock it up (make it into crack cocaine). Not even a quarter of it is used as powder; [Drug dealers] are using all their powder to make ‘crack’ (crack cocaine), they make more money on [crack cocaine]; A lot of times, I’ve seen [drug dealers] that got powder ... [but] they don’t necessarily want to [sell] the powder.... They lose money that way. Smoke crack,



*you junk (constantly crave) more, you want more, more than if you snort powder; Yeah, I can do some [powdered cocaine] and put it away ... crack you're on it and you're on it (purchasing it) all damn night."*

Throughout OSAM regions, respondents reported that the availability of powdered cocaine has remained the same during the past six months. Law enforcement in the Akron-Canton region commented: *"Even with all the [increase in] methamphetamine use ... it seems like both powdered and crack cocaine have remained desired drugs here, [demand] has kind of never gone down or up. It's just kind of a constant; I agree ... [powdered cocaine] has remained pretty much constant around here; We haven't really seen too much of a shift in [powdered cocaine] availability. The only time really [that the availability of powdered cocaine changed was] during COVID when everyone kind of shut down and drugs kind of slowed down. But recently, it's been ... status quo."*

Ohio Bureau of Criminal Investigation (BCI) crime labs reported that the incidence of powdered/crack cocaine cases they process has increased for Cincinnati, Columbus, and Youngstown regions; decreased for Cleveland, Dayton, and Toledo regions; and remained the same for Akron-Canton and Athens regions. In addition to BCI reporting, other crime labs in Cleveland and Dayton regions submitted cocaine incidence data. Cuyahoga County Regional Forensic Science Lab and Lake County Crime Lab (both Cleveland region) and Miami Valley Regional Crime Lab (Dayton region) reported that the incidence of powdered/crack cocaine cases they process has increased during the reporting period [Cuyahoga County Regional Forensic Science Lab does not differentiate between powdered and crack cocaine, and this pattern reflects powdered cocaine only].

Other data sources indicated powdered cocaine as available throughout OSAM regions during the reporting period. Ohio Department of Public Safety reported drug task force seizure of 269.9 kilograms (593.7 lbs.) of powdered cocaine from throughout OSAM regions; of which, 52.1% was seized from the Cincinnati region, and 16.9% and 16.5%,

respectively, were seized from Columbus and Cleveland regions. Fairfield County Municipal Court (Columbus region) reported that, of the 3,359 positive adult drug specimens it recorded during the past six months, 1.7% was positive for powdered/crack cocaine. Hancock County Probate Court (Toledo region) reported, that of the 38 positive adult drug test results it recorded during the past six months, 7.9% was positive for powdered/crack cocaine. Summit County Juvenile Court (Akron-Canton region) reported that, of the 118 cocaine tests it performed during the past six months, 4.2% was positive for powdered/crack cocaine. Millennium Health reported that 7.6% of the 117,668 urinalysis specimens submitted for cocaine testing was positive for powdered/crack cocaine.

Region	% Tested Positive	Number Tested
Akron-Canton	4.3%	7,177
Athens	1.9%	11,962
Cincinnati	2.7%	11,232
Cleveland	4.7%	18,391
Columbus	14.2%	31,027
Dayton	5.2%	4,089
Toledo	10.7%	22,847
Youngstown	1.4%	10,943
<b>Total</b>	<b>7.6%</b>	<b>117,668</b>

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

Coroner and medical examiner offices in the counties of Athens (Athens region), Cuyahoga (Cleveland region), Hamilton (Cincinnati region), Montgomery (Dayton region), and Scioto (Cincinnati region) reported that 7.7%, 40.1%, 36.1%, 21.4%, and 6.7%, respectively, of all drug-related deaths they recorded this reporting

period (13, 302, 208, 434, and 45 deaths) involved powdered/crack cocaine. GPR (Government Performance and Results Act) data collected from 5,949 persons entering publicly funded SUD treatment programs during the past six months found 15.3% reported powdered/crack cocaine use 30 days prior to intake.

GPR Intake: Cocaine Use <sup>1</sup> during the Past 30 Days		
Region	% Yes	Total N
Akron-Canton	12.1%	396
Athens	2.8%	399
Cincinnati	17.4%	1,301
Cleveland	16.0%	1,335
Columbus	22.1%	1,360
Dayton	4.9%	308
Toledo	14.9%	558
Youngstown	3.8%	292
<b>Total</b>	<b>15.3%</b>	<b>5,949</b>

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

Media outlets reported on law enforcement seizures and arrests related to powdered cocaine this reporting period (selected media reports follow). Federal agents arrested a North Royalton man (Cuyahoga County, Cleveland region) who led seven street-level drug dealers and brought 1,350 pounds of cocaine to Northeast Ohio over the past three years (2019-2022), generating \$20 million in cocaine sales; all eight people were indicted on conspiring to distribute cocaine, cocaine possession, and weapons charges ([www.cleveland.com](http://www.cleveland.com), June 1, 2022). U.S. Department of Justice announced the arrest of two men in Cincinnati (Hamilton County, Cincinnati region) after police found more than 66 pounds of cocaine and at least 10 pounds of heroin, valued at more than \$1 million, inside an SUV being transported from California to Cincinnati; the two

men received the drugs in Cincinnati and were charged with conspiring to possess with intent to distribute at least one kilogram of heroin and five kilograms or more of cocaine ([www.wcpo.com](http://www.wcpo.com), June 2, 2022). Geauga County Sheriff’s officers (Cleveland region), with the aid of a K9 officer, arrested a man during a traffic stop and probable cause vehicle search after finding a large amount of suspected powdered cocaine, crystal methamphetamine, a bulk number of unidentified pills, marijuana, criminal tools, and a large amount of cash ([www.cleveland19.com](http://www.cleveland19.com), May 16, 2022). Ohio State Highway Patrol (OSHP) arrested two men during a traffic stop and probable cause search in Scioto County (Cincinnati region); a K9 officer alerted to drugs in the stopped van, revealing \$56,250 (625 grams) of suspected cocaine ([www.fox8.com](http://www.fox8.com), April 18, 2022). During a drug investigation, Lorain Police (Lorain County, Cleveland region) reported discovering 28 pills made to look like a prescription blood pressure medication called metoprolol that a crime lab determined were cocaine ([www.fox8.com](http://www.fox8.com), March 23, 2022). Portage County Sheriff’s officers (Akron-Canton region) executed a search warrant at a home in Ravenna and seized approximately 61 grams of cocaine, pressed-fentanyl pills, THC cartridges, marijuana, two firearms, and cash; the Sheriff’s office notified county family services to report two children and a disabled adult living in the home ([www.cleveland19.com](http://www.cleveland19.com), Feb. 1, 2022). OSHP arrested two men during a traffic stop on I-70 in Madison County (Columbus region) after finding \$155,000 (11 pounds) of powdered cocaine; with the aid of a K9 officer, troopers found the five bricks of cocaine in a hidden compartment in a rear wall of the car ([www.nbc4i.com](http://www.nbc4i.com), Jan. 25, 2022). Cleveland’s Drug Enforcement Agency (DEA) office (Cuyahoga County) arrested three men with ties to Mexican drug cartels, a result of an investigation into the cocaine pipeline to Cleveland; agents confiscated 50 pounds of cocaine and more than \$2.4 million packaged in shrink wrap from a storage facility in Cleveland ([www.cleveland.com](http://www.cleveland.com), Jan. 21, 2022).

## 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 '1' for the Athens region to '10' for the Cleveland region. However, consumers throughout regions continued to indicate variability in quality, primarily based on dealer and the amount of adulterant (aka "cut") in the drug. Comments included: "[The quality/purity of powdered cocaine is moderate] *because you either get good [powdered cocaine] or you don't. It's hit or miss; [Quality] depends on where you get [powdered cocaine] from, but mines always been good; [Powdered cocaine quality] depends on the day, depends on the batch; I would buy [powdered cocaine] like three times in a week and one of those times it was actually good.*" Relative to methamphetamine, respondents perceived the quality/potency of powdered cocaine as less. A consumer explained, "*I think a lot of people down rate (perceive the potency of powdered cocaine to be lower) because they are used to the methamphetamine, which has such a super potency compared to the [powdered] cocaine....*" Overall, consumers noted that the quality of powdered cocaine has remained the same during the past six months. However, one consumer remarked, "[Powdered cocaine quality has] *been the same but some people are getting stuff that is 'cut' (adulterated) with fentanyl.*"

Consumers discussed adulterants that affect the quality of powdered cocaine and reported that the top cutting agents for the drug are baby laxatives, baking soda, creatine, and fentanyl. They explained that drug dealers adulterate powdered cocaine to increase product volume and sales, saying: "*You aren't getting pure cocaine, people need to stretch it to make more money, which decreases quality; Everyone is 'stepping on' (adulterating) [powdered cocaine], it is all about the money; [Drug dealers] add all kinds of powders ... to make the batch bigger (increase their supply of powdered cocaine).*"

Consumers in half of OSAM regions (Akron-Canton, Cleveland, Toledo, and Youngstown) discussed

fentanyl as a cut for powdered cocaine, and consumers in half of the regions (Akron-Canton, Cleveland, Dayton, and Toledo) reported powdered cocaine cut with methamphetamine. Regarding fentanyl, consumers commented: "*I know people who have [drug] tested positive for fentanyl [after using powdered cocaine]; I tested positive for [fentanyl] and I was doing [powdered] cocaine; I had a friend 'OD' (overdose) on [powdered] cocaine that was cut with fentanyl.*"

OSAM secondary data sources indicated fentanyl as an adulterant for powdered/crack cocaine. Coroner and medical examiner offices in the counties of Athens (Athens region), Cuyahoga (Cleveland region), Hamilton (Cincinnati region), Montgomery (Dayton region), and Scioto (Cincinnati region) reported that 100.0%, 78.5%, 81.3%, 86.0%, and 100.0%, respectively, of all cocaine-related deaths they recorded this reporting period (1, 121, 75, 93, and 3 deaths) also involved fentanyl.

Other adulterants for powdered cocaine mentioned included: acetone, baby formula, baby powder, baking powder, butane, caffeine pills, coffee creamer, cosmetics (powdered foundations), ether, fiber, flour, headache powders, head shop cutting agents, ibuprofen, inositol (dietary supplement), laxatives, local anesthetics (lidocaine and procaine), mannitol (diuretic), MDMA (methylenedioxymethamphetamine, ecstasy/"Molly"), niacin, oral numbing agents, powdered sugar, rat poison, sedative-hypnotics (benzodiazepines), sugar, and vitamins (B and 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, fentanyl, lactose, levamisole (livestock dewormer), local anesthetics (benzocaine, lidocaine, and procaine), mannitol (diuretic), methamphetamine, phenacetin (banned analgesic), tramadol, xylazine (animal sedative)

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

**Street Names**

Current street jargon includes many names for powdered cocaine. Throughout OSAM regions, the term most often noted for powdered cocaine remains “girl.” Consumers also continued to note “white girl” as another common name and discussed names of white female celebrities as popular in reference to powdered cocaine (“Betty White,” “Christina Aguilera,” “Lindsay Lohan,” and “Miley Cyrus”). Comments included: “[Powdered cocaine is called] *‘white girl’ because [the color is] white; Any white girl name basically [can be used to reference powdered cocaine].*”

Other common street names denote the usual white color of powdered cocaine (“ski,” “snow,” “snowball,” and “Snow White”). A consumer shared, *“We would say, ‘Want to go skiing?’ or, ‘Do you want to have a snowball fight?’ [when referring to powdered cocaine].*” Another consumer explained the street term, “yayo,” remarking, “[Powdered cocaine is called] *‘yayo’ ... because it makes you want to scream....*” And in the Toledo region, consumers reported the use of the Spanish word, “perico,” when talking about powdered cocaine.

Current Street Names for Powdered Cocaine	
Most Common	girl/white girl, powder, soft
Other	Betty White, bitch, blow, booger sugar, Britney, Christina/Christina Aguilera, coca, coke, dope, fish scale, flake, Lindsay Lohan, nose candy/candy, Miley Cyrus, perico, pow wow, ski/skiing, slopes, snow, snowball, snowman, Snow White, software, yayo

**Pricing**

Consumers throughout OSAM regions reported that the most common quantity of purchase for powdered cocaine is a gram for \$80-100, although consumers noted that a gram can sell as low as \$50 in the Youngstown region and as high as \$120 in

the Columbus region. Reportedly, 1/8 ounce (aka “eight ball”) most often sells for \$120-250 and can sell for \$300-350 for higher quality powdered cocaine. A consumer remarked, “[Price depends on] *quality of the ‘dope’ (powdered cocaine) ... if it is good, it is expensive.*” In addition, consumers in Athens and Toledo regions reported 1/10-gram amounts of powdered cocaine as available for \$10. A consumer in the Toledo region stated, *“You can get ‘dimes’ (1/10-gram amounts of powdered cocaine) ... usually about \$10.”*

Consumers generally referred to powdered cocaine as an expensive drug. Comments included: “[Powdered cocaine is] *an expensive drug in places; [Powdered cocaine is] the ‘rich man’s drug.’*” However, reportedly, some dealers sell powdered cocaine cheaper for larger amounts. Consumers in six OSAM regions reported that the price of powdered cocaine has remained the same during the past six months, while consumers in the Dayton region reported increased pricing and consumers in the Athens region were not in agreement as to prices having remained the same or increased. Consumers in the Dayton region attributed increased pricing to a tightening supply of powdered cocaine, with one consumer saying, *“There is not enough powered cocaine on the street.”*

**Route of Administration**

The most common route of administration (ROA) for powdered cocaine remains snorting. Throughout OSAM regions, consumers estimated that out of 10 people that use powdered cocaine, 5-10 would snort, 0-5 would “shoot” (intravenously inject), and 0-2 would smoke the drug. Consumers discussed: *“The majority are going to snort [powdered cocaine] but you may have that one or two that are going to shoot it; If you’re shooting [one drug], you’re shooting anything you do; I stopped snorting [powdered cocaine] once I started ‘using a needle’ (intravenous injection); I sold a lot of [powdered] cocaine to kids in college. Most of them haven’t moved their way up to ‘needles’ (intravenous injection).... Most of them are just snorting; I used to [put powdered cocaine] at the end of my cigarette [to smoke].”*

Consumers mentioned other ROAs for powdered cocaine, including freebasing (placing the drug on aluminum foil, holding a flame under the foil, and inhaling the resulting vapors, usually through a glass straw), oral consumption (rubbing on one’s gums), and “boofing” (anal insertion). Comments included: *“My dad and I would freebase [powdered cocaine]; People rub [powdered cocaine] on their gums.”*

**Typical Use Profile**

Throughout OSAM regions, consumers and community professionals most often described typical powdered cocaine use as associated with alcohol use, businesspeople/professionals (e.g., lawyers), college students, and middle to high socio-economic status. Respondents reported: *“[Powdered cocaine is] more for people that party ... you’re going out to the nightclubs or going out to the bars ... use [powdered cocaine] to have a good time; College ... clients tell us they’ll go to like the frat (fraternity) houses and all you have to do is say you want to drink [alcohol] longer, and you’re on your way (provided powdered cocaine); College is the place to sell [powdered] cocaine; I’ve sold [powdered cocaine] to lawyers. I’ve sold to doctors, teachers; [Powdered cocaine] is for rich people because it is expensive; [Powdered cocaine is] a corporate thing. You see a lot of corporate guys [using powdered cocaine].”*

Other common descriptors of powdered cocaine use included: drug dealers, manual laborers, people who work long hours, and white people. Comments included: *“[Powdered cocaine] is more of a white person/Caucasian person’s drug; Factory workers [use powdered cocaine]; [Typical powdered cocaine use is among] people who work long hours, like in trade work, and need to stay up; A lot of drug dealers use [powdered] cocaine.”*

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, 54.6% was male, approximately half was under the age of 40 years, and 69.3% indicated white as their race.

<b>Male</b>	<b>54.6%</b>
<b>Female</b>	<b>44.8%</b>
<b>18 - 29</b>	<b>16.6%</b>
<b>30 - 39</b>	<b>34.3%</b>
<b>40 - 49</b>	<b>21.3%</b>
<b>50 - 59</b>	<b>17.4%</b>
<b>60 +</b>	<b>10.3%</b>
<b>White</b>	<b>69.3%</b>
<b>African American</b>	<b>32.2%</b>
<b>Other race<sup>3</sup></b>	<b>4.5%</b>
<b>Hispanic/Latino ethnicity</b>	<b>5.8%</b>

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

**Use Combinations**

Many other substances are used in combination with powdered cocaine. Consumers continued to report that powdered cocaine is most often used in combination with alcohol, heroin/fentanyl, and marijuana. Powdered cocaine is paired with alcohol to enable the drinking of large amounts of alcohol over extended periods. A consumer highlighted, *“[With powdered cocaine] you can drink [a lot of alcohol] and party all night.”*

Reportedly, alcohol, along with other depressant drugs, is also used after powdered cocaine use to come down from the stimulant high. Consumers said: *“[Alcohol] helps you come down [from powdered cocaine]; ‘Weed’ (marijuana) brings you down [after powdered cocaine use]; I would do Xanax® [following powdered cocaine] to balance. Like, when you want to come down from coke, you*

*just take some Xanax®. That way you know you can get sleep in a couple hours. Once you pop that ‘xannie bar’ (Xanax® 2 mg), you’ll be alright.”*

Heroin/fentanyl and prescription opioids are used in combination with powdered cocaine to “speedball” (concurrent or consecutive stimulant and depressant highs). One consumer stated, *“Percocet® and then [powdered] cocaine was like an all-day [high].”* Other stimulant drugs, such as methamphetamine, are used in combination with powdered cocaine to enhance or extend the cocaine high. And LSD (lysergic acid diethylamide, aka “acid”) and MDMA combined with powdered cocaine also are said to intensify one’s high.

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

## Crack Cocaine

Crack cocaine remains highly available in most OSAM regions. One consumer remarked, *“There are a lot of people who smoke ‘crack’ (crack cocaine). You would be surprised.”* Reportedly, street purchase of crack cocaine remains prevalent in some inner-city neighborhoods and delivery can often be arranged. Consumers said: *“You go to Columbus, you can get [crack cocaine] anywhere; [Crack cocaine] is on every street corner; It’s not even that I know where to get [crack cocaine], it’s just if you ask a random [drug dealer], and if they don’t have [crack cocaine], they can tell you where to get it; I’ve got about six different people I could call right now that would come from Toledo out here (Wood County) [to sell me crack cocaine], as long as I’m spending over \$100.”* In addition, consumers reported knowledge of “crack houses,” residences used in the illicit drug trade, where one

can buy and use crack cocaine. They observed: *“[In Dayton, there are] dope (crack) houses where you can go in, buy, and use; Almost every neighborhood in Toledo has a ‘crack house.’”*

Respondents in the Athens region and community professionals in the Akron-Canton region approximated the current availability of crack cocaine as moderate, often citing waning demand for the drug as methamphetamine gains in popularity due its potency and high accessibility. Respondents indicating moderate availability commented: *“The [drug] market is so saturated with the methamphetamine ... that [crack cocaine] is kind of a secondary go to [drug]; You have the ‘regulars,’ who’ve used [crack cocaine] for years, but then it’s not predominant anymore; It’s not as popular as fentanyl or ‘meth’ (methamphetamine).”* Treatment providers in the Akron-Canton area noted: *“There aren’t as many people who, in my experience, are using it or identify crack [cocaine] as their drug of choice; I just think there’s less users of [crack cocaine]. But if they want it, they can get it.”*

Compared with powdered cocaine, crack cocaine is less expensive for consumers but more profitable for dealers. Since powdered cocaine is the precursor to crack cocaine, it can be adulterated, increasing volume, and creating more product for sale. Moreover, given the short duration of its high, consumers will need a steady supply of crack cocaine to maintain the desired effect. Thus, drug dealers are assured repeat customers if selling crack cocaine. Consumers explained: *“The seller can make more profit selling crack because, while the [powdered] cocaine base is pricey, you water (adulterate) it down ... with baking soda or whatever so you are doubling or tripling your weight (volume for sale) and so there is much more profit in crack than there is powdered ‘coke’ (cocaine); [Crack cocaine is] the main source of income for dealers around [Youngstown]. It’s so addictive ... people just keep coming back [to buy more crack cocaine]; [Crack cocaine] is a drug you chase. You keep trying to get that high because it only lasts for a second; Crack is more prevalent to the area (Jefferson County, Youngstown region) than [powdered] cocaine. We see it more often in lower-income areas ... it’s cheap.”*

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

*left.... You still have people smoking crack ... that didn't change; [Crack cocaine is] a constant, 'always-there' kind of drug; [The availability of crack cocaine] doesn't fluctuate. It's steady; [Crack cocaine availability has] always been a '10' (highly available), for forever." Consumers attributed the continued high availability and use of crack cocaine to the lessening of stigma related to its use. They said: "The stigma on crack has ... long disappeared. Crack has become more socially acceptable now than it ever has been; I think [the high availability of crack cocaine]*

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

*is because young kids are growing up thinking selling crack is cool."*

In addition, due to the popularity of "speedball" (concurrent or consecutive stimulant and depressant highs), reportedly, it is common for heroin/fentanyl dealers to also carry crack cocaine. Consumers discussed: "Guaranteed that if a dealer sells heroin, [they also] sell crack; I wasn't even going to get heroin if [my dealer] didn't have crack. He had to have both; Like every time I'm going to see a 'dope man' (drug dealer) for my heroin ... the 'dope boy' (drug dealer) is gonna give me some crack, too.... I buy some crack with [heroin]. But a lot of times [a crack cocaine sample is free with a heroin purchase], it's just, 'Here. Here's a tester. Try this out.'" However, respondents noted that crack cocaine is often adulterated with fentanyl unbeknownst to some consumers. A law enforcement officer in the Cleveland region stated, "We are seeing more [crack cocaine] mixed with fentanyl than we have ever seen before."

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

Throughout OSAM regions, the availability of crack cocaine has remained the same during the past six months. Respondents commented: "[Crack cocaine is] still available, just like it has always been. We don't talk about crack anymore because opiates took over and was killing people but crack never

Other data sources indicated crack cocaine as available throughout OSAM regions during the

reporting period. Ohio Department of Public Safety reported drug task force seizure of 4.1 kilograms (9.1 lbs.) of crack cocaine from throughout OSAM regions during the reporting period; of which, 26.4% was seized from the Columbus region. Fairfield County Municipal Court (Columbus region) reported that, of the 3,359 positive adult drug specimens it recorded during the past six months, 1.7% was positive for crack/powdered cocaine. Hancock County Probate Court (Toledo region) reported that, of the 38 positive adult drug test results it recorded during the past six months, 7.9% was positive for crack/powdered cocaine. Summit County Juvenile Court (Akron-Canton region) reported that, of the 118 cocaine tests it performed during the past six months, 4.2% was positive for crack/powdered cocaine. Millennium Health reported that 7.6% of the 117,668 urinalysis specimens submitted for cocaine testing was positive for crack/powdered cocaine. For Millennium Health urinalysis data by OSAM region, please 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 Athens (Athens region), Cuyahoga (Cleveland region), Hamilton (Cincinnati region), Montgomery (Dayton region), and Scioto (Cincinnati region) reported that 7.7%, 40.1%, 36.1%, 21.4%, and 6.7%, respectively, of all drug-related deaths they recorded this reporting period (13, 302, 208, 434, and 45 deaths) involved crack/powdered cocaine. GPRA (Government Performance and Results Act) data collected from 5,949 persons entering publicly funded SUD treatment programs during the past six months found 15.3% 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 6).

Media outlets reported on law enforcement seizures and arrests related to crack cocaine this reporting period (selected media reports follow). Chillicothe Police SWAT Team (Ross County, Cincinnati region) arrested four people after the execution of a drug search warrant; officers seized

24 grams of crack cocaine, approximately 38 grams of fentanyl, large amounts of money, and drug paraphernalia ([www.myfox28columbus.com](http://www.myfox28columbus.com), June 23, 2022). Warren Police (Trumbull County, Youngstown region) executed a search warrant of a home and confiscated 10 grams of crack cocaine, 150 grams of fentanyl, a handgun, and \$16,000 ([www.wkbn.com](http://www.wkbn.com), Feb. 9, 2022). Delaware County Sheriff's officers (Columbus region) executed a search warrant and seized more than \$100,000 in addition to large quantities of fentanyl, crack cocaine, powdered cocaine, methamphetamine, marijuana, and multiple guns, three of which had been reported stolen ([www.nbc4i.com](http://www.nbc4i.com), Jan. 25, 2022). Southern Ohio Organized and Major Crime Task Force raided a home in New Boston (Scioto County, Cincinnati region) and arrested a man for possession of crack cocaine, fentanyl, weapons, and other criminal tools ([www.nbc4i.com](http://www.nbc4i.com), Jan. 19, 2022).

### Adulterants

Consumers throughout OSAM regions most often rated the current overall quality of crack cocaine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the regional modal quality scores ranged from '5' for Athens, Cincinnati, Columbus, Dayton, Toledo, and Youngstown regions to '6' for the Cleveland region and '9.5' for the Akron-Canton region. A consumer expressed the dominant viewpoint that the overall quality of crack cocaine is moderate and variable, saying, "*I'd say [the quality/purity of crack cocaine is] middle of the road. Some days, it was good, and some days, it was bad.*" Consumers throughout regions continued to discuss that the quality of crack cocaine is dependent on the dealer, the buyer's relationship with the dealer, amount of adulterant in the drug, and the location of purchase. Comments included: "[Crack cocaine quality] depends on how it's made, who you're getting it from; [Crack cocaine quality] depends on quality of the powder [cocaine] going into the crack; [Crack cocaine quality is] all about who you know; [Crack cocaine quality] depends on where you are; If you got a good 'coke line' (reliable cocaine connection), [crack cocaine quality] is not going to change. It's going to stay the same." However, one consumer



cautioned, *“Everybody says they got ‘fire’ (high quality crack cocaine), but [typically] they’re lying.”*

Throughout OSAM regions, consumers noted that the overall quality of crack cocaine has remained the same during the past six months, except for the Dayton region, where consumers reported decreased quality. Consumers in the Dayton region indicated decreased quality due to highly adulterated crack cocaine. They stated: *“[Crack cocaine is] ‘stretched’ (adulterated too much); Everybody’s got [crack cocaine] and everybody is trying to make a dollar (adulterating it); [Crack cocaine] is being laced with fentanyl, [which] decreases the quality ... and can kill you; The people selling/creating [crack cocaine] don’t care about the quality as long as you are hooked [so they heavily adulterate with fentanyl].”*

Consumers discussed adulterants that affect the quality of crack cocaine. Reportedly, the same substances used to cut powdered cocaine are also used to cut crack cocaine, including fentanyl and methamphetamine. Consumers shared: *“[Crack cocaine is] cut with fentanyl and other drugs; I got some crack that was laced with fentanyl; They cut [crack cocaine] with fentanyl. I literally smoked crack and failed a drug test (screened positive) for meth and fentanyl and crack, and I was literally just on (had only knowingly used) crack. I promise; One day, [somebody I know] bought some crack ... it was laced with fentanyl, and he smoked it and died (overdosed); [The] quality of [crack cocaine] now, you have to worry, like, ‘is this crack even going to be safe?’”*

OSAM secondary data sources also indicated fentanyl as an adulterant for crack/powdered cocaine. Coroner and medical examiner offices in the counties of Athens (Athens region), Cuyahoga (Cleveland region), Hamilton (Cincinnati region), Montgomery (Dayton region), and Scioto (Cincinnati region) reported that 100.0%, 78.5%, 81.3%, 86.0%, and 100.0%, respectively, of all cocaine-related deaths they recorded this reporting period (1, 121, 75, 93, and 3 deaths) also involved fentanyl.

Throughout OSAM regions, consumers continued to report the top adulterants for crack cocaine as baking soda and fentanyl. Other adulterants for crack cocaine mentioned included: acetaminophen, ammonia, antidepressant medication, baby formula, baby laxatives, baby powder, coffee creamer, corn starch, drywall, ether, flour, gabapentin, inositol (dietary supplement), lidocaine (local anesthetic), MDMA (methylenedioxymethamphetamine, ecstasy/“Molly”), oral numbing agents, powdered drink mix, prescription opioids, sedative-hypnotics (benzodiazepines), soda pop, vitamins (B and B-12), and vodka. 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, fentanyl, lactose, levamisole (livestock dewormer), local anesthetics (benzocaine, lidocaine, and procaine), mannitol (diuretic), methamphetamine, phenacetin (banned analgesic), tramadol, xylazine (animal sedative)**

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

### Street Names

Current street jargon includes many names for crack cocaine. Throughout OSAM regions, consumers continued to note “crack” and “hard” as the most common street names generally, followed by “rock” and “work.” Consumers continued to explain that common street names most often reference crack cocaine as a solid/hard form of powdered cocaine (“hard” and “rock”). Other common street names are derivations of the most common names (“hardball,” “hardware,” “pop rocks,” “stones,” and “homework”). Consumers also continued to note that some street names denote high-quality crack cocaine (“bell ringer,” “butter,” and “Swiss cheese”). Comments included: *“[‘Bell ringer’], because you hear like a buzzing or ringing in your ears [when crack cocaine is of high quality]; ‘Butter’... because good crack [cocaine] is kinda yellow in color; [‘Swiss cheese’], good crack has holes in it like Swiss cheese.”*

Current Street Names for Crack Cocaine	
Most Common	crack, hard, rock, work
Other	bell ringer, butter, dope, drop, fire, girl, hardball, hardware, homework, pop rocks, stones, Swiss cheese, yak

**Pricing**

Throughout OSAM regions, consumers identified the most common quantities of purchase for crack cocaine as a gram for \$50-100 and 1/10 gram for \$10-20. Consumers in half of the regions (Cincinnati, Cleveland, Columbus, and Youngstown) reported that 1/8 ounce of crack cocaine most often sells for \$180-260. Consumers also discussed purchasing dollar amounts of crack cocaine. A consumer explained, “You can get [crack cocaine] at any price. You can spend \$5 or more. [Drug dealers] will sell you however much you want. They will even take \$3. They will take anything.” Another consumer clarified that quantity of crack cocaine purchased is based on dollar amount or, “what you’re willing to do for it.” Reportedly, drug dealers will accept the use of one’s car as trade for crack cocaine. One consumer shared, “[Consumers] give them their car [and get] a quarter [ounce of crack cocaine], maybe a \$50 block (piece) or an ounce [of crack cocaine in exchange for use of a car].” Consumers in most regions reported that the price of crack cocaine has remained the same during the past six months, while consumers in the Dayton region indicated that crack cocaine prices have increased due to a limited supply of powdered cocaine needed for manufacture of the drug.

