OSAM *Ohio Substance Abuse Monitoring Network*

Surveillance of Drug Use Trends in the State of Ohio

June 2024

OSAM Regions

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

Department of Mental Health & Addiction Services

RecoveryOhio

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

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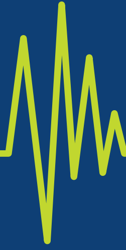


OSAM-O-Gram

Ohio Substance Abuse Monitoring Network June 2024

Surveillance of Drug Use Trends in the State of Ohio

Toledo Region

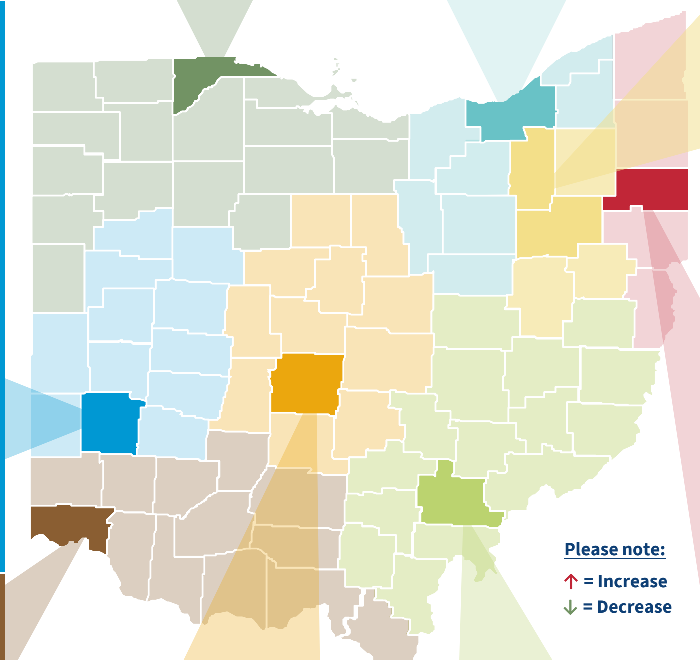
- BCI reports case incidence ↑ in cocaine & marijuana
- BCI reports case incidence ↓ in fentanyl & meth
- 13.8% of urinalysis positive for cocaine (highest of regions)
- 31.0% of urinalysis positive for marijuana (highest of regions)
- Consumers report fentanyl & meth cut with xylazine, & heroin cut with carfentanil
- Consumers report wide availability of crack cocaine
- Hancock Co. Probate Court reports 96.8% of positive juvenile drug screens positive for marijuana

Cleveland Region

- ↑ Marijuana & meth availability
- BCI reports case incidence ↑ in cocaine, heroin, fentanyl, & marijuana
- BCI reports case incidence ↓ in meth
- Consumers report GHB found in some bars
- Consumers report kratom use with marijuana & alcohol & among youth
- ME reports 53.8% of drug-related deaths involved cocaine
- Consumers report meth sold as “Molly” (MDMA)

Dayton Region

- ↑ Marijuana extracts & concentrates availability
- BCI reports case incidence ↑ in buprenorphine, heroin, & fentanyl
- 31.8% of urinalysis positive for gabapentin (highest of regions)
- Consumers report fentanyl cut with xylazine
- Coroner’s office reports 33.9% of drug-related deaths involved xylazine
- Consumers report capsules of fentanyl sell for $10 each



Akron-Canton Region

- Consumers report fentanyl cut with xylazine
- 14.4% of urinalysis positive for opiates (highest of regions)
- BCI reports case incidence ↑ in marijuana
- BCI reports case incidence ↓ in heroin, fentanyl, & meth
- Consumers & Tx providers report moderate to high availability of ketamine at parties & festivals, & ↑ popularity of cocaine

Youngstown Region

- ↑ Marijuana extracts & concentrates availability
- BCI reports case incidence ↑ in marijuana
- BCI reports case incidence ↓ in fentanyl
- Consumers report fentanyl cut with xylazine
- Consumers report GHB found in some bars
- Consumers report wide availability of synthetic marijuana found at gas stations & smoke shops
- Law enforcement report meth as most encountered

Cincinnati Region

- BCI reports case incidence ↑ in cocaine & marijuana
- BCI reports case incidence ↓ in fentanyl & meth
- 4.8% of urinalysis positive for xylazine (highest of regions)
- Consumers report fentanyl & meth cut with xylazine
- Law enforcement note demand for promethazine
- ODPS reports seizure of 135.9 kg of powdered cocaine, 37.0% from this region

Columbus Region

- BCI reports case incidence ↑ in marijuana
- BCI reports case incidence ↓ in fentanyl & meth
- 22.1% of Tx clients report recent meth use (highest of regions)
- 24.6% of Tx clients report recent fentanyl use (highest of regions)
- 11.7% of Tx clients report recent injection drug use (highest of regions)
- Fairfield Co. Municipal Court reports 30.2% of drug screens positive for marijuana
- Columbus Fire Dept. administers 1,406 doses of naloxone

Athens Region

- BCI reports case incidence ↑ in heroin & fentanyl
- BCI reports case incidence ↓ in meth
- 10.1% of Tx clients report recent heroin use (highest of regions)
- 14.4% of urinalysis positive for amphetamines (highest of regions)
- Consumers report powdered cocaine use as prevalent in bars
- Tx providers identify meth as most used substance

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 January through June 2024. A total of 436 respondents from throughout Ohio imparted first-hand knowledge, sharing their lived experiences to inform the evaluation of current drug trends. Key findings of this research show that methamphetamine and fentanyl remain highly available throughout OSAM regions. Law enforcement in the Cincinnati region attributed high current methamphetamine availability to an excess of supply. Reportedly, methamphetamine availability is high because it's in demand due to its prolonged high and low price. Respondents in other regions also cited high supply, as well as increased competition among drug cartels and drug dealers as a primary driver of methamphetamine sales. Drug dealers are substituting methamphetamine for other drugs and adding it to other drugs as a cheap adulterant. Respondents surmised that since legal recreational marijuana sales have expanded to more states, cartels have shifted from marijuana exports to methamphetamine. Consumers in the Cincinnati region suggested that concentrated and more easily portable products like fentanyl and methamphetamine are more cost efficient for cartels to move than bulkier products like marijuana. And with legal changes, they noted that people can obtain marijuana other ways. An increase in dual methamphetamine and opioid use may also be driving high supply/demand of methamphetamine. Intentional use of heroin/fentanyl with methamphetamine is common (aka "speedball," concurrent or consecutive depressant and stimulant highs). Treatment providers shared that clients commonly test positive for both in drug screens. Respondents overwhelmingly described fentanyl as pervasive; not only is the drug easily available throughout OSAM regions, but it is also adulterated into almost all other drugs. Respondents attributed high demand for fentanyl to its highly addictive nature and the increasing number of people that are physically dependent on it. Fentanyl is not only a cheap adulterant, but drug dealers also add it to other drugs to intentionally increase dependency, thus ensuring repeat business. Consumers noted the short duration of fentanyl's high that causes people to seek it more frequently, while also noting the extreme opioid withdrawal symptoms they experience in the absence of fentanyl. Consumers reported that since fentanyl is more potent than heroin, the opioid withdrawal symptoms are more severe. Respondents throughout OSAM regions reported high current availability of fentanyl-pressed pills. While these pressed pills are often imprinted with legitimate pharmaceutical markings, many who make street purchases know that these pills are imitation and contain mostly fentanyl. However, some consumers continue to report not knowing that they had purchased fentanyl-pressed pills. Consumers reported the top cutting agents for fentanyl as powdered sugar and xylazine (aka "tranq," a powerful sedative that the FDA has approved for veterinary use only that is naloxone resistant). Respondents in Akron-Canton, Cincinnati, Columbus, Dayton, Toledo, and Youngstown regions discussed current availability of xylazine. Respondents reported that xylazine is primarily consumed unknowingly as an adulterant in other drugs, making it difficult to assess its current level of availability. In addition to the risk of overdose, several respondents observed skin wounds because of xylazine use that can develop necrosis (death of cells or tissue) if left untreated. While most respondents indicated that consumers do not seek xylazine, few consumers reported that some of their peers prefer the potency of xylazine-adulterated fentanyl (aka "tranq dope"). Consumers perceived marijuana and extracts and concentrates use as safer than other substances, such as fentanyl/xylazine, and some associated health benefits with its use. Legal changes impacting marijuana and extracts and concentrates use and sales have also reportedly contributed to high availability and social acceptance. Marijuana dispensary products are reportedly desirable as they are high quality and reliable because they are regulated. Consumers indicated that diversion of marijuana products from out-of-state dispensaries is preferred because they are cheaper than Ohio dispensaries.

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 June 21, 2024. It is based upon data collected from January through June 2024 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 334 consumers, 51 treatment providers, and 51 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	334
Sex (female), 2023	50.7%	52.2%
White, 2023	80.6%	81.3%
African American, 2023	13.4%	13.6%
Hispanic or Latino Origin, 2023	4.8%	6.6%
High School Graduation Rate, 2018-2022	91.4%	80.4%
Median Household Income, 2018-2022	$66,990	< $14,000[3]
Persons Below Poverty Level, 2022	13.3%	68.0%

[1]Ohio statistics were derived from the most recent US Census. [2]Consumers with completed surveys provided to OSAM from this reporting period: January through June 2024. [3]Consumers reported income by selecting a category that best represented their household's approximate income for the previous year.

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

- Columbus Fire Department (Columbus region)
- Coroner and medical examiner offices
  - Athens County Coroner's Office (Athens region)
  - Cuyahoga County Medical Examiner's Office (Cleveland region)
  - Hamilton County Coroner's Office (Cincinnati region)
  - Montgomery County Coroner's Office (Dayton region)
  - Scioto County Coroner's Office (Cincinnati region)
- Family and juvenile courts, municipal courts, common pleas courts, and drug courts
  - Fairfield County Municipal and Common Pleas Court (Columbus region)
  - Hancock County Probate Court (Toledo region)
  - Summit County Juvenile Court (Akron-Canton region)
- Millennium Health Drug Testing Laboratory (all OSAM regions)
- Ohio Department of Public Safety (all OSAM regions)
- Ohio Bureau of Criminal Investigation (all OSAM regions)
- Police and county crime labs
  - Cuyahoga County Regional Forensic Science Lab (Cleveland region)
  - 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 30 counties, arranged by OSAM region: Akron-Canton (Portage and Summit); Athens (Athens, Coshocton, Guernsey, and Perry); Cincinnati (Butler, Hamilton, Highland, Lawrence, and Scioto); Cleveland (Ashland, Cuyahoga, Lake, and Lorain); Columbus (Franklin, Knox, and Union); Dayton (Allen, Logan, and Montgomery); Toledo (Defiance, Erie, Hancock, Lucas, and Wood); and Youngstown (Columbiana, Jefferson, Mahoning, and Trumbull).

In addition to the above data sources, Ohio media outlets in each OSAM region were queried for information regarding illicit substance use from July through December 2023. All secondary data are summary data of cases processed from July through December 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 moderate to high in availability throughout OSAM regions. And, while overall availability has remained the same during the past six months, respondents in several regions continued to note an increase in cocaine use. Law enforcement in the Cincinnati region shared: *"Generally … when we conduct these operations (undercover drug buys) … the informant or source will always tell us what they're selling…. So, in the last six months … multiple different informants, when they advise what the target's selling, it's 'meth' (methamphetamine), heroin (opioids), crack cocaine….* [Crack cocaine] *is in that top three* [street drugs] *and we've had multiple different*

Reported Change in Availability of **Cocaine** during the Past 6 Months					
	Crack Cocaine		Powdered Cocaine		
Region	Current Availability	Availability Change	Current Availability	Availability Change	BCI Cocaine Case Incidence Change[1]
Akron-Canton	High	No Change	Moderate	No Change	No Change
Athens	Moderate	No Change	Moderate	No Change	Decrease
Cincinnati	Moderate to High	No Change	No Consensus	No Change	Increase
Cleveland	High	No Change	High	No Change	Increase
Columbus	Moderate to High	No Change	Moderate to High	No Change	Decrease
Dayton	High	No Change	High	No Change	Decrease
Toledo	High	No Change	Moderate to High	No Change	Increase
Youngstown	High	No Change	Moderate	No Change	Decrease

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

targets here that are not associated to one another that are selling the same [three drugs]*; We're now starting to hear …* [that] *people are starting to deal in* [crack cocaine] *more….*"

Law enforcement in the Cleveland region speculated that the stimulant supply has increased due to the opioid epidemic and law enforcement's focus on stopping the flow of fentanyl. Discussions included: *"Typically, what I have read through intelligence reporting, everyone in the United States focus was mainly on the opioid epidemic … hyper fixating on heroin and fentanyl, and … while everyone was hyper fixating on the opioids,* [drug cartels] *were pushing more cocaine and meth…. Which now, what you will see, is more people addicted to the cocaine and methamphetamine because that was being pushed harder because the law enforcement wasn't fixated on that; I wonder if the cartels don't want the deaths, they were getting from fentanyl…. It is bad for their business … they really don't want the heat of the American government."* An officer in the Columbus region stated, *"Columbus is flooded with cocaine right now. And* [patrol officers] *are going to start seeing more of it in traffic stops, I guarantee it…."*

Consumers and treatment providers also agreed that cocaine has increased in popularity. A consumer in the Akron-Canton region shared, "[Crack cocaine] *is making a comeback … last time I was out (recently using drugs), it was becoming popular, so we tried it out again. It's probably just as available as a bottle of wine."*

Other consumer comments were: *"I personally never had a problem finding* [powdered cocaine]*; I feel like* [powdered cocaine has] *got easier to find recently than it has been in the past; Most drug dealers nowadays, they're a one-stop shop* [and carry cocaine]*; Every time I buy 'dope' (heroin/ fentanyl),* [my dealer] *has 'soft' (powdered cocaine) on him; I can go not even a half a block from here (Allen County halfway house, Dayton region) and get* [crack/powdered cocaine] *if I wanted; You can get* [powdered cocaine] *just about anywhere. It's just a phone call away;* [Crack cocaine] *is one of the*

easiest drugs to get; You could ask people at a gas station if they have 'crack' (crack cocaine) or if they know where you can get it … they'll point you in that direction."

Comments from treatment providers included: *"I've definitely seen a lot more diagnoses of people coming in* [for treatment services] … *with cocaine use disorder, and more specifically crack cocaine;* [Cocaine] *is definitely back in our community and they're not hiding it; There have been increased client reports* [of crack cocaine use]*; It just seems with client reports … if they can't get this (drug of choice) they will do this (crack cocaine); I hear about* [powdered cocaine] *more often now….* [But methamphetamine is the dominant stimulant because] *they usually just go with what's cheap and right there."*

Universally, while cocaine is readily available, respondents throughout OSAM regions indicated that methamphetamine is more available, primarily due to its lower cost than cocaine. Comments included: *"Crack, before meth came here and took off, was the main thing (most available); I think meth is more available than anything, so if we adjust the scale to account for that fact, then* [crack cocaine is] *not as available as meth;* [Cocaine] *is around if that's what you want…. Meth's a lot cheaper. But I have seen cocaine, I've done cocaine. There's a lot of cocaine around. It's there; A lot of people have changed from* [powdered cocaine] *to meth because it's cheaper on their pocket …* [powdered cocaine is] *still around, but it's so expensive."*

The consensus among respondents was that crack cocaine remains more available than powdered cocaine. Reportedly, crack cocaine sales are more profitable than sales of powdered cocaine, thus, dealers buy up powdered cocaine to manufacture crack cocaine, limiting the availability of powdered cocaine. Consumers said: *"I think more so* [powdered cocaine] *is being made into crack because I see more crack than 'powder' (powdered cocaine); Most people get* [powdered cocaine] *and 'rock it' (manufacture crack cocaine); I can find* [cocaine easily] *but it's 'hard' (crack cocaine);* [Crack cocaine is] *easier to find just because that's what they're trying to make their profit on … on the street hustle (corner sales)."* Law enforcement in the Cincinnati region reported: *"We see* [powdered cocaine] *quite a bit, but not as much as the crack cocaine….* [Drug traffickers] *are bringing the powder here (Scioto County). They're just cooking (manufacturing) it into that base crack cocaine; Within hours, once they've gotten the powder here (Scioto County),* [drug dealers] *are already forming it into the crack."*

However, respondents noted that powdered cocaine is readily available in certain settings such as bars and clubs, particularly those frequented by college students. Consumers in the Athens region noted: *"It's a college town, everyone is selling* [powdered cocaine]*. It's a bar town, too, bunch of bars; When I started getting into the uptown stuff, going to the bars, going to the parties … that's when I got into* [powdered] *cocaine; You don't have to know anyone* [to obtain powdered cocaine]*. Go into the bar and go to the bathroom; I can think of five or six* [places] *off the top of my head where I could get* [powdered cocaine] *right now; You can buy it at any bar … which is crazy."* Consumers in the Cleveland region remarked: *"I can tell you where to get* [powdered cocaine] *and how to get it real easy; We can be at the club downtown* [and get offered powdered cocaine]*…."*

While one would need to know where to purchase powdered cocaine or have a connection to obtain it, crack cocaine remains available for street purchase in inner-city neighborhoods where some drug dealers offer "testers" (free samples) of crack cocaine, often unsolicited. Consumers in the Toledo region shared: *"You could throw a rock and* [find crack cocaine]*…. I used to go to the gas station and while I was getting gas, I'd get a $20 tester thrown at me; It's harder to buy cigarettes. This is still a crack town; If I went for a walk down to the convenience store, I'm sure somebody would ask me* [if I wanted to buy crack cocaine]*."*

Consumers in other regions similarly described: *"You can walk down the street and the boys (drug dealers) will sit there and be like, 'Hey, I got whatever you want,' especially in Cleveland … there are dope dealers on every corner. You don't have to look for* [crack cocaine]*, you just have to walk out* [your front door]*…. They just say, 'Hey, do you want* [crack cocaine]*;' For Lorain (Lorain County, Cleveland region) … if you go to the eastside, you can get* [crack cocaine]*, and in Elyria (also Lorain County) you can get crack; You can find* [crack cocaine] *everywhere* [in Dayton]*. People's trying to give you testers at the gas station. You can walk down the street and people are asking you if you want testers; I was riding the bike down the street just like a month and a half ago and somebody was like, 'Hey, want to smoke some crack?' Seriously, and when I got out of the Montgomery County Jail, I was walking down the street and this guy was like, 'Hey. Come over my house. We'll smoke some crack.' So, like on more than one occasion I've been offered free crack on the street."*

Ohio Bureau of Criminal Investigation (BCI) crime labs reported that the incidence of cocaine cases they process has increased for Cincinnati, Cleveland, and Toledo regions, decreased for Athens, Columbus, Dayton, and Youngstown regions, and remained the same for the Akron-Canton region. In addition to BCI reporting, other crime labs in Cleveland and Dayton regions submitted cocaine incidence data. Miami Valley Regional Crime Lab (Dayton region) reported that the incidence of cocaine cases it processes has decreased. Cuyahoga County Regional Forensic Science Lab (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 decreased.

Other data sources indicated cocaine as available throughout OSAM regions during the reporting period. Ohio Department of Public Safety (ODPS) reported drug task force seizure of 135.9 kilograms (299.1 lbs.) of powdered cocaine from throughout OSAM regions; of which, 37.0% was seized from the Cincinnati region. ODPS reported drug task force seizure of 4.3 kilograms (9.5 lbs.) of crack cocaine from throughout OSAM regions; of which, 24.7% was seized from the Columbus region. Fairfield County Municipal Court (Columbus region) reported that, of the 4,893 positive adult drug specimens it recorded during the past six months, 1.9% was positive for cocaine. Millennium Health reported that 6.0% of the 140,555 urinalysis specimens submitted for cocaine testing was positive for cocaine.

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

Region	% Tested Positive	Number Tested
Akron-Canton	3.6%	10,815
Athens	2.3%	14,381
Cincinnati	5.7%	31,373
Cleveland	5.7%	25,005
Columbus	5.0%	25,824
Dayton	5.7%	3,576
Toledo	13.8%	19,670
Youngstown	2.2%	9,911
Total	6.0%	140,555

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

Coroner and medical examiner offices in the counties of Athens (Athens region), Cuyahoga (Cleveland region), Hamilton (Cincinnati region), Montgomery (Dayton region), and Scioto (Cincinnati region) reported that 14.3%, 53.8%, 54.9%, 23.4%, and 12.5%, respectively, of all drug-related deaths they recorded this reporting period (7, 309, 175, 381, and 40 deaths) involved cocaine. GPRA (Government Performance and Results Act) data collected from more than 5,000 persons entering publicly funded SUD treatment programs during the past six months found 7.8% reported

GPRA Intake: Cocaine Use during the Past 30 Days				
	Crack Cocaine		Powdered Cocaine	
Region	% Yes	Total N	% Yes	Total N
Akron-Canton	1.8%	337	1.5%	337
Athens	2.8%	215	4.6%	216
Cincinnati	10.1%	1,060	7.7%	1,061
Cleveland	10.2%	1,121	6.6%	1,120
Columbus	16.1%	1,426	10.9%	1,427
Dayton	2.0%	246	3.3%	246
Toledo	14.3%	434	12.2%	434
Youngstown	2.8%	217	3.7%	217
Total	10.6%	5,056	7.8%	5,058

powdered cocaine use and 10.6% reported crack cocaine use 30 days prior to intake.

Media outlets reported on law enforcement seizures and arrests related to cocaine this reporting period (selected media reports follow). Scioto County Sheriff's Office (Cincinnati region) announced during a press conference the results of a two-day operation aimed at getting drugs off the street they called, "Operation Bridge;" officers conducted 86 traffic stops throughout the county and made eight felony drug arrests, seizing 49 grams of cocaine, 129 grams of fentanyl, and 405 grams of methamphetamine (www.wsaz.com, July 14, 2023). Southern Ohio Drug Task Force executed a search warrant at an apartment in Portsmouth (Scioto County) and arrested five people after finding 1,137 grams of suspected methamphetamine, 1,253 grams of suspected fentanyl, 238 grams of suspected crack cocaine, four firearms, and $16,103 (www.wowktv.com, July 18, 2023). U.S. 23 Major Crimes Task Force along with the Ross County Sheriff's Office (Cincinnati region) executed a search warrant at a home in Chillicothe and arrested a man after seizing suspected methamphetamine, crack cocaine, prescription drugs, weapons, stolen property and cash; officers believed the man was selling drugs from the home (www.sciotovalleyguardian.com, Aug. 17, 2023). Butler County Sheriff's Office Undercover Regional Narcotics Task Force (BURN) (Cincinnati region) along with local police in Hamilton and Fairfield executed three search warrants over two days resulting in the arrest of eight people on various drug charges; officers seized 182 grams of cocaine, 60 grams of methamphetamine, and approximately 10 grams of fentanyl (www.journal-news.com, Sept. 1, 2023). Findlay Police along with Hancock County Sheriff's Office (Toledo region) executed a search warrant at a home where they seized unspecified amounts of crack cocaine, methamphetamine, and drug paraphernalia; officers arrested four people for drug possession and trafficking (www.13abc.com, Sept. 7, 2023). Southern Ohio Drug Task Force and the Portsmouth Police Department executed a search warrant and arrested two men for possession and trafficking of drugs; officers seized 63 grams of suspected crystal methamphetamine, 48 grams of suspected heroin/fentanyl, 31 grams of suspected crack cocaine, digital scales, sandwich baggies, additional evidence of drug trafficking, drug paraphernalia, and $2,355 (www.nbc4i.com, Sept. 15, 2023). A federal grand jury in Cleveland indicted three men, two from Lorain and one from Texas, for operating a largescale cocaine dealing network with ties to Mexican drug suppliers (www.cleveland.com, Sept. 19, 2023). Butler County Sheriff Office's BURN Task Force along with the Northeast Hamilton County Drug Task Force (Cincinnati region) executed a search warrant at a residence and arrested a man for possession and trafficking of cocaine; officers seized 343 grams of cocaine, five firearms, and $11,000 (www.wdtn.com, Nov. 8, 2023). BURN Task Force arrested a man for possession and trafficking of cocaine after executing a search of

his vehicle during a traffic stop in Fairfield; officers seized 10 kilograms of cocaine that they said came directly from Mexico (www.wdtn.com, Nov. 9, 2023). During a traffic stop, Preble County Sheriff's officers (Dayton region) noticed a powdery white substance in plain view, giving them probable cause to search the stopped vehicle; officers arrested the driver for possession of drugs after they found 34 grams of suspected methamphetamine, 2.6 grams of suspected cocaine, and distribution bags (www.wdtn.com, Nov. 9, 2023). Middletown Police officers (Butler County) responded to a two-vehicle crash and were notified by one of the drivers that the other driver threw something from his vehicle; when officers searched a nearby wooded area they found a handgun with its serial number removed, and in the other driver's vehicle, they found three grams of fentanyl, 72.7 grams of methamphetamine, 19.5 grams of psilocybin mushrooms, and 7.5 grams of crack cocaine (www.middletownpress.com, Dec. 7, 2023).

Adulterants

Consumers throughout OSAM regions most often rated the current overall quality of crack cocaine as '7' and of powdered cocaine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the regional modal quality scores for crack cocaine ranged from '2' for the Cincinnati region to '8' for Athens and Cleveland regions, and the regional modal quality scores for powdered cocaine ranged from '4' for Cincinnati and Youngstown regions to '8' for the Columbus region. Overall, consumers noted that the quality of crack and powdered cocaine has remained the same during the past six months.

While quality modal scores varied between regions and between the two forms of cocaine, consumers generally agreed that the quality of crack and powdered cocaine varies depending on dealer, one's connection to a dealer, location of purchase, and amount of adulteration. They said: "[Quality] *just varies … depends on who you know and who you are; There's a few drug dealers that got good* [quality crack cocaine] *but you've got to know who they are; Everyone is different. You go to this person and* [powdered cocaine is] *not really high* [quality] *and you go to this person and it's top* [quality]; *Everyone knows crack cocaine is being 'stepped on' (adulterated). It's not as potent as it could be;* [Crack cocaine quality has] *ups and downs (varies); I've had real good and I've had really bad* [powdered cocaine], *so it just depends; It all depends … where you go, who you go to, what kind of cocaine they are using, what they are cooking (adulterating) with;* [Quality is] *hit or miss, I usually only mess with (buy from) one person so it was always good;* [Powdered cocaine] *was top of the line (high quality)…. I just know where to get it. It was straight off the block (pure); You will get what you pay for….*"

Several consumers discussed that it is not unusual for a dealer to carry more than one grade of cocaine. Often a dealer will give a tester of higher quality product to entice a sale then switch to lower grade products for subsequent sales. Reports included: *"You can make … an 'A pack' (higher quality), 'B pack' (middle quality), 'C pack' (lower quality)…. You give testers out for the good stuff then … when you bring them in, give them B, C pack (lower quality/purity product);* [The dealer] *is saying, 'I'm going to have some 'drop' (high-quality crack cocaine) and then have some 'whipped up' (lower-quality crack cocaine). And I'm going to reel you in with this drop. And then once I reel you in* [I'm going to give you whipped/lower quality crack cocaine].'" One consumer summarized, *"They give you some good stuff … to spend your first $50…. Then you come back trying to spend $100, $150, or $200 … they want to give you the stepped-on stuff. I'm like, 'I'm going to need a refund. I need my money back.'"*

Consumers reported that it is usual for dealers to "cut" (adulterate) cocaine to make more product and thus increase their profit. A consumer explained an assigned moderate quality rating, saying, "[Powdered cocaine] *quality is about a '7' (moderate). It's not high quality. I think they're cutting it too much, trying to stretch it (increase the*

volume) too far." In addition, consumers explained that cocaine quality decreases as it travels between dealers and locations. A consumer in the Dayton region shared, *"Around here (Allen County),* [powdered cocaine quality is] *probably like a '7' (moderate), but go to Detroit, it's a '10' (high)…. The further south from Detroit,* [quality] *goes down, down, down, down…. Yes,* [because it passes through more people]. *And then … if your dealer uses, it's going to be cut more because he has to make his money back from what he just used…."*

Consumers discussed adulterants that affect the quality of crack and powdered cocaine and reported that the top cutting agents for cocaine generally are baby laxatives/laxatives, baking soda, and fentanyl. Comments included: *"Baking soda is the number one cut for cocaine;* [Powdered cocaine is adulterated with] *a lot of things … baking soda, baby laxatives … you are going to hit that toilet;* [Powdered cocaine is] *just cut with baby laxatives. Everyone thinks like good 'coke' (powdered cocaine) makes you have to* [go to the bathroom], *and … it's just baby laxatives; Baking soda…. That's what I would cut* [crack cocaine] *with."*

Regarding fentanyl as a common adulterant for cocaine, consumers said: "[Fentanyl is] *the main one (adulterant) and main ingredient* [for cocaine]*; I know these boys that died (overdosed from fentanyl adulterated cocaine, or fentanyl sold as cocaine). And you don't know* [fentanyl is in the cocaine] *until they die; Well, most people know* [there's fentanyl in the cocaine]. *Some people know; A true crack smoker, as soon as they hit (smoke)* [crack cocaine adulterated with fentanyl or fentanyl sold as crack cocaine], [they say], *'Oh! Get the Narcan® (naloxone), man. This wasn't crack;' I know three or four people that … they're still alive, but they went to buy powdered cocaine and got it mixed up (adulterated) with fentanyl. And they didn't check it first and they overdosed, went to the hospital;* [You] *got to test your cocaine* [with fentanyl test strips] *to make sure. That's how crazy it is."* A consumer who sold drugs explained the reasoning behind adulterating cocaine with fentanyl, sharing, *"I am not going to lie, I was cutting crack with fentanyl … because it would be more addictive, and* [fentanyl] *would get people to come back* [and buy more crack cocaine]*."*

OSAM secondary data sources indicated fentanyl as an adulterant for cocaine. Coroner and medical examiner offices in the counties of Cuyahoga, Hamilton, Montgomery, and Scioto reported that 66.1%, 85.4%, 84.3%, and 100.0%, respectively, of all cocaine-related deaths they recorded this reporting period (180, 96, 89, and 5 deaths) also involved fentanyl.

Other adulterants for crack and powdered cocaine mentioned included: acetaminophen, acetone, artificial sweeteners, aspirin, baby formula, baking powder, bleach, caffeine/caffeine pills, creatine, dietary supplements (inositol), drywall, eye drops, fiber, fish oil, gabapentin, gasoline, headshop cutting agents, household cleaning products, kerosene, ketamine, lactose, lidocaine (local anesthetic), magnesium, MDMA (methylenedioxymeth-amphetamine, ecstasy/"Molly"), methamphetamine, mother of pearl, MSM (methylsulfonyl-methane, a joint supplement), niacin (vitamin B-3), oral numbing agents, powdered sugar, prescription opioids, prescription stimulants, rat poison, sedative-hypnotics (benzodiazepines), sleep aids, soap/soap powder, soda pop, and vitamins (B-12, D). Crime labs throughout OSAM regions indicated many adulterants (aka "cutting agents") found in cocaine.

Adulterants Reported by Crime Labs for Cocaine[1]
caffeine, fentanyl, lactose, levamisole (livestock dewormer), local anesthetics (benzocaine, lidocaine, and procaine), mannitol (diuretic), methamphetamine, phenacetin (banned analgesic), tramadol, xylazine (animal sedative)

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

Street Names

Current Street Names for Cocaine		
	Crack Cocaine	**Powdered Cocaine**
Most Common	**crack, hard, work**	**blow, coke, girl, powder, soft**
Other	**A1, action, butter, cavi/ cavy, cook up, crinack, dope, drop, fire, girl, melt, rock, speed, whip**	**bam-bam, booger sugar/ sugar, Brittany Spears, candy/nose candy, Christina Aguilera/ Christina, cocaína, fish/ fish scale, go, Hannah Montana, Miley Cyrus, P, pow-pow, skiing, snort, snow, white/White girl, yayo, yip**

Current street jargon includes many names for crack and powdered cocaine. In addition to the abbreviated names of "crack" for crack cocaine and "powder" for powdered cocaine, throughout OSAM regions, consumers continued to report that street names often reflect the appearance of the different types of cocaine. For instance, crack cocaine is often referred to as "hard" and "rock" due to its rock-like state, while powdered cocaine is called "powder" and "snow" due to its powdery form and usual white color. Comments included: *"I would say 'hard'* [is the most common street name for crack cocaine]*; 'Powder'* [is the most common street name for powdered cocaine]*; I heard somebody say* [powdered cocaine use] *was called 'skiing.' It was the first I had heard of it."* However, a consumer in the Cleveland region remarked, *"We don't even play with 'crack.' We just keep it at that (do not use other street names for crack cocaine)."*

Consumers also shared that there are street names that refer to high-quality cocaine. They stated, "[High-quality powdered cocaine is called] *'cavy' like caviar; 'Butter,' that is the nickname* [for high-quality crack cocaine]*; 'Butter' is the really good stuff."* Comments on other street names included: *"All I say is 'melt'* [for crack cocaine]*;* [I hear]*, 'Want some 'bam-bam?''* [for powdered cocaine]*; The younger generation …* [powdered cocaine] *is like, 'powder.' But if you go to the older generation,* [powdered cocaine] *is 'fish scale;'* [Powdered cocaine is called] *'yip' like 'yippee-ki-yay;' 'You got some 'P' (powdered cocaine)?'"*

Pricing

Throughout OSAM regions, consumers identified the most common quantities of purchase for crack cocaine as a gram for $40-100 and 1/10 gram for $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 Cleveland and Dayton regions. Reportedly, 1/8 ounce (aka "eight ball") of powdered cocaine most often sells for $150-200 and can sell for $250 for higher quality. Consumers most often reported that the price of crack and powdered cocaine has remained the same during the past six months.

Consumers discussed powdered cocaine pricing as variable, depending on one's relationship to the dealer, location of purchase, quality of the cocaine, and the amount of purchase, as bulk discounts are often given. They said: "[Price] *depends on where you are. And the* [quality] *or potency of it;* [Powdered cocaine is] *a 'rich man's drug' (expensive).* [Price] *depends on how much you get though. The more you get, the prices drop. The less you get, the more you are going to pay; I usually get a gram* [of powdered cocaine] *at a time. It can be anywhere from $40 to $80 or $90 but if I get more, I get half off;* [The price of powdered cocaine] *depends on the dealer; Yeah, they make*

their own prices; If you go to them regularly, you are going to get a deal; I'm from [Allen County]*…. Now if you want a gram, a 'g,' you can get that for $40…. You can get three of them for … $100, and that's a street price."*

Reportedly, dollar-amount purchases are common for crack cocaine. Consumers discussed: *"They usually sell it in $20 pieces;* [The price of crack cocaine] *depends on how much money you got; If you got $2, you can go get you a hit* [of crack cocaine]*; I don't know what a gram is (costs). I don't spend nothing but $10; If you go up with $10, they consider it a 'dime' ($10 crack cocaine purchase); You know what size it is, you know, what you're supposed to get by looking at it, but you really don't have weight…."* A consumer in the Cleveland region explained that small-dollar amounts of crack cocaine are purchased throughout a single day, sharing, "[Crack cocaine is purchased in dollar amounts] *$20 or $10, a small amount … it gets you about two 'points' (2/10 gram)…. You start smoking crack and you will start off like, 'Okay, I got $10. I am just going to grab $10 or $20,' and then you smoke it, and you are like, 'Damn, I want more.' And then you go back with another $10 or $20 and then … at the end of the day you are spending like $200-$600. It's an all-day thing."*

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, 7-10 would snort and 0-3 would shoot.

Several respondents had personal experience with crack cocaine, and of those, some reported injecting crack cocaine while some said the entire purpose of cocaine in crack form is to smoke. They discussed: *"Crack cocaine is for* [smoking]*. I mean, that's what crack is. If they're going to shoot it, they'll buy some powder; Smoking* [is the most common way to use crack cocaine]*. I know people that shoot it; You can use lemon juice, or you can use Kool-Aid® … to break* [crack cocaine] *down* [to inject]*; I've smoked it and shot* [crack cocaine]*; Probably all of them would smoke* [crack cocaine]*, but some of them would shoot it also; Some people just love to shoot."*

Consumers discussed snorting as the most common and easiest ROA for powdered cocaine. They reported: *"Snort* [powdered cocaine] *and shoot…. I think it's all on who you're around, because a lot of people I knew that did* [powdered] *cocaine, shot it. But snorting is the easier route. It's more convenient; For me, I chose to snort* [powdered cocaine] *… I could hide it anywhere. They had little capsules* [filled with powdered cocaine] *… it was easier to do…. It was just more convenient; I'd say* [most people who use powdered cocaine] *snort it or shoot it. I shot it. Most people I hung out with shot it, but most people snort it; Some people snort it and shoot it at the same time."* A consumer in the Youngstown region noted progression of ROA, saying, *"After you snort* [powdered cocaine] *for so long, you don't get high as easily and you just start shooting."*

In the Dayton region, there was debate about if one were going to inject cocaine, whether it's more likely one would obtain powdered cocaine or crack cocaine. One consumer thought that someone who uses cocaine regularly would just get crack cocaine, melt it down with vinegar or other acidic substances because it is easier than finding powdered cocaine. If one were seeking powdered cocaine, one would just want to snort it. The consumer said, *"If you just want to shoot some 'dope' (cocaine), you can melt some crack down and get you a quick shot. But if you coming to buy powder, you coming to buy powder because you are snorting…."* Another consumer thought injecting powdered cocaine would be easier because you just add water. Consumers agreed injecting crack versus powdered cocaine varies by the person.

