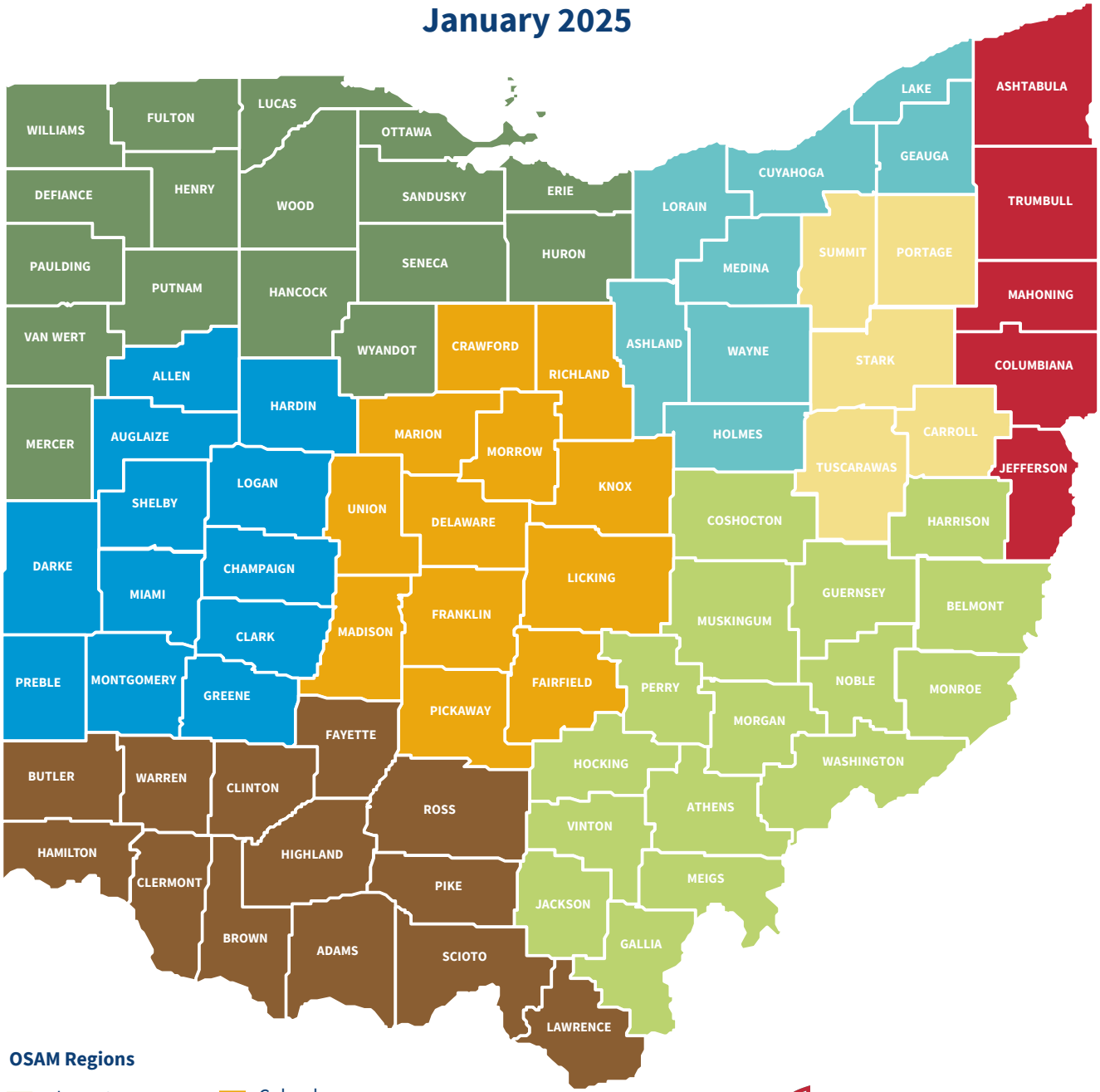
OSAM

Ohio Substance Abuse Monitoring Network

Surveillance of Drug Use Trends in the State of Ohio

January 2025



OSAM Regions

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

Ohio Department of Behavioral Health

Surveillance of Drug Use Trends in the State of Ohio
July - December 2024

Prepared by:

R. Thomas Sherba, *PhD, MPH, LPCC — OSAM Principal Investigator*
Sarah Kriebel, *MLIS — OSAM Quantitative Data Specialist*
Hannah MacDowell, *MPH, MSW, LSW — OSAM Coordinator*

Regional Epidemiologists

Alexandra Hoopes, *MPH*	Akron-Canton Region
Hannah MacDowell, *MPH, MSW, LSW*	Athens, Cincinnati, Dayton, & Toledo Regions
McKenzie McConaha, *MPH*	Cleveland Region
McKayla Elliott, *MPH*	Columbus Region
Christa Black, *MPH*	Toledo Region
Lauren Albrecht, *MPH, MLS*	Youngstown Region

Tia Marcel Moretti, Interim Director • Mike DeWine, Governor

Contact information:
R. Thomas Sherba
Bureau of Quality, Planning, and Research
Office of Data Analytics
30 E. Broad St., 8th Floor
Columbus, OH 43215
P: 614.466.9020
Email: R.Sherba@dbh.ohio.gov

Recommended citation for this report:

Ohio Department of Behavioral Health (2025). Ohio Substance Abuse Monitoring Network: Surveillance of Drug Use Trends in the State of Ohio: July – December 2024. Columbus, OH: State of Ohio.

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OSAM-O-Gram

OSAM *Ohio Substance Abuse Monitoring Network* January 2025

Surveillance of Drug Use Trends in the State of Ohio

Toledo Region

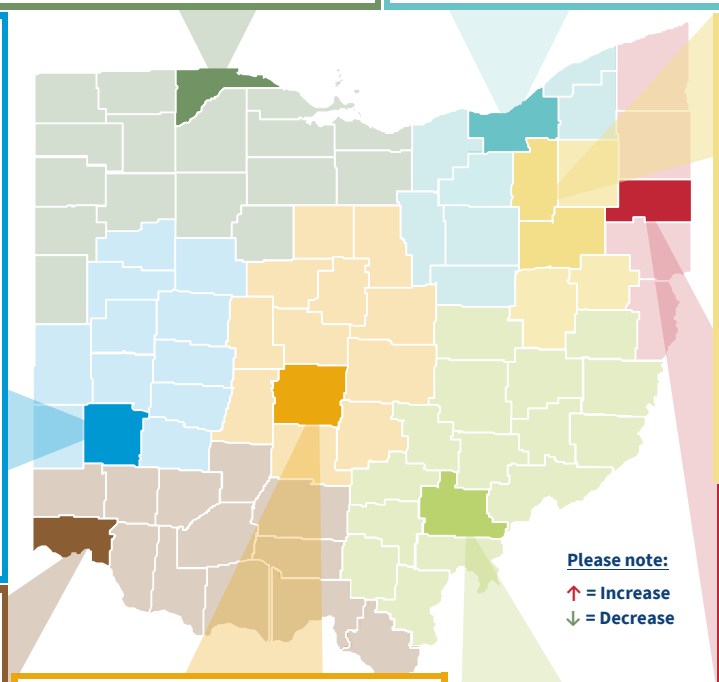
- BCI reports case incidence ↑ in heroin/fentanyl, meth, & oxy
- BCI reports case incidence ↓ in alprazolam, marijuana, & xylazine
- 14.5% of urinalysis positive for cocaine (highest of regions)
- Consumers & law enforcement report popularity of inhaling flavored nitrous oxide
- Law enforcement report meth-pressed pills sold as Adderall®
- Law enforcement report ↑ in fentanyl use among people of color

Cleveland Region

- BCI reports case incidence ↑ in heroin & xylazine
- BCI reports case incidence ↓ in buprenorphine, cocaine, fentanyl, marijuana, & meth
- Coroner reports 55.5% of drug-related deaths involved cocaine; 66.9% of these deaths also involved fentanyl
- ODPS reports seizure of 203.3 kg of fentanyl, 72.2% from this region
- Tx providers note ↑ use of Sublocade® as MOUD leading to ↓ buprenorphine availability for diversion

Dayton Region

- BCI reports case incidence ↑ in cocaine, oxy, & tramadol
- BCI reports case incidence ↓ in alprazolam, buprenorphine, fentanyl, & meth
- 30.3% of urinalysis positive for gabapentin (highest of regions)
- Consumers & law enforcement report popularity of inhaling nitrous oxide
- Regional crime lab reports case incidence ↑ in nitazene compounds



Akron-Canton Region

- Consumers & law enforcement report high availability of MDMA
- Respondents report availability of ketamine & PCP
- BCI reports case incidence ↑ in clonazepam, cocaine, heroin/fentanyl, meth, & xylazine
- 13.8% of urinalysis positive for opiates (highest of regions)
- 9.8% of urinalysis positive for benzodiazepines (highest of regions)

Youngstown Region

- BCI reports case incidence ↑ in buprenorphine, cocaine, & heroin/fentanyl
- BCI reports case incidence ↓ in alprazolam, marijuana, meth, & tramadol
- ODPS reports seizure of 5.6 kg of crack cocaine, 22.6% from this region
- 5.7% of Tx clients report recent heroin use (highest of regions)
- BCI reports 53 cases of "bath salts," an increase from 5 cases (highest of regions)

Cincinnati Region

- Respondents report ↑ in meth availability
- BCI reports case incidence ↑ in cocaine, fentanyl, marijuana, meth, & tramadol
- 4.5% of urinalysis positive for xylazine (highest of regions)
- Tx providers report ↑ in kratom use
- ODPS reports seizure of 363.1 kg of meth, 28.4% from this region
- Respondents report ↑ in hallucinogen availability
- Consumers report utilization of xylazine test strips

Columbus Region

- BCI reports case incidence ↑ in buprenorphine, cocaine, heroin/fentanyl, meth, & tramadol
- BCI reports case incidence ↓ in alprazolam, marijuana, & oxy
- 16.5% of Tx clients report recent cocaine use (highest of regions)
- 24.8% of Tx clients report recent fentanyl use (highest of regions)
- 10.7% of Tx clients report recent IV drug use (highest of regions)
- ODPS reports seizure of 305.1 kg of cocaine, 33.0% from this region
- Columbus Fire Dept. administers 1,164 doses of naloxone

Athens Region

- BCI reports case incidence ↑ in cocaine, heroin/fentanyl, meth, & psilocybin mushrooms
- 27.8% of Tx clients report recent marijuana use (highest of regions)
- 10.3% of urinalysis positive for amphetamines & 8.4% of urinalysis positive for methamphetamine (highest of regions)
- Law enforcement report popularity of inhaling "Galaxy Gas" (flavored nitrous oxide)

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 from July through December 2024. A total of 439 respondents from throughout Ohio imparted first-hand knowledge, sharing their lived experiences to inform the evaluation of current drug trends. Key findings of this research show that methamphetamine and fentanyl remain highly available throughout OSAM regions. Respondents either reported methamphetamine as the most available illicit drug or the top illicit drug along with fentanyl. Methamphetamine is inexpensive and the supply is abundant. Law enforcement discussed that most of the methamphetamine that they encounter originates from drug cartels in Mexico. Although, like crack cocaine in that street solicitations of methamphetamine are common, reportedly, methamphetamine is preferred to cocaine due to its lower price and longer lasting high. Methamphetamine is cheap and sometimes dealers will give buyers more than they purchase to keep them coming back. And many buyers turn around and sell methamphetamine. Respondents noted a switch from opioids to methamphetamine because methamphetamine is viewed as a safer option, and many use the drug for "energy" while working, for weight loss, and/or for sexual enhancement. While respondents noted the belief of methamphetamine as a safer option to opioids, they also acknowledged that methamphetamine is sometimes adulterated (aka "cut") with fentanyl. And, due to an abundance of methamphetamine, respondents discussed more people being introduced to the drug through it being used as an inexpensive adulterant for other drugs, particularly MDMA. Respondents throughout most OSAM regions discussed an increase in African Americans using methamphetamine during the past six months. Many respondents discussed cocaine as making a "comeback," with increase in use partly attributed to greater social acceptance for cocaine. In addition to being cheaper and more potent than heroin, respondents attributed high current availability of fentanyl to high supply and demand. Throughout OSAM regions, respondents discussed dealers "pushing" fentanyl on people suspected of drug use in public places such as gas stations and convenience stores, commonly offering free samples or "testers" in Cincinnati, Dayton, and Youngstown regions. In addition to high proliferation of fentanyl in powdered form, respondents also reported high current availability of fentanyl-pressed pills. Consumers throughout OSAM regions discussed fentanyl cut with xylazine (aka "tranq," a powerful sedative that the FDA has approved for veterinary use only). Respondents continued to describe xylazine as an adulterant in fentanyl. Although reported less often, some respondents indicated that xylazine-adulterated fentanyl is sought after for its potency. Several consumers in Athens and Cincinnati regions reported access to, and utilization of, xylazine test strips. Ohio Bureau of Criminal Investigation (BCI) crime labs reported processing 1,553 cases of xylazine from throughout OSAM regions during the reporting period, an increase from 1,398 cases during the previous reporting period. While intravenous (IV) injection of heroin/fentanyl is the most common route of administration, consumers noted a shift from IV use to smoking, and to a lesser extent snorting, as these routes are perceived as "safer," less likely to lead to overdose. Respondents overwhelmingly reported that marijuana is easy to obtain, whether from licit or illicit sources, and it is available in many forms, strains, and potency levels, offering more customization in use. Respondents throughout OSAM regions also described marijuana extracts and concentrates as popular, particularly marijuana vapes and cartridges among younger age groups. While respondents said many are obtaining marijuana legally, most reported that marijuana is still highly available via illicit sources. Some consumers described obtaining marijuana on the street as convenient, cheaper, and expressed privacy concerns with dispensaries. Despite factors driving the illicit market, respondents discussed how dispensary marijuana is typically preferred because it is regulated. Respondents often reported dispensaries as a safer source than the street. Some respondents reported a decrease in street availability due to utilization of Ohio dual-use dispensaries. Respondents throughout OSAM regions reported current availability of hallucinogens. Use of hallucinogens has reportedly been made popular by the promotion of their purported spiritual and health benefits, including the practice of "microdosing" (consuming very low doses of psychedelic substances).

Introduction

Ohio Substance Abuse Monitoring (OSAM) Network consists of regional epidemiologists assigned to the following eight regions of Ohio: Akron-Canton, Athens, Cincinnati, Cleveland, Columbus, Dayton, Toledo, and Youngstown. Regional epidemiologists conduct focus groups/interviews and administer surveys to persons actively involved in illicit substance use and/or receiving treatment or support services for substance use disorder (SUD), referred to in OSAM reporting as "consumers," and community professionals, including treatment providers and members of law enforcement. Qualitative findings are supplemented with available quantitative data, such as coroners' reports and crime laboratory data. Mass media sources, such as local newspapers, are also monitored for information related to illicit substance use. Once integrated, these valuable sources provide Ohio Department of Behavioral Health with real-time comprehensive epidemiological descriptions of substance use trends that policymakers need to plan appropriate prevention and intervention strategies. This report presents findings from the OSAM core scientific meeting held on January 17, 2025. It is based upon data collected from July through December 2024 via focus groups and interviews. OSAM researchers in the Bureau of Quality, Planning, and Research in the Office of Data Analytics at Ohio Department of Behavioral Health aggregated data from throughout OSAM regions to compile this summary report.

Data Sources

OSAM respondents were 330 consumers, 55 treatment providers, and 54 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, injection drug use, medication for opioid use disorder (MOUD), naloxone (opioid overdose reversal medication), and health communication. Please see appendices for detailed data pertaining to these additional variables. Note, all percentages provided in report data tables are valid percentages reflecting the number of respondents who provided answers. The supporting respondent quotations presented in this report were abstracted from focus group/interview transcripts to highlight salient themes and are representative of the majority respondent viewpoint unless otherwise noted.

Consumer Demographic Profile

Indicator	Ohio[1]	OSAM Consumers[2]
Total Population, 2024	11,883,304	330
Sex (female), 2023	50.7%	40.3%
White, 2023	80.6%	73.6%
African American, 2023	13.4%	19.7%
Hispanic or Latino Origin, 2023	4.8%	6.4%
High School Graduation Rate, 2019-2023	91.6%	75.7%
Median Household Income, 2019-2023	$69,680	< $15,000[3]
Persons Below Poverty Level, 2023	13.3%	65.8%

[1]Ohio statistics were derived from the most recent US Census. [2]Consumers with completed surveys provided to OSAM from this reporting period: July through December 2024. [3]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)
- 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).

Participating respondents were recruited from the following 34 counties, arranged by OSAM region: Akron-Canton (Portage, Stark, Summit, and Tuscarawas); Athens (Athens, Belmont, Hocking, Jackson, Muskingum, and Washington); Cincinnati (Butler, Clermont, Fayette, Hamilton, and Scioto); Cleveland (Cuyahoga, Geauga, Lake, and Lorain); Columbus (Franklin, Marion, and Richland); Dayton (Allen, Greene, Montgomery, and Shelby); Toledo (Erie, Fulton, Hancock, Henry, and Lucas); and Youngstown (Jefferson, Mahoning, and Trumbull).

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 2024. All secondary data are summary data of cases processed from January through June 2024. Note, OSAM respondents were asked to report on knowledge of drug use pertaining to the past six months prior to the focus group/interview; thus, current secondary data correspond to the reporting period of respondents.

Cocaine

Cocaine is accessible throughout OSAM regions, with crack cocaine highly available and powdered cocaine moderately or highly available. Respondents reported that both forms of cocaine are easy to obtain if one has an established connection. Comments included: *"I would give* [powdered cocaine availability] *a '10' (high availability rating). I had a 'plug' (connection with a drug dealer) though;* [Powdered cocaine] *was my drug of choice…. I had multiple different people … I was getting it from* [that] *were very consistent…. If it's your drug of choice, you're going to seek out who has it* [and make connections]*; It depends on who you know. That's*

Reported Change in Availability of Cocaine during the Past 6 Months

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

[1]BCI labs do not differentiate between crack and powdered cocaine.

all it comes down to really. And when I was getting [powdered cocaine]*, I was getting it every day for years. I'm sure if I wanted to, I could get some now; If you know the right people you can get 'powder' (powdered cocaine) all day long (easily); I know way too many people that sell* [crack cocaine]*. I could make a phone call and bam (have crack cocaine available)."*

Respondents in rural areas discussed both forms of cocaine as most accessible in cities, often requiring travel to obtain. Thus, for the Athens region, there was no consensus as to high or low current availability of crack cocaine. Consumers most often reported high availability as they indicated ease of obtaining crack cocaine with a drive to Columbus, while community professionals noted low current availability as crack cocaine is not typically manufactured locally for sale. Members of law enforcement in the Athens region discussed: *"*[Powdered cocaine] *is in Columbus (Franklin County). They can easily drive down (bring powdered cocaine from Columbus). It's about an hour away…. That's where they're getting it is in Columbus; If you want it, you got to drive to get it…. In Hocking* [County]*, we haven't seen such an increase that I think people are dealing it here. I think people are literally just getting their* [cocaine for] *personal use in Columbus;* [Crack cocaine] *is not not available* [in Athens County] *and I know that I've had some people* [who have used it] *… same thing with powder. These are just people going to Columbus to* [buy crack cocaine]*."* And it's not just Columbus, consumers reported going to other cities to purchase cocaine. A consumer in the Youngstown region shared, *"I was in Akron (Summit County, Akron-Canton region)…. I could have gotten* [powdered cocaine] *there … I have a plug for everything there."* A consumer in the Toledo region stated, *"All it takes is a drive over to Fort Wayne (Indiana)* [from Henry County]. [Powdered cocaine is] *easily available. You go to big cities to get big drugs."*

While both types of cocaine are highly available with the right connection, respondents agreed that crack cocaine is easier to obtain than

powdered cocaine primarily due to drug dealers buying up available powdered cocaine to manufacture the more profitable crack cocaine, limiting the supply of powdered cocaine for those desiring that form of cocaine. Respondents throughout OSAM regions discussed: "[Powdered] *cocaine is harder to get because* [drug dealers] *use it to make crack cocaine, and if they get rid of their* [powdered] *cocaine, they're not going to make as much money….* [Dealers are] *using* [most of the powdered cocaine] *for their own use; The only reason I could get* [powdered cocaine] is *because the people I know* [who manufacture] *'crack' (crack cocaine) … I would … go to them* [for powdered cocaine] *before they* [made it into crack cocaine]*…. If I miss them … they're going to hurry up and* [cook up all their powdered cocaine into crack cocaine]*. You got to get there between cooks; Crack cocaine … is a fast money maker. They can go get a block* [of powdered cocaine] *and not have any money, get a block, and make enough to triple their money* [by manufacturing and selling crack cocaine]*, pay* [the dealer] *back, have enough money to keep in their pocket, and get another block; So, it's like, why would you sell 'coke' (powdered cocaine) if you can have crack? You just make more* [money]*…. Crack sells itself."*

Reportedly, powdered cocaine can be purchased in known settings such as bars and clubs, often without an established connection. Respondents discussed: *"I can just go to a bar and get* [powdered cocaine]*; Any time you go to a club, there's always going to be* [powdered cocaine present]*; If you are out at clubs,* [powdered cocaine] *is what you are looking for because it keeps you up and dancing and helps you drink more* [alcohol]*;* [Powdered cocaine] *is a party drug. Pretty much whenever I went out to party, it would always be around;* [Powdered cocaine] *is really popular among* [young people] *… raves (dance parties) and college campuses…. It's very, very popular in that setting."*

Powdered cocaine is not a drug typically secured through street purchase, whereas crack cocaine is frequently in urban areas where drug dealers approach suspected buyers and make solicitations, often giving away "testers" (free samples). Consumers in the Cincinnati region described: *"You can walk to a gas station and somebody there's got* [crack cocaine] *no matter where you go here (Cincinnati); On the street they're selling it…. You can go … buy crack cocaine right in front of the courthouse. It's everywhere."* Consumers in the Columbus region observed: *"If you're not looking, they still approach you (drug dealers will approach you to sell you crack cocaine even if you don't initiate); Every time I go to a corner store out west (west side of Columbus), somebody wants to give me their number* [to purchase crack cocaine]*; I went to the laundromat the other day. Two different people, two different times, brought me* [crack cocaine]*. It's like, 'Here, take this.' They handed it to me and left; I bet you there's people at the bus stop smoking crack;* [Crack cocaine] *sells, people chase it (return for frequent purchases)."* A consumer in the Toledo region summarized, *"They (crack cocaine dealers) will find you."*

Many respondents discussed both types of cocaine as making a "comeback," with increase in use partly attributed to greater social acceptance for cocaine. Consumer comments included: *"The stigma* [of cocaine use] *… it's not as frowned upon as much as it used to be frowned upon. It's become socially acceptable…. You see more people* [using powdered cocaine]*; It's almost like a friendly thing … like you go to someone's house, and they offer you water … they offer you coke … like it's normal … a kind gesture almost."* A member of law enforcement noted, *"Some people use* [cocaine] *socially. I'll see reports where somebody's … maybe financially above (higher socio-economic status (SES)), and they'll have cocaine on them. They'll use cocaine on the weekends. Fentanyl, heroin, 'meth' (methamphetamine), the addictive properties to them, they're not social drugs."* Treatment providers in the Dayton region concurred with the social aspect of cocaine use, sharing: *"*[Crack cocaine] *is just pretty common … it's pretty cheap.*

Some of the stigma is going down on it … as not being just the lower-class drug anymore … it's just more widespread now; [Crack cocaine] *is starting to come back … the stigma from* [crack cocaine use is decreasing] *… it now seems like it's becoming a designer drug where it's a little cooler and 'meth' (methamphetamine) is like the 'tweaker,' 'addict,' 'terrible people' kind of thing."*

Lastly, respondents discussed the opioid epidemic as a driver in the increase in cocaine use as people who use opioids move to using stimulants to get off opioids or, reportedly, to safeguard against opioid overdose by using stimulants conjointly (not recommended for overdose prevention). Respondents discussed: *"Heroin and fentanyl are killing people and they're like, not wanting to* [enter SUD treatment]*, they just need to get off of the opiates so they're using the stimulants to get off the opiates; If you can't find heroin, and don't like fentanyl because you don't want to be knocked out (overdosed), you're going to turn to something different* [like powdered cocaine]*; A lot of people are switching to crack from opioids; If they're selling 'slow' (fentanyl), they're selling an upper (cocaine) too…. Try to keep everybody alive; And when they do buy the crack, it's in conjunction typically with the fentanyl…. They want that high and then they take the fentanyl to get low or vice versa (aka 'speedball')."*

However, consumers acknowledged that fentanyl is often used to adulterate (aka "cut") both forms of cocaine. A consumer cautioned, *"*[Every drug dealer] *is going to have* [powdered cocaine] *… you just got to be careful because they put fentanyl in everything."* Community professionals commented on fentanyl-adulterated cocaine oftentimes leading to overdose. Law enforcement reported: *"We see a lot, like when it comes in and we think it's coke, or they think it's coke, it usually has fentanyl in it; I think it's fair to point out that* [powdered cocaine is not always available] *in its purist form … because the fentanyl is being mixed into the cocaine a lot; Pure cocaine is I would say not as easy to find…. We always try to really hit home to* [people who use cocaine]*, especially the … college kids that are just pulling up for the weekend and we try to explain to them … you can't trust these drug dealers. Like when you're buying cocaine, you have no clue what they cut it with or mixed in to stretch their products (increase the volume)."* Treatment providers echoed the dangers of fentanyl in cocaine, saying: *"People that are buying thinking it's* [powdered] *cocaine … realizing it's fentanyl.* [That has caused] *the spike in overdose over the years; It doesn't seem to be just crack anymore. There are additives…. A lot of people … who have never had issues with overdosing before, all of a sudden are overdosing on fentanyl, and have never … knowingly used fentanyl."*

Respondents throughout OSAM regions most often reported that the availability of crack and powdered cocaine has remained the same during the past six months. Ohio Bureau of Criminal Investigation (BCI) crime labs reported that the incidence of cocaine cases they process has increased for most OSAM regions during the reporting period, except for Cleveland and Toledo regions, where case incidence of cocaine has decreased and remained the same, respectively.

In addition to BCI reporting, other crime labs in Cleveland and Dayton regions submitted cocaine incidence data. Miami Valley Regional Crime Lab (Dayton region) and Lake County Crime Lab (Cleveland region) reported that the incidence of cocaine cases they process has increased. Cuyahoga County Regional Forensic Science Lab (also Cleveland region) does differentiate between crack and powdered cocaine. This lab reported that the incidence of both crack cocaine and powdered cocaine cases it processes has decreased during the reporting period.

Other data sources indicated cocaine as available throughout OSAM regions during the reporting period. Ohio Department of Public Safety (ODPS) reported drug task force seizure of 305.1 kilograms (671.3 lbs.) of powdered cocaine from throughout OSAM regions; of which, 33.0% was seized from the Columbus region. ODPS reported drug task

force seizure of 5.6 kilograms (12.4 lbs.) of crack cocaine from throughout OSAM regions during the reporting period; of which, 22.6% was seized from the Youngstown region. Fairfield County Municipal Court (Columbus region) reported that, of the 4,828 positive adult drug specimens it recorded during the past six months, 1.7% was positive for cocaine. Millennium Health reported that 6.3% of the 143,403 urinalysis specimens submitted for cocaine testing was positive for cocaine. GPRA (Government Performance and Results Act) data collected from 6,243 persons entering publicly funded SUD treatment programs during the past six months found 9.5% reported powdered cocaine use and 10.2% reported crack cocaine use 30 days prior to intake.

GPRA Intake: Cocaine Use during the Past 30 Days

	Crack Cocaine		Powdered Cocaine	
Region	% Yes	Total N	% Yes	Total N
Akron-Canton	1.3%	320	4.1%	320
Athens	2.2%	273	2.6%	273
Cincinnati	13.0%	1,291	7.7%	1,291
Cleveland	8.9%	1,378	8.5%	1,378
Columbus	14.6%	1,801	16.5%	1,801
Dayton	4.8%	334	5.1%	334
Toledo	8.8%	567	5.8%	567
Youngstown	3.6%	279	2.9%	279
Total	10.2%	6,243	9.5%	6,243

Millennium Health
Urinalysis Test Results for Cocaine[1] during the Past 6 Months

Region	% Tested Positive	Number Tested
Akron-Canton	4.6%	11,762
Athens	2.7%	14,482
Cincinnati	5.8%	29,097
Cleveland	6.4%	25,987
Columbus	5.2%	29,911
Dayton	7.9%	3,686
Toledo	14.5%	18,852
Youngstown	2.3%	9,626
Total	6.3%	143,403

[1]Urinalysis does not differentiate between crack and powdered cocaine.

Coroner and medical examiner offices in the counties of Cuyahoga (Cleveland region), Hamilton (Cincinnati region), Montgomery (Dayton region), and Scioto (Cincinnati region) reported that 55.5%, 50.4%, 16.7%, and 9.4% respectively, of all drug-related deaths they recorded this reporting period (218, 121, 323, and 32 deaths) involved cocaine.

Media outlets reported on law enforcement seizures and arrests related to cocaine this reporting period (selected media reports follow). Detectives with the Jefferson County Drug Task Force (Youngstown region) arrested four people after executing a search warrant and seizing unspecified amounts of fentanyl, crack cocaine, and other substances (www.wtov9.com, June 27, 2024). Butler County Sheriff's deputies (Cincinnati region) arrested a Texas man during a traffic stop on Interstate 75 for drug trafficking and possession; deputies, with the aid of a K9 officer, found 2.2 pounds of cocaine in the man's vehicle worth $70,000 along with a handgun (www.fox8.com, June 20, 2024). Summit County Sheriff's Office (Akron-Canton region) executed a search warrant at an Akron residence and seized 838 grams of methamphetamine, 92 grams of cocaine, 22 grams of fentanyl, six grams of crack cocaine, and $1,786 (www.cleveland19.com, June 11, 2024). Trumbull Action Group (TAG) Task Force along with Warren Police (Trumbull County, Youngstown region) executed a search warrant of a home and seized approximately 1,000 grams of suspected cocaine, 129 grams of suspected fentanyl, 23 grams of suspected crack cocaine, 50 grams of suspected fentanyl pills, three handguns, and cash (www.wfmj.com, May 8, 2024). Following a two-month investigation of drug trafficking, Ashtabula County Sheriff's Office (Youngstown region) executed a search warrant

during which they seized 70 grams of crack cocaine and more than $2,700; officers arrested one suspect on charges of drug trafficking (www.cleveland19.com, May 3, 2024). Ashtabula County Sheriff's officers executed a search warrant at a home/business in Geneva Township and seized unspecified amounts of methamphetamine, crack cocaine, and prescription drugs (www.cleveland19.com, May 3, 2024). Ohio State Highway Patrol (OSHP) troopers arrested a woman from Arizona for drug trafficking and possession during a traffic stop in Madison County (Columbus region); a K9 officer alerted troopers to 110 pounds of cocaine (street valued at $1.7 million) in the rented box truck the woman was driving (www.wdtn.com, March 30, 2024). Elyria Police officers (Lorain County, Cleveland region) executed a search warrant and arrested two men for drug trafficking and possession after seizing over five ounces of fentanyl, almost two ounces of crack cocaine, multiple firearms, and a large amount of cash (www.fox8.com, March 22, 2024). A federal grand jury in Dayton indicted two Montgomery County men (Dayton region) for drug trafficking; investigators found the men in possession with intent to distribute 50 grams or more of methamphetamine, 10 grams or more of fentanyl analogue, and 500 grams or more of cocaine (www.wdtn.com, Feb. 27, 2024). Detectives with the Miami County Sheriff's Office and Troy Police (Dayton region) executed search warrants at two homes and seized approximately five pounds of cocaine, digital scales, packaging material, cell phones, a car, and $29,000; officers arrested two people on various drug charges (www.whio.com, Feb. 27, 2024). Montgomery County Sheriff's Office along with Miami Valley Bulk Smuggling Task Force conducted a traffic stop in Englewood and arrested a man for drug trafficking after seizing nine kilograms of methamphetamine and five kilograms of cocaine (www.wdtn.com Feb. 21, 2024). Several law enforcement agencies in Ohio and West Virginia worked together in investigating alleged crystal methamphetamine and cocaine trafficking; officers arrested three individuals in Jefferson County after seizing an estimated street value of $600,000 worth of drugs, including 11 pounds of methamphetamine and half a kilogram of cocaine (www.theintelligencer.net, Feb. 10, 2024). TAG Drug Task Force, Warren Police, and OSHP executed a search warrant of a home and seized 42 grams of suspected crack cocaine, 205 grams of suspected powdered cocaine, 96 grams of suspected fentanyl, miscellaneous drug paraphernalia, digital scales, and approximately $3,000 (www.wkbn.com, Jan. 26, 2024). Elyria Police officers arrested three men after executing search warrants at two different homes and seizing suspected crack cocaine, drug paraphernalia, and firearms (www.cleveland19.com, Jan. 11, 2024).

Adulterants

Consumers throughout OSAM regions most often rated the current overall quality of crack cocaine as '7' or '8' and of powdered cocaine as '7' on a scale of '1' (poor quality, "garbage") to '10' (high quality); the regional modal quality scores for crack cocaine ranged from '2' for the Cincinnati region to '10' for the Akron-Canton region, and the regional modal quality scores for powdered cocaine ranged from '4' for the Athens region to '10' for the Columbus region. Overall, consumers noted that the quality of crack and powdered cocaine has remained the same during the past six months.

Generally, the quality of both forms of cocaine is dependent on the dealer, one's relationship with the dealer, the purchase amount, the location of purchase, and the amount of adulterant in the cocaine. Consumers discussed: *"Quality greatly varies depending on where you are buying it from … and depending on how well you know the* [dealer] *too will make a difference as to whether or not you are getting a pure product or cheap product and what kind of buyer you are. If you buy more or less, it matters to the dealer; If you're spending a lot of money, you'll probably get good stuff (high-quality powdered cocaine). They're* [going to] *want you to come back; And usually if you stay spending with the same person (stay with*

the same dealer), you get a better quality; [Quality] *depends on what area you are in. If you are in the suburbs, it's better* [quality]*; And then it depends on what they cut the powder with. They might cut it with too much baking soda. They might put too much inositol (dietary supplement); It really just like depends on who you get* [crack cocaine] *from because I know people that have really good crack right now. And then people that are putting too much* [adulterant] *in it; But I usually went to the same person all the time. And it always remained the same* [quality]*…. I don't just smoke anybody's* [crack cocaine] *because you don't know* [what you might get]*."*

Consumers discussed adulterants that affect the quality of crack and powdered cocaine and reported that the top cutting agents for cocaine remain baby laxatives, baking soda, and fentanyl. Regarding fentanyl as a cutting agent, consumers expressed: *"Certain dealers* [cut fentanyl into their cocaine] … *to get people addicted to their stuff. So, people, if they try to go to a different dealer, they'll feel* [opioid] *withdrawals from that other person's stuff (the original dealer's drugs). So* [dealers add fentanyl] *to bring them back to them; Whoever's mixing it with the fentanyl is still doing it. And that's what makes it … scarier for people … because you don't exactly know what you're getting unless you know the person you're going to and where they're getting it and what they're doing; I know of a couple close people who actually thought they got crack, and it had fentanyl in it, and they fell out (overdosed); My best friend's mom OD'd (overdosed) on cocaine because it was laced with fentanyl."*

OSAM secondary data sources indicated fentanyl as an adulterant for cocaine. Coroner and medical examiner offices in the counties of Cuyahoga (Cleveland region), Hamilton (Cincinnati region), Montgomery (Dayton region), and Scioto (Cincinnati region) reported that 66.9%, 70.5%, 74.1%, and 100.0% respectively, of all cocaine-related deaths they recorded this reporting period (121, 61, 54, and 3 deaths) also involved fentanyl.

Other adulterants for crack and/or powdered cocaine mentioned included: acetaminophen, acetone, aspirin, baby aspirin, baby formula, baby powder, biotin (vitamin B7), caffeine/caffeine pills, coffee creamer, creatine, diesel fuel, dietary supplements (inositol), dirt, drywall, Epsom salt, ether, fiber, flour, headache powder, household cleaning products, ibuprofen, lactose, laundry detergent, laxatives, local anesthetic (lidocaine and procaine), mannitol (diuretic), MDMA (methylenedioxymethamphetamine, ecstasy/"Molly"), metformin (anti-diabetic medication), methamphetamine, MSM (methylsulfonylmethane, a joint supplement), omeprazole (medication for heartburn), oral numbing agents, powdered sugar, prescription opioids, pre-workout powder, protein powder, rat poison, rock salt, sedative-hypnotics (benzodiazepines), salt, soda pop, sugar, talc, toothpaste, typewriter correction fluid, vinegar, and vitamins (B, B12, D). Crime labs throughout OSAM regions indicated many adulterants found in cocaine.

Adulterants

Reported by Crime Labs for Cocaine[1]

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)

[1]Crime labs do not differentiate between crack and powdered cocaine.

Street Names

Current street jargon includes many names for crack and powdered cocaine. However, the abbreviated names of "powder" for powdered cocaine and "crack" for crack cocaine remain the most used. Consumers shared: *"Just 'powder'* [is most common]*; They're not going to give you no powder fentanyl when you using 'powder' … they know you want some* [powdered] *cocaine…."*

There was some debate that "hard" is now the most common street name for crack cocaine. Consumers said: *"'Hard' is the only thing I've ever heard around here (Scioto County)* [for crack cocaine]*; People say, 'hard,' 'hardware;' You can say that ('hard,' 'hardware') all over the country and you'll get some crack; Pull up in the 'hood' (inner city) and be like, 'Let me get some hard;' If you say 'crack,' they're going to think you're the police."*

In distinguishing high-quality crack cocaine, consumers continued to report the use of "butter," "cheese," and "fire." Comments included: *"They call crack 'butter'… butter's real good* [quality]*. Butter's the yellow crack; Everybody wants some 'butter;' 'Peanut butter'… it's* [also] *called;* ['Cheese']*, sometimes there's bubbles in* [high-quality crack cocaine like there are holes in Swiss cheese]*; You'll hear people say it's 'fire' (high-quality crack cocaine)…."*

There was more discussion of street jargon for powdered cocaine. Consumers in the Cincinnati region reported "party supplies" in reference to powdered cocaine since this form of cocaine is typically associated with bars, clubs, and parties. They shared: *"'Party supplies;'* [Street names for powdered cocaine] *all depends on where you're at; Some people call* [powdered cocaine]*'party stuff,' too. Yeah, 'party supplies;' That's when you got a drug dealer… you say, 'party supplies.'"* In the Cleveland region, a consumer noted the use of the following Spanish term, saying, *"'Basuco' is Spanish for cocaine."* And in the Columbus region, consumers discussed emojis used in place of drug names when texting. One consumer commented, *"Most people that I messed (used with/bought from)… we'd send a snowflake emoji* [to represent powdered cocaine in text messages]*…."* Additional comments regarding street names for powdered cocaine included: *"'White girl' or 'girl'* [are common street names for powdered cocaine]*. A lot of people… call cocaine 'girl' and call heroin 'boy;' 'Soft' or 'coke'* [are other common street names for powdered cocaine]*."*

Pricing

Throughout OSAM regions, consumers identified the most common quantities of purchase for crack cocaine as a gram for $40-100 and 1/10 gram for $10-20. Although, reportedly, dollar amounts, and not weighted amounts, are most common for crack cocaine purchase. Consumers shared: *"I've never seen a dealer pull out a scale, and I've never seen a* [buyer] *ask for a gram* [of crack cocaine]*; They are going to give them money and get what they get; $20 and get what you're given; It's no price on the crack. You can go get some for $3. You can get some for $2. Whatever money you have and whatever they willing to sell you for your short amount of money;* [The amount of crack cocaine you get for a certain amount of money] *depends on your dealer. They don't even weigh* [it]*. They just eyeball it."* The most common quantities of purchase for powdered cocaine are a gram for $50-100, although consumers noted that a gram can sell as

Current Street Names for Cocaine

	Crack Cocaine	Powdered Cocaine
Most Common	**crack, hard, rock**	**blow, coke, girl/White girl, powder, soft**
Other	**A1, bobo rocks, butter/peanut butter, candy, cheese, cook, drop, fast, fire, Fruity Pebbles, girl/White girl, go, hard tacos, hardware, melt, ready rock/ready, stones, work**	**basuco, booger sugar, Christina Aguilera, Coca-Cola, fire, fish scale, go, Hannah Montana, nose beers, nose candy, nose nachos, party supplies, Peruvian/Peruvian flake, pow wow, skiing, snow/Snow White/ snowflake emoji, software, white, yayo**

low as $40 in Columbus, Dayton, and Toledo regions. Reportedly, 1/8 ounce (aka "eight ball") of powdered cocaine most often sells for $150-300.