**Route of Administration**

The most common route of administration (ROA) for crack cocaine remains smoking. Throughout OSAM regions, consumers most often estimated that out of 10 people that use crack cocaine, 8-10 would smoke and 0-2 would “shoot” (intravenously inject) the drug. Consumers commented: “You smoke [crack cocaine]. You can shoot it, too ... but

most smoke it; They like to smoke [crack cocaine] and hear it sizzle, sizzle, that’s why they call it ‘crack’ [due to the crackling sound made by smoking]; I always ‘shot’ (intravenously injected) crack.... Usually take vinegar ... lemon juice, apple cider vinegar [something acidic to break down/liquefy the crack cocaine, removing impurities] ... so I could shoot the crack up with the ‘dope’ (heroin). That way I could speedball.” In addition, consumers in Cleveland, Dayton, and Toledo regions mentioned snorting, and consumers in the Toledo region mentioned oral consumption (eating) as other ROAs for crack cocaine. Consumers in the Toledo region stated: “I’ve seen people snort crack; I’ve actually had a large amount of crack in my pocket and when my [crack] pipe broke [or could not be found], I would eat large chunks.”

**Typical Use Profile**

Throughout OSAM regions, consumers and community professionals most often reported that there is no profile for typical crack cocaine use. Comments included: “Everyone. [Crack cocaine use is] across the board; Anyone from a principal to a grandma [could be using crack cocaine]; [Drug use] doesn’t discriminate; There are a lot of different types of people [that use crack cocaine] ... A to Z ... rich to poor. It’s everybody; Whatever economic status ... age, sex, and race ... doesn’t matter [for crack cocaine use]; [Crack cocaine is] not discriminatory at all.”

However, common descriptors of crack cocaine use mentioned included: African American, low socio-economic status, older people (aged 40+ years), and sex work. Consumers described typical crack cocaine use as: “Lower class because it’s cheaper [than other drugs]; Older generation, 40 [years of age] and up; Older African Americans.” Community professionals discussed: “[Crack cocaine use is typically found] more among the African-American population, older individuals, so probably between 40s and 60s; Crack [cocaine] is used in a lower socio-economic neighborhood ... it’s cheap; [Crack cocaine use] is kind of that ‘old-school’ [drug], where [use] started when they were younger and just carried on; Fentanyl and methamphetamine

*have caught the attention of the younger crowd. Whereas the quote, ‘older people,’ are hanging on to the powdered coke and crack; [Crack cocaine typically] can be found in areas known for prostitution.”*

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, 54.6% was male, approximately half was under the age of 40 years, and 69.3% indicated white as their race. For more detailed GPRA demographic data, please see table in powdered cocaine section titled, *GPRA Demographic Data of All Intake Clients Who Used Cocaine during the Past 30 Days* (page 9).

**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. These drugs are used with crack cocaine for the same reasons they are combined with powdered cocaine, primarily to balance out the stimulant high, to bring the user down, and to “speedball” (concurrent or consecutive stimulant and depressant highs). Consumers shared: “[Marijuana and alcohol are used] *to bring you back down [from crack cocaine use]. I would drink a six pack [of beer] and smoke a ‘joint’ (marijuana cigarette) or two to come back down and mellow out; When you smoke ‘weed’ (marijuana) or drink alcohol, it mellows you out, relieves that edge (anxiety/over-stimulation of crack cocaine); Same reason as heroin ... [crack cocaine and alcohol] counteract each other; [Crack cocaine with heroin/fentanyl for the] up and down (speedball); Once they’re out of crack, they [use fentanyl] to come back down.”*

Reportedly, methamphetamine is used with crack cocaine to enhance/intensify the cocaine high. A consumer remarked, *“I’ve also smoked methamphetamine with [crack cocaine] to try to get higher.”* Consumers discussed prescription opioids and sedative-hypnotics as used with crack cocaine to speedball and come down from crack cocaine’s stimulant high. One consumer shared,

*“When you get so up (high, over-stimulated), your heart starts racing and you need to come down and [Xanax®] puts you ... not too far down but enough (Xanax® levels out the crack cocaine).”*

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

**Heroin**

Throughout most OSAM regions, there was no respondent consensus as to current availability of heroin. Discussions centered around what constituted “heroin.” Comments included: *“It’s hard to say [what heroin is] because they sell things as ... ‘heroin,’ but really it’s fentanyl based; There really is next to no heroin in Toledo, it’s all fentanyl, like it’s sold as ‘heroin,’ it’s marketed ... as ‘heroin,’ but it’s not heroin, it’s fentanyl and whatever else they put in it.”* Respondents generally agreed that fentanyl-cut heroin and fentanyl substitutions for heroin are highly available, whereas heroin without fentanyl is difficult to obtain. A treatment provider stated, *“I think heroin is available. But the problem is getting heroin without fentanyl.”* Thus, those who were able to differentiate heroin from fentanyl reported low availability of heroin, while those who viewed heroin and fentanyl as the same reported high availability.

Law enforcement observed: *“Actual heroin, probably pretty low [in availability]; We haven’t seen true heroin in a while; It’s cheaper to procure fentanyl than it is to procure heroin, and it has the same effect essentially; It’s common knowledge with our (law enforcement) sources ... that, when ... ordering up ‘heroin,’ you know what you’re getting is fentanyl.... I think even in talking we (law enforcement) use the terms (‘heroin’ and ‘fentanyl’) interchangeably at this point.”*

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

Region	Current Availability	Availability Change	Most Available Type	BCI Heroin Case Incidence Change
Akron-Canton	Low	No Change	Brown Powdered	Increase
Athens	No Consensus	No Change	Black Tar	Decrease
Cincinnati	No Consensus	No Consensus	Powdered	Increase
Cleveland	No Consensus	No Change	Powdered	No Change
Columbus	Low	No Change	Brown Powdered	Decrease
Dayton	No Consensus	No Change	Powdered	Decrease
Toledo	No Consensus	No Change	Powdered	Decrease
Youngstown	No Consensus	No Change	Powdered	Decrease

There were consumers who expressed confidence that they could obtain heroin. They said: *“If I go looking for [heroin], I am sure I would find it. But it’s not as available as [fentanyl]; I definitely know where you can get both [heroin and fentanyl]. I know the difference. And I think [heroin is available] if you know where to look; [Heroin is] around. If I wanted it, I could find it; I would say not as available anymore.... I mean you can still get it, but it’s harder to get; I just have to make a phone call.”*

Respondents throughout OSAM regions noted that fentanyl has supplanted heroin as the opioid of choice, with some stating that the demand for heroin is low. A consumer in the Athens region remarked, *“Heroin has gone out of style.”* Other respondents commented: *“The demand for fentanyl is so high; [Heroin] is almost like a nostalgic drug.”* Respondents in most regions reported that the availability of heroin has remained the same during the past six months; in the Cincinnati region, respondents were not in consensus as to heroin availability having remained the same or decreased. Ohio Bureau of Criminal Investigation (BCI) crime labs reported that the incidence of heroin cases they process has

decreased or remained the same for all OSAM regions, except for Akron-Canton and Cincinnati regions where heroin case incidence has increased.

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

Crime labs throughout OSAM regions reported processing the following types of heroin during the reporting period: beige, blue, brown, gray, off-white, pink, purple/violet, tan, and white powdered heroin, black tar heroin, as well as the presence of heroin in counterfeit pressed pills. In addition to brown powdered and black tar heroin, consumers also discussed varying colors for powdered heroin, including: beige, blue, gray, green, orange, pink, purple, red, tan, white, and yellow.

Other data sources indicated heroin as available throughout OSAM regions. Ohio Department of Public Safety reported drug task force seizure of 30.4 kilograms (66.9 lbs.) of heroin from throughout OSAM regions during the reporting period; of which, 64.8% was seized from the Columbus region and 22.4% was seized from the Cincinnati region. Millennium Health reported that 0.2% of the 116,869 urinalysis specimens submitted for heroin testing during the past six months was positive for heroin.

Region	% Tested Positive	Number Tested
Akron-Canton	0.2%	7,003
Athens	0.4%	11,934
Cincinnati	0.1%	11,225
Cleveland	0.1%	18,183
Columbus	0.3%	31,029
Dayton	0.2%	4,195
Toledo	0.4%	22,517
Youngstown	0.1%	10,783
<b>Total</b>	<b>0.2%</b>	<b>116,869</b>

Coroner and medical examiner offices in the counties of Athens (Athens region), Cuyahoga (Cleveland region), Hamilton (Cincinnati region), Montgomery (Dayton region), and Scioto (Cincinnati region) reported that 15.4%, 5.3%, 2.4%, 1.8%, and 2.2% respectively, of all drug-related deaths they recorded this reporting period (13, 302, 208, 434, and 45 deaths) involved heroin. GPRA (Government Performance and Results Act) data collected from 5,949 persons entering publicly funded SUD treatment programs during the past six months found 19.0% reported heroin use 30 days prior to intake.

Region	% Yes	Total N
Akron-Canton	13.9%	396
Athens	14.3%	399
Cincinnati	17.1%	1,301
Cleveland	21.9%	1,335
Columbus	26.6%	1,360
Dayton	6.8%	308
Toledo	19.4%	558
Youngstown	4.5%	292
<b>Total</b>	<b>19.0%</b>	<b>5,949</b>

Media outlets reported on law enforcement seizures and arrests related to heroin this reporting period (selected media reports follow). Columbus Police (Franklin County, Columbus region) responded to a call of four people unconscious at a bar; Columbus Division of Fire also responded and revived the four persons who had overdosed on opioids with naloxone ([www.10tv.com](http://www.10tv.com), March 16, 2022). During a traffic stop in Scioto County (Cincinnati region), Ohio State Highway Patrol (OSHP) arrested a man for possession of heroin and cocaine after seeing a bag containing the drugs hanging out of the man’s pocket; troopers seized 53 grams of heroin, 10 grams of crack cocaine, and 5 grams of marijuana, total estimated value of \$8,200 ([www.fox8.com](http://www.fox8.com), March 17, 2022). Pickerington Police (Fairfield and Franklin counties, Columbus region) made a traffic stop and found methamphetamine, fentanyl, heroin, crack cocaine, marijuana, as well as other powdery substances (to be tested), scales, and cash; officers arrested the man and woman traveling in the car ([www.nbc4i.com](http://www.nbc4i.com), March 3, 2022). OSHP arrested two men from California during a traffic stop on I-70 in Madison County (Columbus region) for drug possession; with the aid of a K9 officer, troopers found \$80,000 (4.4 pounds) of heroin in the car’s center console ([www.abc6onyourside.com](http://www.abc6onyourside.com), Feb. 15, 2022). Eastlake Police (Lake County, Cleveland

region) assisted Lake County narcotics agents in pulling over a car containing suspected drug dealers; officers arrested two men after finding a package containing over 32 ounces of suspected black tar heroin thrown from the men's car during a high-speed chase ([www.fox8.com](http://www.fox8.com), Feb. 14, 2022). Columbus Police boarded up a drug house on the city's eastside following neighbors' complaints of drug sales; officers made undercover purchases of heroin and fentanyl at the home ([www.nbc4i.com](http://www.nbc4i.com), Feb. 11, 2022). Franklin County Prosecutor's Office announced the breakup of a complex drug trafficking organization with indictments against 79 people and the seizure of more than \$6 million in drugs, including 48 kilograms of cocaine, 12 kilograms of fentanyl, and 3.5 kilograms of methamphetamine; the indictments were the result of a multi-agency investigation led by Central Ohio HIDTA (High Intensity Drug Trafficking Areas) Drug Task Force ([www.abc6onyourside.com](http://www.abc6onyourside.com), Feb. 11, 2022). OSHP arrested a Columbus woman during a traffic stop in Scioto County; when troopers approached the vehicle and smelled marijuana, they searched it and found 140 grams of heroin and 27 grams cocaine worth a combined \$17,000 under the front seat ([www.wkbn.com](http://www.wkbn.com), Feb. 1, 2022). Columbiana County Sheriff's Office (Youngstown region) seized approximately nine grams of suspected cocaine, 24 grams of suspected heroin, and a 9 mm handgun during the execution of a search warrant at a home in Lisbon ([www.cleveland19.com](http://www.cleveland19.com), Jan. 12, 2022). Athens County Sheriff's officers (Athens region) executed a search warrant at a home in The Plains and arrested a woman for possession of drugs and counterfeiting after finding heroin, methamphetamine, and \$30,000 in counterfeit U.S. currency ([www.10tv.com](http://www.10tv.com), Jan. 10, 2022).

### Adulterants

Consumers throughout OSAM regions most often reported the current overall quality of heroin as moderate. On a scale of '0' (poor quality, "garbage") to '10' (high quality), the regional modal quality scores ranged from '1' for the Youngstown region to '10' for the Athens region. One's perception of heroin quality was dependent on one's preference for fentanyl. Consumers

attributed low quality heroin to the adulteration of heroin with fentanyl, making heroin less "pure." Other consumers attributed high quality heroin to the adulteration of heroin with fentanyl, making heroin "stronger," more potent. Consumers discussed: *"I would say [heroin is] bad quality because it's 'cut' (adulterated) with fentanyl ... I consider that bad ... my opinion; [Heroin is] definitely poor quality. It's not heroin anymore, it's fentanyl; I've tried [heroin] before and it's nothing like it is now. It's a lot stronger ... because of the fentanyl; I would say [heroin] quality got a little higher because of the fentanyl, but the heroin is really just all fentanyl."* Consumers throughout OSAM regions reported that the overall quality of heroin has decreased or remained the same during the past six months.

Consumers discussed adulterants (aka "cuts") that affect the quality of heroin, and throughout OSAM regions, consumers universally continued to report that fentanyl remains the top cutting agent for heroin. One consumer stated, *"[Drug dealers] would 'cut' (adulterate heroin) with fentanyl, automatically, 100%, just to make it stronger..."* OSAM secondary data sources also indicated fentanyl as an adulterant for heroin. Coroner and medical examiner offices in the counties of Cuyahoga (Cleveland region), Hamilton (Cincinnati region), Montgomery (Dayton region), and Scioto (Cincinnati region) reported that 100.0%, 100.0%, 87.5%, and 100.0%, respectively, of all heroin-related deaths they recorded this reporting period (16, 5, 8, and 1 deaths) also involved fentanyl.

In addition to fentanyl, consumers discussed many other adulterants for heroin. Reportedly, drug dealers cut heroin with various powders or anything that can be dissolved in water to add product volume. Consumers commented: *"People add other stuff to [heroin] to fill it and make it bigger; They want more amount of it. [They are not concerned with] the quality of it. They are adding a lot to it; [Heroin is adulterated with] household products, Fantastik®, ammonia; [Heroin] is also cut with any type of GNC® [protein or nutritional supplement] product that can be easily dissolved in water or even like any [protein or nutritional supplement] powders you can get at like Walmart."*

Other adulterants for heroin mentioned included: acetaminophen, allergy medication (diphenhydramine/antihistamine), ammonia, baby formula, baby laxatives, baby powder, bleach, brown sugar, caffeine pills, chocolate, cocaine, coffee, cosmetics (powdered foundations), dirt, drywall, fiber, gabapentin, household cleaning sprays, ketamine, laxatives, mannitol (diuretic), meat tenderizer, MDMA (methylenedioxymethamphetamine, ecstasy/“Molly”), methamphetamine, migraine headache medication, MSG (monosodium glutamate), PCP (phencyclidine), powdered sugar, protein powder, prescription opioids, quinine (antimalarial), rat poison, “rizzy” (bromadol, a potent narcotic analgesic), sedative-hypnotics (benzodiazepines), sleep aids, soda pop, sugar, THC (tetrahydrocannabinol), vitamins (B, B-12, and E), and workout powders/supplements. Crime labs throughout OSAM regions indicated many adulterants (aka “cutting agents”) found in heroin.

names reference appearance/color (“brown,” “mud,” “peanut butter,” and “white boy”) or the sedative effect of heroin (“sleepy time,” “slow,” and “turtle”). Comments included: *“Mud” because when you mix [heroin] with water it looks like mud; ‘Slow’ because [heroin] will slow you down; ‘Turtle’ [because turtles] are slow.*” Some street names are a play on the word, “heroin” (“H,” “Ron,” and “Ronnie”). And since heroin has become interchangeable with fentanyl, consumers indicated “fetty” as also used in reference to heroin.

Current Street Names for Heroin	
Most Common	boy, dog food, slow, tar
Other	brown, chi, China/China white, dog, dope, down, fetty, food, H, Hank, horse, man, mud, peanut butter, pup, Ron/Ronnie, sleepy time, smack, turtle, white boy

Cutting Agents Reported by Crime Labs for Heroin
acetaminophen, benzodiazepines, caffeine, cocaine, diphenhydramine (antihistamine), fentanyl, fentanyl related compounds, inositol (dietary supplement), mannitol (diuretic), medetomidine (animal surgical anesthetic and analgesic), methamphetamine, nitazene compounds, papaverine (vasodilator), quinine (antimalarial), sorbitol (artificial sweetener), tramadol, xylazine (animal sedative)

**Street Names**

Current street jargon includes many names for heroin. Throughout OSAM regions, consumers continued to note “boy” and “dog food” as the most common street names generally, followed by “slow,” and “tar” (for black tar heroin). One consumer explained that heroin and cocaine are often used in combination with one another, thus, “[Heroin is called] ‘boy’ and ‘girl’ is ‘coke’ (cocaine).” Other common street names for heroin are derivations of “boy” and “dog food” (“dog,” “food,” “man,” and “pup”). In addition, street

**Pricing**

Consumers throughout OSAM regions identified the most common quantity of purchase for heroin as a gram for \$60-120, although consumers in the Athens region noted that a gram can sell as high as \$200. Reportedly, 1/10 gram most often sells for \$20, and 1/2 gram most often sells for \$40-60. Consumers discussed that the price of heroin varies depending on quality, dealer, relationship with dealer, location of purchase, and consumer need. Comments included: *“[Price] depends on where you go. Go to the city and you can get [heroin] for less; [Price] depends on how much [heroin] you use a day and the drug dealer; If you need [heroin] from being ‘sick’ (experiencing opioid withdrawal symptoms), you’ll pay whatever you need to.”* Consumers also indicated that the price of heroin is generally cheaper for bulk or large purchases and that dollar amounts are also available. One consumer shared, *“A gram or a \$20 [are the most common quantities of heroin sold], depends ... it could be anything. You could take [drug dealers] any amount of money [and get heroin].”*

Consumers in most regions reported that the price of heroin has remained the same during the past six months, while consumers in Cleveland and Dayton regions reported decreased pricing.

**Route of Administration**

Throughout OSAM regions, intravenous injection (aka “shooting”) remains the most common route of administration (ROA) for heroin. Consumers estimated that out of 10 people that use heroin, 7-10 would shoot, 0-3 would snort, and 0-1 would smoke the drug. Consumers discussed: *“A lot of people are shooting [heroin]; I was a needle user and everyone I hung out with used needles [and would intravenously inject heroin]; I think people prefer to shoot; Everyone that I knew shot it up (intravenously injected heroin).”* However, consumers noted that ROA seems to depend on length of heroin use, indicating that heroin use typically begins with snorting/smoking before progressing to shooting. They said: *“[ROA] depends on how far into their addiction they are; if you’re a beginner, [then you’re] snorting [heroin], if you’re like advanced, [then you’re] shooting it; Seems like the newer generation are [heroin] smokers. It’s safer [than intravenous injection and] you can control the intake (heroin dose) better; I think people graduate fairly quickly [to intravenously injecting heroin].”*

In addition, a consumer reported that the situation often dictates ROA, saying, *“If it’s a party ... most people won’t pull out a needle, [they would snort heroin] ... snorting is not as stigmatized [as intravenous injection].”* And, while not common, consumers in Cincinnati and Youngstown regions reported “boofing” (anal insertion), and consumers in Athens and Cleveland regions reported “freebasing” (placing heroin on aluminum foil, heating/holding a flame under the foil, and inhaling the resulting vapors, usually through a glass straw) as alternative ROAs for heroin.

Analyses of consumer survey data administered at the time of the focus groups found that, of the 314 consumers who responded to survey questions regarding needle use, 41.1% reported having used needles to inject drugs, of which 71.4% reported

having ever shared needles while using drugs. Of those 129 consumers who reported having used needles to inject drugs, the most common methods of obtaining needles were from other people who use needles (54.3%), from drug dealers (48.8%), from a pharmacy (45.7%), from a needle exchange program (40.3%), and from family members and friends (32.6%).

Other data sources submitted incidence data of intravenous injection of drugs. GPRA data collected from 5,930 persons entering publicly funded SUD treatment programs during the past six months found 12.7% 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, 56.2% was male, 68.1% was under the age of 40 years, and 93.3% indicated white as their race.

GPRA Intake: Injection Drug Use during the Past 30 Days		
Region	% Yes	Total N
Akron-Canton	11.9%	396
Athens	9.0%	399
Cincinnati	14.4%	1,294
Cleveland	9.8%	1,331
Columbus	20.4%	1,356
Dayton	5.6%	305
Toledo	9.7%	557
Youngstown	2.4%	292
<b>Total</b>	<b>12.7%</b>	<b>5,930</b>

**Typical Use Profile**

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



**GPRA Demographic Data of All Intake Clients Who Injected Drugs during the Past 30 Days (N = 755)<sup>1</sup>**

Male	56.2%
Female	43.2%
18 - 29	17.5%
30 - 39	50.6%
40 - 49	20.0%
50 - 59	8.6%
60 +	3.3%
White	93.3%
African American	6.7%
Other race <sup>2</sup>	4.2%
Hispanic/Latino ethnicity	3.3%

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

*think there is such a thing [as a typical person who uses heroin]. I know people who are lower middle class and people who have good high paying jobs that do it; Heroin doesn't discriminate; Anyone. Any age; Rich, poor, black, white; Everybody; For heroin, it does not matter [everybody uses heroin] ... there's doctors, there's lawyers, there's people who are homeless [who use heroin]; I was brought up in a very good family, and I was on heroin for 15 years."*

Descriptors of heroin use discussed included: low socio-economic status, white people, age 20s to 40s, other opioid use, chronic pain issues, and manual labor. Respondents offered: *"The heroin and fentanyl [typical use profiles] are very similar; I would say [typical heroin use is] predominantly ... lower income, white, between 20 and 40 [years of age]; They were prescribed [opioids] ... and then lost their prescription, whether their doctor canceled the prescription, or they no longer had*

*access to that doctor ... and the cost of buying [opioids] off the street became too much and it was cheaper to use heroin; Tend to be like blue-collar, working-class, labor workers, like construction or factory workers, the type of professions that tend to be really hard on the body; People with chronic pain will turn to [heroin] for relief...."*

In addition, respondents in Athens, Cleveland, Columbus, and Youngstown regions noted heroin use among teens and adolescents as common. They discussed: *"I think you need to start [opioid prevention/intervention work] with teenagers. We have 18- and 19- [year olds in treatment for heroin use] ... some even younger; Definitely younger kids [are using heroin] because they're the ones selling the drugs now, so 13-year olds and up; [Typical heroin use is among] 13- to 30-year olds."* Treatment providers in the Cleveland region also reported increased heroin use among African Americans and Hispanic people. A provider shared, *"Kind of watching the numbers from a data perspective and ... [heroin use has] definitely increased [among] African American and Hispanic and other racial ethnicities...."*

**Hepatitis C and HIV**

Of the 332 consumers who responded to the survey question regarding Hepatitis C testing, 75.0% reported ever having been tested for Hepatitis C, while 16.3% reported never having been tested, and 8.7% reported that they did not know if they have ever been tested. Of those 249 consumers who had been tested for Hepatitis C, 36.9% reported having been told by a medical professional that they have Hepatitis C. In addition, of the 332 consumers who responded to the survey question regarding HIV (human immunodeficiency viruses) testing, 81.3% reported having ever been tested for HIV, while 12.7% reported never having been tested, and 6.0% reported that they did not know if they have ever been tested. Of those 270 consumers who had been tested for HIV, 2.6% reported having been told by a medical professional that they have HIV.

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, 55.5% was male, 65.1% was under the age of 40 years, and 89.3% indicated white as their race.

*‘meth’ (methamphetamine). You’ve got the energy, but you are falling (nodding) out at the same time; [Heroin is used with fentanyl] to get really high.”*

Consumers explained that alcohol, gabapentin, marijuana, and sedative-hypnotics are used to intensify one’s heroin high. Comments included: “[Sedative-hypnotics] intensify [heroin]. It’s a good mix. I think that’s why a lot of people die. Your heart is beating so slow from the benzodiazepines that [combined with heroin], they fall out (overdose) and die; Alcohol is a compound (potentiator) drug [for heroin]; [Heroin is used with marijuana because] you get higher; Gabapentin is used to stretch (prolong the effect of) the heroin.” In addition, consumers explained that the aforementioned drugs are also used to aid sleep after heroin use and/or to alleviate opioid withdrawal symptoms. One consumer remarked, “[Heroin is used with marijuana] to fall asleep.” Stimulant drugs are also used following heroin use to counteract the effect of heroin. A consumer shared, “I can be a ‘functioning addict’ that way. I can’t do heroin without ‘meth’ [to level out].”

Male	55.5%
Female	44.2%
18 - 29	21.0%
30 - 39	44.1%
40 - 49	21.1%
50 - 59	8.9%
60 +	5.0%
White	89.3%
African American	10.4%
Other race <sup>2</sup>	3.8%
Hispanic/Latino ethnicity	4.4%

Most Common	crack/powdered cocaine, fentanyl, methamphetamine
Other	alcohol, gabapentin, marijuana, sedative-hypnotics

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

**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) and with fentanyl to increase the potency of heroin. They discussed: *“Crack cocaine [with heroin] is called ‘speedballing.’ So once the ‘speed’ (stimulant effect of crack cocaine) wears down, the [depressant effect of] heroin kicks in and you go down and then do more ‘crack’ (crack cocaine) and back up you go; There’s a ‘speedball’ where they mix [heroin] with*

**Fentanyl**

Fentanyl remains highly available throughout OSAM regions. Respondents described the current supply and demand for fentanyl as having remained high or increased during the past six months. Fentanyl is a primary drug of choice and one of the most accessible illicit drugs. Consumers in the Youngstown region stated: *“[Fentanyl] is more accessible than any other drug; [Fentanyl] is all you hear about anymore, it’s in everything, too.”* A consumer in Columbus remarked, *“You don’t*

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

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

*doing [fentanyl].” Law enforcement concurred with the overall consumer assessment that fentanyl is in high demand due to its low price point and high potency. A law enforcement officer in the Cincinnati region reported, “[Fentanyl] is widely available. Pretty much anybody in Butler County can get fentanyl. It’s popular because it’s cheaper, and it has more of a kick (potency) to it [than heroin] ... dealers can cut it with other agents (baby powder), and it still would have the same effect as heroin.”*

*have a choice. [Fentanyl is] the only thing you can get now. There’s nothing else. Even ‘perc 30’ (Roxicodone® 30 mg) are fentanyl. Everything is fentanyl now....”* Treatment providers in the Columbus region discussed: *“Clients are saying it’s harder and harder to find other [drugs] and [all that is available] is just fentanyl; [Fentanyl is] on every corner.... It’s in every pill.... It’s in every single thing, sprinkled in; Every time you turn around, you hear that people are overdosing on [fentanyl].... [Fentanyl is] being mixed with everything.”* A treatment provider in the Akron-Canton region observed, *“[Fentanyl is] the main one (drug of choice).... I’ve had more people say fentanyl is their drug of choice [during the past six months than previously].”*

Reportedly, the appeal of fentanyl remains its low cost and high potency relative to other street drugs. Consumers discussed: *“[Fentanyl] is stronger [than heroin]. It doesn’t take as much [to get high] ... people like that; [Fentanyl] is stronger and gets you high quicker ... [fentanyl] takes you from the state you want to be away from and numbs you; It’s cheaper. A cheaper cut (inexpensive adulterant) and ultimately more profitable for cartels; [Fentanyl] makes everything stronger; It’s what everyone is going after these days; Everybody’s*

Drug dealers aggressively push fentanyl by soliciting customers in public places and giving free fentanyl samples. Consumers shared: *“[Fentanyl] is easy to find and easy to sell because it’s so addictive, it’s so profitable; A lot of the times you’re not even looking for [fentanyl]. Somebody will pull up at the gas station ... and ask if you want a ‘tester’ (a free sample of fentanyl); I don’t know if I just have a ‘user look,’ but [dealers] would walk up to me and just hand me a [fentanyl] sample for free, like, to try to get a customer; When I would try to withdraw [from opioids] at home, I’d make it like, day four and [my drug dealers] would realize I’m not spending money and then they would ‘hit me up’ (contact me) with the free stuff (fentanyl) to try to draw me back in; You go to the needle exchange and there are some ‘dope boys’ (fentanyl dealers) waiting for you and pulling out samples; Sit in areas long enough, people will throw you a tester to get new clientele.”* A treatment provider in the Toledo region reported, *“[Fentanyl is] everywhere, it’s in the parking lot of some of our outpatient facilities. Sometimes in the parking lot of AA (Alcoholics Anonymous) meetings. [Dealers] will target people everywhere.”*

Drug dealers are adulterating most other illicit drugs with fentanyl to increase their customer base, and due to the high addictiveness of fentanyl,

to ensure repeat business. Consumers commented: “[Dealers] are cutting other drugs [with fentanyl] ... to increase addictiveness (dependence on drugs); A lot of people are getting hooked on it (addicted to fentanyl) while doing ‘meth’ (methamphetamine); I know a lot of stuff (illicit substances) is being laced with [fentanyl]; Customers are gonna keep coming back because [the effects of] fentanyl usually only lasts for like four hours. So, four or five times a day, I’ve got to be injecting fentanyl.” Law enforcement in the Cincinnati region discussed: “The market [for fentanyl] is much greater; We just had sixteen deaths in six days. Many of them were cocaine users, more likely not knowing fentanyl was in [their cocaine]; [Fentanyl has the] ability to be morphed into any other drug ... fake prescription pills, [powdered] cocaine, ‘crack’ (crack cocaine)....”

Respondents who reported an increase in the availability of fentanyl during the past six months specifically indicated an increase in fentanyl-pressed pills. Comments included: “I’d say an increase [in the availability of fentanyl], a steady increase at this point.... And the format has changed a little bit in the last six months to a year [from powdered form to pressed pills]; The pressed [fentanyl] blue pills (fake prescription opioids) are being manufactured by the, literally, millions, by international drug cartels and being shipped across the border; [Fentanyl on the streets is] normally, the fake Percocet® 30s (aka ‘dirty 30s,’ counterfeit Roxicodone® 30 mg) ... powder [fentanyl] not as much.”

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 Youngstown regions, and decreased for all other OSAM regions. BCI labs reported processing few or zero cases of carfentanil from throughout OSAM regions during the reporting period. In addition, BCI labs noted that fentanyl continues to be seen in complex mixtures, including in combination with multiple fentanyl analogues, such as para-fluorofentanyl, phencyclidine (PCP) analogues, and nitazene compounds (a group of powerful, illicit synthetic opioids).

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) and Miami Valley Regional Crime Lab (Dayton region) reported that the incidence of fentanyl and fentanyl analogue cases they process has increased during the reporting period. The crime labs indicated processing the following fentanyl analogues: acetylfentanyl, benzylfentanyl, chlorofentanyl, despropionyl fentanyl, fluorofentanyl, 4-fluoroisobutyryl fentanyl, N-benzyl-furanyl, norfentanyl, ortho-chlorofentanyl, and para-fluorofentanyl. Cuyahoga County Regional Forensic Science Lab reported processing few cases of carfentanil during the reporting period, while Miami Valley Regional Crime Lab and Lake County Crime Lab did not report processing any cases of carfentanil.

