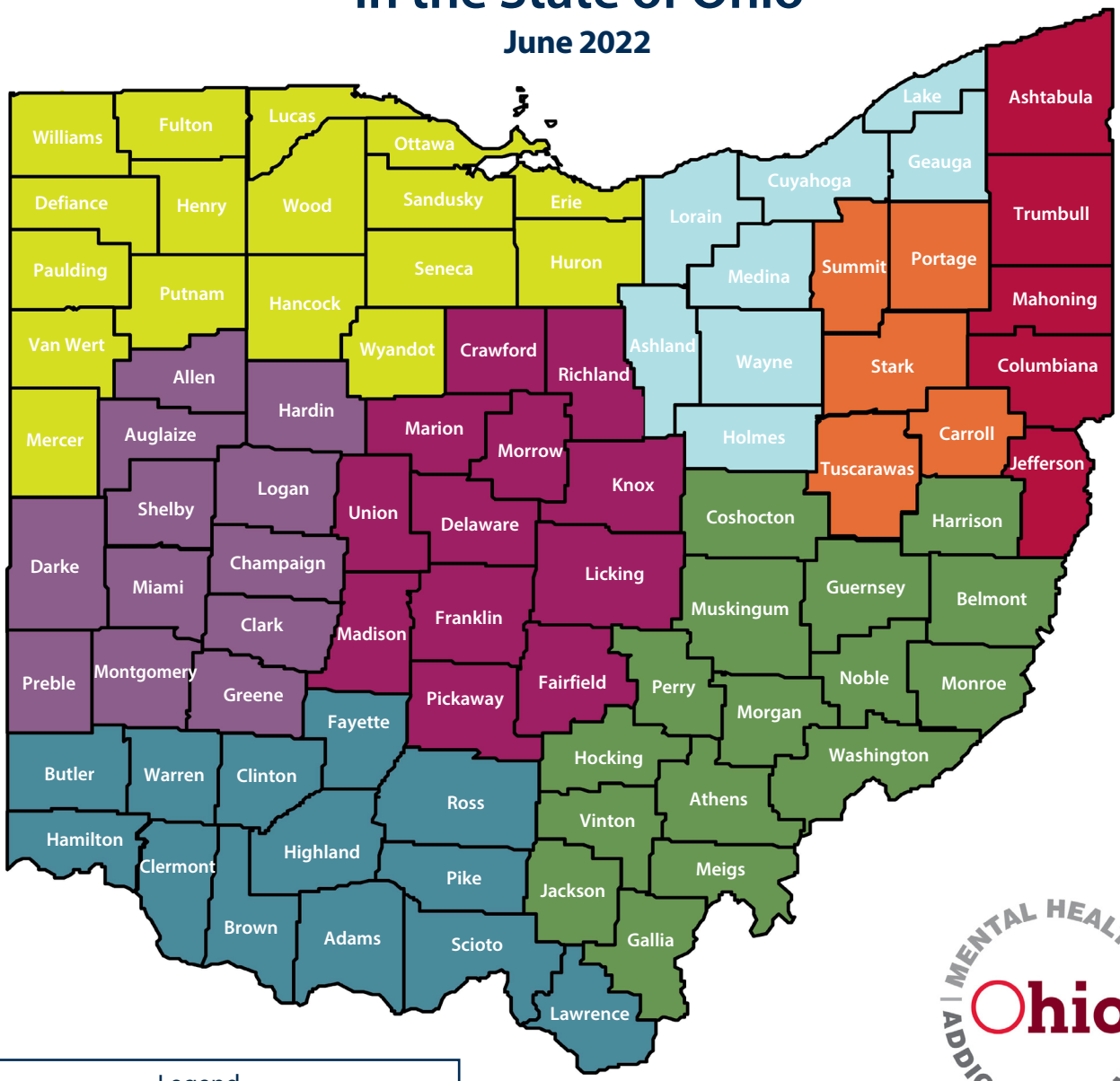
OSAM

Ohio Substance Abuse Monitoring Network

Surveillance of Drug Abuse Trends in the State of Ohio

June 2022



Legend

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

MENTAL HEALTH & ADDICTION SERVICES Ohio

RECOVERY Ohio

Surveillance of Drug Abuse Trends in the State of Ohio
January - June 2022

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OSAM Ohio Substance Abuse Monitoring Network

Surveillance of Drug Abuse Trends in the State of Ohio

January - June 2022

Abstract

The aim of the Ohio Substance Abuse Monitoring (OSAM) Network is to conduct drug use surveillance throughout Ohio and report on new and emerging substance use patterns every six months. Data for this current Drug Trend Report were collected through a mixed research methodology from January through June 2022. A total of 424 respondents from throughout Ohio imparted first-hand knowledge, sharing their lived experiences to inform the evaluation of current drug use trends. Key findings of this research reveal fentanyl and methamphetamine remain highly available throughout OSAM regions and overall reports of designer benzodiazepines (non-FDA approved synthetic, novel, or novel psychoactive substances that are often structurally like FDA approved benzodiazepines) have increased. There was consensus that current high availability of fentanyl is due to high supply and high demand for the drug. As a result of an excess supply, drug dealers continue to create demand for fentanyl by cutting (adulterating) almost every other drug with it and pressing it into pill form as a substitute for legitimate prescription pills. Law enforcement reported that consumers actively seek fentanyl once they realize that fentanyl is what they are mostly addicted to. Selling fentanyl is lucrative, and consumers who buy and use fentanyl in turn sell the drug to other consumers to support their addiction to fentanyl. High potency and relative inexpensiveness are driving fentanyl's current high demand. Fentanyl has become a drug of choice. Ohio Bureau of Criminal Investigation (BCI) crime labs noted para-fluorofentanyl as the newest fentanyl-related compound. High availability of methamphetamine is due to an influx of imported methamphetamine. Law enforcement discussed drug cartels moving shipments of methamphetamine from Mexico across the U.S. southern border. Reportedly, the draw of methamphetamine is its low cost and intense, long-lasting high. People who use cocaine are switching to methamphetamine use. Respondents also noted that people who use heroin/fentanyl are using methamphetamine to alleviate/avoid experiencing opioid withdrawal symptoms, to continue drug use while prescribed MAT (medication-assisted treatment for opioid use disorder), and/or out of fear of opioid overdose and death. However, consumers in seven of eight OSAM regions noted fentanyl as a top cutting agent for methamphetamine. In terms of designer benzodiazepines, BCI labs reported processing 543 cases of designer benzodiazepines from throughout OSAM regions during the reporting period. Other crime labs also reported processing cases of designer benzodiazepines, many of which were found in counterfeit Xanax® tablets. In addition, law enforcement in the Cincinnati region, as well as OSAM secondary data sources, report the emergence of xylazine (a non-opioid veterinary sedative, analgesic, and muscle relaxant that is naloxone resistant). Xylazine is an adulterant for other drugs and has been found in heroin/fentanyl.

Introduction

The Ohio Substance Abuse Monitoring (OSAM) Network consists of eight regional epidemiologists located in the following eight regions of Ohio: Akron-Canton, Athens, Cincinnati, Cleveland, Columbus, Dayton, Toledo, and Youngstown.

Regional epidemiologists conduct focus groups/interviews and administer surveys to persons actively involved in illicit substance use and/or receiving treatment services for substance use disorder (SUD), referred to in OSAM reporting as "consumers," and community professionals (treatment providers and members of law enforcement). Qualitative findings are supplemented with available statistical data such

as coroners' reports and crime laboratory data. Mass media sources, such as local newspapers, are also monitored for information related to illicit substance use. Once integrated, these valuable sources provide Ohio Department of Mental Health and Addiction Services (OhioMHAS) with real-time accurate epidemiological descriptions of substance use trends that policymakers need to plan appropriate prevention and intervention strategies. This report presents findings from the OSAM core scientific meeting held in Columbus, Ohio on June 17, 2022. It is based upon qualitative data collected from January through June 2022 via focus groups and interviews. OSAM researchers in the Bureau of Quality, Planning, and Research in the Office of Community Planning and Collaboration at OhioMHAS aggregated data from throughout OSAM regions to compile this summary report. Note OSAM no longer produces separate regional reports but rather provides regional information in data tables throughout its Drug Trend Reports.

Data Sources

OSAM respondents were 333 consumers, 44 treatment providers, and 47 members of law enforcement recruited from the following 35 counties, arranged by OSAM region: Akron-Canton (Carroll, Portage, Stark, Summit, and Tuscarawas); Athens (Athens, Gallia, Logan, Muskingum, Vinton, and Washington); Cincinnati (Butler, Clermont, Hamilton, Highland, Pike, and Ross); Cleveland (Ashland, Cuyahoga, and Lorain); Columbus (Fairfield, Franklin, Knox, Pickaway, and Richland); Dayton (Allen, Clark, and Montgomery); Toledo (Defiance, Fulton, Henry, and Lucas); and Youngstown (Columbiana, Jefferson, and Mahoning).

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

Ohio media outlets in each OSAM region were queried for information regarding illicit substance use from July through December 2021. All secondary data are summary data of cases processed from July through December 2021. Note OSAM respondents were asked to report on knowledge of drug use pertaining to the past six months prior to the focus group/interview; thus, current secondary data correspond to the reporting period of respondents.

Consumer Demographic Profile

Indicator	Ohio[1]	OSAM Consumers[2]
Total Population, 2021	11,780,017	333
Gender (female), 2021	51.0%	44.0%
White, 2021	81.7%	77.0%
African American, 2021	13.1%	17.8%
Hispanic or Latino Origin, 2021	4.0%	6.7%
High School Graduation Rate, 2016-2020	90.8%	77.7%
Median Household Income, 2016-2020	$58,116	$12,000-16,999[3]
Persons Below Poverty Level, 2016-2020	13.6%	58.6%

[1]Ohio statistics were derived from the most recent US Census. [2]Consumers from this reporting period: January through June 2022. Due to missing or excluded invalid responses, some percentages may not be based on the total number of consumers. [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 County)
  - 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)
  - Vinton County Drug Court (Athens 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).

Powdered Cocaine

Powdered cocaine is moderately to highly available throughout OSAM regions. The consensus among respondents was that powdered cocaine availability is dependent on one's connections to the drug. And if someone sought powdered cocaine, it would not be difficult to find it, particularly in urban areas. Consumers shared: "[Powdered cocaine is highly available] *if you know the right people, in the city; I know people on social media who consistently ask me if I need any* [powdered cocaine]*; I know people who make 'crack' (crack cocaine), and if I wanted 'powder' (powdered cocaine), I could get it."* A consumer summarized, *"I don't know about walking out the door and grabbing* [powdered cocaine]*, but I could make a phone call and grab it."* Reportedly, powdered cocaine is commonly found in bars, nightclubs, and other adult entertainment venues (i.e., "strip clubs"). A consumer remarked, *"These days … you can get a lot more than just alcohol at a bar."* Community professionals that reported high current availability of powdered cocaine discussed: *"I'm an undercover detective … I can get* [powdered cocaine] *pretty easily;* [Cocaine] *is widely available. We (medical examiners) see* [cocaine] *routinely. I just saw* [cocaine] *this morning on another overdose I had overnight…."*

Respondents who reported current availability of powdered cocaine as moderate observed crack cocaine and methamphetamine as more available than powdered cocaine primarily due to the lower cost of these drugs. A law enforcement officer in the Columbus region discussed, *"We're seeing more methamphetamine … that's a lot of what we're seeing just because the price is cheaper* [than

powdered cocaine]." A consumer in the Columbus region reported, "[Powdered cocaine is] *not the hardest thing to get but it's not the easiest thing to get either. People are 'hardening it up' (turning powdered cocaine into crack cocaine to increase profitability).*" A treatment provider in the Cleveland region noted, *"You could probably make a phone call and get* [powdered cocaine] *in about 15 minutes but the crack is easier to get … you could go to the gas station and get* [crack cocaine] *with no problem…."*

Throughout OSAM regions, respondents reported that the availability of powdered cocaine has remained the same during the past six months.

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

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

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

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

Other data sources indicated powdered cocaine as available throughout OSAM regions during the reporting period. Ohio Department of Public Safety reported drug task force seizure of 182.5 kilograms (401.4 lbs.) of powdered cocaine from throughout OSAM regions; of which, 29.0% was seized from the Cincinnati region. Hancock County Probate Court (Toledo region) reported that, of the 22 positive adult drug test results it recorded, 13.6% was positive for powdered/ crack cocaine.

A law enforcement officer in the Cleveland region said, "[Powdered cocaine] *is always available. It has always been available, and it always will be…. It's like marijuana (consistently accessible)…."* Ohio Bureau of Criminal Investigation (BCI) crime labs reported that the incidence of powdered/crack cocaine cases they process has increased for all OSAM regions, except for the Cleveland region where incidence has remained the same.

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 20.0%, 46.5%, 41.5%, 23.4%, and 20.0%, respectively, of all drug-related deaths they recorded this reporting period (10, 329, 241, 500, and 45 deaths) involved powdered/crack cocaine.

Millennium Health reported that 11.7% of the 125,613 urinalysis specimens submitted for cocaine testing was positive for powdered/crack cocaine. GPRA (Government Performance and Results Act) data collected from 6,995 persons entering publicly funded SUD treatment programs during the past six months found 16.1% reported powdered/crack cocaine use 30 days prior to intake.

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

Region	% Tested Positive	Number Tested
Akron-Canton	9.8%	8,176
Athens	1.7%	8,811
Cincinnati	2.0%	8,226
Cleveland	7.3%	19,969
Columbus	17.6%	34,103
Dayton	6.9%	3,709
Toledo	14.9%	26,717
Youngstown	12.1%	15,902
Total	11.7%	125,613

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

GPRA Intake: Cocaine Use[1]
during the Past 30 Days

Region	% Yes	Total N
Akron-Canton	7.7%	492
Athens	24.5%	869
Cincinnati	16.4%	1,757
Cleveland	19.2%	1,696
Columbus	13.1%	909
Dayton	9.8%	427
Toledo	16.0%	513
Youngstown	6.0%	332
Total	16.1%	6,995

[1]GPRA does not differentiate between powdered/crack cocaine.

Media outlets reported on law enforcement seizures and arrests related to powdered cocaine this reporting period (selected media reports follow). Ohio Attorney General and Fayette County Sheriff's Office (Cincinnati region) announced the indictment of 45 people on drug trafficking charges during "Operation Red, White and Bust," a law enforcement initiative that focused on fentanyl, tramadol, cocaine, heroin, and methamphetamine trafficking (www.10tv.com, July 2, 2021). Two Columbus narcotics officers (Franklin County, Columbus region) were arrested for their involvement in smuggling 7.5 kilograms of fentanyl and for accepting bribes to protect the transportation of cocaine; between March and September 2021, one of the officers accepted $44,000 in exchange for transporting 27 kilograms of what he thought was cocaine (www.10tv.com, Sept. 28, 2021). Ohio State Highway Patrol arrested a man during a traffic stop in Clark County (Columbus region) after the man consented to a search of his vehicle and officers discovered one kilogram of fentanyl; during a subsequent interrogation by Homeland Security, the man led investigators to eight additional kilograms of fentanyl, one kilogram of heroin, two kilograms of cocaine, and four pounds of marijuana at locations in Hilliard and Columbus (Franklin County) (www.abc6onyourside.com, Dec. 16, 2021). Ashtabula Police (Ashtabula County, Youngstown region) confirmed one of the largest drug busts in the city's history; officers confiscated $278,000 worth of drugs from two residences: six pounds of crystal methamphetamine, almost two pounds of cocaine, over 13 pounds of marijuana, four firearms, digital scales, and approximately $5,000 (www.cleveland19.com, Dec. 11, 2021).

Adulterants

Consumers throughout OSAM regions most often rated the current overall quality of powdered cocaine as '5' on a scale of '0' (poor quality,

"garbage") to '10' (high quality); the regional modal quality scores ranged from '2' for the Youngstown region to '7' for Akron-Canton and Athens region. While consumers throughout regions most often reported the current overall quality of powdered cocaine as low to moderate, generally, they indicated variability in quality, primarily based on dealer and the amount of adulterant (aka "cut") in the drug. Comments included: *"In my personal experience, the* [quality of powdered] *cocaine I have gotten has not been that great; I don't do it very often but* [the quality of powdered cocaine] *is kind of like a hit or miss;* [Quality] *really depends on your dealer. You will pay top dollar for the better stuff; You have to know the right people* [to get higher quality]*; I never had a problem getting good 'coke' (powdered cocaine)."*

Consumers in seven regions noted that the quality of powdered cocaine has remained the same during the past six months, while consumers in the Toledo region reported that quality has decreased. Toledo consumers commented: *"Every dealer puts stuff in it (adulterates powdered cocaine, decreasing quality); Six months ago, you could find some really good peak cocaine with the 'fish scales' (referring to the texture of high-quality powdered cocaine), you can't find that now;* [Powdered cocaine is] *poor quality, and people are charging up the wazoo for it, so it is not really worth it."*

Consumers discussed adulterants that affect the quality of powdered cocaine. They said: *"*[Dealers are] *using so much cut and different cut* [in powdered cocaine]*; Dealers are getting greedy (add a lot of cut to increase product volume);* [Cutting agents for powdered cocaine are typically] *stuff that numbs you (mimics the effect of powdered cocaine) but doesn't give you the cocaine high."* One consumer warned, *"I think* [powdered cocaine is] *pretty easy to find, but what I would be concerned about is … if it had anything else in it* [such as fentanyl]." Consumers in all OSAM regions reported fentanyl as a cut for powdered cocaine, and consumers in half of regions (Cincinnati, Dayton, Toledo, and Youngstown) also reported powdered cocaine cut with methamphetamine. Consumers acknowledged the danger of using powdered cocaine cut with other illicit substances. For instance, one consumer shared, *"I've known people that didn't* [knowingly purchase] *fentanyl and have actually overdosed and died using cocaine that had fentanyl in it."* Throughout OSAM regions, consumers continued to report the top cutting agents for powdered cocaine as baby laxatives, baking soda, and fentanyl.

OSAM secondary data sources also indicated fentanyl as an adulterant for powdered/crack cocaine. Coroner and medical examiner offices in the counties of Athens (Athens region), Cuyahoga (Cleveland region), Hamilton (Cincinnati region), Montgomery (Dayton region), and Scioto (Cincinnati region) reported that 50.0%, 70.6%, 88.0%, 82.9%, and 66.7%, respectively, of all cocaine-related deaths they recorded this reporting period (2, 153, 100, 117, and 9 deaths) also involved fentanyl.

Other adulterants for powdered cocaine mentioned included: antipsychotic medication, aspirin, baby formula, baking powder, caffeine pills, carpet cleaner, creatine, ether, fiber, flour, gabapentin, head shop cutting agents, headache powder, inositol (dietary supplement), lactose, laxatives, local anesthetics (benzocaine, lidocaine, and procaine), mannitol (diuretic), MDMA (methylenedioxymethamphetamine, ecstasy/"Molly"), MSG (monosodium glutamate), MSM (methylsulfonylmethane, a joint supplement), naproxen (anti-inflammatory drug), oral numbing agents, powdered milk, powdered sugar, prescription opioids, pre-workout powder, propane, protein powder, sedative-hypnotics (benzodiazepines), sleep aids, sugar, and vitamins (B-6, B-12, and E). Crime labs throughout OSAM regions indicated many adulterants (aka "cutting agents") found in cocaine.

Cutting Agents Reported by Crime Labs for Cocaine[1]

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

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

Street Names

Current street jargon includes many names for powdered cocaine. However, throughout OSAM regions, the term most often noted for powdered cocaine remains "girl." In addition, consumers throughout OSAM regions indicated "white girl" as another common name and discussed names of white female celebrities as also used in reference to powdered cocaine ("Hannah Montana," "Christina Aguilera," and "Lindsay Lohan"). Other common street names denote the usual white color of powdered cocaine ("snow" and "sugar"). In half of OSAM regions (Cincinnati, Cleveland, Columbus, and Dayton), consumers discussed Spanish words and street slang as increasing in use to speak of cocaine ("cociana" and "perico"). Reportedly, the term "fish scales" is used to describe high-quality powdered cocaine. A consumer explained, *"When you get really good cocaine … the powdered cocaine is like fish scales. It like glitters and shines. It's the good stuff."*

Current Street Names for Powdered Cocaine	
Most Common	**blow, coke, girl, powder, snow, soft, white girl**
Other	**booger sugar, Christina/Christina Aguilera, Coca-Cola®, cociana, coco, fish scales, Hannah Montana, lady, Lindsay Lohan, perico, pow, powdered sugar, snowball, snow bunnies, snowflake, snow white, white, white bitch, yay, yayo**

Pricing

Consumers in six of the eight OSAM regions reported that the most common quantity of purchase for powdered cocaine is a gram for $60-100. Consumers in Athens, Cleveland, and Youngstown regions reported 1/8 ounce (aka "eight ball") for $150-350 as also common. In addition, consumers in all regions, except Cleveland, reported 1/10-gram amounts of powdered cocaine as available for $10. Consumers discussed varying pricing for powdered cocaine, explaining: *"*[Price] *really depends on who you know;* [Pricing] *fluctuates depending on the quality of the product."* Consumers in half of OSAM regions reported that the price of powdered cocaine has remained the same during the past six months, while consumers in Athens, Cleveland, Toledo, and Youngstown regions reported increased pricing. In the Toledo region, consumers discussed a shortage of powdered cocaine due to dealers buying up the drug in bulk to manufacture the more profitable crack cocaine as having increased the street price for powdered cocaine. They commented: "*You think it is crazy that there is a shortage of* [powdered cocaine] … [since cocaine generally] *is so available, but it is because* [powdered cocaine] *is turned to crack; 'Big boys' (big time drug dealers) are turning* [powdered cocaine] *into crack…."*

Route of Administration

The most common route of administration (ROA) for powdered cocaine remains snorting. Throughout OSAM regions, consumers estimated that out of 10 powdered cocaine users, 5-10 would snort, 0-5 would "shoot" (intravenously inject), and 0-2 would smoke the drug. A consumer stated, *"Most people would snort* [powdered cocaine]*."* While the consensus was that snorting is the most common ROA for powdered cocaine, consumers discussed that ROA is influenced by the setting and the other people using. They commented: *"I know a lot of IV (intravenous drug) users, so most people that I know use IV; If you hang out with a bunch of 'shooters' (people who intravenously use drugs), then they all shoot."* In addition, consumers in the Cincinnati region indicated a distinction in ROA by age, with one consumer stating, "*The younger crowd, they all inject* [powdered cocaine]*. The older crowd usually snorts."*

Consumers discussed other ROAs for powdered cocaine, including smoking, freebasing (placing the drug on aluminum foil, holding a flame under the foil, and inhaling the resulting vapors, usually through a glass straw), oral consumption (rubbing on one's gums), and "boofing" (anal insertion). Reportedly, smoking powdered cocaine by placing the drug on the tip of a "joint" (marijuana cigarette) is referred to as smoking a "primo."

Typical Use Profile

Throughout OSAM regions, consumers and community professionals most often described typical powdered cocaine use as associated with middle to high socio-economic status, white people, and young people, aged 20 to 40 years. A consumer summarized, *"I would say younger people for sure* [typically use powdered cocaine] *… 40* [years of age] *and under. Most of the people that regularly use powdered cocaine … tend to have a relatively good income. And, in terms of demographics, powdered cocaine is more of a suburban type thing rather than urban or rural."*

Other common descriptors of powdered cocaine use included: college students, engagement in bar/party scene, Hispanic people (Cleveland region), people who work long/late hours or in fast-paced environments, and methamphetamine use. Comments included: *"Cocaine is an 'upper' (stimulant drug) and is used by those type of people that don't get a lot of sleep; Truck drivers. Anyone who has to put in a lot of* [work] *hours; People who need to stay on the go; Weekend warriors, trying to turn up (have a good time) at the bars; University students, mostly;* [Powdered cocaine] *seems to be more popular with college students; The same as the 'meth' (methamphetamine) users."* A consumer in Cleveland noted, "[Powdered cocaine] *is everywhere on the west side* [of Cleveland], *especially in the Hispanic neighborhoods."*

Analysis of GPRA demographic data of all intake clients that indicated cocaine use during the past 30 days found that, of those who endorsed powdered/crack cocaine use, 56.7% was male, approximately half was under the age of 40 years, and 67.8% indicated white as their race.

GPRA Demographic Data of All Intake Clients Who Used Cocaine[1] during the Past 30 Days (N = 1,127)[2]

Male	**56.7%**
Female	**42.5%**
18 - 29	**16.9%**
30 - 39	**32.5%**
40 - 49	**23.5%**
50 - 59	**19.0%**
60 +	**7.6%**
White	**67.8%**
African American	**33.3%**
Other race[3]	**2.8%**
Hispanic/Latino ethnicity	**4.1%**

[1]GPRA does not differentiate between powdered/crack cocaine. [2]Gender total does not equal 100.0% due to ten individuals reporting as transgender, non-binary, or another gender not specified. Age total does not equal 100.0% due to five individuals under 18 years of age. Total percentage for race category is greater than 100.0% due to some individuals indicating more than one race. [3]Other race included: Alaska Native, American Indian, Asian, and Native Hawaiian.

Use Combinations

Many other substances are used in combination with powdered cocaine. Consumers continued to report that powdered cocaine is most often used in combination with alcohol, heroin/fentanyl, and marijuana. Cocaine is paired with alcohol to enable the drinking of large amounts of alcohol over extended periods. Consumers said: *"When drinking alcohol,* [powdered cocaine] *helps you sober up; You can drink longer when you do powdered cocaine."* Alcohol is also used after cocaine use to come down from the extreme stimulant high of cocaine. Likewise, marijuana and sedative-hypnotics are used to counterbalance the effects of cocaine. Consumers commented: *"I used Xanax® and other 'benzos' (benzodiazepines) to come down; 'Weed' (marijuana) to come down or Xanax®."* Heroin/fentanyl are used in combination to "speedball" (concurrent or consecutive stimulant and depressant highs). A consumer remarked, *"To get the upper and lower at the same time, speedball."* Reportedly, powdered cocaine is used with other stimulant drugs, such as methamphetamine and Adderall®, to enhance or extend the cocaine high. One consumer noted that MDMA and LSD (lysergic acid diethylamide, aka "acid") also *"boost the effects"* of cocaine.

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

Crack Cocaine

Crack cocaine is highly available in most OSAM regions. Respondents agreed that crack cocaine is generally more available than powdered cocaine due to its lower cost. Reportedly, the drug remains highly prevalent in cities and less so in rural communities. However, in the Athens region, consumers discussed increasing popularity of crack cocaine related to decreasing stigma of crack cocaine use. A consumer said, "[Crack cocaine use] *seems to be more accepted. More people seem to be doing it. More people are selling it."* In cities, respondents often described crack cocaine as everywhere. Cleveland consumers observed: *"*[Crack cocaine] *is everywhere. It's down the street. If you ask, 'Where the 'crack' (crack cocaine) at?' people will point you in the right direction; It's everywhere in the neighborhoods; You go to the gas station and when you are pumping gas, people will come up to you* [and offer to sell you crack cocaine]*; I would say it's very available…. In Cleveland, while sitting at a bus stop, I was asked* [if I wanted crack cocaine] *three times in the span of a month; If you go to the park, you will find* [crack cocaine dealers]*."* Consumers in Dayton and Toledo regions reported that dealers give free samples of crack cocaine, often adulterated with fentanyl, to "hook" new customers. One consumer remarked, *"Someone* [recently] *gave me a tester (free sample of crack cocaine) when I went to the store."*

Reasons for high current availability of crack cocaine included: fentanyl dealers now also carrying crack cocaine, more consumers preferring to do both fentanyl and cocaine, crack cocaine's low cost compared to other illicit drugs, and high demand. Comments included: *"Anybody who has fentanyl has crack; Fentanyl is everywhere, and most of the dudes I know selling fentanyl also have crack cocaine; I know a lot of people who do fentanyl, and they always have crack, so they don't 'nod' (pass out/overdose).* [Crack cocaine] *goes together really well* [with fentanyl]; *People like to do* [crack cocaine and fentanyl] *together;* [Crack cocaine] *is cheap compared to other drugs;* [Availability] *depends on supply and demand, and the demand* [for crack cocaine] *has been high."*

In Athens and Columbus regions, community professionals reported the current availability of

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

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

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

crack cocaine as moderate, citing other drugs, such as methamphetamine, as more available and desired over crack cocaine. A law enforcement officer shared, *"People are using 'meth' (methamphetamine) more than cocaine. We find* [crack cocaine], *but we just don't see that it's that available* [compared to methamphetamine]." Throughout OSAM regions, respondents overall reported that the availability of crack cocaine has remained the same during the past six months. A law enforcement officer in the Cleveland region noted, *"Crack is one of the drugs that has been around for a while.* [Its high] *availability really hasn't changed."* One consumer in the Cleveland region likened crack cocaine to marijuana as being commonplace, saying, *"People sell it like 'weed' (marijuana)."* Ohio Bureau of Criminal Investigation (BCI) crime labs reported that the incidence of crack/powdered cocaine cases they process has increased for all OSAM regions, except for the Cleveland region where incidence has remained the same.

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

Other data sources indicated crack cocaine as available throughout OSAM regions during the reporting period. Ohio Department of Public Safety reported drug task force seizure of 4.1 kilograms (8.9 lbs.) of crack cocaine from throughout OSAM regions during the reporting period; of which, 35.1% was seized from the Cincinnati region. Hancock County Probate Court (Toledo region) reported that, of the 22 positive adult drug test results it recorded, 13.6% was positive for crack/powdered cocaine. Millennium Health reported that 11.7% of the 125,613 urinalysis specimens submitted for cocaine testing during the past six months was positive for crack/powdered cocaine. For Millennium Health urinalysis data by OSAM region, see table in powdered cocaine section titled, *Millennium Health Urinalysis Test Results for Cocaine during the Past 6 Months* (page 5).