Other ROAs for powdered cocaine discussed were oral and smoking. Consumers mentioned rubbing powdered cocaine on gums, while not a significant ROA, is something that would be done with leftovers from snorting. Comments included: *"I would rub* [powdered cocaine] *on my gums;* [Most people] *snort* [powdered cocaine] *and rub it on the gums;* [Powdered cocaine rubbed on the gums is] *just what's left on the mirror* [after snorting]*."*

Smoking powdered cocaine generally indicates "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 commented: *"*[Most people I know] *smoked* [powdered cocaine]*…. People I used to hang with, they weren't putting nothing in their arms (injecting), and they weren't sitting at no table with no straw (snorting)* [they were smoking powdered cocaine]*; I'd say probably half of* [people who use powdered cocaine] *snort it, and the other half probably shoot it or freebase; I've seen a lot of freebasing."* In addition to freebasing, consumers reported smoking powdered cocaine mixed into marijuana (aka "primo"). A consumer stated: *"Put it in a 'blunt' (marijuana-filled cigar); You put it in a 'joint' (marijuana cigarette); I've also heard of some people* [who] *dip their cigarettes in* [powdered cocaine] *and then smoke it; Smoking it … putting it in a cigarette or you can lace (adulterate) your 'weed' (marijuana)."*

Typical Use Profile

Throughout most OSAM regions, respondents continued to most often report that there is no profile for typical crack cocaine use or that everybody uses the drug. Consumers commented: *"Nowadays, it's young, Black, White, male, female (many demographics use crack cocaine); Before, it was urban areas* [where crack cocaine use was more common]*. Now, it's like everywhere;* [Crack cocaine is used by] *teenagers on up … it's popular; Right now, with the drug epidemic these days, it's all ranges* [of people who use crack cocaine]*; Everybody is smoking crack; I mean you've got everybody. You've got young people doing it, you've got people up to their 80s doing it…. I've even heard names of political people doing it. So, there is no discrimination; My grandma smokes* [crack cocaine]*; Everybody!"*

Law enforcement in the Columbus region noted cocaine in general as a drug of choice because of stigma around fentanyl use. They discussed crack cocaine as appealing to a broader, and younger, set. Discussions included: *"We're seeing drug dealers sell both powder cocaine and crack cocaine. And I do think especially the younger generation, it's like, 'I don't want to use fentanyl … so I'll just use crack.' They think it's better than fentanyl; There's such a stigma around fentanyl…. You're growing up in … the 2000s, 2010s, opioid epidemic, pills. All that. It was like, 'Oh my God, it's … heroin.' And then … law enforcement was like, 'Fentanyl, it's so bad.' Which it all is bad, but the way young people think, they generalize, like, 'Oh, fentanyl's so bad. Crack might not be as bad. So, I'll just smoke crack;' The people that we talk to, it just seems that … I don't want to say* [crack cocaine is viewed as a] *safer* [option]*, but sometimes they will tell you, 'I don't want to mess with* [fentanyl]*. I don't want to mess with that.' So … stigma …* [powdered] *cocaine's okay, or crack's okay … fentanyl is not okay…."*

Common descriptors of crack cocaine use mentioned included: African American, low socio-economic status, and older people (aged 30s to 60s). Other descriptors were other drug use and sex work. Regarding older age and crack cocaine use, a prevalent thought among respondents was that the people who are using crack cocaine now were using and/or alive during the crack cocaine epidemic in the United States (1980s and 1990s). Comments included: *"I've seen* [crack cocaine] *used a lot just in the old, older crowd …* [people] *from the '80s (people who started using crack cocaine in the 1980s); '80s babies'* [are common]*; 50s and 60s is what I'm seeing; The older crowd that was on* [crack cocaine] *before and they like it*

and just kept with it; My crack dealer was old…. [They have] *been doing it (using crack cocaine) for 30 years and that's what they're stuck on; It's a generational thing; You don't really see young people smoking crack; I would put* [typical crack cocaine use] *in the 30s to 60-year-olds* [age range]*;* [It's less likely a young person would start using crack cocaine for the first time today]*. They're going to do meth."*

Treatment providers discussed older individuals (50s, 60s) and prolonged use of crack cocaine. They noted that older people may use crack cocaine because they're comfortable with it and might feel safer sticking to what they know. Comments included: *"What I've seen is if people used* [crack cocaine] *20 or 30 years ago, that's what they're still using, there's not a whole lot of switching to something else, you know, if someone really liked crack back then, they're probably still liking crack; I think that … they're scared too of some of these* [other drugs]*. So, they're comfortable using what they know, although … crack may be terrifying to somebody, for them it's normal and safe; A lot of the people that I do see* [who use crack cocaine] *are older clients … in their 50s, 60s that have maybe picked up again or dabbled in crack cocaine use for their entire life…."*

Other comments describing typical crack cocaine use included: *"I honestly don't know many White people who would prefer crack over other drugs … in my experience…. So* [crack cocaine seems more commonly preferred by] *non-White people*; *Older Black people are smoking crack; Male and female, typically lower class; I would say* [typical crack cocaine use is in] *the African-American community;* [Crack cocaine] *is more like a poverty thing. It seems like the middle to upper class use the powdered cocaine;* [The typical use profile for crack cocaine is] *lower socio-economic status for sure, male and female. I will say* [crack cocaine] *is both* [cheap] *and … not hard to get …* [also associated with sex work]*."*

Throughout OSAM regions, consumers and community professionals most often described typical powdered cocaine use as associated with alcohol use, bar goers/partiers, professionals, college students, and high socio-economic status. Consumers commented: *"Cocaine is a rich man's drug* [since the price can be high]*; Wealthy (high-paying) jobs; Lawyers, attorneys, those are the only* [powdered] *cocaine users I know;* [College students]*, they're taking it (using powdered cocaine) when they go out* [to drink alcohol]*;* [Powdered cocaine] *is more of a bar thing; You can walk into a bar… find 'soft' (powdered cocaine) … anywhere. It's just a common party drug; White-collared people, middle-class people* [typically use powdered cocaine]*; All the people I've done coke with have been business owners."*

Treatment providers shared: *"It's either someone like older or super-duper young, like college-aged or high school…. I think college students are experimenting* [with powdered cocaine] *and are trying to drink* [alcohol] *longer, and then the older individuals, it was like their drug back in the day. So like, it just has kind of stayed their drug; The clients* [who used] *powder cocaine, they made more money. They were more independent … they were older men and they had decent jobs. They owned homes … they were more upper class, more middle class; It's fraternities, sororities, college kids, dorms….* [Powdered cocaine] *is everywhere in college; Some of these clients … that are 18* [years old] *will drink* [alcohol] *and then do a line of* [powdered] *cocaine and it evens them out, so then they can drink more; 'Weekend warrior' (people who use drugs recreationally). You know, it's not so much the people that are drug seeking every single day because they have to have it;* [Powdered cocaine is] *more of a party on the weekend* [drug]*. Recreational; I would say primarily females probably 20s to 40s … college age people. It's a stimulant to lose weight."*

Other common descriptors of powdered cocaine use included: manual laborers (factory and construction workers), and people who work long or late hours (bartenders, restaurant workers, strippers, and truckers). Comments included: *"Strippers or people who frequent strip clubs* [use

powdered cocaine]*; When I was dancing (working as a stripper), and I danced for almost 15 years, that's when I did the most cocaine; When I was dancing at the club, it was lawyers, judges, police officers* [who used powdered cocaine]*. Very high and powerful people that have money tend to do it more than the 'average Joe;'* [A common powdered cocaine profile is] *definitely going to be people that want a boost (increase in energy)…. Somebody that wants to go, go, go…. I'd say somebody that wants to stay busy…. It keeps you going; Construction workers* [are more likely to use powdered cocaine because of] *long hours. And they have higher paychecks; Young people* [who work at] *restaurants…. Any restaurant, kind of like 'speed' (stimulants) … they're going to …* [use] *speed and stuff to help keep up with the rushes and all that (a fast-paced environment); Factory work, but good-paying factory work or … middle management type of stuff."*

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

	Crack Cocaine (N = 535)[1]	Powdered Cocaine (N = 395)[2]
Male	51.2%	56.5%
Female	47.3%	42.5%
18 - 29	10.3%	17.7%
30 - 39	33.5%	33.7%
40 - 49	20.0%	23.5%
50 - 59	22.8%	17.7%
60 +	13.5%	7.3%
White	64.8%	69.6%
Black	36.7%	31.9%
Other race	3.2%	3.6%
Hispanic/Latino	3.0%	4.3%

[1]Gender total does not equal 100.0% due to eight individuals reporting as gender non-conforming or transgender. Total percentage for race (N = 534) is greater than 100.0% due to some individuals indicating more than one race. Other race included: Chinese, Japanese, Korean, Native American, Pacific Islander, unspecified Asian race, and/or unspecified other race. Ethnicity (N = 532). [2]Gender total does not equal 100.0% due to four individuals reporting as gender non-conforming or transgender. Total percentage for race (N = 392) is greater than 100.0% due to some individuals indicating more than one race. Other race included: Filipino, Native American, Native Hawaiian, and/or unspecified other race. Ethnicity (N = 393).

Analysis of GPRA demographic data found that a higher proportion of clients who reported crack cocaine use during the past 30 days were Black compared to clients who reported powdered cocaine use (36.7% vs. 31.9%), while a higher proportion of clients who reported powdered cocaine use during the past 30 days were White compared to clients who reported crack cocaine use (69.6% vs. 64.8%). In terms of age, a higher proportion of clients reporting crack cocaine use during the past 30 days were 40 years of age and older compared to clients reporting powdered cocaine use (56.3% vs. 48.5%).

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 and marijuana. These drugs are used with both forms of cocaine for the same reasons, primarily to balance out the stimulant high, to regulate a depressant high, to come down after cocaine use, and to "speedball" (concurrent or consecutive stimulant and depressant highs).

Crack and powdered cocaine combined with alcohol enables increased alcohol consumption, as the stimulant effect of cocaine counteracts the depressive effect of alcohol. Consumers discussed: *"A lot of people use coke so they can keep drinking* [alcohol]*…. You can party longer; You can drink longer, and it makes it (the high) last longer; You never really get that drunk* [when using powdered cocaine in combination with alcohol]*; They do coke so they can drink longer. Makes you stay up. And instead of drinking 5, 6 hours, they can drink 20, 30 hours; Mixing cocaine and alcohol, you can drink a lot more and not get drunk, and you do a bunch of coke and not get real, real high."*

Alcohol and cocaine are used together (concurrent speedball) to regulate the effect of the other. Comments included: "[Alcohol] *kind of balances* [the effect of powdered cocaine]*; Drinking* [alcohol] *… it stabilizes the high* [from crack cocaine]*; If you're* [too] *up* [with powdered cocaine], *then … you want to like mellow out, you probably would take a drink of some kind of liquor or beer; Some people when you get a couple of drinks in them … at the bar … the next thing you know, they are out back smoking crack;* [Alcohol] *levels out* [the effect from crack cocaine]*; When I used to do powder* [cocaine], *I'd always keep some liquor on deck."*

Consumers discussed consecutive speedball, explaining that alcohol use after cocaine use helps to come down from the stimulant high of cocaine, while cocaine use after alcohol use helps to come up (get "sober") from the depressant effect of alcohol. They shared: *"I would go to the bar and then I would leave the bar at closing time, to go to coke to sober up;* [Powdered cocaine is used in combination with] *alcohol all the time because people who go out drinking all night at a bar, they will do cocaine, so they are sober enough to drive home;* [Alcohol is used to] *bring themselves down* [from powdered cocaine]*; People who smoke crack also drink a lot of beer."*

In terms of marijuana, consumers stated similar reasons as alcohol for combining its use with cocaine. Comments included: *"Usually, everyone who is spending money on coke is also going to buy weed. They go hand and hand. Most of the time at work people are smoking blunts and doing coke;* [Marijuana] *takes the jitters out; Calms you down;* [Marijuana] *helped level me out when I was too high* [on cocaine]*;* [Crack cocaine used in combination with marijuana], *you get stoned (high) and be like numb at the same time.* [Marijuana] *mellows you out."* Other depressant drugs, such as sedative-hypnotics and opioids, are also combined with both forms of cocaine for the same reasons as alcohol and marijuana.

Lastly, methamphetamine is used with crack and powdered cocaine to boost and prolong the stimulant high of cocaine. Consumers said: *"Why meth with crack? Because you're going to be high longer;* [Methamphetamine used in combination with crack cocaine] *keeps the buzz going; When you smoke crack, it gives you the 'wah, wahs' (strong stimulant high) where you hear the train coming. But it doesn't last, so you cut it with meth. Then you get your wah, wahs … and it lasts…."* Consumers highlighted that often cocaine is cut with methamphetamine, but they also indicated that powdered cocaine is sometimes intentionally combined with methamphetamine to reduce methamphetamine's burning sensation when snorted. A consumer remarked, *"Well …* [powdered cocaine] *doesn't burn as bad* [when snorted]. *Meth burns really bad. Coke doesn't burn like* [methamphetamine]. *I'd say that's probably why* [powdered cocaine is used to cut methamphetamine, to lessen the burn when snorting]*."*

Comments on other drug use with cocaine included: "[Powdered cocaine is used in combination with] *MDMA (ecstasy) or 'Molly' (powdered MDMA). A lot of meth and coke are known to make you uppity (high) plus* [with MDMA] *you get the psychedelic effect* [as well as the stimulant effect]*; Definitely. That 'lean' (promethazine and soda) goes with* [cocaine]*…. That's more your younger crowd; You can party longer* [when combining powdered cocaine with lean]*; Promethazine and the coke, that's still a speedball, it's just in a different way."*

Substances Used in Combination with Cocaine	
Most Common	**alcohol, marijuana**
Other	**gabapentin, heroin/fentanyl, ketamine, MDMA, methamphetamine, PCP, prescription opioids, promethazine, sedative-hypnotics**

Methamphetamine

Methamphetamine remains highly available throughout OSAM regions. Moreover, respondents continued to describe methamphetamine as one of the most available drugs, if not the most available. Consumers in the Columbus region said: *"Methamphetamine's probably the most used drug now. I think it's the easiest to get. It's so cheap and everywhere. It's a lot cheaper than cocaine…. I can walk out my front door and get it; I'd say* [methamphetamine] *is the most highly available drug because it's so cheap….* [The illicit drug market] *is flooded (saturated with methamphetamine). You got stockpiles and … storage units full of it."* A consumer in the Cincinnati region remarked, "[Methamphetamine is] *the most highly consumed drug out there."*

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

Community professionals concurred that methamphetamine is most available. Treatment providers discussed: "[Methamphetamine] *is cheap. Everyone uses it. I don't think I've ever come across a client who has never not tried 'meth' (methamphetamine) at least once. It's cheaper* [than other drugs]*…. It is the most common drug in* [the Akron-Canton region]*;* [Methamphetamine] *is one of our most commonly used substances in* [the Athens region]*…. We have patients that were maybe hooked (dependent) on something else, but they can't afford that something else and they end up using meth because it's something they can afford."* A member of law enforcement in the Youngstown region offered, *"We're seeing the most of meth. And again, usually what we see is when prices start to change, whatever is cheapest is what we usually see the most of, and right now, it is meth. It's methamphetamine for sure."*

In addition to low pricing, respondents throughout OSAM regions noted many reasons that may contribute to the high demand/ availability of methamphetamine. Law enforcement in the Cincinnati region attributed high current methamphetamine availability to an excess of supply. They discussed price as a good gauge of availability, agreeing that methamphetamine has been cheap since the COVID-19 pandemic restrictions lessened, making it easier for the drug to cross the border. They also reported that methamphetamine availability is high because it's in demand due to its prolonged high and low price. One member of law enforcement shared, *"Back in 2021 during COVID, I was buying ounces … for $1,000* [undercover]*…. I think now we're around $200 to $250 per ounce … 3/10 of a gram will keep an average person high for 6 to 8 hours, so a gram would essentially keep them high for … 30 whatever hours. And so, it lasts a long time…. It's low in price right now and there's a ton around…."*

Respondents in other regions also cited high supply, as well as increased competition among drug cartels and drug dealers as a primary driver

of methamphetamine sales. Consumers in the Columbus region discussed: *"Mexican* [drug cartels] *make* [methamphetamine] *in super labs now. They bring it over by truck loads;* [Methamphetamine is highly available] *because it's cheap. It's addictive; You can get so much work done…. It's a long lasting, intense high…."* Law enforcement said: *"These guys are fighting over each other to sell* [methamphetamine], *the cartels are, and that's why it's so cheap; Almost all the meth that we see comes from Mexico or Southern California where they've established … mega labs. So, they're producing it at a much faster rate than the mom-and-pop labs that we used to see. So, I think that's contributed to* [high availability]*."*

Respondents surmised that since legal recreational marijuana sales have expanded to more states, cartels have shifted from marijuana exports to methamphetamine. Consumers in the Cincinnati region suggested that concentrated and more easily portable products like fentanyl and methamphetamine are easier/more cost efficient for cartels to move than bulkier products like marijuana. And with legal changes, they noted that people can obtain marijuana other ways. Comments included: "[The cartels] *aren't shipping 'weed' (marijuana) across the border no more. They got to make money somehow* [through methamphetamine sales]*; How they used to bring pounds of weed across* [the border]*, instead now it's pounds and pounds of meth and fentanyl and pills; I think that's the main reason why there's so much of everything else (particularly methamphetamine) is because … they're not going to waste their time packing* [marijuana] *and all that. They're not going to make* [a profit] *off of weed…. You can buy weed legally now everywhere…. They're going to ship something that's going to make them money."*

The consensus among consumers was that methamphetamine is easy to obtain. They discussed dealers giving "testers" (free samples) of methamphetamine, often unsolicited and thrown from cars, and the ease of street purchase. Reportedly, like crack cocaine, methamphetamine is readily found in certain urban neighborhoods and gas stations. Consumers said: "[Methamphetamine is] *not hard to get. You can walk down there to the gas station and look at somebody, tell that they're on 'dope' (methamphetamine). All they got to do is be like, 'Hey, man, where's the* [methamphetamine]*?' It's that easy…. Even people you don't know. Anybody's friendly who's trying to make a dollar; You could probably go to any gas station around here (Hamilton County, Cincinnati region) and get* [methamphetamine]*; I have gone to a few gas stations and have had someone ask me, 'Want some 'ice' (methamphetamine)? I've got some ice;' People just give* [methamphetamine] *to me; It's to the point where* [drug dealers] *just give* [methamphetamine] *to you. You don't even really have to buy it. They'll just give you some."*

Methamphetamine is replacing other drugs. Drug dealers are substituting methamphetamine for other drugs and adding it to other drugs as a cheap adulterant. A consumer stated, *"It's easy to get* [methamphetamine], *plus … you can mix it in with every drug that's out there."* Consumers in the Cleveland region discussed methamphetamine being sold as "Molly" (powdered MDMA). They reported: "[Methamphetamine] *took Molly away. There is no real Molly around…. Once meth started to appear to look like Molly, and it gives you the same effects as Molly … Molly kind of disappeared off of the street because people were posing meth as Molly and a lot of people are now hooked on* [methamphetamine]*; You try to get Molly and you are actually getting crystal meth."*

In addition, people are intentionally switching to methamphetamine from drugs like cocaine because methamphetamine is consistently available in high quantities and quality, and it's also cheaper than most other drugs. Comments included: "[Methamphetamine] *is the drug of choice anymore. I mean, it's cheap … a lot of people are going from using … heroin and cocaine to the ice; You can find it at a certain quality always. You can find it at a certain quantity always…. So, when you have a drug that's going to*

be available in quantity … in bulk, and good quality always, and receive the same amount of high … you're going to see [people who use other drugs] *switching over to* [methamphetamine]*; People that were doing 'coke' (powdered cocaine), they're switching over because* [methamphetamine's high] *lasts longer."*

However, some people who use opioids are switching to methamphetamine due to fear of opioid overdose. Treatment providers discussed that methamphetamine is perceived as a safer alternative to opioids. They said: *"People are going away from opiates towards meth, which I think has just made meth more accessible because people are trying to stay away from … overdose; I think* [methamphetamine availability] *has ramped back up* [the past six months] *because of opioids … people are getting scared of overdosing now that fentanyl is in everything. I think they're going back more towards meth and stimulants; You don't overdose. So, there was a switch …* [methamphetamine] *is perceived as safer even though it has very bad side effects and can be very damaging…. It was almost safer and, 'It could help me get through my withdrawals from opiates.'"* Treatment providers also discussed people receiving MOUD (medication for opioid use disorder) using methamphetamine to obtain a high as MOUD only blocks an opioid high.

Finally, an increase in dual methamphetamine and opioid use may also be driving high demand/supply of methamphetamine. Intentional combination of heroin/fentanyl and methamphetamine is common. Treatment providers shared that clients commonly test positive for both in drug screens. Respondents discussed "speedball" (concurrent or consecutive stimulant and depressant highs) as popular. The drugs are used together to produce an up and down effect. Methamphetamine is used following opioids to enable prolonged opioid use and alleviate experiencing opioid withdrawal symptoms, while fentanyl is used following methamphetamine to come down from the extreme stimulant high of methamphetamine and aid with sleep. Comments included: *"They can stay awake longer* [by using methamphetamine] *while they're using opiates; Now people are crossing over to methamphetamine use to deal with the withdrawal of opiates."*

Throughout OSAM regions, respondents continued to identify imported crystal methamphetamine as the most prevalent form of methamphetamine. Comments included: *"It's all 'shards' (crystal methamphetamine); I haven't heard much about powdered or anhydrous or 'shake-and-bake' (locally-produced methamphetamine), any of that in a while; It makes zero sense for them to manufacture* [methamphetamine] *when they can buy it so cheap; We mostly see the crystal; No one is doing shaken bottles (producing shake-and-bake) anymore; It's easier to slide down the 'bubble' (smoke imported crystal methamphetamine in a glass pipe than locally produce methamphetamine)…."* A member of law enforcement in the Youngstown region remarked, *"There's no more of the shake-and-bake stuff and the* [backyard] *meth lab stuff, it's pretty much nonexistent anymore because of the extremes that people have to go through just to get their hands on the chemicals to make it.* [Crystal methamphetamine] *is coming across the border … it's cheaper than what you could buy the materials to make it, you'd be losing money (trying to make methamphetamine to sell)."*

However, there continued to be a few reports of powdered methamphetamine in each region as well. Consumers in the Cincinnati region explained that "actual methamphetamine" is likely cartel supplied. They reported that if anything is locally made, it's only "wasp-spray meth," which they considered "not real methamphetamine." Comments included: *"There's even people out there making fake 'ice' (crystal methamphetamine) out of wasp spray;* [Wasp spray] *is sprayed on a … screen and they put some … battery cables* [on the screen]*;* [Wasp-spray meth is] *not* [available] *as much as the real stuff from Mexico, but it is* [available]*…."*

Throughout OSAM regions, respondents reported that methamphetamine is typically procured in cities. A member of law enforcement said, *"A lot of what we're seeing is, we'll have people from the rural areas that will come* [to Dayton] *and buy* [methamphetamine] *and then they'll go and sell it and … keep a portion for themselves."* Other respondent comments included: *"I can say that* [methamphetamine] *is coming from the cities…. It's coming from Akron or Cleveland; If it's not the shake-and-bake stuff … I've always known* [methamphetamine] *to come from … big cities like Cincinnati or Columbus, Dayton; There's a lot* [of methamphetamine coming] *out of Akron…. That's where we feel the supply chain* [starts] *for our area (Akron-Canton region). But of course, we think it's* [originating] *from south of the border;* [Methamphetamine] *is all from Columbus. It gets brought down here (Athens County)."*

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. Ohio Bureau of Criminal Investigation (BCI) crime labs reported that the incidence of methamphetamine cases they process has decreased or remained the same for all OSAM regions. BCI labs reported processing crystal and brown powdered 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 remained the same, while Miami Valley Regional Crime Lab (Dayton region) reported that the incidence of methamphetamine cases it processes has decreased during the reporting period. These labs did not specify types of methamphetamine this reporting period.

Other data sources indicated methamphetamine as available throughout OSAM regions. Ohio Department of Public Safety reported drug task force seizure of 157.7 kilograms (347.0 lbs.) of methamphetamine from throughout OSAM regions during the reporting period; of which, 35.0% was seized from the Cincinnati region. Fairfield County Municipal Court (Columbus region) reported that of the 4,893 positive adult drug specimens it recorded during the past six months, 5.8% was positive for methamphetamine or other amphetamines. Millennium Health reported that 4.8% of the 137,067 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	4.7%	9,569
Athens	9.4%	14,622
Cincinnati	6.1%	31,150
Cleveland	2.7%	24,222
Columbus	4.2%	25,614
Dayton	5.8%	3,415
Toledo	4.0%	18,959
Youngstown	2.0%	9,516
Total	4.8%	137,067

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 57.1%, 13.9%, 21.7%, 36.2%, and 57.5%, respectively, of all drug-related deaths they recorded this reporting period (7, 309, 175, 381, and 40 deaths) involved methamphetamine. GPRA (Government Performance and Results Act) data collected from 5,058 persons entering publicly funded SUD treatment programs during the past six months

found 15.7% reported methamphetamine use 30 days prior to intake.

GPRA Intake: Methamphetamine Use during the Past 30 Days

Region	% Yes	Total N
Akron-Canton	12.8%	337
Athens	17.9%	218
Cincinnati	18.2%	1,061
Cleveland	7.3%	1,120
Columbus	22.1%	1,424
Dayton	17.9%	246
Toledo	14.1%	434
Youngstown	8.3%	218
Total	15.7%	5,058

Media outlets reported on law enforcement seizures and arrests related to methamphetamine this reporting period (selected media reports follow). Morgan County Sheriff's Office (Athens region) working with Southeastern Ohio Major Crimes Task Force executed a search warrant at a home in McConnelsville and arrested a male resident of the home; officers seized over 100 grams of fentanyl, over 100 grams of methamphetamine, drug paraphernalia, several others items directly associated with drug preparation and distribution in bulk amounts, and $15,000 (www.sciotopost.com, July 19, 2023). Butler County Sheriff's Office Undercover Regional Narcotics Task Force (BURN) (Cincinnati region) executed a search warrant at an apartment and arrested a man after seizing 106 grams of methamphetamine, five grams of fentanyl, and $1,300 (www.local12.com, July 21, 2023). Meigs County Sheriff's Office (Athens region) executed a search warrant at a home in Lebanon Township and arrested two people for possession and trafficking drugs; officers seized suspected heroin/fentanyl, methamphetamine, marijuana, drug paraphernalia, stolen property, and cash (www.wchstv.com, July 28, 2023). Brown County Sheriff's Office (Cincinnati region) arrested four individuals after a year-long investigation into a drug trafficking organization that transported drugs from Cincinnati to Brown County; officers seized over a pound of methamphetamine and 2.5 ounces of fentanyl (www.wcpo.com, Aug. 4, 2023). Westlake Police Department (Cuyahoga County) warned parents in a Facebook post of a recent trend of methamphetamine and MDMA pressed pills resembling candy with popular logos and characters such as Bart Simpson (www.wkyc.com, Aug. 8, 2023). Wooster Police (Wayne County, Cleveland region) and agents from the Medway Drug Enforcement Agency conducted a traffic stop and arrested a woman after finding in her vehicle 110 grams of suspected fentanyl, 90 grams of methamphetamine, digital scales, and other drug paraphernalia (www.cleveland19.com, Sept. 8, 2023). Federal, Cuyahoga County, and Cleveland law enforcement jointly announced the arrest of 59 individuals connected to firearms and narcotics trafficking after a three-month, violent-crime-reduction initiative in Cleveland; in total, law enforcement purchased or seized almost 1.5 kilograms of cocaine, 215 grams of crack cocaine, almost three kilograms of methamphetamine, 686 fentanyl pills, almost 1.5 kilograms of heroin/fentanyl mix, and 1,144 MDMA (ecstasy) pills (www.highlandcountypress.com, Sept. 11, 2023). Noble County Sheriff's officers (Athens region) arrested three men from Akron (Summit County, Akron-Canton region) during a traffic stop for drug trafficking; officers witnessed one of the men throw a white softball-sized item from the car, and when officers retrieved the item, it was found to be more than a quarter pound of methamphetamine (www.wtrf.com, Sept. 19, 2023). Columbiana County Drug Task Force (Youngstown region) along with Salem Police executed a search warrant at a home and arrested a man for possession of drug paraphernalia and endangering children after seizing suspected methamphetamine, drug paraphernalia, and a handgun with a defaced serial number; Columbiana County Children's Services assisted during the arrest (www.wkbn.com, Sept. 20, 2023). Monroe County Sheriff's officers (Athens region) arrested three people during a traffic stop

for drug trafficking; after observing indicators of drug use, officers called a K9 unit that alerted to possible drugs in the car, leading officers to find a locked container with 34 grams of methamphetamine (www.wtrf.com, Nov. 1, 2023). Darke County Sheriff's officers (Dayton region) executed a search warrant of a home and arrested two people for possession and trafficking of drugs; officers seized unspecified amounts of methamphetamine and fentanyl, along with drug paraphernalia from the home (www.wdtn.com, Nov. 2, 2023). United States Postal Service investigators arrested a Cuyahoga Falls man (Summit County) who received a package containing 10 pounds of methamphetamine and two pounds of "M30" fentanyl-pressed pills shipped from Mesa, Arizona; a K9 officer alerted investigators to examine the package prior to delivery to the man's home (www.cleveland.com, Nov. 24, 2023).

Adulterants

Consumers throughout OSAM regions most often rated the current overall quality of methamphetamine as '6' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the regional modal quality scores ranged from '1' for the Akron-Canton region to '10' for the Columbus region. Reportedly, like cocaine, the quality of methamphetamine varies dependent on location of purchase, dealer, type, and amount of adulteration. Consumers discussed: *"Quality of* [methamphetamine] *depends entirely on who you are getting it from; The dealer I had, I always got a '10' (highest quality). I always got it clear (free of adulterants), didn't have to smoke too much. But … if I didn't get to him in time, I had to go to another dealer that I didn't know that well and it was definitely like a '5' (moderate quality); It all depends* [where the methamphetamine is purchased]*; I've had better* [quality methamphetamine in] *Columbus* [than in Athens County]*; It depends on what you're getting. Are you getting good crystal meth or are you getting 'wasp spray;' If you get a bag of 'shake' (shake-and-bake), it's garbage;* [Overall methamphetamine quality] *is about average…. It's really hit or miss depending on who you go to, where they got it from; Some days it's good, some days it's bad; You never get the same product twice…."*

The overall quality of methamphetamine has remained the same during the past six months for most OSAM regions, except for the Cleveland region where consumers indicated increased quality and Akron-Canton and Athens regions where consumer responses were not in agreement whether quality has changed. Consumers that indicated increased quality noted that with excess supply and an increased number of people selling methamphetamine, competition has contributed to higher quality product. Comments included: *"I think* [methamphetamine quality has] *somewhat increased … because there is more out there in the street; When the* [drug cartels] *make* [methamphetamine]*, they just make it as good as they can so they can sell it…. You want returning customers. If you make trash, nobody's going to buy it again."*

Consumers discussed adulterants (aka "cuts") that affect the quality of methamphetamine, with consumers continuing to identify fentanyl, MDMA (methylenedioxymethamphetamine, ecstasy/ "Molly"), and MSM (methylsulfonyl-methane, a joint supplement) as the top cutting agents for the drug. Regarding fentanyl, consumers commented: *"There's no physical detox from meth, you just sleep it off. But if* [methamphetamine] *is cut with fentanyl, you will* [experience opioid withdrawal]*; It is known that meth is laced (adulterated) with fentanyl; A lot of people are getting* [fentanyl] *test strips for their meth; I know there's been a couple of times that I've gotten some* [fentanyl] *… it was mixed in with my meth. But I've never went out seeking* [fentanyl]*…. I know a lot of people have got it mixed with their meth. I've lost a couple friends to overdoses;* [Fentanyl is adulterated into] *meth.* [Fentanyl is cut into] *anything they can to keep you coming back."*

OSAM secondary data sources indicated fentanyl as an adulterant for methamphetamine. Coroner and medical examiner offices in the counties of

Athens, Cuyahoga, Hamilton, Montgomery, and Scioto reported that 100.0%, 81.4%, 86.8%, 81.9%, and 73.9%, respectively, of all methamphetamine-related deaths they recorded this reporting period (4, 43, 38, 138, and 23 deaths) also involved fentanyl. In addition, consumers in Cincinnati 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, while consumers in the Athens region reported "horse tranquilizers." Consumers remarked: *"Xylazine* [has been a cutting agent for methamphetamine] *too; Xylazine, yeah."*

Consumer comments on the other top cutting agents included: *"Yeah,* [MSM is the most common adulterant in methamphetamine]*; MSM is used to give* [methamphetamine] *more volume so that they can make more money off of smaller amounts; Pretty much …* [MSM is] *all you can cut into* [methamphetamine]*. If you want to ruin it* [with other cuts]*, then nobody will come back and buy any more from you; I use MSM* [as a cutting agent for methamphetamine]*. Because it rocks up, it's clear, it looks just like meth; MDMA is a really big* [cutting agent for methamphetamine]*; A lot of* [methamphetamine] *has MDMA…. If you're getting the good stuff, it's got it in there; In this county (Knox County), I can tell you for a fact that that's what they're using … MDMA, to cut your meth."*

However, consumers discussed many substances as adulterants for methamphetamine. Comments included: *"Whatever they test for, it was in* [methamphetamine]*. Lit the cup up (tested positive for other substances on urinalysis), plus some; Everything* [is a cutting agent for methamphetamine]*."* Additional adulterants for methamphetamine mentioned included: ammonia, baby laxatives, baking soda, "bath salts" (substituted cathinone), battery acid, bleach, bug/wasp spray, buprenorphine, caffeine, charcoal, cocaine, drain cleaner, embalming fluid, fertilizer, fish oil, food coloring, glass shards, horse vitamins, household cleaning products (borax), ice melt, inositol (dietary supplement), laundry detergent, laxatives, lighter fluid, lye, MSG (monosodium glutamate, flavor enhancer), paint thinner, PCP (phencyclidine), peanut oil, plant food, prescription stimulants, rat poison, rock salt/salt, sedative-hypnotics, starter fluid, sugar, and tranquilizers. Crime labs throughout OSAM regions indicated many adulterants found in methamphetamine.

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

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"). Consumers indicated that street names for crystal methamphetamine continue to reference the appearance of the substance most often ("crystal," "glass," "ice," and "shards"). They noted that additional street names are derivations of these names (e.g., from "ice," "ice cream" and "cream"). Comments included: *"'Ice'* [and] *'ice cream'* [are the most common street names for crystal methamphetamine]*; 'Cream'* [is slang for crystal methamphetamine] *for some people on Messenger, we'll just say, 'I'd like to let you know they got cream;' We called* [methamphetamine] *'Chris' (shortened form of Christina, a common street name) for crystal* [methamphetamine]." Consumers also discussed using emojis (ice cream cone emoji) when texting or messaging online to indicate methamphetamine.

Consumers in Cincinnati and Cleveland regions shared that sometimes methamphetamine is referred to using Spanish terms. They said,

"'Scante' [is a street name for methamphetamine]*…. All my friends used to call it that … because they had seen (heard) it on Breaking Bad (television show about methamphetamine production and trafficking); 'Frio'* [is a street name for methamphetamine] *… you know, 'frio' like (Spanish for) 'cold'* [in reference to 'ice']*."*

Current Street Names for Methamphetamine	
General	crank, dope, fast*, go*, go fast, go-go/go-go juice, high-speed chicken feed/chicken feed, jib, meth*, poor man's coke, speed*, twack, yank
Crystal	Christina/Chris/Tina, clean, clear, cream, crystal*, glass, ice*/ice cream*/skates, shard

*Most common.