Other data sources indicated fentanyl as available throughout OSAM regions. Ohio Department of Public Safety reported drug task force seizure of 168.8 kilograms (371.4 lbs.) of fentanyl from throughout OSAM regions during the reporting period; of which, 66.5% was seized from the Columbus region. Fairfield County Municipal Court (Columbus region) reported that of the 3,359 positive adult drug specimens it recorded during the past six months, 1.6% was positive for fentanyl/fentanyl analogues. Hancock County Probate Court (Toledo region) reported that of the 38 positive adult drug test results it recorded during the past six months, 23.7% was positive for fentanyl/fentanyl analogues and 10.5% was positive for carfentanil. Columbus Fire Department (Franklin County, Columbus region) reported administering 1,616 total doses of naloxone to 1,208 individuals in the city of Columbus during the reporting period. Millennium Health reported that 7.2% of the 122,166 urinalysis specimens submitted for fentanyl testing during the past six months was positive for fentanyl.

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

### Millennium Health Urinalysis Test Results for Fentanyl during the Past 6 Months

Region	% Tested Positive	Number Tested
Akron-Canton	7.9%	8,056
Athens	5.1%	11,873
Cincinnati	4.5%	11,649
Cleveland	2.8%	18,750
Columbus	11.1%	32,232
Dayton	4.2%	4,447
Toledo	10.7%	24,164
Youngstown	1.5%	10,995
<b>Total</b>	<b>7.2%</b>	<b>122,166</b>

(Cincinnati region) reported that 84.6%, 78.5%, 80.8%, 78.8%, and 86.7%, respectively, of all drug-related deaths they recorded this reporting period (13, 302, 208, 434, and 45 deaths) involved fentanyl. Cuyahoga County Medical Examiner's Office (Cleveland region) reported that one of the 302 drug-related deaths it processed during the reporting period involved carfentanil, while the coroner and medical examiner offices in the counties of Athens (Athens region), Hamilton (Cincinnati region), Montgomery (Dayton region), and Scioto (Cincinnati region) did not find carfentanil present in any of the drug-related deaths it recorded for the reporting period.

Media outlets reported on law enforcement seizures and arrests related to fentanyl this reporting period (selected media reports follow). Franklin County Coroner's Office (Columbus region) reported that six people died of suspected fentanyl overdose in a single day; the coroner advised to never use drugs alone, to have naloxone on hand, and test drugs with fentanyl test strips ([www.nbc4i.com](http://www.nbc4i.com), June 28, 2022). Federal agents arrested 10 individuals in Ohio and West Virginia, all participants in a drug trafficking organization

with ties to Los Angeles; agents seized 76 kilograms of fentanyl, including 115,500 fentanyl-laced pills, nine kilograms each of methamphetamine, cocaine, and marijuana, and distributable amounts of heroin and crack cocaine ([www.nbc4i.com](http://www.nbc4i.com), June 29, 2022). Wickliffe Police (Lake County, Cleveland region) arrested three people for trafficking counterfeit oxycodone pills that contained fentanyl; police warned that drug traffickers are intentionally marketing pressed fentanyl pills as pharmaceutical opioids ([www.cleveland19.com](http://www.cleveland19.com), June 27, 2022). Smith Township Police (Mahoning County, Youngstown region) arrested a Beloit couple for child endangering after their 18-month-old daughter overdosed on fentanyl; police administered naloxone to the child and she was taken to the hospital for further treatment ([www.wfmj.com](http://www.wfmj.com), June 22, 2022). Portsmouth Police (Scioto County, Cincinnati region) rearrested a man for involuntary manslaughter after the overdose death of an inmate at the Scioto County Jail; the man smuggled fentanyl into the jail and provided it to the deceased man before his initial release from the jail ([www.nbc4i.com](http://www.nbc4i.com), June 20, 2022). Law enforcement in Athens County (Athens region) executed a search warrant at a Jacksonville home and arrested a man hiding in a bathtub; officers found suspected fentanyl, fentanyl-related abuse instruments, methamphetamine abuse instruments, and a loaded 9 mm handgun in the home ([www.10tv.com](http://www.10tv.com), May 13, 2022). Kettering Police (Montgomery County, Dayton region) stopped a vehicle they observed leaving a self-storage facility for a traffic violation, and upon smelling marijuana, officers searched the vehicle and found 23 grams of suspected fentanyl; after a K9 officer alerted to drugs in the man's storage unit, they secured a search warrant and seized 518 grams of suspected cocaine, 60 grams of suspected heroin, suspected ecstasy pills, and \$42,800 ([www.wdtn.com](http://www.wdtn.com), April 15, 2022). Lorain Police (Lorain County, Cleveland region) issued a warning to the public after they seized pills that appeared to be Tylenol® that a crime lab determined were pressed fentanyl pills ([www.fox8.com](http://www.fox8.com), March 23, 2022). Norwood Drug Task Force (Hamilton County, Cincinnati region) seized fentanyl and firearms from the home of a woman affiliated with a drug trafficking organization operating throughout

Hamilton County; officers arrested the woman and three others for trafficking in fentanyl ([www.wlwt.com](http://www.wlwt.com), Feb. 25, 2022). Butler County Sheriff's Office (Cincinnati region) reported that two women overdosed at their offices in February 2022, one in the visitor's lobby and one in its parking lot; both women were revived with naloxone ([www.wlwt.com](http://www.wlwt.com), March 3, 2022). Franklin County Sheriff's officers made a traffic stop on I-71 in Columbus and found one kilogram of fentanyl; officers arrested two men for aggravated drug trafficking and recovered an additional 1,200 grams of fentanyl when they raided the suspects' home ([www.10tv.com](http://www.10tv.com), Feb. 23, 2022). Cincinnati's Drug Enforcement Agency (DEA) (Hamilton County, Cincinnati region) warned through social media of the ongoing threat of drug traffickers mixing fentanyl into other illicit drugs, specifically cocaine and methamphetamine; Harm Reduction Ohio warned followers of a batch of fentanyl-cut cocaine sold in downtown Cincinnati ([www.wcpo.com](http://www.wcpo.com), Feb. 17, 2022). A Cleveland mother (Cuyahoga County, Cleveland region) was charged with felony endangering children after her 15-month-old son died in her care with fentanyl in his system; the mother admitted to being high on marijuana and being in possession of heroin at the time of her son's death ([www.cleveland.com](http://www.cleveland.com), Jan. 21, 2022). Franklin County Sheriff's officers were exposed to fentanyl after a plastic bag exploded in a car they were searching; officers stopped the driver of the car who had an outstanding warrant and arrested him after finding the fentanyl, \$3,000, and a drug pricing menu in the car ([www.nbc4i.com](http://www.nbc4i.com), Jan. 20, 2022). Ohio State Highway Patrol (OSHP) arrested a Michigan woman during a traffic stop in Scioto County for possession of fentanyl and drug trafficking; the woman agreed to a search of her vehicle, leading troopers to discover \$60,000 (600 grams) of fentanyl in a magnetic box under the vehicle ([www.wkbn.com](http://www.wkbn.com), Jan. 19, 2022). Circleville Police (Pickaway County, Columbus region) arrested parents of a 20-month-old baby that died after ingesting fentanyl; the parents admitted to using and selling illicit narcotics like fentanyl and crack cocaine and both were charged with involuntary manslaughter, attempted involuntary manslaughter (of their 3-year-old daughter who also ingested fentanyl), two

counts of child endangering, trafficking in fentanyl, and possession of fentanyl ([www.local12.com](http://www.local12.com), Jan. 18, 2022). Elyria Police and Lorain Police (Lorain County) worked with the FBI in conducting a drug bust in Elyria where 1.5 kilograms of fentanyl, nearly 250 grams of crystal methamphetamine, over 500 fentanyl pills, and a semi-automatic weapon were seized; one of the men arrested was wanted for felony drug and weapons offenses out of Franklin County ([www.fox8.com](http://www.fox8.com), Jan. 14, 2022).

### Adulterants

Consumers most often rated the current overall quality of fentanyl as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality). When assigning fentanyl quality ratings, consumers most often rated the current potency/lethality of fentanyl, discussing incidence of overdose and death as indicators that the overall quality of fentanyl is high. Consumers reported that fentanyl often comes with a dealer warning that it is extremely potent. They discussed: "[Fentanyl is] *the most potent it's ever been. People are dying every day, multiple people. It's highly addictive; They should call [fentanyl] 'death; I've never gotten fentanyl and not heard [from the dealer], 'Hey, bro, be careful; The girl I got [fentanyl] from would say just to take a small amount because you can't go back [if you die]. The potency is there. I went 26 years without an overdose and then I had three right before I came here (recovery center). And she (client's dealer) would warn me saying, 'This batch is stronger; Everybody wants to be in business so [dealers] have to keep the best (most potent) stuff; [Fentanyl] must be good because everybody is dying (overdosing).'*" Consumers also discussed the potency of fentanyl as it relates to the number of naloxone administrations needed to reverse an overdose. One consumer shared, "*Last time I bought 'dope' (fentanyl), it was high quality.... I needed six shots (doses) of Narcan® (naloxone).'*"

Due to the high potentiality for overdose/death, consumers reported that dealers adulterate fentanyl to mitigate this risk. They discussed dealers being charged with manslaughter if a fatal overdose can be linked to them. Comments

included: “[Drug dealers] *are cutting it (adulterating fentanyl) more. [Law enforcement] are charging [drug dealers] with manslaughter if people die from their batch (sale), so they are trying to avoid that; You have to cut [fentanyl] with something or it will kill you.*”

Consumers reported that the top cutting agents for fentanyl remain heroin and powdered sugar. One consumer remarked, “*Nowadays, it’s not heroin cut with fentanyl. It’s fentanyl cut with heroin.*”

Additional fentanyl cuts specifically mentioned included: allergy medication (diphenhydramine/antihistamine), baby laxatives, baking soda, caffeine pills, carfentanil, cocaine, creatine, dietary supplements, dong quai root powder (used in Eastern medicine), fiber, heroin, lactose, laxatives, lidocaine (local anesthetic), mannitol (diuretic), MDMA (methylenedioxymethamphetamine, ecstasy/“Molly”), methamphetamine, migraine headache medication, MSM (methylsulfonyl-methane, a joint supplement), niacin, pancake mix, prescription opioids, “rizzy” (bromadol, a potent narcotic analgesic), sedative-hypnotics (benzodiazepines), sleep aids, sugar, vitamins (B and B-12), and workout powders/supplements.

### Naloxone

Analyses of consumer survey data administered at the time of the focus groups found that the majority (80.8%) of the 334 consumers reported having heard of naloxone (opioid overdose reversal medication). Of those 250 consumers who had heard of naloxone, and responded to survey questions regarding naloxone administration, 43.2% reported having had naloxone used on them to reverse an opioid overdose and 34.8% reported having used naloxone on another to reverse an opioid overdose. Of the 334 consumers, 66.5% reported that they knew where to obtain naloxone. Of those 222 consumers who knew where to obtain naloxone, 82.4% reported having ever obtained naloxone and 46.6% reported current possession of naloxone. Of those 181 consumers who ever obtained

naloxone, and responded to questions on naloxone administration training, 78.5% 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 (50.5%), pharmacy (31.3%), 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) (19.8%), mental health agency (15.9%), emergency room (14.8%), and doctor’s office (11.0%). In addition, 20.9% reported having obtained naloxone from a different source, such as church, driver intervention program, fire department, friends, harm reduction program, health department, hospital, jail/prison release, needle exchange program, online, open shelter, other drug users, outreach event, police department, street outreach, and workplace.

Of the 313 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), 26.2% reported having seen a naloxone emergency kit in a public place. Of those 82 consumers that had seen a naloxone emergency kit in a public place, the locations for naloxone overdose emergency kits reported were bus station, church, convenience store, doctor’s office, fire department, foodbank, gas station, health department, hospital, jail or sheriff’s office, library, medical clinic, motel, needle exchange program, pharmacy, recovery housing, treatment center, and workplace.

### Street Names

Current street jargon includes many names for fentanyl. Consumers explained that since heroin and fentanyl have become almost synonymous in that consumers often cannot discern between the two drugs, many of the street names for heroin are also used in reference to fentanyl (“boy,” “dog food,” and “slow”). And like heroin, some street

names for fentanyl denote the sedative effect of the drug. A consumer remarked that fentanyl is called “downtown” because, “[fentanyl] is a *downer and you want to feel down.*” Consumers also discussed that any variation of the word “fentanyl” can be a street name. A consumer said, “*Anything starting with ‘fet’ (e.g., ‘fettucine’).*” Another consumer stated, “*‘Fetty’ is [used] more for the kids who are trying to sound cool.*”

In addition, there are street names that reference the pressed-pill form of fentanyl specifically. Reportedly, one of the most common fentanyl-pressed pills are counterfeit oxycodone hydrochloride 30 mg pills that are blue in color and imprinted with the letter “M.” These are imitations of the legitimate medication manufactured by Mallinckrodt (“M”) Pharmaceuticals. Thus, consumers will reference these pills as “blues,” “dirty 30s,” and “M-box 30s.”

Current Street Names for Fentanyl	
Most Common	boy, dirty 30s, fetty, fetty wop
Other	blues, boy, chi, China/China white, death, dog food, dope, down, downer, downtown, fet, fettucine, fire, food, heroin, man, M-box 30s, slow, wop

**Pricing**

Current prices for fentanyl were reported by consumers with experience purchasing the drug. Reportedly, the most common quantity of purchase for fentanyl is a gram for \$80-100; however, consumers in Toledo and Youngstown regions reported that a gram can sell as high as \$120, and consumers in Akron-Canton and Cleveland regions reported that a gram can sell as low as \$50. Throughout OSAM regions, 1/2 gram most often sells for \$30-50, and 1/10 gram most often sells for \$10-20. In addition, consumers in the Dayton region reported that a “cap” (capsule filled with approximately 1/10 gram of fentanyl) sells for \$10. Consumers in Akron-Canton, Cleveland, and

Dayton regions reported that pressed-fentanyl pills typically sell for \$10-30 each. Overall, consumers summarized that fentanyl pricing is generally the same as heroin. One consumer stated, “[The price of fentanyl is] *the same as heroin, \$20 ‘a point’ (1/10 gram).*”

Consumers discussed variation in pricing depending on location (city pricing is typically lower), dealer (often lower pricing if known to dealer), and amount of purchase (buying in bulk is cheaper). Comments included: “*It depends where you go. I was buying large amounts in the city (Columbus), around here (Athens County), [fentanyl pricing is higher]; Bulk buys and close relationship to the dealer impacts (lowers) price; Once again, [the price of fentanyl] just depends on who you know and who you are.*” Overall, consumers indicated that the price of fentanyl has generally remained the same during the past six months.

**Route of Administration**

The most common route of administration (ROA) for fentanyl remains intravenous injection (aka “shooting”). Consumers estimated that out of 10 people that use fentanyl, 5-10 would shoot, 0-4 would snort, and 0-2 would smoke the drug. Consumers observed that ROAs for fentanyl are the same as for heroin, including use progression from smoking/snorting to shooting. Comments included: “*People I was around were injecting [fentanyl]. Some of them snorted [at first], but when the addiction progresses, everyone ends up shooting; People have that perception that they can hide [fentanyl use] better when you smoke it. [But] once you start shooting, it’s a wrap (you prefer shooting); I ended up shooting because [fentanyl] got too expensive to smoke. You could [inject] like a quarter the amount you had to smoke to get the same high, so like, everybody around me shot, too; Once you inject [fentanyl], you don’t go back [to smoking/snorting].*”

However, due to the high potency/lethality of fentanyl, consumers reported that more consumers are turning to smoking and snorting fentanyl to avoid overdose and death. Comments included: “*More [people are] snorting [fentanyl]*



*because people are scared of shooting it now because of how strong it is; I think more people are smoking [fentanyl] than before; People started smoking [fentanyl] a lot because ... the chance of dying goes up when you shoot.” Consumers in the Columbus region talked about smoking fentanyl purchases first to gauge strength before intravenously injecting. A consumer explained, “I see a lot more people smoking fentanyl than smoking heroin nowadays. Just because [fentanyl is] so strong, a lot of people don’t want to shoot it. [Smoking is] just how they test it. They smoke [fentanyl] first to see how strong it is and then they shoot it. If you just go straight to shooting it, you can die [if it is too potent].”*

Other ROAs for fentanyl mentioned were “boofing” (anal insertion), “freebasing” (placing powder on aluminum foil, holding a flame under the foil, and inhaling the resulting vapors, usually through a glass straw), oral (swallowing pills), and “parachuting” (placing powder in tissue, wrapping, and swallowing the bundle).

### Typical Use Profile

Throughout OSAM regions, consumers and community professionals continued to most often report that there is no profile for typical fentanyl use. Respondent discussion centered around fentanyl as an adulterant for most drugs, thus the consensus was, that since fentanyl is in almost every drug, everyone is susceptible to fentanyl dependence. Comments included: *“It doesn’t matter your demographics, your skin’s color, your economics, your religion. You literally could be impacted by fentanyl, whether you’re a ‘fentanyl user’ or not; [There is] no typical [fentanyl use] because [the drug] supply is so tainted. So now, anyone could be impacted by [fentanyl]; I’d say anyone who wants to get away from reality or wants to get numb [could use fentanyl]; I’ve seen doctors and lawyers [use fentanyl] ... it could be anyone; Half the time, [fentanyl] is not what their primary drug of choice was from the jump (start of illicit drug use). Usually, [fentanyl use] starts when [fentanyl] got laced (adulterated into their drug on choice) and then they became physically dependent on it.”*

Descriptors of fentanyl use discussed included: heroin use, low socio-economic status, white people, and young people (aged 20 to 40 years). Community professionals commented: *“[Fentanyl use] encompasses a lot of the original demographics that we set up (reported) in the heroin section. They just kind of transfer over ... 20 to 40 [years of age], white, male, female, low to middle income; [Typical fentanyl use is] the same as heroin because ... here in Toledo, there isn’t much of a separation between heroin and fentanyl, it’s usually very much mixed together ... pretty much the same population.”*

However, in the Cleveland region, community professionals noted an increase in fentanyl use among African Americans and adolescents. A law enforcement officer shared, *“Year after year, we are seeing [an] increasing number of African Americans being drawn into fentanyl overdoses, mainly because of the cartels mixing it with the cocaine supply. [The drug cartels] definitely have been targeted in trying to draw more people in.... We are still probably 2 to 1 (ratio of white to African-American overdose deaths) but the numbers are just so much higher in the African-American communities than they were a couple of years ago.”* A treatment provider commented, *“As far as treatment goes ... we are seeing a kid that is still in high school that is 18 [years of age] coming in [for treatment due to fentanyl dependence] ... the ages [of those using fentanyl] are dramatically decreased.... [Fentanyl is] creeping into the high schools and middle schools which is ... scary.”*

### Use Combinations

Many other substances are used in combination with fentanyl. However, consumers reported that fentanyl continues to be most often used with crack/powdered cocaine, heroin, and methamphetamine. Consumers explained using fentanyl with cocaine and methamphetamine to “speedball” (concurrent or consecutive stimulant and depressant highs), and to prevent overdose, and when experiencing opioid withdrawal symptoms. They discussed: *“Speedball effect ... when you use something to make you go down (fentanyl), then you need something to make you*

come up (cocaine/methamphetamine). If you use something that takes you up, then you need to use something to make you come down. I liked to use [fentanyl and cocaine/methamphetamine] together; If you do too much fentanyl and you can't get your butt up off the couch, then you do the meth to bring you back up; I would do a line of fentanyl and a line of meth ... it just intensifies the high; [People use crack cocaine with fentanyl to] keep you from [overdosing and] dying; [Crack cocaine and methamphetamine combined with fentanyl] balance you out." Reportedly, heroin is used with fentanyl to prolong the opioid high, and as one consumer explained, the two drugs are often sold together, saying, "[Heroin] is usually what [fentanyl] comes in."

Other drugs that prolong and intensify the high of fentanyl and help to alleviate opioid withdrawal symptoms are alcohol, gabapentin, marijuana, prescription opioids, and sedative-hypnotics. Consumers reported: "[Alcohol is] a downer, so you can go lower (alcohol intensifies the effect of fentanyl); [Sedative-hypnotics] intensity the effect [of fentanyl] but can kill you; I know people who actually mix benzodiazepines with fentanyl to give [fentanyl] 'legs,' to make it last longer; [Xanax®] kicks it in more (amplifies the effect) ... you don't have to do as much fatty; [Marijuana after fentanyl use] will make you go to sleep; Morphine ... makes [fentanyl] stronger; Gabapentin helps with [opioid] withdrawal."

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

## Prescription Opioids

Prescription opioids for illicit use remain low or moderate in availability throughout most OSAM regions. In Cincinnati, Cleveland, and Columbus regions, there was no consensus as to current availability. Consumers in Cincinnati and Cleveland regions reported high availability with the right connections, i.e., a known source for the drugs such as a family member or elderly neighbor with a prescription for opioids. Community professionals in all three regions reported low or moderate availability, except for treatment providers in the Columbus region who reported high availability. Overall, respondents continued to indicate that doctors are prescribing fewer opioids due to prescribing restrictions and monitoring. Consumers shared: "The doctors got in trouble [for overprescribing opioids] ... and they just don't 'give them out' (readily prescribe opioids) anymore; It is hard to get pills (prescription opioids) due to the pain clinics being shut down; Hospitals cut you off if you have been 'red-flagged' (patient medical record flagged to restrict opioid prescriptions)..." A member of law enforcement in the Toledo region stated, "[The Ohio Board of Pharmacy] and doctors [are] not willing to take a chance [on prescribing opioids] ... we look for 'doctor shoppers' (people who go to several doctors to try to obtain prescriptions for opioids)."

Consumers who reported access to prescription opioids for illicit use often referred to a connection to someone with a prescription, especially elderly people. They discussed: "I live around a lot of older people, and they always have [opioid] prescriptions; There's a lot of older folks in my family and I would get [prescription opioid pills] from [their prescription], just go to grandma's house; People steal [prescription opioids] from people who have a 'script' (prescription for opioids) to use or sell; I know an older gentleman who has severe, severe back problems and he gets prescribed ... 'perc 7.5s' (Percocet® 7.5 mg) ... and he will only take [them] when he needs them, but he [sells them] to supplement his income..."

**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	No change	Percocet®
Cincinnati	No consensus	No change	OxyContin®, Vicodin®
Cleveland	No consensus	No change	Percocet®
Columbus	No consensus	No change	OxyContin®
Dayton	Low	No change	Percocet®
Toledo	Low to moderate	No change	Percocet®
Youngstown	Low	No change	Percocet®

use has remained the same during the past six months. However, limited supply and high cost of prescription opioids for illicit use, along with the high availability of potent, low-cost heroin/fentanyl reportedly contributed to decreased demand. Consumers commented: “Even when

A treatment provider in the Columbus region also explained that some people intentionally incur injuries to gain an opioid prescription to sell, stating, “People break their finger or get bitten by a cat, that’s the main goal, to [be prescribed an] opioid pain reliever ... they sell them because of what they’re worth out on the street.” Some consumers discussed that diverted prescription opioids are more likely to be available around the dates when prescriptions are filled, and they sell quickly. In addition to obtaining prescription opioids from people with prescriptions, respondents reported drug dealers, the “dark web” (websites operated by criminal enterprises), pain clinics, and doctor shopping as sources of obtainment. Consumers spoke of a variety of Internet sources for prescription opioids, sharing: “Personally, [prescription opioids are] just all online. There is Discord (messaging app), and online markets, and any type of messaging app; I’ve been on [the dark web] a couple of times and you can still get real ‘oxys’ (OxyContin® OC), but they’re like \$100 a pill; I don’t know if you’d go to the street anymore to buy [prescription opioids]. You just go on the Internet.”

Throughout OSAM regions, respondents reported that the availability of prescription opioids for illicit

*people can find [prescription opioids for illicit use], they’re so expensive people can’t afford it, and turn to heroin instead; You pay so much money for [an illicit prescription opioid] pill that lasts about six hours, when you can go buy heroin and it lasts way longer and it’s cheaper; If fentanyl is such an available street commodity, why would you want to mess with any of them prescription drugs?”* Community professionals added: “[Opioids are] just not getting prescribed, and fentanyl has replaced it. We get more [drug test] positives for fentanyl than any other opioid; With the rise of fentanyl, why even mess with pills? I don’t have to doctor shop or go to the ER (emergency room); Everything is cheaper and so much more available [than prescription opioids], why pay \$80 for the pill when I can do \$20 worth of heroin/fentanyl and get the same effect?”

Respondents reported Percocet® as the most available prescription opioid in terms of widespread illicit use in all regions except Cincinnati and Columbus. Respondents described Percocet® for illicit use as popular, potent, and prescribed more frequently than other prescription opioids. Comments included: “Everybody wants Percocet®; Percs are just prescribed more; ‘IR 30’ (Roxicodone® 30 mg immediate-release) are ‘big’

*(popular) on the street now. They're usually hard to find; Of all the different milligrams ... we always see '30s' (Roxicodone® 30 mg, aka 'perc 30') [during arrests and seizures] ... we see that more than any other kinds ... it's always the blue perc 30."*

Respondents also acknowledged high availability of counterfeit Percocet®. Comments included: *"The pressed 30s [are most common], but it's just fentanyl; You see these 'fetty' (fentanyl) [pressed] pills. They look like percs."* In the Columbus region where respondents indicated OxyContin® as most available, a member of law enforcement described OxyContin® as available, but, *"not a very high amount,"* and a consumer said, *"The OxyContin® is usually pressed with [fentanyl]."* Other prescription opioids were described as available for illicit use. Regarding tramadol, community professionals shared: *"If you have a prescription [for opioids], it's usually for 'trams' (Ultram®/tramadol); [Tramadol is] getting prescribed even more ... they're trying to steer away from [prescribing] oxycodone, Vicodin®, or Norco® ... so they start you out on the tramadol and the gabapentin ... because they're supposed to be less [addictive]."* Consumers concurred that tramadol is regularly available, stating: *"Tramadol is really easy to get a hold of. You go [to the doctor] with a cramp, and you get prescribed it; Tramadol is always around."*

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 the Cincinnati region, and the number of cases remains low. BCI labs reported processing few cases of morphine from all other OSAM regions.

In addition to BCI reporting, other crime labs in Cleveland and Dayton regions submitted prescription opioid incidence data. Cuyahoga County Regional Forensic Science Lab (Cleveland region) reported that the incidence of oxycodone

**Change in BCI Case Incidence for Prescription Opioids during the Past 6 Months**

Region	Hydrocodone (Vicodin®)	Oxycodone (OxyContin®, Percocet®)	Tramadol (Ultram®)
Akron-Canton	No Change	Increase	Decrease
Athens	Decrease	No Change	Decrease
Cincinnati	Increase	No Change	No Change
Cleveland	Few Cases <sup>1</sup>	No Change	Decrease
Columbus	No Change	No Change	Decrease
Dayton	No Change	No Change	Decrease
Toledo	Decrease	Decrease	Decrease
Youngstown	No Change	No Change	Decrease

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

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 cases it processes has increased, and the number of cases remains low, while the incidence of tramadol cases it processes has decreased during the reporting period. This lab reported processing few cases of hydrocodone during the reporting period, and it also reported processing counterfeit oxycodone tablets that contain fentanyl and fentanyl analogues. Miami Valley Regional Crime Lab (Dayton region) reported that the incidence of hydrocodone and tramadol cases it processes has remained the same during the reporting period, while the incidence of oxycodone cases has slightly decreased.

Other data sources indicated prescription opioids as available for illicit use throughout OSAM regions. Fairfield County Municipal Court (Columbus region) reported that of the 3,359 positive adult drug specimens it recorded during the past six months, 4.3% was positive for oxycodone. Millennium Health reported that during the past six months, 5.2% of 124,791 urinalysis specimens tested for

**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	10.1%	7,821	16.4%	5,525
Athens	2.8%	11,799	4.1%	10,407
Cincinnati	2.2%	11,715	3.4%	9,715
Cleveland	4.6%	19,477	4.8%	16,920
Columbus	7.5%	32,400	6.3%	29,405
Dayton	19.3%	4,544	15.0%	4,139
Toledo	1.7%	25,529	3.4%	22,153
Youngstown	3.9%	11,506	5.6%	10,764
<b>Total</b>	<b>5.2%</b>	<b>124,791</b>	<b>5.8%</b>	<b>109,028</b>

this reporting period (selected media report follows). Hilliard Police (Franklin County, Columbus region) along with Franklin County Sheriff’s Office executed search warrants at three homes and found 900 Percocet® pills worth more than \$35,500 and 12 guns, including AR-15 and AK-47 rifles; during the investigation, officers seized another \$42,000, \$4,000 in cryptocurrency, more than 15 pounds of

oxycodone/oxymorphone was positive, and 5.8% of 109,028 urinalysis specimens tested for morphine, codeine, hydromorphone, and hydrocodone was positive.

marijuana, and dozens of THC (tetrahydrocannabinol) edibles and cartridges ([www.10tv.com](http://www.10tv.com), Jan. 21, 2022).

Coroner and medical examiner offices in the counties of Cuyahoga (Cleveland region), Hamilton (Cincinnati region), Montgomery (Dayton region), and Scioto (Cincinnati region) reported that 8.9%, 8.7%, 6.2%, and 13.3%, respectively, of all drug-related deaths they recorded this reporting period (302, 208, 434, and 45 deaths) involved prescription opioids. Athens County Coroner’s Office (Athens region) did not find prescription opioids present in any of the 13 drug-related deaths it recorded for the reporting period. GPR (Government Performance and Results Act) data collected from 5,966 persons entering publicly funded SUD treatment programs during the past six months found 3.9% reported illicit prescription opioid use 30 days prior to intake.

Media outlets reported on law enforcement seizures and arrests related to prescription opioids

**GPR Intake: Illicit Rx Opioid Use  
during the Past 30 Days**

Region	% Yes	Total N
Akron-Canton	7.3%	396
Athens	5.0%	404
Cincinnati	2.5%	1,302
Cleveland	4.3%	1,339
Columbus	4.7%	1,363
Dayton	1.6%	310
Toledo	4.1%	559
Youngstown	0.7%	293
<b>Total</b>	<b>3.9%</b>	<b>5,966</b>

**Street Names**

Current street jargon includes many names for prescription opioids. Consumers reported that typical street names are generally shortened forms of drug brand names (“perks” for Percocet® and “vic” for Vicodin®). A general term for prescription opioids is “PKs,” an acronym for pain killers. Street names can also reference the pill’s color (“pinks/pinkies” for Percocet® 2.5 mg), milligram strength (“10s” for Percocet® 10 mg), or the number imprinted on the tablet (“512s” for Percocet® 5 mg). Comments included: “They’ll just say the milligrams; [Percocet® are called] ‘blue’ because they are blue [in color].”