Coroner and medical examiner offices in the counties of Athens (Athens region), Cuyahoga (Cleveland region), Hamilton (Cincinnati region), Montgomery (Dayton region), and Scioto (Cincinnati region) reported that 20.0%, 46.5%, 41.5%, 23.4%, and 20.0%, respectively, of all drug-related deaths they recorded this reporting period (10, 329, 241, 500, and 45 deaths) involved crack/powdered cocaine. GPRA (Government Performance and Results Act) data collected from 6,995 persons entering publicly funded SUD treatment programs during the past six months found 16.1% reported crack/powdered cocaine use 30 days prior to intake. For GPRA data by OSAM region, see table in powdered cocaine section titled, *GPRA Intake: Cocaine Use during the Past 30 Days* (page 5).

Media outlets reported on law enforcement seizures and arrests related to crack cocaine this reporting period (selected media reports follow). During a traffic stop in Scioto County (Cincinnati region), Ohio State Highway Patrol conducted a probable cause search of the stopped vehicle upon smelling marijuana and seeing a handgun; troopers arrested the two male occupants of the car and seized 64 grams of suspected crack cocaine, 20 grams of marijuana, 10 grams of suspected heroin, and the handgun (www.wkbn.com, Sept. 2, 2021). Columbus Police (Franklin County, Columbus region) seized 930 grams of crack cocaine and fentanyl, $204,000, and two firearms during the execution of three separate search warrants as part of an ongoing drug investigation (www.nbc4i.com, Nov. 6, 2021). Franklin County Sheriff's Office (Columbus region) charged two individuals for possession of drugs after the execution of search warrants at two Columbus homes; officers with Franklin County Drug Task Force seized 125 grams of crack cocaine, 450 grams

of powdered cocaine, 450 hydrocodone pills, 11 firearms, ammunition, and $42,000 (www.10tv.com, Dec. 17, 2021).

Adulterants

Consumers throughout OSAM regions most often rated the current overall quality of crack cocaine as '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the regional modal quality scores ranged from '1' for the Youngstown region to '9' for the Athens region. Consumers throughout OSAM regions continued to discuss variability in crack cocaine quality, mainly dependent on the dealer. Consumers reported: *"It is hit or miss…. Sometimes,* [crack cocaine quality] *is really good, and other times, it's average;* [Quality] *is so different from dealer to dealer…. You can get some good stuff … some really good stuff, and then other people will string you along. You get a lot of 'dummies' (fake crack cocaine substitutions)."* Another consumer shared, *"Sometimes* [dealers adulterate crack cocaine] *with Orajel™ … it gives you a numbing effect (mimics the effects of cocaine) and then when you smoke it* [and don't get high], [you realize that] *it's fake."*

Consumers in half of OSAM regions noted that the overall quality of crack cocaine has remained the same during the past six months, while consumers in Akron-Canton and Toledo regions reported decreased quality, and consumers in Athens and Columbus regions were not in agreement as to a change in crack cocaine quality. Consumers reporting decreased quality attributed dealer greed as the reason, i.e., dealers heavily adulterating crack cocaine to increase product volume and sales. Comments included: *"They just mix* [crack cocaine] *with too much other stuff; It's the dealers, they just want to make more money;* [Crack cocaine] *is 'cut' (adulterated) a whole bunch of times by the time you get it; They put so much* [baking] *soda in the crack cocaine…. So, you are smoking* [baking] *soda."*

Consumers discussed adulterants that affect the quality of crack cocaine. Reportedly, the same substances used to cut powdered cocaine are also used to cut crack cocaine, including fentanyl and methamphetamine. Consumers commented: *"*[Dealers] *are cutting* [crack cocaine] *with fentanyl. Fentanyl is taking over for real; Yeah, fentanyl and some 'pain killers' (prescription opioids) … that fentanyl will get you (cause you to overdose); I tested positive when I was smoking crack for crack and meth."*

OSAM secondary data sources also indicated fentanyl as an adulterant for crack/powdered cocaine. Coroner and medical examiner offices in the counties of Athens (Athens region), Cuyahoga (Cleveland region), Hamilton (Cincinnati region), Montgomery (Dayton region), and Scioto (Cincinnati region) reported that 50.0%, 70.6%, 88.0%, 82.9%, and 66.7%, respectively, of all cocaine-related deaths they recorded this reporting period (2, 153, 100, 117, and 9 deaths) also involved fentanyl.

Throughout OSAM regions, consumers continued to report the top adulterants for crack cocaine as baking soda and fentanyl. Other adulterants for crack cocaine mentioned included: acetone, ammonia, antipsychotic medication, aspirin, baby formula, baby laxatives, baby powder, battery acid, candle wax, creatine, drain cleaner, gabapentin, head shop cutting agents, inositol (dietary supplement), local anesthetics (benzocaine and lidocaine), methamphetamine, MSM (methylsulfonylmethane, a joint supplement), oral numbing agents, plastic, powdered milk, prescription opioids, protein powder, rat poison, sedative-hypnotics (benzodiazepines), soda pop, vitamin B-12, and white vinegar. Crime labs throughout OSAM regions indicated many adulterants (aka "cutting agents") found in cocaine.

Cutting Agents
Reported by Crime Labs for Cocaine[1]

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

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

Street Names

Current street jargon includes many names for crack cocaine. In addition to "crack," consumers continued to report common street names for crack cocaine that reference the hard, rock-like appearance of the drug ("hard" and "rock"). Additional street names are derivations of the aforesaid names ("hard tacos," "hardware," and "rock stars"). Consumers discussed that street names are code words used to conceal drug use from law enforcement. They said: *"'Chunky monkey'* [is used to ask for crack cocaine] *because they want that fat, hard, chunks ... it's a code word in case they're being watched by the FBI;* [Crack cocaine is called] *'work' … because it's work* [to continuously obtain and use crack cocaine]*…. You say, 'You got some work,' and cops think you are going to work."*

Current Street Names for Crack Cocaine	
Most Common	**crack, hard, rock, work**
Other	**butter, candy, chunky monkey, crinack, girl, job, hard tacos, hardware, rock stars, yayo**

Pricing

Consumers in five of the eight OSAM regions reported that the most common quantity of purchase for crack cocaine is a gram for $80-100. A Cleveland consumer stated, *"I really never buy anything less than a gram. If I had the money, I would buy an 'eight ball' (1/8 ounce)."* Consumers in Columbus, Dayton, and Toledo regions reported 1/10 gram (aka "a point") as most common. Consumers in all regions reported that 1/10 gram of crack cocaine sells for $10-20. While pricing for a gram and other amounts were provided, consumers generally commented that crack cocaine is typically purchased in dollar amounts and not weighed amounts. They said: *"I don't know the amount. I don't normally buy in quantities … $10 for a little tiny crumb; Fifty bucks can get you a lot* [of crack cocaine]; *I usually buy 20-dollars' worth."*

Consumers also noted that pricing fluctuates and varies depending on quality and the seller. They discussed: *"Eight balls* [sell] *sometimes for $75, but the highest I ever paid was $250; An eight ball is $170 to $200-ish, depending on the quality; You could buy like $20 worth* [of crack cocaine]*, but you aren't always going to get your money's worth because some people's 20s are not fair; I would spend $20 to $40 at a time … hard to say* [the quantity] *… it would range all over the place. I could get 0.4 (gram) for 20 bucks or I could get 0.1 (gram) for 20 bucks."* Consumers in most regions reported that the price of crack cocaine has remained the same during the past six months, while consumers in Akron-Canton and Toledo regions indicated an increase in pricing.

Route of Administration

The most common route of administration (ROA) for crack cocaine remains smoking. Throughout OSAM regions, consumers most often estimated that out of 10 crack cocaine users, 8-10 would smoke and 0-2 would "shoot" (intravenously inject) the drug. One consumer summarized, *"I would say eight out of 10 smoke* [crack cocaine] *and two inject it…. I have never seen anyone use any other way than smoking foremost and then injecting."* While smoking was the agreed upon most common ROA for crack cocaine, consumers throughout OSAM regions discussed intravenous injection of crack cocaine and observed that ROA is influenced by those people with whom one uses crack cocaine. Comments included: *"I know a lot of people who shoot crack; Some people put citric acid on* [crack cocaine] *to break it down to inject it; Melt down the crack with some lemon juice or Kool-Aid® and inject it;* [Crack cocaine ROA] *all depends on who you are hanging out with. A lot of my friends shoot* [crack cocaine]*, so that's how they do that, but I prefer to smoke it."*

Reportedly, intravenous injection of crack cocaine produces a more intense and longer-lasting high

than produced by smoking. Consumers shared: *"*[Shooting crack cocaine] *is the best high so you don't go back* [to smoking]; [People who prefer shooting] *want that real big rush at first, and* [the high produced] *lasts longer* [than smoking]*…. Once you progress to a needle, you want everything from a needle…."* Regarding the smoking of crack cocaine, consumers described: *"In the stem (glass pipe, aka 'crack pipe') … smoke it ... or they lace* [crack cocaine into] *their cigarettes; Some people break* [crack cocaine] *down and smoke it with their … 'blunt' (marijuana-filled cigar, aka 'primo' when adulterated with crack/powdered cocaine)."*

Typical Use Profile

Throughout OSAM regions, consumers and community professionals most often described typical crack cocaine use as associated with low socio-economic status. Not only is crack cocaine inexpensive compared to most other substances, but habitual use requires a lot, if not all, of a person's resources. Respondents discussed: "[Crack cocaine] *is affordable for a lot* [of people]*;* [People who typically use crack cocaine are] *on the lower end of the economic scale … which baffles us (law enforcement) because it's such a short high (not very cost effective); The profile of crack use is … not financially stable.* [People who use] *crack are always going to go back throughout the day to buy* [more crack cocaine] *… maybe 4 or 5 times a day to buy … just to keep their habit going. So, … they are run down* [financially]*, maybe homeless; More poor people, lower socio-economic status* [use crack cocaine]*; The majority are inner-city."*

Other common descriptors of crack cocaine use included: African American, older people (aged 40 to 60 years), long-haul truckers, and exotic dancers. Comments included: "[Typical crack cocaine use] *is black people … white people got the meth; White people use* [crack cocaine] *too, but it's more prevalent in black communities; I want to say people who are non-white* [typically use crack cocaine] *because of the 80s and the crack epidemic, but a lot of people who are using crack are also white; I think a lot of older people use crack; I would say* [crack cocaine] *is a drug for older people. People that were kids in the 90s; Older people have more* [crack cocaine] *addiction 'cause of the '80s thing' (1980s crack cocaine epidemic); Older black males are more likely to do* [crack] *cocaine than any of the other drugs."*

Analysis of GPRA demographic data of all intake clients that indicated cocaine use during the past 30 days found that, of those who endorsed crack/powdered cocaine use, 56.7% was male, approximately half was under the age of 40 years, and 67.8% indicated white as their race. For more detailed GPRA demographic data, see table in powdered cocaine section titled, *GPRA Demographic Data of All Intake Clients Who Used Cocaine during the Past 30 Days* (page 8).

Use Combinations

Many other substances are used in combination with crack cocaine. Consumers reported that crack cocaine is most often used in combination with alcohol, heroin/fentanyl, marijuana, and methamphetamine. These drugs are used with crack cocaine for the same reasons they are combined with powdered cocaine, primarily to balance out the stimulant high, to bring the user down, to "speedball" (concurrent or consecutive stimulant and depressant highs), and/or to intensify the cocaine high. Consumers shared: *"Yeah, every time I get some* [crack cocaine] *I got to get alcohol … to bring me down; I would do heroin to come down; Heroin, it levels you out; And weed to come down; Speedball … heroin and crack … uppers and downers put together…"*

Substances Used in Combination with Crack Cocaine	
Most Common	**alcohol, heroin/fentanyl, marijuana, methamphetamine**
Other	**MDMA, powdered cocaine, sedative-hypnotics**

Heroin

In half of OSAM regions, respondents were not in agreement as to the current availability of heroin; in these regions, there was a split in opinion as to low versus high availability. However, throughout all regions, respondents reported low availability of unadulterated heroin (heroin without fentanyl) and discussed that heroin is largely fentanyl. Reportedly, some mix of heroin/fentanyl is readily available in most places. Thus, respondents reporting low current availability were able to differentiate heroin from fentanyl, while those reporting high availability viewed heroin and fentanyl as the same. They said: *"It's almost like heroin and fentanyl, or fentanyl and heroin, are the same thing these days. Nobody says, 'Hey man, I got some fentanyl' … it's always, 'Hey, I got 'boy' (heroin/fentanyl).' They are one and the same; I think there's a group of people that seek out heroin over fentanyl, but the majority of people don't care (will use either drug)."*

Consumers in the Toledo region discussed: "*I know people have tried to get* [heroin without fentanyl]*, but it's hard to find; You got to know someone* [to obtain heroin without fentanyl]*; I don't see* [heroin without fentanyl] *around here;* [Heroin without fentanyl] *is pretty much a unicorn around these parts…."* One Columbus consumer added, "[Heroin without fentanyl] *is seriously so hard to find. It's like a niche thing … like a delicacy….* [It's difficult] *to find somebody who has it…."* Respondents in most regions reported that the availability of heroin has remained the same or decreased during the past six months; in Dayton and Youngstown regions, respondents were not in consensus as to heroin availability having remained the same or decreased. Ohio Bureau of Criminal Investigation (BCI) crime labs reported that the incidence of heroin cases they process has remained the same or decreased for all OSAM regions, except for the Dayton region where incidence has increased.

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

Reported Change in Availability of Heroin during the Past 6 Months

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

increased. Crime labs throughout OSAM regions reported processing the following types of heroin during the reporting period: beige, blue, brown, gray, off-white, pink, purple, tan, and white powdered heroin, as well as black tar heroin.

In addition to brown and white powdered and black tar heroin, consumers also discussed varying colors for powdered heroin. Comments included: *"'Powder' (powdered heroin) can be anything (any color) from white to gray to purple, pink, yellow. It just depends on what they are 'cutting' (adulterating) it with. A lot of people use food coloring and stuff…. If fentanyl is in it, people may change their color up. Say they had a yellow color and people are dying off it and police are looking for it, they may change their color up, and now their stuff is blue;* [Heroin] *can be any color you can think of…."*

Other data sources indicated heroin as available throughout OSAM regions. Ohio Department of Public Safety reported drug task force seizure of 23.5 kilograms (51.8 lbs.) of heroin from throughout OSAM regions during the reporting period; of which, 32.4% was seized from the Columbus region and 31.8% was seized from the Toledo region. Millennium Health reported that 0.7% of the 123,999 urinalysis specimens submitted for heroin testing during the past six months was positive for heroin.

Coroner and medical examiner offices in the counties of Cuyahoga (Cleveland region), Hamilton (Cincinnati region), and Montgomery (Dayton region) reported that 5.5%, 4.6%, and 2.6%, respectively, of all drug-related deaths they recorded this reporting period (329, 241, and 500 deaths) involved heroin. Coroner offices in the counties of Athens (Athens region) and Scioto (Cincinnati region) did not find heroin present in any of the drug-related deaths they processed during the past six months. GPRA (Government Performance and Results Act) data collected from 6,995 persons entering publicly funded SUD treatment programs during the past six months found 21.8% reported heroin use 30 days prior to intake.

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

Region	% Tested Positive	Number Tested
Akron-Canton	1.1%	7,972
Athens	0.5%	8,809
Cincinnati	0.1%	8,177
Cleveland	0.7%	19,515
Columbus	0.7%	34,341
Dayton	0.4%	3,816
Toledo	0.6%	25,763
Youngstown	1.0%	15,606
Total	0.7%	123,999

GPRA Intake: Heroin Use
during the Past 30 Days

Region	% Yes	Total N
Akron-Canton	16.5%	492
Athens	33.8%	869
Cincinnati	20.7%	1,757
Cleveland	21.7%	1,696
Columbus	22.8%	909
Dayton	17.1%	427
Toledo	21.8%	513
Youngstown	9.0%	332
Total	21.8%	6,995

Media outlets reported on law enforcement seizures and arrests related to heroin this reporting period (selected media reports follow). Crawford County Sheriff's Office (Columbus region) executed a search warrant at a home in Galion, arresting a man for possessing and trafficking drugs; officers

seized suspected heroin and drug paraphernalia (www.nbc4i.com, July 23, 2021). Ohio State Highway Patrol (OSHP) seized two pounds of suspected heroin and arrested two men for drug possession and trafficking during a traffic stop in Scioto County (Cincinnati region); a K9 officer alerted troopers to heroin in the glove compartment of the stopped vehicle (www.fox8.com, Aug. 19, 2021). OSHP seized more than $15,000 worth of heroin and methamphetamine during a traffic stop in Scioto County; troopers confiscated 46 grams of heroin, 108 grams of methamphetamine, and two loaded handguns, arresting the driver, a Dayton man, for possession and trafficking in drugs (www.fox8.com, Oct. 8, 2021). OSHP arrested three people from Michigan traveling in Scioto County for possession of $140,000 worth of drugs; during the traffic stop, a K9 officer alerted to drugs in the vehicle, leading troopers to seize 1,136 grams of heroin, 470 grams of marijuana, 280 grams of fentanyl, 20 ecstasy pills, and 50 oxycodone pills (www.abc6onyourside.com, Nov. 3, 2021). Federal prosecutors charged 14 individuals involved in one of the largest heroin/fentanyl drug trafficking organizations in Cincinnati (Hamilton County, Cincinnati region); the organization reportedly trafficked narcotics and methamphetamine to Akron (Summit County, Akron-Canton region) and Fairfield (Butler County, Cincinnati region), as well as to Gary, Indiana (www.cleveland.com, Dec. 1, 2021).

Adulterants

Consumers throughout OSAM regions most often reported the current overall quality of heroin as moderate. On a scale of '0' (poor quality, "garbage") to '10' (high quality), the regional modal quality scores ranged from '5' to '7.' However, many clients acknowledged that determining the quality of heroin is very problematic as heroin is typically adulterated with other substances, primarily fentanyl. Consumers stated: "[Heroin] *is probably all just fentanyl now;* [Heroin] *is really potent … it's all fentanyl though."* Consumers in most regions reported that the overall quality of heroin has remained the same during the past six months, while consumers in Akron-Canton, Cleveland, and Columbus regions indicated decreased quality. A consumer in the Akron-Canton region remarked, "*The quality of heroin is decreasing, if you are just talking heroin without fentanyl."*

Consumers discussed adulterants (aka "cuts") that affect the quality of heroin, and throughout OSAM regions, consumers universally reported that fentanyl remains the top cutting agent for heroin. One consumer remarked, *"*[Drug dealers] *do definitely cut* [heroin] *with fentanyl."* OSAM secondary data sources also indicated fentanyl as an adulterant for heroin. Coroner and medical examiner offices in the counties of Cuyahoga (Cleveland region), Hamilton (Cincinnati region), and Montgomery (Dayton region) reported that 100.0%, 90.9%, and 92.3%, respectively, of all heroin-related deaths they recorded this reporting period (18, 11, and 13 deaths) also involved fentanyl.

In addition to fentanyl, consumers discussed many other adulterants for heroin. Reportedly, drug dealers cut heroin with various powders or anything that can be dissolved in water. Consumers commented: *"Any kind of powder* [is used as an adulterant for heroin]*;* [Adulterants for heroin are] *anything that is water dissolvable usually; Anything that looks like* [heroin] *… I've seen it cut with ... powdered sugar, aspirin; Any pill that's white."* Consumers throughout regions acknowledged that heroin is typically adulterated with many substances, including other illicit drugs, most often unbeknownst to the consumer. A consumer shared, *"I strictly use heroin, or fentanyl…. When I was* [drug] *tested when I went into the* [treatment] *engagement center, I tested* [positive] *for drugs I never even seen before and that I certainly hadn't* [knowingly] *used … 'benzos' (benzodiazepines), methamphetamine, ecstasy (MDMA), even PCP (phencyclidine)."*

Other adulterants for heroin mentioned included: acetaminophen, antacid tablets, antidepressant medication, antipsychotic medication, aspirin, baby aspirin, baby formula, baby laxatives, baby powder, baking soda, "bath salts" (substituted cathinone), bleach, brown gravy, brown sugar, caffeine pills,

carfentanil (synthetic opioid more potent than fentanyl), coffee, coffee creamer, cosmetics (powdered foundations), fiber, gabapentin, gasoline, glucose, laxatives, mannitol (diuretic), melatonin, methamphetamine, MSM (methylsulfonylmethane, a joint supplement), powdered candy, powdered milk, powdered sugar, prescription opioids, pseudoephedrine, rat poison, "rizzy" (bromadol, a potent narcotic analgesic), sedative-hypnotics (benzodiazepines), sleep aids, soap, soda pop, spices, sugar, and vitamins (B-12 and E). Crime labs throughout OSAM regions indicated many adulterants (aka "cutting agents") found in heroin.

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

Street Names

Current street jargon includes many names for heroin. Throughout OSAM regions, consumers continued to note "boy" as the most common street name generally, followed by "dog food" and "tar" (for black tar heroin). Consumers explained: *"'Boy' … because* [heroin] *is the boy* [and cocaine is the 'girl']*; 'Dog food' because* [heroin] *looks like dog food."* Other common street names for heroin are derivations of "boy" and "dog food" ("dog chow," "pup," and "man"). In addition, street names reference the sedative effect produced by heroin use ("knock down" and "slow"). In the Akron-Canton region, consumers discussed the use of the bag emoji when texting to denote a bag of heroin. A consumer said the bag emoji is used, *"So, if they ever getting caught (questioned by police) … they're just talking about a bag instead of the drug (heroin)."*

Current Street Names for Heroin	
Most Common	**boy, dog, dog food, slow, tar**
Other	**black, brown, chase the dragon, chi, China/China white, dog chow, dope, down, food, H, Hank, horse, knock down, man, mud, pup, smack, wop, white China**

Pricing

Consumers in most OSAM regions identified the most common quantity of purchase for heroin as a gram for $80-150, although consumers in Akron-Canton and Athens regions noted that a gram can sell as high as $200. Consumers in Athens and Columbus regions identified 1/10 gram as most common, while consumers in the Toledo region reported 1/2 gram as most common. Reportedly, 1/10 gram sells for $20, and 1/2 gram most often sells for $50-80. Consumers discussed variation in heroin pricing, attributing differences to the purity of heroin and the amount of purchase. They said: *"*[The price of heroin] *varies all over the place;* [Price] *depends on if you're talking pure heroin or if you're talking fentanyl, pure heroin goes for about $160 to $200 a gram. Fentanyl goes for about $100* [a gram]; *If you get more (buy in bulk),* [the price of heroin] *is less."* Consumers in most regions reported that the price of heroin has remained the same during the past six months, while consumers in the Cleveland region reported increased pricing. Consumers in Cleveland discussed that, like current inflation on consumer goods, street prices for illicit drugs have also increased. A consumer commented, *"Everything is going up* [in price]…. *Your gas goes up, your drugs go up* [too]."

Route of Administration

Throughout OSAM regions, intravenous injection (aka "shooting") remains the most common route of administration (ROA) for heroin. Consumers

estimated that out of 10 heroin users, 7-10 would shoot, 0-2 would snort, and 0-1 would smoke the drug. Consumers discussed: *"Of my friends, seven out of ten* [would intravenously inject heroin]*, and the rest are snorting it; People mostly snort* [heroin] *or shoot it; I have never seen people smoking* [heroin]*, I've heard of it though; The most common way is injecting* [heroin] *because they want to get the most bang for their buck (a more intense high compared to snorting);* [Heroin] *is a very injectable drug, that's what it's famous for."* Consumers also discussed a progression in heroin use that typically starts with snorting/smoking and quickly leads to shooting. They said: *"They start out snorting* [heroin] *then, after a while, they move on to injecting it; Most people graduate pretty quickly on heroin. It doesn't make sense to keep paying for more* [heroin to maintain snorting/smoking] *when you can just shoot* [and achieve a more intense and longer-lasting high]."

Analyses of consumer survey data administered at the time of the focus groups found that, of the 332 consumers who responded to survey questions regarding needle use, 45.2% reported having used needles to inject drugs, of which 78.7% reported having ever shared needles while using drugs. Of those 150 consumers who reported having used needles to inject drugs, the most common methods of obtaining needles were from other people who use needles (62.7%), from drug dealers (58.7%), from a pharmacy (42.0%), from a needle exchange program (36.0%), and from family members and friends (34.0%).

Other data sources submitted incidence data of intravenous injection of drugs. GPRA data collected from 6,953 persons entering publicly funded SUD treatment programs during the past six months found 14.8% reported injection drug use 30 days prior to intake. Analysis of GPRA demographic data of all intake clients that indicated injection drug use during the past 30 days found that, of those who endorsed injection drug use, 58.3% was male, 68.2% was under the age of 40 years, and 92.4% indicated white as their race.

GPRA Intake: Injection Drug Use during the Past 30 Days

Region	% Yes	Total N
Akron-Canton	11.0%	492
Athens	28.5%	862
Cincinnati	16.7%	1,748
Cleveland	11.3%	1,683
Columbus	13.2%	906
Dayton	11.0%	419
Toledo	11.9%	511
Youngstown	5.1%	332
Total	14.8%	6,953

GPRA Demographic Data of All Intake Clients Who Injected Drugs during the Past 30 Days (N = 1,027)[1]

Male	58.3%
Female	40.8%
18 - 29	22.1%
30 - 39	46.1%
40 - 49	22.8%
50 - 59	7.9%
60 +	1.0%
White	92.4%
African American	7.6%
Other race[2]	4.5%
Hispanic/Latino ethnicity	2.7%

[1]Gender total does not equal 100.0% due to nine individuals reporting as transgender or another gender not specified. Age total does not equal 100.0% due to two individuals under 18 years of age. Total percentage for race category is greater than 100.0% due to some individuals indicating more than one race. [2]Other race included: Alaska Native, American Indian, Asian, and Native Hawaiian.

Hepatitis C and HIV

Of the 333 consumers who completed surveys, 75.1% reported ever having been tested for Hepatitis C, while 17.7% reported never having been tested, and 7.2% reported that they did not know if they have ever been tested. Of those 249 consumers who had been tested, and responded to the survey question regarding their Hepatitis C status, 38.2% reported having been told by a medical professional that they have Hepatitis C. In addition, of the 333 consumers who completed surveys, 76.8% reported having ever been tested for HIV (human immunodeficiency viruses), while 18.1% reported never having been tested, and 5.1% reported that they did not know if they have ever been tested. Of those 253 consumers who had been tested and responded to the survey question regarding their HIV status, 2.4% reported having been told by a medical professional that they have HIV. Regarding the prevalence of Hepatitis C, a consumer stated, *"Most of* [the people that intravenously inject heroin/fentanyl] *have Hep-C (Hepatitis C). They know they can take the medication and get better, so they'll wait until they feel like they can get sober to take it. And some just don't care because they think they're not going to die from* [Hepatitis C]*."*

Typical Use Profile

Throughout OSAM regions, consumers and community professionals continued to most often report that there is no profile for typical heroin use. A common refrain when asked to describe the typical profile of heroin use was, *"Heroin doesn't discriminate."* Other comments included: "[Typical heroin use] *is across the board. There's no specific demographic ... people that are using drugs, they're using whatever they can get their hands on; I think with heroin it could be anyone…. It doesn't matter if you're male or female, older or younger, mom, dad, or grandpa….* [Heroin] *is a cunning substance."*

Descriptors of heroin use discussed included: low socio-economic status, white people, young people, other opioid use, and manual laborers. Respondents offered: *"People who do physical and manual labor mostly, someone injured on the job; People who start with pills (prescription opioids) and they become too expensive, then they move to heroin; Heroin tends to be used more so by young, white people, as opposed to young, black people. And I've seen this changing, I've seen a lot more black* [people use] *heroin recently than in the past; It's lower income folks* [who typically use heroin]*; A lot of low-income people; Mostly poor white people; I'd say that usually our demographics* [for heroin use] *goes from early 20s to late 40s."*

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, 59.2% was male, 65.7% was under the age of 40 years, and 88.7% indicated white as their race.

GPRA Demographic Data of All Intake Clients Who Used Heroin during the Past 30 Days (N = 1,528)[1]

Male	**59.2%**
Female	**40.1%**
18 - 29	**23.6%**
30 - 39	**42.1%**
40 - 49	**22.0%**
50 - 59	**9.2%**
60 +	**2.8%**
White	**88.7%**
African American	**11.9%**
Other race[2]	**3.4%**
Hispanic/Latino ethnicity	**2.8%**

[1]Gender total does not equal 100.0% due to 11 individuals reporting as transgender, non-binary, pangender, or another gender not specified. Age total does not equal 100.0% due to six individuals under 18 years of age. Total percentage for race category is greater than 100.0% due to some individuals indicating more than one race. [2]Other race included: Alaska Native, American Indian, Asian, and Native Hawaiian.

