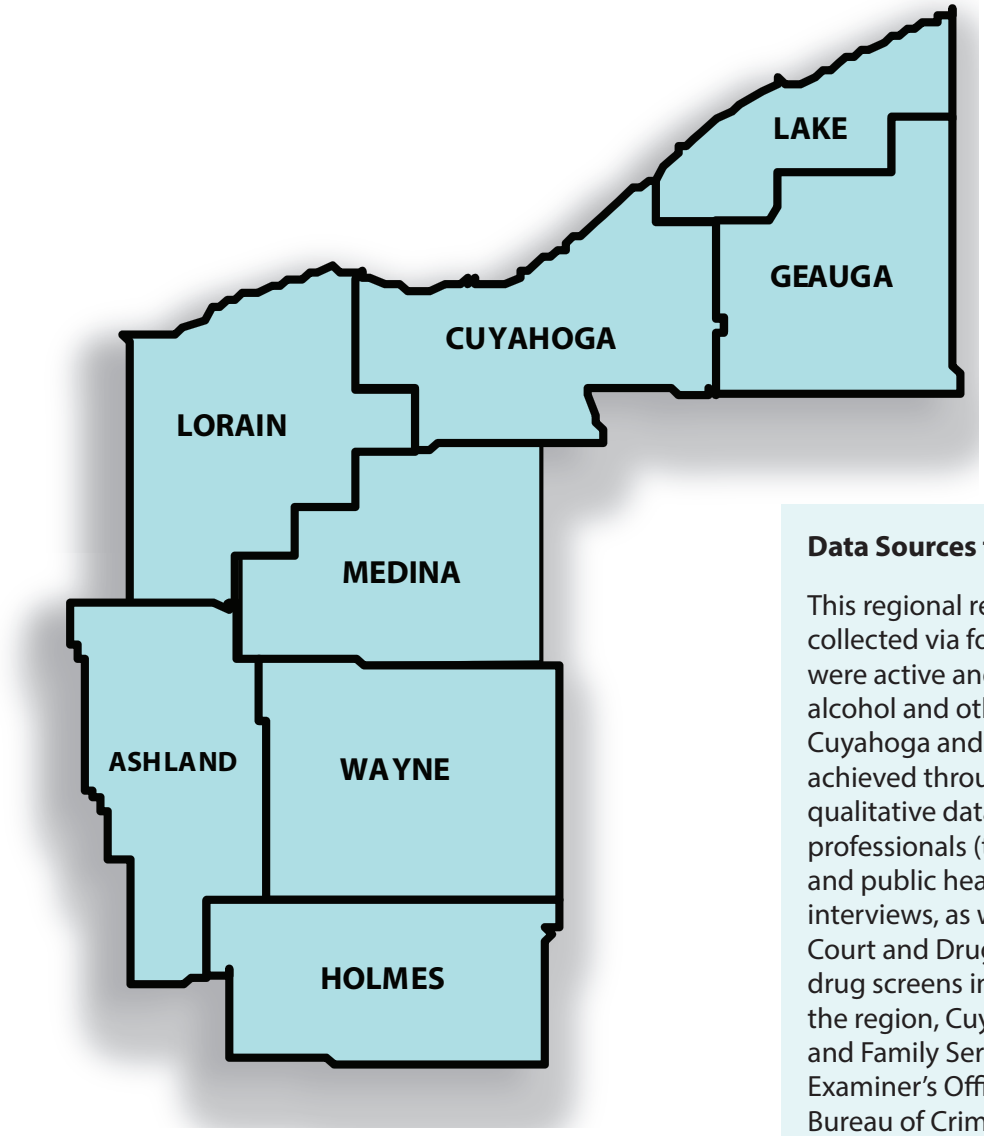
Drug Abuse Trends in the Cleveland Region



Regional Epidemiologist:

Jennifer Tulli, MSW, LISW-S, LCDC III

Data Sources for the Cleveland Region

This regional report was based upon qualitative data collected via focus group interviews. Participants were active and recovering drug users recruited from alcohol and other drug (AOD) treatment programs in Cuyahoga and Lake counties. Data triangulation was achieved through comparison of participant data to qualitative data collected from regional community professionals (treatment providers, law enforcement and public health representatives) via focus group interviews, as well as to data surveyed from American Court and Drug Testing Services, which processes drug screens in Medina (Medina County) from across the region, Cuyahoga County Department of Children and Family Services, Cuyahoga County Medical Examiner's Office, Lake County Crime Lab and the Bureau of Criminal Investigation (BCI) Richfield office, which serves the Cleveland, Akron and Youngstown areas. All secondary data are summary data of cases processed from January through June 2014. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for July 2014 through January 2015.

Note: OSAM participants were asked to report on drug use/knowledge pertaining to the past six months prior to the interview; thus, current secondary data correspond to the reporting period of participants.

OSAM Staff:

R. Thomas Sherba, PhD, MPH, LPCC
OSAM Principal Investigator

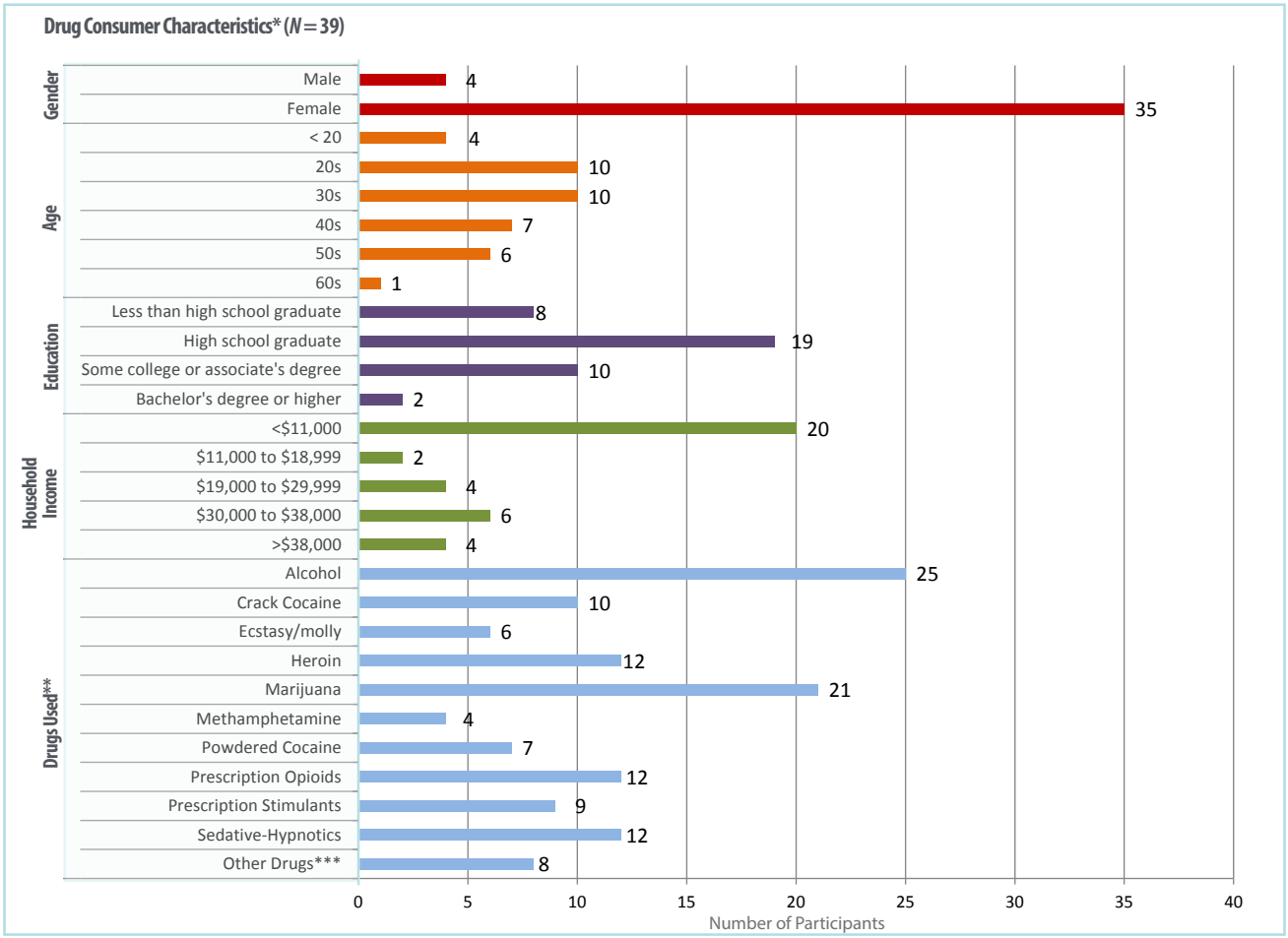
Beth E. Gersper, MPA
OSAM Coordinator

Regional Profile

Indicator[1]	Ohio	Cleveland Region	OSAM Drug Consumers
Total Population, 2010	11,536,504	2,287,265	39
Gender (female), 2010	51.2%	51.8%	89.7%[2]
Whites, 2010	81.1%	74.0%	66.7%[3]
African Americans, 2010	12.0%	18.0%	25.6%[3]
Hispanic or Latino Origin, 2010	3.1%	4.4%	5.3%[4]
High School Graduation Rate, 2010	84.3%	82.8%	79.5%
Median Household Income, 2013	$48,308	$53,302	Below $11,000[5]
Persons Below Poverty Level, 2013	15.8%	12.8%	66.7%[3]

[1]Ohio and Cleveland region statistics are derived from the most recent US Census, and OSAM drug consumers were participants for this reporting period: July 2014 - January 2015.
[2]Participants reported income by selecting a category that best represented their household's approximate income for 2013. Income status was unable to be determined for 2 participant due to missing and/or invalid data.
[3]Poverty status was unable to be determined for 4 participants due to missing and/or invalid data.

