

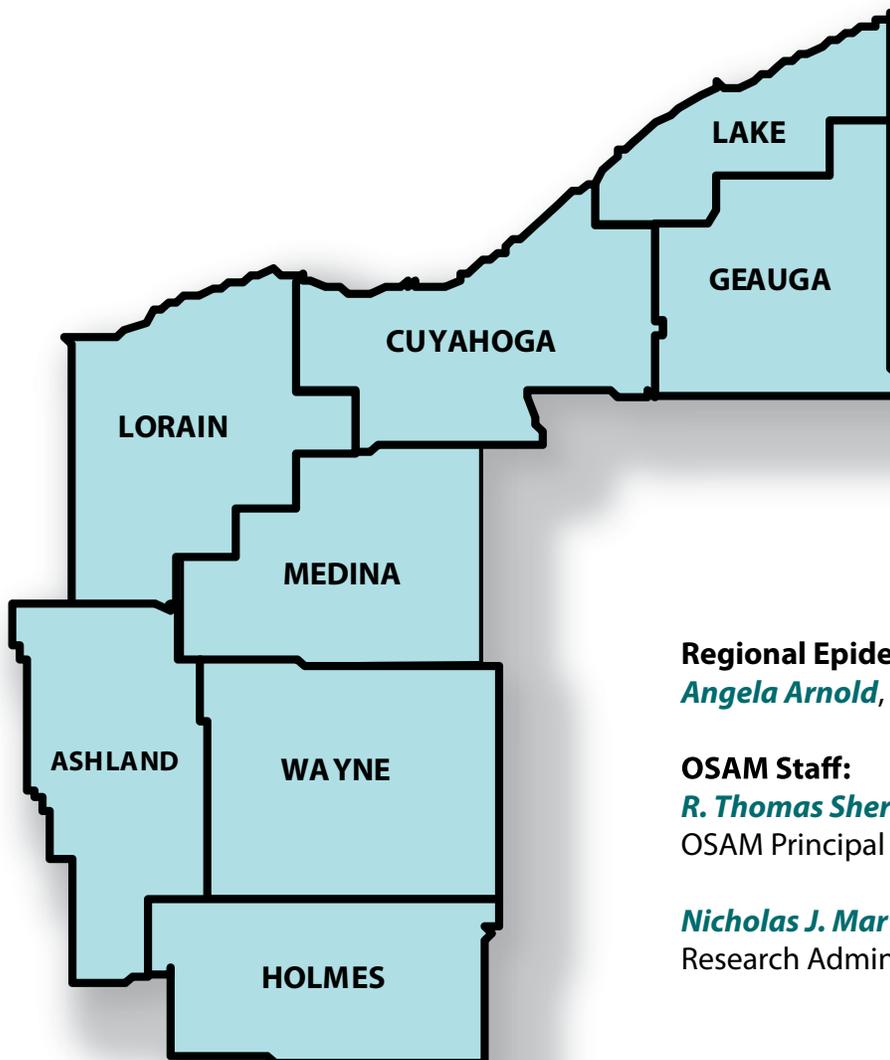
Ohio Substance Abuse Monitoring Network

Drug Abuse Trends in the Cleveland Region

June 2012 - January 2013



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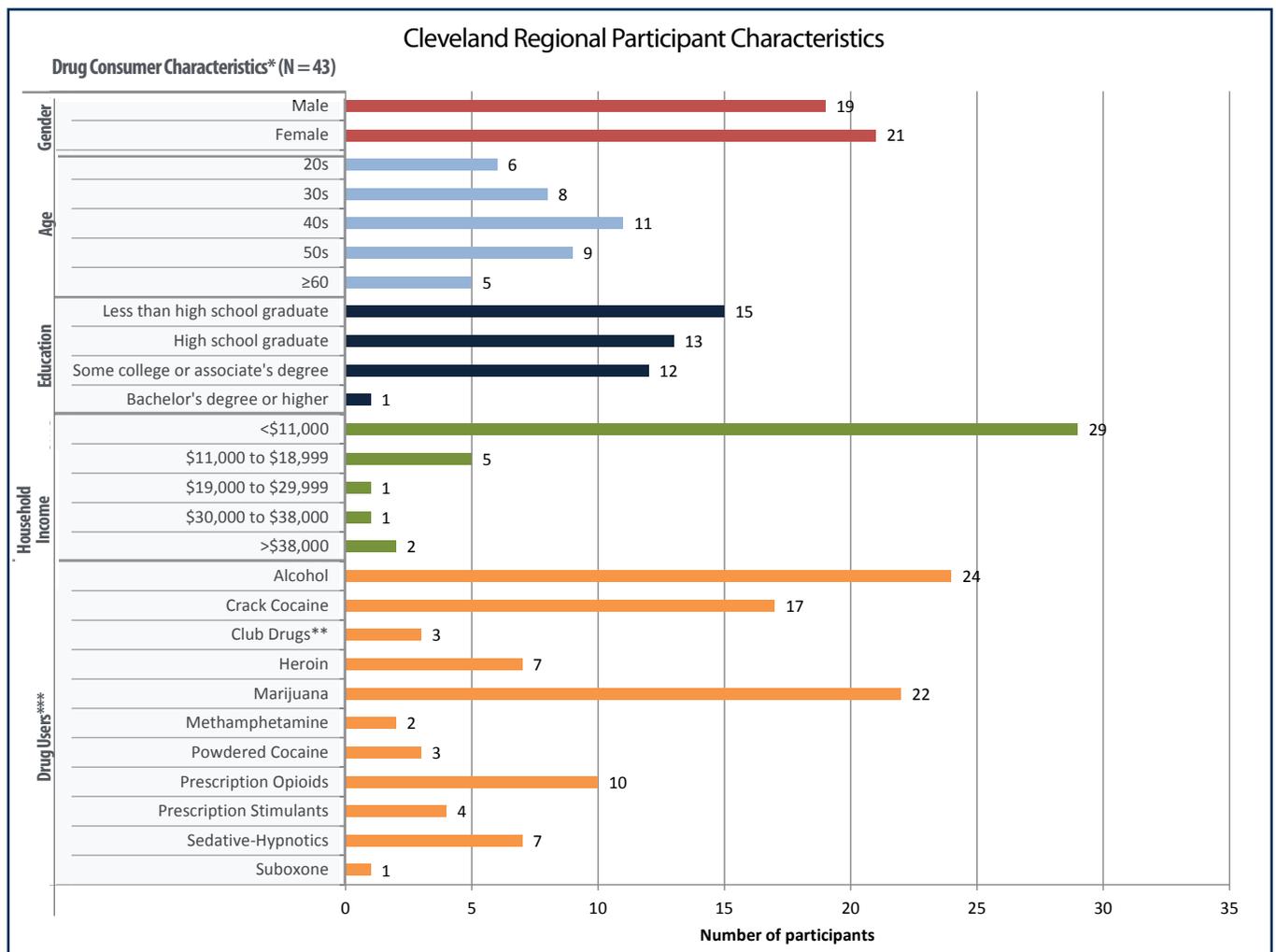
Indicator ¹	Ohio	Cleveland Region	OSAM Drug Consumers
Total Population, 2010	11,536,504	2,287,265	41
Gender (female), 2010	51.2%	51.8%	52.5% ²
Whites, 2010	81.1%	74.0%	36.6%
African Americans, 2010	12.0%	18.0%	56.1%
Hispanic or Latino origin, 2010	3.1%	4.4%	6.7%
High School Graduation rate, 2010	84.3%	82.8%	63.4%
Median Household Income, 2011	\$45,803	\$50,957	Less than \$11,000 ³
Persons Below Poverty Level, 2011	16.3%	12.9%	80.5% ⁴

¹Ohio and Cleveland statistics are derived from the most recent US Census, and OSAM drug consumers were participants for this reporting period: June 2012 - January 2013.

²Gender was unable to be determined for 1 participant due to missing data.

³Participants reported income by selecting a category that best represented their household's approximate income for 2012. Income status was unable to be determined for 1 participants due to missing data.

⁴Poverty status was unable to be determined for 3 participants due to missing data.



*Not all participants filled out forms; therefore, numbers may not equal 43.

**Club drugs refer to DMT, Ecstasy, LSD and psilocybin mushrooms.

***Some respondents reported multiple drugs of use during the past six months.

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 treatment programs in Cuyahoga and Lorain counties. Data triangulation was achieved through comparison of participant data to qualitative data collected from regional community professionals (treatment providers and law enforcement) via individual and focus group interviews, as well as to data surveyed from the 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 2012. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for July through January 2013.

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

Powdered Cocaine Historical Summary

In the previous reporting period, powdered cocaine was moderately available in the region. Participants most often reported the drug's availability 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 availability as '6'. Although participants commonly reported that the drug was often held by dealers, participants most often reported that the availability of powdered cocaine had remained the same during the previous six months. However, a few participants thought that powdered cocaine was becoming less available, citing the displacement of the drug by heroin and its "less trendy" status. The BCI Richfield Crime Lab reported that the number of powdered cocaine cases it processes had remained the same during the previous six months.

