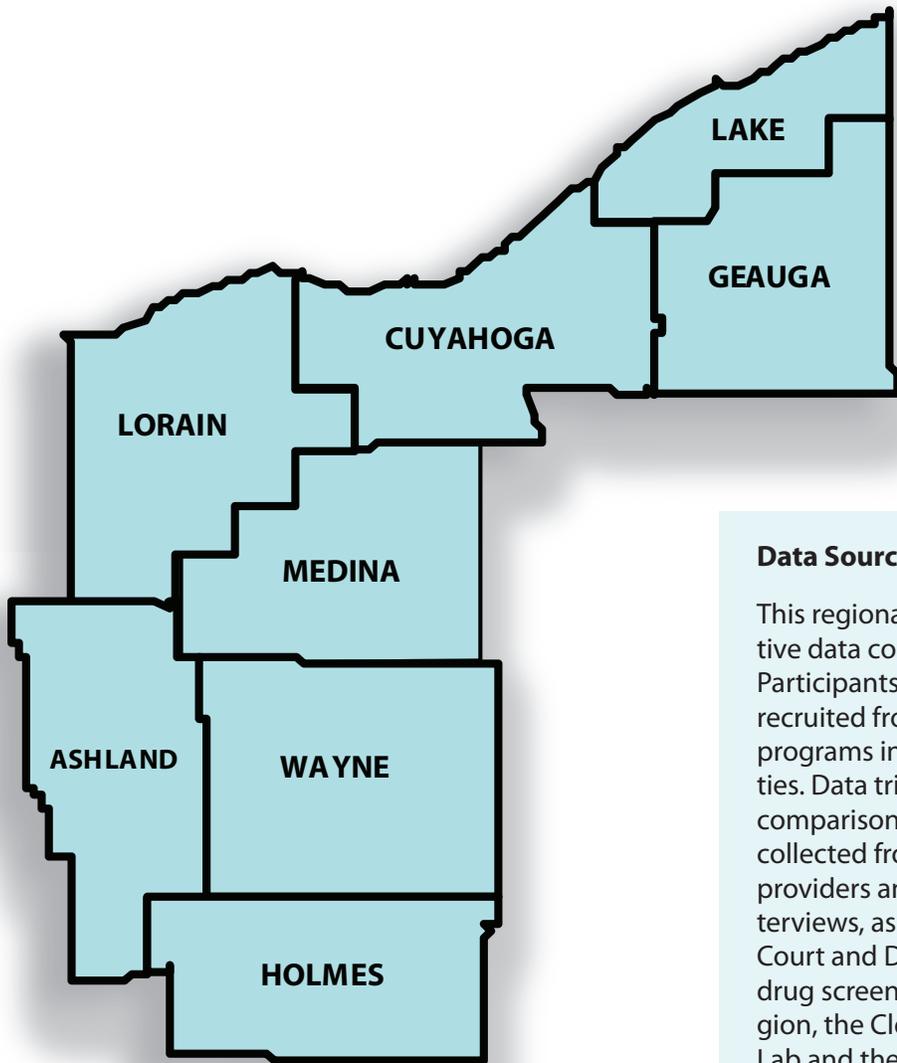




Drug Abuse Trends in the Cleveland Region



Regional Epidemiologist:
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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, Geauga and Lorain counties. Data triangulation was achieved through comparison of participant data to qualitative data collected from regional professionals (treatment providers and law enforcement) via focus group interviews, as well as to data surveyed from American Court and Drug Testing Services, which processes drug screens in Medina from throughout the region, the Cleveland Crime Lab, 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 July through December 2012. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for January through June 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.

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Regional Profile

Indicator ¹	Ohio	Cleveland Region	OSAM Drug Consumers
Total Population, 2010	11,536,504	2,287,265	51
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: January 2013-June 2013.

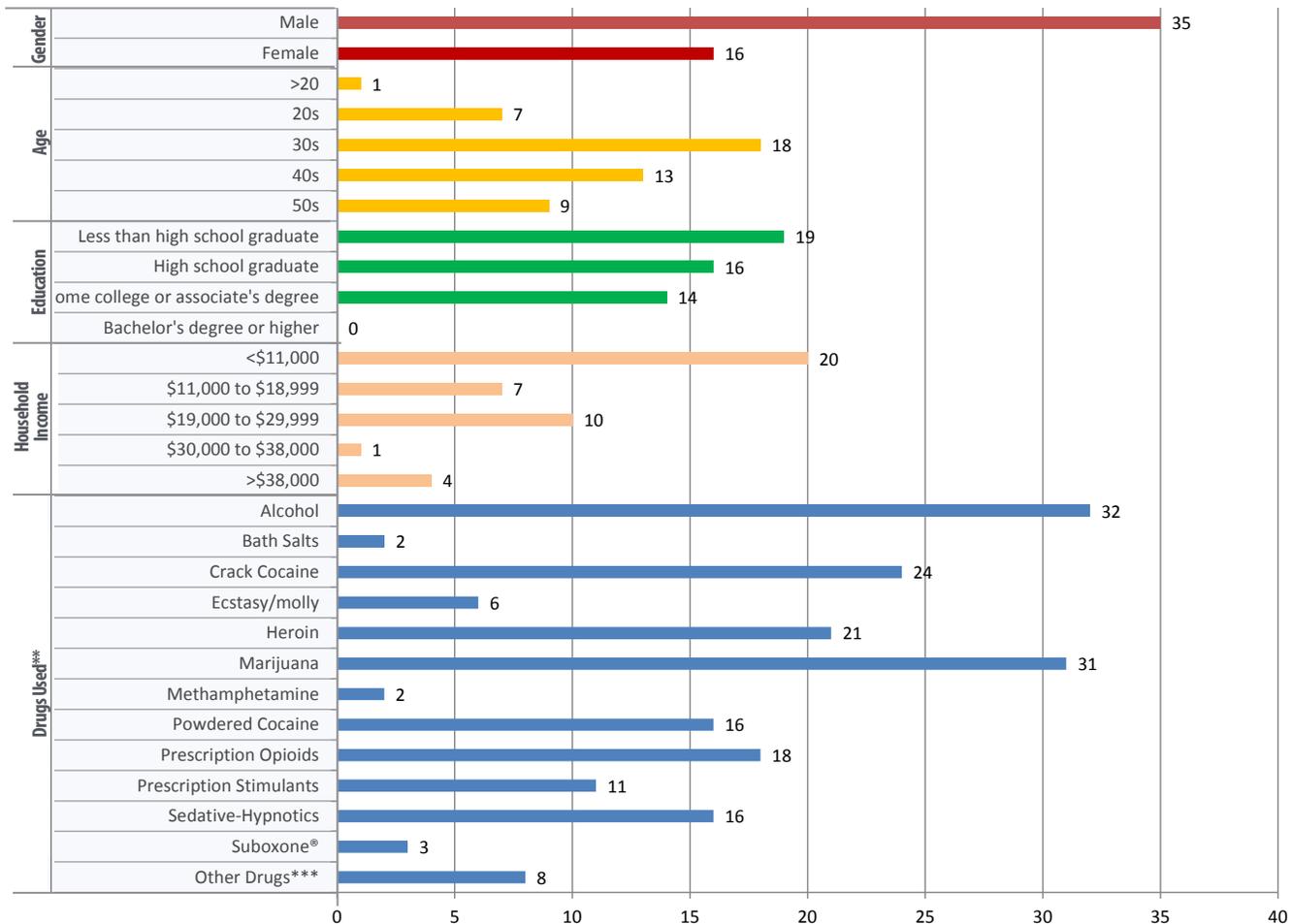
²Gender was unable to be determined for one participant due to missing data.

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 two participants due to missing data.

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

Cleveland Regional Participant Characteristics

Drug Consumer Characteristics* (N = 51)



*Not all participants filled out forms; therefore, numbers may not equal 51.

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

***Other drugs refer to DXM, LSD, psilocybin mushrooms, PCP and Trazodone.®

Historical Summary

In the previous reporting period (July–December 2012), crack cocaine, ecstasy, heroin, marijuana, methamphetamine, prescription opioids, prescription stimulants, sedative-hypnotics, Suboxone® and synthetic marijuana remained highly available in the region. Changes in availability during the reporting period included likely increased availability for heroin and methamphetamine and likely decreased availability for powdered cocaine.

While several types of heroin remained available in the Cleveland region, participants continued to report the availability of brown powdered heroin as most available throughout the east and west sides, as well as within the City of Cleveland. Treatment providers cited a rise in the number of clients they treated with heroin addiction and the 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 had increased during the reporting period. Heroin use spanned all ages, but many participants felt heroin appealed more to younger people, including “high schoolers.” In addition, participants and community professionals reported that they did not tend to encounter many young, African-American heroin users.

Participants reported that the availability of methamphetamine fluctuated, and that the region had experienced 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. Participants and law enforcement reported that the availability of methamphetamine had increased. The BCI Richfield Crime Lab reported that the number of methamphetamine cases it processes had also increased during the reporting period. Participants and law enforcement supplied their perceptions about who used the drug, including whites, “younger,” rural, gay males and motorcycle gang members.