Use Combinations

Many other substances are used in combination with heroin. Consumers reported that heroin is most often used in combination with crack/powdered cocaine and methamphetamine to "speedball" (concurrent or consecutive stimulant and depressant highs). They discussed: *"*[Heroin is used in combination with] *any kind of 'speed' (stimulant drug); I like to speedball, so I would definitely do* [heroin] *and crack* [cocaine] *or heroin and 'meth' (methamphetamine) together; I always used heroin and crack together … speedballing … it's like a whole new world; If you are too down, you go up a little bit. If you are too up, you go down a little bit.* [Speedballing] *is a magic carpet; Do* [heroin and methamphetamine] *together to even things out."*

Consumers explained that other depressant drugs are used to intensify one's heroin high. Comments included: *"Fentanyl increases the potency of heroin; 'Weed' (marijuana) … when my buzz (high) from heroin would come down, I would smoke a little bit of weed to get back up; Benzodiazepines is a big one ... from personal experience* [heroin] *is way better mixed* [with benzodiazepines]. *I know it's a lot more lethal together; I used* [heroin] *with alcohol, too, because heroin is a depressant* [like alcohol] *(alcohol intensifies the effect of heroin)."*

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

Fentanyl

Fentanyl remains highly available throughout OSAM regions. Consumers unanimously agreed that fentanyl continues to be a big seller. They observed: *"You can get fentanyl before you can get almost anything else nowadays;* [Fentanyl] *is definitely more available than at any time I've ever known; I know I can get* [fentanyl] *any day, anytime. I know a lot of people that are on* [fentanyl]; [Fentanyl] *is my drug of choice. I just know where the plug (dealer for fentanyl) is at all times; I know more* [fentanyl] *dealers than the number of fingers on my hand."* Community professionals agreed that fentanyl is highly available. They commented: "[Fentanyl is] *very available;* [Fentanyl] *is on the news, in the streets, in the courthouse … in every drug, it is everywhere; Very, very available; I think 70-80% of* [illicit prescription opioids and benzodiazepines are fraudulent] *pills pressed with fentanyl;* [Fentanyl in] *powdered form or pressed in pills is highly available."*

Respondents throughout OSAM regions discussed the current high availability of fentanyl as due to high supply and high demand for the drug. A law enforcement officer in the Cleveland region said, *"There is more of a supply* [of fentanyl] *coming up from Mexico and making its way across the U.S. … it's becoming more available in our area due to that excess supply from Mexico."* As a result of an excess supply, reportedly, drug dealers have been creating demand for fentanyl by cutting (adulterating) almost every other drug with it. Consumers noted: *"*[Dealers] *are cutting 'meth' (methamphetamine) with* [fentanyl], *they are cutting 'coke' (powdered cocaine) with* [fentanyl], *they are cutting the 'crack' (crack cocaine) with* [fentanyl], *they are cutting everything with* [fentanyl]; [Dealers] *are trying to get you more addicted to other drugs by putting fentanyl in* [all drugs]; *The assumption should be that fentanyl is in everything."* Treatment providers commented: *"*[Fentanyl] *is in everything so* [people who use drugs] *are getting addicted to* [fentanyl] *from other drugs; All the drug dealers in Toledo are putting* [fentanyl] *into* [other drugs] *to enhance their products (to increase drug potency/ addictiveness) … to get you hooked on the fentanyl, so you buy their products."*

Selling fentanyl is lucrative. A law enforcement officer in Cincinnati explained, *"A lot more people sell fentanyl than other drugs….* [Fentanyl] *is so popular right now ... it's a strong (potent) drug … it*

Reported Change in Availability of Fentanyl during the Past 6 Months

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

can be 'cut' (adulterated) … broken down more, meaning the dealer can make more of a profit on it because they are using less of the actual product." A treatment provider in the Cleveland region remarked, "[Drug dealers'] *number one motivation is profit and making money."* And a Youngstown consumer added, *"They're sticking* [fentanyl] *in everything, they don't care who they hurt, they're just looking for money. If one person dies (fatally overdoses), it just ups the intrigue (increases demand), it doesn't shy people away* [from fentanyl]*."*

Dealers approach people on the street and offer to sell fentanyl and consumers who buy and use fentanyl in turn sell the drug to other consumers to support their addiction to it. One consumer remarked, *"Fentanyl will find you."* Other consumers stated: "*People on the streets, they can just make crazy money just like they could with crack (crack cocaine sales) … the shit sells itself;* [Fentanyl] *is a … devil, so you do whatever you can to get yours (afford buying fentanyl), so you push (sell) other people's product; Anybody and everybody will come up to you* [and offer to sell fentanyl] *… on campus, or in the middle of downtown…. So, no matter where you're at, somebody at any point in time is going to ask* [if you want fentanyl]*; I have people coming to my house* [who sell fentanyl]. *Even though they know I haven't used in a year … in over a year. They still stop by;* [Many fentanyl consumers] *are plugging you into (referring other consumers to) different* [fentanyl] *dealers…. Everybody's got a guy that they want you to try, and you get their* [phone] *numbers."*

High potency and relative inexpensiveness are driving fentanyl's current high demand. Consumers commented: *"Fentanyl is stronger* [than other drugs], *so you get more of a high; It's cheaper and stronger* [than other drugs]*."* Law enforcement reported that consumers actively seek fentanyl once they realize that fentanyl is what has been cut into their drugs and fentanyl is what they are mostly addicted to. A member of law enforcement added, *"*[Consumers] *can take less* [fentanyl] *and get a bigger bang for their buck. And* [fentanyl] *is actually cheaper than meth in most of our area."* Treatment providers also discussed the appeal of fentanyl use, saying: *"Unfortunately, a lot of people are searching for that ultimate high and because they know with that fentanyl, they are going to get that high that will take them, unfortunately, to that near death experience, a lot of them are chasing that. So, if you tell me, for example,* [a particular dealer] *has that killer … 'killer dope' (lethal fentanyl mixture), then I am going to seek* [that particular dealer]*; Now I am seeing the case where* [consumers are reporting] *asking for straight fentanyl…."* Reportedly, many consumers have switched from seeking heroin to seeking fentanyl. Fentanyl has become a drug of choice.

The availability of fentanyl has either remained the same (highly available) or has increased for most OSAM regions. In Akron-Canton, Athens, and Toledo regions where there was no consensus of

availability change, respondents were not in agreement as to fentanyl availability having remained the same or having increased. Respondents who indicated increased availability observed: *"*[Availability of fentanyl] *is going up every day. The more* [prescription] *opioids go off the street, the more fentanyl comes on. There are so many pressed* [fentanyl] *pills coming on; More people buy fentanyl and sell it; Almost every dealer that sells meth has got fentanyl, too; Officers are coming in contact* [with fentanyl] *more … from possessions, cases, and we're buying it more easily* [during undercover sting operations]*."* Treatment providers reported an increase in clients reporting regular use of fentanyl, fentanyl as their drug of choice, and having experienced a fentanyl overdose recently, while also noting an increase in clients drug testing positive for fentanyl. In terms of availability of carfentanil (synthetic opioid more potent than fentanyl), respondents shared limited knowledge of the drug, most often reporting low current availability.

Ohio Bureau of Criminal Investigation (BCI) crime labs reported that the incidence of fentanyl and fentanyl analogue cases they process has increased during the reporting period for all OSAM regions. BCI labs reported processing few or zero cases of carfentanil from throughout OSAM regions during the reporting period. In addition, BCI crime labs noted that para-fluorofentanyl is the newest fentanyl-related compound seen in 2021, it is being seen in significant numbers with and without fentanyl, and fentanyl is still being seen in complex mixtures with other compounds such as tramadol and phencyclidine (PCP) analogues.

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

Other data sources indicated fentanyl as available throughout OSAM regions. Ohio Department of Public Safety reported drug task force seizure of 374.8 kilograms (824.5 lbs.) of fentanyl from throughout OSAM regions during the reporting period; of which, 59.3% was seized from the Dayton region. Hancock County Probate Court (Toledo region) reported that, of the 22 positive adult drug test results it recorded during the past six months, 27.3% was positive for fentanyl/fentanyl analogues. Columbus Fire Department (Franklin County, Columbus region) reported administering 1,980 doses of naloxone to 1,531 individuals in the city of Columbus during the reporting period. Millennium Health reported that 13.8% of the 128,027 urinalysis specimens submitted for fentanyl testing during the past six months was positive for fentanyl.

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

Region	% Tested Positive	Number Tested
Akron-Canton	26.1%	9,104
Athens	4.4%	8,459
Cincinnati	3.2%	8,361
Cleveland	8.1%	19,325
Columbus	16.0%	34,882
Dayton	7.0%	3,919
Toledo	17.7%	28,253
Youngstown	14.4%	15,724
Total	13.8%	128,027

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 60.0%, 75.1%, 88.8%, 80.0%, and 84.4%, respectively, of all drug-related deaths they recorded this reporting period (10, 329, 241, 500, and 45 deaths) involved fentanyl. The reporting coroner and medical examiner offices reported not finding carfentanil present in any of the drug-related deaths they processed during the reporting period.

Media outlets reported on law enforcement seizures and arrests related to fentanyl this reporting period (selected media reports follow). Federal agents and Hamilton County Sheriff's Regional Enforcement Narcotics Unit (Cincinnati region) executed a search warrant at a home in Green Township and seized four pounds of fentanyl, $10,000, and seven guns, two of which were stolen; officers arrested a man at the residence for drug possession and trafficking (www.local12.com, July 12, 2021). Officials with the Trumbull Action Group Drug Task Force (Trumbull County, Youngstown region) issued a warning regarding drugs contaminated with fentanyl after 28 drug overdoses, including four fatal overdoses, were reported to the county's 911 center during a single week (www.wkbn.com, July 29, 2021). U.S. Drug Enforcement Agency (DEA) executed a search warrant in Columbus (Franklin County, Columbus region), seizing 36 pounds of fentanyl and arresting a man who allegedly was behind the transportation of large fentanyl and cocaine shipments from Columbus to Huntington, WV (www.herald-dispatch.com, Aug. 9, 2021). Portage County Sheriff's Office (Akron-Canton region) warned residents of an increase in fake pills that look like prescription drugs; heroin/fentanyl are being pressed into pill form to resemble Percocet® and Xanax® (www.news5cleveland.com, Sept. 2, 2021). Lucas County Coroner's Office (Toledo region) ruled the fentanyl overdose death of a healthy two-year-old girl a homicide; the toddler was found dead in bed after taking a nap with her mother (www.wtol.com, Sept. 10, 2021). Stark County Health Department (Akron-Canton region) issued an alert that overdose prevention kits containing naloxone (opioid overdose reversal medication) were available for free following eight suspected overdoses in a single 24-hour period (www.fox8.com, Sept. 16, 2021). Huron County Board of Mental Health and Addiction Services (Toledo region) issued an overdose spike alert after three overdoses in a single 24-hour period and advised the public that naloxone was available free of charge (www.cleveland19.com, Sept. 26, 2021). Lucas County Health Department reported six overdose deaths in a three-day period in Toledo, warning that fentanyl has been found in cocaine and pressed into pills resembling Xanax®, Percocet®, and OxyContin® (www.13abc.com, Oct. 4, 2021). Hilliard Police and Franklin County Sheriff's Office confiscated four kilograms of fentanyl; crime lab analysis found half of the fentanyl to be para-fluorofentanyl, a more potent and deadlier fentanyl analogue (www.wcpo.com, Oct. 28, 2021). After a package shipped from Nogales, Arizona to Youngstown (Mahoning County, Youngstown region) was marked as suspicious by the U.S. Postal Service, a sting operation tracked the package and arrested its recipient; the package contained 1,070 grams of fentanyl hidden inside two children's toys (www.wkbn.com, Nov. 1, 2021). Cuyahoga County Medical Examiner's Office (Cleveland region) issued a public health alert after 16 fatal overdoses were recorded during a three-day period; the alert warned of para-fluorofentanyl and cautioned the purchase of any street drug (www.fox8.com, Nov. 8, 2021). Cuyahoga County Medical Examiner's Office issued a public health alert after eight fatal overdoses were recorded in a single day; the alert advised that naloxone and fentanyl test strips were available at several community walk-in clinics (www.cleveland19.com, Dec. 3, 2021). Ohio Narcotics Intelligence Center issued a news release reporting the presence of fentanyl pressed pills, specifically counterfeit Xanax® and OxyContin®; these pills have been discovered by law enforcement throughout Ohio (www.cleveland19.com, Dec. 3, 2021). Butler County Sheriff's Office (Cincinnati region) charged a Hillard man (Franklin County, Columbus region) for drug possession and trafficking during a traffic stop in Fairfield; officers found a kilogram of fentanyl in the man's car (www.abc6onyourside.com, Dec. 10, 2021).

Adulterants

Consumers most often rated the current overall quality of fentanyl as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality). The consensus throughout OSAM regions was that fentanyl remains highly potent. Consumers considered fentanyl's degree of potency/lethality when determining current quality, meaning the more potent/lethal fentanyl was perceived to be, the higher its quality rating. Consumers who reported high quality for fentanyl said: "[Fentanyl] *killed (overdosed) me five times in one week;* [Fentanyl] *is dropping (overdosing) people left and right;* [Current fentanyl quality] *is good because it's killing people; Everyone is dying, it's so strong."*

Consumers in half of OSAM regions reported that the quality of fentanyl has increased during the past six months. Consumers in Athens, Dayton, and Youngstown regions reported that quality has remained the same, high, while consumers in the Cincinnati region could not reach consensus on quality change. A consumer in the Akron-Canton region stated, *"Every day* [fentanyl] *is getting better (more potent)."* Consumers reported that the quality of fentanyl has increased based on the logic that fentanyl has gotten stronger since more people are overdosing and dying. One consumer explained, *"*[The quality of fentanyl] *depends on if you have to Narcan® them (administer naloxone) or not…."*

Naloxone

Analyses of consumer survey data administered at the time of the focus groups found that the majority (78.7%) of the 333 consumers reported having heard of naloxone. Of those 262 consumers who had heard of naloxone, 40.8% reported having had naloxone used on them to reverse an opioid overdose and 40.7% reported having used naloxone on another individual to reverse an opioid overdose. Of the 333 consumers, 64.6% reported that they knew where to obtain naloxone. Of those 215 consumers who knew where to obtain naloxone, 80.5% reported having ever obtained naloxone and 51.4% reported current possession of naloxone. Of those 173 consumers who ever obtained naloxone, 83.0% reported having been trained on how to use naloxone when they obtained it. Those who reported ever obtaining naloxone reported having obtained it from one or more of the following sources: drug treatment agency (53.2%), pharmacy (35.3%), mental health agency (20.2%), Project DAWN (Deaths Avoided With Naloxone, a community-based overdose education and naloxone distribution program sponsored by Ohio Department of Health) (19.7%), medical clinic (17.3%), doctor's office (13.9%), and emergency room (11.0%). In addition, 19.7% reported having obtained naloxone from a different source, such as church, family and friends, health department, jail, needle exchange program, online, public event, recovery house, and street outreach.

Of the 331 consumers who responded to the survey question regarding having ever seen a naloxone overdose emergency kit in a public place (e.g., "NaloxBox," a secured emergency kit like a first aid kit that contains doses of naloxone), 27.2% reported having seen a naloxone emergency kit in a public place. Of those 90 consumers that had seen a naloxone emergency kit in a public place, the most common locations for naloxone overdose emergency kits reported were church, doctor's office, hospital, hotel, jail, medical clinic, nursing home, professional development center, public transportation, school, sober living house, support group meeting, treatment facility, and workplace.

Consumers discussed the need to adulterate/dilute fentanyl due to its high potency/lethality. Consumers observed: *"Fentanyl has always been adulterated. When it's not cut, it's really dangerous … you should always have naloxone; Everyone is cutting* [fentanyl] *more because it is so lethal."* However, there was much debate that fentanyl is not adulterated because it is the adulterant for

other drugs. Comments included: *"Fentanyl is the cut; I don't think* [fentanyl] *is* [cut]; [Fentanyl is used to cut] a*ll kinds of stuff … heroin, meth, coke; To my knowledge* [fentanyl is] *the 'cutter' (adulterant); It's coke being cut with fentanyl, not fentanyl being cut with coke; Fentanyl is cutting everything else."*

Many consumers discussed that fentanyl is cut with many things, particularly the same adulterants that are found in heroin. They said: *"*[Fentanyl is] *being cut with the same stuff as heroin; Probably just the same stuff I imagine that you would cut heroin with ... sugar because it melts down on foil …* [so you can] *inject it; You can cut fentanyl with anything that's white and powdery. You can break up a Tylenol® and throw it in with the fentanyl … any white powdery substance; Anything you can buy at the pharmacy that crushes up and turns into powder. It doesn't matter what color. It doesn't matter what it tastes like … if it's water soluble, we're good."*

Consumers discussed adulterants that affect the quality of fentanyl and reported that the top cutting agents for the drug remain heroin and powdered sugar. One consumer remarked, *"Powdered sugar gives it that sweet taste."* Additional fentanyl cuts specifically mentioned included: albuterol, baby formula, baby laxatives, baking soda, brown sugar, caffeine pills, clonidine (sedative and antihypertension drug), cocaine, coffee, creatine, diphenhydramine (antihistamine), drywall, ethanol, fiber, flour, gabapentin, glucose, head shop cutting agents, laxatives, mannitol (diuretic), MDMA (methylenedioxymethamphetamine, ecstasy/"Molly"), methamphetamine, MSM (methylsulfonylmethane, a joint supplement), oral numbing agents, powdered creamer, powdered drink mixes, prescription opioids, rat poison, sedative-hypnotics (benzodiazepines), shoe polish, sleep aids, spray paint, sugar, and vitamins (B and B-12).

Street Names

Current street jargon includes many names for fentanyl. However, throughout OSAM regions, consumers continued to report that since users typically view fentanyl as interchangeable with heroin, many users refer to fentanyl as "heroin" or use street names for heroin in reference to fentanyl ("boy," "dog," and "white China"). Comments included: *"They call* [fentanyl] *'dog,' 'China,' 'chi' (same names as for heroin); 'Slow'* [is used] *for any opiate that's slowing you down."*

Consumers once again noted current street jargon as playing off the word "fentanyl" ("fet" and "fetty wop"). In addition, consumers noted a couple of street names specific to fentanyl-pressed pills. Reportedly, "supers" is a street name for fentanyl-pressed pills that often resemble Percocet®. A consumer in the Cleveland region explained, *"Most of the time when they call them* ['supers']*, they are cut with fentanyl and* [are] *super strong."* "Dirty 30s" is a reference for counterfeit Roxicodone® 30 mg (aka "perc 30s") that are typically pressed-fentanyl pills.

Current Street Names for Fentanyl	
Most Common	**boy, fetty, fetty wop**
Other	**chi, China, dog, dope, fet, H, man, nods, slow, white China, white death, wop**

Pricing

Current prices for fentanyl were reported by consumers with experience purchasing the drug. Reportedly, the most common quantity of purchase for fentanyl is a gram for $70-100; however, consumers in the Athens region reported that a gram can sell as high as $150-200. Throughout OSAM regions, 1/2 gram most often sells for $40-50 and 1/10 gram most often sells for $10-20. Consumers discussed: *"A lot of drug dealers don't like dealing with anything less than a half gram; A half a gram was my normal* [purchase amount for fentanyl]*…. I didn't always have the money for a gram. So, I would most often buy half a gram for about $40;* [Fentanyl pricing is] *about the same as heroin. Heroin might be a little more expensive…."* Overall, consumers indicated that the

price of fentanyl has generally remained the same during the past six months.

Route of Administration

The most common route of administration (ROA) for fentanyl remains intravenous injection (aka "shooting"). Consumers estimated that out of 10 fentanyl users, 5-10 would shoot, 0-3 would snort, and 0-2 would smoke the drug. Consumers commented: *"Most* [people who use fentanyl are intravenously] *injecting, some are snorting; There are enough that are snorting* [fentanyl]*, but most are shooting."* Consumers noted that some people who use fentanyl do not shoot because they are afraid of needles, or they are fearful of overdose. They explained: *"Some people try to stay away from the needle, so they would snort* [fentanyl]; *A lot of people don't care to shoot (intravenously inject fentanyl) … a lot are scared since it goes directly into the bloodstream…."*

Regarding smoking as an ROA for fentanyl, consumers shared: *"I know a lot of people who smoke* [fentanyl]; *Mostly smoke it on foil (aka 'freebase,' placing the drug on aluminum foil, heating/holding a flame under the foil, and inhaling the resulting vapors, usually through a glass straw)."* Lastly, consumers noted that since fentanyl is an adulterant of most drugs, ROA would be determined by the drug fentanyl is cut into. Comments included: *"*[Fentanyl] *can be done any way because it's in everything;* [Fentanyl] *is pressed* [into pill form resembling prescription pills]*, most people think they're getting 'percs' (Percocet®) and would snort it."*

Typical Use Profile

Throughout OSAM regions, consumers and community professionals continued to most often report that there was no profile for typical fentanyl use, with "anybody" and "anyone" commonly stated. Comments included: *"I don't think drugs discriminate anymore;* [Fentanyl use] *is widespread. I know teachers, lawyers … it's a lot of* [different] *people* [that use fentanyl]*; I know a 77-year old who does* [fentanyl] *right now; My daughter went to school with somebody who was 14 years old using heroin and fentanyl; Could be anyone; These drugs nowadays have the ability to reach people in poverty, people with money, just anybody."*

Descriptors of fentanyl use discussed included: low socio-economic status, white people, young people (aged 20 to 40 years), heroin/other drug use, and manual laborers. Respondents discussed: *"We deal with such a diverse population…. But here in southern Ohio, I would say* [people who use fentanyl are] *lower income,* [aged] *early 20s to 40s;* [People who use fentanyl are typically] *young, white, male, or female … twenties, thirties; Younger adults from a lower income family; Low income....* [And] *the pattern I've seen is they have started as traditional opiate users, started with* [prescribed] *Percocet®* [or Percocet® obtained illicitly], *or started with heroin, and for lack of better words, graduated to fentanyl; I think it's similar to heroin characteristics; Anyone that struggled with opioids….* [And] *even individuals using meth are getting fentanyl; As far as occupation, it would be … more of … that construction working field. It would be more of like a laborer* [who uses fentanyl]; [Fentanyl] *eliminates back pain … gives extra energy … you can work harder; Opiates are big in factories in general."*

Use Combinations

Many other substances are used in combination with fentanyl. However, consumers reported that fentanyl is most often used with crack/powdered cocaine, heroin, and methamphetamine. Consumers explained using fentanyl with cocaine, methamphetamine, and prescription stimulants to "speedball" (concurrent or consecutive stimulant and depressant highs), and to prevent overdose, and when experiencing opioid withdrawal symptoms. Consumers said: "[Methamphetamine and cocaine combined with fentanyl] *give you a speedball which is being awake but being displaced* [at the same time]*; They're using the methamphetamine to kind of counteract the effects that the fetty has; Meth keeps you up and fetty brings you down … you get this level state;* [Methamphetamine use with fentanyl] *is going to keep them up and keep them alive (prevent*

overdose); I was doing heroin, and I started not feeling right, then I started doing … 'ice' (crystal methamphetamine) to bring me back out of it (counter the effects of opioid overdose); I have smoked crack with [fentanyl] *before because I didn't want to* [experience opioid] *withdrawal* [symptoms]*."*

Fentanyl is used with alcohol, heroin, marijuana, and sedative-hypnotics (benzodiazepines) for the potentiating effect of the drugs combined (aka "doubling the down"), and/or to alleviate opioid withdrawal symptoms. Consumers shared: "[Use fentanyl] *with heroin to make heroin stronger; You have people who like to drink* [alcohol] *on* [fentanyl]. *Some people smoke 'weed' (marijuana) on* [fentanyl] *because it doubles the down; I would also mix fentanyl with 'benzos' (benzodiazepines) to intensify the down effect depending on what mood I was in; You usually have* [marijuana] *so when you start to come down from … a heroin (fentanyl) high … you smoke a 'blunt' (marijuana-filled cigar), so you don't have to be sober or feel like you are withdrawing…."*

Reportedly, prescription opioids and buprenorphine too are often used following fentanyl use to alleviate opioid withdrawal symptoms. A consumer remarked, *"When you're sick (aka 'dope sick,' experiencing opioid withdrawal symptoms) and you can't get any more* [fentanyl], *you can get Suboxone® (buprenorphine)* [to alleviate experiencing opioid withdrawal symptoms]." Lastly, since fentanyl is adulterated into most other drugs, many consumers noted that fentanyl is used in combination with most drugs, with one consumer stating, *"They put* [fentanyl] *in everything."*

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

Prescription Opioids

Prescription opioids for illicit use remain low or moderate in availability throughout OSAM regions. Respondents continued to describe prescription opioids as difficult to obtain from doctors due to prescribing restrictions and monitoring. Consumers discussed: *"The doctors cracked down on writing the 'scripts' (prescriptions for opioids); Nowadays everybody is 'red-flagged' (patient medical record is flagged to restrict opioid prescriptions), and doctors don't really 'give pain pills out' (prescribe opioids)."* An Akron-Canton treatment provider noted that prescribing guidelines have limited the volume of prescription opioids available for diversion, saying, *"Doctors are no longer prescribing* [opioids] *so freely, that cut down the supply chain* [for illicit use]*."*

Consumers described obtaining prescription opioids through people with prescriptions. They said: "*If you know someone who gets* [opioids] *prescribed … you could get it; Anyone who does get* [opioids prescribed] *sells them; You got to know someone who has scripts, lifetime scripts for* [chronic pain issues], *because if you don't know somebody that's got a script …* [prescription opioids are] *hard to find, unless you break a bone in your body."* A member of law enforcement described people stealing prescription opioids from older people with prescriptions and healthcare facilities, commenting, *"Kids, grandkids,* [steal prescription opioids] … *grandma is coming in* [to the police station] *and reporting that their granddaughter or grandson* [stole their prescription opioids] … *or health facilities call in* [and report theft of opioids] … *when they do their counts* [of prescription opioids] *and they are off like 100* [pills]*."*

In addition to drug dealers and from people with prescriptions, other sources for illicit opioids mentioned included: online pharmacies, the "dark web" (websites operated by criminal enterprises), pain clinics, and emergency rooms. Regarding Internet purchases of prescription opioids, law enforcement shared: *"We just recently had a case where they ordered* [prescription opioids] *on the*

web … just the basic Internet, and they were getting it shipped to them; [Prescription opioids are] *widely available on dark net markets."*

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

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

Throughout OSAM regions, respondents discussed high prevalence of counterfeit pressed pills, often containing fentanyl and/or other synthetic opioids. A Dayton treatment provider shared, *"There are these 'Frankenstein' (counterfeit) pills that are becoming a problem … they're pressed pills with nitazines (a group of dangerous synthetic opioids that can be up to 40 times more potent than fentanyl) … they look like Percocet®."* A member of law enforcement added, *"Now we test all of these* [seized opioids in the laboratory] *… because* [previously] *if it was stamped (imprinted with pharmaceutical markings) … we assumed it was* [legitimate]*…. We don't do that anymore (assume imprinted pills are legitimate)."* Consumers stated: *"A lot of* [prescription opioids] *are more pressed* [fentanyl] *nowadays and* [dealers] *try to pass them off as real ones … it gets people hooked (addicted to opioids) a lot faster; People are making their own pills (counterfeit prescription opioids) now. They have stamps that look exactly like the* [legitimate] *pills."*

In all OSAM regions, except for the Cleveland region where decreased availability was reported, respondents reported that the availability of prescription opioids for illicit use has remained the same during the past six months. Respondents cited prescribing regulations as the primary reason for the limited supply of illicit prescription opioids. Consumers shared: *"You can't really 'doctor shop' (go to several doctors to try to obtain prescriptions for opioids) anymore. The government has been controlling it so much; This Ohio Automated R_x Reporting System (OARRS) says it has reduced opioid prescriptions by 40%, I'd say it's more like 80%."* And when opioids are prescribed, fewer pills are supplied, a treatment provider in the Cleveland region stated, *"Where you used to get 150 pills* [prescribed]*,* [now] *you are only getting 12, and … the healthcare system is now better at monitoring* [prescribed opioids]*."* A member of law enforcement in the Akron-Canton region highlighted recent lawsuits against prescription opioid manufacturers and distributors, commenting, *"With the lawsuits against the pharmaceutical companies … I don't think we are seeing as many* [opioids] *prescribed."*

Respondents reported that when prescription opioids are available for illicit use, they are expensive and sell quickly, prompting consumers to turn to cheaper, more potent drugs that are easier to obtain. Consumers shared: "*Real ones (legitimate prescription opioids) are near impossible* [to find so] *the price is going through the roof. They're so hard to deal … hard to keep them in stock. You* [can] *just go get some 'fetty' (fentanyl) easily*; [Prescription opioids] *are getting*

harder to find because heroin and fentanyl took over … and unless you are in the beginning stages of addiction, no one wants to mess with pills (prescription opioids).” A Toledo treatment provider shared, *“If you’re addicted,* [prescription opioids are] *not enough. So why screw around with it? Fentanyl is so cheap.”*

Throughout OSAM regions, respondents reported Percocet® as the most available prescription opioid in terms of widespread illicit use. In Akron-Canton and Athens regions, respondents also indicated OxyContin® as most available. Respondents shared: “*Percocet® …* [is most available] *… because that is what is being prescribed* [and diverted]*; Percocet® are the ones that are most common; I would say that Percocet®, OxyContin® … are pretty available; We have … OxyContin®, Percocet® … we see those quite frequently; OxyContin® is pretty common.”* A member of law enforcement stated, *“On the street … the most prevalent thing we see with prescription drugs is probably Percocet® or* [counterfeit] *pills that have been stamped ‘Percocet®’ that are actually turning out to be fentanyl or something different.”* Although less common, other prescription opioids for illicit use were mentioned as available. Regarding tramadol, treatment providers in Akron-Canton and Cincinnati regions discussed: *“Tramadol … that one sticks out to me. I've … heard that one a little bit more recently; I feel like there has been an increase in abuse of tramadol, but that’s because doctors aren’t prescribing the higher-level opiates anymore.”*

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

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

Ohio Bureau of Criminal Investigation (BCI) crime labs reported incidence data for each of the most available prescription opioids identified by OSAM respondents. In addition to the drugs presented in the table, BCI labs reported that the incidence of morphine cases they process has remained the same during the reporting period for the Cincinnati region, and the number of cases remains low. BCI labs reported processing very few cases of morphine for all other OSAM regions.