Most participants rated the quality of powdered cocaine as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality). The BCI Richfield Crime Lab cited the following substances

as commonly used to cut (adulterate) powdered cocaine: diltiazem (high-blood pressure medication), lidocaine and procaine (local anesthetics). Participants reported that a gram of powdered cocaine sold for between \$50-80; 1/8 ounce, or "eight ball," sold for between \$130-300.

The most common route of administration for powdered cocaine remained snorting. Participants described the typical user of powdered cocaine as White, mature, suburban and professional who prefers to snort the drug or heroin users who inject cocaine with heroin (aka "speedballing"). No participant indicated powdered cocaine as a primary drug of choice.

Current Trends



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). Also, it should be noted that participants always described powdered cocaine trends with regard to the traffic of crack cocaine, as it is the primary ingredient of crack cocaine. Despite the high ranking most commonly reported by participants, participants reiterated that availability of this drug varies greatly, depending on a user's relative closeness to a mid- to high-level supplier; participants most often rated street availability of powdered cocaine without a close connection as '5'. A participant explained, "You can get crack [cocaine] from anywhere, but for powder [powdered cocaine] you have to know somebody and buy it in weight." Community professionals most often reported the current availability of powdered cocaine as '8'.

Media outlets in the region reported on powdered cocaine seizures and arrests this reporting period. In August, 12 people were charged in connection to a cocaine-trafficking ring that brought cocaine to Cleveland from Texas via privately chartered planes (www.cleveland.com, Aug. 7, 2012). In October, a federal grand jury in Cleveland indicted 18 people for involvement in a large-scale cocaine-trafficking network; the suspects allegedly conspired to distribute cocaine in Northern Ohio (www.cleveland.com, Oct. 2, 2012). Also, in October, The Plain Dealer reported that recent drug sweeps in Cleveland had created a void in the cocaine trade, which led to an increase in slayings in east side

neighborhoods as opposing drug dealers battled for control of the city's drug trade (www.cleveland.com, Oct. 27, 2012).

Participants reported that the availability of powdered cocaine has slightly decreased during the past six months. A participant described, *"Dealers don't want to give it [powdered cocaine] to anybody, and the street gangs want to keep it for themselves to sell."* Another participant explained, *"The reason why it's hard to get powder is because the dealer is losing money if he just sells the powder. He can make 10 times his money [selling crack cocaine] off the little they cook up."* Participants also reported that police activity has influenced current availability. Community professionals were split on their opinions about the availability of powdered cocaine during the past six months. A treatment provider stated, *"The availability [of powdered cocaine] is about the same, but I seem to have less clients doing that."*

However, law enforcement corroborated participants' views on decreased availability during the past six months. An officer explained, *"When we started buying [powdered cocaine] ounce levels up in that district [east side neighborhoods] it was \$1,100 per ounce. After the bust, it was \$1,600 [per ounce]. We arrested 86 people and wiped them out in that neighborhood ... The trend is that [powdered cocaine] it's getting more expensive. There are very few people who have that kind of access."* The BCI Richfield Crime Lab reported that the number of powdered cocaine cases it processes has remained the same during the past six months, while Lake County Crime Lab reported that the number of cocaine cases it processes has decreased (Note: the crime lab does not differentiate between crack and powdered cocaine).

Participants reported the current quality of powdered cocaine as between '0' and '9' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the average current quality score was '5'. Participants reported that powdered cocaine in the region is cut with baking soda, crack cocaine, methamphetamine, prescription opioids and vitamin B-12. A participant indicated, *"Dealers put in speed [methamphetamine] or crack because they don't have any powder."* Another participant said, *"I heard they were putting in Percocet® and OxyContin® to strengthen it [powdered cocaine] up."* Participants reported that the quality of powdered cocaine has decreased during the past six months. The BCI Richfield and Lake County crime labs cited diltiazem (high-blood pressure medication), levamisole (livestock dewormer) and local anesthetics (benzocaine, lidocaine and procaine) as cutting agents for powdered cocaine.

Current street jargon includes many names for powdered cocaine. The most commonly cited names were "blow," "powder" and "white girl." Participants listed the following as other common street names: "candy," "smack," "snow" and "ya-yo." Current street prices for powdered cocaine were consistent among participants with experience buying the drug. Participants reported that a gram of powdered cocaine sells for between \$50-80, depending on the quality; 1/8 ounce, or "eight ball," sells for between \$150-485, with higher prices reported from rural or outlying suburbs; an ounce sells for between \$1,400-1,500. Law enforcement reported that a kilo sells for about \$37,000.

Participants reported that the most common way to use powdered cocaine is to smoke it as "rocked up" crack cocaine. A participant stated, *"Everybody I know with powder cocaine rocks it up to sell [as crack cocaine]."* Out of 10 powdered cocaine users, participants reported that approximately two would snort, 2-3 would intravenously inject or "shoot" and another 5-6 would smoke the drug.

A profile for a typical powdered cocaine user did not emerge from the data. Participants and community professionals described typical users of powdered cocaine to include crack cocaine users who "rock up" powdered cocaine, "younger" users and intravenous injectors who pair powdered cocaine with heroin for injection. A treatment provider stated, *"I'm sometimes surprised who tells me they're doing it [powdered cocaine]. It used to be a rich person's party drug but that's no longer true."* Another treatment provider reported, *"I've heard a lot of younger users who only like it [powdered cocaine] in a primo [with marijuana]."* Another participant said, *"I've seen little kids snort, like 10 year-olds ... and their older siblings supply it for them. They start young."* No participant indicated powdered cocaine as a primary drug of choice.

Reportedly, powdered cocaine is used in combination with alcohol, heroin, marijuana, prescription opioids and tobacco. Common practices among users include lacing marijuana (aka "primo") or lacing cigarettes with powdered cocaine. Mixing powdered cocaine with heroin, either together in the same syringe or in sequence, is called a "speedball." A participant said powdered cocaine is combined with marijuana, *"to boost it up higher, to raise the bar with it."*

Crack Cocaine

Historical Summary

In the previous reporting period, crack cocaine remained highly available in the region. Participants most often reported the drug's availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); community professionals most often reported availability as '9'. There was no consensus among participants regarding any change in the availability of crack cocaine during the previous six months. However, participants and law enforcement described many crack cocaine dealers as switching inventory from crack cocaine sales to heroin. The BCI Richfield Crime Lab reported that the number of crack cocaine cases it processes had remained the same during the previous six months.

Participants most often rated the quality of crack cocaine as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality). In addition, many participants felt that it had become standard practice to "re-cook" crack cocaine to remove additives and cutting agents. Other participants noted the growing popularity of yellow-colored crack cocaine (aka "butter"). Participants reported that a .4 gram crack cocaine "rock" (piece, aka "twomp") sold for \$20; 1/8 ounce sold for between \$125-300; an ounce sold for between \$850-1,350. The most common route of administration for crack cocaine remained smoking. A profile of the typical crack cocaine user did not emerge from the data.

Current Trends

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). Participant comments included: "Sure, [crack cocaine] it's available. [Dealers] they're on foot or you call them up; [Crack cocaine] it's extremely easy to get. It's all over the place; You don't even need to ask, they [dealers] come up to you." Walk-up or door service is more common in the urban areas of Cleveland within certain neighborhoods, whereas a phone call is required in suburban or rural areas. Community professionals most often reported current availability of crack cocaine as '7'. A treatment provider observed, "Clients talk about the ease that they can get it [crack cocaine], and so many clients have crack as part of their drug repertoire." Law enforcement officers commented on recent trends on the east side of Cleveland: "It used to be all crack. Then it was all heroin, now crack is coming back; The guys who were all selling

heroin, now they've got both [heroin and crack cocaine]. If someone's got both, they're rolling [very successful] ... now they've got more customers."

Media outlets in the region reported on crack cocaine seizures and arrests this reporting period. In January, the Ohio State Highway Patrol stopped a vehicle on the Ohio Turnpike in Lorain County for a traffic violation and found five ounces of crack cocaine, worth more than \$15,000 in the vehicle (www.nbc4i.com, Jan. 29, 2013). Participants reported that the availability of crack cocaine has remained the same during the past six months. However, some participants noted occasional scarcity of crack cocaine. A participant explained, "Sometimes there's a drought [scarcity of crack cocaine]. But, everybody comes to my neighborhood to come get crack ... people from Parma and Strongsville ... now you tell me that isn't a drought where they're from?" Treatment providers reported that availability has increased during the past six months. A treatment provider reported, "I think [crack cocaine] it's more available. You hear about clients just making it themselves. They rock it up themselves and sell it. Many of my clients have gotten into legal trouble making it." Law enforcement was mixed on their views of availability change during the past six months. The BCI Richfield Crime Lab reported that the number of crack cocaine cases it processes has remained the same during the past six months.