Pricing

Consumers throughout OSAM regions identified the most common amounts for methamphetamine purchase as a gram and 1/8 ounce. Reportedly, a gram most often sells for $20-40 but can sell for as high as $60 in Athens and Toledo regions; 1/8 ounce most often sells for $50-80. While consumers discussed the low cost of methamphetamine relative to other drugs, they also discussed a variance in pricing, primarily based on dealer and supply. They said: "[The low cost is] *why everyone's on* [methamphetamine] *nowadays; You can get* [methamphetamine in] *bulk for cheap then grind it down (sell smaller quantities for higher prices)…. And that's how they make their hustle on it; People are fighting over selling it, it's so cheap; I always got a 'ball' (1/8 ounce). It made sense too …* [methamphetamine] *is cheaper* [in bulk]*; If you buy in grams, you can get it from $20 a gram or $40 a gram depending on who you get it from; If someone gets busted, the prices* [of methamphetamine] *go up. It's supply and demand;* [Price of methamphetamine] *really depends on how much is available at that time."*

Consumers also noted that pricing for methamphetamine can vary by location. Comments included: *"Like quality and all of that,* [price] *probably depends on … where you're getting* [methamphetamine] *from; It fluctuates by wherever you're at; I know people that sell* [methamphetamine] *cheaper out here (Jefferson County, Youngstown region);* [Price] *fluctuates up and down depending on where it came from and who's got it, so it changes daily."* 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 due to excess supply and increased competition among dealers. Comments included: *"So many people are selling* [methamphetamine] *(market is saturated); It's so cheap, everyone has* [methamphetamine to sell]*; Yeah, it's like a competition."*

Route of Administration

Consumers throughout OSAM regions reported that the most common routes of administration (ROAs) for methamphetamine remain smoking, followed by "shooting" (intravenous injection). Consumers estimated that out of 10 people that use methamphetamine, 5-10 would smoke, 0-5 would shoot, and 0-3 would snort the drug. Consumers discussed: *"It's mostly people smoking* [methamphetamine]*, but a lot of people do shoot it; I would say most likely* [people would be smoking methamphetamine]*. I know some people who snort it but that's not common; Smoking* [methamphetamine] *and shooting it. Half and half; My brother-in-law and sister, they shoot* [methamphetamine]*. They wouldn't do it any other way; Most of the people* [who use methamphetamine] *that I've bumped into in the Lima area (Allen County, Dayton region), they got them little 'bubbles' (methamphetamine pipes to smoke)."*

Consumers discussed social stigma around intravenous drug use that might have resulted in a lower estimate for this ROA. Comments included: *"More people I knew smoked a bubble. Not a lot of people like to disclose if they shoot meth, so I mean, it might be more* [people injecting]*…. I'm an IV (intravenous injection) user. That's what I did; Closet users think smoking isn't as bad* [as shooting]*; More people inject than what you think. They keep it on the down, down, low. I think people are embarrassed about it (shooting drugs)."*

In addition, while more acceptable in social settings, consumers reported that smoking and snorting are easier ROAs. They shared: *"More people I knew smoked a bubble because it was easy access. You don't have to go through all that extra stuff* [needed to prepare for injection of methamphetamine]*; I know a lot of people that snort* [methamphetamine]*. It's quick on the go…. We're always on the go and … they're just trying to do a line real quick; I snorted* [methamphetamine]*. I wanted to hurry up and get it in me. Sitting there and getting it prepared in a needle* [for intravenous injection] *just wasn't fast enough for me."* However, regarding snorting, consumers remarked: *"*[Methamphetamine] *burns your nose when you snort it;* [Methamphetamine] *burns too much for me…."*

Consumers discussed a progression of ROAs for methamphetamine. One consumer shared the usual progression, saying, *"Well, I know for me personally, I started off snorting* [methamphetamine] *and then I progressed to smoking it. And then this last relapse, I found people that were injecting it. And it made me curious, so then I started … injecting it…."* Another consumer stated, *"A lot of people I know, like my personal friends … a lot of them snorted* [methamphetamine]*. But as time changed, they went to injecting it…."*

Consumers described intravenous injection as producing a quicker and more intense methamphetamine high; thus, they explained that once a person progressed to shooting, it usually became their preferred ROA. Comments included: *"They are shooting* [methamphetamine] *now more than ever. It's a different effect. It lasts longer and it's a faster effect; I 'IV' (intravenously inject) everything. If I'm going to use 'dope' (any drug, including methamphetamine), then it's going straight to rig (syringe and needle) every time…. That's the only way I'm going to do any kind of dope is going in the rig."*

Other routes of administration for methamphetamine mentioned included: "boofing" (anal insertion), "hot railing" (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), "parachuting" (wrapping powder/crystals in tissue and swallowing), and eating/drinking. Consumers commented: "[Parachuting is] *wrapping* [methamphetamine] *in toilet paper and eating it; Young people are really doing 'hot rails' (hot railing methamphetamine); The people around me were all using bubbles and hot rails and boofing* [methamphetamine]*;* [Boofing] *is* [common] *in females; They think that* [boofing] *hits you faster; I have 'boofed' (anally inserted)* [methamphetamine]*. Yep, I know plenty of people who do too;* [Boofing] *gets you there (really high due to quick absorption into the body)."*

In addition to parachuting, consumers discussed eating and drinking methamphetamine as other ways to orally ingest methamphetamine. They noted that oral is perhaps the most efficient ROA due to less waste of the drug. They stated smoking is perhaps the most inefficient ROA. They said: *"Well, the thing about it is when you smoke* [methamphetamine]*, you waste a lot of it. And when you figure that out, a lot of people don't like to do that. So, they … ingest it (eat it), that way you're not wasting any of the chemical at all. And it all goes into your system; I know people that eat (orally consume) it as well or like mix it in drinks; Some people drop* [methamphetamine] *in water or in orange juice (drink methamphetamine); I'd eat it (orally consume methamphetamine); When you smoke it … a lot of it … gets wasted* [so they might

eat/orally ingest what remains]…. *And there's the possibility they do multiple ways of use.”*

Finally, consumers discussed using multiple ROAs to consume methamphetamine. Comments included: *“If I couldn't hit myself (locate a vein for intravenous injection), I was doing* [methamphetamine] *another way; People use* [methamphetamine] *all different ways; Yeah. I feel like it's just fun to do* [methamphetamine]. *You know, you ‘bang a shot’ (intravenously inject), then you do a hot rail, and then you … snort it … like all* [ROAs] *at once….”*

Typical Use Profile

Consumers and community professionals throughout OSAM regions continued to most often report that there is no typical use profile for methamphetamine. Respondents discussed methamphetamine as widely used across age groups, races, and socio-economic statuses (SES). They noted that methamphetamine is cost-effective, so it’s accessible to anyone. Treatment providers commented: “[Methamphetamine use] *is across the board. It's not just your down and out and your homeless. There's well-to-do's (higher SES) …* [who use methamphetamine]*;* [Methamphetamine] *definitely doesn't have any boundaries. It doesn’t matter how many degrees you have or how much money you have;* [Methamphetamine use is] *across the board with ages too; We see kids, we see elders … we’ve seen everyone* [in treatment for methamphetamine use].*”*

Respondents discussed many reasons for the growing popularity of methamphetamine. Reportedly, people use methamphetamine for energy, to lose weight, to help with mental health symptoms, and to enhance sex. Consumers indicated that methamphetamine use has become more mainstream. They said: “[Methamphetamine use has] *almost become acceptable to some degree…. Everybody’s doing it;* [People with] *mental health issues* [use methamphetamine] *… depression and stuff like that. That’s what I did (used methamphetamine to cope); I think for me, when I first started* [using methamphetamine], *it gave me energy for a while. And that’s what I liked. And you didn’t have to do very much. You’d clean the house and the yard and get out and run all day; I did* [methamphetamine] *for energy too, and to lose weight fast; Primarily, I think* [methamphetamine is] *for the younger crowd…. It’s a sex drug in a lot of ways.”* Treatment providers observed: *“We see … moms who are using* [methamphetamine] *just so they can be supermom, and work and do the housework and do the school things too … middle aged to older men because it enhances their sexual performance; With the meth, I see the women use it mostly for energy … like, not being able to balance everything, but now they can … men, I have a lot of men that have used it for sex* [enhancement]*….”*

Respondent descriptors of methamphetamine use discussed frequently included: White people, low socio-economic status, people who work long or late hours or in fast-paced environments (long-haul trucking, factory work, third-shift, and fast-food), as well as blue collar/manual labor (construction), sex work, gay men, college students, and younger people (20s to 40s). Comments included: *“Mostly White people* [use methamphetamine]*; I haven’t seen many Black people use methamphetamine;* [Methamphetamine is found] *in the homeless community and low-income places…. It's one of the cheapest like drugs there is;* [Methamphetamine] *keeps you hyper focused; The trucking industry,* [methamphetamine use] *is huge; I work in a factory and … a majority of people … was on meth; Second, third shifts … to stay awake that long … a lot of people got to use something (methamphetamine);* [Methamphetamine] *is very popular in the gay community; Thirty percent of people who use meth are gay people; Mechanics and fast food* [workers] *… that's who I know around town that do* [methamphetamine]*; I’ve seen a lot of young people doing meth … ages from 25 into their 40s; College aged all the way up to middle aged, but it’s definitely more popular with the younger crowd.”*

In terms of change in use during the past six months, respondents indicated an increase in younger people initiating methamphetamine use. Treatment providers observed: *"Age, I feel like is getting younger and younger with introductions to meth; I think the youngest person I've met where they said they started using meth was like 11* [years of age]. *I mean, that's a literal child. Because they're growing up in households that are actively using meth and they're being introduced to it at such a young age and it's just becoming more and more common now. You think younger kids are just experimenting with alcohol and marijuana;* [Methamphetamine] *is getting to the younger kids. They're getting younger now with that meth…."* Law enforcement said: *"We've even seen kids as young as 15 and 16 years old using meth; Meth seems to be the younger group … in the 20s. Probably more young people just because of the fact that they're younger and willing to do those dumb kind of things…."* And consumers shared: *"I started using* [methamphetamine] *when I was 12 years old; Younger …* [methamphetamine use] *starts younger …* [and] *they just kind of continue using it and become older* [and] *still on meth…."*

Lastly, law enforcement in the Cincinnati region reported an increase in methamphetamine use among African Americans. They discussed methamphetamine use as becoming more mainstream and crossing stereotypical demographic categories. Law enforcement explained the transition to methamphetamine from crack cocaine among African Americans, saying: *"Ten years ago,* [methamphetamine use] *would have been all … 18- to 30-year-old White people;* [Methamphetamine is used by] *kind of everybody now; We've seen … a major decrease in the last 10 years, five years for sure of crack cocaine, which was always … predominantly …* [used in the] *African-American* [community]. *And so* [African Americans] *… are starting to gear to meth because it does the same thing (it's a stimulant like cocaine). It's very similar in nature. You know, you smoke it the same way and* [many] *feel like it's safer than obviously fentanyl; As far as race would go, I think* [methamphetamine] *is kind of mixing itself up a little bit now…."*

OSAM secondary data sources recorded use characteristics for methamphetamine. Analysis of GPRA demographic data of all intake clients that indicated methamphetamine use during the past 30 days found that, of those who endorsed methamphetamine use, 56.2% was male, 59.2% was under the age of 40 years, and 91.4% indicated White as their race.

GPRA Demographic Data of All Intake Clients Who Used Methamphetamine during the Past 30 Days (N = 794)[1]	
Male	**56.2%**
Female	**42.1%**
18 - 29	**16.8%**
30 - 39	**42.4%**
40 - 49	**27.8%**
50 - 59	**11.3%**
60 +	**1.6%**
White	**91.4%**
African American	**9.2%**
Other race[2]	**3.8%**
Hispanic/Latino	**2.5%**

[1]Gender total does not equal 100.0% due to 14 individuals reporting as gender non-conforming or transgender. Total percentage for race (N = 791) is greater than 100.0% due to some individuals indicating more than one race. Ethnicity (N = 793). [2]Alaska Native, Chinese, Indian, Filipino, Guamanian or Chamorro, Japanese, Korean, Native American, Native Hawaiian, Pacific Islander, Samoan, unspecified Asian race, unspecified other race, and/or Vietnamese.

Use Combinations

Many other substances are used in combination with methamphetamine, particularly depressant drugs, such as alcohol, heroin/fentanyl, marijuana, and sedative-hypnotics. These drugs level the extreme stimulant high of methamphetamine and help come down after methamphetamine use. Consumers continued to note the popularity of "speedball" with methamphetamine. They discussed: *"You need*

something to kind of level out the speediness of [methamphetamine] *because it … really had me kind of out there (over-stimulated) so I did fentanyl as a come-down type thing because there was no way I could sleep; I used to do alcohol with meth to knock the edge off so I wasn't* [experiencing too much of the stimulant high], *you know what I mean? So, I would* [drink alcohol] *to calm me down a little bit and keep me leveled … and the same with weed, but I would use alcohol a lot; I would always smoke marijuana to come down;* [Xanax® with methamphetamine], *that was the ultimate high for me because it evened me out. Meth was too much;* [Xanax®] *to help with the come down and anxiety."* Consumers identified alcohol and heroin/fentanyl as the most common drugs used in combination with methamphetamine.

In addition to using depressants after methamphetamine use, consumers reported using methamphetamine after depressants to come up when too low, to enable prolonged alcohol use, and to prevent/reverse an opioid overdose. They shared: *"A lot of people … use fentanyl and meth because sometimes the fentanyl takes them too far down, too low…. And they need meth to bring them back up and then vice versa…. It's a balancing thing; You drink more* [alcohol] *on* [methamphetamine]*; You can drink like five gallons of liquor on meth and not get drunk; My cousin and my brother would drink … gallons of liquor and smoke meth all night long for like weeks at a time; People I know would have heroin or fentanyl and then they would take the meth to stay up and not 'nod' (pass out/overdose); They will smoke meth with fentanyl, so they won't die (overdose)."*

Reportedly, cocaine and prescription stimulants are used to potentiate and prolong the effects of methamphetamine. Consumers said: *"I know people that were mixing coke with the meth;* [Methamphetamine] *intensifies the* [cocaine] *high; They are both 'speeds' (stimulants) and* [methamphetamine] *helps stretch the coke."* One consumer described the combining of methamphetamine with cocaine and fentanyl, saying: "[Some people] *will have a bubble, a crack pipe, a syringe…. She's like, 'I like to do a little dope (smoke methamphetamine) and then I like a little bit of fentanyl* [intravenously injected after] *my meth because* [methamphetamine] *will get me up too high. And then I used (smoked) crack.'"*

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

Opioids

Throughout OSAM regions, respondents continued to report low current availability of heroin and high current availability of fentanyl. The consensus was that fentanyl has supplanted heroin. Comments included: *"Heroin* [availability], *we could probably all agree on, that's probably about a '0' (extremely low). Fentanyl has replaced it; Everybody switched to fentanyl; All I hear these days is fentanyl. Clearly, heroin's nowhere to be found; It's harder to get heroin anymore … it's really hard. I can't even remember the last time that I'd seen real, genuine heroin; If you can find heroin, congratulations."* A primary reason for heroin's low availability is that fentanyl is cheap. Compared with heroin, fentanyl is more profitable for drug traffickers and more attractive for consumers due to its higher potency and considerably lower price points.

Law enforcement explained: *"The* [drug] *cartels have figured out that they don't have to depend on a crop when it comes to fentanyl* [like they do with heroin and poppy production]. *Plus, I remember when both* [heroin and fentanyl] *were available, people still wanted the fentanyl. They wanted the*

more potent drug … and [drug cartels] *don't have to depend on a foreign country to import their opiates; In the last six months, I don't recall not a single case where it's been strictly heroin. It's normally fentanyl or some derivative of fentanyl; From a business perspective, it makes no sense to even mess with heroin…. They sell fentanyl for the same price that they sell heroin for and it's probably one of the cheapest drugs for any cartel to push; Fentanyl is much cheaper to make. It makes more money, faster. That's why you don't see* [heroin].*"*

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

Treatment providers reported similar observations, saying: *"Financially, it makes sense to sell fentanyl; I don't think I've seen a positive* [drug] *screen for heroin since I worked here (Erie County, Toledo region) in five years. It's always fentanyl; Fentanyl … is way more powerful and it's easier to produce…. And as far as the demand, it comes from the user, and if they can … purchase … a larger quantity of something cheaper and get the same or similar effect, they're going to do that. So, the demand for fentanyl has increased; Fentanyl has just taken over. I can't even remember the last time I've heard a client say that they were using heroin."*

Consumers were also in agreement. Comments included: "[The availability of heroin has] *changed dramatically (decreased) because fentanyl is stronger, is cheaper. So, the dealers are using fentanyl for everything now and eliminating heroin;* [Heroin] *got phased out…. The* [drug cartels] *quit … bringing it in because nobody wants it; Fentanyl is a lot cheaper and a lot stronger so people buy that more because you can 'cut' (adulterate) one ounce into ten* [ounces] *instead of buying heroin and turning one into three* [ounces] *(you get more bang for your buck with fentanyl)."*

Respondents overwhelmingly described fentanyl as pervasive; not only is the drug easily available throughout OSAM regions, but it is also adulterated into almost all other drugs. Consumers remarked: "[Fentanyl] *is probably more popular today than it has ever been. It's everywhere. Everybody I know has done it; Not only just fentanyl … I'd say that every street drug around is being cut with it. So, whether you want fentanyl or not, you're going to get it; Make one phone call,* [fentanyl] *comes delivered to you."* Treatment providers commented: *"Fentanyl is very available…. I would say it's the number one substance … that individuals are testing (drug screening) positive for upon arrival into treatment; Fentanyl's the new high fructose corn syrup…. It's in everything."* A member of law enforcement added, *"Just everything that we collect* [during arrests and seizures] *has fentanyl in it…. I think we pretty much*

expect [every drug specimen is] *going to have some fentanyl in it….”*

And, like crack cocaine and methamphetamine, street solicitation and free testers of fentanyl are common in urban areas. Consumers shared: *“Oh,* [fentanyl] *is readily available. And you don't even have to know anybody. I can walk down the street and* [drug dealers] *are handing me testers (free samples of fentanyl) … absolutely anywhere; In Cleveland, if I drive to the right gas station,* [fentanyl] *is very easily available; You can get* [fentanyl] *down at the bus station; I'd be walking down the street, and a drug dealer will pull up and ask me what I need* [and obtain fentanyl]*;* [Fentanyl is] *everywhere … everyone is either using or selling* [fentanyl]*; In the Mahoning County area … Trumbull* [County] *(Youngstown region) …* [fentanyl is available in] *every convenience store, on the* [street] *corners…. Fentanyl is a real big thing right now….”* Treatment providers agreed, commenting: *“If they walk down to the gas station to buy a pack of cigarettes, somebody is asking them* [if they want some fentanyl]*; Depending on where they're at, they can just stay there long enough … whether it be a corner store or a gas station,* [and fentanyl] *will be offered; They can get* [fentanyl] *just walking down the street, basically.”*

In addition, respondents attributed high demand for fentanyl to its highly addictive nature and the increasing number of people that are physically dependent on it. Fentanyl is not only a cheap adulterant, but drug dealers also add it to other drugs to intentionally increase dependency, thus ensuring repeat business. Comments included: *“People can't get off of it (fentanyl is highly addictive); The addictive side of* [fentanyl] *is for the selling part of it.* [People will] *come back;* [Fentanyl] *is like something you eventually need…. You rely on it to feel normal; In Shelby County (Dayton region) …* [fentanyl availability is a] *‘10’ (high) because a lot of people are addicted. We have people that are just standing at the local gas station* [experiencing withdrawal symptoms and waiting to buy fentanyl]*; People … in active addiction with* [fentanyl] *… they need it to get up and function and to go on about their day … if you don't have it, you can't function; Once you start on* [fentanyl]*, you're going to be ‘dope sick’ (experience opioid withdrawal) and you have to have it. It's not even an option. You have to have it.”*

Consumers noted the short duration of fentanyl's high that causes people to seek it more frequently, while also noting the extreme opioid withdrawal symptoms they experience in the absence of fentanyl. Consumers reported that since fentanyl is more potent than heroin, the opioid withdrawal symptoms are more severe. Consumers discussed: “[The high from fentanyl use] *just doesn't last long. It makes you want more; Kind of like ‘crack’ (crack cocaine)…. You chase* [fentanyl]*, just like crack;* [Fentanyl] *addiction, it seems stronger. Like when I was just doing heroin … even my* [opioid] *withdrawals were different. Like it's a whole different ball game.* [Withdrawals are] *more intense when you come off of* [fentanyl], *so nobody wants to come off of it….”*

Respondents throughout OSAM regions, reported high current availability of fentanyl-pressed pills. While these pills are pressed and imprinted with legitimate pharmaceutical markings, many who make street purchases know that these pills are imitation and contain mostly fentanyl. However, some consumers continue to report not knowing that they had purchased a fentanyl-pressed pill. Consumers shared: *“I took a Xanax®, and it was pressed with fentanyl (counterfeit pill made to resemble Xanax®) and I almost died (overdosed) thinking I took a Xanax®. Yes,* [fentanyl-pressed pills are] *super-duper available; I did a fake ‘perc 30’ (illicit pill resembling Roxicodone® 30 mg, aka ‘dirty 30’) and it had fentanyl in it and arsenic and some other stuff in it … all I know is I snorted* [the pill] *and I woke up four Narcan® later (naloxone was administered to reverse the overdose) … and I am in the hospital; All Percocet®* [purchased illicitly] *are fake, it's all fentanyl.”*

Law enforcement reported: *“‘Dirty 30s' are everywhere. You can buy them in large amounts; We've been buying* [‘dirty 30s’] *by the hundreds;*

Between 80 and 90% of the pills that you would think are Percocet® … they're pressed with fentanyl; Seems like any pills … now are pressed, pressed-fentanyl pills." A treatment provider in the Columbus region noted, *"We're seeing clients … that are coming in (enrolling in treatment), reporting to us that they're using … prescription opiate medications that they're finding or buying on the streets, but they're not testing positive for those substances (prescription opioids). They're testing positive for other substances, particularly fentanyl…. They're saying that they're using Percocet®…. I would bet dollars to donuts that they're going to test positive for fentanyl when we do their initial urine drug screen."*

The overall availability of heroin has remained the same, low, during the past six months throughout OSAM regions, while the overall availability of fentanyl has remained the same, high, for most OSAM regions. There was no respondent consensus as to an increase or no change in fentanyl availability for Athens, Cleveland, and Dayton regions. 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 Athens region, where heroin case incidence has increased from 36 to 58, the Cleveland region, where heroin case incidence has increased from 38 to 53, and the Dayton region, where heroin case incidence has increased from 47 to 70. BCI crime labs reported that the incidence of fentanyl and fentanyl analogue cases they process has increased during the reporting period for three OSAM regions (Athens, Cleveland, and Dayton) and decreased for all other OSAM regions. BCI labs reported processing 11 cases of carfentanil from throughout OSAM regions during the reporting period (one case each from Akron-Canton and Cincinnati regions, four cases from the Columbus region, two cases from the Toledo region, and three cases from the Youngstown region), an increase from one case throughout OSAM regions during the previous reporting period. BCI labs noted fentanyl continues to be seen in complex mixtures.

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

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

In addition to BCI reporting, other crime labs in Cleveland and Dayton regions submitted heroin, fentanyl, and carfentanil incidence data. Cuyahoga County Regional Forensic Science Lab (Cleveland region) and Miami Valley Regional Crime Lab (Dayton region) reported that the incidence of heroin, fentanyl, and fentanyl analogue 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 heroin in counterfeit pressed pills. Crime labs indicated processing the following fentanyl analogues: acetylfentanyl, benzylfentanyl, fluoroacetyl fentanyl, fluorofentanyl, fluoro valerylfentanyl, methylacetylfentanyl, and valeryl fentanyl. Cuyahoga County Regional Forensic Science Lab and Miami Valley Regional Crime Lab did not report processing any cases of carfentanil during the reporting period.

Other data sources indicated heroin and fentanyl as available throughout OSAM regions. Ohio Department of Public Safety (ODPS) reported drug task force seizure of 4.5 kilograms (9.9 lbs.) of heroin from throughout OSAM regions during the reporting period; of which, 74.3% was seized from the Akron-Canton region. ODPS reported drug

task force seizure of 179.6 kilograms (395.1 lbs.) of fentanyl from throughout OSAM regions during the reporting period; of which, 44.9% was seized from the Cincinnati region. Fairfield County Municipal Court (Columbus region) reported that, of the 4,893 positive adult drug specimens it recorded during the past six months, 1.8% was positive for fentanyl. Summit County Juvenile Court (Akron-Canton region) reported that, of the 83 fentanyl tests it performed during the past six months, 1.2% was positive for fentanyl. Millennium Health reported that 0.2% of the 139,475 urinalysis specimens submitted for heroin testing during the past six months was positive for heroin, while 4.8% of the 151,227 urinalysis specimens submitted for fentanyl testing was positive for fentanyl.

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

Region	Heroin		Fentanyl	
	% Tested Positive	Number Tested	% Tested Positive	Number Tested
Akron-Canton	< 0.1%	10,707	2.5%	12,049
Athens	0.1%	14,168	3.8%	15,372
Cincinnati	0.5%	31,440	7.5%	33,193
Cleveland	0.1%	24,771	2.2%	26,665
Columbus	0.2%	25,651	3.2%	26,931
Dayton	0.1%	3,624	2.2%	4,104
Toledo	0.4%	19,255	9.5%	22,775
Youngstown	< 0.1%	9,859	1.1%	10,138
Total	0.2%	139,475	4.8%	151,227

GPRA Intake: Opioid Use during the Past 30 Days

Region	Heroin		Fentanyl	
	% Yes	Total N	% Yes	Total N
Akron-Canton	1.2%	337	6.8%	336
Athens	10.1%	218	9.3%	215
Cincinnati	5.4%	1,062	13.3%	1,056
Cleveland	4.0%	1,120	7.7%	1,120
Columbus	3.5%	1,424	24.6%	1,423
Dayton	0.8%	246	8.5%	246
Toledo	5.1%	433	16.2%	433
Youngstown	5.0%	218	5.5%	217
Total	4.2%	5,058	14.3%	5,046

GPRA (Government Performance and Results Act) data collected from 5,058 persons entering publicly funded SUD treatment programs during the past six months found 4.2% reported heroin use 30 days prior to intake; and GPRA data collected from 5,046 persons entering publicly funded SUD treatment programs during the past six months found 14.3% reported fentanyl use 30 days prior to intake.

Coroner and medical examiner offices in the counties of Cuyahoga (Cleveland region), Hamilton (Cincinnati region), Montgomery (Dayton region), and Scioto (Cincinnati region) reported that 2.9%, 3.4%, 2.4%, and 5.0%, respectively, of all drug-related deaths they recorded this reporting period (309, 175, 381, and 40 deaths) involved heroin; and 100.0% of all heroin-related deaths they recorded (9, 6, 9, and 2 deaths, respectively) also involved fentanyl. Regarding fentanyl case incidence, coroner and medical examiner offices in the counties of Athens, Cuyahoga, Hamilton, Montgomery, and

Scioto reported that 85.7%, 70.6%, 82.9%, 78.5%, and 72.5%, respectively, of all drug-related deaths they recorded this reporting period involved fentanyl. In addition, Cuyahoga County Medical Examiner's Office reported that 1.0% (N = 3) of the 309 drug-related deaths it recorded involved carfentanil. Coroner and medical examiner offices in the other reporting counties did not find carfentanil present in any of the drug-related deaths they recorded.

Montgomery County Sheriff's Office (Dayton region) along with Montgomery County Regional Agencies Narcotics and Gun Enforcement (R.A.N.G.E.) Task Force and FBI Safe Streets Task Force executed a search warrant in Dayton and arrested three people on felony drug charges; officers seized a large quantity of fentanyl, a large quantity of fentanyl-pressed pills, crystal methamphetamine, crack cocaine, and a firearm (www.wdtn.com, Aug. 2, 2023). Montgomery County R.A.N.G.E Task Force and the FBI Safe Streets Task Force executed a search warrant at a residence in Trotwood and arrested two people after seizing a substantial amount of fentanyl, heroin, crystal methamphetamine, cash, and a firearm (www.daytondailynews.com, Aug. 4, 2023). With the arrest of five people, Southeast Major Crimes Task Force ended a long-term investigation surrounding major drug suppliers from Columbus (Franklin County) regularly delivering fentanyl and crack cocaine to Meigs and Athens counties (Athens region); during a traffic stop of one of the suspected drug traffickers, officers seized two ounces of fentanyl, and at the same time, officers made a controlled buy of fentanyl from a home in Meigs County that was the usual destination for the drug deliveries (www.wsaz.com, Aug. 8, 2023). Columbus Police arrested 43 people during its regularly occurring "Operation Unity," a multi-agency crackdown on crime in Franklin County; in total, officers seized 164 grams of cocaine, 153 grams of fentanyl, 148 grams of marijuana, 53 grams of methamphetamine, 23 grams of heroin, 11 illegal guns, seven stolen cars, and $7,137 (www.nbci4.com, Aug. 10, 2023). Montgomery County R.A.N.G.E. Task Force, with assistance from the FBI Safe Streets Task Force, executed two search warrants in Englewood and Dayton, arresting three people after finding a substantial amount of money, drugs, and firearms; in total, officers seized 6.5 kilograms of methamphetamine, 2.5 kilograms of fentanyl, and several ounces of heroin and cocaine (www.whio.com, Sept. 15, 2023). Washington County Sheriff's Office Crime Interdiction Unit (Athens region), working with K9 officers, conducted a series of traffic stops on Interstate 77, during which they arrested four people and confiscated approximately 50 grams of fentanyl, a gram of crack cocaine, three grams of powdered cocaine, and approximately three grams of methamphetamine (www.mariettatimes.com, Sept. 26, 2023). Ohio State Highway Patrol conducted a two-day violence reduction initiative in Cleveland that resulted in 43 arrests and seizure of 27 illegally possessed firearms, six stolen vehicles, and unspecified amounts of powdered cocaine, crack cocaine, heroin, methamphetamine, fentanyl, ecstasy, and prescription pills (www.wkyc.com, Sept. 27, 2023). Ohio Attorney General released an alert that carfentanil has been increasingly present in overdose deaths; law enforcement in Franklin County were cited as recently having confiscated three kilograms of carfentanil during a drug seizure (www.wdtn.com, Sept. 29, 2023). Butler County Sheriff's Office (Cincinnati region) executed a search warrant at an apartment in Middletown and arrested two people after finding 2.38 grams of fentanyl, 48 pressed-fentanyl pills, 11 clonazepam pills, 9.15 grams of cocaine, two firearms, and $4,000; officers arrested a man and woman for drug possession and trafficking (www.wlwt.com, Oct. 4, 2023). Belmont County Sheriff's Office (Athens region) executed a search warrant at an apartment complex in Bellaire and arrested six people on multiple counts of possession and trafficking of a fentanyl-related compound and cocaine; officers seized two ounces of raw fentanyl and more than an ounce of crack cocaine (www.timesleaderonline.com, Oct. 6, 2023). Butler County Sheriff's Officers

(Cincinnati region) arrested two people during a traffic stop in Monroe; with the aid of a K9 unit, officers discovered an unspecified amount of fentanyl, which the Sheriff said was, "enough to kill 1.5 million people" (www.journal-news.com, Oct. 16, 2023). U.S. Customs and Border Patrol officers in Cincinnati (Hamilton County) seized three shipments of fentanyl and two shipments of xylazine (www.local12.com, Oct. 30, 2023). Washington County Sheriff's officers (Athens region) arrested three men from Akron (Summit County) during a traffic stop in Salem Township for possession and trafficking fentanyl; agents with the Southeast Major Crimes Task Force stopped the vehicle, and with the aid of a K9 officer, found nearly 90 grams of suspected fentanyl and 5.8 grams of suspected cocaine (www.mariettatimes.com, Nov. 3, 2023). Akron Police officers, investigating an overdose death, arrested two men after executing a search warrant of a home and seizing 390 grams of methamphetamine and two handguns, and ecstasy pills, cocaine, and marijuana from one of the suspect's car; officers arrested the men on various drug charges, including fentanyl trafficking, with one of the men also charged with corrupting another with drugs and involuntary manslaughter in connection to the overdose death (www.fox8.com, Nov. 6, 2023). Officials with the U.S. Department of Justice announced that 11 individuals had been arrested for their part in a Cleveland-based fentanyl distribution network with Italian suppliers; allegedly, an inmate in an Ohio prison orchestrated the import of significant quantities of fentanyl, synthetic opioids, and synthetic cannabinoids to be distributed in Ohio and neighboring states (www.wkyc.com, Nov. 14, 2023). During the execution of a search warrant, Jefferson County Drug Task Force agents (Athens region) arrested two people on multiple drug charges after discovering the pair possessed 222 fentanyl-pressed pills, nine grams of fentanyl, and five firearms (www.wtov9.com, Dec. 19, 2023).

Adulterants

Consumers throughout OSAM regions most often rated the current overall quality of heroin as low to moderate and of fentanyl as high. On a scale of '0' (poor quality, "garbage") to '10' (high quality), the regional modal quality scores for heroin ranged from '1' for Cincinnati and Youngstown regions to '7' for Athens, Columbus, and Toledo regions, and the regional modal quality scores for fentanyl ranged from '5' for the Cincinnati region to '10' for Akron-Canton, Athens, Cleveland, and Columbus regions. Consumers throughout OSAM regions continued to report that the overall quality of heroin has remained the same or decreased during the past six months, while the overall quality of fentanyl has remained the same for most regions. However, the consensus in Akron-Canton, Cleveland, and Toledo regions was that fentanyl quality has increased.

Due to the reported low availability of heroin, many consumers could not rate the current quality of heroin because they have not encountered heroin during the past six months. One consumer stated, *"No,* [I can't rate heroin quality/purity] *because it's usually fentanyl."* Other comments indicating unknown or low quality of heroin included: *"Garbage … because it's not heroin. It's fentanyl; Yeah* [heroin is poor quality]. *It's all fentanyl;* [Heroin] *is few and far between (difficult to obtain). So, if you can get it, I think the purity is probably going to be low; I'd probably say '3' (low quality) or '4' (moderate quality) … but then they spike it up (adulterate heroin) with fentanyl to make it* [better] *quality."*

In rating the current quality of fentanyl as high, consumers agreed that the potency of the drug is generally high. One consumer remarked, *"Obviously a '10' (fentanyl is high quality) if it's killing people."* However, throughout OSAM regions, consumers described the current quality of fentanyl as variable. Discussions included: "[Fentanyl quality] *is lower than towards the inner city because out here in a rural county it gets cut down (adulterated heavily) compared to the inner*

city; [Quality] *definitely depends on where you get* [fentanyl] *from. On average, I'd say probably half the people sell good quality and half of them, cut it with something else and sell bad quality; It depends on what dealer you go to. Some people are going to sell it raw (unadulterated)…. And then some people buy it, and then they cut it … you don't really get anything off it and then you go to a different person and then you end up overdosing because you get raw fentanyl; Sometimes* [fentanyl quality] *is good and sometimes it bad, it changes week over week."*

A consumer explained that supply also dictates quality. For instance, a large law enforcement seizure of fentanyl may temporarily limit the amount of fentanyl in a location. A consumer explained, *"Now,* [fentanyl quality/purity is] *really dependent off of busts (law enforcement seizures)…. A trap house (house where drugs are sold and used) gets hit, then you can expect for the next following weeks, it's not going to be as good* [quality]*, because now they're trying to recoup on the money they lost (and heavily adulterate what supply is left). Then* [quality] *will get really strong again … it just fluctuates. Sometimes it's going to be more cut than others."*

Consumers discussed adulterants (aka "cuts") that affect the quality of heroin and fentanyl, and throughout OSAM regions, consumers continued to report that fentanyl remains the top cutting agent for heroin, while they reported the top cutting agents for fentanyl as powdered sugar and xylazine (aka "tranq," a powerful sedative that the FDA has approved for veterinary use only that is naloxone resistant). Consumers in most OSAM regions discussed fentanyl cut with xylazine, except for Athens, Cleveland, and Columbus regions. And consumers in the Cincinnati region also discussed heroin cut with xylazine, while consumers in the Toledo region mentioned heroin adulterated with carfentanil and "tranquilizers."

Regarding xylazine cut into heroin/fentanyl, consumers said: *"Xylazine, fentanyl* [are cut into heroin]*; I would say fentanyl or xylazine* [are common adulterants for heroin]*; They cut* [fentanyl] *with xylazine; Xylazine* [is the most common adulterant for fentanyl]*; You don't even know if* [fentanyl] *is real or not anymore…. No,* [it's not always fentanyl or a fentanyl analogue]*. It might be … like a horse tranquilizer or some type of tranquilizer … xylazine…. You never know what you're going to get; The xylazine, they are putting it in* [fentanyl]*, the 'tranq dope.' I've noticed a huge difference…. It gives a bigger punch (it's more potent than fentanyl); I know a lot of* [drug dealers] *out here that are using the tranquilizer … xylazine, something like that … sometimes Narcan® won't even bring you back; This last time I got fentanyl, they put xylazine in it…. I was knocked down for three days straight, couldn't get up to do anything."*

Treatment providers also discussed fentanyl adulterated with xylazine. Providers in the Columbus region shared: *"It always scares* [people who use fentanyl] *if you tell them there's xylazine in* [fentanyl]*…. The moment you mention an animal tranquilizer inside of it, and that Narcan® can't reverse it (an overdose), then it's* [a look of fear]*. And then and they want to ask questions and, 'What do I do?' … They still do it (fentanyl). But it puts a little bit of fear in them;* [My treatment clients] *don't care* [if fentanyl is adulterated with xylazine]*."*

Additional cuts for heroin/fentanyl mentioned included: acetaminophen, acetone, antacids, arsenic, aspirin, baby formula, baby laxatives, baby powder, baking soda, brown sugar, bouillon cubes, carfentanil, cocaine, coffee, coffee creamer, cosmetics (powder foundation), creatine, fiber, gabapentin, headshop cutting agents, heroin (for fentanyl), inositol (dietary supplement), ketamine, laxatives, LSD (lysergic acid diethylamide), mannitol (diuretic), MDMA (methylenedioxymethamphetamine, ecstasy/ "Molly"), melatonin, methamphetamine, MSM (methylsulfonyl-methane, a joint supplement), oral numbing agents, PCP (phencyclidine), plant food, prescription opioids, "rizzy" (bromadol, a potent narcotic analgesic), sedative-hypnotics (benzodiazepines, muscle relaxants), sleep aids,

soda pop, steroids, sugar, vinegar, and vitamins (B/B-12, C, D). Crime labs throughout OSAM regions indicated many adulterants found in heroin/fentanyl.