Current Street Names for Prescription Opioids	
General	beans/magic beans, biscuits, bombers, candy, meds, pills, PKs, scripts, Skittles®
OxyContin®	Os, OCs, oxy/oxy’s
Percocet®	<i>General:</i> ercs, goodies, jerks, Ps, Pedros, percs/perks, perkies <i>2.5 milligrams:</i> pinks/pinkies <i>5 milligrams:</i> 5s, 512s, blues <i>10 milligrams:</i> 10s
Roxicodone®	15s, 30s, greens, M30, M blocks, perc 30, Roxy/Roxies, smurfs
Tramadol®	trams
Vicodin®	Vs, vic/vics, vikes, Vicky, Victor

**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 \$8-15 and Percocet® 10 mg most often sells for \$16-20; Roxicodone® 30 mg most often sells for \$40-65; Vicodin® 5 mg most often sells for \$5 and Vicodin® 10 mg sells for \$10-16. Consumers described current street pricing for prescription opioids as expensive, primarily due to low

availability. A consumer in the Cleveland region observed, “They are at like \$20-25 for a ‘10’ (Percocet 10® mg) now. You can’t find them. That’s why people do heroin or fentanyl now, it’s the same thing and it’s cheaper.”

Reportedly, pricing may vary based on the source of obtainment, milligram strength, and the quantity purchased. Consumers shared: “[The price of Percocet®] depends on where you get them from; [The] weaker the opiate, the cheaper it is; In a lot of places, if you buy a large quantity, you get a cheaper price.” Consumers reported that people are willing to pay a high price for prescription opioids if it is their drug of choice. One consumer said, “A lot of people will pay [a high price for prescription opioids] ‘cause they don’t want to cross that line [to heroin/fentanyl use].” Overall, consumers reported that the price of prescription opioids has remained the same or increased during the past six months. Consumers who reported increased pricing cited limited supply as the primary reason. Consumers remarked: “[Prescription opioids] are getting harder to find so the price goes up; [The price is] always going up for the prescription ones (legitimate prescription opioids) ... you can’t find them.”

**Route of Administration**

The most common routes of administration (ROAs) for illicit use of prescription opioids remain snorting followed by oral consumption. Overall, consumers in seven of eight OSAM regions estimated that out of 10 people that illicitly use prescription opioids, 5-10 would snort and the remainder would orally consume the drugs. Consumers in the Toledo region estimated that 2-5 would snort prescription opioids and 5-8 would orally consume the drugs. Reportedly, snorting produces a stronger, more immediate effect than oral consumption. Consumers commented: “If you snort [prescription opioids], it’s more euphoric; People mostly snort [prescription opioids] because it works faster; Most opiate users snort [prescription opioid] pills. The other few just don’t know snorting is better.” Consumers discussed oral consumption, saying: “[Prescription opioid ROA] also depends on age group, older people will just

*eat (swallow) them; I know a lot of people who put pills in their alcohol and just drink it down; Most people snort or chew [prescription opioids], because it works faster.”*

In addition to snorting and oral consumption, intravenous injection (aka “shooting”) and smoking, while reportedly less common, were also discussed as ROAs for illicit prescription opioid use. Intravenous injection was mentioned as an ROA throughout OSAM regions, with the exception of Athens. Consumers in these regions described injecting prescription opioids, remarking: *“Dilaudid®, people are shooting; I know people who would siphon the acetaminophen out [of Tylenol 3®/Tylenol 4®], they would cook it out and get the straight codeine. And then half would shoot and half would snort; I have heard of people shooting [prescription opioids] but it’s not as common. They are just so expensive. So, then they just move on to heroin.”* Smoking, including “freebasing” (placing the drug on aluminum foil, heating/holding a flame under the foil, and inhaling the resulting vapors, usually through a glass straw), was reported as an ROA throughout OSAM regions, except for Toledo. Consumers commented: *“Smoking with tinfoil; It’s harder to break [prescription opioids] down to smoke or shoot them, but people find ways.”*

### Typical Use Profile

A profile of typical illicit prescription opioid use did not emerge from the data. A member of law enforcement from the Akron-Canton region summarized the wide range of demographics, stating, *“[Typical illicit prescription opioid use] ranges from very wealthy to very poor, male, female, and as for races? I don’t really ... see any particular demographic.”* A treatment provider in the Cincinnati region added, *“[The opioid epidemic] affected a lot of different people in a lot of different social classes.”*

Although a typical use profile did not emerge, respondents frequently described illicit prescription opioid use among people with a history of injury and people with physically demanding jobs. Respondents discussed: *“People who were in pain management and then fell out*

*and can’t get [opioids prescribed] anymore ... turned to the streets; People who are in pain who can’t get [prescription opioids] from their doctor anymore; Working class, factory worker, their body hurts, [use opioids] to get through the shift, fast food [workers] too; [Military] veterans ... construction workers ... I have quite a few [clients] that were in the military, were hurt, and pain management is part of it. And then construction workers, I mean, it’s hard on the body, so they use it as a way to get rid of their day-to-day pain.”*

Respondents also observed illicit prescription opioid use among young people, beginning as young as junior high school (approximately 12 to 15 years of age). Respondents said: *“Now, since the rappers promote [illicit prescription opioid use] in their songs, it’s a lot of young kids [who illicitly use prescription opioids]; It seems like younger people are more comfortable using some kind of prescription pill instead of going with a powdered fentanyl; [Prescription opioids have] been popping up in grade schools, junior high to college; High school, college students are more likely to experiment [with prescription opioids] ... 16 to 25 [years of age].”* A consumer concluded, *“It could be two classes [who typically use prescription opioids] ... the young kids, or the 40-year-olds who have been working construction for 20 years.”*

Other common descriptors of illicit prescription opioid use included: white people, and due to the high cost of illicit prescription opioids, people of high socio-economic status. Respondents described: *“Most people I know that do [prescription opioids] are white, suburban; White high school kids; Someone who works and has money to spend; Middle class or upper-middle class because [prescription opioids are] much more expensive [than other drugs].”*

Analysis of GPRA demographic data of all intake clients that indicated illicit prescription opioid use during the past 30 days found that, of those who endorsed illicit prescription opioid use, 57.8% was male, 62.0% was under the age of 40 years, and 82.0% indicated white as their race.

**GPRA Demographic Data of All Intake Clients Who Used Rx Opioids Illicitly during the Past 30 Days (N = 232)<sup>1</sup>**

Male	57.8%
Female	41.8%
18 - 29	25.4%
30 - 39	36.6%
40 - 49	22.4%
50 - 59	9.9%
60 +	5.6%
White	82.0%
African American	19.4%
Other race <sup>2</sup>	3.2%
Hispanic/Latino ethnicity	3.9%

<sup>1</sup>Gender total does not equal 100.0% due to one individual reporting as bigender. Total percentage for race category is greater than 100.0% due to some individuals indicating more than one race.

<sup>2</sup>Other race included: American Indian, Asian, and Native Hawaiian.

**Use Combinations**

Many other substances are used in combination with prescription opioids. Consumers reported that prescription opioids are most often used in combination with alcohol and marijuana. Reportedly, alcohol, marijuana, and sedative-hypnotics are used concurrently with prescription opioids to intensify, or “boost,” the depressant effect of these drugs. Consumers commented: *“Alcohol [used at the same time as prescription opioids] intensifies the buzz ... hits you quicker; Xanax<sup>®</sup> [used concurrently with prescription opioids], just made me feel good, gave me that [extreme] down feeling; Marijuana intensifies the perc high.”*

Stimulant drugs, such as crack/powdered cocaine and methamphetamine, are reportedly used with prescription opioids to “speedball” (concurrent or consecutive stimulant and depressant highs) or to

counterbalance the depressant effect of opioids. Consumers explained: *“[Prescription opioids are used with] ‘coke’ (powdered cocaine) if you want to speedball; [I use methamphetamine with prescription opioids] to try and balance myself out.”*

**Substances Used in Combination with Prescription Opioids**

Most Common	alcohol, marijuana
Other	crack/powdered cocaine, heroin/fentanyl, methamphetamine, MDMA, promethazine (“lean”)

**Buprenorphine**

Buprenorphine remains highly available for illicit use throughout OSAM regions. Respondents continued to report that buprenorphine most often is used illicitly in the absence of heroin/fentanyl to help prevent or alleviate experiencing opioid withdrawal symptoms (aka “dope sickness”). A treatment provider observed, *“[People who illicitly use opioids] got [buprenorphine] ... in their back pocket for emergency, rainy days [when their drug of choice is not obtainable].”* A consumer commented, *“If I couldn’t get fentanyl ... I knew some lady that had a supply [of buprenorphine] ... I could get [buprenorphine] ... anytime I wanted...”*

Respondents also continued to report that buprenorphine prescriptions are easy to obtain and that the drug is sold or traded in exchange for one’s drug of choice, mainly heroin/fentanyl. Consumers said: *“Anyone can go to the doctor and get [buprenorphine], as long as you say you have a heroin addiction or an opiate addiction; You can get on your phone and do telemedicine and get [a buprenorphine prescription]; [Consumers] will pass (trade) [buprenorphine] to get heroin. I know people who have a stash [of buprenorphine] just so they can get heroin; Doctors overprescribe [buprenorphine] ... more than what anyone needs,*



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

*metabolites in their system [if buprenorphine is not taken as prescribed].” Consumers also discussed buprenorphine prescribing requirements. They said: “Now they have restrictions on [buprenorphine prescribing]. You used to just walk in [to the clinic] and get them; You can’t just go ask [primary/general doctors] for Suboxone® because it’s not prescribed like an opiate. It’s actually prescribed in a rehab setting; A lot of the IOPs (intensive outpatient programs) ... are starting*

*and [those prescribed] just sell what they don’t need.” A treatment provider in the Columbus region stated, “[Buprenorphine diversion is a] second income ... you can sell it quite easy.” While primarily prescribed to treat opioid use disorder, some consumers discussed other reasons for buprenorphine prescribing, such as for pain management. Comments included: “Doctors are giving [buprenorphine] for pain; They gave [buprenorphine] to me as a pain ‘med’ (medication), and it’s not the same.”*

While respondents reported buprenorphine as readily prescribed, some cited buprenorphine prescribing regulations designed to prevent illicit use. Community professionals spoke of buprenorphine prescribing requirements, saying: *“When they first start taking [buprenorphine, treatment providers] do really monitor the prescription; Our [MAT] requirements are pretty stringent, especially on admission. I always tell people [MAT is] like a part-time job because they are here at least nine hours a week for group, plus doctor’s appointments, plus therapy appointments, plus coming and dropping (drug testing) ... it’s a lot of time; We see on the [urinalysis drug] screen ... when they don’t have the [buprenorphine]*

*to crack down (restrict buprenorphine prescribing) ... they are putting two and two together (recognizing diversion) and slowing down prescriptions.” Additionally, respondents acknowledged that some consumers who are trying to stop opioid use purchase buprenorphine on the streets because they do not want to go through the process to obtain it legitimately. They discussed: “If they are really trying to [stop opioid use] and they figure Suboxone® is the safest way ... but they don’t want to do the [support] groups and [treatment], they’ll try to buy it off the street; I went to a Suboxone® doctor for a long time, but it got easier ... to go get it from somebody else [on the street] because when you go to the Suboxone® doctor they require you to go to the [12-step] meetings, and they make you come in and do urine tests. That’s a lot of running and doctor’s appointments, it was a lot easier to go buy a couple of pills off the street.”*

In addition to doctor prescribing, diversion from people with prescriptions, and drug dealers, consumers identified online pharmacies as a source of obtainment for buprenorphine. They reported: *“You can just go online and do a test. They’ll mail you a cup (urinalysis test for opioids) and [if it is positive for opioids], then they’ll give you a*

[buprenorphine] 'script' (prescription); [Buprenorphine prescribing] online, there's no doctors visit, no counseling groups, it's just easier; Online ... you don't have to do anything [to obtain a buprenorphine prescription].” Some respondents also indicated illicit buprenorphine use in jails and prisons. One community professional observed, “We see [buprenorphine] more with the jail ... people are either trying to sneak it into the jail or trying to put them in mail that's going into the jail.” Consumers also commented on buprenorphine use in jails and prisons, saying: “I was getting [buprenorphine] in jail, melting down the 'strips' (buprenorphine filmstrips) and putting them in my eyeballs (ocular absorption); [Buprenorphine is] good to have in jail. They can make you a lot of money; [Buprenorphine] is going around in prisons a lot.”

### Medication-Assisted Treatment (MAT)

Of the 331 consumers who responded to the survey question regarding current receipt of MAT, 37.2% reported currently receiving MAT. Of those 123 consumers who reported current receipt of MAT, the most common types of MAT reported were Suboxone® (buprenorphine/naloxone, 43.9%), Vivitrol® (naltrexone, an injectable form of MAT, 29.3%), methadone (a long-acting full opioid agonist, 15.4%), and Subutex® (buprenorphine only, 6.5%). Treatment providers spoke positively of MAT: “It's becoming a little more socially acceptable for someone to seek out a prescription for [buprenorphine]; I think [MAT clinics] are ... actually helping. Now that [consumers] can go get [buprenorphine] and not have to go through withdrawals ... there is help.”

In terms of available buprenorphine forms for illicit use, respondents throughout OSAM regions continued to identify Suboxone® sublingual filmstrip form (aka “strips”) as most available, with the exception of Athens and Cincinnati regions where filmstrip and pill form are reportedly nearly equally available. Respondents shared that buprenorphine filmstrips are highly available

because that form is most commonly prescribed, and as a result, the most frequently diverted. Community professionals stated: “I see the strips [used illicitly] more than anything. I think they're just prescribed more; Strips ... it's just what they prescribe around here. We see it the most; We are running (prescribing) strips almost exclusively.”

Filmstrip form is reportedly preferred over pill form because it can be cut into portions that provide an adequate dose to alleviate opioid withdrawal symptoms, while the remaining portion can be sold, given away, or saved for later use. A treatment provider in the Cleveland region remarked on this practice, “They can cut [buprenorphine filmstrips] a little easier, [making them more] shareable versus pills, which are a little harder [to divide]. In a rush, they can just cut what they need off [the filmstrip] and give the rest to whomever or sell the rest.” Buprenorphine filmstrip form is also considered desirable because it is easy to conceal and transport and can be administered in a variety of ways. Comments included: “[Strips] dissolve instantly; You can take [buprenorphine filmstrips] however you want, you can snort it or eat it. You can conceal them; Melting down the strips and putting them in my eyeballs; You can cut a hole in your jeans and just tuck [buprenorphine filmstrips] in there....”

Respondents continued to report low current availability of Subutex® (buprenorphine only) for illicit use because it is reportedly only prescribed to pregnant or breastfeeding women and people allergic to naloxone. Although current availability is reportedly low, Subutex® for illicit use is reportedly in high demand because it is the only form of buprenorphine that does not include naloxone (opioid overdose reversal medication), which impedes the desired effect of using opioids in combination. A respondent explained, “Subutex® is more preferred than Suboxone® because 'boxes' (Suboxone®) have the naloxone. You can use [other opioids while] on Subutex®.”

In terms of change in availability, respondents reported that buprenorphine availability has remained the same or increased during the past

six months. Respondents who reported increased availability pointed to an increase in MAT clinics and increased prescribing and diversion. They said: *“Now, you have all these clinics popping up. It used to be you only had [one MAT clinic in a community]; [Buprenorphine is] so readily available at clinics. A lot of the clinics ... you don’t have to do treatment to get it.”* Respondents who reported no change in availability of buprenorphine for illicit use said availability has remained high. A member of law enforcement in the Akron-Canton region stated, *“I think we’ve kind of always seen pretty high Suboxone® levels [on the streets].”*

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

**Street Names**

Current street jargon includes several names for buprenorphine. However, throughout OSAM regions, consumers continued to report “subs” as the most common general street name. Other derivatives and adaptations of buprenorphine (“bup”) and the brand name Suboxone® are also reportedly used (“boxes,” “subway,” and “subway sandwiches”). Filmstrips continue to be most often referred to as “strips.” In reference to ocular absorption as a route of administration for filmstrips, a Youngstown consumer shared, *“They call strips, ‘dry eye,’ because of what happens when you put it in your eye.”* The buprenorphine pill form is reportedly referred to as “orange” or “oranges”

in reference to the orange color of the pill, or simply as “pills.” Consumers indicated street names for Subutex® are shortened forms of the brand name, “tex” or “texts.”

Current Street Names for Buprenorphine	
General	boxes, boxies, bup/bupies, subs, subway/subway sandwiches
Filmstrip	dry eye, strips
Pill	orange/oranges, pills
Subutex®	tex, texts

**Pricing**

Current street prices for buprenorphine were reported by consumers with experience buying the drug. Consumers indicated that both buprenorphine filmstrip and pill forms typically sell for \$10-20 for an 8 mg dose. Filmstrips can reportedly sell for as high as \$30 in Akron-Canton and Toledo regions, while pill forms can sell for as high as \$30 in the Athens region and \$40 in the Youngstown region. Regarding buprenorphine pricing variability in the Cleveland region, a consumer said, *“Some people are giving [buprenorphine filmstrips and pills] as cheap as \$7 and the most expensive would be \$20. [The price] depends on how desperate the person is (if the person is experiencing withdrawal symptoms).”* In the Akron-Canton region, consumers described higher street prices for buprenorphine in higher income neighborhoods and in rural areas, compared to cities. They stated: *“In rural areas [buprenorphine 8 mg is] \$20, but in cities it’s closer to \$10; I used to sell [buprenorphine 8 mg filmstrips] for \$30 in the richer neighborhoods, but I only bought them for \$10.”*

Subutex® 8 mg reportedly sells for \$25-40. A consumer explained the reason for the high price of Subutex® for illicit use, saying, *“Subutex® is more expensive because they don’t have a blocker (naloxone) in it and people want them.”* Consumers also discussed the high price of buprenorphine in

prisons and jails. A consumer reported, *“They’ll cut [a buprenorphine 8 mg filmstrip] eight times and sell each little piece for \$10. So, [a filmstrip] is worth \$80 [in prison].”* Overall, consumers throughout OSAM regions reported 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 remains oral consumption, except for the Athens region where snorting was reportedly most common. Overall, consumers estimated that out of 10 people that illicitly use buprenorphine, 5-10 would orally consume and 0-5 would snort the drug. A consumer in the Youngstown region explained that snorting buprenorphine creates a more immediate effect, stating, *“When you snort [buprenorphine], it gets in your blood stream faster.”* Another consumer described snorting buprenorphine filmstrips dissolved in water, a practice referred to as “mudpuddle,” remarking, *“I’ve seen them put [buprenorphine filmstrips] in a toothpaste cap with water and then snorted up the water.”* Although less common, ocular absorption was another ROA discussed by consumers. Filmstrips are reportedly dissolved in water, and the resulting liquid is administered like an eye drop, or a portion of the filmstrip can be placed onto the eye like a contact lens. Comments included: *“Either they liquify [a buprenorphine filmstrip] and drop it in [the eye], which hurts, or just tear a piece [of filmstrip] and put it on [the eye]; If you put [buprenorphine] in the tear duct, it doesn’t burn; I saw my stepdad cut a little bit [of filmstrip] off and take a pen, he’d touch [the pen to the filmstrip], then would put it in his eye.”* Intravenous injection (aka “shooting”) of buprenorphine is reportedly uncommon. A consumer said, *“I have heard people shoot [buprenorphine], but I don’t think [it’s that common].”*

### Typical Use Profile

Respondents continued to describe typical illicit buprenorphine use in conjunction with heroin/fentanyl and/or illicit prescription opioid

use as a means to alleviate opioid withdrawal symptoms or when trying to stop opioid use. Respondents discussed: *“I don’t think [there is a typical illicit buprenorphine user], just the ones who use heroin and opiates, mostly; People who use opioids but can’t get a hold of opioids; Anyone coming off of or on ‘dope’ (heroin/fentanyl).”* In terms of demographics, respondents generally identified illicit buprenorphine use as more common among younger, white people. They shared: *“Younger males around 25 to 30 [years of age]; Generally, white, men and women, probably 20s and 30s, but that doesn’t mean you won’t get someone in their 50s; Younger, probably late 20s, early 30s ... mostly males; I’d never seen too many black, brown people use Suboxone® [illicitly], so that would probably be more ... middle-aged Caucasian folks to younger.”* Respondents also described illicit buprenorphine use as associated with jail settings.

### Use Combinations

Consumers reported that other drugs are used in combination with buprenorphine, most commonly alcohol, marijuana, methamphetamine, and sedative-hypnotics. These drugs are not impacted by naloxone, and reportedly, buprenorphine acts as potentiator for these drugs by intensifying and prolonging their desired effect. A consumer remarked that buprenorphine used with marijuana, *“kicks in the effect faster.”* Another consumer described the prolonged high from buprenorphine combined with sedative-hypnotics, saying, *“[Sedative-hypnotics] prolong the high because Suboxone® is an opiate and then you have your ‘benzo’ (benzodiazepine) on top of that.”* And another consumer cautioned against this combination due to the risk of fatal overdose, stating, *“I had a friend die from Suboxone® and Xanax®.”*

In addition, buprenorphine is used in combination with methamphetamine to “speedball” (concurrent or consecutive stimulant and depressant highs), and as one consumer stated, *“to get higher.”* One consumer offered that the combination of gabapentin (Neurontin®) and buprenorphine is, *“really good for when you are opiate sick*

*(experiencing withdrawal symptoms), and the Neurontin® mixed with the subs gives you a buzz.”*

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

### Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, muscle relaxants, and nonbenzodiazepine sleep-inducing medications, aka “Z drugs,” e.g., zolpidem/Ambien®) are highly available for illicit use in most OSAM regions. In the Youngstown region, where there was no consensus as to current illicit availability, treatment providers reported low and moderate availability, and law enforcement reported high availability. Respondents who reported high availability of sedative-hypnotics for illicit use often reported that it is easy to obtain a prescription for sedative-hypnotics. A member of law enforcement in the Columbus region remarked on doctor prescribing, saying, “My opinion is doctors are handing these ‘benzos’ (benzodiazepines) out (overprescribing) like candy....” Consumers also noted the ease of obtaining doctor prescriptions for sedative-hypnotics and discussed fewer prescribing restrictions for sedative-hypnotics than prescription opioids. They said: “You can [say], ‘I have anxiety,’ and they will prescribe [sedative-hypnotics] to you; [Sedatives-hypnotics are] prescribed a lot more than anything and [they are the] easiest to get; They haven’t ‘cracked down’ (implemented restrictions) on Xanax® and Klonopin® prescribing [like] they have with opioids.”

In addition to doctor prescribing, respondents reported access to sedative-hypnotics for illicit use

with the right connection, mainly diversion from people with a prescription and drug dealers. Regarding diverted sedative-hypnotics, consumers said: “So many people go to the doctor to get [sedative-hypnotics], and are not using them like they’re supposed to, then they sell [part or all of their prescription] ... to get other drugs; [Sedative-hypnotics are obtained from] mostly dealers and family.” A consumer cautioned, “Most of [the sedatives-hypnotics] that you get from the streets are ‘junk’ (counterfeit pressed pills), so you really have to know somebody with a [sedative-hypnotics] prescription....”

Respondents indicated an abundance of counterfeit pressed pills sold on the streets. Regarding high availability of counterfeit sedative-hypnotics, a member of law enforcement in Franklin County (Columbus region) stated, “We will see more of these ‘benzo-type’ (counterfeit benzodiazepine) pills, like an alprazolam bar (Xanax® 2 mg) that is counterfeit. [We see] more [counterfeit benzodiazepine lab] submissions than we will any [legitimate] benzo or prescription.” Consumers also discussed the prevalence of counterfeit sedative-hypnotics on the streets, commenting: “I got maybe one real (legitimate) one out of every ten [sedative-hypnotic pills] I bought [on the streets]; The [sedative-hypnotic] that you get on the streets is not real nine times out of ten. I ate five Klonopin® the day before I came into the withdrawal management, and I didn’t test positive for benzos; The Xanax® [purchased on the streets] are usually fake ... straight fentanyl.”

In addition to buying sedative-hypnotics from drug dealers and people selling their prescribed medication, consumers reported purchasing sedative-hypnotics from a variety of Internet sources, including the “clearnet” (publicly accessible Internet), the “dark web” (hidden websites operated by criminal enterprises), and through messaging apps. Consumers described using these Internet sources to obtain sedative-hypnotics, saying: “You can get [sedative-hypnotics] on the clearnet, you don’t have to go to the dark web, but if you want to buy a huge amount, you can go on the dark web. But [illicit sedative-hypnotics are available] also on Discord or

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

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

harder for people to get their hands on Klonopin®.” Soma® is reportedly not widely used illicitly, and some consumers commented on the risks of illicit Soma® use. One consumer remarked, “Somebody like almost died not too long ago because they snorted [Soma®].” A consumer in the Columbus region offered the term, “Soma® coma,” referring to the depressant effect of Soma®.

Respondents throughout OSAM regions reported that the availability of sedative-hypnotics for illicit use has remained the same during

the past six months. A member of law enforcement in the Akron-Canton region stated, “I think [sedative-hypnotics] have kind of always been available to people.” Respondents who reported decreased availability of sedative-hypnotics for illicit use concluded that other drugs are in higher demand and prescribing regulations have limited the supply of sedative-hypnotics for illicit use. A consumer in the Athens region stated, “Other drugs have taken [sedative-hypnotics]’ place and doctors aren’t prescribing them as much.” Respondents also reported increased availability of counterfeit sedative-hypnotics. Consumers discussed counterfeit pressed pills resembling sedative-hypnotics, saying: “People realize they can press anything into [pill form], it’s just a quick way to make money ... it’s so cheap to get the powdered [fentanyl] from China; I’m seeing lots more people overdosing from doing fake xannies.”

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

Telegram [Messenger], or any messaging app like WhatsApp; I was selling [sedative-hypnotics] for someone who was getting them somewhere off the Internet and he was getting like 600 [pills] at a time, every two to three weeks.” However, while sedative-hypnotics are reportedly available on the Internet, consumers acknowledged that these drugs are usually counterfeit pressed pills. Comments included: “You can get [sedatives-hypnotics] on the Internet ... people making fake pills; You can get [sedative-hypnotics] online, but again, those are probably pressed [fentanyl pills].”

Throughout OSAM regions, respondents reported Xanax® as the most available sedative-hypnotic in terms of widespread illicit use. Respondents described Xanax® as most prescribed. A consumer commented, “Xanax® is most common ... everyone wants it and it’s prescribed the most.” A treatment provider in the Cleveland region communicated that consumers prefer Xanax® for its potency, sharing, “[Consumers are] probably going to get (seek/buy) more ‘xannies’ (Xanax®) [due to the desired] ... potency.” Although reportedly less available for illicit use, respondents also spoke of Klonopin®. They discussed: “I hear about Klonopin®, but I don’t see it as much as Xanax®; It is

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

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

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

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

In terms of designer benzodiazepines (non-FDA approved synthetic, novel, or novel psychoactive substances that are often structurally like FDA approved benzodiazepines), BCI labs reported processing 318 cases of designer benzodiazepines from throughout OSAM regions during the reporting period; of which, 31.4% was from the Columbus region and 21.1% was from the Dayton region. In the Cleveland region, Cuyahoga County Regional Forensic Science Lab reported processing 87 cases of designer benzodiazepines, and that the incidence of cases it processes has remained the

same, while also noting that designer benzodiazepines are now being added to heroin/fentanyl samples. Lake County Crime Lab (also Cleveland region) reported processing 29 cases of designer benzodiazepines during the reporting period, an increase. Miami Valley Regional Crime Lab (Dayton region) reported processing 124 cases of designer benzodiazepines during the reporting period, and that the incidence of cases it processes has remained the same. Crime labs collectively reported processing the following designer benzodiazepines: adinazolam, bromazolam, clonazepam, desalkylgidazepam, deschloroetizolam, diclazepam, etizolam, flualprazolam, and flubromazepam.

Other data sources indicated sedative-hypnotics as available for illicit use throughout OSAM regions. Fairfield County Municipal Court (Columbus region) reported that, of the 3,359 positive adult drug specimens it recorded during the past six months, 9.2% was positive for benzodiazepines. Millennium Health reported that 8.5% of 105,261 urinalysis specimens submitted for benzodiazepine testing during the past six months was positive for benzodiazepines.

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

Region	% Tested Positive	Number Tested
Akron-Canton	9.4%	6,093
Athens	9.9%	9,376
Cincinnati	9.8%	9,752
Cleveland	5.2%	14,120
Columbus	11.8%	29,441
Dayton	10.3%	4,014
Toledo	5.3%	21,756
Youngstown	7.0%	10,709
<b>Total</b>	<b>8.5%</b>	<b>105,261</b>

GPRA (Government Performance and Results Act) data collected from 5,966 persons entering publicly funded SUD treatment programs during the past six months found 4.0% reported illicit sedative-hypnotics use 30 days prior to intake, including benzodiazepines and/or other sedatives/tranquilizers.

GPRA Intake: Illicit Sedative-Hypnotics use during the Past 30 Days		
Region	% Yes	Total N
Akron-Canton	7.3%	396
Athens	4.0%	404
Cincinnati	2.8%	1,302
Cleveland	4.6%	1,339
Columbus	5.6%	1,363
Dayton	1.9%	310
Toledo	2.1%	559
Youngstown	0.7%	293
<b>Total</b>	<b>4.0%</b>	<b>5,966</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 13.2%, 6.3%, 4.4%, and 6.7%, respectively, of all drug-related deaths they recorded during this reporting period (302, 208, 434, and 45 deaths) involved one or more benzodiazepine or other sedative-hypnotic. These same coroner and medical examiner offices reported that 85.0%, 69.2%, 73.7%, and 66.7%, respectively, of all sedative-hypnotics related deaths they recorded this reporting period (40, 13, 19, and 3 deaths) also involved fentanyl. Athens County Coroner’s Office (Athens region) did not find benzodiazepines or other sedative-hypnotics present in any of the 13 drug-related deaths it recorded for the reporting period.

**Pricing**

Current street prices for sedative-hypnotics were reported by consumers with experience purchasing the drugs. Throughout OSAM regions, consumers reported that Xanax® 1 mg most often sells for \$2-5 and Xanax® 2 mg sells for \$5-10. Klonopin® 0.5 mg generally sells for \$2-5 and Klonopin® 2 mg sells for \$3-5. Consumers explained that sedative-hypnotics pricing, “just depends what size (milligram dose) they are,” and, “gradually gets cheaper [as the dose decreases].” Consumers also indicated that purchasing sedative-hypnotics in bulk results in a cheaper price, with one consumer offering, “I know you can usually sell the whole bottle (30-90 sedative-hypnotic pills). It’s cheaper that way.”

