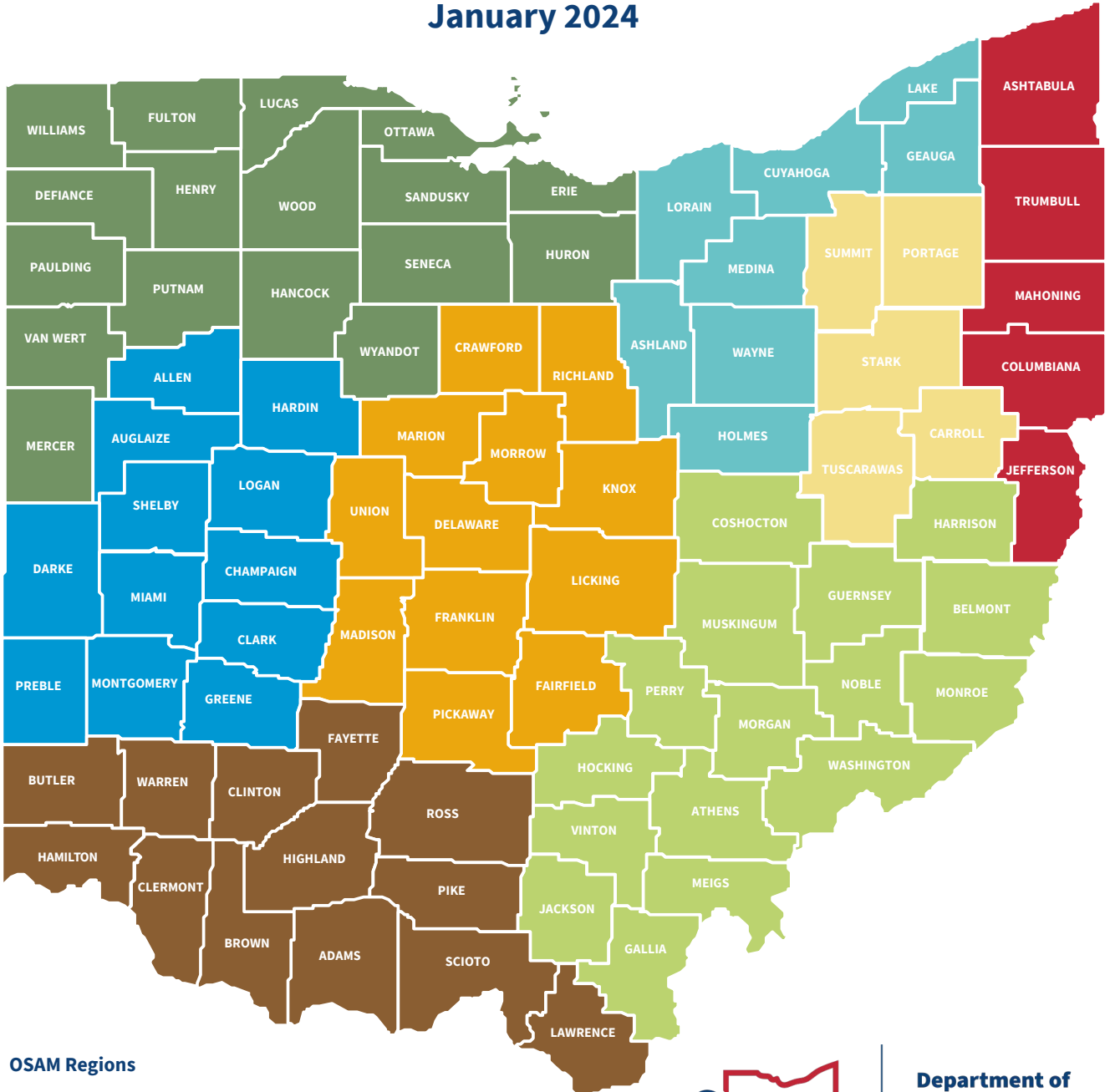




Surveillance of Drug Use Trends in the State of Ohio January 2024



OSAM Regions

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



Department of
Mental Health &
Addiction Services

RecoveryOhio 

Surveillance of Drug Use Trends in the State of Ohio July - December 2023

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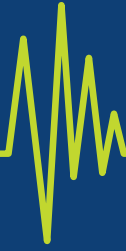
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Surveillance of Drug Use Trends in the State of Ohio

Toledo Region

- BCI reports case incidence ↑ in cocaine
- 12.4% of urinalysis positive for cocaine (highest of regions)
- 15.4% & 11.0% of Tx clients report recent crack & powdered cocaine use, respectively (highest of regions)
- 10.4% & 29.3% of urinalysis positive for fentanyl & marijuana, respectively (highest of regions)
- Hancock County Probate Court reports 100% of juvenile drug tests positive for marijuana
- Consumers report meth cut with xylazine

Cleveland Region

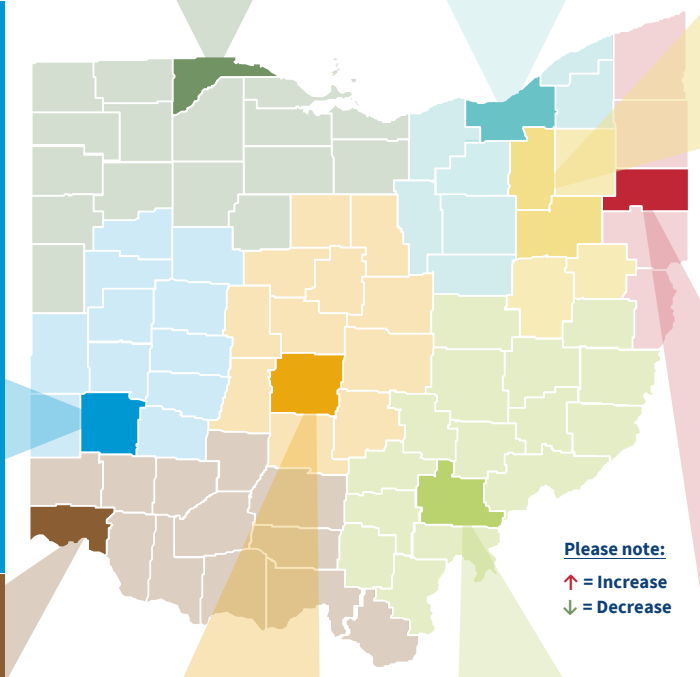
- ↑ Fentanyl, illicit buprenorphine, & meth availability
- BCI reports case incidence ↑ in cocaine & fentanyl
- Cuyahoga Co. ME reports 55.1% of drug-related deaths involved cocaine
- ODPS seizes 475 lbs. of meth & 364 lbs. of fentanyl (49.8% & 49.2%, respectively, of state totals)
- Cuyahoga Co. crime lab reports case incidence ↑ in psilocybin mushroom & PCP, & 532 xylazine cases
- Tx providers report seeing wounds caused by xylazine

Dayton Region

- BCI reports case incidence ↑ in cocaine & marijuana
- BCI reports case incidence ↓ in fentanyl & meth
- Consumers report counterfeit fentanyl-pressed benzos
- Law enforcement report ↑ in fentanyl overdose among African-Americans
- 28.4% of urinalysis positive for gabapentin (highest of regions)
- Miami Valley Regional Crime Lab reports 43 xylazine cases

Akron-Canton Region

- ↑ Cocaine demand/use
- BCI reports case incidence ↑ in cocaine
- BCI reports case incidence ↓ in fentanyl, heroin, & meth
- Law enforcement report liquid meth seizures
- Tx providers report counterfeit fentanyl-pressed benzos
- Consumers report heroin cut with xylazine
- Typical “lean” (promethazine & soda) use in males, 21-45 years



Please note:
 ↑ = Increase
 ↓ = Decrease

Cincinnati Region

- BCI reports case incidence ↑ in cocaine, fentanyl, & heroin
- Hamilton Co. Coroner reports 46.5% of drug-related deaths involved cocaine
- Tx providers report seeing wounds caused by xylazine
- Law enforcement report liquid meth seizures
- BCI reports 73 cases of designer benzos (18.4% of state total)
- Tx provider reports ketamine use for depression

Columbus Region

- BCI reports case incidence ↑ in cocaine, marijuana, & meth
- 21.1% & 20.9% of Tx clients report recent meth & fentanyl use, respectively (highest of regions)
- BCI reports case incidence ↓ in fentanyl
- Columbus FD administers naloxone to 1,177 individuals
- ODPS seizes 471 lbs. of cocaine & 6,932 lbs. of marijuana (50.3% & 50.0%, respectively, of state totals)
- ↑ Social acceptance & use of psilocybin mushrooms

Athens Region

- ↓ Illicit sedative-hypnotics availability
- Consumers express concern re: fraudulent THC vape cartridges
- BCI reports case incidence ↑ in cocaine, fentanyl, & meth
- 9.6% of urinalysis positive for meth (highest of regions)
- Consumers report cocaine cut with “horse medication” & meth cut with xylazine

Youngstown Region

- BCI reports case incidence ↑ in cocaine, fentanyl, heroin, & buprenorphine
- BCI reports case incidence ↓ in marijuana
- Consumers report ↑ in ketamine availability
- Respondents note availability of designer benzos
- Law enforcement report xylazine as cut for fentanyl, cocaine, & meth
- Consumers express concern re: fraudulent THC vape cartridges

**Abstract**

The aim of the Ohio Substance Abuse Monitoring (OSAM) Network is to conduct drug use surveillance throughout Ohio and report on new and emerging substance use patterns every six months. Data for this current Drug Trend Report were collected from July through December 2023. A total of 412 respondents from throughout Ohio imparted first-hand knowledge, sharing their lived experiences to inform the evaluation of current drug trends. Key findings of this research show that fentanyl and methamphetamine remain highly available throughout OSAM regions due to continued high supply and demand. In addition to high fentanyl availability, respondents reported high prevalence of pressed pills containing fentanyl that often resemble prescription pills. The most talked about fentanyl-pressed pills, and perhaps most available, are the “dirty 30s” (illicit pills that resemble Roxicodone® 30 mg, aka “perc 30s”). Respondents reported that while some consumers unwittingly purchase fentanyl, it is becoming widely known that if one illicitly purchases pills that one is likely getting fentanyl. And, while the respondent consensus was that fentanyl has supplanted heroin, reportedly, heroin can be obtained if one has a connection or knows how to go about securing it. Consumers noted that heroin can be purchased through the “dark web” (websites operated by criminal enterprises). Respondents discussed the growing popularity of using fentanyl with methamphetamine to “speedball” (concurrent or consecutive stimulant and depressant highs) as a driver for increased supply and demand. Respondents viewed methamphetamine as the most available illicit drug or as available as fentanyl. Reasons for high methamphetamine availability/use include its low cost and prolonged high, people who use opioids switching to, or also now using, methamphetamine to avoid opioid overdose, and/or to alleviate opioid withdrawal symptoms. Respondents throughout OSAM regions discussed the high prevalence of methamphetamine as an adulterant for other drugs, particularly the pressing of methamphetamine into ecstasy (MDMA) tablets. In addition, law enforcement in Akron-Canton and Cincinnati regions reported encountering liquid methamphetamine during the past six months. And, while overall availability has remained the same, respondents in several regions noted an increase in cocaine use. Respondents explained this increase as driven by demand for stimulant drugs, generally. Discussion points included switching from fentanyl to cocaine out of fear of opioid overdose and use of stimulant drugs with MOUD (medication for opioid use disorder). While some respondents expressed the view that cocaine is a safer alternative to opioids, many acknowledged that this isn’t so due to the prevalence of fentanyl-cut cocaine. Ohio Bureau of Criminal Investigation (BCI) crime labs reported that the incidence of cocaine cases they process has increased for all OSAM regions. Respondents continued to discuss the use of marijuana and extracts and concentrates as not only socially acceptable, but also viewed as less harmful than other substances. Due to its high potency and ability to be easily concealed, respondents overwhelmingly agreed that extracts and concentrates are popular. Consumers reported obtaining marijuana, extracts, and concentrates, for illicit use from dispensaries (both in-state and out-of-state), through a connection (including friends, family members, or dealers), by growing or making the products, and by ordering the products online and shipping them through the mail. Many consumers explained that they prefer to purchase dispensary products due to quality and safety concerns. Consumers in Athens and Youngstown regions discussed their concern of buying fraudulent cartridges. Respondents in most OSAM regions noted current availability of xylazine (aka “tranq,” a powerful sedative that the FDA has approved for veterinary use only). Respondents were unable to determine the extent to which xylazine is currently available because it is reportedly consumed as an adulterant in other drugs, and not commonly sought after by itself. Xylazine is used as an adulterant because it is inexpensive, easy to obtain on the dark web, and it gives fentanyl “legs” (extends the short-lived fentanyl high). Consumers throughout OSAM regions discussed xylazine as naloxone resistant. Treatment providers in Cincinnati and Cleveland regions recalled seeing wounds caused by xylazine use that can develop necrosis (death of cells or tissue) if left untreated. Participating coroner and medical examiner offices reported to OSAM 125 total drug-related deaths involving xylazine, an increase from 45 total drug-related deaths for the previous reporting period.

Introduction

Ohio Substance Abuse Monitoring (OSAM) Network consists of regional epidemiologists assigned to the following eight regions of Ohio: Akron-Canton, Athens, Cincinnati, Cleveland, Columbus, Dayton, Toledo, and Youngstown. Regional epidemiologists conduct focus groups/interviews and administer surveys to persons actively involved in illicit substance use and/or receiving treatment or support services for substance use disorder (SUD), referred to in OSAM reporting as “consumers,” and community professionals, including treatment providers and members of law enforcement. Qualitative findings are supplemented with available quantitative data, such as coroners’ reports and crime laboratory data. Mass media sources, such as local newspapers, are also monitored for information related to illicit substance use. Once integrated, these valuable sources provide Ohio Department of Mental Health and Addiction Services (OhioMHAS) with real-time comprehensive epidemiological descriptions of substance use trends that policymakers need to plan appropriate prevention and intervention strategies. This report presents findings from the OSAM core scientific meeting held on January 19, 2024. It is based upon data collected from July through December 2023 via focus groups and interviews. OSAM researchers in the Bureau of Quality, Planning, and Research in the Office of Data Analytics at OhioMHAS aggregated data from throughout OSAM regions to compile this summary report.

Data Sources

OSAM respondents were 317 consumers, 50 treatment providers, and 45 members of law enforcement. In addition to the basic consumer demographic information presented in the table, consumers were also asked to report age, employment status, illicit drug use, mental health diagnosis, and utilization of treatment and support services. And, to understand what harm reduction services are offered and what harm reduction services are needed, consumers were asked questions related to crisis intervention, injection drug use, medication for opioid use disorder (MOUD), naloxone (opioid overdose reversal medication), and health communication. Please see appendices for detailed data pertaining to these additional variables. Note, all percentages provided in report data tables are valid percentages reflecting the number of respondents who provided answers. The supporting respondent quotations presented in this report were abstracted from focus group/interview transcripts to highlight salient themes and are representative of the majority respondent viewpoint unless otherwise noted.

Consumer Demographic Profile		
Indicator	Ohio ¹	OSAM Consumers ²
Total Population, 2023	11,785,935	302³
Sex (female), 2022	50.6%	37.2%
White, 2022	80.9%	73.1%
African American, 2022	13.3%	23.6%
Hispanic or Latino Origin, 2022	4.5%	3.1%
High School Graduation Rate, 2018-2022	91.4%	79.7%
Median Household Income, 2018-2022	\$66,990	\$14,000-18,999⁴
Persons Below Poverty Level, 2022	13.4%	60.4%

¹Ohio statistics were derived from the most recent US Census. ²Consumers with completed surveys provided to OSAM from this reporting period: July through December 2023. ³Fifteen consumer surveys were missing. ⁴Consumers reported income by selecting a category that best represented their household’s approximate income for the previous year.

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

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

Participating respondents were recruited from the following 35 counties, arranged by OSAM region: Akron-Canton (Carroll, Stark, Summit, and Tuscarawas); Athens (Athens, Gallia, Hocking, Logan, and Muskingum); Cincinnati (Butler, Fayette, Hamilton, Lawrence, and Warren); Cleveland (Cuyahoga, Geauga, Lake, and Lorain); Columbus (Franklin, Knox, Marion, and Richland); Dayton (Allen, Greene, Hardin, Miami, and Montgomery); Toledo (Erie, Fulton, Lucas, and Sandusky); and Youngstown (Ashtabula, Columbiana, Mahoning, and Trumbull).

In addition to the above data sources, Ohio media outlets in each OSAM region were queried for information regarding illicit substance use from January through June 2023. All secondary data are summary data of cases processed from January through June 2023. Note, OSAM respondents were asked to report on knowledge

of drug use pertaining to the past six months prior to the focus group/interview; thus, current secondary data correspond to the reporting period of respondents.

Cocaine

Cocaine, both crack and powdered forms, is highly available in most OSAM regions. And, while overall availability has remained the same during the past six months, respondents in several regions noted an increase in cocaine use. Law enforcement in the Akron-Canton region observed: *“I don’t think the availability [of powdered cocaine] has changed as much as the demand for it has changed; Over the last six months, [crack cocaine is] probably more popular again.”* A member of law enforcement in the Cleveland region said, *“[Powdered cocaine] has made a comeback, and it’s the same with*

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

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

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

‘crack’ (crack cocaine).” A consumer in the Athens region explained the increase in cocaine use as driven by demand for stimulant drugs, saying, *“There’s a big stimulant boom with all the ‘meth’ (methamphetamine) flooding in and people get kind of burnt out on the meth, so they’ll try another stimulant.”*

The consensus among respondents was that crack cocaine continues to be slightly more available than powdered cocaine. Reportedly, drug dealers prefer crack cocaine sales because it is more profitable, and consumers prefer crack cocaine due to its low cost relative to powdered cocaine. Thus, dealers buy up the powdered cocaine supply to manufacture crack cocaine. A consumer in the Columbus region discussed, *“The people that I know [that sell drugs], if they got a couple ounces of ‘powder’ (powdered cocaine), they’re cooking every bit of it into crack.... Most people that snort powder, they might get a ‘twenty’ (\$20 1/10-gram amount) [or] a half a gram and that’s good for [a fair amount of time].... For crack [due to the short duration of its high], they’re going to spend \$20 every 30 minutes.”* Moreover, powdered cocaine use is viewed as “recreational” as it is often coupled with alcohol use in a social setting,

whereas crack cocaine is habitually used. A consumer in the Cincinnati region shared, *“[Crack cocaine] is cheap.... And it’s the one [drug] where most [dealers will] ... front it to you because they know you’re going to come back [for additional purchases]. With heroin and stuff ... it’s less likely.... Crack, they’re coming back to [the dealer]. They’re coming back, they’re coming back, they’re coming back, they’re coming back.... It’s like Pringles® (potato chips) ... once you start, you can’t stop.”* A treatment provider in the Youngstown region stated, *“Crack cocaine is the type of drug that acts directly on the brain and it’s like a thinking drug (it’s highly addictive), so you just obsess about it.”*

Reportedly, powdered cocaine is readily available to those with a connection to the drug. Comments included: *“You have to know somebody to get [powdered cocaine].... You have to have a middleman or a ‘plug’ (drug dealer); Most ‘rec’ (recreational) [powdered] cocaine users ... are getting it from the same dealer and ... consistently getting it from that person. I don’t think we’re seeing ... just buying [powdered cocaine] from a street corner; Not everybody (every dealer) carries [powdered cocaine]. You have to go out of your way to get it.”* In addition to dealer purchase,

consumers shared that powdered cocaine can be found in many bars throughout OSAM regions. They discussed: *“You can go to probably any bar and find at least one person there that has [powdered cocaine]; I work in a bar [and] I see [powdered cocaine] all the time. There probably isn’t a day I don’t see it in the bar; You’ll find [powdered cocaine] ... anywhere that people are drinking.... It’s a social drug; I’ve been out at a bar, and someone took their cell phone out to take a selfie, and their baggie [of powdered cocaine] was stuck to it. I mean, it’s everywhere.”*

However, street purchase of crack cocaine is common. Consumers commented: *“I could pretty much go and get [crack cocaine] anywhere.... You don’t necessarily have to [have a connection]. You will get approached by people [who sell crack cocaine] at the gas station; If you go to a store ... people literally just come up and ask you, ‘Hey, you want a ‘tester’ (free sample of crack cocaine)?’; [Crack cocaine is] close by. Near me ... corner stores, parking lots ... my apartment complex; It’s almost like every stop sign I stopped at, I would get hollered at, ‘Do you want some ‘boy’ (heroin), ‘girl’ (cocaine)?’; [Crack cocaine] is the top selling thing out on the street. It’s in high demand; Depending on the neighborhood, you could walk up to random strangers on the street [and ask for crack cocaine]; They’ll walk up to you [asking if you want to buy crack cocaine]. ‘What you need?’”*

And, while not as high in demand/availability/use as methamphetamine, respondents noted that the opioid epidemic has increased interest in cocaine as well. Discussion points included switching from fentanyl to cocaine out of fear of opioid overdose, increase in concurrent or consecutive use of cocaine with opioids (“speedball”), and use of cocaine with MOUD (medication for opioid use disorder) that does not inhibit the effects of cocaine. Comments included: *“[People who use crack cocaine are] just looking at the safer option over fentanyl; To a dealer, [cocaine sales are] more appealing maybe because the fatality rate isn’t as high with cocaine as it is with fentanyl, so they don’t concern themselves as much*

[with the risk of] manslaughter charges; There is a lot of co-fentanyl and cocaine use. Whether it’s a combined powder or whether they are smoking crack and then using fentanyl; I think the reason [crack cocaine] may be making, you know, ‘a comeback’ ... is that over the last several years all the community has heard about is the opioid epidemic and the treatment is kind of centered around the fentanyl ... and [cocaine] is just another drug that can be used that the Vivitrol® shot (MOUD) [has no effect on]....”

While some respondents expressed the view that cocaine is a safer alternative to opioids, many acknowledged that maybe this isn’t so due to the prevalence of fentanyl-cut cocaine. Consumers in the Toledo region said: *“I heard my sister say, ‘Be careful,’ ... [dealers] are ‘cutting’ (adulterating) [crack cocaine] with fentanyl; Actually, I lost a friend.... He was doing a bunch of ‘blow’ (powdered cocaine) and overdosed on ‘fetty’ (fentanyl) and died....”* Other comments included: *“I know people that are overdosing from smoking crack; I’ve only used crack cocaine once in the last six months and I overdosed on fentanyl; The fentanyl, yeah, it’s a bad drug, but it makes the ... crack cocaine more addicting.”*

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

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

Public Safety reported drug task force seizure of 421.0 kilograms (926.3 lbs.) of powdered cocaine from throughout OSAM regions, of which, 50.5% was seized from the Columbus region, and seizure of 4.9 kilograms (10.7 lbs.) of crack cocaine from throughout OSAM regions, of which, 32.8% was seized from the Columbus region. Fairfield County Municipal Court (Columbus region) reported that, of the 4,319 positive adult drug specimens it recorded during the past six months, 2.2% was positive for cocaine. Millennium Health reported that 5.5% of the 141,175 urinalysis specimens submitted for cocaine testing was positive for cocaine.

Coroner and medical examiner offices in the counties of Cuyahoga (Cleveland region), Hamilton (Cincinnati region), Montgomery (Dayton region), and Scioto (Cincinnati region) reported that 55.1%, 46.5%, 22.6%, and 20.8%, respectively, of all drug-related deaths they recorded this reporting period (321, 185, 452, and 48 deaths) involved cocaine. GPRA (Government Performance and Results Act) data collected from 5,278 persons entering publicly funded SUD treatment programs during the past six months found 6.9% reported powdered cocaine use and 8.8% reported crack cocaine 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	2.8%	10,673
Athens	1.9%	14,387
Cincinnati	4.6%	27,628
Cleveland	4.5%	23,671
Columbus	6.1%	29,595
Dayton	5.6%	4,144
Toledo	12.4%	20,710
Youngstown	2.0%	10,367
Total	5.5%	141,175

¹Urinalysis does not differentiate crack and powdered cocaine.

Media outlets reported on law enforcement seizures and arrests related to cocaine this reporting period (selected media reports follow). Athens County Sheriff’s Office along with the Southeast Major Crimes Task Force (Athens region) executed a search warrant of a residence and arrested a 24-year old man for trafficking cocaine; officers seized over three ounces of suspected cocaine, several pounds of marijuana, prescription pills, cash, and guns (www.10tv.com, Jan. 17, 2023). Portage County Sheriff’s officers (Akron-Canton region) arrested an Akron man (Summit County) during a traffic stop in Brimfield Township after discovering crack cocaine and a crack pipe in the man’s vehicle; later forensic testing revealed the man had cocaine containing methamphetamine and fentanyl (www.cleveland19.com, Jan. 23, 2023). Law

GPRA Intake: Cocaine Use during the Past 30 Days				
Region	Crack Cocaine		Powdered Cocaine	
	% Yes	Total N	% Yes	Total N
Akron-Canton	3.9%	259	3.5%	259
Athens	0.5%	655	0.8%	655
Cincinnati	9.5%	1,124	6.1%	1,124
Cleveland	12.4%	1,218	9.3%	1,218
Columbus	12.0%	1,000	10.7%	1,000
Dayton	1.4%	286	2.1%	286
Toledo	15.4%	428	11.0%	428
Youngstown	1.9%	308	2.6%	308
Total	8.8%	5,278	6.9%	5,278

enforcement in Scioto County executed a search warrant at a home in Minford and arrested four people after seizing 96 grams of suspected fentanyl, 315 grams of suspected methamphetamine, 14 grams of suspected cocaine, and approximately \$1,000; the seized narcotics were estimated to have a street value of \$26,750 (www.wowktv.com, Jan. 27, 2023). Investigators with a joint federal and state drug task force arrested a Painesville man (Lake County) for possession with the intent to distribute cocaine and fentanyl; officers raided the man's storage unit in Cleveland (Cuyahoga County), seizing 66 pounds of cocaine and fentanyl (www.cleveland.com, Jan. 31, 2023). Logan County Unified Drug Task Force (Dayton region) arrested a Springfield man (Clark County, also Dayton region) during a traffic stop in West Liberty for trafficking in cocaine after discovering the man with \$2,800 and a large amount of suspected crack cocaine (www.peakofohio.com, Feb. 1, 2023). Portage County Sheriff's Office executed a search warrant at a residence in Ravenna Township as part of a six-month drug investigation and arrested one person; officers seized crack cocaine, marijuana, scales, a handgun, ammunition, and cash (www.beaconjournal.com, Feb. 9, 2023). Youngstown Police (Mahoning County) arrested a man at a gas station during a traffic stop; inside the man's vehicle, officers found psilocybin mushrooms, crushed pills, crack cocaine, and \$105 (www.wkbn.com, Feb. 20, 2023). Youngstown Police arrested a man during a traffic stop after spotting marijuana cigars in his car; when officers searched the car, they found 31 bags of crack cocaine and three bags of fentanyl (www.wkbn.com, March 8, 2023). Summit County Sheriff's officers seized 25 kilograms of a cocaine-fentanyl mixture worth \$800,000 during a traffic stop; acting on intelligence of drug trafficking activity, a K9 narcotic interdiction and detection team initiated a traffic stop and vehicle search (www.summitdaily.com, March 10, 2023). A Wintersville man (Jefferson County, Youngstown region) plead guilty to felony charges of possession of cocaine, aggravated possession of

drugs, and possession of a fentanyl-related compound after drugs were discovered in his son's backpack at his elementary school; a teacher at the school smelled marijuana and found the boy's backpack full of drugs (www.fox8.com, March 16, 2023). Officers with the Central Ohio High Intensity Drug Trafficking Area (HIDTA) Task Force executed a search warrant at a Columbus home (Franklin County) near an elementary school and seized \$180,000 worth of cocaine, methamphetamine, and fentanyl, along with \$20,000, a gun, and a tactical vest (www.fox8.com, March 23, 2023). Ohio Attorney General's Organized Crime Investigations Unit executed multiple narcotics search warrants at several locations in Columbus; officers arrested three men for possession of drugs and drug trafficking and seized 75 kilograms of cocaine, \$76,000, and a firearm from several storage units (www.abc6onyourside.com, March 30, 2023). Miami Valley Bulk Smuggling Task Force officers conducted a raid on a Trotwood home (Montgomery County) and seized 17 kilograms of cocaine and a large amount of money; officers arrested two people (www.daytondailynews.com, May 16, 2023). Athens County Sheriff's officers searched a mobile home and three campers on a property in Athens, finding three-quarters of a pound of methamphetamine, half a pound of cocaine, a quarter pound of psilocybin mushrooms, and more than \$9,000; officers arrested two people on a number of drug trafficking charges (www.wsaz.com, May 30, 2023). Columbiana County Sheriff's officers (Youngstown Region) executed a search warrant at a home in East Liverpool and seized 28 grams of packaged crack cocaine, prescription pills, a large amount of cash, and drug paraphernalia (www.wfmj.com, May 30, 2023). Federal and local law enforcement agencies partnered to indict 31 individuals involved in a drug trafficking conspiracy in Marion County (Columbus region), Wyandot County (Toledo region), and Lorain County (Cleveland region); law enforcement seized a total of three kilograms of fentanyl, two kilograms of cocaine, more than one kilogram of methamphetamine, 15 firearms, and \$25,546 (www.10tv.com, June 23, 2023).

Adulterants

Consumers throughout OSAM regions most often rated the current overall quality of crack cocaine as ‘7’ and of powdered cocaine as ‘8’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the regional modal quality scores for crack cocaine ranged from ‘5’ for the Toledo region to ‘10’ for the Columbus region, and the regional modal quality scores for powdered cocaine ranged from ‘6’ for the Dayton region to ‘8’ and ‘10’ for the Toledo region. Overall, consumers noted that the quality of crack and powdered cocaine has remained the same during the past six months.

While regional quality modal scores differed, there was consensus that quality of both cocaine types is variable, depending most often on the dealer, location of purchase, and the amount of adulterant (aka “cut”) added. Consumers discussed: *“Nobody can just go to the ‘coke plugs’ (powdered cocaine dealers). There’s not one around here (Butler County, Cincinnati region). So, everybody has to call somebody else to get it. And then he’s going to want to make money on it ... so, by the time it gets to you it’s [been adulterated several times].... If you go up to Dayton (Montgomery County), then [powdered cocaine quality is] a ‘10’ (high). So, I don’t know. Hit or miss. It’s either really good or really bad; [All the crack cocaine] I’ve gotten from anywhere in Cincinnati (Hamilton County) has been consistently good, pretty decent; [Quality] depends on how close the person is that you are getting it from ... it’s going to get stepped on (adulterated) the more hands it passes through; There’s still good ‘coke’ (powdered cocaine) in Columbus. It’s just ... you have to be willing to pay for it; [Quality] just depends on the batch and the person you got it from; Some [dealers] break it down (adulterate), some keep it pure.”*

Consumers discussed adulterants that affect the quality of crack and powdered cocaine and reported that the top cutting agents for crack cocaine remain baking soda and fentanyl, and for

powdered cocaine, the top cutting agents remain baby laxatives, baking soda, and fentanyl. A consumer explained, *“The reason they put fentanyl in cocaine is because it’s highly addictive and that keeps you coming back because your body’s addicted to that feeling....”* Other consumers said: *“Then you got the fetty that’s going to ... make your body depend on it but you don’t realize it’s in the [cocaine]; [Fentanyl is] all in the crack.... They would be smoking crack and they pass out and they need to use Narcan® to get them back up (administer naloxone to reverse an opioid overdose)....”*

OSAM secondary data sources indicated fentanyl as an adulterant for cocaine. Coroner and medical examiner offices in Cuyahoga, Hamilton, Montgomery, and Scioto counties reported that 74.0%, 86.0%, 77.5%, 90.0%, respectively, of all cocaine-related deaths they recorded this reporting period (177, 86, 102, and 10 deaths) also involved fentanyl.

Consumers throughout OSAM regions also reported crack and powdered cocaine cut with methamphetamine, while a consumer in the Cincinnati region discussed crack cocaine cut with xylazine (aka “tranq,” a powerful sedative that the U.S. Food and Drug Administration has approved for veterinary use only that is naloxone resistant), and consumers in the Athens region reported powdered cocaine cut with “horse medication.” Regarding methamphetamine, consumers explained that it is a cheap substance that extends the stimulant high of cocaine. A consumer shared, *“I thought when I first relapsed that I was only smoking crack, but I had meth in my system too. So, there’s meth [as an adulterant for crack cocaine].... The meth is going to make [cocaine] ... a little bit more intense ... to make [the stimulant high] longer lasting. Because with crack cocaine, your ‘buzz’ (high) is short. The meth makes it a little bit longer.”* The consumer in the Cincinnati region said of xylazine: *“Xylazine [is a cut for crack cocaine]. Yes, ma’am (I’ve heard of crack cocaine being cut with xylazine).”*

Consumers discussed many adulterants for cocaine, saying: *“Any kind of white substance they’re ... putting [in cocaine] just to ‘stretch’ (increase the volume of) it; Acetone, creatine ... them headshops, they sell 10 different [substances] to cut with.... You can go to them headshops and get cuts; ‘Fish scale’ [is a common headshop cut for powdered cocaine]. It’s called ‘fish scale’ ... looks just like [powdered] cocaine; Some people still use inositol, baby laxative; You can cut [cocaine] with Similac®, powdered milk, aspirin; I have a friend who used to use plain ... coffee creamer [because] it has no flavor.”*

Other adulterants for crack and powdered cocaine mentioned included: acetaminophen, acetone, ammonia, aspirin, baby aspirin, baby formula, baby powder, “bath salts” (substituted cathinone), benzene, biotin, caffeine pills, carfentanil, coffee creamer, creatine, crushed glass, dietary supplements (inositol), drywall, ether, fiber, flour, gabapentin, headache powders, incense, laxatives, lidocaine (local anesthetic), mannitol (diuretic), MDMA (methylenedioxymethamphetamine, ecstasy/“Molly”), MSM (methylsulfonyl-methane, a joint supplement), niacin (vitamin B-3), oral numbing agents, powdered sugar, prescription opioids, prescription stimulants, pseudoephedrine, rat poison, salt, sedative-hypnotics, soda pop, sugar, teething powder, vanilla, vitamins (B, B-12, C), and workout supplements. Crime labs throughout OSAM regions indicated many adulterants found in cocaine.

Adulterants

Reported by Crime Labs for Cocaine¹

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

¹Crime labs do not differentiate crack and powdered cocaine.

Street Names

Current street jargon includes many names for crack and powdered cocaine. In addition to the abbreviated names of “powder” for powdered cocaine and “crack” for crack cocaine, throughout OSAM regions, consumers continued to report that street names often reflect the appearance of the different types of cocaine. For instance, powdered cocaine is called “powder” or “snow” due to its powdery form and usual white color, while crack cocaine is often referred to as “hard” due to its rock-like state. They shared: *“‘Hard’ is the crack cocaine, ‘soft’ is just the [powdered] cocaine; Some people just call [powdered cocaine] ‘powder’ or ask, ‘Is it snowing outside?’ ‘Fish scales’ because of the way [powdered cocaine] looks; ‘Scales’ ... [high-quality powdered cocaine] shines in the light like fish scales.”*

Consumers also continued to report “girl” as a general term for cocaine. They explained: *“‘Girl,’ it’s a thing with cocaine. It’s ‘hard girl’ [for crack cocaine] and [for powdered cocaine it is] ‘soft girl’ and ‘White girl;’ They call heroin, ‘boy,’ and crack [cocaine], ‘girl;’ ‘Girl’ and ‘work’ [are common street names for crack cocaine], yeah. Because if you go and say on the phone, ‘hard,’ [police] are going to know what you’re talking about; So, we’re going away from ‘hard’ as the term [for crack cocaine] because it’s just so well known; Listen, I’ve used all of them [for crack cocaine]. They’re all common to me. It depends on who I’m talking to.”* In Cincinnati and Columbus regions, consumers agreed that street names can vary depending on with whom you talk to/associate. Comments included: *“Probably ‘soft’ or ‘girl’ [are the most common street names for powdered cocaine] in my circle; Probably ‘white’ [is most common among my acquaintances].”*

Comments on other street names included: *“[A street name for crack cocaine is] ‘melt.’ ‘Cause it melts on your pipe [when you smoke it]. ‘You got some melt?’; They call [powdered cocaine] the ‘rich man’s drug’ because a lot of professionals do it; ‘Butter’ [is a street name for crack cocaine] ...*

when it is good [quality]. Ain't no 'butter' around no more; 'Candy' ... because [crack cocaine] is good; They call crack, 'BoBo,' because you feel like a clown when you spend all of your money [buying it]."

money you had, they would give you something (some quantity of crack cocaine) for it; People buy \$10 at a time and keep coming back and coming back ... it depends on what you got. If you got \$3, I can break you off a little piece and serve it to you; People buy whatever is in their pocket; You can give \$2 and get a crumb (small unit of crack cocaine). For real. It depends on how much money you have."