Cutting Agents Reported by Crime Labs for Heroin/Fentanyl
acetaminophen, benzodiazepines, caffeine, cocaine, designer benzodiazepines, diphenhydramine (antihistamine), fentanyl/fentanyl-related compounds (for heroin), heroin (for fentanyl), inositol (dietary supplement), ketamine, lidocaine (local anesthetic), mannitol (diuretic), medetomidine (animal surgical anesthetic and analgesic), methamphetamine, nitazene compounds, PCP (phencyclidine), quinine (antimalarial), sorbitol (artificial sweetener), tramadol, xylazine (animal sedative)

Street Names

Current street jargon includes many names for heroin and fentanyl. Throughout OSAM regions, consumers continued to note "boy," "dog food," and "slow" as the most common street names generally for heroin. And since heroin and fentanyl have become synonymous in that dealers sell fentanyl as heroin, many of the street names for heroin are also used in reference to fentanyl ("boy" and "slow"). However, the most common street name for fentanyl remains "fetty." A consumer declared, *"Fetty's the most common* [street name for fentanyl]."

Law enforcement in the Cincinnati region explained that during purchases, people use street names for heroin, but they purchase fentanyl. They discussed: *"Sometimes … when we make a purchase* [undercover] *… we use the same terminology for heroin and it 100% now comes back* [from lab analysis] *for fentanyl. But even trying to get heroin, if you would actually want heroin, I don't know that you can even get it right now…. When we make a controlled buy, it's always ordered up as heroin…. They call it 'boy,' 'boy's' heroin (we ask for 'boy' and receive fentanyl); They'll even just call* [fentanyl] *'slow' (another term for heroin)."* Consumers stated: *"'Boy' is* [the] *most common* [street name for fentanyl]*; In the hood (inner city neighborhood) I know 'boy'* [is a common street name for fentanyl]*."*

Other street names are shortened forms of the words "heroin" ("H") and fentanyl ("fent" and "fet"), or they are a play on these words ("confetti" and "fettuccini" for fentanyl; "heron" and "Ron" for heroin). Comments included: "[Heroin] *is still … 'H;' 'Ron' is short for heroin; 'Confetti' … because of 'fetty' like fentanyl."* Consumers continued to note that street names for both heroin and fentanyl often reference their sedative effect ("slow" and "turtle") or are references to other street names ("Alpo" for "dog food;" "pup" for "dog;" "man" for "boy").

Regarding "blender action" as a street name for fentanyl, consumers in the Columbus region offered: *"'Blender action'* [is a street name for fentanyl]*; I would not buy* ['blender action']

Current Street Names for Opioids		
	Heroin	**Fentanyl**
Most Common	**boy, dog food, slow**	**boy, fetty, slow**
Other	**Alpo, black, black berries, brown, brown stallion, chi/China/China white, dirt, dog, dope, food, gravel, H, heron, horse, Mexican mud, point, pup, Ron, slow, smack, tar**	**Alpo, blender action, blues (pills), chi, China white/white, confetti, dirty 30s (pills), dog/dog food/food, dope, fent, fet/fetty wap/wap, fettuccini, get well, man, nod, smack, soul collector, turtle**

because that sounds like it's 'cut' (adulterated); [The street name 'blender action' is] *also telling you that you got to cut (adulterate)* [fentanyl]. *Like if you got some of that blender action, you need to cut this* [because it is potent]. *"* Lastly, in addition to "dirty 30s" for fentanyl-pressed pills, consumers also reported "blues" as another street name. A consumer remarked, *"I have heard 'blues' on the fake '30s' (counterfeit Roxicodone® 30 mg). It's the color … blue, fake 30s."*

Pricing

Throughout OSAM regions, consumers identified the most common quantity of purchase for heroin as a gram for $80-120. Reportedly, 1/10 gram of

Naloxone

Analyses of consumer survey data administered at the time of the focus groups found that the majority (91.6%) of the 333 consumers who responded to questions regarding naloxone reported having heard of naloxone. Of those 305 consumers who had heard of naloxone and responded to survey questions regarding naloxone administration, 37.5% reported having had naloxone used on them to reverse an opioid overdose and 41.9% reported having used naloxone on another person to reverse an opioid overdose. Of the 305 consumers, 87.9% reported that they knew where to obtain naloxone, 70.8% reported having ever obtained naloxone, and 36.6% reported current possession of naloxone.

Treatment providers reported that people who use fentanyl are aware of naloxone and access it. They said: *"Narcan® availability…. They go to these* [trap] *houses, or wherever they're at, and each one of them has a Narcan®* [dose] *or two because it's free and distributed; I know two people in particular that* [use fentanyl together to prevent fatal overdose] *… literally one would do a hit* [of fentanyl] *… overdose, his buddy would Narcan® him (administer naloxone), he'd wake up, the other one would overdose, buddy would Narcan® him…."*

Those who reported ever obtaining naloxone reported having obtained it from one or more of the following sources: drug treatment agency (49.1%), pharmacy (23.6%), medical clinic (21.3%), syringe services program (SSP) (20.4%), Project DAWN (Deaths Avoided With Naloxone, a community-based overdose education and naloxone distribution program sponsored by Ohio Department of Health) (16.7%), mental health agency (15.7%), doctor's office (8.8%), and harm reduction vending machine (1.4%). In addition, 19.0% reported having obtained naloxone from a different source: community event, county fair, family members and friends, food bank, hospital, jail/prison, local health department, police department, street outreach, recovery meeting, and Veterans Affairs (VA).

Among all 333 consumers, 49.2% 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 164 consumers that had seen a naloxone emergency kit in a public place, the locations for naloxone overdose emergency kits reported were: church, courthouse, doctor's office, food bank, homeless shelter, hospital, jail/prison, library, local health department, medical clinic, mental health agency, pharmacy, police station, public restroom, recovery group, recovery housing, restaurant, store, syringe services program, training center, treatment center, and workplace.

Law enforcement discussed naloxone in public spaces as saving lives. A member of law enforcement in the Columbus region shared, *"The* [emergency call] *I just went on, the guy overdosed at* [a restaurant], *he had almost 30 grams of fentanyl on him…. The lady (restaurant employee) … hit him with two things (administered two doses) of Narcan®."* Columbus Fire Department (Franklin County) reported administering 1,406 total doses of naloxone to 1,082 individuals during the reporting period.

heroin most often sells for $10-20, and 1/2 gram most often sells for $40-60. The most common quantity of purchase for fentanyl is a gram for $50-100. Throughout most OSAM regions, 1/10 gram (aka "point") of fentanyl sells for $10-20; 1/2 gram sells for $35-40; 1/8 ounce sells for $80-150. In addition, consumers throughout OSAM regions reported that pressed-fentanyl pills typically sell for $2-5 each. Overall, consumers indicated that the prices of heroin and fentanyl have generally remained the same during the past six months, except for the Youngstown region where consumers reported decreased fentanyl pricing.

The price discussion of heroin and fentanyl repeatedly circled back to how prices can vary depending on who you are (type of customer, dealer, etc.), quality/potency, the amount you buy (better prices for bulk), and location. However, in general, consumers viewed heroin as more expensive than fentanyl although due to scarcity of heroin without fentanyl, many stated they could not provide pricing for heroin during the past six months. One consumer remarked, *"I feel like a gram of real heroin would go for like damn near a thousand dollars because … it's nowhere."* Other comments included: *"It's stupid to buy heroin when you can buy fentanyl; It's more expensive* [than fentanyl]*, so people don't want* [heroin]*."* Regarding variable pricing for heroin, consumers discussed: *"Last time I bought actual heroin, it was $100 a gram;* [Heroin pricing is] *all in who you know;* [Heroin pricing] *depends on the person (buyer) too; Yeah,* [a half gram of heroin costs] *$40 to $50, $50 to $60 depending on who the person is;* [Heroin pricing depends on] *how close you are to* [the dealer]*;* [Heroin] *can be like $60 a gram, but it can be up to $120."*

Consumer discussions of fentanyl pricing included: "[The price of fentanyl depends on who you are] *and how good the 'dope' (fentanyl) is; And how much they're spending; If you want trash* [fentanyl]*, you can get a gram for $50; If you are just a person going to a drug dealer you would probably spend like $100 on a gram; For myself, a gram* [of fentanyl] *is like $80; I say to your average person that's using it,* [fentanyl costs] *$80 to $100* [a gram]*…. People selling for $50 to a person that's using it, that's bad business (the price is too low for a good profit); Yeah, $80 a gram* [is common price for fentanyl]…. [But] *I'll sell it for $60;* [The cost of fentanyl] *all depends on who you are…. Depending on literally who you are because it's sold to everybody for a different price … some people would be happy to pay a … super high price* [and] *don't care because they make that type of money;* [The price of fentanyl] *depends on location too; In* [certain neighborhoods in Cleveland] *a gram* [of fentanyl] *is like $50; If you're buying more (fentanyl in bulk amounts), it's cheaper, obviously."*

In the Dayton region, consumers discussed capsules (aka "caps") filled with fentanyl selling for $10 each. A consumer said, *"The dope dealers usually buy the quantity (large amounts of fentanyl) and then they come back and break it down and sell it in caps … double their money."* Lastly, consumers reported that in general, if someone had legitimate prescription opioids, they could confidently sell them for more than counterfeit, at least $1-2 per milligram. Thus, a dealer might be able to sell pressed pills for the same price if they can pass them off as legitimate, but it's possible they will need to drop the price. Consumers commented: "[Counterfeit prescription opioids sell for the] *same price* [as legitimate ones] *when* [buyers] *don't know they're fake. They're pressing them to make them look real; I couldn't give* [counterfeit prescription opioids] *away at $4 apiece; You can get a whole slew of them for just a couple dollars … $2 to $3….* [If someone was selling legitimate prescription opioids]*, probably at least a dollar a milligram. So, a '30' (Roxicodone® 30 mg) … $30 to $60."*

Route of Administration

Throughout OSAM regions, intravenous injection (aka "shooting") remains the most common route of administration (ROA) for heroin and fentanyl. Consumers estimated that out of 10 people that use heroin and/or fentanyl, 5-10 would shoot, 0-5 would snort, and 0-2 would smoke the drug(s).

Consumers expressed that ROA for heroin and fentanyl are the same. Comments included: *"I feel like heroin users are along the lines of fetty users. They're shooters or snorters;* [Routes of administration for fentanyl are] *the same* [as heroin]. *Snorting it or shooting it or smoking it…. I think a lot of new users are smoking it because it seems safer."*

While intravenous injection is the most prevalent ROA for heroin and fentanyl, consumers discussed a progression of use. One consumer stated, *"If they're new, like they just started doing* [drugs]*, no,* [injecting of heroin/fentanyl is not most common]. *People are scared of needles in the beginning, but then once they experience 'sickness' (opioid withdrawal symptoms) and they can't pay for their dope (heroin/fentanyl) … it gets expensive. So then, when they see their buddy … he spent $20 and I spent $120 and he's twice as high as I am, then they tend to switch over to the needles (learn that shooting in more efficient/effective)…. But if you've got an early user, then they're going to be snorting it. Everybody starts out snorting it."* However, consumers also discussed people who prefer intravenous injection reverting to snorting in time due to vein damage. A consumer shared, *"I preferred shooting* [heroin]. *But like, I tore my veins up, so I'd snort it a lot, as did other people."* Moreover, consumers discussed snorting and/or smoking in the absence of a syringe. A consumer commented, *"Only reason they're smoking* [fentanyl] *is they couldn't find a needle probably* [for intravenous injection]*."*

Consumers also noted that ROA preference for drug use generally, social setting, and people with whom one uses heroin/fentanyl often determine ROA. Comments included: *"Just from personal experience, I would say* [how people use fentanyl] *just* [depends] *on how you like to get high (use other drugs). If you're used to … 'banging' (intravenously injecting) … you're going to bang* [fentanyl]. *If you're used to snorting,* [you're going to snort fentanyl]. *I'm a snorter. I like to push it up my nose; I personally never used needles, so I just snorted* [fentanyl]…. *I think it just really depends on the crowd of people. People I was around, majority of us just snorted it; I smoked* [fentanyl] *… and the crowd I ran around with smoked it; I think* [fentanyl] *smoking is more socially acceptable, too. Like somebody* [who injects drugs]*, you might look at them like, 'Oh my God.' But somebody smoking, they're like, 'Oh, he's just smoking it … still a good guy;' You're right, people look at you crazy if you bust a needle out (intravenously inject drugs); I've seen people do all three … shoot, snort … smoke* [heroin]. *It just depends on what trap house you're at (how others are using)…."*

There was disagreement as to smoking as an ROA for heroin and fentanyl. Most consumers reported smoking as infrequent, while some consumers, particularly in the Columbus region, indicated smoking as common. Note smoking of heroin and fentanyl typically refers to "freebasing" (placing heroin/fentanyl on aluminum foil, holding a flame under the foil, and inhaling the resulting vapors, usually through a glass straw). Comments included: *"I have never seen anyone smoke* [heroin] *… it is either snorting it or shooting it; I don't really know anyone that smokes* [fentanyl]*; I think I've only seen one person smoke heroin … and it was a very long time ago; I've never seen anybody smoke it, that's for sure…. Never even heard of that; I didn't realize there was a lot of people smoking* [heroin]. *And it's more than what you would think;* [Heroin] *is smoked on foil (freebasing)."*

Consumers in the Columbus region discussed: *"Right now, in 2024, they're smoking* [fentanyl]. *I'd say nine* [smoke it and the other one would] *inject it…. That's changed … over the last probably … 18 months to two years…. A lot more people smoke now. Which made me wonder … could that be that the potency went up? Because they say that you can't smoke it if* [the quality is] *not that good; Yeah. A lot more people smoke* [fentanyl] *now…. They claim that it works better (gets them higher)…."* In terms of ROA for fentanyl-pressed pills, consumers reported oral consumption (swallowing). Additional ROAs mentioned for heroin/fentanyl were "parachuting" (placing

heroin/fentanyl in tissue and swallowing) and "boofing" (anal insertion).

Analyses of consumer survey data administered at the time of the focus groups found that, of the 333 consumers who responded to survey questions regarding injection drug use, 42.0% reported injection drug use, of which 71.4% reported having ever shared syringes to inject drugs. Of those 139 consumers who reported injection drug use and responded to the survey question regarding methods of obtaining sterile/unused syringes, the most common methods of obtainment were from drug dealers (46.8%), pharmacy (45.3%), other people who inject drugs (44.6%), syringe services program (40.3%), and family members and friends (33.8%). Other data sources submitted incidence data of injection drug use. GPRA data collected from 5,086 persons entering publicly funded SUD treatment programs during the past six months found 6.9% reported injection drug use 30 days prior to intake.

GPRA Intake: Injection Drug Use during the Past 30 Days

Region	% Yes	Total N
Akron-Canton	3.9%	337
Athens	7.7%	221
Cincinnati	6.3%	1,067
Cleveland	3.7%	1,121
Columbus	11.7%	1,441
Dayton	5.7%	247
Toledo	5.8%	434
Youngstown	3.2%	218
Total	6.9%	5,086

Analysis of GPRA demographic data of all intake clients that indicated injection drug use during the past 30 days found that, of those who endorsed injection drug use, 50.3% was male, 64.2% was under the age of 40 years, and 93.1% indicated White as their race.

GPRA Demographic Data of All Intake Clients Who Injected Drugs during the Past 30 Days (N = 352)[1]

Male	50.3%
Female	48.0%
18 - 29	15.6%
30 - 39	48.6%
40 - 49	25.6%
50 - 59	9.1%
60 +	1.1%
White	93.1%
African American	9.2%
Other race[2]	2.6%
Hispanic/Latino	3.1%

[1]Gender total does not equal 100.0% due to six individuals reporting as gender non-conforming or transgender. Total percentage for race (N = 349) is greater than 100.0% due to some individuals indicating more than one race. Ethnicity (N = 351). [2]Chinese, Japanese, Native American, Native Hawaiian, and/or unspecified other race.

Hepatitis C and HIV

Of the 332 consumers who responded to the survey question regarding Hepatitis C testing, 74.1% reported ever having been tested for Hepatitis C, while 19.6% reported never having been tested, and 6.3% reported that they did not know if they have ever been tested. Of those 246 consumers who had been tested for Hepatitis C, 40.2% reported having been told by a medical professional that they have Hepatitis C. In addition, of the 332 consumers who responded to the survey question regarding HIV (human immunodeficiency virus) testing, 78.0% reported having ever been tested for HIV, while 16.9% reported never having been tested, and 5.1% reported that they did not know if they have ever been tested. Of those 259 consumers who had been tested for HIV, 2.3% reported having been told by a medical professional that they have HIV.

Typical Use Profile

Throughout OSAM regions, consumers and community professionals continued to most often report that there is no profile for typical heroin and fentanyl use. Consumers commented: *"Addiction does not discriminate;* [There are] *not* [specific trends for drug use] *anymore nowadays; Rich, poor, old, or young* [use heroin]*;* [Fentanyl] *effects everybody … I've seen business suits, I've seen homeless, middle class. I think just about everybody* [uses fentanyl]*;* [Fentanyl use is] *across the board (all demographics); People that you never would think are using* [fentanyl]*; Seriously, all walks of life* [use fentanyl]*; I've seen every kind of person in the 'dope boy's' (drug dealer's) house* [buying heroin/fentanyl]*…. The suit-and-ties (professionals) and all of them. It doesn't matter…."*

Community professionals agreed, saying: "[There isn't a common profile for fentanyl use] *anymore. Not anymore. Everyone uses fentanyl now; I don't think fentanyl segregates, you see a wide range of people … using; It's not like certain drugs used to be back in the day where you could kind of put a profile on them; Kind of everybody's typically using* [heroin/fentanyl] *at this point."*

However, there was discussion that people who prefer heroin are typically older and of higher socio-economic status than people who regularly use fentanyl. Consumers reported: *"For real heroin? That is like the older group. Maybe 50s to 60s or older; The old people, they still like their heroin because it's what they know…. That fentanyl scares them, so they just stick to what they know; Upper age. About 30 to 60* [years]*;* [Heroin] *is old school; Most of the people that I knew of* [using heroin] *had mommy and daddy's money. So, it didn't matter, male or female. If your parents were wealthy, you probably did heroin … it's an upper-class drug."*

Community professionals commented: *"The pure heroin user is older. I would say maybe mid- to late-40s is probably the youngest I've seen of someone who's a pure heroin user; For* [typical] *heroin* [use], *specifically, the age range is more like 40 and older … folks that were able to get heroin in the '80s and '90s and have experience with it. I don't know a lot of younger folks, under 30* [years of age]*, that know much about heroin. They know more about fentanyl; The ones that are actively searching for heroin, typically are middle income compared to the* [people who use] *fentanyl."* Although heroin is viewed as preferred by older people of higher SES, a consumer stated, *"The younger kids nowadays, they use fentanyl, but if they can't get their hands on fentanyl and they can get their hands on heroin, they're snatching up that heroin…. So, at the end of the day … I think that would just be an even thing across the board."*

Common descriptors of heroin use were White people and "same as fentanyl," while descriptors of fentanyl use frequently included White people, young people, and low socio-economic status. Comments included: "[Heroin use is] *going to be that same category as fentanyl. It's just that opiate* [demographic]*;* [Common demographics for people who use heroin are] *very similar, almost identical to* [people who use] *fentanyl; It seems like your longtime heroin users have all switched to fentanyl, probably because of availability;* [Typical heroin use] *falls towards the same people as the fentanyl…. I do feel like heroin goes into the Black community a little bit more* [than fentanyl] *but not by any significant margin.* [Typical fentanyl use] *is still largely going to be like below the poverty line, White community; The vast majority* [of people who use fentanyl] *would be probably 19- to 35-year-old White folks;* [Fentanyl use is] *still …* [most common among] *lower income, White* [people] *in like early 20s to 40s is what* [law enforcement is] *still seeing…."*

Other descriptors of heroin/fentanyl use discussed included: history of prescription opioid misuse/pain issues/injury/ trauma, methamphetamine use to "speedball" (concurrent or consecutive stimulant and depressant highs), blue-collar jobs (laborers, construction, and factory work), and sex work. Respondents shared: "[People who use] *'meth' (methamphetamine)* [are

more likely to use fentanyl as well]*;* [People use fentanyl] *from being up* [on methamphetamine]*; I had an injury and then pain killers and then went to the streets; Back surgery then pain management then you find a dealer that is open all the time; It's people who have unresolved emotional issues and trauma* [self-medicate with opioids]*; It's a lot of blue-collar workers who have a lot of chronic pain but have also been using a long time and their tolerance has gotten to the point that they need something stronger such as fentanyl."*

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, 58.7% was male, 64.3% was under the age of 40 years, and 88.7% indicated White as their race. Analysis of GPRA demographic data of all intake clients that indicated fentanyl use during the past 30 days found that, of those who endorsed fentanyl use, 52.2% was male, 65.8% was under the age of 40 years, and 90.1% indicated White as their race.

GPRA Demographic Data of All Intake Clients Who Used Opioids during the Past 30 Days	Heroin (N = 213)[1]	Fentanyl (N = 722)[2]
Male	**58.7%**	**52.2%**
Female	**40.4%**	**46.8%**
18 - 29	**19.7%**	**20.9%**
30 - 39	**44.6%**	**44.9%**
40 - 49	**23.5%**	**22.7%**
50 - 59	**10.3%**	**9.4%**
60 +	**1.9%**	**2.1%**
White	**88.7%**	**90.1%**
African American	**10.8%**	**11.1%**
Other race	**7.1%[3]**	**4.0%[4]**
Hispanic/Latino	**2.4%**	**3.6%**

[1]Gender total does not equal 100.0% due to two individuals reporting as gender non-conforming or transgender. Total percentage for race (N = 212) is greater than 100.0% due to some individuals indicating more than one race. Ethnicity (N = 212). [2]Gender total does not equal 100.0% due to seven individuals reporting as transgender. Total percentage for race (N = 720) is greater than 100.0% due to some individuals indicating more than one race. [3]Native American, Native Hawaiian, unspecified other race, and/or Vietnamese. [4]Chinese, Filipino, Japanese, Korean, Native American, Pacific Islander, unspecified other race, and/or Vietnamese.

Use Combinations

Many other substances are used in combination with heroin and fentanyl. However, consumers reported that these drugs are most often used with crack/powdered cocaine and methamphetamine. Consumers explained using heroin/fentanyl with cocaine and methamphetamine to speedball, to "prevent overdose," and when experiencing opioid withdrawal symptoms.

Consumers discussed: *"'Crack' (crack cocaine) is an upper (stimulant) and you normally want to get a downer (heroin/fentanyl)* [to] *level it out; There is a lot of older people that use* [heroin] *with crack … because of the up and down … it's a speedball;* [Heroin] *is a downer (depressant). It will chill you out…. It will level you out* [from crack cocaine use]*;* [Heroin is used in combination with] *crack because it reverses the effects of falling asleep from 'nodding out' (passing out/overdosing); Any type of stimulant* [is combined with heroin]*; Adderall® … it's a stimulant mixed with a downer (heroin);* [Methamphetamine will] *bring you up* [from heroin use]*; You can't do* [heroin unless] *you use* [methamphetamine] *or you're going into* [opioid] *withdrawal; People do meth, and they get too speedy (over-stimulated), so they* [use fentanyl] *to bring themselves down; I will smoke* [fentanyl] *after I snort meth to bring me back down so I can sleep;* [Fentanyl and methamphetamine] *together counteract the effect from the other … and create a balance; Meth keeps you from overdosing* [on opioids]*…. Keeps them alive."*

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 heroin/fentanyl and help to alleviate opioid withdrawal symptoms are alcohol, gabapentin, marijuana, prescription opioids, and sedative-hypnotics. Consumers offered: *"I would assume alcohol* [is used in combination with heroin]. *It would intensify the effects of* [heroin]*; This is a slippery slope (dangerous),* [but Xanax®] *makes the heroin feel stronger (more potent);* [Heroin with Xanax®] *increases the buzz (high);* [Heroin is used in combination with marijuana] *because it gives you a more intense high and it keeps you higher longer;* [The combination of fentanyl and sedative-hypnotics causes] *a lot of deaths … that's how a lot of people die (fatally overdose). But people* [use sedative-hypnotics and fentanyl in combination] *all the time…. Slows your heart rate and your respirations and all your organs down;* [Fentanyl is used in combination with] *heroin … because … they are both downers …* [fentanyl] *just makes* [heroin] *a little stronger."*

Comments regarding other drugs used with heroin/fentanyl included: *"PCP (phencyclidine)* [is used in combination with fentanyl]*, it's a euphoric thing. That and GHB (gamma-hydroxybutyric) because they are in the club scene;* [Gabapentin] *makes the effects stronger (intensifies the opioid high); People have literally smashed* [fentanyl] *up into 'bath salts' (substituted cathinone)."*

Substances Used in Combination with Heroin/Fentanyl	
Most Common	**crack/powdered cocaine, methamphetamine**
Other	**alcohol, bath salts, gabapentin, GHB, marijuana, MDMA, PCP, prescription opioids, prescription stimulants, sedative-hypnotics**

Prescription Opioids

Respondents throughout OSAM regions continued to report low or moderate availability of prescription opioids for illicit use, primarily due to prescribing restrictions and pharmacy regulations that have considerably curbed the supply for diversion. Respondents described safeguards that help ensure appropriate opioid prescribing and use, discussing: *"The doctors aren't giving them out (prescribing opioids) as easily as they used to in the past and they flag* [patient medical records] *in the system if they're trying to get them at the ER (emergency room);* [Patients that are prescribed opioids are subject to] *pill counts (medication is counted to confirm that it is taken as prescribed) and drug testing … you got to sign some kind of … contract … for your doctor stating that you will not … 'pass dirty' (test positive for illicit drugs); The doctors are definitely more aware of* [illicit prescription opioid use] *… they are doing their homework and reviewing the patients' histories* [in OARRS, Ohio Automated Rx Reporting System] *before they prescribe* [opioids]; [Doctors] *write less* [opioid] *prescriptions because … society has seen the effects of overprescribing."*

Some consumers noted reduced opioid prescribing for medical procedures and injuries. They stated: *"You can't even go to the dentist now* [and be prescribed opioids after dental surgery]. *You only get straight Tylenol® or ibuprofen or Motrin®. You used to be able to get Percocet®* [prescribed]*; They gave me 'percs' (Percocet®) when I had a C-section (cesarean section). And then when I went back for more (requested a refill of my prescription), it was like, 'You can have some ibuprofen;' Something's really got to be wrong with you, like a car accident, if that, to get some percs."*

Respondents predominantly reported obtaining prescription opioids for illicit use from someone with a prescription, such as people with chronic pain, a medical condition, and/or the elderly. Comments included: "[Availability of prescription opioids for illicit use] *pretty much depends on if*

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

you know someone that is prescribed; The only time I really recently had [prescription opioids for illicit use] *is when my mom broke her arm and I just took them all; The 55 and older community that get* [opioids prescribed]*;* [Someone with] *cancer; If I hear anyone … using someone's pills (prescription opioids),* [they say]*, 'Oh, my grandma gave it to me,' or, 'I got it from my neighbor.'"* Consumers offered that selling all, or part, of a prescription is profitable, stating: *"Because of the money that you can make off of* [selling prescription opioids]*, a lot of people get prescribed the medicine and then turn around and sell it; They'll be calling around trying to sell* [their prescription opioids] *because they need to make that money."*

However, several treatment providers observed that people who are prescribed opioids typically take the medication as prescribed, contributing to the low supply available for diversion. They remarked: *"I feel like* [opioids are] *not very readily prescribed … and anyone who is prescribed it is taking it* [as prescribed]*; Most people who are prescribed this medication (prescription opioids), they are taking their 'meds' (medication)* [as prescribed]*; The people who get the 'scripts' (prescriptions)* [for opioids]*, they're using them now … people are holding on to those scripts now…. They're not peddling them."* And a consumer in the Columbus region added, *"Your pain doctor (pain management doctor) because that's the only way to get* [opioids prescribed] *nowadays, they're going to drug test you* [to verify the presence of prescribed opioids at levels consistent with your dose]*…. So, anybody that does get* [a prescription for opioids] *knows not to sell them or they're not going to get them* [prescribed] *anymore."*

Law enforcement reported low street availability of prescription opioids, sharing that they rarely confiscate prescription opioids during arrests and seizures. They said: *"Every now and again you may have like five or six Percocet® in a baggy … it's not really trending too much; Many of our confidential sources just do the fentanyl, meth, and 'crack' (crack cocaine). Sometimes we see fentanyl-pressed pills (illicit pills that resemble prescription opioids)…. There have been no prescription pills … confiscated in the last year; It's more just the other opioids (heroin/fentanyl)* [that are available]*; We just haven't seen* [prescription opioids] *that much lately. There are still pills out there, but we really haven't seen, run into a lot of them."*

Due to low supply and high cost of prescription opioids for illicit use, respondents indicated that consumers have turned to cheaper, more potent alternatives, mainly fentanyl. Reports included: *"One* [prescription opioid] *pill cost 20, 25, or 30*

bucks, whereas you can get a tenth gram of heroin or fentanyl for $20; They're paying a premium for those (prescription opioids); That's what I started out on was pain pills (prescription opioids) and it … just got to the point where it was so expensive and … scarce…. It's just fentanyl kind of took over [because it's an] *easier option and it's stronger and … cheaper; Everybody switched to 'fetty' (fentanyl); With how easily available 'meth' (methamphetamine) and fetty is, I don't really think there's much of a demand for* [prescription opioids]*."*

Respondents discussed sources for obtainment of prescription opioids for illicit use to include doctor prescribing, online sources, and drug dealers. Regarding doctor prescribing, consumers revealed: *"You can get* [opioids] *prescribed, but … the quantity is definitely a lot lower than it used to be. I used to get them prescribed monthly. It was like 45* [pills a month]. *Now, … I'd probably get 15* [pills prescribed a month]*; There are pain management doctors out there that will* [prescribe opioids]*; It's people that are really needing* [prescription opioids] *getting them* [prescribed]*, to where people can't go to the emergency room and get* [prescribed] *as easily as it used to be."* And a member of law enforcement in the Columbus region mentioned, *"People that don't go to the doctor themselves, it's harder for them to find* [prescription opioids]*…. And a lot of the 'oxy' (OxyContin®) prescriptions that we see too, they're for shorter* [durations]*, like a three to four- or five-days max."*

Although less common, prescription opioids for illicit use are reportedly available from certain dealers and online sources. Respondents provided: "[Prescription opioids for illicit use are available from] *family, friends, or buying them off the 'dark web' (websites operated by criminal enterprises); They order* [prescription opioids] *online;* [People usually obtain prescription opioids from] *a dealer and people you know* [with a prescription] … *I know quite a few dealers that have them."* However, some respondents indicated that there is a chance of purchasing counterfeit/fake prescription opioids from these sources. They cautioned: *"I know that* [prescription opioids are purchased from] *online pharmacies, but I don't think a lot of them are real (legitimate)…. They're ordering them online but … you can clearly see that they're fake and have the fentanyl in them; I think there's just dealers out there that are doing (selling) pressed pills and saying it's pure (legitimate prescription opioids) and it's not."*

Overall, availability of prescription opioids for illicit use has remained the same during the past six months throughout OSAM regions. Respondents reported consistently low availability of prescription opioids for illicit use due to decreased prescribing and high prices. They explained: *"Not in the last six months,* [availability of prescription opioids for illicit use has] *been* [low] *for years now…. That's the reason why* [demand] *increased for heroin and fentanyl* [as alternatives]*; Heroin and fentanyl are cheaper … and they're prescribing* [opioids] *less; I would say probably within the last 10 years* [prescription opioids have] *really been scarce; They are making everyone go to pain management now* [for opioid prescriptions and prescribing less]*."*

Some respondents, especially consumers and treatment providers in the Cleveland region, reported that the availability of prescription opioids for illicit use has continued to decrease in the past six months. They reasoned: *"I'd say* [the availability of prescription opioids for illicit use has] *been on a steady decline, not a big drop, but a little less available* [during the past six months]*; Doctors aren't prescribing* [opioids] *as much as they were before, so people don't have them. People that need them, they take so many, and they might sell some of them, but they don't sell as many now because they are cutting back on* [prescribing]*; I think it's a little bit harder* [to get legitimate prescription opioids on the street] *now and every six months* [that] *goes by. It's a little bit harder because of the prescription … regulations that have been put in place by the Board of Pharmacy."*

In addition, respondents noted high prevalence of counterfeit prescription opioids containing fentanyl. They most frequently discussed Illicit pressed pills resemble Roxicodone® 30 mg (aka “perc 30s”), referred to as “dirty 30s.” Consumers offered: *“So, there’s lots of ‘Percocet®’ around but it’s actually pressed fentanyl … the real ones are hard to find; You’re taking a chance* [when you purchase pills sold as prescription opioids on the streets] *because it could be dirty; Nine times out of ten if they’re available on the streets, they’re probably a pressed pill.”* In the Cincinnati region, a treatment provider warned, *“I've had a couple of* [clients] *die (fatally overdose) … off the pressed fentanyl pills … they thought they were Percocet®,”* and a consumer cautioned, *“The thing about those pressed ones … no two of them are the same, because they’re not … regulated. So … out of the same batch, you get one that could be really strong, and one could be hardly anything, so you don’t really know what you’re taking. It’s a lot more dangerous* [buying pills on the street]*….”*

Most consumers believed that people knowingly purchase counterfeit prescription opioids, and fewer unintentionally purchase them. They shared: *“I was getting* [counterfeit prescription opioids] *before I came in here (treatment) and I knew they were fake. I didn't give a damn because they still had fentanyl in them. At the end of the day, I needed an opiate to make me not ‘sick’ (experience opioid withdrawal symptoms, aka ‘dope sickness’); They probably buy* [counterfeit Percocet®] *because they think it’s safer* [to consume fentanyl in pill form]*;* [Some people] *don't know that they're pressed until … they do them and they're ‘strung clear out’ (incapacitated from drug use).”* A member of law enforcement in the Youngstown region stated, *“They're selling fake ‘M30s’ and oxys as fentanyl pills. So, a lot of these are pressed pills….* [Consumers] *know what they're getting at this point. It's not a surprise anymore, so to speak, because true prescription pills … we're not seeing any of that now.”* A consumer in the Columbus region described pressed pills, commenting, “[Pressed pills look different than legitimate prescription opioids] *and they don’t hold up. They crunch right down or fall right apart (crumble). They’re never pressed though to the quality of an actual (legitimate) pill.”*

Regarding types of prescription opioids available for illicit use, Percocet® is reportedly most available throughout OSAM regions. Respondents also indicated OxyContin® as most available in half of OSAM regions (Akron-Canton, Cincinnati, Toledo, and Youngstown), and Vicodin® as most available in Cincinnati, Cleveland, and Dayton regions. Respondents reportedly prefer the potency and quick effect from Percocet®. Comments included: *“Percocet® are the ones that are most desired on the streets…. Sometimes you can get some delayed reaction on pills, like plain oxys, but the Percocet® … isn't enteric coated or anything like that (not time released), so they like that high … it’s better, quicker; Everybody wants them ‘perc 5s’ (Percocet® 5 mg) so they can crush them up and snort them.”*

In terms of OxyContin® and Vicodin® availability, treatment providers in the Cleveland region shared: *“If I have heard of anyone using* [prescription opioids illicitly]*, it’s Vicodin® … it’s not as strong as the oxy, and if someone is injured* [it is more likely to be prescribed than other prescription opioids]*;* [Vicodin®] *are being prescribed by the dentist most frequently. I feel like those are the ones most available on the street.”* And consumers explained: *“OxyContin® and Norco® are very easy to get from cancer patients basically, my grandpa has cancer … that’s about all I heard about with the opiates is Norco® and OxyContin®; It’s a toss-up between percs and ‘vics’ (Vicodin®)* [being most available on the streets]*. It’s like Vicodin® is kind of like your starter and then Percocet® is like where you end up … if you’re just a straight pill guy (prescription opioids are your drug of choice).”*

Some consumers noted that lower dose prescription opioids are most available for illicit use because they are more commonly prescribed, and pills sold as higher dose prescription opioids are likely to be counterfeit. They stated: *“The real*

ones would be a lower dose of like Percocet® or Vicodin®. Anything higher [dose] *than that's fake … fentanyl; Oxycodone® 5s (5 mg)* [are available for illicit use]*. They don't really prescribe anything bigger (higher dose) than that."* Ohio Bureau of Criminal Investigation (BCI) crime labs reported incidence data for each of the most available prescription opioids identified by OSAM respondents. In addition to the drugs presented in the table, BCI labs reported processing few cases of morphine from each OSAM region.