Cleveland Regional Participant Characteristics



*Not all participants filled out forms; therefore, numbers may not equal 39.
**Some respondents reported multiple drugs of use during the past six months.
***Other drugs: GHB, hallucinogens, ketamine, PCP and Suboxone®.

Historical Summary

In the previous reporting period (January – June 2014), crack cocaine, ecstasy, heroin, marijuana, prescription opioids and Suboxone® remained highly available in the Cleveland region; also highly available was methamphetamine. Increased availability existed for heroin, marijuana and Suboxone®. Data also indicated possible increased availability for ecstasy (molly) and sedative-hypnotics.

Participants noted fewer differences in heroin availability between the west and east sides of the City of Cleveland than previously and reported that heroin was everywhere. Community professionals continued to cite heroin as the most available drug in the region. Brown powdered heroin remained the most available form of the drug. Law enforcement reported that gray-colored heroin was increasingly available throughout Cuyahoga County. The BCI Richfield Crime Lab reported an increase in number of heroin cases it processed during the previous six months; the lab reported processing primarily white, brown and gray powdered heroin.

Participants and community professionals agreed that powerful economic forces were driving the increase in heroin availability. Despite law enforcement activity, the network of heroin and dealers appeared limitless. Participants and community professionals discussed fentanyl-cut heroin. Treatment providers observed that fentanyl in heroin was trending. Both respondent groups expressed concern about how frequently overdose occurs. Heroin use continued to span a wide range of individuals.

Participants attributed increased Suboxone® availability to pain management clinics which began prescribing the drug to patients. Community professionals also attributed the increase in Suboxone® availability to increased numbers of prescriptions written and the overall increased use of heroin. In addition to obtaining Suboxone® by prescription from drug treatment centers and pain management clinics, participants reported acquiring this drug from friends and dealers, particularly connected with heroin. Participants and community professionals indicated that Suboxone® was commonly abused.

Participants and community professionals reported no change, or perhaps a decrease, in availability of low-grade marijuana and increased availability of high-grade marijuana. Participants remarked upon the increased availability of high-grade marijuana due to the proximity of states where marijuana is legal. Reportedly, higher quality marijuana is the most available type of marijuana throughout the region. Participants commented that regular, low-grade marijuana could not be found.

Additionally, participants reported increased availability of marijuana concentrates during the previous six months. Marijuana concentrates and extracts reference products derived from an extraction of tetrahydrocannabinol (THC) from high-grade marijuana leaves by heating it with butane and creating a brown, waxy, hard substance. These concentrates are known to contain very high THC content. Participants attributed the increased availability of this drug, in part, to the increased availability of tools and equipment needed to create and consume the extracted product. Participants and community professionals remarked that these extracts were very potent.

Participants estimated that out of 10 marijuana concentrate users, all of them would smoke the drug with a vaporizer device. Universally, respondents felt marijuana use was widespread. A treatment provider remarked on how marijuana is consistently the most identified drug of use by clients during intake interviews despite any demographic. Participants and law enforcement described typical concentrate and extract users as marijuana connoisseurs.

Participants reported increased availability of methamphetamine and purported that heroin and methamphetamine trafficking were interrelated. Generally participants reported obtaining methamphetamine from outside the region in adjacent OSAM regions: Akron-Canton and Youngstown.

Finally, ecstasy remained highly available in the region. Participants reported loose powder as the most popular form of the drug and purported it to be pure MDMA known as "molly." Although molly was often sold as a "pure" form of MDMA, several participants related that the powder was cut with other substances, such as bath salts, cocaine and methamphetamine. Participants reported that the most common locations to obtain ecstasy or molly were nightclubs, strip clubs and raves (dance parties). Participants described typical ecstasy/molly users as people who are drawn to hallucinogens, as well as young club-goers.

Current Trends

Powdered Cocaine

Powdered cocaine is highly available in the region. Participants most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '8.' One participant shared, "[Powdered cocaine is] *easy to get. I could go to one person and I know where to get it or go to multiple people … it's around*. [The availability of powdered cocaine is] *a '9' or a '10*.'" Another participant added, "*Most of my dealers had heroin and* [powdered] *cocaine*." Community professionals most often reported current availability as '6' or '7;' the previous most common score was '5.' Several treatment providers stated: "[Powdered cocaine is] *still there*." One treatment provider went on to say, "[Availability of powdered cocaine is] *really bad (prevalent)*."

Corroborating data also indicated the presence of cocaine in the region. American Court and Drug Testing Services reported that 5.8 percent of the 1,474 individuals screened through its Medina lab during the past six months were positive for cocaine (crack and/or powdered cocaine). The Cuyahoga County Medical Examiner's Office reported that 33.7 percent of the 163 drug overdose deaths it processed during the past six months involved cocaine (crack and/or powdered cocaine). In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. A tip from a concerned citizen led to the arrest of three men in a car in Cuyahoga County who were found with cocaine and marijuana in their possession (www.cleveland.com, Aug. 31, 2014).

Participants reported that the availability of powdered cocaine has remained the same during the past six months. One participant stated, "*You can get* [powdered cocaine] *whenever you want it*." Treatment providers also reported that availability has remained the same. One treatment provider stated, "[Powdered cocaine is] *there … it's just the trend is heroin right now and not* [cocaine], *but there are people who like to use it together*." One detective shared that few powdered cocaine arrests have been made during the past six months in the village where he works and suggested a decrease in availability of the substance. He stated, "*We just don't see* [powdered cocaine] *right now*." The BCI Richfield Crime Lab reported that the number of powdered cocaine cases it processes has increased during the past six months, while the Lake County Crime Lab reported a decreased number of cases.

Powdered Cocaine	Reported Availability Change during the Past 6 Months	
	Participants	No change
	Law enforcement	Decreased
	Treatment providers	No change

Participants most often rated the current overall quality of powdered cocaine as '7-8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '7.' Participants reported that powdered cocaine in the region is most often cut (adulterated) with baking powder. Other cuts reported were aspirin, baby laxatives, baking soda, Novocain® (procaine), prescription opioids and vitamin B-12. One participant explained that Novocain® is used because it produces a numbing sensation similar to cocaine when snorted, which makes buyers think that the powdered cocaine they are purchasing is pure. One participant suggested increased quality of powdered cocaine during the past six months and reasoned, "[Powdered cocaine quality] *got better because more people are using it*." Most of participants were not able to provide supporting rationale for this opinion.

Powdered Cocaine	Cutting Agents Reported by Crime Lab
	acetaminophen
	benzocaine
	levamisole (livestock dewormer)
	lidocaine and procaine (local anesthetics)
	mannitol (diuretic)

Reports of current street prices for powdered cocaine were fairly consistent among participants with experience buying the drug; however, several responses indicated fluctuation in pricing depending on amount purchased and connections with the dealer. A participant commented, "Y*ou can get more for the money when you buy more*." Another participant stated, "*I always just eyeballed* [the quantity, instead of weighing it out] *because I was close with* [the dealers]." Participants reported that powdered cocaine is most often purchased in gram amounts.

Powdered Cocaine	Current Street Prices for Powdered Cocaine	
	1/10 gram	$10
	1/2 gram	$50
	1/8 ounce (aka "eight ball")	$100

Participants reported that the most common route of administration for powdered cocaine remains snorting (aka "railing"). Participants estimated that out of 10 powdered cocaine users, six or seven would snort and three or four would smoke the drug. One participant replied, "*Most people snort* [powdered cocaine] … *90 percent probably snort*." Another participant explained, "*You can smoke* [powdered cocaine], *too. Some people lace it with their cigarettes*."

A profile for a typical powdered cocaine user did not emerge from the data. A participant commented, "*I know people in the medical field* [who use powdered cocaine] *and bums on the street. It don't matter. There are no stereotypes*." Another participant said, "*There are celebrities and rich people* [using powdered cocaine], *too. It's used at parties because it is quick and clean to do it*." One participant stated, "*Young black people smoke it*," while another commented, "*Young white girls use it most*." Both statements had participants agreeing with them, thus supporting the lack of a consistent profile of a user.

Community professionals agreed that typical powdered cocaine users are often white individuals who are already using marijuana and heroin. A treatment provider commented, "*I think there are more Caucasians using* [powdered cocaine] – *middle-age, both males and females*." A law enforcement officer reflected, "*Right now* [the powdered cocaine users we see] *would be male, Caucasian. Age? I don't really know right now because we have not had a lot of contact with powdered cocaine in a while*." A treatment provider explained, "*Heroin users would also use powdered cocaine because they mix the heroin with the cocaine*."

