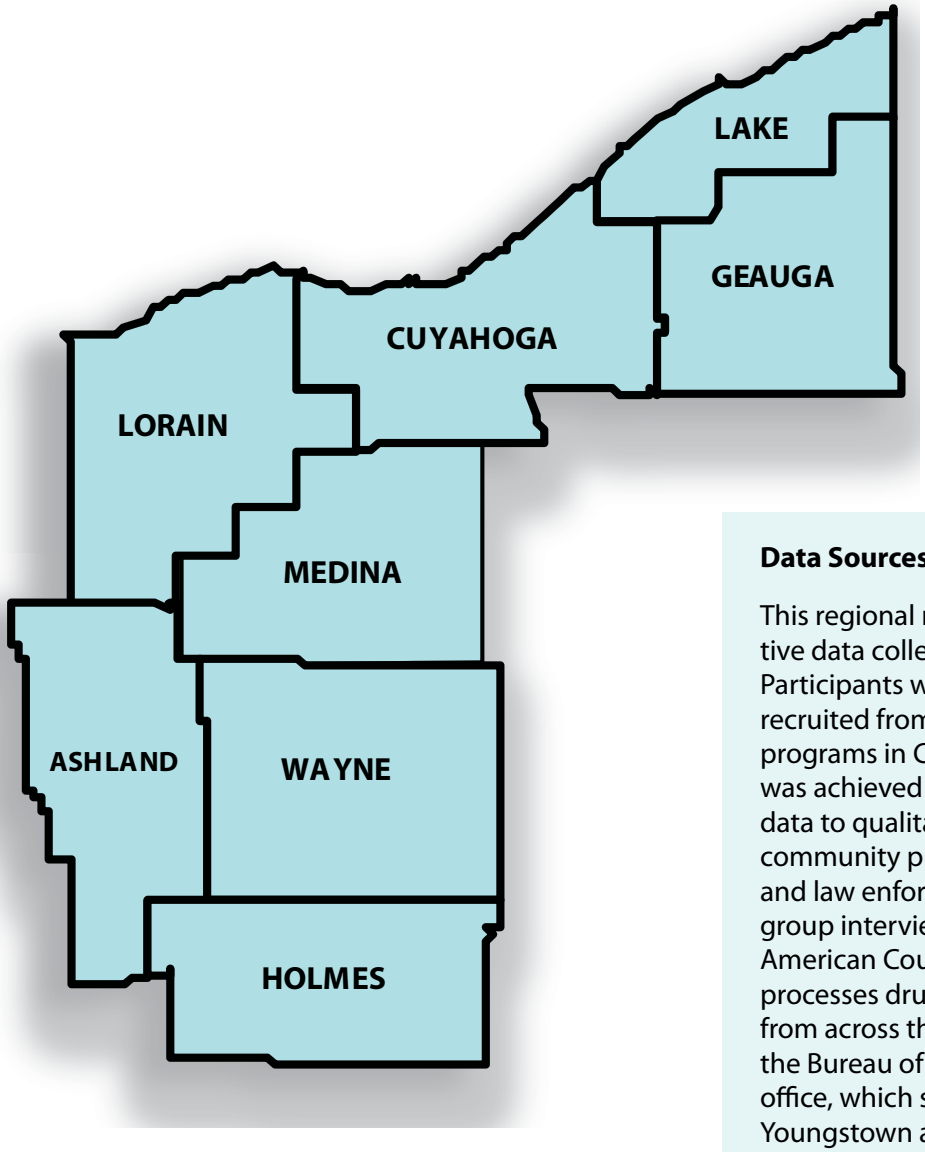
# Drug Abuse Trends in the Cleveland Region




**Regional Epidemiologist:**
Angela Arnold, MS

**OSAM Staff:**

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

Beth E. Gersper, MPA
OSAM Coordinator

Nicholas J. Martt, MSW, LSW
OSAM Research Administrator

**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 County. 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 American Court and Drug Testing Services, which processes drug screens in Medina (Medina County) from across the region, 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 2013. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for July through December 2013.