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

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

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

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

Other data sources indicated prescription opioids as available for illicit use. Fairfield County Municipal Court (Columbus region) reported that, of the 4,893 positive adult drug specimens it recorded during the past six months, 5.8% was positive for oxycodone. Coroner and medical examiner offices in the counties of Cuyahoga (Cleveland region), Hamilton (Cincinnati region), Montgomery (Dayton region), and Scioto (Cincinnati region) reported that 7.8%, 8.6%, 6.8%, and 5.0%, respectively, of all drug-related deaths they recorded this reporting period (309, 175, 381, and 40 deaths) involved prescription opioids. GPRA (Government Performance and Results Act) data collected from 5,086 persons entering publicly funded SUD treatment programs during the past six months found that 3.9% reported illicit prescription opioid use 30 days prior to intake. Millennium Health reported that during the past six months, 3.3% of 149,226 urinalysis specimens tested for oxycodone/oxymorphone was positive, and 4.8% of 125,717 urinalysis specimens tested for morphine, codeine, hydromorphone, and hydrocodone was positive.

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

Region	% Yes	Total N
Akron-Canton	1.5%	337
Athens	5.4%	221
Cincinnati	4.1%	1,067
Cleveland	4.6%	1,121
Columbus	3.7%	1,441
Dayton	2.0%	247
Toledo	4.8%	434
Youngstown	3.7%	218
Total	3.9%	5,086

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	8.3%	12,339	14.4%	7,872
Athens	2.1%	14,848	3.7%	12,221
Cincinnati	1.1%	32,899	3.6%	28,415
Cleveland	3.4%	25,776	3.9%	22,339
Columbus	5.9%	25,509	5.3%	23,324
Dayton	1.4%	4,195	2.9%	3,280
Toledo	1.9%	23,208	3.8%	18,712
Youngstown	3.2%	10,452	5.3%	9,554
Total	3.3%	149,226	4.8%	125,717

Street Names

Current street jargon includes many names for prescription opioids. Consumers reported that street names for prescription opioids are commonly shortened versions of brand names. They stated: *"I just called them straight up (by the brand name); Percs, vics."* Consumers also indicated that street names for prescription opioids describe the pill color ("blues" for Percocet® 5 mg), pill shape ("skateboards" for Percocet® 7.5 mg), milligram strength ("10s" for Percocet® 10 mg), or imprint on the tablet ("M box" for Roxicodone® 30 mg). They explained: *"You got 'skateboards,' you got 'RPs' (Percocet® imprinted with 'RP' indicating the supplier, Rhodes Pharmaceuticals L.P.)…. It's all dependent on what the pill looks like. Skateboards are … like an oval pill, it looks like a skateboard, that's a '7.5' (Percocet® 7.5 mg). RPs are the round ones…."*

Pricing

Current street prices for prescription opioids were reported by consumers with experience buying the drugs. Consumers in the majority of OSAM regions reported that Percocet® 5 mg typically sells for $10-15, and as low as $6 for bulk purchases in the Cincinnati region, and Percocet® 10 mg most often sells for $15-30. Roxicodone® 30 mg typically sells for $40-60, and as high as $70 and $80 in Akron-Canton and Athens regions, respectively. And Vicodin® 5 mg most often sells for $5-10, and as high as $15-20 in the Toledo region, while knowledge of OxyContin® pricing was limited to the Cincinnati region ($10 for OxyContin® 5 mg) and the Youngstown region ($1 per mg).

Current Street Names for Prescription Opioids	
General	beans, pills, Skittles®
Hydrocodone	hydros
OxyContin®	OCs, oxy/oxys
Percocet®	*General:* cets, jerks, Ps, percs/perks, perky/perkies, RPs, yercs/yerkies *5 milligrams:* 5s, blueberries, blues *7.5 milligrams:* skateboards *10 milligrams:* 10s
Roxicodone®	15s, 30s, blue birds, Johnnies, M30s, M box, M percs, perc 30, Roxies
Ultram®	trams
Vicodin®	Vs, vics, vikes

Consumers described overall high prices for prescription opioids for illicit use, primarily due to low supply. They shared: *"You can charge as much as you want for* [prescription opioids on the streets]*;* [Prescription opioids for illicit use are] *more* [expensive today] *because they're harder to find … they'll pay more for the real thing; It's a seller's market. It ain't a buyers' market; If somebody really wants* [prescription opioids] *and they're going to be sick without them, they're going to pay whatever they need to pay for them."*

In addition to supply and demand, consumers reported that prescription opioid pricing also depends on the dealer, quantity purchased, and type. Responses included: "[Prescription opioid street pricing varies] *depending on who's selling it, the supply and demand, and how much is on the streets; Some people give you a deal if you buy more* [prescription opioids]*. If they are going for $60 for one* [pill]*, but if they are told they are going to sell them for $30 for bulk buy, then people will try to get like 20 to 30 of them; Vicodin® are probably a little bit cheaper because people want percs…."*

Consumers reported that the price of prescription opioids has remained the same or increased during the past six months. Those that reported consistent pricing noted that the price has increased over time but remained the same during the past six months, while those who indicated increased pricing cited low supply. Consumers said: "[The price of prescription opioids on the streets has been] *about the same for the last six months. Over the last two years, it's definitely increased;* [Prices have] *increased. Supply and demand … basic economics*."

Route of Administration

The most common routes of administration (ROAs) for illicit use of prescription opioids remain snorting followed by oral consumption, except for the Cleveland region where snorting is reportedly secondary to oral consumption. Consumers most often estimated that out of 10 people that use prescription opioids illicitly, 5-10 would snort and the remainder would orally consume the drugs. Consumers reported that it is common for consumers to orally consume prescription opioids for illicit use initially, and progress to snorting for the quicker and stronger effect. Consumers remarked: *"Most all pills I think people crush them and snort them; I had a real bad pill addiction for probably a good ten-year stretch, and when I started, I just ate (orally consumed) them, but after a while … I upped it (progressed) to snorting them; They start off orally* [consuming prescription opioids] *and then just move into the quicker feeling (snorting)."*

Several consumers indicated that ROA depends on the type of prescription opioid, explaining: "[ROA for prescription opioids is] *very dependent on what* [type] *they are; Percocet® are like half Tylenol®, so I say you eat them, but like OxyContin®, snort them; If you have Vicodin®, it's got Tylenol® in them, and nobody wants to snort all that Tylenol®…. If they're the OCs (original OxyContin® without the misuse deterrents) … they're much better for snorting; I would eat the vics 5s and 10s, but I snorted '30s' (Roxicodone® 30 mg); I smoked 30s, but it wasn't my thing. It tasted* [bad]*; Snorting, if it was percs, vics, definitely; The fentanyl patches, the gel, there were people eating the gel and 'boofing' (anal insertion) it as well."*

In addition, reportedly few consumers intravenously inject and smoke prescription opioids, including "hot railing" (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). Consumers described tamper-resistant measures that make it challenging to crush and dissolve some prescription opioid pills that make intravenous injection difficult. They offered: *"They make* [prescription opioids] *to where you can't 'shoot' (intravenously inject) it;* [Prescription opioids] *gel up* [when you try to intravenously inject them]*;* [Prescription opioids have] *got a* [tamper-resistant] *gel coating. You've got to cook it out of it (break it down to an injectable form) in a microwave."*

Typical Use Profile

Respondents throughout OSAM regions most often reported that there is no typical profile for illicit prescription opioid use. They elaborated: *"There's not a certain kind of person anymore* [who illicitly uses prescription opioids]*; Everyone uses pills … everyone talks about it and rappers sing about it. Everyone is popping pills;* [Prescription opioids are] *almost like it's an equal opportunity drug. I think people from all ages are using those. I don't see one certain age group or anything. I don't think those discriminate … it could be men, women, it could be young, it could be older. I don't think it matters what their income is. I just think it's across the board; I think just the regs (regulations) and the education around prescribing* [opioids] *has really changed the outcome. So, it's like harder to get I think for all socio-economic* [groups]*, it's just harder for everyone to get."*

While respondents reported that "anyone" could use prescription opioids illicitly, they also frequently used the following descriptors: people with an injury/chronic pain, middle to high socio-economic status, and older people, although misuse often starts at a young age. Comments included: *"My addiction started* [to get] *really bad after … I had a head trauma, and they gave me 50* [prescription opioid pills] *a week for two months and then just cut me off (stopped prescribing). And that's when I started buying them* [on the street]*; For the … person who doesn't have resources, they're moving towards some of these cheaper products (street drugs)…. But people that have some resources, and can still access* [legitimate prescription opioids]*, they'll pay* [a high] *price; Professionals are more likely to* [illicitly] *use pills (prescription opioids) because they feel that since they come from the medical field, they're not as dirty as like heroin or whatever; The older crowd, they have access to the doctors and the scripts."*

Analysis of GPRA demographic data of all intake clients that indicated illicit prescription opioid use during the past 30 days found that, of those who endorsed illicit prescription opioid use, 50.0% was male, 56.0% was under the age of 40 years, and 77.4% indicated White as their race.

GPRA Demographic Data of All Intake Clients Who Used Rx Opioids Illicitly during the Past 30 Days (N = 200)[1]

Male	**50.0%**
Female	**47.5%**
18 - 29	**24.5%**
30 - 39	**31.5%**
40 - 49	**21.0%**
50 - 59	**17.0%**
60 +	**6.0%**
White	**77.4%**
African American	**25.1%**
Other race[2]	**5.5%**
Hispanic/Latino	**4.0%**

[1]Gender total does not equal 100.0% due to five individuals reporting as gender non-conforming or transgender. Total percentage for race (N = 199) is greater than 100.0% due to some individuals indicating more than one race. [2]Filipino, Native American, unspecified Asian race, and/or Vietnamese.

Use Combinations

Many other substances are used in combination with prescription opioids. Consumers reported that prescription opioids are most often used in combination with other depressants (alcohol, marijuana, and sedative-hypnotics) for the potentiating effect, and stimulants (crack and powdered cocaine and methamphetamine) to counteract the depressant effect or "speedball" (concurrent or consecutive stimulant and depressant highs). They described the "double downer" effect from combined depressant use, saying: *"The effects of drinking* [alcohol] *on* [prescription opioids intensifies the effect] *because they are both downers; Drinking the alcohol* [in combination with prescription opioids] *to intensify it, make it hit faster;* [Prescription opioids are used in combination with marijuana to] *keep the feeling going (prolong the opioid high);* [Sedative-hypnotics used in combination with

prescription opioids because it] *just intensifies them both."*

Consumers also discussed the combined effects of prescription opioids and stimulants. They stated: "[Prescription opioids are used in combination with cocaine for] *the up and down effect (speedball); Drinking* [alcohol] *and cocaine* [are often used in combination with prescription opioids] *because you got speedballs and drinking the alcohol to intensify it, make it hit faster…. Cocaine to get the body numb, then the body don't stop (counteracts depressant effect); Sometimes the* [prescription] *opioids fade you out (cause you to pass out) and they want to be 'up.' So, they do a picker-upper (methamphetamine);* [Methamphetamine is] *like their contingency plan* [to prevent opioid overdose]." Although reportedly less common, heroin/fentanyl and prescription stimulants are also reportedly used in combination with prescription opioids. Consumers mentioned: "[Heroin/fentanyl are used in combination with prescription opioids for] *more opiates (to prolong and intensify the opioid high); A family member used to use* [prescription opioids] *with Adderall®. They would mix them like cocktails…. They would crush it all up together and call them cocktails. It's a speedball."*

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

Buprenorphine

Buprenorphine, a medication for opioid use disorder (MOUD), remains highly available for illicit use throughout OSAM regions. Respondents continued to report illicit buprenorphine use in between, or when trying to stop, heroin/fentanyl use to help manage opioid withdrawal symptoms (aka "dope sickness"). Community professionals observed: *"If you're buying* [buprenorphine on the streets], *you're in need. You're just trying not to get sick (experience opioid withdrawal symptoms); A lot of times individuals seek Suboxone® (buprenorphine) almost like a placeholder. So, they're not looking for daily Suboxone® use, or like a ton of it, but they'll use Suboxone® if they … cannot get something else (heroin/fentanyl). And so sometimes dealers will give them a Suboxone®* [dose], *or a day's worth of Suboxone®, to get them through the negative impacts (opioid withdrawal) until they can get to fentanyl."*

Consumers offered that some people self-treat opioid use disorder (OUD) with buprenorphine purchased on the streets. They discussed: *"If there's heroin, there's going to be Suboxone®. So, if you can't get heroin, you're going to get some Suboxone®…. Oh, dope sickness is the worst. I'd … rather be hit by a car … anything* [than experience opioid withdrawal]*; You see a bunch more people trying to get help … trying to do it under the table (obtain buprenorphine without a prescription); Not everybody has insurance, not everybody has money for doctors…. I bought* [buprenorphine] *off the street for a long time before I was able to afford to get them* [prescribed] *myself. And … if I didn't have it, would I have used* [heroin/fentanyl] *and maybe 'OD'd' (overdosed)?"*

Respondents indicated that it is easy to obtain a prescription for buprenorphine, contributing to a high supply available for diversion. Consumers described: *"It's easy just to go get your own* [buprenorphine prescription] *from the doctor too … the street availability* [is high] *because everybody has it* [prescribed]*;* [Buprenorphine is] *highly available* [on the streets], *but it's easiest to just go get your own* [buprenorphine prescription]*; Anybody can get* [a buprenorphine prescription]. *You just go* [to a clinic], *test positive for opioids, and they'll prescribe them to you; It's probably less headache to get* [buprenorphine prescribed]

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

buprenorphine is sometimes prescribed for pain management. A member of law enforcement in Cincinnati said, *"Every now and then we'll see some 'bupe' (buprenorphine) out there (on the streets) because it's written off-label for pain … because … it's not an opiate (not a full opioid agonist), but it can have a pain killing effect."*

yourself [than purchasing buprenorphine on the streets]. *Then you got* [reliable access to] *them."* And a treatment provider in the Athens region stated, *"If they're getting their Suboxone® it's because it's prescribed. Very rarely do I see somebody (a treatment client) that has some on them that's not prescribed."*

In addition to obtaining buprenorphine prescriptions in-person from clinics, telehealth services are also reportedly utilized. Consumers shared: *"You can go online to a doctor … pay to have a prescription, and they send you a prescription. And then they send you a cup to pee in (complete a urinalysis drug test) and you just send it back to them; I used to just get on an app and FaceTime somebody (a telehealth prescriber) for like not even five minutes and they'd send me* [buprenorphine]*; You can just get* [buprenorphine prescribed through a telehealth provider] *online and get it. Go pick up a prescription* [at your local pharmacy] *that day, same day."* A treatment provider in the Toledo region added, *"I have so many clients that are getting Suboxone® prescribed online from a telehealth doctor. So, I don't know if they are taking it* [as prescribed] *or turning around and selling it, but that is making it easily available now…."* Some respondents also reported that

Respondents recognized that buprenorphine is sometimes used as a currency on the streets and sold or traded for illicit drugs. Consumers remarked: *"In the drug world, people usually go to the Suboxone® clinic and sell their Suboxone® for drugs …* [buprenorphine has] *money value on the street; 'I'm going to keep one* [buprenorphine dose and] *sell these….' They keep the one back so they can pass the drug test (test positive for buprenorphine) … for the doctor. Other than that, they're trading the rest of them for drugs; You can take your prescription of 'subs' (Suboxone®) … and trade them for whatever you want."*

Treatment providers concurred, commenting: *"I do unfortunately think some clients are accessing legitimate medication-assisted treatment (MOUD) programs and they are diverting their medications and using that money to buy other substances;* [Buprenorphine] *becomes an income because of the street value of it … somebody could be prescribed it that maybe doesn't even take the full amount, maybe doesn't take any at all…. It's quick money."* A member of law enforcement in the Athens region noted, *"We have done two or three* [undercover] *controlled buys* [of buprenorphine], *but like most of the time … a lot of the people that are prescribed* [buprenorphine] *are basically*

trading them off for food stamps and stuff like that."

Respondents had mixed feedback regarding buprenorphine purchases from drug dealers. Consumers reported: *"Dealers are selling* [buprenorphine] *with other things (drugs); A lot of people (dealers) don't want you to quit* [opioids]*; I've heard people say it's a conflict of interest … having Suboxone®* [to sell because they profit off of selling heroin/fentanyl]*."* Similarly, law enforcement provided observations of buprenorphine encounters on the street. They stated: *"We've got a lot of people prescribed* [buprenorphine]*, but we don't really come into contact with it* [on the streets]*;* [Buprenorphine is] *out there. It's not something we really go after; We see* [buprenorphine] *quite a bit as far as when we conduct narcotics related search warrants. When we're inside a residence after we hit it, there's generally always some type of* [buprenorphine] *inside of these places where they will sell it, whether it be the 'strips' (sublingual filmstrips) … pills…. A lot of traffickers generally sell it; If we're … investigating a trafficker and we … recover heroin and fentanyl, we're going to see* [buprenorphine] *alongside it."*

Some respondents observed varied buprenorphine prescribing requirements. Treatment providers pointed out: *"Other community agencies don't require IOP (intensive outpatient program) or any other form of counseling* [when prescribing buprenorphine]*, so people just go get* [a prescription]*; Unfortunately, a lot of prescribers give it to them (prescribe buprenorphine), like, 'Here's a month's worth (30-day supply),' and they're not stable enough to have a month's worth. So, then they're selling their supply to other people…. I think it would be helpful if they got less (smaller quantity prescription) from the doctor at the time* [of the initial appointment, and] *coming back* [for follow-up visits] *more frequently; We have doctors that overprescribe* [buprenorphine]*, never dose them down (reduce the dose)."*

Some consumers reported eased buprenorphine prescribing requirements. They relayed: *"As far as like the ways to get* [a buprenorphine prescription]*, it's easier. Before you had to jump through all these hoops to get it. You had to go to counseling sessions and all this.* [Now]*, you can get it online and order anything off the web; You could be withdrawn, or not have any drugs* [in your system]*, and go into a clinic, tell them you are withdrawing, and they'll give you* [buprenorphine] *prescriptions; I've noticed in my local area that there's like three new* [MOUD] *clinics. One time they wrote me a 'script' (prescription), I didn't even go in* [for an appointment]*, and they gave me two weeks' worth…."*

While highly available on the streets, many respondents noted that buprenorphine is typically used as prescribed. Consumers described the benefits of buprenorphine, stating: *"They're not coming off of them (diverting buprenorphine)…. They're trying to get off heroin themselves; Most people would keep* [their buprenorphine prescription] *to themselves because they need it* [to treat OUD]*, not as a 'fix' (to get high);* [Buprenorphine is] *keeping me off of heroin … I get* [buprenorphine prescribed]*, but I'm not throwing (diverting) you mine."*

Respondents throughout OSAM regions reported Suboxone® sublingual filmstrips as most available for illicit use. Consumers indicated that the filmstrip form is most prescribed and sought after because it is easy to conceal and produces a quicker effect. They explained: *"The strips are more available. People are just prescribed them;* [The effect from a buprenorphine filmstrip is] *faster* [than pill form] *and it don't taste nasty; The strips* [are popular because they are] *faster absorbing."* Regarding buprenorphine pills, a consumer in the Columbus region acknowledged, *"I think some people want the pills so they can snort them, but the strips are like way more out there (available)."*

Although sought after because it does not contain naloxone, respondents indicated low availability of Subutex® for illicit use, as it is reportedly only

prescribed to pregnant or breastfeeding women and people allergic to naloxone. Treatment providers commented: "[In an attempt to be prescribed Subutex®] *people (clients) are coming in saying they're allergic to everything but Subutex® because it doesn't have a blocker (naloxone) in it;* [Our doctor] *here since I've been running the* [MOUD] *program has prescribed* [Subutex®] *to one* [client]*, and it was a pregnant lady, which is common."* Consumers addressed the appeal of Subutex® for illicit use, stating: *"Subutex® to me, is stronger (more potent) than Suboxone®; A lot of people like* [Subutex®] *because it doesn't have the blocker in it; The reason people take Subutex® is because you can still get high with it (it will take effect via non-oral routes, like injection)."* Regarding Sublocade®, a consumer in the Athens region mentioned, *"Most people I know are being prescribed Sublocade®, the injection."*

Medication for Opioid Use Disorder (MOUD)

Of the 333 consumers who responded to the survey question regarding current receipt of MOUD, 33.0% reported currently receiving MOUD. Of those 110 consumers who reported current receipt of MOUD, the most common types of MOUD reported were Suboxone® (buprenorphine/naloxone, 41.8%), Vivitrol® (naltrexone, an injectable form of MOUD, 28.2%), methadone (a long-acting full opioid agonist, 14.5%), Sublocade® (buprenorphine extended release, an injectable form of MOUD, 10.9%), and Subutex® (buprenorphine only, 4.5%). Respondents discussed positive impacts from MOUD, sharing: "[Buprenorphine has] *saved our lives. It's a drug that really works; I've been taking Suboxone® for 13 years … and I haven't used an opiate … in … 12 years. So, I mean, it saved my life; More* [treatment] *programs are becoming more patient centered, harm reduction, less barriers to care, but I think* [buprenorphine is] *becoming more available in general, which I think is a good thing."*

Respondents throughout OSAM regions reported that the overall availability of buprenorphine for illicit use has remained the same during the past six months. A member of law enforcement in Cincinnati elaborated that illicit buprenorphine availability has remained high for longer than six months, stating, *"Not so much in the last six months,* [but in] *the last year and a half* [there was an increase in illicit buprenorphine availability] *because … they just changed all the rules (buprenorphine prescribing requirements)…. Everybody can just get it* [prescribed]*…."* Respondents who reported increased availability of buprenorphine for illicit use reiterated that it is easy to get a prescription, which is sometimes sold or traded. Comments included: *"I think* [buprenorphine is] *being prescribed more and black marketed (diverted) more as well; I'd say* [buprenorphine street availability has] *gone up a little bit. I just think that it's like … a flooded market. Pretty much anybody can get it; There's a lot of people that go to the Suboxone® clinic just to sell* [their prescription] *for their dope (heroin/fentanyl)."*

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

Media outlets reported on law enforcement seizures and arrests related to illicit buprenorphine this reporting period (selected media reports follow). Officers with the Zanesville/Muskingum County Joint Drug Unit (Athens region) arrested a woman during a traffic stop who was recently released from prison and

out on bond regarding additional drug charges; officers notified Children's Services to take custody of the children traveling with the woman, and when caseworkers were sorting through the children's care items, they found a large number of suspected Suboxone® filmstrips with an estimated prison value of $30,000 that had been individually bagged for distribution (www.wtrf.com, Aug. 2, 2023). Bucyrus Police (Crawford County, Columbus region) arrested a woman during a traffic stop, after she agreed to a search of her vehicle and officers found two handguns, 209 gabapentin pills, 88 Suboxone® pills, an unspecified amount of methamphetamine, syringes, a glass pipe, and other drug paraphernalia; officers arrested the woman for improper handling of firearms in a vehicle, and possession of drugs and drug paraphernalia (www.nbc4i.com, Sept. 21, 2023). Officers with the Lawrence County High Intensity Drug Trafficking Area (HIDTA) Task Force (Cincinnati region) executed a search warrant at a home in Coal Grove and arrested five people on drug charges; officers seized suspected fentanyl, methamphetamine, alprazolam, buprenorphine tablets, crack cocaine, drug paraphernalia, and $980 (www.wfmj.com, Oct. 20, 2023).

Street Names

Current street jargon includes a few names for buprenorphine. Throughout OSAM regions, the most common general street name continues to be the shortened version of Suboxone®, "subs," and for filmstrips, "strips." Other general street names also reference the brand name ("subway sandwiches") and the generic name ("bupe"). In reference to their color and shape, buprenorphine pills reportedly go by "oranges" and "stop signs" on the street.

Pricing

Current street prices for buprenorphine were reported by consumers with experience buying the drug. Consumers continued to identify the most common buprenorphine purchase as an 8 mg filmstrip for $10-20. Knowledge of buprenorphine pill pricing was limited to Cleveland, Toledo, and Youngstown regions, where consumers continued to report a pill generally sells for $10-20. Factors that influence buprenorphine pricing reportedly include quantity purchased, relationship with the seller, and milligram strength. Comments included: *"I was paying $7 a piece for* [8 mg buprenorphine filmstrips]. *I was buying the whole bulk* [prescription] *though; $10 if you're a good friend, maybe $10;* [Buprenorphine pricing] *really depends on the milligrams, how much they sell them for;* [Buprenorphine filmstrip pricing] *just depends on who you're selling them to and how bad they want them (need for opioid withdrawal relief)."*

Consumers in the majority of OSAM regions most often reported that the price of buprenorphine for illicit use has remained the same during the past six months. However, consumers in the Athens region reported decreased pricing and consumers in the Columbus region evenly reported that the price has decreased or remained the same. Those reporting decreased pricing attributed it to oversupply and low demand. Consumers shared: *"I think the cost* [of buprenorphine for illicit use] *has decreased because there are so many more* [available] *(increased supply);* [Overall, illicit buprenorphine prices decreased] *because it's so easy to find. Now you got to drop the price or ain't nobody going to come to you* [to purchase it]*;* [The price of buprenorphine for illicit use decreased because] *some people don't want them (low demand); If you go to a big city like Columbus the price* [of buprenorphine] *is way down."*

Current Street Names for Buprenorphine	
General	**blockers, bupe, subs/subbies, subway sandwiches**
Filmstrip	**strip/strips**
Pill	**oranges, stop signs**

Route of Administration

The most common route of administration (ROA) for illicit use of buprenorphine remains oral consumption, followed by snorting. Consumers described methods for oral consumption, saying: *"I liked to melt it (dissolve buprenorphine filmstrips) in water and take it like a liquid. You melt the strip in like a spoonful of water and then take it like cough syrup; I have only ever heard of people putting* [buprenorphine] *under their tongue."* Consumers discussed snorting crushed buprenorphine pills and filmstrips dissolved in water (aka "mudpuddling"). They remarked: *"Put water in a* [bottle] *lid and melt it down (dissolve buprenorphine filmstrips) and snort it; The* [buprenorphine] *pill, you can crush them up and snort them."*

Alternatively, some consumers indicated ocular absorption as an ROA for illicit use of buprenorphine, by placing a portion of a filmstrip directly on the eyeball like a contact lens or in the corner of the eye. Consumers explained: *"I always put* [buprenorphine filmstrips] *in my eyes, probably not* [a common ROA for most people]. *That's the fastest way* [to administer buprenorphine] *I always figured … was put it in your eye;* [Put a portion of a buprenorphine filmstrip in the] *corner of your eye."* Although less common, consumers brought up intravenously injecting buprenorphine. They offered: *"There's a percentage of them that will 'bang' (intravenously inject)* [buprenorphine]*, but that's very small; I think it's a mental thing for people. If they're 'on the needle' (prefer to intravenously inject drugs), if they're going to use something, then they want it in a needle; I've seen people 'shoot' (intravenously inject)* [buprenorphine]*, but I think it's stupid … it's a hard process to do and you're not going to achieve a high; If you're shooting* [buprenorphine], *it's clotting up in your veins, it's the worst feeling in your life."*

Typical Use Profile

Throughout OSAM regions, respondents continued to associate typical illicit buprenorphine use most often with illicit opioid use to prevent or alleviate opioid withdrawal symptoms in the absence of heroin/fentanyl or when trying to stop opioid use. Respondents said: "[Illicit buprenorphine use is common among people] *in recovery … trying to recover (self-treat OUD); If the availability of heroin and fentanyl is nonexistent, then what they will start to do is sell each other their Suboxone® strips … just to hold over until somebody pops back around (heroin/fentanyl is available); If a person is typically using opioids, there's a possibility for withdrawal symptoms. And there's a lot of people on buprenorphine, there's a lot of people going to places outside of this structured setting (recovery center) that don't necessarily use it for therapeutic intervention and will just sell what they got…. Anywhere that there's fentanyl, buprenorphine is going to follow."*

Respondents also continued to indicate typical illicit buprenorphine use as more common among White people, although many respondents reported no typical demographic profile for illicit buprenorphine use. They stated: *"Definitely more White* [people use buprenorphine illicitly]*; I like the word … 'non-discriminate.'* [Illicit buprenorphine use can be] *Black, White, old, young; I don't think that there's a typical stereotype anymore…. You can see* [illicit buprenorphine use among] *people who have good jobs and they're reasonably professional people* [and] *you can see* [people experiencing homelessness]*."*

In addition, respondents noted illicit buprenorphine use in jails and prisons. Community professionals reasoned: *"A lot of people will use* [buprenorphine illicitly] *for the first time when they're in prison because it is easily smuggled into prisons; We are moving away from allowing …* [oral formulations of buprenorphine] *to be prescribed in the jail and moving to shots (injectable formulations of buprenorphine) just because people hide* [buprenorphine doses] *… and try to sell it within the jail."* Consumers pointed out that buprenorphine sales in jails and

prisons are profitable, stating: *"In the penitentiary,* [buprenorphine costs] *about $300 a strip; You can break* [a buprenorphine filmstrip] *up…. In … 'county' (county jail) you can sell a 32nd of a piece of* [a filmstrip] *for $10…."* 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, 76.3% was male, 71.1% was under the age of 40 years, and 94.7% indicated White as their race.

GPRA Demographic Data of All Intake Clients Who Used Buprenorphine Illicitly during the Past 30 Days (N = 38)	
Male	**76.3%**
Female	**23.7%**
18 - 29	**13.2%**
30 - 39	**57.9%**
40 - 49	**15.8%**
50 - 59	**13.2%**
60 +	**0.0%**
White	**94.7%**
African American	**13.2%**
Other race[1]	**7.9%**
Hispanic/Latino	**5.3%**

[1]Native American.

Use Combinations

Many other substances are used in combination with buprenorphine. Alcohol, marijuana, and sedative-hypnotics are reportedly used in combination for the potentiating effect, while buprenorphine is used after stimulants, such as crack and powdered cocaine and methamphetamine, to come down from the stimulant high and to "speedball" (concurrent or consecutive stimulant and depressant highs). Regarding alcohol, marijuana, and sedative-hypnotics used in combination with buprenorphine, consumers explained: "[Marijuana used in combination with buprenorphine] *intensifies your buzz (high); Alcohol* [is used in combination with buprenorphine because] *it's easy to get; They are not supposed to do it, but people do* [buprenorphine] *with Xanax® because it intensifies the high, but you can OD really quick off of that* [combination]*."* In terms of stimulants used in combination with buprenorphine, consumers responded: *"Speed around (stimulant high) and then relaxation with subs;* [Methamphetamine and buprenorphine are used in combination] *because it evens each other out; Speedball … subs bring you down* [and methamphetamine brings you up]*."*

In addition, consumers clarified that buprenorphine does not interfere with the effects of most other drugs. They explained: "[You can use buprenorphine in combination with] *anything that is not an opiate;* [Buprenorphine] *is an opioid blocker (partial opioid agonist that binds to opioid receptors and blocks other opioids) … but you can still get high off of* [marijuana when used in combination with buprenorphine]; [Cocaine is used in combination with buprenorphine] *because you can still get high."*

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

Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, muscle relaxants, and nonbenzodiazepine sleep-inducing medications, e.g., Ambien® and Lunesta®) for illicit use are low or moderate in availability in the majority of OSAM regions. However, respondents

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

reported moderate to high current availability in the Columbus region, and in the Cleveland region there was no consensus as to current availability, with consumers reporting overall high availability, treatment providers reporting moderate availability, and law enforcement reporting low availability. Respondents who indicated moderate or high current availability for illicit use most often reported obtaining a sedative-hypnotics prescription directly from a doctor or accessing sedative-hypnotics from someone with a prescription.

Respondents noted that prescribing regulations and monitoring have contributed to a limited supply of sedative-hypnotics available for illicit use. Consumers reasoned: "[Sedative-hypnotics] *are hard to get now.* [Doctors] *are not prescribing it very often;* [Doctors understand that sedative-hypnotics] *are being abused; I think whenever they cracked down on … pills (restricted prescribing of opioids) … doctors aren't writing you a prescription for* [sedative-hypnotics]*; I have friends that have been prescribed Xanax® for a million years, and all of a sudden, now they can't have the prescription …* [or] *they would get* [a] *30* [pill quantity prescription] *and have to go every 30 days* [for a follow-up appointment]*."* A treatment provider in the Columbus region concurred, *"'Benzos' (benzodiazepines) are just not prescribed* [as frequently] *… and … because doctors aren't prescribing it, likewise, people aren't able to sell it."*

Respondents also observed that people who are prescribed sedative-hypnotics likely take them as prescribed and are monitored to ensure appropriate use. Comments included: *"I know* [sedative-hypnotics for illicit use are] *out there, but because people have been cut back (reduced prescribing) and they are monitoring them a lot more, people aren't coming off of them (diverting) as much as they used to;* [Sedative-hypnotics are] *difficult to get … the people that are prescribed them, usually keep them. I mean, they're like gold (valuable) … benzos are like gold on the street, really, the real (legitimate) ones…. I can't find them ever* [on the streets]*."*

Discussion also included relatively low demand for sedative-hypnotics for illicit use as perhaps contributing to a limited supply of them. Sedative-hypnotics are not typically a primary drug of choice, and most consumers prefer cheaper, more potent, and highly available street drugs. A consumer explained, *"Not as many people want* [sedative-hypnotics for illicit use]*. You can still find them if you look for them…. It seems like everybody would rather have either 'meth' (methamphetamine) or fentanyl or something like that."* Treatment providers observed that clients rarely indicate sedative-hypnotics as a primary drug, stating: *"I've got a caseload of about 35 individuals right now, and I've only got one that …* [sedative-hypnotics] *would be … something that they're abusing. I just don't see it as much; I don't see a lot of people who are looking for* [sedative-hypnotics] *anymore; I think they use* [sedative-

hypnotics] *here and there, like if they're having a bad day, they'll use one, or if they … want to come down off the other drugs, they'll use them. But they don't use them daily…."*

Law enforcement indicated that sedative-hypnotics are not prevalent, nor in high demand on the streets, noting: *"Very much so,* [sedative-hypnotics are a niche drug]*…. It's a very selective market … both from a consumer as well as a marketing* [perspective]*;* [Sedative-hypnotics are] *not a hot drug (drug of choice);* [Sedative-hypnotics are] *just not a popular choice for a lot of people…. So, we don't see it as often* [during arrests and seizures]*;* [Sedative-hypnotics are] *traded up towards* [the purchase of street drugs]*. I don't think it's necessarily a drug that's always abused, but it's traded for other things."*

Respondents discussed many sources for obtainment of sedative-hypnotics for illicit use. Regarding doctor prescribing, consumers described: *"Mine was from a doctor. I got* [sedative-hypnotics] *prescribed; They're stopping by the psychiatrist and they're quicker to give you (prescribe) Xanax® than a regular doctor."* Treatment providers offered: *"We usually see a lot of misusing … not taken as prescribed, and doctor shopping; I think doctors are still prescribing* [sedative-hypnotics] *at a very high rate."*

Discussion also involved prescription diversion, including selling sedative-hypnotics, or trading them for other drugs. Consumers shared: *"They get prescribed* [sedative-hypnotics] *… they'll keep a few for themselves and sell some; A lot of the older people … sold their medications (sedative-hypnotics) because they need money to pay for other medicine and to pay bills; Especially Xanax®, they're real easy to get…. A lot of people have 'scripts' (prescriptions) around here. They sell them because they want either 'fetty' (fentanyl) or meth; Trade* [part of a] *Xanax®* [prescription] *for another drug, like 'crack' (crack cocaine), while keeping enough Xanax® that it is in my system,* [to ensure a positive result] *if tested for it, so that the doctor doesn't know I'm selling it."*

Although less common, some consumers reported purchasing sedative-hypnotics from drug dealers. They remarked: *"You can go through a dealer* [to purchase sedative-hypnotics]*, but they're limited* [in availability] *… because they get (buy or trade) it from somebody they know that's prescribed it;* [Dealers] *have their own clients usually (sedative-hypnotics supply for a few existing customers only); Sometimes a dealer* [has sedative-hypnotics for sale]*, but it's rare…. If you got those … one-stop shops (dealers who sell multiple substances),* [sometimes] *they'll have them."* However, a consumer cautioned that there are counterfeit sedative-hypnotics, usually pressed-fentanyl pills, marketed as legitimate, warning, *"If you're getting* [sedative-hypnotics] *from a dealer, they're probably pressed (illicit pills that resemble sedative-hypnotics)."*

Throughout OSAM regions, there was much discussion on the prevalence of counterfeit pressed pills, often containing fentanyl, made to resemble sedative-hypnotics, and commonly imitating Xanax® in appearance. Consumers expressed uncertainty regarding sedative-hypnotics street purchases, reporting: "[Sedative-hypnotics on the street are] *pretty much the luck of the draw when you buy them. Nine times out of ten you're probably just getting a pressed-fentanyl pill, but it's being portrayed as a 'xanny' (Xanax®);* [Purchasing sedative-hypnotics on the street] *can be a hit or miss sometimes. Sometimes it can be pressed fentanyl. I've been ripped off before; It's scary to try to buy pills off the street, very scary."*

Consumers described the realistic appearance of some counterfeit pressed pills. They said: *"They're all pressed, they look like they're legit but there's fentanyl in there; Somebody gave me a pressed Xanax® and I ended up overdosing…. I thought it was a real Xanax®."* Consumers also commented on the irregular potency of pressed pills and the danger of overdose. They cautioned: *"If you buy pressed ones and the person makes them right, you might get a pill that has like* [the potency of] *eight* [sedative-hypnotic] *pills in one. You take like a little*

sliver of it, it's like taking a whole … bottle of pills; Fake Xanax®, yeah … my [drug dealer] *used to sell them, the white ones. It wasn't fetty in it, but it wasn't Xanax® though; That's how my brother overdosed, he was on the* [counterfeit] *Xanax® and it had fentanyl in it."*

Law enforcement also observed counterfeit sedative-hypnotics available on the street. They offered: *"Most of the Xanax® I see* [on the streets] *are just counterfeit; I think the majority of 'bars' (Xanax® 2 mg) or 'K-pins' (Klonopin®) or whatever that people are saying they're getting, are actually just pressed; Our CIs (confidential informants), they might not even know whether or not it's legitimate….* [Dealers] *are just pushing them off as actual Xanax®; Not in abundance, but we've had … several hundred* [counterfeit sedative-hypnotics] *come back* [from lab analysis] *as pressed fentanyl … in the last year probably."* A treatment provider in the Cincinnati region added, *"I have so many people tell me they're using benzos, but they don't test positive for benzos…. They're* [using] *… the fentanyl pills that are pressed and sold as* [benzodiazepines]*."*

In addition, consumers mentioned online sources for sedative-hypnotics for illicit use, such as social media and the "dark web" (websites operated by criminal enterprises). They said: *"The other week, I was on Facebook … on Messenger … literally someone was like* [advertising the sale of] *2 mg Xanax®; Snapchat; I just know online, it's really easy* [to purchase sedative-hypnotics] *… I see them a lot on there, on like online markets; You can get a doctor online and he won't even see you, like they'll talk to you on the phone, and he will give you Suboxone® and he'll give you Xanax®. He'll give you whatever you want for a price; I used to buy lorazepam powder online…. I'd press them (manufacture pressed pills) out of the powder. You can press them yourself."*

However, again, consumers questioned the legitimacy of pills marketed as sedative-hypnotics and purchased online. Consumers reported Internet purchases of pressed counterfeit pills, as well as designer benzodiazepines. They discussed: *"I don't trust online* [sources for sedative-hypnotics]. *I wouldn't take it* [because they are likely counterfeit]*; They're not, like, 'legit' (legitimate)* [sedative-hypnotics]*, but they're ordered off the 'black web' (aka dark web); My people order Xanax® online. I think they are pressed though; Somebody Snapchatted me a picture of a bag of pressed pills; Research chemicals* [can be purchased] *from the dark web … yeah, like* [designer benzodiazepines]*."*

Xanax® reportedly remains the most available type of sedative-hypnotics for illicit use throughout OSAM regions. Respondents indicated Klonopin® is also most available for illicit use in the majority of OSAM regions. According to respondents, Klonopin® and Xanax® are most often prescribed, resulting in a higher supply available for diversion. They shared: *"I think it's Xanax® or Klonopin® that is the most common to see people get … those are the most common medications to be prescribed for that category of medication; Xanax® … it's easier to get. Everybody has it…. It's over prescribed. It's very popular."* In addition, sedative-hypnotics, especially Xanax®, have reportedly been referenced in popular music, increasing their popularity. Consumers stated: *"Xanax® … yeah,* [it's popularized in music] *… people are 'popping' (orally consuming) xannies;* [Sedative-hypnotics are] *out there (in demand) because the rappers talk about it, and they use it, and people think it's cool."*

Overall, respondents throughout OSAM regions reported that the availability of sedative-hypnotics for illicit use has remained the same during the past six months. They reasoned that sedative-hypnotics have not been widely available on the streets for more than six months and indicated decreased demand for them. Reports included: *"The last six months, I feel like that's difficult* [to say]*, but definitely over the years I've seen less and less* [sedative-hypnotic street availability]*; I wouldn't say there's been a change in the availability* [of sedative-hypnotics during the past six months]. *There's been a change in the*

desire…. The customer base has changed away from those."