Participants reported the current quality of crack cocaine as between '0' and '9' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the average current quality score was '4'. A participant declared, "[Crack cocaine] it's all garbage." Several participants noted that when availability of powdered cocaine becomes scarce, buyers are more likely to get low-concentration crack cocaine or "fake crack." Participants reported that the quality of crack cocaine has decreased during the past six months. Participants reported that crack cocaine in the region is cut with aspirin, baby formula, baby laxative, baking soda, boric acid, inositol (dietary supplement) and vitamin B-12. The BCI Richfield Crime Lab reported that crack cocaine is cut with lidocaine and procaine (local anesthetics) and sodium bicarbonate (baking soda).

Current street jargon includes many names for crack cocaine. The most commonly cited names were "hard" and "rock." Participants listed the following as other common street names: "butter," "chicken wings," "cream," "melt," "sizzle" and "stone." Current street prices for crack cocaine were consistent among participants with experience buying the drug. Participants reported that crack cocaine, when sold

anonymously in \$10, \$20 and \$50 units, varied in size from peanut to chocolate chip-sized pieces. Reportedly, these transactions are quick, and the drug is seldom measured by users. Many users noted the decreasing quality of crack compels them to buy larger sizes which can be cooked down. A participant explained the popularity of the \$50 "block," which is, "about the size of a quarter." When weighed, users reported better pricing: a .4 gram rock sells for \$20; 1/8 ounce sells for between \$125-225; an ounce sells for around \$900. Like powdered cocaine, crack cocaine prices are reportedly higher on the far east or west sides of Cleveland.

While there were a few reported ways of administering crack cocaine, the most common route of administration remains smoking. Out of 10 crack cocaine users, participants reported that approximately 10 would smoke the drug; however, participants felt that a small number of users would also inject.

A profile of a typical crack cocaine user did not emerge from the data. Participants continued to note that the drug is consumed by older and younger people, Whites and Blacks, east-siders and west-siders, as well as rural and urban dwellers. However, a treatment provider noted, "... but for younger users, it's more cool to snort powder or do the primos [smoke marijuana laced with cocaine] than smoke crack. I hear a lot about primos." Another treatment provider stated, "Older. It seems like [crack cocaine use] it's older."

Reportedly, crack cocaine is used in combination with alcohol, Ecstasy, heroin (aka "speedball"), marijuana and prescription opioids. Participants described the purpose of these combinations is primarily one of bringing the user down from the stimulant high of crack cocaine. Participants explained, "A lot of times they'll use marijuana and alcohol to level you off; if I'm smoking crack, I'm going to need something to take off the ease, like some beer ..."

Heroin

Historical Summary

In the previous reporting period, heroin remained highly available in the region. Participants most often reported the drug's availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); community professionals most often reported availability as '8'. Participants and community professionals reported brown and white powdered heroin as the most available type of heroin in the region, while noting the availability of black tar heroin as much lower. Participants

and community professionals reported that the overall availability of heroin had increased during the previous six months. The BCI Richfield Crime Lab reported that the number of both black tar and powdered heroin cases it processes had increased during the previous six months.

Most participants rated the quality of brown powdered heroin as '7' or '10'; white powdered heroin as '9' and black tar heroin as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality). The crime lab also reported the following substances as commonly used to cut heroin: diltiazem (high-blood pressure medication), lidocaine (local anesthetic) and noscapine (cough suppressant). Participants reported that a "bag" (1/10 gram) of heroin sold for \$10; a "bundle" (8-12 bags) sold for between \$75-120; 1/2 gram sold for between \$50-80; a gram sold for between \$110-160; 1/8 ounce, or "eight ball," sold for \$325; a "finger" (7 to 10 grams) sold for between \$500-1,000; an ounce sold for \$2,000.

The most common route of administration for heroin remained intravenous injection. A profile for a typical heroin user did not emerge from the data. Community professionals reported heroin use as common across all demographic categories, while noting that they encountered more White users in treatment facilities and jails.

Current Trends



Heroin remains highly available in the region. Participants most often reported overall current availability of heroin as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). While several types of heroin remain available in the region, participants continued to report the availability of brown powdered heroin as most available across both the east and west sides and within the City of Cleveland. Participants thought white powdered heroin to be slightly less available and black tar heroin to be even less available. A few participants had knowledge of black tar heroin. A participant said, "I know a dude who was selling white [powdered] heroin, and another guy was getting tar [black tar heroin]. Some of it [black tar heroin] is clumped up like peanuts. There's some powder that's like a dark brown."

In addition, participants reported that gray powdered heroin continues to be available, as well as "china" white heroin,

a very high quality powdered variant of the drug, which reportedly is somewhat scarce in the region. Generally, almost all participants continued to report heroin as easy or very easy to get. A participant reported, *"Yes, [heroin] it's easy to get. Walking down the street, they [heroin dealers] would ask me, 'are you looking [to buy heroin]?' How much easier can it get than that?"* Community professionals also most often reported heroin's current availability as '10'. Treatment providers cited a rise in the number of clients they treat for heroin addiction. They mentioned the glut of prescription opioids and the pill progression from prescription opioids to heroin these users often undergo.

Media outlets in the region reported on heroin use this reporting period. In September, The Plain Dealer reported that the number of deaths by heroin overdose in Cuyahoga County could reach a record number that would exceed the number of people killed by homicides in the county if the current trend of heroin overdose continued; as of mid-June 2012, there were 79 heroin overdose deaths compared to 107 for all of 2011 (www.cleveland.com, Sept. 26, 2012).

Participants and community professionals reported that the availability of heroin has increased during the past six months. Participants continued to cite many crack cocaine dealers as switching inventory to accommodate increasing demand for heroin. Street-level dealers and "dope boys" who sell small amounts to individuals on a first-come, first-served basis have traditionally supplied crack cocaine or marijuana. Today, street-level dealers actively seek new clientele and encourage their existing clients to switch to heroin.

Law enforcement noted that successful enforcement efforts have shifted the dynamics of the marketplace. An officer related, *"In the mid-2000s there was a crackdown ... most law enforcement worked nights chasing crack. Now there's such a shortage of cocaine in this city right now, and the potency of heroin is so much greater. It's a business thing. If I can't sell milk anymore, I'm going to sell gas ... same thing with crack and heroin. We really pounded those coke dealers for five years. That, and the pharmaceutical path to addiction, it's a natural progression that [the heroin explosion] was going to happen."* The BCI Richfield Crime Lab reported that the overall number of powdered heroin cases it processes has increased during the past six months, while Lake County Crime Lab reported a decrease in powdered heroin cases; both crime labs reported that the number of black tar heroin cases has remained the same.

Most participants generally rated the quality of brown powdered heroin as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality) Quality of white powdered heroin was also rated '10', while black tar heroin received a quality score of '5'. Participants reported that heroin is cut with dissolvable powders such as Similac® baby formula. In addition, participants continued to cite the occasional presence of fentanyl in heroin. Generally, participants reported that the quality of heroin has remained the same during the past six months. The BCI Richfield and Lake County crime labs reported that heroin is cut with diphenhydramine (antihistamine), lidocaine (local anesthetic), noscapine (cough suppressant) and quinine (antimalarial).

Current street jargon includes many names for heroin. The most commonly cited names remain "boy" and "dog food." Participants listed the following as other common street names: "dope," "H," "heron," "mantequilla/manteca/man (butter)," "Ronald," "smack," "son" (as in, "I'm looking for my son") and "tar." Note that among different users, "dope" generally refers to their specific drug of choice (usually heroin or crack cocaine). Participants reported that powdered heroin is available in different quantities, and it is less desirable for it to be sold in traditional balloons or bundles. Instead, heroin in the region most likely sells in small amounts in a wax paper or foil fold, and occasionally as a bundle of baggies, or more commonly, as a loose chunk scraped off a solidified block. A participant described, *"Loose is how I was getting it [heroin] recently. They broke it off and weighed it out right there."*

Reportedly, a "bag" (1/10 gram) sells for \$10; a "bundle" (8-12 bags) sells for between \$75-120; 1/2 gram sells for between \$50-80; a gram sells for between \$120-190. A law enforcement officer stated, *"[Heroin users] they're buying gram quantities in .5 gram or a gram. That's because it's cheaper now. They're not buying bundles or bricks. Used to be you pay \$20 per bag, now it's so available, you make just as much selling grams as you do bags."* Several officers commented that suburban Whites are more likely to pay a premium for heroin obtained in the city. Participants reported pricing that is consistent with previous reports.

Participants reported that the most common way to use heroin remains intravenous injection. Out of 10 heroin users, participants reported that approximately eight would inject and two would snort the drug. Reportedly, users are able to obtain needles through pharmacies with relative ease by indicating they have diabetes or that they are getting needles for a relative. Participants reported

that some pharmacies require proof of a diabetic diagnosis prior to dispensing needles. Most participants were aware of disease transmission and did take precautions to obtain clean needles or “bleach” their used needles. However, all participants who discussed needles felt that when withdrawal symptoms become severe enough, concern about needles becomes secondary. Participants continued to report that those who are new to heroin would more likely snort the drug before progressing to intravenous injection.