Participants most often rated general street availability of powdered cocaine as moderate and reiterated that the availability of powdered cocaine varied greatly, depending on a user’s relative closeness to a mid- to high-level supplier. Participants reported that the availability of powdered cocaine had slightly decreased during the reporting period and attributed the decrease to dealers not releasing the drug in powdered form, but rather using it to manufacture crack cocaine to maximize profits. Par-

ticipants also reported that police activity had influenced availability. Law enforcement corroborated participants’ views on decreased availability of powdered cocaine and cited large scale police busts involving the drug. Participants and community professionals described typical users of powdered cocaine as “younger,” those who “rock up” crack cocaine, and intravenous injectors who paired powdered cocaine with heroin for injection (aka “speedball”). No participant indicated powdered cocaine as a primary drug of choice.

Powdered Cocaine

Powdered cocaine is moderately available in the region. Participants reported the drug’s current availability as ‘5’ (mean score) 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.’ Also, it should be noted that participants often mixed questions about powdered cocaine with crack cocaine, as powdered cocaine is the primary ingredient of crack cocaine. Participants continued to report that availability of this drug varies greatly, depending on a user’s relative closeness to a mid- to high-level supplier. A participant explained, “[Powdered cocaine] *it’s a phone call because it’s a little bit hard to get ... heroin is one phone call, powder [cocaine] is six phone calls.*” Another participant shared, “*No, it’s not easy to get [powdered cocaine]. If you got a big stack of money, you can get powder.*”

Community professionals most often reported the drug’s current availability as ‘6;’ the previous most common score was ‘8.’ Law enforcement officers and other community professionals did not cite powdered cocaine as an emerging or urgent drug trend during the past six months, and as a result, supplied little data on the drug. However, collaborating data indicated the presence of cocaine in the region. American Court and Drug Testing Services reported that 5.2 percent of the 669 individuals screened through its Medina lab during the past six months were positive for cocaine (crack and/or powdered cocaine).

Media outlets in the region reported on powdered cocaine seizures and arrests during this reporting period. Workers found a plastic tube containing powdered cocaine residue in a group home in Parma (Cuyahoga County) (www.cleveland.com, April 13, 2013). A traffic stop in Mentor (Lake County) led to the arrest of two individuals for trafficking and possession of cocaine and marijuana; three

grams of powdered cocaine was found in one person's pocket, and the other individual unsuccessfully attempted to hide 76 grams of powdered cocaine between his buttocks (www.fox8.com, May 29, 2013).

Most participants reported that the availability of powdered cocaine has decreased during the past six months. A participant said, *"In the last six months, it [powdered cocaine] is hard to get ... and you have to know someone ... [the person buying powdered cocaine] it'll be like a high-end connection person [dealer], someone who rocks it up to sell crack [cocaine]."* Participants reported that law enforcement activity has influenced availability. A participant stated, *"No, it's not easy to get [powdered cocaine]. Law enforcement has really put a toll on that."*

The few community professionals who were able to report on the availability of powdered cocaine indicated that availability has remained the same during the past six months. A treatment provider said, *"[Powdered cocaine] it's always popular."* The Cleveland and BCI Richfield crime labs reported that the number of powdered cocaine cases they process has remained the same during the past six months.

Participants most often rated the current quality of powdered cocaine as '3' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score averaged to '5'. Participants suggested that powdered cocaine quality varies, and several participants mentioned that there are different qualities available for various routes of administration. A participant explained, *"[Dealers] they've got some [powdered cocaine] for shooting [injecting], snorting or smoking. They [dealers] ask you which one you want ... and some is good for this, some is good for that."* Other participants admitted to being caught off-guard by higher-quality powdered cocaine. One participant stated that after consuming "really pure" powdered cocaine in a speedball (combined with heroin), he ended up in the MetroHealth Hospital.

Participants reported that powdered cocaine in the region is cut (adulterated) with amphetamines (aka "speed"), baby formula, baby laxatives, baking soda, bath salts, opiates, vinegar and vitamin B-12. A participant shared, *"I saw an individual with a big bag of bath salts cut it in with his cocaine. It's more common now. They're cheap and they have a higher effect on you."* Several participants also mentioned branded cutting agents sold in "head shops:" "Miami Ice," "Fish Scale" and "Super Caine." A participant reported, *"Su-*

per Caine is something you can get at a head shop. I would take that and convince people that it was cocaine."

Staff of a medical examiner's office reported the presence of diltiazem (high blood pressure medication) and levamisole (livestock dewormer) with cocaine cases they've processed during the past six months. Regional crime labs also reported those substances as cutting agents for powdered cocaine, along with caffeine, local anesthetics (benzocaine, lidocaine and procaine) and mannitol (sugar substitute).

Current street jargon includes many names for powdered cocaine. The most commonly cited names remain "blow," "powder" and "white girl." Participants listed the following as other common street names: "coke," "pelico," "snow," "soft" 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 \$50-80, depending on the quality; 1/8 ounce (aka "eight ball") sells for \$150-160, with higher prices reported from rural or outlying suburbs; an ounce sells for \$1,300-1,400. Regarding pricing in general, a participant said, *"If [powdered cocaine] it's good, you're going to pay more. If it's not good, you're going to have to use more."*

Participants reported that the most common route of administration for powdered cocaine is snorting. Participants estimated that out of 10 powdered cocaine users, six would snort, two would intravenously inject, and two would smoke the drug. Note: due to this drug's relation to crack cocaine, when users reported on administration via smoking, they almost always meant "rocked up" as crack cocaine.

A profile of a typical powdered cocaine user did not emerge from the data. However, participants noted that affluence is a significant factor in determining whether a drug user uses powdered cocaine. A participant explained, *"It [typical use of powdered cocaine] doesn't have to do with race. It's where you live, your income level ... not white, black, Puerto Rican. If you're poor, it's going to be crack [cocaine]."* Another participant reported, *"A huge variety of people use powdered cocaine ... But, if you come down here [Cleveland] there will be more crack users ... [crack cocaine] it's cheaper. When I had a higher income, I used powder, and when I became an addict, I started using crack."* In addition, participants and community professionals reported an increase in powdered cocaine use among teenage individu-

als. A participant shared, *"They use it [powdered cocaine] in the clubs. I've seen a lot of teenagers at the backyard parties. They're looking for the weed [marijuana] and then powder."*

Reportedly, powdered cocaine is used in combination with alcohol, ecstasy, heroin, marijuana, prescription opioids and tobacco. Common practices among users include lacing marijuana (aka "primo") or lacing cigarettes with powdered cocaine. A treatment provider said, *"I've heard a lot of younger users who only like it [powdered cocaine] in a primo."* Mixing cocaine with heroin, either together in the same syringe or in sequence is called a "speedball." Other participants said other drugs are used to help come down from the cocaine high: *"You need the weed [marijuana] later to be able to go to sleep; Klonopin® and Xanax® are used after the cocaine, later to come down."* Several participants also mentioned cocaine used as an aphrodisiac.

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 overwhelmingly stated that crack cocaine is easy to obtain. While pointing out the window of the interview room, a participant noted, *"Sure, [crack cocaine] it's easy to get. There's some for sale at that house right there."* Crack cocaine continues to be most easily available with one or two phone calls to a dealer. Incidences of anonymous street transactions are reportedly less common in areas where "walk-up" service was previously available. Community professionals most often reported the drug's current availability as '10'; the previous most common score was '7'. A treatment provider said, *"[Crack cocaine] it's even easier to get than powder [cocaine]. They [users] can get both."*

Media outlets in the region reported on crack cocaine seizures and arrests during this reporting period. Police stopped a car in North Ridgeville (Lorain County) because the driver was believed to be driving under a suspended license; after searching the vehicle, police cited the driver for possession of crack cocaine and marijuana (www.cleveland.com, Feb. 1, 2013).

The majority of participants reported that the availability of crack cocaine has remained the same during the past six months. Participants who felt crack cocaine availability has decreased cited active law enforcement as the reason. A participant stated, *"In my neighborhood, my councilman*

is very involved. We have a patrol car riding down every street all the time. We also have an off-duty officer who volunteers his time at the park to keep the kids safe." Those who felt crack cocaine has become more available cited warm, seasonal weather. Community professionals suggested that availability has remained the same or perhaps has decreased during the past six months. The Cleveland and BCI Richfield crime labs reported that the number of crack cocaine cases they process has remained the same during the past six months.

Participants most often rated the current quality of crack cocaine as '3' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '0'. Almost all participants agreed it has become standard practice for crack users to "re-cook" the product they receive to remove impurities due to lower quality of the drug. Treatment providers have heard similar reports. A treatment provider reported, *"One client told me that they can turn crack back into powder, because the quality is poor."*

Participants reported that crack cocaine in the region is cut with Anbesol®, amphetamines (aka "speed"), aspirin, baby formula, baby laxative, baking soda, bath salts, live-stock dewormer (levamisole), heroin, Miami Ice (a cutting agent sold in "head shops") and vitamin B-12. A participant commented, *"You never know what's in it [crack cocaine]."* Many participants noted that when availability of powdered cocaine becomes scarce, buyers are more likely to get low-concentration crack cocaine or fake crack. Participants explained having received wax balls, candle wax, Stove Top® stuffing, peanuts and knots of plastic in place of crack cocaine. Overall, most participants reported that the quality of crack cocaine has decreased during the past six months. Regional crime labs reported the following substances as cutting agents for crack cocaine: caffeine, diltiazem (high blood pressure medication), levamisole, local anesthetics (benzocaine, lidocaine and procaine) and mannitol (sugar substitute).