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

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

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

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

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

In terms of designer benzodiazepines (non-FDA approved synthetic, novel psychoactive substances that are often structurally like FDA approved benzodiazepines), BCI labs reported processing 382 cases of designer benzodiazepines from throughout OSAM regions during the reporting period; of which, 18.1% was from the Dayton region and 17.3% was from the Cincinnati region. In the Cleveland region, Cuyahoga County Regional Forensic Science Lab reported processing 71 cases of designer benzodiazepines during the reporting period, and that the incidence of cases it processes has decreased. Miami Valley Regional Crime Lab (Dayton region) reported processing 46 cases of designer benzodiazepines during the reporting period, and that the incidence of cases it processes has remained the same. Crime labs collectively reported processing the following designer benzodiazepines: bromazolam, clonazolam, desalkylgidazepam, desalkylquazepam, etizolam, flualprazolam, flubromazepam, flubromazolam, and fluclotizolam.

Other data sources indicated sedative-hypnotics as available for illicit use throughout OSAM regions. Millennium Health reported that 6.2% of 124,555 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	8.3%	6,883
Athens	7.1%	12,501
Cincinnati	6.1%	29,160
Cleveland	3.5%	21,362
Columbus	8.1%	23,536
Dayton	4.3%	3,160
Toledo	5.9%	18,471
Youngstown	6.6%	9,482
Total	6.2%	124,555

Fairfield County Municipal Court (Columbus region) reported that, of the 4,893 positive adult drug specimens it recorded during the past six months, 7.3% was positive for benzodiazepines. Coroner and medical examiner offices in the counties of Cuyahoga (Cleveland region), Hamilton (Cincinnati region), and Montgomery (Dayton region) reported that 11.3%, 5.7%, and 2.9%, respectively, of all drug-related deaths they recorded this reporting period (309, 175, and 381 deaths) involved one or more benzodiazepine or other sedative-hypnotics. These same coroner and medical examiner offices reported that 65.7%, 70.7%, and 36.4%, respectively, of all sedative-hypnotics related deaths they recorded this reporting period (35, 10, and 11 deaths) also involved fentanyl.

GPRA (Government Performance and Results Act) data collected from 5,086 persons entering publicly funded SUD treatment programs during the past six months found 2.5% reported illicit sedative-hypnotic use 30 days prior to intake, including benzodiazepines and/or other sedatives/tranquilizers.

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

Region	% Yes	Total N
Akron-Canton	3.0%	337
Athens	2.7%	221
Cincinnati	2.9%	1,067
Cleveland	3.0%	1,121
Columbus	1.9%	1,441
Dayton	0.8%	247
Toledo	2.3%	434
Youngstown	1.8%	218
Total	2.5%	5,086

Street Names

Current street jargon includes many names for sedative-hypnotics. Throughout OSAM regions, consumers continued to note "benzos," a shortened version of the drug classification benzodiazepines, as the most common general street name. Law enforcement pointed out that "Xanax®" can be used as a general street name for sedative-hypnotics. They remarked: *"Xanax® is the popular brand name, so that's the name that they use* [when selling sedative-hypnotics]*; I hear Xanax® more, but of course that could be a broad coverage ('Xanax®' being used to refer to sedative-hypnotics broadly)."*

Consumers continued to identify "xanny" as the most common street name for Xanax®. Other street names for Xanax® typically reference the shape and/or color of the pill ("peach" for Xanax® 0.5 mg and "school bus" for Xanax® 2 mg). Explanations included: *"You got 'Lincoln logs,' there's 'xanny bars,' (both Xanax® 2 mg), 'footballs' (Xanax® 1 mg). All* [street names are] *decided on the pill itself, of what it actually resembles; 'Pies' (Xanax® 0.5 mg) … because of the color of it and it's a little circle, it's a little peach circle; The* [pills that look like] *green bars they call 'incredible hulks' (Xanax® 2 mg). The yellow* [pills] *they call school buses…."* Several other street names reference the green color of Xanax® 2 mg: "green beans," "greens," "hulks," "little green monsters," "Oscar the Grouch," and indirectly, "trash cans," which is a reference to Oscar the Grouch.

Current Street Names for Sedative-Hypnotics

General	benzos, chill pills, forget-me-nots
Xanax®	*General:* xanny/xannies *0.5 milligram:* peach/peaches, pies *1 milligram:* blues, football season/ footballs, pucks *2 milligrams:* bars/xanny bars, buses/school bus, green beans, greens, green hulks/hulks/incredible hulks, ladders, little green monsters, Lincoln logs/logs, Oscar the Grouch, sticks, totem poles, trash can, white bars, White guys, whites
Klonopin®	forget-a-pins, KPs, K-pins/pins

Pricing

Current street prices for sedative-hypnotics were reported by consumers with experience purchasing the drugs. Consumers reported that Xanax® 2 mg generally sells for $5-10, and as high as $15 in Cleveland and Youngstown regions and $20 in the Cincinnati region. In the Cincinnati region, Xanax® 1 mg reportedly sells for $5. Knowledge of Klonopin® pricing was limited to three OSAM regions. Consumers reported Klonopin® 2 mg sells for $10 in the Akron-Canton region, $2 per pill, in general, in the Cleveland region, and $1 per milligram in the Columbus region.

Consumers explained variability in sedative-hypnotics pricing depending on milligram strength, quantity purchased, relationship with the seller, and available supply, which can fluctuate depending on the time of the month. They said: *"About $5* [for a Xanax® 2 mg pill]*…. It would go up depending on the time of the month, honestly. The beginning of the month* [when many people receive prescription refills]*, they're more prevalent. Towards the middle or end of the month, they're … more scarce and they're more expensive; On the street market …* [if] *you buy the whole script, you're talking $2-3 pills, but then you sell them each for about $5-6;* [Sedative-hypnotics pricing] *depends on who has* [a prescription] *and who is selling it; For Xanax®,* [street pricing] *just depends on* [milligram strength]*, if you're buying bars or … footballs."*

There was consensus among consumers that the price of sedative-hypnotics for illicit use has remained the same during the past six months. However, some consumers in Cincinnati, Cleveland, and Toledo regions reported price increases during the past six months, mainly due to low supply. Consumers discussed: *"I feel like* [sedative-hypnotics for illicit use] *became more expensive;* [Street prices are] *steady going up on Xanax®…. I think people realize what they're worth and how they're kind of hard to come by; I think because of the amount of counterfeit* [sedative-hypnotics in the drug supply]*, it makes the legitimate ones more valuable."*

Route of Administration

The most common route of administration (ROA) for illicit use of sedative-hypnotics remains snorting, followed by oral consumption, as indicated by consumers in the majority of OSAM regions, except for Akron-Canton and Cleveland regions where snorting is reportedly secondary to oral consumption. A consumer in the Cincinnati region commented, *"Mainly people snort* [sedative-hypnotics]*…. I'm not the snorting type when it comes to the benzo. I would rather pop it and sit back and feel it, but a lot of people like the full (immediate) effect* [from snorting]*."* Regarding oral consumption, consumers discussed: *"If you have an empty stomach* [you feel the effect from orally consuming sedative-hypnotics quicker]*; Usually, they try to take them* [orally] *because you're getting more. You're not going to lose anything in the process,* [unlike snorting]*; If you blow your nose out (damage your nose from snorting), you can't snort anymore. You got to 'eat' (orally consume) them."*

Although infrequent, some consumers reported crushing sedative-hypnotic pills, mixing the resulting powder with marijuana, and smoking the combination in a marijuana-filled cigar ("blunt"). Consumers shared: *"Crushing* [sedative-hypnotics] *up into their 'weed' (marijuana)* [to smoke]*; I know some people that would crush* [sedative-hypnotics] *and put them in a blunt and smoke."*

Typical Use Profile

Respondents continued to describe typical illicit sedative-hypnotics use as among young people, including high school and college students. Respondents reported that many young people perceive illicit sedative-hypnotics use as low risk, and that they obtain diverted medication from older people with prescriptions, including family members. Comments included: "[Illicit sedative-

hypnotics use is] *definitely a younger thing, the younger generation…. It's kind of like the prescription opioids, that's kind of what gets them rolling into probably using harder drugs; Teenagers* [are more likely to use sedative-hypnotics] *… because in their eyes, it's not like a hardcore drug…. They're still experimenting;* [Teenagers] *steal* [sedative-hypnotics] *off their aunts; You are seeing a younger generation buy* [sedative-hypnotics] *from the older generation and then reselling them….*"

Respondents also spoke of recreational use, specifically among students, saying: "[Illicit sedative-hypnotics use is] *more kind of centered around those college kids…. A lot of the abuse of that that we do see … I wouldn't say they're … running around every day trying to find their five doses of Xanax® or Valium®, they're just … 'There's a party coming up this weekend. If I can get a few of them, it's going to be great. If not … I'm fine;'* [Illicit sedative-hypnotics are] *going to be more readily available in your college campus areas…. Those are sought out connoisseur (niche) drugs….*" A consumer noted that rap music has promoted illicit sedative-hypnotic use in young people, stating, "*I think there's been like an increase with* [illicit sedative-hypnotic use among] *younger people definitely like since 2016 … and now … it's very normalized … with younger people…. It's the music they listen to and like … all these influences, you got 'Lil Xan' (rapper and singer) … 18 to 24* [is a common age range for illicit use]."

Other descriptions of illicit sedative-hypnotics use were people self-treating mental health conditions, women, and middle to high socio-economic status. Remarks included: "[A substance use disorder] *starts with trauma or some sort of mental health disorder … self-medication; Women, older women, yeah … my mom uses benzos. Why does my mom use benzos? Because she doesn't want to admit that she has mental health problems. So, that's the substance that she chooses; I encountered a lot of 30- to 60-year-old females with … trauma histories as a* [common illicit sedative-hypnotic use] *demographic; If you have money, then you can buy* [sedative-hypnotics for illicit use]. *You have to be able to pay higher dollar for it.*"

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, 57.6% was female, 66.4% was under the age of 40 years, and 88.7% indicated White as their race.

GPRA Demographic Data of All Intake Clients Who Used Sedative-Hypnotics Illicitly during the Past 30 Days (N = 125)[1]	
Male	38.4%
Female	57.6%
18 - 29	16.0%
30 - 39	50.4%
40 - 49	22.4%
50 - 59	10.4%
60 +	0.8%
White	88.7%
African American	12.9%
Other race[2]	6.5%
Hispanic/Latino	5.6%

[1]Gender total does not equal 100.0% due to five individuals reporting as transgender. Total percentage for race (N = 124) is greater than 100.0% due to some individuals indicating more than one race. Ethnicity (N = 124). [2]Native American.

Use Combinations

Many other substances are used in combination with sedative-hypnotics. Consumers reported that sedative-hypnotics are most often used in combination with other depressant drugs, such as alcohol and heroin/fentanyl, to intensify and prolong the depressant effect, and with stimulant drugs, such as cocaine and methamphetamine, to help come down from the stimulant high, or inversely, to come up from the sedative effect of sedative-hypnotics, or to "speedball" (concurrent or consecutive stimulant and depressant highs).

Consumers described the potentiating effect of sedative-hypnotics used in combination with depressants, noting: “[Sedative-hypnotics are commonly used in combination with alcohol in] *the bar scene … just* [to] *intensify* [the alcohol], *make people … think less and not care as much; If you take Xanax® and fentanyl, it makes both of them stronger; The* [effect from] *Xanax® will be immediate, the Klonopin® will be immediate, and the opioid will be long term (prolong the high).”* However, consumers cautioned that these combinations could cause black outs and overdoses. They warned: *“I know quite a few people who have died (fatally overdosed) from drinking* [alcohol] *on Xanax® … blacked out and crashed their car;* [Alcohol] *just intensifies* [the effect of sedative-hypnotics, and it can make you] *… black out; I know people that’s died from doing Xanax® and heroin together. Two downers don’t make a right; Fentanyl’s a big one* [used with sedative-hypnotics]*…. I guess just* [because of] *the level it takes you to. Then about 90% of the people that does* [this combination will] *probably end up overdosing.”*

Regarding the use combination of sedative-hypnotics and stimulants, consumers said: “[Xanax®] *for the come down from the meth; When you’re up for three days* [from stimulant use] *… you want to get sleep, you’re going to take a benzo…. Most of the time I got* [a sedative-hypnotic] *with meth because I knew I was going to be up…. And cocaine* [is also commonly combined with sedative-hypnotics]. *I wanted to balance myself out; Where I come from, a lot of crack was* [used in combination with sedative-hypnotics]; [Sedative-hypnotics will] *mellow you out* [from the cocaine high]*; Mine was always cocaine and alcohol,* [and] *Xanax®…. Speedball.”*

Consumers also mentioned marijuana and hallucinogen use in combination with sedative-hypnotics. They discussed: *“Two things … weed mellows you out and Xanax® keeps you … relaxed; I used weed* [with sedative-hypnotics]. *Cut up three or four Xanax®, put it on my weed, and smoke it; Psychedelic drugs (hallucinogens)* [are used in combination with sedative-hypnotics] *… because sometimes they get a little intense and you need to get back to reality.”* In addition, a treatment provider in the Youngstown region acknowledged that sedative-hypnotics are used to help mitigate opioid withdrawal symptoms (aka “dope sickness”), stating, *“I hear a lot of, ‘I only take Xanax® when I can't find dope (heroin/fentanyl),’ because it makes* [them] *feel a little better … helps with withdrawal.”*

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

Marijuana

Marijuana, as well as marijuana extracts and concentrates, remain highly available throughout OSAM regions. Respondents generally remarked that marijuana and extracts and concentrates are widely available and used by a broad range of people. Comments included: “[Marijuana is] *the go-to drug;* [Marijuana is] *everywhere. You can’t go to the gas station without somebody offering you some ‘weed’ (marijuana); You can't drive down most streets or walk down most streets anywhere without smelling* [marijuana]*;* [Extracts and concentrates are] *as easy to get as marijuana; A lot of* [extracts and concentrates]*, like the ‘gummies’ (tetrahydrocannabinol [THC]-infused edibles), and the ‘pens,’ the ‘vapes,’ (devices that heat extracts and concentrates into an aerosol that is inhaled), you get them pretty easily;* [Extracts and concentrates are] *not just* [popular among] *the youth either. I know people my age (older adults) that use it.”*

Respondents continued to describe marijuana and extracts and concentrates as socially

Reported Change in Availability during the Past 6 Months					
	Marijuana		Extracts/Concentrates		
Region	Current Availability	Availability Change	Current Availability	Availability Change	BCI Marijuana Case Incidence Change[1]
Akron-Canton	High	No Change	High	No Change	Increase
Athens	High	No Change	High	No Change	No Change
Cincinnati	High	No Change	High	No Change	Increase
Cleveland	High	Increase	High	Increase	Increase
Columbus	High	No Change	High	No Consensus	Increase
Dayton	High	No Change	High	Increase	Decrease
Toledo	High	No Change	High	No Change	Increase
Youngstown	High	No Consensus	High	Increase	Increase

[1]Includes marijuana, other marijuana extracts, and THC (the active ingredient in marijuana).

acceptable. Consumers commented: "[Marijuana and extracts and concentrates] *doesn't have the stigma anymore…. I would say* [it is viewed as] *both* [carrying less health and legal risks]*…. Say if you're selling 'pot' (marijuana) … you're not going to get in much trouble at all really compared to … selling other drugs; I feel like weed's like asking somebody for a cigarette. You can just go buy it….*"

Community professionals shared similar insights, stating: *"Younger kids, they just think that it's safe* [to use extracts and concentrates]*, you know, there's no problem with it. 'We're not going out and buying drugs…. We're just vaping,' and that's the way they look at it;* [Marijuana use] *is just socially acceptable….* [Clients] *think, 'It's just weed … it's not crack (crack cocaine);'* [Marijuana has] *been really destigmatized; Marijuana is so normalized in our culture that people don't see it as a drug, so I think it's more commonly used than we would like to realize."*

Consumers perceived marijuana and extracts and concentrates use as safer than other substances, and some associated health benefits with use. They elaborated: *"Similar to alcohol, how I used to hear people say, 'I drink because I know what's in it….' If you are getting* [marijuana] *from the right places (dispensaries)…. I know that it's not going to be any fentanyl* [in marijuana]*…. That's the* [primary concern] *… to really think about* [with] *… any other drug, that I'm not going to know what's in it; I smoke* [marijuana] *a little bit to go to sleep at night …* [and] *deal with some … pain; People will use* [marijuana] *for pain release;* [Marijuana has] *so many medicinal purposes."* Community professionals added: "[Marijuana] *is commonly reported as medicinal use … and it is referred to as a natural substance;* [Marijuana has] *been around forever. It's regarded as safe, essentially."*

Legal changes impacting marijuana and extracts and concentrates use and sales have also reportedly contributed to high availability and social acceptance. On November 7, 2023, Ohio voters approved Issue 2 to legalize adult use cannabis, including the ability for adults 21 years of age and older to purchase, possess, grow, and use non-medical cannabis, subject to limitations prescribed in the statute. Dual-dispensary certificates of operation were issued by the Division of Cannabis Control on August 6, 2024 (after OSAM data collection for this report), allowing non-medical cannabis sales by licensees issued a certificate of operation (Non-Medical Cannabis FAQ).

Consumers described the shifting legal landscape around marijuana and extracts and concentrates, saying: "[Marijuana availability is] *pretty consistent … because it's legal. I'm from Detroit and it's been like that for years* [in Michigan]*. It's been like that since I was a kid;* [Extracts and concentrates street availability is high] *now with it being legalized."* Treatment providers commented: *"And that's the argument now forever. 'Well,* [marijuana is] *legal. How could I be in trouble* [for using it]*?'; Especially now that it's become legal, people aren't afraid to just whip it out and smoke it; Now that* [marijuana] *is legal, it has made a lot of people think that it's okay to use it. And I think it's always been accessible. I don't think that's ever changed."*

Law enforcement discussed reduced legal consequences for possession and use of marijuana and extracts and concentrates. They offered: *"We're not targeting marijuana because … there's a lot of confusion surrounding a lot of the laws; We are not pursuing* [marijuana charges] *unless we come across a large amount; We don't buy marijuana* [undercover] *really, so we just try not to do marijuana cases because public perception and all that … our time is better spent on harder drugs;* [Marijuana is] *pretty easy to get…. People think … 'I'm not going to get in as much trouble* [with marijuana] *as if I get caught with 'meth' (methamphetamine), or cocaine, or something like that.'"*

While respondents agreed that both leaf marijuana and extracts and concentrates are highly available, there was no consensus as to which form is most available. Some consumers regarded extracts and cartridges as most available, providing: *"Cartridges are the number one way now that I know* [people consume marijuana]*. Everybody has a 'cart' (vape cartridge); Carts, you can get them a lot easier … you can get them from the dispensary … you can't just go down the road and get a bag of weed, it isn't that easy anymore;* [Leaf marijuana is] *still there, but it's mostly carts; Most people that smoke, they'll have a little bit of 'flower' (leaf marijuana), but they're mostly smoking (vaping) 'dabs' (solid or semi-solid marijuana concentrates)."*

Conversely, other consumers noted that fewer people sell extracts and concentrates compared to leaf marijuana. And several members of law enforcement discussed encountering leaf marijuana more often than extracts and concentrates on the streets. Law enforcement in the Toledo region observed: "[Extracts and concentrates are] *really, really common, but you don't see them quite as much* [as leaf marijuana during seizures and arrests]*; I don't think* [extracts and concentrates are] *as available, but I don't know if that's what people are desiring, I think that is more specific (niche) versus the leaf."*

Many respondents spoke of rising popularity for extracts and concentrates. They communicated: *"The carts are becoming more popular now … almost everybody has one; The edibles, dabs, and 'oils' (liquid/oil marijuana extracts) … the edibles are a big thing now…."* Extracts and concentrates are reportedly sought after for their potency, convenience, and ability to use discreetly. Consumers offered: "[Extracts and concentrates are] *very highly concentrated, even more THC levels; It's not as obvious you're smoking (vaping) a weed cart … it doesn't smell. Like you can go* [vape] *that and go back into work or whatever; Kids can smoke (vape)* [extracts and concentrates] *without their parents knowing because you can* [vape] *dabs, something like that, and they won't smell;* [Extracts and concentrates are] *convenient, you can hide it."*

Marijuana dispensary products are reportedly desirable as they are high quality and reliable because they are regulated. A consumer in the Cincinnati region explained, *"If anybody wants the best* [quality marijuana] *that's out there … the dispensary's got the best…. Why not pay a little bit extra for the best stuff? Instead of getting some regular old homegrown 'Reggie' weed (low-grade marijuana)."*

Consumers reported several sources of obtainment for marijuana and extracts and

concentrates, including diversion from out-of-state recreational marijuana dispensaries, primarily in Michigan, and Ohio medical marijuana dispensaries. Consumers indicated that diversion of marijuana products from out-of-state dispensaries, where recreational marijuana is sold legally, is preferred because it is cheaper than Ohio medical marijuana dispensaries. They said: "[Dispensaries sell] *all by-products (variety of marijuana products)…. Michigan has been legal and it's only an hour, hour and a half a way, recreational* [sales]. *It's getting cheaper; Most people are going to Michigan and getting* [marijuana from dispensaries] *because it's a lot cheaper in Michigan than it is here (Ohio). Because our dispensaries here … it's outrageously priced, and you get half the amount that you do here as you would in Michigan…. Everybody goes there, gets it to bring* [back to Ohio]*…."*

Dealers also reportedly sell marijuana and extracts and concentrates. A member of law enforcement in the Columbus region relayed the variety of marijuana products sold by dealers, stating, *"If you get a good weed dealer, they've got all that stuff, they've got all the vape pens, they've got the oils. It seems like once you get into that realm … go down the list* [of marijuana products] *and that's all the stuff that they got in their house, because they can sell it just as fast."* Some consumers prefer to purchase marijuana from dealers because it is more convenient. They said: *"You can get* [marijuana] *delivered to you* [from a dealer]. *You don't even got to go nowhere;* [Dispensary purchases are] *kind of hard because they got a closing time (open during specific hours). And I might be out at two in the morning* [and want to purchase marijuana]; [Marijuana is] *sold alongside other drugs. If you're buying some drugs, they always have weed."* Although less common, some consumers reportedly grow their own marijuana and make their own extracts and concentrates.

Community professionals added: "[Marijuana is] *a quick moneymaker for people; We don't have any dispensaries in Union County (Columbus region). So, if I can go across the street and buy it from my neighbor, I don't have to … drive all the way to Columbus (Franklin County), or Marion (Marion County), or London (Madison County)…. And I don't think we'll get one either … Marysville (Union County) just outlawed any dispensary to be placed here; The black market* [for marijuana] *has increased. Why would you pay the extra 10% excise tax that Ohio is going to be charging for* [recreational marijuana purchases] *when you can go down the street and see 'Joe' drug dealer and he can give you the same amount of marijuana? Now of course it won't be regulated…."*

Respondents also discussed social media and mail sources for marijuana and extracts and concentrates. Remarks included: *"I could click on my Facebook app … and there's probably three people trying to sell weed on Facebook right now;* [Extracts and concentrates are] *widely looked at on* [Facebook] *Messenger; They're getting* [marijuana] *from places like Colorado, California, through the mail;* [Extracts and concentrates are] *even easier to get through the mail than the marijuana plants … they're smaller."*

Respondents throughout OSAM regions reported that the overall availability of marijuana has remained the same during the past six months, except for the Cleveland region where increased availability was indicated, and the Youngstown region where consumers reported increased availability and community professionals were split between no change and increased availability. Regarding change in availability of extracts and concentrates, respondents in half of OSAM regions (Akron-Canton, Athens, Cincinnati, and Toledo) reported no change in availability during the past six months, while respondents in three OSAM regions (Cleveland, Dayton, and Youngstown) reported that the availability has increased, and in the Columbus region, respondents were split between no change and increased availability.

For both leaf marijuana and extracts and concentrates, respondents reporting increased

availability reasoned that recent legalization of adult use recreational marijuana in Ohio, and ongoing dispensary product diversion from out-of-state and Ohio dispensaries have led to increased availability. They shared: *"We don't have to worry about getting arrested for* [marijuana use] *now; I think* [marijuana street availability] *just keeps getting higher and higher…. It's got more relaxed on the laws … there's just bigger issues and problems. And with* [adult use recreational marijuana] *becoming legal, everybody looks at it different now … it's more socially accepted…."*

Some respondents offered that increased social acceptance of marijuana and extracts and concentrates has resulted in more open use and greater visibility, giving the perception of increased availability. Observations included: *"I don't know that it's worse (marijuana availability has increased), just people don't hide it, they tried to hide it before … but now they're just like, 'Marijuana's legal, come at me;' I think people are just smoking* [marijuana] *more openly. I don't know if it's increased* [in availability] *… they just don't care … they're not hiding it;* [Marijuana is viewed] *about like alcohol, really … if not more socially accepted than alcohol."*

Although less frequently reported, some respondents deduced that the availability of marijuana and extracts and concentrates on the streets has decreased during the past six months because people are more likely to utilize dispensaries. They discussed: *"I think since the* [legalization of] *medical marijuana came along and the recreational* [marijuana] *being legalized, less people are dealing it; I think with* [recreational marijuana use] *being legalized … it has taken a lot of people out of business;* [Extracts and concentrates are] *readily available* [on the streets] *… but … you're taking the guessing out of it nowadays, instead of buying it from somebody off the street that you don't know what the hell you're getting … you go buy* [it from a dispensary] *and you know what you're getting.* [Street availability has] *gone down* [because people would rather purchase extracts and concentrates from a dispensary] *instead of being screwed over (purchasing poor quality or fraudulent extracts and concentrates on the streets)…."*

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

Other data sources indicated marijuana as available. Millennium Health reported that 21.1% of the 139,496 urinalysis specimens submitted for marijuana testing during the past six months was positive for marijuana.

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

Region	% Tested Positive	Number Tested
Akron-Canton	20.8%	11,203
Athens	29.2%	14,876
Cincinnati	18.3%	30,078
Cleveland	16.4%	25,027
Columbus	18.8%	24,768
Dayton	22.6%	3,279
Toledo	31.0%	20,375
Youngstown	14.6%	9,890
Total	21.1%	139,496

Ohio Department of Public Safety reported drug task force seizure of 6,753.2 kilograms (14,857

lbs.) of marijuana from throughout OSAM regions during the reporting period; of which, 37.0% was seized from the Cincinnati region. Summit County Juvenile Court (Akron-Canton region) reported that, of the 421 THC tests it performed during the past six months, 51.8% was positive. Fairfield County Municipal Court (Columbus region) reported that of the 4,893 positive adult drug specimens it recorded during the past six months, 30.2% was positive for cannabinoids. Hancock County Probate Court (Toledo region) reported that 96.8% of the 62 positive juvenile drug test results it recorded during the past six months was positive for cannabinoids.

GPRA (Government Performance and Results Act) data collected from 5,058 persons entering publicly funded SUD treatment programs during the past six months found 22.1% reported marijuana use 30 days prior to intake.

GPRA Intake: Marijuana Use during the Past 30 Days

Region	% Yes	Total N
Akron-Canton	14.2%	337
Athens	26.1%	218
Cincinnati	20.8%	1,061
Cleveland	19.9%	1,120
Columbus	24.9%	1,424
Dayton	23.6%	246
Toledo	28.6%	434
Youngstown	15.1%	218
Total	22.1%	5,058

Media outlets reported on law enforcement seizures and arrests related to marijuana this reporting period (selected media reports follow). Washington Township Police officers (Logan County, Dayton region) conducted a traffic stop on State Route 33, and upon smelling marijuana and the male driver admitting to having just smoked marijuana, officers searched the vehicle and found a bag of marijuana, three bags containing a large amount of methamphetamine, and two loaded handguns; after the man passed out, officers called EMS to transport him to the hospital and later they arrested him and took him to Logan County Jail (www.peakofohio.com, July 14, 2023). Westlake Police Department (Cuyahoga County) arrested a Cleveland man during a stop and probable cause search after finding 80 grams of methamphetamine, unspecified amounts of cocaine, psilocybin mushrooms, prescription pills, 500 grams of marijuana, and drug paraphernalia, including drug scales; officers arrested the man for drug trafficking (www.fox8.com, Aug. 4, 2023). Portage County Sheriff's Office (Akron-Canton region) executed a search warrant at a Ravenna Township home and seized 56 grams of crack cocaine, eight grams of powdered cocaine, 113 grams of marijuana, 50 tramadol pills, 92 pressed-fentanyl pills, two MDMA (ecstasy) pills, a handgun, a rifle, ammunition, and $5,200 (www.cleveland19.com, Aug. 9, 2023). Canton Police officers (Stark County, Akron-Canton region) executed a search warrant at a vape store and seized 10 illegal gambling machines, 3.5 pounds of marijuana, two ounces of cocaine, 24 ounces of promethazine, a handgun, and $4,276 (www.cleveland19.com, Sept. 1, 2023). Columbus Police arrested 25 people during its regularly occurring "Operation Unity," a multi-agency crackdown on crime in Franklin County; in total, officers seized 24 firearms, six stolen vehicles, 45.7 grams of fentanyl, 30 grams of marijuana, and 18.6 grams of cocaine (www.nbc4i.com, Sept. 25, 2023). Reynoldsburg Police (Fairfield County) arrested a man on his way to a concert for cocaine possession and drug trafficking; during a traffic stop of the box truck that the man was driving, criminal indicators led police to call a K9 unit which led to the discovery of 840 bottles of nitrous oxide, 625 grams of cocaine, 574 MDMA (ecstasy) pills, 17 grams of MDMA powder ("Molly"), 46 Xanax® pills, and 16.9 grams of THC (www.sciotopost.com, Sept. 21, 2023). Franklin County Sheriff's Office partnered with state and local law enforcement agencies in "Operation BRIDGE," a multi-day effort to tackle crimes related to drugs and human trafficking; during the operation, officers seized, in total, 645 grams of

marijuana, 132 grams of fentanyl, 390 grams of powdered cocaine, 23 grams of crack cocaine, and five grams of heroin (www.10tv.com, Sept. 29, 2023). Sebring Police (Mahoning County, Youngstown region) responded to a call of a possible home burglary in progress and arrested a resident at the home for possession of a controlled substance and drug paraphernalia, and for permitting drug abuse; officers seized 49 grams of psilocybin mushrooms, six grams of methamphetamine, various pills, unspecified drug paraphernalia, and THC products (www.wkbn.com, Oct. 30, 2023). Crawford County Sheriff's Office (Columbus region) along with several local police departments participated in a weekend operation in which they made 100 traffic stops and 11 felony drug arrests; officers seized unspecified amounts of methamphetamine, fentanyl, MDMA, marijuana, and drug paraphernalia (www.nbc4i.com, Nov. 6, 2023). Miami County Sheriff's Office along with the Piqua Police (Dayton region) executed a search warrant and arrested a man for trafficking cocaine and marijuana; officers seized unspecified amounts of cocaine and marijuana, drug paraphernalia, and $16,000 (www.wdtn.com, Dec. 21, 2023).