A profile of a typical heroin user did not emerge from the data. Participants and community professionals continued to note that heroin is popular with all ages, races and socioeconomic levels. A law enforcement officer commented, *“We do low- and mid-level [drug] busts; I see a wide spectrum [of users for heroin] ... young suburban White kids, middle-aged housewives, 40-50 year old users and sellers. I see a huge range. In two hours I might arrest a 21-year-old female, a 32-year-old male and a 65-year-old guy. Usually they have an area near the freeway where they grab their stuff and go. We get all kinds that way.”* Participants and community professionals were able to supply two specific observations about users. Heroin use spans all different ages, but many respondents felt heroin appeals more to younger people. A law enforcement officer said, *“We see the numbers changing. It’s younger and younger. You used to have to be a hippie to use heroin, now it’s high schoolers.”* A treatment provider reported, *“I am thinking about my clients [who use heroin], and they’re younger. East, west, suburbs, it doesn’t seem to matter.”* In addition, participants and community professionals reported that they do not tend to encounter many young Black heroin users. A law enforcement officer stated, *“With crack, we would come across young [Black] crack heads. I’ve yet to come across young, African-American heroin users. A big part of that is the pill [prescription opioid] issue: young White suburban kids will start with the pills. I don’t know many African Americans that pop pills to get high, and that’s why I don’t recall many African Americans at all with heroin, as opposed to the White 19-22 year olds.”*

Reportedly, heroin is used in combination with alcohol, crack and powdered cocaine, marijuana and sedative-hypnotics (benzodiazepines). A participant reported, *“I would smoke it [heroin] with coke [powdered cocaine] or crack, sometimes together on a foil. That’s chasing the dragon.”* “Speedball” (mixing heroin with cocaine) continues to be popular among heroin users. Participants made several statements about this practice: *“Most of my dealers had both heroin and crack because they went hand in hand. Speedball is more popular now; Both young and old are doing the speedball ... people*

in their 20s.” Participants noted several additional reasons for combining other drugs with heroin: *“I used to smoke crack and use heroin to come down [from the stimulant high of cocaine]; I would do marijuana laced with heroin ... that makes it [your high] last [longer].”*

Prescription Opioids Historical Summary

In the previous reporting period, prescription opioids remained highly available in the region. Participants most often reported the availability of these drugs as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); community professionals also most often reported high overall availability of prescription opioids. Participants and community professionals continued to identify methadone, Percocet® and Vicodin® as the most popular prescription opioids in terms of illicit use.

Participants and law enforcement most often reported that the availability of prescription opioids had remained the same during the previous six months; treatment providers disagreed and reported decreased availability. The BCI Richfield Crime Lab reported that the number of prescription opioids cases it processes had remained the same during the previous six months. Reportedly, many different types of prescription opioids were sold on the region’s streets. While there were a few reported ways of consuming prescription opioids, the most common route of administration was oral consumption.

In addition to obtaining prescription opioids on the street from dealers, participants continued to list the following other sources for prescription opioids: friends, relatives, doctors, pain clinics and emergency rooms. Several participants noted the rise in thefts of these drugs. Law enforcement and participants again reported dealer connections to people in medical careers. Participants described typical illicit users of prescription opioids as from every socio-economic level, all ages and all races. However, all respondent groups mentioned increasing illicit use among younger users (15 years of age and older). Lastly, there was consensus among community professionals that prescription opioids provided a gateway to heroin use.

Current Trends

Prescription opioids remain highly available in the region. Participants most often reported 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). Participants continued to identify Percocet® and Vicodin® as the most popular prescription opioids in terms of illicit use, with many new mentions of Dilaudid®. Prescription opioids remain highly available through friends, doctors, family members, dealers, to all ages (teenagers to seniors), races and locales. A participant reported, *"These pills [prescription opioids] are the easiest to get drugs around here."* Another participant noted that prescription opioids are traded commonly through friends and family, saying, *"Yes, you can get them. Somebody's mom, cousin or kid has some. And dope boys sell everything."*

Many prescription opioids have been "proofed," or made resistant to crushing, putting other non-proofed opioids at a premium. This has reportedly impacted availability and given momentum to the pill-to-heroin progression. A participant explained, *"After they [Purdue Pharma] proofed the OxyContin® OPs, everybody wanted Opana's® ... and after the Opana's® were proofed, everyone wanted heroin ... you spend \$200 for a quick high on Opana® versus \$20 for heroin."* Participants also report that doctors have become more cautious when prescribing these drugs. A participant said, *"When I was going to the doctor to get pills to sell them, they would give me Tramadol® instead of 'perc's' [Percocet®] and 'vic's' [Vicodin®]. They'll give you those in a heartbeat."*

Community professionals most often reported the current availability of prescription opioids as '7'. Community professionals also frequently cited the pill progression to heroin. A law enforcement officer stated, *"Pills are feeding the whole system. Kids and young adults think it's a legitimate drug, a pharmaceutical company made it, and it's not like heroin. They get started and there it goes—right to heroin."* Community professionals continued to identify Opana®, OxyContin® OP, Percocet® and Vicodin® as the most popular prescription opioids they encounter.

Media outlets in the region reported on seizures and arrests this reporting period involving prescription opioids. In December, Solon Police (Cuyahoga County) arrested a Solon woman at a local pharmacy after it was determined that she was trying to fill a phony prescription for Percocet® (www.cleveland.com, Dec. 10, 2012).

Participants reported that the availability of prescription opioids has increased during the past six months, while treatment providers felt that availability has remained the

same, and law enforcement felt that demand, and availability, has slightly increased. The BCI Richfield Crime Lab reported that the number of cases it processes for prescription opioids has remained the same during the past six months, while Lake County Crime Lab reported decreased cases for Opana®, OxyContin®, Percocet® and Vicodin® and increased cases for Dilaudid® and fentanyl.

Reportedly, many different types of prescription opioids are currently sold on the region's streets. Participants reported the following prescription opioids as available to street-level users (Note: When reported, current street names and prices are indicated in parentheses): Dilaudid® (aka "dilaula," "K4" and "la-la;" sells for between \$40-60), fentanyl (sells for between \$1-1.25 per milligram), methadone (aka "dones;" 10 mg sells for between \$3-7), Opana® (aka "stop signs;" sells for between \$2-4 per milligram); OxyContin® OP (*new formulation*, aka "OP's;" sells for between \$.15-.20 per milligram), Percocet® (aka "perc's" and "school buses;" 5 mg, aka "512s;" sells for between \$4-5; 10 mg sells for between \$8-9), Roxicet® (aka "blues" and "roxi's;" 30 mg sells for approximately \$30) and Vicodin® (aka "V's" and "vikes;" 5 mg, aka "baby vikes," sells for approximately \$4-5; 7.5 mg sells for between \$4-6; 10 mg sells for between \$6-10).

Many participants continued to describe pricing for these pills in terms of "premium" and "not-premium." Reportedly, premium pills sell for over \$1 per milligram because they can be crushed, snorted or used as cutting agents, and prices are rising. Participants reported premium pills to include Dilaudid®, fentanyl, Opana® (crushable formulation) and Roxicet®.

While there were a few reported ways of consuming prescription opioids, the most common route of administration is snorting. Out of 10 prescription opioid abusers, participants reported that approximately three would take the drugs by mouth (including crushing, wrapping in tissue and swallowing, aka "parachuting"), 4-5 would snort and 2-3 would inject the drugs. However, participants noted exceptions based on medication formulation (liquid, pill, wafer, mucosal irritant) and the nature of the drug's effect on the body. A participant explained, *"It [route of administration] depends on the pill. Vicodin®, perc's you take by mouth ... oxy's they shoot."* Another participant reported, *"I've had perc's crushed up in grape juice. That's called a 'PercDrink.' They do that on the south side."*

In addition to obtaining prescription opioids on the street from dealers, doctors and family, participants also reported

getting them from sophisticated pill dealer networks. Several participants with legitimate prescriptions had been approached by pill buyers. A participant stated, *"I'm not selling my script. I need them for my disability, but a couple of guys have come up to me to ask me how much I want for them. They say, 'I know you got pain pills.'" A diversion specialist observed that this is just one facet of the complex pill networks that have recently developed. The officer said, "Our investigations in the last year involve multiple people at different levels filling [fake scripts], stealing, writing or producing. There are defined jobs in these organizations. It used to be one person who went to a doctor. Now there's a person who steals, writes, handles people with insurance, drives them, gives out their cut, recruits people who have some type of insurance. It's the greatest drug game there is. You're getting your drug for free!"*

A profile of a typical illicit user of prescription opioids did not emerge from the data. However, participants felt sale and use of prescription opioids is more heavily skewed towards females. Law enforcement officers felt typical illicit users to be Whites from 16 to 45 years of age and working class persons in a labor intensive field with a legitimate injury. Treatment providers described abusers of prescription opioids as someone with a legitimate injury, "younger" people and anyone looking to sell insurance-based medicine for extra income.