However, like most drugs, consumers discussed cocaine pricing as varying dependent on the dealer, one's relationship with the dealer, the purchase amount, the location of purchase, and the quality of the cocaine. They said: *"*[Price] *just really depends on the person selling;* [The price of powdered cocaine] *depends on how good it is. So, between $60 and $100 you can get a gram of* [higher quality] *powder; If I* [had a good relationship with the buyer]*, I'd let you get* [higher quality powdered cocaine] *for $60* [a gram]*;* [Crack cocaine pricing] *depends on where you go. Columbus* [is] *cheaper than down here (Scioto County); If we talk about the hood,* [powdered cocaine is more affordable] … *but if you go to the suburbs, it will be* [considerably more expensive]*; The price depends … if you are a loyal customer, you get a discount; Now, if* [crack cocaine] *is cheap, it's definitely cut; It all depends on how many dealers are in that area on the pricing; Yeah,* [and it depends on who you are] *and how much you spend; And if you spend a lot with the dealer … they're going to hook you up (give you deals), keep you spending; You just have to have the right plug to get the good deals (more affordable pricing); If* [powdered cocaine is] *real and it's good* [quality]*, then it's expensive;* [Crack cocaine pricing] *depends on the dealer really."*

Of the two types of cocaine, respondents indicated powdered cocaine as "too expensive," or more expensive than crack cocaine and most other drugs. Comments included: *"*[Crack cocaine] *is cheap*; [Powdered cocaine is] *a little more expensive, so I think it's probably readily available if you have the money* [to afford it]*; Not many people want powder. It's too expensive; We don't get a lot* [of treatment clients] *with the cocaine, we have here lately a handful* [of treatment clients who use powdered cocaine]*, maybe less than a handful. I think it's more upper scale in the hierarchy of drugs (more expensive);* [Powdered cocaine] *is expensive in comparison* [to methamphetamine] *… you can get the same speed (stimulant high) and sexual experience from meth as* [you could from powdered cocaine]*…. Meth is a lot cheaper;* [Powdered cocaine]*is too expensive for a lot of people. And that's what I hear, like, 'I would prefer that, but I can't afford it."* Overall, consumers most often reported that the price of crack and powdered cocaine has remained the same during the past six months.

Route of Administration

The most common routes of administration (ROA) remain smoking for crack cocaine and snorting for powdered cocaine. Throughout OSAM regions, consumers estimated that out of 10 people that use crack cocaine, 8-10 would smoke and 0-2 would "shoot" (intravenously inject), and out of 10 people that use powdered cocaine, 8-10 would snort and 0-2 would shoot.

However, consumers discussed that ROA is typically determined by the setting and what ROA other people are using, as well as one's preference for shooting. They said: *"*[Powdered cocaine ROA depends on] *who you're around. Because … who you're around affects how you administer it. If I'm around a whole bunch of people that are snorting* [powdered] *cocaine, I'm going to snort it. But if I'm with four people and three out of those four people shoot it, and one snorts it, I'm shooting it. So, it just really depends; I'm a hardcore 'IV user' so I shoot* [powdered cocaine]*. Everybody* [I was around] *was shooting…. Nobody was snorting anything that I know of; When I did get* [powdered] *cocaine, I wouldn't even snort it. I'd just 'bang' (inject) it; There's a lot of snorters* [of powdered cocaine]*. For people that don't inject, they snort it; Shooters like to shoot."*

In addition to snorting and shooting, consumers discussed oral consumption and smoking as alternate ROAs for powdered cocaine. They commented: *"I know you can eat (orally consume)* [powdered cocaine]*. People put it on their tongue and gums and stuff like that; The only time I didn't*

snort [powdered cocaine] *is when I had a line … and the cops* [came] *and I* [orally consumed it]*; I know people that have smoked* [powdered cocaine]*, not out of a pipe, but kind of just maybe put some on a cigarette or like in a 'blunt' (marijuana-filled cigar with cocaine sprinkled in, aka 'primo' or 'woolie')…. Just put it on the end of a cigarette (aka 'coco puff,' a cigarette tip dipped in cocaine and smoked)…. I used to do that a lot."*

While consumers discussed smoking of crack cocaine as most common, they also noted shooting of this type of cocaine. Discussions included: *"'Shoot it' (inject crack cocaine) with Kool-Aid® (break it down to an injectable form). Kool-Aid® packs; I think people break* [crack cocaine] *down and shoot it up … break it down with lemon juice; You'll find your occasional person putting it down (breaking crack cocaine down) with their lime juice or lemon juice and shooting it…. Kool-Aid® packets* [help] *dissolve it when you ain't got vinegar; If I'm going to shoot* [cocaine]*, I'm going to buy the powder, preferably, because it's just easier* [to inject]*."*

In the Cincinnati region, consumers discussed the different ways of smoking crack cocaine and reported that smoking supplies can be purchased at area convenience stores and gas stations. Comments included: *"Smoke* [crack cocaine] … *either lacing a 'joint' (a marijuana cigarette) with it or they smoke it out of a pipe; I've watched people smoke* [crack cocaine] *out of a stem (straight glass pipe); I've only seen* [crack cocaine] *smoked with a chore boy (scouring pad) out of a tire gauge; You can go to the store … and you can ask for a 'brown bag,' and they'll give you a little brown bag with a stem which has a rose in it, a $0.25 lighter, and a piece of 'chore' (chore boy). And that's what you can get at these gas stations for $5. And you have your stem, your chore to smoke it through, and your lighter to smoke it with; Every gas station in town sells 'bubbles' (glass pipes with a sphere at the end) to smoke 'meth' (methamphetamine)* [and] *the stems to do … crack; They sell every kind of 'bong' (water pipe). Everything at every corner store…. We'll call it tobacco use. Ain't nobody smoking tobacco out of a bubble; Every gas station's full of drug paraphernalia and torch lighters and things to use* [crack cocaine] *with."*

Typical Use Profile

Throughout most OSAM regions, respondents continued to most often report that there is no profile for typical crack cocaine use. Comments included: *"I've seen all kinds of people* [use crack cocaine]*; Yeah, there is no typical user; Everyone, all ages…. It doesn't discriminate. People will do crack on their lunch break; Everybody smokes crack; White people … it's not even a joke … there is no age* [difference]*. I have smoked* [crack cocaine] *with 70-year-olds, and I have smoked it with 20-year-olds; It doesn't discriminate. I have had all* [demographics in SUD treatment reporting crack cocaine use]*; It's a broad range* [of people who use crack cocaine]*…. We have some upper economic status people that …* [smoke crack cocaine]*; It doesn't matter how old you are. It doesn't matter where you work. It doesn't matter what you look like.* [Crack cocaine] *has no pick."*

However, common descriptors of crack cocaine use mentioned included: African American, low socio-economic status, older people (aged 30s to 60s), and inner-city or urban areas. Other descriptors were other drug use and sex work. Respondents described: *"*[Crack cocaine*] is an old school thing. The youngest person I ever saw was like … 30-ish; With crack exploding in the '80s, that made it into a drug for the older people (using crack cocaine since the 1980s)*; [Crack cocaine use] *is popular in the African American community, but I do think there has been an increase with Caucasians; Younger people are starting to use* [crack cocaine]*, surprisingly; Poly*[substance] *use,* [young people] *just like that poly use (including marijuana with crack cocaine);* [Crack cocaine] *is more known in urban areas and usually older. Maybe like 30s and older;* [People with] *low income* [are more likely to use crack cocaine] *… just because* [crack cocaine] *is affordable, readily available; Poor. Inner city. And quite honestly, I think there is some race disparity as well; White*

people snort [powdered] *cocaine, Black people smoke crack."*

Throughout OSAM regions, consumers and community professionals continued to most often describe typical powdered cocaine use as associated with alcohol use, bar goers/partiers, professionals (businesspeople, doctors, judges, and lawyers), college students, and high socio-economic status.

Regarding alcohol use and social settings and powdered cocaine use, respondents observed: *"People that drink* [alcohol] *are more likely to use cocaine; My mom and older sister … do a couple of lines of coke and go to the bar; Middle-aged women maybe 30 to 50* [years of age]*…. They're getting it in bars … offered to them; The only time I think about* [using powdered cocaine] *is when I am drinking…. If you do a little too much drinking, you can* [do powdered cocaine]*. They counteract each other so they go together; It's a party drug so … you find it at most parties and bars;* [Powdered cocaine is] *an unseen drug though. You ain't about to just catch a person sniffing coke … in like a party…. At a Christmas party you might catch somebody say, 'Hey, let's go to the bathroom real quick* [to snort powdered cocaine]*;' Coke is more of a social drug. You could go to a bar and go in the bathroom and it's a line of people just snorting."*

Other discussions included: *"Upper class; Attorneys; I mean, that's true. They do! A lot of businessmen* [use cocaine]*; They call* [powdered cocaine] *a 'rich man's drug;' Because it's so expensive it requires a job that makes money … the banking industry, lawyers, the car industry; There are a lot of college students* [using powdered cocaine]*;* [Powdered cocaine] *is like the new 'weed' (marijuana) on campus. It's a lot more popular on campus with college kids than it was like five years ago. It's more common and accepted …* [at] *sororities and fraternities it's a lot more commonplace."*

Other common descriptors of powdered cocaine use mentioned included: drug dealers, manual laborers (factory and construction workers), people who work long or late hours (bartenders, restaurant workers, strippers, and truckers), and White people. Comments included: *"'Dope boys' (drug dealers) … People* [that have] *money; Blue-collar people; People in construction;* [Powdered cocaine] *is for anyone trying to stay awake. People who work late hours. People in school trying to stay up for their studies; I can speak from experience, restaurant workers, bartenders, service industry folks* [are more likely to use powdered cocaine]*. And then you can also go take that to like adult entertainment; Strippers; White people* [are more likely to use powdered cocaine]*; I would go with probably … 90* [percent] *being Caucasian, 10* [percent] *being African American on the* [people who use powdered] *cocaine. Maybe even 80/20 … somewhere in that ballpark."*

OSAM secondary data sources recorded use characteristics for crack and powdered cocaine. Analysis of GPRA demographic data found that a higher proportion of Black clients reported crack cocaine use during the past 30 days than reported powdered cocaine use (34.9% vs. 31.9%), while a higher proportion of White clients reported powdered cocaine use during the past six months than reported crack cocaine use (68.8% vs. 66.4%). In terms of age, a higher proportion of clients 40 years of age and older reported crack cocaine use than reported powdered cocaine use (60.6% vs. 54.8%).

Use Combinations

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

GPRA Demographic Data of All Intake Clients Who Used Cocaine during the Past 30 Days

	Crack Cocaine (N = 639)[1]	Powdered Cocaine (N = 593)[2]
Male	**60.1%**	**59.4%**
Female	**39.3%**	**39.6%**
18 - 29	**9.7%**	**14.0%**
30 - 39	**29.7%**	**31.2%**
40 - 49	**24.6%**	**28.3%**
50 - 59	**19.7%**	**17.9%**
60 +	**16.3%**	**8.6%**
White	**66.4%**	**68.8%**
Black	**34.9%**	**31.9%**
Other race	**2.2%**	**3.0%**
Hispanic/Latino	**3.8%**	**5.6%**

[1]Totals may not equal 100.0% due to other categories not represented in the table. Total percentage for race (N = 636) is greater than 100.0% due to some individuals indicating more than one race. Other race included: Alaska Native, Filipino, Native American, and/or Native Hawaiian. [2]Total percentage for race (N = 592) is greater than 100.0% due to some individuals indicating more than one race. Other race included: Alaska Native, Chinese, Filipino, Guamanian or Chamorro, Native American, Native Hawaiian, Pacific Islander, unspecified Asian race, and/or unspecified other race.

Consumers shared: *"You can drink unlimited alcohol if you are doing coke; It helps sober you up; Get too drunk, then you do a line of coke, and it levels you out; Get a little bag of coke just so when they get drunk, they can make it home … just* [to] *sober you up;* [Fentanyl] *brings you down from being 'geeked up' (experiencing a strong stimulant high) on crack; I used* [powdered cocaine] *with fentanyl. I liked to get really high and couldn't sleep so I used fentanyl to come down so I could sleep; I know a lot of people … they shoot heroin and smoke crack. It's … an up, down thing (speedball); Marijuana … can help with the anxiety* [powdered cocaine] *produces; Weed … If you are too amped and you want to sleep or eat, you smoke* [marijuana]*; A lot of people smoke weed with it. It's like a speedball. It's up and down. Keeps them mellow."*

Other depressant drugs like sedative-hypnotics and prescription opioids are used with cocaine similarly. Consumers noted: "[Xanax® with powdered cocaine] *calms you down; Xanax® knocks the edge off; If you want to stop and go to sleep* [following crack cocaine use]*, a 'benzo,' a benzodiazepine; When I have crack, I got to have Xanax®;* [Crack cocaine with Percocet®] *for the come down; Dilaudid® …* [is used with crack cocaine] *… some kind of pain pill (prescription opioid)…. They'll take a couple pain pills and then they'll smoke 'rock' (crack cocaine) all day. Because the pain pill … will slow yourself down and then you'll smoke all day. That's the balance, everybody's got to have a little balance and that's how they find it."*

Substances Used in Combination with Cocaine

	Crack Cocaine	Powdered Cocaine
Most Common	**alcohol, heroin/fentanyl, marijuana**	**alcohol, marijuana**
Other	**methamphetamine, prescription opioids, sedative-hypnotics, quetiapine (antipsychotic medication, i.e., Seroquel®)**	**gabapentin, hallucinogens (LSD, psilocybin mushrooms), heroin/ fentanyl, inhalants (whippets), ketamine, MDMA, methamphetamine, prescription opioids, prescription stimulants, sedative-hypnotics**

Lastly, consumers reported using cocaine with other drugs to intensify and prolong the high of the other drugs. They shared: *"A lot of people smoke 'ice' (methamphetamine)* [with crack cocaine]*…. Yeah, you can smoke ice and crack cocaine at the same time … because they want to stay up…. It's like … you can smoke some crack and be geeked up for about half an hour. You smoke some ice … you're going to be happy (high) about three hours. Yeah,* [methamphetamine is] *going to help* [the cocaine high] *last longer; I used* [powdered cocaine] *with Adderall® to study; I just used* [powdered cocaine] *with Molly (powdered MDMA) at parties … to keep me up for days."*

Methamphetamine

Methamphetamine remains highly available throughout OSAM regions. Respondents either reported methamphetamine as the most available illicit drug or the top illicit drug along with fentanyl. Comments included: *"*[Methamphetamine is] *everywhere, just like fentanyl; It seems that 'meth' (methamphetamine) is the drug of the time;* [Methamphetamine is] *more available than opioids.* [Methamphetamine has] *made a comeback … people are detoxing from opiates and using meth to do so;* [Methamphetamine] *is right up there with (as available as) fentanyl;* [Methamphetamine availability] *right now, it's bad (high), it's worse (more available) than fentanyl because it's cheaper and there's no withdrawal* [from methamphetamine]*."* Treatment providers in the Youngstown region added: *"Meth is more cost friendly (cheaper to make and cheaper to buy than fentanyl);* [Methamphetamine]*used to be more of a rural type of a drug, but now it's across the board (can be found everywhere);* [Methamphetamine is] *probably the easiest thing to find."*

Methamphetamine is a primary drug of choice, and it is widely used. Consumers shared: *"My* [entire] *family's on* [methamphetamine]*. Like most people I know are on it…. Pretty much everyone I know is on it;* [Methamphetamine is easy to get because] *it is more communal now. It's not just one person doing it isolated in a house; There's more people in* [the Columbus region] *that do meth than anything … the majority of people I know; The demand for* [methamphetamine] *is very high … a lot more people are doing meth than not."*

Reported Change in Availability of Methamphetamine during the Past 6 Months

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

Methamphetamine is inexpensive, of high quality, and the supply is abundant. Law enforcement discussed that most of the methamphetamine that they encounter originates from drug cartels in Mexico. A member of law enforcement in the Cincinnati region explained, *"Methamphetamine is by far the number one used drug in our area … probably everywhere. And the price of it has bottomed out, that's why you don't see people making it (locally producing methamphetamine)*

anymore, it's all brought in from the cartels to big city hubs then it moves out from the city. When I first started [working in law enforcement] *eight years ago, people would tell you* [that methamphetamine] *is $80-100 a gram, it's getting sold right now for $20 a gram. So, the availability is easy, but it's also the price point is easy to pay."*

Other law enforcement comments included: *"There's a few places off the top of my head locally I know we could go and get some* [methamphetamine] *right now, and a lot too (large quantities); The re-up, as far as the dealers getting new* [methamphetamine] *product, is pretty quick;* [Methamphetamine is] *readily available from the southern border. Everything we get is real plain (unadulterated). It's not … like it used to be where you get guys who were doing their own cooks (locally-produced methamphetamine), it tends to be high grade."*

Although, like crack cocaine in that street solicitations of methamphetamine are common, reportedly, methamphetamine is preferred to cocaine due to its lower price and longer lasting high. Consumers shared: "[Methamphetamine] *is quite a bit cheaper than cocaine and* [the effect] *lasts longer; People want* [methamphetamine] *more than they want* [powdered] *cocaine and 'crack' (crack cocaine) … it lasts longer. You get more for your money;* [The effect from methamphetamine] *lasts six hours, compared to crack which lasts six minutes. And it's cheap."*

Regarding street availability, consumers observed: *"I'm not from here (Athens County)…. But I know if I wanted meth, I could just go to one of these gas stations and I would find it; You go to like Dollar General and you have people waiting outside* [to sell you methamphetamine]*. If you're looking, you don't have to look very far at all; If I'm not looking for* [methamphetamine]*, it'll show up; I was at the store and I had three different people come up to ask me if I wanted to get some* [methamphetamine]*; For Montgomery County (Dayton region), I would say* [the street availability of methamphetamine is] *like a '10' (high) just because it's everywhere … every corner, every street."*

Methamphetamine is cheap and sometimes dealers will give buyers more than they purchase to keep them coming back. And many buyers turn around and sell methamphetamine. Consumers in the Columbus region stated: *"You buy an ounce of 'weed' (marijuana), you get an ounce of weed. You buy an ounce of 'speed' (methamphetamine), you probably going to get two* [ounces]*. They'd rather keep you on that string. That's what I've noticed; You can buy a ton of* [methamphetamine] *for hardly nothing. They turn around and sell it (people will buy methamphetamine because it's so cheap and re-sell it)."* Law enforcement in the Columbus region similarly noted:"[Methamphetamine is] *cheap, it's easy to buy in bulk. People who didn't … two years ago, didn't get large amounts of drugs and sell them are able to now because* [methamphetamine] *is cheaper; You find more people selling it."*

In addition to excess supply, there are many reasons for the increased demand for methamphetamine. Respondents noted a switch from opioids to methamphetamine because methamphetamine is viewed as a safer option, and many use the drug for "energy" while working, for weight loss, and/or for sexual enhancement. Treatment providers observed: *"I've heard from more than one client that they went to meth because they viewed it as, like harm reduction, because you, quote, unquote, 'Can't die from it;' I think for a lot of people … they've felt that it was safer to start using meth* [as opposed to fentanyl] … [and] *to be able to work longer. Some people have used it to lose weight. So, I just think they feel it's a safer drug* [than fentanyl]*, and it's cheap."* A consumer said, *"You can't overdose on meth, obviously, so it's more readily available. Absolutely,* [some people transitioned from fentanyl to methamphetamine due to overdose fear]*."*

Treatment providers discussed the perception that methamphetamine enhances sexual

experiences. They shared: *"Sex and methamphetamine … oh gosh, it's huge. I really have to personally hone in on clients* [that use methamphetamine] *to have them develop coping skills … they struggle with sexual relationships after* [discontinuing use of methamphetamine]. [They believe that sex] *is not as pleasurable; I have so many people talking to me about sex on meth … it drives that need for it … it's a common problem trying to have sex after coming off meth …* [clients say], *'It just isn't the same … doesn't feel as exciting* [or] *as pleasurable* [as it does when using methamphetamine].'" A consumer remarked, *"In Cleveland, we call meth a 'sex drug' … especially in the gay community."*

While respondents noted the belief of methamphetamine as a safer option to opioids, they also acknowledged that methamphetamine is sometimes adulterated (aka "cut") with fentanyl and they indicated an increasing popularity of opioid use along with methamphetamine use (aka "speedball," concurrent or consecutive stimulant and depressant highs). Treatment providers reported: *"We see a lot of polysubstance use as well. So, using opioids, that's the downer (depressant drug), and then meth being that upper (stimulant drug), that's what we see a lot of; If they're an opioid user, the fentanyl with* [methamphetamine] *… that is something that we're seeing a lot … the use of both meth and fentanyl. So, my opinion, I think there's two reasons. I think one, the longtime opioid users don't necessarily get high off the opioid, so they use* [fentanyl] *to keep from getting 'sick' (experiencing opioid withdrawal) and the meth to get high. The other factor is, I do think* [fentanyl] *is sometimes cut into* [methamphetamine]*…. Because fentanyl gives* [methamphetamine] *the addictive factor now where you feel like you need it."*

Lastly, due to an abundance of methamphetamine, respondents discussed more people being introduced to the drug through it being used as an inexpensive adulterant for other drugs. Consumers relayed: *"I did use* [methamphetamine]*, but I didn't know I was using it (consumed as an adulterant). It is very prominent (commonplace) now … a very big issue…. I think they had put* [methamphetamine] *in my* [cocaine]*; I had* [methamphetamine] *in my system, and I didn't know I was doing it. It was in my crack."* In addition, law enforcement in the Toledo region discussed people often buying what they believe is ecstasy or Adderall® that is methamphetamine. A member of law enforcement reported, *"We've got a lot of local pill presses.* [Pressed-methamphetamine] *was introduced as something other than meth … a lot of the time as either ecstasy (MDMA tablets) or pressed Adderall® pills. A lot of people that are buying* [methamphetamine] *don't actually know that they're getting meth…."*

Throughout OSAM regions, respondents continued to identify cartel-supplied crystal methamphetamine as the most prevalent form of methamphetamine. Law enforcement officers in the Akron-Canton region estimated that 95% of methamphetamine is crystal methamphetamine that originates from drug cartels in Mexico. They discussed: *"Most people don't cook (locally produce methamphetamine) anymore. We came across one guy cooking this year, but that was, I think, an anomaly. The only reason they would cook is for nostalgic reasons, if they were cooks before, and that was his case. The cook got released* [from prison] *and then came out and tried it again. But it costs too much, it's cheaper just to buy the stuff from the cartel, and it's a lot better* [quality] *than making it yourself; We haven't had any homegrown stuff in a while, and we haven't had any* [local] *labs; It's more cost effective to purchase from the cartel. It's more expensive for them to even attempt to make it and more difficult;* [Methamphetamine] *is mostly coming from Mexico."*

Many respondents reported not knowing the origins of methamphetamine outside of having made purchases in a city. Members of law enforcement in the Toledo region shared: *"Normally, we're not able to track* [methamphetamine] *as far back as the cartel. We're not running into any kind of 'shake-and-*

bake' systems or 'one pots' (individually-produced methamphetamine) or anything like that very often. We do have a clandestine group here that's trained in that, but they have only ever had to deal with one [over a year ago]*, I believe…. As far as weights (large quantities), a lot of the meth is coming from Dayton and Toledo."* Consumers in the Columbus region reported that they aren't getting methamphetamine from cartels, they're getting it from cities like Columbus and Chicago, and states like California and Texas. A consumer said, "[Methamphetamine] *comes from Columbus a lot of times."*

However, there were reports of locally-produced methamphetamine throughout OSAM regions. Although, many respondents stated not really knowing the source of methamphetamine but rather commented on simulated methamphetamine and methamphetamine adulterated locally. Comments included: *"There's different types* [of methamphetamine available]*. They have the 'wasp spray' (simulated methamphetamine containing wasp spray) that a lot of people make…. That … is horrible. It's like really oily. You can tell when it's that stuff…. And that's locally made; Yeah, because everybody's got to have their hands in it (adulterates methamphetamine)…. I call it, 'Sir Mix-a-Lot.'* [Regardless of the original source]*, it's (methamphetamine is) still being touched by locals."*

Consumers in the Youngstown region relayed: *"Most people I know go out of the area (Jefferson County, Youngstown region) to get* [methamphetamine]*, so I don't really know what pipeline it comes down from (origin source); I'm guessing people are 'baking it' (manufacturing methamphetamine locally)…. I highly doubt the cartel is coming down here; The pipeline* [for methamphetamine]*, it might start at the cartel and then goes through so many different middlemen to get here (Jefferson County); The 'bathtub'* [methamphetamine] *(aka 'shake-and-bake,' powdered methamphetamine) is still floating around; If it's 'powdered' (powdered methamphetamine) then I probably wouldn't want it* [because it is more likely to be adulterated]*."* A member of law enforcement in the Athens region explained how methamphetamine makes its way to rural areas, saying, *"It's … cartel supplied, mainly into source cities … Columbus, Akron, Cleveland, Dayton. Basically … the gang industry is sending down juveniles with large amounts* [of methamphetamine]*, having them … either meet with a 'plug' (drug connection) that's down here (Washington County) or … somebody else who's affiliated to pass off that … product for sale…."*

In addition to crystal, powdered, and pressed pills, law enforcement reported receiving reports of/encountering liquid methamphetamine. Law enforcement in the Cincinnati region noted: *"All of it (all different types of methamphetamine)* [are available]*. You see majority of 'crystal' (crystal methamphetamine), but like I said, they stamp methamphetamine into pills. So, there's all kinds, they're trying all different kinds of ways; They'll do liquid* [methamphetamine] *too."* Law enforcement in the Dayton region discussed: *"We do see the liquid form* [of methamphetamine] *sometimes. Not very often, but sometimes. But that's also cartel driven in my experience; The majority of it is crystal but we have recovered some liquid form of methamphetamine…. A lot of times it's liquified … for transportation to try … different concealment methods to try to pass it off as something other than* [methamphetamine]*…. It can be used that way (consumed in liquid form) but it's more of a transportation type thing."* A member of law enforcement in the Athens region stated, *"We've heard a lot of* [liquid methamphetamine] *getting vaped…. I'm not saying it's only vaped, I'm just saying we've been hearing that a lot."*

Respondents in the majority of OSAM regions most often reported that the availability of methamphetamine has remained the same, high, during the past six months. Respondents in the Cincinnati region indicated increased methamphetamine availability, saying: *"It's easier to get* [methamphetamine] *because there's more people doing it; It's easier to move (sell*

methamphetamine), cheaper for the user to buy, so people have more on hand; [Methamphetamine availability is] *increasing daily, because more people are using it, more people are testing positive for it, more people are sharing their experiences…."*

Ohio Bureau of Criminal Investigation (BCI) crime labs reported that the incidence of methamphetamine cases they process has increased for most OSAM regions while decreased for Cleveland, Dayton, and Youngstown regions. BCI labs reported processing crystal and brown powdered specimens, as well as compressed tablets (imitation ecstasy (MDMA) tablets and clandestine marked pharmaceuticals), smoking devices, and syringe liquids. 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 (also Cleveland region) reported that the incidence of methamphetamine cases it processes has decreased. Lake County Crime Lab reported processing brown/tan and white powder/solid specimens, as well as brown/tan and white/clear crystal methamphetamine. In addition, this lab reported that most of the clandestine tablets submitted as suspected ecstasy contain caffeine and methamphetamine.

Other data sources indicated methamphetamine as available throughout OSAM regions. Ohio Department of Public Safety reported drug task force seizure of 363.1 kilograms (798.7 lbs.) of methamphetamine from throughout OSAM regions during the reporting period; of which, 28.4% was seized from the Cincinnati region. Fairfield County Municipal Court (Columbus region) reported that of the 4,828 positive adult drug specimens it recorded during the past six months, 6.0% was positive for methamphetamine or other amphetamines. Millennium Health reported that 4.5% of the 139,871 urinalysis specimens submitted for methamphetamine testing during the past six months was positive for methamphetamine.

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

Region	% Tested Positive	Number Tested
Akron-Canton	4.0%	10,539
Athens	8.4%	14,886
Cincinnati	5.6%	29,002
Cleveland	2.8%	25,222
Columbus	3.9%	29,764
Dayton	6.0%	3,236
Toledo	3.5%	18,081
Youngstown	3.0%	9,141
Total	4.5%	139,871

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 66.7%, 19.7%, 19.0%, 30.0%, and 37.5%, respectively, of all drug-related deaths they recorded this reporting period (6, 218, 121, 323, and 32 deaths) involved methamphetamine. GPRA (Government Performance and Results Act) data collected from 6,243 persons entering publicly funded SUD treatment programs during the past six months found 15.9% reported methamphetamine use 30 days prior to intake.

Media outlets reported on law enforcement seizures and arrests related to methamphetamine this reporting period (selected media reports follow). Agents with Southeast Ohio Major Crimes Task Force executed a search warrant in Marietta (Washington County, Athens region) and seized 10.8 grams of methamphetamine, digital scales, other drug paraphernalia, and a stolen vehicle

GPRA Intake: Methamphetamine Use during the Past 30 Days

Region	% Yes	Total N
Akron-Canton	13.4%	320
Athens	19.0%	273
Cincinnati	19.1%	1,292
Cleveland	9.9%	1,378
Columbus	20.8%	1,800
Dayton	12.0%	334
Toledo	14.5%	567
Youngstown	7.2%	279
Total	15.9%	6,243

(www.mariettatimes.com, June 26, 2024). Hamilton County Sheriff's officers (Cincinnati region) seized 81 pounds of methamphetamine from a drug trafficking organization in California; officers learned through their investigation that the California drug trafficking organization were using short-term rentals in the Cincinnati area to distribute methamphetamine throughout Hamilton County (www.wcpo.com, June 20, 2024). Belmont County Sheriff's Office along with Bellaire Police (Athens region) arrested three people on trafficking and possession of cocaine and fentanyl; officers seized more than 300 grams of methamphetamine, more than an ounce of crack cocaine, and more than an ounce of powdered and pressed fentanyl (www.timesleaderonline.com, May 8, 2024). Meigs County Sheriff's officers (Athens region) executed a search warrant at a home and arrested four individuals for drug possession and trafficking after seizing approximately one pound of crystal methamphetamine, digital scales, packaging materials, firearms, and $7,000 (www.wchstv.com, May 4, 2024). South-Central Ohio Major Crimes Unit, in collaboration with Lancaster Police and Fairfield County Sheriff's Office (Columbus region), executed a search warrant at a Lancaster home and arrested a woman after seizing 220 grams of methamphetamine, 15 grams of fentanyl, assorted prescription drugs, a handgun, and $718 from a trailer on the property (www.sciotopost.com, May 1, 2024). Ohio Department of Public Safety, RecoveryOhio, and Ross County Sheriff's Office (Cincinnati region) worked with local law enforcement and treatment agencies to conduct a coordinated drug/outreach saturation event known as Operation BRIDGE; officers arrested four individuals and seized seven grams of cocaine, 35 grams of methamphetamine, and referred 16 people to treatment, while distributing 75 naloxone kits (www.chillicothegazette.com, April 30, 2024). Washington County Sheriff's deputies arrested three men during a traffic stop in Marietta after searching their vehicle and finding 82.2 grams of methamphetamine and 36.7 grams of suspected fentanyl; deputies arrested the men for drug trafficking and possession (www.wtap.com, April 11, 2024). Summit County Sheriff's officers (Akron-Canton region) executed a search warrant at a home in Barberton and arrested a man for drug possession and trafficking methamphetamine, cocaine, and fentanyl; officers seized 343 grams of methamphetamine, 7.2 grams of cocaine, nine grams of fentanyl, and a handgun (www.fox8.com, April 4, 2024). Stark County Sheriff's Office along with Canton Police (Akron-Canton region) arrested two people during the execution of a search warrant; officers seized approximately two pounds of methamphetamine, fentanyl, cocaine, a handgun, and $8,000 from a home in Canton (www.wkyc.com, March 28, 2024). Butler County Sheriff's Office and the Cincinnati Drug Enforcement Agency (DEA) (Cincinnati region) executed search warrants at three locations, confiscating 7.2 pounds of methamphetamine, 2.5 kilograms of cocaine, 11 ounces of fentanyl, five firearms, a pickup truck, and $16,341; officers arrested three men on drug distribution charges (www.fox19.com, Feb. 8, 2024). Jefferson County Sheriff's Office and the Steubenville Police (Youngstown region) executed a search warrant at an apartment and seized unspecified amounts of cocaine, methamphetamine, and money along with a firearm; officers arrested two individuals (www.wtrf.com, Jan. 12, 2024).

Adulterants

Consumers throughout OSAM regions most often rated the current overall quality of methamphetamine as moderate or high. On a scale of '1' (poor quality, "garbage") to '10' (high quality), the regional modal quality scores ranged from '5' for Akron-Canton and Cincinnati regions to '10' for Cleveland, Dayton, and Youngstown regions. Modal quality scores for the remaining regions were '6' for Athens, '8' for Columbus, and '8' and '10' for Toledo. Reportedly, the overall quality of methamphetamine has remained the same during the past six months for most OSAM regions, except for the Dayton region where consumers indicated increased quality and the Toledo region where consumers indicated decreased quality.

Reportedly, quality can vary depending on source and amount of adulteration. Consumers discussed: "[Methamphetamine quality] *just depends on who you get it from; It's mixed with a lot of stuff; Around here (Athens region) it's so hit or miss. Like some days … when I would snort* [methamphetamine]*, I could tell that it was cut with … something…. There were times when it just tasted like a metal can; The last* [methamphetamine] *I had was in Columbus and it seemed more pure, but I've seen a lot of garbage. So, it's an in-between; You just don't know what you're going to get each time; I typically ran into better* [quality methamphetamine]*…. I stayed in the same circle* [bought from established known dealers]…."

Consumers discussed adulterants (aka "cuts") that affect the quality of methamphetamine and continued to identify fentanyl, MDMA (methylenedioxymethamphetamine, ecstasy/"Molly"), and MSM (methylsulfonylmethane, a joint supplement) as the top cutting agents for the drug. Comments included: *"When I was on* [methamphetamine]*, I had to start going and getting test kits (fentanyl test strips) because I was getting it with fentanyl in it. You get it with MDMA in it…. A lot of times with MDMA and fentanyl actually; I'm not an opiate user, I overdosed, went to the hospital, and they said that my urine* [drug test] *came back for meth and fentanyl. And I was like shocked;* [Methamphetamine] *is a pretty dirty drug because it's made with a bunch of chemicals, and they are cutting it with fentanyl, definitely; MSM's really the big cut. You can go down to Tractor Supply or CVS and get it…. And it looks like* [methamphetamine] *and everything; MDMA … it'll keep the* [methamphetamine] *buyer tricked for a while because it's not heroin or fentanyl withdrawal that you're feeling. It's just the tiredness coming off of it and … that's really the only withdrawal off meth is feeling lazy and tired for a couple days."*

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 50.0%, 72.1%, 82.6%, 63.9%, 58.3%, respectively, of all methamphetamine-related deaths they recorded this reporting period (4, 43, 23, 97, and 12 deaths) also involved fentanyl.

In addition, consumers in Athens, Cincinnati, and Toledo regions discussed xylazine (aka "tranq," a powerful sedative, naloxone resistant, that the U.S. Food and Drug Administration has approved for veterinary use only) as an adulterant for methamphetamine, and consumers in the Toledo region also mentioned carfentanil. Consumers reported: *"Horse tranquilizers. Xylazine…. How I could really tell* [methamphetamine] *was cut* [with xylazine] *is because it would constantly come out my skin; I did some* [methamphetamine] *one time to where it felt like it started eating my flesh…. My skin,* [xylazine] *started eating my damn skin;* [Xylazine] *is like krokodil (aka desomorphine, a highly addictive and dangerous injectable opioid drug known for its devastating physical and psychological effects); The next day after I relapsed, I came in here (Erie County treatment agency) and had* [a staff person drug] *test me….* [My drug test

results] *had amphetamine, methamphetamine, xylazine…. It scared me to the point I'll never touch* [methamphetamine] *again."*

Additional adulterants for methamphetamine reported included: acetone, baby laxatives, baby powder, baking soda, bath bombs, "bath salts" (substituted cathinone), battery acid, brake fluid, bug/wasp spray, creatine, drain cleaner, duster, ether, gas, glass, horse vitamins, ketamine, mannitol (diuretic), MSG (monosodium glutamate, flavor enhancer), PCP (phencyclidine), peanut oil, perfume, prescription stimulants, rock salt/salt, synthetic marijuana, and vitamin B-12. 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), fentanyl, magnesium sulfate (epsom salts), tramadol

Street Names

In addition to "meth," current street jargon includes many names for methamphetamine. General street names continue to most often reference the stimulant effect of the drug ("fast," "go," and "speed"). A consumer in the Youngstown region shared the term "sideways" as in out of control as a euphemism for using methamphetamine, saying they have heard, *"'I want to get 'sideways' (high on methamphetamine)."*

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" from "ice" and "window" from "glass"). Consumers in Akron-Canton and Cincinnati regions discussed "window" as a new term for crystal methamphetamine this reporting cycle. They said: *"*[Crystal methamphetamine] *looks like glass 'shards,' broken 'windows;' 'Window'* [is a street name for methamphetamine] *… for real …* [people will ask for crystal methamphetamine by saying,] *'Bro, you putting in some windows?' … 'Bro, you got some windows?'"*

Consumers continued to identify "ice cream" and "Tina" or "T" as the most common street names for crystal methamphetamine. Comments included: *"'Ice cream'* [is the most common street name for methamphetamine]*; Especially if you're using the phone…. I mean, not necessarily just the* [ice cream cone] *emoji. But I mean, you don't want to just say, 'Hey, do you have any meth?'* [when talking on the phone]*; For me* [the most common street name for methamphetamine is] *'T' … or 'Tina.'"*

Current Street Names for Methamphetamine	
General	**crank*, dope*, energy, fast*/slim fast, go*/go fast*/go-go*, high speed chicken feed, jib, meth*, sideways, speed*/ speed racer, trailer park, twack*, tweak, zip**
Crystal	**clear, crystal*, glass, ice*/ice storm/ice cream*/cream*, shards, snow cone, T*, Tina*, window**

*Most common.

Pricing

Consumers throughout OSAM regions continued to identify the most common amounts for methamphetamine purchase as a gram and 1/8 ounce. Reportedly, a gram most often sells for $15-40 but can sell for as high as $60 in the Cincinnati region; 1/8 ounce most often sells for $60-100.

Consumers in most regions reported that the price of methamphetamine has remained the same during the past six months; consumers in the Toledo region indicated a decrease in pricing.