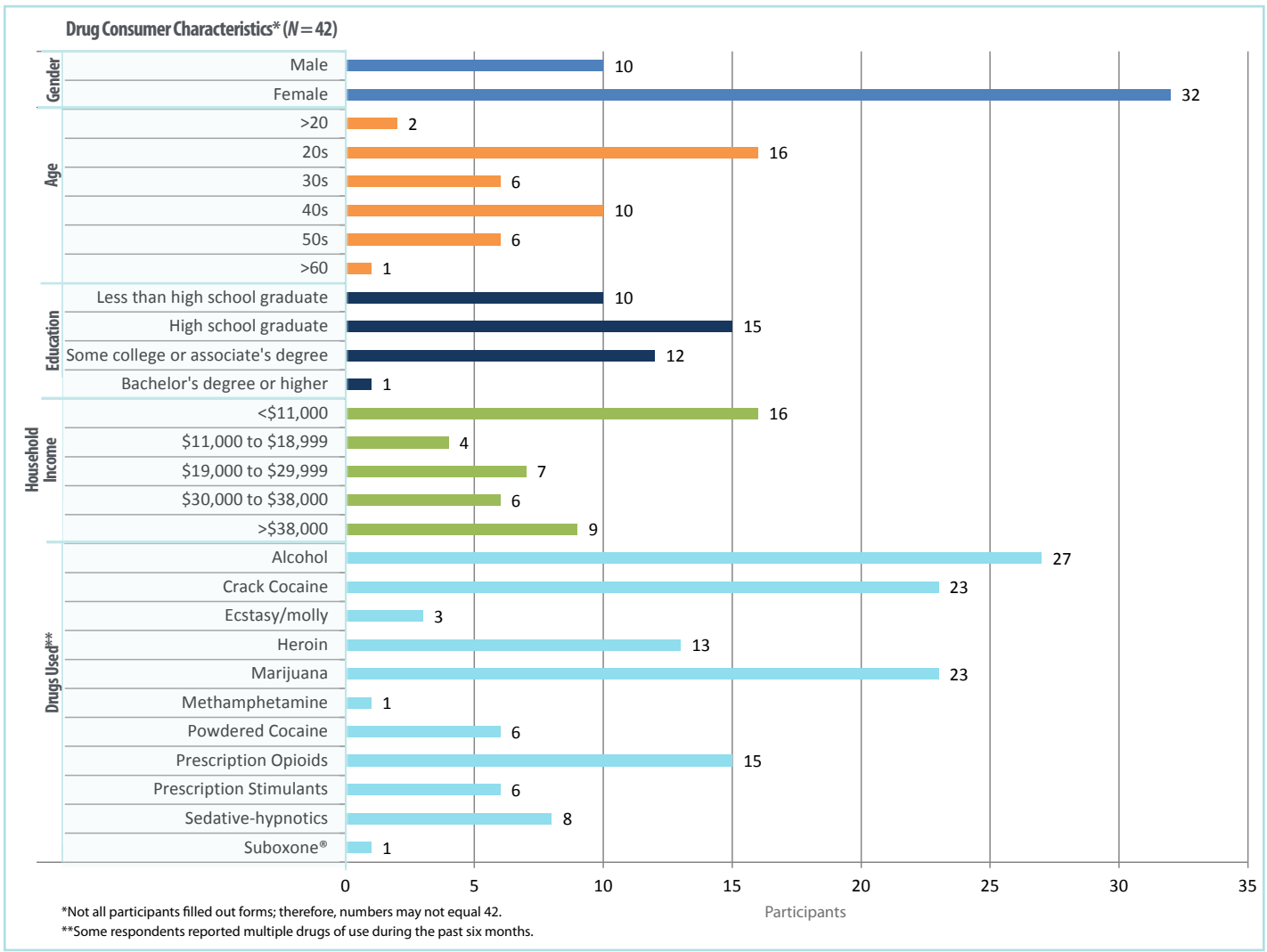
*Note:* OSAM participants were asked to report on drug use/knowledge pertaining to the past six months (from time of interview through prior six months); thus, current secondary data correspond to the current reporting period of participants.