In addition to BCI reporting, other crime labs in Cleveland and Dayton regions submitted prescription opioid incidence data. Cuyahoga County Regional Forensic Science Lab (Cleveland region) reported that the incidence of oxycodone cases it processes has decreased during the reporting period, while the incidence of tramadol cases has increased, and it processed very few cases of hydrocodone. Lake County Crime Lab (also Cleveland region) reported that the incidence of tramadol cases it processes has decreased during the reporting period, and it pointed out that the tramadol cases are powdered tramadol identified in opioid powder and residue cases. This lab reported processing very few cases of oxycodone, and did not process any cases of hydrocodone, while it also reported processing counterfeit tablets that contain fentanyl and fentanyl analogues. Miami Valley Regional Crime Lab (Dayton region) reported that the incidence of oxycodone and hydrocodone cases it processes has increased during the reporting period, while the incidence of tramadol cases has decreased.

Other data sources indicated prescription opioids as available for illicit use throughout OSAM regions. Fairfield County Municipal Court (Columbus region) reported that, of the 2,977 positive adult drug specimens it recorded during the past six months, 7.0% was positive for oxycodone. Millennium Health reported that during the past six months, 4.4% of 136,515 urinalysis specimens tested for oxycodone/oxymorphone was positive, and 6.8% of 120,785 urinalysis specimens tested for morphine, codeine, hydromorphone, and hydrocodone was positive.

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 20.0%, 8.8%, 8.3%, 6.6%, and 15.6%, respectively, of all drug-related deaths they recorded this reporting period (10, 329, 241, 500, and 45 deaths) involved prescription opioids. GPRA (Government Performance and Results Act) data collected from 7,005 persons entering publicly funded SUD treatment programs during the past six months found 5.4% reported illicit prescription opioid use 30 days prior to intake.

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

Region	% Yes	Total N
Akron-Canton	8.7%	492
Athens	8.3%	871
Cincinnati	4.4%	1,757
Cleveland	5.9%	1,700
Columbus	4.2%	912
Dayton	5.4%	428
Toledo	3.9%	513
Youngstown	1.5%	332
Total	5.4%	7,005

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	8.7%	9,693	16.9%	7,253
Athens	3.4%	8,710	3.9%	7,581
Cincinnati	2.7%	9,170	2.9%	7,778
Cleveland	3.9%	20,645	6.4%	17,936
Columbus	7.0%	37,131	7.4%	34,154
Dayton	1.0%	4,113	2.6%	3,781
Toledo	1.9%	30,467	4.4%	26,588
Youngstown	3.5%	16,586	9.4%	15,714
Total	4.4%	136,515	6.8%	120,785

Street Names

Current street jargon includes many names for prescription opioids. Consumers reported that street names generally reference a drug's brand name ("perks" for Percocet®), or they are a shortened form of the brand name ("vic" for Vicodin®). Comments included: *"Every* [street] *name is just a shorter*

version of the original (brand) name; 'Perks' … 'vic,' people are just lazy. They shorten [names to make them easier to say]*."*

Reportedly, street names also reference the pill's color or milligram strength, the number imprinted on the tablet. For instance, Percocet® 2.5 mg, which is pink in color, is referred to as "pinks;" Percocet® 5 mg, which is blue in color, is referred to as "blueberries" or by its milligram strength, "P5;" Percocet® 10 mg, which is yellow in color, is referred to as "school buses" or "10s."

Current Street Names for Prescription Opioids

General	**beans, biscuits, chiclets, painers, pills, Skittles®, Tic Tac®**
Lortab®	**tab**
Opana®	**OPs, pan**
OxyContin®	**OCs, OPs, oxy/oxy's**
Percocet®	***General:*** **Ps, percs/perks, percolators, perky murky** ***2.5 milligrams:*** **pinks** ***5 milligrams:*** **blues, blueberries, P5** ***10 milligrams:*** **10s, school buses**
Roxicodone®	**30s, perc 30, Roxy/roxies**
Vicodin®	**Vs, vic/vics, Victor, vikes**

Pricing

Current street prices for prescription opioids were reported by consumers with experience buying the drugs. Throughout OSAM regions, OxyContin® sells for $1-2 per milligram; Percocet® 5 mg most often sells for $8-10 and Percocet® 10 mg most often sells for $15-25; Roxicodone® 30 mg most often sells for $40-60; Vicodin® 5 mg most often sells for $5-10 and Vicodin® 10 mg most often sells for $8-15. Consumers described current street pricing for prescription opioids as, *"way too much,"* while acknowledging low availability of legitimate prescription opioids. Consumers shared: *"When 'percs' (Percocet®) were real (legitimate), it was crazy expensive. People who did that drug felt safe and they weren't ready to switch to heroin, so they were paying crazy prices; It's cheaper just to buy fentanyl or heroin."* An Akron-Canton consumer shared that prescription opioids purchased on the streets are less expensive when purchased in large quantities, remarking, *"The more* [prescription opioids] *you buy, the cheaper they are."* Consumers also described prescription opioids as less expensive when purchased in cities compared to rural areas. A Cincinnati consumer stated, *"Some* [prescription opioids sold on the streets] *are more* [expensive] *depending on the* [geographic] *area."*

Consumers reported that the price of prescription opioids has remained the same or increased during the past six months. Consumers in Cleveland, Columbus, and Toledo regions indicated that the price of prescription opioids has increased, while consumers in Akron-Canton and Cincinnati regions reported no change. Consumers in Athens and Dayton regions did not come to a consensus on whether prices have increased or remained the same. Consumers explained that the primary reason for increased pricing is limited supply. They said: *"It's a lot harder to find and get* [prescription opioids]*, so the price has gone up; If they do have real pills, they are going to charge an arm and a leg for them."*

Route of Administration

The most common routes of administration (ROA) for illicit use of prescription opioids remain snorting followed by oral consumption. Overall, consumers estimated that out of 10 illicit prescription opioid users, 5-10 would snort and the remainder would orally consume the drugs. They discussed: *"Almost everyone I know that does pills (illicitly uses prescription opioids), snorts them. So, 10* [out of 10] *would be snorting; Pop (swallow) them or snort them … probably half and half; Yeah, half and half. Half eat, half snort; Eight of them snort it, and two swallow. I didn't really see a lot of people who smoke."*

In addition to snorting and oral consumption, intravenous injection (aka "shooting") and smoking, while reportedly uncommon, were also

discussed as ROAs for illicit prescription opioid use. Consumers commented: *"I think there's a lot more people out there that shoot (intravenously inject opioids); There is still a stigma when it comes to using needles* [so many hide that they intravenously inject opioids]*."* In addition, a consumer in the Cleveland region explained, *"It takes a lot of work to shoot (intravenously inject opioids)."* Smoking was mentioned as an ROA in Akron-Canton, Cleveland, Columbus, and Youngstown regions. Consumers in these regions described smoking prescription opioids, saying: *"I've seen people smoke pills … you get foil, burn it down, and* [inhale]*; Most people will snort or eat* [prescription opioids] *… I am the only one I ever knew who smoked them."*

Typical Use Profile

A profile of typical illicit prescription opioid use did not emerge from the data. A member of law enforcement described the broad profile of illicit prescription opioid use, stating, *"I would say* [illicit prescription opioid use is] *everybody from 18 years old to elderly…. I don't think there is discrimination on that. I think it's anybody and everybody."* However, respondents described people with a history of injury, chronic pain, and people who work physically demanding jobs as more likely to illicitly use prescription opioids. They shared: *"Someone who got* [prescribed opioids] *for a legitimate reason and started using them more and more; Anyone who suffers from chronic pain; A lot of times* [people are prescribed opioids and] *get addicted … they get cut off from their doctor, and then they try to buy them on the street; Same* [use profile as] *heroin … people who do physical labor; I know a lot of construction workers* [who illicitly use prescription opioids]*."*

Other common descriptors of illicit prescription opioid use included: people of high socio-economic status (SES) due to the prohibitive cost of illicit prescription opioids, as well as young people and older people (seniors) due to ease of access to prescription opioids for these groups. Respondents discussed: "*Rich people.* [Prescription opioids] *are so expensive;* [People of high SES] *can call their doctors and get* [opioid] *prescriptions …* [they] *don't have to necessarily buy them on the street, and if they do, they can afford them;* [Illicit prescription opioids] *affect the younger* [people] *15 to 18* [years of age] *because they live at home* [and have access to family medicine cabinets]; *A lot of kids are starting to use prescription medication.* [Illicit prescription opioid use] *is very common among college students; The doctors and I (treatment provider) are thinking, purposely* [some seniors are getting hurt to] *get* [opioids prescribed]*; More older people are* [illicitly] *getting* [opioids] *from people they know, not doctors."*

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, 54.4% was male, 61.5% was under the age of 40 years, and 81.4% indicated white as their race.

GPRA Demographic Data of All Intake Clients Who Used Rx Opioids Illicitly during the Past 30 Days (N = 379)[1]

Male	**54.4%**
Female	**43.8%**
18 - 29	**25.1%**
30 - 39	**36.4%**
40 - 49	**20.1%**
50 - 59	**13.7%**
60 +	**2.4%**
White	**81.4%**
African American	**20.0%**
Other race[2]	**4.9%**
Hispanic/Latino ethnicity	**3.7%**

[1]Gender total does not equal 100.0% due to seven individuals reporting as transgender, non-binary, or another gender not specified. Age total does not equal 100.0% due to nine individuals under 18 years of age. Total percentage for race category is greater than 100.0% due to some individuals indicating more than one race. [2]Other race included: Alaska Native, American Indian, Asian, and Native Hawaiian.

Use Combinations

Many other substances are used in combination with prescription opioids. Consumers reported that prescription opioids are most often used in combination with alcohol, marijuana, and sedative-hypnotics for the potentiating effect, or "boost," these drugs produce when used in tandem with opioids (aka "double the down"). Moreover, these depressant drugs are also commonly used to alleviate opioid withdrawal symptoms after prescription opioid misuse. Consumers commented: *"A lot of people that do swallow their pills do so with a shot of alcohol because it intensifies the effect; Xanax® would be your downer to go with the Percocet®, so you don't get 'sick' (experience opioid withdrawal symptoms), well you don't wake up sick;* [Marijuana with opioid use] *just balances you."*

Reportedly, stimulant drugs, like crack/powdered cocaine and methamphetamine, are used with prescription opioids to "speedball" (concurrent or consecutive stimulant and depressant highs) or to counteract the depressant effect of opioids. Consumers said: *"Speedballs are really common ... it's a totally different high than anything else; If you are too slowed down* [from opioid use] *and you need to speed up* [use cocaine/methamphetamine]; [Speedball] *gives you a better feeling."*

Substances Used in Combination with Prescription Opioids	
Most Common	**alcohol, marijuana, sedative-hypnotics**
Other	**crack/powdered cocaine, heroin/fentanyl, MDMA, methamphetamine, prescription stimulants**

Buprenorphine

Buprenorphine remains highly available for illicit use throughout OSAM regions. Respondents continued to report that buprenorphine is used in the absence of heroin/fentanyl to help alleviate opioid withdrawal symptoms. Treatment providers discussed: *"I don't think that* [buprenorphine] *is a drug that is socially used. It's not getting someone high. I think that it's … for being 'sick' (alleviating opioid withdrawal symptoms). It's to keep you stable; I have a lot of clients that have admitted to buying* [buprenorphine] *off the streets, either before they're prescribed through* [a treatment program]*, or if there was a gap in prescription because they missed an appointment or something."* Consumers explained: *"I would buy* [buprenorphine] *a couple of days into being sick because one, I didn't want to go through withdrawal, and two, I didn't have enough money to buy a full dose of heroin; I used* [buprenorphine] *when I couldn't get 'percs' (Percocet®) and it would hold me over…."*

Respondents continued to report buprenorphine as readily prescribed and sold or traded to obtain one's drug of choice, most often heroin/fentanyl. They said: *"A lot of people are prescribed Suboxone® (buprenorphine) now. However, what this does is increase the availability of Suboxone® on the street; A lot of people who are prescribed Suboxone® sell it in exchange for 'dope' (heroin) money; Instead of maybe robbing their family or friends for money, they are just dealing* [buprenorphine]*, using it to deal with withdrawals … but also dealing it and diverting it … to get the resources to get their primary drug of choice."*

Some respondents discussed concern over what they perceived to be an increase in buprenorphine prescribing without increased monitoring. A treatment provider stated, *"*[Buprenorphine] *is so over prescribed…. I know it's supposed to be a drug that is helping people, but what's happening is that people are selling it."* Consumers added: *"I'm not against the MAT (medication-assisted treatment) program, but if people are going to have a prescription like that, there needs to be some follow through and accountability…. The MAT program just needs improvement; I had to argue to get a reasonably low dose* [of buprenorphine]*.* [Treatment providers/prescribers] *were like gung-ho to put me on 16* [milligrams] *… eight milligrams should be good."*

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

Some respondents reported that consumers purchase buprenorphine on the streets to circumvent the process of obtaining it from a treatment provider or because they have difficulty obtaining a prescription. A consumer in the Cincinnati region commented, *"People who* [purchase buprenorphine on the streets] *don't want to go through the process* [and treatment requirements] *to get* [buprenorphine] *legally."* A member of law enforcement in Cleveland shared, *"It's illegal to sell Suboxone®, but sometimes it's hard to get the Suboxone® 'scripts' (prescriptions)* [due to cost/no insurance]*, so the people selling Suboxone® … are selling them to people trying to get themselves off of heroin, so they don't die."*

In addition to obtaining buprenorphine for illicit use through doctor prescriptions, drug dealers, and people diverting their prescribed doses, consumers discussed clinics and online pharmacies as other sources for the drug. A Toledo consumer explained the ease of obtaining a prescription for buprenorphine from a "Suboxone® clinic," sharing, *"If I take a Percocet®* [or any opioid] *and go to any clinic in Toledo and test positive for* [opioids], *I can get a* [buprenorphine] *prescription* [and trade buprenorphine to dealers for heroin/fentanyl]*…. You have to pay for an office call though, which is $110."* A treatment provider in the Youngstown region noted social media as a tool to advertise the illicit sale of buprenorphine, stating, *"If you type* [Subutex®] *on Facebook, you see people selling it all the time…."*

Respondents throughout OSAM regions reported the Suboxone® sublingual filmstrip form (aka "strips") as the most available type of buprenorphine for illicit use and preferred over the pill form. The filmstrip form is reportedly popular because it can be cut into portions, resulting in an amount desired to alleviate opioid withdrawal symptoms between heroin/fentanyl use. A treatment provider described this practice, remarking, *"People use strips to dose it out (cut filmstrips into smaller amounts)."* In addition, consumers reported that filmstrips are popular because they can be administered in a variety of ways. Comments included: *"*[Buprenorphine filmstrips are] *what most people want because … they put it in their eye (ocular absorption); A lot of people like to get strips to melt down and 'shoot up' (intravenously inject)."*

Law enforcement shared that buprenorphine filmstrips are the most convenient form of buprenorphine to conceal and distribute. They said: *"The strips are what we see the most. They are easy to conceal. You can hide it anywhere you want and it's harder to detect for patrol officers; It's easy to cut little pieces off* [of buprenorphine filmstrips] *and share with whoever. Rather than have a pill you can break up and lose some. It's just a cleaner easier way to distribute it."* In addition to buprenorphine filmstrips, buprenorphine pills are reportedly available on the streets. Consumers shared: *"The most common* [form of buprenorphine available on the streets] *is strips, but pills* [have become] *more available lately; I'm*

gonna say [buprenorphine] *pills* [are available on the streets] *because the people I know like to snort* [pills]*; I feel like the doctors are catching on that strips are more expensive* [when sold] *on the street … the three clinics I went to I couldn't get strips,* [but I could get buprenorphine pills]*. A lot of insurances aren't letting you get strips."* Some respondents also reported availability of illicit buprenorphine in jails and prisons. They discussed: *"When I was in jail, I'd see people break (portion out buprenorphine filmstrips) and put* [a piece] *in their eye; Suboxone® is pretty big, specifically with our jails because it's easy to sneak in … the strips* [are easy to conceal]*."*

Respondents continued to describe low current availability of Subutex® (buprenorphine only) for illicit use, as it is reportedly only prescribed to pregnant or breastfeeding women and people allergic to naloxone. Respondents commented: *"I know that the street value for Subutex® is a lot higher because it does not have the naloxone in it and it is able to be crushed, snorted, and shot (intravenously injected);* [Subutex® is] *rare because Subutex® is mainly for pregnant women or people that are allergic to the naloxone; You can tell* [prescribers] *you are allergic to naloxone* [and get Subutex®]*."*

Medication-Assisted Treatment (MAT)

Of the 329 consumers who responded to the survey question regarding current receipt of MAT, 30.7% reported currently receiving MAT. Of those 101 consumers who reported current receipt of MAT, the most common types of MAT reported were Suboxone® (buprenorphine/naloxone, 58.4%), Vivitrol® (naltrexone, an injectable form of MAT, 19.8%), and methadone (a long-acting full opioid agonist, 13.9%). A consumer spoke to the benefits of MAT programs, sharing, *"My family members and everyone I know manage priorities and live a better life since getting on* [buprenorphine] *and haven't even relapsed since getting on it."* Still, an Athens treatment provider said stigma remains around MAT, commenting, *"There's also a lot of stigma of people that are on* [buprenorphine]*."*

Throughout most OSAM regions, respondents reported that the availability of buprenorphine for illicit use has remained the same during the past six months, highly available. In the Youngstown region, treatment providers indicated that street availability of buprenorphine has increased, while consumers and law enforcement reported no change. Respondents who reported increased availability of buprenorphine for illicit use cited increased prescribing. Youngstown treatment providers commented: "[The availability of buprenorphine for illicit use increased] *because everyone is on the MAT program; The take home* [supply of prescribed buprenorphine] *is a big problem. There's no follow-up to monitor them."*

Ohio Bureau of Criminal Investigation (BCI) crime labs reported that the incidence of buprenorphine cases they process has increased during the reporting period for Akron-Canton, Dayton, and Youngstown regions, and 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 remained the same.

Pricing

Current street prices for buprenorphine were reported by consumers with experience buying the drug. Consumers indicated that both buprenorphine filmstrip and pill forms typically sell for $10-25 for an 8 mg dose. One consumer shared, *"My mom sells hers* [buprenorphine 8 mg pills] *for $20* [each]*."* Reportedly, Subutex® 8 mg pills sell for $25-40. In the Toledo region, buprenorphine filmstrips are reportedly less expensive in the city than in rural areas. The price of buprenorphine in prisons is reportedly high. Consumers in the Columbus region commented: *"*[Buprenorphine filmstrip sales in prisons] *are very lucrative;* [Buprenorphine filmstrips] *go for like 300 bucks in*

prison." Overall, consumers noted that the price of buprenorphine has remained the same during the past six months.

Street Names

Current street jargon includes several names for buprenorphine. Throughout OSAM regions, consumers continued to note "subs" as the most common general street name, and "strips" as the most common street name for the sublingual filmstrip form. The only reported street name for Subutex® was "text." Additional street names reference the color or shape of the pill form ("oranges" and "stop signs").

Current Street Names for Buprenorphine	
General	**box/boxes, boxins, bup, sandwiches, subs, subbies, subos, subway sandwiches**
Filmstrip	**strips**
Pill	**oranges, orange stop signs, stop signs**

Route of Administration

The most common routes of administration (ROA) for illicit use of buprenorphine remain oral consumption (sublingual) followed by snorting. Consumers discussed: *"Most people take* [buprenorphine] *normally (sublingually); A lot of people like to do the* [buprenorphine] *pills because they don't like the taste* [of buprenorphine filmstrips consumed sublingually] *and they can break them down and snort them; Put* [buprenorphine filmstrips] *in water and snort it. They call it a 'mudpuddle.'"* Consumers also discussed ocular absorption as an alternate ROA for filmstrips, dissolving in water and dropping in the eye like an eyedrop or placing a piece of the filmstrip on the eye like a contact lens. Consumers shared: *"They're just taking a tiny strip* [of buprenorphine] *and putting it in their eye;* [Ocular absorption of buprenorphine filmstrips is] *what everyone in prison does."*

Although reportedly an uncommon route of administration, consumers discussed intravenous injection (aka "shooting") of buprenorphine. They said: "*Some people like the strips because they can melt them down (dissolve in water) and shoot them up; Very uncommon, but occasionally people do shoot* [buprenorphine]*, but it* [is believed to] *make you very sick."* Subutex® is reportedly the most popular form of the drug to intravenously inject because it does not include naloxone. A consumer stated, *"Subutex® you would shoot because they don't have the blocker (naloxone)."*

Typical Use Profile

Consumers and community professionals continued to describe typical illicit buprenorphine use as associated with illicit opioid use. Reportedly, people who illicitly use opioids take buprenorphine to self-medicate or to alleviate opioid withdrawal symptoms when trying to quit opioid use or between heroin/fentanyl buys. Consumers commented: "*No one wants to stay with 'dope' (heroin) forever* [and buprenorphine helps them step down]*; If you do opiates, you'll do any opiate to make you not sick (to avoid experiencing opioid withdrawal symptoms)."* Law enforcement discussed that buprenorphine is used as a backup drug when a drug of choice cannot be obtained. Law enforcement officers observed: *"It seems like every narcotics user we have* [encountered] *also has Suboxone®. Because if they can't get their fentanyl or heroin or their 'meth' (methamphetamine), they* [carry] *Suboxone® as a backup … to get them through until they can get their next hit of whatever they're using;* [People who typically misuse buprenorphine are] *the same as heroin users."*

In addition, an Athens consumer shared that stigma can be a barrier to seeking MAT and can contribute to illicit buprenorphine use, stating, *"*[Typical illicit buprenorphine use is] *someone embarrassed to ask for help."* Illicit buprenorphine use is also reportedly common among people who are incarcerated or recently released from prison. Consumers discussed: *"People that are just getting out of prison* [illicitly use buprenorphine] *because that's what they abused in prison; Guys that are*

locked up in jail are on (illicitly use) Suboxone®; People who are about to get 'locked up' (incarcerated) and they want to bring the withdrawals down (detox, manage opioid withdrawal symptoms) before they get locked up."

Use Combinations

Consumers reported that other drugs are used in combination with buprenorphine, most commonly methamphetamine and sedative-hypnotics. Buprenorphine reportedly potentiates the effects of other drugs when used in combination. Consumers explained: *"*[Buprenorphine is used] *with methamphetamine to intensify the high; Buprenorphine effects different* [brain] *receptors, so you do not get the same exact euphoria. That's why you add amphetamines to it."* Clients reported mixing buprenorphine with methamphetamine and cocaine to "speedball" (concurrent or consecutive stimulant and depressant highs), with one consumer saying, *"People like the rollercoaster feeling* [produced by speedballing]*."*

Sedative-hypnotics are combined with buprenorphine to "double the down" (intensify the depressant effect). A consumer commented, *"Opiates and 'benzos' (benzodiazepines) go hand in hand."* Reportedly, benzodiazepines taken with buprenorphine mimics an opioid high. However, consumers cautioned against the combination of buprenorphine and sedative-hypnotics due to the risk of overdose and death. One consumer warned, *"It's really dangerous."* A consumer reported that marijuana is used in combination with buprenorphine for its calming effect when trying to manage opioid withdrawal symptoms, saying, *"I would mix* [buprenorphine use] *with marijuana, and it would keep me calm."*

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

Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, muscle relaxants, and nonbenzodiazepine sleep-inducing medications, aka "Z drugs," e.g., zolpidem/ Ambien®) are low or moderate in availability for illicit use throughout OSAM regions, except for the Toledo region where consumers most often reported high availability and community professionals reported low or moderate availability. However, consumers in the Toledo region indicated a high prevalence of non-pharmaceutical or designer benzodiazepines. They discussed: *"There's a ton of fakes (counterfeit pressed pills made to look like legitimate sedative-hypnotics). You can order them off the 'dark web' (websites operated by criminal enterprises). They are pressed in bars* [to resemble Xanax® 2 mg]; *When I was getting* [sedative-hypnotics] *off the black market, I was getting a 1,000 of them and I would get rid (sell all) of them in a day."*

Overall, respondents reported that sedative-hypnotics are available for illicit use with the right connection, primarily through doctor prescribing, diversion from people with prescriptions, and from dealers who act as intermediaries between consumers and people selling their prescriptions. Respondents described ease of obtaining a prescription for sedative-hypnotics. Comments included: "*You can go to a psychiatrist and say you have anxiety … and bam, you have Xanax®, Klonopin®, lorazepam (Ativan®), all of it; You can literally get a Xanax®* [prescription] *if you are going to fly…. It's pretty easy to get a prescription for Xanax® and a lot of those prescriptions get sold (diverted for illicit use)."* Respondents commented further on the prevalence of sedative-hypnotics diversion, saying: "[Sedative-hypnotics] *are routinely prescribed* [and] *they're routinely sold* [by dealers and people with prescriptions]*;* [Sedative-hypnotics can be purchased from a] *dealer who gets* [a prescription] *from their doctor."*

Respondents who reported low availability of sedative-hypnotics for illicit use described decreased prescribing. They said: *"People* [are] *complaining that they are not able to get* [sedative-

hypnotics] *because doctors* [are] *not prescribing them anymore;* [Sedative-hypnotics are] *still a relatively popular drug, but it's harder to get because doctors aren't prescribing it as they used to. I still know people using it and actively using it, but it's not an everyday find."* Legitimate sedative-hypnotics are reportedly not regularly available on the street. Respondents shared: *"I either had to steal a prescription* [for sedative-hypnotics] *or a buddy had to sell me his prescription … I never could find it on the street; Anything is easy to get if you know a guy (have a connection), but it's not like* [sedative-hypnotics are] *on every street corner; Are you gonna get* [sedative-hypnotics] *on any street corner? No. But if you know somebody who knows somebody* [who is prescribed sedative-hypnotics]*, then, yes* [you can get them]*."*

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	Moderate	No Change	Klonopin®, Xanax®
Cincinnati	Moderate	No Change	Klonopin®, Xanax®
Cleveland	Moderate	No Change	Xanax®
Columbus	Low	No Change	Xanax®
Dayton	Low	No Change	Xanax®
Toledo	No Consensus	No Change	Xanax®
Youngstown	Moderate	No Change	Xanax®

Consumers reported obtaining sedative-hypnotics for illicit use through Internet purchase. They said: *"I know a lot of people who get* [sedative-hypnotics] *online … or … the dealer is probably getting them online; You can order* [sedative-hypnotics] *off the dark web; You can get* [sedative-hypnotics] *on websites … put in your credit card…. You can use Bitcoin, too … crypto* [currency]*."*

In addition to the Toledo region, respondents throughout OSAM regions reported availability of counterfeit sedative-hypnotics. Comments included: *"You can't really find Xanax® anymore that's really Xanax®. It's made with fentanyl; Half of* [sedatives-hypnotics] *are fake. The availability* [of legitimate sedative-hypnotics] *has been decreasing as more people want to keep their own prescriptions now* [for personal use]*; I know people that have died from doing Xanax® that was pressed with fentanyl; Most* [sedative-hypnotics] *are pressed with fentanyl … and are way stronger than regular ones … they are pretty easy to get."*

Universally, Xanax® remains the most available sedative-hypnotic for illicit use. In Athens and Cincinnati regions, Klonopin® was also indicated as highly available. Xanax® and Klonopin® are reportedly commonly prescribed and popular for their potency. Consumers shared: *"Xanax® is the most potent 'benzo' (benzodiazepine)…. If someone is selling any benzo, it's going to be Xanax®; Klonopin® and Xanax®* [are the most sought-after sedative-hypnotics for illicit use] *… because they are the strongest benzos you can get; Klonopin® lasts a little bit longer, but it's not as strong as Xanax®."*

Throughout OSAM regions, respondents reported that the availability of sedative-hypnotics for illicit use has remained the same during the past six months. 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 to 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	Decrease	No Change
Athens	No Change	Increase
Cincinnati	No Change	Increase
Cleveland	Increase	No Change
Columbus	Increase	No Change
Dayton	No Change	No Change
Toledo	Increase	Few Cases[1]
Youngstown	No Change	Increase

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

In terms of designer benzodiazepines (non-FDA approved synthetic, novel, or novel psychoactive substances that are often structurally like FDA approved benzodiazepines), BCI labs reported processing 543 cases of designer benzodiazepines from throughout OSAM regions during the reporting period; of which, 27.6% was from the Columbus region and 16.6% was from the Dayton region. In the Cleveland region, Lake County Crime Lab reported processing 11 cases of designer benzodiazepines during the reporting period, many of which were in counterfeit Xanax® tablets, while Cuyahoga County Regional Forensic Science Lab reported processing 79 cases of designer benzodiazepines. Miami Valley Regional Crime Lab (Dayton region) reported processing 125 cases of designer benzodiazepines during the reporting period. Crime labs collectively reported processing the following designer benzodiazepines: bromazolam, clonazolam, diclazepam, etizolam, flualprazolam, flubromazepam, and flubromazolam.

Other data sources indicated sedative-hypnotics as available for illicit use throughout OSAM regions. Fairfield County Municipal Court (Columbus region) reported that, of the 2,977 positive adult drug specimens it recorded during the past six months, 6.3% was positive for benzodiazepines. Millennium Health reported that 9.8% of 116,423 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	13.0%	7,064
Athens	9.5%	6,925
Cincinnati	12.3%	7,764
Cleveland	8.1%	15,025
Columbus	12.1%	34,087
Dayton	8.1%	3,664
Toledo	7.1%	26,260
Youngstown	8.4%	15,634
Total	9.8%	116,423

Coroner and medical examiner offices in the counties of Cuyahoga (Cleveland region), Hamilton (Cincinnati region), Montgomery (Dayton region), and Scioto (Cincinnati region) reported that 16.4%, 10.8%, 4.2%, and 4.4%, respectively, of all drug-related deaths they recorded during this reporting period (329, 241, 500, and 45 deaths) involved one or more benzodiazepine or other sedative-hypnotic. These same coroner and medical examiner offices reported that 87.0%, 88.5%, 57.1%, and 50.0%, respectively, of all sedative-hypnotics related deaths they recorded this reporting period (54, 26, 21, and 2 deaths) also involved fentanyl. Athens County Coroner's Office (Athens region) did not find benzodiazepines or other sedative-hypnotics present in any of the 10 drug-related deaths it recorded for the reporting period. GPRA (Government Performance and Results Act) data collected from 7,005 persons entering publicly funded SUD treatment programs during the past six months found 5.7% reported illicit sedative-hypnotic use 30 days prior to intake, including benzodiazepines and/or other sedatives/tranquilizers.