Pricing of methamphetamine is like crack cocaine in that dollar amounts and trades are common. Consumers in the Athens region discussed: *"Whatever amount of money you got in your pocket* [is most common]*; Like a 'twenty' ($20 amount)* [is most common to purchase]*; I got a $2* [amount of methamphetamine once]*. People around here are poor, man. It's crazy…. I've seen somebody* [offer a dealer]*, 'I got a box of tuna' (case of tuna fish for methamphetamine); Or you're trading tools and junk that you've stolen from somebody is another very common thing around here; Or they steal them, sell them, and then buy the drugs."*

And like most drugs, prices vary by dealer, location, quality, and amount of purchase. Consumers shared: *"*[Methamphetamine pricing] *varies on the person and their circumstances….* [If the dealer] *had a bill coming up,* [they might] *charge a little more; Quality affects price too; You got some* [low quality methamphetamine]*, you're going to have to lower your price just to get rid of it; As you get progressively more* [methamphetamine] *(bulk purchases) it gets really, really cheap;* [The price of methamphetamine] *just depends on where you get it; In Columbus, if you get the right people,* [methamphetamine] *is $50* [for 1/8 ounce]*, like half of what* [it costs in Athens County]*; If you go out to places like here (Jackson County) … more rural areas, it's going to be more* [expensive]*."*

Route of Administration

Consumers throughout OSAM regions reported that the most common route of administration (ROA) for methamphetamine remains smoking. Consumers most often estimated that out of 10 people that use methamphetamine, 5-10 would smoke, 0-5 would "shoot" (intravenously inject), and 0-3 would snort the drug. Comments included: *"Smoke it, shoot it, snort it; I snorted mine. It's not a common thing because it burns. Most people don't snort it more than if they have to because they don't have a needle (syringe for injecting) or something to smoke it with…. Majority of the ones I knew smoked it; If you're going to smoke it or shoot it, you got more paraphernalia with you. So* [snorting] *was my thing; I have smoked* [methamphetamine]*, and I have shot it…. Smoking, it's more common; In my experience, everybody had a 'bubble' (glass pipe with a bulb at the end) and were smoking* [methamphetamine]*. And there would be a few that use needles; I would say a lot more people nowadays would shoot it; Usually, people that I know* [who] *smoke* [methamphetamine]*, snort it as well."*

Consumers discussed that people who use methamphetamine oftentimes engage in multiple ROAs, explaining that ROA is typically determined by the preferences of other people with whom one uses methamphetamine and by the type of high one desires. They said: *"Yeah,* [methamphetamine can have many ROAs]*…. I guess it depends on who you know and where you hang out; I mostly hung out with people who only smoked* [methamphetamine]*; How you do* [methamphetamine] *is how the people around you do it; Some people do all the ways though; I did all three. I snorted it (methamphetamine), smoked it, and shot it; They honestly said that smoking it … injecting it and snorting it, you get a different high from each way of doing it*; *When you smoke it (methamphetamine) versus inject it, the effect is totally different. When you inject, it lasts a lot longer; Faster* [effect] *to shooting* [methamphetamine] *(hits bloodstream faster to produce a more immediate effect); I think* [ROA] *just depend on the mood (type of high that one desires); Of the group I know* [that use methamphetamine] *maybe seven* [out of 10] *would do a variety of things (different ROAs)."*

Other routes of administration for methamphetamine mentioned included: "boofing" (anal insertion), "hot railing" (a process whereby the end of a glass pipe is heated to a high temperature, held over the crushed drug, and the

resulting vapors are inhaled), and oral, including "parachuting" (wrapping powder/crystals in tissue and swallowing). Comments included: *"Sometimes we would smoke it, sometimes we would snort it, sometimes we'd hot rail it, sometimes we'd eat it (parachute it); I've seen someone eat it before; Yeah, eating it, boofing it; I like hot rails,* [which is like] *smoking; I've seen* [methamphetamine] *smoked out of lightbulbs; Parachute* [methamphetamine]. *Just put it in a piece of toilet paper … like a small piece, wrap it up* [and swallow]*; My friend don't even do that. She just sticks* [methamphetamine] *in her mouth and swallows it;* [Methamphetamine] *tastes horrible, that's why people will wrap it up ('parachute'); Being older, I've seen them shoot it (methamphetamine), smoke it, hot rail it … any way they can get it into their system."*

Regarding boofing, consumers likened it to shooting in that the effects of the drug are more immediate, but they noted that this ROA is more discrete. They discussed: *"There's so many different ways to use* [methamphetamine]*; There's boofing too … kind of like a suppository;* [People boof]*…. If you don't want to shoot it or you're not in a position to, say you're at a kid's birthday party. You're going to go into the bathroom and shoot up? No. Right,* [boofing is discrete and doesn't require equipment]*; And* [boofing methamphetamine] *… is almost like kind of immediate (an instant high); Boofing* [you get some of the sensation you get when injecting and smoking methamphetamine]*. A lot of people who are afraid of needles who don't want to shoot up will go with the boofing idea because they'll get that almost shoot-up-type feeling.* [Boofing] *has been a trend over the last couple of years."*

Typical Use Profile

Consumers and community professionals throughout OSAM regions continued to most often report that there is no typical use profile for methamphetamine. Discussions included: *"I think everyone uses meth now; I've seen* [methamphetamine use] *in kids, young teens up through older adults;* [Methamphetamine] *used to be like a trailer park drug…. But it's bled its way into inner cities … used to be a country thing and it's not so much anymore; A lot of people secretly use drugs and are good at hiding it, so you would never know that they are using* [methamphetamine]*…. They can shoot it in their foot. Put on socks, you would never know; I've seen successful people* [use methamphetamine]*;* [Methamphetamine] *doesn't pick (anyone could potentially use methamphetamine); When meth first came out, it was widely used among Caucasians but here (Allen County) lately … everyone uses it. Meth does not discriminate;* [Methamphetamine] *is so readily available and widely used it makes it easy for anybody and everybody* [to obtain and use methamphetamine]."

However, the descriptors discussed frequently included White people, low socio-economic status, people who work long or late hours (third shift) or in fast-paced environments (long-haul trucking, factory work, and fast-food), as well as blue collar/manual labor (construction), gay men, college students, younger people, and opioid and other drug use. Comments included: *"I'm not trying to be racist, but mostly White people do meth;* [Methamphetamine is] *more of a poor person's drug. It's nicknamed 'poor man's cocaine;' People that work late at night* [use methamphetamine to stay awake]*; Blue collar communities, especially with the economy like this, people are having to work more jobs and needing to stay awake. I've definitely had people say, 'Oh yeah, I can work for sixteen hours straight, just do some meth and I'm good to go;'* [Methamphetamine] *is also very big in the gay community; College students* [use methamphetamine] *to keep their mind up (focused and alert) so they can keep going (study all night); Lately,* [methamphetamine] *is trending with a lot of the younger kids. Once they can't get their 'scripts' (prescriptions) of Adderall® … they graduate into meth; People who may have been on opiates before … they're switching to* [methamphetamine]."

Lastly, respondents throughout most OSAM regions, except for Cleveland and Toledo, discussed an increase in African Americans using methamphetamine during the past six months. Treatment providers observed: *"We've gotten several African American people that have come in* [for treatment] *that have been using meth;* [Methamphetamine is] *starting to become more popular in the African American community; I've noticed a huge increase in the Black community in meth use whereas a couple of years ago it was like next to unheard of … it's really increased a lot; I would say*, [Black communities are more likely to use methamphetamine because] *there's a stigma associated with crack; We're seeing a lot of younger Black males, ages 20 to 35* [years] *using* [methamphetamine], *which you didn't used to see … it's cheaper, easier to get than cocaine;* [Methamphetamine is] *'the new crack.'"*

OSAM secondary data sources recorded use characteristics for methamphetamine. 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, 60.8% was male, 53.9% was under the age of 40 years, and 91.4% indicated White as their race.

Use Combinations

Many other substances are used in combination with methamphetamine, particularly depressant drugs, such as alcohol, heroin/fentanyl, marijuana, and sedative-hypnotics. These drugs level the extreme stimulant high of methamphetamine and help with the come down after methamphetamine use. Consumers identified alcohol and heroin/fentanyl particularly, as the most common drugs used in combination with methamphetamine. They discussed: *"I would use alcohol when I used* [methamphetamine to] *balance it out. Bring you down a little bit; Everybody I know that did 'fetty' (fentanyl), they were smoking crack or smoking meth. If they were smoking … meth, they were on fetty…. It goes hand and hand; Sometimes I get anxious … like an anxious feeling in my chest* [from methamphetamine use] *so I would do fentanyl to come down; I've used* [marijuana with methamphetamine] *because I'll either use too much meth or … I'll get going so fast* [that] *I smoke a blunt (marijuana-filled cigar) to kind of level me out; I've seen some people take 'xannies' (Xanax®) … to mellow them out while they are doing speed; I was taking a handful of 'benzos' (benzodiazepines) when I was on meth to calm down."*

GPRA Demographic Data of All Intake Clients Who Used Methamphetamine during the Past 30 Days (N = 994)[1]

Male	**60.8%**
Female	**38.0%**
18 - 29	**15.9%**
30 - 39	**38.0%**
40 - 49	**31.1%**
50 - 59	**11.6%**
60 +	**3.4%**
White	**91.4%**
African American	**9.2%**
Other race[2]	**2.5%**
Hispanic/Latino	**3.5%**

[1]Totals may not equal 100.0% due to other categories not represented in the table. Total percentage for race (N = 992) is greater than 100.0% due to some individuals indicating more than one race. Ethnicity (N = 992). [2]Korean, Native American, Native Hawaiian, Pacific Islander, unspecified Asian race, unspecified other race, and/or Vietnamese.

Consumers continued to discuss the popularity of "speedball" with methamphetamine (concurrent or consecutive stimulant and depressant highs). Comments included: *"Fentanyl* [with methamphetamine]. *Speedball ... a different high; They call them 'speedball' where you're getting that high and low; Yeah,* [speedball] *or if they're coming down or they don't want to come down all the way, they want to keep going, they get high* [on methamphetamine]*; I don't even like to do meth without fentanyl; People put meth and fentanyl in*

their needle and shoot it; It's that rollercoaster effect (speedball); I did it with fentanyl just because I liked both; I like speedballs. So, any uppers with a downer; They call it 'suicide'… when they mix it (speedball methamphetamine with fentanyl)."

Consumers also discussed methamphetamine use with alcohol to enable increased alcohol consumption and methamphetamine use after alcohol use to "sober up." Comments included: "[Methamphetamine helps you] *drink more* [alcohol]*; Alcohol because if you get too drunk, you can take a hit of ice, and it sobers you up."* Consumers discussed methamphetamine use after heroin/fentanyl to help alleviate opioid withdrawal symptoms. They said: *"A lot of people use meth and heroin. If you're on heroin and you don't want to get 'sick' (experience opioid withdrawal symptoms), methamphetamine will help with the withdrawals. I've used meth to get off of heroin…. It definitely worked for me; Most dealers … carry both (heroin/fentanyl and methamphetamine), because of the fact, if they're out of the heroin, the meth helps* [people who use opioids] *overcome the 'sickness' (experiencing opioid withdrawal symptoms)…."*

Lastly, crack and powdered cocaine are used with methamphetamine to potentiate and prolong the stimulant effect. Consumers said: "[Powdered] *cocaine* [is] *probably* [used in combination with methamphetamine] *just to get a whole different burst or whole different … stimulant* [high] *… definitely intensifies; Because they both uppers (cocaine and methamphetamine)…. Ice when you snort it, it'll burn your face off. So, when you kind of like mix it* [with cocaine]*, it'll kind of give you like a numbing sensation so you can probably snort a little bit more; Up and up! You get a higher high; And for me, I would snort methamphetamine to like start. I have ADHD (attention-deficit/hyperactivity disorder), so it would like calm me down and then I would do cocaine on top of it and … I would get the coke high that I was seeking; Put some 'legs' with it (methamphetamine would help prolong the cocaine high)…."*

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

Opioids

Throughout OSAM regions, respondents continued to report low current availability of heroin and high current availability of fentanyl. Most respondents reported heroin, especially unadulterated heroin, as nonexistent. Consumer comments included: *"I can't find* [heroin]*; I stopped hearing about heroin when like fentanyl came…. Fentanyl's … the new heroin, basically; It's all fentanyl now; Even when they say it's heroin, it's fentanyl; Most people are selling straight fentanyl. If you find some heroin, you're lucky; I would be surprised if I heard someone still getting* [heroin]*; Everyone says it's not available;* [Heroin is] *practically nonexistent. I'd go to Baltimore* [Maryland] *to get my heroin … when I could. I couldn't find it* [in Franklin County, Columbus region] *… it's nonexistent; There ain't no heroin anymore. It's all fentanyl, flat out;* [Heroin is] *like a dinosaur (extinct); They don't make heroin anymore."*

Community professionals concurred with consumers in that heroin is seldom available. Law enforcement discussed: *"We'll come across* [heroin] *occasionally, but it's pretty rare…. It's been pretty rare in our area (Akron-Canton) for a while now; I haven't seen heroin, I'd say, in a couple years … once fentanyl came around, nobody used heroin. Really couldn't get it; Slim to none; We're only seeing heroin right now in mixtures on lab*

Reported Change in Availability of Opioids during the Past 6 Months

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

results. We've had informants tell us that it's impossible to get [unadulterated] *heroin around here;* [Heroin] *is kind of like a unicorn (very rare).”* A treatment provider in the Akron-Canton region stated, *“I always hear from* [clients who use opioids], *‘You can’t ever get heroin, I can never get heroin, so I get fentanyl.’ I hear that continuously.”*

Not only is supply of heroin low, reportedly, demand for heroin is also low. Consumers explained that fentanyl is cheaper and more potent than heroin. They said: *“No one even really wants heroin anymore because it’s not strong enough; A lot of people prefer fentanyl; You wouldn’t want* [heroin] *because ‘fetty’s’ (fentanyl is) way cheaper; There's no money in* [selling heroin] *anymore; The thing is, people who are opioid* [dependent], *if they do fentanyl, they can't even get high off of heroin anymore (because fentanyl is more potent).”*

Community professionals also pointed to low demand as a reason behind low current heroin availability. Law enforcement observed: *“I’m trying to wrack my brain here…. I’m having a hard time remembering the last time we bought heroin* [undercover]*…. It may not necessarily have to do with it being available. I think it’s just the demand for* [heroin] *is what we’re running into (low demand); Heroin occasionally comes in the mix, but rarely do we get that exclusively and I don’t think most … even want heroin … heroin is not as strong as the fentanyl; When you talk to* [people who use opioids about why there’s not heroin around], *it's because they use fentanyl … they don't want the heroin anymore…. Heroin's not as good of a high as fentanyl; Straight heroin. We just don’t see it. If people aren’t selling it, it’s because people don’t want it;* [Heroin is] *not being sent over by the cartels.”* Treatment providers added: *“Nobody can find heroin anymore, even if* [heroin] *is what they still wanted, which it doesn't seem like they do; Heroin has kind of died off … because fentanyl’s replaced it.* [Fentanyl is] *cheaper;* [Fentanyl is] *easier to traffic; I haven’t heard of someone coming in* [for treatment services] *and saying their drug of choice is heroin, it’s always fentanyl.”*

In addition to being cheaper and more potent than heroin, respondents attributed high current availability of fentanyl to high supply and demand. Reportedly, due to excessive supply, fentanyl has become a cheap adulterant for most other drugs, and dealers intentionally adulterate

other drugs with fentanyl to create demand for their drug by getting more people addicted. Consumers discussed: "[Fentanyl] *is very addictive, and people are using it for additives in everything else, just to get people hooked; When I went to treatment, I had tested positive for fentanyl and I like had never up to that point willingly used fentanyl; They'll put* [fentanyl] *in your 'meth' (methamphetamine), and you're like, 'Damn, I shouldn't feel 'sick' (be experiencing withdrawal symptoms). I need to go get some more;' I've seen people who only ever did cocaine on the weekends when they were drinking* [alcohol] *at the bar, and people laced (adulterated) the cocaine with fentanyl … and they end up on fetty (develop an opioid use disorder [OUD]); You can pretty much get* [fentanyl] *anytime, any day, pretty much at arm's reach; I'm not even from around here (Youngstown), I came out here from Cleveland, but when I relapsed, I found* [fentanyl] *within minutes, within minutes."*

Treatment providers shared: "[Fentanyl] *is just so cheap and easy to cut (adulterate) into other substances. Then it kind of gets its hooks in and then people are seeking (dependent on) it; Almost every single individual that I encounter either directly seeks* [fentanyl] *out or is using other substances that have it in it;* [Fentanyl is] *quick to use (obtain)* [and] *quick to become addicted;* [Fentanyl] *is easier to get and it seems like* [for] *more and more people, it's their drug of choice."* A treatment provider explained that some clients develop fentanyl dependence due to exposure to fentanyl via other drugs, saying, *"I have had some clients that have fentanyl as their drug of choice because they just sort of haphazardly fell into using it because it was being put in their heroin* [as an adulterant] *… they started to figure out that they were getting fentanyl, and after they got used to using that, that's what they wanted…."*

Members of law enforcement concurred, stating: *"Everybody wants* [fentanyl]*; A lot of what we see in Franklin County (Columbus region) is the drug dealers are putting fentanyl in everything. Our detectives send our drugs off for testing for their cases, and we're finding fentanyl in meth, we're finding it mixed in with 'crack' (crack cocaine), with everything, so it's obviously more of an addictive drug … the suppliers are just wanting the people that they sell to, to be as addicted as possible for that money that they're receiving."*

Overall, respondents reported that fentanyl is highly available because there is a demand for it, and it is highly profitable for dealers to sell. Comments included: "[Fentanyl]*, that's the main drug right there. If you sell fetty, even if you sell other drugs, fetty is what you're going to make your money on;* [Fentanyl] *sells. And you can sell less fentanyl and make more money* [than dealing other drugs]*; The demand is there; I'll tell you right now,* [fentanyl is] *selling more (in higher demand) than 'weed' (marijuana)."*

Throughout OSAM regions, respondents discussed street sales and unsolicited offers of fentanyl as prevalent. And like crack cocaine and methamphetamine, respondents discussed dealers "pushing" fentanyl on people suspected of drug use in public places such as gas stations and convenience stores, commonly offering free samples or "testers" in Cincinnati, Dayton, and Youngstown regions. Discussions included: *"*[Fentanyl is] *as easy to get as alcohol; You can go to any gas station, stay there long enough, and you will get* [fentanyl] *…* [as well as] *any Circle K across America."*

Regarding testers specifically, comments included: "[Drug dealers] *walk up to you … they can tell you're an 'addict.' And be like, 'Hey man, I got a tester. You want a tester?' And give you some* [fentanyl] *to test so they can … get your business; You can be walking down the street and* [someone will] *roll up (approach you), 'Hey, you want a tester?'; A lot of times …* [fentanyl] *will be given to you for free … the first couple times …* [drug dealers] *are literally pushing it onto people … like at gas stations, or anywhere you might be in public…. I'm sure that the drug dealers probably are looking for people all the time…. They'll ask you an ambiguous question like, 'Do you like to*

party?' … and then they're going to give [fentanyl] *to you for free; You have drug dealers actually driving around gas stations asking* [people] *nonstop if they would like to try* [fentanyl]*; There's fentanyl everywhere…. I mean … literally if you pulled up in Cincinnati (Hamilton County) at any gas station, they would give you a tester. You'd probably get about 20 testers; Yeah, same with Dayton (Montgomery County, Dayton region) and Springfield (Clark County, also Dayton region),* [testers are commonly offered]*."*

In addition to high proliferation of fentanyl in powdered form, respondents also reported high current availability of fentanyl-pressed pills. Consumers shared: *"I could get* [fentanyl] *in different forms. I could get it anywhere. Anywhere. I could get it at a meeting (AA or NA meeting) if I wanted. And when I say different forms, I can get* [fentanyl] *patches, I can get it in pill form where it's been put into a pill (fentanyl pressed and made to look like prescription pills), I can get it in powder; Yes,* [counterfeit pills are available]*. Especially the blue 'Xanax® bars' (Xanax® 2 mg). You got to be real careful because there's more fetty (counterfeit pressed pills made to resemble Xanax®) than there is Xanax®;* [There are counterfeit] *'perc 30s' (Roxicodone® 30 mg); And there's fake 'vics' (counterfeit pressed pills made to resemble Vicodin®) going around. And the 'perc' (Percocet®)…. There's* [also] *fake Tylenol® 3s going around; The people buying don't know, they are just looking for opioids. Eventually,* [dealers] *will tell them, 'Oh yeah, there's fetty in that,' and at that point they don't care."*

Community professional comments included: "[Pressed pills are highly available] *because they are being mass manufactured, and they are bought in bulk … it's not hard to find them. They are just manufactured easily, and they are not controlled; Many people think they are getting pain pills (prescription opioids), like Percocet®, and find out fentanyl is in there and they show up positive for* [fentanyl in a urinalysis drug test] *and they don't understand why. So, you never know what you are getting."*

Included in the discussion of fentanyl-pressed pills was overdose associated with the pills. Consumers noted: *"I got ahold of some pressed pills when I was trying to buy opiates and luckily, I didn't end up dying (fatally overdosing) off it, but I did fall out (overdose) a couple times; I just had some* [fentanyl] *that was in a pill. And it messed me up. But thank God I didn't overdose…. But so very little can kill you. So how do people know how much to use?; I know people that's died* [by unintentional overdose] *back home (Brown County, Cincinnati region) because they thought they were buying Percocet® and it was fentanyl."*

Regarding powdered forms of fentanyl, respondents reported different colors. Consumers observed: *"Purple, pink, and yellow, that's the three colors* [of fentanyl] *that are in Youngstown; The person that I knew who could get* [fentanyl]*, he died of an overdose. It was that pink stuff (pink-colored fentanyl)."* Law enforcement reported: *"The blues … not heroin. Yeah,* [it's fentanyl]*.* [Fentanyl] *comes in different colors…. I've seen it purple, pink, yellow…. All it is just the dye that they add in to cut with so they can change the color;* [Some fentanyl] *is yellow right now; Your fentanyl's come in multiple different colors."*

In terms of different available heroin types, most consumers could not identify due to not having encountered heroin during the past six months. Treatment providers responded: *"All I've heard is, 'You can't get heroin;' I think I've had one or two reportings of the brown powder* [heroin]*. That's about all I've heard personally from people (clients); I would agree, I have a very limited amount of* [clients] *that are actually still finding heroin and it would be the brown powder. There's no 'black tar' (black tar heroin), as far as what my clients are saying."* Law enforcement described: *"If I was going to guess, I would probably say white powder* [heroin is available] *because if it's in with their meth;* [Heroin] *is mostly powder. It's tan; There are different colors. I have seen purple, tan, gray; With the heroin, I don't know because we don't get it exclusively."*

Throughout OSAM regions, the overall availability of heroin has remained low during the past six months, while the overall availability of fentanyl has remained high. Ohio Bureau of Criminal Investigation (BCI) crime labs reported that the incidence of heroin cases they process has increased for most OSAM regions, while remaining the same for Cincinnati and Dayton regions. Regional increases were 42 to 65 cases for Akron-Canton; 58 to 71 cases for Athens; 53 to 70 cases for Cleveland; 38 to 58 cases for Columbus; 54 to 72 cases for Toledo; and 115 to 156 cases for Youngstown.

BCI crime labs reported that the incidence of fentanyl and fentanyl analogue cases they process has increased during the reporting period for six OSAM regions (Akron-Canton, Athens, Cincinnati, Columbus, Toledo, and Youngstown) and decreased for Cleveland and Dayton regions. BCI crime labs reported processing 46 cases of carfentanil from throughout OSAM regions, an increase from 11 cases throughout OSAM regions during the previous reporting period: Akron-Canton (5 cases), Athens (1 case), Cincinnati (2 cases), Cleveland (7 cases), Columbus (9 cases), Dayton (1 case), Toledo (6 cases), and Youngstown (15 cases).

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

Region	Heroin	Fentanyl
Akron-Canton	Increase	Increase
Athens	Increase	Increase
Cincinnati	No Change	Increase
Cleveland	Increase	Decrease
Columbus	Increase	Increase
Dayton	No Change	Decrease
Toledo	Increase	Increase
Youngstown	Increase	Increase

In addition to BCI reporting, other crime labs in Cleveland and Dayton regions submitted heroin, fentanyl, and carfentanil incidence data. Cuyahoga County Regional Forensic Science Lab (Cleveland region) and Miami Valley Regional Crime Lab (Dayton region) reported that the incidence of heroin cases they process has decreased during the reporting period. Lake County Crime Lab (also Cleveland region) reported that the incidence of heroin cases it processes has increased. Crime labs throughout OSAM regions reported processing the following types of heroin during the reporting period: beige, blue, brown, gray, off-white, pink, purple/violet, tan, and white powdered heroin, black tar heroin, as well as the presence of heroin in counterfeit pressed pills.

Cuyahoga County Regional Forensic Science Lab and Miami Valley Regional Crime Lab reported that the incidence of fentanyl and fentanyl analogue cases they process has decreased during the reporting period. Lake County Crime Lab reported that the incidence of fentanyl and fentanyl analogue cases they process has increased. Crime labs indicated processing the following fentanyl analogues: acetylfentanyl, benzylfentanyl, butyrylfentanyl, despropionyl fentanyl, fluoroacetyl fentanyl, fluorofentanyl, N-methyl norfentanyl, norfentanyl, and para-fluorofentanyl. Cuyahoga County Regional Forensic Science Lab reported processing 11 cases of carfentanil and Lake County Crime Lab reported processing two cases of carfentanil during the reporting period, both increases. Miami Valley Regional Crime Lab did not report processing any cases of carfentanil.

Other data sources indicated heroin and fentanyl as available throughout OSAM regions. Ohio Department of Public Safety (ODPS) reported drug task force seizure of 3.7 kilograms (8.1 lbs.) of heroin from throughout OSAM regions during the reporting period; of which, 49.2% was seized from the Columbus region. ODPS reported drug task force seizure of 203.3 kilograms (447.2 lbs.) of fentanyl from throughout OSAM regions during

the reporting period; of which, 72.2% was seized from the Cleveland region. Fairfield County Municipal Court (Columbus region) reported that, of the 4,828 positive adult drug specimens it recorded during the past six months, 2.1% was positive for fentanyl. Millennium Health reported that 0.3% of the 141,893 urinalysis specimens submitted for heroin testing during the past six months was positive for heroin, while 4.2% of the 154,120 urinalysis specimens submitted for fentanyl testing was positive for fentanyl.

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

Region	Heroin		Fentanyl	
	% Tested Positive	Number Tested	% Tested Positive	Number Tested
Akron-Canton	0.1%	11,526	2.1%	13,297
Athens	0.1%	14,138	3.5%	15,504
Cincinnati	0.5%	29,141	6.8%	30,639
Cleveland	0.1%	25,760	1.5%	27,762
Columbus	0.1%	29,818	2.9%	31,227
Dayton	0.1%	3,726	3.9%	4,360
Toledo	0.8%	18,333	9.4%	21,417
Youngstown	< 0.1%	9,451	1.3%	9,914
Total	0.3%	141,893	4.2%	154,120

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 0.0%, 4.1%, 4.1%, 1.2%, and 3.1%, respectively, of all drug-related deaths they recorded this reporting period (6, 218, 121, 323, and 32 deaths) involved heroin; and 0.0%, 100.0%, 80.0%, 75.0%, and 100.0% respectively, of all heroin-related deaths they recorded this reporting period (0, 9, 5, 4, and 1 death(s)) also involved fentanyl. Regarding fentanyl case incidence, coroner and medical examiner offices in the counties of Athens, Cuyahoga, Hamilton, Montgomery, and Scioto reported that 50.0%, 67.0%, 73.6%, 65.6%, and 75.0%, respectively, of all drug-related deaths they recorded this reporting period involved fentanyl. In addition, coroner and medical examiner offices in the counties of Cuyahoga, Montgomery, and Scioto reported that 3.2%, 0.9%, and 9.4%, respectively, of all drug-related deaths they recorded this reporting period involved carfentanil. Coroner and medical examiner offices in the other reporting counties did not find carfentanil present in any of the drug-related deaths they recorded.

GPRA (Government Performance and Results Act) data collected from 6,245 persons entering publicly funded SUD treatment programs during the past six months found 3.7% reported heroin use 30 days prior to intake; and GPRA data collected from 6,246 persons entering publicly funded SUD treatment programs during the past six months found 13.5% reported fentanyl use 30 days prior to intake.

Media outlets reported on law enforcement seizures and arrests related to heroin/fentanyl this reporting period (selected media reports follow). Southeast Ohio Major Crimes Task Force conducted a traffic stop in Marietta (Washington County, Athens region) and arrested a couple from Akron (Summit County, Akron-Canton region) after discovering 6.7 grams of fentanyl; agents arrested the pair for drug trafficking and possession (www.mariettatimes.com, June 22, 2024). Butler County Sheriff's officers (Cincinnati region) executed a search warrant at two homes and seized approximately nine grams of fentanyl, three firearms, four cell phones, a digital scale, a

GPRA Intake: Opioid Use during the Past 30 Days

	Heroin		Fentanyl	
Region	% Yes	Total N	% Yes	
Akron-Canton	2.5%	320	4.4%	320
Athens	2.2%	273	5.5%	
Cincinnati	4.9%	1,291	10.5%	1,291
Cleveland	4.7%	1,378	10.4%	
Columbus	2.8%	1,802	24.8%	1,803
Dayton	1.2%	334	5.4%	
Toledo	3.2%	567	9.2%	567
Youngstown	5.7%	280	7.1%	
Total	3.7%	6,245	13.5%	6,246

blender, other drug paraphernalia, and $608; officers arrested a man for trafficking and possession of drugs (www.wlwt.com, June 19, 2024). Federal agents with the Bureau of Alcohol, Tobacco, Firearms, and Explosives (ATF) and the Drug Enforcement Administration (DEA), along with Cleveland Police arrested two men affiliated with a local gang for conspiring to distribute fentanyl, maintaining a drug house, and the distribution of fentanyl and cocaine; police informants bought a total of about a pound of fentanyl and 84 grams of cocaine for about $6,000 from the men (www.cleveland.com, June 14, 2024). Southeast Ohio Major Crimes Task Force agents conducted a probable cause search of an SUV in Marietta after a K9 officer indicated on the driver's side of the vehicle; agents found 45.9 grams of suspected fentanyl and arrested the driver, an Akron man, for trafficking and possession of fentanyl (www.mariettatimes.com, June 4, 2024). Elyria and Avon Police (Lorain County, Cleveland region) along with the FBI executed a search warrant of a home in Avon and seized more than 4.5 ounces of drugs, including heroin and cocaine, a firearm, and $15,000; officers arrested a man at the home for drug trafficking and possession (www.cleveland19.com, May 30, 2024). After a six-month investigation, Cleveland Police and the FBI lead a task force that ended up seizing an estimated $9.5 million of fentanyl products from three cities in Cuyahoga County (Cleveland region); in one of the biggest drug seizures in Cuyahoga County, officers confiscated 65 kilograms (134 pounds) of suspected fentanyl pills and powder in addition to guns www.news5cleveland.com, May 16, 2024). Trumbull Action Group (TAG) Task Force along with Warren Police (Youngstown region) executed a search warrant at a home and seized 23 grams of suspected crack cocaine, 18 grams of suspected fentanyl, two guns, ammunition, a digital scale, and more than $6,000 (www.wfmj.com, May 15, 2024). Miami County Sheriff's Office along with Troy Police (Dayton region) executed a search warrant at a home and arrested a man for trafficking methamphetamine, cocaine, and fentanyl; officers seized unspecified amounts of powdered cocaine, crack cocaine, methamphetamine, and 130 fentanyl pills (www.wdtn.com, May 13, 2024). Ohio Attorney General's Office announced the indictment of six individuals involved in a Columbus drug and human trafficking ring; Central Ohio Human Trafficking Task Force seized unspecified amounts of fentanyl and cocaine, and five firearms during the execution of search warrants as part of their drug and human trafficking investigation (www.nbc4i.com, May 7, 2024). Meigs County Sheriff's deputies (Athens region) conducted a traffic stop in Pomeroy and arrested two people for drug trafficking and possession; with the aid of a K9 officer, deputies seized a large quantity of suspected heroin and fentanyl from a body cavity of the female passenger (www.wchstv.com, March 21, 2024). Southeast Ohio Major Crimes Task Force agents conducted a traffic stop in Belpre (Washington County, Athens region) and arrested

three individuals for trafficking and possession of drugs; with the aid of a K9 officer, agents seized 3.3 pounds of methamphetamine, 33 grams of fentanyl, and digital scales (www.wtap.com, Feb. 29, 2024). Meigs County Sheriff's deputies executed a search warrant in Middleport and arrested two people for drug trafficking and possession after seizing unspecified amounts of suspected methamphetamine, heroin, fentanyl, numerous pills, digital scales, packaging materials, and cash (www.wchstv.com Feb. 27, 2024). Washington County Sheriff's deputies conducted a traffic stop and a probable cause search of a vehicle; with the aid of a K9 officer, deputies found 181 grams of suspected fentanyl and arrested the driver for drug trafficking (www.wtap.com, Jan. 31, 2024). Scioto County Sheriff's deputies (Cincinnati region) arrested three individuals for drug trafficking and possession during a traffic stop in Lucasville; deputies seized a loaded handgun concealed under the front passenger seat, along with a bottle containing two plastic bags of what appeared to be fentanyl, digital scales, and a jar containing a crystal-like substance believed to be methamphetamine (www.sciotovalleyguardian.com, Jan. 26, 2024). Summit County Sheriff's Office and Ohio State Highway Patrol (OSHP) arrested two people and conducted 21 traffic stops in a high-traffic area of Coventry Township; during the drug interdiction work, officers seized one illegal handgun, fentanyl, and suspected opioid pills (www.fox8.com, Jan. 26, 2024). According to Marion Metro Drug Enforcement Unit (Marion County, Columbus region), law enforcement officers went to a home located within 300 feet of an elementary school and arrested a Columbus man after seizing 67 grams of crack cocaine, drug paraphernalia, a gun, and cash; during the search and seizure, the elementary school was placed under a lockdown as a precautionary measure (www.nbc4i.com, Jan. 24, 2024). Meigs County Sheriff's officers arrested two women for possession and trafficking in drugs after they seized a large unspecified amount of heroin, fentanyl, digital scales, cell phones, and cash (www.wchstv.com, Jan. 19, 2024).

Adulterants

Consumers in most OSAM regions most often rated the current overall quality of heroin as moderate and of fentanyl as high. On a scale of '1' (poor quality, "garbage") to '10' (high quality), the regional modal quality scores for heroin ranged from '1' and '3' for the Cincinnati region to '10' for the Youngstown region, and the regional modal quality scores for fentanyl ranged from '4' for the Cleveland region to '10' for Dayton, Toledo, and Youngstown regions. Consumers throughout OSAM regions continued to report that the overall quality of heroin has remained the same or decreased during the past six months, while the overall quality of fentanyl has remained the same for most regions, except for the Athens region where consumers indicated increased fentanyl quality.

Throughout OSAM regions, consumers had difficulty in assigning a current quality rating for heroin due to little to no exposure to the drug during the past six months. A consumer in the Athens region stated, *"It's hard to rate* [heroin quality/purity] *because it ain't real. It's fentanyl, just with a color (colored to look like heroin)."* However, a quarter of consumers in the Youngstown region provided a quality rating for heroin and most of those consumers reported current high quality. They commented: *"*[Heroin] *is pretty strong (potent) because I 'OD'd' (overdosed) on it; The black tar that I purchased, high, high quality; If* [dealers] *actually have heroin, it's going to be pretty strong, I mean, it's going to be potent … but* [heroin is] *scarce."*

All other consumers reported low to moderate quality, saying: *"*[Heroin quality/purity is] *maybe like a '6' (moderate). Just because it's not very good … like (compared to) the fentanyl.* [Heroin] *just got so much other stuff (adulterants) in it right now…. You get this much heroin (a small amount) and this much cut (a larger amount);* [Heroin] *is not pure … it's cut; It's trash; That is why everyone is overdosing on heroin because it's not real heroin. It's all loaded with garbage; There are so many*

fillers, and they have no effect. It's just cut to make [it] *weigh more; You could never find like super, super* [good quality heroin]*. That's why fentanyl was able to take over because it was stronger."*

The consensus among consumers was that fentanyl is potent. Consumers rated the current quality of fentanyl relative to overdose, with overdose indicating high quality/potency. Comments included: *"Usually,* [fentanyl] *is so powerful, especially if you aren't used to it. And I don't know if that's good or bad; I would say it's definitely a '10' or higher. I personally have done* [fentanyl] *three times and needed Narcan® each time (naloxone to reverse an overdose); I'd say it's pretty good if everyone is dying (overdosing)."* Some consumers indicated moderate quality for fentanyl, discussing that dealers adulterate the drug to lower the risk of overdose and criminal prosecution. They said: *"*[Dealers] *cut it (fentanyl) so that it's not so strong you overdose; Obviously people are trying to make money off of* [fentanyl] *so they do cut it but … I definitely know that people are scared of people dying on their account and being held accountable for it and having to live with it."*

Consumers discussed adulterants (aka "cuts") that affect the quality of heroin and fentanyl, and throughout OSAM regions, consumers most often reported the top cutting agents for heroin as fentanyl and xylazine (aka "tranq," a powerful sedative that the FDA has approved for veterinary use only that is naloxone resistant), and they reported the top cutting agent for fentanyl as xylazine. Consumers throughout OSAM regions discussed fentanyl cut with xylazine. And consumers in the Youngstown region also reported fentanyl cut with carfentanil.

Regarding xylazine as an adulterant in fentanyl, consumers discussed: *"Xylazine* [is an adulterant in fentanyl]*, but nobody's identifying it as xylazine. Everybody's identifying* ['tranq dope'] *as fentanyl…. That's strong … it'll put you down. Oh yeah, everybody wants what's going to kill them…. That's what I wanted. I mean to be honest…. Oh, they're still going to buy it* [if they know xylazine is in fentanyl]*; Xylazine around here (Scioto County)* [is the most common cutting agent for fentanyl]*; I had that (xylazine) in my system when I came into* [Scioto County treatment agency] *and immediately, as soon I did it, my windshield cracked (they crashed their car). I overdosed as soon as I did it. And then my body stiffened up from it and I didn't even know what it was. And there's nothing that can help that…. Narcan® doesn't help that I'm told (naloxone does not reverse the effects of xylazine);* [Xylazine] *intensifies it (fentanyl). They make xylazine* [test] *strips now* [to test for xylazine in drugs]*; A lot of* [fentanyl] *today has* [xylazine] *cut in it…. It's more potent and I've had people tell me … 'I don't want* [fentanyl] *if it doesn't have* [xylazine] *in it;' I think most people would really rather have pure fentanyl but … sometimes they just don't have much of a choice. If it's a good mixture where you get effects from both (fentanyl and xylazine) some people like it."*

In the Athens region where consumers most often reported that the quality of fentanyl has increased during the past six months, comments included: *"Oh yeah,* [fentanyl] *has definitely gotten stronger. Especially since they put the xylazine or whatever it is in it. It makes it more dangerous. I would smoke 14 grams a day, of fentanyl, but then when I got* [fentanyl] *with xylazine … I couldn't even smoke two grams a day. It was putting me down. I never overdosed, but I came close when I was smoking that; They're always looking to get that stronger drug, get that better high…. So … it's always going to keep going up* [in potency]*. People's going to get used (build tolerance) to it so they're going to have to up that strength…."*

Additional cuts for heroin/fentanyl mentioned included: antipsychotic medications, artificial sweeteners, baby formula, baby laxatives, baby powder, baking soda, Benadryl® (diphenhydramine), biotin (vitamin B7), brown sugar, caffeine pills, cocaine, coffee, coffee creamer, creatine, duster, fiber, gabapentin, food coloring, headshop cutting agents, heroin (for fentanyl), ibuprofen, inositol (dietary

supplement), laundry detergent, laxatives, LSD (lysergic acid diethylamide), mannitol (diuretic), MDMA (methylenedioxymethamphetamine, ecstasy/ "Molly"), meat tenderizer, melatonin, methamphetamine, oral numbing agents, prescription opioids, powdered sugar, research chemicals, "rizzy" (bromadol, a potent narcotic analgesic), sedative-hypnotics (benzodiazepines), sleep aids, sugar, tranquilizers, vinegar, and vitamins (B, B-12, D). Crime labs throughout OSAM regions indicated many adulterants found in heroin/fentanyl.

Cutting Agents Reported by Crime Labs for Heroin/Fentanyl

acetaminophen, benzodiazepines, caffeine, cocaine, designer benzodiazepines, diphenhydramine (antihistamine), fentanyl/fentanyl related compounds (for heroin), heroin (for fentanyl), inositol (dietary supplement), ketamine, lidocaine (local anesthetic), mannitol (diuretic), medetomidine (animal surgical anesthetic and analgesic), methamphetamine, nitazene compounds, papaverine (vasodilator), PCP (phencyclidine), quinine (antimalarial), sorbitol (artificial sweetener), tramadol, xylazine (animal sedative)

Street Names

Current street jargon includes many names for heroin and fentanyl. And since heroin and fentanyl have become interchangeable in that fentanyl is sold as heroin, many of the street names for heroin are also used in reference to fentanyl ("boy" and "slow"). However, the most common street name for fentanyl remains "fetty." Consumers said: *"I think heroin and fentanyl are just interchangeable; When I talk about* [opioids]*, I talk about both (heroin and fentanyl). Same* [street names]*; 'Boy.' That goes back to the people who used to buy heroin but there is no heroin anymore, so people call* [fentanyl]*, boy; I feel like … terms* [for heroin] *came from them* [being] *shorter but also like (code for) over the phone or texting…. 'Get that 'dog food' while you're out;' Everyone would say 'boy'* [for heroin]*. 'Got any boy?;' You hear a lot of 'boy' and 'dog food'* [for heroin/fentanyl]*; Yeah,* [fentanyl is called 'boy'] *with the whole thing with 'boy'* [for heroin] *and 'girl' for 'coke' (powdered cocaine); 'Fetty' is the most popular name out for fentanyl; Everybody knows what fetty is that knows drugs."*

Other street names are shortened forms of the words "heroin" ("H" and "her") and fentanyl ("fent"), or they are a play on these words ("sghetty" from "fetty" for fentanyl; "Hank" and "horse" from "H" for heroin). Comments included: *"Yeah, they call it (heroin) 'H;' 'Hankity Hank,' 'Hank;' Yeah,* [just Hank]*; 'Sghetty,' like 'spaghetti' (rhymes with 'fetty'); I be saying 'fetty,' 'fetty wap.'"* Consumers continued to note that street names for both heroin and fentanyl often reference their sedative effect ("slow" and "sleepy time") or are references to other street names ("puppy chow" for "dog food;" "Fido" for "dog;" "man" for "boy"). Comments included: *"Anything that has to do with dogs. You can make names up and people will know what you are saying; I've heard a lot of*

Current Street Names for Opioids

	Heroin	Fentanyl
	boy, dog/dog food, H, slow	**boy, fetty/fetty wap, slow**
	brown, China/China white, dope, Fido, food, Hank, her, horse, man, puppy chow, smack, tar	**Chi/China white/white, dog/dog food/food, dope, down, fent, fetty dog, fire, horse, life killer, sghetty, sleepy time, smack, wap**

people call [fentanyl]*, 'slow;' 'Slow' for fetty and 'go' for meth; That's what they call* [fentanyl] *in the city is, 'slow;' 'Slow' is the main one (most common street name for fentanyl). You hear somebody* [say]*, 'I want slow,' then you know they don't want 'fast' (methamphetamine)."* Lastly, consumers explained that "life killer" is used to denote fentanyl and it refers to overdoses caused by fentanyl use.