Quality

Consumers throughout OSAM regions most often rated the current overall quality of marijuana, as well as extracts and concentrates, as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality). A consumer in the Columbus region remarked, *"I'm going to say* [marijuana quality is] *a '10' (high) because it used to be you get that 'brick weed' (low-grade marijuana) with seeds…. You don't get that anymore … no seeds….* [There are] *different strengths (strains)…. You can get it … and know … which one's going to put you down for a nap, which one is going to give you energy, which one will make you hungry…. So, a lot more knowledge is going into it. It's strong these days…. Last few years, it's gotten stronger."* And regarding high-quality extracts and concentrates, a consumer in the Youngstown region said, "[Extracts and concentrates are high quality] *because everything around here is highly concentrated. It has that high THC content."*

Consumers cited improved marijuana growing techniques that have contributed to the availability of numerous strains of high-potency marijuana and extracts and concentrates. They discussed: *"There's so much to choose from … there's something that everybody likes; I think* [marijuana quality is] *way better these days … a lot of it has to do with technology. They've learned how to extract the THC from the … bud a little bit better than what they did back in the day; The actual* [leaf] *marijuana they keep making stronger and stronger and so the extracts are stronger as well."*

However, the quality of marijuana and extracts and concentrates reportedly depends on the price and source, with many consumers indicating marijuana products from dispensaries as the highest quality. Consumers shared: "[Marijuana quality varies] *depending on what you want to spend, but yes, definitely higher quality nowadays…. Back when … it was illegal … you had different strains, but you didn't know what you were actually getting. Now you can actually see … what the potency of the THC is (from dispensary packaging labels), so you know* [what you're getting]*; The quality* [of marijuana] *all depends…. I used to get all my weed from my buddy, and it was all shipped from California, so it was good weed, but then I get weed off my other buddy that had grown it in his backyard and it would* [be poor quality]*…."*

Some respondents expressed concern about marijuana adulteration, which they most often described as unintentional contamination from unclean scales used to weigh multiple drugs. Consumers stated: *"I've heard some people put fentanyl in weed, but I haven't seen that;* [There can] *be cross-contamination* [of marijuana] *when they're selling fentanyl … using the same scales; That's why if you get* [marijuana] *from the dispensary, you don't have to worry about* [adulteration]*."* Several treatment providers

shared similar uncertainties, saying: *"I don't think it's safe (street purchase of marijuana)…. Talking about scales and if the drug dealer has fentanyl on there and doesn't clean it super-duper well, and then puts marijuana on it."* And a consumer in the Athens region commented on precautions to avoid the purchase of fraudulent marijuana cartridges on the streets, explaining, *"If they can't tell that* [the cartridge] *is 'legit' (legitimate), they won't buy it … everybody wants it in the box (original dispensary packaging) now."*

Overall, consumers noted that the quality of both marijuana and extracts and concentrates has remained the same during the past six months, except for Akron-Canton and Cleveland regions, where consumers indicated increased quality of extracts and concentrates, specifically. Those reporting increased quality cited access to high-quality diverted dispensary products and evolving marijuana production technology. Comments included: *"I think* [marijuana quality increased] *because there's even more dispensary weed being sold (diverted); Because you can get it at shops (dispensaries) now. Greater variety and quality; They just keep getting better, they learn new ways of making* [extracts and concentrates] *better, growing* [marijuana] *better."*

Street Names

Current street jargon includes many names for marijuana and extracts and concentrates. Consumers explained that street names for marijuana often indicate quality. They shared: *"For my generation, 'za za'* [is the most common street name for marijuana]*…. Yeah,* [it's still current]*. Stands for 'exotic' (high-grade marijuana); I mean, give back my old school 'chronic' (high-grade marijuana). It's usually just 'loud' (high-grade marijuana) or 'mids' (low-grade marijuana)."* Consumers noted several general street names for marijuana which reference plants ("flower" and "grass"), and including, *"'Trees.' That used to be* [my street name for marijuana]*. I used the emoji tree* [in text messages]*."* In addition, consumers in the Cincinnati region provided: *"Just say you want to smoke, you 'smoke' (in reference to marijuana); Yep, 'smoke,' there you go.* [Marijuana is] *just like a cigarette now."* And regarding extracts and concentrates, a consumer in the Dayton region stated, *"'Wax' for doing 'dabs,' 'carts' for vaping it."*

Current Street Names for Marijuana	
General	**bud, flower, grass, green, Mary Jane, pot, smoke, tree/trees/tree emoji, weed, za/za-za**
High Grade	**chronic, dank, exotic, fire, gas, kush, loud**
Low Grade	**brick weed, mids, Reggie**
Extracts/ Concentrates	**butter, candy, carts, crumble, dabs, wax/ear wax, edibles, gummies, oils, pens, shatter, vapes**

Pricing

Current street prices for marijuana and extracts and concentrates were reported by consumers with experience purchasing the drugs. For leaf marijuana, consumers identified the most common quantities of purchase as 1/8 ounce for $25-40, and up to $50 in Athens and Columbus regions, as well as 1/4 ounce for $40-60, and up to $100 in the Youngstown region. Consumers indicated that a gram of leaf marijuana typically sells for $10-20, an ounce of leaf marijuana typically sells for $100-200, and for an ounce of high-grade leaf marijuana in Columbus and Dayton regions, up to $275 and $300, respectively.

Marijuana and extracts and concentrates pricing reportedly depends on quality, amount/weight, brand/strain, source, and connection to the dealer. Regarding leaf marijuana pricing, consumers discussed: *"You're paying $15 extra if you're buying* [marijuana] *from somebody with the dispensary* [marijuana]*; I pay a lot less* [for

marijuana than most people], *but I have also been using the same street dealers for the last 15 years;* [The price of marijuana] *depends on the strand (strain), depends on the THC potency."*

For extracts and concentrates, a cartridge is the most common unit purchased and typically sells for $20-40. In addition, consumers in Akron-Canton, Athens, and Columbus reported a dab/dab pen typically sells for $20-60. Consumers shared similar reasons for variability in extracts and concentrates pricing as leaf marijuana, stating: *"They all 'tax'* [extracts and concentrates purchased from dispensaries and resold] *(charge more than the original purchase price to make a profit) … because you still got to make money from them; One gram* [cartridges are most common], *but then* [the price] *depends on the* [THC] *purity; People will buy carts in bulk to get them cheaper;* [Cartridge pricing] *depends on what brand…. You can get some cheaper…."*

Overall, consumers reported that the price of marijuana and extracts and concentrates has remained the same during the past six months. However, consumers in the Cleveland region indicated increased pricing for extracts and concentrates, and consumers in Athens and Columbus regions were split between no change and decreased pricing. For leaf marijuana, consumers in Athens and Dayton regions reported increased pricing during the past six months, while consumers in the Cleveland region reported decreased pricing. Consumers primarily attributed price increases of marijuana and extracts and concentrates to availability of better-quality products, including diverted dispensary products, saying: "[Marijuana pricing] *just increased for the fact of the quality's better; I was thinking* [the increase in marijuana pricing] *was* [due to the availability of] *more exotic varieties."*

Explanations for marijuana price decreases centered around high supply and competition from dispensaries, and between sellers. Comments included: "[Marijuana pricing] *might have dropped a little bit because of the dispensaries. Because a lot of them, they'll run like sales and deals and stuff to where a half ounce is like 70 bucks and the quality is guaranteed, so street dealers need to compete with those prices; Because everybody's got (selling)* [extracts and concentrates] *and they're competing against each other, so they want to sell theirs fast and so they drop their* [prices]*."*

Route of Administration

The most common routes of administration (ROA) for extracts and concentrates remain vaping and oral consumption. Consumers estimated that out of 10 people that use extracts and concentrates, 7-10 would vape and 0-3 would orally consume the drug. For leaf marijuana, consumers identified smoking as the ROA. Consumers in the Cincinnati region pointed out that vaping extracts and concentrates in public is convenient and discreet, stating: *"I think it just depends on where you are. If you're out in public, it's easier to just use a pen; I vape* [extracts and concentrates] *personally. And the people I know would vape…."*

Consumers recognized oral consumption as an alternative for vaping extracts and concentrates and smoking marijuana and described a variety of THC-infused edibles. They shared: "[There are marijuana] *candies, or the gummies … my mom can't smoke, but instead of taking a pain pill (prescription opioid), she could do the chocolates (edibles)…. So, it's getting a different demographic that helps them….* [Edibles are popular among] *nonsmokers…. My grandmother tried it before she passed. Right,* [people you might not expect to use drugs might be more likely to use marijuana edibles]*; I had weed-infused punch…. Weed-infused potato chips; THC is infused in all foods now…. It used to be in the brownies and cookies and the butter … but now you can get it in suckers and gummies and anything."* Although not widely reported, some consumers in the Columbus region reported availability of THC tinctures (liquid THC-extracts administered orally, typically with a dropper).

Typical Use Profile

Throughout OSAM regions, consumers and community professionals continued to most often report that there is no profile for typical marijuana use. Extracts and concentrates are also reportedly widely used, however respondents emphasized that they are particularly popular among young people. Regarding the broad profile for marijuana use, respondents commented: "[Marijuana use is] *everybody, every color, every age … every job … doesn't matter; I've seen doctors use* [leaf marijuana], *I've seen construction* [workers] *use it … I don't think it really zeros in on anybody; Everybody's doing a little bit of all of it (variety of marijuana products) because it's legal now."*

Respondents shared similar comments about wide-ranging extracts and concentrates use, saying: "[Extracts and concentrates] *know no boundaries or specific socio-economic status, or race, or ethnicity; I think once again* [that typical extracts and concentrates use ranges from] *teenage up to 60 to 70 years old because the edibles have changed the game, and you get a different experience* [from consuming edibles] *than when you smoke, so people are looking for that…. The THC vaping pen has been a game changer, especially with the younger demographic; Considering like the gummies and food (edibles) and all that stuff … use is pretty spread* [across demographics]*."*

Several respondents indicated that leaf marijuana is more common among older people because some have become accustomed to using leaf marijuana over a long period of time and are less likely to regularly use extracts and concentrates as an alternative. Respondents reasoned: *"Some older people, they stick by that flower; Leaf, I mean, that's more of your old school people; I don't really have older* [treatment] *clients who test positive* [for marijuana on drugs screens] *that say they smoke it through a vape."*

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, 55.6% was male, 58.0% was under the age of 40 years, and 76.9% indicated White as their race.

GPRA Demographic Data of All Intake Clients Who Used Marijuana during the Past 30 Days (N = 1,119)[1]	
Male	55.6%
Female	42.7%
18 - 29	23.2%
30 - 39	34.8%
40 - 49	22.3%
50 - 59	14.2%
60 +	5.5%
White	76.9%
African American	25.4%
Other race[2]	4.5%
Hispanic/Latino	5.3%

[1]Gender total does not equal 100.0% due to 19 individuals reporting as gender non-conforming or transgender. Total percentage for race (N = 1,114) is greater than 100.0% due to some individuals indicating more than one race. Ethnicity (N = 1,118). [2]Alaska Native, Chinese, Filipino, Guamanian or Chamorro, Indian, Japanese, Korean, Native American, Native Hawaiian, Pacific Islander, Samoan, unspecified Asian race, unspecified other race, and/or Vietnamese.

Use Combinations

Consumers continued to report that marijuana and extracts and concentrates are used in combination with "everything." In terms of specific use combinations, consumers most often reported alcohol for its potentiating effect, and because both substances are prevalent in bars and at parties. They shared: *"Alcohol and weed are best friends;* [The combination of extracts and concentrates with alcohol produces a] *better buzz;* [Marijuana and alcohol used in combination is] *a party thing;* [Marijuana and alcohol use are both] *socially accepted."*

Consumers considered marijuana a "universal" drug that is compatible with "everything" and

used with one's drug of choice. Comments included: *"I think carts and all that is universal with all drugs; When you combine* [marijuana with another drug] *… it's like alcohol. You just use it with whatever* [other drug] *you're going to use that night…. You weren't using it to have a certain high, like you would with 'coke' (powdered cocaine), and pills (prescription opioids), or whatever…. You get high then … you just start your day.* [Marijuana is] *like coffee nowadays; It's going to be individualized. Some people like 'speed' (methamphetamine) and weed. Some people like cocaine and weed. Some like alcohol and weed. But whatever … drugs someone's doing they are going to be doing weed too; Some people just can't get high enough, so they smoke weed* [to potentiate the effect of other drugs]*."*

Marijuana and extracts and concentrates are reportedly used in combination with stimulants to "speedball" (concurrent or consecutive stimulant and depressant highs) and to help come down from a stimulant high. Consumers discussed: *"Because* [cocaine is] *an upper and weed's a downer;* [Marijuana] *helps create an appetite when you're on some stimulants; Cocaine … 'primo' (powdered cocaine in a marijuana cigarette);* [Marijuana used in combination with cocaine is] *just a different balance."*

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

Other Drugs in OSAM Regions

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

Gabapentin

Respondents throughout OSAM regions reported availability of gabapentin (an anticonvulsant used to treat nerve pain) for illicit use. They continued to indicate that gabapentin is readily prescribed and diverted. Consumers commented: *"Doctors are prescribing* [gabapentin] *so much; There's been a rise on* [gabapentin street availability] *for sure…. Pretty easy* [to obtain] *actually; A lot of people use gabapentin…. It's easy to get from the doctor and it's like a mild pain pill (prescription opioid) feeling…. People will take it if they don't have anything else."* Community professionals added: *"I think gabapentin is also one of those that it's relatively easy to get a prescription for and they prescribe it like, en masse;* [Gabapentin is] *prescribed excessively; I honestly don't think that people are buying* [gabapentin] *on the street. I think they are abusing their own 'scripts' (prescriptions)."*

Respondents discussed gabapentin prescribing for pain management. They said: *"I think people are prescribing* [gabapentin] *for pain management;* [Gabapentin is a] *nerve pain medicine, but they use it for* [other types of] *pain; I think it's just somebody says, 'Oh my gosh … I hurt all over….' And … they can't give (prescribe) you 'oxy' (OxyContin®)* [due to prescribing regulations], *but they can give you 600 milligrams of gabapentin three times a day for something that's not really neuropathy pain (prescribed off-label)…."*

Overall, availability of gabapentin for illicit use has

Reported Availability of **Other Drugs** in each OSAM Region during the Past 6 Months	
Region	**Other Drugs**
Akron-Canton	**gabapentin, hallucinogens (dimethyltryptamine [DMT], lysergic acid diethylamide [LSD], 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), inhalants, kratom, OTCs, prescription stimulants, promethazine**
Cincinnati	**gabapentin, hallucinogens (DMT, LSD, PCP, psilocybin mushrooms), inhalants, ketamine, MDMA, prescription stimulants, promethazine, synthetic marijuana, xylazine**
Cleveland	**gabapentin, gamma-hydroxybutyrate (GHB), hallucinogens (LSD, psilocybin mushrooms), inhalants, kratom, MDMA**
Columbus	**gabapentin, GHB, hallucinogens (DMT, LSD, psilocybin mushrooms), ketamine, MDMA, OTCs, prescription stimulants, synthetic marijuana, xylazine**
Dayton	**gabapentin, hallucinogens (DMT, LSD, PCP, psilocybin mushrooms), kratom, synthetic marijuana, xylazine**
Toledo	**gabapentin, hallucinogens (LSD, psilocybin mushrooms), kratom, MDMA, xylazine**
Youngstown	**gabapentin, GHB, hallucinogens (LSD, psilocybin mushrooms), inhalants, ketamine, kratom, prescription stimulants, synthetic marijuana, xylazine**

reportedly remained the same during the past six months. However, those who indicated increased availability highlighted increased prescribing and demand, stating: *"I would say definitely* [availability of gabapentin for illicit use has] *increased quite a bit in the past year. So, in the past six months, I think it does continue to go up; I feel like* [gabapentin is] *being prescribed more, and so there's more availability* [for illicit use]*."* Few respondents reported decreased availability of gabapentin for illicit use because of prescribing regulations. They offered: "[Gabapentin] *seems to be one of the substances that over the last six months, and maybe even over the last year, has decreased, because I would say that it's being prescribed less and less; No,* [gabapentin has not been used illicitly as much recently]*…. You got to have a prescription to get it."*

Other data sources indicated gabapentin as available for illicit use throughout OSAM regions. Millennium Health reported that 15.2% of the 139,483 urinalysis specimens submitted for gabapentin testing during the past six months was positive for gabapentin.

Respondents connected gabapentin use with opioid use, as gabapentin reportedly produces a similar effect to opioids. They shared: "[The effect from gabapentin use is like] *an opioid experience. It's real close to an opioid. It makes you feel good. It works on the same receptors, I think; I think the anesthetic effect* [from illicit gabapentin use] *roughly replicates some of the opioids…."* However, a consumer noted, *"You've got to eat (orally consume) a lot of* [gabapentin]*, like 14 or more of them to even get buzzed…."*

In addition, respondents noted illicit gabapentin use to help prevent or alleviate opioid withdrawal symptoms (aka "dope sickness") in between heroin/fentanyl use or when trying to quit heroin/fentanyl. Respondents provided: *"At one*

Millennium Health Urinalysis Test Results for Gabapentin during the Past 6 Months		
Region	**% Tested Positive**	**Number Tested**
Akron-Canton	**12.5%**	**8,185**
Athens	**12.6%**	**13,623**
Cincinnati	**12.5%**	**33,083**
Cleveland	**14.5%**	**24,941**
Columbus	**22.3%**	**23,806**
Dayton	**31.8%**	**3,488**
Toledo	**14.8%**	**22,531**
Youngstown	**9.6%**	**9,826**
Total	**15.2%**	**139,483**

time, I was selling [my gabapentin prescription] *because I didn't need them all the time. And a lot of people going through withdrawal would use those for withdrawal* [symptom management]*; People take* [gabapentin] *to come off heroin, too. To help with heroin withdrawal; I took* [gabapentin] *when I was weaning off of* [heroin]*; A lot of people, if they can't get opioids, they go for the gabapentin."*

Several respondents reported that gabapentin is sought after for illicit use because it is not always included on drug screens, making it popular particularly among people who are subject to drug screenings. Statements included: "[Illicit gabapentin use is more common among] *people who are on probation or in a treatment center and they are trying to get some sort of high or something, but they want to get away with it (negative drug screens); From what I've noticed, it's people that are like recovering, it's certain … pills that they can do* [that are not included on drug screens]*; A lot of our clients use* [gabapentin] *to help with withdrawal…. I know that if they take enough of it, it presents as a sedative…. I think a lot of treatment centers do not test for it."* Some community professionals believe that consumers perceive illicit gabapentin use as less risky than street drugs, explaining: *"What I have seen* [among treatment clients] *is some people feel like it's progress not perfection (illicit gabapentin use is less harmful than street drugs); There's not really a stigma with* [illicit gabapentin use]*, like there is for more illicit drugs (street drugs)."*

GHB

Consumers in Cleveland, Columbus, and Youngstown regions reported current availability of GHB (gamma-hydroxybutyrate, a central nervous system suppressant, aka "the date rape drug"). A consumer in the Cleveland region observed that GHB is highly available at bars, nightclubs, and "raves" (dance parties), saying, *"Some of the raves I have been to, they have those red Solo® cups and there are marking lines, marking how much is in something, so usually the dealer will hit the top of your cup* [with GHB]*,"* adding, "[GHB is] *more available. I haven't seen it up here until recently. It's in the club scene and it's also in random bars."* A consumer in the Youngstown region offered that GHB use is more common in the gay community to enhance sexual experiences, stating, *"The liquid* [form of GHB]*, I know a lot in the gay community drink* [GHB]*, 'date rape,' sometimes they call it … think it must be a sex drug. There's a lot of people in the gay community use it."*

As indicated in the Cleveland region, GHB is sometimes administered without the knowledge or consent of partygoers in nightclubs. Observations included: "[GHB is] *in the club scene … people use it as a weapon at parties recently; I would say 50% know they are drinking* [GHB with alcohol] *and 50% don't (administered GHB without their knowledge); I almost got 'roofied' (administered the date rape drug) in a club; I have never seen* [GHB] *used for good things, and I have never bought it myself."* GHB quality is reportedly "very good" in the Cleveland region and often combined with alcohol.

Hallucinogens

Respondents throughout OSAM regions generally

reported moderate to high current availability of hallucinogens. Regarding types, current availability of lysergic acid diethylamide (LSD) and psilocybin mushrooms was indicated in all OSAM regions, current availability of dimethyltryptamine (DMT) was reported in half of OSAM regions (Akron-Canton, Cincinnati, Columbus, and Dayton), and knowledge of phencyclidine (PCP) availability was limited to Akron-Canton, Cincinnati, and Dayton regions.

Hallucinogens are reportedly available with the right connection and in certain settings. Respondents shared: "[Hallucinogens] *are* [available in] *a lot of places…. I hear about them all the time* [from treatment clients] … *LSD and 'mushrooms' (psilocybin mushrooms) typically; You just have to know the right people* [to obtain LSD]*; In my experience, … there's people that just sell psychedelics (certain dealers sell hallucinogens exclusively)."* Hallucinogens are reportedly easy to obtain at festivals and "raves" (dance parties). Remarks included: *"Not everyone has* [LSD], *not everyone does it. I think a good amount of people around here (Athens region) do it, but it's usually more hippie people … you could probably go to* [a local festival] *and find some 'acid' (LSD) though; If you go to* [festivals at a local campground/park], *you can get* [DMT]*; If you go to like any EDM (electronic dance music) concert you can find any psychedelic, but other than that, I always got it online."*

Respondents reported obtaining hallucinogens from Internet sources, including social media, and through mail delivery. They said: "[LSD is] *not really* [highly available on the streets]. *You got to like find it online…. It's harder to find in person; You can get like a … 'Grow Your Own Mushroom' kit online;* [Psilocybin mushrooms] *are being shipped through mail in bulk versus like home-grown ones; Even DMT … you can order* [online], *get on your … Facebook …* [there will be] *somebody selling it…."*

Respondents indicated that hallucinogen use has become more socially acceptable, primarily due to their purported mental health benefits, including the increasingly popular practice of "microdosing" (consuming very low doses of psychedelic substances for therapeutic use). Respondents said: *"Microdosing, absolutely, because it helps people psychologically; Microdosing* [among military] *veterans with talk therapy has been helping them a lot;* [Psilocybin mushrooms are] *more natural than the chemically based stuff (prescription medication), so they're coming back around (resurgence of interest)…. It's good for your mental health; In the last year or two* [psilocybin mushroom use is] *trending up. Everyone is on a microdose trend for the clinicals (research trials) that they are seeing where it helps with depression, so people are using it with marijuana products."*

In addition, legalization of hallucinogen-assisted therapy and decriminalization of some hallucinogens in several states has reportedly contributed to increased social acceptance and access. Consumers stated: "[Psilocybin mushrooms] *are good* [quality] *and you can 'trip' (hallucinate) fast. You can get them in Washington* [state] *because they are legalized (decriminalized in some localities);* [Psilocybin mushrooms] *are decriminalized in Colorado now so they're just starting to flood this way (psilocybin mushrooms from Colorado are supplied in Ohio)…."*

Hallucinogens are also reportedly popular because they are not always included on drug screens. Consumers commented: *"I've been seeing mushrooms…. When I was in my last treatment center, it's becoming popular for people that's in recovery that take drug tests … parole officers and* [treatment programs] … *don't test for it; They don't test for* [psilocybin mushrooms] *here (treatment center)."* A treatment provider in the Akron-Canton region observed, *"Mushrooms, for me,* [are what I see] *in recovery housing, because* [for] *one* [thing], *a drug test doesn't pick it up, they're not on drug screens…."*

Respondents nearly evenly reported that the availability of hallucinogens has increased or remained the same during the past six months in

all OSAM regions, except for the Dayton region, where availability change was not indicated. Those reporting increased availability often described a resurgence of interest around hallucinogens, stating: "[DMT has] *got a buzz, I don't mean a high, I'm talking about a buzz on the street. I'm hearing about this DMT and I'm hearing that it's not addictive; PCP is coming back; I would say* [psilocybin mushrooms are] *more* [available] *because I hear more people talk about them."* A member of law enforcement in Cleveland added, *"It's a huge increase* [in psilocybin mushroom availability]. *There is a push in the social media realm. You have states like Colorado and Oregon that have legalized psilocybin* [mushrooms]*…. People are taking this information and utilizing it to their advantage and* [using it as justification for] *what they want to do, so we have seen a huge increase in the mushrooms…. It's easy to manufacture and it's much more available."*

Respondents who reported that the availability of hallucinogens has remained the same, regarded hallucinogens as consistently readily available for longer than six months. Community professionals said: *"I think the 'shrooms' (psilocybin mushrooms) have always been big in this area (Cincinnati region) … and LSD. Yeah, the hallucinogens* [in general]*; I think* [hallucinogens are] *still readily available. You can go pretty much anywhere and find it if you were seeking it. I don't think there's really been a change in* [availability]*;* [Psilocybin mushroom availability is] *about the same in the last six months, but in the last year or two it's been trending up…."* Reportedly, availability of psilocybin mushrooms varies by the season, with greater availability during the summer months. Comments included: *"Summer's more* [available for psilocybin mushrooms] *because they're growing; We see* [psilocybin mushrooms] *more in the summer."*

Ohio Bureau of Criminal Investigation (BCI) crime labs reported that the incidence of LSD cases they process has remained the same during the past six months for Akron-Canton, Columbus, Dayton, and Youngstown regions and the number of cases remains low; they reported processing few cases of LSD from all other OSAM regions. BCI crime labs reported that the incidence of psilocybin mushroom cases they process has increased during the past six months for Cleveland, Columbus, and Youngstown regions, remained the same for Akron-Canton, Cincinnati, Dayton, and Toledo regions, with few psilocybin mushrooms cases reported for the Athens region. BCI crime labs reported a decrease in PCP cases from 60 cases processed during the previous reporting period to 28 cases for the current reporting period; of which, 35.7% was from the Cincinnati region.

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

Knowledge of hallucinogen quality was reported by several consumers in Cleveland and Columbus regions. Consumers in both regions reported moderate to high quality of psilocybin mushrooms, and consumers in the Cleveland region also reported high quality of LSD. They discussed: "[LSD quality is] *at a '10'* [out of ten] *(high quality/potency)* [but effects vary] *… some people have a good trip (desired hallucinogenic high), and some people have a bad trip (adverse reaction to hallucinogens);* [Psilocybin mushroom] *quality* [is] *a '6,' '7' (moderate). They're not the best ones, but they're not the worst ones."* Consumers universally reported that quality of psilocybin mushrooms and LSD has remained the same during the past six months.

Current prices for LSD and psilocybin mushrooms

were reported by consumers with experience purchasing the substances in the Cleveland region. They indicated that 1/4 ounce of psilocybin mushrooms sells for $30-40, an ounce sells for $80, and, regarding change in pricing, they were split between no change and decreased pricing during the past six months. A single dose of LSD (aka "tab") reportedly sells for $5-10, while a "sheet" (perforated sheet of blotter paper typically consisting of 100 doses) sells for $400-500, and the price of LSD has remained the same during the past six months. Consumers identified several street names for LSD that reference the print design on blotting paper ("cartoons" and "Mickey Mouse").

Consumers discussed various edibles containing psilocybin mushrooms, including gummies and chocolate bars. They described: *"There are a lot of* [psilocybin mushroom] *edibles that are available now;* [Psilocybin mushroom use is] *more socially acceptable, and it's in different forms … they got candy bars now."* Some consumers reported that hallucinogens, including DMT and psilocybin mushrooms, are used in vaping devices. They stated: *"They got … mushroom vapes now; DMT, they put that in 'carts' (vape cartridges) now. Hit the wrong cart (inadvertently vape from a DMT cartridge) and you'll be in another world; I bought one of those carts….* [It was like] *a THC (tetrahydrocannabinol) cart but it was a … DMT cart…."* However, there was speculation as to the actual contents of vape cartridges advertised to include hallucinogens. A consumer in the Columbus region wondered, *"I don't know if* [the cartridges purported to contain psilocybin mushrooms, or other hallucinogens, are actually] *psychedelic, but they seem like they're advertising like you might have a good time. But it might not be psychedelic though…."*

Respondents continued to associate typical hallucinogen use with young people (teens through 20s, including college students), hippies, people in the party scene, and those seeking to improve their mental health. Regarding hallucinogen use among young people, respondents said: *"I think probably the ones who use* [hallucinogens] *the most, I would say is probably like college age, early to late 20s … but … I don't think you can exclude older people* [from hallucinogen use]*; I would stand by what I said about mushrooms … the main age group I see is the college age students."* Additional descriptions included: "[Typical psilocybin mushroom use is primarily among] *hippies, people that smoke a lot of marijuana; People are microdosing and stuff … for mental health;* [You have to look at] *events (parties and festivals) for something like that (hallucinogens)…. Acid, shrooms* [are available at places like] *rave parties."*

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, 68.8% was male, 68.8% was under the age of 40 years, and 72.9% indicated White as their race.

GPRA Demographic Data of All Intake Clients Who Used Hallucinogens during the Past 30 Days (N = 48)[1]	
Male	68.8%
Female	27.1%
18 - 29	31.3%
30 - 39	37.5%
40 - 49	20.8%
50 - 59	10.4%
60 +	0.0%
White	72.9%
African American	31.3%
Other race[2]	6.3%
Hispanic/Latino	2.1%

[1]Hallucinogens are DMT, LSD, mescaline, PCP, psilocybin mushrooms, and salvia. Gender total does not equal 100.0% due to two individuals reporting as transgender. Total percentage for race is greater than 100.0% due to some individuals indicating more than one race. [2]Native American.

Consumers continued to report that hallucinogens are most often used in combination

with alcohol and marijuana. Consumers in the Cleveland region offered: "[Hallucinogens are used in combination with] *alcohol because everything goes with alcohol;* [LSD is used in combination with alcohol] *because you aren't as scared to try* [LSD if you are drinking]*; You can smoke 'weed'* (marijuana) with [LSD] *to intensify it … you can get really high from both…."* Additionally, a consumer in the Cincinnati region referred to smoking a marijuana or tobacco cigarette dipped in PCP as a "sherm," explaining, *"Sherm makes you crazy, and then you do fentanyl* [to come down]. *You'd be sleeping* [from fentanyl use] *then you jump up* [from the effects of PCP]*…."*

Inhalants

Consumers in Akron-Canton, Athens, Cincinnati, Cleveland, and Youngstown regions discussed inhalants (duster, difluoroethane [DFE] and nitrous oxide [N2O], aka "whippets"), and consumers in Akron-Canton and Cleveland regions specified high current availability. Consumers stated: *"Whippets are big; A few girls that I'm friends with use the duster* [when they are in drug treatment because it is undetectable on drug screens]*; Oh yeah, everyone is on whippets … everyone is doing that … now."* Inhalants are reportedly easy to access legally at stores. A consumer in the Youngstown region noted, "*You can buy* [whippets] *in any smoke shop*." Consumers identified inhalants as a party drug, saying: *"They be doing* [inhalants] *at raves; Yeah,* [inhalants are] *more* [available] *… because everyone is partying…. I walked in* [to a party] *and everyone had balloons (filled with nitrous oxide to inhale)…."* A consumer in the Cleveland region continued, "[Inhalants are used in combination with] *alcohol and marijuana … it's a party drug."*

Ketamine

Consumers in Akron-Canton, Cincinnati, Columbus, and Youngstown regions, as well as treatment providers in the Akron-Canton region discussed current availability of ketamine (an anesthetic used in veterinary medicine).

Reportedly, ketamine is moderate to high in availability in the Akron-Canton region. Ketamine is not considered a drug of choice and is only reportedly available with the right connection and in certain settings. Respondents stated: *"Your average Joe isn't seeking ketamine;* [Ketamine is] *just here or there, not super sought after…."* Consumers observed ketamine availability at parties and festivals, offering: *"I just order* [ketamine] *off the 'dark web'* (websites operated by criminal enterprises) *and then sell small amounts at parties and stuff; I know like a lot of acquaintances that do ketamine…. I think it comes from* [festivals at a local campground/park] *area … they all seem to do it there."* Several consumers in the Columbus region endorsed ketamine for its potential mental health benefits. A consumer remarked, *"Ketamine for depression."* Some consumers believed that ketamine popularity has decreased, and associated it with a previous era, saying: *"Who's going to raves? Ketamine, 'Special K' … I don't have any* [recent experiences with ketamine]. *Not since '90s and 2000s; I haven't done ketamine in 15 years."*

Kratom

Consumers in Akron-Canton, Athens, Cleveland, Toledo, and Youngstown regions, as well as treatment providers in Athens and Dayton regions reported current availability of kratom (mitragynine, a psychoactive plant substance). Respondents reported overall moderate to high current availability of kratom, and that availability has remained the same during the past six months. Kratom is reportedly easy to obtain because it can be purchased legally at various convenience stores. Comments included: *"You can buy* [kratom] *at tobacco* [stores]*, everywhere;* [Kratom is sold] *at the headshops;* [Kratom is available] *at all gas stations."*

Other data sources indicated kratom use throughout OSAM regions. Millennium Health reported that 0.8% of the 123,940 urinalysis specimens submitted for kratom testing during the past six months was positive for kratom.

Millennium Health Urinalysis Test Results for Kratom during the Past 6 Months		
Region	**% Tested Positive**	**Number Tested**
Akron-Canton	1.3%	10,369
Athens	1.2%	11,291
Cincinnati	0.6%	28,520
Cleveland	0.6%	24,577
Columbus	0.9%	18,644
Dayton	1.3%	3,978
Toledo	0.9%	18,349
Youngstown	0.4%	8,212
Total	0.8%	123,940

According to consumers, kratom is used to prevent or mitigate opioid withdrawal symptoms (aka "dope sickness") or when trying to stop opioid use. They discussed: *"I've heard about people using* [kratom] *to get themselves off of heroin. I know of one person that was able to do that successfully, was able to like step down from heroin to kratom;* [Kratom is] *to help you come off* [opioids] *and not be sick."* In addition, consumers in the Cleveland region associated typical kratom use with young people. A consumer commented, *"I think* [the demographic for typical kratom use is] *younger… like teens and preteens."* They also indicated that kratom is commonly used in combination with alcohol and marijuana, explaining: *"Alcohol … it goes with everything; Marijuana … it's just there too (readily available)."*

MDMA

Respondents in five OSAM regions (Akron-Canton, Cincinnati, Cleveland, Columbus, and Toledo) discussed current availability of MDMA (methylenedioxymethamphetamine or other derivatives containing BZP, MDA, and/or TFMPP) in both the pressed tablet form (ecstasy) and the powdered form ("Molly"). In the Toledo region, respondents indicated overall moderate to high current availability of MDMA, and in the Cleveland region, consumers indicated moderate availability, while law enforcement indicated low availability. There was no consensus as to current availability of MDMA in the Akron-Canton region, where responses ranged from low to high, and respondents in Cincinnati and Columbus regions acknowledged availability of MDMA but did not rate the degree to which it is available.

Reportedly, MDMA is available to those with a connection to the drug and at concerts, parties, and "raves" (dance parties). Respondents stated: *"I'd say* [MDMA availability is] *a '5'* [out of 10] *(moderate).* [MDMA] *is always available to certain people, certain crowds;* [MDMA is available] *a little bit here and there because some of the drug dealers have it, you know, they sell a little bit of everything; You'd have to go to an event (concert, party) to get* [MDMA]*. People don't just have it on hand…. If you travel and go to events* [you might find it]*; If you go to like any EDM (electronic dance music) concert you can find any psychedelic, but other than that I always got it online. Molly's a big one (popular)…."* Those who reported low current availability of MDMA reiterated that it is a niche drug that is available, and popular in certain settings, but that consumers generally prefer other drugs. Comments included: *"People just want 'meth' (methamphetamine) now; You got to hunt to find* [MDMA]*."*

Respondents continued to link MDMA with methamphetamine. They reported that counterfeit ecstasy and Molly predominantly consist of methamphetamine, and MDMA is a common adulterant (aka "cut") for methamphetamine. Consumers described counterfeit MDMA: *"A lot of people think that they're doing Molly and they're really doing meth;* [MDMA] *is probably one of the worst (poorest quality drugs) right now, 'beans' (ecstasy) … it's being cut with like everything: meth, 'benzos' (benzodiazepines), Valium®;* [MDMA is] *fake (counterfeit) too … they are all cut with meth and fentanyl; Real Molly? It's not out there … it's not the real thing.* [What is sold as Molly] *is basically meth,*

and also with those ecstasy, they are mixing it with the fentanyl…."

Respondents described MDMA as a cut for other drugs, especially methamphetamine. Treatment providers observed: *"Lots of the clients who were testing positive for methamphetamine also tested positive for ecstasy or MDMA. And …* [MDMA] *seemed to be something that was cut with the methamphetamine and not necessarily something that the clients were seeking out themselves. You don't see a lot of … clients coming in saying that* [MDMA is] *something that they're seeking out to use; If we see ecstasy* [positive drug screens]*, it's* [because MDMA has] *usually been 'laced' (adulterated) into* [another drug]*;* [MDMA is cut into] *your meth, fentanyl, probably. Because a lot of* [treatment clients]*, when I test them and that pops up (positive for MDMA), they're like, 'What?' (express surprise because they did not knowingly use MDMA)."*

Throughout OSAM regions, respondents reported that the availability of MDMA, overall, has remained the same during the past six months. Regarding decreased availability of MDMA, a consumer in the Cleveland region noted, *"I would say* [Molly is] *less available because it's all counterfeit."* Ohio Bureau of Criminal Investigation (BCI) crime labs reported that the incidence of MDMA cases they process has slightly increased for Columbus 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 decreased during the reporting period. Miami Valley Regional Crime Lab (Dayton region) reported processing few cases of MDMA during the reporting period.

Consumers in the Cleveland region rated the current quality of MDMA as low, and that the quality has decreased during the past six months. For both determinations, they acknowledged excessive adulteration and increased availability of counterfeit MDMA. They shared: *"Molly is usually crystal meth…. It's everything* [but MDMA]*, heroin, 'crack' (crack cocaine),* [powdered] *cocaine … a lot of it is fentanyl;* [MDMA is] *all fentanyl … it's decreased* [in quality]*."* Furthermore, consumers in the Cleveland region identified crack and powdered cocaine, fentanyl, heroin, and methamphetamine as adulterants for MDMA and consumers in the Cincinnati region reported benzodiazepines and methamphetamine as adulterants for MDMA.

For ecstasy, consumers used the street name, "beans," in reference to the round shape of the tablets. They also reported the street names "e-pills" and "X," the shortened form of ecstasy. Regarding pricing, consumers in the Cleveland region indicated that a single dose of ecstasy sells for $5 and 1/10 gram (aka "a point") of Molly sells for $10. Consumers in the Akron-Canton region reported that a single dose of ecstasy sells for $10. In the Cleveland region, consumers reported that the price of MDMA has remained the same during the past six months.