Counterfeit pressed pills are reportedly, “Extremely cheap, for the fake ones, 50 cents a pill.” However, some consumers are willing to pay a high price for legitimate sedative-hypnotics from a reliable source. They reported: “I know people who will pay \$10 for a real one (Xanax® 2 mg) if they know it’s real; If I ever heard Xanax® [was available], I was on it (buying regardless of price); Some people can’t find [sedative-hypnotics] and [dealers] make you pay whatever (high prices); [For legitimate sedative-hypnotics], you have to pay an insane amount.” Consumers universally reported that the street price for sedative-hypnotics has remained the same during the past six months. A consumer in the Youngstown region spoke of pricing stability, commenting, “[Sedative-hypnotic] prices usually don’t change much over a six-month period.”

**Street Names**

Current street jargon includes many names for sedative-hypnotics. Consumers reported that the most common general street name continues to be a shortened version of the drug classification of benzodiazepines, “benzos,” and the most common street names of specific sedative-hypnotics are derivatives of a drug’s brand name (“xannies” for Xanax® and “vals” for Valium®). Street names for Xanax® also reportedly reference the pill’s color (“blues” for Xanax® 1 mg and “yellows” for Xanax®



2 mg) and/or shape (“footballs” for Xanax® 1 mg). Consumers stated: “[Street names for sedative-hypnotics] goes by color mostly; [Xanax® 2 mg are identified by their shape], ‘sticks’ because they are ‘bars,’ ‘ladders.’”

Current Street Names for Sedative-Hypnotics	
General	beans, benzos, nervies
Xanax®	<p><b>General:</b> xannies, xans, Zs</p> <p><b>0.5 milligram:</b> peaches</p> <p><b>1 milligram:</b> blues, footballs</p> <p><b>2 milligrams:</b> bars/xannie bars, bus/buses/school bus, green monsters, hulks, ladders, sticks, yellows</p>
Klonopin®	K-pins/pins
Valium®	vals

**Route of Administration**

The most common routes of administration (ROAs) for illicit use of sedative-hypnotics remain oral consumption followed by snorting. Consumers in half of OSAM regions (Athens, Cleveland, Columbus, and Dayton) estimated that out of 10 people that illicitly use sedative-hypnotics, 5-10 would snort and 0-5 would orally consume the drugs. In Akron-Canton and Toledo regions, consumers reported oral consumption of sedative-hypnotics for illicit use as more common than snorting, and in the Youngstown region, oral consumption and snorting are reportedly equally common. A Cleveland consumer discussed “parachuting” (wrapping crushed pills in tissue and swallowing the bundle), among other sedative-hypnotic ROAs, stating, “[Consumers of illicit sedative-hypnotics] are eating, or snorting it, or parachuting it.” And another consumer described orally consuming sedative-hypnotics with alcohol, sharing, “Most would snort [sedative-hypnotics], but some don’t like to do that, so they just swallow them with like alcohol.”

**Typical Use Profile**

Respondents most often described typical illicit sedative-hypnotics use among young people (high school/college-aged) up to 35 years of age; reportedly, illicit use is popular among this age group as a party drug and to cope with stress. Comments included: “I would put [typical illicit sedative-hypnotics use] in the younger population. [Xanax®] is pretty popular and are almost more like a party drug; College students [use sedative-hypnotics illicitly to deal] with the jump (increase) in anxiety ... high stress environment; You see [illicit sedative-hypnotics use] in a lot of college students, but you’re seeing more use in the high school age now.” In addition, treatment providers reported that young people use illicit sedative-hypnotics when they begin experimenting with drug use. They discussed: “Teens to the early 20s are experimenting [with sedative-hypnotics]; People kind of start first experimenting [with sedative-hypnotics] ... I see it more with ... teenagers, early 20s. Just kind of getting into [illicit drug use].”

Other descriptors of illicit sedative-hypnotics use included: middle to high socio-economic status, women, and white people. Respondents explained that people of middle to high socio-economic status are more likely to have health insurance, and therefore, more likely to be prescribed sedative-hypnotics. Law enforcement stated: “[Illicit sedative-hypnotics use is] not [common] in the lower income or poverty [population] because they don’t have health insurance; I’d say [illicit sedative-hypnotics use] falls ... a little bit higher up the socio-economic chain.” Regarding illicit use among women, respondents said: “Women go and see doctors more often than guys do [and are prescribed sedative-hypnotics]; A lot of [women] have kids and it’s the stressors of kids ... and not having enough support or coping skills [that prompts illicit sedative-hypnotics use].”

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, 46.9% was male, 69.3% was under the age of 40 years, and 93.6% indicated white as their race.

**GPRA Demographic Data of All Intake Clients Who Used Sedative-Hypnotics Illicitly during the Past 30 Days (N = 241)<sup>1</sup>**

Male	46.9%
Female	51.5%
18 - 29	27.0%
30 - 39	42.3%
40 - 49	21.6%
50 - 59	8.3%
60 +	0.8%
White	93.6%
African American	8.5%
Other race <sup>2</sup>	6.0%
Hispanic/Latino ethnicity	2.9%

<sup>1</sup>Gender total does not equal 100.0% due to four individuals reporting as bigender, non-binary, or transgender. Total percentage for race category is greater than 100.0% due to some individuals indicating more than one race. <sup>2</sup>Other race included: American Indian and Native Hawaiian.

**Use Combinations**

Many other substances are used in combination with sedative-hypnotics. Consumers reported that sedative-hypnotics are most often used in combination with marijuana, followed by alcohol, and stimulants, mainly crack/powdered cocaine and methamphetamine. Sedative-hypnotics are reportedly used to intensify the effect of alcohol, heroin/fentanyl, marijuana, and prescription opioids. Regarding marijuana use in combination with sedative-hypnotics, a consumer said, “[Sedative-hypnotics are used with marijuana to] *get you higher [and] get you to go to sleep faster.*” Consumers discussed the combination of alcohol and sedative-hypnotics, which reportedly “*doubles the effect of sedation,*” and can be “*dangerous.*” Other comments included: “[Sedative-hypnotics combined with prescription opioids creates] *just that completely get outside of yourself feeling. You don’t feel [anything]; [Sedative-hypnotics*

combined with heroin/fentanyl produces a] *better high.*”

Consumers also discussed sedative-hypnotics use in conjunction with stimulants use to “level out” and to “come down” from a stimulant high. Consumers shared: “*Usually, it’s the cocaine and meth first and then the ‘ladders’ (Xanax® 2 mg) ... to bring you down. That way you can go to sleep and not sit there and ‘jones’ (crave) for the ‘coke’ (powdered cocaine); [Sedative-hypnotics] are just downers. When you are up too high [from stimulant use], you gotta come down; Take [sedative-hypnotics and stimulants] at the same time [to balance out] so you don’t seem crazy; I think Klonopin® goes hand in hand with Adderall®. Some people have been introduced at such a young age to do that combo.*”

Respondents indicated illicit sedative-hypnotics use in combination with opioids to help alleviate opioid withdrawal symptoms. They said: “[Sedative-hypnotics are] *more [popular] with the people that are also using opiates. It’s something they use when fentanyl isn’t available, or it is used as an alternative to fentanyl if there is bad stuff [causing overdoses] on the street; [Sedative-hypnotics are used] as a way to mitigate withdrawals if they are trying to quit [opioids]; [Sedative-hypnotics are] used as a ‘filler’ [when a drug of choice cannot be obtained].*” Lastly, although less common, sedative-hypnotics are reportedly used with LSD (lysergic acid diethylamide) to, “*take you out of a bad [LSD] trip,*” and, “*to bring you down.*”

**Substances Used in Combination with Sedative-Hypnotics**

Most Common	alcohol, crack/powdered cocaine, marijuana, methamphetamine
Other	heroin/fentanyl, LSD, prescription opioids, prescription stimulants

## Marijuana

Marijuana, as well as marijuana extracts and concentrates, remain highly available throughout OSAM regions. Respondent consensus was that marijuana is very easy to obtain and its use is socially acceptable, mainly due to shifts towards legalization. Consumers reported: “[Marijuana is] legal in so many places [that] it’s just kind of culturally accepted; Nationally, [marijuana has been] legalized in so many places, medical and recreational ... now [marijuana use is] not a big deal....” Respondents throughout OSAM regions attributed relaxed legal consequences for marijuana possession, as well as other states legalizing marijuana use, as reasons for high availability and use of the drug. Law enforcement reported: “Because so many states have made [marijuana use] legal ... [using marijuana is] more socially acceptable, less stigma. [And there are] no real [criminal] penalties if you’re caught with [marijuana]; Illicit [marijuana] use, the penalties are so low [for possession].... And ... more [employers are] not drug testing [for marijuana].... People are seeing it as there’s no real risk (consequence) to using [marijuana].” A consumer from the Athens region similarly stated, “[Marijuana use] is not even on [law enforcements’] radar anymore. It used to be that I would have to walk half a mile into the woods to smoke a ‘joint’ (marijuana cigarette). Now, I’ll ‘hit’ (smoke) a vape pen in the middle of Walmart.” A Dayton region treatment provider also commented, “[Marijuana use] has increased ... people feel less scared to have [marijuana].... There is no fear of getting arrested.”

Respondents discussed the widely held belief that

marijuana is a safe alternative to other illicit street drugs, while some expressed the viewpoint that marijuana is medicine and not an illicit substance. Consumer comments included: “[Marijuana] is probably [a] safer [drug] compared to everything.... The way people think about it ... nobody’s going out and robbing banks [while using marijuana]; Instead of taking a handful of psych meds, I’d rather just go buy some ‘weed’ (marijuana); [Using marijuana] is good for depression, for seizures....” A treatment provider in the Columbus region summarized these general thoughts by sharing, “When I talk to people [they say], ‘Oh, I don’t do drugs ... I just smoke a little weed,’ or ‘Ah, my family never did drugs. They don’t drink [alcohol] ... they smoke weed.’ [People] don’t even count [marijuana] in the realm of categories of drugs or anything that’s ‘mind altering’ whatsoever.... It’s like aspirin, ‘I got a headache. I’m gonna smoke some weed,’ ‘I can’t sleep. I’m gonna smoke some weed,’ ‘I need to relax. I’m gonna smoke some weed.’”

The high availability of marijuana extracts and concentrates is reportedly, in part, due to the high availability of leaf marijuana. Many respondents reported that if a drug dealer sells leaf marijuana,

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

then they most likely also sell marijuana extracts and concentrates. Consumers shared: “[Extracts/concentrates are] *just common. If [drug dealers] have ‘loud’ (high-grade leaf marijuana), they have ‘dabs’ (concentrated forms of cannabis); Just like the ‘flower’ (leaf marijuana), [extracts/concentrates are] everywhere.*” A law enforcement member from the Dayton region similarly reported, *“The dealer that is selling [leaf] marijuana will always have gummies and vape pens with him.”* Respondents also discussed the growing popularity of marijuana extracts and concentrates as another reason for the high supply. A treatment provider commented, *“I hear about [marijuana extracts/concentrates] more often than anything else.”*

Many consumers reported the high demand of marijuana extracts and concentrates as being closely linked to how easy the substances are to openly use without others knowing. Comments included: “[Extracts/concentrates are] *easier to hide and use [than smoking marijuana]. There’s no odor; I was a carpenter, and I would always prefer vapes because you can’t smoke weed at a client’s house; All the kids ... like [extracts/concentrates versus leaf marijuana] because the process of using it: it’s neater, it’s cleaner, it’s less work, you don’t have to roll [a joint] and all that; [Marijuana vapes] look exactly the same [as tobacco vapes]. You can just walk around and smoke all day.*”

Consumers reported obtaining marijuana, including marijuana extracts and concentrates, for illicit use most often from drug dealers and dispensaries. Reportedly, it is common for drug dealers to sell diverted products from dispensaries. Consumers discussed: *“Usually, [I obtain marijuana] from a dealer. You have one or two people who go out-of-state to a dispensary and come back to sell it; My weed man goes to Detroit [to buy marijuana from dispensaries] and I get it from him. It’s always good [quality]; My [marijuana dealer] goes to Michigan [dispensaries] too, and they have good stuff.”* Consensus among consumers is that obtaining marijuana from dispensaries, mainly in Michigan, is relatively easy and happens regularly. Comments included: *“I hear people getting [marijuana] from the Michigan dispensary all the time; [Marijuana extracts/concentrates are obtained from] Michigan*

*[dispensaries]. People drive up to Michigan for it ... it’s cheaper, way cheaper [than Ohio dispensaries].”* A consumer in the Toledo region summarized the appeal of purchasing diverted marijuana products from dispensaries, stating, *“You know what [type of marijuana] you’re getting from the dispensary. You don’t know what you’re getting on the street.”*

Conversely, some consumers described obtaining an Ohio medical marijuana card, but still purchasing products from a drug dealer and/or Michigan dispensaries to save money while avoiding legal consequences. They said: *“Some of the [Ohio medical marijuana dispensary] prices are kinda high still. A lot of people will buy [marijuana once] from the [Ohio medical marijuana] dispensary so that they get the packaging, and then they’ll buy [marijuana] off the street [and] keep putting [the street purchased marijuana] in the [medicinal marijuana] packaging. So that way, if they get pulled over [by law enforcement], they still look like they’re ‘legit’ (legally in possession of medical marijuana); You go to Michigan and buy as much [marijuana] as you want, ‘carts’ (cartridges) or whatever, and bring it back, and if a cop stops you, ‘I got my ‘card’ (medical marijuana card).”* Lastly, consumers also mentioned obtaining marijuana, including marijuana extracts and concentrates, for illicit use from friends and family members, ordering the products online, as well as growing or making the products themselves.

Respondents throughout OSAM regions reported that the overall availability of marijuana and extracts and concentrates has remained the same, high, during the past six months. However, respondents in the Columbus region reported increased availability for marijuana extracts and concentrates, and respondents in the Akron-Canton region were not able to come to a consensus on whether the availability of marijuana extracts and concentrates remained the same or increased during the past six months. Consumers in both Columbus and Akron-Canton regions frequently cited easy access to dispensaries as a key reason why the supply of marijuana extracts and concentrates has increased. Comments included: “[Extracts/concentrates are] *easier to get*

*because people are able to go to dispensaries and go in and buy them; Medical [marijuana] cards are easy to get. Plus, Michigan is close by, and people will just drive up there and bring a bunch [of marijuana extracts/concentrates] back to sell.”* Community professionals in Columbus and Akron-Canton regions also referred to the growing number of new marijuana extracts and concentrates flavors and products, as well as novel advertising and marketing. One professional observed, *“There are different flavors, there’s different advertising. So, I think that [marijuana extracts/concentrates] are just going to continue to rise in popularity.”*

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

Other data sources indicated marijuana as available. Ohio Department of Public Safety reported drug task force seizure of 3,373.1 kilograms (7,420.9 lbs.) of marijuana from throughout OSAM regions during the reporting period; of which, 30.9% was seized from the Cincinnati region. Fairfield County Municipal Court (Columbus region) reported that, of the 3,359 positive adult drug specimens it recorded during the past six months, 32.4% was positive for cannabinoids. Hancock County Probate Court (Toledo region) reported that, of the 38 positive adult drug test results it recorded during the past six months, 63.2% was positive for cannabinoids; the court also reported that 100.0% of the 56 positive juvenile drug test results it recorded during the past six months was positive for cannabinoids. Summit County Juvenile Court (Akron-Canton region) reported that, of the 272 cannabis tests it performed during the past six months, 52.9% was positive. Millennium Health reported that 25.1% of the 116,806 urinalysis specimens submitted for

marijuana testing during the past six months was positive for marijuana. GPRA (Government Performance and Results Act) data collected from 5,949 persons entering publicly funded treatment programs during the past six months found 21.3% reported marijuana use 30 days prior to intake.

Millennium Health Urinalysis Test Results for Marijuana during the Past 6 Months		
Region	% Tested Positive	Number Tested
Akron-Canton	22.7%	7,472
Athens	29.9%	12,670
Cincinnati	18.7%	9,903
Cleveland	17.9%	18,341
Columbus	32.0%	31,331
Dayton	31.1%	2,867
Toledo	27.9%	23,324
Youngstown	12.1%	10,898
<b>Total</b>	<b>25.1%</b>	<b>116,806</b>

GPRA Intake: Marijuana during the Past 30 Days		
Region	% Yes	Total N
Akron-Canton	23.5%	396
Athens	24.3%	399
Cincinnati	21.9%	1,301
Cleveland	17.9%	1,335
Columbus	24.3%	1,360
Dayton	19.8%	308
Toledo	24.9%	558
Youngstown	7.2%	292
<b>Total</b>	<b>21.3%</b>	<b>5,949</b>

Media outlets reported on law enforcement seizures and arrests related to marijuana this reporting period (selected media reports follow). Hamilton County Sheriff's officers (Cincinnati region) conducted cell searches at the Hamilton County Jail and confiscated 3/4 pound of marijuana; a corrections officer working at the jail was arrested for smuggling marijuana and tobacco into a correctional facility ([www.wcpo.com](http://www.wcpo.com), April 11, 2022). Butler County Sheriff's officers (Cincinnati region) arrested two individuals for their involvement in a drug organization; during the execution of nine search warrants, officers seized 700 pounds of marijuana with an estimated value of \$2 million, 10 guns, vehicles, and over \$50,000 ([www.fox8.com](http://www.fox8.com), March 18, 2022). Butler County Sheriff's officers, with the aid of a K9 officer, arrested a man for drug trafficking and possession during a traffic stop on I-75; officers seized unspecified large amounts of marijuana and a wax substance and cash ([www.local12.com](http://www.local12.com), March 14, 2022). Campbell Police (Mahoning County, Youngstown region) arrested a man for operating a motor vehicle while under the influence of drugs (OVI) and for possession of marijuana; officers found more than 1.5 pounds of marijuana in the man's vehicle ([www.wkbn.com](http://www.wkbn.com), March 16, 2022). Portage County Sheriff's officers (Akron-Canton region) responded to a domestic violence call at a home in Atwater and found 41 marijuana plants, a butane honey oil (BHO) clandestine lab, a psilocybin mushroom grow operation, and six firearms; officers arrested a male occupant of the home ([www.fox8.com](http://www.fox8.com), Feb. 20, 2022). U.S. Customs and Border Protection officers found 2,027 pounds of marijuana in a trailer attempting to cross the border from Canada; reportedly, the trailer full of marijuana was bound for Columbus, Ohio ([www.nbc4i.com](http://www.nbc4i.com), Jan. 21, 2022). Portage County Sheriff's officers, executing a search warrant of a home in Ravenna Township, found several large bags and jars full of marijuana, more than 20 pre-rolled blunts (marijuana-filled cigars), over 80 electronic THC vape cartridges, THC wax, nearly 100 grams of THC edibles, digital scales, unspecified pills, and over \$7,000 ([www.cleveland19.com](http://www.cleveland19.com), Jan. 20, 2022).

## Quality

Consumers throughout OSAM regions most often rated the current quality of marijuana, including marijuana extracts and concentrates, as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Consumers commented: *"I had to stop smoking [marijuana] because I couldn't handle how potent it was; I get higher from weed than I do 'crack' (crack cocaine)."* Reportedly, the overall quality of marijuana has increased for Athens, Columbus, and Dayton regions, while remaining the same, high, for Cleveland, Toledo, and Youngstown regions. Consumers in the Akron-Canton and Cincinnati regions were not able to come to a consensus as to whether the overall quality of marijuana remained the same or increased. Consumers in a majority of OSAM regions reported that the overall quality of marijuana extracts and concentrates has remained the same during the past six months. Consumers in the Dayton region were not able to come to a consensus as to whether the overall quality of marijuana extracts and concentrates remained the same or increased.

Consumers in regions that were undecided on quality change for marijuana, including marijuana extracts and concentrates, during the past six months reported a possible increase in quality due to advances in marijuana growing technology and availability of diverted medical marijuana products that are more potent than "homegrown" marijuana. Comments included: *"People take serious time and effort to cultivate marijuana now. It's really good [quality]; Once the pharmaceutical stuff (medical marijuana) started coming out, the quality definitely increased."* Many consumers throughout OSAM regions reported that low quality marijuana is mostly unavailable, sharing: *"You get high quality stuff now with the dispensaries. You don't get 'Reggie' (low to moderate grade) anymore. There's no 'backyard boogie' (low-grade marijuana); [Producers are] crossbreeding [marijuana] and [producing] higher THC levels. So, like the 'Mexican dirt weed' (poor quality marijuana) I used to get when I was in high school, you don't see that any more...."*

**Street Names**

Current street jargon includes many names for marijuana. Some consumers differentiated between street jargon for high-grade marijuana (“chronic” and “fire”) versus low-grade marijuana (“dirt” and “Reggie”). During this reporting cycle, consumers identified a new street name for high-grade marijuana, “purple.” A consumer in the Cleveland region explained, “[Marijuana is called] ‘purple’ because it’s ‘purple kush’ (a strain of high-grade marijuana).” Consumers continued to report that street jargon for marijuana extracts and concentrates often refers to the texture of the substance, such as “shatter” and “wax.”

Current Street Names for Marijuana	
General	bud, flower, ganga/ganja, grass, green, Mary Jane, smoke, trees, weed, za-za
High Grade	chronic, fire, gas, loud, purple
Low Grade	dirt/Mexican dirt weed, Reggie/Reggie Miller, Schwag, skunk
Extracts & Concentrates	carts, dabs, ear wax/wax, shatter

**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 is 1/8 ounce for \$25-50. Consumers in Cincinnati and Youngstown regions reported a gram of marijuana for \$10-20 as most common. Consumers in Akron-Canton and Athens regions reported an ounce of marijuana as another common quantity of purchase, which can sell for as low as \$150 and as high as \$300, depending on quality. For marijuana extracts and concentrates, consumers reported cartridges and dabs/dab pens as most purchased. Reportedly, a marijuana cartridge sells for \$20-50, while a dab/dab pen sells for \$30-60, depending on concentration and size.

Consumers reported that marijuana pricing varies depending on the grade of marijuana, as well as whether the product is from the “streets” or “homegrown” versus from an in-state dispensary versus from an out-of-state dispensary. Comments on pricing included: *“There are so many strands of weed out there. People set their own price depending on what kind you get. It’s never consistent and always fluctuates; [Marijuana purchased from] dispensaries [is] expensive, so if you just buy it from people down the street, you are able to get a lot more; I think [marijuana pricing] has to do with [whether it was purchased from] out-of-state versus in-state dispensaries; In Ohio, the prices for the medical [marijuana] ... have skyrocketed. It’s ridiculous. Financially, [it is better to go to Michigan]....”* Consumers throughout OSAM regions reported that the price of marijuana, as well as marijuana extracts and concentrates, has remained the same during the past six months.

**Route of Administration**

Consumers throughout OSAM regions continued to report 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 people that use marijuana, 9-10 would smoke and 0-1 would orally consume the drug. Additionally, out of 10 people that use marijuana extracts and concentrates, consumers estimated that 8-10 would smoke/vape and 0-2 would orally consume. Some consumers in Cleveland, Columbus, and Toledo regions also reported people using marijuana through multiple ROAs. They said: *“50/50 [vaping and oral consumption of marijuana]. It just depends. You can eat it (edibles) and smoke it at the same time and have a beer; Some people smoke a joint, and then put it out, then sit down with their pen [to vape].”*

**Typical Use Profile**

A profile of typical marijuana use did not emerge from the data. Respondents reported that marijuana use can be associated with any age, race, gender, occupation, and socio-economic status. Law enforcement shared: *“Everybody you*

work with [uses marijuana]. Anybody you see walking down the sidewalk. It's everybody. It really is. Every community does it. It doesn't matter who you are; Everybody [uses marijuana]. Teenagers to adults in their 70s ... you name it, they use it.... It's highly acceptable; There is a perception in Ohio that [marijuana] is 100% legal." A treatment provider from the Athens region agreed, reporting, "Everybody [uses marijuana]. [Marijuana use is] looked at like alcohol down here (Gallia County). [Treatment clients] just assume everyone does it." A treatment provider in the Toledo region further stated, "And if you don't use marijuana, people look at you funny." Consumers similarly commented: "It's the norm nowadays. Everyone smokes [marijuana]; Everyone uses [marijuana]. It is a medicine."

Respondents continued to describe the typical use of marijuana extracts and concentrates as occurring among younger people, under 30 years of age. Consumers discussed: "[Typical marijuana extracts/concentrates use is associated with people who are] thirty [years of age] and younger. Older people like the flower; It's becoming a cool trend [among] high-school-age [people]; I think that it's younger people [who typically use extracts/concentrates] ... the older are more hesitant to try new things; I think it's the younger generation [that typically uses extracts/concentrates] because it's easier to hide it." Community professionals throughout OSAM regions agreed. Law enforcement reported: "Within the different types [of marijuana], I think younger people are using more the vapes and stuff than the older people; I'd say the vape pens are more [popular among] your 18 [to] 25-year olds; Older guys are still going to want to roll that joint or smoke it out of a bowl (pipe) [rather than use extracts/concentrates]." Treatment providers commented: "Older users are more likely to partake in homegrown leaf marijuana; Definitely younger kids [typically use extracts/concentrates], and I don't think they know the dangers associated with it or they just don't care."

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, 56.8% was male, 65.6% was under the age of 40 years, and 81.7% indicated white as their race.

<b>Male</b>	<b>56.8%</b>
<b>Female</b>	<b>42.5%</b>
<b>18 - 29</b>	<b>24.9%</b>
<b>30 - 39</b>	<b>40.7%</b>
<b>40 - 49</b>	<b>20.2%</b>
<b>50 - 59</b>	<b>10.3%</b>
<b>60 +</b>	<b>4.0%</b>
<b>White</b>	<b>81.7%</b>
<b>African American</b>	<b>19.7%</b>
<b>Other race<sup>2</sup></b>	<b>5.4%</b>
<b>Hispanic/Latino ethnicity</b>	<b>4.1%</b>

<sup>1</sup>Gender total does not equal 100.0% due to nine individuals reporting as bigender, non-binary, transgender, or another gender not specified. Total percentage for race category is greater than 100.0% due to some individuals indicating more than one race.

<sup>2</sup>Other race included: Alaska Native, American Indian, Asian, and Native Hawaiian.

### Use Combinations

Reportedly, when marijuana, including marijuana extracts and concentrates, are used in combination with other substances, they are most often used in combination with alcohol, crack/powdered cocaine, and "everything." Consumers stated that using marijuana and alcohol together is very common at social gatherings or parties. They shared: "I do [marijuana extracts and concentrates] with alcohol if I was out partying all night; I think [using alcohol and marijuana is] a social thing ... it's what everyone around you is doing." Consumers also reported that combining marijuana and alcohol can create a soothing or calming experience. A consumer commented, "[Alcohol and marijuana extracts and concentrates are] just a



*good combination ... it's probably the most relaxing thing to do."*

Placing powdered cocaine in a marijuana cigarette is often referred to as a "primo" and is used to accelerate and prolong one's marijuana high. Consumers also commented on using marijuana while coming down from a cocaine stimulant high. And consumers continued to note that marijuana is used with just about any other drug. They reported: "[Marijuana] just intensifies everything; [Marijuana] kind of balances out everything; I think [marijuana extracts/concentrates are] used with anything, to be honest. Everything, because people see it as not harmful and not as addictive [as other drugs] ... it's so common." Consumers again indicated that some people who use marijuana prefer to use marijuana by itself. One consumer remarked, "Really, you use [marijuana] with everything or by itself."

*people want it; [Methamphetamine] is cheap ... the cartels have those super labs and made a ton ... it's everywhere; Columbus is like the hub for [methamphetamine]. I've heard that it comes straight from Mexico; 'Meth' (methamphetamine) is the most widely available drug out there right now; It's cheaper and you stay high longer [than heroin/fentanyl]."*

Law enforcement discussed: "In Northeast Ohio (Cleveland region), we used to see a preponderance of meth labs, you know the homegrown stuff (aka 'shake-and-bake'), the meth labs are gone now because there is so much high quality, cheap Mexican methamphetamine that is so easily distributed; [Drug cartels] continue to ramp up [methamphetamine] production in Mexico; We have a substantial, decent cartel presence here in Butler County (Cincinnati region) ... [Mexico] is mainly where [most methamphetamine] is coming from; The cartel makes [methamphetamine] ... it's in abundance [in the Youngstown region] and extremely cheap."

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

Not only is methamphetamine a more potent and cheaper alternative to heroin/fentanyl, but methamphetamine is also increasingly viewed as a "safer" alternative given the high risk for opioid overdose. Comments included: "Heroin became fentanyl then [people] started dying (overdosing on fentanyl), so [those who used fentanyl] switched to meth; Compared to dying on fentanyl, you really don't see [overdose deaths] in the meth community..." In addition, individuals who receive medication-assisted treatment (MAT) for opioid use disorder (OUD) and desire to continue drug use, use methamphetamine. Treatment providers discussed the transition to methamphetamine among their MAT clientele, saying: "A lot of [clients] have it in their head that they may be on methadone or Suboxone® (buprenorphine), so they stay away from opiates, but they use methamphetamine ... [they say] it gives them energy; [MAT clients] don't view [methamphetamine] as their drug of choice, so they use it thinking it's okay when they are trying to quit [opioids]." Methamphetamine is in demand among those who also use opioids.

## Methamphetamine

Methamphetamine remains highly available throughout OSAM regions. Respondents discussed continued high supply and demand for the drug. Reportedly, drug cartels in Mexico are producing mass quantities of methamphetamine in super labs and flooding communities with a highly potent and cheaper alternative to other street drugs. Consumers commented: "[Methamphetamine is] just hitting like a tidal wave. It's coming from Mexico and it's so cheap; You just get so much [methamphetamine] for such little money so

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

And people who use methamphetamine buy larger quantities of the drug to sell part to support the cost of their methamphetamine addiction. Law enforcement observed: “[Methamphetamine is] cheap. You can get large quantities of it; There’s a plethora of meth dealers in the city (Akron). I mean, even people who really aren’t [drug] dealers, who are users, sell [methamphetamine] to support their own habit ... we see a lot of guys that are carrying around 10 to 15 grams [of methamphetamine] just to get rid of some so they can buy more for themselves; These low-level dealers are sitting on multiple ounces at a time ... there’s so much meth out there.”

Additionally, respondents explained that methamphetamine helps alleviate opioid withdrawal symptoms and balances out opioid use, enabling a user to function. Law enforcement reported: “When people can’t get heroin or fentanyl or whatever, [dealers] hook them up with meth; One of my informants told me that when they are trying to detox off heroin, they use methamphetamine to prevent sickness (experiencing opioid withdrawal symptoms), and they get addicted [to methamphetamine as well]....” A treatment provider said, “A lot of people in the trades (construction) will use [methamphetamine] to get jobs done ... they are using the fentanyl [to alleviate pain].... They have the addiction of fentanyl but now they can’t function at work [due to the extreme down effect of fentanyl] so they will use the meth on top of [fentanyl] to get them through their day.” One consumer remarked, “[Methamphetamine] gives you energy, [fentanyl] takes your pain away....”