Current Street Names		
	Crack Cocaine	Powdered Cocaine
Most Common	crack, girl, hard, rock	blow, coke, girl/White girl, powder, soft
Other	BoBo, boulders, butter, crack-izzle, hard girl, hardware, hard work/work, melt, snap crackle pop, stones, straight drop/drop	Becky, booger sugar, Christina Aguilera/Christina, Coca-Cola®, fish scales/scales, flake, nose candy/candy, pow-wow, snow, white, yayo

Throughout OSAM regions, consumers discussed varying cocaine prices dependent on who you are, your relationship with the dealer, the quality of the cocaine, and the amount of purchase,

Pricing

Throughout OSAM regions, consumers identified the most common quantities of purchase for crack cocaine as a gram for \$40-100 and 1/10 gram for \$10-20. The most common quantity of purchase for powdered cocaine is a gram for \$50-100, although consumers noted that a gram can sell as low as \$40 in the Dayton region and as high as \$120 in the Youngstown region. Reportedly, 1/8 ounce (aka "eight ball") of powdered cocaine most often sells for \$150-200 and can sell for \$220-270 for higher quality.

Consumers universally noted that cocaine can be purchased in dollar amounts, particularly crack cocaine, which reportedly, is not typically weighed. They discussed: "Probably a 'twenty' (\$20 purchase) [is the most common unit of purchase for crack cocaine].... It's just a \$20 bill and [what you get] can be anywhere from a half a gram to two or three tenths [of a gram]; [Powdered cocaine] ... buy a 'twenty,' buy a 'thirty,' buy whatever you want.... Yeah, [a twenty is whatever quantity you can get for \$20]. [You say] how much you want to spend; Most of the ones that would hit me up, would holler at me, like, 'We want twenty (\$20 worth of crack cocaine).' So, however much

as better prices are often given for bulk amounts. Comments included: "Honestly, [the price of powdered cocaine depends on] just who you are.... It's like ... \$30 for a half gram, \$60 for a gram [for most buyers], but you can be a college student and they're going to charge you \$50, \$100 [for a half gram and gram, respectively]. It just depends on ... what they think they can get ... and then [price also depends on] like the purity and [amount of money you spend]; If you buy in bulk, you get a better price; People pay up to \$100 [for a gram of powdered cocaine], but I wouldn't sell for that much. I'd sell it for \$60 a gram; [You can buy] a gram [of crack cocaine] for \$50. But some people going to tell you it's 'fire' (highly potent) and they going to say they need \$80.... But if you got a good connect and you a good customer ... \$40, \$50."

Lastly, consumers discussed drug dealers accepting trades and giving free testers. Comments included: "People will be like, 'I will sell you (trade for crack cocaine) this 'vic' (Vicodin®),' or, 'I got this TV;' [A tester] is free. There's a lot of free stuff (testers) out there too [to get] the new customers." Overall, consumers most often reported that the price of crack and powdered cocaine has remained the same during the past six months.

Route of Administration

The most common routes of administration (ROA) remain smoking for crack cocaine and snorting for powdered cocaine. Throughout OSAM regions, consumers estimated that out of 10 people that use crack cocaine, 8-10 would smoke and 0-2 would “shoot” (intravenously inject), and out of 10 people that use powdered cocaine, 8-10 would snort, 0-2 would shoot, and 0-1 would smoke (including “freebasing,” a method of using cocaine that involves heating the powder to create pure, highly concentrated crystals that are then put into a glass pipe with a small piece of copper and heated until it boils into a vapor, which is then inhaled).

Consumers discussed: *“There’s a couple people that might shoot [powdered cocaine]; I would say mostly snorting [powdered cocaine]... I ain’t never seen nobody smoking it. That’s crack. If they’re smoking it, it’s crack; I’ve seen people ‘rock it up’ (manufacture crack cocaine from powdered cocaine) pretty fast, pretty easy, and smoke it; The people I knew all snorted [powdered cocaine]; I’m sure [people] are shooting [powdered cocaine] too, I just know snorters.”* Generally, smoking powdered cocaine indicates rocking it into crack cocaine to smoke. However, consumers shared that powdered cocaine, as well as crack cocaine, is often sprinkled into marijuana or tobacco for smoking. Comments included: *“You can lace a ‘blunt’ (marijuana-filled cigar) with [powdered cocaine]; A ‘primo’ is putting [powdered cocaine] in ‘weed’ (marijuana), cigarettes; They roll it up in cigarettes; You put [crack cocaine] in the end of your cigarette; You put a little piece of crack [cocaine] at the end of your cigarette so when you light it, it melts into the cigarette.”*

Consumers indicated intravenous injection of crack and powdered cocaine as somewhat uncommon but done by those who prefer injecting. They said: *“The last time I used [powdered] cocaine, I shot it... If [the 10 people who use powdered cocaine] ever ‘shot’ it, then yeah, [all 10 would inject it]. That’s the only way*

you do drugs after you do it that way; [Most people who use crack cocaine] smoke it... [Injecting crack cocaine is] a complicated process that I never really wanted to try; With shooting [crack cocaine] you have to put it in the spoon, you have to melt it, you have to add [lemon juice]... But if you want to hurry up and get high you can just throw it on a pipe and burn it; I know people who use little Kool-Aid packs and stuff to break [crack cocaine] down and put it in needles when you’re melting it down [to intravenously inject it]; Kool-Aid and vinegar or lemon juice ... to break [crack cocaine] down...” In addition, consumers in the Cincinnati region reported multiple ROAs for crack cocaine, saying: *“I hang with people that do it all ways; A lot of people shoot [crack cocaine] and snort it and smoke it.”*

Typical Use Profile

Throughout OSAM regions, consumers and community professionals continued to most often report that there is no profile for typical crack cocaine use. Consumers commented: *“[Crack cocaine] don’t discriminate. It gets who it wants; The wealthy, [those living in] poverty, the young, the old [could use crack cocaine]. It doesn’t matter; I know all [types of] people [who use crack cocaine]; I see both, 50/50, White and Black [people use crack cocaine]. A lot of people are just seeing what they see on the streets, but people that have money to spend on [crack cocaine] ... the white-collar CEOs and high dollar people ... they are buying more quantities (large amounts), and they pay more for it. They are under the radar ... they don’t go out and party in the streets; People of all different life statuses [use crack cocaine].”*

Community professionals agreed. A member of law enforcement said, *“What has changed with crack cocaine though is, crack used to be an older person [drug]. I would even say ... Black people’s drug. But crack cocaine has become, actually, everybody’s drug ... so, you could be Black, White, Hispanic, and the age range of crack cocaine has changed. I have seen crack cocaine being used by people in their late teens ... 18 [years of age] and,*

even now to, we have a gentleman in our [drug court] program, he's in his late 60s." And a treatment provider stated, "I continue to be surprised by [who uses] crack.... I think there was more of a stereotype ten, five years ago and now it's like, everybody [uses crack cocaine]. There're so many clients [who use] crack." While the consensus throughout OSAM regions was that "everyone/anyone" could use crack cocaine, other descriptors of crack cocaine use mentioned included: African American, male, low socio-economic status, urban/inner-city, older people (aged 40+ years), and sex work.

Throughout OSAM regions, consumers and community professionals most often described typical powdered cocaine use as associated with alcohol use, bar goers/partiers, businesspeople/professionals, college students, middle to high socio-economic status, and White people. Consumers reported: "People use [powdered cocaine] socially; A lot of people that frequent bars [use powdered cocaine], [and] a lot of the [people with alcohol use disorder] are going to use it; A lot of professionals do it; Businessmen; Lawyers, doctors, judges; College people ... [powdered cocaine is popular] ... around big colleges, parties; [Powdered cocaine] is more of a college drug.... If I was to sell coke, I'd target college kids because they got the money; Rich people like to dabble in (recreationally use) [powdered cocaine]; It's the rich White man's drug; As the median income goes down, it's going to turn more into crack cocaine [use]; The majority of the people that ... I used [powdered] cocaine with were usually middle aged ... usually White."

Community professionals made similar observations, saying: "[Powdered cocaine] is a party drug, recreational drug, compared to like, more of the hardcore drugs like fentanyl, or methamphetamine. More people are willing to use cocaine to party versus using some of the other drugs; [Powdered] cocaine is the only substance we have seen with higher education. We had one male [enrolled in drug court] who had a master's degree; [Typical powdered cocaine use is] male or

female ... majority are professionals. It's so much more expensive ... powdered cocaine users usually have resources; Caucasian, affluent, suburb, in their 30s and 40s; When I hear about [powdered cocaine], it's like people using it in the clubs. So, younger people who are going out, drinking alcohol, and dancing ... college students." Other descriptors of powdered cocaine use included: drug dealers, manual laborers (construction workers), and people who work long or late hours (third-shift workers, truckers, and "strippers").

OSAM secondary data sources recorded use characteristics for crack and powdered cocaine. Analysis of GPRA demographic data found that a higher proportion of Black clients reported crack cocaine use during the past 30 days than reported powdered cocaine use (34.1% vs. 28.6%), while a higher proportion of White clients reported powdered cocaine use during the past six months than reported crack cocaine use (75.6% vs. 67.0%). In terms of age, a higher proportion of clients 40 years of age and older reported crack cocaine use than reported powdered cocaine use (55.4% vs. 45.1%).

Use Combinations

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

Consumers said of combining alcohol with cocaine use: "[Alcohol and cocaine] level each other out.... One's a 'downer' (depressant) and the other is an 'upper' (stimulant); It makes you feel like you can drink more [alcohol] when you use powder cocaine; And it's ... easy to do [powdered cocaine] inconspicuously while you're in a bar ... just do a 'bump' (snort a dose of powdered cocaine) real quick and keep on moving. Versus like pulling out a

pipe [to smoke crack cocaine]; [Alcohol] stops paranoia [from crack cocaine use]; I had to have my alcohol with the crack; I used to do [powdered cocaine] to recover from the alcohol. Like, the day after ... can't get up out of bed in the morning so you do a couple lines of [powdered cocaine] and you're good to go."

Comments on other common combinations included: "A lot of people lace [marijuana with powdered cocaine] to have that speedball effect ... you know, the up and the downer; [People who use crack cocaine] need fentanyl to get down when they are too up and then they use the crack to come back up; Heroin, same thing (as other depressant drugs) to speedball.... It levels you out." In addition, consumers reported combining methamphetamine use with cocaine use to intensify and prolong the stimulant high, saying: "People ... are mixing cocaine and 'crystal' (crystal methamphetamine) too now, shooting it.... It's about the buzz ... it just

intensifies the buzz; [Methamphetamine with cocaine] to keep the high up."

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

Methamphetamine

Methamphetamine remains highly available throughout OSAM regions. Respondents viewed methamphetamine as the most available illicit drug or as available as fentanyl.

Comments included:
 "[Methamphetamine is] everywhere. Yes. It's one of the fastest and quickest drugs you can get.... Almost every dealer has it; Most drug traffickers and [people who use drugs] are not sticking to just ... one single drug. 'Meth' (methamphetamine) is maybe the ... easiest to get. It's the cheapest to get, so someone with a very little amount of money can obtain a larger quantity of methamphetamine than they can [other drugs]; [Methamphetamine] is just as available as fentanyl because [of the popularity of] 'speedball' (concurrent or consecutive stimulant and depressant highs).... If they're selling fentanyl, they're selling meth; [Methamphetamine is] absolutely, 100% just as prevalent as fentanyl."

The appeal of methamphetamine is its lower cost and its intense high that is longer lasting than cocaine. Consumers

GPRA Demographic Data of All Intake Clients Who Used Cocaine during the Past 30 Days		
	Crack Cocaine (N = 467) ¹	Powdered Cocaine (N = 364) ²
Male	60.4%	58.8%
Female	38.5%	40.4%
18 - 29	12.0%	19.5%
30 - 39	32.5%	35.4%
40 - 49	23.8%	23.4%
50 - 59	20.3%	15.1%
60 +	11.3%	6.6%
White	67.0%	75.6%
Black	34.1%	28.6%
Other race	2.8%	2.5%
Hispanic/Latino	4.5%	6.6%

¹Gender total does not equal 100.0% due to five individuals reporting as gender non-conforming or transgender. Total percentage for race (N = 464) is greater than 100.0% due to some individuals indicating more than one race. Other race included: Alaska Native, Chinese, Filipino, Indian, Native American, and/or Pacific Islander. ²Gender total does not equal 100.0% due to three individuals reporting as transgender. Total percentage for race (N = 360) is greater than 100.0% due to some individuals indicating more than one race. Other race included: Filipino, Indian, Native American, and/or unspecified Asian race.

Reported Change in Availability of Methamphetamine during the Past 6 Months

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

people driving down the street ... stopping ... asking if you want to 'party' (want to use methamphetamine); You can drive around town (Dayton) and get flagged down for it (offered methamphetamine to purchase).... People are selling it on ... Facebook Marketplace; You can literally go on Facebook Marketplace and find a dealer; Everybody's doing it. I get [methamphetamine samples] for free, it's that much around."

expressed that there is a growing preference for methamphetamine over cocaine. They said: “[Methamphetamine is] ‘coke’ (powdered cocaine) on steroids; [Methamphetamine is] ... cheap.... It’s the new cocaine; [Methamphetamine] is the cheaper version of ‘crack’ (crack cocaine); It is so cheap, and that’s why everybody’s graduating to it (switching to methamphetamine); I mean, everybody’s going to meth because it lasts longer and it’s cheaper; You can get it any time of the day and any time of the night.”

Consumers discussed that, like crack cocaine, methamphetamine is widely available in public spaces such as on street corners and in gas station parking lots. Comments included: “[Methamphetamine is] everywhere: bus stops ... gas stations, grocery stores. Every other house. Serious, it’s bad (readily available); You can go to the corner store and there it is.... [Availability is an] ‘11’ (off the charts high); We had a guy out [in the parking lot of the treatment center] trying to sell some meth the other night to some of us, a young kid.... It’s out of control; You can get it damn near on every corner that you go to.... A lot of people [sell it], a lot of people’s using it....”

Also, like crack cocaine, methamphetamine dealers solicit new customers openly, often giving away free samples. Consumers reported: “There’s

Other reasons for high methamphetamine availability/use include people who use opioids switching to, or also now using, methamphetamine to avoid opioid overdose and/or to alleviate opioid withdrawal symptoms. A consumer shared, “I have personally used meth to try and get off heroin, which really doesn’t make sense after you’re sober, but [it] makes sense at the time.... So, I took meth to try and get off of heroin and that’s a [common] thing.” Community professionals observed: “A lot of times when we’re doing the [client] assessments, they will self-report that they are using methamphetamine sometimes when they cannot find fentanyl or using methamphetamine sometimes to cope with the withdrawals of opiates. So, it seems like they were ready to go to [methamphetamine] if [there is] unavailability of other drugs of choice; I have seen more and more people ... talking about using meth because they have gotten into their minds ... that they can’t overdose on meth, but again they are not realizing that meth also can contain fentanyl....”

Methamphetamine is viewed as a safer drug than fentanyl so people might use that while getting treatment for other substance issues. Moreover, with the increased availability of MOUD (medication for opioid use disorder), people might use methamphetamine to still get high

since it's not impacted by those medications. A treatment provider stated, *"The only other [reason] I can see [for why methamphetamine is highly available] is the use of Vivitrol®, Suboxone®, Sublocade®. And so, with the meth, they can still get high [while receiving MOUD]. So those protective factors [provided by MOUD] do not work with meth.... They're looking for other things to still get high."*

Lastly, while reporting the current availability of methamphetamine, respondents throughout OSAM regions discussed the high prevalence of methamphetamine use as an adulterant (aka "cut") for other drugs, particularly the pressing of methamphetamine into ecstasy (MDMA) tablets. Comments included: *"It's just like fentanyl, how they cut (adulterate methamphetamine into) everything like the 'beans' (ecstasy tablets).... They put it in 'Molly' (powdered MDMA). They put it in everything; Most of our ecstasy tablets contain methamphetamine; We have ecstasy in our area (Sandusky County, Toledo region), that people advertise as 'ecstasy', but it is just meth; There's definitely a problem with very real-looking fake pills (pressed-methamphetamine tablets) out there."*

Throughout OSAM regions, respondents continued to identify imported crystal methamphetamine as the most prevalent form of methamphetamine. However, there continued to be a few reports of powdered methamphetamine in each region as well. Respondents explained that methamphetamine is typically procured in cities, shipped in from out of state, and when it is manufactured locally, it is produced in small quantities in rural areas. Law enforcement reported: *"We see a little bit of 'powder' (powdered methamphetamine).... But it's mostly 'crystal' (crystal methamphetamine) ... looks like rock candy; Arizona, California, Nevada. A lot of [methamphetamine] is being shipped through the mail right now."*

Consumers discussed: *"Large amounts are cartel supplied.... But you can find somebody making*

[methamphetamine locally]; [Methamphetamine] is all coming over the [U.S. Southern] border; The cartels have taken over; [Methamphetamine] is coming from Cincinnati, Columbus, or Huntington, [West Virginia].... It's cartel [supplied]; I'm from the country (a more rural area) so ... it's different. I know a lot of people that ... process [methamphetamine]. I mean, you got your bottle ('shake-and-bake'), then you've got your people that put it in a 5-gallon bucket and put it in the ground for 27 days ... you've got people that put it in an aquarium; They're making bug spray [methamphetamine], put it on a wire rack and shock it.... Everyone can pretty much make meth anymore ... it's getting real easy to do; From my experience, the people around here (Fayette County, Cincinnati region) that sell [methamphetamine], they go to a bigger city ... and buy in bulk."

In addition, law enforcement in Akron-Canton and Cincinnati regions reported encountering liquid methamphetamine. Officers in the Akron-Canton region shared: *"So, we are seeing probably 90% crystal [methamphetamine]. Now as I say that, this last weekend, we had liquid meth that we started running into; [Liquid methamphetamine is] usually in a water bottle, just a Dasani® water bottle. So, when they get stopped on the roads, the officers think it's just water. We found a bunch of it this weekend. But I think most of those guys went to jail. So hopefully that's the last of it. It's a clear liquid ... when they drink it, it's real bitter. So, they know it's liquid meth instead of water."* Members of law enforcement in the Cincinnati region reported that liquid methamphetamine is used in vaping devices. They said: *"[Methamphetamine is] in vape pens; [A drug court client] said she would put [methamphetamine] in her [vape] pen and then go to the casino and gamble all night."*

Respondents in the majority of OSAM regions most often reported that the availability of methamphetamine has remained the same, high, during the past six months. Respondents in the Cleveland region and some consumers and treatment providers in the Dayton region noted

increased methamphetamine availability. Those indicating increased availability said: *“If anything, [methamphetamine is] more available. It’s like the most popular stimulant out right now; More available because it’s less expensive to produce [than other drugs]; They are mixing [methamphetamine into] everything.... They go with crystal meth if they can’t find fentanyl.”*

Ohio Bureau of Criminal Investigation (BCI) crime labs reported that the incidence of methamphetamine cases they process has increased for Athens and Columbus regions and decreased or remained the same for all other OSAM regions. BCI labs reported processing crystal and brown powder specimens, as well as compressed tablets (imitation ecstasy tablets and clandestine marked pharmaceuticals).

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

Other data sources indicated methamphetamine as available throughout OSAM regions. Ohio Department of Public Safety reported drug task force seizure of 433.9 kilograms (954.5 lbs.) of methamphetamine from throughout OSAM regions during the reporting period; of which,

49.8% was seized from the Cleveland region. Fairfield County Municipal Court (Columbus region) reported that, of the 4,319 positive adult drug specimens it recorded during the past six months, 6.9% was positive for methamphetamine or other amphetamines. Millennium Health reported that 5.3% of the 137,283 urinalysis specimens submitted for methamphetamine testing during the past six months was positive for methamphetamine.

Millennium Health Urinalysis Test Results for Methamphetamine during the Past 6 Months		
Region	% Tested Positive	Number Tested
Akron-Canton	4.8%	9,377
Athens	9.6%	14,886
Cincinnati	6.2%	27,293
Cleveland	3.4%	22,837
Columbus	5.8%	29,087
Dayton	6.3%	3,831
Toledo	3.8%	19,918
Youngstown	2.3%	10,054
Total	5.3%	137,283

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 70.0%, 15.3%, 25.9%, 35.0%, and 54.2%, respectively, of all drug-related deaths they recorded this reporting period (10, 321, 185, 452, and 48 deaths) involved methamphetamine. GPRA (Government Performance and Results Act) data collected from 5,804 persons entering publicly funded SUD treatment programs during the past six months found 14.2% reported methamphetamine use 30 days prior to intake.

GPRA Intake: Methamphetamine Use during the Past 30 Days

Region	% Yes	Total N
Akron-Canton	16.1%	285
Athens	11.0%	670
Cincinnati	17.8%	1,286
Cleveland	11.6%	1,332
Columbus	21.1%	1,087
Dayton	6.5%	308
Toledo	11.0%	472
Youngstown	4.9%	364
Total	14.2%	5,804

Media outlets reported on law enforcement seizures and arrests related to methamphetamine this reporting period (selected media reports follow). Mansfield Police (Richland County, Columbus region) arrested a man during a traffic stop after finding 435 grams of methamphetamine (www.cleveland19.com, Jan. 7, 2023). Ohio State Highway Patrol (OSHP) and U.S. Drug Enforcement Administration (DEA) conducted a search of a Columbus apartment (Franklin County, Columbus region) and seized eight pounds of methamphetamine, arresting two people (www.10tv.com, Jan. 11, 2023). U.S. Customs and Border Protection officers in Cincinnati (Hamilton County) intercepted over 140 pounds of liquid methamphetamine worth \$955,000 that was concealed in a shipment of acrylic paint from Mexico (www.wlwt.com, Jan. 18, 2023). Athens County Sheriff's Office along with the Southeast Major Crimes Task Force (Athens region) executed a search warrant of a home and arrested two men after seizing methamphetamine, fentanyl, money, and guns; officers also found evidence of drug trafficking (www.wowktv.com, Jan. 25, 2023). Southern Ohio Organized and Major Crimes Task Force agents seized methamphetamine, drug paraphernalia, and evidence of drug trafficking during the execution of a search warrant at a home in Chauncey (Athens County); agents arrested three people at the home for their involvement in drug activity and theft (www.wtap.com, Feb. 1, 2023).

Middletown Police officers (Butler County, Cincinnati region) executed a search warrant at a home and seized 700 grams of methamphetamine worth \$70,000, a stolen handgun, and \$5,000; officers arrested a man, who was already on parole for a previous drug trafficking conviction, for drug possession, drug trafficking in a school zone, having weapons while under disability, and a parole violation (www.wlwt.com, Feb. 2, 2023). Hocking County Sheriff's officers (Athens region) arrested two men during a traffic stop in Logan for drug trafficking; after establishing probable cause, officers searched the men's vehicle and found over four pounds of methamphetamine (www.nbc4i.com, Feb. 2, 2023). OSHP arrested two people during a traffic stop on the Ohio Turnpike in Summit County (Akron-Canton region); after detecting the smell of marijuana, troopers conducted a probable cause search and found over two pounds of methamphetamine valued at \$8,644 (www.cleveland19.com, Feb. 3, 2023). Portage County Sheriff's officers (Akron-Canton region) arrested two men during a traffic stop in Charlestown Township after observing indicators of criminal activity, deploying a K9 officer, and finding drugs in the stopped vehicle; officers seized 250 grams of methamphetamine and \$1,700 (www.cleveland19.com, Feb. 8, 2023). Portage County Sheriff's officers arrested a Georgia man during a traffic stop in Freedom Township after observing indicators of criminal activity, deploying a K9 officer, and finding 24 pounds of methamphetamine pills connected to a Mexican drug cartel; officers reported that the more than 53,000 pills seized were going to be sold as ecstasy pills, and at \$25 per pill, they estimated the street value at \$1.34 million (www.fox8.com, Feb. 8, 2023). Athens County Sheriff's Office, along with Southeast Major Crimes Task Force, executed a search warrant of a residence in Glouster, seizing fentanyl and methamphetamine while also recovering two stolen vehicles (www.nbc4i.com, Feb. 23, 2023). Ross County Sheriff's officers (Cincinnati Region), with the aid of a K9 officer, seized 224 grams of suspected methamphetamine, suspected fentanyl, and drug paraphernalia during a traffic

stop along Route 23; officers arrested the driver who was wanted by Waverly Police (Pike County) and the passenger who was wanted by Hamilton County Sheriff's Office (www.sciotovalleyguardian.com, Feb. 27, 2023). Wooster Police (Wayne County, Cleveland region) executed a search warrant of a residence and arrested one person after finding multiple ounces of methamphetamine, fentanyl, and cash (www.cleveland19.com, March 16, 2023). After making a controlled buy of methamphetamine at a known Columbus drug house, Columbus Police executed an order to board up the house; officers had received multiple community complaints of domestic violence, assaults, burglaries, and overdoses at the home (www.10tv.com, March 17, 2023). New Boston Police (Scioto County) arrested a woman during a traffic stop after a consent search of her vehicle turned up methamphetamine worth an estimated \$12,000, drug paraphernalia, digital scales, and \$1,000; the woman was charged with possession of drugs and drug trafficking (www.wchstv.com, March 20, 2023). Lake County Narcotics Agency officers arrested a man and a woman during a stakeout of a parking lot of a Willoughby business; officers found the man under a pickup truck sawing its exhaust pipe to steal its catalytic converter, while the woman, the man's lookout, was found in possession of methamphetamine (www.cleveland19.com, March 22, 2023). Hocking County Sheriff's officers arrested a Pomeroy man (Meigs County) during a traffic stop and probable cause vehicle search after locating approximately 18 grams of suspected methamphetamine, prescription narcotics, and drug paraphernalia (www.sciotovalleyguardian.com, March 24, 2023). Preble County Sheriff's officers (Dayton Region) conducted a traffic stop and vehicle search after a K9 officer alerted to potential narcotics in the car; officers found 105 grams of suspected methamphetamine in a cereal box among other groceries in the car, the driver was arrested (www.fox19.com, April 6, 2023). A Solon postal worker (Cuyahoga County) intercepted packages of methamphetamine sent to a Cleveland man who was subsequently charged with conspiracy to

possess and distribute methamphetamine and cocaine (www.cleveland.com, April 13, 2023). Multi-Area Narcotics Task Force agents, along with Paulding County Sheriff's officers (Toledo Region), executed a search warrant at a home in Antwerp and seized methamphetamine, drug paraphernalia, and a large amount of money; during a follow-up investigation, authorities seized an additional 480 grams of suspected methamphetamine and arrested two men on felony drug charges (www.13abc.com, April 19, 2023). Sidney Police officers (Shelby County, Dayton Region) arrested a woman during a traffic stop for possession of drugs after finding eight grams of methamphetamine and six grams of fentanyl in the woman's vehicle (www.sidneyoh.com, April 30, 2023). Elyria Police officers (Lorain County, Cleveland region) arrested an Oberlin man during a traffic stop for felony possession of methamphetamine and drug paraphernalia (www.cleveland19.com, May 5, 2023). Shadyside Police officers (Belmont County, Athens Region) found 153.6 grams of suspected methamphetamine, multiple baggies used for the sale of narcotics, hypodermic needles, and \$303 during a traffic stop; officers arrested the driver of the car for possession of drugs (www.wtrf.com, May 6, 2023). Portage County Sheriff's officers with the P.A.C.E. (Portage Aggressive Crime Enforcement) Unit conducted a traffic stop in Rootstown on I-76, and upon observing criminal indicators, the officers utilized a K9 officer to search the vehicle; the K9 officer alerted to drugs and officers found over half a pound of methamphetamine (www.cleveland19.com, June 18, 2023). Crawford County Sheriff's officers (Columbus Region) executed a search warrant of a residence in Bucyrus after reports of drug activity in the area; officers seized suspected methamphetamines, marijuana, and drug paraphernalia (www.crawfordcountynow.com, June 20, 2023).

Adulterants

Consumers throughout OSAM regions most often rated current overall quality of methamphetamine

as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the regional modal quality scores ranged from '5' for Akron-Canton and Youngstown regions to '9' for the Dayton region. A consumer in the Columbus region remarked, *"It does its job. [Sometimes you will get methamphetamine] that tastes better, that burns better, that smells better, that works better. [Sometimes it's lower quality] because of cut (other substances mixed in)."*

The consensus among consumers was that methamphetamine quality varies dependent on the dealer, the amount of cut added, and location of purchase, with better quality found in cities than in rural areas. Discussion included: *"I've had bad, and I've had good [quality methamphetamine]; [Methamphetamine quality] is kind of like hit or miss; [Quality] just depends on where you get [methamphetamine] ... some people will cut it more than other people ... make it stretch out (increase the volume) ... cut it more and make more money.... When you go to the city to get it, then ... you'll get better quality than you do in small towns because in small towns [dealers] usually cut it more...."*

Reportedly, the overall quality of methamphetamine has remained the same during the past six months for most OSAM regions, except for Akron-Canton and Athens regions where consumers indicated decreased quality and the Columbus region where consumer responses were equally split between no change and decreased quality. Consumers reporting decreased quality discussed an increase in adulteration while also acknowledging increased tolerance as creating the perception of decreased quality. They said: *"I feel like [methamphetamine quality has] gone down because people are cutting (adulterating) it with a lot more stuff; I feel like it changed a little bit. Yeah, [methamphetamine quality has decreased]. Or it might just be I was building a tolerance; There was a time I would do a line (1/10- to 2/10-gram amount of methamphetamine) and be flying [high] for two days and now I can do a whole 'eight ball' (1/8 ounce) and it doesn't even last two days."*

Consumers discussed cutting agents that affect the quality of methamphetamine, with consumers in all regions identifying fentanyl as a top cut. Other top cutting agents include MDMA (methylenedioxy-methamphetamine, aka ecstasy/Molly) and MSM (methylsulfonyl-methane, a joint supplement). Regarding fentanyl, consumers commented: *"I've seen people cut [methamphetamine] with 'fetty' (fentanyl). My best friend's dad just overdosed last Monday because he did meth 'laced' (adulterated) with fentanyl; The cartel mixes fentanyl into [methamphetamine] ... just to get you hooked on it (addicted to fentanyl); It seems like a lot more people are dying (overdosing) from [methamphetamine].... Yeah, from having fentanyl in it. ... I've heard certain people talk about 'dirty meth' (fentanyl-adulterated methamphetamine); When I use the [fentanyl] test strips, [fentanyl] is usually in [my methamphetamine]."* Comments on the other top cutting agents included: *"[MSM] is a vitamin or chemical that can be bought in any health store. It's like a vitamin sort of thing.... It comes in crystal form; MDMA and MSM would be the absolute top for cutting agents, simply because they will recrystallize [resembling crystal methamphetamine]."*

In addition, consumers in Athens and Toledo regions mentioned xylazine (aka "tranq," a powerful sedative that the U.S. Food and Drug Administration has approved for veterinary use only) as an adulterant for methamphetamine. A consumer in the Athens region reporting methamphetamine cut with xylazine, explained xylazine as, *"a horse tranquilizer medicine that vets (veterinarians) give horses.... It doesn't respond to Narcan® (naloxone, opioid overdose reversal medication)."*

Additional adulterants for methamphetamine mentioned included: acetone, albuterol, ammonium nitrate (chemical inside cold packs), aspirin, baby formula, baby laxatives, baking soda, "bath salts" (substituted cathinone), bug spray, caffeine pills, cocaine, creatine, Epsom salts, gabapentin, headache powder, headshop cutting

agents, heroin, inositol (dietary supplement), ketamine, laxatives, lidocaine (local anesthetic), mannitol (diuretic), moth balls, MSG (monosodium glutamate, flavor enhancer), niacin (vitamin B-3), oral numbing agents, PCP (phencyclidine), prescription stimulants, rat poison, rock salt, sea salt, sugar, table salt, vitamin B-12, and wasp spray. Crime labs throughout OSAM regions indicated many adulterants found in methamphetamine.

Consumers in Cincinnati and Columbus regions indicated that there are street names for crystal methamphetamine that are particular to the gay community. They discussed: *“Gay men, they call [methamphetamine] ‘Tina’ or ‘T’ ... ‘Christina;’ A lot of gay people say, ‘Tina.’ ‘Christina;’ Yeah, so if you ever have somebody asking for ‘Tina,’ [methamphetamine] is what they’re talking about.”*

Adulterants Reported by Crime Labs for Methamphetamine
caffeine, cocaine, dimethyl sulfone (DMSO, dietary supplement), diphenhydramine (antihistamine), fentanyl, magnesium sulfate (Epsom salts), tramadol

Current Street Names for Methamphetamine	
General	fast*, caffeine, crank, dope, geek, go*/go-fast/go-go, go-go juice, go-go slim fast diet, meth*, poor man’s cocaine, speed*, twack, tweak, up
Crystal	Christina/Tina*/T, clear, crystal*, glass, ice*/ice cream*/cream, ice cream cone emoji, ice skating, shards, shatter, snowflake emoji
Powdered	garbage dope, shake-and-bake*

*Most common.

Street Names

In addition to “meth,” current street jargon includes many names for methamphetamine. General street names most often reference the stimulant effect of the drug (“fast,” “go,” and “speed”). A consumer commented, *“When you ‘go fast’ (use methamphetamine), you go fast (are highly stimulated)... [Methamphetamine] is also [called] ‘speed.’”*

Pricing

Consumers indicated that street names for crystal methamphetamine continue to reference the appearance of the substance most often (“clear,” “crystal,” “glass,” “ice,” and “shards”). Comments included: *“If you say ‘crystal,’ you’re looking for not the powder (powdered methamphetamine), you’re looking for crystals (crystal methamphetamine); Whenever you go up to someone to ask them how to get it (obtain crystal methamphetamine), you’d say... ‘I want some ... ‘glass.’ I want ‘ice;’ ‘Clear’ because ice is clear....”* Consumers noted that additional street names are derivations of these names (“ice cream”). A consumer stated, *“Anything with ‘ice’ is good to go ... ‘ice cream,’ ‘ice skating.’”*

Consumers throughout OSAM regions identified the most common quantity of purchase for methamphetamine as 1/8 ounce followed by a gram. Reportedly, 1/8 ounce most often sells for \$30-100 but can sell for greater than \$100 in Cleveland, Columbus, and Toledo regions; a gram most often sells for \$20-50 but can sell for greater than \$50 in Athens and Toledo regions.

Consumers throughout OSAM regions agreed that methamphetamine is generally inexpensive, cheaper than cocaine, but prices vary depending on relationship with dealer, quality of the methamphetamine, and amount of purchase, with better price points for bulk purchases. Consumers discussed: *“[Methamphetamine is] cheap; People will go out and buy meth before they*

buy [powdered] cocaine because meth is cheaper than coke; Depends on the person (who you are and if you know the seller)... If I don't know the [dealer], they would probably try to highball me ... get as much money from me as they can; You can get a gram for \$50 off the street or you can get a gram off someone you know for \$25; Or [the price of methamphetamine can depend on] how good it is; [Price] depends. The more you buy, the cheaper it is."

Consumers in most regions reported that the price of methamphetamine has remained the same during the past six months; consumers in Akron-Canton and Youngstown regions indicated a decrease in pricing. Those reporting decreased pricing noted the excessive supply of the drug, saying: "[Methamphetamine pricing has decreased] because it's everywhere; [Price has decreased] just because of the more plentiful [supply of methamphetamine]."

Route of Administration

Consumers throughout OSAM regions reported that the most common routes of administration (ROAs) for methamphetamine remain smoking, followed by "shooting" (intravenous injection). Consumers most often estimated that, out of 10 people that use methamphetamine, 5-10 would smoke, 0-5 would shoot, and 0-3 would snort the drug.