Reportedly, when used in combination with other drugs, prescription opioids are most often used in combination with alcohol, marijuana and sedative-hypnotics. Participants often reported using sedative-hypnotics to enhance the effects of prescription opioids.

Suboxone® Historical Summary

In the previous reporting period, Suboxone® was highly available in the region. Participants most often reported the drug's availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); community professionals most often reported availability as '7'. Participants reported Suboxone® to be available by prescription, through treatment centers, the Internet, drug dealers and friends who use heroin. Heroin users reported it was common to reserve Suboxone® for times when heroin could not be obtained.

Participants and community professionals most often reported that the availability of Suboxone® had remained the same during the previous six months. The BCI Richfield Crime Lab reported that the number of Suboxone® cases it processes had increased during the previous six months. Participants reported that Suboxone® 8 mg strips or tablets sold for between \$10-20. The most common route of administration for Suboxone® was sublingual. Participants described the typical illicit Suboxone® user as heroin users trying to avoid heroin withdrawal symptoms.

Current Trends

Suboxone® remains highly available in the region. Participants and community professionals most often reported the street availability of Suboxone® as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants continued to report the drug to be easily available by prescription, through treatment centers, the Internet, or from dealers and friends who use heroin. According to several participants, the film/strip form of Suboxone® is typically taken as part of a treatment program or obtained by heroin users as a last resort when heroin cannot be found, and Subutex® or Suboxone® tablets are the more desirable form among illicit users because they can be crushed, snorted or injected. A participant observed, *"The 'sub' [Suboxone®] pills are rare ... If you're in a [treatment] program, you get the strips because they're numbered."* Another participant said, *"If I wanted to get some sub, I would get them from a heroin addict who says they're recovering but wasn't recovering."* A participant explained why pill forms are more desirable, saying, *"You can still use [opiates] when you're taking [Subutex® pills]."* A law enforcement officer commented, *"There are so many people on a [Suboxone®] program. A user just asks another user to get it [Suboxone®]."*

Participants reported that the availability of Suboxone® has generally remained the same during the past six months; however, participants were divided on their opinions about a change in availability for Suboxone® and Subutex® tablets. A participant stated, *"Subutex® is getting easier to get on the streets."* Another participant reported, *"[Suboxone®] strips are more prevalent. It used to be tabs [tablets], but people were snorting them. So, now it's all strips."* Community professionals did not report on change in availability for Suboxone®. The BCI Richfield and Lake County crime labs reported that the number of Suboxone® cases they process has increased during the past six months; Lake County Crime Lab also reported an increase in Subutex® cases.

The only street name reported for Suboxone® remains “subs.” Participants indicated that Suboxone® 8 mg strips sell for between \$10-15; Suboxone® and Subutex® tablets sell for \$25. Out of 10 Suboxone® strip users, participants reported that approximately nine would take them sublingually as indicated and one would intravenously inject. Out of 10 Suboxone® tablet users, participants reported that approximately three would take them sublingually as indicated, four would snort and three would intravenously inject or smoke.

Suboxone® continues to be primarily acquired from doctors, friends and occasionally dealers who keep them to attract users to other inventory. A participant commented, “My dealers always kept Suboxone® and weed [marijuana] to get you to come back.” Participants continued to describe typical illicit users of Suboxone® as heroin users who are trying to avoid withdrawal symptoms when heroin cannot be obtained. Participants did not report use of other substances with Suboxone®.

Sedative-Hypnotics Historical Summary

In the previous reporting period, sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remained highly available in the region. Participants and community professionals most often reported the availability of these drugs as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get). Participants and community professionals reported Valium® and Xanax® as the most popular sedative-hypnotics in regards to illicit use; treatment providers also named Klonopin® as popular. Participants and community professionals most often reported that the availability of sedative-hypnotics had remained the same during the previous six months. The BCI Richfield Crime Lab reported that the number of sedative-hypnotics cases it processes had remained the same during the previous six months.

Reportedly, many different types of sedative-hypnotics were sold on the region’s streets. While sedative-hypnotics reportedly were occasionally obtained on the street from dealers, participants continued to report primarily obtaining them from doctors, friends and family members, as well as from the Internet and from Mexico. The most common route of administration for sedative-hypnotics remained swallowing, followed by snorting. A profile of the typical illicit sedative-hypnotics user did not emerge from the data.

Current Trends

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain highly available in the region. Participants and community professionals most often reported 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). Participants and community professionals continued to identify Valium® and Xanax® as the most popular sedative-hypnotics in terms of illicit use. A participant said, “[Sedative-hypnotics] they’re out there and easy to get.” A law enforcement officer stated, “If you know the game, by 6:00 p.m. tonight, we’ll have a prescription [for sedative-hypnotics] for you.”

Participants and community professionals reported that the availability of sedative-hypnotics has remained the same during the past six months, although a handful of participants felt these drugs are less attractive compared to other, more potent drugs. A participant commented, “I don’t think people would want these [sedative-hypnotics]. They want to be high!” The BCI Richfield Crime Lab reported that the number of sedative-hypnotics cases it processes has remained the same during the past six months, while Lake County Crime Lab reported that the number of cases it processes generally remained the same with the exception of increased cases for Klonopin® and Xanax®.

Reportedly, many different types of sedative-hypnotics (aka, “benzo’s” and “downers”) are currently sold on the region’s streets. Participants reported the following sedative-hypnotics as available to street-level users: Ambien®, Klonopin®, Valium® and Xanax® (aka “busses,” “footballs” and “xani’s”). Participants reported that all sedative-hypnotics typically sell for between \$2-5 per pill.

While there were a few reported ways of consuming sedative-hypnotics, and variations in methods of use were noted among types of sedative-hypnotics, generally, the most common route of administration remains oral consumption. In terms of alternative routes of administration, reportedly, Xanax® is more commonly injected than other sedative-hypnotics. Participants reported primarily obtaining these drugs from doctors, friends and family, while reporting that dealers do not typically carry sedative-hypnotics.

A profile of a typical illicit user of sedative-hypnotics did not emerge from the data. Participants described typical illicit users of sedative-hypnotics as, “anyone who has a doctor to

give them to you.” Reportedly, when used in combination with other drugs, sedative-hypnotics are most often used in combination with alcohol, crack cocaine, heroin and marijuana. A participant reported, *“A lot of people smoking crack don’t like the feeling of the comedown [from the stimulant high], so they use these pills [sedative-hypnotics] with crack.”* Sedative-hypnotics are also partnered with heroin and prescription opioids to enhance the opiate effect.

Marijuana

Historical Summary

In the previous reporting period, marijuana remained highly available in the region. Participants and community professionals most often reported the drug’s availability as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get). Participants most often reported that the overall availability of marijuana had remained the same, while the availability of high-grade marijuana had increased during the previous six months. The BCI Richfield Crime Lab reported that the number of marijuana cases it processes had remained the same during the previous six months.

Participant ratings on the quality of marijuana ranged from ‘5’ to ‘10’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality). Participants reported that the quality depended upon whether the user bought commercial or hydroponically grown marijuana. Likewise, the price of marijuana depended on the quality desired. Participants reported that commercial-grade marijuana was the cheapest form: a blunt (cigar) or two joints (cigarettes) sold for \$5; 1/8 ounce sold for between \$15-20; 1/4 ounce sold for \$25; an ounce sold for between \$90-100. High-grade marijuana sold for significantly higher prices: a blunt or two joints sold for between \$10-20; 1/8 ounce sold for between \$40-60; 1/4 ounce sold for between \$100-125; an ounce sold for between \$250-350.

The most common route of administration for marijuana remained smoking. A profile for a typical marijuana user did not emerge from the data. Participants reported that use stretched across all demographic categories.

Current Trends

Marijuana remains highly available in the region. Participants and community professionals 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). Marijuana remains, by far, the most easily-obtained illegal drug in the region, available to every socioeconomic tier, east side, west side, rural and suburban. A participant stated, *“You can get it [marijuana] quicker than any other drug.”* The bifurcation of the drug into two distinct categories continues to deepen: high-grade and commercial-grade marijuana. Nearly every participant supplied a current availability score of ‘10’ for both kinds. Although marijuana was not included as part of detailed discussions with community professionals, a law enforcement officer said, *“[Marijuana] it’s probably the most widespread of all the drugs, but we don’t have the deaths connected to the drug like we do with heroin and pharmaceuticals. But, there is violence connected to the sales of it.”*

Media outlets in the region reported on marijuana seizures and arrests this reporting period. In November, Cleveland Police confiscated 100 marijuana plants from an unoccupied warehouse a half mile east of FBI headquarters downtown (www.cleveland.com, Nov. 13, 2012). In December, Ohio State Highway Patrol arrested a Wisconsin man after finding 30 pounds of gift-wrapped hydroponic marijuana during a traffic stop on the Ohio Turnpike in Lorain County (www.cleveland.com, Dec. 14, 2012). In January, Ohio State Highway Patrol arrested a Maryland man for possession of marijuana and drug trafficking after a traffic stop on the Ohio Turnpike in Lorain County (www.nbc4.com, Jan. 29, 2013).