Crack Cocaine

Crack cocaine remains highly available in the region. Participants most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10.' Participants stated: "*I can get* [crack cocaine] *when I want; It's easy to get, it's everywhere; It's all around*." A few participants suggested availability differs depending on location, as one participant explained, "*Where I live at, I think* [crack cocaine availability] *is a '6,' but in actuality with transportation it would be at a '10.'*" Another participant added, "*All my dope boys (heroin dealers) sold both heroin and crack (cocaine)*."

Treatment providers most often reported the current availability of crack cocaine as '8;' the previous most common score was '7.' One treatment provider stated, "*I don't hear people saying they are using something else because they can't get crack*." Several treatment providers suggested location determines availability for crack cocaine and commented: "*You won't find crack rolling down the streets in Willoughby like you would in East Cleveland; You won't find crack in suburbs as easy as the inner city … It's availability is a '6' in the suburbs, but '10' in inner cities*." Similarly, law enforcement in a small village reported, "*We don't see crack*."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A Cleveland man is facing drug charges after being shot while riding a bicycle due to crack found at the scene of the shooting (www.cleveland.com, Aug. 12, 2014). A young adult is now connected with a Cleveland residential center that serves adult survivors of human trafficking; taken from her home town of Barberton (Summit County; Akron-Canton OSAM region) at age 16, the person she thought was her boyfriend forced her to have sex with people from Ohio to New York and took the money she brought in to support his crack cocaine habit (www.newsnet5.com, Jan. 21, 2015).

Participants reported that the availability of crack cocaine has remained the same during the past six months. A participant said, "*For me* [availability of crack cocaine] *pretty much stayed the same*." Another participant stated, "*I don't do* [crack cocaine], *but I know people who do, so* [the availability] *stayed the same*." Treatment providers also reported that availability of crack cocaine has remained the same during the past six months. One counselor reported, "*We still see* [crack addicts] *in treatment*." The BCI Richfield Crime Lab reported that the number of crack cocaine cases it processes has increased during the past six months.

Crack Cocaine	Reported Availability Change during the Past 6 Months	
	Participants	No change
	Law enforcement	No comment
	Treatment providers	No change

Participants most often rated the current overall quality of crack cocaine as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '9.' When asked to explain a high quality rating one participant said, "*Crack is like a ghost, you chase it. You go back again and again and again. You keep coming back.*" Another said, "[My dealer] *cooks his own 'shit' (crack), so* [quality is] *a '10.'*"

Participants reported that crack cocaine in the region is cut (adulterated) with baby laxatives, baby formula, baking powder, baking soda, ether, Novocain®, Orajel® and vitamin B-12. One participant reported, "*They put everything in* [crack cocaine]." Another participant said, "*There is something else they put in it and it actually 'blows it up' (makes it appear as a larger quantity), it's called 'blow up' or 'blow' but I don't know what it is.*" Overall, participants reported that the quality of crack cocaine has remained the same during the past six months.

Crack Cocaine	Cutting Agents Reported by Crime Lab
	levamisole (livestock dewormer)
	lidocaine and procaine (local anesthetics)

Participants indicated that crack cocaine is primarily sold by the 'rock' (small pieces). This reporting period participants found it difficult to identify the amounts of crack cocaine by weight of the pieces purchased, but provided the descriptions instead. The smallest unit discussed was a one hit, or dose amount, that was also called a 'dot.' A participant explained, "*It's like the size of a Nerd® candy and costs two bucks.*" However, most participants reported the smallest unit of crack purchased is approximately 1/10 gram, $10 increments, called a 'dime bag;' several participants agreed with a participant who commented, "[Crack dealers] *do not sell anything less than dimes (1/10 gram amounts) unless you special, and it's $10.*" Still other participants spoke of purchasing a 'rock' or 'chunk' of crack the size of a Skittles® candy which cost about $20, as one participant explained, "*It is $20 a rock, but not really weighed.*" Still another participant noted a $40 amount of crack called '20 dubs,' which is now sold in the region for only $20. Participants did not give details about why purchasing 'dubs' is less expensive.

Crack Cocaine	Current Street Prices for Crack Cocaine	
	One dose (aka 'hit' or 'dot')	$2
	1/10 gram (aka 'dime bag')	$10
	2/10 gram (aka 'chunk')	$20

Participants reported that the most common way to use crack cocaine remains smoking. Participants estimated that out of 10 crack cocaine users, eight would smoke and two would intravenously inject (aka "shoot") the drug. Reportedly, the smoking method of crack cocaine varies. For instance, while one participant said, "*You smoke* [crack cocaine] *in a crack pipe,*" another participant stated, "*You … roll it in cigarettes.*" However, another participant replied, "*I tried* [to roll crack cocaine in cigarettes], *but it didn't do anything for me.*" Still others went on to explain: "*You mix* [crack cocaine] *with your weed or cigarette tobacco; You smoke it on a can; I melted it down before and shot it.*" A participant said, "*I seen people shoot* [crack cocaine], *but it's not that common* [as smoking]."

A profile for a typical crack cocaine user did not emerge from the data. Several participants commented: "[Crack cocaine] *don't discriminate; It doesn't matter who you are.*" However, a couple female participants explained that, for them, using crack cocaine means prostitution: "*When I was smoking* [crack cocaine], *I was prostituting. I can't do one without the other; Me, too.*"

Community professionals also found it difficult to describe a typical crack cocaine user. Treatment providers differed in their reporting: "*It's African-American males and females; There are probably equal amounts of* [crack cocaine addicted] *males and females in treatment; It's African-American males and females and inner-city Caucasians, especially white older men; It's African-American females where I see it most.*" Another treatment provider added, "*Heroin users use a lot of crack, too.*" Law enforcement reported, "*Caucasian male is the higher* [crack] *user* [I see] … *and if in adolescence,* [crack use is] *eighth grade up.*"

Heroin

Heroin remains highly available in the region. Participants and community professionals continued to report the general overall availability of heroin as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score for both groups was also '10.' Several participants agreed: "[Heroin is] *everywhere and easy to get; I knew six or seven people who had it every day.* [Availability is] *definitely a '10.'*" A participant shared, "[Heroin availability is] *more than a '10.'* [I don't call dealers, dealers] *call me.*" Treatment providers commented: "[Heroin is] *all I see. The trend is heroin now; Heroin is like the cocaine of the '80s … you go to a party and heroin is there*; [Heroin is] *being passed around at parties. They want what is exciting out there. If someone is getting that high, they want it.*" A public health professional stated, "*From our standpoint, there was that fear of using the needle and being labeled a 'junkie,' but that fear is not there ... It's scary how powerful and available* [heroin] *is.*"

While many types of heroin are currently available in the region, participants and community professionals reported that powdered heroin, brown or white in color, is most available. One participant stated, "*Powder* [heroin], *in general, is more available, but brown powder more so* [than white powder]." A few participants described brown powdered heroin: "*Like white/tan powder; Brown* [heroin] *is light brown, like a beige* [color] … *like a GNC vitamin* [powder]." Other participants described white powdered heroin: "*Looks like powder, you know … like baby powder; It looks like a crushed up pill, but a little different color … but the same consistency; It looks like white* [powder], *but not totally white, kinda dirty white and consistency is like cocaine.*" Still another participant shared, "*I had gray heroin, pink heroin and blue heroin.*" Treatment providers were also aware of greater availability of powdered heroin, as one provider commented, "[Available heroin is] *all powder now.*" Treatment providers also discussed a variety of heroin colors: "*Recently I've even been hearing about pink heroin; I heard them saying there was blue heroin, too.*"

Corroborating data also indicated the presence of heroin in the region. American Court and Drug Testing Services reported that 16.5 percent of the 1,474 individuals screened through its Medina lab during the past six months were positive for opiates. The Cuyahoga County Medical Examiner's Office reported that 55.2 percent of the 163 drug overdose deaths it processed during the past six months involved heroin.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Thirty-one individuals were arrested and face charges following one of Cleveland's largest heroin ring drug busts (www.cleveland.com, July 12, 2014); the majority of those arrested have been chosen to participate in a new drug court and naloxone distribution program in Cuyahoga County which focuses efforts on treatment and recovery of addicts who are in trouble with the law (www.cleveland.com, Aug. 20, 2014). A year-long investigation led to the arrest of seven people who were part of a large heroin drug ring in Lorain and Cuyahoga counties; 1,100 grams of heroin were seized during the raid (www.cleveland.com, July 31, 2014). Detectives witnessed a drug deal at a convenience store in Cleveland and subsequently arrested two men; one had 20 grams of heroin, a small amount of marijuana and baby formula (often used as a cutting agent), while the other man had three bags of heroin, some marijuana and 16 unspecified pills (www.cleveland.com, Aug. 8, 2014). Two men face drug charges in Medina (Medina County); one for trafficking heroin and the other for allowing drug deals in his residence (www.cleveland.com, Aug. 11, 2014). A woman was arrested in Willoughby (Lake County) when she was caught stealing steak and shrimp from a grocery store with the intent to sell it to support a heroin habit (www.fox8.com, Jan. 14, 2015). A two-month investigation led to the arrest of four adults; charges focused on heroin trafficking and possession, yet cocaine and codeine syrup were also found at the scene (www.cleveland.com, Jan. 16, 2015). A Mentor (Lake County) man was arrested and faces charges for trafficking heroin within 1,000 feet of a school (www.newsnet5.com, Jan. 26, 2015).