Comments included: "*Commonly, I've known most people to smoke [methamphetamine]; [People who use methamphetamine] smoke it and shoot it and snort it ... I was an 'IV' (intravenous) user so mostly the people I was around were injecting.... A lot of people smoke it because they don't want the needle; I've done it all. It just depends on the group I'm getting high with. If they suggest, 'Hey, let's do a hot rail,' then we all end up doing a 'hot rail' (a process whereby the end of a glass stem pipe is heated to a high temperature, held over the crushed drug, and the resulting vapors are inhaled). If they say, 'Hey let's do a line,' then we all are doing a line (snorting). But, what I do privately at home is, I smoke it."*

Consumers discussed a progression in ROA. They said: "*So, they do [methamphetamine] with the nose (snorting), and then [progress to] ... smoking, and then IV; They just smoke [methamphetamine] out of the 'bubble' (glass pipe).... If you've been doing [methamphetamine] ... longer, you're usually 'banging' (intravenously injecting).... If you're just now starting off, you're just snorting it; I was one that shot [methamphetamine]. I started off smoking it. I snorted it. But after I started shooting it, that's the only way that I'd do it."*

Consumers also noted that ROAs produce different effects. A consumer shared, "*And each way you do [methamphetamine], it gives a different high. I have ADD (attention-deficit disorder) so smoking it, I would get calm, but if I snorted it, it would get me like wound up. And I shot it once and that was too much."* Others commented: "*Needles (intravenous injection) ... quicker to get into the system, it's a better (more intense, longer-lasting) high.... You don't have to use as often; [Snorting methamphetamine] feels like your head's on fire; It burns when you snort [methamphetamine]."*

Other routes of administration for methamphetamine mentioned included "boofing" (anal insertion), "parachuting" (wrapping powder/crystals in tissue and swallowing), and oral consumption (drinking and eating). Consumers summarized: "*All of the above. You can do [methamphetamine] any way; Nowadays, people been boofing [methamphetamine] and eating it; Pour it in your drink (consume methamphetamine with alcohol); Put [methamphetamine] in your coffee; I've seen people put [methamphetamine] in little capsules [and] eat (swallow) it; I bite it right off the rock and swallow it. I love the taste."*

Typical Use Profile

Consumers and community professionals throughout OSAM regions most often reported that there is no typical use profile for methamphetamine. A consumer commented,

“[Methamphetamine] is honestly one of those drugs that is very non-discriminatory. Where I would go [to purchase methamphetamine], RNs (registered nurses) were coming in there even.... They’re using it, same as I was using it, same as somebody who works third shift was using it. I mean, meth’s just so cheap and it’s so available ... it just gives you all that ‘oomph’ (stimulant) that you need....” Other respondents said:

“[Methamphetamine] is probably more of a blanket range (used by a wide range of people) than any other drug; Every type of person uses it; [Methamphetamine is] hitting every demographic, just like the fentanyl; Damn near everybody [uses methamphetamine]; Yeah, it’s pretty much everyone.”

However, descriptors discussed frequently included White people and low socio-economic status. Comments included: “Maybe White more than other races [tend to use methamphetamine]. But that’s not an exclusive thing. We (law enforcement) will have Black or Hispanic folks that will admit to meth use; If you’re going to do a stimulant, [methamphetamine] is something that would be considered a White person’s stimulant versus like [powdered] cocaine or crack would be less stigmatized for a Black person to admit to using; [Methamphetamine] is something that people who really don’t have money ... lower income [use].... It’s very easy (affordable) for them to get. Whereas if you’re looking at what people are at a higher income, or a richer area, what they’re using ... [powdered] cocaine.”

Other descriptors of methamphetamine use mentioned included: opioid use, the gay community, manual laborers (construction workers), young people, people who work long or late hours or in fast-paced environments (long-haul truck drivers, bartenders, third-shift, and fast-food workers). Lastly, respondents in Akron-Canton, Athens, Cincinnati, and Youngstown regions noted intergenerational use of methamphetamine within families. Comments included: “I’ve seen whole families getting high together [on methamphetamine] ... grandma to

the grandchildren; [Methamphetamine use] is like embedded or engrained within the family. We’ll get somebody in here (drug court) and they’ll say, ‘Well, I don’t know where to go. My aunt uses. My mom uses. My grandma uses.’ The whole family is [using methamphetamine].”

Analysis of GPRA demographic data of all intake clients that indicated methamphetamine use during the past 30 days found that, of those who endorsed methamphetamine use, 56.9% was male, 62.3% was under the age of 40 years, and 92.9% indicated White as their race.

GPRA Demographic Data of All Intake Clients Who Used Methamphetamine during the Past 30 Days (N = 823) ¹	
Male	56.9%
Female	42.2%
18 - 29	19.4%
30 - 39	42.9%
40 - 49	27.2%
50 - 59	8.1%
60 +	2.3%
White	92.9%
African American	8.9%
Other race ²	2.3%
Hispanic/Latino	3.4%

¹Gender total does not equal 100.0% due to eight individuals reporting as transgender. Total percentage for race (N = 817) is greater than 100.0% due to some individuals indicating more than one race. ²Alaska Native, Filipino, Indian, and/or Native American.

Use Combinations

Many other substances are used in combination with methamphetamine, particularly depressant drugs that aid in coming down from the extreme stimulant high of methamphetamine, such as alcohol, heroin/fentanyl, marijuana, and sedative-hypnotics. Consumers continued to identify these drugs as the most common drugs used in combination with methamphetamine. They discussed: “[Alcohol] helps with the come down from meth; I’ll be moving too fast (overstimulated

from methamphetamine) and I just got to calm down [by using marijuana]; When people do meth, they got to do a downer [to come down from the stimulant high], so, fentanyl or benzodiazepines; Xanax® [is combined with methamphetamine] ... to help you sleep.”

Consumers also continued to discuss the popularity of speedballing with methamphetamine. Comments included: “A lot of people use fentanyl and ice together ... because it’s two different highs, really. It’s called ‘speedball.’ It hits you both ways. You’ll be up and you’ll be down.... It’s like a rollercoaster ride pretty much; I was big on speedballing. I would do meth and Xanax® at the same time; People like to do the ups and downs; [Heroin will] bring you down. You want to go back up, do [methamphetamine]; You get too high. To come down off [methamphetamine] you want to use a downer; Older people ... mellow themselves out [with marijuana] when they’re coming down [from methamphetamine].” In addition, consumers reported using methamphetamine with alcohol to enable more alcohol use over a prolonged period. They said: “Drinking ... [methamphetamine] makes you less drunk. It makes you able to drink more [alcohol]; When I used to do meth, I would just drink and drink. I could drink [alcohol] all night.”

Crack and powdered cocaine are used to potentiate the effects of methamphetamine. Consumers discussed: “People want to go faster (potentiate the stimulant high).... In bars, people snort both [methamphetamine and cocaine] at the same time; The more the merrier; The high for crack lasts like 30 seconds and then you go down ... and then meth is used [to extend the stimulant high].” Consumers noted that methamphetamine is combined with poor quality cocaine to improve its quality. They said: “Somebody might have some ... coke and they want to make it stronger, so they might hit the coke with the ‘cream’ (crystal methamphetamine); To ‘supe’ (supercharge) the coke up.”

Lastly, a few consumers in Cincinnati and Columbus regions discussed GHB (gamma-hydroxybutyrate, a central nervous system suppressant, aka “the date rape drug”), also referred to as the shortened version, “G.” GHB is reportedly used to enhance sexual experiences, often in combination with methamphetamine, and use is more prevalent in the gay community. Consumers remarked: “They like to drop ‘G’ and do meth at the same time.... ‘G’ makes you swirly (euphoric) ... when you’re on a sexual high; A guy said [methamphetamine used in combination with GHB] was like being on cloud nine; In the gay community, the ‘G’ and the meth are hand and hand.”

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

Heroin

Throughout OSAM regions respondents reported low current availability of heroin. The common refrain when asked to explain low heroin availability was “fentanyl has supplanted heroin.” A consumer in the Athens region stated, “You can’t find heroin anymore.... It’s just fentanyl. Fentanyl took over heroin ... like 99.9% [of heroin is fentanyl] ... I mean, some people still call it ‘heroin’ ... but it’s definitely all fentanyl.” Other remarks included: “Fentanyl is so much more widely available [than heroin] ... I’ve heard from [treatment] clients [that heroin is] definitely harder to get than fentanyl now; [Heroin is] hard to find because everything is ‘fetty’ (fentanyl).”

Reported Change in Availability of Heroin during the Past 6 Months

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

without fentanyl doesn't exist in the United States anymore. It's 'cut' (adulterated) at the cartel level with fentanyl into each brick (kilogram), so [uncut heroin] doesn't exist; If you really, really, really look for [heroin] ... you can find it. It's probably going to be cut with a lot of things. It's very slim that you're going to get pure heroin; You can still get small amounts of good (unadulterated) heroin on the dark web; [Heroin is obtained by] word-of-mouth; It seems like you got

Community professionals referenced crime lab and urine analysis report findings of low heroin positivity as evidence of low current heroin availability. Law enforcement shared: *"Based off [drug] screens ... I've done ... I've had two people test positive specifically for heroin in the last six months; When we send the [confiscated drugs] to the lab and we get the results back, it's ... never heroin. Maybe one or two [submissions] in like the last two years. It's all been fentanyl; We don't hardly have any opiate (heroin) deaths. We find [heroin occasionally] in their urine as a component to a fentanyl death. So, with heroin, I don't think it is circulating much...."* Treatment providers observed: *"Not available at all. You can't find [heroin] anywhere. It doesn't even show up anymore on the urine drug screens; No one is coming in here (entering treatment) testing positive for heroin. I think there might have been one person recently that tested positive for heroin."*

Reportedly, heroin without fentanyl is difficult to obtain but it can be found if one has a connection or knows how to go about securing it. Consumers noted that heroin can be purchased through the "dark web" (websites operated by criminal enterprises). Discussions of "pure" (unadulterated, without fentanyl) heroin included: *"For all intents and purposes, heroin*

to know someone who knows someone who knows someone to be able to get to [heroin] these days; You have to search [heroin] out, specifically, and with a purpose; [Heroin] is more of a niche (special order) drug."

The demand for heroin is low compared to the demand for fentanyl. A consumer in the Dayton region explained, *"[Heroin is] harder to find.... As fentanyl is becoming more and more popular, it's pushing heroin out. [Fentanyl is] cheaper, easier to make (for cartels to produce), quicker acting [than heroin]."* Other comments included: *"When you can get something that is 100 times stronger than heroin, [there will be less demand for heroin]; And now it's to the point to where ... if there is heroin on the streets, people don't want it. They'd rather have the fentanyl ... it's stronger; [Heroin] doesn't compare to the strength of fentanyl; Fentanyl's stronger so who in the world would want heroin. Nobody asks for it.... So, nobody has it."*

In terms of available heroin types, respondents in most OSAM regions continued to report powdered heroin, particularly brown powdered heroin, as most available, while respondents in the Athens region also mentioned black tar heroin availability. Consumers described: *"I only found brown powder [heroin]; I haven't seen black tar*

[heroin] *in a long time ... it's typically brown [powdered heroin]; [Dealers are] probably dying it, but I've seen pink, blue, I've seen [powdered heroin of] all different colors; I've seen brown, pink, purple ... it's all fentanyl [though]; I've seen a lot of white [powdered heroin]; If it's white, [it's probably fentanyl]; It was mostly brown, whenever you could get heroin.*"

A member of law enforcement in the Akron-Canton region said of black tar heroin availability, *"We get no 'tar' (black tar heroin) up here in Akron (Summit County). The line is pretty much Mansfield (Richland County, Columbus region) area, south of there, they might get it, but north to here ... we're not really big into tar. We may see it sporadically. And when I say sporadically, I mean very, very rarely. We are typically the brown powder form of heroin."* Comments from Athens regional respondents included: *"It's usually tar; I've seen black tar [heroin] in the last six months."*

Respondents throughout OSAM regions reported that the availability of heroin has remained the same during the past six months. However, respondents in the Akron-Canton region were not in agreement as to heroin availability having remained the same or decreased. Those reporting decreased availability reasoned: *"Maybe not dramatically, but I would only imagine [heroin availability] goes down even the slightest bit every day; [Heroin availability has] probably decreased. It's been wiped out by fentanyl; [Heroin is less available] because everyone wants the fentanyl now."*

Ohio Bureau of Criminal Investigation (BCI) crime labs reported that the incidence of heroin cases they process has decreased or remained the same for all OSAM regions, except for the Cincinnati region, where heroin case incidence has increased from 68 to 98, and the Youngstown region, where heroin case incidence has increased from 85 to 114 cases.

In addition to BCI reporting, other crime labs in Cleveland and Dayton regions submitted heroin incidence data. Cuyahoga County Regional

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

Other data sources indicated heroin as available throughout OSAM regions. Ohio Department of Public Safety reported drug task force seizure of 3.4 kilograms (7.4 lbs.) of heroin from throughout OSAM regions during the reporting period; of which, 54.2% was seized from the Cincinnati region. Millennium Health reported that 0.2% of the 140,246 urinalysis specimens submitted for heroin testing during the past six months was positive for heroin.

Millennium Health Urinalysis Test Results for Heroin during the Past 6 Months		
Region	% Tested Positive	Number Tested
Akron-Canton	0.2%	10,570
Athens	0.1%	14,136
Cincinnati	0.4%	27,728
Cleveland	0.1%	23,521
Columbus	0.2%	29,490
Dayton	0.1%	4,232
Toledo	0.5%	20,279
Youngstown	0.0%	10,290
Total	0.2%	140,246

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

(Dayton region), and Scioto (Cincinnati region) reported that 4.4%, 1.6%, 1.1%, and 2.1%, respectively, of all drug-related deaths they recorded this reporting period (321, 185, 452, and 48 deaths) involved heroin. GPRA (Government Performance and Results Act) data collected from 5,798 persons entering publicly funded SUD treatment programs during the past six months found 7.1% reported heroin use 30 days prior to intake.

GPRA Intake: Heroin Use during the Past 30 Days		
Region	% Yes	Total N
Akron-Canton	3.2%	285
Athens	1.6%	670
Cincinnati	6.5%	1,284
Cleveland	12.3%	1,331
Columbus	8.9%	1,085
Dayton	1.6%	308
Toledo	5.9%	472
Youngstown	3.0%	363
Total	7.1%	5,798

Media outlets reported on law enforcement seizures and arrests related to heroin this reporting period (selected media reports follow). Ross County Sheriff’s officers (Cincinnati region), with the aid of a K9 officer, seized 275 grams of suspected fentanyl, heroin, and cocaine, as well as multiple phones, a scale, and thousands of dollars during a traffic stop and vehicle search in Chillicothe (www.nbc4i.com, Jan. 31, 2023). Columbus Police (Franklin County) conducted a 20-hour crime blitz in an effort to combat illegal drugs and firearms and arrested 35 individuals; in total, officers executed six search warrants and seized 204 grams of cocaine, 173 grams of fentanyl, 39 grams of methamphetamine, seven grams of heroin, and 2,726 grams of marijuana (www.10tv.com, March 1, 2023). After making a controlled buy of heroin and fentanyl at two known drug houses in the Franklinton

neighborhood of Columbus, Columbus Police executed orders to board up the houses; officers had received neighbor complaints of repeated drug sales and violence at the properties (www.abc6onyourside.com, March 1, 2023). Ohio State Highway Patrol (OSHP) in Akron discovered a drug trafficking operation with 13 suspected members after conducting a traffic stop and discovering 7.4 kilograms of methamphetamine, 2.2 kilograms of fentanyl, heroin, and cocaine; the traffic stop led to additional searches and warrants against the trafficking ring that led to the seizure of \$150,000, two drug presses, six firearms, cocaine, marijuana, and heroin, as well as more methamphetamine and fentanyl (www.uspsoig.gov, March 7, 2023). A Lake County corrections officer conducted a spot check of the jail’s booking area and found heroin hidden in a small, folded-up piece of a map; the officer led an investigation and identified the inmate that had dropped the heroin on the floor (www.cleveland19.com, March 10, 2023). Canton Police (Stark County) executed a search warrant at a home and arrested a woman for drug possession and trafficking; officers seized over a pound of methamphetamine, several ounces of heroin and cocaine, various pills, two handguns, and \$5,000 (www.cleveland19.com, March 11, 2023). Austintown Police (Mahoning County, Youngstown region) responded to a man passed out in a locked SUV at a gas station with heroin, cocaine, and several cannisters of the inhalant nitrous oxide (aka “whippets”); officers arrested the man for possessing heroin, cocaine, Xanax®, and drug paraphernalia, as well as for possessing nitrous oxide in a vehicle, which is illegal in Ohio (www.wfmj.com, March 28, 2023). Columbus Police arrested 39 people during its “Operation Unity” crime blitz of north central Columbus; in total, officers seized five stolen vehicles, 11 illegal guns, 22 grams of cocaine, 139 grams of fentanyl, 2.6 grams of heroin, and 50 grams of marijuana (www.10tv.com, March 31, 2023). Columbus Police along with U.S. Drug Enforcement Administration (DEA) arrested 53 people during a six-month drug operation called, “Operation Overdrive,” officers seized a total of 2,662.5 grams

of cocaine, 337.4 grams of fentanyl, 42.4 grams of heroin, 32,716.63 grams of marijuana, 245 grams of methamphetamine, 629.9 grams of other drugs, and 50 firearms (www.10tv.com, April 26, 2023). Southeast Major Crimes Task Force agents and Meigs County Sheriff's officers (Athens Region) searched a home in Racine and arrested a man and a woman after seizing five ounces of methamphetamine, a large amount of heroin, fentanyl, drug paraphernalia, and cash (www.wtap.com, June 29, 2023).

Adulterants

Consumers throughout OSAM regions most often reported the current overall quality of heroin as low to moderate. On a scale of '0' (poor quality, "garbage") to '10' (high quality), the regional modal quality scores ranged from '1' for Cleveland and Youngstown regions to '8' for the Akron-Canton region. A consumer in the Cleveland region remarked of current heroin quality, "Not good. Everything is laced (adulterated)." In response to consumers indicating higher quality heroin, a consumer in the Toledo region replied, "Quality [of heroin] probably seems good (potent) because it's mostly fentanyl."

Like cocaine and methamphetamine, consumers described heroin quality as variable, depending on the degree of adulteration, one's connection with the dealer, and location of purchase, with higher quality heroin found in cities. Consumers discussed: "Depending on who you know though, if you've got a 'plug' (heroin dealer), if you've got a connect, then ... the purity level [of heroin] goes up. But ... on the streets, man, people ... will sell you anything; You have to go to Columbus (a big city) though [to get high quality heroin]."

Consumers throughout OSAM regions reported that the overall quality of heroin has remained the same or decreased during the past six months. Those noting decreased quality cited excessive adulteration as the reason. A consumer emphasized, "[Heroin quality] has gotten worse because it's so cut.... More cut equals more money."

Other respondents noted increasing overdoses as indicating lower heroin quality. One consumer shared, "I really have no idea about [change in heroin quality]. The only way I can rate it (gauge quality) is to say it's getting worse.... In 2022, I went to four funerals [of friends/family who died from overdose]. And in 2023, I went to eight. So, I would imagine [heroin quality is] getting worse (more potent, less heroin, more fentanyl)...."

Consumers discussed adulterants (aka "cuts") that affect the quality of heroin, and throughout OSAM regions, consumers continued to report that fentanyl remains the top cutting agent for heroin. A consumer stated, "If it's heroin ... it's mostly cut with fentanyl." A consumer in the Youngstown region also mentioned heroin possibly adulterated with carfentanyl, while consumers in Akron-Canton, Cincinnati, and Youngstown regions discussed heroin cut with xylazine (aka "tranq," a powerful sedative that the FDA has approved for veterinary use only). A consumer in the Cincinnati region said, "'Xyline' or 'xylox' (xylazine) or whatever, a lot of that [is adulterated in heroin]. I found a lot of drugs cut with that...."

OSAM secondary data sources also indicated fentanyl as an adulterant for heroin. Coroner and medical examiner offices in Cuyahoga, Hamilton, Montgomery, and Scioto counties reported that 100% of all heroin-related deaths they recorded this reporting period (14, 3, 5, and 1 death(s), respectively) also involved fentanyl.

In addition to fentanyl, consumers discussed many other adulterants for heroin. Other adulterants for heroin mentioned included: antihistamine, baby aspirin, baby formula, baby laxatives, baby powder, brown sugar, coffee, cosmetics, creamer, diesel, ether, fiber, gabapentin, inositol (dietary supplement), laxatives, mannitol (diuretic), methamphetamine, niacin (vitamin B-3), powdered drink mixes, powdered sugar, prescription opioids, rat poison, "rizzly" (bromadol, a potent narcotic analgesic), research chemicals, sedative-hypnotics

(benzodiazepines), sleep aids, soda pop, and vitamins (B-12, C, and multi). Crime labs throughout OSAM regions indicated many adulterants found in heroin.

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

Street Names

Current street jargon includes many names for heroin. Throughout OSAM regions, consumers continued to note “boy,” “dog,” “dog food,” and “slow” as the most common street names generally. Consumers in the Columbus region commented: “‘Boy’ [is the most common street name for heroin] and then [cocaine is] ‘girl;’ I don’t think I’ve ever heard [heroin] called anything but ‘boy.’” Consumers discussed that street names often reference the appearance of the drug (“dog food”) or its sedative effect (“slow”). Other names are derivatives of more common names (“dog”) or of the word “heroin” itself (“H” and “heron”) or are a play on other street names (“Hank” in reference to “boy” and “H”). A consumer from the Cincinnati region remarked, “‘Hank’ been around for a long time....” Consumers also identified street names that are specific to heroin type (“brown” for brown powdered heroin; “China white” for white powdered heroin; “tar” for black tar heroin). Finally, given that heroin and fentanyl have become interchangeable, consumers reported that heroin is often called “fentanyl” or any street name for fentanyl. A consumer said, “Same [names] as fentanyl.”

Current Street Names for Heroin	
Most Common	boy, dog/dog food, slow
Other	brown, China white/white China, dope, food, gravel, H, Hank, heron, horse, man, pup/puppy/puppy chow, smack, tar

Pricing

Consumers throughout OSAM regions identified the most common quantity of purchase for heroin as a gram for \$70-120. Reportedly, 1/10 gram most often sells for \$15-20, and 1/2 gram most often sells for \$40-80. Like other street drugs, consumers reported that heroin pricing fluctuates depending on the market (supply and demand), heroin quality, amount of purchase, location, and relationship with the dealer. They discussed: “*Just like anything else, [heroin is] more expensive if you buy the higher quality stuff; [Heroin pricing] can change every week. It changes according to the market; [Heroin pricing is] about who you know; If you’re out looking [for heroin], asking random people ... \$70 a gram is a good deal.... I’ve seen people charge \$100 a gram; Certain areas and blocks [have better prices]; I know a guy to get [heroin] from and that guy gets it from Akron.... [Heroin] is cheaper [in Akron]....*” Overall, consumers most often reported that the price of heroin has remained the same during the past six months.

Route of Administration

Throughout OSAM regions, intravenous injection (aka “shooting”) remains the most common route of administration (ROA) for heroin. Consumers estimated that out of 10 people that use heroin, 5-10 would shoot, 0-5 would snort, and 0-3 would smoke the drug. Comments included: “*If you’re looking for heroin, you’re more than likely shooting it; You get like half and half [smoking and injecting] ... I’ve seen people do both; Everybody*

that I used to run around with that did [heroin], they always used it with a needle. They shot it.”

Consumers discussed that ROA is often determined by other people with whom one uses heroin. They said: *“Really [ROA] depends on who you hang out with; We were all snorters and smokers [of heroin] ... the people that were in my circle.”* Consumers also noted a progression of ROA. One consumer stated, *“You snort [heroin] and then eventually you shoot it...”* Regarding snorting as an ROA for heroin, consumers discussed “mud pudding,” snorting heroin dissolved in water. They shared: *“I would snort [heroin] ... ‘mud pudding’ ... melt (dissolve) it down with some water and snort it; I have seen people, myself included, spray [heroin] up my nose ... getting a liquid down your nose.”* In addition, consumers mentioned “parachuting” (wrapping heroin in tissue and swallowing), eating/drinking, and “freebasing” (placing heroin on aluminum foil, holding a flame under the foil, and inhaling the resulting vapors, usually through a glass straw) as alternate ROAs. Consumers observed: *“[People] parachute [heroin] ... some people eating it; What blew me away [was] when I saw them put [heroin] on the foil and smoke (freebase) it.”*

Analyses of consumer survey data administered at the time of the focus groups found that, of the 301 consumers who responded to survey questions regarding injection drug use, 34.2% reported injection drug use, of which 70.9% reported having ever shared syringes to inject drugs. Of those 103 consumers who reported injection drug use, the most common methods of obtaining sterile/unused syringes were from drug dealers (66.0%), other people who inject drugs (64.1%), pharmacy (51.5%), syringe services programs (SSPs) (43.7%), and family members and friends (34.0%).

Other data sources submitted incidence data of injection drug use. GPR data collected from 5,846 persons entering publicly funded SUD treatment programs during the past six months found 7.4% reported injection drug use 30 days prior to intake.

Analysis of GPR 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, 58.0% was male, 63.7% was under the age of 40 years, and 94.2% indicated White as their race.

GPR Intake: Injection Drug Use during the Past 30 Days		
Region	% Yes	Total N
Akron-Canton	4.5%	287
Athens	2.7%	677
Cincinnati	9.6%	1,292
Cleveland	7.5%	1,339
Columbus	11.5%	1,100
Dayton	1.3%	312
Toledo	7.4%	474
Youngstown	3.3%	365
Total	7.4%	5,846

GPR Demographic Data of All Intake Clients Who Injected Drugs during the Past 30 Days (N = 433) ¹	
Male	58.0%
Female	42.0%
18 - 29	15.0%
30 - 39	48.7%
40 - 49	25.9%
50 - 59	8.5%
60 +	1.8%
White	94.2%
African American	6.5%
Other race ²	1.4%
Hispanic/Latino	3.9%

¹Total percentage for race (N = 429) is greater than 100.0% due to some individuals indicating more than one race. ² Filipino and/or Native American.

Typical Use Profile

Throughout OSAM regions, consumers and community professionals continued to most often

Hepatitis C and HIV

Of the 301 consumers who responded to the survey question regarding Hepatitis C testing, 74.1% reported ever having been tested for Hepatitis C, while 16.9% reported never having been tested, and 9.0% reported that they did not know if they have ever been tested. Of those 223 consumers who had been tested for Hepatitis C, 29.1% reported having been told by a medical professional that they have Hepatitis C. In addition, of the 300 consumers who responded to the survey question regarding HIV (human immunodeficiency virus) testing, 78.7% reported having ever been tested for HIV, while 15.0% reported never having been tested, and 6.3% reported that they did not know if they have ever been tested. Of those 236 consumers who had been tested for HIV, 3.8% reported having been told by a medical professional that they have HIV. A consumer in the Toledo region remarked, *“I feel like there should be [access to] needle exchanges (syringe services programs) ... because HIV and hepatitis is real. And people are going to [intravenously inject drugs] and if there can be anyway for us to keep disease from spreading that should be more known.”*

report that there is no profile for typical heroin use. Common responses when asked to describe heroin use were “drugs do not discriminate” and “everybody/everyone can use heroin.” Comments included: *“Any age [can use heroin]. Drugs do not discriminate; You can be 70 years old and still ‘shooting dope’ (intravenously injecting heroin); It’s everybody ... aunts, cousins, sisters; I think it’s everyone; Yeah, it’s all over the board ... because [heroin] has been around for so long; That’s what’s weird about [heroin]. It’s ... all ages. It’s not prejudiced; I’ve seen everyone, every different type of person [use heroin].”*

Common descriptors often specified were “same as fentanyl use” and “White people.” Respondents offered: *“There is no discernable difference between heroin and fentanyl [use] at this time; [To*

reach people using heroin, you should target the same people you’d target for fentanyl; The same as fentanyl; White, male, middle age; I notice there are a lot more White people using heroin.” Other descriptors of heroin use discussed included: low socio-economic status, young people (teens to early 20s), people aged 20s to 50s, history of prescription opioid misuse/pain issues/injury, male, and formerly incarcerated. A member of law enforcement indicated, *“An individual ... they were on a pain management regimen and then they’re seeking [prescription opioids] illicitly and then there’s a fear associated with fentanyl and so the notion would be to seek heroin because it would be deemed in their mind safer or less likely to experience an overdose.”* A treatment provider recommended, *“I’d probably target more reentry ... coming out of prison ... with the groups and people that I talk to, that seems to be them going back to that drug of choice (heroin) after coming out of prison ... all the stress and everything ... they go back to that drug of choice.”*

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, 58.9% was male, 57.9% was under the age of 40 years, and 90.6% indicated White as their race.

Male	58.9%
Female	41.1%
18 - 29	17.8%
30 - 39	40.1%
40 - 49	27.1%
50 - 59	9.8%
60 +	5.1%
White	90.6%
African American	10.1%
Other race²	2.0%
Hispanic/Latino	4.4%

¹Total percentage for race is greater than 100.0% due to some individuals indicating more than one race. ²Alaska Native, Chinese, Filipino, Indian, Native American, and/or unspecified Asian race.

Use Combinations

Many other substances are used in combination with heroin. Consumers continued to report that heroin is most often used in combination with cocaine and methamphetamine to “speedball” (concurrent or consecutive stimulant and depressant highs). Consumers remarked: *“People like to speedball ... the up and down; Methamphetamine, it evens you out so you can do more [heroin].... It’s speedballing; They’re buying ‘one and one’ (heroin and cocaine). Most dealers have a little stack ... packs of powder cocaine and a little stack ... packs of heroin.”*

Stimulant drugs are combined with heroin to counteract the depressant effect of heroin, i.e., to either come up or balance out, reportedly preventing an opioid overdose. They said: *“Yeah, and heroin and fentanyl are so potent [that] you use ‘meth’ (methamphetamine) to keep you from falling out (overdosing) or dying. You put a little meth in there to keep you from dying; I always did ‘crack’ (crack cocaine) with [heroin]. It balances you out; I always did methamphetamine with [heroin] to wake me back up; All [people that use heroin] I know, use meth ... they do it to stay alive (prevent or reverse an overdose); I haven’t ever met anyone that does fentanyl or heroin without doing meth.”* The inverse was also reported, people using heroin after stimulant use to come down. A consumer noted, *“Some people use heroin and fentanyl with [methamphetamine] to go to sleep.”*

Other depressant drugs (alcohol, fentanyl, marijuana, prescription opioids, and sedative-hypnotics) are used with heroin for the potentiating effect, or to help manage opioid withdrawal symptoms. Consumers discussed: *“[Alcohol] makes [heroin] more of a downer; I’ve seen marijuana used with [heroin] too ... it intensifies [the heroin high]; People I know, they snort Percocet® [with heroin]; [Sedative-hypnotics used in combination with heroin] intensifies the potency; Xanax® [used with heroin] increases the buzz (heroin high); When you are coming down [from heroin], I feel like [sedative-hypnotics] just*

kind of mellows you out; We’d always end the night or end the session (heroin use) with a ‘blunt’ (marijuana-filled cigar); [Methadone is used with heroin] so they don’t have to be ‘sick’ (experience opioid withdrawal symptoms)... They don’t have to wake up sick. They can get their day started whenever they want to.”

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

Fentanyl

Fentanyl remains highly available throughout OSAM regions due to its continued high supply and demand. Drug cartels and drug dealers have created high demand for fentanyl through the widespread adulteration and substitution of other drugs with fentanyl. Law enforcement in the Dayton region discussed: *“[Fentanyl availability is a] ‘10’ (high). It’s just so cheap and everybody’s selling it. Everybody wants it. It’s profitable; It’s only getting easier [to obtain fentanyl]. And it’s not just fentanyl.... We see it mixed with methamphetamine a lot, cocaine a lot. So, ask yourself, ‘Why is that?’ To create [dependence on fentanyl].... Why else would you mix fentanyl with methamphetamine? It’s the best business model there is. It creates [high demand for fentanyl] ... gets them ‘hooked’ (more people addicted); [Fentanyl] is cheaper to use [as an adulterant than other substances], why wouldn’t you do it? And people keep coming back (creates repeat customers).”* Consumers also discussed high supply and high demand created by the adulteration of fentanyl into other drugs. They said: *“You can take one gram [of fentanyl] and turn it into 50 grams [by adulterating it], it’s so potent and so strong; They’re putting [fentanyl] in so many other drugs. They got so much of it. They’re*

Reported Change in Availability of Fentanyl during the Past 6 Months

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

Throughout OSAM regions, respondents highlighted the ease of obtaining fentanyl. They noted dealers offering fentanyl in public spaces, often unsolicited, and giving free samples. Observations included: *“I know certain areas to go to [obtain fentanyl].... I can pull into a gas station, sit there for 10 minutes, [and] I'm getting ‘testers’ (samples of fentanyl) for free; In Dayton (Montgomery County), guys will throw you ‘tossers’ (free samples of fentanyl) out the*

trying to get everybody hooked. It’s just everywhere....”

Fentanyl has supplanted heroin. It has become a drug of choice for people who previously used heroin and people who want a more potent opioid. Consumers commented: *“That’s the newest [drug of choice], that’s what they want. They don’t even want heroin; I’ve lived around a lot of [people who use] heroin.... And right now, that is their drug of choice ... fentanyl. They prefer that over heroin; I know people that ... want just straight fentanyl; [People do fentanyl] kind of by accident because it’s mixed with their other drugs and when they find out that [they’re getting high on fentanyl], they’re going to [seek] it.”*

Treatment providers also noted fentanyl as a drug of choice. They said: *“I’d say almost 90% of the clients don’t want anything but fentanyl because they’ve lost the tolerance to ... heroin.... So, they want the fentanyl because that’s a higher high. They want something that is going to make them either overdose or almost overdose; Historically, when I’ve done assessments, clients will say that heroin’s their drug of choice and now they’re moving more toward fentanyl being their drug of choice; It’s newer [to hear] ... ‘I’m using [fentanyl] as a primary [drug].”*

window [of their passing car] at you; You can get [fentanyl] at a convenience store. You just wait for someone to hit you up. They walk up to you and ask you what you want; It’s everywhere ... you go downtown (Dayton) to go to the bank, anything, [and you’re approached with], ‘I got ‘fetty’ (fentanyl), I got fetty, I got fetty.’ That’s all you hear; There are drug dealers everywhere [offering fentanyl].” A treatment provider added, *“I don’t know a single client who said that they’ve looked for [fentanyl] and can’t find it. It’s more, ‘How do I get away from it,’ rather than, ‘I can’t find it.”*

In addition to high availability of fentanyl, respondents reported high prevalence of pressed pills containing fentanyl that often resemble prescription pills. Discussions included: *“A lot of people have their own pill press now and make their own ... so the [counterfeit] pills are just becoming more readily available; People will buy the pill binder stuff and just make their own [pressed fentanyl pills]; People are saying that they’re buying pills that look exactly like a Percocet® ... and it has fentanyl in it; We’ve seen [fentanyl] in everything ... cocaine to pressed pills that they think is Xanax® ... lots of pain pills with the pressed fentanyl (counterfeit prescription opioids); Any pill that you can [get a prescription for] they will be making [pressed fakes].”*

The most talked about fentanyl-pressed pills, and perhaps most available, are the “dirty 30s” (illicit pills that resemble Roxicodone® 30 mg, aka “perc 30s”). A member of law enforcement in the Toledo region stated, “We have seen over 30,000 of the pressed Percocet® (dirty 30s) [during the past six months] ... if you do [calculate] by weight ... we had like a 2.5 kilo (kilogram) seizure in Bellevue (Erie, Huron, Seneca, and Sandusky counties, Toledo region).”

Consumers in the Toledo region shared: “The person I was getting [fentanyl-pressed pills] from definitely tried to push them as being perc 30s. I automatically knew [the pills were not real prescription opioids]. I was like, ‘You’re not going to have that kind of availability, like, for [real] perc 30s ... it’s not that easy [to obtain a large supply].’ So, I knew, but [the dealers] definitely try to push [fentanyl-pressed pills] that way (as legitimate prescription opioids); My cousin was on [fentanyl-pressed pills] and he didn’t know for the longest time until I did them with him.... I had to tell him that they were fake, and I knew instantly. He’s not really well-versed in how opiates are; In my area (Fulton County, Toledo region), [dealers] are honest about it. They are like, ‘Yeah, they’re some dirty 30s;’ Like, if you have a bunch of [fentanyl-pressed pills] in your hand [the fakes are obvious] ... the color of them is going to differentiate and you’ll have different thinness and thickness in the pills.”

Consumers often reported not using fentanyl or not knowing that fentanyl was present in their drugs. Comments included: “I’ve seen some really good ones (counterfeit pressed pills that look legitimate) ... they’ve got real distinct vivid lines, like a laser edge. And they even bust, like if you bite one, they are just kind of like a puff crumble, the same way like Pfizer® ... making them; My clients that are testing positive for [fentanyl during drug screenings] ... I’ve had people say, ‘Well, I only smoke ‘meth’ (methamphetamine), or I only snort this, or I only do this,’ and yet, they’re still testing positive [for fentanyl].”

However, respondents reported that while some consumers unwittingly purchase fentanyl, it is becoming widely known that if one purchases pills that one is likely getting fentanyl. Comments included: “I think [awareness] has increased in that people know [pressed pills] are fentanyl; Most of the clients that are searching for [pressed pills] know what they are getting.... There are definitely clients searching for [pressed-fentanyl pills]; Now, I think that everybody understands that what they’re getting is fentanyl for the most part.”

Like prescription opioids, sedative-hypnotics, particularly Xanax®, are also reportedly counterfeited with fentanyl, pressed to resemble legitimate prescription pills. Consumers in the Dayton region described: “The pressed ones (counterfeit sedative-hypnotics) ... there’s not much ‘benzo’ (benzodiazepine) in it, it’s mostly fentanyl. Those are everywhere; All they did was they take a ‘script’ (prescription) ... of actual real Xanax®, and they’ll break it down ... 30 to 40% [of legitimate benzodiazepines] and then 60 to 70% fentanyl and press them; If you got 250 Xanax® ‘bars’ (2 mg tablets), [they’re likely counterfeit].... [Dealers] will sit there and tell you all day that they’re real, but they’re not. You got 300 Xanax® bars, come on now (unbelievable).”