Consumers also discussed home delivery and unsolicited invites on social media to purchase methamphetamine. They said: “I can make a call right now and have some ‘shards’ (crystal methamphetamine) delivered; If it’s [a purchase of] \$20 or something, I have to go [pickup my methamphetamine purchase], but if it’s over a \$100, [my dealer] will be mobile (deliver); I’ve had random people on FB (Facebook) message me [offering to sell methamphetamine], like people I have never met.” And due to excess supply and low cost, methamphetamine has become a popular adulterant for many other drugs.

Since many consumers use both heroin/fentanyl and methamphetamine, drug dealers now carry both drugs. A consumer commented, “Anytime I was getting heroin, [my dealer] had meth, too.”

Reportedly, consumers often buy and use methamphetamine unbeknownst to them. For instance, methamphetamine is regularly passed off as MDMA (methylenedioxymethamphetamine, ecstasy/“Molly”). Consumers commented: “[Methamphetamine is] just so available that it’s passed off as other drugs ... it’s passed off as ‘Molly’ (powdered MDMA) a lot. I’m even guilty of

*that.... I told a friend once that I had Molly and got them high on meth; I definitely saw [methamphetamine] in 'coke' (powdered cocaine) a lot." A treatment provider shared, "I'll have [clients] ... [drug] test positive for [methamphetamine], and they'll be like, 'What?!' They just don't have any clue a lot of times that there might be [methamphetamine in] ecstasy or something. They'll say, 'I've never done [methamphetamine] before in my life!'" Law enforcement in the Dayton region reported that methamphetamine is being pressed into counterfeit oxycodone pills that look like legitimate prescription drugs.*

Throughout OSAM regions, respondents continued to identify imported crystal methamphetamine as the most prevalent form of methamphetamine. However, there were reports of locally produced powdered methamphetamine (aka "shake-and-bake") in each region as well. Respondents identified cartel methamphetamine as most available in cities (aka "city meth") and shake-and-bake as available in rural areas (aka "backyard meth"). Respondents discussed: *"It's probably like 80% cartel and then 20% local; I know ... people cooking (manufacturing methamphetamine) ... but yeah [mostly] cartel; You have about 5% of people making [homegrown methamphetamine] the rest is from the cartel; People like cartel 'dope' (methamphetamine) because it's better [quality than locally produced methamphetamine]; It's the 'glass' (crystal methamphetamine) ... it's just what people want; Shards are the most common ... because it's cleaner (purer); [Crystal methamphetamine] is not 'cut' (adulterated) as bad. It's just a better product."*

Not only is imported crystal methamphetamine preferred for its quality, but respondents also discussed the ease, cost benefit, and lower criminal liability of purchasing crystal methamphetamine versus user-produced methamphetamine. They discussed: *"[The government] made it a little harder and a little stricter ... to get the ingredients to make [methamphetamine].... You can only buy so much [pseudoephedrine a month]; It would cost more for me to go to Walmart right now, buy Claritin® and all the other precursors you need to*

*make methamphetamine than to go out and buy methamphetamine. And the stuff on the street is a lot more pure; Primarily [available is] crystal meth, just due to the easy availability, nobody wants to make [methamphetamine] anymore because [cartel methamphetamine] is easy to get, and on top of that ... you get higher [criminal] charges if you're making it than possessing it; Why risk a 25-to-30-year [prison] sentence for manufacturing when you can just go down the street and buy it?"*

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 the Columbus region and treatment providers in the Cleveland region reported increased availability. A consumer in the Akron-Canton region remarked, *"[The availability of methamphetamine is] probably the same, but it's been bad (extremely high) for quite some time now. I don't know how much worse (available) it can really get."* Ohio Bureau of Criminal Investigation (BCI) crime labs reported that the incidence of methamphetamine cases they process has decreased for all OSAM regions, except for the Columbus region, where an increase was reported. BCI labs reported processing primarily crystal specimens and some powder specimens.

In addition to BCI reporting, other crime labs in Cleveland and Dayton regions submitted methamphetamine incidence data. Lake County Crime Lab (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, while Cuyahoga County Regional Forensic Science Lab (Cleveland region) reported that the incidence of methamphetamine cases it processes has decreased. Cuyahoga County Regional Forensic Science Lab reported processing brown/tan and off-white/white powder specimens, crystal methamphetamine, and pressed tablets, usually imitation ecstasy (MDMA) tablets. Lake County Crime Lab reported processing brown/tan and white powder/solid specimens, as well as blue, brown/tan, and white/clear crystal methamphetamine. In addition, this lab reported most of the clandestine tablets submitted as

suspected ecstasy contain caffeine and methamphetamine.

Other data sources indicated methamphetamine as available throughout OSAM regions. Ohio Department of Public Safety reported drug task force seizure of 348.6 kilograms (767.0 lbs.) of methamphetamine from throughout OSAM regions during the reporting period; of which, 65.6% was seized from the Columbus region. Fairfield County Municipal Court (Columbus region) reported that, of the 3,359 positive adult drug specimens it recorded during the past six months, 8.3% was positive for methamphetamine or other amphetamines. Millennium Health reported that 7.4% of the 112,802 urinalysis specimens submitted for methamphetamine testing during the past six months was positive for methamphetamine.

Region	% Tested Positive	Number Tested
Akron-Canton	7.8%	5,959
Athens	11.6%	12,247
Cincinnati	6.4%	11,004
Cleveland	3.6%	16,947
Columbus	12.7%	30,562
Dayton	5.8%	3,854
Toledo	4.0%	21,599
Youngstown	1.7%	10,630
<b>Total</b>	<b>7.4%</b>	<b>112,802</b>

Coroner and medical examiner offices in the counties of Athens (Athens region), Cuyahoga (Cleveland region), Hamilton (Cincinnati region), Montgomery (Dayton region), and Scioto (Cincinnati region) reported that 38.5%, 13.6%,

21.6%, 32.7%, and 48.9%, respectively, of all drug-related deaths they recorded this reporting period (13, 302, 208, 434, and 45 deaths) involved methamphetamine. GPRA (Government Performance and Results Act) data collected from 5,949 persons entering publicly funded SUD treatment programs during the past six months found 17.0% reported methamphetamine use 30 days prior to intake.

Region	% Yes	Total N
Akron-Canton	19.4%	396
Athens	20.6%	399
Cincinnati	20.7%	1,301
Cleveland	11.6%	1,335
Columbus	23.5%	1,360
Dayton	12.3%	308
Toledo	10.8%	558
Youngstown	4.5%	292
<b>Total</b>	<b>17.0%</b>	<b>5,949</b>

Media outlets reported on law enforcement seizures and arrests related to methamphetamine this reporting period (selected media reports follow). Federal agents arrested eight people connected to a drug trafficking operation that shipped 110 pounds of methamphetamine from Nevada and California to Columbus using the U.S. Postal Service; in addition to methamphetamine, agents also seized three firearms, fentanyl, and marijuana, the seized drugs were valued at \$1.5 million ([www.nbc4i.com](http://www.nbc4i.com), April 20, 2022). Butler’s County Sheriff’s officers and Middletown Police (Cincinnati region) arrested a suspected drug dealer after executing search warrants in Middletown and Sharonville; officers seized a total of \$9,700, 340 grams of methamphetamine, and three pounds of fentanyl, worth an estimated \$160,000 ([www.local12.com](http://www.local12.com), April 22, 2022). Sidney Police (Shelby County, Dayton region)

executed a search warrant of a home and located methamphetamine, Suboxone®, and marijuana ([www.wdtn.com](http://www.wdtn.com), March 30, 2022). Struthers Police (Mahoning County, Youngstown region) arrested a man after a foot chase and struggle that ended when the man was tased; officers observed the man eat a white substance from a small bag during the chase which later testing determined was methamphetamine ([www.wfmj.com](http://www.wfmj.com), March 21, 2022). Columbiana County Sheriff's Office (Youngstown region) reported finding methamphetamine during drug raids in Lisbon and Salem on the same day ([www.wkbn.com](http://www.wkbn.com), March 10, 2022). Ohio State Highway Patrol (OSHP) seized \$9,200 (115 grams) of crystal methamphetamine during a traffic stop in Scioto County; officers arrested the driver for possession of methamphetamine and trafficking in drugs ([www.wlwt.com](http://www.wlwt.com), Feb. 25, 2022). During a traffic stop, Darke County Sheriff's officers (Dayton region), with the aid of a K9 officer, found 20 grams of methamphetamine and other drug paraphernalia; officers arrested the driver of the car ([www.wdtn.com](http://www.wdtn.com), Feb. 20, 2022). During a traffic stop in Columbus, Franklin County Sheriff's officers seized 38 grams of methamphetamine and 18 grams of fentanyl after a K9 officer alerted to drugs in the stopped vehicle ([www.wlwt.com](http://www.wlwt.com), Feb. 15, 2022). Akron Police (Summit County, Akron-Canton region) along with the FBI conducted a series of raids on locations associated with a suspected large-scale drug ring and found nearly 22 pounds of methamphetamine, 35 pounds of fentanyl, and a pound of cocaine, total worth of all seized drugs was more than \$1 million; federal prosecutors indicted 13 people on drug-related charges ([www.cleveland.com](http://www.cleveland.com), Feb. 10, 2022). OSHP, with the aid of a K9 officer, seized \$108,000 (three pounds) of methamphetamine during a traffic stop in Scioto County; troopers arrested two women from West Virginia for drug possession and trafficking ([www.nbc4i.com](http://www.nbc4i.com), Feb. 10, 2022). During a traffic stop, Darke County Sheriff's officers, with the aid of a K9 officer, found 194 grams of methamphetamine and drug paraphernalia; officers arrested the driver of the car for possession of drugs ([www.wdtn.com](http://www.wdtn.com), Feb. 1, 2022). In addition to fake prescription pills containing fentanyl, Toledo Police (Lucas County, Toledo

region) reported confiscating fake ecstasy pills that were pressed methamphetamine; an undercover officer said that these fake pills were made in Toledo ([www.wtol.com](http://www.wtol.com), Jan. 27, 2022). Scioto County law enforcement officers arrested two people for drug possession and trafficking after finding nearly a pound of crystal methamphetamine, suspected heroin, and \$608 during the execution of a search warrant of a home in Portsmouth ([www.nbc4i.com](http://www.nbc4i.com), Jan. 25, 2022). OSHP seized five pounds of methamphetamine, 130 grams of cocaine, and 214 grams of suspected fentanyl during a traffic stop and probable cause vehicle search in Ottawa County (Toledo region) ([www.wkbn.com](http://www.wkbn.com), Jan. 4, 2022).

### Adulterants

Consumers throughout OSAM regions most often rated the current overall quality of methamphetamine as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the regional modal quality scores ranged from '5' for the Athens region to '10' for Cleveland, Dayton, and Toledo regions. Consumers discussed that crystal methamphetamine is generally potent, making it the preferred drug of people who use illicit stimulants. Reportedly, methamphetamine is less adulterated than cocaine. Consumers commented: *"My 'DOC' (drug of choice) used to be cocaine and then I was introduced to meth; Coke nowadays is cut with literally everything, like you're not going to find pure [cocaine], whereas 'ice' (crystal methamphetamine) you're more likely to find pure; I mean people still 'cut it up' (adulterate methamphetamine) but not like cocaine; [Methamphetamine is] strong. It's worse (stronger) than 'crack' (crack cocaine)."* Consumers indicated that the clearer the appearance, the less adulterated the methamphetamine. They said: *"You can tell the quality by looking at it ... clear is better than cloudy; The clearer the purer."*

Reportedly, the overall quality of methamphetamine has remained the same during the past six months for most OSAM regions, except for the Youngstown region where consumers were not in agreement as to unchanged or increased quality. Consumers in the Youngstown region

reported: “[Methamphetamine quality has] *been really good, whether it’s pure or not, you’re going to get high; [Dealers] are putting more fentanyl in [methamphetamine] and people want that.*” A consumer in the Cleveland region remarked, “[Methamphetamine] is ‘fire’ (high quality)... It’s hard to find bad meth.”

Consumers discussed adulterants (aka “cuts”) that affect the quality of methamphetamine, with consumers in all eight OSAM regions noting fentanyl as the top cutting agent for the drug. They shared: “[Dealers] are putting fentanyl in [methamphetamine] to make it more addictive; [Fentanyl] has made [methamphetamine] like [more] strong; My dad overdosed on a line of meth. It took six Narcan® (naloxone doses) to bring him out (reverse the overdose). [The methamphetamine] had fentanyl and all kinds of stuff in it; You can feel it when you come down if [methamphetamine] had fentanyl in it. I’ve come down off meth and am fine, but when it has fentanyl, you immediately start to withdrawal...” In addition, consumers in three regions (Athens, Columbus, and Dayton) mentioned xylazine (aka “tranq,” a powerful sedative that the U.S. Food and Drug Administration has approved for veterinary use only) as an adulterant for methamphetamine.

OSAM secondary data sources indicated fentanyl as an adulterant for methamphetamine. Coroner and medical examiner offices in the counties of Athens (Athens region), Cuyahoga (Cleveland region), Hamilton (Cincinnati region), Montgomery (Dayton region), and Scioto (Cincinnati region) reported that 80.0%, 80.5%, 86.7%, 80.3%, and 86.4%, respectively, of all methamphetamine-related deaths they recorded this reporting period (5, 41, 45, 142, and 22 deaths) also involved fentanyl. Reportedly, in addition to fentanyl, another top cutting agent for methamphetamine is MDMA (methylenedioxyamphetamine, ecstasy/“Molly”). A treatment provider in the Athens region stated, “It’s hard to find just meth.... It’s mostly laced (adulterated) with fentanyl or MDMA.”

Respondents reported that drug dealers add many substances to methamphetamine to increase the

volume of their sales. One consumer commented, “I drug tested [positive] for meth and [surprisingly for] MDMA, PCP (phencyclidine), cocaine, crack.” Additional adulterants for methamphetamine mentioned included: acetone, albuterol, baking soda, “bath salts” (substituted cathinone), battery acid, bug spray, carfentanil (synthetic opioid more potent than fentanyl), cleaning supplies, cocaine, creatine, DMT (dimethyltryptamine), Epsom salt, gasoline, inositol (dietary supplement), ketamine, laxatives, lithium, mescaline, mint, MSG (monosodium glutamate), MSM (methylsulfonylmethane, a joint supplement), PCP (phencyclidine), plant food, prescription stimulants, protein powder, psychiatric medications, “rizzly” (bromadol, a potent narcotic analgesic), rock salt, salt, sea salt, sedative-hypnotics (benzodiazepines), synthetic marijuana, vitamin B, and wasp spray. Crime labs throughout OSAM regions indicated many adulterants (aka “cutting agents”) found in methamphetamine.

### Cutting Agents Reported by Crime Labs for Methamphetamine

caffeine, cocaine, dimethyl sulfone (DMSO, dietary supplement), diphenhydramine (antihistamine), etizolam (designer benzodiazepine), eutylone (substituted cathinone), fentanyl, magnesium sulfate (Epsom salts), N-isopropylbenzylamine<sup>1</sup>, tramadol

<sup>1</sup>Precursor to certain pharmaceuticals, similar in appearance and physical properties to methamphetamine.

### Street Names

In addition to “meth” and “crystal,” current street jargon includes many names for methamphetamine. General street names most often reference the stimulant effect of the drug (“fast,” “go,” “high-speed chicken feed,” “speed,” and “up”). Consumers in the Akron-Canton region offered a new general street name for methamphetamine: “new girl.” A consumer explained, “‘New girl’ because cocaine (another street stimulant) is ‘girl’ and heroin is ‘boy,’ so meth just started being called, ‘new girl.’”

Consumers indicated that street names for crystal methamphetamine continue to reference the appearance of the substance most often (“crystal,” “glass,” “ice,” and “shards”). They noted that additional street names are derivations of these names (e.g., “ice cream”). One consumer remarked, “Everyone knows what you’re talking about when you say, ‘ice.’” Consumers also discussed using emojis when texting about methamphetamine, such as the ice cream cone and the running man (denoting methamphetamine as a stimulant drug) emojis.

Current Street Names for Methamphetamine	
General	dope, fast, go/go-go, go-fast, high-speed chicken feed/bird feed, crank, jibs, meth, new girl, speed, twack, tweak, up
Crystal	Christina/Tina, city meth, clear, crystal, glass, ice/ice cream/cream, shards, shatter
Powdered	backyard meth, bathtub crank, shake-and-bake

**Pricing**

Consumers throughout OSAM regions identified the most common quantity of purchase for methamphetamine as a gram for \$20-50, although consumers noted that a gram can sell as high as \$60 in the Athens region and \$70 in the Toledo region. Reportedly, 1/8 ounce most often sells for \$50-100. Consumers discussed the low cost of methamphetamine relative to other street drugs. They commented: “[Methamphetamine] is very much an affordable drug; You can get pretty much any amount [of methamphetamine] you want because it’s so cheap. You can buy \$5.... You can buy whatever [dollar amount] you want.” Although relatively inexpensive, like other drugs, the price of methamphetamine can vary. A consumer noted, “[The price of methamphetamine] fluctuates. [Price] depends on the dealer, and the quality of it, and what you want to spend (better prices are available for bulk amounts).”

Consumers in most regions reported that the price of methamphetamine has remained the same during the past six months; consumers in Akron-Canton and Dayton regions indicated a decrease in pricing. Consumers indicating reduced pricing agreed that prices have come down due to an excess of supply: “There is more out there, so the cost is lower; [Methamphetamine is] cheaper because of abundance ... it is everywhere.”

**Route of Administration**

Consumers throughout OSAM regions reported that the most common routes of administration (ROAs) for methamphetamine remain smoking, followed by “shooting” (intravenous injection). Consumers estimated that out of 10 people that use methamphetamine, 5-10 would smoke, 0-4 would shoot, and 0-1 would snort the drug. Comments included: “There’s more people smoking [methamphetamine] than shooting it and snorting it; It depends on the circle (peers, preferences, and the situation). People who do meth like smoking because they like the pipe, they like to clean their pipe a lot. If they want to do fentanyl with [methamphetamine], they shoot [both]; If folks [are] doing ‘powder’ (powdered methamphetamine), they’re snorting....”

However, consumers continued to indicate that multiple ROAs during a singular use episode is common. They shared: “All 10 people [using methamphetamine] would be doing it all three ways (snorting, smoking, and injecting) because everyone I know did it like me. I snorted, I smoked it, I would shoot it. Every time [I used methamphetamine], I would do it all different ways. I would never just do it one way; They would all smoke, snort, eat, drink, ‘boof,’ whatever [at the same time].” Other routes of administration for methamphetamine mentioned included: “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” (wrapping powder/crystals in tissue and swallowing), and oral consumption (drinking and eating).

### Typical Use Profile

Consumers and community professionals continued to describe typical methamphetamine use as most often associated with lower socio-economic status, white people, young people (aged 20s to 40s), and people who work long or late hours (e.g., long-haul truck drivers, bartenders, and third-shift workers). A law enforcement officer summarized, *“Twenties to forties, male, female, white ... socio-economics would be either middle class or what would be classified as lower class or unemployed.”* A consumer added, *“Factory workers, people who work overnights [are typical methamphetamine users].”* Another consumer highlighted methamphetamine use in people aged 20s to 40s, saying, *“Methamphetamine is the ‘millennial cocaine.’”*

However, a significant proportion of respondents throughout OSAM regions reported that there is no typical use profile for methamphetamine. Comments included: *“Nowadays, it could be anyone [using methamphetamine]; Anyone who has a busy hectic life; Anyone wanting to get high. People you would never in a million years think would do [methamphetamine]; I’ve seen 20-year olds doing it, I’ve seen 70-year olds doing it.”*

Other descriptors of methamphetamine use mentioned included: cocaine use, heroin/fentanyl use, the gay community, and manual laborers (e.g., factory workers). In addition, treatment providers in the Cleveland region noted methamphetamine use among individuals seeking treatment for problem gambling. A provider said, *“We are starting to see an uptick in ‘crystal’ (crystal methamphetamine use). We are seeing more gamblers use [methamphetamine].... I [provide treatment services to] gamblers, too ... [methamphetamine use] kind of goes hand in hand [with gambling]....”*

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, 56.8% was male, 62.7% was under the age of 40 years, and 94.3% indicated white as their race.

<b>Male</b>	<b>56.8%</b>
<b>Female</b>	<b>42.3%</b>
<b>18 - 29</b>	<b>19.2%</b>
<b>30 - 39</b>	<b>43.5%</b>
<b>40 - 49</b>	<b>23.8%</b>
<b>50 - 59</b>	<b>10.8%</b>
<b>60 +</b>	<b>2.7%</b>
<b>White</b>	<b>94.3%</b>
<b>African American</b>	<b>6.4%</b>
<b>Other race<sup>2</sup></b>	<b>6.0%</b>
<b>Hispanic/Latino ethnicity</b>	<b>3.0%</b>

<sup>1</sup>Gender total does not equal 100.0% due to ten individuals reporting as bigender, non-binary, transgender, or another gender not specified. Total percentage for race category is greater than 100.0% due to some individuals indicating more than one race.  
<sup>2</sup>Other race included: Alaska Native, Asian, American Indian, and Native Hawaiian.

### Use Combinations

Many other substances are used in combination with methamphetamine, particularly depressant drugs that bring the user down from the extreme stimulant high of methamphetamine, such as alcohol, heroin/fentanyl, marijuana, prescription opioids, and sedative-hypnotics. A consumer remarked, *“You get so high from meth, you need a downer.”*

Consumers continued to discuss the popularity of “speedball” with methamphetamine (concurrent or consecutive stimulant and depressant highs). They explained speedball primarily in the context of regulating one’s high, saying: *“Anything [with methamphetamine] that will slow you down ... level you out; [Xanax®] levels you out and takes away the paranoia; You got to get that speedball action going. It’s just a more intense, better high;”*



*Sometimes, what I do with the needle is, you shoot meth up and get so high, you're like, 'I got to come down right now.' Then you got to do heroin or fentanyl to come down, so I mean it's either [used] together or one after the other; Or you do the meth after the fentanyl to bring you back up because you're scared [of overdosing]."* Consumers also reported buprenorphine and methamphetamine as a speedball combination, stating: *"[Buprenorphine with methamphetamine is a] cheap speedball; I didn't use meth if I didn't have my Suboxone®; [Buprenorphine] is just like having heroin with [methamphetamine]."*

Crack and powdered cocaine and prescription stimulants are used to potentiate and prolong the effects of methamphetamine. Consumers discussed: *"Adderall® to keep [the stimulant high of methamphetamine] going; For me, I just took 'speed' with more 'speed' ... I mixed crack [cocaine] with my meth ... or Adderall®; Meth would keep me up for days, and then I needed a break (variety) from more meth ... so [I used] crack."* Reportedly, LSD (lysergic acid diethylamide) is combined with methamphetamine to produce a different type of high. A consumer described: *"[LSD with methamphetamine] intensifies the 'trip' (high), you see all kinds of things (hallucinate)."* And consumers in the Cleveland region discussed the use of GHB (gamma-hydroxybutyrate) with methamphetamine, saying: *"I can only speak for the gay community but 'Tina' (methamphetamine) and GHB is common; Not just in the gay community ... people who like to party hard [combine GHB with methamphetamine]."*

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

## Other Drugs in OSAM Regions

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

### Anabolic Steroids

Respondents in Akron-Canton and Youngstown regions reported current availability of anabolic steroids for illicit use. Law enforcement in the Akron-Canton region reported high current availability of these drugs and indicated that the availability has remained the same during the past six months. They said: *"I think you can go into any commercial gym and find [anabolic steroids]; [Illicit anabolic steroid availability has] been constant; If we get a complaint [about illegal sales of anabolic steroids], we'll deal with it, but it's not typically something we go after."* A member of law enforcement in Akron-Canton described typical illicit use of anabolic steroids as among *"white males, 20 to 30 [years of age]."* Consumers in the Youngstown region also reported current availability of anabolic steroids for illicit use but did not provide additional details.

### Bath Salts

Consumers in Columbus and Youngstown regions reported high current availability of bath salts (substituted cathinone; compounds containing methylone, mephedrone, MDPV, or other chemical analogues, including alpha-PVP, aka "flakka"). Consumers in the Columbus region reported obtaining bath salts online and at convenience stores. They commented: *"All that stuff (synthetic drugs) is easy [to obtain]. You can order [bath salts online]; Corner stores find a way to sell [bath salts] legally."* These consumers indicated that the availability of bath salts, and other synthetic drugs, has increased during the past six months,

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

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

has remained the same during the past six months.

Ohio Bureau of Criminal Investigation (BCI) crime labs reported that the incidence of substituted cathinone cases they process has remained the same for Cincinnati and Youngstown regions, and the number of cases remains low. BCI labs reported that they processed few or no cases of substituted cathinone for Akron-Canton, Athens, Cleveland, Columbus, Dayton, and Toledo regions. In addition to BCI reporting, other crime labs in Cleveland and Dayton regions submitted substituted cathinone incidence data. Lake County Crime Lab (Cleveland region) reported processing few cases of substituted cathinone during the reporting period, while Cuyahoga County Regional Forensic Science Lab (also Cleveland region) reported that the incidence of substituted cathinone cases it processes has increased. Miami Valley Regional Crime Lab (Dayton region) reported that the incidence of substituted cathinone cases it processes has remained the same.

commenting: “[Availability of] *synthetic drugs have increased altogether; The chemical compounds [in synthetic drugs], if you ban one of these substances, all they have to do is change the chemical component up a little bit and that [modified] substance is not banned anymore.*” In the Youngstown region, consumers used the term “flakka,” in addition to “bath salts,” to describe these drugs, and they reported that availability

**Gabapentin**

Gabapentin (an anticonvulsant used to treat nerve pain) is moderately or highly available for illicit use throughout OSAM regions. Respondents continued to report gabapentin as readily available through doctor prescribing for a variety of medical conditions. They shared: “[Doctors] *prescribe [gabapentin] for everything; I think doctors are*

prescribing it ‘off-label’ (for use not approved by the U.S. Food and Drug Administration [FDA]), so they don’t get caught up with all the opiate prescription [restrictions]; A lot of the doctors ... ‘give it’ (prescribe gabapentin) for anxiety. Or if you go to the doctor and said something’s wrong with your shoulder, they ... [prescribe] gabapentin.”

Reportedly, gabapentin is commonly diverted from people with prescriptions. Comments included: “I have so many [treatment] clients who tell me they just sell [their prescribed gabapentin]; I always took [gabapentin] from my mom. She got them prescribed; I know a few people who [have legitimate prescriptions for gabapentin] and [other] people try to buy it from them.”

Gabapentin is reportedly used by consumers who use other illicit drugs. Law enforcement in the Toledo region said: “It doesn’t matter what their drug of choice, because I’ve seen [illicit gabapentin use] among Percocet® users, methamphetamine users, cocaine users; [During drug arrests] ... we see large amounts of gabapentin ... it’s widely abused by [people who use illicit drugs]; Anyone that uses opiates or ‘benzos’ (benzodiazepines) uses [gabapentin] as well; [Gabapentin is] very popular [among] methadone [users] because it gives a high from the methadone.”

A member of law enforcement in the Cleveland region added, “[Gabapentin is] used as a drug to help you when you are struggling with other addictions.”

And in the Akron-Canton region, a member of law enforcement noted, “It seems like we find [gabapentin] with a lot of our overdoses. They’ll have a few of the pills with them, overdose victims.”

Overall, respondents throughout OSAM regions reported that the availability of gabapentin for illicit use has remained the same during the past six months. In the Akron-Canton region, availability of gabapentin for illicit use was described as “pretty steady.”

Other data sources indicated gabapentin as available for illicit use throughout OSAM regions. Millennium Health reported that 19.4% of the 112,522 urinalysis specimens submitted for gabapentin testing during the past six months was positive for gabapentin.

Region	% Tested Positive	Number Tested
Akron-Canton	13.4%	3,985
Athens	13.7%	11,189
Cincinnati	18.2%	11,160
Cleveland	15.3%	18,379
Columbus	29.6%	28,841
Dayton	28.5%	3,483
Toledo	17.4%	24,184
Youngstown	10.7%	11,301
<b>Total</b>	<b>19.4%</b>	<b>112,522</b>

Consumers in Athens, Columbus, and Toledo regions reported current knowledge of street prices for gabapentin. Reportedly, a single illicit gabapentin pill sells for up to \$5 throughout these regions, and as low as \$0.25 in the Columbus region, \$2 in the Toledo region, and \$1-5 for an 800 mg pill, specifically, in the Athens region. A consumer in Columbus described gabapentin pricing as “cheap.”

A consumer in the Toledo region also mentioned purchasing 85 gabapentin pills for \$60 and reselling the pills for \$200. Consumers in Athens and Toledo regions indicated that the street price for gabapentin has increased during the past six months due to inflation. A consumer remarked, “As the price of eggs and milk goes up so does everything else.”

Route of administration (ROA) for illicit use of gabapentin was reported by consumers in the Athens region. They indicated that illicit gabapentin is typically orally consumed, although if used as an adulterant in other drugs, gabapentin is usually snorted. A consumer in the Athens region commented, “Swallowing [gabapentin] unless it’s cut into something.”