Current street jargon includes many names for crack cocaine. The most commonly cited names were "crack" and "hard." Participants listed the following as other common street names: "cheese," "five piece," "flour," "good," "rock," "stones," "ten piece" and "work." Current street prices for crack cocaine were consistent among participants with experience buying the drug: .2-.4 gram pieces sell for \$20; 1/8 ounce (aka "eight ball") sells for \$125-175; 1/4 ounce sells for \$250; an ounce sells for \$1,000-1,100. Participants clarified that crack cocaine usually sells in smaller incre-

ments (\$10, \$20 and \$50 pieces), varying in size from that of a chocolate chip to that of a peanut. These smaller transactions are quick, and the drug is seldom measured by users. Larger quantities are more commonly weighed. Furthermore, like powdered cocaine, crack cocaine is reportedly priced higher as buyers travel out from the city. A participant explained, *"I could sell an eight ball for \$175 [in the city], but in the suburbs you could get rid of it for \$220."*

Although 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 nine would smoke; the remaining user would either snort or intravenously inject the drug. A participant remarked, *"They [users] keep breaking it [crack cocaine] down 'til it's like powder and snort it."*

A profile of a typical crack cocaine user did not emerge from the data. Participants described crack cocaine users as whites, blacks, Hispanics, east-siders and west-siders, as well as rural and urban. They also noted that the drug is consumed by individuals as young as age 13 and as old as age 75. As with powdered cocaine, socio-economic level and geography are reportedly more important predictors for crack cocaine use. Participants suggested that crack cocaine remains more of an urban drug. A participant commented, *"Crack's not out in the wilderness ... it's in the city where the most people are."* Another participant observed, *"When I was in the 'hood, this guy used to pull up in a BMW and would get it [crack cocaine] on the way to work."* A staff person in the medical examiner's office also noted that crack cocaine use is not limited by age: *"We get people over 40, over 50 [years of age] who are cocaine-present."*

Reportedly, crack cocaine is used in combination with alcohol, heroin (aka "speedball"), marijuana (aka "primo") and sedative-hypnotics. Participants explained the purpose of these combinations: *"I use marijuana to calm down [after crack cocaine use]; Everyone I know who smokes crack does heroin, too. If I smoked crack, I would start to feel anxious, then I would do some heroin. Then do it again; [I use] Valium® and Xanax® to help me go to sleep; Speedball is common."*

Heroin

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); the previous

most common score was also '10'. A participant said, *"I can get [black] tar and powder [heroin], anything I want."* Participants reported that heroin is found quickly. A participant said, *"I could leave here, walk the street and be back in 10 minutes with some [heroin]."* Participants continued to report that heroin is available from dealers who historically sold only crack cocaine. Community professionals overwhelmingly cited heroin as the most available drug in the region, and they continued to rate current availability as '10'. A medical examiner's staff member shared, *"Nothing we're seeing is like heroin. That's why the county executive did the big mobilization in our county [Cuyahoga] ... it [heroin use] was becoming painfully, glaringly obvious that it was a problem. In terms of availability, the number of people who are ODing [overdosing] is higher in the non-Cleveland part of our county than in Cleveland proper."* A law enforcement officer commented, *"We [law enforcement] find heroin needles in cars like we used to find marijuana paraphernalia."*

Collaborating data also indicated the presence of heroin in the region. American Court and Drug Testing Services reported that 15.1 percent of the 669 individuals screened through its Medina lab during the past six months were positive for opiates.

In addition, media outlets in the region reported on heroin seizures and arrests during this reporting period. A woman was pulled over in Solon (Cuyahoga County) twice in less than two weeks and charged both times with possession of heroin and drug abuse instruments (www.wkyc.com, Feb. 14, 2013). The Ohio State Highway Patrol found 390 grams of heroin valued at more than \$58,000 during a traffic stop on the Ohio Turnpike in Lorain County (<http://statepatrol.ohio.gov/media.stm>, April 10, 2013). A two-month investigation resulted in a drug raid in Elyria (Lorain County) in which the Cleveland Drug Enforcement Administration assisted police in arresting four people for trafficking and possession of heroin and cocaine; police seized heroin worth \$1,200, cocaine worth \$700, 100 syringes and an undisclosed amount of prescription opioid pills (www.morningjournal.com, May 31, 2013).

Several types of heroin are currently available in the region. Participants continued to report brown powdered heroin as the most available type. A participant commented, *"Brown powder, and white powder are most available. To get [black] tar you have to know a certain person."* Participants most often rated current availability of brown powdered heroin as '10', white powdered heroin as '9' and black tar heroin as '4'. The BCI Richfield Crime Lab also re-

ported low availability of black tar heroin in the region; the lab reported that they see all colors of powdered heroin. A medical examiner's staff member said, "We see 99 percent tan powder [heroin], with occasional gray [heroin]." Participants also reported availability of gray powdered heroin, which reportedly is extremely potent. Several participants described gray heroin: "I've seen a lot of gray [heroin], or 'granite.' It was gray, black, shiny. It looks like cement; The gray [heroin] smells like vinegar; I've seen gray ... it looks like drywall."

Participants reported that heroin availability has generally remained the same during the past six months. However, some participants felt that the increase in heroin is slowing down due to prescription drug controls, which are making it less likely for individuals to be prescribed opioids, and thus less likely to become addicted to opioids in the first place. A participant described the pill-to-heroin progression: "They [heroin users] start off on the pain pills. Then they find they can get the same high with heroin and it's cheaper."

Community professionals reported that the availability of heroin has remained the same during the past six months. A law enforcement officer said, "In the past year to year-and-a-half, [heroin] it's been more [available], but now it's the same." Regional crime labs reported that the number of powdered heroin cases they process has increased during the past six months, while the number of black tar heroin cases has remained the same.

Participants most often reported the current quality of brown powdered heroin as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '10'. Participants rated current quality of white powdered heroin as '10' and current quality of black tar heroin as '9'. Participant comments on current quality included: "If you go on the street, you don't know what you're getting. You go to your boy's [dealer's] house to get it [heroin] off the rock; I didn't want it [heroin] if it was in powder already. It had been stepped on [adulterated]. Sure, it could be stepped on as a chunk, but it's a lesser chance; If it's [heroin] white, it's been stepped on."

Participants reported that heroin in the region is cut with dissolvable powders such as baby laxative, cocaine, fentanyl, "molly" (pure form of MDMA/ecstasy), as well as PCP (phencyclidine), sedative-hypnotics and vitamin B-12. A participant shared, "When I overdosed [on heroin], I tested positive for PCP, too." Participants continued to cite the presence of fentanyl in heroin. A participant stated,

"I've heard of it [heroin] cut with fentanyl. It's killing people." After extensive scrutiny into this claim, a staff member in the medical examiner's office stated, "There's no fentanyl in heroin because the prep [scraping the gel] on that is a lot. We were targeting heroin for a while because we thought it might have fentanyl coming through, but we didn't see anything." Another staff member added, "There's diphenhydramine [antihistamine] in heroin: We think it's added intentionally." Overall, participants reported that the quality of heroin has decreased during the past six months.

The BCI Richfield Crime Lab reported that there are not a lot of cutting agents in the heroin cases they process. The Lake County Crime Lab reported the following substances as cutting agents for heroin: diphenhydramine (antihistamine), mannitol (sugar substitute), noscapine (cough suppressant), papaverine (medication used in the treatment of visceral muscle spasms) and quinine (antimalarial).

Current street jargon includes many names for heroin. The most commonly cited names remain "boy" and "dog food." Other names used in the region include: "chiva," "choco flan," "dope," "H," "heron," "mantequilla/manteca/man (butter)," "smack" and "tecata." Participants reported that heroin is available in different quantities, most commonly sold in traditional balloons or chunks for black tar heroin and baggies or bundles for powdered heroin. Participants reported a variety of pricing: 1/10 gram of powdered heroin (aka "point") sells for \$10-20; 8-12 bags (aka "bundle;" each bag contains .1-.2 grams) sells for \$80-180; 10 grams (aka "finger") sells for \$1,000; 1/10 gram of black tar heroin (aka "balloon") sells for \$20. Reportedly, larger quantities are usually weighed and sold as a loose chunk scraped off a solidified block. Community professionals expressed concern that the low cost of heroin is contributing to increased use: "Heroin is prevalent in this community, but I would add that this area is depressed economically, and [heroin] it's easy to get because it's so cheap right now; Even kids in the schools are able to access [afford] it [heroin] ... the price is going down."