In addition to dealer purchase, consumers indicated “dark web” (websites operated by criminal enterprises) availability of fentanyl. They stated: “I could literally order [fentanyl] on the ‘black’ or the dark web; There was alprazolam powder from China off the black market (dark web). It was so laden with fentanyl that [dealers] started selling it as fentanyl ... it’s bad; A lot of people are getting [fentanyl] off of the Internet themselves. You know, off the dark web. They don’t even need to have a drug dealer.”

The overall availability of fentanyl has remained the same, high, during the past six months for half of OSAM regions, while increasing for the Cleveland region and no consensus as to an increase or no change in availability for Akron-Canton, Athens, and Columbus regions. A

consumer in the Cleveland region cautioned, *“I hear more and more about [fentanyl] being in things that it shouldn’t be (an increase in fentanyl as an adulterant). It makes you think twice about getting a bag of ‘coke’ (powdered cocaine) because you might just be blowing (snorting) straight fentanyl.”* A member of law enforcement in the Cleveland region shared, *“I am not sure [why fentanyl has become more available]. We have been conducting similar discussions with the DEA (Drug Enforcement Administration) and FBI (Federal Bureau of Investigation) and they are all asking the same questions. The insights are just very general. There is a lot of it. Mexican cartels are just churning (mass producing) it.”* Other comments expressing increased fentanyl availability included: *“[Fentanyl availability] has increased because we have more people that want it; Far more people are selling [fentanyl] than there used to be, [availability] is increasing, for sure; I sell [fentanyl] and I have access to it. I think [availability has] increased because you can get [it] cheaper now; [Fentanyl availability is] steadily climbing.... Look how many overdoses we been having....”*

Respondents discussed continued high availability of methamphetamine and the growing popularity of using fentanyl to “speedball” (concurrent or consecutive stimulant and depressant highs) with methamphetamine as a driver for increased supply and demand. Consumers remarked: *“I see [fentanyl] use increasing amongst peers in the meth community (people who use methamphetamine); If someone’s selling meth, then they’re selling fentanyl, too.”*

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 half of OSAM regions (Athens, Cincinnati, Cleveland, and Youngstown) and decreased for half of OSAM regions (Akron-Canton, Columbus, Dayton, and Toledo). BCI labs reported processing one case of carfentanil from the Columbus region during the

reporting period. BCI labs noted fentanyl continues to be seen in complex mixtures.

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

Other data sources indicated fentanyl as available throughout OSAM regions. Ohio Department of Public Safety reported drug task force seizure of 336.6 kilograms (740.4 lbs.) of fentanyl from throughout OSAM regions during the reporting period; of which, 49.2% was seized from the Cleveland region. Fairfield County Municipal Court (Columbus region) reported that, of the 4,319 positive adult drug specimens it recorded during the past six months, 3.1% was positive for fentanyl. Summit County Juvenile Court (Akron-Canton region) reported that, of the 149 fentanyl tests it performed during the past six months, 0.7% was positive for fentanyl. Columbus Fire Department (Franklin County) reported administering 1,504 total doses of naloxone to 1,177 individuals in the city of Columbus during the reporting period. Millennium Health reported that 5.1% of the 152,153 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	2.7%	11,733
Athens	4.2%	15,289
Cincinnati	7.4%	29,180
Cleveland	2.1%	25,207
Columbus	4.3%	31,506
Dayton	3.6%	4,557
Toledo	10.4%	23,445
Youngstown	1.0%	11,236
Total	5.1%	152,153

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 90.0%, 77.3%, 83.2%, 74.8%, and 89.6%, respectively, of all drug-related deaths they recorded this reporting period (10, 321, 185, 452, and 48 deaths) involved fentanyl. These coroner and medical examiner offices did not find carfentanil present in any of the drug-related deaths they recorded for the reporting period. GPRA (Government Performance and Results Act) data collected from 5,282 persons entering publicly funded SUD treatment programs during the past six months found 12.5% reported fentanyl use 30 days prior to intake.

Media outlets reported on law enforcement seizures and arrests related to fentanyl this reporting period (selected media reports follow). Southern Ohio Organized and Major Crimes Task Force, Portsmouth Police Department, Scioto County Sheriff’s Office, and the FBI served arrest warrants on 18 people in Dayton and Portsmouth for their alleged involvement in a drug ring; officers seized more than three pounds of suspected methamphetamine, five ounces of suspected fentanyl, and five firearms during the

GPRA Intake: Fentanyl Use during the Past 30 Days		
Region	% Yes	Total N
Akron-Canton	7.3%	259
Athens	3.8%	655
Cincinnati	15.7%	1,128
Cleveland	12.2%	1,217
Columbus	20.9%	1,001
Dayton	4.2%	286
Toledo	13.1%	428
Youngstown	5.2%	308
Total	12.5%	5,282

investigation (www.nbc4i.com, Jan. 10, 2023). Ohio State Highway Patrol (OSHP) arrested two people from Michigan during a traffic stop on I-75 in Hancock County (Toledo region); after detecting the smell of marijuana, troopers conducted a probable cause search and found 183 grams of fentanyl worth \$27,450 in a magnetic box under the vehicle, eight grams of marijuana in the passenger area of the vehicle, and eight grams of suspected crack cocaine and seven grams of marijuana on one of the individuals (www.wkyc.com, Jan. 20, 2023). Montgomery County Sheriff’s Office, working with a task force, executed a search warrant at a Dayton home and arrested a man after discovering 4.4 pounds of suspected pure fentanyl in the home (www.whio.com, Jan. 26, 2023). Southeast Major Crimes Task Force, along with Washington County Sheriff’s Office (Athens region), executed a search warrant of a home and arrested three people for drug possession and trafficking after finding 1.2 pounds of methamphetamine, numerous digital scales, and plastic baggies commonly associated with drug trafficking; in addition, officers found 58 grams of methamphetamine in the female arrestee’s bra during jail booking (www.wtap.com, Feb. 1, 2023). FBI Cleveland Cartel Gang Narcotics and Laundering Task Force worked with Cleveland Police (Cuyahoga County) in executing a series of search warrants in Cleveland and Painesville (Lake County) and seized 88 pounds of suspected fentanyl and other drugs valued at \$5.2 million

(www.cleveland19.com, Feb. 6, 2023). Southern Ohio Organized and Major Crimes Task Force agents executed a search warrant at a home in Piketon (Pike County, Cincinnati region) and seized large amounts of suspected methamphetamine and fentanyl, drug paraphernalia, cash, and a firearm; agents arrested a woman at the home who was out on bond from a previous drug offense (www.wkyc.com, Feb. 11, 2023). Montgomery County Coroner's Office issued a warning about the naloxone-resistant drug, xylazine; the coroner reported that 15 suspected overdose deaths recorded in January 2023 involved xylazine, and the drug had frequently been detected in mixtures of seized fentanyl samples (www.edtn.com, Feb. 17, 2023). Lorain County Public Health (Cleveland region) issued an overdose spike alert, warning of fake pills that look like Adderall®, Xanax®, or oxycodone that contain fentanyl; the alert advised of free naloxone that could be obtained at local pharmacies (www.wkyc.com, Feb. 24, 2023). Southeast Major Crimes Task Force agents arrested two people on felony drug charges after finding fentanyl, methamphetamine, and drug paraphernalia at their residence in Coolville (Athens County) (www.wsaz.com, March 10, 2023). A Marion drug task force (Marion County, Columbus region) and other local agencies executed search warrants at four residences in Marion and Mount Gilead (Morrow County, also Columbus region) and seized a combined 941 grams of suspected fentanyl, a drug press to form pills, and three firearms; officers arrested a 24-year-old man for fentanyl trafficking (www.nbc4i.com, March 17, 2023). Gov. Mike DeWine ordered the State Board of Pharmacy to reclassify xylazine (aka "tranq") as scheduled III controlled substance; xylazine, an animal tranquilizer that is used to adulterate other drugs, particularly fentanyl (www.wowktv.com, March 29, 2023). Greenfield Police (Highland and Ross counties, Cincinnati region) executed a search warrant at a home and arrested two people after finding approximately 60 grams of fentanyl and \$6,000 (www.wlwt.com, March 29, 2023). Ohio Narcotics Intelligence Center released a public

safety bulletin detailing the forms of fentanyl being found across the state; the forms included powder, tablets, chalk, rocks, and gum (www.13abc.com, April 14, 2023). U.S. DEA in Cincinnati (Hamilton County) reported the animal sedative, xylazine, as being found in powdered and pressed-pill forms of fentanyl in Ohio, Northern Kentucky, and Michigan (www.cincinnati.com, April 18, 2023). The U.S. Attorney's Office in Cleveland indicted 18 people for drug trafficking in Cleveland and Wayne County (Cleveland region); allegedly, those arrested conspired to possess and distribute drugs containing fentanyl, methamphetamine, and cocaine (www.cleveland19.com, April 20, 2023). During a traffic stop in Wood County (Toledo region), OSHP seized 30 grams of powdered fentanyl, nine pills, two bottles containing eight ounces of liquid promethazine, over three grams of marijuana, and an alprazolam pill; troopers arrested a Michigan man for possession and trafficking fentanyl (www.statepatrol.ohio.gov, April 24, 2023). A narcotics task force executed a search warrant at a Maple Heights home (Cuyahoga County) and seized 40 pounds of fentanyl pills, blocks of fentanyl, cocaine, methamphetamine, and four guns (www.news5cleveland.com, May 16, 2023). Ohio Attorney General's Office announced that Ohio BCI had identified its first case of "rainbow fentanyl" (fentanyl-pressed colored pills); Franklin County Sheriff's officers seized 1,025 brightly colored pills in the Columbus area that originated in Mexico (www.irontribune.com, May 18, 2023). Some bars and restaurants in Hamilton County have partnered with the Hamilton County Health Department to offer fentanyl test strips; the strips come in packets with step-by-step instructions through a QR code with important disclaimers (www.wdtn.com, May 29, 2023). Cuyahoga County Medical Examiner's Office reported that five people died of suspected drug overdoses within a 12-hour time span; the Medical Examiner cautioned residents to have naloxone, fentanyl test strips, and someone else present when using drugs (www.cleveland19.com, June 2, 2023). Akron Police (Summit County)

arrested five people during a raid of an alleged gambling house; officers seized nearly half of a gram of fentanyl, drug paraphernalia, motherboards from 40 gambling machines, an AR-15 style rifle, three handguns, and over \$18,000 (www.wkyc.com, June 8, 2023). Guernsey County Sheriff's officers, Central Ohio Drug Enforcement Task Force agents, along with Cambridge Police officers (Athens Region), executed a search warrant at a home in Cambridge and seized a bulk amount of fentanyl from the residence; officers arrested a man for possession and trafficking in fentanyl (www.guernseysheriff.com, June 23, 2023).

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), with modal scores throughout regions ranging from '7' to '10.' Consumers commented: *"When we are talking about fentanyl, it's all extremely powerful (highly potent); Fentanyl right now is like a '9' or '10' (high quality), we're having a lot of overdoses; From what I have heard, the fentanyl is closer to pharmaceutical grade. It's not home-grown type stuff; Fentanyl's so strong, it's ridiculous; The stuff I was on was really good, it was the pressed [fentanyl pills]; I overdose every time I use [fentanyl]; A matchhead [size dose of fentanyl] would put you down (cause you to overdose); Everybody's [fentanyl supply] is good [quality]. I have had 3 or 4 relapses in the last year and every time I wake up being 'gurneyed' (wheeled) into an ER (emergency room) [due to overdose]."*

Consumers throughout OSAM regions most often reported that the overall quality of fentanyl has remained the same during the past six months, except for Akron-Canton and Columbus regions where consumers most often reported decreased and increased quality, respectively. Consumers in the Akron-Canton region discussed varying fentanyl quality and acknowledged that one's increasing tolerance to opioids creates a perception that fentanyl quality has decreased.

They said: "[Perception of fentanyl quality] changes as your tolerance goes up; I have a higher [fentanyl] tolerance, so I think [fentanyl quality has] decreased; I do know that my dealers give people different bags [of fentanyl of varying potency] based on their different tolerances."

Consumers in the Columbus region attributed increased fentanyl quality to competition among dealers for customers that seek a potent opioid and reportedly, to a higher number of naloxone (Narcan[®]) administrations needed to reverse fentanyl overdose. They discussed: *"[Fentanyl] only gets stronger.... Dope dealers, they don't have a conscience.... It's all about competition and making money. They hear somebody out there's got better 'dope' (fentanyl) than them, they're going to add less 'cut' (adulterant) ... to make [their supply] stronger; Yeah, I was just out there [using fentanyl]. Starting off with it, I mean, of course it was good, but it got even stronger this last time. Two months ago, I hit it one time, didn't even get all the smoke in and 'OD'd' (overdosed) bluer than ever. It took three [doses] of Narcan[®] to wake me up; It takes more Narcan[®] now [to reverse an overdose]."*

Consumers continued to report that the top cutting agent for fentanyl is powdered sugar. They said: *"[Powdered sugar is] the standard [fentanyl adulterant]; [Fentanyl] gets cut a lot with powdered sugar. A lot of people that smoke [fentanyl], it smells like cotton candy caught fire, it smells like burnt sugar; I've gone to the store and bought a drug dealer a bag of powdered sugar before; Powdered sugar is a big one (top cut) because they always say fatty tastes sweet."*

Consumers throughout OSAM regions also discussed fentanyl cut with xylazine that is naloxone resistant. Reports included: *"[Xylazine is] being added [to fentanyl] by design [because] it's cheaper [than other substances]. You can get it off the dark web from China for really cheap; They're using [xylazine] as a cutting agent [for fentanyl].... No, [I'm not saying this from hearing about it on the news]. I've seen it; No matter if you smoke it,*

‘shoot’ (intravenously inject) it, or whatever, [xylazine] is putting big sores all over your body; [Xylazine is] making your flesh rot off; They are putting [xylazine] in the fentanyl because Narcan® did not work when [they] tried to Narcan® me [naloxone should be administered when xylazine is suspected since it is usually present with fentanyl]. They had to use epinephrine to my heart to actually bring (resuscitate) me back.”

Additional fentanyl cuts specifically mentioned included: acetaminophen, acetone, antihistamine, artificial sweetener, baby formula, baby laxatives, baby powder, blood pressure medication, body building supplements, carfentanil, cocaine, creatine, dirt, energy powder, ether, fiber, headshop cutting agents, heroin, illicit street drugs (unspecified), inositol (dietary supplement), kitty litter, lactose, laxatives, mannitol (diuretic), meat tenderizer, methamphetamine, MSM (methylsulfonyl-methane, a joint supplement), powdered drink mixes, pregabalin (nerve pain medication), prescription opioids, protein powder, quetiapine (antipsychotic medication), research chemicals, “rizzy” (bromadol, a potent narcotic analgesic), sedative-hypnotics (benzodiazepines), sleep aids, sugar, tranquilizers, vitamins (B and B-12), and powdered weight-loss supplements. Crime labs throughout OSAM regions indicated many adulterants found in fentanyl.

Adulterants

Reported by Crime Labs for Fentanyl

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

Naloxone

Analyses of consumer survey data administered at the time of the focus groups found that the majority (86.8%) of the 302 consumers reported having heard of naloxone. Of those 262 consumers who had heard of naloxone and responded to survey questions regarding naloxone administration, 33.2% reported having had naloxone used on them to reverse an opioid overdose and 35.9% reported having used naloxone on another person to reverse an opioid overdose. Of the 302 consumers, 77.5% reported that they knew where to obtain naloxone, 53.3% reported having ever obtained naloxone, and 34.4% reported current possession of naloxone. Consumers commented on naloxone: *“I’ve lost a lot of friends, family [to overdose]. I have to worry about my son every day. I’ve had to save his life a lot (administer naloxone); In some places you have to pay for Narcan® and that stuff (harm reduction services). Try to offer for free (increase no cost naloxone and other services) to people who don’t have insurance.”*

Those who reported ever obtaining naloxone reported having obtained it from one or more of the following sources: drug treatment agency (55.9%), pharmacy (34.8%), medical clinic (26.7%), syringe services program (21.1%), mental health agency (19.3%), Project DAWN (Deaths Avoided With Naloxone, a community-based overdose education and naloxone distribution program sponsored by Ohio Department of Health) (14.3%), doctor’s office (11.8%), and harm reduction vending machine (3.7%). In addition, 18.6% reported having obtained naloxone from a different source: family members and friends, fire department, hospital, local health department, recovery events, social service agency, street outreach, and supportive housing program.

Among all 302 consumers, 37.4% reported having ever seen a naloxone overdose emergency kit in a public place (“NaloxBox,” a secured emergency kit like a first aid kit that contains doses of naloxone). Of those 113 consumers that had seen a naloxone emergency kit in a public place, the locations for naloxone overdose emergency kits reported were: AA (Alcoholics Anonymous) meetings, bus station, church, doctor's office, fire station, gas station, grocery store, homeless shelter, hospital, jail/prison, library, local health department, long-term care facility, medical clinic, pharmacy, police station, public restroom, recovery housing, restaurant, roadside rest area, school, sexual assault support center, syringe services program, treatment center, and workplace. A member of law enforcement remarked on naloxone emergency kits, *“I saw a [media report] yesterday where they’re putting Narcan® in the truck stops and rest areas ... I think that’s a good thing.”*

Street Names

Current street jargon includes many names for fentanyl. Throughout OSAM regions, consumers reported “boy,” “fetty,” and “slow” as the most common street names generally. However, a consumer remarked, *“Fetty is definitely most common.”* Consumers continued to discuss that since heroin and fentanyl have become synonymous in that consumers often cannot discern between the two drugs, many of the street names for heroin are also used in reference to fentanyl (“boy” and “dog”). Consumers said: *“Dog, boy, that’s really [street names for] heroin but people still say that nowadays for fentanyl because that’s all there is [since heroin is not widely available]; [Boy] was originally for heroin but when heroin kind of fizzled out ... and fentanyl picked up, it never changed, [boy continued to be used as slang]; Boy ... was meant for the downer (depressant). [Stimulants], like for coke, ‘crack’ (crack cocaine) ... they call it ‘girl.’”* And like

heroin, some street names for fentanyl denote the sedative effect of the drug (“slow”). In addition, consumers explained that the slang terms “fetty wap,” “wap,” and “wap nation” are derived from rap music. They shared: *“Wap because of Fetty Wap ... a rapper; Wap nation [as a street name for fentanyl] ... is big (popular)....”*

Current Street Names for Fentanyl	
Most Common	boy, fetty, slow
Other	chi/chi-chi, Chinatown, dog/dog food/food, dope, down, drop, F, fet, fet, fetty wap/wap/wap nation
Pressed Pills	dirty 30s

Pricing

Current prices for fentanyl were reported by consumers with experience purchasing the drug. Reportedly, the most common quantity of purchase for fentanyl is 1/2 gram for \$30-50. Throughout OSAM regions, a gram most often sells for \$50-100, and 1/10 gram (aka “point”) most often sells for \$10-20. In addition, consumers in Akron-Canton, Cleveland, Toledo, and Youngstown regions reported that 30 mg pressed-fentanyl pills typically sell for \$10-30 each.

Comments on pricing included: *“Same price as heroin; Back when I relapsed for about a couple days, [fentanyl] was from \$50 a 1/2 [gram] to \$100 for a gram; A gram is a lot of fentanyl, half a gram is [the] most common [unit purchased], that’s the most common; I don’t ever see anyone buy a gram [of fentanyl] anymore, it’s usually a half gram for maybe \$60 ... it’s usually \$20 a ‘tenth’ (1/10 gram of fentanyl).”*

Reportedly, dollar-amount purchases, rather than an exact amount, are common. Consumers discussed: *“[Fentanyl pricing] depends on the dealer, if they are serving (selling) dollar amounts*

or if they are serving weight. If I say I wanted \$60 [of fentanyl], then they would give me whatever they think [a] \$60 [amount of fentanyl] is to them; [The most common unit of fentanyl purchased is] just whatever [amount of money] people's got. It could be anything, \$5 to \$10, \$20. It's whatever people's got at the moment; People don't have money and they have to do [fentanyl] every day, so you buy 20, 30, 40 bucks (dollars' worth) a day to get by. So, I think that is why [dollar amounts] is the most common...."

And like most illicit drugs, consumers indicated that fentanyl pricing varies depending on amount of purchase (lower prices for large quantities), location of purchase (lower prices in cities), quality, and relationship to dealer. Consumers discussed: "[The price of fentanyl] just depends. If you know somebody, you go through them all the time, you get it cheaper.... The more you get, better price. Everybody ... that I know ... gets more [at once] so they can pay less; If you're lucky, if you really, really know somebody, you can get ... a gram for [\$50]; [The price of fentanyl] depends on the rapport you have with that dealer. If you can get him a lot of money (repeat business), he's going to give you it for cheaper; I was paying \$150 a gram but I was getting really good [fentanyl]; [Fentanyl costs] \$200 a gram [in rural areas], but if you go to the city, you can get it way cheaper." Consumers in the Toledo region reported dirty 30s sell \$25-30 apiece in rural towns with limited availability while selling considerably less in larger cities.

Overall, consumers indicated that the price of fentanyl has generally remained the same during the past six months, except for the Cleveland region where consumers reported decreased pricing due to excessive supply. They commented: "[The price of fentanyl] has decreased.... [The market] is flooded. It's everywhere; [Fentanyl pricing] has decreased because everyone has it. I remember when a gram was about \$80 [current price is \$50-60]; [The lowered price] is why most drugs now have fentanyl because [dealers can increase profits by adulterating more expensive drugs with fentanyl]."

Route of Administration

The most common route of administration (ROA) for fentanyl remains intravenous injection (aka "shooting"). Consumers estimated that out of 10 people that use fentanyl, 5-8 would shoot, 2-5 would snort, and 0-3 would smoke the drug. Consumers reported: "[Most people] snort [fentanyl] and shoot it. A small percentage of people smoke it; They shoot [fentanyl]. If it's pressed into pill form, that type of thing, they cook it down (break it down to an injectable form) and load it [into a syringe] and shoot it; Pressed pills ... [I'm] snorting it; Personally, I'm a snorter [of fentanyl] but ... everybody I know injects it; [All 10 are] shooting it because [the high] lasts longer...." Additionally, a consumer stated, "People keep saying [injecting fentanyl] is the only way to do it, or that's the best way to do it, so you don't mess up your teeth or your nasal cavity."

However, consumers noted the health risks of intravenous injection. Several participants discussed how many people who intravenously inject fentanyl shift to other ROAs like smoking or "muscle popping" (intramuscular injection) because of vein damage. They conveyed: "And a lot of times they're smoking [fentanyl] because their veins aren't good right now. They can't find a vein; What they're cutting [fentanyl] with is tearing up our veins. So, then we go to smoking or muscle popping. I've got scars everywhere from it.... My veins were tore up.... My arm died. It was black. With less than six hours from shooting up [fentanyl], it went black.... Yeah, I muscle popped after that; After you shoot [fentanyl] so long, your veins are done. So, you have to go to another source (ROA) of doing it...."

Consumers noted a progression in ROA, typically from snorting to injecting depending on one's duration of use and/or tolerance to opioids. Comments included: "[People] snort [fentanyl] and shoot it.... It depends on their tolerance. If you got new beginners, they snort it. More persons who been using it [a long time], shoot it; [ROA] depends on how far into your addiction you are; I snorted

[fentanyl] before I ever shot it; A lot of people shooting [fentanyl] after they can't smoke it any more ... I mean, they've built a [high] tolerance or something; Most people I know went from smoking [fentanyl] to IV (intravenous injection). Like that's how it seems to go...."

Lastly, consumers discussed people with multiple ROAs and ROA differing between types of people. Consumers shared: "Most people that shoot [fentanyl], smoke it, too; I know people that shoot [fentanyl], snort it, smoke it, and 'boof' it... There are people that does that (anal insertion, aka 'boofing'); It's like half and half [for smoking and injecting fentanyl]. And they like to go back and forth (switch between ROAs), too; A lot of those people who did inject [fentanyl], would smoke it on top of that in order to even out how high they want to get." Another consumer commented, "I think [ROA] depends on where you are. In the suburbs, everyone is crushing the pressed [fentanyl] pills and snorting it. In my 'hood' (inner-city neighborhood), everyone is sticking it in their arm (intravenously injecting fentanyl)."

Typical Use Profile

Throughout OSAM regions, consumers and community professionals continued to most often report that there is no profile for typical fentanyl use. They discussed: "I wouldn't say there's anybody in particular to look at [who typically uses fentanyl]. I mean, there's no way to profile that ... it's everywhere. It's just ingrained in everything (fentanyl is adulterated into every drug); [The typical use profile for fentanyl is] 16/17 [years of age] and all the way up through 60s/70s. It's all ages, races, socio-economic status. It's pretty much everyone using it; [Fentanyl] hits all walks of life. That's why it's so bad. You can't just pinpoint; [You] do it once and it catches you (fentanyl is highly addictive). It really does not discriminate; Doesn't discriminate against anyone."

However, the descriptors respondents discussed frequently were White people, young people, and low socio-economic status. Comments included:

"I would say primarily White people use fentanyl; I feel like it's a lot of White people [using fentanyl]; [Fentanyl use] is mostly between the ages of 20, and I'd say, 40 [years].... You usually don't get to see people 45 and 50 [years of age] doing fentanyl because three or four ... years of [using fentanyl] and you're ... done, you're going to die (likely to die from opioid overdose); [Fentanyl] is more of a younger thing; I have seen a lot of young kids [using fentanyl] ... like 15, 16, 17, 18 [years of age]. Fentanyl is so normalized; [Among people who use fentanyl] we (law enforcement) see it a lot more with the lower income; An income distribution from lower middle class to the poverty line [is typical for fentanyl use]...."

Other descriptors of fentanyl use mentioned included other opioid/drug use, history of trauma/pain issues/injury, and male. Comments included: "I see a lot of meth and fentanyl used together ... or fentanyl and cocaine; If you were doing heroin, you are doing fentanyl, that's for sure; People who used to get 'pain pills' (prescribed opioids), but no longer get [prescribed] pain pills [have] switched over to [fentanyl use]; People that have serious pain issues, like have had major surgeries or have had a lot of car wrecks ... or people that have had ... like serious trauma [are more likely to use fentanyl]. Because, for me, fentanyl was an amazing mind number (mental escape). You just don't feel ... you don't deal with your emotions with it; A lot of people have told me, 'I'd just rather have my head in my lap (nod out on fentanyl) than deal with life.'" Regarding typical fentanyl use as among males, respondents said: "It's mostly the boys. [Typical fentanyl use] is three to one male; If you want to talk about the quintessential average person [who uses fentanyl], then we are talking about White males aged 25 to 34 [years]...."

Lastly, while White people, particularly White males, were often noted for typical fentanyl use, respondents in Cincinnati, Cleveland, Columbus, and Dayton regions indicated an increase in fentanyl use among African-American/Black people during the past six months. A consumer

remarked, “I would say majority White males and females, but more Black people are starting to use [fentanyl].” Law enforcement spoke at length on a notable increase in African Americans overdosing from fentanyl, but they think it’s primarily due to unintentional exposure (fentanyl cut into cocaine). They observed: “We’ve seen an increase in African Americans overdosing and dying in Dayton, Ohio. But what is happening is ... to my knowledge, they’re not trying to buy fentanyl ... they’re trying to buy cocaine and what they’re getting is cocaine laced with fentanyl and then they’re dying; We had like an eight week stretch there [of increased overdoses from fentanyl cut into cocaine]; We are set to have a record number of African-American fentanyl deaths this year ... the causes of deaths this year will have more fentanyl and cocaine mixtures than we have ever seen; We’ve definitely seen a statistic uptick in the Black community using [fentanyl].”

Analysis of GPRA demographic data of all intake clients that indicated fentanyl use during the past 30 days found that, of those who endorsed fentanyl use, 56.6% was male, 66.2% was under the age of 40 years, and 91.3% indicated White as their race.

GPRA Demographic Data of All Intake Clients Who Used Fentanyl during the Past 30 Days (N = 662)¹	
Male	56.6%
Female	42.4%
18 - 29	22.8%
30 - 39	43.4%
40 - 49	23.3%
50 - 59	7.7%
60 +	2.9%
White	91.3%
African American	10.4%
Other race²	2.9%
Hispanic/Latino	5.4%

¹Gender total does not equal 100.0% due to six individuals reporting as transgender. Total percentage for race (N = 657) is greater than 100.0% due to some individuals indicating more than one race.

²Alaska Native, Filipino, Indian, Native American, and/or unspecified Asian race.

Use Combinations

Many other substances are used in combination with fentanyl. However, consumers continued to report that fentanyl is most often used with crack and powdered cocaine and methamphetamine to speedball and to prevent opioid overdose. Consumers discussed: “I’ve seen a lot of people mix ‘ice’ (crystal methamphetamine) with [fentanyl] ... to speedball ... either they’ll mix it and shoot it together or shoot it one after the other; Go up and come back down; Shoot [cocaine and fentanyl] at the same exact time and get the high and low together; If you are too high on the fatty then meth brings you back when you feel like you’re going to ‘fall out’ (overdose); You get high from the fatty and then you do the meth ... so you stay high, but you don’t die; I make my brother put meth in his [fentanyl] ... it just seems like it saves them when they start to go out (overdose)...”

Reportedly, heroin is used with fentanyl to prolong the opioid high, and the two drugs are often sold together. Other drugs that prolong and intensify the high of fentanyl and help to alleviate opioid withdrawal symptoms are alcohol, gabapentin, marijuana, prescription opioids, and sedative-hypnotics. Consumers shared: “I used to take a lot of gabapentin with my fentanyl. It would get me higher.... Makes [fentanyl] stronger; [Marijuana] makes the high [from fentanyl] better.... For me it would help kick [the fentanyl high] in, make it more intense; Xanax[®] boosts your [fentanyl] high. A lot of people that use opiates use benzos because they increase the buzz; [Alcohol is combined with fentanyl] ... to smooth you out a little bit; [Marijuana] to take the edge off.”

While discussing the combination of fentanyl with sedative-hypnotics, consumers acknowledged the increased likelihood for overdose. Comments included: “I hear a lot of people are taking benzos with fatty and that’s why there are so many overdoses; Ninety percent of [overdoses] are people who use fentanyl and Xanax[®] hand and hand.” Lastly, consumers noted that fentanyl is added to lower quality drugs to add potency and

other drugs are added to fentanyl to stretch the amount of fentanyl. They said: “[To intensify] *not so high-quality ‘dope’ (heroin)* [add fentanyl]; [Add sedative-hypnotics] *when you are low* [on fentanyl].”

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

Prescription Opioids

Prescription opioids for illicit use remain low or moderate in availability throughout most OSAM regions. There was agreement among respondents that prescribing restrictions and regulations have limited the supply of legitimate prescription opioids available for illicit use. Respondents remarked: “[Prescription opioids are] *being regulated now because of the [opioid] epidemic; The laws on prescriptions for doctors giving them out (prescribing opioids) are a lot tighter now; The diversion protection, [Ohio Automated Rx Reporting System (OARRS) and prescribing guidelines], are working very well; All the pill mills are gone. Doctors won’t give them to nobody anymore.*” In addition, when opioids are prescribed, the quantity is reportedly low. Comments included: “*When people are prescribed [opioids], it’s very, very low quantity, like five [pills] in a prescription ... it used to be like 30 [pills]; Doctors are cracking down (restricting opioid prescribing), and pain [management] clinics are cracking down ... you don’t get a month’s supply [of opioids prescribed] anymore. You only get a week’s supply; [Doctors are] less likely to refill [prescriptions for opioids], especially. A lot of people go in to have procedures and they get pain medication (opioids prescribed), but doctors are more astute as far as any refill of a pain medication.*”

Respondents indicated that access to prescription opioids for illicit use necessitates a connection, most often to someone with a prescription. Consumers discussed: “[Prescription opioids are accessible] *if you know people who get [opioids prescribed] and they sell them to you, or they give it to you if it’s a family member or something; My uncle gets [opioids prescribed], so I can get them pretty easy. He gives them to me for \$10 [a pill]. I sell them for \$17; Diverting [prescription opioids] for sure. It’s people that get them [prescribed] from the doctor ... and sell them on the street; You can go with [people who are prescribed opioids] to the pharmacy when they pick them up, so you know they’re real (legitimate).*”

Community professionals concurred, sharing: “*A large population of older people who are selling their medications to get by (for additional income); [Young people] are usually stealing [prescription opioids] off of their parents or grandparents ... and [their parents/grandparents] aren’t going to say anything (report stealing); We definitely see folks that sell their true prescription [opioids]. It’s generally to people that they know. You see kind of this ... ‘I have this friend who has some pain. I’ll sell them what I have.’ It’s not so nefarious, but then when those pills run out, then those folks are stuck either going back to the street supply [to purchase drugs] or going there for the first time.*” However, a treatment provider in the Youngstown region observed a decrease in prescription opioid diversion, stating, “*A lot of people who used to sell their [prescription opioids] because they had an abundance, are now hoarding them [due to decreased prescribing].... Nobody is sharing.*”

Low availability of prescription opioids for illicit use has reportedly created cost-prohibitive pricing. Consumers said: “*Availability [of prescription opioids] has went down drastically ever since the government started cracking down on doctors ... if you do find [prescription opioids], you’re going to pay a high price; It’s not as easy to get [opioids prescribed] from the doctor anymore and the people that get them [prescribed] actually need them for pain, so they aren’t selling them so*

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	No Consensus	No Change	Percocet®, Vicodin®
Cincinnati	Low to Moderate	No Change	Percocet®
Cleveland	Low to Moderate	Decrease	Percocet®
Columbus	Moderate	No Change	Percocet®
Dayton	Low to Moderate	No Change	Percocet®, Vicodin®
Toledo	Moderate to High	No Consensus	OxyContin®, Percocet®
Youngstown	Low to Moderate	No Change	Percocet®, Ultram®

much. The ones that are selling them are selling them super expensive.” As a result, respondents conveyed that consumers often turn to cheaper, more potent, and highly available alternatives, primarily fentanyl. Comments included: “I just don’t think the appetite [for illicit prescription opioids] is there with the money (high cost). It’s cheaper to [use fentanyl]; People would rather pay a lesser amount for fentanyl versus paying a higher amount [for prescription opioids] ... you’re going to have to buy [and consume] multiple pills [to achieve the desired effect]; We don’t see a whole a lot of [illicit prescription opioid use] because fentanyl and ‘meth’ (methamphetamine) are so readily available [and inexpensive].”

In addition to people who are prescribed opioids, consumers discussed obtaining prescription opioids from certain dealers and through doctor prescribing. Regarding purchases from dealers, consumers stated: “People with the [opioid] prescriptions sell them to the ‘dope boys’ (drug dealers) [who resell them]; There’s just a few people in Lancaster (Fairfield County, Columbus region) that you name the pill, it doesn’t really matter, anything from gabapentin to ‘perc 30s’ (Roxicodone® 30 mg) ... any pill you want [is available]; I only buy [prescription opioids from] like three [dealers] ... because I know that they get the [legitimate] prescriptions.” Despite opioid prescribing

restrictions, some consumers reported obtaining prescriptions for opioids from doctors. They offered: “People go to the doctor and say they’re hurting ... just so they can get a ‘script’ (prescription for opioids). It’s getting harder to do that now; [Obtaining a prescription for opioids] from the doctor ... it’s kind of hard ... [but you can] as long as you haven’t been blocked (patient medical record flagged to restrict opioid prescriptions); The only people that I know that are getting real Percocet® are getting them straight from the doctor.”

Although less frequent, consumers also cited various Internet sources, including social media, for prescription opioids. Consumers reported: “I still have people that ... try to contact me on [Facebook] Messenger about pain pills a lot; [Prescription opioid sales are] posted [online] everywhere, ‘Man’s on deck (opioids available).” And consumers in the Akron-Canton region remarked on legitimate and counterfeit pills available on the “dark web” (websites operated by criminal enterprises). They said: “With the dark web being what it is, [prescription opioids are] very readily available; A lot of times [prescription opioids] are counterfeit ... on the dark web. They might be made the exact same way [to look like legitimate pharmaceutical prescription opioids], but they are counterfeit.”

Respondents throughout OSAM regions reported that the availability of prescription opioids for illicit use has remained the same during the past six months, except for the Cleveland region where there was decreased availability and the Toledo region where there was no consensus as to availability change. Respondents reasoned that the availability of prescription opioids for illicit use has remained consistently low for a long period of time. They shared: “[The availability of prescription opioids for illicit use has decreased], *not in the last six months, but over the years; [Prescription opioid street availability has] been like that (low) for a long time because doctors ... they’re getting really strict with prescribing; It’s probably been pretty hard to get [prescription opioids] ever since the government started cracking down on doctors.*” And respondents reiterated reasons for low/decreased availability of prescription opioids for illicit use, reporting: *“People are becoming more aware of [prescription opioid misuse], and grandparents, [and others who are prescribed opioids], are having to lock them up or keep them somewhere else [to prevent stealing]; The scripts are being written a little more carefully, smaller amounts, come back and reevaluate [the patient] type-of-thing, rather than a 30-day supply [to take home].... [Prescription opioids are] being prescribed in a more guarded fashion; It’s harder to legally get the prescriptions [for opioids] so people are going to the street to get what they know is fentanyl.”*

Respondents continued to acknowledge the pervasiveness of counterfeit prescription opioids available on the streets. They recognized the high risk of overdose associated with counterfeit pressed pills, which often contain fentanyl. Consumers warned: *“The pressed pills are more likely what you’re going to get [on the streets], which are going to cost you your life; I overdosed three times on fake [prescription opioids] ... that’s what everybody’s selling nowadays; Them fake ones (counterfeit prescription opioids), man, they’re starting to look more and more real (legitimate) and they’re everywhere.”* And a treatment provider in the Dayton region shared,

“Fake pressed pills, that’s a different ballgame ... so dangerous [because they can be pressed with fentanyl] ... and those are what most people are overdosing and dying off of....”