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

Region	% Yes	Total N
Akron-Canton	6.7%	492
Athens	8.0%	871
Cincinnati	5.2%	1,757
Cleveland	7.9%	1,700
Columbus	3.7%	912
Dayton	4.9%	428
Toledo	2.7%	513
Youngstown	1.2%	332
Total	5.7%	7,005

Street Names

Current street jargon includes many names for sedative-hypnotics. The most common general street name remains the shortened version of the drug classification of benzodiazepines, "benzos." The most common street names of specific benzodiazepines reference a drug's brand name ("xannies" for Xanax® and "klonnies" for Klonopin®). Additionally, street names for Xanax® often reference the color and/or shape of the different milligram pills. A Cleveland consumer explained, *"They have these green Xanax® bars (2 mg tablets) and a lot of people call them, 'Incredible Hulks.'"*

Current Street Names for Sedative-Hypnotics

General	**bennies, benzos, downers, nervies, panty droppers, Skittles®, sleepers**
Xanax®	***General:*** **xannies, xans** ***0.5 milligram:*** **peaches** ***1 milligram:*** **blues, footballs** ***2 milligrams:*** **bars/xannie bars, greens, green monsters, hulks, incredible hulks, ladders, school buses**
Klonopin®	**klonnies, K-pins/pins**

Pricing

Current street prices for sedative-hypnotics were reported by consumers with experience purchasing the drugs. Throughout OSAM regions, Xanax® 1 mg most often sells for $5 and Xanax® 2 mg sells for $8-12 but can sell as high as $15-16 in Athens and Cincinnati regions. Klonopin® generally sells for $2-3 per milligram; Valium® typically sells for $0.50-1 per milligram. Describing the price difference between Valium® and Xanax®, one consumer stated, *"If Valium® is beer, Xanax® is champagne."* Other consumers shared: *"*[The price of sedative-hypnotics] *depends on the milligrams and depends on how bad you want that … because the person selling it might have numerous people wanting that, but if you're going to pay more, then you can get it; If* [the availability of sedative-hypnotics is] *low, the prices go up."*

Consumers in most regions reported that the street price for sedative-hypnotics has remained the same during the past six months, while participants in Akron-Canton and Youngstown regions indicated increased pricing. Consumers who reported increased pricing described decreased supply of sedative-hypnotics due to prescribing restrictions. They said: *"Doctors are prescribing* [sedatives-hypnotics] *less; The price is probably going up, because it's becoming harder to find; People want to keep their* [prescribed sedative-hypnotics] *(contributing to decreased diversion)."*

Route of Administration

The most common routes of administration (ROA) for illicit use of sedative-hypnotics remain oral consumption followed by snorting. Consumers throughout most OSAM regions estimated that out of 10 illicit sedative-hypnotic users, 5-10 would orally consume and 0-5 would snort the drugs. However, consumers in Columbus and Toledo regions reported snorting as more common than orally consuming for illicit use of sedative-hypnotics. A consumer reported that snorting is a popular ROA for people seeking an immediate effect, stating, *"You might have one person snorting them because they think it will hit them faster."* Regarding oral consumption of sedative-hypnotics for illicit use, consumers shared: *"People … that have been on* [sedative-hypnotics] *longer need more* [to achieve the same effect]*, so you are going to be eating them instead of snorting them, or both; Klonopin®, everyone I know puts them under their tongue, it tastes like mint."*

Typical Use Profile

Respondents most often described typical illicit sedative-hypnotic use as among young people (high school/college-aged) up to 40 years of age and associated with other substance use, particularly opioids and methamphetamine. Regarding illicit sedative-hypnotic use among young people, law enforcement and treatment providers said: *"Younger people, like from 15 to 25* [years of age]*, maybe 30.* [Sedative-hypnotics are] *popular … they promote it in music, they promote it on TV like, 'Oh, just do a 'xannie' (Xanax®)….' They don't know the dangers of using though;* [Sedative-hypnotics] *seem to be popular with college-aged kids again. They are using it as a party drug versus what it is intended for; The individuals that are … taking Xanax® that's actually containing fentanyl … would be more in your suburban areas, younger kids, high school kids, college kids, that are running to take something to bring them down…. They don't want to take up the harder drugs (heroin/fentanyl) … so they'll go pop a Xanax® and it's actually got fentanyl."*

Reportedly, sedative-hypnotics are illicitly used to "come down" from the stimulant high of methamphetamine. Respondents stated: *"Someone who has done 'meth' (methamphetamine) all day and wants to sleep* [would use sedative-hypnotics]*; With Xanax®, we do hear it more from users of methamphetamine … they use it to come down;* [Sedative-hypnotics are] *great 'landing gear' (substance used to come down from a stimulant high)* [following methamphetamine use]*."* An Akron-Canton treatment provider described illicit sedative-hypnotic use among people experiencing opioid withdrawal symptoms, sharing, *"Some people are also using* [sedative-hypnotics] *to help deal with … some of the withdrawal symptoms if they can't get their opiates."*

Other common descriptors of illicit sedative-hypnotic use included: white people, women, and people self-medicating to ease anxiety. Regarding illicit sedative-hypnotic use to alleviate anxiety, treatment providers discussed: *"People who were prescribed* [sedative-hypnotics] *heavily at one point in time, or were able to get them in hospitals, or they were on severe pain management* [typically use sedative-hypnotics illicitly]*; I would say a majority of people that I know that use* [sedative-hypnotics] *are using it to combat anxiety … it's kind of a self-medication situation."* Respondents also described illicit sedative-hypnotic use among women and white people. They said: *"I think of 'mother's little helper.' The mother that has a bunch of little kids and is stressed out all the time; I know a lot of* [women] *that are on the Klonopin® and the Xanax® for anxiety and stuff; You see a lot more women* [who use sedative-hypnotics illicitly]*,*

but there are guys that [illicitly use sedative-hypnotics] *… they don't report it to us (treatment providers) though; More* [illicit use] *among* [the] *white population."*

Analysis of GPRA demographic data of all intake clients that indicated illicit sedative-hypnotic use during the past 30 days found that, of those who endorsed illicit sedative-hypnotic use, 50.9% was male, 70.0% was under the age of 40 years, and 93.2% indicated white as their race.

GPRA Demographic Data of All Intake Clients Who Used Sedative-Hypnotics Illicitly during the Past 30 Days (N = 402)[1]	
Male	**50.9%**
Female	**46.6%**
18 - 29	**27.4%**
30 - 39	**42.5%**
40 - 49	**19.9%**
50 - 59	**6.0%**
60 +	**1.7%**
White	**93.2%**
African American	**7.8%**
Other race[2]	**4.5%**
Hispanic/Latino ethnicity	**5.2%**

[1]Gender total does not equal 100.0% due to ten individuals reporting as transgender, non-binary, pangender, or another gender not specified. Age total does not equal 100.0% due to ten individuals under 18 years of age. Total percentage for race category is greater than 100.0% due to some individuals indicating more than one race. [2]Other race included: Alaska Native, American Indian, and Asian.

Use Combinations

Many other substances are used in combination with sedative-hypnotics. Consumers reported that sedative-hypnotics are most often used in combination with alcohol, followed by marijuana, and then methamphetamine. Sedative-hypnotics are reportedly used as a potentiator to intensify the effect of alcohol, heroin/fentanyl, marijuana, and prescription opioids. Comments regarding combined alcohol and sedative-hypnotic use included: *"If you … are high on Xanax® and have a few beers, the effects are crazy;* [Sedative-hypnotics] *make your alcohol buzz intensify by five; Because you drink like three beers, and you are gone. You get more drunk or high…."* Similarly, sedative-hypnotics intensify the effects of marijuana when the two drugs are used together. One consumer remarked, *"*[Sedative-hypnotics and marijuana are combined] *to get an extra relaxing feeling."* The combination of sedative-hypnotics and heroin/fentanyl was described by one consumer as, *"Dangerous, but a hell of a high."* Consumers also reported sedative hypnotic use after heroin/fentanyl use to avoid/alleviate experiencing opioid withdrawal symptoms.

Sedative-hypnotics are used with crack/powdered cocaine and methamphetamine to aid sleep and to "come down" after a stimulant high. Consumers explained: *"*[Sedative-hypnotics combined with methamphetamine] *levels you off; It's the same thing with the 'crack' (crack cocaine). It helps you come down."*

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

Marijuana

Marijuana, as well as marijuana extracts and concentrates, remain highly available throughout OSAM regions. Consumers and treatment providers discussed increasing societal acceptance and decreasing stigma for marijuana use generally as contributors to the high current availability of marijuana. Consumers shared: *"*[Smoking

marijuana] *is not a big deal anymore; No one cares. No one bats an eye; Recreational, legal, medicinal,* [marijuana use is] *just more accepted….”* Treatment providers throughout OSAM regions similarly reported: “*A lot of people don't even view* [marijuana] *as a drug. A lot of clients, when you ask them about* [marijuana]*, they'll say, ‘Well, that doesn't count* [as an illicit substance]*;’* [Marijuana] *is everywhere.* [Clients think] *it’s not a big deal* [to use marijuana]; *Society has made it okay* [to use marijuana]*.”* A treatment provider further discussed the close link between marijuana use and vaping, stating, “*I think* [vaping] *goes along with the cannabis…. The vaping* [of marijuana] *seemingly … has more* [social] *acceptance* [than smoking marijuana] *… like, ‘Oh, you don’t smell like a skunk’ and those kinds of things…. There are so many other factors that drive interest to try it … social media, TikTok … watch people vape and chances are they are using THC (tetrahydrocannabinol).”*

Reported Change in Availability of Marijuana during the Past 6 Months

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

Throughout OSAM regions, consumers and treatment providers also discussed the widely held belief that marijuana is safer to use than other substances. This perception has led some to illicitly use marijuana, including marijuana extracts and concentrates, either to reduce the use of other Ilicit substances and/or in exchange for their drug of choice. Consumers shared: *“My daughter has a* [medical] *marijuana card …* [marijuana] *is helping people to get off heroin*; [Marijuana] *doesn’t do as much damage as the other drugs….”* Treatment providers agreed that marijuana is viewed as a “safer alternative” for other substances, stating that clients have reported using marijuana to stop using fentanyl and/or methamphetamine, or to reduce opioid withdrawal symptoms. Treatment providers reported: *“*[Clients will] *use marijuana as kind of … their way of getting off fentanyl or ‘meth’ (methamphetamine). Like, they use it as a new ‘coping tool’… trying to ease the withdrawals. Where they still want to* [use drugs]*, but they don’t want to do the meth or the fentanyl anymore; I feel like* [marijuana is] *pushed more as … ‘the safe alternative’ and ‘the safe drug to use;’* [Extracts/ concentrates are] *promoted everywhere from music to movies to social media. Again, it’s the lesser evil* [compared to other illicit substances]*.”*

Additionally, respondents throughout OSAM regions attributed relaxed legal consequences for marijuana possession as another reason for high availability and use of the drug. Members of law enforcement discussed: *“*[Marijuana possession laws] *aren't enforced anymore. I can't tell you the last marijuana pinch (arrest) we even did. You can't find a jury to convict. The courts don’t even want marijuana charges;* [Marijuana use] *has taken off. Marijuana has always been an issue, but since everybody knows* [that marijuana possession laws are] *not being enforced … old or young* [people] *… use* [marijuana]*. It is everywhere;* [Marijuana is] *almost decriminalized; People aren’t as afraid to sell or acquire* [marijuana] *… as far as criminal charges,* [marijuana possession] *is a very low charge…. We really only go after the guys with hundreds of pounds because they are high-level traffickers.”*

Consumers reported obtaining marijuana, including marijuana extracts and concentrates, for illicit use most often from out-of-state dispensaries, growing or making the products themselves, ordering the products online, friends and family members, as well as drug dealers. Consumers discussed: *“People carpool* [to Michigan] *and make plans to go to the*

dispensary; [Marijuana is diverted from] *Cali (California), Detroit, Arizona* [dispensaries]*; People ship* [marijuana] *across the country; People are growing* [marijuana] *in their garage now; My whole family smokes* [marijuana] *so I can get it from any of them; Every drug dealer I go to, they're always smoking weed or have it….”* Consumers from the Toledo region also reported dealers buying dispensary packaging online and selling products as if they had been diverted from a dispensary to yield a greater profit even though the products have not been diverted. Comments included: *“Smoke what is in the* [dispensary] *package and then buy some crappy weed* [to put] *in the package; Go on Amazon and get* [marijuana dispensary] *packages and put their homegrown* [marijuana in the package to resell]*.”*

Law enforcement reported ordering marijuana products online, as well as through the “dark web” (websites operated by criminal enterprises), and having products shipped to Ohio. They said: *“*[There’s] *more people wanting specific strains* [of marijuana] … *so they get it shipped here from California; We are seeing tons of people either having* [marijuana] *shipped in … commercialized marijuana products … the edibles and the vape pens and stuff. They are going to states where they’ve legalized those things and bringing them back here and selling them for profit.”* A consumer in the Columbus region commented, *“On top of everybody growing* [marijuana] *here, everybody in other states where it's legal, like Michigan, are growing it and bringing it down here.”*

Respondents in most OSAM regions reported that the overall availability of marijuana has remained the same during the past six months, while respondents in Athens, Cleveland, and Dayton regions reported increased availability for marijuana, including marijuana extracts and concentrates. Additionally, respondents in Akron-Canton, Cincinnati, and Youngstown regions indicated increased availability of marijuana extracts and concentrates. In regions reporting an increase in availability during the past six months, respondents most frequently cited the decriminalization of marijuana. A law enforcement official in the Dayton region summarized, *“Legalization around the country makes it much easier for people to obtain* [marijuana]*.”* However, a treatment provider in the Columbus region contended that marijuana is not necessarily more available, perhaps more people are comfortable openly discussing their marijuana use, sharing, *“People are more lax about* [sharing their marijuana use]. *So, I think maybe it's not more available. People are just more openly talking about it.”*

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

Other data sources indicated marijuana as available throughout OSAM regions. Fairfield County Municipal Court (Columbus region) reported that, of the 2,977 positive adult drug specimens it recorded during the past six months, 34.7% was positive for cannabinoids. Hancock County Probate Court (Toledo region) reported that, of the 22 positive adult drug test results it recorded during the past six months, 40.9% was positive for cannabinoids; the court also reported that 94.8% of the 58 positive juvenile drug test results it recorded during the past six months was positive for cannabinoids. Summit County Juvenile Court (Akron-Canton region) reported that, of the 204 cannabis tests it performed during the past six months, 53.9% was positive. Vinton County Drug Court (Athens region) reported that, of the 26 positive adult drug test results it recorded during the past six months, 100.0% was positive for THC; the court also reported that, of the 12 positive juvenile drug test results it recorded during the past six months, 83.3% was positive for THC. Millennium Health reported that 27.5% of the 126,810 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	31.9%	9,026
Athens	27.1%	9,153
Cincinnati	20.4%	6,915
Cleveland	19.7%	20,040
Columbus	34.7%	35,549
Dayton	26.3%	3,012
Toledo	29.4%	27,461
Youngstown	19.2%	15,654
Total	27.5%	126,810

GPRA (Government Performance and Results Act) data collected from 6,995 persons entering publicly funded SUD treatment programs during the past six months found 23.6% reported marijuana use 30 days prior to intake.

GPRA Intake: Marijuana
during the Past 30 Days

Region	% Yes	Total N
Akron-Canton	20.7%	492
Athens	31.5%	869
Cincinnati	23.7%	1,757
Cleveland	22.2%	1,696
Columbus	23.7%	909
Dayton	28.3%	427
Toledo	19.9%	513
Youngstown	13.9%	332
Total	23.6%	6,995

Ohio Department of Public Safety reported drug task force seizure of 5,360.9 kilograms (11,793.9 lbs.) of marijuana from throughout OSAM regions during the reporting period; of which, 49.7% was seized from the Cincinnati region.

Media outlets reported on law enforcement seizures and arrests related to marijuana this reporting period (selected media reports follow). Akron Police (Summit County, Akron-Canton region) arrested a man during a traffic stop and probable cause search after finding several hundred grams of marijuana packaged for individual sale and $4,800 (www.fox8.com, July 12, 2021). Ohio State Highway Patrol (OSHP) found $70,000 worth of marijuana and methamphetamine during a traffic stop and probable cause search in Pickaway County (Columbus region); troopers arrested the driver, a man from Detroit, for drug possession and trafficking after seizing seven pounds of methamphetamine and 29 grams of marijuana (www.dispatch.com, July 27, 2021). Law enforcement in Portage and Summit counties (Akron-Canton region) seized 73 illegal guns and numerous marijuana plants while executing search warrants at two homes (www.cleveland19.com, Aug. 31, 2021). Multiple law enforcement agencies in Scioto County (Cincinnati region) collaborated in a marijuana eradication operation; law enforcement removed 459 marijuana plants from 10 separate locations throughout the county (www.nbc4i.com, Sept. 2, 2021). During a traffic stop in Rootstown, Portage County Sheriff's officers (Akron-Canton region) arrested a Texas man on his way to Youngstown; officers located 45 pounds of marijuana and a large amount of cash in the man's truck (www.news5cleveland.com, Oct. 6, 2021). Columbiana County Drug Task Force (Youngstown region) raided a smoke shop in Salem and seized THC-infused candy and other edibles that were being sold illegally (www.wfmj.com, Oct. 22, 2021). Law enforcement in Grandview Heights (Franklin County, Columbus region) arrested a man during the execution of a search warrant after finding 107 marijuana plants in the man's home (www.10tv.com, Oct. 22, 2021). OSHP arrested a Michigan man during a traffic stop in Athens

County (Athens region); troopers found 116 pounds of marijuana valued at $174,000 (www.wkbn.com, Nov. 3, 2021). During three separate arrests over a single weekend, Youngstown Police (Mahoning County, Youngstown region) seized a large amount of marijuana, as well as cannabis gummies and cannabis-infused Cheetos; officers also recovered several handguns and $1,175 (www.wkbn.com, Nov. 8, 2021). OSHP confiscated 71 pounds of marijuana valued at $195,000 during a traffic stop in Summit County (Akron-Canton region); troopers arrested two individuals from Miami, Florida for drug trafficking and possession of marijuana (www.fox8.com, Dec. 3, 2021).

Quality

Throughout OSAM regions, consumers most often rated the current quality of marijuana, including marijuana extracts and concentrates, as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality). However, some consumers reported that the quality of marijuana varies depending on the source and price point. Consumers shared: *"Just depends* [on] *where you can get it. You can get 'dirt' (low-grade marijuana), or you can get 'fire' (high-grade marijuana); If* [marijuana is] *labeled and stuff from the dispensary, it's usually good quality;* [The quality of extracts and concentrates] *depends on the brand … not the strain, but the name on the package; If you want the better kind* [of marijuana]*, you pay a little more."* Reportedly, the overall quality of marijuana has increased during the past six months for Akron-Canton, Cleveland, Dayton, Toledo, and Youngstown regions, while it has remained the same, high quality for Athens, Cincinnati, and Columbus regions. Consumers in Athens, Dayton, and Toledo regions also reported that the overall quality of marijuana extracts and concentrates has increased during the past six months.

Consumers who noted an increase in marijuana quality often reported that this is due in part to advances in marijuana growing technology. Consumers shared: *"People growing* [marijuana] *hydroponically and inside.…* [Marijuana] *is not just basic 'bud' anymore; People are getting different strains of weed and cross pollinating them and making hybrids, which makes it more potent and a better quality;* [The quality of marijuana] *went up because of the demand and technology that they now use."* Many consumers also commented on competition between legalized medicinal marijuana brands as increasing the overall quality of marijuana. Consumers stated: *"States are making* [marijuana] *legal with the dispensaries and they are trying to compete; Everybody wants to have the best product. There is more competition* [to produce high quality marijuana]*."* Consumers also noted the high amount of THC in marijuana extracts and concentrates as having increased quality.

Street Names

Current street jargon includes many names for marijuana. Some consumers differentiated between street jargon for high-grade marijuana ("chronic" and "dro") versus low-grade marijuana ("mid" and "Reggie"). Consumers commented: *"'Chronic' … is the good shit; 'Reggie,' you can smell it through the bag. Somebody got it in their pocket. If they got it, you smell it; There is a million different stains* [of marijuana]*.... It's ridiculous, the amount of names."* Consumers also shared that street jargon for marijuana extracts and concentrates often refers to the texture of the substance, such as "shatter" and "wax."

Current Street Names for Marijuana

General	**bud, dope, flower, grass, green, Mary Jane, pot, smoke, tree, weed**
High Grade	**chronic, danke/dank, diesel, fire, gas, Girl Scout Cookie/cookies, gorilla glue/gorilla, hydro/dro, kush, loud, za-za/za**
Low Grade	**mid, Reggie/Reggie Miller**
Extracts & Concentrates	**carts, dabs, ear wax/wax, edibles/eddies, shatter**

Pricing

Current street prices for marijuana were reported by consumers with experience purchasing the drug. Consumers in the majority of OSAM regions reported that the most common quantity of purchase for marijuana is a gram for $10-20. Throughout OSAM regions, 1/8 ounce of marijuana sells for $25-50, depending on quality. Consumers in the Cleveland region reported 1/4 ounce of marijuana as the most common quantity of purchase, which can sell for as low as $75 and as high as $170. For marijuana extracts and concentrates, consumers reported marijuana cartridges and dabs/dab pens as commonly purchased. Reportedly, a marijuana cartridge sells for $20-40, while a dab/dab pen can sell for as low as $25 and as high as $120, depending on quality. Overall, consumers reported that marijuana pricing varies depending on the grade of marijuana purchased.

Consumers in most OSAM regions reported that the price of marijuana, as well as marijuana extracts and concentrates, has remained the same during the past six months. However, consumers in the Akron-Canton region reported an increase in price due to the higher overall quality of marijuana, as well as higher demand for marijuana. Consumers in the Toledo region reported increased pricing for marijuana extracts and concentrates. They discussed the practice of drug dealers buying specific packaging to make it seem like the marijuana they are selling is from a dispensary so that they can charge a higher price. A consumer commented, *"Some* [dealers] *will buy* [marijuana] *packages … make it look like it is coming from a* [marijuana] *dispensary and will tax it double (sell it for twice the regular price)."*

Route of Administration

Consumers throughout OSAM regions reported smoking/vaping as the most common route of administration for marijuana, as well as for marijuana extracts and concentrates. Throughout OSAM regions, consumers estimated that out of 10 marijuana users, 8-10 would smoke and 0-2 would orally consume the drug. Additionally, out of 10 marijuana extracts and concentrates users, consumers estimated that 7-8 would smoke/vape and 2-3 would orally consume the drug. In general, the growing popularity of vaping was discussed among consumers. Consumers shared: *"Quite a few people have vape pens; I think vaping is the thing now, even more than smoking; Most people vape or smoke* [marijuana]*."*

Typical Use Profile

A profile of typical marijuana use did not emerge from the data. Respondents reported that marijuana use can be associated with any age, race, gender, occupation, and socio-economic status. Consumers shared: *"Lower, middle, and upper class … there's more people that do* [marijuana] *than don't;* [Marijuana] *definitely spans the generations; Everyone uses marijuana nowadays because it's more acceptable."* A law enforcement official simply stated, *"If they have a heartbeat, they use* [marijuana]. *I mean it, literally."* However, consumers and treatment providers did report marijuana use as more likely among people trying to self-medicate and/or among people looking for pain management that is not opioids. Consumers stated: *"Older people who are in pain and can't get medicine; I would say anyone with physical ailments…."* Treatment providers similarly commented: "*Maybe because of people's knowledge of opiate addiction … marijuana use … is* [viewed as] *medicinal…. It makes you feel better, it corrects things; I see a lot* [of marijuana use] *for pain because there is not a lot of pain medication given out for surgeries."*

Respondents described the typical use of marijuana extracts and concentrates as occurring among younger people, under 30 years of age. Consumers discussed: *"I would say it's kids mostly* [using extracts/concentrates]*. Like 16-19* [years of age]*; Do you know the names of these things? Who wants 'Skittles®?' 'Fruity Pebbles®?' You're gonna get 9-year olds* [to use extracts/concentrates]*."* Law enforcement from the Cincinnati region agreed, reporting, *"You realize how many of these kids are doing* [extracts/concentrates]. *You could have an entire task force down here."*

Analysis of GPRA demographic data of all intake clients that indicated marijuana use during the past 30 days found that, of those who endorsed marijuana use, 57.5% was male, 62.5% was under the age of 40 years, and 79.3% indicated white as their race.

GPRA Demographic Data of All Intake Clients Who Used Marijuana during the Past 30 Days (N = 1,653)[1]	
Male	57.5%
Female	41.7%
18 - 29	24.0%
30 - 39	38.5%
40 - 49	21.1%
50 - 59	12.1%
60 +	3.4%
White	79.3%
African American	20.2%
Other race[2]	5.2%
Hispanic/Latino ethnicity	3.3%

[1]Gender total does not equal 100.0% due to 13 individuals reporting as transgender, non-binary, or another gender not specified. Age total does not equal 100.0% due to 14 individuals under 18 years of age. Total percentage for race category is greater than 100.0% due to some participants indicating more than one race. [2]Other race included: Alaska Native, American Indian, and Native Hawaiian.

Use Combinations

When marijuana, including marijuana extracts and concentrates, are used in combination with other substances, consumers reported that it is most often used in combination with alcohol and "everything." Reportedly, marijuana is used to intensify the high or to come down from/even out the effects of other drugs. Consumers shared: *"*[Marijuana is] *the cherry on top; People mix marijuana with basically any drug; People don't want to be down too low or up too high. They want to be right in the middle where they can still be able to focus and enjoy the high;* [Marijuana] *makes your comedown better off other* [drugs]*."* Some consumers discussed that it is common to use marijuana by itself, stating: *"You cannot use other substances* [in combination with marijuana] *because it will ruin the effect* [produced by the marijuana]*; Either someone will straight use marijuana and that's it, or someone who does everything else, uses marijuana waiting for the other drugs to kick in."*

Substances Used in Combination with Marijuana	
Most Common	alcohol
Other	codeine/cough syrup, crack/powdered cocaine, heroin/fentanyl, ketamine, kratom, LSD, MDMA, methamphetamine, prescription opioids, prescription stimulants, psilocybin mushrooms, sedative-hypnotics

Methamphetamine

Methamphetamine remains highly available throughout OSAM regions. Respondent consensus was that methamphetamine is easy to obtain. Consumers stated: *"There's just so much* [methamphetamine] *and so many people selling it;* [Methamphetamine sales are] *advertised on social media, on dating platforms. You can buy it on the street corner pretty commonly; It used to be that you had to seek* [methamphetamine]*, but now you don't;* [Methamphetamine] *will find you; I found some* [methamphetamine] *back in July* [2021] *... on the floor at a dollar store ... and that wasn't the first time that's happened;* [Methamphetamine] *is just everywhere...."* Treatment providers expressed: *"I have many, many clients that are on methamphetamine…. I've been informed that there's zero hassle to get a hold of methamphetamine in the area, which makes it difficult to* [establish and maintain recovery]; *Most*

Reported Change in Availability of Methamphetamine during the Past 6 Months

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

of our cases that we get through CPS (Child Protective Services) … babies are being born [and drug screening] *positive for methamphetamine. Most of our clients just continue to struggle with methamphetamine use…. I've seen the reunification rate* [between parents and children] *drop significantly due to 'meth' (methamphetamine) use…. It seems harder for people to come off (become abstinent from)* [methamphetamine than other drugs], *it really does."*

High availability of methamphetamine is due to an influx of imported methamphetamine. Law enforcement discussed drug cartels moving shipments of methamphetamine from Mexico across the U.S. southern border. Law enforcement officers in the Cleveland region shared: "[Methamphetamine] *is what the* [drug] *cartels are pushing …* [methamphetamine] *and fentanyl are the two primary money makers. Meth hasn't replaced cocaine, but a lot of stimulant users have gone to meth in recent years …* [methamphetamine] *is just extremely available; The cartels are throwing it (making methamphetamine more available) … crystal meth ... it's usually about 94% or higher pure methamphetamine…. It looks like shards of glass…. Everywhere we go and every case we deal with, crystal meth is always a part of it…."* Officers in other regions agreed, commenting: *"Methamphetamine is one of our primary drugs that we are doing investigations on now. Meth has just skyrocketed;* [Methamphetamine] *is coming from Mexican cartels. They're not cooking it (producing methamphetamine) anymore here; It's all shipped from Mexico."* Consumers also noted the high prevalence of imported methamphetamine. They observed: *"There's nothing stopping* [methamphetamine] *from coming into the United States; We were making* [methamphetamine] *here and now we're not making it nearly as much and* [methamphetamine] *has gotten more and more available; There is just such a vast amount* [of methamphetamine] *coming into the country…."*

Reportedly, the draw of methamphetamine is its low cost and intense, long-lasting high. Methamphetamine has become the preferred stimulant. People who use cocaine are switching to methamphetamine use. Consumers discussed: "[Methamphetamine] *is so cheap and it's a long lasting high; So much* [methamphetamine] *is getting dumped on us right now. It's super inexpensive … the prices have just plummeted…. The customer base must be there or growing now because we are definitely seeing a lot of it; The fact that* [methamphetamine is] *cheaper than any other stimulant right now* [makes it popular]*;* [Methamphetamine] *is the new crack cocaine … like in the 80s (1980s)* [when crack cocaine use was at epidemic proportions, methamphetamine use has become widespread]." In the Toledo region, consumers reported that crack cocaine and fentanyl dealers give free samples of methamphetamine. One consumer remarked, *"Guys selling crack and fentanyl are giving* [samples

of methamphetamine] *away to people like me to get it out there (to expand their business).”*

In addition to a switch to methamphetamine from cocaine, respondents noted people who use heroin/fentanyl are also using methamphetamine to alleviate/avoid experiencing opioid withdrawal symptoms, to continue drug use while prescribed MAT (medication-assisted treatment for opioid use disorder), and/or out of fear of opioid overdose and death. Comments included: *“People who were opiate users began to use meth to deal with their withdrawal from opiates; Those that are doing MAT, they’re switching to using meth. With the MAT, the Vivitrol® and Suboxone®, they will get sick or get a* [negative] *reaction if they use opiates; I think they're trying to use* [methamphetamine] *to get off of 'dope' (heroin/fentanyl)…. That’s what I did;* [People use methamphetamine] *because they’re less likely to overdose; People got really scared of fentanyl, and so they've switched to methamphetamine…. Now, we have a lot of people* [who use methamphetamine] *that are* [drug] *testing positive for fentanyl.”* Respondents indicated that methamphetamine is adulterated with fentanyl to increase its addictiveness. Comments included: *“A lot of my* [treatment clients who use] *meth are testing positive for fentanyl;* [Methamphetamine] *is more addictive and popular because they’re cutting (adulterating) it with ‘fetty’ (fentanyl); People get hooked on (addicted to) meth very quickly because it’s so addictive.”*

Throughout OSAM regions, respondents continued to identify imported crystal methamphetamine as the most prevalent form of methamphetamine. However, there were reports of locally produced powdered methamphetamine (aka “shake-and-bake”). Consumers said: *“Crystal meth is by far the most prevalent. We do have some manufactured meth, but the manufactured meth is very low* [in availability]; *If you know the right person, you could probably find some ‘shake-and-bake;’ I make* [methamphetamine] *and know others who do this; My husband cooks it (manufactures methamphetamine); You don’t see* [shake-and-bake] *as often* [as crystal methamphetamine].*”*

Respondents in most OSAM regions reported that the availability of methamphetamine has remained the same, highly available, during the past six months, while respondents in Athens and Dayton regions reported increased availability. A treatment provider in the Athens region stated, “*It’s never plateaued,* [methamphetamine availability] *just keeps going up.”* Treatment providers in the Toledo region said: “[Methamphetamine] *is steadily increasing and becoming more common; More people are using it….”* Ohio Bureau of Criminal Investigation (BCI) crime labs reported that the incidence of methamphetamine cases they process has increased for all OSAM regions, except for the Athens region, where a decrease was reported.