In continuing efforts to mitigate the heroin epidemic, law enforcement is arresting individuals who have a role in the overdose deaths of addicts. A Cleveland woman is facing charges for her role in the heroin overdose death of her boyfriend (www.kpho.com, July 23, 2014). A man is facing charges for driving two women from Euclid (Cuyahoga County) to Cleveland to purchase heroin and one of the women died in Mentor (Lake County) the next day from heroin overdose (www.cleveland.com, Jan. 14, 2015). Media followed a story concerning an inmate who overdosed on fentanyl-laced heroin that his girlfriend sewed into clothing that she brought into the jail (www.newsnet5.com, Jan. 28,

2015); the woman was arrested and after the original dealers sold heroin/fentanyl to undercover officers and attempted to flee, they were apprehended (www.19actionnews.com, Jan. 28, 2015).

Participants indicated that black tar heroin is less available and described this substance as follows: "*Tar (black tar heroin) is sticky, like molasses; Tar is like wet instant coffee, gooey and sticky, dark brown or blackish and oily.*" A participant explained, "*If you want* [powdered heroin], *it's not hard to find … But* [availability of black] *tar* [heroin] *is like a '5.'*" Other participants agreed and stated: "*Black tar is hard to get; There aren't many places I can find* [black tar heroin]*; I haven't seen tar in like six months.*"

Participants reported that the general availability of heroin has increased during the past six months. Participants remarked: "[Availability of heroin is] *getting worse and worse (increasing) every day;* [Heroin is increasing in availability because] *it's more cheaper than pills (prescription opioids) and crack.*" Community professionals also reported that the general availability of heroin has increased during the past six months. Treatment providers commented: "*Yes,* [heroin availability is] *increasing and seems like more people are becoming addicted in general;* [Heroin] *has steadily … been on the increase as the pills have become less available; It's cheaper than the pills.*"

The BCI Richfield Crime Lab reported that the number of powdered heroin cases it processes has increased during the past six months; the lab reported processing primarily brown, gray, off-white and white powdered heroin with no black tar heroin cases noted. Lake County Crime Lab reported that the number of powdered heroin (white, tan, brown and gray) cases it processes has declined, while the number of black tar heroin cases has remained the same during the past six months.

Heroin	Reported Availability Change during the Past 6 Months	
	Participants	Increase
	Law enforcement	Increase
	Treatment providers	Increase

Participants most often reported the current overall quality of heroin as '7' and the quality of white powdered heroin as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); previous scores were '6' and '9' respectively. A participants commented "*They cut* [heroin] *with a lot of stuff now.*" Participants reported that heroin in the region is often cut (adulterated) with fentanyl. One participant commented, "*Cutting* [heroin] *with fentanyl keeps it cheap.*" Additional cuts include: baby formula, cold medicine, prescription opioids and sedative-hypnotics. Overall, participants most often reported that the general quality of heroin has decreased during the past six months, while noting that the quality of black tar heroin has remained the same.

Heroin	Cutting Agents Reported by Crime Lab
	acetaminophen
	caffeine
	diphenhydramine (antihistamine)
	mannitol (diuretic)
	quinine (antimalarial)

Reports of current street prices for heroin were consistent among participants with experience buying the drug. Participants and community professionals often commented on how cheap heroin is compared to other drugs, especially prescription opioids. One participant specifically reported that heroin is less expensive than prescription pills or crack cocaine, while another participant explained, "[The price of heroin is low] *because a lot of people are using it.*" Other participants shared that dealers typically buy in larger quantities and pay less for the drug.

Heroin	Current Street Prices for Brown Powdered and Black Tar Heroin	
	1/10 gram	$20
	1/2 gram	$80
	A gram	$130 - 160

While there were a few reported ways of using heroin, generally the most common routes of administration are snorting and intravenous injection (aka "shooting"). Participants estimated that the majority of heroin users begin by snorting and progress to shooting the drug. A participant added, "*Some people smoke* [heroin], *but rarely.*" Another participant explained, "*I know most people shoot* [heroin] *after a while … but you mostly only smoke tar.*" Community

professionals recognized intravenous injection as the most common route of administration for heroin. A law enforcement officer commented, "*Our arrests are typically with intravenous* [heroin users]." A public health professional explained, "*There was a fear with using a needle, but now* [new users] *can snort* [heroin]*, so there isn't the fear anymore … Fear is just not there when they try it* [for the first time]." A treatment provider shared, "[Heroin users] *have a relationship with the needle …* [Even when they don't have heroin, clients tell me that] *they put warm water in the syringe just to feel that rush. It's a love of that* [needle]."

In addition to purchasing needles from dealers, participants also reported buying them from diabetics and pharmacies. Participants who had experience purchasing needles from dealers shared pricing information: "*25 units (needles) sold for about $60;* [Needles] *were $3 apiece on the street*." Several participants shared that they obtained needles from diabetics and commented: "*I would get needles from my diabetic friends; There is all these diabetics running around here … so most people get* [needles] *from them*." Participants agreed that purchasing needles from pharmacies is becoming more difficult as many stores are limiting purchases or requiring a prescription for needle purchases. One participant divulged, "*I would steal* [needles] *from my doctor*." Participants shared that users most often refer to needles as a "tool" or "rig."

A profile of a typical heroin user did not emerge from the data. Participants and community professionals found it difficult to profile a typical user because as infrequent heroin use becomes an addiction, the profile seems to change. For that reason, several participants and professionals commented that heroin does not discriminate and often encompasses a wide range of individuals. One participant commented, "*There's no type, everyone uses.*" A treatment provider stated, "*Heroin users go across the spectrum*."

However, both participants and community professionals described users as suburban, but indicated that once users are addicted, they often lose their jobs and/or move to the inner city. Participants commented: "*The biggest thing I see is suburban people; It's a lot of middle class using heroin; You don't have too many people in occupations that use*." A treatment provider explained, "*It starts in the suburbs and then moves to city living …* [Heroin users] *are raised in the suburbs and then moving to the inner city when addicted*." In addition, both participants and community professionals indicated that prescription opioid users often turn to heroin. A participant commented, "*People on painkillers use heroin*." A public health professional also commented, "*A lot of it is pills and heroin … because* [prescription opioids] *usually are a stepping stone before heroin*."

Prescription Opioids

Prescription opioids remain highly available in the region. Participants and community professionals continued to the report the current availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score for both groups was also '10'. A participant commented, "[Opioids] *are prescribed, a lot of people have them*." Other participants shared: "*It ain't hard to get* [prescription opioids] *on the streets; They are, for sure, on the streets*" A treatment provider remarked, "*Anything you can get a prescription for is a '10'*." Likewise, a law enforcement officer reflected, "*Any investigation I am on, on the diversion end, it is a '10' … Anything you want to get a script for, you can get*. [Prescription opioids are] *everywhere*."

Participants identified Percocet® as the most popular prescription opioid in terms of widespread use, followed by Vicodin® and Suboxone®. Similarly, community professionals identified Percocet® as the most popular prescription opioid in terms of widespread use. A treatment provider explained, "*Percocet® is like a step to heroin*." Other treatment providers noted some other drugs: "*I see methadone being abused; I see more Opana® now*."

Corroborating data also indicated the presence of prescription opioids in the region. American Court and Drug Testing Services reported that 7.7 percent of the 1,474 individuals screened through its Medina lab during the past six months were positive for oxycodone. The Cuyahoga County Medical Examiner's Office reported that 30.7 percent of the 163 drug overdose deaths it processed during the past six months involved one or more prescription opioids; of note, 22 percent of these prescription opioid cases involved fentanyl.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A man crashed his vehicle into a tree while high on oxycodone; he was taken to the nearest hospital and faces OVI and drug possession charges (www.cleveland.com, July 15, 2014). An 18-year-old was arrested after attempting to evade police in Shaker Heights (Cuyahoga County); with the help of canine officer,

the man was found in possession of prescription opioids and marijuana (www.cleveland.com, July 25, 2014).