While many consumers unknowingly purchase counterfeit prescription opioids, some consumers reported intentionally purchasing them because of their low cost, high potency, and widespread availability. Comments included: *“If you’re cheap [or] you’re poor, you’re buying the fake ones (counterfeit prescription opioids); The majority of people know [the pills being sold as prescription opioids are counterfeit], but they don’t care; The majority of time, if they are taking fentanyl or heroin, they are still going to want the fake ones over the real ones because they are stronger and cheaper.”*

Counterfeit pressed pills are reportedly easy to manufacture and often contain multiple substances in addition to fentanyl. Law enforcement explained: *“The pressed pills have been here (Dayton, Montgomery County) for a while, but then those are always ... either going to be fentanyl or the new animal tranquilizer drugs; They’re selling stuff that they’re claiming are Percocet® and then lab results are telling a different story. It’s everything but Percocet® ... you have meth mixed in, you got fentanyl mixed in....”* Consumers added that pill presses can be easily purchased from headshops and Internet retailers.

Respondents throughout OSAM regions indicated Percocet® as the most available prescription opioid for illicit use. In addition to Percocet®, OxyContin® is reportedly most available in Akron-Canton and Toledo regions, Vicodin® in Athens and Dayton regions, and Ultram® in the Youngstown region. Respondents reported that Percocet® is popular due to its potency, name recognition, and prescribing frequency. They commented: *“Percocet® ... it’s just popular. It’s been around a long time, and it produces a stronger effect than some of [the other prescription opioids]; The ‘percs’ (Percocet®) [are the most popular] because they are the name*

brand; A lot of people can get [Percocet® prescribed] through surgeries or back problems.” Law enforcement in the Youngstown region spoke of widespread availability of Ultram® (tramadol), sharing: “Tramadol is available everywhere ... I can go to the corner store and buy it [undercover] if I wanted to.... It’s that available in Mahoning County; We have people throwing down (consuming) 20 to 30 [tramadol] a day.... [Tramadol can be obtained from the] veterinarians’ offices because it is [also] used for animals....”

Ohio Bureau of Criminal Investigation (BCI) crime labs reported incidence data for each of the most available prescription opioids identified by OSAM respondents. In addition to the drugs presented in the table, BCI labs reported processing few cases of morphine from each OSAM region.

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

Other data sources indicated prescription opioids as available for illicit use throughout OSAM regions. Fairfield County Municipal Court (Columbus region) reported that, of the 4,319 positive adult drug specimens it recorded during the past six months, 5.3% was positive for oxycodone. Millennium Health reported that during the past six months, 4.1% of 149,880 urinalysis specimens tested for oxycodone/oxymorphone was positive, and 5.2% of 127,394 urinalysis specimens tested for morphine, codeine, hydromorphone, and/or hydrocodone was positive.

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

¹BCI labs reported processing few cases of this drug for this region.

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

Coroner and medical examiner offices in the counties of Cuyahoga (Cleveland region), Hamilton (Cincinnati region), Montgomery (Dayton region), and Scioto (Cincinnati region) reported that 9.0%, 8.1%, 7.1%, and 8.3%, respectively, of all drug-related deaths they recorded this reporting period (321, 185, 452, and 48 deaths) involved prescription opioids. GPRR (Government Performance and Results Act) data collected from 5,846 persons entering publicly funded SUD treatment programs during the past six months found 3.8% reported illicit prescription opioid use 30 days prior to intake.

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	8.2%	11,580	14.1%	7,640
Athens	2.1%	14,787	2.5%	12,369
Cincinnati	1.1%	29,336	3.1%	25,378
Cleveland	3.6%	24,640	3.7%	21,222
Columbus	7.2%	29,814	6.5%	26,698
Dayton	16.2%	4,667	13.3%	4,188
Toledo	1.7%	23,574	4.4%	19,820
Youngstown	3.4%	11,482	5.1%	10,079
Total	4.1%	149,880	5.2%	127,394

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

Region	% Yes	Total N
Akron-Canton	4.2%	287
Athens	1.6%	677
Cincinnati	3.4%	1,292
Cleveland	5.6%	1,339
Columbus	4.5%	1,100
Dayton	1.9%	312
Toledo	3.8%	474
Youngstown	1.6%	365
Total	3.8%	5,846

the tablet (“endo 602” for Endocet® 5 mg), or a combination (“Roxy 30s” for Roxycodone® 30 mg and “P5s” for Percocet® 5 mg). And “real 30s” for Roxycodone® 30 mg is used to differentiate legitimate pills from fake/counterfeit pills. “Littles” generally refers to any lower dose prescription opioid pill, under 30 milligrams.

Pricing

Current street prices for prescription opioids were reported by consumers with experience buying the drugs. Throughout OSAM regions, Percocet® 5 mg typically sells for \$5-10, and as high as \$15 and \$20 in Cleveland and Dayton regions, respectively, and Percocet® 10 mg typically sells for \$20, and as low as \$10 in the Cincinnati region, and as high as \$30 in Cleveland, Columbus, and Youngstown regions; Roxycodone® 30 mg most often sells for \$50-75, and as low as \$25-30 in the Dayton region. Consumers in all OSAM regions, except Toledo, reported knowledge of street prices for Vicodin®, which typically sells for \$7-15 for Vicodin® 5 mg and \$13-20 for Vicodin® 10 mg. Knowledge of OxyContin® pricing was limited to Akron-Canton, Dayton, and Toledo regions, where consumers

Street Names

Current street jargon includes many names for prescription opioids. Consumers reported that the most common street names are shortened forms of brand names (“oxy” for OxyContin® and “trams” for Ultram®). Street names are also derived from the pill color (“pinks” for Percocet® 2.5 mg), first letter of brand names (“Ds” for Dilaudid® and “Vs” for Vicodin®), milligram strength (“10s” for Percocet® 10 mg), imprint on

Current Street Names for Prescription Opioids

General	beans, candy, littles, painers, pills, pops, vitamins
Dilaudid®	Ds
Endocet®	5 milligrams: endo 602
Fentanyl Patches	bandages
OxyContin®	OCs, oxy
Percocet®	General: jerk/jerks, Ps, percs/perks, perky/perkies, urks/urkies, yercs 2.5 milligrams: pinks 5 milligrams: 5s, 512s, blue circle emoji, blueberries, blues, P5s, perc 5 10 milligrams: 10s
Roxicodone®	30/30s, greens, perc 30, real 30s, Roxy/Roxies/Roxy 30s
Ultram®	trams
Vicodin®	hydros, Vs, vics

unanimously reported OxyContin® pricing as \$2 per milligram. Consumers noted the high price of prescription opioids for illicit use, commenting: *“The real ones are extremely hard to find and extremely expensive; People abuse Percocet®, so [doctors] don’t give it out so much anymore. So, it’s doubled in price; They can charge what they want [for legitimate prescription opioids on the streets] since there’s low supply.”*

The price of prescription opioids for illicit use can vary, reportedly depending on one’s connection to the seller, quantity purchased, type, and milligram strength. Consumers explained: *“[Prescription opioid pricing varies] depending on who you buy them from, who you know.... I can usually get them cheaper ... if I buy [in bulk]; If you came up to me, I’d sell [prescription opioids] for a certain amount. If [my friend] came by, they’d be cheaper; Depends on who you go to because everybody’s always trying to make an extra buck ... from one person, you might get that pill for \$10, but the next person might charge you \$12; Depends on what type of pill it is; Price depends on the milligram.”*

Consumers reported that the price of prescription opioids for illicit use has remained the same or increased during the past six months. Consumers reasoned that low supply has driven up prices. They stated: *“The demand is high [for prescription opioids], and [the] amount [available on the streets] is low; [Pricing] increased for the real ones [and] it keeps going up. They aren’t prescribing them.... That is probably why they are going up [in price]; If you are getting a real prescription [opioid pill on the streets, the price] has gone up because it’s harder to find.”*

Route of Administration

The most common routes of administration (ROAs) for illicit use of prescription opioids remain snorting followed by oral consumption. Overall, consumers estimated that out of 10 people that use prescription opioids illicitly, 5-10 would snort and the remainder would orally consume the drugs, except for the Toledo region where consumers estimated that snorting and oral consumption are equally common. Consumers reported that snorting prescription opioids produces a stronger, more immediate effect, whereas oral consumption results in a slower effect. They said: *“If I want [the effect of prescription opioids] to hit me quicker, I’m going to snort it. If I want it to creep up on me, I’ll eat (orally consume) them.... Most [people] I know [who use prescription opioids illicitly] do them both ways; You can ‘pop them’ (orally consume prescription opioids) but they get into your system faster if you crush them and snort them.”* Other comments regarding snorting prescription opioids included: *“Taking percs to get high is the cool thing to do if you’re looking at a social media standpoint.... ‘Snorting up percs;’ If I can snort [prescription opioids], I’ll snort it ... take it by mouth (orally consume) here and there if your nose is real [damaged from repeatedly snorting].”*

Although uncommon, consumers in half of OSAM regions (Akron-Canton, Athens, Cleveland, and Youngstown) mentioned smoking, including “freebasing” (placing crushed prescription opioid

pills on aluminum foil, holding a flame under the foil, and inhaling the resulting vapors, usually through a glass straw), and consumers in Akron-Canton, Athens, Cincinnati, Toledo, and Youngstown regions mentioned “shooting” (intravenous injection). Consumers acknowledged that tamper-resistant prescription opioid formulations are difficult to crush and dissolve in water making intravenous injection difficult. A consumer in the Youngstown region shared, “OxyContin®, people don’t want them [for illicit use], the formula is different ... they gel up, you can’t shoot them.”

Typical Use Profile

Throughout OSAM regions, respondents continued to report that there is no typical profile for illicit prescription opioid use. Many respondents characterized illicit prescription opioid use as “widespread” and elaborated: “I just don’t think [prescription opioid use] discriminates; A lot of Black people, a lot of White people, a little bit of everyone; All ages.”

Although a typical use profile did not emerge, respondents consistently reported that people with a history of injury, chronic pain, and/or pain management care are more likely to use illicit prescription opioids. They stated: “I know a lot of people that ... never would have been the type to do drugs, they had jobs, they went to college, but then they would get hooked (dependent on prescription opioids) [due to pain]; People who are [dealing with] medical issues, who get the pain pill prescription and then the doctor cuts them off and then they start seeking it elsewhere; I started out with Vicodin® after dental procedures [and] injury and then they wouldn’t prescribe them to me anymore. I started buying Percocet® [on the streets] then I started selling them to afford them; They have full-time jobs and the wear and tear on their body [has caused pain] or they have sustained some type of injury; People that would maybe have been on a legitimate pain management regimen and then they might just be seeking [it illicitly].”

Respondents pointed out that people of all ages use prescription opioids illicitly. Regarding young people, respondents offered: “I think some of my younger [treatment] clients have been more into [illicit prescription opioid use] because they maybe have not gone up the ladder yet of the opioid chain (progressed to heroin/fentanyl use); [Illicit prescription opioid use is] more youthful because they go and steal it from their parents or grandparents; [Prescription opioid] pills for the young kids, it’s a party drug; They’re coming out of high school, they’re coming out of college ... with medical injuries and medical issues, they’re having some sort of car accident, and then they’re getting hooked on [prescription opioids].” And regarding older people, respondents discussed: “The older population ... they got put on [prescription opioids] from back surgery or something like that and didn’t even realize they were addicted until they tried to come off it; Your older generation to deal with the pain.”

Respondents also identified people of higher socio-economic status as likely to use illicit prescription opioids. They noted: “You got more college students ... lawyers, judges, CEOs ... people in the suburban areas taking more [prescription] opiates than in the urban areas; Middle and upper class can justify their use of a pill (less stigma). Like, ‘Well, I am not a heroin user.’” Analysis of GPRD 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, 53.4% was male, 59.0% was under the age of 40 years, and 71.7% indicated White as their race.

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 heroin/fentanyl, primarily to potentiate the effect, whereas crack and powdered cocaine are used in combination to “speedball” (concurrent or consecutive stimulant and depressant highs).

GPRA Demographic Data of All Intake Clients Who Used Rx Opioids Illicitly during the Past 30 Days (N = 222) ¹	
Male	53.4%
Female	44.8%
18 - 29	23.0%
30 - 39	36.0%
40 - 49	25.2%
50 - 59	9.0%
60 +	6.8%
White	71.7%
African American	28.8%
Other race ²	5.5%
Hispanic/Latino	7.2%

¹Gender total (N = 221) does not equal 100.0% due to four individuals reporting as transgender. Total percentage for race (N = 219) is greater than 100.0% due to some individuals indicating more than one race. ² Filipino and/or Native American.

They elaborated: *“Drinking [alcohol] ... it just heightens the effect; It’s easy to pop a [prescription opioid] pill in the club while you’re drinking or smoking [marijuana]; A lot of people smoke ‘weed’ (marijuana) and take percs ... to enhance and intensify the effect; When my ‘30s’ (Roxicodone® 30 mg) weren’t strong enough I would supplement with fentanyl; Most people who take 30s, their tolerance gets to a level where they go to heroin right after because the 30s aren’t getting them that [desired effect]; I used to snort my pills and do ‘crack’ (crack cocaine).”*

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

Although less frequently reported, other stimulant drugs are used in combination with prescription opioids. Consumers said: *“Adderall® to speedball; The Percocet® will calm you down from the meth high.”* Several consumers brought up combining prescription opioids with promethazine (prescription-strength cough syrup with codeine, aka “lean” when mixed with soda), commenting, *“Because they like that ‘nodding off’ (passing out) feeling; [Sedative-hypnotics] amps up that buzz.”*

Buprenorphine

Buprenorphine remains highly available for illicit use in most OSAM regions. Respondents continued to report illicit buprenorphine use to prevent or mitigate opioid withdrawal symptoms (aka “dope sickness”) in between, or when trying to stop, heroin/fentanyl use. Consumers explained: *“If you ain’t got your drug of choice, you’re going for the Suboxone®.... It’s your backup; If they don’t want to get sick off of fentanyl [withdrawal], then they do [buprenorphine].”* A treatment provider in Dayton added, *“Usually when I hear people talking about abusing [buprenorphine] it’s because it’s the last thing they could find [on the streets], and they’re trying to stay ‘well’ and avoid [opioid] withdrawal.”*

Some respondents reported that consumers purchase buprenorphine on the streets to self-treat opioid use disorder (OUD). Treatment providers relayed insight from clients who purchased buprenorphine illicitly, recalling: *“The majority [of clients] that I have seen ... were prescribed [buprenorphine] initially and then probably stopped going to the doctor and the clinic [for treatment] and started obtaining it off the streets; I’ve come into contact with many people who tell me that they have to buy [buprenorphine] on the street sometimes because they either run out [of their prescription] or they miss an appointment and then they’re without; It’s more so of an ... ‘I might be short this week or this month so I might need to go buy an extra one (buprenorphine),’ or,*

Reported Change in Availability of Buprenorphine during the Past 6 Months

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

day; Go to any clinic ... and they will give you a month's worth [of buprenorphine]; You got people just taking ... an opiate pill ... so they can test positive [for opioids on a urinalysis test] just so they can get [a prescription for buprenorphine] to sell them."

Community professionals

"I'm in a lot of pain right now and I need an extra 'sub' (Suboxone®) right now to get me through." And a consumer in the Akron-Canton region offered, *"The ones who don't want to deal with the hassle of a clinic go to the dealer [to purchase buprenorphine]."*

Consumers in the Toledo region identified stigma associated with medication for opioid use disorder (MOUD) as a barrier to accessing legitimate prescriptions. They stated: *"Soon as you get Suboxone® attached to your name ... every pharmacy [employee] treats you different, every doctors' office treats you different, everybody treats you different. I know people that buy [buprenorphine] on the street because of that reason; I was one time at this pharmacy and this [employee], in the middle of looking at my prescriptions, her attitude totally changed as soon as she got to my Suboxone®, boom, I'm a 'drug addict' and a 'dope fiend.'"*

Buprenorphine prescriptions are reportedly easy to obtain and sometimes sold on the streets or traded for other illicit substances, usually one's drug of choice. Consumers discussed obtaining prescriptions for buprenorphine from clinics, sharing: *"If you got a medical card (health insurance) you can go anywhere, and they'll give them to you (prescribe buprenorphine) spot on that*

acknowledged clinics with less stringent buprenorphine prescribing standards. They discussed: *"The new agencies that come into local areas and overprescribe [buprenorphine to] clients ... I call them 'pop-up' because one day they're here and within a month they are shut down; You can walk into several treatment facilities, and they'll give [buprenorphine] to you that day ... and [the client will] turn around and sell it on the street or trade it for other drugs; Certain agencies are known to double up or triple up [buprenorphine doses] ... I've heard clients say, 'Well, I can take one 'strip' (buprenorphine filmstrip) and sell two,' or, 'I can take half [of a dose of buprenorphine] and sell [the other half]."*

Respondents also spoke about the ease of obtaining buprenorphine prescriptions through telehealth apps and websites. Consumers said: *"You can go online and do a virtual appointment now and get your own [buprenorphine prescription]; More people are going online now [for MOUD], which is a good thing if they use it [as prescribed]; You can even get [buprenorphine prescribed] on a [telehealth] app."* Community professionals observed: *"We're seeing a lot more people who get their [buprenorphine] prescription from an app ... a lot of telehealth visits too; I think [buprenorphine is] even more available because now you can get Suboxone® through the mail. You*

can go online, fill out a little quiz, and they give it to you through the mail....” In addition, some respondents noted buprenorphine prescribing for pain management.

Regarding diversion, a consumer in the Dayton region described buprenorphine as “another currency” that is sold for extra income or traded for other drugs, especially heroin/fentanyl. Other consumer comments included: “A lot of people in recovery need money, so [some people] just start selling [all, or part, of their buprenorphine prescription] like I did; [MOUD clients] could keep just enough Suboxone® in their system where they could still test positive [for buprenorphine on urinalysis drug screenings] ... and then they sell 90% of their Suboxone® [prescription] on the street to pay their bills; They take half of one strip (to prevent opioid withdrawal) and sell the other two and a half and use [the income] to buy fentanyl or other substances; Trade [their buprenorphine filmstrips] to the dealer for whatever drug ... and the dealer turns around, sells [the buprenorphine].”

Although respondents reported availability of buprenorphine for illicit use, many respondents agreed that buprenorphine is used as prescribed. Consumers shared: “I’ve been on it and kept on it right (used buprenorphine as prescribed) since I started it; I don’t come up off Suboxone®. There’s just no way. I have to have them ... it’s a pretty bad withdrawal [if I don’t take buprenorphine as prescribed]; I know a lot of people [prescribed] Suboxone®, but they won’t give (divert) their Suboxone® up; That’s not a bad thing [that more people are being prescribed buprenorphine] though; Suboxone® ain’t the problem, it’s the ‘fetty’ (fentanyl).”

Respondents in most OSAM regions reported the Suboxone® sublingual filmstrip form (aka “strips”) as most available for illicit use. Suboxone® filmstrip and pill form are reportedly equally available for illicit use in Athens and Cincinnati regions. Buprenorphine filmstrip form is reportedly favored for illicit use because it is easier to conceal, transport, and divide into

portions. Respondents remarked: “[Buprenorphine filmstrips are] in plastic packages, they’re easier to sell that way, they’re easier to hide, transport; The strips are more available [on the street] because they’re easier to conceal or to carry. I could have a bunch of them in my pocket right now. A big pill bottle ... pills are [less concealable]; Strips are more available ... it’s because they can cut a little piece off and they got some for themselves and still make some money off [selling the rest] of it.”

Medication for Opioid Use Disorder (MOUD)

Of the 301 consumers who responded to the survey question regarding current receipt of MOUD, 33.6% reported currently receiving MOUD. Of those 101 consumers who reported current receipt of MOUD, the most common types of MOUD reported were Suboxone® (buprenorphine/naloxone, 48.5%), Vivitrol® (naltrexone, an injectable form of MOUD, 26.7%), methadone (a long-acting full opioid agonist, 11.9%), Sublocade® (buprenorphine only, an injectable form of MOUD, 7.8%), and Subutex® (buprenorphine only, 4.0%). A consumer in Youngstown said, “The Sublocade® shot (injection) is about to save my life. I have not had a craving for heroin since I got the shot.”

Respondents in Athens and Cincinnati regions discussed that the form prescribed depends on the provider and availability at the pharmacy. Community professionals in the Athens region explained: “[The form of buprenorphine prescribed] depends on what kind of provider you’re going with, what they prescribe more of ... I have clients that are using both the strips and the pills; [The most available form of buprenorphine] depends on the pharmacy because there are some pharmacies that tend to have one or the other (filmstrips or pills), and, a lot of times, it depends on whether the doctor specifically requires the strips or pills ... that can vary a lot.” And a treatment provider in the Cincinnati region commented, “Right now at the pharmacies you can’t get strips, so everybody has to get pills ... so, [the most

available form of buprenorphine] *just goes through different phases ... because people need it regardless. Whatever [form is] available, they'll get filled.*"

Although reportedly less common than buprenorphine filmstrips and pills, some respondents discussed increased prescribing of Sublocade®. A treatment provider in the Cincinnati region considered, *"We have seen an increase in Sublocade® injections so I wonder if [illicit buprenorphine use] may start trending down.... I wonder if that may make an impact on the future [supply of buprenorphine filmstrips and pills available for diversion]."* A treatment provider in the Toledo region noticed, *"Some [clients] even get the Sublocade® injection ... I know a lot of agencies are offering the injection ... it depends on the agency and your insurance. All of them are readily available for clients to consume though...."* And a consumer in the Akron-Canton region added, *"They came out with the Suboxone® shot (Sublocade® injection) so they aren't getting the strips or pills [prescribed] as much."*

Respondents continued to report low current availability of Subutex® for illicit use, as it is reportedly only prescribed to pregnant or breastfeeding women and people allergic to naloxone. Consumers acknowledged scarcity of Subutex® on the streets, commenting: *"I think you got to have another medical condition like being pregnant or something in order to get [Subutex® prescribed]; Or have a Narcan® (naloxone) allergy; It's hard to find Subutex® [for illicit use]."*

Reportedly, the availability of buprenorphine for illicit use has remained the same during the past six months for all OSAM regions, except for the Cleveland region where most respondents reported increased availability due to increased prescribing and diversion. Consumers indicated long-term, high availability of buprenorphine for illicit use, remarking: *"For me, [illicit buprenorphine availability is] about the same. I've always been able to get them [for] about 10, 15 years; I wouldn't say the last six months, but*

probably about the last year [buprenorphine street availability] seemed to pick up (increase)."

Respondents in the Cleveland region observed: *"Scripts' (buprenorphine prescriptions) are being filled left and right; I would say [buprenorphine is] more readily available on the streets because a lot of people get prescribed it.... It's also an easy way to get money by selling their scripts."*

Ohio Bureau of Criminal Investigation (BCI) crime labs reported that the incidence of buprenorphine cases they process has increased for the Youngstown region, decreased for the Toledo region, 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. Miami Valley Regional Crime Lab (Dayton region) reported that the incidence of buprenorphine cases it processes has remained the same.

Street Names

Current street jargon includes several names for buprenorphine. Consumers continued to report the general street name, "subs," and for filmstrips, "strips," as most common street names. Other general street names include, "bus," which is, *"sub' [spelled] backwards,"* and "sandwiches," in reference to sub sandwiches. Filmstrips are also referred to as the derivative, "strippers." Subutex® is most often referred to as the abbreviated, "tex" or "texts." Buprenorphine pills are called "oranges" or "stop signs" in reference to the pill color and shape. A consumer stated, *"Oranges' ... it's just the color of [the buprenorphine pill].... [If I say], 'Give me 10 of them oranges,' you know what I'm talking about."*

Current Street Names for Buprenorphine	
General	bupe, bus/buses, sandwiches, subs/subbies
Filmstrip	strip/strips, strippers
Pill	oranges, stop signs
Subutex®	tec, tex/texts

Pricing

Current street prices for buprenorphine were reported by consumers with experience buying the drug. Consumers continued to indicate that both buprenorphine filmstrip and pill forms typically sell for \$10-20 for an 8 mg dose. However, filmstrips can sell for as low as \$6 and \$7 in Dayton and Columbus regions, respectively, while pill form can sell for as low as \$5 in Cleveland and Toledo regions, and as low as \$8 in the Akron-Canton region. Consumers who reported lower than typical pricing suggested that it is easy to obtain a legitimate buprenorphine prescription, creating high supply and low demand on the streets. They shared: *“Now they go for \$5 [per filmstrip]. Everybody has them; It is hard to sell [buprenorphine] for profit. That’s how regularly available they are; I used to sell my whole [buprenorphine] script. You could sell them for \$10, \$15 apiece. Now, they’re so [available] you can’t get nobody to even buy them.”*

Other factors that reportedly influence buprenorphine pricing include relationship with the seller, ability to negotiate a favorable trade, quantity purchased, location of purchase, with lower pricing in cities, and the time of month, with lower pricing around dates prescriptions are filled. Comments included: *“Oh, last time I got offered it was like \$8 [per filmstrip] because that person really liked me.... Or [the price can depend on] ... if you have something they want, they can be like, ‘Hey, this much [money] and this much in trade [for the buprenorphine];’ For people I know, I would give [buprenorphine] to them for free.... If they need them, they need them; If you buy the*

whole [buprenorphine] script, you get a discount; [In the] ‘outskirts’ (more rural areas), [filmstrips cost] \$10-15, inner city’s \$5-7; Depends on the time of the month. It depends on when the scripts are getting filled. At the end of the month, if everyone’s out (exhausted their supply of buprenorphine), you could get \$15 a strip. At the beginning of the month, you’d be lucky to get \$6 [per filmstrip].”

Consumers in Columbus, Dayton, Toledo, and Youngstown regions reported that the price of buprenorphine for illicit use has remained the same during the past six months, while consumers in Akron-Canton, Athens, Cincinnati, and Cleveland regions evenly reported that the price has decreased or remained the same. Consumers who reported decreased pricing cited supply and demand, saying: *“[Buprenorphine pricing decreased] just because there is more availability; More people [are prescribed buprenorphine]. Supply and demand.”*

Route of Administration

The most common route of administration (ROA) for illicit use of buprenorphine remains oral consumption, followed by snorting, except for Athens and Columbus regions where snorting is reportedly most common. Regarding oral consumption, a consumer said, *“You put [buprenorphine pills] underneath your tongue and let them dissolve. Same with the strips.”* Consumers reported “mudpuddling,” snorting buprenorphine filmstrips dissolved in water, a practice also referred to as “water whipping.” They discussed: *“You can do the strips ... in many different ways, ‘mudpuddle’ it; ‘Water whipping’ ... bust it up in a ChapStick® cap [with water and snort it].”* And some consumers reportedly snort crushed buprenorphine pills. A consumer remarked, *“People like to snort the [buprenorphine] pills, too.”*

Consumers also reported ocular absorption of filmstrips by placing a portion of a filmstrip directly on the eye like a contact lens or in the tear duct. They described this practice: *“Put a quarter piece [of filmstrip] in this eye, a quarter piece in [the*

other] eye ... that ... burns [when it's placed on the eye]; I put a Suboxone® strip in my eye. I did that in prison. Putting [buprenorphine] in the corner of your eye, a piece of a strip ... because it hits you instantly (produces an immediate effect) and you don't have to deal with the taste [from oral consumption]....” Some consumers also mentioned intravenous injection (aka “shooting”) of buprenorphine. Reports included: “They’re actually melting that down (dissolving filmstrips in water) and shooting it up; [Buprenorphine is] really hard to do intravenously ... there’s always going to be that one person who’s going to try ... intravenously but it’s not [common].... It’s honestly a waste to figure out the water to [prepare it for injection] ... you might as well just [take it] orally; When I was using the needle (intravenously injecting drugs), I would shoot [buprenorphine] up even though I knew it was bad for you.... It goes into instant ‘precip’ (precipitated withdrawal) shooting it.”

Typical Use Profile

Respondents throughout OSAM regions continued to report typical illicit buprenorphine use as most commonly occurring with illicit opioid use, especially heroin/fentanyl, when trying to stop opioid use or to alleviate or prevent opioid withdrawal symptoms in the absence of heroin/fentanyl. Statements included: “People who use heroin on the streets, but they want to get off it; They just can’t find ... their drug of choice so they kind of balance it out with [buprenorphine]; [They] don’t have the money to purchase [their drug of choice] so they go with [buprenorphine] because it’s cheaper.” Respondents also recognized illicit buprenorphine use in jails and prisons. Consumers remarked: “[Buprenorphine] seems to be the number one substance that’s going into the prisons because it’s so easy to conceal ... and I can’t really speak for all the people who are getting it in there, but it serves the purpose they need, the escape; I know a lot of people who have never even used heroin or fentanyl and they went to prison and came back addicted to subs. People in prison are just doing it for something to do.”

Respondents also associated illicit buprenorphine use with White people who they identify as more likely to use illicit opioids. Analysis of GPRA demographic data of all intake clients that indicated illicit buprenorphine use during the past 30 days found that, of those who endorsed illicit buprenorphine use, 77.9% was male, 60.3% was under the age of 40 years, and 95.6% indicated White as their race.

Male	77.9%
Female	22.1%
18 - 29	10.3%
30 - 39	50.0%
40 - 49	26.5%
50 - 59	10.3%
60 +	2.9%
White	95.6%
African American	6.0%
Other race¹	1.5%
Hispanic/Latino	1.3%

¹Native American.

Use Combinations

Many other substances are reportedly used in combination with buprenorphine, most commonly alcohol and marijuana for the potentiating effect and accessibility. Consumers shared: “Alcohol, because it would intensify [the effects of buprenorphine]; [Alcohol is] easily available and you’re likely doing it anyways; Marijuana because typically [everyone] is already smoking marijuana; [Marijuana] mellows them out.” Consumers warned of the “double downer” effect when sedative-hypnotics are used in combination with buprenorphine, which can lead to overdose, commenting: “You get that ‘nod’ (pass out/overdose effect), like on heroin; [A person illicitly using opiates or buprenorphine] would use ‘benzos’ (benzodiazepines) [in combination].... To

me, it's like a cocktail for death. Honestly, I never tried to mix benzos with opiates ... because the two [combined] is like instant overdose."

Crack and powdered cocaine and methamphetamine are reportedly used in combination with buprenorphine to “speedball” (concurrent or consecutive stimulant and depressant highs) or to aid in coming down from the stimulant high. A consumer in the Cincinnati region spoke about people who transitioned from opioid use to methamphetamine use, and also use buprenorphine, saying, “People have transferred [from heroin] ... and used ‘ice’ (crystal methamphetamine) to help them get off heroin. So, they still take their Suboxone®.” Regarding the combination of buprenorphine and gabapentin, a consumer described, “a good buzz, a good combination.”

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

Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, muscle relaxants, and nonbenzodiazepine sleep-inducing medications, e.g., Ambien® and Lunesta®) for illicit use are moderate or high in availability throughout most OSAM regions. However, there was no consensus as to current availability in Athens, Cincinnati, and Columbus regions, where community professionals primarily reported moderate or high availability, and consumer responses varied from low to high availability.

Respondents who indicated moderate or high current availability of sedative-hypnotics for illicit use often reported obtainment through doctor

prescribing and/or from people with prescriptions. Regarding doctor prescribing, respondents discussed: “[Sedative-hypnotics are] easy to get prescribed. A lot of people have PTSD (post-traumatic stress disorder) or can pass off like they have PTSD. There are so many people out there that get it just to sell it. It’s easy to get; I think that [sedatives-hypnotics] are not as tightly controlled as the [prescription] opiates.... So, I think that people find doctors that will prescribe [sedative-hypnotics]; It’s not hard to get a ‘script’ (prescription) for Xanax®. All you got to do is go to a doctor and tell them you got anxiety.”

Respondents acknowledged that sedative-hypnotics are diverted. Comments included: “A lot of people are prescribed [sedative-hypnotics]. They decide to sell them, make some money off them; I usually knew somebody already that had [sedatives-hypnotics], like a cousin, family or friends ... like their mom or somebody would already have a prescription and I would get it that way; I know a lot of people that have [sedative-hypnotics] that can get them ... because my mom’s prescribed them ... [and] charges \$10 a ‘bar’ (Xanax® 2 mg).”

Sedative-hypnotics for illicit use are also reportedly available from connected dealers. Comments included: “I have one ‘plug’ (drug dealer) that ... always had [sedative-hypnotics] ... he was the only one that could still get real (legitimate) Xanax® bars; I knew somebody that was getting [sedative-hypnotics] from a dealer. They’d get them from a dealer and then they’d bring them down (resell) to the other people ... piece them out basically. And they’d put a couple dollars on taxes (increase the price for facilitating the purchase).”

Low availability of sedative-hypnotics for illicit use was most often attributed to restrictions designed to reduce inappropriate prescribing. Community professionals remarked: “[Sedative-hypnotics on the streets are] not prevalent ... going back to the doctors, they are more cautious about prescribing them; I don't think any prescription medication is

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®, Klonopin®
Athens	No Consensus	Decrease	Xanax®, Klonopin®
Cincinnati	No Consensus	No Change	Xanax®
Cleveland	Moderate to High	No Change	Xanax®, Klonopin®
Columbus	No Consensus	No Change	Xanax®
Dayton	Moderate	No Change	Xanax®
Toledo	High	No Change	Xanax®
Youngstown	Moderate	No Change	Xanax®, Klonopin®

[readily available] because of the lockdown (restrictions) on pharmacies and doctors writing scripts; Prescription drugs are just harder to get as doctors become more educated [about potential misuse], as there’s more things in place, barriers in place, to [prevent] abuse.”

When sedative-hypnotics are prescribed, consumers observed limited prescription quantities and refills. They shared: “[Sedative-hypnotic prescriptions] are being controlled by the doctors and the scripts are getting smaller (lower quantity); I’ve been prescribed ‘benzos’ (benzodiazepines) ... and I’m having trouble with my doctor, getting him to refill prescriptions.... When I first was prescribed them, it wasn’t even a question, I’d go onto MyChart (digital healthcare portal) and click ‘Renew’ and then he’d have the prescription sent out [to the pharmacy]. Now I have to meet with him and have an explanation [for renewing my prescription].”

Some respondents reported that people who are prescribed sedative-hypnotics are less likely to divert their prescriptions due to stringent prescribing regulations and therapeutic need. Consumers said: “I know a guy, he was getting [sedative-hypnotics prescribed], and he got in trouble for trying to get rid of (divert) them.... [Sedative-hypnotics are] harder [to divert] now ... because the doctors are more on it (monitoring

prescriptions), pill count, all that.... People don’t want to give [prescribed sedative-hypnotics] up. Very rarely, if you know somebody [who is prescribed sedative-hypnotics], they [will] probably sell you some, but ... they don’t want to sell the majority of them because they want them for themselves and they need them [for therapeutic use]; Nine times out of 10 when someone is prescribed Xanax®, they need it, so they aren’t going to go sell it; No one wants to give up their [prescription for sedative-hypnotics], you can die from withdrawals from them....”

Other reasons provided for low availability of sedative-hypnotics for illicit use included high cost and lower demand, and a preference for more potent, easier to obtain drugs. Respondents explained: “I know people that are paying outrageous prices for [illicit sedative-hypnotics] right now; They’re getting lucky to get ... 30 [sedative-hypnotic pills prescribed] a month. So, people are either holding onto them for personal use or charging top dollar; It’s harder to find people that have a [sedative-hypnotics] prescription, and then when you do, it’s just so expensive for a pill compared to other substances that you can get ... and I think a lot of times, maybe you start out with [illicit sedative-hypnotic use] but then you very quickly go to something else (more potent drugs) that maybe you can find cheaper....”