# Regional Profile

| Indicator[1] | Ohio | Cleveland Region | OSAM Drug Consumers |
|---|---|---|---|
| Total Population, 2010 | 11,536,504 | 2,287,265 | 42 |
| Gender (female), 2010 | 51.2% | 51.8% | 76.1% |
| Whites, 2010 | 81.1% | 74.0% | 46.3% |
| African Americans, 2010 | 12.0% | 18.0% | 51.2% |
| Hispanic or Latino Origin, 2010 | 3.1% | 4.4% | 2.6% |
| High School Graduation Rate, 2010 | 84.3% | 82.8% | 73.7%[2] |
| Median Household Income, 2012 | $46,873 | $52,247 | $11,000 to $14,999[3] |
| Persons Below Poverty Level, 2012 | 16.2% | 12.4% | 51.6%[4] |

[1]Ohio and Cleveland region statistics are derived from the most recent US Census, and OSAM drug consumers were participants for this reporting period: June 2013-January 2014.
[2]High school graduation rate was unable to be determined for 4 participants due to missing and/or invalid data.
[3]Participants reported income by selecting a category that best represented their household's approximate income for 2013. Income status was unable to be determined for 5 participants due to missing and/or invalid data.
[4]Poverty status was unable to be determined for 11 participants due to missing and/or invalid data.

## Cleveland Regional Participant Characteristics




*Not all participants filled out forms; therefore, numbers may not equal 42.
**Some respondents reported multiple drugs of use during the past six months.

## Historical Summary

In the previous reporting period (January–June 2013), crack cocaine, ecstasy, heroin, marijuana, prescription opioids, prescription stimulants, sedative-hypnotics, Suboxone® and synthetic marijuana remained highly available in the Cleveland region. Also highly available were bath salts and PCP (phencyclidine). Changes in availability included increased availability for marijuana.

Participants reported that heroin was found quickly throughout the region. Community professionals overwhelmingly cited heroin as the most available drug in the region. All types of heroin remained available; 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 had remained the same during the previous six months, some participants felt that the increase in heroin was beginning to slow down due to prescription drug controls which were making it less likely for individuals to be prescribed opioids, and thus less likely to become addicted to opioids in the first place. Hence, participants perceived the progression of heroin use was slowing down.

Participants reported that the most common route of administration for heroin remained intravenous injection. Participants continued to report that those who were new to heroin were more likely to snort the drug before progressing to intravenous injection. However, a few participants noted that the length of time of this progression as shrinking and cited 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. Respondents commented on the increase in overdosing after a period of heroin abstinence.

Participants reported that the availability of sedative-hypnotics had remained the same during the previous six months, with the exception of Xanax®, which seemed to be slightly more popular, especially among heroin users. Several community professionals also alluded to an increase in Xanax®. A medical examiner's staff mentioned that Xanax® is commonly present in OVI (operating a vehicle impaired) test results. The Cleveland and Lake County crime labs reported an increase in number of Xanax® cases they processed. Typical illicit users were described as under 25 years of age and addicted to other drugs (especially heroin). Several participants noted the practice of using Xanax® with alcohol and said it intensified the effects of alcohol.

Reportedly, marijuana continued to be the most easily obtained illegal drug in the region. Nearly every participant had consumed it or could obtain it readily. There were two reported classes of marijuana which were available in the region: high-grade marijuana and low-grade marijuana. Every participant rated current availability for both types of marijuana as highly available. Participants reported that the availability of marijuana had increased, especially availability for the high-grade type. A participant observed that low-grade imported marijuana had virtually disappeared due to the high availability and low pricing of high-grade marijuana. Many more participants mentioned marijuana additives compared to previous report periods. One type of additive, a synthetic cannabinoid, was reported to enhance the quality of low-grade marijuana. Reportedly, lower quality marijuana was sprayed with this synthetic cannabinoid to increase quality to that of high-grade marijuana. The frequent reference to this practice may have explained the perceived increase in the availability of high-grade marijuana throughout the region.

Participants reported availability of two forms of ecstasy: 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 high availability of both these substances. Participants reported an increase in availability of molly in particular. In addition, several participants believed that there was "fake molly" on the street. Law enforcement reported that bath salts had been sold as molly. Participants reported that the quality of ecstasy remained inconsistent.

Lastly, PCP was highly available in the City of Cleveland. PCP remained available through a tight network of PCP dealers. Participants described typical users as younger, a smoker of cigarettes and/or marijuana. The Cleveland Crime Lab reported an increase in number of PCP cases it processed.