There was an equal number of participants reporting that the general availability of prescription opioids has increased as there was reporting that general availability has decreased during the past six months. Participants who perceived an increase in availability stated: "*There are more prescriptions around, so people know who to ask; More Suboxone® and Percocet® are around.*" Those who felt prescription opioids are less available reasoned: "*Doctors are limiting quantities now . . . it has to be something excruciating for you to get a prescription; Cops are targeting pill mills and doctors now, so there are less prescriptions out there.*" Still another participant suggested, "*There are less pain pills because of less prescriptions, but more Suboxone®.*" Treatment providers reported a slight decrease in availability of prescription opioids during the past six months. One treatment provider reasoned, "*Doctors have to run the OARRS (Ohio Automated Rx Reporting System) reports now, so there is more monitoring.*"

The BCI Richfield Crime Lab reported that the number of Dilaudid®, fentanyl, methadone, Opana® and Vicodin® cases it processes has increased during the past six months, while the number of OxyContin® and Percocet® cases has decreased. Lake County Crime Lab reported that number of fentanyl cases it process has increased during the past six months, while the number of OxyContin®, Percocet® and Vicodin® cases has decreased.

Prescription Opioids	Reported Availability Change during the Past 6 Months	
	Participants	No consensus
	Law enforcement	Decrease
	Treatment providers	Decrease

Reportedly, many different types of prescription opioids are currently sold on the region's streets. Most participants stated that prescription opioids are most often sold for $1 per milligram. However, a participant noted, "*Opana® and Oxys (OxyContin®) may be more expensive.*"

Prescription Opioids	Current Street Prices for Prescription Opioids	
	Percocet®	$1 per mg
	Vicodin®	$.50 per mg
	Norco®	$8 per pill (mg unspecified)
	Opana®	$120 for 80 mg
	OxyContin®	$40 for 20 mg
	Ultram®	$1 per pill (mg unspecified)

In addition to obtaining prescription opioids on the street from dealers, participants also reported getting them from people who have prescriptions. A participant remarked, "*People buy* [prescription opioids] *from poor people.*" *One participant shared, "My friend's mom who had cancer had* [prescription opioids]." Other participants shared how their primary source of these drugs changed throughout their addiction: "*I was prescribed* [prescription opioids] *at first and then just got them from my dealer; My mom had them, but then I got* [prescription opioids] *off the streets.*"

While there were a few reported ways of consuming prescription opioids, generally the most common routes of administration are oral consumption and snorting. A participant remarked, "*You take* [prescription opioids] *like Tic Tacs®.*" Other participants shared details in how they snorted prescription opioids: "*You crush the pills and snort them; I melt 'em down and I snort 'em.*" Additional routes of administration included intravenous injection (aka "shooting") and parachuting. A participant explained parachuting: "*You crush* [the pill] *up in napkin and then swallow it.*" Other participants elaborated on injecting these drugs: "*You crush* [pain pills], *mix 'em with meth (methamphetamine) and shoot. A lot of people I know shoot Percs (Percocet®).*"

Participants described typical illicit users of prescription opioids as heroin users, suburban kids, individuals who got addicted to pain pills due to injury and older adults. Community professionals described typical illicit users of prescription opioids as heroin users, wider age range (20-50), suburban, white and more often female. A treatment provider commented, "*Heroin users, but if not on heroin . . . 20 to 30 year old Caucasian females from the suburbs.*" Another treatment provider agreed and described illicit prescription opioid users as: "*Young, female, Caucasians, suburbs, sprinkled in with older women.*" Law enforcement reflected, "*We would see a little broader demographic with* [prescription opioid] *pills than we do with heroin . . . more apt to be a higher age range*

… With pills there is a wider demographic on arrests. We will see typically, again based upon location, is Caucasian, but a wider demographic of males and females … and it ranges from 30 to 50 plus [years in age]."

Suboxone®

Suboxone® remains highly available in the region. Participants most often reported current street availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10.' Participants shared: "[Suboxone® is] *easy to get, real easy; Suboxone® is the easiest thing for me to get on the streets.*" A participant added, "*I know drug dealers that send people to Suboxone® clinics just to get it to sell.*" Another participant explained, "*You buy* [Suboxone®] *on the streets* [so as] *not to get sick when coming off heroin.*" Community professionals most often reported current availability as '9;' the previous most common score was '7.' A treatment provider stated, "*If* [addicts] *can't find heroin or oxys (OxyContin®), they get Suboxone® off the streets.*" Another treatment provider agreed and commented, "*Yeah* [addicts] *use* [Suboxone®] *to curb withdrawal until they find more heroin.*"

Corroborating data also indicated the presence of cocaine in the region. American Court and Drug Testing Services reported that 7.9 percent of the 1,474 individuals screened through its Medina lab during the past six months were positive for buprenorphine, an ingredient in Suboxone®. In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. An Ashtabula man was arrested in Bratenahl (Cuyahoga County) following a traffic stop; included are drug charges for possession of nine Suboxone® sublingual strips, 1.8 grams of heroin and over 100 sedative-hypnotic pills found in his vehicle (www.cleveland.com, July 16, 2014).

Participants reported that the availability of Suboxone® has remained the same during the past six months. A participant replied, "[Suboxone® is] *still very easy to get.*" Community professionals also reported that availability of Suboxone® has remained the same. The BCI Richfield and Lake County crime labs reported that the number of Suboxone® and Subutex® cases they processes has increased during the past six months.

Suboxone®	Reported Availability Change during the Past 6 Months	
	Participants	No change
	Law enforcement	No change
	Treatment providers	No change

Reports of current street prices for Suboxone® (pill and sublingual film) were consistent among participants with experience buying the drug: 8 mg sells for $10-15. However, one participant boasted, "*I can sell* [Suboxone®] *for $15 - $20 a pill.*" In addition to obtaining Suboxone® on the street from dealers, participants also reported getting the drug prescribed from a physician or Suboxone® clinic. A participant shared, "*I just get mine* [Suboxone®] *on the streets.*" Another participant commented, "*I know some people who just sell their Suboxone® for heroin.*"

While there were a few reported ways of consuming Suboxone®, generally the most common route of administration remains oral consumption. A participant stated, "*You can chew subs (Suboxone®) … the 'orange stop signs' (orange-colored, octagonal-shaped Suboxone® pills).*" Additional methods include snorting and intravenous injection (aka "shooting"). A participant shared, "*You can shoot the strip … You put water on the spoon with a little piece of cotton and let* [the Suboxone®] *dissolve and then shoot it.*"

Participants described typical illicit users of Suboxone® as people who are self-medicating. Participants explained that most illicit users are: "*Trying to get off pills and heroin; … trying to detox.*" Community professionals also noted that typical illicit users are those who are self-medicating, most often to avoid withdrawal. A treatment provider commented, "*I see that in treatment … they may have a legitimate reason to use* [Suboxone®] *… to try and stay away from withdrawal.*" A public health professional stated, "*I see* [heroin addicts] *using* [Suboxone®] *to control withdrawal.*" A law enforcement officer also described, "[Illicit Suboxone® users] *are already a heroin addict and use it to get high or self-medicate.*"

Sedative-Hypnotics

Sedative-hypnotics hypnotics (benzodiazepines, barbiturates and muscle relaxants) are highly available in the region. Participants most often reported the current availability of these drugs as '8' on a scale of '0' (not avail-

able, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10.' Participants identified Xanax® as the most popular sedative-hypnotic in terms of widespread use, followed closely by Klonopin® and Valium®. Most participants reported only two or three sedative-hypnotic drugs encountered during the past six months and comments were similar: "*Valium®, Klonopin® and Xanax® is pretty much all I've seen; I see Xanax®, Valium® and Klonopin® the most these days; I'm seeing Soma® and Xanax® … that is about it.*"

Community professionals most often reported current availability of sedative-hypnotics as '10;' the previous most common score was '7.' Community professionals identified Xanax® as the most popular sedative-hypnotic in terms of widespread use. A treatment provider commented, "*I'm seeing a lot of Xanax®, Klonopin®, Ambien®.*" Another treatment provider responded, "*When reading charts, the benzos (benzodiazepines) … I am seeing is Ambien®, Klonopin® and Soma®.*"

Corroborating data also indicated the presence of sedative-hypnotics in the region. American Court and Drug Testing Services reported that 5.6 percent of the 1474 individuals screened through its Medina lab during the past six months were positive for benzodiazepine. The Cuyahoga County Medical Examiner's Office reported that 18.4 percent of the 163 drug overdose deaths it processed during the past six months involved sedative-hypnotics.

Participants reported that the general availability of sedative-hypnotics has decreased during the past six months, while treatment providers and law enforcement reported that general availability has remained with the following exceptions: "*There are more prescriptions for Xanax® out there for sale now; Soma® is on a resurgence … I've seen an increase in the last six months; Klonopin® is increasing.*" The BCI Richfield Crime Lab reported that the number of Ambien®, Ativan® and Xanax® cases it processes has increased during the past six months while the number of Valium® cases has decreased; Lake County Crime Lab reported a decrease in the number of sedative-hypnotics cases it processes.