Other reported access points for sedative-hypnotics for illicit use were Internet sources, including social media, online pharmacies, and the “dark web” (websites operated by criminal enterprises). Discussion included: *“You can go on [social media] forums and meet people and download ... apps and message them and get [illicit drugs] and then it’s not traceable; It’s not as easy to buy a script from somebody, but it is still as easy to get [sedative-hypnotics for illicit use] because of the online access; Delivered right to your door ... you can order anything online ... I think the dark web is probably one of the biggest places [sedative-hypnotics are] still even around (available for purchase).... I really think the ones that are being circulated and sold for abuse, I’d say someone’s ordering them online and selling them.”*

Some respondents also discussed current availability of designer benzodiazepines, which can reportedly be purchased online. Law enforcement in the Cleveland region imparted: *“[Benzodiazepines are] not showing a lot on the death certificates [from overdose toxicology reports]. There was a couple of designer [benzodiazepines] popping up [on decedent toxicology reports], like bromazolam and flubromazepam, and we saw that pretty steady throughout the beginning of the year; Bromazolam is [the most common designer benzodiazepine detected] ... we aren’t seeing alprazolam (Xanax®) as often ... and normally these designer benzos are getting pressed into pills to make them represent like they are alprazolam.”* And a consumer in the Youngstown region remarked, *“Not the exact Xanax®, it’s like one molecule off (designer benzodiazepine), you can just order it online and get it shipped right to your house.”*

Respondents throughout OSAM regions continued to report Xanax® as the most available sedative-hypnotic for illicit use. Additionally, Klonopin® was reported as most available in half of OSAM regions (Akron-Canton, Athens, Cleveland, and Youngstown). Xanax® is reportedly sought after for its potency and prevalence in pop culture. Treatment providers relayed: *“It’s the pop culture*

... they think they like [the Xanax®] buzz more than the others; Xanax®, you still hear about in popular music ... it’s a party drug. People are still ‘popping’ (orally consuming) ‘xannies’ (Xanax®).” A consumer in the Youngstown region added, *“Xanax® is the most potent one that people want to use it.”* Regarding Xanax® and Klonopin® availability, consumers in Cleveland offered: *“Xanax® and Klonopin®, they are the most common and sought after; They are the most prescribed.”*

Respondents continued to report widespread availability of counterfeit pressed pills made to resemble sedative-hypnotics, often containing fentanyl. Consumers stated: *“If you do get a Xanax® [on the street] it’s most likely ... fentanyl (counterfeit).... They’re making pressed fentanyl and putting the markings on them like Xanax®; My brother’s best friend actually overdosed. He had never done fentanyl in his life, and he overdosed and died off of a pressed Xanax® bar.”* A treatment provider in the Akron-Canton region said, *“[Sedative-hypnotics] ... can be found on a street corner and you risk getting pressed pills that are just fentanyl. A lot of people come in with the intent, or the experience of, seeking out Xanax® or Klonopin® and are overdosing [on counterfeit sedative-hypnotics].”*

Consumers described the appearance of counterfeit sedative-hypnotics: *“Pressed ones (counterfeit sedative-hypnotics) ... break apart the wrong way, they don’t look right ... you can tell just by looking at them [that they are counterfeit]; If it’s a real Xanax® bar, it’s almost impossible to break; [Counterfeit sedative-hypnotics are] going to be pressed with the fentanyl and you’re going to see the microdots in them (inconsistent color); If you got a bag of 100 [counterfeit sedative-hypnotics], they rub against each other, they rub the numbers off [the pills]; The real ones (legitimate sedative-hypnotics) got a coating on it so it’s shiny ... and [the counterfeit pills] don’t have the sharp, clear lines.”*

Throughout OSAM regions, respondents most often reported that the availability of sedative-

hypnotics for illicit use has remained the same during the past six months. However, consumers and treatment providers in the Athens region reported decreased availability in correlation with prescribing restrictions that have reduced the supply of sedative-hypnotics available for diversion. A consumer in the Athens region reasoned, *“More people are just grabbing them up faster ... as soon as [sedative-hypnotics] hit the street, they’re gone (sold).”* Other consumer comments included: *“[Sedative-hypnotics are] a lot less available ... it’s like a trickle-down effect from the doctors. They’re not prescribing them ... people can’t find them on the street; if people do get [sedative-hypnotics], they keep them for themselves, because everything is pressed these days. If you don’t know for sure that that person gets a script of Xanax®, then you’re not wanting to buy it.”*

Respondents who reported no change in availability of sedative-hypnotics for illicit use often reported consistently low availability over a long period of time. They noted: *“Six years ago, [sedative-hypnotics for illicit use] were a lot more prevalent. People were getting it from family members who had a prescription, or friends, but now it seems very less likely to come across it; A year and a half ago, [sedative-hypnotics for illicit use] just disappeared. And if you did have anybody that had real ones, they either aren’t coming off of them (willing to divert) or they’re charging \$10, \$15 a bar (high prices).”*

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

In addition to BCI reporting, other crime labs in Cleveland and Dayton regions submitted sedative-hypnotics incidence data. Lake County Crime Lab (Cleveland region) reported processing

few cases of benzodiazepines during the reporting period, while Cuyahoga County Regional Forensic Science Lab (also Cleveland region) reported that the incidence of alprazolam (Xanax®) cases it processes has decreased during the reporting period, the incidence of clonazepam (Klonopin®) cases has remained the same, and the incidence of diazepam (Valium®) cases has slightly increased, and the number of cases remains low. Miami Valley Regional Crime Lab (Dayton region) reported that the incidence of alprazolam cases it processes has increased during the reporting period, while the incidence of clonazepam cases it processes has slightly decreased, and it reported few cases of diazepam.

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

¹BCI labs reported processing few cases of this drug for this region.

In terms of designer benzodiazepines (non-FDA approved synthetic, novel substances that are often structurally like FDA approved benzodiazepines), BCI labs reported processing 396 cases of designer benzodiazepines from throughout OSAM regions during the reporting period; of which, 18.4% was from the Cincinnati region and 17.4% was from the Akron-Canton region. In the Cleveland region, Cuyahoga County Regional Forensic Science Lab reported processing 251 cases of designer benzodiazepines, and that the incidence of cases it processes has increased.

Lake County Crime Lab (also Cleveland region) reported processing 35 cases of designer benzodiazepines during the reporting period, and that the incidence of cases it processes has remained the same. Miami Valley Regional Crime Lab (Dayton region) reported processing 47 cases of designer benzodiazepines during the reporting period, and that the incidence of cases it processes has decreased. Crime labs collectively reported processing the following designer benzodiazepines: bromazolam, clonazolam, desalkylgidazepam, diclazepam, etizolam, flualprazolam, and flubromazepam.

Other data sources indicated sedative-hypnotics as available for illicit use throughout OSAM regions. Fairfield County Municipal Court (Columbus region) reported that, of the 4,319 positive adult drug specimens it recorded during the past six months, 8.6% was positive for benzodiazepines. Millennium Health reported that 7.1% of 124,393 urinalysis specimens submitted for benzodiazepine testing during the past six months was positive for benzodiazepines.

Millennium Health Urinalysis Test Results for Benzodiazepines during the Past 6 Months		
Region	% Tested Positive	Number Tested
Akron-Canton	9.6%	6,603
Athens	8.3%	12,208
Cincinnati	5.5%	25,549
Cleveland	3.7%	19,453
Columbus	11.6%	26,826
Dayton	9.4%	4,038
Toledo	4.9%	19,673
Youngstown	5.4%	10,043
Total	7.1%	124,393

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

(Dayton region), and Scioto (Cincinnati region) reported that 17.4%, 8.1%, 3.3%, and 2.1%, respectively, of all drug-related deaths they recorded this reporting period (321, 185, 452, and 48 deaths) involved one or more benzodiazepine or other sedative-hypnotic. These same coroner and medical examiner offices reported that 83.9%, 86.7%, 86.7%, 100%, respectively, of all sedative-hypnotics related deaths they recorded this reporting period (56, 15, 15, and 1 death(s)) also involved fentanyl.

GPRA (Government Performance and Results Act) data collected from 5,846 persons entering publicly funded SUD treatment programs during the past six months found 2.8% 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	2.8%	287
Athens	0.9%	677
Cincinnati	2.9%	1,292
Cleveland	4.1%	1,339
Columbus	3.8%	1,100
Dayton	0.6%	312
Toledo	2.3%	474
Youngstown	0.8%	365
Total	2.8%	5,846

Street Names

Current street jargon includes many names for sedative-hypnotics. Reportedly, the most common general street name continues to be a shortened version of the drug classification of benzodiazepines, “benzos.” The most common street name for Xanax® remains the derivative, “xannies.” Street names for Xanax® also reference the color and/or shape of the pill (“peach” for Xanax® 0.5 mg and “yellow school bus” for Xanax® 2 mg). Other street names are typically first letters

or abbreviations of brand names (“K-pins” or “pins” for Klonopin®, and “Vs” for Valium®). A consumer in Cincinnati explained, “[Sedative-hypnotics are called] ‘forget-me-nots,’ because they make you forget. They take your memory.”

milligram [strength]; The only way you would get a discount is if you bought the whole script.”

Furthermore, consumers reported lower pricing for counterfeit sedative-hypnotics. They shared: *“If you get the real ones ... people don’t care to pay triple for them just to make sure they are real; When you got 100 bars and you’re selling them for \$5 a piece, something’s up (likely counterfeit). If you have a real bar, you can get \$15.”*

Route of Administration

The most common routes of administration (ROAs) for illicit use of sedative-hypnotics remain oral consumption and snorting. Consumers identified several oral consumption methods, sharing: *“[People] put [sedative-hypnotics] in their mouth and chew them up ... you get a different buzz (high) by eating them.... I ‘speed’ (get a stimulant high) off of them if I chew them up ... they taste nasty [though]; They’ll hold [sedative-hypnotics] in their mouth for like five, six minutes and let it dissolve completely and take a drink of water; Some people would just swallow [sedative-hypnotics], some people would let it dissolve, I chewed mine up ... there’s different ways of doing it orally.”* Regarding snorting, consumers said: *“Crushing them and snorting them; They snort [sedative-hypnotics] ... because it hits you faster.”*

Typical Use Profile

Respondents often described typical illicit sedative-hypnotic use as among young people and people attempting to manage mental health conditions on their own. Sedative-hypnotics are reportedly a party drug for young people and have become popular through music. Respondents observed: *“It’s young people [who typically use sedative-hypnotics illicitly] ... 15 to 30 [years of age] because they like to party; [Illicit use of sedatives-hypnotics] became ‘big’ (popular) in hip-hop; The culture that [young people are] into, like the music and all of the ... popular culture is very geared toward benzos; The younger kids are more likely to use the xannies ... ages of 18 to 25 [years].”*

Current Street Names for Sedative-Hypnotics

General	beans, benzos, forget-me-nots
Xanax®	<i>General: X, xannie/xannies, xans</i> <i>0.5 milligram: peach/peaches</i> <i>1 milligram: blues, footballs/footies</i> <i>2 milligrams: bars/four bars/xan bars/xannie bars, buses/school bus/yellow school bus, green hulks/hulks, ladders, purple, sticks, wagon wheels, white, yellow</i>
Klonopin®	forget-a-pins, Ks, K-cuts, K-pins/pins
Valium®	Vs, vacuums, V-cuts

Pricing

Current street prices for sedative-hypnotics were reported by consumers with experience purchasing the drugs. Consumers reported that Xanax® 1 mg typically sells for \$3-6; and Xanax® 2 mg typically sells for \$5-10, and as high as \$15 and \$20 in Athens and Dayton regions, respectively. Klonopin® 2 mg pricing varied from \$3-6 in the Akron-Canton region and up to \$10 in the Athens region; and Klonopin® generally sells for \$5-6 per pill in the Dayton region. Consumers indicated high pricing of sedative-hypnotics for illicit use and pricing is further influenced by available supply, milligram strength, and quantity purchased. They offered: *“[Sedative-hypnotics are] getting harder to get [on the streets] because of the doctors’ [prescribing restrictions] and that brings the prices up; [Sedative-hypnotics pricing] depends on the*

A treatment provider in the Columbus region acknowledged that stigma may influence people with mental health conditions to circumvent treatment and obtain illicit sedative-hypnotics, noting, *“Definitely those that have anxiety, any mental illnesses like that ... or [people with] ADHD (attention-deficit-hyperactivity disorder) to slow their mind down ... [are more likely to obtain sedative-hypnotics illicitly] if they don’t want to go get them prescribed because then they have a [stigmatizing] label.”* Another related comment was, *“I’ve even known people that, they just can’t get [sedative-hypnotics prescribed] because they can’t afford healthcare, or they can’t get Medicaid or something so ... to them [obtaining sedative-hypnotics on the street or from someone with a prescription is] the best way that they can get it.”*

Respondents also linked illicit sedative-hypnotic use with other drug use, especially opioid use, as well as White people. They stated: *“I would say Caucasian people. I don’t really come across a lot of people, of minorities, exploring the benzo, sedative world; A lot of people who do ‘downers’ (depressant drugs) [also use sedative-hypnotics].”* And, although typical illicit sedative-hypnotic use is reportedly most common among young people, some respondents believed that it is easier for older people to obtain, and potentially divert or misuse, prescriptions. They shared: *“In general, those who get [sedative-hypnotics prescribed] are a little bit older and have a track record of knowing how to work (influence) a doctor; Xanax® was easy for me to find because of my age (older) ... and I knew a lot of people my age that were prescribed [Xanax®] and didn’t take it [as prescribed]; Consistent [illicit sedative-hypnotic] use would be like an older [demographic] ... it starts out as a prescription ... and then it goes to abuse.”*

Analysis of GPRA demographic data of all intake clients that indicated illicit sedative-hypnotics use during the past 30 days found that, of those who endorsed illicit sedative-hypnotics use, 52.4% was male, 69.5% was under the age of 40 years, and 94.4% indicated White as their race.

Male	52.4%
Female	47.0%
18 - 29	19.5%
30 - 39	50.0%
40 - 49	18.9%
50 - 59	9.1%
60 +	2.4%
White	94.4%
African American	6.8%
Other race²	3.1%
Hispanic/Latino	3.7%

¹Gender total does not equal 100.0% due to one individual reporting as transgender. Total percentage for race (N = 162) is greater than 100.0% due to some individuals indicating more than one race.

² Filipino, Indian, Native American, and/or unspecified Asian race.

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, marijuana, and heroin/fentanyl for the potentiating effect. They cautioned that these combinations could cause an extreme depressant effect, warning: *“I’ve always used alcohol or marijuana with [sedatives-hypnotics]... I mean, you really shouldn’t because they’re both downers; [Sedative-hypnotics are used in combination with] alcohol because people like to black out; [Heroin/fentanyl for the] same reason [as alcohol], it slows you down and intensifies the high; You can’t really mix opiates and Xanax®. It’s like a cocktail for death (fatal overdose).”* A treatment provider in Dayton advised, *“Anyone who’s abusing opioids and alcohol, I always try to have a conversation with them about the interactions, because benzos along with those other things ... can really greatly increase risk of death (fatal overdose).”* In addition, sedative-hypnotics are reportedly used after

heroin/fentanyl use to help alleviate opiate withdrawal symptoms.

Consumers indicated that sedative-hypnotics are used in combination with stimulant drugs, crack and powdered cocaine and methamphetamine, to “speedball” (concurrent or consecutive stimulant and depressant highs) and/or aid in regulating the stimulant high. Comments included: *“I was big on speedballing. I would do ‘meth’ (methamphetamine) and Xanax® at the same time; For the come down, if I was doing a lot of ‘coke’ (powdered cocaine), I would take Xanax® to sleep; [Sedative-hypnotics] pair well with methamphetamine. It keeps you calm, cool, and collected. I see a lot of people turn to benzodiazepines when they are up for days [from stimulant use]...”*

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

Marijuana

Marijuana, as well as marijuana extracts and concentrates, remain highly available throughout OSAM regions. When asked about high marijuana availability and use, a consumer in the Athens region summarized, *“[Leaf marijuana] is a lot more easily accessible ... because [using marijuana] is more [socially] acceptable now ... with the [legalization of] medical marijuana.... [Marijuana use] is just more acceptable now than it ever has been in any point in history, I believe.”* A member of law enforcement in the Cincinnati region similarly summarized extracts and concentrates’ high availability, stating, *“I think [the reasons for high availability of extracts and concentrates are] kind of along the same lines as ... the normal ‘bud’ (leaf)*

marijuana. It’s [because of] pop culture, less negatives behind it with, obviously, the legalization [of recreational marijuana].... Also, a lot of people would rather use extracts or eat an edible because you don’t have the smell ... you’re not smoking it. So, that’s kind of viewed ... as healthier in a way.”

Initial comments on why marijuana is so highly available overwhelmingly spoke to the ease of obtaining the products. Consumers shared: *“[Marijuana availability] is off the charts.... You can buy marijuana like you buy a box of cereal (very easily); [Marijuana] is everywhere.... It’s like water (readily accessible).”* Treatment providers agreed, reporting: *“Pretty much most of the clients use marijuana.... I’ve never heard anybody say they don’t have easy access to it.... And it pops up in a lot of drug screens.”* And a member of law enforcement in the Dayton region simply commented, *“Oh, [marijuana street availability is] super high. Probably the easiest drug to get.”*

Respondents continued to discuss the use of marijuana and extracts and concentrates as not only socially acceptable, but also viewed as less harmful than other substances. Consumers shared: *“A lot of people ... will smoke ‘weed’ (marijuana) as opposed to doing other [illicit street] drugs; It’s so like, ‘Everything else is bad but weed. God gave us weed;’ [Marijuana is] probably the safest of all the drugs right now.”* Because of this, some treatment providers reported that they believe the availability of marijuana has increased during the past six months, commenting: *“I think [marijuana] has been more accessible and more acceptable [on the street during the past six months] because it’s a risk reduction to everything else that’s out there (other substances); I think there’s an increase in availability [of extracts and concentrates] because ... [people who use them] don’t see it as a problem.”*

The recent legalization of recreational use of marijuana in Ohio has also reportedly influenced the social narrative around the high availability and open use of marijuana products. Community professionals in the Akron-Canton region shared:

Reported Change in Availability during the Past 6 Months

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

¹Includes marijuana, other marijuana extracts, and THC, tetrahydrocannabinol, the active ingredient in marijuana.

“I think [extracts and concentrates are] continuing to increase [in availability]. I think it's that mentality shift that more and more people are not seeing it as an illicit substance; Even though [marijuana is] illegal federally now, but with more states making it legal with recreational use, it's even more popular. It was popular before, and now people just [use marijuana] because they can [legally].” Consumers throughout OSAM regions also reported: “Since the [recreational marijuana] law passed, everybody is [obtaining marijuana]. Or going to get it from the dispensary; I have friends who sell ‘pot’ (marijuana) who were very adamant against it becoming legal, because obviously it takes their business away. But there's still a ton of people who sell, you know, on the black market....”

Some consumers reported diverted medical grade marijuana products as accessible on the street. Consumers shared: *“[It's] easy [to get marijuana on the street], but I find that even if you're getting it illicitly, that person (the seller) got it from a dispensary. So, it's still medical marijuana but [it's been diverted]; I think [extracts and concentrates have] gotten a lot easier to get on the streets. A lot of people who don't have a ‘card’ (medical marijuana card) ... [purchase from] ‘dope boys’*

(drug dealers) out there who do have cards and they go and they buy it from a dispensary and they sell it on the street.” Although a member of law enforcement in the Dayton region pointed out, “[Diverting from Ohio medical marijuana dispensaries is] less profitable.... It's easier to get in Michigan [from a recreational marijuana dispensary].”

Overall, respondents continued to discuss marijuana's high availability in relation to relaxed legal consequences for marijuana possession. Consumers commented: *“If I'm walking down the street and I have ‘an eighth’ (1/8 ounce) of weed in my pocket, and I'm selling, I'm not about to go to prison like I would if I have an eighth of ‘crack’ (crack cocaine); You don't have to worry about a lifetime in jail ... it's just a misdemeanor; [Law enforcement] really don't enforce punishment for weed. If I get pulled over and I tell the cop I have some weed, they give it right back to me ... the paperwork is a bigger headache.”*

In general, consumers reported that the most available type of marijuana heavily depends on one's connections. They discussed: *“I don't really*

know anybody that takes ‘gummies’ (THC-infused edibles), so I don’t know who’s selling them. But I know they’re out there; [Extracts and concentrates are] pretty available. Usually if they’ve got ‘flower’ (leaf marijuana), they’ve got [extracts and concentrates]; With how much flower is out there, it’s easy to turn it into a concentrate; I know people on the street ... [who] got ‘carts’ (vape cartridges) for sale. They buy a dozen, and they might sell half of them and keep the other half for themselves; I got somebody that goes to Detroit and comes back with a bunch of [extracts and concentrates purchased from recreational marijuana dispensaries]. And he opens his car door [and sells it], I can get anything I want; If you know the right person and you got the money, you can get [extracts and concentrates].”

Due to its high potency and ability to be easily concealed, respondents overwhelmingly agreed that extracts and concentrates are popular and often preferred over leaf marijuana. Consumers shared: *“More people are doing the concentrates. It’s like the thing now; I think [leaf marijuana] is becoming the, like, not cool thing.... You could carry around a dab pen [and use in public] ... they don’t [smell like smoking marijuana does]. [And dab pens are an] easier form to smoke (use) while driving; Everybody wants [extracts and concentrates]. If you get pulled over and you have a cartridge with you, the cops just think it’s a [nicotine] vape pen.... So, a lot of people like to have those, especially when driving; Everybody that smokes weed that doesn’t want to smell like weed at work will have a [vape] pen.”* Community professionals reported similar perspectives, commenting: *“Less leaf [marijuana], more concentrates ... [because extracts and concentrates are] stronger, faster [acting]. And it doesn’t smell as heavily [as marijuana]; [Extracts and concentrates are] easier to hide and conceal, carry around with you; People aren’t smoking leaf marijuana nowhere like they used to.... They’re vaping or doing the edibles.”*

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

dispensaries (both in-state and out-of-state), through a connection (including friends, family members, or dealers), by growing or making the products, and by ordering the products online and shipping them through the mail. While consumers acknowledged the diversion of marijuana products from Ohio dispensaries, they reported that any large-scale diversion is more profitable with out-of-state products. A consumer discussed, *“People will go to Michigan or New York and buy a bulk amount. I know ... I used to sell it. You can get a bunch and sell it for great money out here (Lake County, Cleveland region).... I have my medical [marijuana] card and it’s very expensive if you buy it here [from an Ohio dispensary].”* Community professionals similarly reported: *“The states where [recreational marijuana is] legalized, they have big, beautiful marijuana grows, where they’re growing super high-quality weed. And then people will either drive to the states, so like Detroit, Michigan, where it is legal to get it and bring it back, or they’ll have it shipped from California and Oregon; If [clients] are not getting [marijuana] off the streets, they are going up to Michigan and getting it.”*

Many consumers further explained that they prefer to purchase dispensary products due to quality and safety concerns, sharing: *“The dispensary is more expensive than the street. But it’s higher grade and you know it’s clean and grown in a controlled environment; I like the dispensary better than dealing with a dealer because you know what you’re getting is good quality and everything.”* Because of this, it is reportedly common for dealers to sell marijuana products diverted from dispensaries. A consumer commented, *“More people ... are able to get [marijuana from out-of-state dispensaries] and bring it back and sell it.... It’s the new way of selling ... get it legally and then selling it illegally.”*

When discussing other common ways to obtain marijuana products, consumers shared the following insights: *“There’s whole ... tutorials online about how to start your own [marijuana] grow.... You can order seeds online (through*

Internet purchase) and start your own grow; Order it online ... get it from China, go on the 'dark web' (websites operated by criminal enterprises) and find anything; [Order from California], someone would already have it.... The packaging would be ... sealed and everything.” Community professionals were also aware of other ways to obtain marijuana products, commenting: “[Extracts and concentrates] ... they can get it in the mail ... UPS, FedEx, USPS.... [There are social media] pages where they will advertise it on like Telegram, Snapchat; People that are dealing weed ... [are] like a DoorDashing operation. In a lot of cases, you can get anything you want brought to your house in terms of weed.... If you want Fruity Pebbles vape, then somebody will bring it to your house that day....”

Throughout OSAM regions, most respondents reported that the overall availability of marijuana, including extracts and concentrates, has remained the same, high, during the past six months. In Columbus and Dayton regions, respondents could not come to a consensus on whether extracts and concentrates had increased in availability. Ohio Bureau of Criminal Investigation (BCI) crime labs reported that the incidence of marijuana cases they process has decreased or remained the same for all OSAM regions, except for Columbus and Dayton regions where increases were reported. In addition to BCI reporting, Lake County Crime Lab reported that the incidence of cannabis cases it processes has increased during the reporting period, and it did not report processing any cases of concentrated THC (oils, dabs). Cuyahoga County Regional Forensic Science Lab (Cleveland region) reported that the incidence of cannabis and concentrated THC cases it processes has increased during the reporting period. This lab does not differentiate between cannabis and concentrated forms of THC.

Other data sources indicated marijuana as available. Ohio Department of Public Safety reported drug task force seizure of 6,302.1 kilograms (13,864.6 lbs.) of marijuana from throughout OSAM regions during the reporting

period; of which, 50.0% was seized from the Columbus region. Summit County Juvenile Court (Akron-Canton region) reported that, of the 589 THC tests it performed during the past six months, 50.4% was positive. Fairfield County Municipal Court (Columbus region) reported that of the 4,319 positive adult drug specimens it recorded during the past six months, 31.1% was positive for cannabinoids. Hancock County Probate Court (Toledo region) reported that 100% of the 108 positive juvenile drug test results it recorded during the past six months was positive for cannabinoids. Millennium Health reported that 22.0% of the 140,790 urinalysis specimens submitted for marijuana testing during the past six months was positive for marijuana. GPRA (Government Performance and Results Act) data collected from 5,799 persons entering publicly funded SUD treatment programs during the past six months found 21.5% reported marijuana use 30 days prior to intake.

Region	% Tested Positive	Number Tested
Akron-Canton	20.0%	10,915
Athens	29.2%	15,016
Cincinnati	19.0%	26,240
Cleveland	16.7%	23,659
Columbus	23.6%	29,427
Dayton	28.8%	3,667
Toledo	29.3%	21,509
Youngstown	11.5%	10,357
Total	22.0%	140,790

Media outlets reported on law enforcement seizures and arrests related to marijuana this reporting period (selected media reports follow). Columbus Police (Franklin County) participated in a multi-agency drug bust that recovered \$142,000, five stolen guns, as well as marijuana, cocaine,

GPRA Intake: Marijuana Use during the Past 30 Days

Region	% Yes	Total N
Akron-Canton	19.6%	285
Athens	23.3%	670
Cincinnati	20.7%	1,283
Cleveland	20.7%	1,333
Columbus	28.3%	1,085
Dayton	14.3%	308
Toledo	22.5%	471
Youngstown	9.9%	364
Total	21.5%	5,799

fentanyl, and methamphetamine with a total estimated street value of over \$260,000 (www.abc6onyourside.com, Jan. 10, 2023). Ross County Sheriff's officers (Cincinnati region) responded to a call of domestic violence at a home, and upon discovering evidence of drug trafficking, they alerted the U.S. 23 Major Crime Task Force; the task force executed a search warrant at the home and seized over five pounds of marijuana, six ounces of THC extract, two firearms, including an assault rifle, and over \$8,000 (www.nbc4i.com, Jan. 13, 2023). Lawrence County Drug and Major Task Force (Cincinnati region) executed a search warrant at a Chesapeake home and arrested a man for drug trafficking; officers seized 2,500 counterfeit pills similar to those seen at several overdose scenes, approximately 3,000 grams of concentrated liquid hashish oil in frozen sheets, marijuana, \$3,500, along with seven firearms with ammunition (www.wsaz.com, Jan. 27, 2023). During a traffic stop on I-90, Westlake Police (Cuyahoga County), upon observing signs of drug use, searched the stopped vehicle and found suspected cocaine, suspected marijuana, a scale, weapons, and drug paraphernalia; officers arrested the driver, a Cleveland man, for drug trafficking (www.cleveland.com, Feb. 4, 2023). Middletown Police officers (Butler County, Cincinnati region) along with FBI agents executed two separate search warrants of three residences and arrested

two people on various felony charges; officers seized a large amount of cocaine, six pounds of marijuana, nine firearms, and \$105,000 (www.journal-news.com, Feb. 4, 2023). Ohio State Highway Patrol (OSHP) arrested a California man during a traffic stop on the Ohio Turnpike in Summit County; upon observing criminal indicators, troopers searched the man's vehicle and found 508 grams of cocaine and two pounds of marijuana, worth \$45,775 (www.wkyc.com, Feb. 24, 2023). Warren Police (Trumbull County, Youngstown region) conducted a traffic stop of two vehicles leaving a suspected drug trafficking location and seized 11 pounds of marijuana, 168 THC edibles, three Suboxone® filmstrips, three THC cartridges, a scale, and over \$15,000; the traffic stop led to the execution of a search warrant of a home where officers seized two handguns, 21 pounds of marijuana, 599 THC edibles, a scale, and a money counting machine (www.wkbn.com, March 10, 2023). Columbus Police, responding to community complaints of drug-activity, searched two properties in South Columbus and seized large quantities of narcotics, including fentanyl, cocaine, and marijuana, in addition to six firearms and ammunition (www.nbc4i.com, March 20, 2023). Portage County Sheriff's officers (Akron-Canton region) executed a search warrant of a residence in Deerfield township and found 11 firearms, \$7,800, approximately two pounds of marijuana, and evidence of drug trafficking; when the officers took the resident into custody, they learned that he was currently under indictment for felonious assault and domestic violence (www.cleveland19.com, March 21, 2023). A student in a Columbus elementary school brought marijuana gummies to school and shared them with two classmates; the two students became ill and were taken to a hospital as a precaution (www.10tv.com, March 22, 2023). Marion Police and Marion County Sheriff's officers (Columbus region) executed a search warrant at a home and arrested a man for drug trafficking; officers seized 92.7 grams of suspected methamphetamine, 16.5 grams of suspected cocaine, 5.9 grams of suspected crack cocaine, 116 suspected Xanax®

pills, 62 suspected Suboxone® pills, 392 grams of suspected marijuana, and five firearms (www.10tv.com, May 5, 2023). Elyria Police (Lorain County, Cleveland region) arrested seven people after executing a search warrant of a home where suspects were hiding in the basement; officers seized fentanyl, methamphetamine, cocaine, marijuana, Xanax®, hypodermic syringes, and other drug paraphernalia (www.wkyc.com, May 8, 2023). Southern Ohio Organized and Major Crimes Task Force agents executed search warrants at two neighboring houses in Peebles (Adams County, Cincinnati region) that resulted in multiple arrests and seizure of over 100 grams of methamphetamine, four pounds of marijuana, cash, and firearms; during the search, a vehicle arrived on the scene and the deputies tried to start a traffic stop before the driver fled the vehicle; deputies were able to catch the driver in the woods, arresting him and the passenger of the car after searching the vehicle and finding methamphetamine, scales, and alprazolam (www.highlandcountypress.com, May 9, 2023). During a traffic stop in Edinburg Township, Portage County Sheriff's officers arrested two people after finding two pounds of marijuana hidden in a backpack in the car's trunk; in addition to the marijuana, deputies seized a handgun and a spare magazine from the car's center console (www.cleveland19.com, May 10, 2023). Following a multi-level agency investigation, the FBI Stark County Safe Streets Task Force executed a federal search warrant at a Canton home (Akron-Canton region) and arrested a man for drug possession and trafficking, along with a weapons charge; officers seized six kilograms of cocaine, two kilograms of fentanyl, 50 pounds of marijuana, six handguns, \$1 million, and approximately \$100,000 worth of jewelry (www.news5cleveland.com, June 3, 2023). West Central Ohio Task Force (Allen County, Dayton Region and Van Wert County, Toledo Region) along with the FBI's Safe Streets Task Force and SWAT teams from the Lima Police Department and Allen County Sheriff's Department found 188.6 grams of suspected fentanyl, 38.5 grams of suspected crack cocaine, 66.5 grams of suspected

powdered cocaine, 950 grams of suspected marijuana, \$3,374, four handguns, and drug paraphernalia while executing two warrants in Lima (www.hometownstations.com, June 21, 2023). Bellaire Police officers (Belmont County, Athens Region) initiated a traffic stop that led to a high-speed chase and multiple arrests; during the pursuit, the driver got out of the vehicle and proceeded to run and throw evidence while he ran; after apprehending the man, officers found 62 grams of suspected marijuana and \$2,060; two other individuals were arrested for allegedly taking evidence from the scene (www.wtrf.com, June 30, 2023).

Quality

Consumers throughout OSAM regions most often rated the current quality of marijuana and extracts and concentrates as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Regarding general accessibility of high-grade marijuana, consumers reported: "[The quality/purity of leaf marijuana is a] '13' (extremely high quality) ... yeah, I think the stuff now ... with all the hybrid stuff ... is a solid 10 plus ... just because people have perfected things; 'Twelve' out of 10 (extremely high-quality marijuana)... I don't even want to smoke it because of how strong it is." However, consumers acknowledged that marijuana quality often depends on one's connection, price point, and product selection. Consumers shared: "If you get [marijuana] from the right person, it's a '10'... [Quality also] depends on how much [money] you're spending on it; Most people ... if you've got the good stuff (high-grade marijuana) then you want that for yourself. So, what you're selling isn't going to be as good as what you keep; [Quality] depends on the kind of weed you are getting. It's a '10,' especially if you are growing your own ... and are good at it; [Extracts and concentrates quality] depends on what kind of cart you get."

Consumers in Athens and Youngstown regions discussed their concern of possibly buying fraudulent extracts and concentrates from the

streets, specifically referencing marijuana cartridges. They expressed: *“Carts ... who knows what’s in them.... There’s a lot of counterfeit carts; Last time I checked, it was like 50/50, either it was real or fake ... you didn’t know what was in it; I think when you are talking about the carts, it’s more of a gamble because some of them are verified from dispensaries and gone through all the testing and some of them look [the same] but they are knockoffs, so they got that vitamin E, acetone that get mixed in there; Honestly, on the streets there is a low-grade purity ... it’s coming from China ... these are knockoffs, and they aren’t as good as they ought to be.”*

Additionally, consumers throughout OSAM regions reported marijuana being both unintentionally and intentionally adulterated with other substances. Comments included: *“[Dealers] don’t clean their scales off before they weigh it; I know people that’s [adding other substances to leaf marijuana] on purpose [to] draw them in; If you’re getting [marijuana] from the dispensary, it’s going to be real good. If you’re getting off the streets, it depends on what the dealer is putting in it; The dispensary’s safe to use.... You know they’re not going to have nothing in them; Drug dealers like to put fentanyl in stuff because ... you become addicted to it you want to buy it more.... I know a drug dealer who ... does not clean his scales.... He’d weigh ‘coke’ (powdered cocaine), fentanyl, plus the weed, and that would get contaminated; It’s risky. Street weed’s not worth it. But definitely dispensary in my experience is worth it because you know what you’re getting. It’s pure....”* Community professionals also noted safety concerns. A treatment provider observed, *“A lot of people quit buying [marijuana] off the street to get their [medical marijuana] card because it’s safer....”*

Throughout OSAM regions, consumers had difficulty agreeing on whether the overall quality of marijuana has remained the same, high, during the past six months, or if it had increased. A consumer in the Youngstown region simply stated, *“Wouldn’t say [quality] has changed, but they’re always doing stuff to make it better (more*

potent).” Consumers who reported an increase in quality during the past six months shared that it is easier to obtain regulated dispensary products on the street, there has been a rise in the science and technology of growing high-grade marijuana, as well as increased competition between sellers. Consumers reported: *“I would say, in the last six months, [the quality of leaf marijuana] has gotten better ... increasing ... I think because of the medical marijuana making its way out and into the streets, that the street-level people are maybe upping their game for competition; Manipulating the [marijuana] plants and just making them stronger (more potent); People are able to modify [marijuana] and make it better now because it’s legal.... They have more ability to like, make it better without restriction.”*

Street Names

Current street jargon continues to include many names for marijuana and extracts and concentrates. Reportedly, street names for marijuana vary based on quality or grade, brand, as well as type of product. A consumer in the Athens region summarized, *“There’s so many different kinds out there! There are different brands....”* While consumers in Columbus and Dayton regions further explained: *“I think ‘weed’ is [the most common street name]; ‘Loud’ is one step down from ‘exotic’ [in terms of high-quality marijuana].... Better quality than ‘Reggie’ (low grade).”* When discussing extracts and concentrates, consumers shared that street names often refer to the product’s texture, commenting: *“‘Shatter’... because some of the dabs that you get ... when they dry, they get hard and when you break it, it shatters; ‘Crumble,’ the dabs are in crumbled form. It looks like crumbled up cheese.”*

Pricing

Current street prices for marijuana and extracts and concentrates were reported by consumers with experience purchasing the drugs. Reportedly, the most common quantity of leaf marijuana

Current Street Names for Marijuana	
General	bud/buds, flower, ganja, grass, green, Mary Jane, pot, smoke, tree/trees, weed
High Grade	chronic, dank/danke, exotic, fire, gas, kush, loud, pressure
Low Grade	dirt, mids, Reggie, shake
Extracts/ Concentrates	butter/peanut butter, carts, crumble, dabs, edibles/eddies, gummies, oils, resin, shatter, vapes, wax

purchase is 1/8 ounce for \$25-40. Consumers in Columbus and Youngstown regions further reported that 1/8 ounce can sell for as high as \$70-100. Consumers reported that a gram of leaf marijuana typically sells for \$10-20, 1/4 ounce sells for \$50-80, and one ounce sells for \$150-200. For extracts and concentrates, a cartridge is the most common amount of purchase and typically sells for \$20-40. Athens, Cincinnati, Toledo, and Youngstown consumers shared that dispensary cartridges can be resold on the streets for as high as \$50-55.