Participants reported that the most common route of administration for heroin remains intravenous injection (aka "shooting"). Participants estimated that out of 10 heroin users, seven to eight would inject, and two to three would snort the drug. Participants continued to report that those who are new to heroin are more likely to snort before progressing to intravenous injection. However, a participant added that the time of progression is shrinking, and he shared his experience: "I'd like to say that new users snort

[heroin], but I did that for 48 hours before I went to the needle [injection]. People do that now [go to the needle quickly] and they don't know what they're doing. They have no fear these days. And the quality [of heroin is higher] ... that's why they're dropping dead." A law enforcement officer agreed, "When they first start off, they're snorting. But, as they get further along and they don't have the money, and they have half a gram, they're going to shoot it up. You'll get higher faster with half as much and make it last a lot longer."

Participants and community professionals noted how the high quality of the region's heroin is dangerous for the opiate-naïve population to inject. Both respondent groups commented on the increase in overdosing after a period of abstinence. Participants observed: "You get clean in jail or rehab or sobriety, and then they run out and do it [heroin] ... and then they die; We had a girl who was here [in treatment] for two months, got out for three hours and then OD'd [overdosed on heroin]; Quality is so good ... you get clean and then you overdose." A staff member in the medical examiner's office agreed, "People coming out of rehab go back to using opiates at the same level they were using before they went in. A day or two after coming out of rehab, they're dead."

The Cleveland region has a needle-exchange program operated by The Free Clinic of Greater Cleveland, and many users reported obtaining needles there, as well as from dealers, at chain pharmacies by posing as a diabetic patient, buying them from other users or stealing them from hospitals/pharmacies. Some participants reported it has become more difficult to get clean needles. A participant shared experience buying needles on the street: "Also, some people have a lot of syringes. They sell them for \$2-5 ... and sometimes [the needle] it's dirty."

Participants and community professionals continued to report that heroin use spans a wide range of ages and socio-economic status. Participants reported knowledge of heroin use in youth as young as age 12, while a treatment provider reported having a 16-year-old client. Universally, there is growing concern for the increase in younger heroin users. A participant commented, "It's an epidemic. All the people that you hear die [of heroin overdose] are younger. It's everywhere."

Many participants commented that white and Hispanic individuals are more often seen using heroin than black individuals, who are more often seen selling heroin. Community professionals agreed: "I think the most active population is Caucasian; A lot of the females we see in drug

court [for heroin arrests] are 19-25 [years of age], Caucasian." However, a couple of the participants mentioned African-Americans who use heroin, and suggested that there might be a difference in user profiles between the east and west sides of Cleveland: "I used to see a lot of black people selling crack, now they sell 'H' [heroin]. I see black dope [heroin] addicts, too; I go to a Narcotics Anonymous meeting on the east side of Cleveland and it's full of heroin users who got clean, and they're black and old-school ... late 40s."

Community professionals added another dimension to the typical user profile, suggesting that males typically lead females into using heroin. A treatment provider observed, "It is the males that are starting the women using the heroin ... the majority [of women] we see started [heroin use] because of a boyfriend."

Reportedly, heroin is used in combination with alcohol, bath salts, crack and powdered cocaine, ecstasy, marijuana, PCP (phencyclidine), prescription opioids and sedative-hypnotics. A participant shared, "People would make the heroin last longer by using crushed opioids. Snorters would use pills and snort it with heroin. If they could get pills cheaper than heroin, then they would mix it with the powder [heroin]. It would make a bigger pile. They could stretch it out more." A couple participants commented on smoking heroin with marijuana: "When you smoke it [heroin] with weed ... they [users] sprinkle it on the weed ... it's called a 'philly mommy.'" Other participants explained that mixing heroin with benzodiazepines is often how users overdose. Nevertheless, participants shared that heroin use is often combined with benzodiazepine use to avoid withdrawal symptoms. A participant shared, "I did it [used heroin] a lot with Xanax® ... before, during and after the heroin ... it's a downer thing, and it helps with the sickness after and mellows the sickness. It levels things out."

Prescription Opioids

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); the previous most common score was also '10'. Community professionals also most often reported current availability as '10'; the previous most common score was '7'. A treatment provider stated, "[Prescription opioids] they're all easy to get. Cost is the only prohibitive factor." Participants and community professionals continued to identify Opana®,

OxyContin® OP, Percocet® and Vicodin® as the most popular prescription opioids in terms of widespread use. The medical examiner's office staff agreed, with one person stating, *"We see a lot of oxycodone and a lot of Vicodin."*

Collaborating data also indicated the presence of prescription opioids in the region. American Court and Drug Testing Services reported that 10.8 percent of the 669 individuals screened through its Medina lab during the past six months were positive for oxycodone.

Participants reported that the availability of prescription opioids has remained the same during the past six months. However, a participant shared the urgency of obtaining prescription opioids when available, *"If you call around, you can get them [prescription opioids], but when you get that call [to purchase] ... if you don't jump, they're gone in 10 hours. You grab them when you can ... and as many as you can. Scripts [prescriptions] run out, and so, you have to be ready."* Community professionals also reported that the availability of these drugs has remained the same during the past six months. A treatment provider said, *"Street availability [for prescription opioids] is the same. But, I have reports of non-users [people who do not abuse prescription opioids] reporting increased problems getting needed pain pills from pain-managing doctors due to fears they would end up sold on the street ... and non-users having to pay to see a doctor monthly for refills, even if they have chronic pain and/or have seen the doctor for years."*

Community professionals and participants continued to cite concern over the pill progression to heroin. A medical examiner's office staff member said, *"As the state pushed more about prescription opiates, heroin has supplanted them. We created the addicts with prescriptions, and then drove them to heroin."* The BCI Richfield Crime Lab reported that the number of prescription opioid cases it processes has generally remained the same during the past six months, with the exception of an increase in Ultram® cases and a decrease in OxyContin® cases.

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® ("D's," "dilaula" and "lizzies;" 2-4 mg sells for \$4-6; 8 mg sells for \$10), fentanyl (sells for \$1-1.25 per milligram), Opana® (aka "Pandas;" sells for 50 cents-\$1 per milligram), OxyContin® OP, (aka "OP's;" sells for 20-50 cents per milligram),

Percocet® (aka "percs;" 5 mg sells for \$4-5; 10 mg sells for \$8-9), Roxicet® (aka "Roxies" and "perc 30s;" 30 mg sells for \$30) and Vicodin® (aka "Vs" and "vikes;" 5 mg sells for \$1-3; 7.5 mg sells for \$4-6; 10 mg sells for \$6-10).

Participants expressed a preference for liquid forms of prescription opioids if available, as well as for formulations that could be crushed, snorted, combined with other drugs or used as cutting agents. Many participants discussed how manufacturers' efforts to make pills tamper resistant have affected pricing and availability. Participants said, *"Certain ones like Opana® are less available because they changed them and no one wants them; Opana® [prices] are going down now that they're gelled up. Now, it's 50 cents per milligram."*

Prescription opioids remain highly available through friends, doctors, family members and specialized pill dealers. Participants explained that medical channels, pill networks and personal connections are preferred to street dealers. Pill networks are reportedly formed to deal these drugs. A participant shared, *"When I was 19, 20 [years of age], I would work with people who would get doctor scripts, and the scripts would be in my name and I would bring them back. I would get a percentage. There was a whole team of people working together."* Several participants commented on purchasing entire prescriptions: *"I could call certain people right now, and they would come and deliver them. Sometimes if they're selling their scripts, you need to buy them all or you get none. If they have 120 pills at \$4 each, you buy them all or they will sell them to someone else; You can get three or four people together to buy a whole script."*

While there were a few reported ways of consuming prescription opioids, the most common route of administration is oral consumption. Out of 10 illicit prescription opioid users, participants reported that approximately seven would take the drugs by mouth (including crushing, wrapping in tissue and swallowing, aka "parachuting"); two would snort; and one would intravenously inject the drugs. Exceptions were noted based on medication formulation (liquid, pill, wafer, mucosal irritant) and the nature of the drug's effect on the body. A drug court officer observed, *"I've seen an increase in pills being snorted and crushed to be injected, even in people who do not use heroin."*

A profile of a typical illicit user of prescription opioids did not emerge from the data. Several participants agreed, *"Everybody uses them [prescription opioids]."* Community professionals agreed, *"[Illicit use of prescription opioids] it's*

all ages, occupations, socio-economic status, races, ethnicity, education ... no one is exempt." Nevertheless, observations were made about race and geographical location. Participants commented: *"It seems like black people selling and white people buying; It's mostly suburbans. More people in suburbs are using pharmaceuticals than street drugs."* Community professionals shared similar observations: *"When I was speaking with our treatment assessment person, she was saying that we have so many more Caucasians than Hispanics and blacks [abusing prescription opioids]; The people who had never heard of these pills were African-American."* Participants noted that illicit users of prescription opioids are often those who are prescribed the drug. A participant commented, *"They use more than they need ... and that's how addiction starts."*

Reportedly, when used in combination with other drugs, prescription opioids are most often used in combination with alcohol, crack and powdered cocaine, heroin, marijuana, psilocybin mushrooms and sedative-hypnotics. A participant explained that using prescription opioids before or after using heroin, *"keeps you high longer."*

Suboxone®

Suboxone® remains highly available in the region. Participants reported the current street availability of Suboxone® 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'. According to several participants, Suboxone® pills are more desirable than the film strip form of the drug because they can be crushed or injected and do not include the tracking numbers that strips have. A participant explained, *"Since they put the numbers on the [Suboxone®] strips, it'll come back to them [the user]. If they do sell them, they want to take them out of the foil pack, but then people don't want to buy them."*

Community professionals were mixed in their opinions about street availability of Suboxone®. West-side community professionals reported moderate to high availability, while east-side professionals reported low availability of the drug. The previous most common availability score among community professionals was '10'. A treatment provider commented, *"[Suboxone®] it's available, but not readily available. The clients are seeking out the clients who have it."* A law enforcement officer commented, *"The only ones who really want it [Suboxone®] are the ones [heroin users] that are sick or in jail."*

Collaborating data also indicated the presence of Suboxone® in the region. American Court and Drug Testing Services reported that 7.3 percent of the 669 individuals screened through its Medina lab during the past six months were positive for buprenorphine.