Participants reported that the availability of marijuana has increased during the past six months. A participant stated, *“[Marijuana] it’s plentiful right now because it’s the end of the growing season.”* Law enforcement reported that availability has remained the same, while treatment providers did not report on change in availability for marijuana. The BCI Richfield Crime Lab reported that the number of marijuana cases it processes has remained the same during the past six months, while Lake County Crime Lab reported a decreased number.

Most participants rated the quality of commercial-grade marijuana as ‘3’ and the quality of high-grade marijuana as ‘10’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality). Higher grade is preferred. A law enforcement officer stated, *“You have a lot of [marijuana] grow operations now instead of shipping it in. We see tons of those with the hydroponics.”* Additionally, many users discussed an increasing trend with marijuana additives. Additives are often synthetic cannabinoids or artificial flavors that enhance the potency, add fruit flavors or disguise low quality marijuana. A participant commented, *“People are spraying chemicals*

on it [marijuana] just like tobacco like with flavors." Another participant related, "I saw the spray synthetic. We got this stuff with seeds in it and it didn't smell like 'dro' [hydroponic marijuana], but my boyfriend sprayed this stuff, and when you smoked it, it tasted like 'dro.' He bought this stuff from [a head shop] and sold [the enhanced marijuana] for \$20 per gram. He called it 'loud.'"

Current street jargon includes countless names for marijuana, with "kush," "loud" and "hydro" most commonly mentioned. Consumers listed the following as common street names for high-grade marijuana: "bubble gum," "dro/hydro," "green crack" (does not contain crack cocaine), "incredible hulk," "monkey paw," "northern light," "nuggs," "purp" and "purple haze." Continuing with previously reported trends, fruity-flavored marijuana is popular, as is branding with creative names to help to popularize certain strains. "Loud" is used as both a noun and an adjective. Consumers listed the following as common street names for commercial-grade marijuana: "merch," "merchandise," "reggie" and "regular."

Two tiers of standard pricing correspond with the two grades of marijuana. Participants reported commercial-grade marijuana as the cheapest form: a blunt or two joints sell for \$5; 1/8 ounce sells for between \$15-20; 1/4 ounce sells for \$25; 1/2 ounce sells for \$50; an ounce sells for about \$100. High-grade or hydroponically grown marijuana continues to sell for significantly more: a blunt or two joints sell for between \$10-20; all other pricing is roughly two to three times commercial-grade pricing.

While there were several reported ways of consuming marijuana, the most common route of administration remains smoking. Participants reported 100 percent preference for the smoking of marijuana, but they mentioned the drug is ingested in foods like brownies, butters or "weed cakes." Users also mentioned administration with bongs and nebulizers. Some participants had experience with marijuana pills, but as one participant said, *"The pills take all the enjoyment out of smoking it [marijuana]."*

A profile for a typical marijuana user did not emerge from the data, as participants most often continued to describe typical users of marijuana as everyone. There was consensus among participants that marijuana is consumed by every age group, socioeconomic group, race and gender across all sectors of the region. A treatment provider said, *"I think there's a real shift in thinking. Users say, 'Why is there a problem with marijuana?' It's one of the hardest addiction cases to work with*

because they don't see it as a problem. States are legalizing it." Marijuana, reportedly, is used in combination with alcohol, crack and powdered cocaine, other grades of marijuana, PCP (phencyclidine) and sedative-hypnotics.

Methamphetamine Historical Summary

In the previous reporting period, methamphetamine remained highly available within the region. Participants most often reported the drug's availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); however, community professionals most often reported availability as '3.' Participants most often reported that the availability of methamphetamine had increased during the previous six months, while community professionals reported that availability had remained the same. The BCI Richfield Crime Lab reported that the number of methamphetamine cases it processes had increased during the previous six months, and suggested that the "one-pot" method of methamphetamine production was becoming more popular.

Most participants rated the quality of methamphetamine as '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants reported that 1/10 gram of methamphetamine sold for \$30; 1/4 gram sold for between \$40-60; a gram sold for between \$100-150; 1/8 ounce, or "eight ball," sold for between \$450-500. The most common routes of administration for methamphetamine remained snorting and smoking. A profile of the typical methamphetamine user did not emerge from the data. However, participants reported that typical methamphetamine users were gay males and motorcyclists.

Current Trends



Methamphetamine remains highly available in the region. Participants with experience buying methamphetamine 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). However, participants reported that the availability of methamphetamine fluctuates, and that the region is currently experiencing a period of high availability. Participants attributed high availability to the ease of the "one-pot" method of production,

with increased production in nearby Akron. The “one-pot” or “shake-and-bake” method uses common household chemicals, along with ammonium nitrate found in cold packs, and pseudoephedrine, typically found in some allergy medications; drug manufacturers (aka “cooks”) can produce methamphetamine in approximately 30 minutes at nearly any location by mixing ingredients in easily found containers. Participant comments on current availability included:

“For users, those that know about it, [methamphetamine] availability is high. It’s sold in certain circles. In Akron, I see it all the time; It’s getting popular in Akron. It looks like rock salt. It’s much cheaper than crack, and it lasts longer . . . and you use less of it. It’s out there, and it’s coming this way. The guys that sell crack cocaine are selling meth [methamphetamine], and it’s easy for them to get because it’s a homemade product; In Akron [methamphetamine use] it’s really bad. You can cook it more easily in the country.”

Community professionals most often reported the current availability of methamphetamine as ‘6’. A law enforcement officer observed, *“For years you could never find it [methamphetamine] in Cuyahoga County. It was mainly [found in] Summit [County], Ashtabula . . . rural areas. We would do two or three busts every year. We’ve had six this year.”* Another officer said, *“If you go to the right neighborhood, [methamphetamine] it’s highly available . . . White suburban places, and it goes hand in hand with the diversion of other pills.”* As to why availability ebbs and flows, and why the drug is not widespread evenly across the city, an officer explained: *“[Methamphetamine production] it’s mostly personal use, not shipped in. We see smurfing [users trading raw ingredients for finished product], but if it was moving in wholesale, it would be the same cartels that move cocaine . . . the meth place we’ve encountered was not producing it in huge quantities. You’ve got to wait for them to put it together. They’re not sitting around with ounces and ounces of it like crack.”* Treatment providers have not experienced an uptick in methamphetamine abuse among their clientele.

Media outlets in the region reported on methamphetamine seizures and arrests this reporting period. In December, Cleveland Police arrested four people on the city’s west side after discovering components of a methamphetamine lab in a residence while serving an arrest warrant (www.cleveland.com, Dec. 7, 2012).

Participants and law enforcement reported that the availability of methamphetamine has increased during the past six months, whereas treatment providers felt availability has remained the same. A participant said,

“[Methamphetamine] it’s coming back. I’ve seen it where it looks like rock candy, and I’ve heard about them using Adderall® to make it, too.” The BCI Richfield Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months, while Lake County Crime Lab reported that the number of cases it processes has remained the same.

One participant rated the quality of methamphetamine as ‘6’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality). Participants sampled for this report were primarily city dwellers who did not have first-hand experience with methamphetamine. Current street jargon included several names for methamphetamine. The most commonly cited names remain “crank” and “ice.” Only one participant had experience buying methamphetamine, reporting that 1/2 gram sells for \$20. While there were several reported ways of using methamphetamine, the most common route of administration is smoking. A participant reported, *“I’ve seen a few guys smoke it [methamphetamine], and I worry about it here in Cleveland because the price of crack is going up . . . and it’ll be a mess if it comes here. Twenty dollars of meth lasts you all day.”*

A profile for a typical methamphetamine user did not emerge from the data. Participants supplied their perceptions about who uses the drug including several groups of Whites: “younger,” rural, gay male and motorcycle gang members. A participant commented, *“[Methamphetamine] it’s a White man’s drug. You’re not going to go to West 25th [Street in Cleveland] and get some meth.”* Law enforcement and treatment professionals agreed. Law enforcement said about methamphetamine users: *“You can get it [methamphetamine] in gay bars . . . It’s there, but we don’t see them because it’s hard to infiltrate. That rave scene, the club scene, you can’t just show up there; Meth and African Americans don’t go together; They are selling to a very select clientele. You’re not infiltrating the Hell’s Angels with a street level user to get meth.”*

Reportedly, methamphetamine is used in combination with marijuana and prescription stimulants. A participant said, *“They use marijuana with it [methamphetamine] . . . to boost it [enhance the high].”*

Prescription Stimulants Historical Summary

In the previous reporting period, prescription stimulants remained highly available in the region. Participants most often reported the availability of these drugs as ‘8’ on a scale

of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); law enforcement most often reported availability as '9'. Participants continued to report Adderall®, Concerta® and Vyvanse® as most popular in terms of illicit use. The BCI Richfield Crime Lab reported that the number of prescription stimulants cases it processes had remained the same during the previous six months.