Consumers reported several routes of administration for MDMA. In the Cleveland region, consumers indicated that half of people that use MDMA would snort, and half would orally consume the drug. Respondents continued to report typical MDMA use among young people, including high school and college students, as a party drug. They discussed: *"Party scene; Younger, 18 to 30* [years of age]*; Younger, college age, middle-class kids; High-school age. They are smoking marijuana, and they might test the waters and do a little MDMA. Try something a little different."* And a treatment provider in the Toledo region reported that MDMA is sometimes used to enhance sexual experiences. Consumers in the Cleveland region continued to report that MDMA is most often used in combination with alcohol and marijuana. They remarked: *"Alcohol … because you got to 'pop it' (orally consume MDMA) and chase it with something. Might as well chase it*

with alcohol; [Ecstasy is used in combination with] *marijuana, it's a party drug."*

OTCs

Consumers in the Akron-Canton region, as well as consumers and treatment providers in the Athens region, and law enforcement in the Columbus region discussed illicit use of over-the-counter medications (OTCs), including Benadryl®, Robitussin DM®, and other cold medicines. Consumers in the Akron-Canton region specified high availability of OTCs for illicit use and that the availability has remained the same during the past six months. A member of law enforcement in the Columbus region stated, *"I guess we still have people messing around with (misuse of) cold medications and … various things like that (OTCs)."* And a treatment provider noted illicit use of Benadryl® among younger people, commenting, *"When I was* [working at a treatment center] *in Cambridge (Guernsey County, Athens region), I had a group of kids abusing Benadryl®, like 30* [pills] *at a time."*

Prescription Stimulants

Knowledge of current availability of prescription stimulants for illicit use was provided by consumers in Akron-Canton, Athens, Cincinnati, Columbus, and Youngstown regions, as well as treatment providers in Columbus and Youngstown regions, and law enforcement in the Athens region. Respondents most often indicated moderate to high current availability of prescription stimulants for illicit use. Prescription stimulants are reportedly available with the right connection, mainly obtaining a prescription from a doctor and diversion from someone who is prescribed. Consumers commented: *"I feel like a lot of the younger crowd … they're going to doctors* [to obtain prescriptions for stimulants] *… Adderall® and Vyvanse®; Doctors are handing them out like candy (readily prescribing stimulants);* [Prescription stimulants] *are readily available. All the younger kids are getting them* [prescribed]*; I know people out there (have a connection)….* [Prescription stimulants are] *easier* [to obtain] *when you've been out here so long (developed connections)."* A treatment provider in the Columbus region noted an increase in stimulant prescribing to adults, adding, "[People who are young adults to middle aged] *… that say, 'I can't focus at work anymore. I can't do this. I can't do that. I don't have any energy. I don't have this.' 'All right, let's put you on Adderall® and start you at 15* [milligrams].*'"*

While reportedly not a drug of choice, respondents acknowledged several reasons for illicit prescription stimulant use: to lose weight, to stay awake, and to step down from methamphetamine use. Respondents remarked: *"People do … the Adderall® and stuff like that but it's just … not a lot, it's not as often* [as other substances]*; People use* [prescription stimulants] *for diet pills. People are using Adderall® to lose* [weight]*; If you want to bump (take a stimulant) and stay up, you can find Adderall®; Especially when they can't get hold of the 'meth' (methamphetamine) or they're in a* [medication for opioid use disorder (MOUD)] *program, like this,* [treatment clients report] *… 'Oh, I won't do the meth anymore.' 'Oh, I just did an Adderall®. I really needed it to calm down….' 'I didn't use meth, I just used Adderall®.'"*

Respondents continued to report Adderall® as the most available type of prescription stimulant for illicit use. In addition, some consumers in Akron-Canton and Athens regions recognized Vyvanse® as most available. A treatment provider in the Youngstown region reported availability of counterfeit pressed pills made to resemble Adderall®, sharing, *"I have patients that think they're taking an Adderall®, and they're coming up* [positive on drug screens] *as, believe it or not, meth…."*

Most respondents indicated that the availability of prescription stimulants for illicit use has remained the same during the past six months. However, some consumers in Akron-Canton and Cincinnati regions reported increased availability of

prescription stimulants for illicit use. A consumer in the Akron-Canton region reasoned that there are more opportunities for diversion of prescription stimulants because of increased prescribing, stating, "[Availability of prescription stimulants for illicit use has] *gone up. A lot more kids are getting prescribed Adderall®.*" And in the Youngstown region, where decreased availability of prescription stimulants for illicit use was reported, consumers explained: "[Availability of prescription stimulants for illicit use has decreased] *just because people don't want to go to jail for selling their prescriptions; If you know the right people, you can get* [prescription stimulants], *but now it is so hard…. It's probably slowly getting harder* [to obtain]."

Ohio Bureau of Criminal Investigation (BCI) crime labs did not report any methylphenidate (Ritalin®) cases from throughout OSAM regions during the reporting period and reported processing very few cases of amphetamine (Adderall®) from Athens, Cincinnati, Columbus, and Youngstown 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 decreased during the reporting period. 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 7.5% of the 137,993 urinalysis specimens submitted for amphetamine testing during the past six months was positive for amphetamines.

Respondents continued to report typical illicit prescription stimulant use among young adults, including college students. Comments included: "*I think* [typical illicit prescription stimulant use is] *the 20* [years of age] *plus* [demographic]. *I don't think it's the kids (minors);* [College students] *are able to get* [prescription stimulants] *easy; I don't know if it's to pass their classes (used as a study aid) or what, but* [college students] *do a lot of Adderall® around here (college community); I think a lot of kids in college get prescribed* [stimulants], *so they start selling it…. I think it's just good kids who have that prescription and they let other kids talk them into selling it.*"

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

Region	% Tested Positive	Number Tested
Akron-Canton	7.7%	9,624
Athens	11.8%	14,823
Cincinnati	7.4%	31,344
Cleveland	5.9%	24,322
Columbus	7.9%	25,739
Dayton	7.7%	3,483
Toledo	6.9%	19,125
Youngstown	5.3%	9,533
Total	7.5%	137,993

Promethazine

Consumers in the Athens region and law enforcement in Akron-Canton and Cincinnati regions discussed current availability of promethazine (prescription-strength cough syrup with codeine, aka "lean" when mixed with soda) for illicit use. Law enforcement in the Akron-Canton region indicated moderate current availability of promethazine for illicit use and that availability has remained the same during the past six months. And a member of law enforcement in Cincinnati who specializes in pharmaceutical investigations noted demand for promethazine, saying, "*Promethazine with codeine is a big one that we get quite a bit of down here…. The main ones (drugs) that they try to get fake*

prescriptions for are the cough syrup [with promethazine] *and the oxycodone … painkillers,”* adding, *“We have seen an uptick in pharmacy burglaries in the last six months to a year actually, where they're going in and just clearing out anything. But they're hoping to get ‘oxys’ (OxyContin®) … and cough syrup* [with promethazine]*….”*

Synthetic Marijuana

Synthetic marijuana (synthetic cannabinoids, aka “K2” and “spice”) was discussed by respondents in Akron-Canton, Cincinnati, Columbus, Dayton, and Youngstown regions. Most respondents reported that synthetic marijuana is highly available, and that availability has remained the same during the past six months. A consumer in the Youngstown region stated, “[Synthetic marijuana] *is cheap and it's everywhere, too.”* Synthetic marijuana is reportedly widely available for purchase from gas stations and smoke shops. In addition, a consumer in the Youngstown region reported that synthetic marijuana can be manufactured from chemicals purchased online, commenting, *“You can order* [chemicals] *online and make your own* [synthetic marijuana] *or … order the kit to make it …* [purchased on] *the ‘dark web’ (websites operated by criminal enterprises). I’m pretty sure you can* [also] *order it on like a common, regular website,”* adding, *“The chemicals they put in* [synthetic marijuana] *are very potent…. It’s almost like* [a similar effect as] *‘meth.’ It’s dangerous.”*

Synthetic marijuana use is reportedly popular because it is not always included on drug screens. A treatment provider in the Akron-Canton region remarked, *“You can drive down the road and pick up* [synthetic marijuana] *at the smoke shop, and you can also use it in* [treatment] *facilities and get drug tested and pass the drug test.”* Some respondents discussed synthetic marijuana use in jails and prisons. A treatment provider in the Cincinnati region observed, *“‘Toon’ is what they call* [synthetic marijuana] *in prison…. It is* [also known as] *K2…. They’re having people spray research chemicals on the paper and then they're getting it to prison and they're smoking the piece of paper.”*

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

Xylazine

Respondents in Akron-Canton, Cincinnati, Columbus, Dayton, Toledo, and Youngstown regions discussed current availability of xylazine (aka “tranq,” a powerful sedative that the FDA has approved for veterinary use only). While not a drug of choice, respondents reported that xylazine is primarily consumed unknowingly as an adulterant (aka “cut”) in other drugs, making it difficult to assess current availability. Consumers commented: “[Xylazine is] *a cutting agent…. No,* [it’s not a drug of choice]. *You don’t even want to buy it; They’re putting* [xylazine] *in fentanyl;* [Xylazine is] *not something people seek out; Like pure heroin, it’s hard to come by….* [Heroin] *is what I started off doing. And now it's either fentanyl or xylazine.”*

Law enforcement relayed their observations of xylazine, including information gained from crime lab analyses of seized substances. They said: “[Xylazine is] *mixed* [in other drugs]*, yes, but* [it is] *not* [available] *by itself. It is mixed in with ‘meth’ (methamphetamine) and fentanyl. We have gotten results back* [from crime labs] *with it being mixed* [in other drugs as an adulterant]*; We see a lot of that xylazine used as some kind of cut with other powders (powdered drugs). We've seen an uptick in*

that in the past six months…. We're just finding it mixed in; I don't think anybody's specifically looking for [xylazine]. *I think it's just whatever the drug dealers here in Summit County (Akron-Canton region)* [receive] *from their suppliers.* [Xylazine] *is already added in there…. It pops up here and there when we get the drug results back…."*

Similarly, treatment providers in the Cincinnati region noted xylazine-positive drug screens among treatment clients, and that xylazine is not a drug of choice. They remarked: *"I haven't had anyone (treatment clients) specifically come in and say that* [xylazine] *was the substance that they were seeking, or drug of choice, or anything like that; I think* [xylazine] *is being cut in your fentanyl…. Us and other providers in Hamilton County (Cincinnati region), that's where you're seeing xylazine show up on a drug screen, is when someone is also positive for fentanyl. We're seeing those two substances widely connected…. So, it's not that it's available on its own, it's available within the fentanyl* [as an adulterant]*; I'd say* [xylazine is] *definitely more* [often cut into] *fentanyl, but I could see it being in the meth as well; You can get 'sticks' (xylazine test strips). I don't even know how available they are, but* [xylazine is] *coming up in the lab results. So, a lot of times we're letting the client know the first time like, 'You're also testing positive for xylazine.'"*

Naloxone should be administered for all suspected overdoses; however, as a non-opioid, naloxone does not reverse the effects of xylazine. Respondents recognized the risk of irreversible xylazine overdose. They warned: *"We have been getting fentanyl* [specimens submitted for lab analysis] *coming back with xylazine in it…. And that stuff … Narcan® (naloxone) doesn't do anything* [to reverse its effects]*; Yeah,* [I've heard of more overdoses because of xylazine]. *And because they say the Narcan® is not working on that (naloxone does not reverse a xylazine overdose) … it's very scary;* [The effect of] *xylazine was bad … I couldn't sit down and go to the bathroom* [for fear of passing out], *and I'd be knocked out for hours…. Or even if I fell asleep for 15 minutes, wake up 'sick' (in withdrawal) to where … I had to do more. But like, you can only do so much because it'll kill you."*

Some treatment providers emphasized the importance of education around xylazine, saying: *"We cover* [xylazine education] *in groups, so more people know about it now. But I mean, for a long time, no one even knew anything about it. Just within the last six months they started* [raising awareness]*; It always scares them (treatment clients) if you tell them there's xylazine in* [fentanyl]*…. The moment you mention an animal tranquilizer inside of it, and that Narcan® can't reverse* [a xylazine overdose], *then it's* [a look of fear]. *And … they want to ask questions and, 'What do I do?'"*

In addition to the risk of overdose, several respondents observed skin wounds because of xylazine use that can develop necrosis (death of cells or tissue) if left untreated. A treatment provider in the Cincinnati region cautioned, "[Some treatment clients are] *getting the wounds associated with xylazine use. So, they're coming with wounds … little like pocket sores. And they don't realize that that's actually because of xylazine. And we're not even knowing until we* [receive confirmatory] *lab results."* Consumers in the Columbus region relayed: *"Two of my brothers* [encountered xylazine]. *I got one get amputated above the knee and one get amputated on his arm* [due to xylazine-induced wounds]. *It's eating through his skin; I've heard of* [xylazine]. *Like they're 'cutting' (adulterating) fentanyl with it and it's like making* [wounds on] *people's arms…."*

While most respondents indicated that consumers do not seek out xylazine, few consumers reported that some of their peers prefer the potency of xylazine-adulterated fentanyl (aka "tranq dope"). Consumers commented: "[Xylazine is] *so strong that most people, with the high that they're looking for, that's what they want. They want something that's going to knock them out. And that's what that is. So, it's like … the demand's changing. They prefer that;* [Xylazine is] *just starting to hit like the*

West Side (neighborhood in Columbus) … you can find it. People look for [xylazine]*. No, they want it. It's always in fentanyl. It don't come by itself. They want 'tranq dope,' is what they call it…. Once you get high on that … you can't get high on normal 'fetty' (fentanyl) anymore….*"

Information regarding change in availability of xylazine during the past six months was limited to Akron-Canton, Cincinnati, and Toledo regions. According to law enforcement in Akron-Canton and Cincinnati regions, availability of xylazine has remained the same during the past six months, while treatment providers in the Cincinnati region reported increased availability, and law enforcement in the Toledo region reported decreased availability, citing fewer overdoses. Regarding increased availability of xylazine in the Cincinnati region, treatment providers noted xylazine as a cut for fentanyl and more xylazine-positive drug screens.

Ohio Bureau of Criminal Investigation (BCI) crime labs reported processing 1,398 cases of xylazine from throughout OSAM regions during the reporting period, of which, 24.0% was from the Cincinnati region and 21.5% was from the Dayton region. In addition to BCI reporting, other crime labs in Cleveland and Dayton regions submitted xylazine incidence data. Cuyahoga County Regional Forensic Science Lab (Cleveland region) reported processing 504 cases of xylazine during the reporting period. Miami Valley Regional Crime Lab (Dayton region) reported processing 258 cases of xylazine during the reporting period. Millennium Health reported that 2.0% of the 108,273 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%	10,340
Athens	0.5%	10,032
Cincinnati	4.8%	27,868
Cleveland	0.3%	16,342
Columbus	0.3%	15,183
Dayton	0.5%	2,715
Toledo	3.5%	18,215
Youngstown	0.1%	7,578
Total	2.0%	108,273

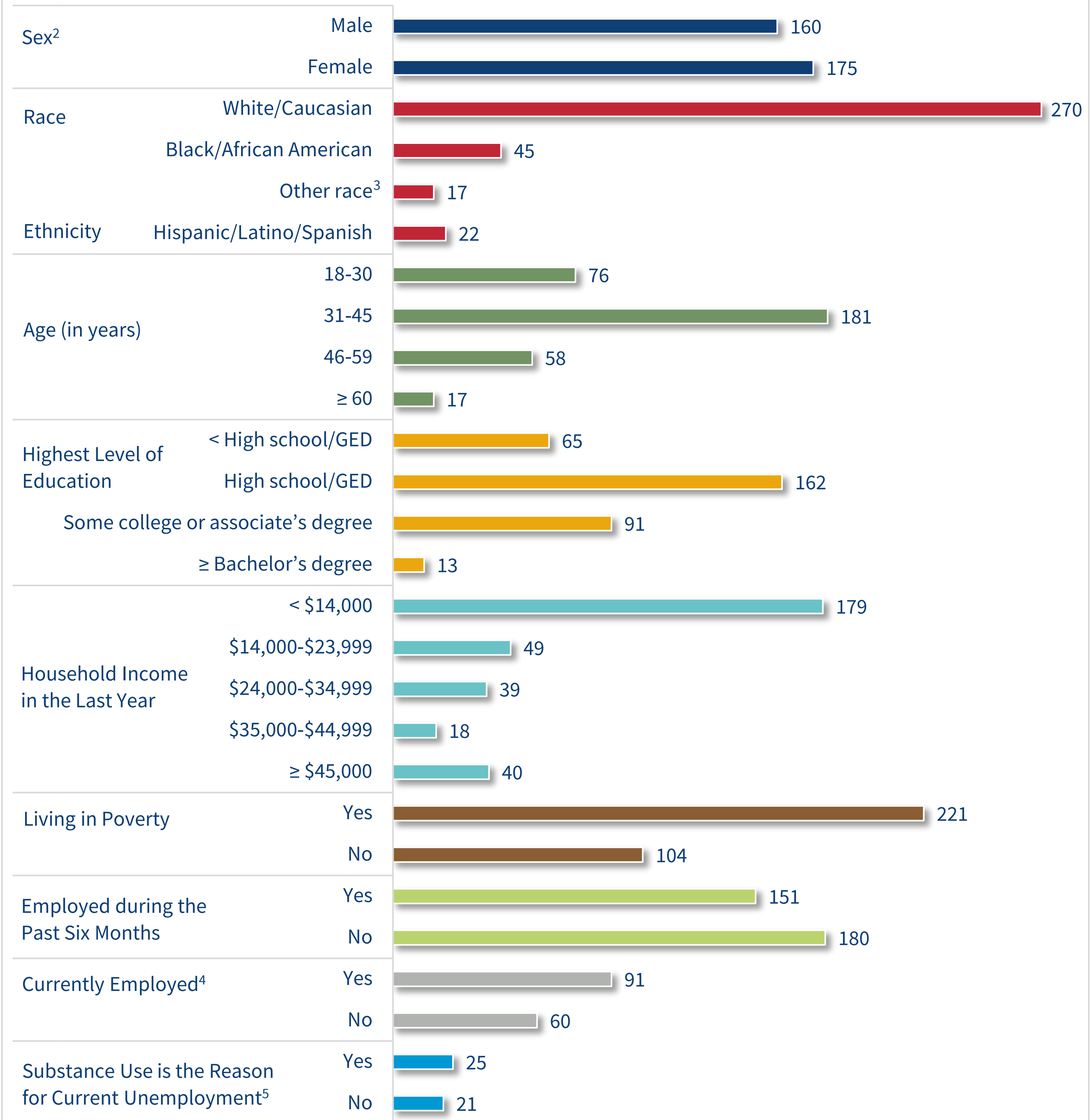
Other data sources indicated xylazine as available throughout OSAM regions. Coroner and medical examiner offices reported 198 total drug-related deaths involving xylazine, an increase from 125 total drug-related deaths involving xylazine during the previous reporting period. These coroner and medical examiner offices in the counties of Athens (Athens region), Cuyahoga (Cleveland region), Hamilton (Cincinnati region), Montgomery (Dayton region), and Scioto (Cincinnati region) reported that 14.3%, 2.9%, 24.6%, 33.9%, and 40.0%, respectively, of all drug-related deaths they recorded this reporting period (7, 309, 175, 381, and 40 deaths) involved xylazine.

OSAM secondary data sources indicated xylazine as an adulterant for fentanyl. Coroner and medical examiner offices in the counties of Athens, Cuyahoga, Hamilton, Montgomery, and Scioto reported that 100.0%, 100.0%, 97.7%, 100.0%, and 100.0%, respectively, of all xylazine-related deaths they recorded this reporting period (1, 9, 43, 129, and 16 deaths) also involved fentanyl. Ohio Bureau of Criminal Investigation (BCI) crime labs and Cuyahoga County Regional Forensic Science 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	
GHB	**date rape drug**
Hallucinogens	***LSD:*** **acid, cartoons, dot, Mickey Mouse, micro, purple** ***Psilocybin mushrooms:*** **boomers, mushrooms, shroom bars, shrooms**
Inhalants	**whippets**
Ketamine	**special K**
MDMA	**beans, e-pills, X**
Promethazine	**lean**
Synthetic marijuana	**K2, spice, toon, Tunechi**
Xylazine	**tranq/tranq dope**

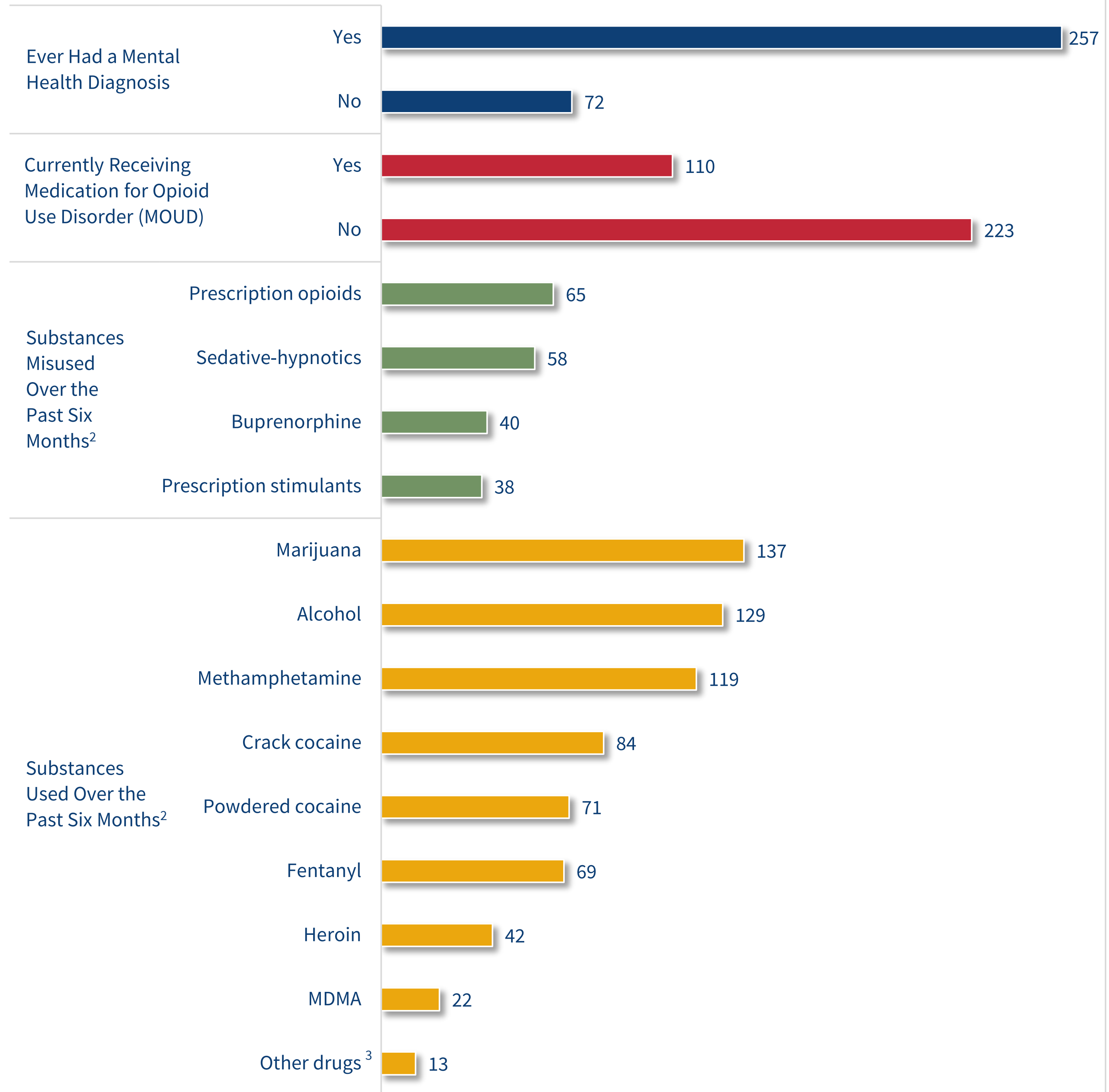
APPENDICES

APPENDIX A



[1]Due to missing or excluded invalid responses, some totals may not equal 334. [2]One consumer selected both male and female and is included in both categories. [3]More than one race, Native American, Native Hawaiian or another Pacific Islander, and/or unspecified other race. [4]Question was only asked of consumers who indicated that they were employed during the past six months. [5]Question was only asked of consumers who indicated that they were not currently employed.

APPENDIX B



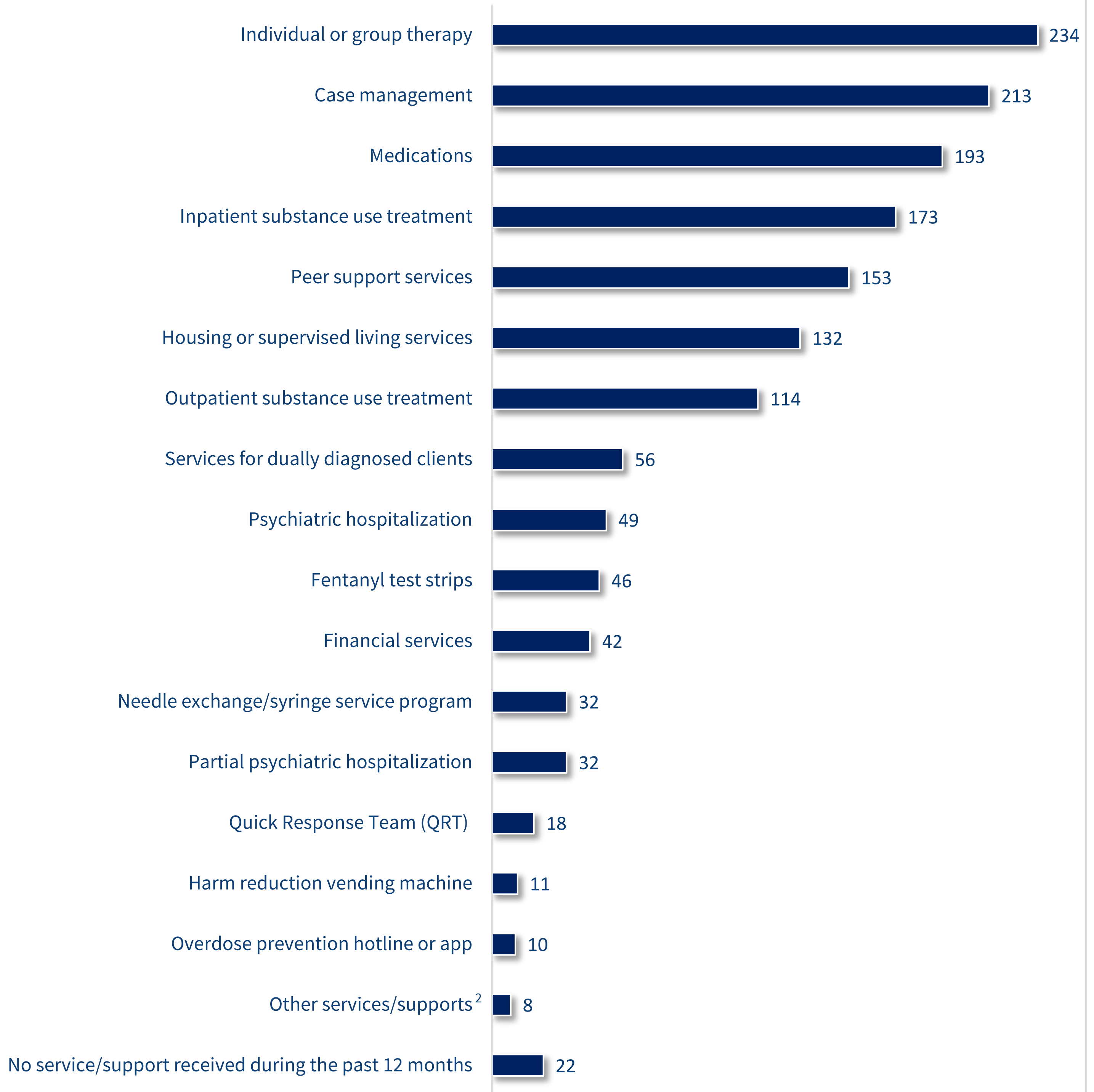
[1]Due to missing or excluded invalid responses, some totals may not equal 334. [2]Consumers were allowed to choose more than one substance. [3]Designer benzodiazepines (bromazolam), hallucinogens (dimethyltryptamine [DMT], lysergic acid diethylamide [LSD], and psylocibin mushrooms), inhalants (nitrous oxide [N2O], aka "whippets"), ketamine, kratom, and OTCs (dextromorphan and diphenhydramine).

APPENDIX C

Consumer Demographic Data by Reported Substance Use during the Past Six Months (N = 333)[1]										
Substance[2]	Overall	Male	Female	18-30	31-45	46-59	60 +	White	Black	Other Race
Marijuana	41.1%	44.0%	38.9%	50.0%	42.0%	37.9%	6.3%	40.5%	40.0%	52.9%
Methamphetamine	35.7%	34.0%	37.1%	38.2%	40.9%	24.1%	12.5%	40.9%	8.9%	29.4%
Crack Cocaine	25.2%	24.5%	26.3%	17.1%	27.1%	27.6%	37.5%	26.0%	24.4%	17.6%
Powdered Cocaine	21.3%	24.5%	18.9%	22.4%	22.7%	19.0%	12.5%	21.6%	17.8%	29.4%
Fentanyl	20.7%	17.6%	23.4%	19.7%	25.4%	12.1%	5.9%	23.7%	2.2%	23.5%
Prescription Opioids	19.5%	22.6%	16.6%	21.1%	22.1%	15.5%	0.0%	20.8%	8.9%	29.4%
Sedative-Hypnotics	17.4%	18.2%	16.6%	23.7%	16.0%	17.2%	6.3%	19.0%	6.7%	23.5%
Heroin	12.6%	11.3%	13.7%	10.5%	15.5%	10.3%	0.0%	14.9%	0.0%	11.8%
Buprenorphine	12.0%	15.7%	8.6%	11.8%	12.2%	13.8%	6.3%	13.4%	2.2%	17.6%
Prescription Stimulants	11.4%	15.1%	8.0%	13.2%	12.2%	10.3%	0.0%	12.6%	4.4%	11.8%
MDMA	6.6%	7.5%	5.7%	13.2%	5.5%	3.4%	0.0%	6.3%	6.7%	11.8%

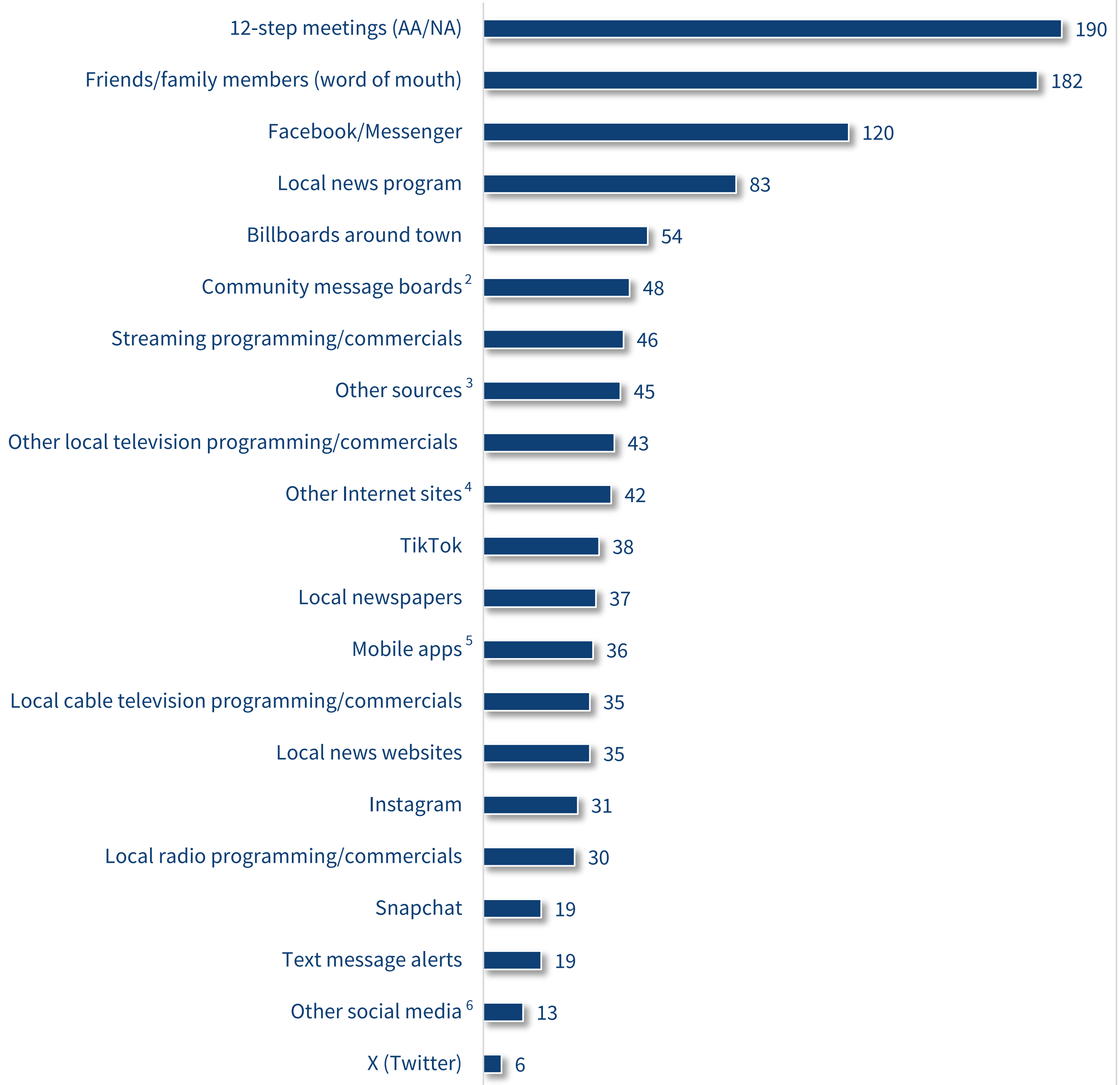
[1]Consumers were allowed to choose more than one substance. One consumer selected both male and female and is included in both categories (N = 334). Ethnicity not presented due to small numbers. [2]Rank ordered by most frequently reported.

APPENDIX D



[1]Consumers were allowed to choose more than one treatment/support service. [2]988 Suicide and Crisis Lifeline, Alcoholics Anonymous (AA) meetings, drug court, faith-based recovery group, and Narcotics Anonymous (NA) meetings.

APPENDIX E



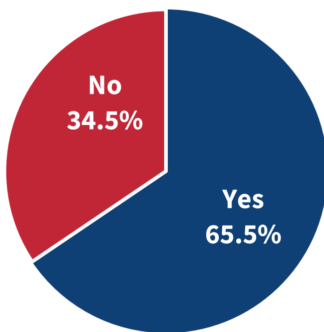
[1]Consumers were allowed to choose more than one source. [2]Alcoholics Anonymous (AA) meetings, church, coffee shop, courthouse, local job and family services, library, medical clinic, Narcotics Anonymous (NA) meetings, probation office, treatment center, and Veterans Affairs (VA). [3]12-step program sponsor, case worker, Celebrate Recovery (12-step recovery program), church, counselor, court/drug court, food bank, mental health and substance use disorder treatment center, parole/probation officer, peer support services, recovery coach, and recovery housing. [4]AA, community website, drug court, Google, local treatment center, and NA. [5]AA apps (Everything AA and Meeting Guide), BlackPlanet, In the Rooms, NA, One Step, Opera News, and Smart Recovery. [6]Discord, YouTube.

APPENDIX F

Hotline/Crisis Support Service Awareness and Utilization

Of the 328 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, 65.5% reported awareness of 988.

Are you aware of the 988 Suicide and Crisis Lifeline? (N = 328)

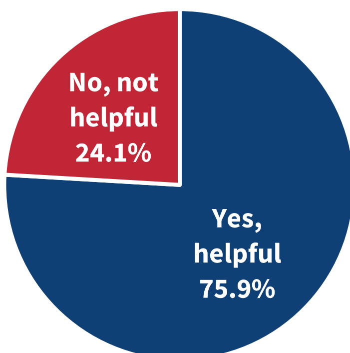


Of the 332 consumers who responded to the survey question regarding calling and/or texting a local or national hotline or crisis support number, 16.3% reported calling and/or texting one or more local or national hotline or crisis support numbers. Of those 54 consumers, 46 reported only calling a hotline or crisis support service, three reported calling and texting, and five reported only texting. Consumers were allowed to report contacting more than one hotline/crisis support service. Consumers contacted:

- 10 called 211
- 5 called and 3 texted 988 Suicide and Crisis Lifeline
- 1 called a local treatment service hotline
- 1 called a domestic violence hotline
- 1 texted a sexual assault hotline
- 36 did not specify which hotline or support service they called or texted

Of the 54 consumers who reported contacting a hotline/crisis support service, 75.9% 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 = 54)



Helpful – Specified

- 10 reported they were directed to additional help and resources
- 6 reported the counselor was a good listener
- 6 reported they were linked with substance use disorder treatment
- 4 reported they were provided suicide prevention counseling
- 3 reported they were linked with housing assistance
- 2 reported they were provided with food assistance
- 11 reported it was helpful but did not specify how

Not Helpful – Specified

- 3 reported they were not provided helpful information or resources
- 2 reported the counselor was not a good listener
- 1 reported they were not provided housing assistance
- 7 reported it was not helpful but did not specify how