Participants reported that the availability of Suboxone® has remained the same during the past six months. Community professionals were split on whether the drug has become more available or has remained the same. The BCI Richfield Crime Lab reported the number of Suboxone® cases it processes remained the same during the past six months.

The only street name reported for Suboxone® remained "subs." Street prices for Suboxone® were consistent among participants with experience buying the drug. Participants indicated that Suboxone® 8 mg strips sell for \$8-\$20; 8 mg Suboxone® and Subutex® pills sell for \$20. Most often, participants reported taking Suboxone® sublingually (dissolving it under the tongue). Participants estimated that out of 10 illicit Suboxone® users, nine would use it sublingually and one would intravenously inject the drug.

Participants shared that Suboxone® continues to be primarily acquired by prescription from drug abuse treatment centers and pain management clinics, as well as from friends and dealers, particularly those connected with heroin. Participants continued to describe typical illicit users of Suboxone® as heroin users who are trying to avoid withdrawal symptoms when heroin cannot be obtained and those who use it as part of a physician-prescribed treatment program for sobriety. Treatment providers and drug court officers were more specific, citing more use among a demographic that is female, "younger," white, pregnant/or a new mother. A drug court officer said, *"I see more new mothers, younger females. More females are getting it [Suboxone®] and abusing it because they have insurance. They sell it to get the drug they want, and they take just enough to get a positive screen [for Suboxone®]."*

Reportedly, when used in combination with other drugs, Suboxone® is combined with alcohol, crack and powdered cocaine, marijuana, prescription stimulants and sedative-hypnotics. A participant explained using Suboxone® with Adderall® and Xanax®: *"Suboxone® keeps you from being sick. I would take Adderall® with it to get extra energy, then I would take Xanax® at night to come down."*

Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) 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); the previous most common score was also '10'. Participants continued to identify Ambien®, Klonopin®, Soma®, Valium® and Xanax® as the most popular sedative-hypnotics in terms of widespread use. A participant commented, "[Sedative-hypnotics] they're super easy to get. Ambien®, Klonopin® and Xanax® are most available for me."

Community professionals most often reported current availability as '7'; the previous most common score was '10'. Community professionals identified Valium® and Xanax® as most popular. A treatment provider commented, "This group of drugs [sedative-hypnotics] is easy to get when they're looking for it ... Xanax® is more prevalent because it's more highly prescribed for [adults] 40-50-year-old age range. The kids are taking them from the medicine cabinet when they're not noticed. If you [the prescribed adult] take one a month [and] your kid [is] taking three or four pills, you wouldn't notice."

Collaborating data also indicated the presence of sedative-hypnotics in the region. American Court and Drug Testing Services reported that 4.9 percent of the 669 individuals screened through its Medina lab during the past six months were positive for benzodiazepines.

Participants reported that the availability of sedative-hypnotics has remained the same during the past six months, with the exception of Xanax®, which seems to be slightly more popular, especially among heroin users. A participant explained, "There's more Xanax®. They're pairing them with heroin. Some people use them when they're dope sick for the anxiety you feel during withdrawal. People who like heroin like the relaxed feeling they get from these pills." With the exception of Xanax®, community professionals did not report on change in availability for sedative-hypnotics during the past six months. Several community professionals alluded to an increase in Xanax®: "With Xanax®, we see that [use] with the juveniles. I have also seen an increase in prescriptions; You don't hear Valium®, it's always Xanax®. It's prescribed so much; I think Xanax® is on its way up." A medical examiner's office staff member mentioned that Xanax® is commonly present in OVI (operating a vehicle under the influence of alcohol or drugs) test results.

The BCI Richfield Crime Lab reported that the number of sedative-hypnotics cases it processes has remained the same during the past six months, with the exception of a decrease in the number of Soma® cases. The Cleveland and Lake County crime labs reported an increase in the number of Xanax® cases they process during the past six months.

Reportedly, many different types of sedative-hypnotics (aka "benzos" and "downers") are currently sold on the region's streets. Participants reported the following sedative-hypnotics as available to street-level users: Ambien®, Klonopin®, Soma®, Valium® and Xanax® (aka "xanies"). Participants reported that sedative-hypnotics generally sell for \$2-5 per pill, with slightly higher pricing reported for 10 mg Valium®. A treatment provider reported that clients have told her that, "Valium® is the most expensive because people don't want to get rid of it." Participants most often reported obtaining sedative-hypnotics from doctors, friends and family members. A participant said, "It's easier for me to get a script [prescription for sedative-hypnotics] than to call people." Reportedly, this drug is not commonly obtained from street-level drug dealers.

While there were a few reported ways of consuming sedative-hypnotics, and variations in methods of use were noted among types of sedative-hypnotics, the most common route of administration remains oral consumption. Participants estimated that out of 10 illicit sedative-hypnotics users, eight to nine would take the drugs orally (including crushing, wrapping in tissue and swallowing, aka "parachuting") and one to two would either snort or intravenously inject the drug. A participant commented, "People like to do both eating and snorting [of sedative-hypnotics] at the same time." Another participant added, "It depends on the pill, too. Nobody snorts Ambien® or Lunesta®, but Valium®, Xanax®, Klonopin®, Ativan® they snort."

Participants described typical illicit users of sedative-hypnotics as very diverse in terms of race, gender, geography and socio-economic class. Nevertheless, participants reported that typical users are often under 25 years of age and addicted to other drugs (especially heroin). A participant reported, "Addicts use these pills [sedative-hypnotics] because ... if you don't have your drug of choice, you use these." A treatment provider agreed that users are typically younger: "It's a younger trend in terms of abusing it [sedative-hypnotics]. I haven't seen the older clients abusing it."

Reportedly, when used in combination with other drugs,

sedative-hypnotics are most often combined with alcohol, crack cocaine, heroin and marijuana. Participants reported that sedative-hypnotics are often combined with other drugs because of the effect the user experiences when mixing the drugs. Several participants mentioned using Xanax® with alcohol. A participant explained, *"There's more abuse of Xanax® and alcohol because of the intense effect."* Treatment professionals concurred, *"Addicts have been increasingly mixing these [sedative-hypnotics] with heroin or crack to get a 'different' high; The teenagers are putting it [sedative-hypnotics] in beer for a different kind of high."*

Marijuana



Marijuana 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'. Marijuana continues to be the most easily obtained illegal drug in the region. Nearly every participant had consumed it or could obtain it. One participant said, *"It's easy to get [marijuana]. You can buy it in the [beverage] drive-thru now. They work at the drive-thru, and you ask for 'red bud' and some 'kush,' and they put it in the bag."* Community professionals also reported current availability as '10'; their previous most common score was also '10'. Based on cases processed, a medical examiner's office staff member reported, *"Marijuana is our number one [drug found] and cocaine is still number two."*

Collaborating data also indicated the presence of marijuana in the region. American Court and Drug Testing Services reported that 22.9 percent of the 669 individuals screened through its Medina lab during the past six months were positive for marijuana.

Media outlets in the region reported on marijuana seizures and arrests during this reporting period. In Lorain County, a group of men were found sitting in a vehicle outside a North Ridgeville bowling alley where a K-9 unit alerted an officer to narcotics; marijuana and drug paraphernalia were found in the vehicle (www.cleveland.com, Jan, 17, 2013). Also in North Ridgeville, a vehicle was stopped by police for an equipment violation and subsequently, two individuals were arrested: one for possession of marijuana and drug paraphernalia and the other because of an outstanding warrant (www.cleveland.com, Jan. 19, 2013).

Several arrests in Cuyahoga County were reported. Two people were cited for jaywalking in Beachwood, and the officer found marijuana residue in one of their belongings and arrested them for possession of drug paraphernalia (www.cleveland.com, April 10, 2013). That same day, officers were called to a residential area near Parma to look into a suspicious vehicle and arrested the driver after finding 29 bags of marijuana in the car (www.cleveland.com, April 10, 2013). A woman was taken into custody when police were called to her Olmsted Township residence and cited her with possession of marijuana and drug paraphernalia (www.cleveland.com, April 18, 2013). Cleveland Indians player Chris Perez and his wife were charged after a package of marijuana was delivered to their home in Rocky River (www.cleveland.com, June 7, 2013).