Sedative-Hypnotics	Reported Availability Change during the Past 6 Months	
	Participants	Decrease
	Law enforcement	No change
	Treatment providers	No change

Reportedly, many different types of sedative-hypnotics are currently sold on the region's streets. Reports of current street prices for sedative-hypnotics were consistent among participants with experience buying these drugs. Most participants talked about Xanax® by referring to the shape or color of the pill; one participant explained, "*Different colors are just different brands and different makes.*" Participants also had limited knowledge as to the dosage amounts of some pills. For example, participants simply reported: "*Klonopin® is $2 a pill;* [Klonopin® is] *a couple o' bucks apiece.*"

Suboxone®	Current Street Prices for Suboxone®	
	Klonopin®	$2 per pill (mg unspecified)
	Xanax®	$2-2.50 for 0.5 mg $2 for 1 mg $4-5 for 2 mg

In addition to obtaining sedative-hypnotics on the street from dealers, participants also reported getting these drugs from family members or by prescription from physicians. One participant commented, "*I would get them from other users.*" Still other participants divulged: "*My grandma had Ambien® that I took; I never bought pills* [on the street], *but bought Xanax® from my aunt.*"

While there were a few reported ways of consuming sedative-hypnotics, generally the most common route of administration for illicit use remains oral consumption (aka "popping"), followed by snorting. Participants elaborated on oral consumption and reported that several people who orally ingest these pills will 'parachute' them, which means placing a crushed pill in a piece of tissue and swallowing it. Participants estimated that out of 10 illicit sedative-hypnotic users, eight would orally consume (including parachuting) and two would snort the drugs.

Participants described typical illicit sedative-hypnotic users as mothers, people with anxiety and heroin users. One participant described typical illicit users of these drugs as, "*Soccer moms with anxiety.*" Treatment providers described typical illicit users as more often white, 18-34 years of age and female. Treatment providers commented: "*Young Caucasians; I see it more in young white females … 18–34 year olds mostly; 18-34 is the most common age group.*" Law enforcement stated, "*Xanax® is highly abused by*

adolescents, but I've seen it trend away in last 12 months. It's white females … 30 plus now; The young 18-30 year olds … Caucasian, unemployed, drug dealing."

Marijuana

Marijuana remains highly available in the region. Participants and community professionals continued to most often report the current availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score for both groups was also '10.' Participant comments included: "[Marijuana availability is] *like a '20' in availability; Ha, I'd say it's like '100;' It's all over because it's legal in a few states*." A treatment provider remarked, "[Clients] *don't even consider* [marijuana] *a drug*." Another treatment provider explained, "[Clients] *come in to detox and don't tell us they smoke pot (marijuana) and then when we ask them later on they tell us they smoke pot daily … It never even crosses their mind to tell … at intake because it is like a cigarette to them*."

"Marijuana concentrates" and "marijuana extracts" reference products derived from medicinal alchemy of marijuana: an extraction of tetrahydrocannabinol (THC) from high-grade marijuana leaves by heating it with butane and creating a brown, waxy, hard substance. Reportedly, marijuana concentrates and extracts (aka "dabs") are also available throughout the region, although participants did not rate the current availability of this marijuana product; the previous most common score was '10.' These concentrates are known to contain over 90 percent THC. A participant explained, "*There are also 'dabs' (marijuana waxy derivative) … There is a couple of different types of dabs … I'm pretty sure it's like a felony if you get caught … you have to cook it like meth almost. You take the weed and you extract all the THC out of it … and it's like 100 percent THC*."

Corroborating data also indicated the presence of marijuana in the region. American Court and Drug Testing Services reported that 18.2 percent of the 1,474 individuals screened through its Medina lab during the past six months were positive for marijuana. The Cuyahoga County Department of Children and Family Services reported that marijuana represented 67 percent of the cases with their START Unit (Sobriety Treatment and Recovery Teams) as the moms' drug of choice during the past six months.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. While officers searched a vehicle following a traffic stop in Cuyahoga County, the driver was found eating marijuana in the back of a cruiser (www.cleveland.com, July 10, 2014). Police were called to a residence in Cuyahoga County for marijuana odor; officers found a man smoking marijuana and additional marijuana inside the apartment (www.cleveland.com, July 10, 2014). Several young adults were arrested and/or face charges after disorderly conduct and resisting arrest during a community festival in South Euclid (Cuyahoga County); one teen attempted to evade police, but was apprehended and had several baggies of marijuana in his pants (www.cleveland.com, July 14, 2014). Police arrested a mother after neighbors called police because her 3-year-old boy was found wandering around outside while she slept; marijuana and other drug paraphernalia were seized from the residence (www.cleveland.com, July 30, 2014). A driver was arrested following a traffic violation when the officer saw him attempt to conceal a bag of marijuana (www.cleveland.com, July 8, 2014). While geocaching with his family, a man contacted the police after finding a bag containing marijuana, three needles and a spoon (www.cleveland.com, July 12, 2014). Two small bags of marijuana were found in a vehicle during a traffic stop in Cuyahoga County (www.cleveland.com, July 18, 2014). Ohio's BCI Marijuana Eradication, a program which removes marijuana plants and crops growing illegally throughout the state, seized 729 marijuana plants from Cuyahoga County during the past year which is a large amount for an urban county (www.cleveland.com, Aug. 8, 2014). Just over 100 marijuana plants were found throughout a residence in Olmsted Falls (Cuyahoga County); the resident will be charged for drugs as well as child endangerment as a minor was located in the home (www.newsnet5.com, Aug. 31, 2014). A routine traffic stop in Lorain County turned into an arrest and seizure of more than six pounds of marijuana (www.statepatrol.ohio.gov, Jan. 6, 2015). A man and woman are facing drug charges due to 235 pounds of marijuana found in their pickup truck when Ohio State Highway Patrol (OSHP) pulled them over in Lorain County for a marked lanes violation (www.wkyc.com, Jan. 29, 2015).

Participants reported that the availability of marijuana has remained the same during the past six months; however, participants noted an increase in marijuana concentrates and extracts. Participants commented: "*Anyone can get* [marijuana] *still;* [Marijuana] *being legal in some states helps because it's more accepted*." One participant suggested that the demand for high-grade marijuana has increased availability of the substance and noted, "'*Loud' (high-grade marijuana) is more available because it is better*." Participants also discussed marijuana concentrates and extracts: "*Dabs is like,*

definitely a lot more common; Definitely, increased in the last six months. It's more now because you can make them at home."

Community professionals also reported that availability of marijuana has remained the same during the past six months. A treatment provider remarked, "*I've never heard anyone say they can't get marijuana.*" Another treatment provider reasoned, "[Marijuana is consistently] *available to the user and the perception is like … that it is a cigarette because it is legal in so many places now.*" The BCI Richfield Crime Lab reported that the number of marijuana cases it processes has increased during the past six months, while Lake County Crime Lab reported that the number of cases it processes has decreased.

Marijuana	Reported Availability Change during the Past 6 Months	
	Participants	No change
	Law enforcement	No change
	Treatment providers	No change

Despite a wide range of scores reported for quality of marijuana during the past six months, participants most often reported the general overall quality of the drug as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was also '10.' Several participants explained that the quality of marijuana depends on whether the user buys "commercial weed" (low- to mid-grade marijuana) or hydroponic (high-grade marijuana). A participant explained, "*When* [marijuana is] *really green, it good stuff.*" Logically, participants related that higher-grade marijuana is consistently higher in quality throughout the region when compared to its low-grade counterpart, as participants explained: "*Good weed (marijuana) is called 'dank;' Dank is the best; 'Dro' (hydroponically grown marijuana) is same as dank; Dank is a '10'* [for quality], *but reggie (lower quality regular marijuana) is a '3' or '4'* [for quality]." Lower quality marijuana was also discussed among participants who shared: "'*Whack weed - it's regular mess (marijuana) and is around, but quality is a '1;' Reggie is low-grade, not as good as dank; Reggie is brownish-green and hard looking … like a '4'* [on the quality scale]."

Participants further discussed different types of high-grade marijuana: "'*California' is marijuana shipped from California and it is better quality; I buy 'kush' … it's stronger; 'Loud' lasts longer, but is just as good as kush; There is 'purple kush' … it has purple hairs on them and quality is like a '10' for sure; There is also 'white widow' that is really good weed. It's lighter green and is better than kush.*" A few participants referred to marijuana concentrates and extracts and reported: "*Then there is hash oil … it's pure THC and oil you can smoke.*" Law enforcement also noted the high quality of marijuana throughout the region, as one officer commented, "[Law enforcement is] *seeing that the quality* [of marijuana] *is exceedingly better in the last five years.*"

Reports of current street prices for marijuana were consistent among participants with experience buying the drug. Participants indicated that price depends on the quality of the product and clarified that commercial-grade marijuana is the cheapest form of the drug.