Overall, marijuana and extracts and concentrates pricing often depends on the quality, source, and size of the product, as well as one’s connection to the dealer. Consumers discussed: “[The price of marijuana] depends on who you know.... About \$25, \$30 for an ‘eighth’ (1/8 ounce); I sold an eighth [of marijuana] for \$35 ... because I was getting the better stuff (higher quality marijuana).... Better stuff ... better price; ‘Half a booty’ (1/8 ounce) [of marijuana costs] about \$40.... That’s ‘loud’ (high quality leaf marijuana). It’s not Reggie; My buddy, he worked at one of the dispensaries, he would get [cartridges] and [re] sell them for like \$50 ... the other ones that you don’t know where they came from, are like \$35-40.”

Regarding the variability in extracts and concentrates pricing, consumers shared: “The

more you buy, the cheaper you get it; [The street price of marijuana] depends on what you get; [Price] depends on from the street or from the dispensary; [The price of extracts and concentrates edibles] depends which ones you get ... how many milligrams; Gummies and stuff like that, it depends how big they are, how small they are.” Consumers throughout OSAM regions reported that the overall price of marijuana, including extracts and concentrates, has remained the same during the past six months.

Route of Administration

Reportedly, the most common route of administration (ROA) for leaf marijuana remains smoking, while consumers estimated that out of 10 people that use extracts and concentrates, 7-10 would vape and 0-3 would orally consume the drug. Consumers in the Athens region noted: “I notice vaping more commonly, but I do know some people that like the gummies and the edibles ... more people vape; Usually vaping [is more common] because you just twist [the cartridge] onto a pen and hit it.” Consumers throughout OSAM regions also mentioned smoking as a possible ROA for extracts and concentrates, but reported that it is less common, stating: “I mean, you can buy a ‘dab rig’ (a device, typically glass, designed for smoking concentrated forms of marijuana) ... smoke it out of a dab rig ... vape pen is most common; With like the dabs, a lot of people don’t want to buy those because you have to have ... a special bowl with a titanium rod on it and heat it up. It’s just a whole extra process.... Those bowls and rods are really expensive.”

Typical Use Profile

A profile of typical marijuana and extracts and concentrates use did not emerge from the data. Respondents throughout OSAM regions continued to report that, since marijuana use is widely considered socially acceptable, it is more common for “everybody” and “anyone” to use the products. Consumers shared: “It’s all age ranges. No race, no gender [differences]; There are

probably more people who do it (use marijuana) than don't." Law enforcement similarly stated: "The scope of [marijuana use] is beyond anything else. I mean, everyone uses it; Encompasses every age, race, and gender ... I don't think there is a profile.... It's everyone."

However, respondents continued to discuss typical use of extracts and concentrates as among younger generations. Comments included: *"I feel like younger people do [extracts and concentrates]. There is a lot of hype around all the new stuff and it's the younger generation; A lot of our younger clients talk about the edibles all the time; Younger people think it's cooler to vape [than smoke marijuana]; Most kids by sixth grade have either tried [extracts and concentrates] or know about it; We've seen more cases in our schools, school-age kids having THC vape pens.... It's the in thing, it's cool. So, our SROs (school resource officers) have been busy with that. It goes younger than 18-years-old."*

Additionally, respondents shared their growing concerns around how extracts and concentrates are packaged and marketed, appealing more to young people. They reported: *"They're making [extracts and concentrates] ... like bubble gum tasting (flavored) ... tastes like cotton candy ... like what age range of people love candy? Kids; One of my issues ... is with the names of it. It just screams 'abuse,' not 'medication.' If my doctor prescribed me a medication called, 'Donkey Kick,' I would be very confused ... they have these names that scream abuse ... which I think does appeal to a younger crowd; Younger people are taking the vapes and the gummies. There's cereal, there's cookies ... potato chips [infused with THC]."*

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, 58.5% was male, 58.6% was under the age of 40 years, and 81.0% indicated White as their race.

GPRA Demographic Data of All Intake Clients Who Used Marijuana during the Past 30 Days (N = 1,246)¹

Male	58.5%
Female	40.4%
18 - 29	21.4%
30 - 39	37.2%
40 - 49	25.4%
50 - 59	10.5%
60 +	5.5%
White	81.0%
African American	20.4%
Other race²	3.3%
Hispanic/Latino	3.9%

¹Gender total (N = 1,245) does not equal 100.0% due to 14 individuals reporting as gender non-conforming or transgender. Total percentage for race (N = 1,233) is greater than 100.0% due to some individuals indicating more than one race. ²Alaska Native, Chinese, Filipino, Indian, Native American, other unspecified Asian race, and/or Pacific Islander.

Use Combinations

Consumers throughout OSAM regions reported that marijuana, as well as extracts and concentrates, are most often used in combination with alcohol and "everything." Consumers shared: *"[Alcohol with marijuana] makes the buzz (high) a bit better; It's just a party thing; Usually when you smoke [marijuana], you always need something to drink."* When asked to explain the common response of "everything," consumers discussed typically combining marijuana use with one's primary drug of choice. Comments included: *"Weed goes with everything ... it just depends on your drug of choice ... pot has gone with any drug I've ever done; You can smoke weed with any drug you take because it's going to balance you out.... If you take any drug, most of the time you smoke a 'blunt' (marijuana-filled cigar) after; If you're doing any other drug, you're probably smoking marijuana, too."* Conversely, some consumers reported that if one's drug of choice is marijuana, it is commonly not used in combination with other substances. Consumers shared: *"There are a lot of people who just smoke pot. I know a lot of*

people who just smoke pot. I know a lot of people that only smoke weed and do nothing else and have never done anything else; I think with the dabs and everything, you do it alone because it gets you really, really, high.”

Reportedly, marijuana is used in combination with stimulants, such as crack and powdered cocaine and methamphetamine, to come down, balance out the extreme stimulant high, and/or to “speedball” (concurrent or consecutive stimulant and depressant highs). Additionally, placing cocaine in a marijuana cigarette (aka “joint”) is often referred to as a “primo,” as explained by a consumer in the Dayton region, *“They can put cocaine with [marijuana] too. It’s called a ‘primo’ ... to counteract the crack. The crack has you up walking around. And the weed will bring you back down.”* Consumers also mentioned combining marijuana with stimulant use to calm one’s nerves or anxiety if they hallucinate. For the same reason, consumers reported the use of marijuana with hallucinogens, such as lysergic acid diethylamide (LSD) and psilocybin mushrooms, as well as MDMA (methylenedioxymeth-amphetamine, ecstasy/ “Molly”). Comments included: *“[Marijuana] helps you ... once you reach a certain stage when you’re using ‘meth’ (methamphetamine) [and] you ... start to hallucinate ... you smoke weed ... it kind of calms your nerves; Helps you think that people really aren’t hiding in the trees looking at you ... no bush monkeys.”*

Substances Used in Combination with Marijuana	
Most Common	alcohol
Other	crack/powdered cocaine, hallucinogens (LSD, psilocybin mushrooms), heroin/fentanyl, MDMA, methamphetamine, prescription opioids, promethazine (“lean”), sedative-hypnotics

Regarding the use of marijuana with depressants, such as sedative-hypnotics, prescription opioids, and heroin/fentanyl, consumers continued to report the desire to create a strong sedative effect. Lastly, marijuana is reportedly used in combination with promethazine (prescription-strength cough syrup with codeine, aka “lean” when mixed with soda) due to pop culture and music references.

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).

Gabapentin

Respondents throughout OSAM regions reported moderate to high availability of gabapentin (an anticonvulsant used to treat nerve pain) for illicit use. Respondents continued to attribute availability of gabapentin for illicit use to doctor prescribing and diversion. Community professionals remarked: *“I’ve heard a lot more people talking about gabapentin.... I feel like it’s easy to go into a doctor’s office and get [gabapentin prescribed] and then for it to become easily available on the street (diverted) from whoever was prescribed it; [Gabapentin is] heavily prescribed and it’s not [always] taken [as prescribed], so there’s a lot extra on hand (available for diversion).”* Consumers added: *“[Gabapentin is] an easy ‘script’ (prescription) to get [a doctor to prescribe]; Gabapentin [is commonly available on the street] too. There are people that are always asking me, ‘Hey, [can I] have some of your gabapentin?’”*

Doctors reportedly prescribe gabapentin for a variety of reasons. Respondents explained:

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

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

prescribed] *for seizures.*” And some respondents considered gabapentin obtained illicitly to more likely be legitimate compared to other pills obtained illicitly that are often counterfeit pressed pills made to resemble other prescriptions. They said: “[Gabapentin is] *the only real (legitimate) pill you can find [on the street]; [Gabapentin is] prescribed and I think that’s one of the things you can actually get off the street that’s legit (the actual prescription medication)...*”

Throughout most OSAM regions, respondents reported that the availability of gabapentin for illicit use has remained the same during the past six months. However, in the Toledo region, a member of law enforcement indicated increased availability of gabapentin for illicit use due to increased prescribing. And there was no consensus as to availability change in the Columbus region, where consumers indicated increased availability, and community professionals indicated unchanged or decreased availability.

“Doctors also prescribe [gabapentin] for people who are in treatment for drug use for nerve damage, or if they’ve injected drugs for a while and have nerve damage to their hands or feet; I am prescribed [gabapentin] for my neuropathy, for my diabetes and my feet ... now I have to get off of it [because it can be misused]; Vets (veterinarians) prescribe it [to] my mom and dad’s dogs ... [gabapentin is] easy [to access]; I get [gabapentin

Consumers reporting high and/or increased availability reasoned higher demand as illicit use of gabapentin has become more popular in preventing or alleviating opioid withdrawal symptoms (aka “dope sickness”), and because it is less likely to be detected on drug screens. Comments included: “I’d say [gabapentin street availability] keeps growing and going up. Doctors giving them out (readily prescribing gabapentin) like they used to give out pain pills

(prescription opioids); I think [gabapentin street availability has] gone up ... a lot of people found it helps with dope sickness; Lots of people ... get on it (initiate gabapentin use) in recovery ... because [gabapentin] doesn't show up ... on your drug screens.”

Other data sources indicated gabapentin as available for illicit use throughout OSAM regions. Millennium Health reported that 15.9% of the 136,143 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	15.7%	6,899
Athens	12.8%	13,321
Cincinnati	12.4%	29,100
Cleveland	14.2%	24,162
Columbus	25.3%	25,709
Dayton	28.4%	3,418
Toledo	15.3%	22,587
Youngstown	8.5%	10,947
Total	15.9%	136,143

Respondents most often linked illicit gabapentin use with illicit opioid use to relieve opioid withdrawal symptoms and to wean off opioids. Consumers offered: “People take [gabapentin] with their methadone, or to help with the withdrawal from heroin; [illicit gabapentin use] is [typically] someone with a history of addiction. It seems like [gabapentin is] a step down [from other drugs], like when we’re trying to get clean, we will go to [gabapentin]....” Consumers also acknowledged the potentiating effect from combined gabapentin and opioid use. They stated: “You combine [gabapentin] with fentanyl or methadone [or other opioids], and you get this feel-good feeling ... it intensifies [the high]; It gives

you that nod (pass out/overdose feeling) mixing [gabapentin and opioids] together.” A member of law enforcement in the Cleveland region added, “There is a lot of gabapentin [use] in with the fentanyl [use].... When you see someone overdose with prescription buprenorphine you almost expect to see gabapentin too....” Consumers identified the shortened forms of gabapentin, “gab” and “gabs,” as common street names.

Hallucinogens

Respondents throughout OSAM regions generally indicated moderate to high current availability of hallucinogens and reported availability of the following types: dimethyltryptamine (DMT), lysergic acid diethylamide (LSD), phencyclidine (PCP), and psilocybin mushrooms. Hallucinogens are reportedly available but require a connection to obtain. Consumers discussed obtaining hallucinogens from the right dealer, stating: “You just got to know the correct person [to obtain LSD]; If you are looking for [hallucinogens], you can find it; For my group of people ... [DMT is highly available], a ‘10,’ because I know the guy that makes it.” Respondents reported availability of PCP in half of OSAM regions (Akron-Canton, Cleveland, Dayton, and Youngstown). In Cleveland, a consumer stated, “‘Wet’ (PCP) is still out there.... It’s crazy.” A member of law enforcement in the Cleveland region added, “In Cleveland, if you are looking for PCP, then you know where to find it. It is a very specific place to go. PCP has just been a constant ... it’s definitely there if you know where to find it.”

Consumers also mentioned online sources for purchasing psilocybin mushrooms. They said: “You can get [psilocybin mushrooms] on the ‘dark web’ (websites operated by criminal enterprises); You can get [psilocybin mushrooms through social media platforms] too, Telegram [Messenger] or Snapchat; You can get [psilocybin mushrooms] on Facebook and there will be an ad [to purchase them] ... it’s very easy to obtain.” In addition, some consumers described growing their own psilocybin mushrooms, reporting: “You can make

(grow) [psilocybin mushrooms] in a Crock-Pot®; I know people who grow [psilocybin mushrooms] in their basement and then turn it into oil to make it even stronger (more concentrated/potent)."

Many respondents described hallucinogen use, especially psilocybin mushroom use, as gaining social acceptance and popularity, primarily due to the promotion of their purported health benefits. Treatment providers in the Cincinnati region spoke about shifting perceptions of psilocybin mushrooms, sharing: *"When I listen to podcasts, they advertise, 'We'll mail [psilocybin mushrooms] to your house;' I think [psilocybin mushrooms have] gotten ... on the same level (normalized) as marijuana these days in a sense of, 'It's a plant! And it's natural!;' You hear those stories about ketamine and [psilocybin] mushrooms helping with depression now."* A member of law enforcement in the Dayton region remarked, *"You're seeing [psilocybin mushrooms discussed] more in the media too as far as ... some people claim it's beneficial ... to some extent, the use of mushrooms and stuff like that, to awaken the mind."* Consumers in Cleveland and Columbus regions concurred, commenting: *"[Psilocybin] mushrooms are becoming really, really, popular.... With [people in] states out west [using them] medically and recreationally ... I think people are becoming less scared of [hallucinogen use].... With it becoming more known, people want to try it; [Psilocybin mushrooms are] probably definitely increasing [in availability] especially with the lifted ban on research and medical use...."*

Overall, respondents reported that the availability of hallucinogens has remained the same during the past six months, however, reports in half of OSAM regions (Athens, Cleveland, Columbus, and Dayton) were split between increased and unchanged availability. Respondents who reported increased availability often described hallucinogens as "making a comeback." Consumers discussed growing interest in hallucinogens. They commented: *"'Acid' (LSD) trips (highs) are coming back; I know DMT's gotten a lot more popular; [Psilocybin mushrooms are]*

one of them things that goes in circles (availability fluctuates) ... all of a sudden 'shrooms' (psilocybin mushrooms) are back...."

Hallucinogens are also reportedly more available at music festivals and during the summer season. Consumers provided: *"With it being summer, shrooms have increased [in availability] ... because the summer, the heat, it has increased, but it will decrease around the colder months; You can [always] find [psilocybin mushrooms], but it gets a lot more flooded around the summer when there are festivals and stuff going on; [Psilocybin mushrooms] are easy to get from festivals."*

By type, respondents most often reported increased availability of psilocybin mushrooms. Law enforcement in the Dayton region noticed: *"[Psilocybin] mushrooms are the biggest boom right now.... We're seeing it come strong ... you would probably have to make a few phone calls to get it, but it's there.... I've seen it more commonly recently; [Psilocybin mushrooms are] one that's definitely increased in [availability during] the last six months. We've seen it more often [during seizures]."* And respondents in the Cleveland region observed: *"[Psilocybin] mushrooms are kind of increasing [in availability] lately, but [availability of] the rest of [the hallucinogens] are about the same; [Psilocybin mushroom availability has] gone up. It used to be hard to get and now everyone is using it."*

Ohio Bureau of Criminal Investigation (BCI) crime labs reported that the incidence of LSD cases they process has remained the same for Akron-Canton, Columbus, and Toledo regions, with few LSD cases reported for all other OSAM regions. BCI crime labs reported that the incidence of psilocybin mushroom cases they process has increased for Akron-Canton, Columbus, and Toledo regions, decreased for the Cleveland region, and remained the same for Athens, Dayton, and Youngstown regions, with few cases reported for the Cincinnati region. BCI crime labs reported a decrease in PCP cases from 83 cases processed during the previous reporting period to

the processing of 60 cases for this current reporting period; of which, 38.3% was from the Cincinnati region.

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

Regarding hallucinogen quality, several consumers in Cleveland and Toledo regions described moderate to high quality of LSD, and two consumers in the Cleveland region reported moderate to high quality of psilocybin mushrooms. Consumers described high potency of LSD and psilocybin mushrooms, saying: *“You can put one drop [of LSD] in your eye and be tripping (get really high); I would say instead of doing a gram or two [of psilocybin mushrooms] to have a trip, you would have to take ‘an eighth’ (1/8 gram) of it.”* LSD quality reportedly varies based on the source, which can sometimes be identified by the print on the blotting paper. A consumer in the Cleveland region noted, *“[LSD quality] is a hit or miss. If you know the person you are getting it from, a lot of people who sell it, use the [print on the blotting] paper as the brand....”* And a consumer in the Toledo region indicated that LSD quality depends on the number of times the blotting paper is dipped into the LSD solution (single dip vs. double dip). In the Cleveland region, the quality of LSD has reportedly remained the same during the past six months, whereas the quality of psilocybin mushrooms has decreased.

Knowledge of current hallucinogen pricing was also limited to consumers in Cleveland and

Toledo regions. Reportedly, 1/8 ounce of psilocybin mushrooms sells for \$25-30 in the Toledo region and \$40 in the Cleveland region. In addition, consumers in the Cleveland region reported purchasing 1/2 ounce and 1 ounce of psilocybin mushrooms for \$60 and \$150, respectively. Regarding LSD, a “strip” (10 doses) reportedly sells for \$80-100 in the Cleveland region and \$50 in the Toledo region, a single dose (aka “tab”) sells for \$5-10 in the Cleveland region, and a gel tab, resembling a square gummy candy, sells for \$20 in the Toledo region. Consumers in the Cleveland region reported that the price of LSD and psilocybin mushrooms has remained the same during the past six months.

Consumers described integrating psilocybin mushrooms into various food products for oral consumption. Consumers stated: *“People are doing different things with [psilocybin mushrooms], grinding it up and putting it in capsules, chocolate bars, cheese; They sell the [psilocybin] mushrooms as candy bars, and you can buy them from California and different states ... and you can have them shipped; I would cook [psilocybin mushrooms] into something, like an Alfredo [sauce].”* Regarding route of administration for LSD, a consumer in the Toledo region said, *“You can put it in your eye (ocular absorption), but mostly ingesting (oral consumption).”*

Respondents associated typical hallucinogen use with younger people, including college students, hippies, and people who use marijuana. They said: *“LSD is usually intermingled with marijuana [use]. It’s usually not just LSD ... it’s the psychedelic stuff, usually the [psilocybin] mushrooms, too. It’s all the same group; Young people, early 20s and older teenagers like 18 to 19 [years of age].”* They also described people using psilocybin mushrooms in spiritual practices and to improve their mental health, discussing: *“I know a lot of people using [psilocybin mushrooms] for spiritual reasons. People who are into crystals think it can be used for spiritual guidance; Almost like ... a meditation. I’m going to get in touch with myself*

(self-aware), so I'm going to use shrooms; I think it's almost like 'bougie mom vibes' (higher socio-economic status mothers) now [who use psilocybin mushrooms]. People use it to concentrate ... that's what the 'microdosing' (consuming very low doses of psychedelic substances for therapeutic use) is."

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, 56.1% was female, 85.3% was under the age of 40 years, and 90.2% indicated White as their race.

Male	41.5%
Female	56.1%
18 - 29	39.0%
30 - 39	46.3%
40 - 49	12.2%
50 - 59	2.4%
60 +	0.0%
White	90.2%
African American	12.2%
Hispanic/Latino	2.4%

¹Hallucinogens are DMT, LSD, mescaline, PCP, psilocybin mushrooms, and salvia. Gender total does not equal 100.0% due to one individual reporting as transgender. Total percentage for race is greater than 100.0% due to some individuals indicating more than one race.

Consumers in the Cleveland region reported that LSD and psilocybin mushrooms are most used in combination with alcohol and marijuana. They explained: *"'Weed' (marijuana) [is combined with LSD], same as [psilocybin] mushrooms ... just goes together; Alcohol because they use [LSD and psilocybin mushrooms] at the bar."* And methamphetamine is reportedly used in combination with LSD, *"to increase the effect and keeps you up longer."* The most common street names reported were "shrooms" for psilocybin mushrooms and "acid" for LSD.

Inhalants

Consumers in Akron-Canton, Dayton, and Youngstown regions discussed inhalants (duster, difluoroethane [DFE] and nitrous oxide [N2O], aka "whippets"). A consumer in the Youngstown region commented on inhaling substances to get high (aka "huffing"), specifying, *"[Spray paints], they are huffing it."* And a consumer in the Dayton region spoke about people who inhale the chemicals from aerosol cleaners intended for dusting electronics, saying, *"I've heard people do like computer dust cleaner ... somebody just told me that they were using it the other day [to get high].... I've heard of people doing it, but it's not really like a common thing, unless it is and people just keep it hidden from the world. I wouldn't be telling people I'm huffing dust [cleaner]...."*

Ketamine

Ketamine (an anesthetic used in veterinary medicine) is moderately or highly available in Akron-Canton, Cincinnati, Cleveland, Columbus, and Youngstown regions. A consumer in Cleveland shared that ketamine is easy to obtain after establishing a connection with a supplier, stating, *"Once you know where to find [ketamine], it's easy to find, but there aren't a bunch of suppliers."* Consumers noted ketamine use as associated with hallucinogen use at music festivals and described it as a party drug. They said: *"[Ketamine] goes well with the LSD, shrooms.... It's a musical festival, hippie drug; You have to go to music festivals [to obtain ketamine]; Ketamine's somewhat available. That's another kind of psychedelic party drug."* A member of law enforcement in the Akron-Canton region added, *"Ketamine is not as popular as the psychedelics, but ... like every time we had LSD or marijuana cases, the ketamine would come in there a little bit."*

A treatment provider in the Cincinnati region acknowledged ketamine use to treat for depression. A provider shared, *"You hear those stories about ketamine and [psilocybin]"*

mushrooms helping with depression now.” And a consumer in the Cincinnati region noticed suspicious social media advertisements for ketamine treatment, offering, “I’d never even seen or heard of [ketamine]. I was like, ‘What is that?’ ... now it’s crazy because, on Facebook, ads I’m getting are like, ‘You can sign up for ketamine treatments through the doctors ... they do [ketamine] injections, but they don’t take medical cards (health insurance)...”

Consumers and law enforcement in the Akron-Canton region reported no change in the availability of ketamine during the past six months, while consumers in the Youngstown region reported increased availability. A consumer in the Columbus region identified “special K” as a street name for ketamine.

Kratom

Throughout OSAM regions, except for the Dayton region, respondents discussed kratom (mitragynine, a psychoactive plant substance). Community professionals in Akron-Canton, Athens, Cleveland, and Toledo regions, and consumers in the Cincinnati region, reported high availability of kratom, and kratom availability was mentioned, but not rated, in Columbus and Youngstown regions. Respondents reported that kratom is easy to obtain through legal purchases. Comments included: *“You can walk into any headshop and gas station and get [kratom]; They sell [kratom] in the stores so I’m going to assume that [kratom is] very available, especially like in ... the more ‘hood’ areas (inner-city neighborhoods) of Cincinnati (Hamilton County), like all the gas stations you have big signs, ‘[Kratom] sold here!’”*

Other data sources indicated kratom use throughout OSAM regions. Millennium Health reported that 0.9% of the 120,688 urinalysis specimens submitted for kratom testing during the past six months was positive for kratom.

Reportedly, kratom is used to help alleviate opioid withdrawal symptoms or when trying to stop

Millennium Health Urinalysis Test Results for Kratom during the Past 6 Months		
Region	% Tested Positive	Number Tested
Akron-Canton	1.2%	9,432
Athens	1.4%	10,042
Cincinnati	0.8%	25,046
Cleveland	0.8%	22,033
Columbus	1.0%	20,565
Dayton	1.5%	3,790
Toledo	0.9%	20,719
Youngstown	0.4%	9,061
Total	0.9%	120,688

opioid use. Respondents discussed: *“I’ve heard of a lot of people using [kratom] for opioid withdrawal; I know people who’ve used [kratom] to get off opiates; [Kratom is a] natural substitute from heroin.... [Someone I know] takes it in their coffee in the morning to help with the [opioid] withdrawal.”* Consumers also indicated that kratom can help relieve pain. A consumer in Cincinnati shared, *“I was using [kratom] because it helped me out with my back pain and everything.... I’ve been in ... a lot of car accidents....”*

Respondents also acknowledged the opioid-like effect from large amounts of kratom use. A member of law enforcement in Toledo stated, *“If you take enough kratom, it acts as an opiate (produces an opioid-like high).”* And consumers observed: *“People that are coming into recovery have been using [kratom] as like a secondary thing because it ... kind of like has opioid-type properties and [you] can get it at headshops; I know people who use [kratom] just to get high from it.”* Kratom is also reportedly popular because it is not typically included on drug screens. A consumer in the Youngstown region remarked, *“Things that don’t show up on drug tests, such as [psilocybin] mushrooms and kratom [are used],”* although a treatment provider in the same region noted, *“We*

do test [for kratom] occasionally because people are abusing it and you can get it legally.”

Most respondents indicated that the availability of kratom has remained the same during the past six months. However, a member of law enforcement in the Toledo region reported increased kratom use, stating, *“Because there is such a stigma with medication [prescribed by a doctor that] people want to do stuff ‘naturally’ (self-treat).”*

Respondents associated typical kratom use with people trying to self-treat pain and opioid withdrawal symptoms, people who prefer legal substances, and young people. They said: *“Some people use [kratom] for pain, or a mild stimulant [to alleviate] minor [opioid] withdrawal symptoms; Typically, my younger [treatment] clientele [report kratom use], and it’s 18- to 25-year-olds; I know people that don’t do other drugs, just take kratom; I would say [typical kratom use is] that middle ... socio-economic status. A person who doesn’t want to go to an illicit drug, per se, but still wants ... those feelings of energy and stuff like that, that it gives....”*

MDMA

Respondents in most OSAM regions discussed current availability of MDMA (methylenedioxymeth-amphetamine or other derivatives containing BZP, MDA, and/or TFMPP), with moderate to high availability indicated in Akron-Canton, Cincinnati, Columbus, Dayton, and Toledo regions. Respondents in the Youngstown region mentioned availability of MDMA but had limited knowledge regarding the degree to which the drug is available. Respondents identified availability of both the pressed tablet form (ecstasy) and the powdered form (“Molly”). MDMA is reportedly obtainable with the right connection and in certain settings, including music festivals and “raves” (dance parties). Consumers remarked: *“Need to be around the right crowd for a connection [to MDMA]; I know raves are still happening now [where MDMA is accessible].”*

Respondents reported prevalence of counterfeit MDMA, containing methamphetamine, and other substances, manufactured into pressed pills resembling ecstasy. A consumer stated, *“The only time I used ‘meth’ (methamphetamine), like not on purpose, I thought I was using ecstasy and it turned out to be compressed meth (counterfeit pressed pill)... They’re interchangeable, I guess.”* And community professionals offered: *“[MDMA is] one of those things that can be easily sold, but it’s just pressed pills. I do see people specifically seeking that substance (MDMA) out, but fentanyl has taken over, where [pressed pills containing fentanyl and other substances are] sold under the assumption that it’s MDMA or ecstasy; I think a lot of our [seized] ecstasy has been pressed meth and other forms of stuff, caffeine, things like that. They’ll sell it as ecstasy but it’s meth or caffeine and some other combinations.”*

In addition, respondents noted MDMA as an adulterant (aka “cut”) found in other drugs, especially methamphetamine. Consumers in the Dayton region shared: *“Nowadays, [methamphetamine] has that MDMA ... [cut] in it; You can tell if [methamphetamine is cut with] MDMA if you start staring and it looks like something’s melting, kind of like you’re tripping (hallucinating).”* Consumers reported inadvertently consuming MDMA in other drugs, and unexpectedly testing positive for MDMA on drug screens. They said: *“I went to probation, and I had to ‘drop’ (complete a urinalysis drug test), and I was ‘dirty’ (tested positive). And I thought I had only done meth, but it came up [positive for] meth and MDMA.... I never knowingly did [MDMA]; [MDMA is] actually a replacement (substitution/passed off) for methamphetamines because when I came in here (treatment facility) I never had done Molly, I didn’t even know what it was. I didn’t test positive [on drug screens] for any methamphetamines, and I thought that was what I had been doing for the two weeks before. I wasn’t. They were actually selling me Molly....”* Similarly, treatment providers observed: *“I think ecstasy seems to be readily available because the number of people [in treatment] who have it in their list of medications*

and drugs that they have used [as detected on drug screens] ... like everybody's tried [MDMA based on positive drug screens]; Most of [our treatment clients] are positive for LSD and MDMA coming in now. It is everywhere. They think they're not using it."

Respondents most often reported that the availability of MDMA has remained the same during the past six months. However, some consumers in the Cincinnati region reported increased popularity of MDMA. They discussed: *"I think [MDMA availability is] going up ... more [during the past six months] because ... local artists are becoming like a big thing now ... that's what ... your local artists want to do ... and rap about it; [MDMA is] getting popular again from what I've heard, like, ecstasy went away for a while."*

Ohio Bureau of Criminal Investigation (BCI) crime labs reported that the incidence of MDMA cases they process has slightly increased for Akron-Canton, Columbus, Toledo, and Youngstown regions and the number of cases remains low; they reported processing few cases of MDMA from all other OSAM regions. In addition to BCI reporting, other crime labs in Cleveland and Dayton regions submitted incidence data for MDMA. Cuyahoga County Regional Forensic Science Lab (Cleveland region) reported that the incidence of MDMA cases it processes has increased during the reporting period. Lake County Crime Lab (also Cleveland region) and Miami Valley Regional Crime Lab (Dayton region) reported processing few cases of MDMA during the reporting period.

A consumer in the Toledo region rated MDMA quality as moderate and considered ecstasy as more potent than Molly. In Dayton and Toledo regions, methamphetamine was reported as the top cutting agent for MDMA. Street names for ecstasy most often refer to the round shape of the tablets ("beans" and "Skittles®"), or by the shortened form of its name, "X." Ecstasy is also identified by the stamp/imprint on the ecstasy

tablet ("Batman®" and "Mario®"). A consumer in the Columbus region commented on current street jargon for ecstasy, saying, "[Ecstasy is called] 'Skittles®'... and them 'Xs'... they be in different colors." A consumer in Toledo reported that a single dose of ecstasy sells for \$5, and a gram of Molly sells for \$80.

Consumers and community professionals continued to most often report typical MDMA use among young people (15 to 30 years of age), including high school and college students, especially as a party drug. Respondents shared: *"I would say upper high school to college aged, 25 [to] 30 [years of age]; Obviously, the party crowd was the ecstasy thing...."*

Consumers in Cincinnati and Dayton regions indicated methamphetamine as the most common substance used in combination with MDMA, and sedative-hypnotics were also reported as most common in the Cincinnati region. A consumer in Cincinnati explained the effects of methamphetamine and sedative-hypnotics used in combination with MDMA, stating, *"When I did the meth on the party scene, I was mixing it.... It was [a mixture of] ecstasy, meth, add some 'xannies' (Xanax®) on that [to] 'speedball' (concurrent or consecutive stimulant and depressant highs)."*

OTCs

Consumers in Akron-Canton, Cincinnati, Dayton, and Youngstown regions, as well as law enforcement in Columbus, Dayton, and Toledo regions, discussed illicit use of over-the-counter medications (OTCs), including Benadryl®, Coricidin® HBP Cough & Cold, OTC stimulants, and Robitussin DM®. Consumers in the Akron-Canton region and law enforcement in the Columbus region indicated that OTCs are highly available for illicit use, and that the availability has remained the same during the past six months, while other respondents did not rate the degree to which OTCs are available.

Consumers in Cincinnati, Dayton, and Youngstown regions indicated that Coricidin® HBP Cough & Cold used illicitly is often referred to as “triple C.” A consumer in the Youngstown region explained the reason behind illicit use of Coricidin® HBP Cough & Cold, saying, “[Illicit use of Coricidin® HBP Cough & Cold is] widely used in treatment centers [because it is not detected on drug screens].” According to a consumer in the Dayton region, when used illicitly, people consume large doses of Coricidin® HBP Cough & Cold, sharing, “I also heard of ‘triple Cs,’ the cough, cold, and congestion pills [being used alone], but you got to take a lot of them, like a whole pack, [to achieve the desired effect].” However, a consumer in the Cincinnati region commented on efforts to prevent access to Coricidin® HBP Cough & Cold for illicit use, stating, “I know that [Coricidin® HBP Cough & Cold is] not as easily [accessible]. You got to be 18 [years of age] to get them and stuff like that now ... and they’re locked up in stores and behind counters when it used to not be like that. [Before], you could just easily shoplift them off the shelves.” Typical illicit use was indicated among young people. A consumer said, “I think [illicit use of Coricidin® HBP Cough & Cold is] popular with the younger crowd ... probably around 17 [years of age].”

Illicit use of cough syrup containing DXM (dextromethorphan), such as Robitussin DM®, was discussed in Columbus and Dayton regions. Regarding illicit use of OTC stimulants, a member of law enforcement in Toledo offered, “ClariGenZ, it is an [OTC] alternative for Adderall®, it is an energy enhancer. You buy it from the health food store. It’s supposed to be a supplement.” And consumers in the Dayton region reported illicit use of Benadryl®.

Prescription Stimulants

According to consumers in Akron-Canton, Athens, Cincinnati, Dayton, Toledo, and Youngstown regions, as well as treatment providers in Akron-Canton and Columbus regions, prescription stimulants are moderately or highly available for

illicit use. Respondents reported that prescription stimulants for illicit use are readily available with a known source, primarily diversion from people with prescriptions, and secondly, obtaining a prescription directly from a doctor. A consumer in the Dayton region shared, “Usually, people with [access to] Adderall®’s got somebody they know [who] got a prescription for it for treatment and they try to make a couple extra dollars [by selling part of their prescription].” And several consumers specified that prescription stimulants are diverted from parents of children with prescriptions. A consumer in the Toledo region stated, “What is sad about the ‘addies’ (Adderall®), a lot of people go get their kids on them (prescribed) and then sell their medicine.” In addition, a consumer in the Dayton region indicated ease of obtaining a prescription for stimulants through doctor prescribing, noting, “You can just go straight to the doctor and [get stimulants prescribed]. Just say you got ADHD (attention-deficit-hyperactivity disorder) and get some medication [prescribed].”

Some consumers noted barriers to obtaining prescription stimulants for illicit use, including manufacturer shortages, high cost, and people retaining their prescribed stimulants for personal use. Comments included: “[Availability of prescription stimulants for illicit use is] going down because the pharmacy is having shortages [due to manufacturer delays]; They’re expensive; The street value is high; People don’t want to give [the stimulants prescribed to] them up....”

Respondents who reported availability of prescription stimulants for illicit use often indicated that they are not a drug of choice, and most consumers prefer less expensive, more potent stimulants that are highly available, such as methamphetamine. A member of law enforcement in the Youngstown region observed, “When we’re doing search warrants, or we’re seizing drugs from people, we’ve encountered a lot of Adderall®, but it just seems [to be seized on] every other warrant. It’s sort of a supplemental pill, if that makes sense, like their primary drug isn’t the

pill, but it's their backup, almost like if they can't get their meth, they have [prescription drugs] on standby." A treatment provider remarked, "A lot of our younger clients report to us as kids that they used [prescription stimulants illicitly] and then that's how they end up on the meth. A lot of our younger, mostly 20-year-olds, report heavy use of [prescription stimulants] and then when [access to] that prescription ends, or they can't find it, that guy goes to meth."

Consumers in Cincinnati, Dayton, and Toledo regions continued to recognize Adderall® as the most available prescription stimulant for illicit use. Although, a treatment provider in the Columbus region indicated Vyvanse® as commonly prescribed, leading to a larger supply available for diversion, saying, "[Vyvanse® is] more prevalently prescribed in this area for ADHD and ... ADD (attention-deficit disorder)..."