Pricing

Throughout OSAM regions, consumers identified the most common quantity of purchase for heroin as a gram for $50-80. Reportedly, 1/10 gram (aka "point") of heroin most often sells for $10, and 1/2 gram most often sells for $25-30. The most common quantity of purchase for fentanyl is a gram for $40-100. Throughout most OSAM regions,

Naloxone

Analyses of consumer survey data administered at the time of the focus groups found that the majority (90.0%) of the 329 consumers who responded to questions regarding naloxone reported having heard of naloxone. Of those 296 consumers who had heard of naloxone, 38.9% reported having had naloxone used on them to reverse an opioid overdose and 40.2% reported having used naloxone on another person to reverse an opioid overdose. Of the 296 consumers, 79.7% reported that they knew where to obtain naloxone, 66.6% reported having ever obtained naloxone, and 41.2% reported current possession of naloxone. Consumers shared: *"You could do just the smallest amount and overdose. I've overdosed eight times and had to be 'Narcaned' (had naloxone administered) up to six times every time to bring me back; Right before I went to rehab, my little brother thought he was doing a line of 'coke' (powdered cocaine), and it was a line of fentanyl. It took four* [doses of] *Narcan®* [to reverse his overdose]."

Those who reported ever obtaining naloxone reported having obtained it from one or more of the following sources: drug treatment agency (36.1%), pharmacy (20.6%), syringe services program (14.5%), medical clinic (13.9%), mental health agency (13.2%), doctor's office (9.1%), Project DAWN (Deaths Avoided With Naloxone, a community-based overdose education and naloxone distribution program sponsored by Ohio Department of Health) (7.1%), and harm reduction vending machine (1.7%). In addition, 10.5% reported having obtained naloxone from a different source: community outreach event, friend/acquaintance, hospital, Internet source, prison re-entry preparation program, street outreach, and Women, Infants, and Children (WIC) program.

Among all 329 consumers who responded to questions regarding naloxone, 47.4% reported having ever seen a naloxone overdose emergency kit in a public place ("NaloxBox," a secured emergency kit like a first aid kit that contains doses of naloxone). Of those 156 consumers that had seen a naloxone emergency kit in a public place, the locations for naloxone overdose emergency kits reported were: bus station, church, concert venue, doctor's office, drop-in center, food kitchen/meal center, gas station, grocery store, homeless shelter, hospital, jail, library, local health department, medical clinic, pharmacy, Narcotics Anonymous (NA) meeting, public restroom, recovery housing, restaurant, roadside rest area, school, sheriff's office, syringe services program, treatment center, and workplace.

Consumers observed: *"We have Narcan®* [at an Allen County treatment agency, Dayton region] … [so you can tell fentanyl is] *very prevalent…. That gives me the idea that someone has overdosed in one of these places (recovery agencies) probably; At the Dayton Public Library … I've seen people die (overdose) … just die* [outside the library]*….* [There are] *a lot of overdoses….* [People using fentanyl] *outside the library, in the library…."* Columbus Fire Department (Franklin County, Columbus region) reported administering 1,164 total doses of naloxone to 923 individuals in the city of Columbus during the reporting period.

1/10 gram of fentanyl sells for $10-20; 1/2 gram sells for $25-30. Overall, consumers indicated that the prices of heroin and fentanyl have generally remained the same during the past six months.

Regarding current heroin pricing, many consumers reported not knowing because of not having encountered heroin during the past six months, while others stated that heroin pricing is the same as fentanyl pricing. Consumers discussed: *"We have no clue* [about current heroin prices]*;* [Heroin sells for the] *same* [price] *as fentanyl. $20 a 'tenth' (1/10 gram).* [But] *it's really, really, to be 100% honest, it's hard to say* [whether you're getting heroin or fentanyl]*. You have to … on some level trust the person you're getting it from."* And still other consumers reported that dealers with actual heroin could charge a premium due to the scarcity of "pure" heroin. Comments included: *"I would say* [the price of heroin] *would be higher* [than the price of fentanyl]…. *If somebody could get a hold of some heroin, they could name their price; For some people they are willing to pay more* [for heroin] *because it's rare;* [Heroin is] *expensive if you get it and it's real (actual heroin, not fentanyl)."*

Consumers generally described fentanyl as inexpensive, however, they also discussed variability in pricing based on dealer, location of purchase, quality, and quantity of purchase. Comments included: *"Down here (Athens County), $20 gets you a 'dime' (1/10 gram); In Columbus …* [fentanyl] *is cheaper; For Columbus,* [fentanyl pricing] *would be like $30 a 'half' (1/2 gram);* [Fentanyl pricing] *all depends on who you know, who you're getting it from, honestly; A gram can go from $80 to $120 for* [high-quality fentanyl]*. Down here (Belmont County, Athens region) that's what it goes for; If you want a half of fentanyl, sometimes they'll sell it to you for $35, $40. Well, that's what I did. Get a half then they would give me a deal. And they'd give me more; Well, I know a girl, she would get fentanyl. I think she would get 'meth' (methamphetamine) at the same time. And* [the dealer] *would usually just throw her in like a 'twenty' ($20 amount) of like fentanyl if she bought like $300 worth of meth."*

Throughout OSAM regions, consumers were not in agreement as to the most common amount of fentanyl purchase: some consumers reported dollar amounts, particularly $20, as the most common purchase and not a gram. Discussions included: *"No,* [a gram is not the most common unit purchased]*. Probably like a twenty … or a '30' ($30 amount) down here (Belmont County). Ain't nobody got that kind of money; But like if you were to buy $20 in fentanyl and $20 in meth, the amount (quantity of product) would be totally different; Probably between a half a gram and a gram is what the people that I would mess with did (would typically purchase); A gram* [of fentanyl] *usually starts out the day."* However, a consumer remarked, "[Price] *ultimately ends up whatever you can afford…. Just whatever it takes for you just to keep from getting 'sick' (experiencing opioid withdrawal)."*

Lastly, consumers discussed pricing for fentanyl-pressed pills, observing: *"I got a perc 30 for $20. Yeah,* [in the past six months]*. It was fentanyl. It was pressed. It was counterfeit. But if I had bought a quarter gram of fentanyl it would have been more economical;* [Pills] *are probably the most bought* [version of fentanyl] *because people think they are more pure; See I was getting* [fentanyl] *in pill form…. I would buy the pills for $7 … $8 a pill."*

Route of Administration

Throughout OSAM regions, intravenous injection (aka "shooting") remains the most common route of administration (ROA) for heroin and fentanyl. Consumers estimated that out of 10 people that use heroin, 8-10 would shoot and 0-2 would snort and/or smoke, and out of 10 people that use fentanyl, 5-10 would shoot and 0-5 would snort and/or smoke. Comments included: *"Most people that I know who use heroin, they shoot it; IV (intravenous use of heroin) all the way; I snorted* [fentanyl]*, but most people shoot it; I say smoking* [fentanyl] *or shooting it* [is most common]*; Everyone I ran with shot* [fentanyl]*; The average*

person that's doing [fentanyl]*, probably a needle (are intravenously injecting) … because you get … higher; The majority of people inject* [fentanyl] *because they want that big high right now; The longer you do* [heroin]*, you start shooting it because you want to stretch your high; At the end of the day heroin is always (eventually) shot up."*

While intravenous injection of heroin/fentanyl is the most common ROA, consumers noted a shift from shooting to smoking, and to a lesser extent snorting, as these routes are perceived as "safer," less likely to lead to overdose. Consumers observed: *"If you're snorting* [heroin/fentanyl]*, this was my thing (ROA) always, I can always do more, I can't do less. And if you're shooting it, dude, that's it, it's in there (in your system); More of the people that's smoked* [fentanyl] *… you don't really see them needing Narcan®…. Nothing like that; Most people I know who 'OD' (overdose), they shoot up; It's probably a little bit safer to* [smoke fentanyl] *because … you're just taking a hit at a time, you're not putting a whole shot in you at one time."* Another consumer reported vein damage caused by IV use and lack of unused/sterile syringes as other reasons for smoking fentanyl, saying: *"I used to be an IV user then I moved to smoking. Like most of my friends did too because fentanyl has gotten stronger and killing a lot of people and we just don't know what's in it no more* [so] *we started smoking it. And plus, it's hard to find a vein and stuff. And not having clean needles (sterile syringes). So … it was a lot of work, shooting up. I'd say about 50% of them* [inject and 50% smoke]*. Mmhmm,* [but trending more toward smoking]*.* [Smoking is perceived as] *safer."*

However, a consumer shared that overdose is also a risk when smoking fentanyl, saying, *"I'm an intravenous drug user…. I've OD'd thirty-eight times … I've OD'd from smoking it too though, and I believe the reason for people not doing it intravenously is that needles can be hard to come by at times and smoking it will do the same thing (produce a similar high)…. Like* [previous client] *said … I'm afraid of that stuff (fentanyl overdose) so in my head if I don't put it in my vein, if I smoke it off the foil (freebasing), it'll be safer, but like I said I've OD'd doing it both ways…."*

Consumers also discussed that smoking and snorting are more appropriate ROAs for social settings. They commented: *"From what I was seeing, a lot of people are starting to smoke* [fentanyl] *and once people started figuring out how to smoke it … I don't know … what they're putting it together with to make it burn like it does but that's* [had] *a big impact* [on fentanyl ROA]*…. I think a lot more people are starting to use (smoke fentanyl) now… it's starting to become more recreational and acceptable;* [People who use heroin would] *pass out as soon as they shot* [heroin]*,* [therefore some people] *prefer to snort* ['heroin']*…. You need to snort it to stay up and party; People that I know are stupid, they shoot it (intravenously inject heroin) and then pass out and what is the purpose of that? You just wasted your money because you took a nap."*

Other ROAs mentioned for heroin/fentanyl included "freebasing" (placing heroin/fentanyl on aluminum foil, holding a flame under the foil, and inhaling the resulting vapors, usually through a glass straw), "boofing" (anal insertion, reported ROA for fentanyl-pressed pills), and "mudpuddling" (dissolving heroin/fentanyl in water and inhaling/snorting the liquid). Consumers stated: *"It's easier to get a piece of aluminum foil (for freebasing) than it is a needle; They also putting heroin on aluminum foil and burning it* [to smoke] *(freebasing); The pills … they snort them; A lot of people that did heroin shot or mudpuddle; I put* [heroin] *in a nasal spray bottle and mixed it with warm water and I shot it up my nose that way; No,* [counterfeit prescription opioids are not taken orally]*. They're snorting them or smoking them. Snort 'em, boof 'em, shoot 'em…."*

Analyses of consumer survey data administered at the time of the focus groups found that, of the 329 consumers who responded to survey questions regarding injection drug use, 32.8% reported injection drug use, of which 74.1% reported

having ever shared syringes to inject drugs. Of those 108 consumers who reported injection drug use, the most common methods of obtaining sterile/unused syringes were from other people who inject drugs (56.5%), pharmacy (46.3%), drug dealer (45.4%), syringe services program (42.6%), and family member and friend (36.1%). Other data sources submitted incidence data of injection drug use. GPRA data collected from 6,260 persons entering publicly funded SUD treatment programs during the past six months found 6.8% reported injection drug use 30 days prior to intake.

GPRA Intake: Injection Drug Use during the Past 30 Days

Region	% Yes	Total N
Akron-Canton	2.8%	321
Athens	2.9%	273
Cincinnati	5.5%	1,293
Cleveland	6.5%	1,380
Columbus	10.7%	1,809
Dayton	3.9%	337
Toledo	5.1%	567
Youngstown	3.6%	280
Total	6.8%	6,260

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, 56.7% was male, 56.3% was under the age of 40 years, and 94.3% indicated White as their race.

GPRA Demographic Data of All Intake Clients Who Injected Drugs during the Past 30 Days (N = 423)[1]

Male	56.7%
Female	42.3%
18 - 29	12.8%
30 - 39	43.5%
40 - 49	31.4%
50 - 59	9.5%
60 +	2.8%
White	94.3%
African American	5.9%
Other race[2]	2.8%
Hispanic/Latino	3.8%

[1]Totals may not equal 100.0% due to other categories not represented in the table. Total percentage for race is greater than 100.0% due to some individuals indicating more than one race.
[2]Filipino, Native American, and/or unspecified Asian race.

Typical Use Profile

Throughout OSAM regions, consumers and community professionals continued to most often report that there is no profile for typical heroin and fentanyl use or there was no consensus on

Hepatitis C and HIV

Of the 327 consumers who responded to the survey question regarding Hepatitis C testing, 71.6% reported ever having been tested for Hepatitis C, while 20.5% reported never having been tested, and 8.0% reported that they did not know if they have ever been tested. Of those 232 consumers who had been tested for Hepatitis C, and responded to the survey question regarding their Hepatitis C status, 30.2% reported having been told by a medical professional that they have Hepatitis C. In addition, of the 326 consumers who responded to the survey question regarding HIV (human immunodeficiency virus) testing, 75.5% reported having ever been tested for HIV, while 21.5% reported never having been tested, and 3.1% reported that they did not know if they have ever been tested. Of those 244 consumers who had been tested for HIV and responded to the survey question regarding their HIV status, 1.2% reported having been told by a medical professional that they have HIV.

characteristics of typical use. Regarding heroin specifically, respondents noted heroin's limited availability when offering no description. Comments included: "[Heroin is] *not around hardly at all. You really can't scale it to anything; That's harder to say (describe typical use) because we (law enforcement) don't come across* [heroin]*…. We don't see it that much;* [Heroin] *is just so infrequent at this point…."*

Comments expressing the ubiquitousness of heroin/fentanyl included: *"Anybody and everybody (could use heroin/fentanyl) from 80-year-old grandpas down to 14-year-old kids…. Anybody and everybody in between; I think it affects everybody. I've seen rich people* [use fentanyl]*. I've seen people that work in the courthouse down to the people that are homeless and living in the woods…. Yeah,* [for fentanyl specifically]*. All ages, all* [demographics]*, it doesn't matter."* A treatment provider remarked, *"You might as well just start mailing* [naloxone] *out nationwide … out to everybody. Because … it's hard to tell* [who is using heroin/fentanyl]*…."*

However, a common descriptor of heroin use was, "the same as fentanyl." Comments included: *"I would say* [heroin use is more common among] *the same … people that are doing the fentanyl;* [Typical heroin use] *would probably be the same as the fentanyl … just because I think the same individuals that were using heroin* [are using fentanyl] … [they] *kind of didn't have a choice. Heroin kind of went by the wayside and fentanyl kind of overtook it, so the same people who were using heroin end up kind of using fentanyl;* [Heroin] *is one and the same as fentanyl."*

Descriptors of heroin/fentanyl use frequently included White people, younger people, and low socio-economic status. Respondents shared: *"Honestly, I've never seen any of my Black friends use* [heroin]*;* [Heroin is referred to as] *'White boy dope;' White people. Seriously though. They love* [heroin]*; Young adults. There's really nothing around here (Athens County) to do for them, so they turn to drugs … and crime … 18 to 30* [years of age]*;* [Fentanyl use] *is kind of all over the place, but I would put it usually on the younger end, we (treatment providers) see it (OUD) around like mid-20s to late-20s; Most of the people we (treatment agency) interact with that are actively using fentanyl are on the lower end of the economic spectrum; Impoverished, mixed* [income status] *community* [should be targeted for intervention for fentanyl use]*…. Yes, low income."*

Community professionals in Akron-Canton and Toledo regions discussed an increase in people of color using fentanyl. They said: *"More and more minorities in the past few years* [are using fentanyl]*; Primarily White* [people use fentanyl]*, but we're definitely seeing a lot more African American folks move to* [fentanyl]*."*

Other descriptors of heroin/fentanyl use discussed included: history of prescription opioid misuse/pain issues/injury/trauma, blue-collar jobs (laborers, construction, and factory work), and service jobs (bar/restaurant).

Respondents reported: *"People with pain … transitioned from pain medications (prescription opioids) to heroin and/or fentanyl … I feel like that's (chronic pain) a strong precursor* [for heroin use]*; Those that have had injuries; I think something to identify a group of* [people who use] *fentanyl would be less demographic….* [People from] *broken homes. Children brought up in violence. Trauma, absolutely; A lot of individuals* [fentanyl use starts with] *… lifestyle trauma…. Bad experiences growing up…. They start chasing anything … to numb what had happened to them…. They entered into the pill stuff (prescription opioids). Once all that kind of got taken care of (restricted), fentanyl was the next availability; You know, bad upcoming … poor life decisions, just kind of gets them there (leads to fentanyl use); A* [typical fentanyl use] *profile … we see a lot of your blue-collar workers* [in treatment programs for OUD]*; I know males in the trades tend to use a lot more* [fentanyl] *in that field…. As far as the tree service and carpenters, construction workers … a lot of that construction type work; Stressful*

environments, restaurants; Laborers and stuff like that … [fentanyl use] *is more common."*

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, 63.6% was male, 54.1% was under the age of 40 years, and 84.4% indicated White as their race. Analysis of GPRA demographic data of all intake clients that indicated fentanyl use during the past 30 days found that, of those who endorsed fentanyl use, 55.3% was male, 58.7% was under the age of 40 years, and 88.6% indicated White as their race.

GPRA Demographic Data of All Intake Clients Who Used Opioids during the Past 30 Days[1]

	Heroin (N = 231)[2]	Fentanyl (N = 844)[3]
Male	63.6%	55.3%
Female	35.1%	43.7%
18 - 29	12.1%	17.5%
30 - 39	42.0%	41.2%
40 - 49	28.1%	28.4%
50 - 59	11.3%	9.0%
60 +	6.5%	3.8%
White	84.4%	88.6%
African American	16.5%	12.6%
Other race	2.6%[4]	1.9%[5]
Hispanic/Latino	3.9%	3.8%

[1]Totals may not equal 100.0% due to other categories not represented in the table. [2]Total percentage for race is greater than 100.0% due to some individuals indicating more than one race. Ethnicity (N = 230). [3]Total percentage for race (N = 843) is greater than 100.0% due to some individuals indicating more than one race. Ethnicity (N = 842). [4]Filipino, Native American, unspecified Asian race, and/or unspecified other race. [5]Alaska Native, Korean, Native American, Pacific Islander, unspecified Asian race, unspecified other race, and/or Vietnamese.

Use Combinations

Many other substances are used in combination with heroin and fentanyl. However, consumers reported that these drugs are most often used with crack and powdered cocaine, methamphetamine, and sedative-hypnotics. Consumers explained using heroin/fentanyl with cocaine and methamphetamine to "speedball" (concurrent or consecutive stimulant and depressant highs), to "prevent overdose," and when experiencing opioid withdrawal symptoms. They said: *"You get that high* [on methamphetamine] *and you use that fetty to come down; You can use* [fentanyl] *longer, use less, and stay up* [when combined with methamphetamine]*;* [Fentanyl is combined with methamphetamine to] *stay alive (prevent opioid overdose); If I was coming down off fetty … if I didn't have any, if all I had was meth, I'd do that to substitute (alleviate opioid withdrawal symptoms); They do* [fentanyl] *to get the buzz and the 'ice,' the methamphetamine, to stay awake to enjoy it; I got to smoking crack* [with fentanyl]. *Because I'd get up (stimulant high from crack cocaine use) and then* [fentanyl] *would level me; Fentanyl helped me use crack in moderation; Yeah, speedball … that's the way I did it for years back when it was heroin … coke and heroin together. Today they're doing fentanyl and ice; That speedball thing is huge on the street."*

Reportedly, heroin is used with fentanyl to prolong the opioid high. Consumers commented: *"Fentanyl* [with heroin] *…* [for] *a better buzz; The effects are a lot similar, so they use* [heroin and fentanyl] *together to make it feel like it's strong."* Other depressant drugs, particularly sedative-hypnotics, that prolong and intensify the high of heroin/fentanyl and help to alleviate opioid withdrawal symptoms are commonly used with heroin/fentanyl. Consumers offered: *"*[With sedative-hypnotics for] *enhancement of the feeling (effects of opioids); A lot of people use Xanax® too with* [fentanyl]*. Stronger effect to …* [increase the] *nod (state of semi-consciousness/sleepiness caused by opioids);*

People are looking to get a better high…. Oftentimes what I would go to, because I couldn't get high on [fentanyl] *anymore* [due to high tolerance to opioids] *… if I had 'benzos' (benzodiazepines) … that would really do the trick; Downer goes with a downer…. We used to call it the 'L train downtown.' Yes,* [it intensifies heroin/fentanyl]*; When my mom was on heroin … she always had to have like gabapentin; Gabapentin will ease up those* [opioid] *withdrawal symptoms; Alcohol…. It gives me a body buzz on top of … your mental buzz (intensifies the effects of opioids)…. That's why I use both together;* [Sedative-hypnotics] *act as a catalyst (potentiator) so you can use a fractional amount of 'dope' (heroin) and take a Xanax® with it and you're going to be … 'lit' (extremely high)."*

Consumers acknowledged the inherent danger for fatal overdose in combining depressant drugs that suppress the central nervous system and slow/stop breathing. They discussed: *"Oh no! That's a killer (combination of fentanyl and sedative-hypnotics)…. They're both downers…. Somebody warned me about Klonopin®, 'Quit taking it like that,' this girl said, and that was my first OD … they warned me; That's why* [they use fentanyl in combination with sedative-hypnotics] *because they want to see how high they can get before they go out; I know a lot of people who were scared of mixing benzos with the heroin. They were worried that would just put them down and they wouldn't come back up."*

Substances Used in Combination with Heroin/Fentanyl	
Most Common	**cocaine, methamphetamine, sedative-hypnotics**
Other	**alcohol, gabapentin, marijuana, MDMA, prescription opioids**

Prescription Opioids

Prescription opioids for illicit use remain low and/or moderate in availability throughout OSAM regions. Respondents continued to identify opioid prescribing guidelines and prescription monitoring practices as the primary reasons for the limited supply of prescription opioids available for diversion. They discussed: "[The availability of prescription opioids for illicit use] *continues to go down … because of … regulation, state guidelines, pharmacy flags (patient medical record notifications indicating risk for prescription misuse), all that type of stuff to crack down on (restrict) pill mills, and doctors overprescribing; If you got fentanyl … or heroin on your record (a history of heroin/fentanyl use), they really won't give (prescribe)* [opioids] *to you; It's very hard to find* [prescription opioids] *because* [prescribers] *are doing pill counts (counting medication to verify that it is taken as prescribed), some people are only given enough for three or four days at a time (low quantity prescription)…. And* [prescribers] *do test levels (drug screens to help monitor adherence to prescribed opioid therapy); They don't even really prescribe 'perc 10s' (Percocet® 10 mg) anymore, they give you a* [lower dose] *'perc 5' (Percocet® 5 mg)."*

Furthermore, respondents reported that opioids are only prescribed for serious medical conditions and surgeries. They said: *"You have to be in pain management to get prescribed* [opioids] *anymore; The only people who really get them* [prescribed] *anymore are cancer patients; Most of the people that I know that get* [opioids] *prescribed have a legitimate underlying issue."* As a result of safer prescribing practices, respondents observed that most people take opioids as prescribed, stating: *"The ones that get it now (patients who are prescribed opioids) don't want to get rid of (divert) them because they actually need them* [for pain management]*; If you break your arm, they're giving you a six-day supply* [of prescription opioids]*. And if you try to give any of that away, you're going to be in pain; People who are being prescribed*

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

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

[opioids] *are getting them for* [pain management after] *surgery, so they need them, they're not going to give them up (sell their prescription); If you got them (have been prescribed opioids), you are going to take them … because you need them…."*

Respondents emphasized that one would need a connection to obtain prescription opioids for illicit use, most commonly to someone who is prescribed. Consumers discussed prescription opioid diversion, saying: *"It's typically an older person that has* [opioids prescribed] *that just doesn't really use them … and the grandchild comes in* [and takes them]*; What I see is people that are getting the real pills (legitimate prescription opioids) … are getting them from family members* [who are prescribed] *… and they're skimming off of it (taking part of the prescription); I know at least a handful of people in my circle who get* [opioids] *prescribed to them and then sell them to get heroin or 'meth' (methamphetamine); I had prescriptions for morphine, Percocet®, methadone … and I would give them to my daughter, and she was selling them…."* Community professionals added: *"They may steal* [prescription opioids] *from someone else or take it from a friend who has it prescribed; Sometimes they don't abide by taking their prescription and sell some of it …."*

Reportedly, the high cost of prescription opioids for illicit use has prompted many consumers to turn to less expensive, more potent, and highly available alternatives. Consumers explained: *"A lot of people started out on prescription opioids and switched to street drugs because they're easier* [to obtain] *and cheaper; Doesn't seem like there's much of a demand for* [prescription opioids on the streets] *… because when you can buy a $20 bag of 'dope' (fentanyl), it's way better (more potent and economical) than a perc 10; I think that's why a lot of people went to meth, because they couldn't afford to … buy pills because it costs too much money….* [Methamphetamine is] *cheaper and it keeps you high way longer."*

Although not widely reported, some consumers indicated that there is still demand for prescription opioids for illicit use among people who prefer prescription drugs over street drugs and can afford the high cost. Comments included: "[Prescription opioids for illicit use are] *presumably safe because it's produced by … pharmacological companies. You're not getting it off the streets necessarily… you are, but you presumably know what's in it; People that don't do fentanyl, they want the pill (prescription opioids); If you have enough money, you can definitely find* [prescription opioids for illicit use]*, just two doors*

down (available nearby); [Illicit prescription opioid use is] *something that's not frowned upon (less stigmatized than street drugs)…."*

Consumers also reported obtaining prescription opioids for illicit use with a connection to the right dealer or doctor. They said: *"I'd say dealers* [are the primary source for illicit prescription opioids]*. They got contacts, they got clientele … they can find someone who gets them 'legitly' (legitimately)* [and resell them]*; A dealer would have to buy* [prescription opioids] *from somebody they knew* [with a prescription] *to sell it;* [Prescription opioids for illicit use are most often obtained from] *doctors…. Some people find it easier to go through under the table doctors as well … some people are still able to pay that doctor to give them the prescription (make unauthorized payments to certain doctors to obtain prescription opioids)."*

Although some questioned the legitimacy of prescription opioids purchased online, consumers reported online sources, including the "dark web" (websites operated by criminal enterprises). They stated: *"You can get* [prescription opioids] *through your doctor* [and] *the dark web. There's always the dark web; You can get* [prescription opioids] *online, but it's a hit or miss, though, you can get ripped off, you can get set up (risk of purchasing counterfeit prescription opioids)."* Similarly, a member of law enforcement in the Cincinnati region mentioned prescription opioids shipped in the mail as unreliable, saying, *"I think a lot of the drugs … specifically the opioids, that are flowing into Clermont County come through the mail, and I think they have Chinese origin, or at least, international origin. They're labeled one thing, but they certainly could be something else … but I think people are intending to buy … the OxyContin®, the Percocet®, but really, what they're buying, who knows (could be counterfeit)?"*

Respondents throughout OSAM regions reported that the overall availability of prescription opioids for illicit use has remained the same during the past six months. A consumer in the Cincinnati region remarked, "[Prescription opioid street availability has] *been like this (low) … for the last three … four years. It's really hard to come by."* Respondents reasoned that availability has remained low due to prescribing regulations, transition to other substance use, and high prices, providing: *"As soon as they came down on the doctors (implemented stringent opioid prescribing regulations) and started suing big pharma (filed lawsuits against prescription opioid manufacturers) … they've made* [prescription opioids] *real hard to get; I was addicted to pills at first and then I went from pills to heroin because it's … way cheaper…. That was a while back though…. I haven't even seen a pill in a long time; People have just adapted to …* [other substances that are] *more available."*

Some respondents, especially consumers and treatment providers, reported decreased availability of prescription opioids for illicit use during the past six months and cited many of the same reasons as those who reported low availability. In addition, they recognized that most pills sold as prescription opioids on the streets are counterfeit pressed pills made to resemble prescription opioids. A treatment provider summarized, *"There has definitely been a change, a decrease* [in availability of prescription opioids on the streets] *because it's cheaper* [to get counterfeit prescription opioids] *and more challenging* [to get opioids prescribed]*."*

Consumers elaborated on the prevalence of counterfeit prescription opioids on the streets, stressing overdose risk, as they typically contain fentanyl. They said: *"It's usually* [pressed] *fetty and a combination of stuff (other substances) that's making people overdose and possibly die; People … aren't trying to wait every 30 days to get the real* [diverted opioids]*…. I think they know there's fentanyl in* [pills sold as prescription opioids on the streets]*, but … they just take it anyway; Unless you know what you're looking at, you are not going to be able to tell* [the difference between legitimate and counterfeit prescription opioid pills]*…. A pressed pill is so much softer than a real pill."*

Community professionals shared that lab analyses

from treatment client drug screens, and crime lab analyses of seized substances, suggest availability of counterfeit prescription opioids, often made to resemble Roxicodone® 30 mg (aka "perc 30s"). They reflected: *"It's very rare that somebody (treatment client) says, 'Oh, I'm on Percocet®, I'm buying Percocet®,' and then they test positive* [on a drug screen] *for Percocet®. Most of the time they test positive for fentanyl because it's pressed; You send* [pills purchased on the street] *to the lab and* [the analysis shows] *it's all fentanyl. So, like actual Percocet® and actual 'oxy' (oxycodone or OxyContin®) … you just don't see it that often; It always seems to be the percs that are pressed, they're blue, they have 'M' squares on them (counterfeit pills imprinted with legitimate Roxicodone® 30 mg markings, aka 'M-blocks')…. In the last couple years, we've seen an increase in that, which I think may contribute to the overdoses…."*

Throughout OSAM regions, Percocet® reportedly remains the most available type of prescription opioid for illicit use. Additionally, law enforcement in half of OSAM regions (Akron-Canton, Cleveland, Dayton, and Toledo), as well as consumers in the Akron-Canton region, indicated OxyContin® as most available, and respondents in Athens and Cincinnati regions identified Vicodin® as most available, while consumers in the Youngstown region noted Ultram® as most available. According to many consumers, Percocet® is most prescribed and has been popularized in rap music. They commented: *"They give* [Percocet®] *to you in the hospital or emergency room; All these rappers talk about 'poppin' a perc' (orally consuming Percocet®) … and then everybody wants to join that wave."* They most often indicated availability of lower milligram strength Percocet®, saying: *"I only ever went looking for perc 10s; I've been seeing '5s' (Percocet® 5 mg); I've seen a lot of just like lower milligram Percocet® out there, 7.5s, 10s, 5s."*

Regarding other types of prescription opioids for illicit use, a treatment provider in the Athens region reported that Vicodin® is more likely to be legitimate, sharing, *"Perc 30s are really popular, and Vicodin® … the Vicodin® are more common to get the real thing (legitimate)."* And consumers in the Youngstown region considered Vicodin® or Ultram® as commonly prescribed, resulting in more street availability, providing: "[Vicodin® for illicit use is] *not easy to get, but it's easier to get from a doctor … it's easier than anything else (other types of prescription opioids);* [Tramadol is] *easier to obtain from a doctor so it's going to be more available on the street."* In terms of OxyContin®, comments included: *"There's OxyContin®* [on the street]. *It's very popular; If you are talking actual prescription … it would be oxy, if they are available, because it's stronger (more potent); My grandma's getting OxyContin®* [prescribed] *… they have a gel base (tamper-resistant coating)."*

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 processing few cases of morphine from each OSAM region.

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

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

[1]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 prescription opioid incidence data. Cuyahoga County Regional Forensic Science Lab (Cleveland region) reported that the incidence of tramadol cases it processes has decreased during the reporting period, while the incidence of hydrocodone cases has increased, and the incidence of oxycodone cases has remained the same. Lake County Crime Lab (also Cleveland region) reported that the incidence of oxycodone and tramadol cases it processes has increased 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 only tramadol and binder material, counterfeit oxycodone tablets that contain only alprazolam and binder material, and counterfeit oxycodone tablets that contain fentanyl and fentanyl analogues. Miami Valley Regional Crime Lab (Dayton region) reported that the incidence of oxycodone and tramadol cases it processes has increased during the reporting period, while the incidence of hydrocodone cases it processes has remained the same.

Other data sources indicated prescription opioids as available for illicit use. Fairfield County Municipal Court (Columbus region) reported that, of the 4,828 positive adult drug specimens it recorded during the past six months, 3.1% was positive for oxycodone. 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 16.7%, 7.8%, 12.4%, 9.0%, and 12.5%, respectively, of all drug-related deaths they recorded this reporting period (6, 218, 121, 323, and 32 deaths) involved prescription opioids.

Millennium Health reported that during the past six months, 3.8% of 152,674 urinalysis specimens tested for oxycodone/oxymorphone was positive, and 5.3% of 128,994 urinalysis specimens tested for morphine, codeine, hydromorphone, and hydrocodone was positive.

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

Region	Oxycodone/Oxymorphone		Opiates (morphine, codeine, hydromorphone, hydrocodone)	
	% Tested Positive	Number Tested	% Tested Positive	Number Tested
Akron-Canton	7.9%	13,668	13.8%	8,740
Athens	2.8%	15,144	6.0%	12,330
Cincinnati	1.3%	30,348	3.7%	26,687
Cleveland	3.4%	27,094	3.3%	23,538
Columbus	7.3%	30,009	5.7%	27,776
Dayton	2.0%	4,323	3.6%	3,226
Toledo	1.8%	22,131	5.3%	17,672
Youngstown	3.4%	9,957	5.2%	9,025
Total	3.8%	152,674	5.3%	128,994

GPRA (Government Performance and Results Act) data collected from 6,260 persons entering publicly funded SUD treatment programs during the past six months found 4.7% reported illicit prescription opioid use 30 days prior to intake.

GPRA Intake: Illicit Rx Opioid Use during the Past 30 Days

Region	% Yes	Total N
Akron-Canton	2.2%	321
Athens	2.9%	273
Cincinnati	3.4%	1,293
Cleveland	6.7%	1,380
Columbus	6.0%	1,809
Dayton	1.5%	337
Toledo	3.9%	567
Youngstown	1.8%	280
Total	4.7%	6,260

Street Names

Current street jargon includes many names for prescription opioids. Consumers reported that street names are often shortened versions of drug names ("oxy" for oxycodone/OxyContin® and "trams" for tramadol) or the first letter of brand names ("Ps" for Percocet® and "Vs" for Vicodin®). Street names also reference the pill color ("blues" for Percocet® 5 mg) or milligram strength ("10s" for Percocet® 10 mg). A consumer in the Cleveland region commented, *"'Bananas,' because they look like little yellow bananas, the perc 10s."* Although some consumers countered that the street name, "beans," is more commonly used for ecstasy (MDMA pills), others remarked: *"All of them, beans* [refers to all types of] *pills; Universal name for all* [prescription opioids is] *beans."*

Pricing

Current street prices for prescription opioids were reported by consumers with experience buying the drugs. Consumers in the majority of OSAM regions reported that Percocet® 5 mg typically sells for $10-15, and as low as $6 in the Columbus region, and as high as $20 in the Toledo region. Consumers indicated that Percocet® 10 mg most often sells for $20-25, and sometimes sells for as low as $10 in Cleveland, Dayton, and Toledo regions, and $14 in the Cincinnati region. Roxicodone® 30 mg typically sells for $30-60 throughout OSAM regions. In Athens, Cincinnati, and Columbus regions, Vicodin® 5 mg typically sells for $4-10, and Vicodin® 10 mg typically sells for $10-15, according to consumers in Athens, Dayton, and Youngstown regions. Knowledge of OxyContin® pricing was limited to the Youngstown region, where OxyContin® 30 mg reportedly sells for $40 or $2 per milligram.

Consumers identified low supply as the primary reason for high current street prices for prescription opioids. They discussed: "[Prescription opioids for illicit use are] *real expensive. That's why everyone does fentanyl, because if you even do manage to get a real pill, it's so expensive; It's a scarcity thing (low supply of prescription opioids on the streets);* [Dealers are] *… doubling up on the prices because they're hard to get."*

Reportedly, some consumers will pay high prices for illicit prescription opioids to alleviate opioid withdrawal symptoms. Comments included:

Current Street Names for Prescription Opioids

General	beans, buttons, candy, Jolly Ranchers®, mints, pills, Skittles®
OxyContin®	OCs, oxy/oxys
Percocet®	*General:* jerks, Ps, percolator, percs/perks, perky/perkies *5 milligrams:* blues *10 milligrams:* 10s, banana
Roxicodone®	30s, perc 30, Roxies
Ultram®	trams
Vicodin®	Vs, vics

"Anything to avoid that desperation, the 'sickness' (opioid withdrawal symptoms); That [opioid] *withdrawal will make you pay about anything."* And bulk discounts are sometimes available for prescription opioids for illicit use. Comments included: *"The more you buy, they give you a break* [on price]*; They're so hard to come by, people buy them in bulk and then wait until the next month* [to purchase more, after a prescription for opioids is refilled]*."*

Consumers most often reported that the price of prescription opioids for illicit use has remained the same during the past six months (Akron-Canton, Athens, Columbus, and Toledo regions) or increased (Cincinnati, Dayton, and Youngstown regions), while consumers in the Cleveland region were evenly split between no change and increased pricing. Those who indicated increased pricing identified reduced supply as the primary contributor, reasoning: "[Illicit prescription opioid pricing] *went up … because they're not as available much anymore, and that's how some people make their money; Increased* [pricing for illicit prescription opioids]*, because there is less and less out there; Price is going up* [for prescription opioids on the streets] *because it's getting so hard to obtain the real pills…. Like if you had a real Opana® 40* [mg to sell]*, you could name your price on that."*

Route of Administration

The most common routes of administration (ROAs) for illicit use of prescription opioids remain snorting followed by oral consumption. Consumers most often estimated that out of 10 people that use prescription opioids illicitly, 5-10 would snort and 0-5 would orally consume the drugs. Snorting reportedly produces a more immediate effect, which is why some consumers progress from oral consumption to snorting. Consumers offered: *"Most of the people I knew snorted* [prescription opioids]*. It's a quicker high; I don't know anyone that would use* [prescription opioids] *orally because it takes too long* [to feel the effect]*; At first, they … take* [prescription opioids] *orally, and then for me, I'd crush them* [and] *snort them…. I think eventually, the number would always end up at 10* [people] *as crushing* [and snorting] *them; If they're in pain, they probably snort* [prescription opioids]*."*

Consumers described various oral consumption methods for illicit use of prescription opioids, discussing: *"You cut* [a fentanyl patch] *open and you eat (orally consume) the gel out of it; I've seen people put three or four* [prescription opioids in] *in* [their mouth] *and just chew them…. They'll take two, three, four, five at a time … depending on their tolerance…. Your tolerance gets higher* [with consistent use]*;* [People] *crush them down like a baking powder, eating them like powder;* [Some people like] *stirring* [crushed prescription opioids] *up in orange juice* [to drink]*; Stir* [crushed prescription opioids] *in my tea … dissolve it faster so you don't have to wait a half hour for it (the effect) to kick in."*

Although uncommon, consumers in half of OSAM regions (Akron-Canton, Athens, Toledo, and Youngstown) reported intravenous injection of prescription opioids, and consumers in Columbus and Youngstown regions reported smoking. The ability to inject reportedly depends on the type of prescription opioid, consumers explained: *"I mean with oxys, I 'shot' (injected) them…. I mean it was half and half (injecting or snorting) depending on what* [type of prescription opioid] *I was doing. I'd shoot any of them I could;* [ROA for prescription opioids] *depends on what milligram … if it doesn't have Tylenol® (acetaminophen) in it, you can shoot it; Dilaudid® is notoriously shot."*

Other reasons for injecting prescription opioids include the heightened effect and personal preference. Consumers described: *"I imagine they get a bigger buzz quicker* [by injecting prescription opioids]*; Lot of people I know, they shot* [prescription opioids]*…. Everybody that I know that uses* [drugs]*, I mean, it doesn't matter if it's meth, or whatever, they* [prefer to] *shoot it."*

Typical Use Profile

Throughout OSAM regions, respondents often indicated that there is no typical profile for illicit prescription opioid use, elaborating: *"It starts around … 15 to 16* [years of age]*, all the way to in their 60s; It doesn't discriminate; It doesn't matter your race or your gender or nothing like that."* However, respondents continued to report illicit prescription opioid use among people with a history of injury/surgery/chronic pain, including people who work in manual labor. Comments included: *"Essentially anyone who goes in to have surgery and gets prescribed* [opioids] *… if they're on them long enough,* [they are at increased risk for OUD, opioid use disorder]*; People that were either in some type of accident or injury, start taking* [prescription opioids] *… initially for pain, and then* [use] *turned into a problem; People that do physical work, because they have more pain and they can't get* [opioids] *prescribed from a doctor so it's easier for them to go to the streets to get it."*

Respondents identified higher socio-economic status professionals as being able to afford prescription opioids for illicit use, stating: *"A lot of wealthy people end up on (misuse) prescription opioids. They have the money to find the real ones; Definitely* [people] *with a job* [are more likely to purchase prescription opioids]*, they're basically like* [people who use] *your fentanyl or your heroin … just with a higher-level income."*

In terms of age, respondents reported illicit prescription opioid use among both young and old people. A consumer in the Cleveland region summarized, *"There can be 17- or 16-year-olds on them (illicit prescription opioids) and it goes up* [in age] *from there … because they put them in songs (popularized in music), but the older people get started by their doctors (progress to illicit use after being prescribed opioids)."* Regarding illicit prescription opioid use among older people, respondents reasoned: *"Wear and tear on the body, and maybe they have some old prior injuries, or they are achy and hurt from construction jobs, or some sort of hard labor … which would maybe get them using some sort of pain medication; I think it's a generational thing, where* [older people] *would rather use something they are familiar with (prescription opioids)…."*

Young people are exposed to prescription opioids through music and obtain them from adults with prescriptions. Discussions included: *"The younger generation, 18 to 22* [years of age] *… seniors in high school … 17, 18* [years of age] *… I think* [illicit prescription opioid use] *starts right in there, a lot more prevalent, because I think it's more available in school, an educational setting; A lot of kids in high school; Raiding parents' medicine cabinets; The young kids … because of the music, society, social media, making songs about it, 'popping percs,' and that became a popular thing to do."*

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, 51.7% was male, 50.3% was under the age of 40 years, and 71.1% indicated White as their race.