In addition to BCI reporting, other crime labs in Cleveland and Dayton regions submitted methamphetamine incidence data. Cuyahoga County Regional Forensic Science Lab (Cleveland region) and Miami Valley Regional Crime Lab (Dayton region) reported that the incidence of methamphetamine cases they process has increased during the reporting period, while Lake County Crime Lab (Cleveland region) reported that the incidence of methamphetamine cases it processes has decreased. For the Cleveland region, Cuyahoga County Regional Forensic Science Lab reported processing off-white and crystalline specimens, while Lake County Crime Lab reported processing brown/tan and white powder/solid substances, as well as blue, brown/tan, and white/clear crystal specimens.

Other data sources indicated methamphetamine as available throughout OSAM regions. Fairfield County Municipal Court (Columbus region) reported that, of the 2,977 positive adult drug specimens it recorded during the reporting period, 16.2% was positive for methamphetamine or other amphetamines. 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 60.0%, 14.3%, 24.9%, 32.2%, and 37.8%, respectively, of all drug-related deaths they recorded this reporting period (10, 329, 241, 500, and 45 deaths) involved methamphetamine.

Ohio Department of Public Safety reported drug task force seizure of 184.6 kilograms (406.0 lbs.) of methamphetamine from throughout OSAM regions during the reporting period; of which, 30.0% was seized from the Cincinnati region. Millennium Health reported that 9.5% of the 121,752 urinalysis specimens submitted for methamphetamine testing during the past six months was positive for methamphetamine. GPRA (Government Performance and Results Act) data collected from 6,995 persons entering publicly funded SUD treatment programs during the past six months found 18.5% reported methamphetamine use 30 days prior to intake.

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

Region	% Tested Positive	Number Tested
Akron-Canton	18.0%	7,907
Athens	10.2%	9,001
Cincinnati	5.8%	8,254
Cleveland	5.2%	17,702
Columbus	15.6%	34,292
Dayton	9.7%	3,572
Toledo	4.9%	25,462
Youngstown	5.8%	15,562
Total	9.5%	121,752

Media outlets reported on law enforcement seizures and arrests related to methamphetamine this reporting period (selected media reports follow). Crawford County Sheriff's deputies (Columbus region) executed a search warrant at a residence in Crestline and seized 253 grams of methamphetamine with an estimated street value of $20,000, drug paraphernalia, firearms, and more than $6,000; deputies arrested the two residents of the home for possession of methamphetamine

GPRA Intake: Methamphetamine
during the Past 30 Days

Region	% Yes	Total N
Akron-Canton	20.1%	492
Athens	27.3%	869
Cincinnati	22.0%	1,757
Cleveland	14.1%	1,696
Columbus	18.7%	909
Dayton	15.9%	427
Toledo	13.8%	513
Youngstown	7.2%	332
Total	18.5%	6,995

(www.nbc41.com, July 8, 2021). Toledo Police (Lucas County, Toledo region) reported that it has seen an uptick in methamphetamine sales in the city of Toledo; however, officers warned that drug dealers are disguising methamphetamine as pressed ecstasy (MDMA) tablets and selling to unsuspecting buyers (www.13abc.com, July 13, 2021). Crime Enforcement Agency of Ashtabula County (Youngstown region) executed a search warrant at a New Lyme Township home as part of a two-month investigation into methamphetamine trafficking; officers arrested two men at the residence and seized 29 grams of methamphetamine, six grams of suspected heroin/fentanyl, a significant amount of THC products (vape cartridges, wax dabs, and leaf marijuana), drug paraphernalia, $3,865, and several firearms (www.cleveland19.com, July 16, 2021). A K9 officer with U.S. Customs and Border Protection in Cincinnati (Hamilton County, Cincinnati region) discovered a shipment of methamphetamine in a bucket of food preservatives that originated in Mexico; the bucket contained liquid methamphetamine and weighed 43 pounds (www.local12.com, Aug. 10, 2021). Jefferson County Drug Task Force (Youngstown region) executed one the biggest drug seizures in Jefferson County history when it seized 11 pounds of methamphetamine worth approximately

$500,000 during multiple searches in Steubenville; officers arrested two men and seized five firearms (www.wtrf.com, Aug. 18, 2021). Ohio State Highway Patrol (OSHP) found $88,000 worth of methamphetamine during a traffic stop in Scioto County (Cincinnati region); troopers arrested a Michigan man for drug possession and trafficking after a K9 officer alerted to the stopped vehicle, triggering a probable cause search (www.10tv.com, Sept. 8, 2021). Central Ohio Drug Enforcement Bulk Interdiction Task Force led an investigation that resulted in the arrest of two men and the seizure of 24 pounds of methamphetamine from Fairfield and Licking counties (Columbus region); the seized methamphetamine had an estimated street value of more than $500,000 (www.10tv.com, Sept. 22, 2021). Detectives with Belmont County Sheriff's Office (Athens region) arrested two people during a raid of a Bellaire home after finding $45,000 worth of methamphetamine (www.wtrf.com, Oct. 21, 2021). Columbiana County Drug Task Force (Youngstown region) arrested one person in East Palestine for obstruction while executing a search warrant at a home; the search was part of dual drug searches in Columbiana County that netted 69 grams of methamphetamine, two grams of fentanyl, 78 grams of marijuana, five pounds of THC-infused edibles, 11 firearms, two suppressors, and more than $7,000 (www.wkbn.com, Oct. 21, 2021). Brookfield Police along with Trumbull County Sheriff's Office (Youngstown region) acted on a tip of drug activity and raided a home, confiscating suspected methamphetamine, drug abuse instruments, and two handguns (www.wfmj.com, Oct. 22, 2021). Medina County Drug Task Force agents (Cleveland region) arrested a man in Brunswick after witnessing a drug transaction; the man was found with 28 grams of methamphetamine and charged with drug trafficking (www.cleveland19.com, Oct. 22, 2021). Detectives with Monroe County Sheriff's Office (Athens region) arrested a man while executing a search warrant of the man's Ohio Township home after finding over 80 grams of methamphetamine (www.wtrf.com, Oct. 27, 2021). Jefferson County Drug Task Force arrested two men during a traffic stop in Wintersville after seizing 56 grams of methamphetamine (www.wtov9.com, Dec. 13, 2021).

Adulterants

Consumers throughout OSAM regions most often rated the current overall quality of methamphetamine as '5' and '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the regional modal quality scores ranged from '5' for Akron-Canton, Dayton, and Youngstown regions to '10' for the Athens region. Throughout regions, there were varying opinions as to the current quality of methamphetamine. Comments included: *"I think the quality* [of methamphetamine] *is very poor; I think methamphetamine is all cut up (heavily adulterated) right now. I don't think* [most methamphetamine] *is real;* [Methamphetamine is] *supposed to be a stimulant and it's not doing its job; Compared to how* [methamphetamine] *used to be, it doesn't keep me up as long; The meth that I did was pretty good; Everything I get is from a good source and it's always good* [quality]*."*

There was consensus that methamphetamine quality is dependent on the dealer, location of purchase, amount of purchase, and the amount of adulterant in the drug. Consumers discussed: "[Methamphetamine quality] s*eems to be all over the place; There's a 50/50 chance that the quality* [of methamphetamine] *is good*; *I've had much better* [quality methamphetamine] *in different regions; If you go to the city, you can get better quality* [methamphetamine]*;* [Methamphetamine quality] *depends on the quantity you are purchasing, and the source you are getting it from. If you buy it in bulk, you can get* [better quality methamphetamine]*; Sometimes* [methamphetamine] *is really good, and other times it's crap, and then it's somewhere in the middle."*

Reportedly, the overall quality of methamphetamine has decreased during the past six months for most OSAM regions, except for Athens and Cincinnati regions where consumers reported that quality has remained the same and the Akron-Canton region where consumers were not in agreement as to unchanged or decreased quality. Consumers remarked: *"*[People are cutting methamphetamine] *to make money; Not worth doing* [methamphetamine] *… you are going to*

sleep; People are messing with [methamphetamine by adding] *fentanyl … just trying to make a buck (increase sales and profit).”*

Consumers discussed adulterants (aka “cuts”) that affect the quality of methamphetamine, with consumers in seven of eight OSAM regions noting fentanyl as the top cutting agent for the drug. Consumers in the Dayton region did not mention fentanyl-cut methamphetamine. One consumer in the Cleveland region remarked, *“They are cutting* [methamphetamine] *with fentanyl now. It’s called the ‘sleepy dope.’”* Reportedly, in addition to fentanyl, other top cutting agents for methamphetamine are MDMA (methylenedioxymethamphetamine, ecstasy/ “Molly”) and MSM (methylsulfonylmethane, a joint supplement). Consumers noted: [Methamphetamine] *is cut with fentanyl and sometimes other stuff, too ... like Xanax® (benzodiazepines) and ecstasy; I* [drug] *tested* [positive] *for ecstasy and meth, but I don’t even do ecstasy.”*

OSAM secondary data sources also 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 66.7%, 83.0%, 81.7%, 83.2%, and 100.0%, respectively, of all methamphetamine-related deaths they recorded this reporting period (6, 47, 60, 161, and 17 deaths) also involved fentanyl.

Additional adulterants for methamphetamine mentioned included: acetone, albuterol, antidepressant medication, baby laxatives, baking soda, “bath salts” (substituted cathinone), battery acid, bug spray, candy, carfentanil (synthetic opioid more potent than fentanyl), cashews, cocaine, drain cleaner, cyanide, Epsom salt, ethanol, gabapentin, gasoline, glass, laxatives, lighter fluid, lithium, LSD (lysergic acid diethylamide), powdered sugar, prescription stimulants, protein powder, rat poison, rock salt, salt, vitamin B-12, wasp spray, and xylazine (animal sedative). Crime labs throughout OSAM regions indicated many adulterants (aka “cutting agents”) found in methamphetamine.

Cutting Agents Reported by Crime Labs for Methamphetamine

dimethyl sulfone (DMSO, dietary supplement), diphenhydramine (antihistamine), magnesium sulfate (Epsom salts), N-isopropylbenzylamine[1]

[1]Precursor to certain pharmaceuticals, similar in appearance and physical properties to methamphetamine

Pricing

Generally, the most common quantity of purchase for methamphetamine is a gram for $20-60. Like most drugs, methamphetamine pricing is variable dependent on dealer, quality, and amount of purchase. Consumers discussed: “[Price] *just depends on who you get* [methamphetamine] *from; I will sell* [methamphetamine] *for $20 a gram … $25 depending on the person;* [Methamphetamine is] *dirt cheap if you know the right people; The more you get, the cheaper* [methamphetamine] *is; If* [methamphetamine] *is $20 a gram, buying two grams, is not $40, but $30, $35.”* Consumers in most regions reported that the price of methamphetamine has remained the same during the past six months; consumers in Akron-Canton, Cleveland, and Toledo regions indicated a decrease in pricing. One consumer said, *“Quality went down, and price went down.”*

Street Names

In addition to “meth,” current street jargon includes many names for methamphetamine. General street names most often reference the stimulant effect of the drug (“go,” “high-speed chicken feed,” “speed,” and “zip”). Consumers in the Cleveland region offered “sonic” as in supersonic (faster than the speed of sound) as another street name for methamphetamine, further denoting the drug’s extreme stimulant high.

Consumers indicated that street names for crystal methamphetamine often specifically reference the appearance of the substance ("crystal," "glass," "ice," and "shards"). Additional street names are derivations of the aforementioned names (e.g., "ice cream"). A consumer shared, *"I got messages on Facebook from a friend of a friend of a friend asking me if I wanted any 'ice cream,' and I didn't know what that was, and that was meth."* Consumers also discussed using emojis when texting about methamphetamine, such as the ice cream cone emoji and the finger pointing upwards emoji (denoting methamphetamine's upper effect).

The powdered form of methamphetamine is typically called "shake-and-bake," referring to the means of producing methamphetamine in a single-sealed container, such as a two-liter soda bottle, by shaking common household chemicals along with ammonium nitrate (found in cold packs) and pseudoephedrine (found in some allergy medications). One consumer used the term "bathtub crank" when discussing user-produced methamphetamine, remarking, *"The 'bathtub crank' … you can smell it a mile away."*

Current Street Names for Methamphetamine	
General	**crank, dope, fast, geek, go/go-go, go-fast, high-speed chicken feed, road runner, rocket fuel, sonic, speed, tweak, zip**
Crystal	**Christina/Tina, crystal, glass, ice/ice cream/cream, shards, superman shards**
Powdered	**bathtub crank, shake/shake-and-bake**

Route of Administration

Consumers throughout OSAM regions reported that the most common routes of administration (ROA) for methamphetamine remain smoking, followed by "shooting" (intravenous injection). Consumers estimated that out of 10 methamphetamine users, 5-10 would smoke and 0-5 would shoot the drug. Comments included: *"Smoking is more common* [than intravenous injection]*; A lot of the people that I know that are using meth are looking for that fire, that dragon's breath (smoking methamphetamine); A lot of people start out smoking* [methamphetamine]*, then move to shooting."*

However, consumers indicated multiple ROA as common. They said: *"I would say if you're smoking* [methamphetamine], *you're snorting it, and odds are shooting it, too; A lot of people smoke it and shoot it;* [ROA] *is all over with meth. People shoot, then snort a line; Most of the people I've been around do* [methamphetamine] *more than one way; I'll do* [methamphetamine] *any damn way there is…."* In addition, consumers noted that ROA is influenced by the other people with whom one uses the drug, saying: "[ROA] *depends on the crowd you're around. If I'm around smokers, I'll smoke* [methamphetamine]; *I have seen* [people] *snort, smoke, and shoot* [methamphetamine]. *It just depends on who you are with at the moment."* Another consumer reported that people who use heroin/fentanyl and transition to methamphetamine are more apt to intravenously inject, remarking, *"If people started off with heroin, they are more likely to inject meth because they have already started shooting up."*

Other routes of administration for methamphetamine mentioned included: snorting, "boofing" (anal insertion), "hot railing" (a process whereby the user places the drug in a glass pipe, heats the pipe, and inhales the resulting vapors), "parachuting" (placing powder/crystals in tissue and swallowing), and oral consumption. One consumer reported, *"I got five different ways: they smoke* [methamphetamine], *they shoot it, they snort it, they boof it, and they parachute*." Other comments included: *"Eat it, snort it, boof it; Boofing is very common; I used to drink* [methamphetamine]*, too."*

Typical Use Profile

Consumers and community professionals continued to describe typical methamphetamine use as associated with low socio-economic status,

white people, young people (aged 20s to 40s), and people who work long hours (e.g., long-haul truck drivers). A law enforcement officer in the Dayton region summarized, *"The age group* [for typical methamphetamine use] *ranges from 20s to 40s. As far as ethnicity, it is primarily Caucasian, and usually, people that are not employed* [use methamphetamine]*."* Other respondent comments included: *"Whites …* [methamphetamine] *is a white* [person's] *drug; You don't have to spend a lot of money to get a good, long, high;* [Methamphetamine] *is the 'cheap man's cocaine,' they say, or the 'poor man's cocaine;' People who work long shifts and need to stay up* [use methamphetamine]; *People that work a lot, truck drivers* [use methamphetamine]*."*

Other descriptors of methamphetamine use mentioned included: cocaine use, heroin use, the gay community, and manual laborers (e.g., construction workers). Consumers discussed that methamphetamine has become the preferred stimulant when "partying," drinking alcohol, and/or staying out/up late. Reportedly, methamphetamine provides a cheaper and longer-lasting high than crack/powdered cocaine. Consumers said: *"Meth is replacing cocaine because it is cheaper and easier to get; People who used to use crack cocaine switched to meth because it is more available* [and provides a high that is] *longer lasting;* [Methamphetamine] *is stronger* [more potent than crack cocaine]*."* In terms of methamphetamine use among gay people, respondents said: *"*[Methamphetamine] *is still really popular in the gay community. The gay bars and stuff, it's really popular there among middle-aged, white guys; It's probably one of those things that among* [the LGBTQA+] *community,* [methamphetamine use] *is more acceptable. A lot of people run together and it's like a theme, like a fad right now….* [Methamphetamine] *is a party thing …* [used by people that] *want to stay up;* [Methamphetamine] *actually boosts sex drive; It's very highly used in the gay community."*

Analysis of GPRA demographic data of all intake clients that indicated methamphetamine use during the past 30 days found that, of those who endorsed methamphetamine use, 56.9% was male, 66.8% was under the age of 40 years, and 93.1% indicated white as their race.

GPRA Demographic Data of All Intake Clients Who Used Methamphetamine during the Past 30 Days (N = 1,294)[1]

Male	**56.9%**
Female	**42.1%**
18 - 29	**24.3%**
30 - 39	**42.5%**
40 - 49	**24.1%**
50 - 59	**7.4%**
60 +	**0.9%**
White	**93.1%**
African American	**6.2%**
Other race[2]	**5.4%**
Hispanic/Latino ethnicity	**2.2%**

[1]Gender total does not equal 100.0% due to 12 individuals reporting as transgender or non-binary. Age total does not equal 100.0% due to 11 individuals under 18 years of age. Total percentage for race category is greater than 100.0% due to some individuals indicating more than one race. [2]Other race included: Alaska Native, Asian, American Indian, and Native Hawaiian.

Use Combinations

Many other substances are used in combination with methamphetamine, particularly those that bring the user down from the extreme stimulant high of the drug, such as alcohol, heroin/fentanyl, marijuana, prescription opioids, and sedative-hypnotics. Consumers shared: *"I know people who smoke 'weed' (marijuana) when they are using meth…. It brings you down. I cannot do meth without weed; I would try to just smoke myself down (bring myself down with marijuana); If I got to go out in public, I want fentanyl* [to come down from methamphetamine]; *You get so out in left field* [that] *you need to come back a little bit (if you get too high on methamphetamine, use*

heroin/fentanyl to come down); Xanax® calms you down [when using methamphetamine]; *When I start getting paranoid* [from the methamphetamine use]*, I want 'benzos' (benzodiazepines) or alcohol … to take the edge off a bit."* Reportedly, gabapentin and buprenorphine are also used to aid in coming down from methamphetamine use. A consumer offered, *"When you've been up for weeks and days* [using methamphetamine] *… you need to sleep* [take gabapentin]*…."*

Consumers discussed the popularity of "speedball" with methamphetamine (concurrent or consecutive stimulant and depressant highs). They explained speedball in the context of regulating one's high. Comments included: *"You use methamphetamine with heroin, so you aren't nodding out (passing out); When I was doing heroin, I would do meth to bring me up; I would usually do meth when I was really drunk* [on alcohol and] *I had stuff to do. Like if I was belligerently drunk,* [methamphetamine] *would snap me out of it; When I get too low off the alcohol … I do a bump* [hit (dose) of methamphetamine] *to come back up … it kind of regulates; I generally would look for meth after I was drunk; If you get too 'slow' (high using heroin/fentanyl), you 'go' (use methamphetamine to speed up)."*

Substances Used in Combination with Methamphetamine	
Most Common	**alcohol, heroin/fentanyl, marijuana**
Other	**bath salts (substituted cathinone), buprenorphine, crack/powdered cocaine, gabapentin, MDMA, psilocybin mushrooms, prescription opioids, prescription stimulants, sedative-hypnotics**

Bath salts (substituted cathinone), crack/powdered cocaine, and prescription stimulants are used to potentiate the effects of methamphetamine. Consumers explained: "*Crack* [cocaine] *gives you the euphoric feeling and meth gives you speed feeling and so together you feel really* [high]; *There's people that like to mix* [methamphetamine] *with bath salts. Bath salts give you a little bit more of a euphoric feeling with* [methamphetamine]*, but at the same time you don't know what you're doing…."*

Prescription Stimulants

Current availability of prescription stimulants for illicit use varied throughout OSAM regions. In Cincinnati, Columbus, Dayton, and Toledo regions, where there was no consensus as to current availability, consumers and treatment providers most often reported moderate or high availability, whereas law enforcement reported low availability. Respondents who reported moderate or high current availability of prescription stimulants for illicit use described these drugs as easily obtained through doctor's prescriptions, resulting in an available supply for diversion. Consumers shared: "*Because everyone has ADHD (attention-deficit-hyperactivity disorder) or ADD (attention-deficit disorder), you say you can't focus, and you are going to get* [a prescription for stimulants]*; I can get* [prescription stimulants] *easy…. Easy to get a prescription* [for Adderall®]*; You can go to the doctor* [for a prescription for stimulants] *or find any kid who goes to the doctor and buy* [prescription stimulants] *from them…. You can go to a college campus and buy it anywhere."*

Respondents reported that prescriptions for stimulants from doctors are often diverted for illicit use by friends and family members of children being treated with the drugs. Consumers discussed: *"Parents who get their kids prescribed* [stimulants] *… sell that to get money to pay for rent or will trade instead of rent; My wife's daughter gets* [prescribed stimulants] *… it's real available to me; I know people* [who have prescription stimulants] *and all I need to do is call them up and I can get one from them."* Consumers mentioned obtaining prescription stimulants from drug dealers. An Akron-Canton consumer estimated, *"Eighty percent* [of prescription stimulants for illicit use are obtained from a] *doctor and 20%* [from a]

dealer … somebody had to get that prescription [and sell to or trade with a dealer]*."* In addition, respondents noted online pharmacies and social media as sources for illicit prescription stimulants. A consumer in the Dayton region stated, *"You can go on Facebook and find Adderall® for sale."*

Respondents who reported low to moderate availability of prescription stimulants for illicit use often cited a shift toward methamphetamine as a cheaper, more potent, highly available alternative to illicit prescription stimulants. They said: *"There's been a shift away* [from illicit prescription stimulant use] *because … 'meth' (methamphetamine) is cheaper and easier to get; I think all the people that were seeking* [prescription stimulants] *found meth … and … quit trying to seek it out…. Meth is just easier to find; You can get meth and go for a while (prolonged stimulant effect); Nobody wants* [prescription stimulants] *anymore. Everyone just wants meth."* An Akron-Canton treatment provider commented, *"I don't have a lot of people reporting* [prescription stimulants as] *… their drug of choice."*

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

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

Respondents who described decreased prescribing by doctors as a reason for low availability of prescription stimulants for illicit use, stated: *"Doctors are prescribing* [stimulants] *less;* [Doctors] *are really cracking down on* [prescribing stimulants]*."* Members of law enforcement in the Columbus region indicated that doctor prescribing varies. They stated: *"I think it's pretty easy to get a prescription* [for stimulants]; *I think they are getting a little stricter with* [prescribing stimulants] *… depends on which doctor you're going to."* Additionally, some members of law enforcement explained that they had limited knowledge of prescription stimulants on the streets because they do not target illicit prescription stimulants in their work. One officer shared, *"*[Law enforcement is] *trying to take* [down] *high-end drug dealers…."*

Universally, Adderall® remains the most available prescription stimulant in terms of widespread illicit use. In the Dayton region, consumers and treatment providers also indicated Ritalin® as most available, and in the Toledo region, consumers also indicated Vyvanse® as most available. Consumers stated: *"I would say Adderall® is the most common, by far; Vyvanse®* [is common] *because a lot of college students get them."* Treatment providers discussed the prevalence of Adderall® for illicit use: *"I think* [Adderall® is] *more commonly prescribed and then people are diverting it; The only one that I hear our clients talk about is Adderall®."* Concerta® is reportedly less sought after for illicit use because a higher dosage is required to feel a high stimulant effect. A consumer shared, *"People like Vyvanse® and Adderall®. No one is looking for Concerta® … you would have to take a bunch of them…."*

Throughout OSAM regions, respondents reported that the availability of prescription stimulants for illicit use has remained the same during the past

six months. Ohio Bureau of Criminal Investigation (BCI) crime labs did not report any amphetamine (Adderall®) and methylphenidate (Ritalin®) cases from throughout OSAM regions during the reporting period. 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 decreased during the reporting period, while Lake County Crime (also Cleveland region) reported few cases of amphetamine. Miami Valley Regional Crime Lab (Dayton region) reported that the incidence of amphetamine cases it processes has remained the same, low. This lab reported processing very few cases of methylphenidate during the reporting period.

Other data sources indicated prescription stimulants as available for illicit use throughout OSAM regions. Millennium Health reported that 12.1% of the 122,492 urinalysis specimens submitted for amphetamine testing during the past six months was positive for amphetamines.

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

Region	% Tested Positive	Number Tested
Akron-Canton	22.4%	8,041
Athens	11.1%	9,026
Cincinnati	9.5%	8,323
Cleveland	8.5%	17,885
Columbus	17.4%	34,261
Dayton	10.2%	3,663
Toledo	7.6%	25,736
Youngstown	8.9%	15,557
Total	12.1%	122,492

Street Names

Current street jargon for prescription stimulants often reference the color of the drugs ("blues") or are shortened versions of the drug's brand name ("ad" or "addies" for Adderall® and "vans" for Vyvanse®). A consumer in the Cleveland region commented, *"'Addies,' (Adderall®) that's the only* [street name] *I know…. I have heard them say, 'Have you got those 'blues?' … the 10 mg blue* [pill] *is Adderall®, but* [the color of the pill] *just depends on what the milligram is."* A consumer in the Akron-Canton region said that prescription stimulants are often referred to by *"just their names."*

Current Street Names for Prescription Stimulants

General	vitamins
Adderall®	ad/addies, blues
Vyvanse®	vans

Pricing

Current knowledge of street prices for prescription stimulants were limited to Adderall® and provided by consumers with experience purchasing the drug. Throughout OSAM regions, consumers reported that Adderall® 30 mg most often sells for $10-25. However, consumers in Athens and Dayton regions reported that Adderall® 30 mg sells for as low as $7. In addition, consumers in Youngstown and Toledo regions reported that Adderall® generally sells for $1 per milligram. A consumer in the Toledo region shared that prescription stimulants are less expensive when purchased in larger quantities, stating, *"If you buy* [Adderall®] *in bulk, it is cheaper."*

In Akron-Canton, Athens, Toledo, and Youngstown regions, the price of prescription stimulants for illicit use has reportedly remained the same during the past six months, while an increase was reported in the Dayton region, and no consensus was achieved in the Cleveland region where no change and increased pricing were evenly

reported. Consumers in the Cincinnati region reported no knowledge of the price of prescription stimulants sold on the streets. A Dayton consumer explained limited supply of prescription stimulants contributed to increased prices, commenting, *"*[Prescription stimulants have] *gotten higher* [in price] *because they're harder to find."* And a consumer in the Toledo region described fluctuating price depending on demand from college students, saying, *"*[The price of prescription stimulants] *depends on the season…. When it is study time for college students, prices go way up."*

Route of Administration

The most common routes of administration for illicit use of prescription stimulants remain oral consumption followed by snorting. Consumers throughout OSAM regions continued to estimate that out of 10 illicit prescription stimulants users, 5-8 would orally consume and 2-5 would snort the drugs. Regarding snorting prescription stimulants, consumers shared: *"*[Prescription stimulants are] *mostly* [consumed] *orally and then some people will snort them…. It's not as common to see people snort Adderall®; I tried to snort* [prescription stimulants] *and it was the worst idea."* One consumer described drinking crushed prescription stimulant pills mixed in sports drinks. And, although uncommon, some consumers in the Youngstown region mentioned "shooting" (intravenous injection) of prescription stimulants.