## Powdered Cocaine

Powdered cocaine remains moderately available in the region. Participants reported the current availability of powdered cocaine as '7' (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 '5.' Also, it should be noted that as powdered cocaine is the primary ingredient of crack cocaine, most people with knowledge of powdered cocaine reported purchasing the product to make crack. Participants continued to report that availability of this drug varies greatly depending on a user's relative closeness to a high-level supplier. Many participants noted that dealers are reportedly specializing in higher quality powdered cocaine and that their network of buyers is tight-knit. A participant explained, "*If I get crack* [cocaine] *from a guy* [dealer], *he's not going to have powder* [powdered cocaine]. *In my hood, it's strictly one* [dealer] *for one* [form of cocaine] *and the other person for the other.*" Another participant shared, "*No, it's* [powdered cocaine] *not on the east side anymore. You have more rock* [crack cocaine] *smokers now.*"

Community professionals most often reported high availability of powdered cocaine and rated current availability as '10;' the previous most common score was '6.' Law enforcement officers and other community professionals did not cite emerging or urgent trends in powdered cocaine availability, and in turn, supplied little information on the drug. A treatment provider said, "*I see more crack users than snorters* [powdered cocaine users], *so I'd say the crack cocaine user outweighs the powder.*"

Corroborating data also indicated the presence of cocaine in the region. American Court and Drug Testing Services reported that 6.1 percent of the 809 individuals screened through its Medina lab during the past six months were positive for cocaine (crack and/or powdered cocaine).

Media outlets reported on powdered cocaine seizures and arrests in the region during this reporting period. Three individuals, ranging in age from 29 to 66 years, were arrested on Cleveland's east side as a result of an FBI investigation which identified them as being involved in a national drug ring that brought cocaine to Cleveland from Los Angeles and Las Vegas (www.impact.cleveland.com, Oct. 1, 2013). Hundreds of drug related indictments targeted a major cocaine dealer from Willoughby (Lake County) and more than 70 of his customers (Geauga, Lake and Cuyahoga counties) (www.impact.cleveland.com, Nov. 8, 2013).

Participants most often reported that the availability of powdered cocaine has decreased during the past six months, reasoning that they encounter powdered cocaine much less often than crack cocaine. Some participants purported that decreased availability of powdered cocaine is the result of the drug being supplanted by heroin and other drugs. A participant explained, "*The younger kids are geared to heroin—it's an epidemic—and what they call 'pharmaceutical' stuff and bath salts. So, they're doing stuff that's more easily accessible and cheaper.*" Of those community professionals who reported on the availability of powdered cocaine, the majority reported a decrease in availability. A treatment provider said, "*I don't hear anything about powder.*" Another health care provider explained, "[Powdered cocaine] *it's less available for those who we come in contact with, but it's available for those who are a part of that culture.*" However, other community professionals explained that their clients would be less likely to report powdered cocaine as a primary drug of choice. The BCI Richfield Crime Lab reported that the number of powdered cocaine cases it processes has decreased during the past six months.

| Powdered Cocaine | Reported Availability Change during the Past 6 Months | |
|---|---|---|
| | Participants | Decrease |
| | Law enforcement | Decrease |
| | Treatment providers | Decrease |

Participants most often rated the current quality of powdered cocaine a '4' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score averaged to '3.' Participants suggested that powdered cocaine quality is generally poor unless the dealer is well-connected. Participants commented: "*By the time it* [powdered cocaine] *gets here to Cleveland, it's not very good* [quality]; *If one guy has the good stuff, he's always got it. If he's got shitty, he's always got it.*" Another participant reflected, "*About five years ago it [quality of powdered cocaine] was really good. Now it's hit or miss.*"

Several participants mentioned the continuing trend of different qualities being available for various uses such as intravenous injection (aka "shooting"), snorting or for cooking into crack cocaine, as well as variability of quality throughout the time of day and month. A participant explained, "*They also have different ways of cutting* [mixing other substances in] *it. Most of them* [dealers] *have two or three bags* [of powdered cocaine] *and they'll have different levels. Those piles get sold to different people. There's the 8 p.m. cocaine and the 2 a.m. crack smoker, and the end of the month coke* [when supplies are low], *shooter's coke, etc.*" Other participants admitted that the poor quality of powdered cocaine motivated them to seek treatment: "*It's all garbage. The last good powder was in 1989. That's the reason I'm here in treatment, I'm spending my money on something I don't even like anymore.*"

Participants reported that powdered cocaine in the region is cut (adulterated) with ammonia, baby powder, baby laxatives, baking soda, bath salts, caffeine, heroin and vitamin B-12. Another participant commented on how commonly the drug is "stepped on," or cut, explaining, "*They* [dealers] *do a tap dance on it* [adulterate powdered cocaine]: *rat poison, other types of drugs, baby laxative, even insect killers. It's truly poison.*" A participant shared, "*I heard they were cutting it with bath salts because it's cheaper and makes the buzz last longer and it looks just like cocaine.*" Another participant reflected, "*I bought some coke one time and found out it was bath salts.*"