A member of law enforcement

in the Cleveland region described the practice of intravenously injecting crushed gabapentin pills and fentanyl pills together, stating, *“People crush [gabapentin] and mix it with their crushed-up fentanyl pills. It supposedly enhances the high and takes the burn away from injection.”*

Gabapentin reportedly potentiates the effects of other drugs when used in combination. Consumers commented: *“[Gabapentin is] like putting sugar on your Cheerios® [it enhances the effect of other drugs]; Gabapentin is cheap, and it’s used as a potentiator for other drugs.”* Respondents also discussed illicit gabapentin use with heroin/fentanyl use to alleviate/avoid experiencing opioid withdrawal symptoms. Consumers in the Athens region offered: *“Everyone needs [gabapentin] for being ‘dope sick’ (experiencing opioid withdrawal symptoms); Heroin use is skyrocketing, so the withdrawals are skyrocketing. So, everyone uses [gabapentin to alleviate withdrawal symptoms].”* Law enforcement also described illicit gabapentin use to ease opioid withdrawal symptoms. An officer said, *“People [use] gabapentin ... if they can’t get narcotics (opioids) ... they’ll take a couple of [gabapentin] and feel fine until they get [their drug of choice].”*

### **GHB**

Consumers in the Toledo region reported current availability of GHB (gamma-hydroxybutyrate, a central nervous system suppressant, aka “the date rape drug”). GHB is reportedly used to enhance sexual experiences and is prevalent in bathhouses. Consumers discussed: *“You can go to a bathhouse ... [to obtain GHB]; I can [obtain GHB from] bathhouses or friends up in Detroit; [GHB is used] to ‘get spun’ (produce a hallucinogenic high) or it’s what they call a sexual aid.”* Consumers in the Toledo region also indicated GHB as popular in the gym/workout community, sharing, *“Sometimes in the workout community, [body builders will] use GHB. They will use it as a stimulant because it will boost the body’s natural [growth hormone].”*

Reportedly, GHB sells for \$20 per dose and “dealer prices” are \$40-50 per vial in the Toledo region. The most common route of administration (ROA)

for GHB is oral consumption. A consumer described this ROA, saying, *“[GHB] is used orally and then chased with Coke® or pop [because] it tastes really bitter.”* Typical GHB use was associated with people seeking enhanced sexual experiences and gym goers seeking a performance advantage. The only reported substance used in combination with GHB was inhalants (aka “poppers”). A consumer in the Toledo region stated, *“Usually, you do GHB and then you do ‘poppers’ on top of it.”*

### **Hallucinogens**

Current availability of dimethyltryptamine (DMT), lysergic acid diethylamide (LSD), phencyclidine (PCP), and psilocybin mushrooms, varies from low to high throughout OSAM regions. Hallucinogens are reportedly readily available to those with the right connection, however consumers indicated that it takes effort to find a source of obtainment for these drugs. Consumers explained: *“You have to seek [hallucinogens] out. You can find them ... you just have to look for them; I just happen to know someone [who sells DMT and LSD] so I feel like they’re pretty easy to get.”*

Consumers who reported high availability of psilocybin mushrooms often discussed growing them for personal use from kits purchased on the Internet. They commented: *“People will mail you the [psilocybin mushroom] spores so you can grow your own; A lot of people are growing [psilocybin mushrooms] and they are easy to find.”* And a member of law enforcement in the Akron-Canton region said, *“Most of the [psilocybin] mushrooms that we’ve gotten (seized) have been people growing for personal [use].”* Respondents in Akron-Canton and Columbus regions also indicated that DMT can be produced for personal use, stating: *“You can make [DMT] at home. It’s easy; Root bark, that you can just order [online], and have it shipped in, and you can easily manufacture [DMT].”*

Consumers observed varying availability of hallucinogens depending on the season. They reported: *“It’s seasonal, [hallucinogen availability] come in waves; [LSD is highly available] if you know the right people, especially if you go to festivals [in*

the spring and summer].” In addition, some respondents reported that psilocybin mushroom availability increases when colleges are in session because psilocybin mushroom use is popular among college students. A consumer shared, *“I think with the upswing of college [students on campus following a period of online distance learning, psilocybin mushrooms are] more available.”*

Some respondents in Akron-Canton and Cincinnati regions discussed increased interest in hallucinogens due to the promotion of “micro-dosing” (consuming very low doses of psilocybin mushrooms for therapeutic use). A treatment provider in the Cincinnati region said, *“[There has been an] influx of mental health facilities using [psilocybin] mushrooms and things like that for treatment, and it’s being advertised on social media.”* And respondents in the Akron-Canton region remarked: *“Micro-dosing [with psilocybin mushrooms] is getting big (popular); [Psilocybin mushrooms are] being advertised towards a lot of military veterans with PTSD (post-traumatic stress disorder) for treatment.”*

A few consumers in Cleveland and Columbus regions indicated high current availability of PCP. A consumer in Cleveland described obtaining PCP and crack cocaine from the same source, saying, *“[PCP availability is] high. It’s called ‘wet’ on the streets. It’s all right there, you got a ‘crack’ (crack cocaine) dealer right there, a PCP dealer, the crack dealer might be the PCP dealer. They both go together.”* A consumer in Cleveland reported that the availability of PCP has remained the same during the past six months, while a consumer in Columbus reported increased PCP availability, stating, *“Way more [PCP on the streets] in the last year.”*

Overall, respondents throughout OSAM regions reported that the availability of hallucinogens has remained the same during the past six months. Respondents who reported increased availability of hallucinogens discussed increased popularity of these drugs and ease of purchasing psilocybin mushrooms online. Comments included: *“I know five to ten different people that sell [psilocybin*

*mushrooms] now. You can buy like the [grow] kits online; I think [psilocybin mushrooms have] gotten a little bit higher [in availability] because people like to mix them with other [drugs]; I do think [the availability of DMT] has increased just because there’s a lot of celebrities that are coming out in favor of it.”*

Ohio Bureau of Criminal Investigation (BCI) crime labs reported that the incidence of LSD cases they process has remained the same for Cincinnati, Columbus, and Toledo regions and decreased for the Akron-Canton region, with few LSD cases reported for the Athens, Cleveland, Dayton, and Youngstown regions. BCI crime labs reported that the incidence of psilocybin mushroom cases they process has remained the same for Cincinnati, Cleveland, Toledo, and Youngstown regions, decreased for Akron-Canton and Columbus regions, and increased for the Dayton region, with few psilocybin mushroom cases reported for the Athens region. BCI crime labs reported processing 178 PCP cases from throughout OSAM regions during the reporting period; of which, 41.0% was from the Cincinnati region, 17.4% was from the Dayton region, and 16.9% was from the Columbus region.

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

Media outlets reported on law enforcement seizures and arrests related to hallucinogens this reporting period (selected media report follows). Akron Police (Summit County, Akron-Canton region) responded to a call reporting a suspicious

man with a gun; officers arrested the suspicious man after a search of his car revealed two loaded handguns, 21 grams of cocaine, nearly 260 grams of marijuana, more than 600 grams of methamphetamine, 263 grams of psychedelic mushrooms, approximately 105 doses of Xanax®, as well as other drug related paraphernalia ([www.wkyc.com](http://www.wkyc.com), Jan. 17, 2022).

Knowledge of the current quality of hallucinogens was limited to Cleveland and Columbus regions. A consumer in Cleveland rated the current overall quality of PCP as ‘5’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality) and noted that the quality of PCP has remained the same during the past six months. PCP quality has reportedly been affected by “cutting” (adulteration). A consumer in Cleveland said, “Some dealers are cutting [PCP] ... so, one day you buy some good [quality PCP] and the next day you buy some trash.” In the Columbus region, a consumer reported high quality for psilocybin mushrooms.

Respondents described typical hallucinogen use among younger people, college students, and people attending festivals. A member of law enforcement in Cincinnati stated, “Demographically, [hallucinogen use is] going to be a younger user.” Respondents also noted hallucinogens are popular because they are considered “safe” to consume. They commented: “Honestly, [hallucinogens] are harmless; I do know people consider [psilocybin mushrooms to be] a safer drug.” Consumers in the Cleveland region provided typical PCP use descriptors. One consumer observed, “[PCP use is associated with] homeless [people], [residing in] urban communities [and] drug dealers in the streets.”

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, 55.7% was male, 73.8% was under the age of 40 years, and 84.5% indicated white as their race.

Reports of current prices for hallucinogens were shared by consumers with experience buying the substances. Consumers in the Athens region

**GPRA Demographic Data of All Intake Clients Who Used Hallucinogens<sup>1</sup> during the Past 30 Days (N = 61)<sup>2</sup>**

Male	55.7%
Female	36.1%
18 - 29	32.8%
30 - 39	41.0%
40 - 49	23.0%
50 - 59	3.3%
60 +	0.0%
White	84.5%
African American	17.2%
Other race <sup>3</sup>	6.9%
Hispanic/Latino ethnicity	6.6%

<sup>1</sup>In addition to LSD, PCP, and psilocybin mushrooms, GPRA defines hallucinogens to also include MDMA and mescaline. <sup>2</sup>Gender total does not equal 100.0% due to five individuals reporting as transgender or non-binary. Total percentage for race category is greater than 100.0% due to some individuals indicating more than one race. <sup>3</sup>Other race included: Alaska Native, American Indian, and Native Hawaiian.

reported that 1/8 ounce of psilocybin mushrooms sells for \$35. Regarding LSD pricing, consumers in the Columbus region reported a single dose of LSD (aka “tab”) sells for \$10. A consumer in the Cleveland region reported the most common unit of purchase for PCP is an ounce which sells for \$1,100, and indicated, “You can get a \$50 ‘draw’ [vial of PCP] too...” Overall, consumers reported that the price of hallucinogens has remained the same during the past six months.

Consumers continued to report that the most common route of administration for LSD and psilocybin mushrooms is oral consumption. An Athens consumer described eating psilocybin mushrooms, sharing, “I had some [psilocybin mushrooms] last week on a peanut butter sandwich.” A consumer in the Cleveland region reported that PCP is smoked. Regarding other substances used in combination with hallucinogens, an Akron-Canton consumer

reported, *“People like to mix [psilocybin mushrooms] with other things just to alter [the effect] a little bit.”* In the Cleveland region, PCP is reportedly used in combination with marijuana and crack cocaine. A consumer remarked, *“I know [someone] that smoked ‘crack’ (crack cocaine) and ‘whoo’ (PCP) at the same time.”*

### **Inhalants**

Respondents in Akron-Canton, Columbus, and Youngstown regions discussed inhalants (duster [DFE] and nitrous oxide [N<sub>2</sub>O], aka “whippets”), reporting high current availability of inhalants because they are easy to access. An Akron-Canton region consumer commented, *“You can go to any store and get [inhalants].”* Respondents identified a variety of substances consumed as inhalants: *“Freon from the ‘AC’ (air conditioning) and ‘nitrous’ (nitrous oxide, ‘laughing gas’); I had one [client] tell me that he would regularly sniff formaldehyde.”* In addition, a Columbus consumer spoke of consuming inhalants from tanks at concerts and festivals, offering, *“I see tanks [of nitrous oxide] a lot, especially at music events ... they got big tanks that they obviously ‘bounced off’ (stole from) a truck.”* While inhalants are reportedly easy to obtain, an Akron-Canton treatment provider explained they are not a drug of choice, saying, *“I haven’t had any clients tell me that [inhalants are] ... their drug of choice, but I’ve had quite a few [clients] tell me that ... [inhalants are] something that they will do from time to time.”* Information regarding availability change was limited to consumers in the Akron-Canton region who reported that the availability of inhalants has remained the same during the past six months.

### **Ketamine**

Respondents in Columbus and Youngstown regions discussed varying current availability of illicit ketamine (an anesthetic used in veterinary medicine). A Youngstown treatment provider reported low current street availability, and Columbus consumers reported low and high current street availability, and both groups reported that the availability of ketamine for illicit use has remained the same during the past six

months. A consumer remarked that ketamine quality varies, saying, *“There’s synthetic (counterfeit) [ketamine] and actual medical [ketamine] that people dilute, dry, and crush up.”* A Youngstown treatment provider described the street price for ketamine as *“cheap.”*

### **Kratom**

Respondents in half of OSAM regions (Cleveland, Columbus, Toledo, and Youngstown) discussed kratom (mitragynine, a psychoactive plant substance). Most respondents reported high current availability of kratom. A Columbus treatment provider described kratom, stating, *“[Kratom] is a natural herb, but people have learned that you can use kratom to get high if you take too much of it.”* Respondents discussed obtaining kratom from a variety of sources. Comments included: *“[Kratom] is in headshops, and in urban areas, it’s even more available. You can get [kratom] from a dealer who sells illicit drugs because they get it in bulk; You can buy [kratom] at the gas station.”* Respondents associated kratom use with people trying to quit opioids, and they discussed those consumers often become dependent on kratom. Treatment providers reasoned: *“A lot of people don’t necessarily use [kratom] to get high, they use it to get off of heroin or fentanyl, like an immediate fix to it, and then will end up coming into the MAT (medication-assisted treatment) program, or an outpatient facility ... withdrawal can be pretty cruel for fentanyl/heroin; We had [a client] recently use kratom to stay off of opiates, [but kratom] was getting to be more and more of an addiction.”* And a consumer in the Cleveland region said, *“[Kratom is] becoming more known, and it really does help people get off of opioids.”*

Treatment providers in Columbus and Toledo regions reported an increase in kratom use during the past six months, while respondents in Cleveland and Youngstown regions reported that kratom use has remained the same. A Columbus treatment provider observed increased access to kratom, remarking, *“You could only get [kratom] at a local corner store. Now it’s [sold at] every gas station you go to ... there is a display for kratom.”*

In addition, a Toledo treatment provider noted, *“Kratom has come up more frequently in the last six months than before. Our lab does test for [kratom] so we catch it...”*

Other data sources indicated kratom use throughout OSAM regions. Millennium Health reported that 0.8% of the 84,821 urinalysis specimens submitted for kratom testing during the past six months was positive for kratom.

Region	% Tested Positive	Number Tested
Akron-Canton	1.0%	5,231
Athens	1.0%	6,778
Cincinnati	0.6%	8,449
Cleveland	0.5%	16,420
Columbus	1.0%	16,374
Dayton	1.3%	2,318
Toledo	1.0%	19,923
Youngstown	0.3%	9,328
<b>Total</b>	<b>0.8%</b>	<b>84,821</b>

Consumers in the Cleveland region reported oral consumption as the most common route of administration for kratom. A consumer said, *“You swallow the [kratom] capsules or you mix it with water and take it orally.”* Information regarding current prices for kratom were also shared by consumers in the Cleveland region, who reported that four ounces of kratom sells for \$25 on the streets, and the price of kratom has remained the same during the past six months. A consumer indicated kratom is cheaper when purchased from a dealer, compared to a head shop, stating, *“Four ounces [of kratom] is probably around \$25 dollars [from a dealer], but it’s more expensive [from head shops] compared to someone selling it on the side.”*

Respondents described typical kratom use as associated with people trying to stop opioid use and young people. Descriptions of people who typically use kratom included: *“People that want to get off of opioids and fentanyl; Younger generation. I want to say 18 to 25 [years of age].”* Regarding substances used in combination with kratom, a consumer in the Cleveland region mentioned, *“[Kratom is used in combination with] ‘weed’ (marijuana) and alcohol, drugs people use recreationally.”*

**MDMA**

MDMA (methylenedioxymethamphetamine or other derivatives containing BZP, MDA, and/or TFMP) is low to moderate in availability throughout most OSAM regions in both the pressed tablet form (ecstasy) and the powdered form (“Molly”), however MDMA is reportedly highly available in Columbus and Youngstown regions. Respondents reported MDMA is readily available to consumers with the right connection to the drug. Comments included: *“I think [to obtain] Molly, you would have to know someone. Is it [available]? Yes, but you have to know someone; For me, [MDMA] is plentiful, I just know the ‘plugs’ (dealers for MDMA).”* There was consensus that MDMA is not readily available on the streets, and it would take effort to obtain these drugs without a connection. A member of law enforcement in the Akron-Canton region explained, *“[MDMA] availability is out there, but if you don’t know someone, you will have to try a little harder [to obtain MDMA] than most drugs,”* and a consumer in the Columbus region added, *“[MDMA] wasn’t easy to find, but it was definitely available.”*

Respondents described MDMA as a “party drug” that is prevalent at dance/nightclubs, music festivals, and “raves” (dance parties). They shared: *“Ecstasy is a big party drug ... you see people on it at parties here all the time; I use [MDMA] at raves or parties sometimes. I usually just bump into someone whose got it.”* MDMA is also reportedly more available on college campuses, as it is said to be, *“really big among college [students].”* While popular in certain settings, MDMA is reportedly not a drug of choice. A respondent stated, *“People*



*aren't hooked (addicted) on [MDMA, it's a] party drug, a fun drug, not a drug of choice."*

Respondents noted greater access to MDMA in cities and urban areas than in rural communities. They said: *"Down here (Bowling Green, Toledo region) if you want [MDMA], you can find it if you look hard. Mostly everything you want you can find it in Toledo; [MDMA] is one of those drugs that vary [in availability], depends on where you live."*

Consumers indicated ecstasy and Molly as nearly equally available, while community professionals indicated ecstasy as slightly more available. Regarding ecstasy availability, respondents said: *"I didn't hear about [ecstasy] for a long time and then all of the sudden it started popping up everywhere; I think we probably see more of like the pressed Molly tabs (ecstasy), over the Molly powder [during law enforcement arrests and seizures]."* In terms of a preference for Molly, a consumer offered, *"I think Molly's crushed the ecstasy market. People don't trust pills as much as they used to ... God knows what's in them. People trust a bright, shiny crystal a little bit more."* Consumers who reported current availability of ecstasy described tablets of different colors and shapes. A consumer shared, *"[Drug dealers] have a bag, the [ecstasy] pills are all different colors. It looks like a bag of rainbow color pills."* They discussed ecstasy tablets that resemble Flintstone vitamins, and tablets imprinted with various logos, including Bart Simpson, Ferrari, fire hydrants, flowers, and Superman.

Respondents consistently reported availability of counterfeit MDMA, in both ecstasy and Molly form, most commonly containing methamphetamine, as well as "bath salts" (substituted cathinone), benzodiazepines, caffeine, and PCE (eticyclidine, a dissociative anesthetic drug with hallucinogenic effects similar to PCP). Regarding counterfeit MDMA, respondents said: *"It's hard to come across the real MDMA. It's all methamphetamine or bath salts; We actually had a very large seizure of [MDMA] earlier this year ... marked as ecstasy, but it was caffeine and methamphetamine when the lab [analysis] came back."* A member of law enforcement in Columbus discussed the wide-range of substances substituted for MDMA, "[We

*confiscated] ecstasy-like tablet[s], but they did not contain MDMA, they contained methamphetamine instead. As far as anything else exotic, we had something called PCE and different variants of that ... and sometimes they'll have a 'benzo' (benzodiazepine) in there."*

Throughout OSAM regions, respondents reported that the availability of MDMA has remained the same during the past six months. Some respondents commented on the seasonal availability of MDMA, which reportedly increases during the spring and summer concert and festival season. Community professionals shared: *"[MDMA availability is] seasonal ... when the concerts are in town, we see [MDMA], when [the concerts are] gone, we don't [see MDMA]; When we have concerts, [finding MDMA is] like shooting fish in a barrel; [MDMA availability] ebbs and flows too. I see it more in the early spring and summer."* Some consumers described decreased availability and demand for MDMA due to the popularity of other highly available drugs, especially methamphetamine. Consumers discussed: *"[MDMA availability is] steadily decreasing ... I feel because 'meth' (methamphetamine) is so big; People want fentanyl or meth ... demand is low for [MDMA]."* Several consumers mentioned hesitating to purchase MDMA due to uncertainty of its makeup. A Columbus consumer stated, *"A lot of people I knew stopped trying to do [MDMA] because a lot of times they would get bath salts or meth instead of Molly."*

Ohio Bureau of Criminal Investigation (BCI) crime labs reported low incidence of MDMA cases for all OSAM regions, except for the Columbus region, where a slight increase was reported. MDMA case incidence ranged from zero to 20 cases across all regions. In addition to BCI reporting, other crime labs in Cleveland and Dayton regions submitted incidence data for MDMA. Lake County Crime Lab (Cleveland region) and Miami Valley Regional Crime Lab (Dayton region) reported processing few cases of MDMA during the reporting period, while Cuyahoga County Regional Forensic Science Lab (Cleveland region) reported that the incidence of MDMA cases they process has remained low.

Media outlets reported on law enforcement seizures and arrests related to MDMA this reporting period (selected media report follows). Marion Police (Marion County, Columbus region) arrested one person for trafficking ecstasy and cocaine after executing a search warrant of a home and finding over 1,000 ecstasy tablets, 178 grams of cocaine, 22.5 grams of methamphetamine, and over \$7,500 ([www.nbc4i.com](http://www.nbc4i.com), Feb. 2, 2022).

Consumers most often rated the overall quality of MDMA as '6' or '10' 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 '10' for Athens and Columbus regions. Consumers noted MDMA quality is "hit or miss" and it is mainly dependent on the source of obtainment and degree of adulteration. They said: "[Quality] depends on if it's actual real Molly, or if it's a synthetic substance, or adding different speeds (stimulants) to the Molly; Depends where you get it from...." Most consumers throughout OSAM regions reported that the quality of MDMA has remained the same during the past six months. However, consumers who reported decreased MDMA quality cited increased adulteration. Comments included: *"The availability of pure Molly is slim to none. The quality is not good; [Dealers] are greedy these days. People want that money, so they're 'cutting' (adulterating) [Molly] with whatever they can. I mean I've had methamphetamine and ketamine in [Molly]."*

Consumers discussed adulterants (aka "cuts") that affect the quality of MDMA. Consumers agreed that methamphetamine is the top cutting agent, and other reported adulterants for MDMA included: bath salts, cocaine, heroin, fentanyl, ketamine, hallucinogenic drugs (2C-I, 2C-B, 2C-11), and Tylenol. Consumers spoke of MDMA adulterants: *"Molly is cut with meth, [it provides the] same effect; [MDMA is adulterated with] everything. It's a mixture [of substances] ... it's always been that way; Ecstasy has always been a mixture, [it has been adulterated with] coke, meth, whatever they got in it."*

Current street jargon includes several names for MDMA. Consumers reported that ecstasy is most

often referred to as "X," followed by *"whatever the imprint is on the little pills"* ("Bart Simpson," "blue dolphin," "Ferrari," "fire hydrant," "flowers," "pink ladies," "Superman"). Other street names for ecstasy describe the round shape of the pills ("rolls"). Molly is most often referred to by its name. In addition, a Cleveland consumer offered, *"For Molly, 'soft sand' and 'sand' ... because if you crush it down to a dust form it looks like sand."*

Consumers reported that ecstasy is most often purchased as doses called "stacks." A single stack (single dose) of ecstasy sells for \$10, although it can reportedly sell for as low as \$2.50-3 in Columbus and Dayton regions, and as high as \$15-20 in the Youngstown region. Consumers in the Columbus region reported that dealers charge a higher price for a single stack in rural areas, \$25-35, compared to the city of Columbus. Consumers in Athens and Toledo regions recalled receiving ecstasy for free: *"Most of the time [ecstasy] was given to me by friends; I never had to pay for [MDMA]."* Knowledge of Molly pricing was limited to Cleveland, Columbus, and Youngstown regions. In the Columbus region, 1/10 gram (aka "a point") most often sells for \$20, and in the Youngstown region, 0.2 gram sells for \$20-25, and 1/2 gram sells for as low as \$10-15 in the Cleveland region, and as high as \$50 in the Columbus region. A consumer in the Cleveland region commented on Molly pricing, *"[For] Molly, the average user [buys] about 'half a G' (1/2 gram), it would be about \$10-15."* Overall, consumers reported that the price of MDMA has remained the same during the past six months.

The most common route of administration (ROA) for MDMA remains oral consumption, followed by snorting. Overall, consumers estimated that out of 10 people that use MDMA, 5-10 would orally consume and 0-5 would snort the drug. Consumers described these ROAs: *"Snort [Molly], swallow it, pop it into your liquor and drink it; I've heard of people 'parachuting' (wrapping crushed ecstasy tablets/Molly in tissue and swallowing)."* Although uncommon, "boofing" (anal insertion) was mentioned as an ROA in Akron-Canton, Columbus, and Youngstown regions. In addition, intravenous injection (aka "shooting") and smoking Molly mixed

with methamphetamine were mentioned in the Columbus region. A consumer stated, *“If [Molly is] mixed in my meth, I’m smoking or shooting it.”*

Respondents throughout OSAM regions continued to describe typical MDMA use as among young people (15 to 30 years of age), college students, and people who frequent the “party scene” (dance/nightclubs, music festivals, and raves). A treatment provider in the Akron-Canton region summarized, *“College-aged. And [MDMA is] really heavily ingrained in the ... party scene in general. Especially, high stimulation environments, like a rave or a concert are where you’re going to see ... the most use, where [MDMA is] arguably commonplace.”* Consumers also described:

*“[MDMA is used at] raves, parties, you know places you go to get messed up; Guys who go to EDM (electronic dance music) shows and their girlfriends.”* Community professionals indicated MDMA use as more common among white people, stating: *“[MDMA is] usually more so white, younger; [MDMA is typically used among] the younger, white men and women, probably in early to mid-20s.”* Consumers in the Athens region reported MDMA use to enhance sexual experiences and indicated MDMA is used by *“anyone who likes sex or wants to speed.”* Treatment providers in Columbus and Toledo regions commented on MDMA use within the gay community, saying: *“[MDMA use is popular at] LGBT clubs; The only group that I have got any input, in [terms of MDMA use], is the gay, bathhouse, party scene.”*

Many other substances are used in combination with MDMA. Consumers continued to report that alcohol is the most common substance used in combination with MDMA, explaining alcohol, like MDMA, is prevalent in the party scene and MDMA enables the user to drink large quantities of alcohol. A consumer in Cleveland commented on alcohol and MDMA use, saying, *“[MDMA is used with] liquor, it’s a party drug ... you can drink like a king (a lot of alcohol) off [MDMA with alcohol].”* In addition, alcohol combined with MDMA reportedly, *“levels you out.”* Hallucinogens are used in combination with MDMA to enhance the hallucinogenic effect. Consumers reported that the

combination of LSD (lysergic acid diethylamide) and MDMA is referred to as “candy flipping” and the combination of psilocybin mushrooms and MDMA is referred to as “flower flipping.” They said: *“Eating ecstasy with ‘shrooms’ (psilocybin mushrooms) gives you a fuller hallucinogenic effect than just ecstasy would. Ecstasy gives you a feel-good vibe; It’s called ‘candy flipping,’ when you take more than just one substance (MDMA and LSD) at a festival or wherever.”*

### **Nitazene**

A member of law enforcement in the Columbus region reported low current availability of nitazene compounds (a group of powerful, illicit synthetic opioids) and indicated increased availability during the past six months. The respondent stated, *“The nitazene class has started being recognized [by law enforcement], probably since 2021 ... in the past six months, [availability] has gone up, not very significantly ... to what we saw at the beginning of the year.”* Nitazene compounds are reportedly purchased online and are typically used by people that use opioids, aged 30 to 39 years. Comments included: *“Internet purchasing [of nitazene compounds], rather than street side purchasing, or [purchasing from] friends [is more common].... It seems more online shopping for ... research chemical type class of drugs; Sometimes there’s opiate users that are maybe moving away from fentanyl use, checking out this other group (nitazene compounds); I would put [typical nitazene users] in their 30s. Right around that 35 [years of age] mark.”* In addition, Cuyahoga County Regional Forensic Science Lab (Cleveland region) also identified nitazene compounds as emerging substances.

### **OTCs**

Respondents in Akron-Canton, Columbus, and Youngstown regions reported on illicit use of over-the-counter medications (OTCs), including Benadryl®, Imodium®, and Robitussin DM®. Respondents continued to report these medications as highly available for illicit use because they are available through legal purchase.

A consumer remarked, *“You can just go into the Dollar Store and get all the cough syrup [to get high].”* Respondents in Akron-Canton and Columbus regions indicated illicit use of cough syrup containing DXM (dextromethorphan) which reportedly produces a hallucinogenic effect. A treatment provider in the Akron-Canton region commented, *“Medications containing dextromethorphan, which has more of like a hallucinogenic effect than anything else ... [is] one that I've heard of a lot more frequently. Not to say it's super commonplace, but it's been mentioned more [by clients] in recent months ... just maybe an increase in overall usage.”* Columbus treatment providers reported increased illicit use of Imodium® for its opiate effect and described it as *“the new gabapentin.”* Regarding misuse of Benadryl®, a treatment provider in the Youngstown region discussed overdoses involving the drug, commenting, *“I've responded to a couple cases of people overdosing on Benadryl®. I'm not sure if they're mixing it with other things or what, but we've had an uptick in cases.”*

### **Prescription Stimulants**

Respondents most frequently reported moderate availability of prescription stimulants for illicit use, although respondents did not achieve consensus as to current availability in the majority of OSAM regions. Respondents who reported access to prescription stimulants for illicit use most often described obtainment through doctor prescribing and diversion from people with access to prescriptions, particularly stimulants prescribed to children. Regarding ease of obtaining prescription stimulants from a doctor, respondents said: *“A lot of adults know how to go [to the doctor] and play like they [have] ADHD (attention-deficit-hyperactivity disorder) [to obtain a prescription for stimulants]; They go to a doc [for prescription stimulants] who maybe isn't concerned [about potential abuse] or even just doesn't put two and two together; They'll tell the doctors that [their children's prescription stimulant dose] is not working that good and then they'll get a higher [dose frequency] prescription ... and sell [the additional doses].”* Respondents also frequently discussed access to illicit prescription stimulants

diverted from adults prescribed the drugs and parents of children being treated with the drugs. Comments included: *“There's a lot of kids on [prescription stimulants] and their parents might take it and sell it to their friends; A lot of people are prescribed Adderall®, and they sell it....”*

Respondents reported high availability of prescription stimulants for illicit use on college campuses. Prescription stimulants are reportedly readily prescribed to college students resulting in a large supply for diversion on college campuses. Consumers shared: *“Lots of people are prescribed [stimulants] and just sell a little, especially the college students, they just need to take enough [to manage their symptoms] and sell the rest; [College students] are doing tests and exams ... and they want to be able to cram as much time as they can into studying.”* A treatment provider in the Toledo region reported that the availability of prescription stimulants for illicit use fluctuates based on the academic calendar, stating, *“We see a resurgence [in prescription stimulant use] every semester at the end of the school year, [students] try to cram for exams, [availability] ebbs and flows.”*

Some consumers described relatively low demand for illicit prescription stimulants, as they are reportedly not a drug of choice, and not as popular as other stimulant drugs. Consumers explained: *“[Prescription stimulants] are pretty easy to come by and people don't really care for them (not a drug of choice); I never look for [prescription stimulants]. People offer them to me sometimes, but I'd be like, 'Nah;' It's easier to get 'meth' (methamphetamine) than it would be the pills (prescription stimulants), cheaper too; Meth has replaced [prescription stimulants].”* A treatment provider in Cleveland discussed consumers preference for more potent stimulants, remarking, *“By the time they get to us [for treatment] they are doing meth and 'crack' (crack cocaine).”* And a member of law enforcement in Akron-Canton noted that consumers rarely use illicit prescription stimulants exclusively, stating, *“If they're using [illicit prescription stimulants], they're also using some other sort of drug, whether it be a fentanyl or meth.”*

Respondents throughout OSAM regions continued to report Adderall® as the most available prescription stimulant in terms of widespread illicit use. Comments included: *“Ritalin® [availability for illicit use is] low, that’s old school. Adderall®, I would say, is the norm now; Ritalin® used to be really, really high [in availability for illicit use] back in the 90s/early 2000s ... I think what took it over is the Adderall®.”* Some respondents offered that Adderall® is a universal term for prescription stimulants on the streets, and it can be used in reference to other types of prescription stimulants. They shared: *“They might be getting the Vyvanse®, or something else, but they are all calling it, ‘Adderall®;’ I think that people are more likely to call [a prescription stimulant] ‘Adderall®’ even if it’s Ritalin® or Vyvanse®.”*

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

Other data sources indicated prescription stimulants as available for illicit use throughout OSAM regions. Millennium Health reported that 9.8% of the 113,148 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	12.8%	6,088
Athens	12.3%	12,287
Cincinnati	9.4%	11,182
Cleveland	6.1%	17,033
Columbus	14.7%	30,368
Dayton	7.5%	4,017
Toledo	6.6%	21,540
Youngstown	4.7%	10,633
<b>Total</b>	<b>9.8%</b>	<b>113,148</b>

Current street jargon for prescription stimulants most often references a drug’s brand name (“addie” for Adderall®) or the color and/or shape of the pill (“oranges” and “pumpkins”). General street names often refer to the stimulant effect of the drugs (“speeders”). Current street prices for prescription stimulants were reported by consumers with experience buying the drugs. Consumers reported that Adderall® 30 mg typically sells for \$5-15. In the Youngstown region, consumers reported that Adderall® 30 mg sells for higher prices among college students. A consumer remarked, *“If you get [prescription stimulants] from college campuses they’re more expensive.”* Current street prices for Vyvanse® were limited to the Cleveland region, where reportedly, the drug sells for \$0.50-1 per milligram and \$5-12 for Vyvanse® 30 mg. In addition, consumers in Columbus and Toledo regions reported prescription stimulants generally sell for \$1 per milligram. They said: *“If I’m selling [prescription stimulants], I’m selling them for a dollar a milligram; Pretty much [\$1] per milligram is what you pay for [prescription stimulants].”* Overall, consumers with knowledge of street prices for prescription stimulants reported that prices have remained the same during the past six months.