Reportedly, prescription stimulants sold for between \$2-5 per pill, with Vyvanse® selling for as high as \$7 per pill. According to participants, these drugs continued to be obtained from friends and family. While there were a few reported ways of abusing prescription stimulants, the most common route of administration remained snorting. Participants and community professionals described prescription stimulants abuse as more common among young people, particularly high school and college students.

Current Trends

Prescription stimulants remain highly available in the region, particularly Adderall®. While other drugs such as Concerta® and Vyvanse® were mentioned by name in the previous report, participants of this data collection cycle had very limited knowledge of these drugs. Participants and law enforcement most often reported the general availability of prescription stimulants as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get).

These drugs remain highly available by prescription and from friends and family; reportedly, they are not typically available through street dealers. Participants said, "You can get them [stimulants] prescribed; Adderall® isn't in the street." A law enforcement officer stated, "I'm not coming across it [prescription stimulants] because the majority of clients who are using it aren't breaking the law. But, it's readily available in high school and college." Law enforcement reported that the availability of prescription stimulants has increased during the past six months. A law enforcement diversion specialist made several observations about availability, saying, "If you want it [prescription stimulants], I will get it for you. If you're plugged in, it's extremely available. It's crack in a pill ... I'm seeing a large increase in abuse of stimulants ... ADHD drugs ... Adderall®, Vyvanse®, Focalin®. And also, I see pill abusers are doing opiates and they're doing Adderall®. Used to be they did one or the other, but now they do both. They're doing that combination."

Participants and treatment providers did not report on change in availability for prescription stimulants. The BCI Richfield Crime Lab reported processing cases of Adderall®, Dexedrine®, Ritalin® and Focalin® during the past six months. The crime lab reported that the number of cases it processes for all of the aforementioned prescription stimulants has remained the same during the past six months with the exception of a decreased number of Ritalin® cases; Lake County Crime Lab reported a decreased number of cases for Adderall® and Ritalin®.

No slang terms or common street names were reported for prescription stimulants. Participants were unable to report pricing or administration routes. A profile for a typical prescription stimulants user emerged from the data: law enforcement and participants continued to think college and high school students as most likely to abuse these drugs. A participant said, "I hit up the high schoolers to get this stuff [prescription stimulants]." A law enforcement officer reported a mom taking her child to six different doctors to get these pills [prescription stimulants]. A participant reported, "Whoever's a meth addict, they're the ones looking for these [prescription stimulants]." Reportedly, prescription stimulants are used in combination with prescription opioids to enhance the high of prescription opioids.

Bath Salts Historical Summary

In the previous reporting period, bath salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues) were moderately available in the region, despite the ban of their sale in October 2011. Participants and law enforcement most often reported the drug's availability as '4' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Reportedly, these synthetic chemicals were available from some of the same convenience stores and smoke shops that sold bath salts previously before their ban went into effect.

Participants and law enforcement both reported that bath salts producers had adapted to the ban by changing labels and formulations. Participants and law enforcement most often reported that the availability of bath salts had decreased during the previous six months. The BCI Richfield Crime Lab reported that the number of bath salts cases it processes had increased during the previous six months.

Participant ratings on the quality of bath salts ranged from '4' to '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants reported that a small jar (quantity uncertain) of bath salts sold for between \$30-40. The most common route of administration for bath salts remained snorting. A profile for a typical bath salts user did not emerge from the data, except for observations that use continued to appeal to users less than 30 years of age.

Current Trends

Bath salts (synthetic compounds containing methylene, mephedrone, MDPV or other chemical analogues) remain moderately available in the region. However, participants did not have enough familiarity with the drug to provide availability scoring. Law enforcement officers most often reported the current availability of bath salts as '6' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get).

Reportedly, despite 2011 legislation that banned the sale of these synthetic chemicals, packaged products continue to be available from some of the same convenience stores and smoke shops that sold bath salts previously. They are now "behind the counter," and available only to known users. A participant explained, "You can find them [bath salts] in the [convenience] stores. It's very available." Another participant said, "You'll see it [bath salts], and you can get some, but you have to ask." Law enforcement officers agreed, with one saying, "It [bath salts] is readily available. You need a pedigree. You can't just walk in to a joint. If they don't know you, they're not selling." Another officer summarized availability as, "When it [bath salts] was first out there, it was a '10' [extremely easy to get], and it's down now ... but, it's out there."

Media outlets in the region reported on bath salts this reporting period. In December, The Plain Dealer reported Ohio Attorney General Mike DeWine as naming bath salts as an emerging drug and a growing problem in Ohio; DeWine stated that the Attorney General's Office will target bath salts in its ongoing fight against drugs (www.cleveland.com, Dec. 7, 2012).

Treatment providers said they did not often encounter clients who report bath salts use, but they may have seen a few more cases during the past 12 months. A treatment provider reported, "We haven't had very many [clients] where [bath salts] that's their primary drug of choice." Another treatment provider said, "I hear that the effects are not pleasant, so a lot

of my clients are staying clear [of bath salts]." The BCI Richfield Crime Lab reported that the number of bath salts cases it processes has increased during the past six months, while Lake County Crime Lab reported a decreased number of bath salts cases. Participants were unable to supply quality, pricing or administration information for bath salts. A profile for a typical bath salts user did not emerge from the data. However, a treatment provider stated, "No older people and bath salts ... Not one person over 30 years of age reporting use of this."

Synthetic Marijuana Historical Summary

In the previous reporting period, synthetic marijuana (synthetic cannabinoids, aka "K2" and "Spice") remained highly available in the region, despite the ban of their sale in October 2011. Participants most often reported the drug's availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); community professionals most often reported availability as '5'.

Reportedly, synthetic marijuana was still widely available from head shops, and less so at convenience stores and independent gas stations. The BCI Richfield Crime Lab reported that the number of synthetic marijuana cases it processes had increased during the previous six months. The crime lab also reported that new chemical analogues to synthetic marijuana emerged monthly.

Participants with knowledge of the drug reported the overall quality of synthetic marijuana as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants reported that a gram of synthetic marijuana sold for between \$1.50-3; 3.5 grams sold for as much as \$40. Participants and law enforcement reported the typical synthetic marijuana user as young, White and in high school.

Current Trends

Synthetic marijuana (synthetic cannabinoids, aka "K2" and "Spice") remains highly available in the region. Participants and community professionals most often reported 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). Participants described this drug's high availability from convenience stores and head shops: "You can get it [synthetic marijuana] at head shops. But, I went to the head shop in Elyria [Lorain County], and they said they didn't know it ... then after a couple times, they would sell it

to me; They have to know you at the gas station [in order to sell you synthetic marijuana]. If you talk a couple times to the attendant, you can get it. You have to ask for potpourri." A law enforcement officer said, "It's the same thing as bath salts ... you've got to know how to ask for it [synthetic marijuana] or you'll never get it." Participants and treatment providers continued to note the drug's appeal for users who are routinely screened for marijuana.

Participants were split as to a change in availability for synthetic marijuana during the past six months. Some participants felt that availability has decreased because users have to know where to go for the drug and they must use specific code words to obtain it; other participants felt availability had remained the same; community professionals did not report on change in availability for synthetic marijuana. The BCI Richfield Crime Lab reported that the number of synthetic marijuana cases it processes has increased during the past six months, while Lake County Crime Lab reported a decreased number of synthetic marijuana cases.

Participants were able to supply anecdotal information about the quality of synthetic marijuana, reporting that it is generally good, but that it is less reliably good than it used to be. A participant reported, "My friend was addicted to marijuana, got a felony, and he started using Spice. He was so addicted to it [that] he was doing the same stuff [that] I was doing to get heroin. A lot of his friends smoke that now because they say it's better than weed."

Participants reported that the drug is often marketed as potpourri and cited the following brands as available: "Arabic Incense," "Happy Thing," "K2," "K3," "Mad Hatter" and "Mr. Smiley." Participants reported that the products are either sold in a jar or foil baggie and, "looks like a store product." Pricing varies, but participants reported pricing as low as \$1.50 and as high as \$5 per gram. The only administration route reported was smoking.

Participants described typical users of synthetic marijuana as being either 1) young and without connections or resources to obtain real marijuana, or 2) users who wish to avoid the negative sanctions of a positive marijuana test. A treatment provider reported, "Young people, and people who are trying to avoid getting caught use this [synthetic marijuana]. Other people want the good stuff [marijuana] and don't want to waste their money [on synthetic marijuana]." Participants reported no other substances used in combination with synthetic marijuana.

Ecstasy

Historical Summary

In the previous reporting period, Ecstasy (methylenedioxyamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMP) remained highly available in the region. Participants most often reported the drug's availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); community professionals most often reported availability as '3.'

A few participants felt that the purest form of Ecstasy (aka "Molly") was becoming more available as knowledge about the drug grew. In fact, the two forms of Ecstasy were often discussed interchangeably; indicating where there was one, there was the other. Participants and law enforcement most often reported that the availability of Ecstasy had increased during the previous six months. The BCI Richfield Crime Lab reported that the number of Ecstasy cases it processes had remained the same during the previous six months.