Marijuana	Current Street Prices for Marijuana	
	Low-grade:	
	A blunt (cigar) or two joints (cigarettes)	$5 (or $10 if laced with PCP and/or embalming fluid, aka 'wet')
	A gram	$10-15
	1/8 ounce	$45
	High-grade:	
	A blunt (cigar) or two joints (cigarettes)	$10
	1/8 ounce	$60

While there were a few reported ways of consuming marijuana, generally the most common route of administration remains smoking. Participants estimated that out of 10 marijuana users, all 10 would smoke the drug. Participants also reported that marijuana concentrates and extracts are also primarily smoked and explained: "*Nowadays it's common to smoke dabs. You need a dab rigs to smoke or you can smoke it out of a 'pen' (vaporizing device). The most common way is like getting a glass bowl and you get a stick and there is a blow stick and you like light it up with the blow torch. The wax goes down into like a smoke … it's called dabbing.*"

In addition, participants mentioned using marijuana in edibles. One participant shared, "*There are edibles, too … I used butter or oil and then you put the weed in it and simmer it and then you bake food with it.*" Another participant agreed and commented, "*Yeah, you cook weed with vegetable oil and then use it to make brownies.*"

A profile for a typical marijuana user did not emerge from the data. Participants continued to relate that marijuana is used

by all demographics and commented: "*Nowadays anyone can smoke pot; It's all people, starting in teens and becoming more and more common and accepted because states legalize it.*"

Likewise, community professionals commented: "*It's equally used; It's across the board.*" Treatment providers elaborated: "*All clients smoke marijuana; I see young African-American males using it more; It's younger kids in college for sure; Younger black males use mostly kush; I think young black males' drug of choice is marijuana along with alcohol.*" Other treatment providers reasoned: "*Legalization* [of marijuana] *has produced a younger generation that thinks it is acceptable.* [Marijuana is] *at home a lot now, so kids don't have to go far to get it.*" Law enforcement shared, "*We see a high percent of* [marijuana] *arrests with juveniles*.

Methamphetamine

Methamphetamine remains available in the region, although only a few participants had personal experience with this drug. Participants most often reported current of methamphetamine as '8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10.' One participant knew a lot of people who use methamphetamine and stated, "*I know a lot of people using* [methamphetamine] *because … it's like a steroids version of 'molly' (powdered MDMA). It last way longer and is way cheaper to get.*" Treatment providers continued to report low availability of methamphetamine and rated current availability as '1;' the previous most common score was also '1.' A treatment provider stated, "*I just don't see it here* [in treatment]."

Participants reported that methamphetamine is available in crystal and powdered forms and shared: "*I've just seen 'glass' (crystal form of methamphetamine) which is like crystally clear; 'Crank' (powdered methamphetamine) is harder to get, it looks like cocaine.*" Nevertheless, most of the discussions centered around powdered methamphetamine often referred to as "one-pot" or "shake and bake," which means users are producing the drug by mixing ingredients in small containers. By using common household chemicals along with ammonium nitrate (found in cold packs) and pseudoephedrine (typically found in some allergy medications), people who make methamphetamine can produce the drug in a single sealed container, such as a two-liter soda bottle, in approximately 30 minutes in nearly any location.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A man was arrested in Independence (Cuyahoga County) after police found tools and chemicals used in the manufacturing of methamphetamine while executing a search warrant of the man's residence (www.cleveland.com, Jan. 28, 2015).

Participants familiar with methamphetamine reported that the availability of methamphetamine has decreased during the past six months, while community professionals were unable to provide information on change of availability. The BCI Richfield Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months; the lab reported processing off-white powder and crystal methamphetamine. Lake County Crime Lab reported that the number of methamphetamine cases it processes has decreased during the past six months; the lab reported processing white powder and crystal methamphetamine.

Methamphetamine	Reported Availability Change during the Past 6 Months	
	Participants	Decrease
	Law enforcement	No comment
	Treatment providers	No comment

Participants familiar with methamphetamine reported the current overall quality of the drug as an '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous score ranged '5-7.' A participant commented, "*Meth lasts longer than molly and is cheaper.*"

Reports of current street prices for methamphetamine were consistent among participants with experience buying the drug. However, participants were not able to differentiate between crystal and powdered form pricing, but reported methamphetamine sells 1/2 gram for $60. A participant added, "*I would never buy* [methamphetamine] *… I'd buy the Sudafed® for the people to make* [methamphetamine] *and then they would give me some.*"

While there were a few reported ways of consuming methamphetamine, generally the most common routes of administration are smoking and snorting, followed by injection. One participant shared, "*I've smoked* [methamphetamine], *snorted … I shot it too.*" Another participant explained, "*Yeah, I snorted* [methamphetamine] …." Other

participants discussed intravenous and/or anal injection and commented: "*If I can't catch my vein I will take the needle out and shoot up my butt; I do a 'bootie bump' … you take a turkey baster or you take the needle out of the* [syringe] *and you inject* [methamphetamine] *up your butt …*."

Participants described typical users of methamphetamine as white. One participant explained, "*More white people use meth because black people smoke crack*." Another participant described methamphetamine users as, "*Bums, people really into drugs pretty bad, tweakers.*" Community professionals also described typical methamphetamine users as white and added that users are typically aged in their 20s and 30s.

Prescription Stimulants

Prescription stimulants are moderately to highly available in the region. Participants most often reported the current availability of these drugs as '6' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '9-10.' Participants reported limited personal experience with stimulants, but identified Adderall® as the most popular prescription stimulant in terms of widespread use. A participant stated, "*'Addies' (Adderall®) and Ritalin® is out there, but addies* [are what] *more people want*." Community professionals most often reported current availability as '10.'

Corroborating data also indicated the presence of prescription stimulants in the region. American Court and Drug Testing Services reported that 4.5 percent of the 1474 individuals screened through its Medina lab during the past six months were positive for amphetamines.

Participants and community professionals reported that the availability of prescription stimulants has remained the same during the past six months. One participant stated, "*There are still people prescribed* [stimulants] … *I was, but I was abusing.*" The BCI Richfield Crime Lab reported that the number of prescription stimulant cases it processes has increased during the past six months, while Lake County Crime Lab reported that the number of cases it processes has decreased.

Prescription Stimulants	Reported Availability Change during the Past 6 Months	
	Participants	No change
	Law enforcement	No change
	Treatment providers	No change

Reports of current street prices for prescription stimulants were unknown to most participants, but two participants shared: "*30 mg Adderall® is $6; Ritalin® is less expensive*." Participants reported obtaining prescription stimulants from friends or by prescription from doctors. One participant divulged, "*I had a prescription for Adderall®, but just abused them*." The most common route of administration for illicit use of prescription stimulants remains oral consumption.

Participants were unable to describe typical illicit prescription stimulant users, but community professionals described users as college-aged students. A public health professional reflected, "*I see a lot* [of illicit prescription stimulant use] *in colleges. There is a lot of misuse by students taking them to stay up late*."

Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) remains available in the region. Participants reported that the most popular form of the drug is the loose powder that is purported to be pure MDMA known as "molly." Participants most often reported molly's current availability as '8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '9.' Participants did not assign an availability rating for the current availability of the ecstasy pressed tablet form. Community professionals continued to report lower availability of ecstasy than did participants and most often reported current availability (not differentiating between ecstasy tablets and molly) as either '1' or '5;' the previous most common score was '2.' A law enforcement officer stated, "*I'd give* [ecstasy an availability rating of] *a '5' because … if somebody wants it they can still get it*."

Participants reported decreased availability of ecstasy and molly during the past six months. One participant stated, "*You used to be able to get* [ecstasy and other drugs] *at this campground with a music venue, but it's not privately owned now and you can't get them as much there anymore*." Community professionals also indicated decreased availability of ecstasy during the past six months. A treatment provider reported, "[Ecstasy use is] *trending away (down) now*."

The BCI Richfield Crime Lab reported that the number of ecstasy cases it processes has increased during the past six months; the lab did not differentiate between ecstasy and molly cases, while Lake County Crime Lab reported that the number of cases it processes has decreased.

Ecstasy	Reported Availability Change during the Past 6 Months	
	Participants	Decrease
	Law enforcement	Decrease
	Treatment providers	Decrease

Participants most often reported the current quality of molly as '3' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common quality score was '4.' A participant described molly quality as, "*It's mostly mediocre, but you can get really good stuff … you just have to know people.*" Participants indicated that molly varies in quality and is often cut (adulterated) with other substances, including vitamins C and E. A previous dealer of molly explained, "*We would sell chemical research drugs as molly when I was selling it.*" Another participant added, "*I would cut* [molly] *with powdered milk … I know it's crazy but it works.*"

Reports of current street prices for molly were consistent among participants with experience buying the drug. Reportedly, molly is most frequently sold in one gram amounts for $85-90. However, smaller amounts were also reported as available, as one participant shared, "*I'd get $20 for 'two points' … that's 0.2 grams.*"

Participants reported that the most common route of administration for molly is snorting. A participant shared, "*You can snort* [molly and] *parachute it (place the drug in tissue and swallow it).*" A typical profile for an ecstasy/molly user was limited. Participants described typical ecstasy and molly users as: "*Music going people; People who like going to concerts.*" A treatment provider said, "[Clients who have used molly] *were females in their 20s.*" A law enforcement officer reflected, "*Our typical user would be a high school female with molly being the* [drug] *that was preferred* [over ecstasy] *because they like to snort instead of popping* (orally ingesting) *the pill.*"

Other Drugs in the Cleveland Region

Participants and community professionals listed a variety of other drugs as being present in the region, but these drugs were not mentioned by the majority of people interviewed: bath salts, hallucinogens (LSD [lysergic acid diethylamide] and PCP [phencyclidine), over-the-counter (OTC) cold and cough syrups and synthetic marijuana.