GPRA Demographic Data of All Intake Clients Who Used Rx Opioids Illicitly during the Past 30 Days (N = 292)[1]

Male	**51.7%**
Female	**47.3%**
18 - 29	**18.5%**
30 - 39	**31.8%**
40 - 49	**21.2%**
50 - 59	**18.5%**
60 +	**9.9%**
White	**71.1%**
African American	**31.3%**
Other race[2]	**1.7%**
Hispanic/Latino	**4.8%**

[1]Totals may not equal 100.0% due to other categories not represented in the table. Total percentage for race (N = 291) is greater than 100.0% due to some individuals indicating more than one race. Ethnicity (N = 290). [2]Native American and/or unspecified other race.

Use Combinations

Many other substances are used in combination with prescription opioids. Consumers continued to identify alcohol, marijuana, and sedative-hypnotics as the most common substances used in combination with prescription opioids for the potentiating effect. They explained: *"I did a beer when I did* [prescription opioids]. *It 'boosted' (potentiated the effect);* [Combined use of alcohol and prescription opioids] *intensifies the buzz. You can do percs, you can do alcohol, both of which are different highs, but percs and alcohol* [used in combination] *is a more intense, different, high;* [Marijuana] *intensifies* [the effect of prescription opioids] *and drags (prolongs) the high out."*

Other depressants like heroin/fentanyl and promethazine (aka "lean" when mixed with soda) are also reportedly used in combination with prescription opioids to enhance the effect. Consumers said: "[Prescription opioids used in combination with lean] *enhance each other; Kicks in faster;* [Prescription opioids are used in combination with] *something that is going to be synergistic with (potentiate) what you're already taking (heroin/fentanyl)."*

Stimulants (cocaine, methamphetamine, and prescription stimulants) are reportedly used in combination with prescription opioids to "speedball" (concurrent or consecutive depressant and stimulant highs) or to help come down after stimulant use. Consumers stated: *"A lot of people take* [prescription opioids] *to come down from the upper from 'crack' (crack cocaine) and meth so the crash isn't so hard;* [Prescription opioids are used in combination with methamphetamine] *to be up and down (speedball)."*

Substances Used in Combination with Prescription Opioids

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

Buprenorphine

Buprenorphine, a medication for opioid use disorder (MOUD), continues to be highly available for illicit use throughout OSAM regions. Respondents indicated that illicit buprenorphine use remains most common in between, or when trying to stop, heroin/fentanyl use, to help mitigate opioid withdrawal symptoms (aka "dope sickness"). Consumers stated: *"Most anybody on heroin, or any opioid, also has Suboxone® (buprenorphine) for whenever they're feeling sick; I would always keep one or two* [buprenorphine filmstrips] *available on me in case I was dope sick, just to take the edge off (alleviate opioid withdrawal symptoms)."* Community professionals added: *"A lot of people have* [a prescription for buprenorphine], *even if they aren't using them, or they are using … just back and forth (alternating between buprenorphine and heroin/fentanyl use); Sometimes people try to detox (stop opioid use) at home and buy 'strips' (buprenorphine filmstrips) on the street* [to help alleviate opioid withdrawal symptoms]*."*

Respondents continued to report that buprenorphine is commonly prescribed at MOUD clinics and treatment centers and sometimes diverted. They said: *"People can go to a*[n] [MOUD] *clinic and get them* [prescribed] *… they got clinics all over. You just go in, tell them that you're an addict (have an opioid use disorder), and usually they'll make you pee in a cup (complete a urinalysis drug test), and if you're 'dirty' (test positive for opioids) they give (prescribe) them to you that day pretty much; It's been a while since I've gotten* [buprenorphine] *off the streets because … it's just easier to get it prescribed; Honestly, you could just go to any doctor or treatment* [center] *and you get your first dose* [of buprenorphine prescribed]

Reported Change in Availability of Buprenorphine during the Past 6 Months			
Region	**Current Availability**	**Availability Change**	**BCI Buprenorphine Case Incidence Change**
Akron-Canton	**High**	**No Change**	**No Change**
Athens	**Moderate to High**	**No Change**	**No Change**
Cincinnati	**High**	**No Change**	**No Change**
Cleveland	**High**	**No Change**	**Decrease**
Columbus	**High**	**No Change**	**Increase**
Dayton	**High**	**No Change**	**Decrease**
Toledo	**High**	**No Change**	**No Change**
Youngstown	**Moderate to High**	**No Change**	**Increase**

there, as well as the week dose. So, on top of getting [buprenorphine] *prescribed, you now can sell* [all or part of your prescription] *to other people who aren't prescribed;* [Buprenorphine is] *dispensed everywhere, they're easy to get. And insurance will pay for them, so they're free (covered by many health insurance plans); Now the* [illicit buprenorphine] *market is kind of flooded with everybody having Suboxone®* [prescribed] *… they can go to any pain clinic from here (Dayton region) to Michigan and get it readily…."*

Online sources, especially telehealth services, reportedly make it easier to obtain a buprenorphine prescription. Consumers offered: *"You don't have to go into a clinic anymore* [to obtain a buprenorphine prescription]*. You can do it all online. My doctor's online … I've never seen them* [in person]*. He sent me some* [urinalysis drug screen collection containers] *but I never did it (completed a urinalysis drug test) and they never said anything (was able to continue treatment); You can get a* [telehealth] *app on your phone and have* [buprenorphine] *sent right to your home…. A doctor (telehealth) app … you can get whatever you want, all you need is to pay* [for] *the … prescription."* Treatment providers observed: *"I think there has been an increase in Internet* [MOUD] *clinics and people can go on and get 100 'films' (buprenorphine filmstrips) for next to nothing (low cost); I've had people tell me, 'Oh yeah, it's really easy* [to get buprenorphine prescribed]*. I have to send in an oral swab once a month* [for drug screening]*, and so I'll take it for a few days before, so it'll be in my system properly and I'll just sell the rest.'"*

Respondents indicated that some prescribers write higher dose buprenorphine prescriptions. Community professionals discussed: *"A lot of agencies will quickly prescribe them like 24 milligrams* [of buprenorphine] *a day, or something astronomical (higher dose), and they'll sell some of it and take some of it; We've been seeing higher dose* [buprenorphine] *prescriptions. We used to see lower doses being prescribed, and recently it's gone up. And I think a lot of people … it's maybe more cost-effective for them to take what they need and sell the rest."*

Although typically prescribed to treat opioid use disorder (OUD), buprenorphine is also reportedly prescribed for other reasons, including pain management. Comments included: *"There's people who, without an addiction at all,* [are] *getting* [buprenorphine prescribed] *and they're getting them prescribed for a pain medication; When they kind of cracked down on giving out 'oxy'*

(restricted oxycodone prescribing), the Suboxone® for the pain management kind of took over and filled that void; They're giving Suboxone® for alcohol use disorder (AUD) as well, like they do the naltrexone (medication used to treat OUD and AUD). And [buprenorphine is prescribed] *for methamphetamine use disorder to curb cravings…."*

Respondents acknowledged that people who are prescribed buprenorphine sometimes sell all or part of their prescription for extra income, or trade it for other drugs or resources. They stated: *"I can get a* [buprenorphine] *prescription and sell it on the streets; All kinds of people used to come and bring their* [buprenorphine] *prescriptions to one of my dealer's houses and they would trade Suboxone® for 'dope' (street drugs); I've seen* [buprenorphine] *being swapped for food stamps … there's just so many avenues* [to obtain buprenorphine]*, and it's almost like a currency sometimes."*

Buprenorphine prescribing requirements and prescription monitoring practices reportedly vary, with some respondents reporting more stringent practices. They said: *"People try to sell their strips, and maybe some places (treatment centers) are getting better about not continuing to give them when the person's not using them as prescribed; They test us (drug screen) here (treatment center) like three times a week. If we get anything else on us (test positive for illicit drugs), like, it's over (experience consequences for not adhering to treatment program requirements); A lot of treatment centers are regulating* [buprenorphine] *more … like making people come every day and get it…. There aren't as many doctors who prescribe a big (high quantity) prescription nowadays unless you want to pay out of pocket."*

Some consumers reported low demand for buprenorphine for illicit use, explaining that it is not a preferred substance, stating: *"Most people … do regular drugs (street drugs) instead of Suboxone®; You can get them anywhere (high availability of buprenorphine for illicit use)…. It's just nobody tries* [to purchase buprenorphine on the streets]*;* [Buprenorphine diversion is] *a low level of like, someone can sell to their buddy, and that's about it. It's not the open market type stuff (dealer selling on the streets). It's, 'I got one. Here, I can hook you up,' but that's about it."*

Respondents also observed that many people use buprenorphine as prescribed as part of a treatment program. Community professionals noted: *"There are a lot of people currently prescribed* [buprenorphine]*. They aren't necessarily abusing it; The majority of the people that test for it (test positive for buprenorphine) are on it (prescribed); More and more people are wanting to do* [buprenorphine] *the right way (through a treatment program). I think that people are turning to doctors and clinics and trying to get sober (pursue recovery) versus trying to get it on the streets."* Respondents spoke about the benefits of MOUD. Consumers commented: *"Suboxone® has saved my life for many years;* [Buprenorphine is] *a safer substance…. It keeps people from passing away from fentanyl* [use] *… so, they turn to Suboxone® or methadone and use that instead; Suboxone® is saving lives. And people can look healthy and good. They can work. They can function. You know, I wouldn't hurt if I had to take them the rest of my life. I'm serious…. And you can get in some rooms (12-step support groups), and they will try and talk against it, and I just say … 'Well, it works for me…. It saved my life.'"*

Some consumers described buprenorphine withdrawal symptoms, stating: *"The people that's on (prescribed) Suboxone®, they need Suboxone®* [for treatment]*….* [Buprenorphine withdrawal is] *like worse than heroin* [withdrawal]*;* [Buprenorphine withdrawal is] *horrible. We're talking leg aching, you can't sleep…. It's like* [an] *8, 9-day withdrawal before you start feeling any better. And it comes in … waves too…. Like you'll feel good for like an hour and then you'll feel* [horrible] *again; You do not want to go through the Suboxone® 'sickness' (buprenorphine withdrawal). You do not…. It's the worst thing I've ever went through in my whole life."*

Respondents in all OSAM regions continued to report Suboxone® sublingual filmstrip form as most available for illicit use, and respondents in Athens and Cincinnati regions also reported Suboxone® pill form as most available. Respondents commented on buprenorphine filmstrips, saying: *"Most* [prescribers] *are giving the strips out; People (treatment clients)* [are] *talking more about abusing Suboxone®* [filmstrips]*, in particular; People like the* [buprenorphine] *strips better than the pills."* Regarding the pill form, a treatment provider in the Athens region discussed, *"I think they are trying to slow people down (prescribe buprenorphine filmstrips less) because with the* [buprenorphine filmstrips] *it was a lot easier to hide (conceal) those. So, I think they give out the pills a little more often."* And a member of law enforcement in the Athens region noticed that availability fluctuates between buprenorphine filmstrips and pills, remarking, "[Buprenorphine] *just kind of bounces back and forth between the strips and the pills. It just kind of depends on … what's available for them at the time, who they're getting it from. But there's … no consistency … we've got more strips in* [the past] *six months versus pills…."* In the Athens region, some consumers mentioned Zubsolv®, sublingual pill form, containing buprenorphine and naloxone. They offered: *"You can also get Zubsolv®;* [Zubsolv® is] *mint flavored."*

Although respondents indicated that Subutex® is desirable for illicit use because it does not contain naloxone, there was consensus that it is primarily prescribed to pregnant women, resulting in a low supply available for diversion. They discussed: *"I feel like Subutex® would be hard to find* [for illicit use]*; They typically give* [prescribe Subutex®] *to pregnant women; I've never heard of Subutex® being out on the street but I do know Suboxone® strips and pills* [are available]…."

Several treatment providers in Cincinnati and Cleveland regions discussed Sublocade®, an injectable form of MOUD. They observed: *"I do believe the Sublocade® alternative* [to pill and filmstrip forms] *has become a little more popular for harm reduction; Now the clients start with an oral form* [of buprenorphine]*, for maybe a week to ten days, and then they can start the Sublocade® injection, which is once a month. So, they came out with the injection (began offering Sublocade® at the treatment center) last year and I think that has significantly … changed* [availability of buprenorphine] *on the streets (less diversion)."*

Medication for Opioid Use Disorder (MOUD)

Of the 327 consumers who responded to the survey question regarding current receipt of MOUD, 32.6% reported currently receiving MOUD. Of those 107 consumers who reported current receipt of MOUD, the most common types of MOUD reported were Suboxone® (buprenorphine/naloxone, 47.7%), Vivitrol® (naltrexone, an injectable form of MOUD, 24.3%), Sublocade® (buprenorphine only, an injectable form of MOUD, 12.1%), methadone (a long-acting full opioid agonist, 9.3%), Subutex® (buprenorphine only, 4.7%), and Brixadi® (buprenorphine only, an injectable form of MOUD, 1.0%).

Respondents throughout OSAM regions continued to most often report that the availability of buprenorphine for illicit use has remained the same during the past six months. Comments included: "[Availability of buprenorphine on the streets has] *always been kind of high for about the last four years;* [Buprenorphine] *has been super available for years now; I think* [buprenorphine street availability is] *pretty consistent … selling some, taking some* [of their prescription]*, I hear that a lot* [from treatment clients]*."* However, some respondents, especially consumers, reported increased availability of buprenorphine for illicit use. They identified more opportunities to obtain a buprenorphine prescription, resulting in a high supply available for diversion. Remarks included: "[Buprenorphine street availability] *increased because more people are doing fentanyl so you can get them prescribed really simply* [to

help treat OUD]. *It's not hard to get the strips at all; A lot of people know they can go and get* [buprenorphine prescribed] *… at least a week or two supply,* [and sell it]. *And that's quick cash for them;* [Some people with buprenorphine prescriptions are] *selling them to get another drug or food…."*

Respondents reported less often that the availability of buprenorphine for illicit use has decreased during the past six months, attributing it to prescribing regulations and monitoring, uptake of injectable formulations of buprenorphine, and people using buprenorphine as prescribed, offering: *"I think* [buprenorphine is] *less available on the streets because treatment centers are regulating it more; I think the availability of the Sublocade® injection is more available and so there is less availability of* [oral formulations of buprenorphine for] *diversion; The people that are prescribed* [buprenorphine] *actually use them. And they don't want to get rid of (divert) them."*

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 and Lake County Crime Lab (both Cleveland region) reported that the incidence of buprenorphine cases they process has decreased during the reporting period, while Miami Valley Regional Crime Lab (Dayton region) reported that the incidence of buprenorphine cases it processes has increased.

Media outlets reported on law enforcement seizures and arrests related to illicit buprenorphine this reporting period (selected media reports follow). After years of investigations led by Ohio State Highway Patrol into drug trafficking in Ohio prisons, Muskingum County Prosecutor (Athens region) indicted 14 individuals for allegedly selling "faces" (small squares of paper soaked in methamphetamine and buprenorphine) in the Ohio prison system; inmates collaborated with girlfriends and family members in smuggling the drugs (www.newsnationnow.com, May 24, 2024). Trumbull Action Group (TAG) Task Force along with Warren Police (Trumbull County, Youngstown region) executed a search warrant and seized approximately 36 grams of suspected crack cocaine, 10 grams of suspected fentanyl, four grams of suspected crystal methamphetamine, approximately 45 Suboxone® filmstrips, six weapons (two of which were reported stolen), drug paraphernalia, digital scales, and cash (www.wkbn.com, Jan. 12, 2024).

Street Names

Consumers indicated few street names for buprenorphine. They continued to report the shortened version of Suboxone®, "subs," as the most common street name, followed by the shortened version of filmstrips, "strips." Comments included: *"I heard strips and subs* [as street names for buprenorphine]*; The only thing I ever hear it called is subs."*

Current Street Names for Buprenorphine

General	**box/boxies, subs**
Filmstrip	**films, strips, tab**
Pill	**oranges**
Subutex®	**tex**

Pricing

Current street prices for buprenorphine were reported by consumers with experience illicitly buying/selling the drug. Throughout OSAM regions, consumers continued to identify the most common form and quantity of purchase for buprenorphine as an 8 mg filmstrip, and the pill form was also indicated as most common in Columbus and Athens regions. Reportedly, the

most common street price for buprenorphine filmstrip and pill form is $10. Consumers in more than half of OSAM regions (Akron-Canton, Athens, Cincinnati, Dayton, and Youngstown regions) indicated that filmstrips can sell for as low as $5, and as high as $20-25 in Akron-Canton, Dayton, and Youngstown regions. Reportedly, a buprenorphine 8 mg pill typically sells for $5-10, but can sell as low as $3 in the Athens region and as high as $25 in Athens, Cleveland, and Toledo regions.

Consumers discussed low prices for buprenorphine on the streets due to high supply, and that they are sometimes provided for free. They said: *"The strips are really cheap. You can probably get the strips for free. You get like 90* [buprenorphine filmstrips prescribed] *a month; $4-5 apiece right now because everyone is prescribed* [buprenorphine]*; I could usually get* [buprenorphine] *for free* [on the streets]*."*

Buprenorphine pricing reportedly depends on one's connection to the seller, location of purchase, milligram strength, quantity purchased, and demand/need. Consumers provided: "[Buprenorphine pricing] *depends who you go to (connection to the seller); The little towns out there, Napoleon (Henry County)* [and] *Defiance (Defiance County, both Toledo region), you can sell* [buprenorphine filmstrips] *for $25, $35, and even $40 (high prices);* [Price] *depends on the milligram; You buy the whole* [buprenorphine] *'script' (prescription), you can get them for $5* [apiece]*; If you're sick enough you are going to pay $20* [for a buprenorphine filmstrip]*, I have been sick enough … I have paid $25."*

Consumers in Akron-Canton and Cincinnati regions reported that buprenorphine sells for high prices in jails and prisons, ranging from $100-400 per dose. They stated: *"In jail? About $200 apiece (per buprenorphine filmstrip). From the street it's like $15 to $20 I think; $10, $5, same* [price for an 8 mg buprenorphine pill and filmstrip]*, unless you're in jail. It's like $120* [in jail]*."*

Overall, consumers throughout OSAM regions continued to report that the price of buprenorphine for illicit use has remained the same during the past six months, except for the Cleveland region where decreased pricing was reported, and there was no consensus in the Youngstown region, where most consumers indicated no change or decreased pricing. Consumers often reported that buprenorphine pricing has remained consistently low for longer than six months, remarking: *"I'd say the last three years* [the price of buprenorphine on the streets has decreased]*. In six months, it's been about the same;* [The decrease in buprenorphine pricing has occurred for] *I'd say a year, it seems more people have been prescribed Suboxone® in the past year."*

Consumers attributed decreased street pricing of buprenorphine to high supply and low demand, saying: "[Buprenorphine is] *in abundance* [on the streets] *so it's a very competitive market out there;* [Buprenorphine] *used to go for like $20* [per dose on the streets]*. Now you can sell them in bulk for $5 apiece, but nobody wants them because they can get their own* [prescription]*…. I used to buy them and sell them. Now you can't even give them away (due to high supply);* [Buprenorphine is] *cheaper because more people get them* [prescribed]*…."*

Route of Administration

The most common route of administration (ROA) for illicit use of buprenorphine remains oral consumption followed by snorting. Throughout OSAM regions, consumers estimated that out of 10 people that illicitly use buprenorphine, 5-10 would orally consume and 0-5 would snort the drug. Regarding oral consumption, consumers said: "[Buprenorphine for illicit use is consumed] *orally, you know, pills or strips; For the films, people just eat (orally consume) them; They would take* [buprenorphine] *under their tongue."* And consumers described snorting buprenorphine, which reportedly creates a more immediate effect. They offered: *"You can mix the strip in water and snort it (aka 'mudpuddle'). Then you don't have to wait for it to melt under your tongue, you get the*

effects right away; You put [a buprenorphine filmstrip] *in water on a spoon and you snort it; If you have a* [buprenorphine] *pill, you crush it and snort it. If you have the 'tab' (buprenorphine filmstrip), all you can do is dissolve it."*

In certain regions, consumers mentioned other, less common, ROAs for buprenorphine: ocular absorption (Akron-Canton, Columbus, Dayton, and Youngstown) and intravenous injection (Akron-Canton, Athens, Toledo, and Youngstown). Some consumers reportedly prefer alternative ROAs to oral consumption because they do not like the taste of buprenorphine. A consumer in the Athens region noted, *"Snort and 'shoot' (inject)* [buprenorphine]*…. They taste nasty."*

Ocular absorption reportedly includes placing a portion of a filmstrip directly on the eyeball, or in the corner of the eye, like a contact lens, or dissolving a filmstrip in water and applying the solution to the eyeball like an eyedrop. A consumer in the Cincinnati region stated, *"I've seen people put* [buprenorphine filmstrips] *in water* [dissolve them, and] *drop them in their eyes."* Consumers also indicated that this ROA is more common in jails and prisons, observing: *"When I was in prison they put* [a portion of a buprenorphine filmstrip] *in their eye, corner of their eye; I've only really seen people put* [buprenorphine filmstrips] *in their eyes in jail."*

Typical Use Profile

Respondents continued to most often report illicit buprenorphine use among people who are trying to prevent or mitigate opioid withdrawal symptoms in between, or when trying to stop, illicit opioid use. They discussed: *"People who have opiate issues and they need* [buprenorphine] *to survive; My older brother … he has to buy* [Suboxone®] *every day so he's not sick. He buys them off the street because he doesn't have insurance to go to a doctor's office and pay for a script and pay for a doctor's call (appointment) … so, it's easier to buy them off the street."*

In terms of demographics, respondents described typical illicit buprenorphine use more often among White people. Community professionals offered: *"I would say the highest* [rates of] *fentanyl and opiate* [use]*, in my opinion, was Caucasian males, so maybe going from using opiates to switching to Suboxone® could be a trend; It's the same* [demographics] *as* [people who use] *heroin/fentanyl…. But most* [people who illicitly use buprenorphine] *that we come across are usually Caucasian."* However, many respondents reported that there is no typical demographic profile for illicit buprenorphine use. Consumers discussed: "[Illicit buprenorphine use ranges] *from the average Joe to someone who has a position in city government; I don't know of any age groups or classes or anything like that.* [Illicit buprenorphine use is] *across the board."*

Respondents also reported illicit buprenorphine use in jails and prisons. A member of law enforcement in the Akron-Canton region remarked, "[Buprenorphine is] *one that they're trying to smuggle into jail because it's easily concealed."* And a consumer in the Dayton region explained, *"They want to get high and they're in jail and* [buprenorphine is] *the only thing to use (available)."*

Several respondents indicated that people with chronic pain will sometimes self-treat with buprenorphine purchased on the street. They said: *"People with chronic pain … people are buying* [buprenorphine] *on the streets to manage pain; I've seen more* [illicit buprenorphine use among] *people that are in pain."* Analysis of GPRA demographic data of all intake clients that indicated non-prescription buprenorphine use during the past 30 days found that, of those who endorsed illicit buprenorphine use, 61.3% was male, 51.6% was under the age of 40 years, and 93.4% indicated White as their race.

GPRA Demographic Data of All Intake Clients Who Used Buprenorphine Illicitly during the Past 30 Days (N = 62)[1]	
Male	**61.3%**
Female	**38.7%**
18 - 29	**14.5%**
30 - 39	**37.1%**
40 - 49	**32.3%**
50 - 59	**11.3%**
60 +	**4.8%**
White	**93.4%**
African American	**9.8%**
Other race[2]	**1.6%**
Hispanic/Latino	**4.8%**

[1]Total percentage for race (N = 62) is greater than 100.0% due to some individuals indicating more than one race. [2]Native American.

Use Combinations

Many substances are used in combination with buprenorphine, particularly alcohol and marijuana. Consumers stated: *"Some people get a rush off of* [the combination of alcohol and buprenorphine]*, or a buzz; The alcohol intensifies the effect* [of buprenorphine]*; 'Weed' (marijuana) goes with everything, man. You just smoke weed with everything; Weed* [can help] *if you're nauseous* [from buprenorphine use]*. Every time I got sick (felt nauseated from buprenorphine use), I always smoked weed to settle my stomach or actually give me an appetite so I can eat."*

Regarding other prescription drugs used in combination with buprenorphine, consumers reported: "[People who combine buprenorphine and sedative-hypnotics]*, you're dealing with people that want to catch that 'nod' (passing out effect);* [People] *mix* [buprenorphine] *with Neurontin®, gabapentin, it's a nerve pill (anticonvulsant used to treat nerve pain). They mix it with Seroquel® (quetiapine, antipsychotic medication)…. That's what a lot of people are doing. They get these psych meds (psychiatric medications) with other stuff to enhance it."* And a consumer in the Athens region described the combination of buprenorphine and methamphetamine as, *"the best buzz ever."*

Consumers reported that buprenorphine is not used with opioids because the combination induces immediate withdrawal. They explained: "[Buprenorphine is] *an opiate blocker (partial opioid agonist that binds to opioid receptors and blocks other opioids). Once you take it, you can't take it with anything else; I never heard of someone doing Suboxone® and opioids on purpose."* Many consumers reportedly do not use any other substances in combination with buprenorphine. They reasoned: *"Nothing* [is combined with buprenorphine] *really. If you mix certain stuff with it, you'll get sick as hell (experience opioid withdrawal); I don't know anybody that's mixed anything with* [buprenorphine]*; People* [are] *serious about getting right and doing it right (most people take buprenorphine to help reduce or stop opioid use)."*

Substances Used in Combination with Buprenorphine	
Most Common	**alcohol, cocaine, marijuana, methamphetamine**
Other	**gabapentin, quetiapine (antipsychotic medication, i.e., Seroquel®), sedative-hypnotics**

Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, muscle relaxants, and nonbenzodiazepine sleep-inducing medications, e.g., Ambien® and Lunesta®) for illicit use are currently low and/or moderate in availability throughout OSAM regions. Respondents most often attributed low availability of sedative-hypnotics for illicit use to prescribing regulations that have reduced the supply available for diversion. Consumers

Reported Change in Availability of Sedative-Hypnotics during the Past 6 Months			
Region	**Current Availability**	**Availability Change**	**Most Available**
Akron-Canton	**Moderate**	**No Change**	**Xanax®**
Athens	**Low to Moderate**	**No Change**	**Xanax®**
Cincinnati	**Low to Moderate**	**No Change**	**Klonopin®, Valium®, Xanax®**
Cleveland	**Moderate**	**No Change**	**Xanax®**
Columbus	**Moderate**	**No Change**	**Xanax®**
Dayton	**Low to Moderate**	**No Change**	**Klonopin®, Xanax®**
Toledo	**Low to Moderate**	**No Change**	**Klonopin®, Xanax®**
Youngstown	**Moderate**	**No Change**	**Xanax®**

commented: *"Pills (sedative-hypnotics) are like obsolete anymore, because it's so hard to get a doctor to prescribe them; Pharmacies have* [sedative-hypnotics] *on lockdown (closely monitored); You have to go to a psychiatrist* [to be prescribed sedative-hypnotics]*…."* And treatment providers observed: *"The doctors and the pharmacies … with the different laws now, they're holding a lot more accountability (monitoring and regulations) for* [sedative-hypnotics]*; Now, I think doctors know … that they're probably being more closely watched (prescription monitoring)."*

In general, many respondents reported that sedative-hypnotics for illicit use are hard to find, and they don't hear about them on the streets. Consumers remarked: *"I have looked for* [sedative-hypnotics on the streets] *recently but I gave up after a day of not finding them; I can't find* [sedative-hypnotics] *anywhere; I haven't seen any* [sedative-hypnotics] *around. It's hard to get; I never hear about* [sedative-hypnotics]*…."* And community professionals provided: *"We're just not seeing* [sedative-hypnotics on the streets] *hardly at all. I'm sure there's people out there that have it … we just don't hear a lot of it, and we just don't have a lot of people buying that stuff; I don't hear about* [sedative-hypnotics use] *in any of our* [treatment] *groups; You can find* [sedative-hypnotics for illicit use]*, but they are just not as prevalent* [as other drugs]*."*

Respondents reported overall low demand for sedative-hypnotics and indicated that they are not a primary substance, as many consumers prefer other widely available substances, such as fentanyl and methamphetamine. They said: "[Sedative-hypnotics for illicit use are] *not that common anymore…. It's kind of secondary (not a primary drug of choice); Xanax® is like a 2013 drug; I think* [sedative-hypnotics for illicit use are] *there … but … it's mostly fentanyl, 'meth' (methamphetamine)* [that are common]*;* [Illicit use of sedative-hypnotics is] *not as common as it used to be. It's normally like secondary to opiates or alcohol, something they add (combined use)."*

Furthermore, consumers explained that the prevalence of heroin/fentanyl use has contributed to low demand for sedative-hypnotics because the combination produces a dangerous depressant effect. They stated: *"Everybody's on fentanyl, and Xanax® and fentanyl does not mix. That would take you out quick (high overdose risk)…. So, they're kind of straying away from the 'benzos' (benzodiazepines); A lot of people that did the 'fetty' (fentanyl) don't do those pills (sedative-hypnotics) because you 'OD' (overdose)…. I learned*

that the hard way. I took a Xanax®, hit the foil (smoked fentanyl), and I was out (overdosed). They had to Narcan® me (administer naloxone to reverse the overdose).”

Access to sedative-hypnotics for illicit use reportedly requires a connection to someone with a prescription or obtaining a prescription directly from a doctor. Consumers provided: *“Usually, someone that likes* [sedative-hypnotics] *knows someone that gets them* [prescribed] *and just gets them every month (diverted)…. No one just walks around selling them* [on the street]*. You got to know someone who gets them* [prescribed]*; Someone gets a prescription and sells it. All they have to say is, ‘I have some ‘xannies’ (Xanax®),’ and boom, 10 people* [want to buy them]*; Either through friends or friends who know … somebody who has a prescription* [for sedative-hypnotics]*.”* Treatment providers remarked: *“People are selling their ‘script’ (prescription for sedative-hypnotics). So, you do hear about it. It's not often; They can get* [sedative-hypnotics diverted] *from grandma, aunt, mom, brothers, sisters; It’s coming from somebody else’s prescription. ‘You want a Xanax®? My grandma gets* [that] *prescribed. I’ll get one of hers and sell it to you.’”*

Many respondents observed that it is easier to obtain a prescription for sedative-hypnotics than prescription opioids, offering: *“It's a ‘10’ (highly available) for me because I get prescribed Xanax®; They rather give you that (prescribe sedative-hypnotics) than Percocet®; I think* [sedative-hypnotics are] *more easily prescribed* [than opioids]*; I do feel like people tend to use* [sedative-hypnotics] *more by getting prescriptions on their own.”*

Respondents agreed that only certain dealers sell sedative-hypnotics. Comments included: *“Xanax® and clonazepam … all those* [prescriptions are] *harder to get…. But there's always those people that get the prescriptions that don't need them, and they're the ones that are profiting off of it … selling them to a street level dealer…. So, if I had the right dealer, I wouldn't have an issue getting them; If you want* [sedative-hypnotics for illicit use] *you can get it, but instead of making one phone call to* [your dealer to] *get it, you might have to make three phone calls to get it; It’s why it takes longer to find* [sedative-hypnotics for illicit use] … *a dealer has to root around to try and find some….”*

While acknowledging prescription diversion, respondents also reported that most people who are prescribed sedative-hypnotics take them as directed by their prescriber. They said: *“*[Sedative-hypnotics are] *hard to find on the street because once you do get them from a doctor somewhere, you don’t want to come off of them (people who are prescribed do not want to divert them); A lot of people are prescribed them, but I think they’re less likely to give them up (divert sedative-hypnotics)…. So, I just think that they’re more likely using it rather than diverting it; They’re hard to come by prescription-wise … so if a doctor prescribes them … they’re not easily coming off of them so much … that just makes less of them out there floating around (available for diversion).”*

Respondents throughout OSAM regions continued to discuss widespread availability of counterfeit sedative-hypnotics, often containing fentanyl. Consumers stated: *“You got to be careful* [when you purchase sedative-hypnotics on the streets] *because of all the pressed pills … you might not be getting what you really ask for; Everybody knew* [sedative-hypnotics sold on the street] *had fetty in them; There’s just as many counterfeit benzos as there* [are counterfeit] *opiates…. I know if it’s a pill* [someone is] *selling for money, somebody’s out there pressing them (manufacturing counterfeit pills); Especially the blue Xanax® ‘bars’ (Xanax® 2 mg), you got to be real careful, because there’s more fetty than there is Xanax®; You’ll see white specks in* [counterfeit sedative-hypnotics] *(irregular color)…. Eighty percent of the ones out there (in the illicit market) is all pressed…. You can go on Amazon and buy a Xanax® pill press … with the purple powder for it….”*

In addition, community professionals indicated availability of counterfeit sedative-hypnotics,

often revealed in lab analyses of pills presumed to be legitimate sedative-hypnotics. They offered: *"Half the time when someone says they have Xanax®, and we send it to the lab to get tested, it comes back as something else (counterfeit); People were stamping different pills to look like Xanax®, that is one pill that they were trying to copycat was Xanax®. That 'bar' (Xanax® 2 mg) or tab form, maybe not even the right color, but they were trying to emulate that bar; The pills they are obtaining are laced with fentanyl (counterfeit sedative-hypnotics); There is that fear of fentanyl in fake Xanax®…."*

Sedative-hypnotics for illicit use are also reportedly available from online sources, including social media and the "dark web" (websites operated by criminal enterprises), although they may be counterfeit or designer benzodiazepines. Comments included: *"A lot more mental health places are popping up online (telehealth providers). You can go online and get a healthcare provider that will prescribe you Xanax®, Klonopin®…. A lot of people have anxiety and there's more providers. You can find a provider right on telehealth; You can buy benzos online and a lot of people who are using them, or want to seek that, just go online and get them…. Online they are synthetic (designer benzodiazepines), but it's probably cheaper than* [sedative-hypnotics] *prescriptions; People are getting a bulk order off of the dark web and pressing them themselves with the powder (counterfeit sedative-hypnotics)."*

Respondents throughout OSAM regions continued to report Xanax® as the most available sedative-hypnotic for illicit use. In addition, Klonopin® also was reported as most available in Cincinnati, Dayton, and Toledo regions, and Valium® was also reported as most available in the Cincinnati region. Xanax® is reportedly sought after for its potency and popularity through rap music. Respondents said: *"Xanax® has always been the one of choice it seems; Xanax®* [is most available] *because it's the best (most potent) and it's* [popularized] *in rap songs; Xanax®, because one, it's one that people are most familiar with, especially kids; The xannies I think are stronger than Ativan®."*

Respondents who reported Klonopin® as most available indicated that it is more commonly prescribed than other sedative-hypnotics. Remarks included: *"Klonopin®* [is most available] *because it's being prescribed more; I'd say the Klonopin®* [is most available]. *They've stopped overprescribing the Xanax®; I think that Xanax® got a bad rap, doctors are prescribing the Klonopin® over the Xanax® because* [Xanax® is considered more] *highly addictive."* And a treatment provider noted that Valium® purchased illicitly is more likely to be legitimate, stating, *"I hear a lot about fake Xanax®. Valium® is one … where I haven't really heard a lot* [about] *fake Valium®…. I would have to assume that they're getting the real deal (legitimate Valium®)."*

Respondents throughout OSAM regions continued to most often report that the availability of sedative-hypnotics for illicit use has remained the same during the past six months, consistently low due to low demand and long-standing prescribing regulations. They provided: *"I think* [the availability of sedative-hypnotics has] *been pretty* [consistent] *across the board because it's less available by a prescription; I don't think* [availability of sedative-hypnotics for illicit use has] *changed. I don't think a lot of people like benzos (low demand)."* And a consumer in the Dayton region cautioned, "[Purchasing sedative-hypnotics on the streets is] *more dangerous, you might get something you don't want. I think the amount of real ones (legitimate sedative-hypnotics) is still the same availability, it's just there's also fake ones out there on top of it."*

Decreased availability of sedative-hypnotics for illicit use during the past six months was most often attributed to decreased prescribing. Respondents said: "[Sedative-hypnotics for illicit use are] *less available because they are hard to get prescribed. Xanax®, they used to give it to you for anything, now they don't. You have to go through the gauntlet* [to be prescribed]*, even if you really*

need it; The people that are getting them are only getting them for two weeks at a time instead of the whole 30-day script."

Several respondents specified that treatment requirements for medication for opioid use disorder (MOUD) prescribing, such as periodic drug screenings, has contributed to decreased prescribing of sedative-hypnotics. They explained: *"The* [risk of life-threatening respiratory depression when combined] *with the Suboxone® … all the people on Suboxone® cannot get prescribed* [sedative-hypnotics]. *So, probably a lot less people are being prescribed that; I think that people are taking advantage of the medicated-assisted treatment (MAT) programs. And a lot of times they have to … drug screen, and if* [sedative-hypnotics are] *in their system, then they'll lose their medicine (MOUD)."*

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®).

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

Region	Alprazolam (Xanax®)	Clonazepam (Klonopin®)
Akron-Canton	No Change	Increase
Athens	No Change	No Change
Cincinnati	Decrease	No Change
Cleveland	No Change	Few Cases[1]
Columbus	Decrease	No Change
Dayton	Decrease	No Change
Toledo	Decrease	Few Cases[1]
Youngstown	Decrease	No Change

[1]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 clonazepam cases it processes has decreased during the reporting period, and the incidence of alprazolam and diazepam cases has remained the same. Miami Valley Regional Crime Lab (Dayton region) reported that the incidence of alprazolam and clonazepam cases it processes has remained the same, and it reported few cases of diazepam.

In terms of designer benzodiazepines (non-FDA approved synthetic, novel psychoactive substances that are often structurally like FDA approved benzodiazepines), BCI labs reported processing 311 cases of designer benzodiazepines from throughout OSAM regions during the reporting period, a decrease from 382 cases during the previous reporting period; of which, 22.2% was from the Columbus region and 19.0% was from the Dayton region. In the Cleveland region, Cuyahoga County Regional Forensic Science Lab reported processing 54 cases of designer benzodiazepines during the reporting period, and that the incidence of cases it processes has decreased, and Lake County Crime Lab reported processing 25 cases of designer benzodiazepines during the reporting period, also a decrease. Miami Valley Regional Crime Lab (Dayton region) reported processing 68 cases of designer benzodiazepines during the reporting period and that the incidence of cases it processes has increased. Crime labs collectively reported processing the following designer benzodiazepines: bromazolam, clonazolam, desalkylgidazepam, etizolam, flualprozolam, flubromazepam, and flunitrazolam.

Other data sources indicated sedative-hypnotics as available for illicit use throughout OSAM regions. Millennium Health reported that 6.3% of 128,649 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	9.8%	7,660
Athens	6.5%	12,237
Cincinnati	6.8%	27,667
Cleveland	3.5%	23,059
Columbus	7.3%	28,159
Dayton	8.4%	3,277
Toledo	5.9%	17,477
Youngstown	6.2%	9,113
Total	6.3%	128,649

Fairfield County Municipal Court (Columbus region) reported that, of the 4,828 positive adult drug specimens it recorded during the past six months, 5.7% was positive for benzodiazepines. Coroner and medical examiner offices in the counties of Cuyahoga (Cleveland region), Hamilton (Cincinnati region), and Montgomery (Dayton region) reported that 11.5%, 3.3%, and 1.9%, respectively, of all drug-related deaths they recorded this reporting period (218, 121, and 323 deaths) involved one or more benzodiazepine or other sedative-hypnotic. The same coroner and medical examiner offices reported that 64.0%, 50.0%, 16.7%, respectively, of all sedative-hypnotics related deaths they recorded this reporting period (25, 4, and 6 deaths) also involved fentanyl.