Throughout most OSAM regions, respondents reported that the availability of prescription stimulants for illicit use has remained the same during the past six months. However, respondents in Columbus and Dayton regions indicated increased availability for illicit use. In the Columbus region, a treatment provider spoke about increased prescribing of stimulants because of greater attention to mental health treatment, stating, "I would say [there has been] an increase [in prescription stimulant street availability during the past six months] only because ... [of] the attention to mental health and the needed treatment that [prescription stimulants are] intended to treat..."

Ohio Bureau of Criminal Investigation (BCI) crime labs did not report any methylphenidate (Ritalin®) cases from throughout OSAM regions during the reporting period and reported processing very few cases of amphetamine (Adderall®) from Cincinnati, Cleveland, Columbus, Dayton, and Toledo regions. In addition to BCI reporting, other crime labs in Cleveland and Dayton regions submitted incidence data for prescription stimulants. Cuyahoga County Regional Forensic

Science Lab (Cleveland region) reported that the incidence of amphetamine cases it processes has remained the same during the reporting period, while Lake County Crime Lab (also Cleveland region) reported that the incidence of amphetamine cases it processes has slightly increased during the reporting period and the number of cases remains low. Miami Valley Regional Crime Lab (Dayton region) reported that the incidence of amphetamine cases it processes has remained the same. This lab reported processing few cases of methylphenidate.

Other data sources indicated prescription stimulants as available for illicit use throughout OSAM regions. Millennium Health reported that 7.8% of the 138,125 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	8.2%	9,442
Athens	11.3%	15,064
Cincinnati	7.6%	27,530
Cleveland	5.9%	22,940
Columbus	9.0%	29,043
Dayton	8.9%	4,047
Toledo	6.5%	19,973
Youngstown	5.1%	10,086
Total	7.8%	138,125

Consumers continued to identify the most common street name for Adderall® as the shortened form of the brand name, "addie" and "addies." Knowledge of prescription stimulant pricing was limited to consumers in Athens, Toledo, and Youngstown regions. Adderall® generally sells for \$2-5 in the Athens region (dose unspecified), \$7-8 in the Toledo region (dose

unspecified), and Adderall® 30 mg sells for \$10-13 in the Youngstown region. Respondents most often associated typical illicit prescription stimulant use with young people, especially high school and college students as a study aid. Consumers in the Cincinnati region commented: *“A lot of people want the Adderall®. College students, people who want to stay up all night studying; Come college testing time, those kids [who are prescribed stimulants] probably give those up (divert their prescription).”* Consumers in the Toledo region reported that people who work in factories use prescription stimulants illicitly as an alternative to cocaine, when there is cocaine shortage, to stay alert.

Promethazine

Law enforcement in the Akron-Canton region reported high and increased availability of promethazine (prescription-strength cough syrup with codeine, aka “lean” when mixed with soda) for illicit use, and consumers in the Cincinnati region mentioned use of “lean,” but did not rate availability. Law enforcement in Akron discussed: *“Lean,’ promethazine and codeine, I mean, it’s super prevalent; We’ve been seeing a lot of shipments of [‘lean’] coming through the mail. We’ve been seizing a lot of shipments.”* Consumers in Cincinnati associated “lean” with rap and hip-hop music and indicated that it is often used in combination with alcohol and marijuana. They explained: *“I know like rapper friends, they drink [alcohol], and they do that cough syrup stuff.... That ‘purple stuff’ (‘lean’); My Facebook stories that’s what ... they always got pictures of, ‘weed’ (marijuana), and alcohol, and ‘lean;’ [The combination of marijuana, alcohol, and ‘lean’ became popular because of] Lil’ Wayne ... hip-hop, and rap; ‘Lean’ is an accelerant (potentiator) [when combined with marijuana use].”* Law enforcement in Akron described typical “lean” use as among males, 21 to 45 years of age. A member of law enforcement provided, *“I would say younger to middle aged, Black males, primarily [use ‘lean’], some White males. I don’t think we see females a whole lot, they don’t really do this. It’s primarily*

males, Black and White, would say ages 21 to 40 [to] 45 [years of age].”

Synthetic Marijuana

Synthetic marijuana (synthetic cannabinoids, aka “K2” and “spice”) is highly available, according to consumers in Cleveland, Columbus, and Dayton regions. In the Akron-Canton region, consumers also reported high availability of synthetic marijuana, while treatment providers reported moderate availability. In addition, law enforcement in the Toledo region reported encountering K2 on the streets but did not rate availability. Synthetic marijuana is reportedly easy to purchase from gas stations and smoke shops. A consumer in the Dayton region exclaimed, *“Hell, you can get [synthetic marijuana] from the gas station.”* Consumers in the Cleveland region reported multiple sources of obtainment, commenting: *“Fake weed (synthetic marijuana) ... dope boys (drug dealers) are still selling that; ‘Tunechi’ (synthetic marijuana) is everywhere. You can buy it at the gas stop and the headshop.”*

Although less common, consumers in the Columbus region reported making synthetic marijuana from chemicals delivered in the mail. They said: *“People are making [synthetic marijuana]; They’re getting the chemical in the mail and putting it on like marshmallow leaves (an herb) and selling it.”* And treatment providers in Akron identified synthetic marijuana use in jails and prisons. Synthetic marijuana is reportedly popular because it is not typically included on drug screens. Respondents commented: *“People use [synthetic marijuana] so they don’t fail a drug test; It’s hard to detect [synthetic marijuana] on [drug] screenings, you have to have specific [drug] tests for it.”* Overall, respondents reported that the availability of synthetic marijuana has remained the same during the past six months.

Ohio Bureau of Criminal Investigation (BCI) crime labs reported that they processed few or no cases of synthetic cannabinoids from all OSAM regions,

except for the Toledo region where the number of cases has remained the same and remains low, and Athens and Columbus regions where slight increases were reported, and the number of cases remains low. 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 increased during the reporting period, while Lake County Crime Lab (also Cleveland region) reported processing 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

Respondents in all OSAM regions, except the Athens region, noted current availability of xylazine (aka “tranq,” a powerful sedative that the FDA has approved for veterinary use only). Most respondents were unable to determine the extent to which xylazine is currently available because it is reportedly consumed as an adulterant (aka “cut”) in other drugs, and not commonly sought after by itself on the streets. A consumer in the Cincinnati region reported that people are not intentionally purchasing xylazine and expressed uncertainty around fentanyl use due to the risk of xylazine adulteration, explaining, “*Now they’re putting xylazine in [fentanyl], and I have no idea what’s what....*” A treatment provider in the Akron-Canton region summarized, “*I don’t think [xylazine is] something they are actively trying to get, it’s just being mixed in [with other drugs as an adulterant].*” A member of law enforcement in the Youngstown region added, “[Xylazine is] *all over Mahoning County now ... it’s being cut into fentanyl, crack cocaine, and methamphetamine.*”

Law enforcement in Cincinnati, Cleveland, Dayton, and Toledo regions reported case incidence of xylazine in crime lab reports and in toxicology reports of drug-related deaths from

coroner and medical examiner offices. A member of law enforcement in the Dayton region observed, “*Xylazine, that’s coming in.... [There is no way to know if a seized substance is cut with xylazine] until you get the lab results back. You wouldn’t know [a drug was adulterated with xylazine] just to see it on scene, but when the lab results come back, you’re seeing [positive results for xylazine]. Especially on fatal overdoses, [toxicology reports are] coming back with parts of four, five, different drugs in their system.... [Xylazine is being detected as a cut in] fentanyl, ‘coke’ (powdered cocaine), ‘crack’ (crack cocaine).*” Other comments from law enforcement included: “*Our [crime lab reports for] xylazine have gone up some ... we are getting more xylazine in our fentanyl than we used to, but as its own issue, [xylazine is not detected alone] ... it’s usually combined with fentanyl; Xylazine is just showing up on some of the ... lab reports for the initial arrests ... they have a powder substance and then it’s coming out [in lab results] as fentanyl and xylazine....*” Likewise, a treatment provider in the Akron-Canton region indicated positive drug screens for xylazine among treatment clients, stating, “*Recently, we had a client test [positive for xylazine] ... and the clients have been talking about xylazine.*”

Naloxone should be administered for all suspected overdoses, but because xylazine is not an opioid, naloxone does not reverse a xylazine overdose. Thus, respondents suspected overdoses involving xylazine in cases where naloxone administration was less effective. A member of law enforcement in the Columbus region noticed, “*We’re hearing a lot more about the ‘tranq dope’ (xylazine) than we’re actually seeing it. We know that [xylazine is] probably out there because Narcan® (naloxone) is not bringing people back (reversing overdoses) from the same symptoms [of a typical opioid overdose].... So then when we use the Narcan®, we may see some effect, but not fully. I know [emergency response officials in Franklin County], they’re looking into protocols for how to keep somebody alive [who is experiencing an overdose involving xylazine] since*

there's no reversal drugs [for xylazine]. I think [xylazine availability is] isolated now, but it's probably going to get worse (increase)...."

Consumers reported similar experiences, sharing: *"The 'tranq,' xylazine, that's it, that's what's killing (overdosing) [people].... That's what I died (overdosed) on ... I mean, I was literally dead for 27 minutes, dead, and it was because of ... xylazine.... The hospital told me; [Xylazine is] being cut in everything else.... It's Narcan® resistant.... When I overdosed, the Narcan® wasn't working ... it was fentanyl [that I thought I took]."*

Treatment providers in Cincinnati and Cleveland regions, as well as a consumer in the Cleveland region, recalled seeing wounds caused by xylazine use that can develop necrosis (death of cells or tissue) if left untreated. Treatment providers remarked: *"We do have [xylazine] test strips [available for consumers], but we have had a lot of overdoses in our [treatment center] lobby with low or limited response to Narcan®. We probably have two or three a month. We are also seeing wounds from xylazine. We have two people now on our unit [who have wounds from xylazine use]; I think [xylazine availability is] increasing from what I've heard. We've had several clients come in recently that have reported it. We have one client right now that is missing half of his arm because of [necrosis from xylazine-induced wounds]...."*

Xylazine is reportedly used as an adulterant because it is inexpensive, easy to obtain on the "dark web" (websites operated by criminal enterprises), and it gives fentanyl "legs" (extends the relatively short-lived opioid high from fentanyl). Several respondents discussed the low cost of xylazine, saying: *"[Xylazine is] being added [to fentanyl] by design [because] it's cheaper [than other adulterants]. You can get it off the dark web from China for really cheap; I haven't specifically come across xylazine [during arrests and seizures], but I've been through phones [of people that have been arrested] recently showing that they're actually purchasing xylazine through the dark web and it's actually being delivered [in the mail].... But I guess lab results are showing that the xylazine*

is mixed in [with other drugs]." And a member of law enforcement in Youngstown described the effect of xylazine-cut fentanyl remarking, *"[Xylazine] gives fentanyl 'legs' ... extends the fentanyl [high]."*

Most respondents did not specify change in availability of xylazine during the past six months. However, treatment providers in the Cleveland region and a member of law enforcement in the Columbus region reported increased availability of xylazine, while law enforcement in the Cleveland region reported no change in availability. A treatment provider in Cleveland reasoned, *"[Xylazine is] being cut into more [drugs]. They figured out how to produce it and anyone can buy it online. It is a really easy black-market purchase...."* And a member of law enforcement in the Columbus region reported increased awareness of xylazine and cited recent regulations to prevent illicit xylazine sales, saying, *"Six months ago, we weren't talking about [xylazine] like this so I'm assuming [availability] has increased somewhat. So yeah, there has been an increase [in xylazine availability], but I think that they're trying to combat that [through regulations] so you can't just order it online and say, 'Yeah, I swear I'm a vet (veterinarian).' We'll see if that works."*

Respondents indicated that typical xylazine use is most often associated with fentanyl use because xylazine often presents as an adulterant for fentanyl. Community professionals in the Cleveland region offered: *"[Typical xylazine use is] the same demographics as fentanyl but we are seeing [xylazine-induced] wounds in males; [Xylazine is] generally mixed with fentanyl so it will follow the same profile of White, male...."*

Ohio Bureau of Criminal Investigation (BCI) crime labs reported processing 621 cases of xylazine from throughout OSAM regions during the reporting period, of which, 28.2% was from the Cincinnati region and 15.9% was from the Dayton region. BCI labs began officially recording xylazine cases when the emergency classification of

xylazine as a Schedule III controlled substance was authorized on March 29, 2023, by Gov. Mike DeWine, thus the number of cases reported are below the number of items which were encountered. In addition to BCI reporting, other crime labs in Cleveland and Dayton regions submitted xylazine incidence data, with this being the first reporting period crime labs were asked to report xylazine case incidence to OSAM. Miami Valley Regional Crime Lab (Dayton region) reported processing 43 cases of xylazine during the reporting period. For the Cleveland region, Cuyahoga County Regional Forensic Science Lab reported processing 532 cases of xylazine, an increase from the previous reporting period, and Lake County Crime Lab reported processing 74 cases of xylazine, also an increase.

Millennium Health reported that 2.3% of the 35,765 urinalysis specimens submitted for xylazine testing during the past six months was positive for xylazine.

Millennium Health Urinalysis Test Results for Xylazine during the Past 6 Months		
Region	% Tested Positive	Number Tested
Akron-Canton	0.6%	4,075
Athens	0.3%	2,906
Cincinnati	5.8%	9,186
Cleveland	0.1%	4,368
Columbus	0.7%	5,454
Dayton	1.1%	1,128
Toledo	3.7%	5,154
Youngstown	< 0.1%	3,494
Total	2.3%	35,765

Other data sources indicated xylazine as available throughout OSAM regions. Coroner and medical examiner offices reported 125 total drug-related deaths involving xylazine, an increase from 45 total drug-related deaths involving xylazine during the previous reporting period. These

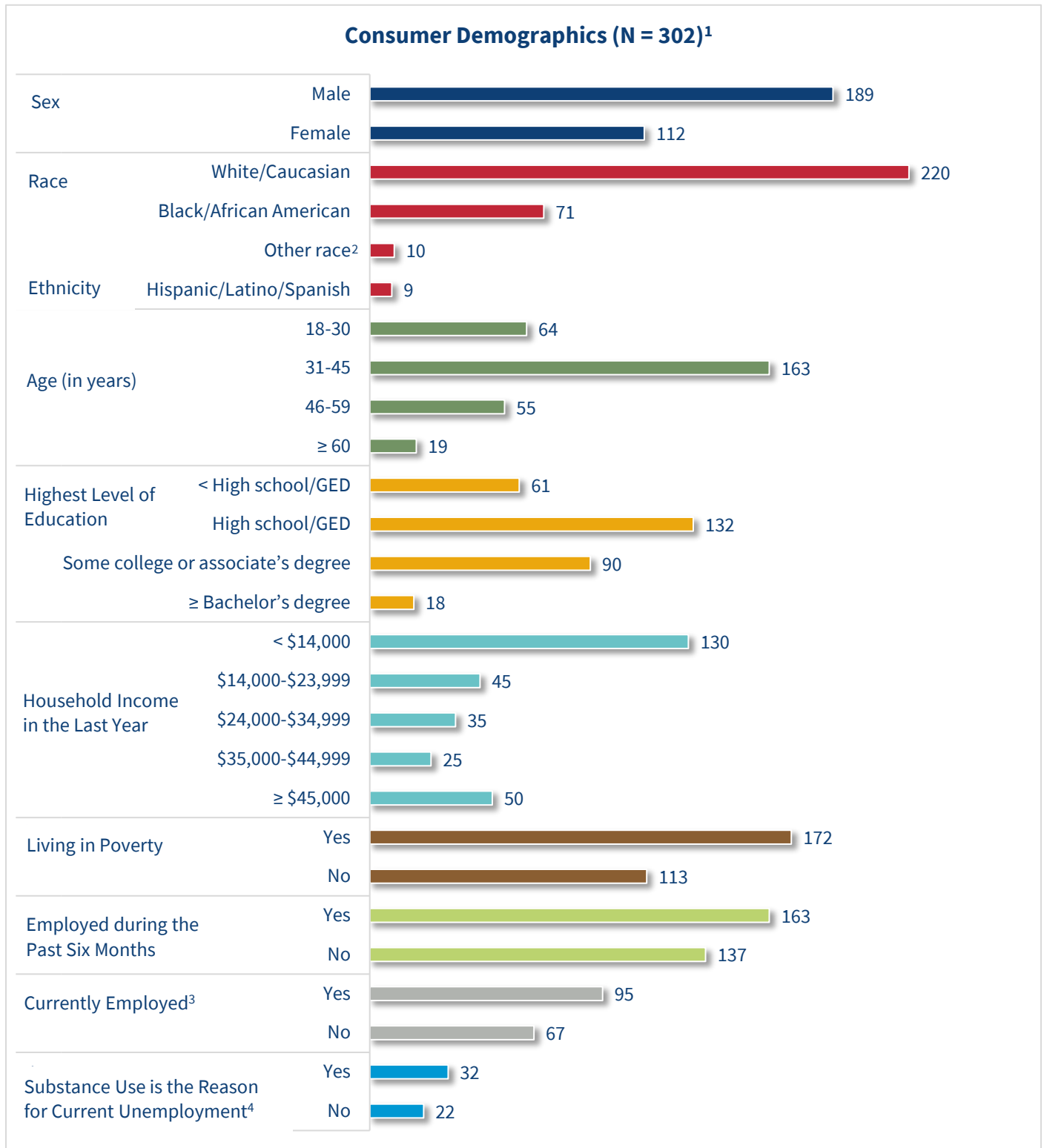
coroner and medical examiner offices in the counties of Cuyahoga (Cleveland region), Hamilton (Cincinnati region), Montgomery (Dayton region), and Scioto (also Cincinnati region) reported that 5.3%, 34.1%, 9.1%, and 8.3%, respectively, of all drug-related deaths they recorded this reporting period (321, 185, 452, and 48 deaths) involved xylazine.

OSAM secondary data sources indicated xylazine as an adulterant for fentanyl. Coroner and medical examiner offices in Cuyahoga, Hamilton, Montgomery, and Scioto counties reported that 100%, 100%, 97.6%, and 75.0%, respectively, of all xylazine-related deaths they recorded this reporting period (17, 63, 41, and 4 deaths) also involved fentanyl. BCI crime labs, Cuyahoga County Regional Forensic Science Lab, and Lake County Crime Lab indicated xylazine as an adulterant found in fentanyl and powdered heroin. Ohio State Highway Patrol Crime Lab indicated xylazine as an adulterant found in fentanyl and powdered cocaine.

Current Street Names for Other Drugs	
Gabapentin	gab/gabs
Hallucinogens	<i>LSD: acid, blotter, gels, hits, Lucy, sheet, Sid, tab</i> <i>PCP: wet</i> <i>Psilocybin mushrooms: boomers, caps, mushrooms, mushy, shrooms</i>
Ketamine	special K
MDMA	<i>Most common: beans, Skittles®, X</i> <i>Other: Batman®, Mario®, Robin®</i>
OTCs	<i>Coricidin® HBP Cough & Cold: triple C</i>
Prescription stimulants	<i>Adderall®: addie/addies</i>
Promethazine	lean, purple stuff
Synthetic marijuana	K2, posh, potpourri, Tunechi
Xylazine	tranq, tranq dope

APPENDICES

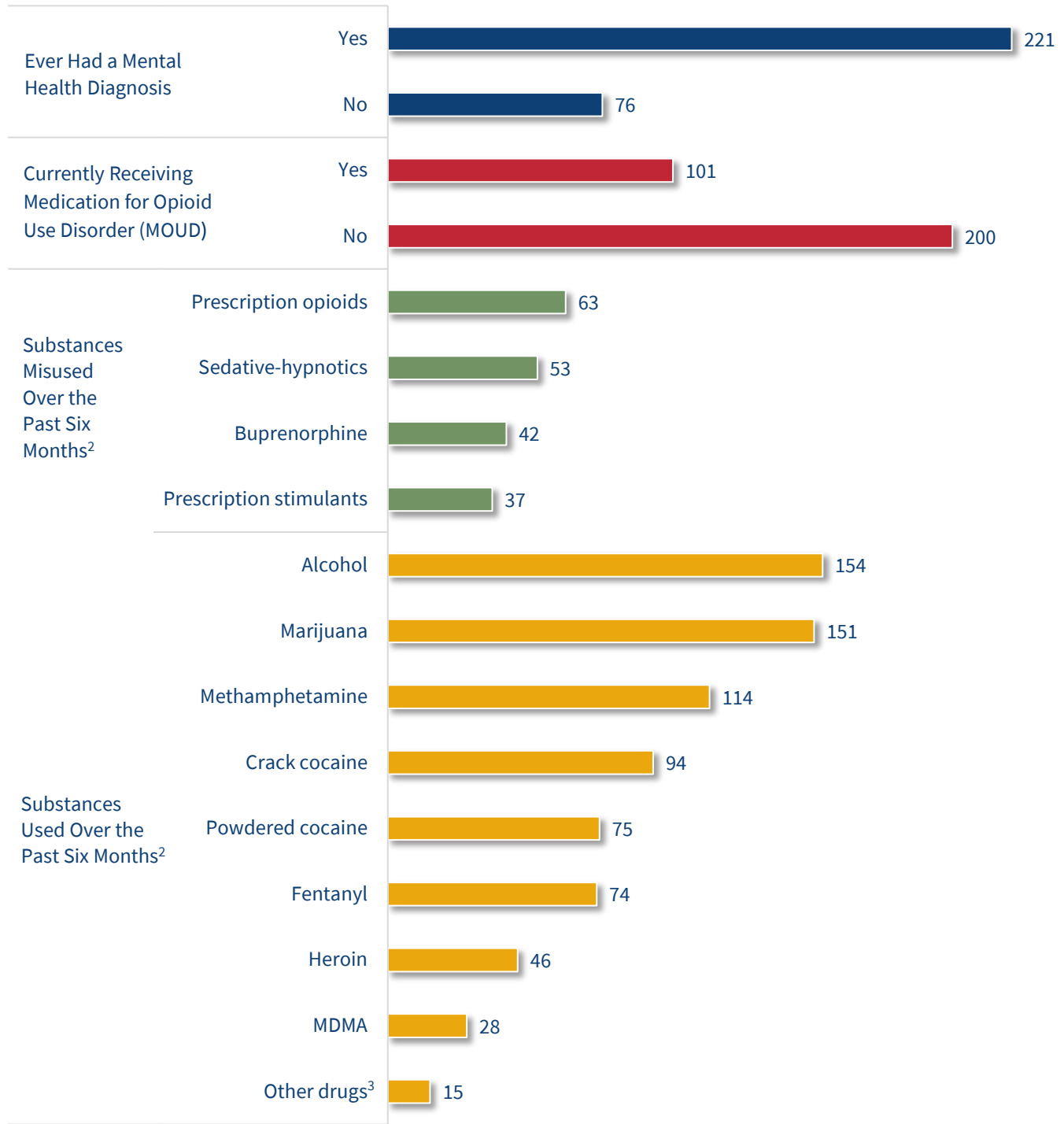
APPENDIX A



¹Due to missing or excluded invalid responses, some totals may not equal 302. ²Alaska Native, Asian, more than one race, Native American, and Native Hawaiian or another Pacific Islander. ³Question was only asked of consumers who indicated that they were employed during the past six months. ⁴Question was only asked of consumers who indicated that they were not currently employed.

APPENDIX B

Consumer Mental Health and Substance Use Characteristics (N = 302)¹



¹Due to missing or excluded invalid responses, some totals may not equal 302. ²Consumers were allowed to choose more than one substance. ³Hallucinogens (dimethyltryptamine [DMT], lysergic acid diethylamide [LSD], and psilocybin mushrooms), inhalants, and synthetic marijuana (K2).

APPENDIX C

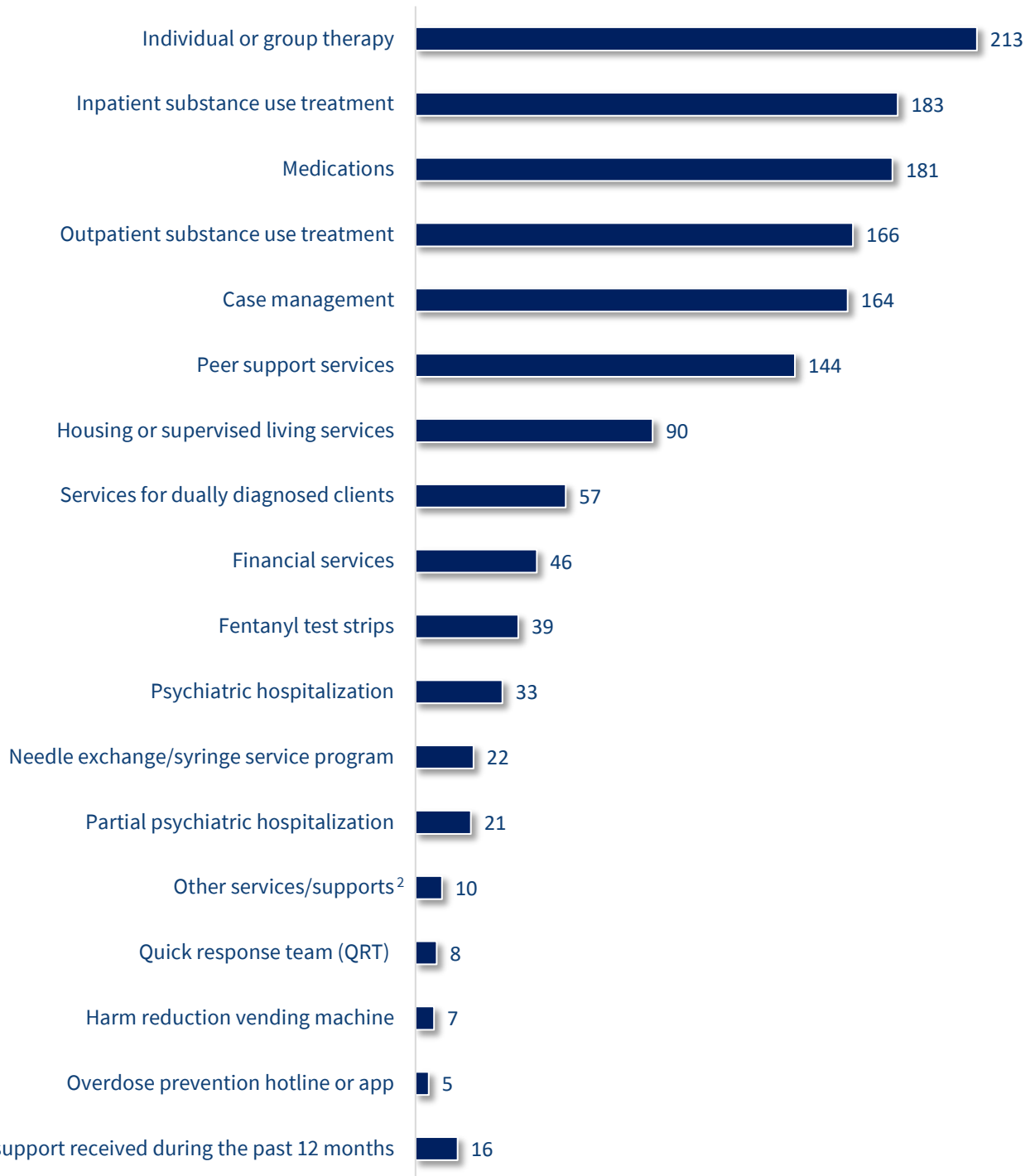
Consumer Demographic Data by Reported Substance Use During the Past Six Months¹

Substance ²	Overall	Male	Female	18-30	31-45	46-59	60 +	White	Black	Other Race
Marijuana	50.0%	56.6%	39.3%	59.4%	50.9%	40.0%	42.1%	47.7%	54.9%	70.0%
Methamphetamine	37.7%	39.2%	35.7%	37.5%	42.3%	34.5%	10.5%	45.9%	14.1%	30.0%
Crack Cocaine	31.1%	34.4%	25.9%	17.2%	33.1%	34.5%	52.6%	29.1%	33.8%	50.0%
Powdered Cocaine	24.8%	28.6%	17.9%	23.4%	27.0%	25.5%	10.5%	25.0%	23.9%	30.0%
Fentanyl	24.5%	27.5%	19.6%	26.6%	30.1%	12.7%	5.3%	30.0%	7.0%	30.0%
Prescription Opioids	20.9%	23.9%	16.1%	31.7%	19.0%	20.0%	5.3%	24.1%	11.4%	20.0%
Sedative-Hypnotics	17.5%	19.7%	14.3%	15.9%	21.5%	12.7%	5.3%	20.0%	11.4%	10.0%
Heroin	15.2%	16.9%	12.5%	12.5%	19.0%	10.9%	5.3%	18.2%	4.2%	30.0%
Buprenorphine	13.9%	16.0%	10.7%	15.9%	14.7%	10.9%	10.5%	15.5%	7.1%	20.0%
Prescription Stimulants	12.3%	13.8%	9.8%	12.7%	14.7%	7.3%	5.3%	14.1%	5.7%	20.0%
MDMA	9.3%	11.1%	6.3%	14.1%	11.0%	1.8%	0.0%	10.5%	5.6%	10.0%

¹Consumers were allowed to choose more than one substance. Illicit substance use (N = 302). Prescription substance misuse (N = 301). Ethnicity not presented due to small numbers. ²Rank ordered by most frequently reported.

APPENDIX D

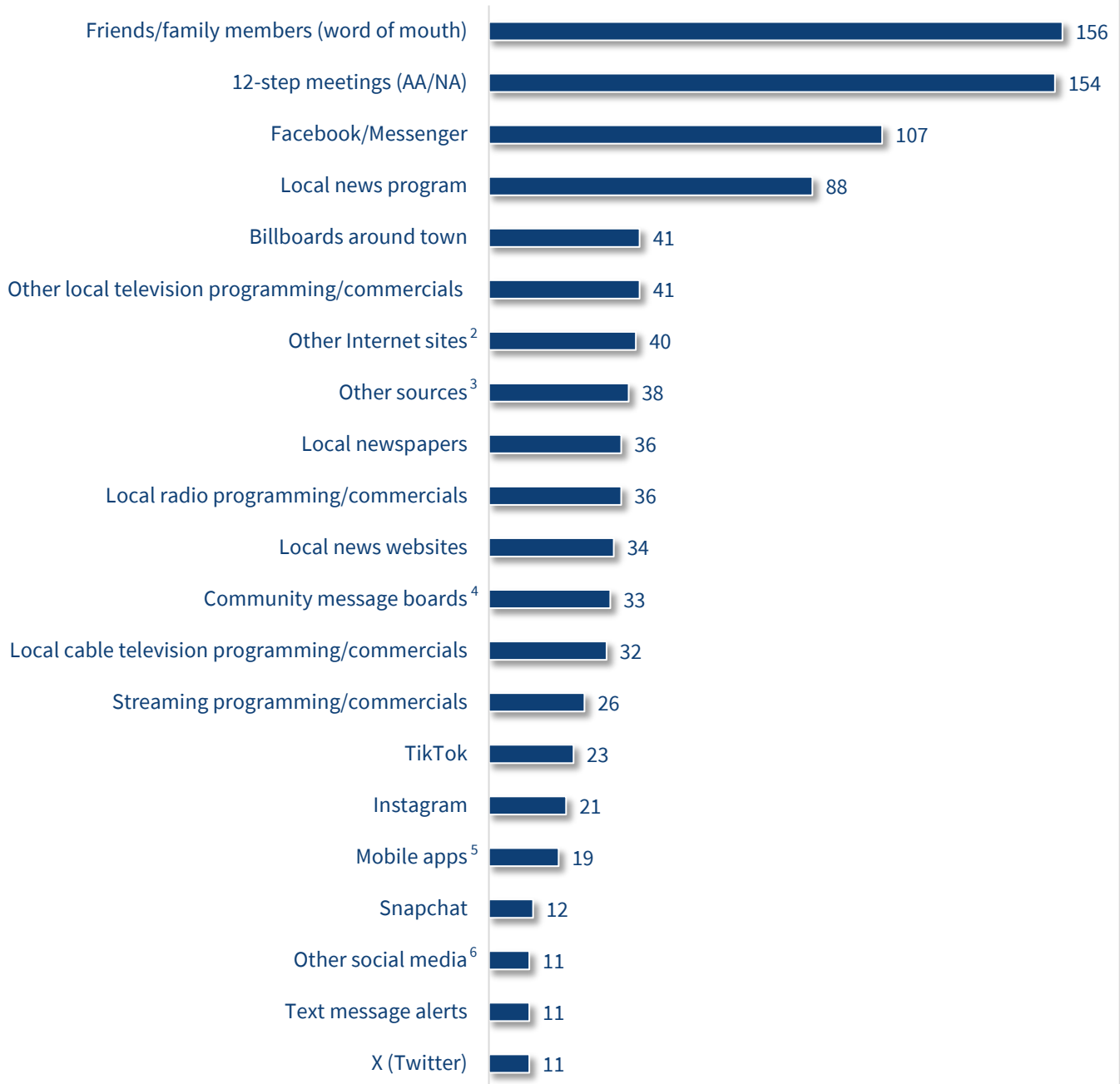
Consumer Treatment/Support Services Received at Any Time During the Past 12 Months (N = 302)¹



¹Consumers were allowed to choose more than one treatment/support service. ²Alcoholics Anonymous (AA) meetings, drug court, child protective services (CPS), mental health court, Narcotics Anonymous (NA) meetings, and Veterans Affairs (VA) supportive housing.

APPENDIX E

Consumer Sources of Learning About Recovery News, Activities, and Events in Consumer Communities (N = 302)¹



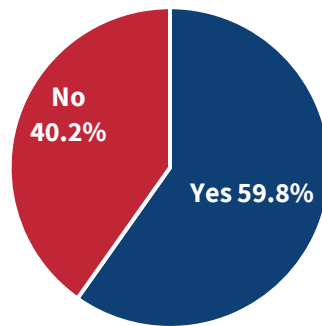
¹Consumers were allowed to choose more than one source. ²Alcoholics Anonymous (AA), Google, local treatment center, MeetingFinder.org, Narcotics Anonymous (NA), and Ohio Substance Abuse Monitoring (OSAM) Network. ³Case worker, church, counselor, drug court, homeless shelter, jail, medication-assisted treatment (MAT) clinic, mental health and substance use disorder treatment center, peer support services, probation officer, recovery housing, and Veterans Affairs (VA). ⁴Gas station, library, recovery housing, recovery club, and treatment center. ⁵AA apps (Everything AA and Meeting Guide), Connections (addiction recovery app), and NA. ⁶Reddit and YouTube.

APPENDIX F

Hotline/Crisis Support Service Awareness and Utilization

Of the 296 consumers who responded to the survey question regarding the 988 Suicide and Crisis Lifeline call center that provides 24/7, confidential support to people in suicidal crisis or mental health-related distress, 59.8% reported awareness of 988.

Are you aware of the 988 Suicide and Crisis Lifeline? (N = 296)



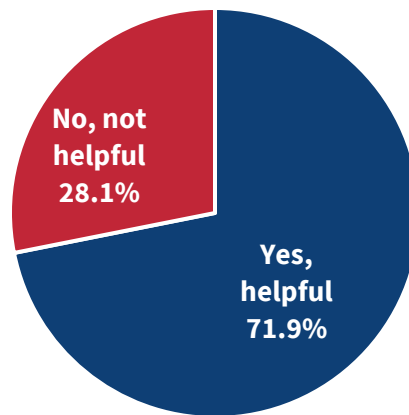
Of the 301 consumers who responded to the survey question regarding calling and/or texting a local or national hotline or crisis support number, 10.6% reported calling and/or texting one or more local or national hotline or crisis support number. Of those 32 consumers, 22 reported only calling a hotline or crisis support service, seven reported calling and texting, and three reported only texting. Consumers were allowed to report contacting more than one hotline/crisis support service.

Consumers contacted:

- 8 called 211
- 2 called and 1 texted 988 Suicide and Crisis Lifeline
- 2 called a local treatment service hotline
- 1 called a domestic violence hotline
- 1 texted a food assistance hotline
- 1 called a hospital emergency department hotline
- 1 called a housing support hotline
- 1 called the Narcotics Anonymous (NA) hotline
- 1 called a sober support hotline
- 1 called the Veterans Crisis Line
- 19 did not specify which hotline or support service they called or texted

Of the 32 consumers who reported contacting a hotline/crisis support service, 71.9% reported finding the hotline/crisis support service helpful. Consumers were allowed to report more than one way the hotline/crisis support service was helpful or not helpful.

Did you find the hotline/crisis support service helpful? (N = 32)



Helpful – Specified

- 8 reported the counselor was a good listener
- 3 reported they were directed to additional help and resources
- 2 reported they were provided with food assistance
- 1 reported they were connected with emergency medical care
- 1 reported they were linked with substance use disorder treatment
- 1 reported they were provided NA meeting information
- 1 reported they were provided suicide prevention counseling
- 6 reported it was helpful but did not specify how

Not Helpful – Specified

- 1 reported 211 no longer supports their area of residence
- 1 reported the housing assistance they were offered was not timely
- 1 reported they were not linked with substance use disorder treatment
- 1 reported they were not provided helpful information or resources
- 5 reported it was not helpful but did not specify how