The most common routes of administration (ROA) for illicit use of prescription stimulants reportedly varies by region. Consumers in Columbus, Toledo, and Youngstown regions estimated that out of 10 people that illicitly use prescription stimulants, 5-10 would snort and the remainder would orally consume the drugs, while consumers in Athens and Cleveland regions estimated that 5-10 would orally consume the drugs and the remainder would snort. The remaining three regions did not report knowledge of illicit prescription stimulant use ROA. Regarding snorting, a Cleveland consumer stated, *“Snort them and eat them ... as long as they aren’t the [extended-release] capsules you can snort them,”* and a Toledo consumer added, *“Snorting [prescription stimulants] mostly, but I would not recommend it.”*

Respondents most often described typical illicit use of prescription stimulants as associated with young people (teens to mid-20s), including high school and college students, who use the drugs primarily as a “study aid.” High school and college students also reportedly use prescription stimulants to stay up late to “party” and drink alcohol. Comments included: *“College students trying to stay up and study or stay up to party; College and high school kids, they have homework to do, and they are drinking [alcohol].”* A Columbus treatment provider reported illicit prescription stimulant use can begin in elementary schools, saying, *“[Illicit prescription stimulants use has] been popping up in grade schools, junior high to college.”*

People who work long hours are reportedly also more likely to use prescription stimulants illicitly to stay alert. Respondents remarked: *“Professionals who need to stay up; People who work a lot; Anyone pulling long hours.”* Other common descriptors of illicit prescription stimulants use included: middle to high socio-economic status, white people, and women, those seeking weight loss. Respondents said: *“Caucasian, but not really limited to that ... and they tend to be middle class to upper class, people who can afford it; White women, they want the energy but haven’t ‘upgraded’ (progressed) to meth yet; Women in their 50s. They want to use [prescription stimulants] for weight loss.”*

Many other substances are used in combination with prescription stimulants. Consumers identified alcohol as most often used in combination with prescription stimulants to balance the user out to drink large quantities of alcohol for extended durations. They commented: *“You can drink like a fish on [prescription stimulants]; It’s like a party thing ... at the bar, can be sped up [on prescription stimulants] and keep drinking all night; So many people like the uppers and the downers.”* Consumers indicated marijuana is also commonly used in combination with prescription stimulants to help the user come down from the stimulant high, as it reportedly, *“zens you out”* and *“[helps] to go to sleep.”* Methamphetamine combined with prescription stimulants is reportedly popular, *“because people like the extensive high.”* Regarding prescription opioids used in combination with prescription stimulants, a consumer in the Columbus region stated, *“[Prescription opioids] intensifies the high because you have the Adderall® bringing you up and the Percocet® chilling you out so you’re feeling no pain whatsoever.”* Other substances used in combination with prescription stimulants reportedly include crack/powdered cocaine, hallucinogens, and sedative-hypnotics.

### **Promethazine**

Respondents in Columbus, Dayton, Toledo, and Youngstown regions discussed current illicit use of promethazine (prescription-strength cough syrup with codeine, aka “lean” when mixed with soda). Overall, respondents reported that “lean” is moderately available and its availability has remained the same during the past six months. A Toledo consumer identified “sizzurp” as a general street name for “lean,” quoting a song lyric, *“Sippin’ on some ‘sizzurp.’”* Also in Toledo, an ounce of “lean” reportedly sells for \$20. A member of law enforcement in Dayton indicated typical use of “lean” among drug dealers, stating, *“A lot of [drug] dealers are using [‘lean’] as a going out, hanging out [drug], instead of [consuming] alcohol-related stuff.”* In addition, community professionals in the Dayton region reported typical “lean” use among young, African-American males as a party drug. Reportedly, promethazine is sometimes combined with other prescription drugs. One consumer

commented, “Some people put ‘percs’ (Percocet®) or ‘xannies’ (Xanax®) in [‘lean’].”

### **Synthetic Marijuana**

Respondents in half of OSAM regions (Akron-Canton, Columbus, Dayton, and Youngstown) discussed synthetic marijuana (synthetic cannabinoids, aka “K2” and “spice”). Reportedly, the current availability of synthetic marijuana is moderate and high in those regions. Synthetic marijuana is popular among consumers because it is not typically included on drug screens. Respondents commented: *“‘K2/spice’ is ... undetectable on a drug test, unless you’re [specifically] testing for it, so a lot of people are using [synthetic marijuana] as a substitute for marijuana; [Synthetic marijuana] isn’t traceable [on some drug screen panels] ... you roll it up, just like ‘weed’ (leaf marijuana) [and smoke it]....”*

Respondents indicated a variety of sources for synthetic marijuana, including corner stores and the Internet. They said: *“It’s so easy to buy [synthetic marijuana] ... online from somewhere like in China; You can go into the [neighborhood convenience] store and get [synthetic marijuana].”* Respondents in the Akron-Canton region reported that the availability of synthetic marijuana has remained the same during the past six months, while respondents in the Columbus region reported increased availability, and treatment providers in the Dayton region reported decreased availability.

Ohio Bureau of Criminal Investigation (BCI) crime labs reported that they processed few or no cases of synthetic cannabinoids from all OSAM regions, except for the Columbus region where an increase was reported. In addition to BCI reporting, other crime labs in Cleveland and Dayton regions submitted incidence data for synthetic cannabinoids. Lake County Crime Lab (Cleveland region) reported processing very few cases of synthetic cannabinoids during the reporting period, while Cuyahoga County Regional Forensic Science Lab (also Cleveland region) reported that the incidence of synthetic cannabinoids cases it processes has increased. Miami Valley Regional

Crime Lab (Dayton region) reported that it did not process any cases of synthetic cannabinoids during the reporting period.

Media outlets reported on law enforcement seizures and arrests related to synthetic marijuana this reporting period (selected media report follows). Federal agents arrested a South African woman at John Glenn International Airport in Columbus (Franklin County, Columbus region) and charged her with importing a controlled substance; allegedly, the woman sent legal papers saturated with K2 to someone in the U.S. who would then send them to Ohio prisons ([www.dispatch.com](http://www.dispatch.com), March 25, 2022).

Consumers in Akron-Canton and Columbus regions described varying current overall quality of synthetic marijuana. They discussed: *“Sometimes [synthetic marijuana] was ‘gas’ (high-grade) and sometimes it was ‘boof’ (poor) like ‘Reggie’ (low-grade marijuana); They spray [the plant material] so hard. It’s so potent ... I mean people ‘hit the bowl’ (smoke synthetic marijuana) one time and they ‘knock out’ (pass out) just like they’re on heroin.”* An Akron-Canton consumer described synthetic marijuana adulterants, saying, *“[Synthetic marijuana is] sprayed on paper, they use any wasp spray, acetone....”*

Synthetic marijuana pricing was limited to an Akron-Canton consumer who reported purchasing “a stick” (synthetic marijuana cigarette) for \$4. In addition, a Youngstown treatment provider remarked that synthetic marijuana is *“super cheap.”* Consumers and community professionals most associated synthetic marijuana use with young people, under the age of 30 years. In addition, consumers and treatment providers in the Akron-Canton region reported high use of synthetic marijuana in prisons and treatment programs.

### **Xylazine**

A member of law enforcement in the Cincinnati region discussed current availability of xylazine (aka “tranq,” a powerful sedative that the FDA has approved for veterinary use only). Xylazine is

reportedly highly available as an adulterant mixed with fentanyl and counterfeit pressed pills, including those resembling Percocet®. A member of law enforcement shared, *“Based on lab results we’re getting back, xylazine is a horse tranquilizer [we are] seeing a lot mixed with fentanyl, pressed pills, fake Percocet® pills, which are actually fentanyl.”* Because xylazine is not an opioid, naloxone (opioid overdose reversal medication, i.e., Narcan®) does not reverse its sedative effect. A member of law enforcement stated, *“[Xylazine] counteracts the effects of Narcan®.”* The availability of xylazine in the Cincinnati region has reportedly remained the same during the past six months and has *“been prevalent for about a year and a half.”* Typical xylazine use is associated with people who use fentanyl because xylazine is used as an adulterant for fentanyl. A member of law enforcement explained, *“[People that use fentanyl] don’t specifically look for xylazine, [they are] seeking fentanyl, [and] may not know it is [adulterated with] xylazine.”*

While not specifying xylazine, consumers in Akron-Canton and Cleveland regions mentioned potent tranquilizers being used as a “cut” (adulterant) for heroin/fentanyl. An Akron-Canton consumer commented, *“[Dealers] are cutting [fentanyl] with heroin and tranquilizers,”* and a Cleveland region consumer added, *“I have heard [heroin is] cut with ‘benzos’ (benzodiazepines) and there is this type of tranquilizer drug [used to cut heroin] from China that is legal, and they can get it shipped....”*

OSAM secondary data sources also indicated xylazine as an adulterant for other drugs. Ohio Bureau of Criminal Investigation crime labs, Cuyahoga County Regional Forensic Science Lab (Cleveland region), and Lake County Crime Lab (also Cleveland region) indicated xylazine as an adulterant found in powdered heroin. Ohio State Highway Patrol Crime Lab indicated xylazine as an adulterant found in powdered cocaine. Miami Valley Regional Crime Lab (Dayton region) reported processing three cases of xylazine during the reporting period, a decrease from five cases during the previous reporting period. In addition, coroner and medical examiner offices reported 18 total drug-related deaths involving xylazine: Cuyahoga

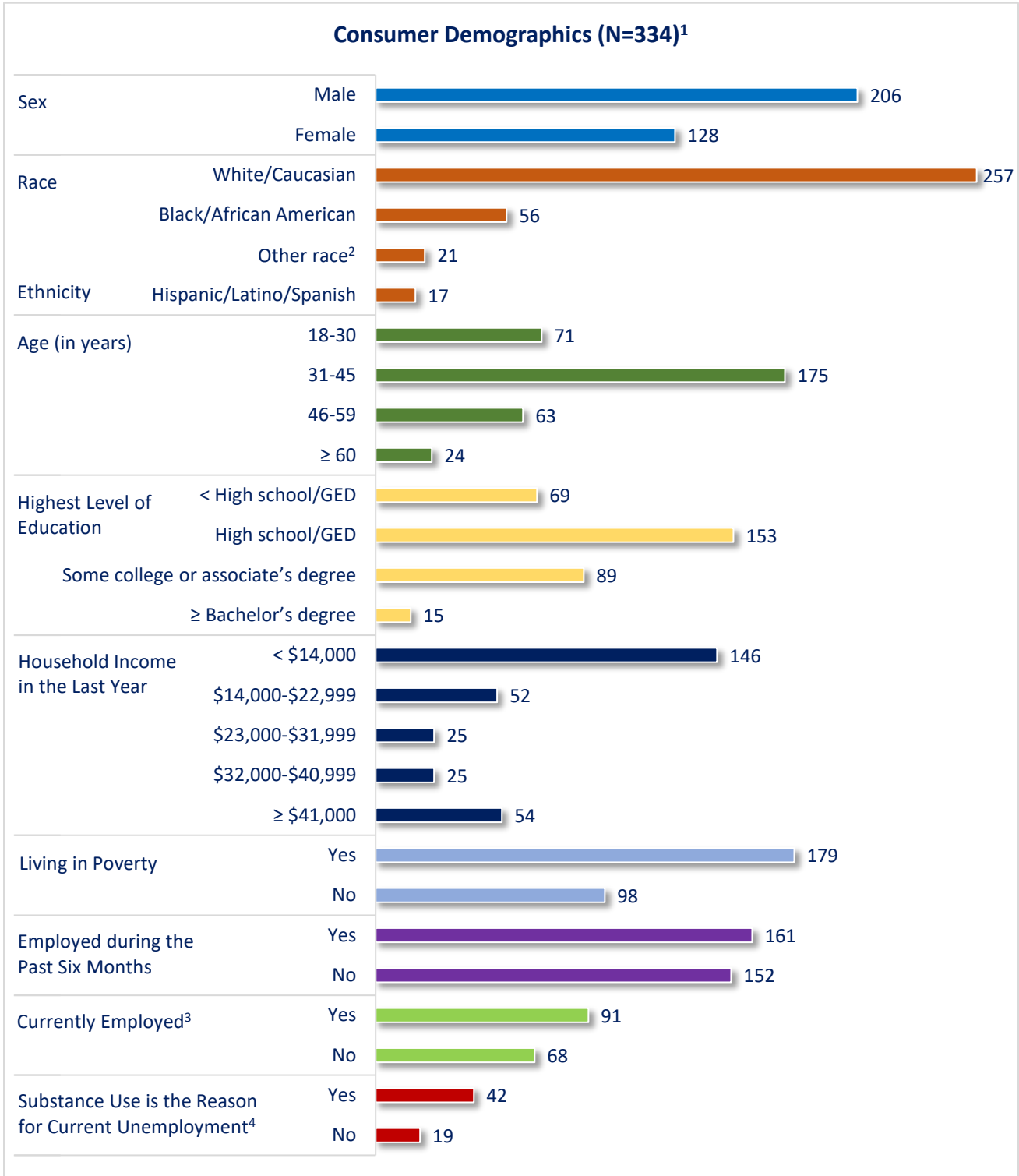
County Medical Examiner’s Office (Cleveland region) and Hamilton County Coroner’s Office (Cincinnati region) each reported nine deaths, an increase from seven total drug-related deaths involving xylazine during the previous reporting period, in which Cuyahoga County Medical Examiner’s Office and Hamilton County Coroner’s Office reported five and two deaths, respectively.

Current Street Names for Other Drugs	
Bath salts	flakka
Gabapentin	gabs, gabbies
Hallucinogens	LSD: acid PCP: water, wet, whoo Psilocybin mushrooms: shrooms
Inhalants	poppers
MDMA	Most Common: beans, candy, Molly, rolls, vitamins, X, X-pill Other: Bart Simpson, blue, blue dolphin, E, Ferrari, fire hydrant, flowers, pink ladies, sand/soft sand, stacks, Superman
Prescription stimulants	General: candy, poor man’s cocaine, speeders Adderall®: addie/addies, addie daddy, footballs, oranges, pumpkins
Promethazine	lean, purple/purple lean, sizzurp
Synthetic marijuana	K2, posh, spice, tucci



**APPENDICES**

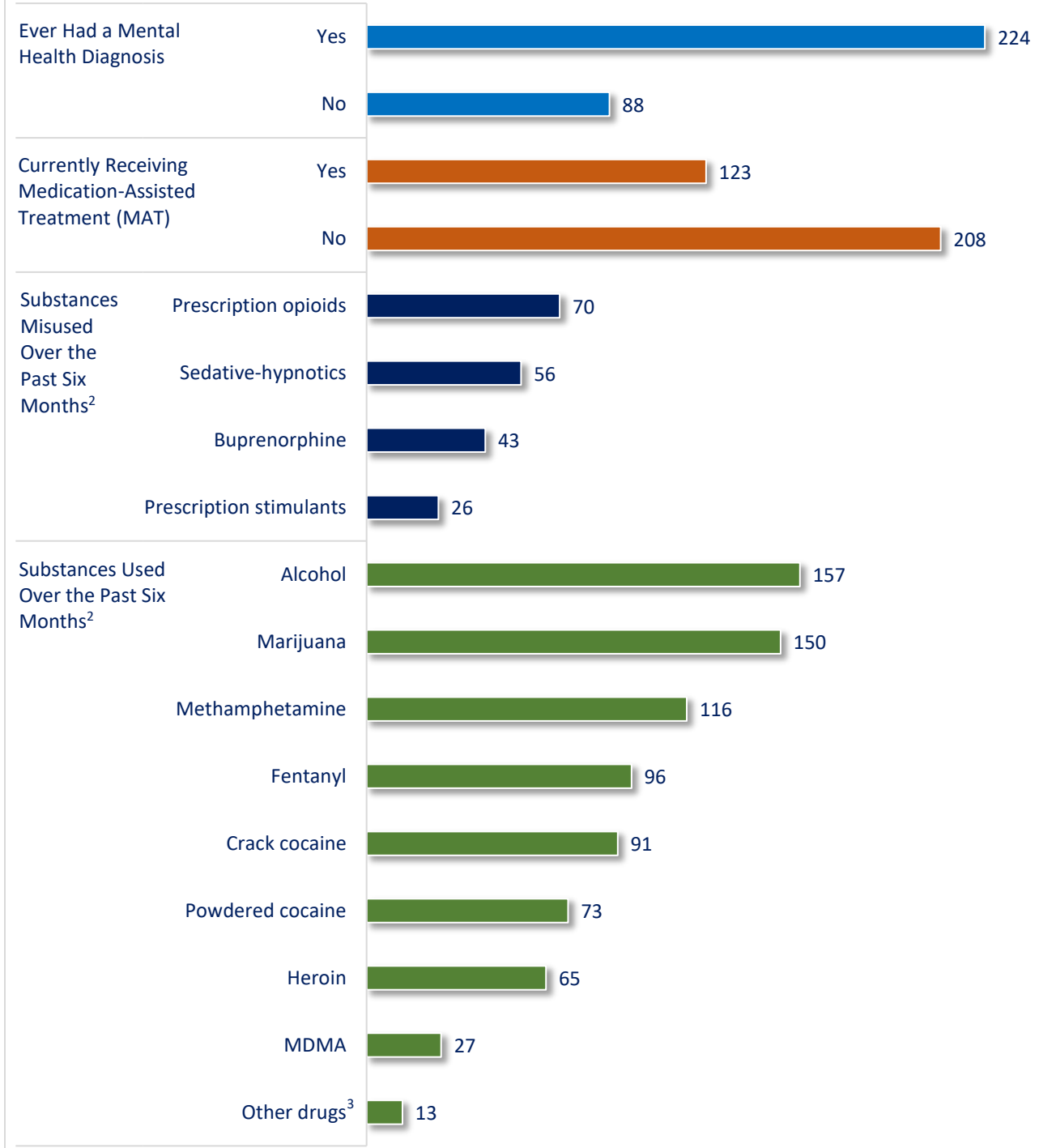
APPENDIX A



<sup>1</sup>Due to missing or excluded invalid responses, some totals may not equal 334. <sup>2</sup>Other race included: American Indian or Alaska Native, Asian, Native Hawaiian or other Pacific Islander, more than one race, and two consumers 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**

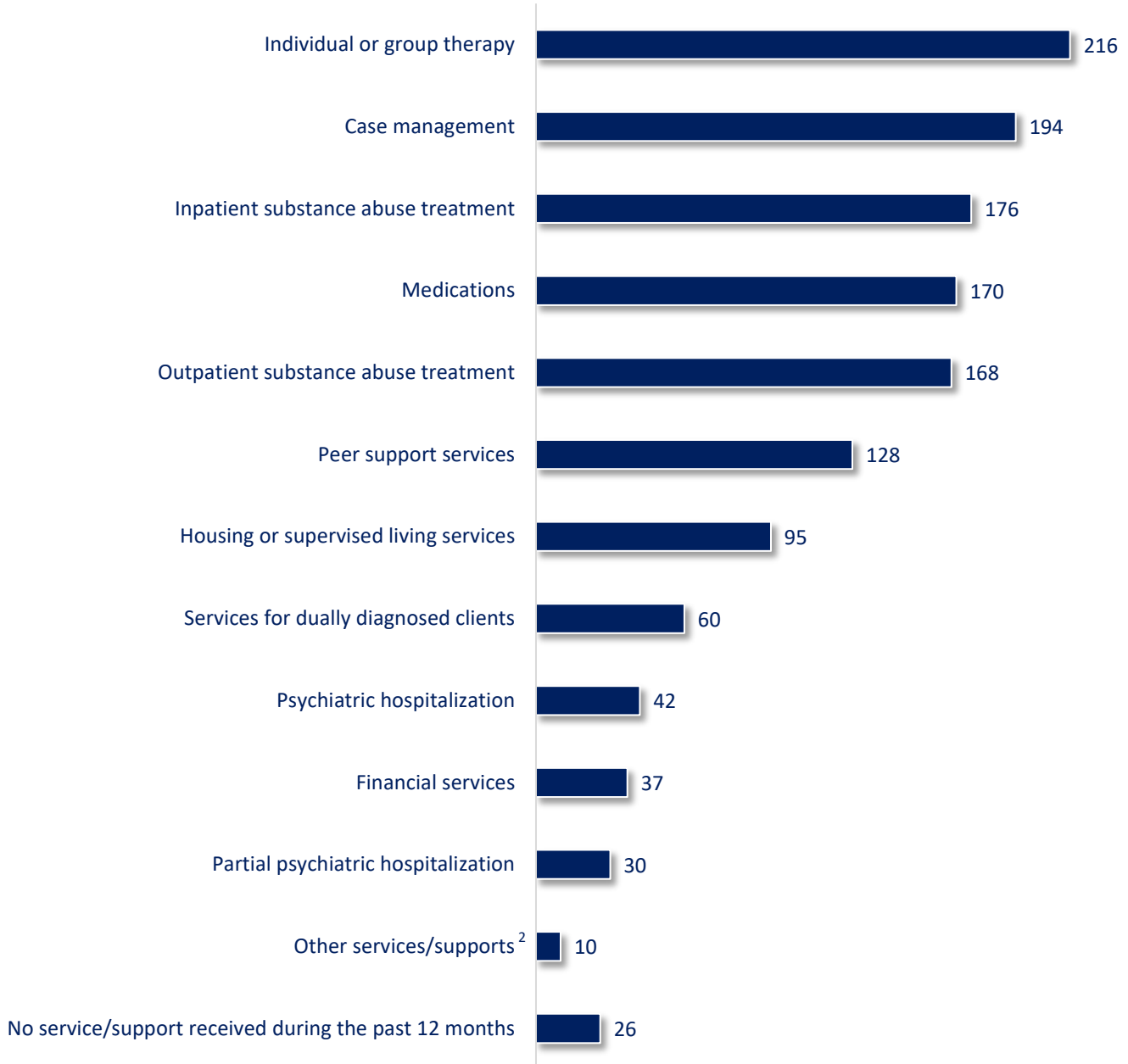
**Consumer Mental Health and Substance Use Characteristics (N=334)<sup>1</sup>**



<sup>1</sup>Due to missing or excluded invalid responses, some totals may not equal 334. <sup>2</sup>Consumers were allowed to choose more than one substance. <sup>3</sup>Other drugs included: bath salts (substituted cathinone), cough syrup (dextromethorphan [DXM]), gabapentin, gamma hydroxybutyrate (GHB), hallucinogens (dimethyltryptamine [DMT], lysergic acid diethylamide [LSD], phencyclidine [PCP], and psilocybin mushrooms), inhalants (aka “poppers”), K2 (synthetic cannabinoids), and kratom.

**APPENDIX C**

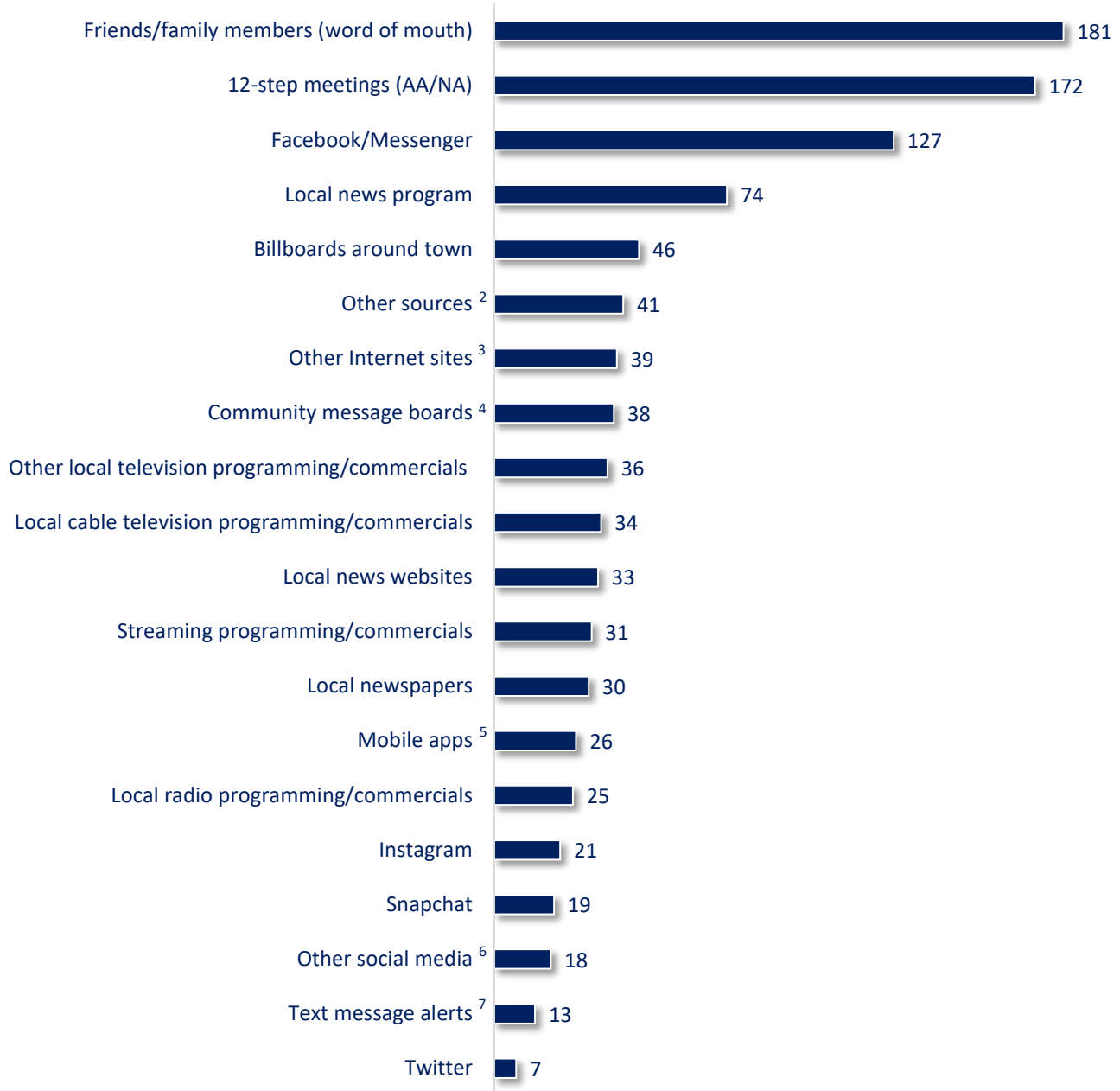
**Consumer Treatment/Support Services Received at Any Time During the Past 12 Months (N=332)<sup>1</sup>**



<sup>1</sup>Excludes missing data (N=2). Consumers were allowed to choose more than one treatment/support service. <sup>2</sup>Other services/supports included: drug court, harm reduction program, hospital, intervention counseling in jail, Narcotics Anonymous (NA) meetings, and probation addiction treatment program.

APPENDIX D

**Consumer Sources of Learning About Recovery News, Activities, and Events in Consumer Communities (N=333)<sup>1</sup>**



<sup>1</sup>Excludes missing data (N=1). Consumers were allowed to choose more than one source. <sup>2</sup>Other sources included: case management, church, community support systems, drug court, homeless shelter, hospital, jail/prison, medication-assisted treatment (MAT) clinic, mental health and substance use disorder treatment facility, peer support services, and probation services. <sup>3</sup>Other Internet sites included: Alcoholics Anonymous (AA), AA Intergroup, Bluelight online forum, Google, local drug treatment, and XA-Speakers. <sup>4</sup>Community message board locations included: church, foodbank, harm reduction program, laundromat, library, and treatment facility. <sup>5</sup>Mobile apps included: AA apps (Everything AA and Meeting Guide), In The Rooms, Mobile Patrol, Narcotics Anonymous (NA), Nextdoor, Sober Grid, and Thrive. <sup>6</sup>Other social media platforms included: Reddit, TikTok, and YouTube. <sup>7</sup>From Substance Abuse and Mental Health Services Administration (SAMHSA).

**APPENDIX E**

**Hotline/Crisis Support Service Utilization**

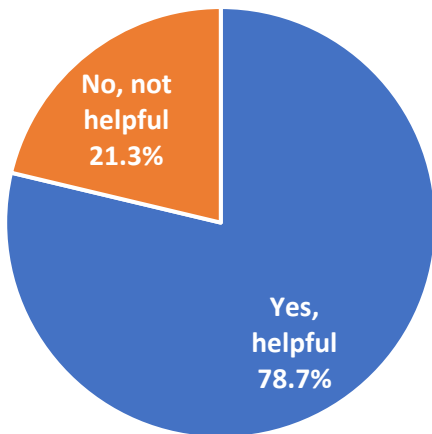
Of the 312 consumers who responded to the survey question regarding calling and/or texting a local or national hotline or crisis support number, 15.4% reported calling and/or texting one or more local or national hotline or crisis support number. Of those 48 consumers, 37 reported only calling a hotline or crisis support service, eight reported calling and texting, and three reported only texting.

Consumers contacted:

- 10 called and 2 texted 211
- 5 called Suicide Prevention Lifeline
- 3 called a local treatment service hotline
- 2 called and 1 texted National Domestic Violence Hotline
- 1 texted Crisis Text Line (741741)
- 1 called a homeless support hotline
- 1 texted Veterans Crisis Line
- 31 did not specify which hotline or support service they called or texted

Of the 47 consumers who reported contacting a hotline/crisis support service and responded to the question regarding whether or not it was helpful, 78.7% reported finding the hotline/crisis support service helpful. Consumers were allowed to report more than one way the hotline/crisis support service was helpful or not helpful.

**Did you find the hotline/crisis support service helpful? (N=47)**



*Helpful – Specified*

- 7 reported the counselor was a good listener
- 5 reported they were provided suicide prevention counseling
- 4 reported they were linked with useful resources
- 3 reported they were linked with inpatient treatment
- 3 reported they were assisted with housing or shelter
- 2 reported they were directed to food assistance
- 1 reported they were assisted with bills
- 1 reported they were provided domestic violence support
- 1 reported they were assisted with obtaining an identification card
- 1 reported they were linked with SUD treatment
- 1 reported they were linked with mental health crisis services
- 1 reported they were provided drug use prevention counseling
- 1 reported they were provided with mental health assistance
- 7 reported it was helpful but did not specify how

*Not Helpful – Specified*

- 4 reported the counselor was not understanding
- 2 reported they were not provided helpful information or resources
- 1 reported they were not provided with domestic violence support
- 4 reported it was not helpful but did not specify how