GPRA (Government Performance and Results Act) data collected from 6,260 persons entering publicly funded SUD treatment programs during the past six months found 2.5% reported illicit sedative-hypnotic use 30 days prior to intake, including benzodiazepines and/or other sedatives/tranquilizers.

GPRA Intake: Illicit Sedative-Hypnotic Use during the Past 30 Days

Region	% Yes	Total N
Akron-Canton	0.9%	321
Athens	2.2%	273
Cincinnati	2.2%	1,293
Cleveland	3.0%	1,380
Columbus	3.4%	1,809
Dayton	1.8%	337
Toledo	1.2%	567
Youngstown	0.4%	280
Total	2.5%	6,260

Street Names

Current street jargon includes many names for sedative-hypnotics. The most common general street name reportedly continues to be "benzos," a shortened version of the drug classification benzodiazepines. A consumer in the Akron-Canton region noted that asking for Xanax® on the streets could return any type of benzodiazepine, stating, *"In my experience, people say, 'Xanax®,' and that's when the other things will get thrown out, like if they can't access a xanny, they just give them something else."*

Consumers continued to report, "xanny," as the most common street name for Xanax®. Several street names referring to specific Xanax® milligram strengths were offered that describe the color and/or shape of the pill ("peach" for Xanax® 0.5 mg; and "footballs" for Xanax® 1 mg). Descriptions included: *"'School buses' for the yellow (Xanax® 2 mg); 'Green monsters' for the green (Xanax® 2 mg)."* Other street names are typically first letters or abbreviations of brand names ("K-pins" or "pins" for Klonopin®; and "Vs" or "vals" for Valium®).

Current Street Names for Sedative-Hypnotics	
General	**benzos**
Xanax®	***General:*** **xanny/xannies, xans, Zs** ***0.5 milligram:*** **peaches** ***1 milligram:*** **blues, footballs** ***2 milligrams:*** **bars/xanny bars, buses/school buses/yellow school buses, green monsters/ monsters, hulks, ladders, logs**
Klonopin®	**forget-a-pins, K-pins/pins**
Valium®	**Vs, val**

Pricing

Current street prices for sedative-hypnotics were reported by consumers with experience purchasing the drugs. Consumers reported that Xanax® 1 mg typically sells for $4-6; and Xanax® 2 mg typically sells for $5-10, and as high as $15 and $20 in Cleveland and Akron-Canton regions, respectively. Klonopin® pricing was reported in five OSAM regions (Akron-Canton, Athens, Cincinnati, Cleveland, and Columbus) and ranged from $1 per pill in the Columbus region up to $10 per pill in the Cleveland region. Knowledge of Valium® pricing was limited to the Akron-Canton region ($3 per pill) and the Cincinnati region ("a few dollars" per pill).

As a result of low supply, sedative-hypnotics for illicit use are reportedly expensive. Consumers discussed: *"The price of* [sedative-hypnotics for illicit use] *are just crazy; Nobody wants to pay $15 for a bar; It's hard to find* [sedative-hypnotics for illicit use]*…. If you do get it, it's real expensive."* Other factors that reportedly influence the price of sedative-hypnotics for illicit use are milligram strength, quantity purchased, and connection with the seller. Consumers said: *"Last I checked, or purchased, the footballs was $5 and the 'bus' (aka 'school bus,' Xanax® 2 mg) was like $7; The more* [sedative-hypnotics] *you buy, the cheaper it is; A dollar to $10* [per pill]*. It depends how far you are on the* [supply] *chain (how close your connection is to the original source)."*

Consumers in half of OSAM regions (Akron-Canton, Athens, Dayton, and Toledo) reported that the price of sedative-hypnotics for illicit use has remained the same during the past six months, while reports from consumers in Cincinnati, Cleveland, and Columbus regions were split between no change and increased pricing, and there was consensus among consumers in the Youngstown region that prices have increased. Consumers who indicated that the price of sedative-hypnotics has remained the same during the past six months described consistently high prices over a long period of time. A consumer in the Athens region stated, *"I don't know about in six months, but in a few years, oh yeah, prices* [for sedative-hypnotics for illicit use have] *definitely gone up."*

Among consumers who reported increased pricing, many identified low supply because of prescribing regulations as the primary driver, and some cited general price inflation. They reasoned: "[Pricing for sedative-hypnotics for illicit use has] *increased because you can't find them very much;* [Pricing for sedative-hypnotics for illicit use] *probably has increased with everything going up (general inflation). If they want it bad enough, they're going to pay for it. And that's why the dope boys (drug dealers)* [increased pricing]*, they know that (dealers can charge more if there's a demand)."*

Route of Administration

The most common route of administration (ROA) for illicit use of sedative-hypnotics remains snorting, followed by oral consumption, in half of OSAM regions (Akron-Canton, Athens, Columbus, and Youngstown), while snorting and oral consumption were equally common in Cleveland and Toledo regions, and oral consumption followed by snorting were most common in Cincinnati and Dayton regions. Consumers spoke about these ROAs: *"People are snorting everything now … the younger kids are snorting everything;*

You take (orally consume) so many [sedative-hypnotics] *at once. You don't just take one, you take ten;* [Sedative-hypnotics] *have binders (tamper-resistant protective coating) in them. That's how they make them, so when you snort them, the molecules bind, so people have to take them orally."*

Typical Use Profile

While many respondents reported that there is no typical profile for illicit use of sedative-hypnotics, several themes emerged, including use among young people, such as high school and college students. Respondents reported that illicit sedative-hypnotic use has been promoted to young people in music and is a popular party drug. Comments included: "[Typical illicit sedative-hypnotics use is among] *younger, Black males because that's another thing that's been glorified in music … everyone's talking about bars … they all want bars…. Xanax® has been glorified, along with Percocet®;* [Teenagers are] *… trying to fit in. They feel like they take* [sedative-hypnotics], *and their buddies take them, they feel like popular, they're fitting in; I think the* [use of] *opioid pills (prescription opioids) are more* [common among] *the older people and then those type of pills (sedative-hypnotics), and that class (benzodiazepines), are more* [common among] *the younger people, along with the cocaine … they're more of a party drug; I heard my kids say they were offered* [Xanax®] *at a party within the last six months and they are in high school."*

Respondents also identified illicit sedative-hypnotic use as more common among women, White people, and those trying to self-treat mental health conditions. They observed: *"I see more women that prefer benzodiazepines* [compared] *to men (to cope with mental health symptoms); I would say mostly White people* [are] *using* [sedative-hypnotics illicitly], *middle-aged, probably, twenties, maybe diagnosed with a mental health thing (mental illness), that's probably how they get started on it; Those that have mental health diagnoses, that would have been prescribed it, but because there is some other substance use, they're not prescribed that* [any longer]*;* [Young people], *15- or 16-years-old. They've got so much anxiety and stuff* [and sometimes self-treat symptoms with illicit sedative-hypnotics]. *It's rough for kids going to school because everyone's so judgmental."*

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, 52.9% was male, 56.8% was under the age of 40 years, and 89.7% indicated White as their race.

GPRA Demographic Data of All Intake Clients Who Used Sedative-Hypnotics Illicitly during the Past 30 Days (N = 155)[1]

Male	**52.9%**
Female	**46.5%**
18 - 29	**20.0%**
30 - 39	**36.8%**
40 - 49	**27.7%**
50 - 59	**11.6%**
60 +	**3.9%**
White	**89.7%**
African American	**12.3%**
Other race[2]	**1.3%**
Hispanic/Latino	**7.8%**

[1]Totals may not equal 100.0% due to other categories not represented in the table. Total percentage for race is greater than 100.0% due to some individuals indicating more than one race. Ethnicity (N = 154). [2]Korean and/or Native American.

Use Combinations

Many other substances are used in combination with sedative-hypnotics. Consumers reported that sedative-hypnotics are most often used in combination with alcohol and marijuana for the potentiating effect. They explained: "[Marijuana used in combination with sedative-hypnotics] *makes you even more calm and kicks it a little bit*

(enhances the effect); In my experience, [the combination of alcohol and sedative-hypnotics] *intensifies your buzz, especially if you smoke 'pot' (marijuana) on top of it;* [Alcohol] *intensifies the feeling* [of sedative-hypnotics] *and hits the bloodstream faster; I would drink* [alcohol] *with* [sedative-hypnotics] *to black out;* [Sedative-hypnotics are] *a mind eraser. It's never a good time when people are drinking and taking Xanax® … it's messy. It feels good. It's easy … you just put it in your drink and swallow it."*

Although reportedly less common, other depressants, heroin/fentanyl, prescription opioids, and promethazine (prescription-strength cough syrup with codeine, aka "lean" when mixed with soda), are used to enhance the effect of sedative-hypnotics. Consumers warned that the combination of sedative-hypnotics and heroin/fentanyl is especially risky. Reports included: "[Sedative-hypnotics and heroin/fentanyl] *is a strong combination; They have a death wish* [if they use sedative-hypnotics and heroin/fentanyl in combination]*;* [Heroin/fentanyl and prescription opioids] *makes* [sedative-hypnotics] *stronger and* [makes you] *'nod out' (pass out); A lot of rappers are doing* [lean with Xanax®]*."*

Consumers reportedly combine stimulants, cocaine and methamphetamine with sedative-hypnotics to help come down from the stimulant high and to "speedball" (concurrent or consecutive stimulant and depressant highs). They said: *"'Speed' (methamphetamine)* [is used in combination with sedative-hypnotics] *… because you take one and you need the other … for the come down; A lot of people that do … 'crack' (crack cocaine) right now, use* [sedative-hypnotics] *to come down after being up for days; Meth keeps you up, so you take* [sedative-hypnotics] *to go to sleep; If you have something to do tomorrow and you do some 'coke' (powdered cocaine), you take a xanny bar to come down."* One consumer added, *"I used* [sedative-hypnotics] *with coke once to take away the paranoia from the coke."*

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

Marijuana

Marijuana, as well as marijuana extracts and concentrates, remain highly available throughout OSAM regions. As reported previously, on November 7, 2023, Ohio voters approved Issue 2 to legalize adult use cannabis, including the ability for adults 21 years of age and older to purchase, possess, grow, and use non-medical cannabis, subject to limitations prescribed in the statute. Ohio Department of Commerce, Division of Cannabis Control, issued dual-dispensary certificates of operation on August 6, 2024, allowing non-medical cannabis sales by licensees issued a certificate of operation (Non-Medical Cannabis FAQ). Therefore, Ohioans 21 years and older were legally able to grow six plants per individual, 12 plants per household if there were two or more adults 21 and over, and purchase marijuana for recreational use through certified dispensaries during the entirety and most of the data collection for this report, respectively.

Respondents overwhelmingly reported that marijuana is easy to obtain, whether from licit or illicit sources. Comments included: *"I mean,* [marijuana is] *legal now. And the dispensaries are everywhere;* [Marijuana] *is legal but even when it was illegal, everyone had it."* Respondents often described how policy changes and increased social acceptance have contributed to high marijuana availability. A law enforcement officer stated, "[Marijuana is highly available] *because of the legality of it. Nobody's scared to be caught with marijuana anymore."* A consumer explained,

Reported Change in Availability of Marijuana[1] during the Past 6 Months

Region	Current Availability	Availability Change	BCI Marijuana Case Incidence Change
Akron-Canton	High	Increase	No Change
Athens	High	No Change	Few Cases[2]
Cincinnati	High	No Change	Increase
Cleveland	High	No Consensus	Decrease
Columbus	High	No Consensus	Decrease
Dayton	High	No Change	Decrease
Toledo	High	No Change	Decrease
Youngstown	High	No Change	Decrease

[1]Includes marijuana, other marijuana extracts, and THC (tetrahydrocannabinol, the active ingredient in marijuana). [2]BCI labs reported processing few cases of this drug for this region.

"[Marijuana] *is just everywhere, and nobody's scared anymore. It's just not even a thing. It's just like cigarettes, almost."* Treatment providers discussed interactions with clients, sharing: *"Many people … are getting* [marijuana] *legitimately (legally) …* [and] *there has been a cultural shift in acceptance of it, especially in younger populations; Even our clients who come in who want to stop using illicit drugs, they're pretty open with us and saying, 'I'm probably going to still smoke 'weed' (marijuana).'"*

Marijuana is reportedly used by many people and in demand for both recreational and medical purposes. Consumers reported: *"Everybody I know smokes* [marijuana] *pretty much; Weed's like a go-to, like if you just need to chill or something; Most people smoke it. My mom's 75* [years of age] *and she smokes it. And it kills pain, it's good for stress, and it's all natural. It's a natural herb; I have a seizure disorder, and* [marijuana] *really does help keep the seizure rate down…."* Respondents discussed how marijuana is available in many forms, strains, and potency levels, offering more customization in use. Comments included: "[Marijuana] *comes in so many different forms, from your oils, your honeys, your 'flower' (leaf marijuana), tinctures;* [People are learning] *how to grow certain strains of* [marijuana]*; I like the* [marijuana] *edibles other than smoking. But I mean you can get* [marijuana] *anywhere…. And* [there are] *different qualities of it now too."*

Respondents throughout OSAM regions also described marijuana extracts and concentrates as popular, particularly marijuana vapes and cartridges among younger age groups. Law enforcement in the Athens region stated: *"It's going to be our younger generation, THC (tetrahydrocannabinol) 'carts' (vape cartridges), that's a huge thing down here (Washington County)…. Everybody's smoking 'vape pens' (devices that heat extracts and concentrates into an aerosol that is inhaled)…. It's one of the easiest ways to conceal* [marijuana use]*. If you got a THC cartridge inside your vape pen or something like that … it may not be as noticeable* [as smoking leaf marijuana]…."

While respondents said many Ohioans are obtaining marijuana legally, most reported that marijuana is still highly available via illicit sources. Consumers reported the most common illicit sources for marijuana as connections (including dealers, friends/family/acquaintances, word of

mouth, social media) and out-of-state dispensary diversion. The leading reason provided for illicit market demand was that marijuana sold at licensed Ohio dispensaries is more expensive. Consumers explained: *"*[Ohio] *dispensaries are too expensive right now…. I have my medical* [marijuana] *card, and I won't go to these* [Ohio] *dispensaries just because I can't afford to keep doing it regularly in-state; I actively smoke marijuana. It helps with my alcohol cravings…. The prices they put on it for me to get it legally, I can't afford that. But I have easy access to marijuana. I know several people I can get it from; You're taking a carpool to the dispensary, for sure.* [Marijuana is] *cheaper in Michigan; People bring stuff back from the* [out-of-state] *dispensaries then sell it on the streets for people that can't make the trip."*

A member of law enforcement in the Cincinnati region echoed this, explaining, *"I've had people actually tell me they just use their container* [from an Ohio medical marijuana dispensary] *and put weed* [purchased on the streets] *back in it. They keep the one container, even though it's expired, just to kind of give the look that it's actual* [marijuana purchased from an Ohio dispensary]*. They can get it off the street at a fifth of the price. They just put it back in their prescription bottle."*

Respondents shared other reasons marijuana might be obtained via illicit sources. Quantity purchasing limits were discussed generally, as well as frustration among some consumers that reportedly the closest unit to 1/8 ounce of leaf marijuana that can be purchased at Ohio dispensaries is 2.83 grams (1/10 ounce). This could be because Ohio medical marijuana plant material whole day units have been 2.83 grams for several years (a 90-day supply can be purchased at a time). At the time of data collection, one ounce of plant material could be purchased for recreational purposes per day (Non-Medical Cannabis FAQ), so selling marijuana by 1/10 ounce units is likely easier for compliance. Comments included: *"It's about the quantity too. You can buy more* [marijuana on the street than at dispensaries]*; My personal opinion, I would never go to a dispensary* [in Ohio]*. Because when you buy an 'eighth' (1/8 ounce), you only getting 2.8* [grams] *and you're paying $60 for that eighth (it's more expensive than 1/8 ounce on the street)."*

Some consumers also described obtaining marijuana on the street as convenient and expressed privacy concerns with dispensaries, saying: *"Why go to a dispensary when you can go next door to your neighbor?; And you don't need a card (ID)* [to buy marijuana on the street]*; I don't think they want their name down for this in the books for having a medical marijuana card. And now, it's just as easy to go buy* [marijuana] *from your friend who grows it, the way we've been doing all our lives."*

Another theme was confusion around Ohio marijuana laws, including public use, selling without a dispensary license, minimum age limits, legal sources, and employer substance use policies. Law enforcement in the Athens region reported: *"Everybody thinks* [marijuana is] *legal* [without restrictions]*…. So many of our younger kids (under 21 years of age) … they just believe that. And … it's like marketed unfortunately toward a younger crowd; They have to be 21 to get it … so that's why we're seeing the street marijuana with the younger kids … 18, 19, 20* [years of age]*; They're ordering it online from … California or something like that and getting large shipments in. Turning around, selling off the … carts for $15 to $25 a pop and then making their money. They see it as, 'Well, it's just weed … so … it's legal now;' Even if … people get it from a dispensary, they think they're allowed to vape it* [anywhere]*."*

Consumers in the Cincinnati region also described confusion about public use and variation in employer substance use policies. They said: *"*[Marijuana is] *legal until you light it* [in a public place]*…. I don't understand that…. The police (an officer) … was watching me…. He said, 'Don't light it here.' It's legal to roll it (roll marijuana into a cigarette or cigar) but when you light it* [in a public place]*, it's not legal; A job don't consider weed*

legal (employers can still prohibit marijuana use among employees). My son just got fired from his job for smelling like weed."

Some consumers also thought recreational marijuana legalization in Ohio made transporting marijuana purchased from dispensaries in other states into Ohio legal. However, transporting marijuana across state lines is still illegal due to federal cannabis law. For example, a consumer in the Cincinnati region thought it was now legal to bring marijuana purchased in Michigan into Ohio, stating, "[Marijuana] *is … cheaper and it's legal for me to go to Michigan and come back home* [to Ohio with marijuana purchased out of state]*…."*

Law enforcement also described challenges determining whether marijuana is sourced legally and how to navigate enforcement in the new policy landscape. A member of law enforcement in the Toledo region said, "[Marijuana] *is everywhere, especially now since it's legal. You see it all over. We run into a lot of people that make trips to the dispensaries in Michigan and bring back a large load from dispensaries and then divvy it out here in town. Some of that's just so hard to track and prove what has been bought legally and what is bought illegally … or like the derivatives of the cartridges and stuff like that…. So, it is really just hard for us to track and figure it out."*

Respondents also described variation in enforcement of illegal marijuana activity post-recreational legalization. Consumers in the Athens region reported: "[Law enforcement don't care] *about it being legal now. They're still going to hit (arrest) people with it (selling marijuana without a license). They hit me with it; If you don't got your* [marijuana] *plants fenced in … they'll get you with child endangerment though. They just hit my homie…. Police … in the town stopped by and said, 'You got to put a fence around your plants, or you'll get charged.'"* In contrast, a member of law enforcement in Toledo reported low marijuana street availability and therefore less need for enforcement, remarking, *"Not many people are still selling* [marijuana]*…. It's still there, but nothing that we are really acting on. Nothing over the legal amount. It's all user amount stuff."*

Despite factors driving the illicit market, respondents discussed how dispensary marijuana (from any state) is typically preferred, and Ohio dual-use dispensaries are being utilized. Because dispensary marijuana is regulated, respondents often reported dispensaries as a safer source than the street. A consumer in the Athens region commented, *"There's … a lot of dealers that sell* [marijuana]. *And it's a lot cheaper to go to a dealer than to the dispensary. But it is safer to go to the dispensary because if you buy it off the street, you don't know if it's going to be laced (adulterated)."* Consumers also discussed how dispensary marijuana is typically better quality. Comments included: *"You just don't go to the streets for marijuana. You go there for* [other] *drugs; For good marijuana, you go to the dispensaries; No one buys 'pot' (marijuana) off the street anymore. You can buy weed legally everywhere. Even if you buy weed off the streets, it's pointless and useless (poor quality)."*

Respondents also frequently reported individuals growing marijuana, now that cultivating a limited number of plants is legal for adults 21 years of age and older in Ohio. Consumers stated: *"More people are trying to grow* [marijuana] *at home since they made it legal for everybody to have six plants. So, like I mean, I know myself, I have two plants going. And they're growing well enough that you can smell them now when you walk by; They might grow some for themselves, but they're not selling it."* Consumers described other growing scenarios with varying and sometimes unclear legality. They said: *"I can get* [marijuana] *really easy. I got relations that grow, and they got a ton; I've got a couple good people that live where they can grow it…. They got plants and they sell. They'll give me some or whatever. But … it's not the …* [marijuana] *that used to be dipped* [in other substances] *and all that anymore…. It used to get bad; But* [growers are] *not really selling for profit; People grow it for personal use and distribution to close friends."*

And while most respondents reported that marijuana street availability is high, some of these respondents also thought the illicit market is declining due to Ohio's new legal recreational market. Some respondents reported moderate to low marijuana street availability for this reason as well. A treatment provider in the Dayton region summarized, *"I would say* [marijuana street availability is] *probably closer to a '7' (moderate) just recently because it is so widely available* [through legal routes]*. You can get pretty high quality, concentrated stuff in a store (dispensary) and not have to worry about watching your back when you're buying it."*

Respondents in most OSAM regions reported that the street availability of marijuana has remained the same (high) during the past six months, except the Akron-Canton region where respondents most often indicated increased availability, and Cleveland and Columbus regions where there was no consensus between availability having remained the same or having increased. Respondents perceiving an increase in marijuana street availability during the past six months primarily cited increases due to Ohio policy changes, the reduced risk of legal consequences, and the affordability of illicit sources. Consumers explained: *"I think* [marijuana street availability has] *gone up. No one is scared to sell anymore, and* [Ohio] *dispensaries are really expensive; Definitely* [an increase in marijuana street availability]*. Just because people aren't afraid to carry it. People aren't afraid to have it out…. You can carry enough that you can sell a little bit here and there without getting caught."* A member of law enforcement in the Columbus region added, *"I think* [marijuana street availability increased] *more so just because of … how it's legal now…. You can drive just a couple hours, go to Michigan … right across the border. You can buy it, bring it back in bulk, and sell it … make money if you want to…. I also think people know that law enforcement isn't keeping an eye on it like they used to."*

Law enforcement in Athens and Columbus regions also reported misunderstandings of marijuana laws as contributing to increased street availability. A member of law enforcement stated, "[Marijuana is] *just so common nowadays that between getting it from a friend or going to a store (dispensary) and buying it, whether legally or illegally,* [availability] *has increased in the last six months…. A lot of people think that they're allowed to sell it.… We're finding people with like bulk amounts of marijuana…. So, I think it's just a … misunderstanding of the law where they think that they're allowed to sell it."* Some respondents also thought social acceptance has contributed to increased street availability. A treatment provider in the Cincinnati region summarized, *"I think with* [marijuana] *being legal and then as far as using it for medication (medical marijuana) and then now recreational, I think people that would never use it, it has peaked that curiosity … then they realize they can buy it cheaper on the street…."*

Some respondents reported a decrease in street availability due to utilization of Ohio dual-use dispensaries, thus reducing the need for an illicit market. Consumers stated: "[Marijuana is] *more available in general because people are using it more, but I think the illicit marijuana (from illicit sources) is less available because of the dispensaries and being able to legally purchase;* [Marijuana is] *being legally* [sold for] *recreational* [use] *and medical-wise …* [so] *a lot of people is getting cut back* [on street sales of marijuana]*. A lot of people ain't selling weed no more. Because you're not about to make as much money* [as before marijuana legalization] *… people can go to the store (dispensary). Like these old school people that you've been selling weed to for years, they're like … 'I'm going to go to the* [marijuana] *dispensary now….'"*

Throughout OSAM regions, respondents reported many types of marijuana as available. Consumers remarked: *"Everything (all types of marijuana are available) … you name it, you got it; I bought 'gummies' (THC-infused edibles) from the dispensary, but down the street I've got people that have the carts, the 'dab' (solid or semi-solid marijuana concentrates) pen … now that's like*

more potent than if you're smoking a 'blunt' (marijuana-filled cigar) or something…. Probably leaf still is the most [common]*."*

Respondents throughout most OSAM regions, except Toledo and Youngstown regions, noted leaf marijuana as the most common type of marijuana. Reportedly, leaf marijuana is easier to obtain on the street, cheaper than extracts and concentrates, and the preferred form by some individuals. Consumers in the Cleveland region explained: *"The leaf* [marijuana] *is on the streets. It's hard to find dab and stuff like that. You can find it but it's not on the corner; It's usually the flower because people like to smoke it and it's in its basic form so it's easier to obtain."* Treatment providers in the Athens region added: *"'Bud,' (leaf marijuana) flower* [is most common]*; Some people like the taste of that versus the dabs; You can get the dabs, the gummies and things like that. But they cost more. And it's a lot harder to buy that from Joe Schmoe on the street versus just the plain plant form…."*

Respondents agreed that extracts and concentrates are also highly available. Cartridges are reportedly nearly as common as leaf marijuana in most regions and were the most common type of marijuana reported in Toledo and Youngstown regions. Respondents described cartridges as being convenient and discrete. Consumers explained: *"The cartridges are the most popular thing. That's what everybody was doing because they could just hit their cart with anybody around and most people don't know what the cart smells like even if they know what the flower smells like; And you don't have to roll it up* [into a cigarette or cigar] *… you just hit a button; The THC pens (cartridges/vapes) are probably one of the most popular things because kids can walk around with them and you just think they're a* [nicotine] *vape."*

Reportedly, throughout OSAM regions, dabs and edibles are available. Consumers described dabs as potent. A consumer in the Youngstown region stated, *"Smoking* [marijuana] *like when it's in the dabs form, what it does is you* [extract] *every bit of THC out of the plant itself … so you're getting* [nearly] *straight THC (high potency)."* Like cartridges, respondents noted edibles as discrete. They are also reportedly available in many forms. Consumers discussed: *"Something you can't smell is … a tin of mints that have THC in them. It's a lot more discrete* [than smoking leaf marijuana]*; Edibles* [are available as] *gummies, suckers, gum; My mother … for her cancer stuff … they give her chocolate candies but … it's marijuana."*

Edibles tend to have a longer acting high, but the onset of effects can be delayed. A member of law enforcement in the Cincinnati region reported calls made for emergency response due to individuals consuming high doses of edibles, sharing, "[Marijuana is] *everywhere … especially if you include the gummies, the edibles…. And the number of* [adverse effects from high dosage intake] *that we see from people that are experimenting with it, they consume one gummy* [and] *they don't feel anything for a few minutes, and they say, 'Well, let me eat a couple more,' and then … 30 minutes later* [experience a] *rapid onset of everything. They call for assistance from EMS, prompting us (law enforcement) to respond as well. It's unbelievable."*

Ohio Bureau of Criminal Investigation (BCI) crime labs reported that the incidence of marijuana cases they process has decreased for most OSAM regions (Cleveland, Columbus, Dayton, Toledo, and Youngstown), increased for the Cincinnati region, remained the same for the Akron-Canton region, and it reported few cases for the Athens region. In addition to BCI reporting, Lake County Crime Lab (Cleveland region) reported that the incidence of cannabis cases it processes has decreased during the reporting period, and it did not report processing any cases of concentrated THC (oils, dabs). Cuyahoga County Regional Forensic Science (also Cleveland region) reported that the incidence of cannabis and concentrated THC cases it processes has increased during the reporting period. This lab does not differentiate between cannabis and concentrated forms of

THC. Other data sources indicated marijuana as available. Millennium Health reported that 22.1% of the 140,567 urinalysis specimens submitted for marijuana testing during the past six months was positive for marijuana.

Millennium Health
Urinalysis Test Results for Marijuana during the Past 6 Months

Region	% Tested Positive	Number Tested
Akron-Canton	24.5%	12,084
Athens	29.1%	14,114
Cincinnati	19.8%	27,669
Cleveland	17.4%	26,132
Columbus	18.8%	28,023
Dayton	27.5%	3,306
Toledo	31.0%	19,575
Youngstown	18.1%	9,664
Total	22.1%	140,567

Ohio Department of Public Safety reported drug task force seizure of 1,672.0 kilograms (3,678.4 lbs.) of marijuana from throughout OSAM regions during the reporting period; of which, 29.2% was seized from the Columbus region. Summit County Juvenile Court (Akron-Canton region) reported that, of the 508 THC tests it performed during the past six months, 44.3% was positive. Fairfield County Municipal Court (Columbus region) reported that of the 4,828 positive adult drug specimens it recorded during the past six months, 31.9% was positive for cannabinoids. Hancock County Probate Court (Toledo region) reported that 96.3% of the 81 positive juvenile drug test results it recorded during the past six months was positive for cannabinoids. GPRA (Government Performance and Results Act) data collected from 6,246 persons entering publicly funded SUD treatment programs during the past six months found 22.5% reported marijuana use 30 days prior to intake.

GPRA Intake: Marijuana Use during the Past 30 Days

Region	% Yes	Total N
Akron-Canton	19.4%	320
Athens	27.8%	273
Cincinnati	24.0%	1,291
Cleveland	20.6%	1,378
Columbus	24.9%	1,804
Dayton	15.3%	334
Toledo	24.0%	567
Youngstown	12.5%	279
Total	22.5%	6,246

Media outlets reported on law enforcement seizures and arrests related to marijuana this reporting period (selected media reports follow). LaSalle County Sheriff's officers (Illinois) arrested a Rocky River man (Cuyahoga County, Cleveland region) after seizing 100 pounds of marijuana from his vehicle during a traffic stop on Interstate 80; officers arrested the Ohio man on felony charges of trafficking and possession of marijuana (www.wspynews.com, April 2, 2024). Ashtabula Police (Ashtabula County, Youngstown region) along with FBI Safe Streets Task Force seized 962 grams of methamphetamine, approximately 30 grams of cocaine, 365 grams of marijuana, suspected fentanyl pills, psilocybin mushrooms, digital scales, packaging material, 64 firearms, and $1,100 from multiple residences in Ashtabula; officers reported that the total seizure had an estimated street value of $129,000 (www.wkyc.com, Feb. 26, 2024). Officers with Zanesville-Muskingum County drug unit (Athens region) arrested two people after discovering over $1 million worth of drugs and firearms; officers seized 2.2 pounds of fentanyl (street valued at $170,000), half pound of cocaine, one pound of methamphetamine, one pound of marijuana, firearms, and cash (www.nbc4i.com, Feb. 24, 2024). Akron Police officers (Summit County, Akron-Canton region) seized illegal firearms, several pounds of marijuana, and thousands of

dollars in four separate traffic stops; officers arrested four people during the traffic stops that were part of an ongoing safety initiative in the city of Akron (www.fox8.com, Feb. 14, 2024).

Quality

Consumers throughout OSAM regions most often rated the current overall quality of marijuana, including extracts and concentrates, as '10' on a scale of '1' (poor quality, "garbage") to '10' (high quality). The leading reasons reported for high quality marijuana were availability of potent product, improved cultivation and processing techniques, regulated sources, and form choices. Consumers discussed how advancements in marijuana growing in conjunction with loosened policies have improved quality. Comments included: *"I would say* [marijuana quality is] *definitely probably going up more, considering people had to realize how to take care of it, like what fertilizers work better to make it grow faster and … more potent*; *Weed is just really good right now. And the people that grow weed, they know how to take care of it and ask questions without feeling like they're going to get in trouble;* [Cultivating marijuana] *is a science now."*

Access to regulated sources via dispensaries also reportedly contributes to higher quality marijuana. Respondents discussed: *"*[Marijuana quality] *has just gotten better since the government took hold of it* [and it comes from a regulated source]*; People are buying* [marijuana] *from dispensaries now* [which is higher quality]*."* Some respondents suggested that the illicit market must offer high quality product to compete with dispensaries, so marijuana is typically high quality whether obtained on the street or via dispensaries. Respondents also described choice of quality for the purchaser, sharing: *"You got too much competition out there. So,* [dealers] *want to keep the good stuff to make the money (maintain customers); Over the past five years* [marijuana has] *gotten stronger…. They have tiers…. I mean, the poor quality's going to be cheaper. But a majority of everything is going to be high quality; You can choose your quality; You can get the best* [quality marijuana] *and everybody knows it now so nobody's going to settle for anything but the best."*

Some consumers reported marijuana street quality as varying by the seller and how much the purchaser is willing to spend. However, discussions often circled back to dispensaries being a source for reliable quality. Consumers commented: *"When* [dealers] *bring* [marijuana] *this way (Greene County),* [the quality is] *whatever they get, whatever they put out on the streets…. But now you got a dispensary who's guaranteeing a certain product;* [Marijuana quality] *depends on who's selling it and who can afford what; You come across good (high-quality marijuana), you come across bad (poor-quality marijuana). And with the dispensaries now, I just go there."* Some consumers also raised concerns about potential adulteration of street marijuana, and they noted dispensaries as a valued safer source versus unpredictable street quality. One consumer remarked, *"That's why I like to get my weed from the dispensary."*

OSAM regions were split between whether marijuana quality has changed during the past six months. Consumers in Akron-Canton, Cincinnati, Toledo, and Youngstown regions reported that quality has remained high, while consumers in Athens, Cleveland, Columbus, and Dayton regions reported an increase in quality. Reasons provided for increased quality echoed discussions for high quality: advancements in cultivating marijuana, policy changes, demand for high quality product, and competition among suppliers. Consumers discussed how growing and processing advancements have made higher quality and potent marijuana easily accessible. Comments included: *"*[Marijuana quality has] *gotten better because of the different growth* [methods] *and different strands and dispensaries; More people are available to tinker with it (improve cultivation and processing methods). Plus, the dispensaries and the medical industry taking the average from like seven to 10 to like 30 percent* [THC]*; I think it's only*

getting better; We used to have seeds in our weed (leaf marijuana had lower THC potency); I ain't seen a seed in years!" Consumers in the Akron-Canton region added that easier access to high quality marijuana has increased expectations, so suppliers (whether licit or illicit) must meet the demand to remain competitive. They said: "[Marijuana quality has] *gone up. The dispensaries are in demand, and people just want better product, so* [suppliers] *have no choice but to make it better; People want more, better quality* [marijuana]*, and the dispensaries help* [drive overall quality]*."*

Street Names

Current street jargon includes many names for marijuana, including extracts and concentrates. Consumers noted that many of these street names have existed for decades and can sound dated. Consumers in Athens and Youngstown regions discussed the street name, "dope," as sounding dated to younger age groups and they noted possible confusion with other drugs that are also referenced as dope. They said: *"My dad calls* [marijuana] *… 'dope.' Yeah,* [that's a dated street name]*; When we were growing up, to* [label] *marijuana, you'd say 'dope.' But you can't even use that word for marijuana no more. Because if you tell someone you want some dope, you're getting dope for real (other drugs, such as heroin/ fentanyl)."* In contrast, respondents noted other street names that are more current and used by younger generations. Comments included: *"My daughter calls* [marijuana], *'tree;' 'You got some trees?'"*

General street names often describe the green marijuana plant ("bud," "devil's lettuce," "flower," "grass," "green leaf," "leaves," "salad," and "trees") or how leaf marijuana is typically smoked ("flames" or "smoke"). High-grade names sometimes describe dense leaf clusters and/or strong scents, suggesting higher quality ("dank," "nugs," and "sticky icky"), specific strains ("exotic," "kush," and "purple haze"), and hydroponic growing ("hydro"). Low-grade names usually allude to poor growing conditions ("brown frown," "dirt," "ditch weed," and "Mexican dirt weed"). Marijuana extracts and concentrates street names are usually straightforward, describing the specific form. For example, street names for dabs indicate their form ("butter," "oils," and "wax") and "gummies" are a common name for edibles, generally.

Current Street Names for Marijuana	
General	**bud, Cheech & Chong, dank, devil's lettuce, diesel, dope, flames, flower, ganja, grass, green/green leaf/greenery, homegrown, leaves/leaves emoji, Mary/Mary Jane/Jane, pot, reefer, salad, smoke, tree/trees, weed, za/za-za**
High Grade	**chronic, dank, exotic, fire/fire emoji, gas/gas pump emoji, haze, hydro, kush, loud, nug/nugs, purple/purple haze, sticky icky**
Low Grade	**brown frown, dirt, ditch weed, Mexican dirt weed, Reggie**
Extracts/ Concentrates	**butter, carts, dabs, edibles, gummies, oils, pens, vapes, wax**

Pricing

Current street prices for marijuana and extracts and concentrates were reported by consumers with experience purchasing the drugs. For leaf marijuana, consumers identified the most common quantities of purchase as 1/8 ounce for $20-50, and up to $100 in Cleveland and Columbus regions for high grade, as well as an ounce for $70-160, with prices as low as $40-60 in the Toledo region and as high as $250 in the Youngstown region. A consumer in the Athens region described 1/8 ounce as being a common purchase regardless of socio-economic status, remarking, *"I feel like an eighth is a common* [unit purchased for marijuana] *like no matter your class*

level. Like whether you have money, whether you're broke. An eighth is always like people's go-to because they know how much exactly they're going to get."

Regarding ounce amounts, consumers discussed: *"I would say an ounce, which is a 'zip'* [is the most common marijuana unit purchased]*; Right now, everybody's buying* [marijuana] *by the ounce. $100 an ounce; Sometimes it's over $100; If you're getting actual flower, it's probably going to be an ounce. I'd say* [an ounce would cost] *about $70. It's super cheap. If you are somebody that smokes flower, you're* [going to] *buy an ounce at least."* While a gram of leaf marijuana is reportedly not as common, consumers frequently discussed marijuana prices in gram amounts, with gram pricing typically ranging from $10-20. Comments included: "[You can] *buy … a gram* [of marijuana]*, which is a blunt, for $10; Street cost on good weed's about $20 a gram."*

Reportedly, one-gram cartridges typically sell for $15-30, with prices as low as $10 in the Athens region and as high as $40-60 in Akron-Canton, Cleveland, and Youngstown regions. Consumers stated: "[Cartridges are] *relatively cheap, $15 to $20. They're usually gram cartridges;* [Cartridges] *were $25 from the guy I was getting them from. But those are like one-gram carts that were* [high THC content]*;* [Marijuana on the street is] *dirt cheap.* [You could get a] *pen for $10. And that's high in THC count (concentration)."* Consumers reported edibles as selling for a similar price of $15-25 per bag (amount unspecified), and that deals are available for bulk purchases of extracts and concentrates. A consumer shared, *"One gram a cart. I'll sell you two for $25…. Same thing* [for edibles]*. Two for $25. $15 a bag."*

Consumers explained that the unit of marijuana purchase varies by person and how much they are willing to spend. Comments included: "[The most common unit purchased] *depends on who you are. I mainly bought 'dimes' ($10 amounts) throughout high school but once I became an adult, an eighth or 'quarter' (1/4 ounce)* [are what I buy most]*. I get a quarter more often than anything. You can get a quarter for $30 to $35; It's like the rest of it (other drugs). You can get whatever* [quantity of marijuana] *you have money for."*

Consumers discussed pricing of marijuana as varying by quality. Marijuana of higher quality or THC content reportedly is more expensive. Consumers observed: "[The price of marijuana varies by] *the level of it though…. You can buy an ounce at 22%* [THC content] *or I can buy an ounce over here at like 40%. The quality is what's going to make (determine) your price; The prices for weed are the same as the prices for anything else. The more expensive it is, the better quality it is."* Consumers also noted how price can vary by one's connections and that bulk purchases can result in lower prices per unit. They said: *"Probably $10 a gram for 'loud' (high-quality marijuana). Well, depending on who you know; $10 a gram* [of marijuana] *is about the going price right now…. The more you get, it'll go down from there (better value per unit with larger purchases)."*

Overall, consumers reported that the price of marijuana and extracts and concentrates has remained the same during the past six months. However, consumers in the Athens region most often indicated decreased pricing, and consumers in the Dayton region were split between no change and decreased pricing. Those who reported no change said marijuana prices have been lower for longer than the past six months. A consumer commented, *"The last six months, I'd say* [the price of marijuana has been] *about the same…. Over the course of two years, it's cheaper…."* Reasons reported for a decrease in marijuana prices were policy changes in Ohio and other states, high supply, and supplier competition. Consumers discussed: *"When people had to drive out of the state to get* [marijuana]*, it was a little more expensive. And now* [that marijuana for recreational use is legal in Ohio] *… everybody's got it;* [The price of marijuana] *decreased because of how widely available it is;* [Marijuana prices] *decreased because* [sellers] *have to keep up with the competition."*

Route of Administration

The most common routes of administration (ROA) for marijuana remain smoking and vaping, followed by oral consumption. Consumers estimated that out of 10 people who use marijuana, 7-10 would smoke or vape and 0-3 would orally consume the drug. Consumers overwhelmingly described smoking leaf marijuana or vaping extracts and concentrates as the dominant ROA. Smoking leaf marijuana was described as a longstanding popular ROA, while vaping extracts and concentrates was reported as a discrete option. Consumers discussed: *"Everyone's going to smoke and then some will also do edibles; They're usually going to smoke. If you're a* [person who uses] *marijuana … you smoke. You don't hear, 'I'm going to eat this edible.' Most times people smoke the bud; I'd say now, at least seven of them have* [marijuana] *in a cart because it doesn't smell…. And most people can't tell by looking from a distance the difference between it and* [a nicotine vape]*…."*

Consumers described oral consumption of marijuana as an occasional ROA by people who primarily smoke or vape, or as a popular ROA by people who don't typically use marijuana. A consumer said, "[Most people use] *either flower or dabs* [for smoking or vaping, respectively]*…. Most people who don't smoke on a regular basis I feel like go to edibles."* However, some respondents reported a preference for oral consumption now that marijuana is easier to obtain in different forms, and because it bypasses health risks associated with smoking and vaping. They explained: *"I buy edibles. Like, I used to love to smoke* [marijuana]*. But there's so many different ways of doing it now; Edibles are coming up (increasing in popularity)…. A lot of people probably would just prefer the edibles over smoking just because you're not going to get that negative health* [impact of smoking]*; I prefer the edibles over smoking* [marijuana]*."*

Typical Use Profile

Throughout OSAM regions, respondents most often stated that marijuana has no typical use profile because it is widely used across many demographics. Respondents also noted how marijuana has largely become socially accepted. Treatment providers commented: *"There is no specific* [demographic for marijuana use]*. White people, Black people, Mexican people, Puerto Rican people, Arab people, everybody; And even old ladies … are starting to come out like, 'You got some gummies?;' I think* [marijuana] *use is pretty equal across men and women at this point;* [Marijuana use] *affects (extends to) everyone."* Consumers in the Cleveland region added: *"*[Marijuana use] *is all over the board. It's everybody. The most corporate executive person you can imagine will go out there and burn one (smoke a 'joint/blunt,' marijuana-filled cigarette or cigar, respectively); Everybody smokes weed. It's like smoking cigarettes;* [Marijuana use] *is pretty normalized."*

Other reported demographic trends included use of marijuana among young people, and older age groups who have used it for years and/or for medical reasons. Respondents frequently described marijuana use as starting younger in life compared to other substances. Consumers shared: *"I started* [using marijuana] *as a teenager. I think a lot of people start as a teenager. I feel like* [marijuana use is more common among people] *anywhere from 15 to 35* [years of age]*; I just think* [marijuana use is] *what the trend* [is] *now for younger people; Probably because it's more* [socially] *acceptable too; I know a lady, a 70-year-old, who smokes weed; My grandma eats edibles now….* [Many people take] *edibles to go to bed at night; That's my mom. She eats edibles to go to bed."*

Respondents also described population trends by type of marijuana, overwhelmingly stating older age groups are more likely to use leaf marijuana, and younger people are more likely to use extracts and concentrates, especially cartridges or

vapes. Consumers explained how older generations might be more comfortable with leaf marijuana because it was the primary form previously accessible to them, and that extracts and concentrates could appeal to younger ages for their concealability and potency. Comments included: *"I'd say older ones* [are more likely to use leaf marijuana]*…. Just because they've been doing that their whole life, like since they were like 12* [years of age]*; This new generation don't like the flower;* [Extracts and concentrates are] *more discrete;* [You] *also* [get a] *way bigger high from* [extracts and concentrates] *compared to flower."*

Respondents discussed extracts and concentrates as appealing to anyone who seeks discretion or convenience. A member of law enforcement in the Dayton region commented on edibles, saying, *"I would say that gummies are more prevalent for people that don't want others to know they use marijuana … because they work … they might take an edible on their break or after work or something like that but it's more people that don't want others to know."* And consumers in the Columbus region described how extracts and concentrates might be a choice for busy individuals, sharing: *"Like, if you're a busy person, you're going to have a cart and a pen. But if you've got time, you know, you're going to sit and smoke a blunt; Flower is the most popular. But when you're on the go …* [extracts and concentrates are preferred because it's convenient] *and it doesn't smell."*

Lastly, respondents noted edibles as popular among some older age groups and women. Consumers discussed how edibles can be viewed as a safer ROA as they are a common medical marijuana form. They remarked: *"I feel like it's because they used to use it (marijuana) when they were younger but now with like the health thing, you can't really smoke … if you already have health problems. So, the older generation, they mostly just do edibles because they still get that same buzz; Take it more like a prescription; I tend to find that more, like, women tend to do more edibles than men do."*

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, 61.1% was male, 53.9% was under the age of 40 years, and 79.1% indicated White as their race.