**Powdered Cocaine**

**Cutting Agents Reported by Crime Lab**

- caffeine
- levamisole (livestock dewormer)
- local anesthetics (benzocaine, lidocaine, procaine)
- mannitol (sugar substitute)

Current street prices for powdered cocaine varied among participants with experience buying the drug. Regarding pricing and quantities, a participant said, "*If you're not getting any weight, it's a waste of time. Nobody busts down a bag to give somebody a $50. Truth is, it's already rocked.*"

**Powdered Cocaine**

**Current Street Prices for Powdered Cocaine**

| | |
|---|---|
| a gram | $50-100 |
| 1/8 ounce (aka "eight ball") | $150-210 |

Participants reported that the most common route of administration for powdered cocaine remains snorting. Participants estimated that out of 10 powdered cocaine users, six would snort, three would smoke and two would intravenously inject the drug. When users reported on administration via smoking, they almost always meant smoking powdered cocaine after it was "rocked up" as crack cocaine. A participant explained, "*Now,* [dealers will ask], '*Are you shooting or smoking it?' If you're shooting, you get powder. If you're smoking, you get rock. They ask you if you want 'hard'* [crack cocaine] *or 'soft'* [powdered cocaine]."

Participants and community professionals described typical powdered cocaine users most often as white and those who are more affluent. In addition, a participant explained age differences in use: "*I'd say between 16 to 25* [years old] *and then there's a gap … and then older people like my dad's generation. Older guys at the bar, they go out to the car for a bit and* [use powdered cocaine] *then come back in.*" Other participants commented: "*Younger people because powder is related with parties; It's yuppies, upscale guys, nightclub guys.*" A member of law enforcement described the typical user as: "*white people in their 40s and 50s. It's that 1970s era they can't get over.*"

## Crack Cocaine

Crack cocaine 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); the previous most common scores were also '10.' Participants reported that crack cocaine is very easy to obtain. Incidences of anonymous street transactions continue to be less common in areas where "walk-up" service was previously available. Many participants were keen to agree that crack cocaine has moved from the streets to the phone. Participants explained: "[Crack cocaine] *it's easy to get, but it ain't like it used to be. I get phone calls. If they haven't heard from me in a minute, they call me. It switched from cars to phones; I see* [crack cocaine] *it's all over where I live. It's everywhere: door service, walk service, phone service. It's like weed* [marijuana] … *but they* [dealers] *don't stand out on the block no more.*"

Participants reported that the availability of crack cocaine has remained the same during the past six months. How-

ever, participants suggested that preference for the drug is changing and commented: "*Heroin is more available and that's what people are doing more now; In my neighborhood, it's all heroin, no one wants to buy crack.*" However, several participants mentioned that dealers are deliberately trying to move their customers away from crack cocaine to heroin. Participants shared: "*I know a lot of people that stopped selling crack to sell heroin. It's more money; I have multiple drug dealers who sell crack and they sell heroin … and if they don't have crack, they'll tell you to try heroin … They'll give you both* [crack and heroin unbeknownst to the user] … *you're sitting there smoking crack and you're going to get dope sick because they're putting the heroin in the crack and they don't tell you.*"

Both treatment providers and law enforcement officers observed that crack cocaine availability remains very high, even as more users are shifting over to heroin use. A treatment provider commented, "[Crack cocaine] *it's easy to get. There's a shift* [to heroin use], *but not a shortage* [of crack cocaine] *at all.*" A law enforcement officer said, "[Crack cocaine] *it's there, it just depends on who's gonna still use it.*" A treatment provider said, "*It* [the preference for crack cocaine] *is decreasing though, based on what I've been told by the consumers, especially during the intake assessments. They say it's just not like it used to be … But there's going to be crack forever.*" The BCI Richfield Crime Lab reported that the number of crack cocaine cases it processes has remained the same during the past six months.