Bath Salts

Despite legislation enacted in October 2011, bath salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues) remain available in the region. However, similar to the previous report, only a few participants had experience with bath salts and most often reported the drug's current availability as '5' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10.' Community professionals were unable to comment on current availability of bath salts; the previous most common score was '2.'

Participants reported that the availability of bath salts has decreased during the past six months. A participant reasoned, "[Ohio legislators] *keep making the chemicals* [used in bath salts] *illegal, so it's harder to make and get.*" Community professionals were unable to report on change in availability of bath salts during the past six months, as a treatment provider explained, "*I just don't know because we don't see* [bath salts addicts] *a lot.*" The BCI Richfield and Lake County crime labs reported that the number of bath salts cases they process has decreased during the past six months.

Reports of current street prices for bath salts were consistent among the few participants with experience buying the drug. Reportedly, bath salts sell for $20 per gram. A participant suggested, "*The more money* [bath salts] *costs, the better (higher quality) it is.*" Only one participant commented on how bath salts are usually obtained: "*I don't know if you can get* [bath salts] *in convenience stores anymore, but that is where I got them.*" Participants continued to report that the most common route of administration for bath salts is snorting, followed by intravenous injection (aka "shooting"). One participant stated, "*Some people would snort, but I'd shoot* [bath salts] *sometimes with heroin.*" Participants described typical users of bath salts as younger, while community professionals were unable provide a description.

Hallucinogens

Hallucinogens are available in the region. The BCI Richfield Crime Lab reported that the number of LSD and PCP cases it processes have increased during the past six months. Participants most often reported the current availability of LSD as '7' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Community professionals most often reported current availability of LSD as either '1' or '8.' Participants indicated that LSD is available in paper or liquid forms.

Participants did not rate quality of LSD, but discussed purity of liquid LSD and adulterants (aka "cuts"). One participant explained, "*I heard of liquid LSD, and liquid is more expensive … because it is supposed to be more pure. They can dilute it, though, so* [price] *depends on how pure it really is. If it's liquid you can just cut it with water.*" Another participant added, "*You can cut* [acid] *with baby laxatives too because it looks and tastes the same.*" Still another participant and previous LSD dealer explained how she did not use cuts, but would cheat the buyer: "*Acid comes in … it's just perforated paper … a type of paper called 'perforated paper' that absorbs liquid … I used to sell* [LSD] *hits and half would be index cards.*"

A participant explained that LSD is sold by the hit (aka dose), strips (10 hits) or sheets (100 hits). One participant knew about pricing and responded, "*I get acid for like 4 or 5 bucks a hit.*" Participant discussed route of administration of liquid LSD and reported: "*They sometimes put* [liquid LSD] *on sugar cubes or make gummy bears; You can also put* [liquid LSD] *in your eye … not the smartest idea, but I've seen people do this.*" Although community professionals did not have much information on hallucinogens, a law enforcement officer shared a description of the typical LSD users, as well as recent use of synthetic LSD: "*I would say* [the typical LSD user] *is the male . . . 16-20 year olds … They use this 25i which is a synthetic derivative of LSD … I know of an overdose with three kids using it.*"

PCP (phencyclidine) is highly available in the region. Participants most often reported current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Community professionals rated PCP availability as '1' or '8.' Participants reported that the general availability of PCP has remained the same during the past six months, while community professionals reported decreased availability.

Reports of current street prices for PCP were provided by an individual with experience purchasing the drug: "*Two sticks* [cigarettes] *is for $25. A cigarette … it's dipped halfway* [in the PCP liquid]." Participants reported that the most common route of administration is smoking. A participant commented, "[PCP] *is smoked … it's not used any other way.*" Treatment providers described typical users of PCP as predominately African American. A treatment provider reported, "*I hear about* [PCP] *from the women … African American … from the East side* [of Cleveland]." Other treatment providers agreed and informed: "*African-American women in their 30s, 40s and 50s; East side African-American females; More young, African-American males and females; Inner city people.*"

OTCs

Over-the-counter or prescription cold and cough syrups (DXM [dextromethorphan], codeine syrups and Robitussin® DM) are available in the region. However, few participants had experience with these drugs. Participants with experience most often reported current availability these medications as '5' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). One participant reported, "[Cold and cough syrup is] *easy to get, it can get you buzzed … I would buy from drug dealers.*" Law enforcement concurred and rated availability as '5.' One law enforcement officer responded, "*If it is wanted they can get* [cold and cough syrup]." Law enforcement suggested a decrease in availability during the past six months.

Reports of current street prices were unknown by participants. The most common route of administration for OTCs is oral consumption. One participant said, "*I'd just drink* [cold and cough syrup] *like a drink*," while several other participants reported orally consuming the drug in an alcoholic drink. A law enforcement officer stated, "*I used to see this on the east side* [of Cleveland] *with younger women in their 20s . . . with alcohol abusers.*"

Synthetic Marijuana

Synthetic marijuana (synthetic cannabinoids; aka "K2" and "spice") remains available in the region. Participants most often reported the drug's current availability as '7' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '7.' Participants reported, "[Synthetic marijuana is] *still available even though they banned it in some shops*." Community professionals were unable to rate the current availability of synthetic marijuana. Participants and community professionals reported a decrease in availability of synthetic marijuana during the past six months. The BCI Richfield and Lake County crime labs reported that the number of synthetic marijuana cases they process have decreased during the past six months.

Reports of current street prices for synthetic marijuana were inconsistent among the few participants who had experience buying the drug. One participant reported, "[Synthetic marijuana] *sold for $10 for 1 gram*." Despite legislation enacted in October 2011, synthetic marijuana continues to be available on the street from dealers as well as from some convenience stores. Smoking remains the only reported route of administration for synthetic marijuana. Participants described typical synthetic marijuana users as individuals on probation and reasoned that it is more difficult to detect synthetic marijuana use through urine drug screenings which are often required for those on probation for a drug-related charge. Participants also agreed that younger people use synthetic marijuana, as one participant described, "*Adolescents who can't get marijuana*." Community professionals agreed that this drug is used by individuals who have to submit to regular drug screens, as well as adolescents. A law enforcement officer stated, "[Synthetic marijuana users are] *adolescents … kids who can't get the weed (marijuana)*."

Conclusion

Crack cocaine, heroin, marijuana, prescription opioids and Suboxone® remain highly available in the Cleveland region; also highly available are powdered cocaine and sedative-hypnotics. Changes in availability during the past six months include increased availability for heroin, decreased availability for bath salts, ecstasy and synthetic marijuana, and likely decreased availability for prescription opioids.

While many types of heroin are currently available in the region, participants and community professionals reported that powdered heroin, brown or white in color, is most available. Participants and community professionals reported that the general availability of heroin has increased during the past six months, citing the low cost of heroin compared to the high cost of prescription opioids as the driver behind the continuing increase in heroin demand.

Participants reported that heroin in the region is often cut (adulterated) with fentanyl. The Cuyahoga County Medical Examiner's Office reported that 55.2 percent of the 163 drug overdose deaths it processed during the past six months involved heroin. Participants and community professionals described typical heroin users as suburban, but indicated that once users are addicted, they often lose their jobs and/or move to the inner city. In addition, both participants and community professionals indicated that prescription opioid users often turn to heroin.

Participants and community professionals reported a slight decrease in availability of prescription opioids during the past six months. Both respondent groups cited increased prescription monitoring of these medications as the reason for their limited current availability. Treatment providers specifically noted increased doctor participation in OARRS (Ohio Automated Rx Reporting System) as having a positive impact on reducing availability for illicit use, as well as increased law enforcement efforts targeting "pill mills."

Participants and community professionals identified Percocet® as the most popular prescription opioid in terms of widespread use, followed by Vicodin® and Suboxone®. The Cuyahoga County Medical Examiner's Office reported that 30.7 percent of the 163 drug overdose deaths it processed during the past six months involved one or

more prescription opioids; of note, 22 percent of these prescription opioid cases involved fentanyl.

Participants and community professionals reported a decrease in availability of ecstasy during the past six months. Participants reported that the most popular form of ecstasy is the loose powder that is purported to be pure MDMA known as "molly." Both respondent groups noted a trend away from ecstasy to other drugs. Participants indicated that molly varies in quality and is often cut (adulterated) with other substances. The most common route of administration for molly is snorting. A typical profile for an ecstasy/molly user was limited. Participants described typical ecstasy and molly users as concert goers, while community professionals described molly users as young females (high school aged through 20s).

Lastly, participants reported that the availability of bath salts and synthetic marijuana has decreased during the past six months. Participants cited legislation making the drugs illegal as a major factor for decreased availability. The BCI Richfield and Lake County crime labs reported that the number of bath salts and synthetic marijuana cases they process has decreased during the past six months.

Reportedly, synthetic marijuana is more available than bath salts. Participants described typical synthetic marijuana users as individuals on probation and reasoned that it is more difficult to detect synthetic marijuana use through urine drug screenings which are often required for those on probation for a drug-related charge. Participants also agreed that younger people who cannot obtain real marijuana use synthetic marijuana. Community professionals agreed that this drug is used by individuals who have to submit to regular drug screens, as well as adolescents.