GPRA Demographic Data of All Intake Clients Who Used Marijuana during the Past 30 Days (N = 1,404)[1]

Male	**61.1%**
Female	**37.6%**
18 - 29	**19.2%**
30 - 39	**34.7%**
40 - 49	**25.6%**
50 - 59	**14.6%**
60 +	**5.9%**
White	**79.1%**
African American	**22.3%**
Other race[2]	**2.9%**
Hispanic/Latino	**5.8%**

[1]Totals may not equal 100.0% due to other categories not represented in the table. Total percentage for race (N = 1,400) is greater than 100.0% due to some individuals indicating more than one race. Ethnicity (N = 1,402). [2]Chinese, Filipino, Indian, Native American, Native Hawaiian, Pacific Islander, Samoan, unspecified Asian race, and/or unspecified other race.

Use Combinations

Consumers frequently reported that marijuana is used alone or in combination with any other substance secondarily. They explained: *"I don't think you're trying to do alcohol and* [other] *drugs when you smoke* [marijuana]*; Every single one of them (other substances)* [can be used with marijuana]*. I don't see marijuana as a drug though; Everything* [can be used with marijuana] *because it mellows everything out and* [causes] *relaxation; Seems like most people who use any type of drug smoke* [marijuana]*; Weed is the thing that you use with other stuff."*

However, consumers noted some use combinations more frequently. Throughout OSAM

regions, consumers reported alcohol as the most common substance used in combination with marijuana because alcohol and marijuana potentiate each other and are a common combination in party and bar scenes. Consumers sometimes referred to the combination as "crossfade" (using alcohol and marijuana simultaneously, thus, being drunk and high at the same time). Comments included: "[Combining] *alcohol* [with marijuana is] *like a cross buzz. It makes it to where you're relaxed and faded at the same time. Takes the paranoia away; To get crossfaded. It's common to smoke a 'bowl' (pipe used to smoke marijuana) and then go out to the bars because it saves you on alcohol; If you drink and then smoke, it will make you way higher."*

In addition, alcohol and marijuana are both now legal and accessible via licit sources in Ohio, making them an accessible and socially accepted combination. Consumers noted: *"Marijuana and alcohol are now socially acceptable, so I think that's why they're more of a combination than other drugs; Yeah, now* [marijuana is] *legal. That's the other reasoning* [for alcohol and marijuana being a common combination]*. It's just legal now like alcohol."* Consumers also continued to report the two substances as commonly used in party and bar settings, including among college students. A consumer commented, *"It's that party combination. People get together and smoke* [marijuana] *and drink* [alcohol]*. These college students that just came back into town (Athens region), nine times out of 10 if they're drinking* [alcohol]*, they're probably going to end up smoking* [marijuana]*."*

Consumers also frequently noted crack and powdered cocaine as used with marijuana. Marijuana reportedly aids the come down from cocaine's stimulant high. Consumers also discussed how using marijuana and cocaine together can create a "speedball" (concurrent or consecutive stimulant and depressant highs). A consumer stated, "[Using marijuana with cocaine] *gives you that rollercoaster effect."* Consumers also described adding crack or powdered cocaine to marijuana to smoke. And while not as frequently reported, consumers noted methamphetamine as also combined with marijuana to speedball.

Reportedly, several other substances are used with marijuana for a potentiating effect. Consumers reported sedative-hypnotics as the most reported depressant used with marijuana besides alcohol, followed by promethazine (prescription-strength cough syrup with codeine, aka "lean" when mixed with soda), prescription opioids, and heroin/fentanyl. Consumers also discussed using marijuana with hallucinogens like psilocybin mushrooms, LSD (lysergic acid diethylamide), and PCP (phencyclidine). One consumer shared, *"For me it was LSD. It seemed like I'd eat some LSD and smoke a joint and by the time I'm done smoking the joint … I'd be 'tripping' (experiencing a psychedelic high)."*

Substances Used in Combination with Marijuana

Most Common	**alcohol, cocaine**
Other	**hallucinogens, heroin/fentanyl, MDMA, methamphetamine, prescription opioids, promethazine, sedative-hypnotics**

Other Drugs in OSAM Regions

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

In addition to the drugs discussed by respondents, crime lab data indicated availability

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

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

of "bath salts" (substituted cathinone; compounds containing methylone, mephedrone, MDPV, or other chemical analogues, including alpha-PVP, aka "flakka"). Ohio Bureau of Criminal Investigation (BCI) crime labs reported processing 26 substituted cathinone cases from the Columbus region, an increase from 15 cases during the previous reporting period, and reported processing 53 substituted cathinone cases from the Youngstown region, an increase from 5 cases during the previous reporting period; they reported processing few or no cases of substituted cathinone from all other OSAM regions (4 cases from the Akron-Canton region, 5 cases from the Athens region, 1 case from the Cincinnati region, 2 cases from the Cleveland region, and zero cases from Dayton and Toledo regions). Other crime labs in Cleveland and Dayton regions also submitted substituted cathinone incidence data. Cuyahoga County Regional Forensic Science Lab (Cleveland region) reported processing 25 substituted cathinone cases, a decrease from 56 cases during the previous reporting period. Lake County Crime Lab (also Cleveland region) reported processing two cases of substituted cathinone during the reporting period. Miami Valley Regional Crime Lab (Dayton region) reported that it did not process any cases of substituted cathinone during the reporting period.

Gabapentin

Respondents throughout OSAM regions discussed high current availability of gabapentin (an anticonvulsant used to treat nerve pain) for illicit use, except for the Athens region, where moderate to high availability was indicated, and the Dayton region, where gabapentin was described as currently available, but availability was not rated. In addition to nerve pain, gabapentin is reportedly readily prescribed to treat a variety of other conditions and is sometimes diverted. Consumers said: *"Everyone gets prescribed* [gabapentin] *or*

has a prescription for it and sells it; You can go to the doctor and tell them you got restless leg syndrome, and they'll write you a 'script' (prescription) out for [gabapentin]*; I just get* [gabapentin] *prescribed for social anxiety disorder."*

Community professionals added: *"Everybody's on gabapentin. My dog's on it (prescribed by a veterinarian); I think* [gabapentin is] *being prescribed a lot more than it used to be; Gabapentin is widely used for a variety of diseases, plus a ton of diabetics use it for nerve pain and we have a lot of … chronic pain people that try gabapentin and they add it with whatever they are abusing (combined use of gabapentin and illicit drugs) … gabapentin is popular right now medically (readily prescribed) and our population has a lot of chronic pain."* Some respondents noted increased gabapentin prescribing in comparison to decreased opioid prescribing. They said: "[Gabapentin] *took the place of Vicodin®; I think with less opioid prescriptions* [gabapentin is] *one that prescribers feel more comfortable with* [prescribing]*…."*

Respondents in most OSAM regions reported that the availability of gabapentin for illicit use has remained the same during the past six months, while respondents in Columbus and Youngstown regions reported increased availability, and respondents in the Athens region evenly reported increased and no change in availability. Increased availability of gabapentin for illicit use was often attributed to increased prescribing and diversion. Comments included: "[The availability of gabapentin for illicit use has] *probably gone up, because I think a lot of doctors started prescribing it for anxiety, and then they … just sell it because they don't want to take it; Doctors give out (prescribe) gabapentin a lot faster than they would a Percocet® … anything for pain, they'll try gabapentin first a lot of times. So, I think the availability* [on the streets] *is there."* Regarding no change in availability of gabapentin for illicit use, a member of law enforcement said, "[Gabapentin has] *been easy* [to obtain]. *It's been very prevalent for years. A lot of people will use it with alcohol and other stuff like that. And there's just a lot of it."*

Other data sources indicated gabapentin as available for illicit use throughout OSAM regions. Millennium Health reported that 15.9% of the 142,306 urinalysis specimens submitted for gabapentin testing during the past six months was positive for gabapentin.

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

Region	% Tested Positive	Number Tested
Akron-Canton	12.7%	9,564
Athens	14.3%	14,159
Cincinnati	13.4%	30,033
Cleveland	14.7%	26,365
Columbus	22.6%	27,576
Dayton	30.3%	3,470
Toledo	14.6%	21,722
Youngstown	11.5%	9,417
Total	15.9%	142,306

Regarding gabapentin pricing and street names, a consumer in the Athens region reported purchasing 100 gabapentin pills for $70 and identified "gabbies" as a street name. Respondents often linked illicit use of gabapentin to people who use opioids to help prevent or alleviate opioid withdrawal symptoms (aka "dope sickness"). Consumers commented: *"Gabapentin will ease up those* [opioid] *withdrawal symptoms; I would buy* [gabapentin] *out there on the streets for withdrawal (to relieve opioid withdrawal symptoms); If they don't have the fentanyl, the gabapentin helps you from getting sick. And they'll need handfuls of it to get that high."*

In addition to people who use opioids, typical illicit use of gabapentin was most often described among middle-aged people. Responses included: "[Illicit use of gabapentin is] *maybe swaying slightly older like 30, 40, 50-year-olds with chronic pain. We don't really see as much in the 20-year-*

olds; [Illicit use of gabapentin is] *kind of all over the place, not kids, though, usually not like teenagers or anything."*

There was discussion around gabapentin being prescribed to people living in recovery housing. A consumer in Youngstown stated, *"I have neuropathy in my legs because of my diabetes, and I got to take* [gabapentin] *for that, but I can't take them living in a sober house (recovery housing)…."* And a treatment provider in the Cincinnati region said, *"We are slowly trying to allow* [gabapentin] *into our sober living* [recovery housing] *because people really do need it for back pain, or you know like, serious nerve pain, but there for a while we wouldn't allow it in our sober living* [recovery housing] *because people were taking it from other people, abusing it."*

Hallucinogens

Respondents throughout OSAM regions reported current availability of hallucinogens. The following types of hallucinogens were indicated as currently available: psilocybin mushrooms (all OSAM regions), lysergic acid diethylamide (LSD) (all OSAM regions, except for Toledo), dimethyltryptamine (DMT) (Athens, Cincinnati, and Columbus regions), and phencyclidine (PCP) (Akron-Canton region). The degree to which hallucinogens are available varies across regions. Respondents generally reported moderate current availability of hallucinogens in Cincinnati and Youngstown regions, moderate to high availability in the Toledo region, and low to moderate availability in the Cleveland region. There was no consensus as to current availability in Columbus and Dayton regions, where consumer responses ranged from low to high and community professionals noted low to moderate availability. According to consumers in the Akron-Canton region, hallucinogens are highly available, while law enforcement reported moderate availability, and treatment providers reported low availability. And in the Athens region, hallucinogens were discussed as currently available, but availability ratings were not provided.

Hallucinogens are reportedly available in certain settings, including parties, concerts, and festivals, and with a connection to the right source. Respondents observed: *"Up in the* [local camping and festival site] *you can get* [LSD] *… or* [at] *raves (dance parties);* [Hallucinogens are] *the party type drug…."* They also discussed needing a connection to people who have access to hallucinogens, stating: *"You just have to know people who are into* [LSD] *and get it from them; I don't think anyone can call their main guy (primary drug dealer) … and they will actually have* [LSD and psilocybin mushrooms]*. You would have to call around for that or find a dealer that is exclusive to* [selling] *hallucinogens; LSD is a little bit harder* [to obtain] *than mushrooms (psilocybin mushrooms) … you've got to know the people to get it."*

For psilocybin mushrooms, in particular, respondents reported online sources, including social media. They shared: *"I'd say pretty high* [availability for psilocybin mushrooms]*. You can hop on Facebook and find it on there; A lot of* [psilocybin mushrooms] *you can order online now too; There's ads* [for psilocybin mushrooms] *on Instagram and Facebook too."*

Respondents also discussed growing and foraging psilocybin mushrooms. They stated: *"You can order the mushroom spores legally online. So, if you wanted mushrooms, you could order the spores, and then once you get them home, just start processing them, grow them, and then you're off and running; You can* [get] *… a mushroom mix and make it into the dry candies … that they have for the 'weed' (marijuana) (similar form to tetrahydrocannabinol (THC)-infused edibles); We were doing some assessment* [of a treatment client]*, and this guy was pretty proud of growing his mushrooms in his apartment … and how he was selling them online; You can get good mushrooms like grown from Oregon and stuff, but then you're just paying for them (high cost)…."*

Use of hallucinogens has reportedly been made popular by the promotion of their purported

spiritual and health benefits, including the practice of "microdosing" (consuming very low doses of psychedelic substances for therapeutic use). A consumer in the Athens region said, *"I don't think that's bad though … if you microdose like on 'shrooms' (psilocybin mushrooms) and 'acid' (LSD) occasionally. My sister, she lives in Colorado, and she started microdosing every day and she seems like more happy."* And community professionals discussed: *"The clients that I've seen … that are trying to use hallucinogens … they say they're doing it a lot of times as a means to like to find themselves or find God or stuff like that…. A lot of the clients we get, the substance use is either self-medication, or self-exploration; You just get on Twitter or TikTok* [and microdosing psilocybin is promoted]*. It's just another way to deal with your stress, I guess; I have noticed it seems to be more conversation about mushrooms since the marijuana laws changed (marijuana legalization in Ohio)…. Those that like the medicinal side of marijuana also feel the psilocybin and illicit mushrooms have a medicinal value…."*

Some treatment providers noted that hallucinogens are not always included on drug screens. They reported: *"I don't know that* [psilocybin mushroom use is] *reported* [by clients]*, and it doesn't show up in our urine drug screen; A lot of people are catching on that hallucinogens … a lot of labs don't test for it and a lot of … if you're at a treatment center, don't test for it. I know that in* [a treatment center in] *Dayton I had several young people doing hallucinogens, like* [psilocybin] *mushrooms and stuff like that because they know that they could do it and it won't come up* [on a drug screening]*."*

In the Akron-Canton region, a treatment provider indicated that PCP is not commonly sought after, stating, "[PCP is] *there if people want it, but I don't really think it's that wanted down here (Stark County)."* According to consumers in Columbus, DMT is reportedly less available than psilocybin mushrooms. Other consumers stated: *"DMT is still pretty hard to come by…. It would be hard for me to find; DMT* [availability] *is hit or miss around here (Belmont County, Athens region)."*

While popular in certain settings, respondents acknowledged that hallucinogens are typically not a primary drug of choice. A consumer in the Cincinnati region offered, *"A lot of people I know* [are] *doing mushrooms. A lot of people do them but not like* [on a large scale]*."* And treatment providers said: *"Every now and then we get someone that talks about psychedelics, but typically it's not what people are seeking; I think* [psilocybin mushroom use] *popped up last year. I started having a few people (treatment clients) using it…. It's very random; I think I've had a few* [treatment clients] *here recently … with the shrooms. Like that was a thing (popular) in the past but I feel like that kind of came back there for a minute. But I don't know if it was just experimental, trying different things … if it's not really a trend anymore. I've just encountered it a few times."*

Respondents in half of OSAM regions (Cincinnati, Columbus, Dayton, and Toledo) indicated that the availability of hallucinogens has increased during the past six months, and in Akron-Canton and Youngstown regions availability has reportedly remained the same, while respondents in the Cleveland region evenly reported no change and increased availability. In the Athens region, availability change was not indicated. Respondents often described hallucinogens as making a comeback, providing: *"I see mushrooms all the time.* [The availability] *… is at least an '8' (high)*. [It's become] *more available* [in the past six months]. *I think it's making a resurgence almost; Here (Allen County, Dayton region), mushrooms are coming back and acid slowly but surely; I've been getting more reports of the hallucinogens … that seems to be coming back a little bit. The LSD, the acid, the mushrooms … lots of reports recently of mushrooms. Especially in the younger demographic, they seem to think it's like a natural, cooler way of experiencing a high."*

Respondents also reported increased demand for hallucinogens, particularly psilocybin mushrooms as there is less perceived risk associated with their

use compared to other substances, often describing them as "natural." They said: *"I think … you can get* [hallucinogens] *easier and easier* [because] *man, people are not trying to die (overdose)…. They want to party once in a while. It's not something that you do every single day. But … I mean to have fun, that's what they want to do.* [They are perceived as carrying less risk] *than fentanyl or the pills (prescription opioids); Supply and demand, and it's popular. People can give a million reasons why you should do mushrooms, it's natural … it's healthy. People use them for creativity ."*

Ohio Bureau of Criminal Investigation (BCI) crime labs reported processing few cases of LSD from all OSAM regions. BCI crime labs reported that the incidence of psilocybin mushroom cases they process has increased for the Athens region, decreased for Akron-Canton and Cleveland regions, and remained the same for Cincinnati, Columbus, Dayton, Toledo, and Youngstown regions. BCI crime labs reported a decrease in PCP cases from 28 cases processed during the previous reporting period to processing 7 cases for the current reporting period; of which, five were from the Columbus region.

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

Several consumers in the Cleveland region reported current high quality of psilocybin mushrooms, and that the quality has remained the same during the past six months. They offered: *"*[Psilocybin mushrooms are] *pure (unadulterated) because they are grown;* [The quality of psilocybin mushrooms] *depends, because there are different types, but it's pretty pure. It's a fungus but I would give it an '8' out of '10' (high quality) because some are stronger than the others."* Some consumers in the Columbus region discussed decreased quality of LSD during the past six months, primarily due to what they reported as adulteration with bug spray. A consumer said, *"LSD, back in the day, it was more pure, but now they're putting … all kinds of weird stuff* [with it like] *bug spray."*

Current prices for psilocybin mushrooms were provided by consumers in the Cleveland region with experience purchasing the substances. They indicated that 1/8 ounce of psilocybin mushrooms sells for $25-40 and an ounce sells for $80. A consumer in the Cleveland region commented, *"You can get a 'zip' (an ounce of psilocybin mushrooms) for like $80…."* Also in the Cleveland region, consumers reported that the price of psilocybin mushrooms has remained the same during the past six months. Consumers mentioned several street names for psilocybin mushrooms ("caps," "mushrooms," and "shrooms") and for LSD ("AC" and "acid").

While psilocybin mushrooms are not legal in Ohio, consumers discussed various forms of edibles containing other unregulated psychedelic mushroom-like ingredients, including gummies and chocolate bars, that can be purchased from headshops and gas stations. They commented: *"You can buy* [edibles containing psychedelic mushrooms] *at gas stations and headshops; You can go to the vape store and buy mushrooms. And they work too. I thought it was just like fake candy. No, it's not."* And law enforcement in the Dayton region observed psilocybin mushrooms in various forms via illicit markets, saying: *"One* [substance] *that is starting to pop up is psilocybin mushrooms and that's coming in powdered forms* [and] *it's*

coming in edibles; The last couple of things we've gotten straight from Michigan were psilocybin edibles, like chocolates…." Consumers added: *"They have* [psilocybin mushrooms] *in gummies and in chocolate bars; You just eat (orally consume)* [psilocybin mushrooms]*. Some people say they put it in tea."* Regarding vaping DMT, a consumer in Columbus said, *"DMT's making a big* [comeback]*…. Yeah, they've got DMT 'carts' (cartridges) now."*

Respondents continued to consistently report typical hallucinogen use among young people and situational use in the party scene. Comments included: "[The typical profile for hallucinogen use is] *probably the same as the MDMA … younger, 20s to 30s … no gender, no race* [differences]*; I would say younger, like college students; Caucasian male, on the younger end; Younger … 18 to 30-ish; It seems like* [typical hallucinogen use is] *kind of* [the same as] *the marijuana … it's that same group of people. It seems like when we find … marijuana edibles we also find psilocybin edibles or psilocybin powder … it's more of the party drug,* [for] *the younger generation;* [LSD] *is not really around anymore unless like if you go to your hippie festivals."*

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, 69.4% was male, 51.1% was under the age of 40 years, and 77.6% indicated White as their race.

Consumers in the Cleveland region continued to identify that hallucinogens are most often used in combination with alcohol and marijuana. They explained: "[Hallucinogens are used in combination with] *alcohol because you can drink more on them. Alcohol is like a booster to every other drug; People drink with* [hallucinogens] *too…. They want the extra feeling* [of being intoxicated by alcohol and mushrooms]*; Just weed. The only time I did shrooms is when I was smoking weed. For me personally, if I use shrooms by itself, I don't feel anything but if I smoke weed, it* [intensifies the effect from psilocybin mushrooms]*; If you smoke marijuana* [with psilocybin mushroom use]*, you are going to 'trip' (experience a psychedelic high)."*

GPRA Demographic Data of All Intake Clients Who Used Hallucinogens during the Past 30 Days (N = 49)[1]

Male	**69.4%**
Female	**28.6%**
18 - 29	**18.4%**
30 - 39	**32.7%**
40 - 49	**32.7%**
50 - 59	**12.2%**
60 +	**4.1%**
White	**77.6%**
African American	**28.6%**
Other race[2]	**6.1%**
Hispanic/Latino	**2.0%**

[1]Totals may not equal 100.0% due to other categories not represented in the table. Hallucinogens are DMT, LSD, mescaline, PCP, psilocybin mushrooms, and salvia. Total percentage for race is greater than 100.0% due to some individuals indicating more than one race. [2]Native American.

Inhalants

Consumers and law enforcement in Dayton and Toledo regions, as well as law enforcement in the Athens region discussed inhalants (duster, difluoroethane [DFE] and nitrous oxide [N2O], aka "whippets"). Inhalants are reportedly easy to purchase legally or steal, from stores, including headshops. Remarks included: "[Inhalants are] *still … fairly popular that I know of, like the computer dusters…. They sell it at headshops now….* [You can buy them] *in bulk; You can buy those CO_2 (carbon dioxide) cartridges pretty much anywhere."*

Inhalants are reportedly popular because they are not detected on drug screens. Law enforcement offered: "[Use of inhalants has increased] *because we don't have a drug screen for it;* [Inhalants are]

cheap too and it's a different high, I'm sure…." Some people reportedly view inhaling substances, such as chemicals from aerosol cleaners meant for dusting electronics (aka "duster) and paint thinner, to get high (aka "huffing") as a safer alternative to fentanyl and methamphetamine use. They explained: *"I feel like the people who are doing* [duster] *are getting off of other harder substances, and that could be fentanyl or meth, and they're being told like, 'Hey, this is something that you can use to get like a quick high and they can't test (drug screen) you for it;' Oh yeah,* [inhalants are] *more easy to get. All you got to do is be the age to buy cigarettes (21 years) and you can buy those. People think it's a safer way* [to get high]*…."*

Consumers in the Toledo region and law enforcement in the Athens region discussed the popularity of inhaling flavored nitrous oxide from canisters to get high, stating: *"They actually have flavored cans now of huffer (nitrous oxide); Galaxy Gas is what they're calling it; The newest* [inhalant] *is the Galaxy Gas…. It's kind of taken over a little…. They're using that as an extra high on top of their THC cartridges…. It's kind of just like a big* [nitrous oxide] *canister. It's almost like a big whippet…. Just two weeks ago, checking some cars and I think we found three Galaxy Gas cans that were the size of like fire extinguisher bottles with twist tops on them…."*

Regarding the typical use profile for inhalants, a consumer in the Toledo region identified young people, providing, *"Flavored cans* [of nitrous oxide] *nowadays … it's targeting teenagers galore, or college students in general."* A member of law enforcement in the Dayton region conjectured that inhalant use is more common than most people are aware, saying, *"I think a lot of those people are closet users (use inhalants) at home. I would say there are probably quite a few people that … do inhalants…."*

Ketamine

Ketamine (an anesthetic typically used in veterinary medicine) is generally low to moderate in availability according to consumers in Athens, Akron-Canton, and Youngstown regions, and law enforcement in the Akron-Canton region, while a few consumers in the Akron-Canton region indicated high current availability of ketamine for those with the right connection. Consumers in the Columbus region did not provide current availability ratings for ketamine but reported that the availability has increased during the past six months, while respondents in the Akron-Canton region reported that the availability has remained the same.

Reportedly, ketamine is not widely available, but it is accessible if you know people who sell it. Respondents stated: *"You got to know someone…. If you don't know that person, then you're not getting* [ketamine]*;* [Ketamine is] *just one we don't see that often. It's harder to come by;* [Ketamine is] *not the easiest thing to get, that's for sure."* According to a consumer in the Youngstown region, ketamine use is more common in the gay community, saying, *"Ketamine in the gay community is prevalent."* Consumers noted "special K" as a street name for ketamine and "K-hole" as a term for the dissociative state caused by high doses of ketamine.

Kratom

Treatment providers in Akron-Canton, Cleveland, and Youngstown regions indicated high current availability of kratom (mitragynine, a psychoactive plant substance), and consumers in Toledo and Youngstown discussed kratom as currently available, but did not rate the degree to which it is available. Kratom is reportedly easily purchased from gas stations and smoke and vape shops. Comments included: *"You can buy* [kratom] *on the street corner at the store; Any smoke shop around here, a lot of gas stations have* [kratom]*;* [Kratom is] *found in vape shops."*

Respondents associated kratom use with opioid use, as the substance reportedly has similar effects, and kratom is reportedly advertised to

help mitigate opioid withdrawal symptoms and stop opioid use. They stated: *"Advertisements for kratom* [are] *on Facebook … advertised as a way to get off of opiates, certain kinds of opiates;* [Kratom] *has similar withdrawal* [symptoms as heroin]*; Kratom mimics the effects of heroin … but the POs (parole officers) are aware of it now."*

Furthermore, consumers in the Toledo region reported varied effects from kratom depending on the type, explaining: *"Certain ones (types of kratom) give you energy; I ate like seven or eight of them (orally consumed kratom capsules/tablets), and they'd be like a 'perc 10' (Percocet® 10 mg) feeling (opioid-like effect)."* And a treatment provider in the Cleveland region spoke about the promoted health benefits of kratom, saying, *"You can go to the store and buy* [kratom] *now … because people look up positive things about it (health benefits). It's a pain reliever … it does give the effect of opiates or heroin…. If someone has a little pain and they think it's healthy and natural* [then they may try it]*…."*

Reportedly, kratom is desirable because it is not always included on drug screens. Treatment providers observed: *"Kratom is still one of those things that's out there that's being abused, that's not being caught* [through drug screening]*; I spoke to our nurse practitioner, and in small doses* [kratom] *doesn't show up on the* [drug] *screen. It's because people are taking way high doses that are detectable* [on drug screens] *that are not good for you, you know, addiction wise; A lot of places don't test for it* [on drug screens]*. So, until we started testing for it, I didn't hear that much about it, but now our lab tests routinely include kratom."*

Other data sources indicated kratom use throughout OSAM regions. Millennium Health reported that 0.7% of the 129,268 urinalysis specimens submitted for kratom testing during the past six months was positive for kratom.

Treatment providers in Akron-Canton and Cleveland regions indicated that the availability of kratom has remained the same over the past six months, while treatment providers in the Cincinnati region reported increased availability. A treatment provider in the Cincinnati region noticed continuous increased availability of kratom over a longer time period, noting, *"I would say an increase* [in kratom use] *has been an issue here for us for the past two years."*

Millennium Health
Urinalysis Test Results for Kratom
during the Past 6 Months

Region	% Tested Positive	Number Tested
Akron-Canton	0.8%	12,414
Athens	0.9%	11,325
Cincinnati	0.5%	26,229
Cleveland	0.5%	26,584
Columbus	0.8%	22,033
Dayton	1.0%	3,795
Toledo	0.9%	18,739
Youngstown	0.6%	8,149
Total	0.7%	129,268

MDMA

Respondents in six OSAM regions (Akron-Canton, Athens, Cincinnati, Cleveland, Columbus, and Youngstown) discussed current availability of MDMA (methylenedioxymethamphetamine or other derivatives containing BZP, MDA, and/or TFMPP) in both pressed tablet form (ecstasy) and the powdered form ("Molly"). Respondents generally indicated low to moderate current availability of MDMA in the Akron-Canton region, low availability in the Cleveland region, and moderate availability in the Columbus region. There was no consensus as to the current availability of MDMA in the Youngstown region where consumers reported low and high availability. Respondents in Athens and Cincinnati regions discussed MDMA as currently available, but did not rate the degree to which it is available.

Respondents continued to describe MDMA as a party drug that is available at "raves" (dance parties) and bars. Discussion included: *"I am sure that if you are going to a rave you would be popping Molly or ecstasy but it's hard to find* [outside of that setting]*; You give Molly away (share it with friends)…. You're at a bar chilling with your homies…. Drink it in their water."* Outside of the party scene, respondents reported that MDMA is not readily available and requires more effort to obtain compared to other drugs. Consumers said: *"That's a very select group of people using* [MDMA]*. I've been around a lot of drugs, but I've never come across that; Most people are into 'coke' (powdered cocaine) and fentanyl, but if you ask, you probably have to go through a few channels to get* [MDMA]*."* And law enforcement observed: *"I think we've gotten one or two* [MDMA cases]*; I don't see* [MDMA] *that often* [on the streets]*; We certainly come across MDMA (ecstasy) and Molly. But again, that's not a big problem compared to the top three (fentanyl, crack cocaine, and methamphetamine)."*

Respondents often linked methamphetamine and MDMA by identifying methamphetamine as an adulterant (aka "cut") in MDMA, or the primary substance in counterfeit ecstasy. Regarding MDMA adulteration, consumers said: *"A lot of people* [are] *doing ecstasy pills. And they're … cut (adulterated) too; They've been having all kinds of stuff in it (MDMA is adulterated with a variety of substances); You can't really find real (unadulterated) Molly right now."* In terms of counterfeit ecstasy containing methamphetamine, law enforcement stated: *"We've seen a lot of methamphetamine-pressed pills that pop up that we think is MDMA or something that's strictly just* [methamphetamine]*. So,* [methamphetamine pills made to resemble ecstasy] *seems to be more prevalent; Last year we recovered probably 30,000 … colored* [pressed tablets]*. They almost looked like, I guess, Flintstone® Vitamins, something along those lines, that were being sold as MDMA, but they were meth…. Some had MDMA and meth in them, some were just straight meth…. Which is even more scary, right? Because you don't really know what the heck you're getting."*

In addition, law enforcement commented on MDMA-adulterated methamphetamine, providing: *"We haven't had a* [positive MDMA lab] *test for actual MDMA (substance purchased as MDMA) for a while.* [MDMA has] *been tested positive for in meth (MDMA-adulterated methamphetamine); There's a lot of people that test positive for ecstasy (MDMA) too with the meth, because there's a lot of people that's like, 'I don't use ecstasy, I just use meth.' It's like, well,* [MDMA is] *obviously in the meth then* [as an adulterant]*."* Consumers added: *"A lot of people lace their 'ice' (methamphetamine) with* [MDMA]*; MDMA, it's in the ice a lot. Because I know … I was doing a drug test. I was failing for it (testing positive for MDMA after methamphetamine use)."*

Other comments about MDMA included that it has been popularized in music and the perception that it is a non-addictive substance. Consumers in the Athens region remarked: *"There's songs. Popping Molly, popping 'percs' (Percocet®) doing this, doing that; And* [MDMA is] *not really addicting either. So, it's something that you can pick up and put down real easy."*

Respondents in Akron-Canton and Columbus regions generally reported that the availability of MDMA has remained the same during the past six months, while consumers in the Cleveland region reported decreased availability. Although less often reported, few consumers in the Columbus region and law enforcement in the Akron-Canton region indicated increased availability of MDMA during the past six months. Consumers in the Columbus region observed seasonal fluctuations in MDMA availability and increased frequency of raves. They discussed: *"It's summertime,* [MDMA is] *probably out there pretty heavy. So, during, the summer months, the warmer months, it's more readily available than it is in, like, the wintertime;* [MDMA availability is] *going up. The EDM (electronic dance music) scene and rave scene are getting bigger in Columbus."* And a member of law enforcement in the Akron-Canton region reasoned, "[MDMA availability is] *increasing*

because of marijuana. [MDMA] *is a drug that pairs with THC."*

Ohio Bureau of Criminal Investigation (BCI) crime labs reported that the incidence of MDMA cases they process has remained the same for the Columbus region and the number of cases remains low; they reported processing few cases of MDMA from all other OSAM 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. Cuyahoga County Regional Forensic Science Lab (also Cleveland region) reported that the incidence of MDMA cases it processes has decreased during the reporting period, and the number of cases remains low.

Consumers in the Cleveland region rated the current quality of MDMA as moderate, and that the quality has decreased during the past six months. They described increased adulteration of MDMA, most often with methamphetamine, as the primary reason for decreased quality, stating: *"Now,* [ecstasy] *is not nice (low quality) … because it's a pressed drug and the cheaper that they get it, the cheaper the drug is (decreased pricing coincides with decreased quality); Meth* [is the predominant cut for MDMA] *because it looks the same. They are both crystally and it's a cheap cut."*

For ecstasy, consumers in the Cincinnati region reported the street names "beans," referencing the shape of the tablets, and "X," the shortened form of the name. Consumers in the Cleveland region with knowledge of MDMA pricing reported that a single dose of ecstasy (aka "single stack") sells for $10 and three doses (aka "triple stack") sells for $10-20, while one gram of Molly sells for $70-80. A consumer in the Youngstown region reported that 1/10 gram (aka "point") of Molly sells for $20. In the Cleveland region, consumers reported that the price of MDMA has remained the same during the past six months.

Consumers in the Cleveland region reported oral consumption as the sole route of administration for MDMA. Consumers discussed adding ecstasy and Molly to drinks. A consumer shared, *"I bought* [Molly dissolved] *in water bottles a lot."* Respondents continued to describe typical MDMA use in the party scene among young people (15-30 years of age), including high school and college students. Comments included: *"Younger age range, younger party scene … probably 17* [years of age is typical for MDMA use]*;* [MDMA] *is a party drug* [among] *school kids who want to stay up all night; I'd say* [MDMA use is more common among] *your high school kids and maybe young 20s most likely; People who go to raves. Partiers; Different races and male and female."*

Consumers in the Cleveland region continued to report that MDMA is most often used in combination with alcohol and marijuana. They indicated that alcohol and marijuana use help to come down from the effects of MDMA and MDMA can enable prolonged drinking. Discussion included: *"*[Alcohol is used in combination with MDMA] *to bring you down and intensify the effect and you can keep on drinking;* [MDMA and alcohol] *just go hand and hand. You can kind of contain your drinking better;* [Marijuana] *brings you down* [from the effects of MDMA]*. It's to balance."*

Nitazenes

Law enforcement in the Cleveland region indicated low current availability of nitazene compounds (a group of powerful, illicit synthetic opioids) and that availability has remained the same during the past six months. They discussed: *"Nitazene compounds have increased in prevalence in the last year, and we have observed and reported that in our toxicology screens and detection;* [Nitazene compounds are] *not extremely prevalent but compared to two years ago when it was never detected, it is detected now, but it's not identified at a high frequency or high rate."* Furthermore, they described typical use of nitazene compounds as, *"Same as heroin,"* meaning, White males, 30 to 49 years of age, with a high school diploma or less.

Crime lab data sources also indicated availability of nitazene compounds. Ohio Bureau of Criminal Investigation (BCI) crime labs reported processing 314 cases of nitazene compounds from all OSAM regions during the reporting period, an increase from 237 cases during the previous reporting period. In addition to BCI reporting, other crime labs in Cleveland and Dayton regions submitted nitazene compound incidence data. Cuyahoga County Regional Forensic Science Lab (Cleveland region) reported that the incidence of nitazene compound cases it processes has remained the same during the reporting period. Lake County Crime Lab (also Cleveland region) and Miami Valley Regional Crime Lab (Dayton region) reported that the incidence of nitazene compound cases they process has increased during the reporting period. Crime labs indicated processing the following nitazene compounds: ethylene etonitazene, etonitazene, isotonitazene, methylenedioxynitazene, metonitazene, n-desethyl etonitazene, n-desethly isotonitazene, n-pyrrolidino etonitazene, n-pyrrolidino protonitazene, and protonitazene.

OTCs

Treatment providers in Athens and Toledo regions reported illicit use of over-the-counter (OTC) cough and cold medicines: Coricidin® HBP Cough & Cold, NyQuil®, and Robitussin DM®. Regarding illicit use of cough syrup containing DXM (dextromethorphan), treatment providers in Athens and Toledo regions said: *"Lots of, what is that word, 'dexa' (dextromethorphan)…. I've had quite a few clients actually come through* [with dextromethorphan use]*. They're using it just like it was a pop (soda). They would just drink the whole thing or take the whole box* [of pills]*, however they were getting it…. I think* [there seems to be an increase in this type of use] *because I mean, I've never heard of it before* [these incidents]*; The DXM, you know, for 'robotripping' (illicit use of Robitussin DM®), I see a lot of that. 'Triple C' (Coricidin® HBP Cough & Cold), Robitussin®, NyQuil®."*

Prescription Stimulants

Respondents in all OSAM regions, except Dayton, reported current availability of prescription stimulants for illicit use. Consumers in Cincinnati and Cleveland regions reported moderate availability of prescription stimulants for illicit use and consumers in the Columbus region indicated moderate to high availability, while law enforcement in the Toledo region indicated low availability, and treatment providers in the Youngstown region reported low to moderate availability. In Akron-Canton and Athens regions, where there was no consensus as to current availability of prescription stimulants for illicit use, consumers reported moderate and high availability, and treatment providers reported low availability.