Typical Use Profile

Respondents described typical illicit use of prescription stimulants as among young people (aged 15 to 30 years), high school and college students, and parents of children with prescriptions for stimulants. Students reportedly use prescription stimulants to improve their ability to concentrate and study. Respondents commented: *"A lot of students will take* [prescription stimulants] *to stay up and cram for exams; College students is the biggest one … 16-25* [years of age]*; College students. The ones that don't have a prescription are saying they take it to help them study; High school, college kids because they are trying to get their work done…."*

Consumers also identified people employed in factories as more likely to use prescription stimulants illicitly. They stated: *"*[Prescription stimulants] *are popular in my generation to focus up for work…. I was working in a factory, they were really available; I was working in a factory, I went to the doctor, told him, 'I work with machinery and have a hard time focusing and it is dangerous work.' I got prescribed two 30 mg Adderall® per day."* A consumer in the Toledo region added, *"A lot of people take* [prescription stimulants versus street stimulants such as cocaine/ methamphetamine] *because it is a pharmaceutical and they feel like it is okay (safe) to do it."*

Use Combinations

Many other substances are used in combination with prescription stimulants. Consumers reported that alcohol, followed by marijuana and methamphetamine are most often used in combination with prescription stimulants. Consumers explained that prescription stimulants are used in combination with alcohol to tolerate higher volume of alcohol consumption for increased periods of time. They said: *"Alcohol, for sure, because you can drink for a while* [when using prescription stimulants concurrently]*; You won't pass out when you are drinking* [and using prescription stimulants in combination]*. It's like a party trick."* Regarding methamphetamine, an Akron-Canton consumer said, *"Most people that like to smoke meth like Adderall®* [to potentiate the stimulant effect]*."*

Heroin/fentanyl, prescription opioids, and sedative-hypnotics are reportedly used with prescription stimulants to "speedball" (concurrent or consecutive stimulant and depressant highs). A consumer in the Akron-Canton region remarked, *"I would do a lot of* [prescription opioids and prescriptions stimulants together] *… speedball."* Prescription stimulants are reportedly used in combination with marijuana and hallucinogens to intensify the effect of these drugs. One consumer shared, *"If you use 'acid' (lysergic acid diethylamide, 'LSD')* [with prescription stimulants] *… it makes your trip (hallucinogenic high) better."*

Substances Used in Combination with Prescription Stimulants	
Most Common	**alcohol, marijuana, methamphetamine**
Other	**crack/powdered cocaine, hallucinogens, heroin/fentanyl, prescription opioids, sedative-hypnotics**

MDMA

MDMA (methylenedioxymethamphetamine or other derivatives containing BZP, MDA, and/or TFMPP) is moderately available in most OSAM regions in both the pressed tablet form (ecstasy) and the powdered form ("Molly"). However, respondents indicated that MDMA is readily available to those with the right connections. They shared: *"I have a connection and I can always get* [MDMA] *if I want; I just know people that make ecstasy pills and Molly's very easy to get for me; Most of the people I get drugs from have some* [MDMA] *or could get some…."* Consumers explained that MDMA is not readily available on the street, and without a connection, it would take effort to find a source of obtainment. Comments included: *"*[MDMA is] *available, but not* [street] *available; I could find* [MDMA] *in a week or two after asking around; For me to get* [MDMA]*, my dealer would have to hit up another dealer, it's not easy."* In the Cleveland region, where there was no consensus as to current availability of MDMA, consumers evenly reported low, moderate, and high availability, whereas law enforcement reported moderate availability, and treatment providers reported low and high availability.

Respondents described MDMA as prevalent in certain settings, such as "raves" (dance parties), concerts, and music festivals, but reportedly, it is not a drug of choice. A treatment provider in the Columbus region stated, *"I don't work with anybody that strictly claims their drug of choice as being MDMA…."* Consumers concurred, with one remarking, "[MDMA is] *not something you wanna just be high on every day … you* [use MDMA] *so you can 'roll' (get high while partying with others)."* Regarding high availability and use of MDMA to "party," other respondents commented: *"*[MDMA is] *real popular in clubs and bars…. It's one of those drugs you are not going to buy on the street corner, but you are not going to have a hard time finding a person that sells it* [at a bar or dance/nightclub]*;* [MDMA is] *promoted in music now…. It is more of the party drug than 'weed' (marijuana);* [MDMA is] *more of like a club drug, when you are going into the city to party."*

A member of law enforcement in the Youngstown region reported that MDMA is present in some sexual assault investigations, saying, *"Bar wise, I see* [MDMA] *with people getting 'roofied' (administered Rohypnol, aka 'the date rape drug' without knowledge or consent to commit sexual assault)."* In addition, MDMA is also described as prevalent on college campuses. Respondents shared: *"You find* [MDMA] *more with college students;* [MDMA is] *pretty big around here because of the college campus."* A member of law enforcement in Columbus acknowledged Internet

Reported Change in Availability of MDMA during the Past 6 Months		
Region	**Current Availability**	**Availability Change**
Akron-Canton	**Moderate**	**Decrease**
Athens	**Low to Moderate**	**No Change**
Cincinnati	**Moderate**	**No Change**
Cleveland	**No Consensus**	**Increase**
Columbus	**Moderate**	**No Change**
Dayton	**Moderate**	**No Change**
Toledo	**Low to Moderate**	**No Change**
Youngstown	**Moderate**	**No Change**

purchases of MDMA, stating, *"They're going to be getting* [MDMA] *off the Internet ('dark web,' websites operated by criminal enterprises)."*

Overall, respondents reported that Molly is more available than ecstasy. Comments included: "*Not so much ecstasy anymore, but Molly has been a thing now; If you had to choose which* [form of MDMA] *is more available, I would go with Molly."* In addition, respondents throughout OSAM regions reported availability of counterfeit MDMA, most commonly containing methamphetamine, as well as "bath salts" (substituted cathinone), caffeine, and heroin. Law enforcement reported lab analysis of MDMA seizures often reveal the presence of methamphetamine and caffeine. They discussed: *"*[MDMA is] *available, but a lot of times it's mostly caffeine. That's what our* [lab] *analyst comes up with when he analyzes what's being sold as 'ecstasy;'* [MDMA is] *pretty available, but … it's not true 'X' (ecstasy) and it's not true Molly. When* [seized MDMA] *came back from the lab* [recently]*, it was a mixture of 'meth' (methamphetamine) and caffeine."*

Consumers commented on a variety of other drugs substituted for MDMA, primarily methamphetamine. They said: *"Molly and all that stuff … I think it is really meth, because when you go to get a drug test, they say, 'Oh, methamphetamines' ... you* [drug test positive for] *meth as it is in everything; I haven't been able to find real ecstasy, it's meth; It's just hard to get real MDMA, most of the time it's meth and bath salts; I know the ecstasy usually does have meth and heroin in it … Molly for sure has meth in it."*

Throughout most OSAM regions, respondents reported that the availability of MDMA has remained the same during the past six months. However, some respondents described fluctuating availability of MDMA, depending on the supply, the season, and/or the academic schedule. Comments included: *"*[Availability of MDMA] *fluctuates … sometimes.* [Ecstasy] *comes from Cleveland* [to Youngstown]*, and they'll have a couple thousand capsules, and then* [the supply will] *go back down, so it just comes in waves; In the summertime at music festivals and things like that,* [MDMA is more available]*; Once college kids came back* [to campus]*,* [MDMA] *came back."*

Consumers and law enforcement in the Akron-Canton region reported decreased MDMA availability during the past six months, and law enforcement and treatment providers in the Cleveland region reported increased availability. Respondents who reported decreased availability of MDMA described decreased demand, as well as prevalent use of other drugs. They stated: *"The demand isn't there for* [MDMA]*; Everyone's doing 'fetty' (fentanyl)."* Respondents who reported increased availability of MDMA described promotion of the drug through music to young people and ease of access via mail delivery. They commented: *"I think* [MDMA is] *more* [available] *… because of the advertisement in regard to music and to the younger population; It seems like you can get* [MDMA] *relatively easy in the mail* [through the dark web]*."*

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

Media outlets reported on law enforcement seizures and arrests related to MDMA this reporting period (selected media reports follow). Akron Police (Summit County, Akron-Canton region) arrested a man during a traffic stop after discovering the man in possession of cocaine, ecstasy, fentanyl, two guns, and noting that the man had stolen license plates on his vehicle (www.cleveland19.com, July 9, 2021). Portage County Sheriff's Office (Akron-Canton region) executed a search warrant in Ravenna Township

and seized ecstasy, marijuana, seven firearms, ammunition, and cash (www.cleveland19.com, Nov. 29, 2021).

Adulterants

Consumers throughout OSAM regions most often rated the overall quality of MDMA as '4' and '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the regional modal quality scores ranged from '4' for Dayton and Toledo regions to '10' for the Athens region. Some consumers reported varied potency and effects from MDMA depending on the source and the amount and type of adulterant. They shared: *"The last time I did* [ecstasy]*, I had to take three of them, and didn't have close to the buzz (high) I thought I would have;* [MDMA] *is different now. It is a different effect. I really don't know what they put in it, but it is different;* [Molly] *is usually decent because people have testers (give samples to assess quality) now, but the X pills are always garbage."* Most consumers throughout OSAM regions reported that the quality of MDMA has remained the same during the past six months, while consumers in the Akron-Canton region reported decreased quality, and consumers in the Dayton region evenly reported no change in quality and decreased quality. Regarding decreased quality of MDMA, an Akron-Canton consumer explained, *"*[MDMA is] *probably mostly meth now."*

Consumers discussed adulterants (aka "cuts") that affect the quality of MDMA. Throughout OSAM regions, consumers reported methamphetamine as the most common cutting agent for the drug. Consumers stated: *"*[MDMA is] *all cut with meth; Half the time it's not Molly, it's meth; Ecstasy usually does have meth and heroin in it…."* In addition, MDMA is reportedly used as an adulterant for other substances, primarily methamphetamine. Treatment providers noticed that some clients who reported methamphetamine use screened positive for MDMA in toxicology testing, sharing: *"I've had a couple of people (clients) have positive screens with MDMA … but they* [reported they] *only used meth; There's a certain dealer in town that mixes his or her meth with* [MDMA]*, because I have a couple clients that clearly go to the same dealer that are testing positive for both meth and MDMA."* Other reported adulterants for MDMA included: Adderall®, baby laxatives, bath salts, cocaine, fentanyl, heroin, ketamine, rat poison, and vitamin C.

Street Names

Current street jargon includes several names for MDMA. Consumers indicated that ecstasy is most commonly referred to as its shortened form, "X." Other common street names describe the round shape of the ecstasy tablets ("beans" and "rolls"), indicate the dose ("single stack" for a single dose tablet), refer to the stamp/imprint on the tablet ("Motorola" and "white dolphin"), or reference candy ("jellybeans").

Current Street Names for MDMA	
General	**beans, candy, eggs, jellybeans, jiggers, Molly, rolls, Skittles®, X**
Other	**E, E-pills, Motorola, single/ double/triple stack, white dolphin**

Pricing

Consumers reported that ecstasy is most often purchased as doses called "stacks." A single stack (single dose) of ecstasy most often sells for $10, but reportedly sells for as low as $3-5 in Cleveland, Dayton, and Toledo regions, and as high as $15-20 in the Akron-Canton region. Consumers in the Cleveland region said: *"*[MDMA is] *cheap, man; $3-5 a piece … for X."* A double stack (double dose) most often sells for $20, and there was no consensus as to the price of a triple stack (triple dose), reported prices ranged from $15 to $30. For Molly, 1/10 gram (aka "a point") most often sells for $20, and one gram of Molly most often sells for $60 and as high as $100 in the Dayton region. A consumer in the Cleveland region stated, *"I bought* [Molly] *for $20 a point. And then for a triple stack pill I paid like $15."* Consumers in the Akron-Canton region reported receiving ecstasy for free at parties. They discussed: *"I normally get* [ecstasy] *for free; It's like*

a party thing. People just bring [ecstasy] *out* [and share].*"* A consumer in the Dayton region reported jars of ecstasy as available for purchase, stating, *"People would buy jars of* [ecstasy]*…. You can get a big jar of it … about 60 pills."* Overall, consumers reported that the price of MDMA has remained the same during the past six months.

Route of Administration

The most common route of administration (ROA) for MDMA remains oral consumption, followed by snorting. Consumers throughout OSAM regions estimated that out of 10 MDMA users, 6-10 would orally consume and 0-4 would snort the drug. Consumers reported orally consuming by swallowing and drinking. Comments included: *"'Popping it' (swallowing); I know people who would put* [Molly] *in their drink; Put* [Molly] *in water."* In addition to oral consumption and snorting, consumers in Akron-Canton, Athens, Cleveland, and Toledo regions reported "boofing" (anal insertion) as an ROA, and consumers in Dayton and Toledo regions mentioned intravenous injection as an ROA, although neither are reportedly common. A consumer explained that "boofing" produces a more immediate effect, stating, *"I would say like nine out of ten people are taking* [MDMA] *orally and then one person is going to boof it … it kicks in faster…."*

Typical Use Profile

Respondents continued to describe typical MDMA use as associated with young people (aged 16 to 30 years), college students, and people who attend music festivals, dance/nightclubs, and "raves." Comments included: *"*[MDMA is] *definitely a party drug, raves … any kind of parties going on* [a college] *campus to off campus …* [MDMA is] *a party weekend thing;* [MDMA is] *a young drug, for young folks. Teenagers to like 30s. It's a party drug. It's a club drug … it's promoted in music; Concerts and festival goers* [frequently use MDMA].*"* Some respondents reported that MDMA is used to enhance sexual experiences. They said: *"*[MDMA is] *considered a sex drug; It makes your body sensitive."* A member of law enforcement in the Athens region reported that MDMA use encompasses a more diverse demographic, saying, *"Three or four years ago, I would have told you* [MDMA] *was a college-scene* [drug]*…. Today, it's across the board."* A member of law enforcement in Cleveland added, *"*[MDMA is] *more prevalent* [among] *Caucasians, but it's one of those drugs that goes across demographics. It's real big in raves or party scene … considered a sex drug."*

Use Combinations

Many other substances are used in combination with MDMA. However, consumers reported that alcohol remains the most common substance used in combination with MDMA. Reportedly, this combination is popular because alcohol enhances the effect of MDMA, and alcohol is readily available in settings where MDMA is commonly used. Consumers described this practice: *"*[MDMA is used in combination with] *alcohol … to help … get higher quicker;* [Alcohol is] *part of the party scene* [and MDMA] *is a party drug. People drinking* [alcohol] *at parties* [also use MDMA].*"*

Reportedly, marijuana is used in combination with MDMA because, like alcohol, it is also popular at parties. Consumers commented: *"*[Marijuana would] *probably* [be used] *before and after* [MDMA use]*; Again, the whole party thing."* A respondent reported that Molly is sometimes incorporated into a "blunt" (marijuana-filled cigar) and smoked, sharing, *"They are lacing blunts with* [Molly].*"* Hallucinogens are used in combination with MDMA, a practice referred to as "candy flipping" and "jedi flipping," to increase one's hallucinogenic high. A consumer explained, *"*[Combining MDMA and LSD (lysergic acid diethylamide)] *was really just for more 'trip' (to increase the hallucinogenic high), a better trip."*

Substances Used in Combination with MDMA

Most Common	**alcohol, marijuana**
Other	**crack/powdered cocaine, heroin/ fentanyl, LSD, methamphetamine, promethazine ("lean")**

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).

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

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

Anabolic Steroids

Anabolic steroids are reportedly available for illicit use in Akron-Canton and Columbus regions. Consumers and law enforcement in the Akron-Canton region indicated moderate availability of anabolic steroids, while consumers in the Columbus region reported high availability. A consumer in the Columbus region shared, *"*[Anabolic steroids for illicit use are] *expensive …* [and availability] *depends on what group of people you're around. Like, if you're in a gym scene, it's probably higher* [availability]*."* Consumers in the Columbus region reported that the overall availability of anabolic steroids for illicit use has remained the same during the past six months.

Bath Salts

Bath salts (substituted cathinone; compounds containing methylone, mephedrone, MDPV, or other chemical analogues, including alpha-PVP, aka "flakka") were discussed only in the Columbus region where, according to law enforcement, current availability is low. However, due to a recent seizure during a traffic stop, law enforcement indicated a possible increase in the overall availability of bath salts. A member of law enforcement in the Columbus region commented, *"We just recently started coming* across [bath salts] *again…. We haven't seen it, but recently we had a traffic stop, we came across a good amount of it. I think it was 10 grams of bath salts. So, it's popped back up…."*

Ohio Bureau of Criminal Investigation (BCI) crime labs reported that the incidence of substituted cathinone cases they process has increased during the

reporting period for the Cleveland region, and remained the same for Akron-Canton, Cincinnati, Dayton, Toledo, and Youngstown regions, and the number of cases remains low. BCI labs reported that they processed very few cases of substituted cathinone for Athens and Columbus regions. In addition to BCI reporting, other crime labs in Cleveland and Dayton regions submitted substituted cathinone incidence data. Cuyahoga County Regional Forensic Science Lab (Cleveland region) reported that the incidence of substituted cathinone cases it processes has increased during the reporting period, while Lake County Crime Lab (also Cleveland region) reported that it processed few cases of substituted cathinone. Miami Valley Crime Lab (Dayton region) reported that the incidence of substituted cathinone cases it processes has remained the same.

Gabapentin

Gabapentin (an anticonvulsant used to treat nerve pain) is highly available for illicit use throughout OSAM regions. Consumers and community professionals agreed that a prescription for gabapentin is relatively easy to obtain. Law enforcement stated: *"We see* [gabapentin] *all the time…. Doctors will prescribe it haphazardly because it's not yet a controlled substance…. It's just widely available and can be abused…. I don't think* [consumers] *take it that seriously or think it is a hard drug; Doctors are prescribing* [gabapentin] *for everything. It's a catch-all* [drug] *… prescribing it for anxiety and* [opioid] *withdrawal symptoms…."*

In addition to obtaining gabapentin through prescription, consumers also noted obtaining gabapentin for illicit use from people with prescriptions and through Internet purchase. A consumer said: *"You can get* [gabapentin] *online and a lot of older people are prescribed* [gabapentin, making it available for diversion]…."

Both treatment providers and consumers acknowledged the illicit use of gabapentin among persons actively involved in other illicit drug use, particularly opioid use as the drug helps to alleviate opioid withdrawal symptoms. A consumer stated, *"I thought you took* [gabapentin] *to come off drugs. I was prescribed it."* Respondents also discussed the fact that many treatment agencies and drug court programs do not currently drug test for gabapentin as another reason for illicit use. Treatment providers shared: *"There have been talks about adding* [gabapentin] *to our drug screen* [panel] *because people are abusing* [gabapentin] *… not taking it as prescribed; I know* [gabapentin is] *widely abused."* A consumer summarized, *"*[Gabapentin is] *very overly prescribed and people in the drug* [using] *community know that they can take it and manipulate the drug tests…. A lot of places don't screen for it."*

Many consumers commented on illicitly using gabapentin to alleviate opioid withdrawal symptoms. One consumer stated: *"I know a lot of people that use gabapentin … it helps with 'dope sickness' (experiencing opioid withdrawal symptoms)*." Law enforcement reported typically finding gabapentin in the presence of opioids. An officer shared, *"We come across* [gabapentin] *quite often. Usually on traffic stops, when we come across the other narcotics, there's gabapentin with it. A lot of times, they'll use gabapentin if they can't find their heroin, their fentanyl, or their Suboxone®. They'll use gabapentin to* [substitute] *the need for the whatever drug they can't find."* Law enforcement also shared that they are likely to come across gabapentin at the scene of an overdose. They reported: *"You find* [gabapentin] *a lot at overdose scenes; I would say* [gabapentin is] *more available because … recently, people have been mixing it with the heroin. You start seeing more of it in the overdoses."*

Respondents described the availability of gabapentin for illicit use as either having remained the same or increased during the past six months. A treatment provider in the Dayton region reported, *"The availability* [of gabapentin] *is increasing because doctors are prescribing it more,"* while a treatment provider in the Akron-Canton region commented, *"The only thing I can say is I hear* [about illicit gabapentin use] *more often."* A member of law enforcement in the Toledo region reported, *"*[Law enforcement is] *seeing* [gabapentin] *everywhere,"* while another member of law enforcement in the Cleveland region

observed, *"Gabapentin has been becoming more popular. It's being used more…. You have to know someone who has a prescription, it's like Xanax® …* [typically not carried by] *a drug dealer … so, you have to know the right people who have a 'script' (prescription) … and … it would be easy to get a script for it as well…."*

Other data sources indicated gabapentin as available for illicit use throughout OSAM regions. Millennium Health reported that 20.8% of the 126,360 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	15.3%	3,566
Athens	16.2%	8,429
Cincinnati	19.2%	8,650
Cleveland	15.1%	19,129
Columbus	29.4%	37,131
Dayton	20.9%	3,174
Toledo	19.6%	30,299
Youngstown	14.0%	15,982
Total	20.8%	126,360

In addition to illicit use of gabapentin to alleviate opioid withdrawal symptoms, reportedly, gabapentin is frequently purchased to use as an adulterant for other drugs. According to consumers in the Cincinnati region with experience making illicit gabapentin purchases, 300 gabapentin pills (milligram unspecified) can be purchased for $100, but the price is increasing to $1-3 per pill.

Respondents most often continued to describe typical illicit use of gabapentin as associated with other illicit drug use, particularly opioids since gabapentin helps to alleviate opioid withdrawal symptoms. A consumer observed, *"People who are taking heroin and fentanyl mix gabapentin* [use] *with it."* An adult drug court officer in Toledo commented, *"Our clients know* [gabapentin] *has an affect* [on opioid withdrawal symptoms], *and if they are on some kind of medication-assisted treatment* [for opioid use disorder]*, they know what to say to get* [a gabapentin] *prescription, and doctors are really lax in prescribing it because it is* [perceived as] *'a low-risk, safe drug.'"* Law enforcement in the Cleveland region also reported that the demographics of typical illicit gabapentin use mirrors that of people who use heroin (i.e., white people). They observed: *"*[Gabapentin] *combines well with heroin…. Gabapentin* [use] *you find more in Caucasians;* [Typical illicit gabapentin use is common among] *Caucasians…. More than likely it's going to be* [people who use] *heroin or fentanyl…."*

Respondents discussed that gabapentin is most often used in combination with other substances to enhance one's high. Law enforcement commented: *"*[Gabapentin] *is a nerve block, it is a step under 'oxy' (oxycodone),* [and it is not reported] *in OARRS (Ohio Automated R_x Reporting System)….* [Gabapentin] *adds to their high (increases the effect of drugs when used in combination);* [Gabapentin] *is just another drug they can get high off … or enhance their high with so to speak."* And, reportedly, using gabapentin with buprenorphine creates an opioid-like high; consumers in the Cincinnati region reported these two drugs as commonly used together.

Hallucinogens

Throughout OSAM regions, respondents reported moderate to high current availability of dimethyltryptamine (DMT), lysergic acid diethylamide (LSD), phencyclidine (PCP), and psilocybin mushrooms. Consumers commented: *"Millennials brought* [LSD] *back; 'Shrooms' (psilocybin mushrooms) are definitely around."* Law enforcement in the Cincinnati region agreed, stating, *"LSD, we have seen fairly frequently, so LSD, DMT, and* [psilocybin] *mushrooms* [are

moderately available]." Many consumers noted that the availability of hallucinogens varies widely based on whom you know, reporting that these substances are more available if one has the right connections. They said: *"For me,* [LSD is highly available] *… I like doing psychedelics a lot…. I know a lot of people that … sell it; Sometimes you have to ask more than one person* [for LSD]*."*

Consumers commented on the seasonal availability of hallucinogens, noting higher availability in the spring when psilocybin mushrooms are harvested and during the summer months coinciding with concert/music festival season. Law enforcement in the Cincinnati region reported a dramatic increase in the availability of psilocybin mushrooms due to purchases from the "dark web" (websites operated by criminal enterprises).

Respondents also observed that when hallucinogens are available, the substances tend to sell quickly to those with the right connections. A consumer in the Toledo region remarked, *"*[LSD] *sells fast."* Law enforcement in the Athens region reported: *"*[The availability of psilocybin mushrooms is] *here today, gone tomorrow … it's a very niche group; LSD has been traditionally a college-scene type of drug…. But … we've seen* [LSD] *expand out to the county population, non-student population … when* [LSD] *does come in (becomes available), it's distributed very quickly…. There is a demand for it."* Law enforcement in the Cleveland region similarly reported, with one officer saying, *"*[LSD is] *not crazy around…. It's a drug that comes and goes (fluctuates in availability)."*

In addition, community professionals in Cleveland and Toledo regions reported on the current availability of PCP. Law enforcement in the Cleveland region noted that the availability of PCP depends on the type of community you are a part of and on which part of Cleveland you are in, sharing: *"PCP is big (in demand) in the African-American community. There are still neighborhoods (on Cleveland's near east side) you can go down and hold a cigarette out* [of] *the* [car] *window and give $20 to get a dab* [of PCP]*…. If you know where to go,* [PCP is highly available]*; If you are a suburbanite … you are going to have a hard time finding* [PCP]*…."* Treatment providers in the Cleveland region reported an increase in the availability of PCP during the past six months. They shared: *"*[PCP] *never went anywhere. PCP has always been available. I think people have just gone back to it;* [The availability of PCP is] *on the rise. I think more people are using it."* Law enforcement in the Toledo region noted that they recently encountered PCP for the first time during the last three months, reporting that PCP has been used to adulterate other drugs, such as methamphetamine.

Current availability of DMT was discussed in Cincinnati, Columbus, and Toledo regions. Law enforcement from the Columbus region reported two recent encounters with DMT, stating: *"So, we've come across* [DMT] *recently a couple times; I've talked to other* [members of law enforcement in the region] *about the DMT, and they're seeing it;* [DMT] *is available. It's out there. We're just not seeing a lot of it because it's not as widely used as fentanyl, heroin, and 'meth' (methamphetamine).* [DMT] *is more of a party type* [drug]*…."* Additionally, law enforcement in the Cincinnati region and consumers in the Toledo region reported moderate current availability of DMT.

Ohio Bureau of Criminal Investigation (BCI) crime labs reported that the incidence of LSD cases they process has remained the same for half of OSAM regions (Cleveland, Columbus, Toledo, and Youngstown), increased slightly for Akron-Canton and Cincinnati regions, with few LSD cases reported for Athens and Dayton regions. BCI crime labs reported that the incidence of psilocybin mushroom cases they process has remained the same for Cincinnati, Cleveland, Dayton, Toledo, and Youngstown regions, increased for Akron-Canton and Columbus regions, with few psilocybin mushroom cases reported for the Athens region. BCI crime labs reported processing 364 PCP cases from throughout OSAM regions during the reporting period; of which, 41.5% was from the Dayton region and 30.2% was from the Cincinnati 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 and psilocybin mushroom cases it processes has increased during the reporting period, while the incidence of PCP cases it processes decreased. Lake County Crime Lab (also Cleveland region) reported processing very few cases of LSD, PCP, and psilocybin mushrooms. Miami Valley Regional Crime Lab (Dayton region) reported that the incidence of LSD cases it processes has slightly increased during the reporting period, while the incidence of psilocybin mushroom cases it processes has remained the same and remains low. This lab did not report processing any cases of PCP.

Consumers throughout OSAM regions most often rated the overall quality of hallucinogens as '10' on a scale from '0' (poor quality, "garbage") to '10' (high quality). Consumers shared, *"I would give* [LSD] *a '9' (high quality) … it's just really good … honestly;* [LSD is] *good quality; I'd say* [psilocybin mushrooms are] *a '10' (high quality) … people are not cutting it with anything."* In general, consumers reported that the quality of hallucinogens has remained the same during the past six months. Current street jargon includes a few names for hallucinogens. Reportedly, LSD is referred to as "acid" and "Sid/Sid Vicious," while psilocybin mushrooms are called "boomers" and "shrooms."

Respondents generally described typical hallucinogen use as associated with younger adults (aged 18 to 30 years), people who attend music festivals, as well as hippies. Consumers commented: *"Like, 'rave' (dance party) people, festival goers, college kids; Hippies. Guys that do the pills, like ecstasy (pressed MDMA tablets). Twenties to 30-year olds."* A treatment provider from the Athens region remarked, *"People who go to festivals."* Law enforcement in the Cleveland region further described, *"*[LSD] *is a hallucinogen. You take it and get high for hours. You are hallucinating for hours on end…. It's more like a drug where you go, 'Hey, we are having a bonfire in the backyard, and we are 19* [years of age] *and in college,* [let's use LSD]*.'"* Community professionals in the Cleveland region indicated typical PCP use as associated with the African American community.

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, 57.4% was male, 74.8% was under the age of 40 years, and 86.8% indicated white as their race.

GPRA Demographic Data of All Intake Clients Who Used Hallucinogens during the Past 30 Days (N = 115)[1]

Male	**57.4%**
Female	**37.4%**
18 - 29	**37.4%**
30 - 39	**37.4%**
40 - 49	**18.3%**
50 - 59	**2.6%**
60 +	**0.0%**
White	**86.8%**
African American	**16.7%**
Other race[2]	**1.8%**
Hispanic/Latino ethnicity	**5.2%**

[1]Gender total does not equal 100.0% due to six individuals reporting as transgender or non-binary. Age total does not equal 100.0% due to five individuals under 18 years of age. Total percentage for race category is greater than 100.0% due to some individuals indicating more than one race. [2]Other race: American Indian.