Participants most often reported the overall quality of Ecstasy as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants reported that a single Ecstasy tablet sold for between \$5-10; a triple stack (high dose) sold for \$25. The most common route of administration for Ecstasy remained oral consumption. Participants reiterated Ecstasy's status as a club drug used by "younger" people.

Current Trends

Ecstasy (methylenedioxyamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMP) remains highly available in the region. Participants most often reported 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); community professionals most often reported current availability as '9.' A participant commented that dealers often carry Ecstasy: "Dope boys [drug dealers] carry it [Ecstasy] because they're the ones that do it." Another participant noted that availability for Ecstasy is higher during the summer when more outdoor shows occur. Law enforcement also reported availability of "Molly," a pure powdered form of MDMA, most often reporting its availability as '2' or '4.' A treatment provider commented, "[Ecstasy] it's one of those media drugs you hear about. Even rappers are starting to sing about it ... like it's weed."

Media outlets in the region reported on seizures and arrests this reporting period involving Ecstasy. In October, Berea Police (Cuyahoga County) arrested three university students after their off-campus home was raided and police found a lab for making Ecstasy; police also found psychedelic mushrooms and significant evidence of marijuana use in the home (www.19actionnews.com, Oct. 19, 2012).

Participants reported that the availability of Ecstasy has slightly decreased during the past six months. Community professionals did not report on change in availability for Ecstasy. The BCI Richfield Crime Lab reported that the number of Ecstasy cases it processes has decreased during the past six months, while Lake County Crime Lab reported that the number of cases it processes has remained the same. Quality remains difficult for users to predict. A participant stated, *"There have been times when it [Ecstasy quality] was like aspirin and other times it was good."*

Current street jargon includes only a few names for Ecstasy. The most commonly cited names were "Molly," "skittles" and "X." Molly is typically sold as a yellowish loose powder, and Ecstasy in tablet form is sold as small colored pills featuring logos or images. Participants reported a "single stack" (low dose) Ecstasy tablet sells for between \$2-5; a "double stack" or "triple stack" (higher doses) sell for between \$10-15. According to participants, these drugs are obtained from friends and dealers, often via a phone call or at nightclubs. Higher pricing can be expected at events or at nightclubs. While there are few reported ways of administering Ecstasy, the most common route of administration remains oral consumption.

A profile for a typical Ecstasy user did not emerge from the data. However, participants felt that this drug is favored by younger users, both Black and White. They also noted its prevalence in nightclubs and its use as an aphrodisiac. A participant stated, *"You take this drug [Ecstasy] with alcohol and sex."* Community providers agreed, with more specificity. A law enforcement officer reported, *"The White kids take it [Ecstasy] because they like to look at the lights and dance and get goofy. The east side [Black] guys take it because they think they're champs in the sack."* Another officer observed, *"[Ecstasy] it's for African Americans and White kids ..."*

Reportedly, Ecstasy is used in combination with alcohol and marijuana. A participant explained, *"[Ecstasy] it's a bar drug and that's why it goes with alcohol."*

Other Drugs

Historical Summary

In the previous reporting period, participants and community professionals listed the following other drugs as present in the region, but these drugs were not mentioned by the majority of people interviewed: hallucinogens [DMT (dimethyltryptamine) and PCP (phencyclidine)] and prescription cold and cough medications. Participants did not rate the availability of DMT, as most participants did not have personal experience with the drug. The BCI Richfield Crime Lab reported that the number of DMT cases it processes had increased during the previous six months. A participant with knowledge of DMT rated its quality as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants reported that a gram of DMT sold for between \$90-120. The most common routes of administration for DMT were smoking and snorting.

Participants most often reported the availability of PCP as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). The BCI Richfield Crime Lab reported that the number of PCP cases it processes had decreased during the previous six months. Participants most often rated the quality of PCP as '10'. Reportedly, liquid PCP was still commonly sold on a per-dip basis. The crystalline powdered form was reported to be very rare. Participants reported that one dip of a cigarette sold for between \$10-20. The most common route of administration for PCP was smoking.

In regards to other hallucinogens, The BCI Richfield Crime Lab also reported that the number of cases it processes involving psilocybin mushrooms had remained the same, while the numbers of cases for LSD and salvia divinorum had decreased during the previous six months.

In the previous reporting period, prescription cold and cough medications were highly available to some participants in the region, and somewhat available to others. Participants most often reported the availability of these drugs as '3'. Participants reported that prescription cough and cold medicines sold for between \$10-20 per dose, or \$100 for a "big bottle." The most common route of administration for prescription cough and cold medications was oral consumption. Participants and law enforcement described the typical prescription cough medicine abuser as young and African American.

Current Trends

Participants and community professionals discussed one other drug as remaining present in the region, but this drug was not mentioned by the majority of people interviewed. A few participants reported use of PCP (phencyclidine), which is rarely available in the region outside of one area of Cleveland. The few participants with knowledge of PCP rated its current availability as '2' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get).

As with the last reporting period, most participants reported obtaining PCP (aka, "embalming fluid," "sheep," "sherm," "water," "wet" or "woo") from an area referred to as "water world" on Cleveland's east side. A participant said, *"Out here [on the west side] it's harder to get [PCP] within the last six months."* Another participant said, *"No, [PCP] it's not easy to get."* However, community professionals felt the drug is more highly available; they most often reported availability as '10'. A treatment provider stated, *"Where I'm from on the east side of Cleveland, in water world, there is somebody on the corner and you just pick it [PCP] up. It's always there ... you just have to know who to call."* Another treatment provider said, *"I've heard more about this [PCP] in the last year than in all the other years I've been here. I'm not sure what that's about."* A treatment provider hypothesized why they have seen more clients using this drug recently, saying, *"[The increase in PCP use] could be related to increased marijuana use. Ten years ago they used to dip cigarettes [in PCP], now they dip marijuana."*

The BCI Richfield Crime Lab reported that the number of PCP cases it processes has decreased during the past six months. Liquid PCP is still commonly sold on a per dip basis. The crystalline powdered form was not reported. A treatment provider reported, *"You don't hear about it [PCP] as dust, it's always wet [liquid]."*

Pricing remains consistent with the previous reporting period: one dip of a cigarette costs between \$10-20. Participants could not supply a quality score for PCP. The most common route of administration remains smoking. A participant explained, *"You dip your cigarette in it [PCP], put it in freezer for an hour, then pull it out and smoke it."* PCP is most commonly used with alcohol, marijuana and tobacco.

In regards to other hallucinogens, The BCI Richfield Crime Lab also reported that the number of cases it processes involving psilocybin mushrooms had remained the same, while the numbers of cases for LSD and salvia divinorum had decreased during the previous six months.

Conclusion

Crack cocaine, Ecstasy, heroin, marijuana, methamphetamine, prescription opioids, prescription stimulants, sedative-hypnotics, Suboxone® and synthetic marijuana remain highly available in the Cleveland region. Changes in availability during the past six months include: likely increased availability for heroin and methamphetamine; and likely decreased availability for powdered cocaine.

While several types of heroin remain available in the region, participants continued to report the availability of brown powdered heroin as most available across both the east and west sides and within the City of Cleveland. Treatment providers cited a rise in the number of clients they treat with heroin addiction. They mentioned the glut of prescription opioids and the pill progression from prescription opioids to heroin these users often undergo. The BCI Richfield Crime Lab reported that the overall number of powdered heroin cases it processes has increased during the past six months. Heroin use spans all different ages, but many respondents felt heroin appeals more to younger people, including "high schoolers." In addition, participants and community professionals reported that they do not tend to encounter many young African-American heroin users.

Participants reported that the availability of methamphetamine fluctuates, and that the region is currently experiencing a period of high availability. Participants attributed current high availability to the ease of the "one-pot" method of production, with increased production in nearby Akron. Participants and law enforcement reported that the availability of methamphetamine has increased during the past six months. The BCI Richfield Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months. Participants and law enforcement supplied their perceptions about who uses the drug including several groups of Whites: "younger," rural, gay male and motorcycle gang members.

Despite the high ranking most commonly reported by participants, participants reiterated that the availability of powdered cocaine varies greatly, depending on a user's relative closeness to a mid- to high-level supplier; participants most often rated general street availability of

powdered cocaine as moderate. Participants reported that the availability of powdered cocaine has slightly decreased during the past six months, attributing this decrease to dealers not releasing the drug in powdered form, but rather using it to manufacture crack cocaine to maximize profits. Participants also reported that police activity has influenced current availability. Law enforcement corroborated participants' views on decreased availability of powdered

cocaine during the past six months, citing recent large scale police busts involving the drug. Participants and community professionals described typical users of powdered cocaine to include crack cocaine users who "rock up" powdered cocaine, "younger" users and intravenous injectors who pair powdered cocaine with heroin for injection. No participant indicated powdered cocaine as a primary drug of choice.



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