Respondents reported that prescription stimulants for illicit use are available through diversion from someone with a prescription and being prescribed by a doctor. Comments included: *"*[Prescription stimulants are] *everywhere. Everybody's kid's got ADHD (attention-deficit/ hyperactivity disorder). Every adult I know has ADHD. A lot of adults are getting prescribed it too; Adderall® is passed out (prescribed) a lot too."*

Some respondents noted barriers to obtaining prescription stimulants for illicit use, including prescribing regulations and monitoring, and manufacturer shortages. Treatment providers discussed: *"People have to go through a lot more hoops to get* [stimulants] *through a prescription; When you go to your* [follow-up] *appointment* [with your prescriber]*, they drug test you, and they can call you in for pill counts (monitor your prescription) … so I think that maybe makes it's harder for people* [to misuse prescription stimulants]*; With a national shortage* [of ADHD medications] *that also lowers …* [prescription stimulants] *that dealers have access to."* In addition, a consumer in the Cincinnati region reasoned that increased prescribing of non-stimulant ADHD medications has contributed to a low supply of prescription stimulants available for illicit use, providing, *"I*

think they're using the non-stimulant stuff these days like Strattera® [to treat ADHD]*. I think that's being used a lot."*

As a result of the prescription stimulant shortage, some people reportedly use other drugs as an alternative, most often methamphetamine. They explained: *"There's just so many* [people who have ADHD] *out there now … that if they can't get their Adderall®, and there is a shortage of Adderall®, I mean, you just can't even find it … they'll seek other substitutions* [on the street]*; There's like an Adderall® shortage…. That's why I went to meth; The pharmacies are having trouble getting them (prescription stimulants due to manufacturer shortage)…. That's why the meth increase has been so high."* And a member of law enforcement in Toledo pointed out that some people unknowingly purchase methamphetamine pressed pills sold as Adderall®.

A consumer in the Cleveland region indicated relatively low demand for illicit prescription stimulants compared to other drugs, saying, "[Prescription stimulants are] *not as common but there is just not as many people doing it because there are other things (illicit drugs)."* In terms of types of prescription stimulants available for illicit use, respondents discussed current availability of Adderall® and Vyvanse®. Comments included: *"Adderall® is the biggest one. Vyvanse® is another one that I hear a lot about;* [We see some] *Adderall® every once and a while; Adderall®, Vyvanse® is mildly around."*

Respondents throughout OSAM regions who reported change in availability of prescription stimulants for illicit use during the past six months indicated that availability has remained the same, except for the Akron-Canton region, where consumers most often reported no change in availability and treatment providers indicated decreased availability. In the Akron-Canton region, decreased availability of prescription stimulants for illicit use was attributed to prescribing regulations and increased methamphetamine use. Comments included: *"Now that they're testing (administering drug screenings) to make sure* [patients] *who they prescribed are actually taking* [the medication]*, I'd say* [availability has] *decreased; I feel like* [availability of prescription stimulants for illicit use has] *gone down because I don't think they prescribe it like they used to; It's not as easy to get an ADHD diagnosis anymore because of that (prescribing regulations); With the prescription of non-amphetamine based ADHD medications, peoples' access* [to prescription stimulants] *has just gone down; More people are hooked on meth."*

Ohio Bureau of Criminal Investigation (BCI) crime labs did not report any methylphenidate (Ritalin®) cases from throughout OSAM regions during the reporting period and reported processing very few cases of amphetamine (Adderall®) from Athens and Cleveland regions. In addition to BCI reporting, other crime labs in Cleveland and Dayton regions submitted incidence data for prescription stimulants. Cuyahoga County Regional Forensic Science Lab (Cleveland region) reported that the incidence of amphetamine cases it processes has increased during the reporting period. Lake County Crime Lab (also Cleveland region) and Miami Valley Regional Crime Lab (Dayton region) reported that the incidence of amphetamine cases they process has decreased during the reporting period. Miami Valley Regional Crime Lab reported processing 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 7.5% of the 140,799 urinalysis specimens submitted for amphetamine testing during the past six months was positive for amphetamines.

Knowledge of illicit prescription stimulant pricing was limited to the Cleveland region, where a prescription stimulant pill reportedly sells for $7-10 on the streets, and pricing has remained the same during the past six months. Also in the Cleveland region, consumers reported oral

Millennium Health
Urinalysis Test Results for Prescription Stimulants with Amphetamine during the Past 6 Months

Region	% Tested Positive	Number Tested
Akron-Canton	8.4%	10,608
Athens	10.3%	15,039
Cincinnati	7.2%	29,135
Cleveland	5.2%	25,285
Columbus	8.7%	29,886
Dayton	9.3%	3,446
Toledo	6.6%	18,225
Youngstown	6.5%	9,175
Total	7.5%	140,799

consumption as the sole route of administration for illicit use of prescription stimulants.

In Athens and Columbus regions, typical illicit use of prescription stimulants was associated with college students as a study aid. Comments included: *"These young kids, college kids around here, they get Adderall® prescribed to them so they can … stay up and study a lot; Honestly, you can … go to any college party, say you need to study for a test. A lot of people will be willing to help you out (give you Adderall®)."* In addition, a treatment provider in the Athens region reported typical illicit use of prescription stimulants among middle-aged people seeking to improve focus, self-treat ADHD symptoms, and lose weight, stating, *"I've seen* [illicit prescription stimulant use among] *a lot of middle-aged people lately. Honestly, I think it's just stress and that's one thing they can try to control … because it does help them focus. It does help, of course, the weight thing (weight loss) and untreated ADHD."* In the Cleveland region, no typical profile for illicit prescription stimulant use was indicated, and a consumer noted alcohol and prescription stimulants are commonly used in combination. Consumers said: *"I think* [the demographics for illicit prescription stimulants use] *are pretty even probably; I would drink with* [prescription stimulants]*. It has a similar effect to cocaine and meth. It counteracts the alcohol (enables you to drink more alcohol)."*

Promethazine

Law enforcement in the Youngstown region reported moderate current availability of promethazine (prescription-strength cough syrup with codeine, aka "lean" when mixed with soda) and that availability has remained the same during the past six months, while consumers in Athens and Toledo regions discussed current availability of promethazine but did not rate availability. A member of law enforcement in the Youngstown region offered, *"A lot of people are always looking for promethazine with codeine or promethazine with hydrocodone, and it's just a cough medicine. But if you mix it with Sprite® and throw some Jolly Ranchers® in it and then drink it (lean) … you're getting high…. So, it's like you're mixing an opiate with your cough syrup and drinking it, and that just sends you on a long, extended buzz for hours."* Law enforcement in the Youngstown region also noted prevalence of fraudulent promethazine prescriptions and Internet purchases, stating: *"A lot of your pharmaceutical companies right now are pushing away from* [promethazine] *because there's so many bogus scripts (fraudulent prescriptions) being written all across the country; We also have cases where they ordered* [promethazine] *on the Internet and got it from other countries as well."*

In the Athens region, consumers observed lean mixed with fentanyl sold on the streets, saying, *"They put 'fetty' (fentanyl) in that too (dealers sell lean containing fentanyl)…. All you got to do is get a little bit of syrup (cough syrup with codeine) and then just put some fetty in it and re-seal it…. That's been going on for probably two years."* Regarding the typical use profile for promethazine, respondents commented: "[Lean is] *not an everyday use type thing, it's more like we got a party coming up on Saturday type of stuff; Black*

people … I know … drink the cough syrup with the codeine in it with Kool-Aid®, lean." Reportedly, lean is trendy because it is popularized by rappers. In the Toledo region, consumers identified "syrup" as a street name for lean and reported that prescription opioids and marijuana are used in combination with lean.

Synthetic Marijuana

Synthetic marijuana (synthetic cannabinoids, aka "K2" and "spice") was discussed by consumers in Athens, Cleveland, Columbus, Toledo, and Youngstown regions, as well as treatment providers in the Toledo region. Consumers in the Cleveland region reported high current availability of synthetic marijuana, and that availability has remained the same during the past six months. Consumers in Columbus and Youngstown regions reported high and moderate availability, respectively, and increased availability during the past six months in both regions.

A consumer in the Cincinnati region reported that synthetic marijuana is available for purchase from gas stations, saying, *"That K2 stuff … that stuff is trash (poor quality) … that you can buy from a gas station."* And a consumer in the Youngstown region reported that people manufacture synthetic marijuana with chemicals purchased on the Internet, stating, *"People are buying the spray off the Internet and they're spraying the paper (to manufacture synthetic marijuana)."*

Synthetic marijuana is reportedly available in jails and prisons. Comments included: *"'Toon' (synthetic marijuana) is the K2 and bug spray mixture, but it's mainly a problem in your institutions. I come from prison, so I can vouch for that. But that's the number one drug in prison. It's called toon. I don't know how readily available it is on the street, but I know the institutions are really tore up with it; Mostly in jails … now."*

In addition, respondents indicated that synthetic marijuana is popular among people who are subject to drug screens, as it is not standard on drug screening panels. They shared: *"They think it's a safer way to pass a* [urinalysis drug] *test. People with high tech jobs … like, 'Oh I can't pass a* [urinalysis drug] *test,' so they turn to synthetic marijuana because they don't test for it;* [Synthetic marijuana is] *popular if you're worried about a drug test; If you're not worried about the drug test, then you're just smoking weed pretty much* [instead of synthetic marijuana]*."*

Regarding increased availability of synthetic marijuana during the past six months, a consumer in the Youngstown region reasoned, *"Because people are coming out of prison, and* [synthetic marijuana is] *what they did their whole time in prison, so now they are looking for it out on the streets."*

Ohio Bureau of Criminal Investigation (BCI) crime labs reported that the incidence of synthetic cannabinoids cases they process has increased for the Columbus region; they reported processing few or no cases of synthetic cannabinoids from all other OSAM regions. In addition to BCI reporting, other crime labs in Cleveland and Dayton regions submitted incidence data for synthetic cannabinoids. Cuyahoga County Regional Forensic Science Lab (Cleveland region) reported that the incidence of synthetic cannabinoids cases it processes has decreased during the reporting period, while Lake County Crime Lab (also Cleveland region) reported that the incidence of synthetic cannabinoids cases it processes has increased and the number of cases remains low. Miami Valley Regional Crime Lab (Dayton region) reported that it did not process any cases of synthetic cannabinoids during the reporting period.

Consumers in the Cleveland region rated synthetic marijuana as high quality and described its effects, sharing: "[Synthetic marijuana is] *all good* [quality]*; On the west side* [synthetic marijuana is] *pretty available … you take one hit, and you are going to get to 'tweaking' (high)."* And a consumer in the Toledo region described a "euphoric high" from synthetic marijuana use.

Several adulterants (aka "cutting agents") were reported for synthetic marijuana, including fentanyl, methamphetamine, and PCP (phencyclidine). A consumer in the Cleveland region indicated, *"I have heard there is all types of stuff in* [synthetic marijuana]*. I have heard fentanyl…."*

In the Cleveland region, consumers reported that a bag of synthetic marijuana sells for $10 or $30 and reported smoking as the only route of administration. A consumer remarked, *"I don't think you can do* [synthetic marijuana] *any other way* [than smoking]*."* Current street names for synthetic marijuana reportedly include: K2, paper, spice, toon, and Tunechi.

Xylazine

Respondents in all OSAM regions reported current availability of xylazine (aka "tranq," a powerful sedative that the FDA has approved for veterinary use only). Consumers and treatment providers in the Cleveland region, specified high and moderate current availability of xylazine, respectively, and consumers in the Columbus region indicated high current availability. In addition, respondents in Cleveland and Columbus regions indicated increased availability of xylazine during the past six months.

Respondents continued to report that xylazine is typically not sought after and described xylazine as an adulterant in other drugs, making it difficult to rate availability. Comments included: *"Xylazine, they're cutting fentanyl with that bad. Like, you can taste it. You know when that's in there; Most people who 'shoot dope' (inject fentanyl) … are scared to death of* [purchasing fentanyl cut with xylazine] *because it drops (overdoses) you…. You're shooting the craps (taking a chance) every time;* [Xylazine is] *just* [a] *cut…. These street chemists (people who manufacture illicit drugs) really don't know what … they're doing (the drug supply is unpredictable);* [Xylazine is] *becoming more prevalent, but you can't just order xylazine,* [it's cut into other drugs]."

Law enforcement observed xylazine-positive results in lab analyses of seized substances and toxicology reports of drug-related deaths from coroner and medical examiner offices. They shared: *"We see* [xylazine] *with fentanyl and heroin, and everything mixed all together. A lot of our lab results are coming back with xylazine present in some way, shape, or form in our fentanyl; I don't think there's anybody out there that's actually raising their hand, trying to find* [xylazine] *and buy that. I think it's just more or less coming back* [from the lab] *being cut with it unbeknownst to everybody involved; I would say* [xylazine is] *a cutting agent or a mixing agent with the fentanyl. I personally have not seen a lab result come back of pure xylazine yet. I'm not saying that that's not coming or not going to happen. I do not know…. It always seems to be mixed with fentanyl; Xylazine's in* [the toxicology reports of] *a lot of our fatal overdoses…. We don't see a lot of xylazine just packaged by itself…."*

Similarly, treatment providers in Cincinnati and Columbus regions reported xylazine-positive drug screens from treatment clients. They shared: *"*[Xylazine] *didn't show up* [positive] *before* [in drug screens, and now it does]…. *Clients were using it and asking for* [xylazine] *test strips; Our lab … they come in every six months and do kind of like a* [presentation of] *new trends…. And xylazine, they said they are getting a ton of it in Ohio (based on drug screening results)."*

Although reported less often, some respondents indicated that xylazine-adulterated fentanyl is sought after for its potency. A consumer in the Dayton region offered, *"The whole thing with the xylazine in* [fentanyl] *… to me that makes it 'dirty' (unpure). I don't know why they put it in* [fentanyl] *other than it's cheap and it's just another means to have people screwed up and hurt, because it's very dangerous. I know some people they really like to have it like that, and some don't. I think most people would really rather have pure fentanyl but … sometimes they just don't have much of a choice. If it's a good mixture where you get effects from both of it (fentanyl and xylazine) some people like*

it." And a member of law enforcement in the Athens region relayed, *"When we first started getting xylazine* [in the drug supply]*, our overdose rate increased substantially throughout the county (Washington County)…. The xylazine mixture … it's what everybody was wanting. That's what they considered the 'fire' (high quality)."*

Naloxone should be administered for all suspected overdoses; however, as a non-opioid, naloxone does not reverse the effects of xylazine. Also, because xylazine is a non-opioid, several treatment providers noted that medication for opioid use disorder [MOUD] is not an effective treatment for xylazine withdrawal. Treatment providers expressed concern: "[Xylazine is] *scary because you can't take Suboxone® to help, and you can't use Narcan®* [to reverse its effects]*; A few people I know, that have gone to detox, and they left because they said that Suboxone® doesn't work even after three or four days. But they never said it was because of* [xylazine withdrawal] *… I think they're trying to say because of the fentanyl. But I know with fentanyl, it would usually work in actually three days. So, they don't realize it, but there's probably more* [xylazine in their drugs]*, because if you have detox for seven days and you're still feeling horrible, and Suboxone® is not working, something's not right. Yeah, and they leave because they feel horrible; We've had two codes (overdoses) this month where Narcan® wasn't like responding how it used to because of xylazine."*

Furthermore, consumers described the effects of xylazine, sharing: *"Like when you come off of xylazine, your anxiety and your paranoia and all that is so bad. Like it makes you want more of it; So, if someone is putting that in their fentanyl, think about it, you're putting that in your body too, and then you're waking up still 'sick' (experiencing withdrawal symptoms), so you're going back to that same person (dealer) and you're still getting more and more* [xylazine] *put in your body…."* And a consumer in the Cincinnati region warned of skin wounds that can develop from xylazine use, stating, "[Xylazine] *eats from the inside out, your flesh."*

Several consumers in Athens and Cincinnati regions reported access to, and utilization of, xylazine test strips. They said: *"Xylazine's around but no one wants it. It's in the fentanyl…. They got testers (xylazine test strips) for it, just like the fentanyl* [test strips]*. Yeah,* [people use xylazine test strips]*; Just recently when I was using still, I made sure that I tested* [my drugs with xylazine test strips]*, that it didn't specifically have xylazine in it. Because I knew how the withdrawal was going to be from* [xylazine-adulterated drugs]*, and I didn't want that;* [Xylazine and fentanyl test strips are] *very much useful…. I've been to needle exchanges (syringe services programs) and those kinds of things…. If you go to that, I feel like* [test strips] *should be offered…. Or like the* [harm reduction vending] *machine thingy's that you see* [should have xylazine test strips]*."*

Ohio Bureau of Criminal Investigation (BCI) crime labs reported processing 1,553 cases of xylazine from throughout OSAM regions during the reporting period, an increase from 1,398 cases during the previous reporting period. BCI crime labs reported that the incidence of xylazine cases they process has increased during the reporting period for five OSAM regions (Akron-Canton, Athens, Cleveland, Columbus, and Youngstown), decreased for Dayton and Toledo regions, and remained the same for the Cincinnati region. In addition to BCI reporting, other crime labs in Cleveland and Dayton regions submitted xylazine incidence data. Cuyahoga County Regional Forensic Science Lab (Cleveland region) reported that the incidence of xylazine cases it processes has decreased during the reporting period. Lake County Crime Lab (also Cleveland region) and Miami Valley Regional Crime Lab (Dayton region) reported that the incidence of xylazine cases they process has increased during the reporting period. Millennium Health reported that 1.7% of the 119,110 urinalysis specimens submitted for xylazine testing during the past six months was positive for xylazine.

Millennium Health
Urinalysis Test Results for Xylazine
during the Past 6 Months

Region	% Tested Positive	Number Tested
Akron-Canton	0.7%	12,006
Athens	0.7%	12,402
Cincinnati	4.5%	25,317
Cleveland	0.3%	20,987
Columbus	0.5%	19,042
Dayton	1.0%	2,928
Toledo	3.1%	18,623
Youngstown	0.2%	7,805
Total	1.7%	119,110

Other data sources indicated xylazine as available throughout OSAM regions. Coroner and medical examiner offices reported 165 total drug-related deaths involving xylazine, a decrease from 198 total drug-related deaths involving xylazine during the previous reporting period. These coroner and medical examiner offices in the counties of Cuyahoga (Cleveland region), Hamilton (Cincinnati region), Montgomery (Dayton region), and Scioto (Cincinnati region) reported that 8.3%, 39.7%, 27.6%, and 31.3%, respectively, of all drug-related deaths they recorded this reporting period (218, 121, 323, and 32 deaths) involved xylazine.

OSAM secondary data sources indicated xylazine as an adulterant for fentanyl and other drugs. Coroner and medical examiner offices in the counties of Cuyahoga, Hamilton, Montgomery, and Scioto reported that 100.0%, 93.8%, 95.5%, and 100.0%, respectively, of all xylazine-related deaths they recorded this reporting period (18, 48, 89, and 10 deaths) also involved fentanyl. Ohio BCI crime labs, Cuyahoga County Regional Forensic Science Lab, and Lake County Crime Lab indicated xylazine as an adulterant found in fentanyl and powdered heroin. Ohio State Highway Patrol Crime Lab indicated xylazine as an adulterant found in fentanyl and powdered cocaine.

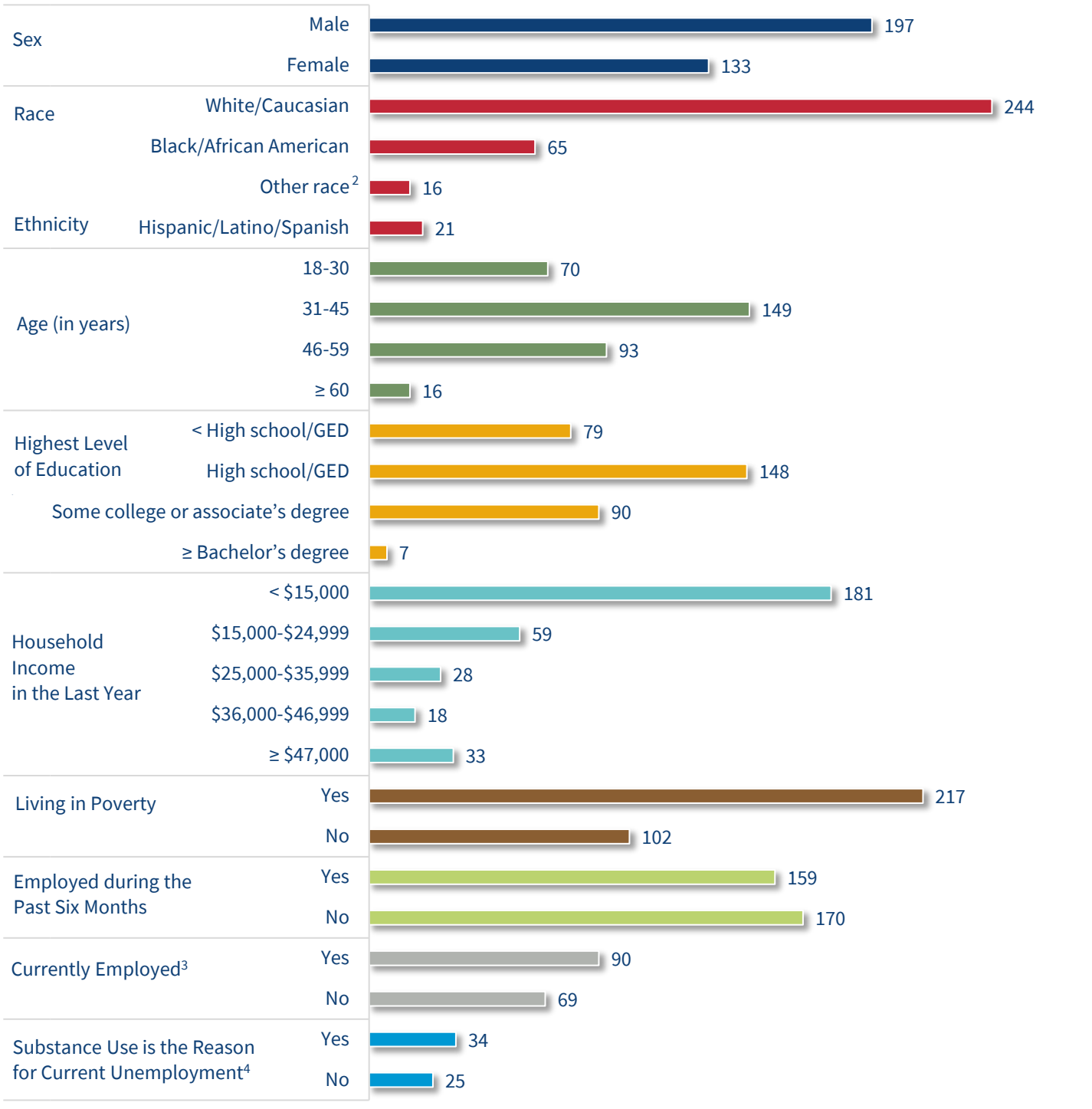
Current Street Names for Other Drugs

Gabapentin	gabbies
Hallucinogens	*LSD:* AC, acid *Psilocybin mushrooms:* caps, mushrooms, shrooms
Inhalants	whippet
Ketamine	K-hole, special K
MDMA	beans, X
OTCs	*Coricidin® HBP Cough & Cold:* triple C *Robitussin DM®:* robotripping
Promethazine	lean, syrup
Synthetic marijuana	K2, paper, spice, toon, Tunechi
Xylazine	tranq

APPENDICES

APPENDIX A

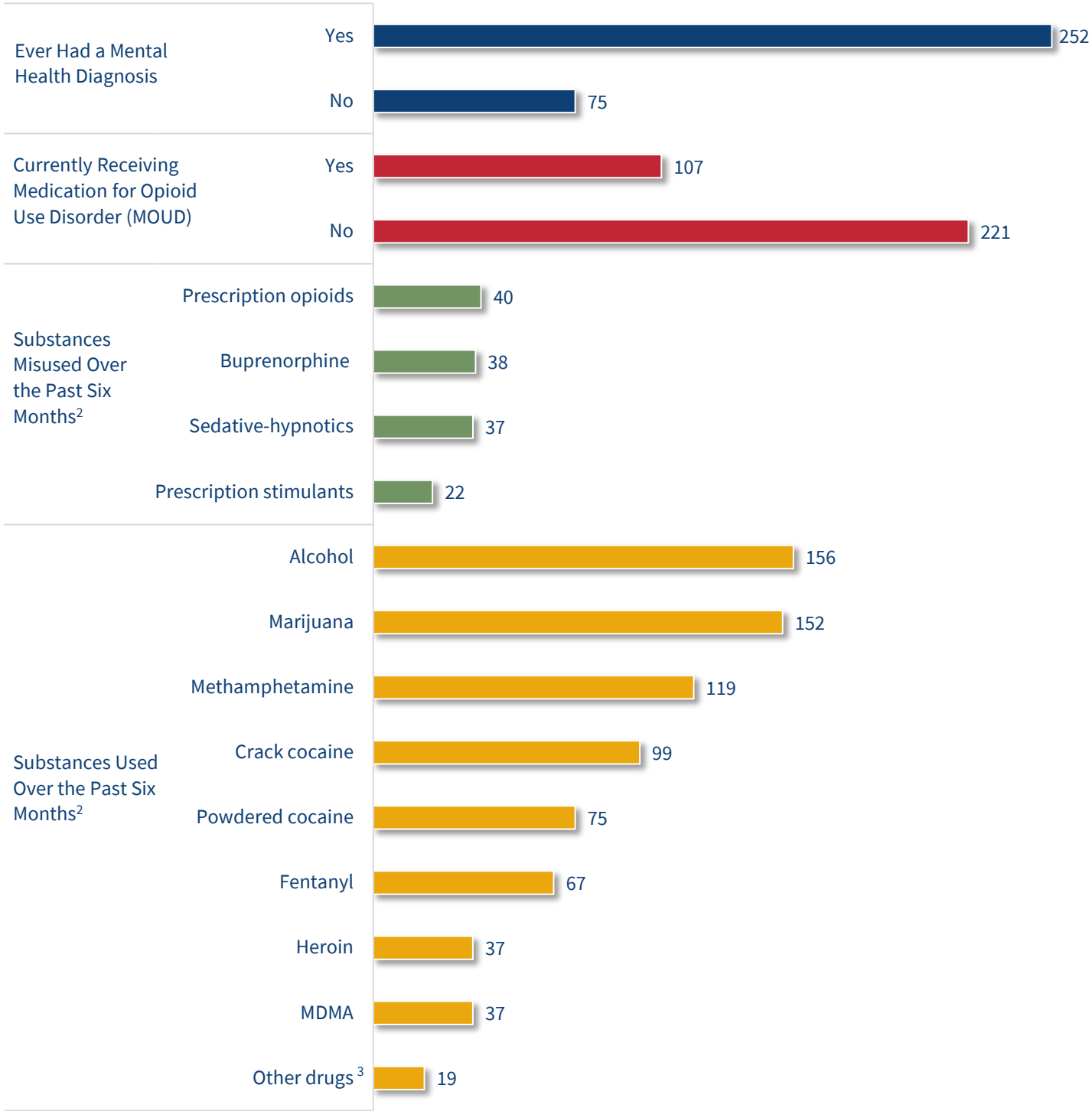
Consumer Demographics (N=330)[1]



[1]Due to missing or excluded invalid responses, some totals may not equal 330. [2]More than one race, Native American or Alaska Native, and another race not specified. [3]Question was only asked of consumers who indicated that they were employed during the past six months. [4]Question was only asked of consumers who indicated that they were not currently employed.

APPENDIX B

Consumer Mental Health and Substance Use Characteristics (N=330)[1]



[1]Due to missing or excluded invalid responses, some totals may not equal 330. [2]Consumers were allowed to choose more than one substance. [3]Dextromethorphan [DXM], gabapentin, gamma-hydroxybutyrate [GHB], hallucinogens (datura, dimethyltryptamine [DMT], lysergic acid diethylamide [LSD], and psylocibin mushrooms), inhalants (nitrous oxide [N2O], "whippets"), ketamine, kratom, and xylazine.

APPENDIX C

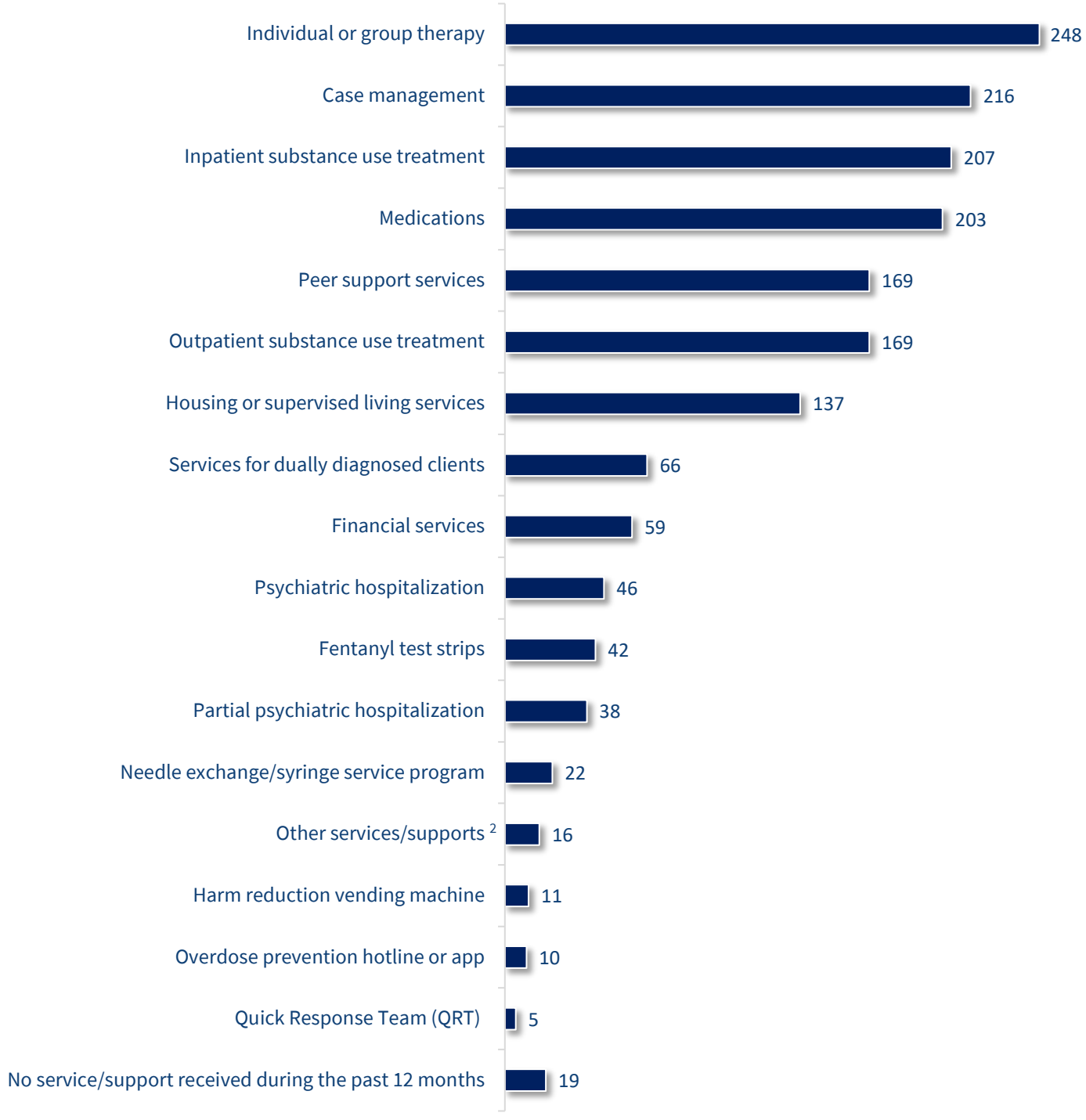
Consumer Demographic Data by Reported Substance Use during the Past Six Months (N=330)[1]

Substance[2]	Overall	Male	Female	18-30	31-45	46-59	60 +	White	Black	Another Race
Marijuana	46.2%	48.0%	43.6%	57.1%	49.0%	37.0%	25.0%	45.5%	45.3%	62.5%
Methamphetamine	36.2%	32.1%	42.1%	34.3%	43.6%	30.4%	12.5%	42.6%	15.6%	25.0%
Crack Cocaine	30.1%	28.1%	33.1%	17.1%	29.5%	39.1%	43.8%	27.9%	39.1%	37.5%
Powdered Cocaine	22.8%	23.0%	22.6%	22.9%	22.8%	22.8%	25.0%	22.1%	21.9%	37.5%
Fentanyl	20.3%	19.8%	21.1%	15.7%	26.8%	17.2%	0.0%	23.0%	10.8%	25.0%
Prescription Opioids	12.1%	13.7%	9.8%	18.6%	9.4%	11.8%	12.5%	13.1%	9.2%	6.3%
Buprenorphine	11.5%	13.7%	8.3%	12.9%	10.7%	10.8%	18.8%	13.9%	3.1%	12.5%
Heroin	11.2%	9.2%	14.3%	5.7%	13.4%	14.1%	0.0%	13.5%	4.7%	6.3%
MDMA	11.2%	11.7%	10.5%	14.3%	12.1%	9.8%	0.0%	11.1%	7.8%	25.0%
Sedative-Hypnotics	11.2%	12.2%	9.8%	15.7%	10.1%	10.8%	6.3%	13.5%	4.6%	6.3%
Prescription Stimulants	6.7%	7.1%	6.0%	8.6%	8.1%	4.3%	0.0%	7.4%	1.5%	18.8%

[1]Consumers were allowed to choose more than one substance. Ethnicity not presented due to small numbers. [2]Rank ordered by most frequently reported.

APPENDIX D

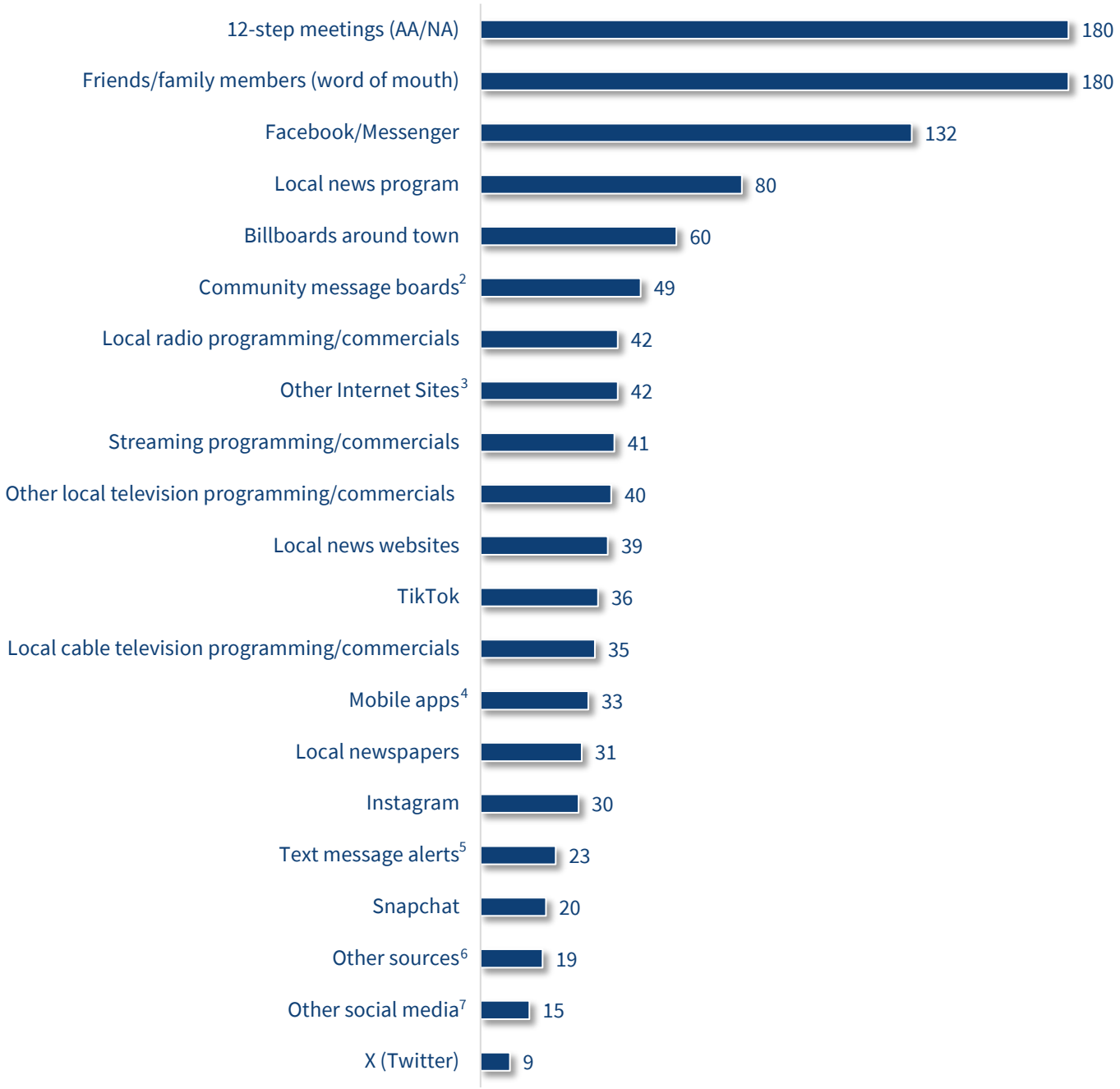
Consumer Treatment/Support Services Received at Any Time During the Past 12 Months (N=328)[1]



[1]Consumers were allowed to choose more than one treatment/support service. [2]Alcoholics Anonymous (AA) meeting, correctional recovery service, drug court, employment assistance, faith-based service, hospital, and Narcotics Anonymous (NA) meeting.

APPENDIX E

Consumer Sources of Learning About Recovery News, Activities, and Events in Consumer Communities (N=329)[1]



[1]Consumers were allowed to choose more than one source. [2]Alcoholics Anonymous (AA) meeting, coffee shop, doctor's office, hospital, library, Narcotics Anonymous (NA) meeting, pharmacy, recovery clubhouse, recreation center, shopping mall, and treatment center. [3]AA, court/drug court, Google, health information website, treatment center, NA, parole website, and recovery support website. [4]AA apps (Everything AA and Meeting Guide), Affirm (mental wellbeing app), local community app, local news app, and NewsBreak. [5]Local treatment center. [6]Drug court, healthcare provider, hospital, outreach for people experiencing homelessness, parole/probation officer, peer support services, case management services class, and treatment group. [7]Reddit, YouTube.

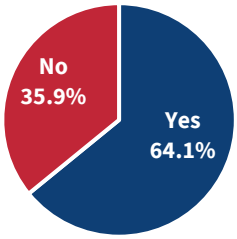
APPENDIX F

Hotline/Crisis Support Service Awareness and Utilization

Of the 326 consumers who responded to the survey question regarding the 988 Suicide and Crisis Lifeline call center that provides 24/7, confidential support to people in suicidal crisis or mental health-related distress, 64.1% reported awareness of 988.

Of the 327 consumers who responded to the survey question regarding calling and/or texting a local or national hotline or crisis support number, 17.7% reported calling and/or texting one or more local or national hotline or crisis support number. Of those 58 consumers, 49 reported only calling a hotline or crisis support service, six reported calling and texting, and three reported only texting. Consumers were allowed to report contacting more than one hotline/crisis support service.

Are you aware of the 988 Suicide and Crisis Lifeline?

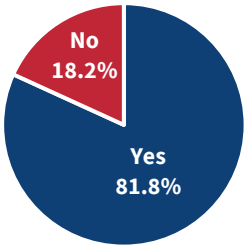


Consumers contacted:

- 14 called and two texted 211
- 9 called and 1 texted 988 Suicide and Crisis Lifeline
- 2 called a local treatment service hotline
- 1 called Veterans Crisis Line
- 1 called an ADAMH Board Crisis Hotline
- 34 did not specify which hotline or support service they called or texted

Of the 55 consumers who reported contacting a hotline/crisis support service and responded to the question regarding whether it was helpful, 81.8% reported finding the hotline/crisis support service helpful. Consumers were allowed to report more than one way the hotline/crisis support service was helpful or not helpful.

Did you find the hotline/crisis support service helpful? (N=55)



Helpful – Specified

- 13 reported the counselor was supportive and a good listener
- 9 reported they were directed to additional help and resources
- 6 reported they were provided suicide prevention counseling
- 4 reported they were linked with substance use disorder treatment
- 3 reported they were helped during a mental health crisis
- 1 reported they were provided with food assistance
- 9 reported it was helpful but did not specify how

Not Helpful – Specified

- 3 reported communication was disconnected or delayed (put on hold)
- 3 reported they were provided with insufficient information
- 1 reported they were provided with limited resources/treatment options
- 3 reported it was not helpful but did not specify how