Three individuals in Brunswick and Brunswick Hills (Medina County) were stopped for traffic violations and all three were cited for possessing marijuana and drug paraphernalia (www.cleveland.com, April 2, 13-14, 2013).

Reportedly, there are two types of marijuana available within the region: high-grade marijuana (aka "loud," "dro" or "kush") and regular-grade marijuana (aka "reggie"). Every participant rated current availability for both types of marijuana as '10'. A participant commented on the availability of high-grade marijuana: *"They're making loud [high-grade marijuana] as fast as people can buy it."*

Participants reported that the availability of marijuana has increased during the past six months, especially availability for high-grade marijuana. A participant said, *"[Marijuana] it's available, and going up on hydro, kush and medical [all types of high-grade marijuana]."* Another participant observed that lower-grade, imported marijuana has virtually disappeared due to the high availability and low pricing of the two grades: *"You don't see 'Mexican brick' [low-grade marijuana] anymore."* Community professionals reported that the availability of marijuana has remained the same during the past six months. The BCI Richfield Crime Lab reported that the number of marijuana cases it processes has remained the same during the past six months, while the Cleveland and Lake County crime labs reported that the number of marijuana cases they process has increased.

Participants most often rated the overall current quality of marijuana as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was also '10'. Reportedly, high-grade marijuana is preferred, but

low-grade is purchased when high-grade isn't available or when users have little money. During this reporting cycle, many more participants mentioned marijuana additives compared to reports from the previous six months. One type of additive, a synthetic cannabinoid, is reported to enhance the quality of regular marijuana. Participant comments on the synthetic cannabinoid additive included: *"The people who sell it [regular-grade marijuana], they spray it [synthetic cannabinoid] on and now it's 'kush' ... it's 'loud' [high-quality marijuana]. They don't even tell you they did that. It's spray-on from the head shop; They [dealers] put 'reggie' in the oven, let the seeds pop out, and then they spray it ... bottle sprays are like 'kush mills.'"* The increased mention of this practice may explain the perceived increase in the availability of high-grade marijuana.

Current street jargon includes countless names for marijuana. The most commonly cited names remain "kush," "loud" and "hydro." Participants also listed the following as common street names for high-grade marijuana: "acapulco gold," "blueberry," "bubble gum," "kind bud," "lemon skunk," "purple haze," "red bud," "train wreck" and "white widow." Participants listed the following as common street names for regular-grade marijuana: "commercial," "mersh" and "reggie." Two tiers of standard pricing correspond with the two grades of marijuana. For regular, low-grade marijuana: a blunt (cigar) or two joints (cigarettes) sell for \$5; 1/8 ounce sells for \$15-20; 1/4 ounce sells for \$25-\$40; an ounce sells for about \$100. High-grade marijuana continues to sell at a premium: a blunt or two joints sell for \$10-20; all other pricing is roughly two to three times more than that of regular grade pricing; participants reported upper-end pricing to be as much as \$400 an ounce and \$6,000 for a pound.

While there are several reported ways of consuming marijuana, the most common route of administration remains smoking. Participants commented on using various devices for smoking the substance. A participant shared, *"I've seen vaporizers. I saw somebody use a gas mask [to consume marijuana]."*

A profile for a typical marijuana user did not emerge from the data; every participant and community professional felt that marijuana use is widespread. Participants observed that high-grade marijuana is primarily sold by black dealers. A participant said, *"Now it seems like only black people have the good stuff."* Another participant shared, *"My little brother [a black male] sells to the white boys in the suburbs."* A law enforcement officer commented on

how lax society has gotten over the marijuana issue: *"I get frustrated with marijuana. It seems, in many people's eyes, [marijuana use] it's not even an issue. They convince themselves that it's the lesser of all evils. And yes, when you put in perspective, we don't have people dying of overdose from marijuana. Yet, every person who dies of overdose started off with marijuana."*

Reportedly, marijuana is used in combination with alcohol, crack and powdered cocaine, ecstasy, heroin, methamphetamine, PCP (phencyclidine), prescription opioids and sedative-hypnotics. Community professionals and participants mentioned marijuana use with other drugs more often this reporting cycle than previously. A drug court counselor reported, *"I'm seeing an increase in people saying they used cigars, cigarettes and THC laced with PCP, heroin, meth [methamphetamine], etc."* Several participants discussed other substances used on marijuana blunts. Reportedly, some substances are used to make the blunt burn more slowly: *"They lace the 'tussin [dextromethorphan] with the blunt. It's sticky, and then you smoke it. That's so it won't go [burn] as fast; I've heard about rolling up a blunt and they spray it with some chemicals [synthetic cannabinoid] or sometimes they put honey on the blunt and then the chemical on top. The honey makes the blunt burn slower."*

Methamphetamine

Methamphetamine's availability is variable in the region. Participants reported the current availability of methamphetamine as '4' (mean score) 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'. Participants reported that the drug's availability fluctuates and that the Cleveland region is currently experiencing a period of low availability, possibly due to low demand and increased law enforcement activity. Geography seemed to influence scores, with participants reporting greater availability in the region's rural east and southern areas closer to Summit County (Akron-Canton region). A participant commented, *"In Painesville [Lake County], you can find it all day long."* Another participant shared, *"I haven't seen it around here [in Cleveland]. You have to go down south to Akron."* Participants nearer to the city center reported lower availability. One said, *"I'm surprised it's not in Cleveland. I don't even see it being sent in from anywhere. Nobody wants it."* Another participant speculated, *"The police cracked down on it [methamphetamine] ... and a house blew up in my neighborhood, and now they don't make it"*

Community professionals most often reported the current availability of methamphetamine as '1,' the previous most common score was '6.' A treatment provider observed, *"The crackdown on [methamphetamine] labs and jail time is a deterrent."* A drug court officer said, *"I don't think I've seen even one kid with this [methamphetamine]."* A treatment provider contemplated, *"This [methamphetamine] is either not a problem, or [treatment clients] they're not disclosing that it is."* A law enforcement officer commented, *"If you're in that [methamphetamine user] circle, you have no problems getting it [methamphetamine]. If you're not in the circle, it's harder."*

Participants and community professionals reported that the availability of methamphetamine has remained the same during the past six months; however, a staff member in the medical examiner's office reported that availability appears to have decreased, stating, *"In 2012, we had 11 decedents [where methamphetamine was involved], and this year we have had one."* However, east side law enforcement officers described growing concern about methamphetamine and its use in relation to heroin use. An officer explained, *"We're seeing users sell more meth to buy heroin ... We are seeing folks who are doing the 'shake and bakes' [mobile methamphetamine production]. Whatever proceeds they gain from selling the meth, they use to fund heroin use ... We're very concerned about the meth-to-heroin trend."* The BCI Richfield and Lake County crime labs reported the number of methamphetamine cases they process has increased during the past six months.

Participants did not rate the current quality of methamphetamine; the previous most common quality score was '6' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants did not have information on cutting agents for methamphetamine; however, a law enforcement officer commented, *"In the last couple of weeks, we've had a couple inmates who are going through tough withdrawals, and they're saying [that] they [meth cooks] were cutting meth with battery acid and bath salts."*

Current street jargon includes several names for methamphetamine. The most commonly cited names were "ice" and "meth." Participants did not have experience buying the drug and could not report on current pricing for the drug. The only reported route of administration of methamphetamine was smoking.

Participants described typical methamphetamine users as white, rural, poor and younger. A participant commented

on the tight-knit group of methamphetamine users: *"It's not easy to get [methamphetamine] because you have to hang out with a lot of white junkies to get it."* Community professionals seemed to agree with the description. A law enforcement officer observed: *"The ones [methamphetamine users] we're looking at now are 30 to 40 years old ... not so much rich ... definitely white. I've never heard of a black person doing it."* A treatment provider added, *"There's been a huge increase in younger people using this and 'rolling meth labs' being reported."* Participants did not report other substances used in combination with methamphetamine.

Prescription Stimulants

Prescription stimulants remain highly available in the region. Participants most often reported the current availability of prescription stimulants 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.' A participant stated, *"[Prescription stimulants] they're easy to find."* Community professionals also most often reported current availability as '10;' their previous most common score was also '10.' A law enforcement officer reported, *"[Prescription stimulants] it's everywhere, and everybody takes it for something different."*

Participants and community professionals did not report on change of availability for prescription stimulants during the past six months, although a participant noted, *"Adderall® is becoming popular."* Regional crime labs reported that the overall number of prescription stimulant cases they process has remained the same during the past six months; however, the Lake County Crime Lab reported an exception, an increase in the number of Adderall® cases it processes.

Participants reported no slang terms or common street names for prescription stimulants, and they were unable to report on current street pricing for these drugs. However, a participant alluded to pricing: *"My son has ADHD [attention deficit hyperactivity disorder], and he's on Vyvanse® ... a lot of these mothers are taking their kids' medicine [prescription stimulants], and they're selling them. They're selling \$6, \$8, \$10 a pill, depending on the milligram."*

Several participants mentioned that the most common way of obtaining prescription stimulants is through parents of children who have prescriptions for the drugs, rather than through a drug dealer. Participants commented: *"You have to know somebody [to obtain prescription stimulants] ... It's just from somebody that can get it"*

from someone else; They [parents] go to the doctors and get scripts for their kids and sell them." Community professionals provided similar information. A law enforcement officer shared, "We had an older lady who had a prescription for it [a stimulant drug]. She said it was for her kid, and she was addicted to lots of other drugs." A drug court officer commented, "These [prescription stimulants] are obtained from other students. Kids sell them, and it's a good source of money." A treatment provider added, "They [juveniles] sell it [prescription stimulant medication], so they can buy marijuana."