Reports of current prices for hallucinogens were shared by consumers with experience buying the substances. Reportedly, a gram of psilocybin mushrooms sells for as high as $35 in the Athens region and as low as $10 in the Dayton region. Consumers in the Youngstown region reported that 1/8 ounce of psilocybin mushrooms sells for $70. And, while most consumers reported that the price of psilocybin mushrooms has remained the same during the past six months, consumers in the Dayton region indicated increased pricing. Reportedly, LSD sells for $10 per hit (dose) in the Dayton region, while a member of law enforcement in the Cleveland region shared, "*You typically get* [LSD]*, it's a little blotter piece of paper (aka 'tab') …* [price] *ranges* [from] *$4* [to] *$7 per tab…."*

Consumers continued to report that the most common route of administration for LSD and psilocybin mushrooms is oral consumption, mainly eating for psilocybin mushrooms. A consumer clarified, *"Orally, under the tongue* [for LSD]*."* Reportedly, hallucinogens are most often used in combination with marijuana and ecstasy (pressed MDMA tablets). A consumer identified the following reason for using ecstasy and LSD together: *"*[Ecstasy] *for the physical and emotional euphoria, and* [LSD] *for hallucinations."*

Ketamine

Respondents in most OSAM regions (Akron-Canton, Athens, Columbus, Dayton, and Youngstown) discussed current availability of ketamine (an anesthetic used in veterinary medicine) as low to moderate. Consumers reported that you need the right connections to obtain ketamine. They said: *"*[Ketamine is] *not very available;* [Ketamine is] *hard to get, but I can get it; I hear a lot of people talk about* [ketamine]*. They say you can get* [ketamine] *at certain gas stations in Columbus…."* Law enforcement in the Athens region reported an increase in the availability of ketamine during the past six months due to the drug's increasing popularity. A member of law enforcement commented, *"Ketamine is picking up steam a little bit…. Increasing maybe a little bit* [in popularity]*."*

Consumers in the Dayton region most often rated the overall quality of ketamine as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality). A consumer said, *"People usually don't cut (adulterate)* [ketamine]*."* Reportedly, the overall quality of ketamine has remained the same during the past six months. Consumers with experience buying ketamine shared that a smaller pill (milligram unspecified) typically sells for $5, while a bigger pill (milligram unspecified) sells for $10. And, according to consumers in the Dayton region, ketamine use is typically associated with, *"teenagers, younger people."*

Kratom

Respondents in a majority of OSAM regions (Akron-Canton, Athens, Cincinnati, Columbus, Toledo, and Youngstown) discussed current use of kratom (mitragynine, a psychoactive plant substance). Due to its availability through legal purchase, respondents reported that kratom is moderately to highly available. A consumer in the Athens region commented, *"You get* [kratom] *from a head shop."*

Other data sources indicated kratom use throughout OSAM regions. Millennium Health reported that 0.9% of the 91,051 urinalysis specimens submitted for kratom testing during the past six months was positive for kratom.

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

Region	% Tested Positive	Number Tested
Akron-Canton	1.4%	4,604
Athens	1.4%	4,200
Cincinnati	0.8%	6,558
Cleveland	0.7%	16,225
Columbus	0.9%	17,033
Dayton	1.2%	3,474
Toledo	0.9%	25,379
Youngstown	0.5%	13,578
Total	0.9%	91,051

Law enforcement members with an adult drug court in Toledo reported that they test for kratom use since it is not allowed in their program. Treatment providers in the Cincinnati region reported that their agency is now testing for kratom due to an increase in use during the past six months. One provider shared, *"It's to the point now that our probation department has a drug test for kratom."*

Additionally, treatment providers in the Cincinnati region reported seeing an increase in their clients experiencing a relapse after kratom use,

speculating that it might be because kratom is more expensive than other readily available illicit drugs in the area. In other words, a client will start using kratom, continue to seek that effect/high, then return to their drug of choice, primarily methamphetamine, because it is less expensive than kratom, resulting in a relapse. Consumers in the Athens region reported an increase in kratom use during the past six months. A consumer noted, *"More people are finding out about* [kratom]*. There's more attention to it."*

Consumers reported oral consumption as the most common route of administration for kratom. Consumers described typical kratom use as associated with people in recovery and/or people who are subject to drug testing. Comments included: *"*[Kratom is] *in the recovery community; People use* [kratom] *to try and come off other drugs; Someone who has a drug test coming."* A consumer added, *"If you're sober,* [kratom] *makes you feel something similar to an opiate, but if you're using* [other substances]*, you're not going to feel it."* When asked about other substances most often used in combination with kratom, a consumer in the Athens region reported, *"None. They use* [kratom] *to get off drugs,"* while a consumer in the Youngstown region mentioned kratom use in relation to "lean" (prescription-strength cough syrup with codeine mixed with soda).

OTCs

Respondents in Akron-Canton, Cincinnati, Dayton, and Toledo regions discussed the illicit use of over-the-counter medications (OTCs), such as Robitussin DM®, Coricidin® D, and Benadryl®. They reported these medications as highly available for illicit use since they are available through legal purchase. Consumers in the Dayton region reported that the illicit use of Coricidin® D is referred to as "triple C," while the illicit use of Robitussin DM® is referred to as "robotripin." Treatment providers in the Cincinnati region reported an increase in the illicit use of Coricidin® D during the past six months. A provider shared, *"Within the last six months, we* [have had] *three clients report 'triple C' (Coricidin® D)* [use]*."* Treatment providers in the Toledo region reported an increase in senior citizens illicitly using OTCs to self-medicate. A provider noted, *"I know* [senior citizens] *are mixing* [over-the-counter medications] *… sleeping pills mixed with Benadryl®…."* A staff member with a coroner's office in the Akron-Canton region commented on the illicit use of Benadryl®, stating, *"We will see diphenhydramine (Benadryl®) from time to time.... We had one* [death investigation] *in January* [2022]*. That one was actually a suicidal ingestion. That's where we are going to see diphenhydramine (Benadryl®)."* Law enforcement in the Toledo region also mentioned illicit use of Robitussin DM®, as well as other OTC cold medications, such as NyQuil®.

Promethazine

Respondents in Columbus, Dayton, and Toledo regions discussed current illicit use of promethazine (prescription-strength cough syrup with codeine, aka "lean" when mixed with soda). Comments included: *"I don't know where it came from.* [But 'lean'] *is everywhere now;* ['Lean' is] *pretty popular."* Reportedly, the current overall availability of "lean" has increased during the past six months. Consumers in the Dayton region most often rated the overall quality of "lean" as '6' on a scale of '0' (poor quality, "garbage") to '10' (high quality). They also mentioned that the overall quality of "lean" has decreased during the past six months. A consumer summarized, *"I think* [the overall quality of 'lean' has] *decreased because I thought the doctors discontinued prescribing the medication. So, I don't think what is being sold on the street is real."*

Consumers in the Columbus region reported that "lean" sells for $175-200 a bottle (amount unspecified). The most common route of administration for "lean" remains oral consumption. A consumer further clarified, *"They pour* ['lean'] *in the pop (soda) with ice and sip it all night."* Respondents generally described typical "lean" use as associated with young people (aged 15 to 18 years) and African-American males. Treatment providers from the Toledo region explained, *"Kids are drinking cough syrup … the 'lean' because of rap* [music] *artists."* Consumers in

the Columbus region also reported that "lean" is associated with drug dealers. They said: *"'Dope boys' (drug dealers) … definitely use* ['lean']*; A lot of dope boys; Dope boys use 'lean' and drink alcohol."* Reportedly, promethazine is often combined with alcohol.

Synthetic Marijuana

Respondents in Akron-Canton, Cincinnati, Columbus, Dayton, Toledo, and Youngstown regions reported moderate to high current availability of synthetic marijuana (synthetic cannabinoids, aka "K2" and "spice"). A consumer commented, *"You can find* [synthetic marijuana] *at gas stations."* While a member of law enforcement in the Akron-Canton region shared, *"I don't see* [synthetic marijuana] *a lot … not like your marijuana…."* Treatment providers and consumers both noted that most treatment agencies do not drug test for synthetic marijuana. A consumer in the Dayton region reported, *"A lot of people use 'K2' (synthetic marijuana) because you can do it if you* [need to be drug tested]*…."* The most common route of administration for synthetic marijuana remains smoking. Respondents most often described typical synthetic marijuana use as associated with younger adults. Comments included: *"More college-aged; Young kids, I have not seen older people use it."* Respondents reported that the current availability of synthetic marijuana has remained the same during the past six months.

Ohio Bureau of Criminal Investigation (BCI) crime labs reported that the incidence of synthetic cannabinoids cases they process has remained the same during the reporting period for Akron-Canton, Columbus, Dayton, and Youngstown regions, and increased for the Athens region, although the number of cases remain low. BCI labs reported that they processed very few cases of synthetic cannabinoids for Cincinnati, Cleveland, and Toledo 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 it processed very few cases of synthetic cannabinoids. Miami Valley Regional Crime Lab (Dayton region) reported that it did not process any cases of synthetic cannabinoids during the reporting period.

Xylazine

Law enforcement in the Cincinnati region reported moderate availability of xylazine (a non-opioid veterinary sedative, analgesic, and muscle relaxant). Reportedly, xylazine is shipped from China via the "dark web" (websites operated by criminal enterprises) and has been found during undercover street-level purchases, when executing search warrants, as well as at the scene of overdose deaths. Law enforcement shared: *"Every other dealer that we buy* [heroin/fentanyl] *from,* [xylazine is] *in there somewhere;* [Xylazine is] *a newer one. It's a non-controlled* [substance] *but it does have some pain relief qualities. We've been seeing a lot of that come in. We've seen customs and border protection getting five pounds coming from China, being shipped out to locations here, and we've also seen it popping up from street-level buys and search warrants that we've been doing and* [overdose] *death scenes from substances recovered."*

Xylazine is currently being used as an adulterant and is mixed in with other drugs as a potentiator to add to a user's high/create a desired effect. A member of law enforcement noted, "[Xylazine is] *used as a 'cutting agent' (adulterant). It's usually combined with fentanyl. If you google it, it says* [xylazine is] *a masking agent for fentanyl…."* When combined with fentanyl, xylazine reportedly adds to the opioid effect and prolongs a high, but because it is a potent non-opioid, it "masks," or renders the synthetic opioid, fentanyl, unresponsive to naloxone (opioid overdose reversal medication), making naloxone ineffective.

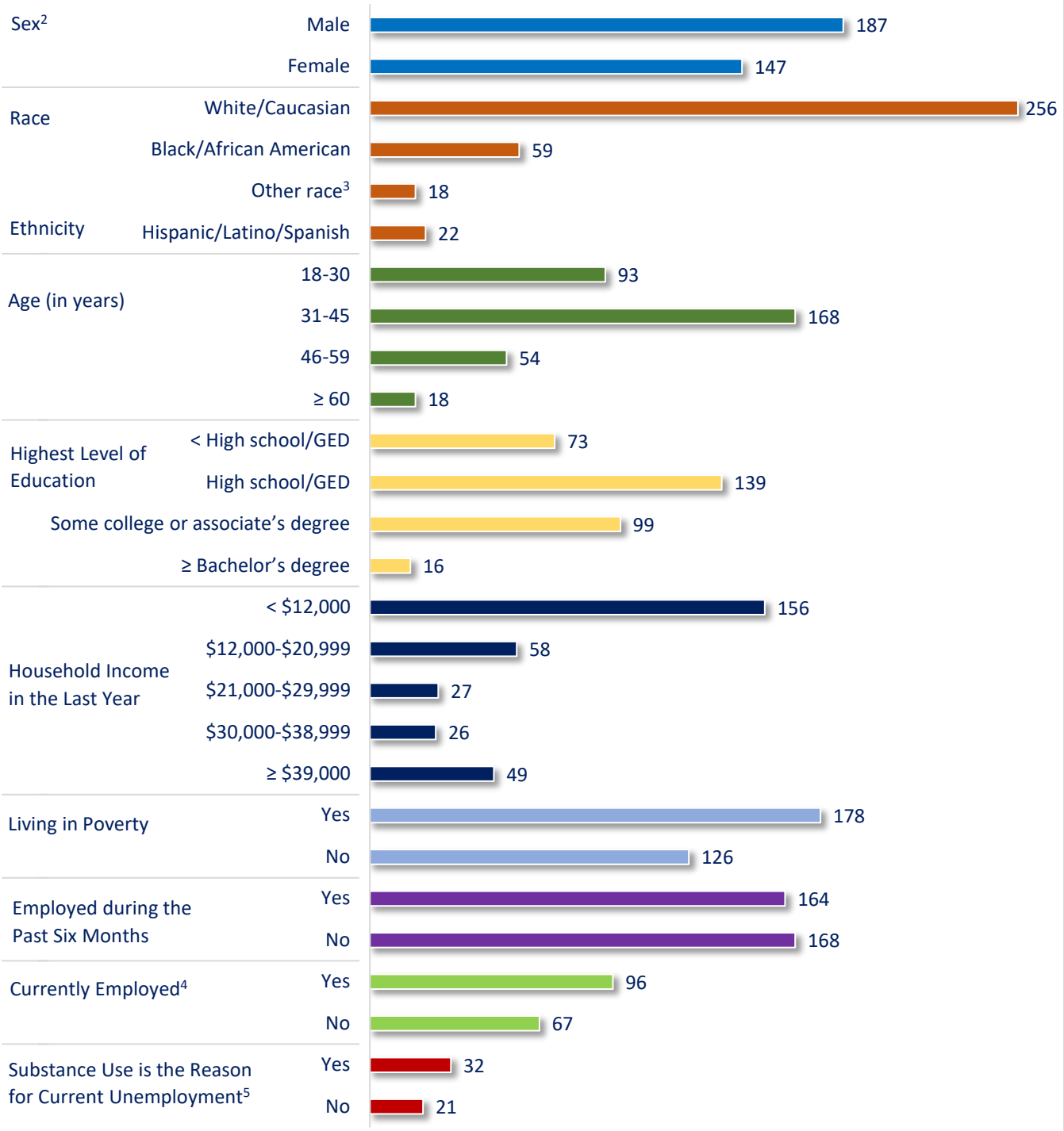
OSAM secondary data sources also indicated xylazine as an adulterant for other drugs. Ohio Bureau of Criminal Investigation crime labs and Lake County Crime Lab (Cleveland region) indicated

xylazine as an adulterant found in powdered heroin. Miami Valley Regional Crime Lab (Dayton region) reported processing five cases of xylazine during the reporting period, an increase from two cases during the previous reporting period. In addition, coroner and medical examiner offices reported seven total drug-related deaths involving xylazine: Cuyahoga County Medical Examiner's Office (Cleveland region) and Hamilton County Coroner's Office (Cincinnati region) reported five and two deaths, respectively.

APPENDICES

APPENDIX A

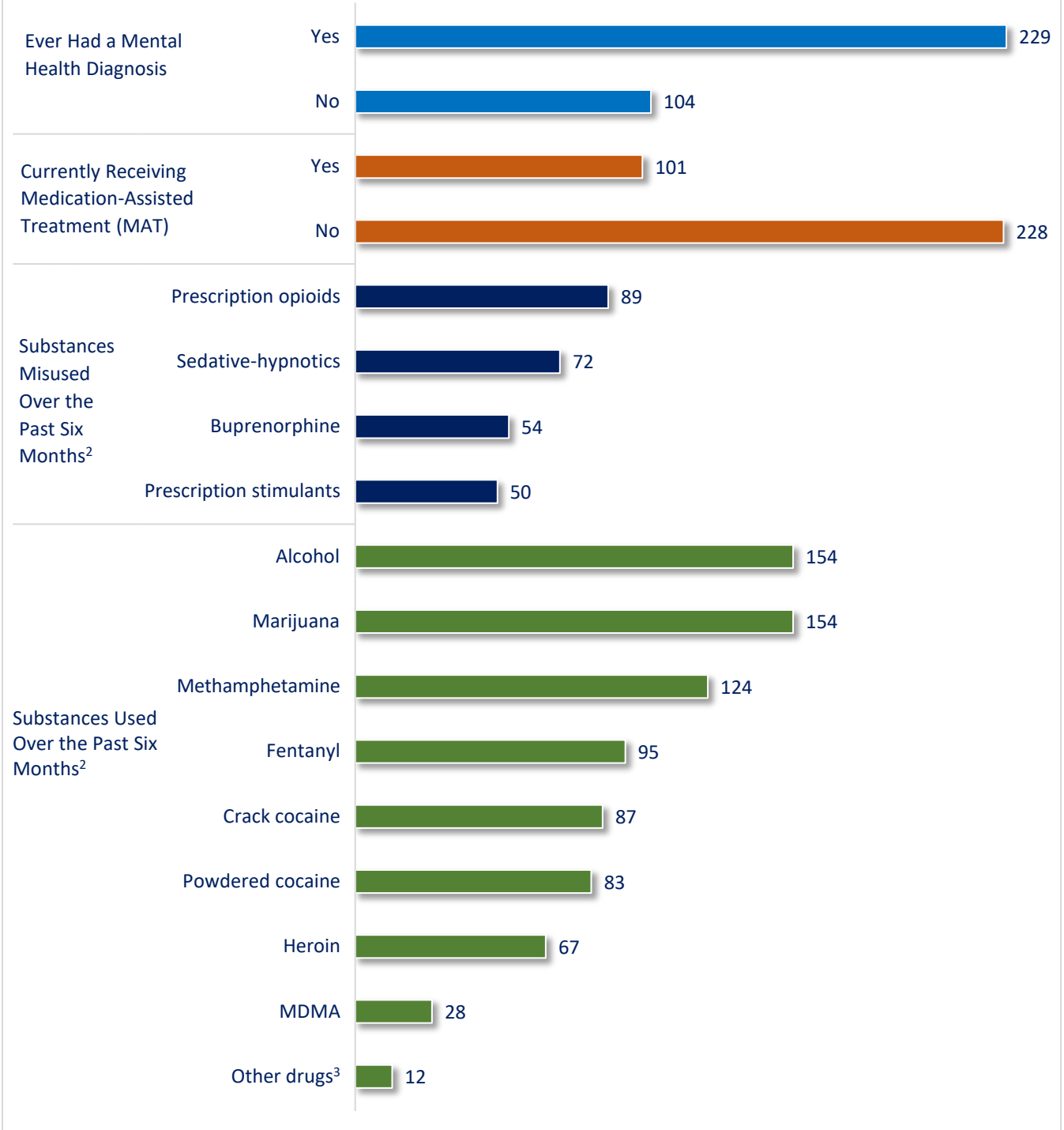
Consumer Demographics (N=333)[1]



[1]Due to missing or excluded invalid responses, some totals may not equal 333. [2]One consumer selected both male and female sex and is included in both categories. [3]Other race included: American Indian or Alaska Native, Asian, Native Hawaiian or other Pacific Islander, more than one race, and one consumer who did not specify their racial identity. [4]Question was only asked of consumers who indicated that they were employed during the past six months. [5]Question was only asked of consumers who indicated that they were not currently employed.

APPENDIX B

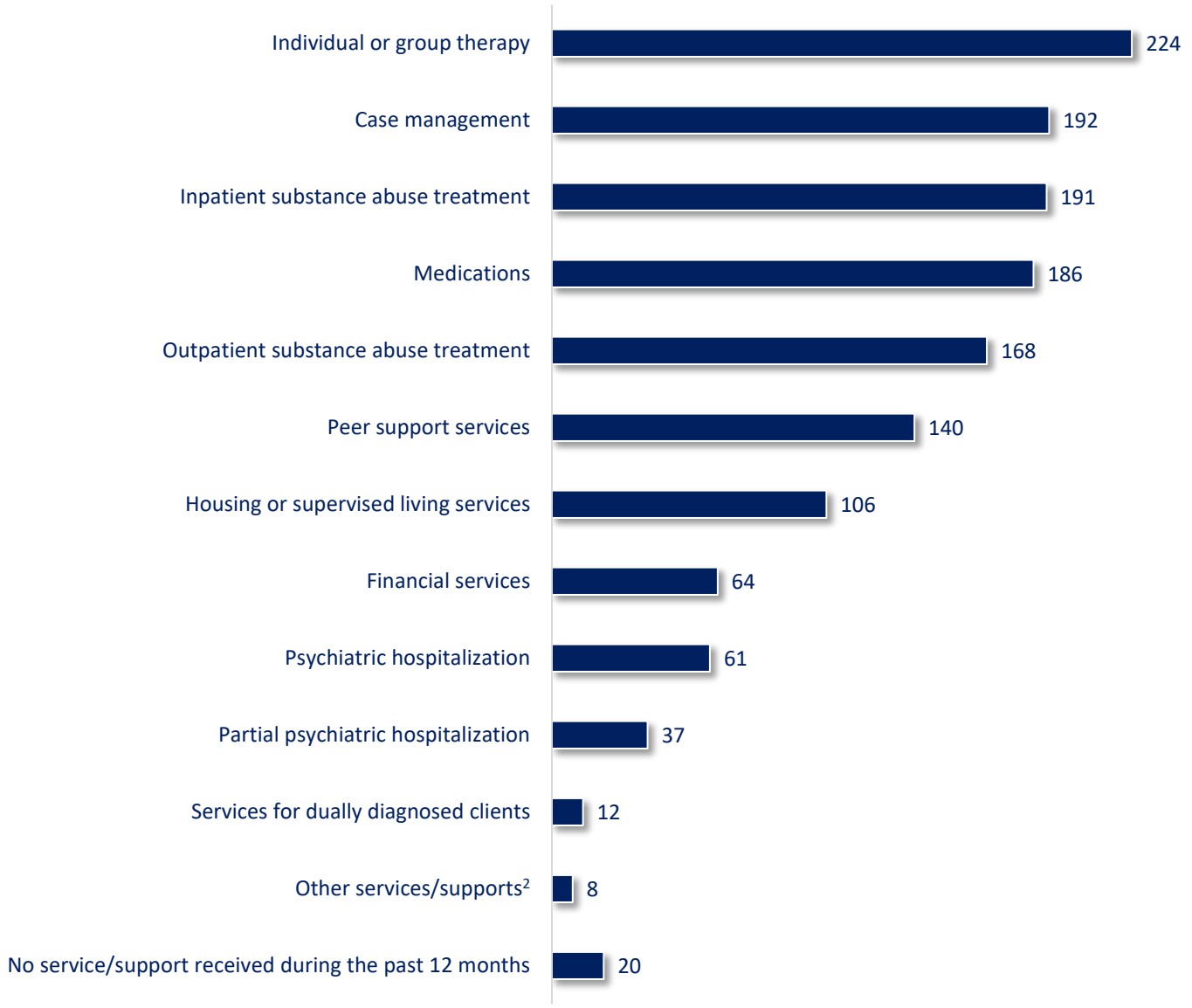
Consumer Mental Health and Substance Use Characteristics (N=333)[1]



[1]Due to missing or excluded invalid responses, some totals may not equal 333. [2]Consumers were allowed to choose more than one substance. Substances are not mutually exclusive. [3]Other drugs included: cough and cold medicine, gabapentin/pregabalin, hallucinogens (dimethyltryptamine [DMT], lysergic acid diethylamide [LSD], psilocybin mushrooms), mescaline, and synthetic cannabinoids.

APPENDIX C

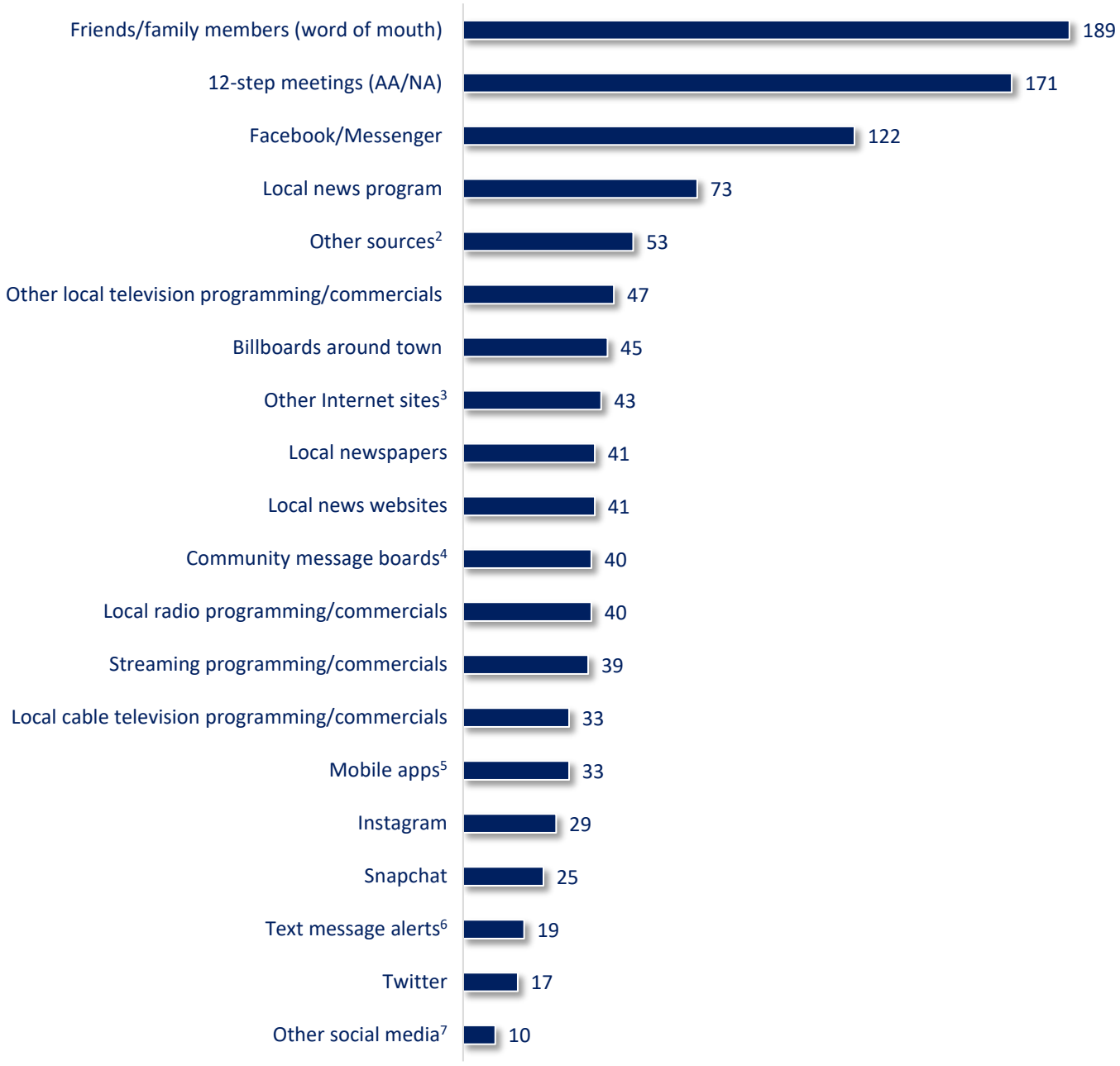
Consumer Treatment/Support Services Received at Any Time During the Past 12 Months (N=332)[1]



[1]Excludes missing data (N=1). Consumers were allowed to choose more than one treatment/support service. [2]Other services/supports included: domestic violence support services, drug court, and Veterans Affairs (VA) hospital.

APPENDIX D

Consumer Sources of Learning About Recovery News, Activities, and Events in Consumer Communities (N=332)[1]



[1]Excludes missing data (N=1). Consumers were allowed to choose more than one source. [2]Other sources included: case management, children's services, counselor, county referral service, drug court, jail, law enforcement, mental health and substance use disorder treatment facility, probation officer, recovery coach, and sponsor. [3]Other Internet sites included: Alcoholics Anonymous (AA), Google, local drug treatment, Narcotics Anonymous (NA), New York Times, and Veterans Affairs (VA). [4]Community message board locations included: apartment complex, church, county job and family services, sober living house, and treatment facility. [5]Mobile apps included: AA apps (AA Unlimited, Meeting Guide, Meetings Near You) and Apple News. [6]From local mental health and substance use disorder treatment facility. 7Other social media platforms included: TikTok and YouTube.

APPENDIX E

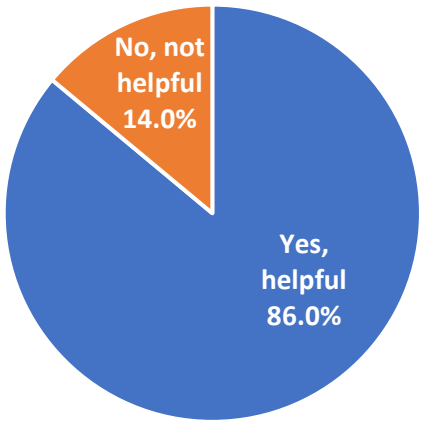
Hotline/Crisis Support Service Utilization

Of the 331 consumers who responded to the survey question regarding calling and/or texting a local or national hotline or crisis support number, 13.9% reported calling and/or texting one or more local or national hotline or crisis support number. Of those 46 consumers, 38 reported only calling a hotline or crisis support service, five reported calling and texting, and three reported only texting.
Consumers contacted:

- 11 called and 1 texted 211
- 7 called Suicide Prevention Lifeline
- 3 called Alcoholics Anonymous (AA) National Hotline
- 3 called and 1 texted a local treatment service hotline
- 2 called a homeless support hotline
- 1 texted Crisis Text Line (741741)
- 22 did not specify which hotline or support service they called or texted

Of the 43 consumers who reported contacting a hotline/crisis support service and responded to the question regarding whether it was helpful, 86.0% reported finding the hotline/crisis support service helpful.

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



Helpful – Specified

- 6 reported the counselor was a good listener
- 4 reported they were directed to useful resources
- 2 reported they were linked with treatment
- 2 reported they were provided housing support
- 1 reported they were provided suicide prevention counseling
- 1 reported they were provided police support
- 1 reported they were linked to AA meetings
- 1 reported they were assisted with COVID-19 vaccination
- 1 reported the 24/7 availability was helpful
- 18 reported it was helpful but did not specify how

Not Helpful – Specified

- 2 reported the counselor did not listen well
- 1 reported they were redirected and not provided helpful information
- 1 reported they did not receive a call back and were not provided helpful information
- 2 reported it was not helpful but did not specify how