While there were several reported ways of using prescription stimulants, the most common route of administration is oral consumption. Although not the most common route of administration, a participant added, "They open the [prescription stimulant] capsules and snort it. It's just like snorting a lot of coke [cocaine] except for you don't get the coke drain." Treatment providers commented: "They [users] put the pills [prescription stimulants] in drinks [alcohol]; And people are crushing and snorting also."

Participants and community professionals described typical illicit users of prescription stimulants as younger, students, people addicted to other stimulants, and those whose occupations require them to work long or late hours. A participant commented, "[Prescription stimulants] it's for people who need to stay awake, but then it becomes a regular habit." Treatment providers commented: "Kids [students] take it around exam time. They are doing very well, but they take it [prescription stimulant] to get an extra bump; Apparently, everyone is being told they have ADHD ... This is a socially acceptable drug to put any kid on. Teens love it to get good grades or to party more." Reportedly, prescription stimulants are used in combination with Suboxone®.

Bath Salts

Bath salts (synthetic compounds containing methylone, mephedrone or MDPV) are highly available in the region. Participants most often reported the current availability of bath salts as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); in the previous report, participants were unable to rate the availability of bath salts. A participant shared, "My sister detoxed herself off heroin and got on those [bath salts]. She was getting hers from the east side somewhere. It's disgusting what it [bath salts use] does to people." Community professionals most often reported the drug's current availability as between '4' and '10'; the previous most common score was '6'. A treatment provider stated, "Apparently, several

easy to get to stores have stopped selling them [bath salts], but addicts just find new ways, including ordering them off the Internet." Another treatment provider remarked, "These [bath salts] are still obtainable on streets." East side law enforcement officers reported three incidents involving bath salts during the past six months.

Most participants reported that the availability of bath salts has decreased during the past six months. Community professionals were not in agreement as to change in availability of bath salts. The BCI Richfield Crime Lab reported that the number of bath salt cases it processes has remained the same during the past six months; however, the Cleveland and Lake County crime labs reported that the number of bath salts cases they process have increased during the past six months.

Participants did not report a rating for the current quality of bath salts. However, a participant said this about the drug: "Everyone I know who's ever done it [bath salts] has had a bad experience ... paranoid, went crazy. I keep thinking, 'I don't have time for that!'" Community professionals also shared similar reports. A treatment provider said, "There are an increased number of addicts stating they had a 'bad trip', negative side effects or didn't like how it [bath salts] made them feel." A law enforcement officer shared, "An inmate said he thinks his heroin was cut with bath salts because he's going through psychosis ... he's aggressive, he'll say things that aren't true. He suspects this is due to bath salts."

Participants did not report any street names for bath salts, and they did not have information about pricing of these drugs. However, a participant commented on bath salts being sold as cocaine on the street: "When he [the dealer] didn't have regular cocaine, he would sell the powder bath salt like it was cocaine and charge them the regular price as if it was cocaine. For a gram, he would charge \$80 and tell them it was cocaine."

In addition to street purchase, participants continued to report being able to obtain bath salts from some area stores. A participant reported, "[Bath salts] it's behind the counters now. You just have to know the people behind the counters." Another participant observed, "There's people who get them [bath salts] from other states or Mexico." A participant shared his knowledge of obtaining bath salts on the street: "When the head shop got busted, the owner hooked up some guy. He makes it [bath salts] at his house now, like selling crack or coke. He has the whole street lined up waiting for bath salts."

Participants reported that routes of administration for bath salts include snorting and intravenous injection (aka “shooting”). A profile for a typical bath salts user did not emerge from the data. Reportedly, bath salts are most often combined with powdered cocaine. A drug court counselor reported, “[Dealers/users] *they’re crushing it [bath salts] down and mixing with cocaine.*”

Synthetic Marijuana

Synthetic marijuana (synthetic cannabinoids, aka “K2” and “Spice”) 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); the previous most common score was also ‘10’. A participant reported, “*If you know where to get it [synthetic marijuana], you can always get it. You can still go to the stores. You don’t have to know anybody.*” Community professionals most often reported current availability as ‘9’; the previous most common score was ‘10’. A medical examiner’s office staff member described the types of synthetic marijuana seen recently: “*We are seeing PB22 and fluorinated PB22. Those are the only ones not scheduled that we see. PB22 is a cannabinoid, smoked; it’s something sprinkled on a vegetation substrate.*”

Media outlets in the region reported on a major synthetic marijuana seizure during this reporting period. As a result of a three-month investigation originating in Parma (Cuyahoga County), police seized synthetic marijuana and bath salts worth more than \$900,000 and reported that the confiscated amount filled more than 61,000 containers (www.cleveland.com, April 18, 2013).

Participants reported that the availability of synthetic marijuana has remained the same or has slightly decreased during the past six months. Community professionals also suggested a decrease in availability during the past six months. A medical examiner’s office staff member recalled, “*The synthetics spiked about mid-2012. Since then, it’s been trending down. We’re not seeing that [synthetic marijuana] much now anymore. That’s due to changes in Ohio law where everything is now schedule one.*” The BCI Richfield Crime Lab reported that the number of synthetic marijuana cases it processes has remained the same during the past six months; however, the Cleveland and Lake County crime labs reported that the number of synthetic marijuana cases they process has increased during the past six months.

Participants most often reported the current quality of synthetic marijuana as between ‘7’ and ‘9’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was ‘10’. However, the majority of participants shared stories reflecting poor quality of synthetic marijuana: “[Synthetic marijuana] *it’s got a lot of chemicals in it. It made me forget things. Still, to this day, I forget things, and I think it affected my memory; I’ve seen people smoke too much and have a seizure; This [synthetic marijuana] makes you hallucinate and paranoid and apprehensive and memory loss in a way that regular marijuana does not.*” Community professionals shared similar stories. A treatment provider said, “*I’ve seen a huge increase in people saying they used synthetic THC with poor results. They had a ‘bad trip.’*” A law enforcement officer recalled, “*We had the owner of the gas station, and he was messed up, seriously messed up. All we found was a blunt with some Spice [synthetic marijuana] in it.*” Reportedly, the quality of synthetic marijuana has decreased during the past six months. A participant said, “*Quality-wise, [synthetic marijuana] it’s probably gone down a little bit.*”

Current street jargon includes several different names for synthetic marijuana, including the following brands or labels: “gerbil food,” “Hydro,” “K2,” “Scooby Doo Snacks” and “Spice.” A drug court counselor reported, “*I found out something interesting from my clients: At a gas station, clients would ask for a \$10-20 bottle of incense. ‘Do you want a burning stick or a jar?’ If you ask for Spice, you get kicked out ... and if you ask for a burning stick [synthetic marijuana], that’s what you get.*” Participants had limited experience purchasing this drug, but reported that a gram bag sells for \$10-20; small jars and bottles sell for \$20. Participants reported on only one route of administration for synthetic marijuana: smoking. Participants described typical users of synthetic marijuana as marijuana users. As with real marijuana, synthetic marijuana is reportedly used with alcohol.

Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) remains highly available in the region. Participants reported two forms of the drug as currently available: traditional ecstasy tablets available in single, double, or triple stacks (doses), as well as a loose powder that is purported to be pure MDMA, known as “molly.” Participants most often reported availability of each 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 ecstasy tablets was also '10'. Community professionals reported the current availability of ecstasy as '6-7'; the previous most common score was '9'. A treatment provider said, "I rarely hear about this, [but] today I just heard about a kid doing both 'X' [ecstasy] and 'molly.'" A law enforcement officer commented, "[ecstasy] it's pretty easy to get."

Media outlets in the region reported on an investigation and seizure of ecstasy during this reporting period. Police were called to investigate a disturbance at a Parma (Cuyahoga County) motel where they found ecstasy tablets on an individual (www.cleveland.com, April 8, 2013).

Participants reported that the availability of ecstasy, and "molly," in particular, has increased during the past six months. A participant shared, "Over the past year, I've seen molly go from nothing to everywhere." Another participant added, "I feel like there's definitely a rise of people doing it [ecstasy and/or molly], more of it around." Community professionals were mixed as to whether the drug's availability has increased, decreased or remained the same during the past six months. A law enforcement officer commented, "We're getting reports that [ecstasy] it's back, especially around Chardon [Geauga County]." The BCI Richfield and Cleveland crime labs reported that the number of ecstasy cases they process has decreased during the past six months; the Lake County Crime Lab reported an increased number of cases.

Most participants rated the current quality of ecstasy and molly as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); previous most common scores were not reported. Several participants believed that there is fake molly on the street: "A lot of people are selling it [molly], but it's not real molly; A lot of it ['molly'] for sale is research chemicals, but they'll say it's MDMA. It has the same effect, so it must be similar." An officer confirmed this suspicion, "I know officers in Kirtland Hills and Mentor [Lake County] ... and the last molly [buy] they [law enforcement] got had bath salts in it. They [dealers] pass the bath salts off as molly." Participants reported that the quality of ecstasy has remained inconsistent during the past six months, whereas the current quality of molly is quite high. A participant commented, "The ecstasy around these days is garbage. That's why they got molly."

Current street jargon includes only a few names for ecstasy. The most commonly cited names remain "molly" and "X." Ecstasy in tablet form is sold as small, colored pills

featuring stamped logos or images, while molly is typically sold as a yellowish, loose powder. A participant said, "[Molly] it's sold in a plastic bag or sold loose in a folded paper." A law enforcement officer added, "[Law enforcement] we're buying it [molly] by the capsule and by the gram." Participants reported that a "single stack" (low dose) ecstasy tablet sells for \$5-10; a "double stack" or "triple stack" (high dose) ecstasy tablet sells for \$6-12; a dose of "molly" (packaged loose in a fold or capsule, usually 1/10 gram) sells for \$20-30; a gram sells for \$50-90.

Participants shared their experiences purchasing the drug. A participant reported, "It [molly] was in folds or in bags as a powder. I've had it as a liquid, too. They sell a couple drops for \$30. I had to go to a certain bar for the liquid. You feel it for eight to ten hours." Participants reported that the most common place to obtain both ecstasy and molly is at bars and clubs, as well as through phone calls to dealers and friends. A participant shared, "[Ecstasy and/or molly] it's in the clubs, on the streets. It's a dealer drug. Sometimes they let you taste it, sometimes they won't and you just have to buy it."

While there were few reported ways of administering ecstasy and/or molly, the most common route of administration remains oral consumption. Participants estimated that out of 10 ecstasy users, eight would orally consume, one to two would snort and another one to two would absorb the drug through anal/vaginal insertion. A participant said, "You parachute [wrap molly in tissue and swallow] and feel it right away."

Participants suggested typical users of ecstasy and/or molly are younger club goers. A participant commented, "Yeah, [ecstasy and/or molly] it's in the younger generation, now ... definitely in the clubs, the concerts." Participants indicated that the age range for typical use is teens through age 20. Participant comments on typical use included: "Everybody uses this [ecstasy], even 14-15 year olds. My 16-year-old neighbor was talking about it at school; Once it's in the music, then young people from 16-28 [years] go to the clubs and they're looking for it. They want to feel like ... [rap artists] or whoever is affiliated with it." Community professionals also linked ecstasy and/or molly to promiscuous sexual behavior. A treatment provider stated: "The young guys tell me about sex and this drug [ecstasy], they say it's wild; When a guy gets a female, he gets two [ecstasy] hits [one] for both of them."

Reportedly, ecstasy is used in combination with alcohol and marijuana because of its association as a party drug. A

participant explained, *"Good weed, with X and water. There's no sleeping. You are riding and grinding."*

Other Drugs

Participants and community professionals listed PCP (phencyclidine) as another drug that is present in the region, but this drug was not mentioned by the majority of people interviewed. PCP is highly available in the City of Cleveland. Participants rated its 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 '2'. An area referred to as 'Water World' on the northeast side of Cleveland continues to be reported as the place to obtain PCP. (Note that the interview location and participants' proximity to the city's northeast corridor influences their availability scores.) A participant said, *"Nowadays, [PCP] it's still easy to get."* Another participant added, *"It [PCP] has recently become way more socially acceptable, it's more popular."* Community professionals most often rated current availability as '7'; the previous most common score was '10'. A medical examiner's staff member recounted, *"PCP is a drug we consistently see in Cleveland. Especially with our OVI cases, it seems to be a popular thing, and all of them with marijuana. It seems pretty ubiquitous. It never left Cleveland."*

Participants reported the current quality of PCP generally as '8' (mean score) on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants and community professionals did not report on change in availability of the drug during the past six months. However, the Cleveland Crime Lab reported that the number of PCP cases it processes has increased during the past six months.

Liquid PCP (aka "embalming fluid," "water," "wet," or "woo") is commonly sold on a per-dip basis. Participants did not report knowledge of the crystalline powdered form of the drug. Current pricing for PCP is consistent with the previous reporting period: a dip of a cigarette costs \$10-20. A participant commented, *"The price [for PCP] is going up. If they want to charge \$100 for the cigarette, where I'm at, they don't play. If that's what they wanted to charge, they get it."* PCP remains available through a tight network of PCP dealers.

Reportedly, the most common route of administration remains smoking. A participant explained, *"Dip it [PCP] in cigarettes, weed ... anything that will absorb it, and you can smoke."* A participant warned, *"No shooting it, no powder. I*

don't think that'll work out anyway." Participants described typical users of PCP as younger, a smoker of cigarettes and/or marijuana. A participant observed, *"There are more women doing it [PCP] now ... definitely more than men, almost."*

PCP is most commonly used in combination with alcohol, crack cocaine, marijuana and tobacco. A participant described using PCP with crack cocaine: *"You're doing both at the same. You put crack at the tip of the cigarette and push back. The first hit will be crack and wet [PCP] at the same time. While it's burning out, you're still smoking both."*

Conclusion

Crack cocaine, ecstasy, heroin, marijuana, prescription opioids, prescription stimulants, sedative-hypnotics, Suboxone® and synthetic marijuana remain highly available in the Cleveland region. Also highly available are bath salts and PCP (phencyclidine). Changes in availability during the past six months include increased availability for marijuana.

Participants reported that heroin is found quickly throughout the region. Community professionals overwhelmingly cited heroin as the most available drug in the region. Currently, all types of heroin remain available in the region; however, participants continued to report brown powdered heroin as most available. The BCI Richfield Crime Lab reported low availability of black tar heroin in the region but reported encountering all colors of powdered heroin. Several participants reported availability of gray powdered heroin, which they described as extremely potent.

While participants and community professionals reported that the high availability of heroin has remained the same during the past six months, some participants felt that the increase in heroin is slowing down due to prescription drug controls, which are making it less likely for individuals to be prescribed opioids and, subsequently, less likely to become addicted to opioids in the first place. Therefore, participants perceived the progression of heroin use as slowing down.

Participants reported that the most common route of administration for heroin remains intravenous injection. Participants continued to report that those who are new to heroin are more likely to snort the drug before progressing to intravenous injection. However, a few participants noted that the time of this progression is shrinking,

citing movement from snorting to injection of heroin to be as short as a couple of days from first use. Participants and community professionals also noted the high quality of the region's heroin as dangerous for the opiate-naïve population to inject. Both respondent groups commented on the increase in overdosing after a period of heroin abstinence.

Participants reported that the availability of sedative-hypnotics has remained the same during the past six months, with the exception of Xanax®, which seems to be slightly more popular, especially among heroin users. Several community professionals also alluded to an increase in Xanax®. A medical examiner's office staff member mentioned that Xanax® is commonly present in OVI (operating a vehicle under the influence of alcohol or drugs) test results. The Cleveland and Lake County crime labs reported an increase in the number of Xanax® cases they process during the past six months. Typical illicit users are often younger (under 25 years of age) and addicted to other drugs (especially heroin). Several participants noted the practice of using Xanax® with alcohol said to intensify the effects of alcohol.

Marijuana continues to be the most easily obtained illegal drug in the region. Nearly every participant had consumed it or could obtain it. Reportedly, there are two types of marijuana available within the region: high-grade marijuana and regular-grade marijuana. Every participant rated current availability for both types of marijuana as '10' (highly available). Participants reported that the availability of marijuana has increased during the past six months, especially availability for high-grade marijuana. A participant observed that low-grade, imported marijuana has virtually disappeared due to the high availability and low pricing of the two marijuana grades.

During this reporting cycle, many more participants mentioned marijuana additives compared to reports from the previous six months. One type of additive, a synthetic cannabinoid, is reported to enhance the quality of regular-grade marijuana. Reportedly, lower-quality marijuana is often sprayed with a synthetic cannabinoid to improve quality to that of high-grade marijuana. The increased mention of this practice may explain the perceived increase in the availability of high-grade marijuana in the region during the past six months.

Participants also reported two forms of ecstasy as currently available: traditional ecstasy tablets available in single, double, or triple stacks (doses), as well as a loose powder that is purported to be pure MDMA, known as molly. Participants most often reported availability of each as '10' (highly available). Participants reported that the availability of ecstasy, and molly in particular, has increased during the past six months. In addition, several participants believed that there is fake molly on the street. Law enforcement reported that bath salts have been sold as molly during the past six months. Participants reported that the quality of ecstasy has remained inconsistent.

Lastly, PCP is highly available in the City of Cleveland. A staff member in the medical examiner's office said, "*PCP is a drug we consistently see in Cleveland. Especially with our OVI cases, it seems to be a popular thing, and all of them with marijuana. It seems pretty ubiquitous. It [PCP] never left Cleveland.*" PCP remains available through a tight network of PCP dealers. Participants described typical users as younger smokers of cigarettes and/or marijuana. The Cleveland Crime Lab reported that the number of PCP cases it processes has increased during the past six months.