**Crack Cocaine**

| Reported Availability Change during the Past 6 Months | |
|---|---|
| Participants | No Change |
| Law enforcement | No Change |
| Treatment providers | No Change |

Participants most often rated the current quality of crack cocaine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '3.' One participant who was reportedly close to a cocaine dealer talked about the scarcity of high-quality product, saying, "*Because of the police, the quality* [of crack cocaine] *has constricted down within certain circles. You have to be somebody who knows somebody to get in* [to obtain high-quality crack cocaine]." Nearly all participants felt the quality of crack had decreased in general. Quality is so poor that it is reportedly common for crack users to "recook" the product they receive to remove impurities. A participant explained, "*One day you go to a guy and it'll blow your wig off* [it is high quality crack], *and the next time you go to the same guy you're pissed because it's garbage* [poor quality crack]." Another participant remarked, "*You can tell* [crack cocaine that is cut]—*it's not right. It's so bad* [quality] *it makes you want to quit* [using crack]."

Participants reported that crack cocaine in the region is cut with amphetamines (aka "speed"), baby formula, baby laxative, baking soda, bath salts, carpet cleaner, heroin, methamphetamines and the alleged rat poison. Treatment providers heard similar reports. A treatment provider shared, "*Crack has become less and less cocaine. It's a whole other ballgame. If you're going to distinguish, there's so much less cocaine in it. It's* [cut with] *synthetic, methamphetamine or* [bath salts] *because it's cheaper and it sells.*" Fake product (aka "fleece" or "dummies") is also reportedly more common, including drywall and cocoa butter sold as crack cocaine. Additionally, as noted previously, several participants mentioned crack cocaine being cut with heroin as a deliberate strategy used by dealers who wish to transition to heroin sales.

**Crack Cocaine**

| Cutting Agents Reported by Crime Lab |
|---|
| levamisole (livestock dewormer) |
| local anesthetics (benzocaine, lidocaine, procaine) |
| mannitol (sugar substitute) |

Current street prices for crack cocaine were consistent among participants with experience buying the drug. Several participants indicated an increase in pricing. Participants generally agreed that previously reported $5-10 pieces (aka "rocks") are hard to come by. A participant shared, "*In my hood there's no such thing as $10* [crack cocaine]. *You gotta go $20 and up all day long … If you're gonna get high, you have to spend money.*" Furthermore, like powdered cocaine, crack cocaine is reportedly more expensive outside of the city. A participant explained that users who come to Cleveland from suburbs are used to paying more for crack cocaine.

**Crack Cocaine**

| Current Street Prices for Crack Cocaine | |
|---|---|
| 1/10-3/10 gram pieces | $20 |
| 1/8 ounce (aka "eight ball") | $180 |

The most common route of administration for crack cocaine remains smoking. Participants estimated that out of 10 crack cocaine users, eight would smoke and the remaining two would either snort or intravenously inject (aka "shoot") the drug. A participant explained, "*You got one smoking* [crack] *in a cigarette, putting in a blunt, in aluminum foil, a bowl, a stem, a can. Some shoot*." Another participant described shooting crack: "*You can break it down with lemon juice, lime juice, vinegar. You put it* [the liquid] *on the crack, light it and break it down*."

A description of a typical crack cocaine user did not emerge from the data. Participants described crack cocaine users as white, black, Hispanic, east-siders and west-siders, as well as young and old. Participants commented: "*It's for ages eight to 80; It's the black community and it's young girls because the old schools* [older drug users] *ain't doing it no more 'cuz it ain't good*." Community professionals also described typical users as any age and added that there is a shift away from crack. One treatment provider commented, "*I have two 20-year-olds in treatment for crack, so some are young;*" while another treatment provider reported, "*I haven't seen younger with crack. I've seen older, late 30s, 40s and up* [to] *60s*." Law enforcement officers remarked on how users are shifting away from crack to heroin. Officers reflected: "*Something has happened to the hard core* [crack] *user, the down* [non-stimulant high] *is okay for them now; Heroin is cheaper. It's trendier.*"

## Heroin

Heroin remains highly available in the region. Participants most often reported the 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 remarked, "[Heroin] *it's really easy to get*." Another participant commented, "*There's more heroin around than any other drug*." Community professionals overwhelmingly cited heroin as the most available drug in the region and they continued to rate current availability as '10.' A treatment provider remarked, "*Because* [heroin is] *so prevalent, the market value has declined to the extent that you can get it anywhere in any amount*." A law enforcement officer said, "*Heroin and prescription opioids are our top issues; 85 to 87 percent of all our undercover buys are related to those two topics*."

While many types of heroin are currently available in the region, for practical purposes, participants delineated between two types of heroin: powdered heroin and black tar heroin. Powdered heroin is reportedly most available in the region. Participants mentioned fewer distinctions between brown and white powdered availability due to the great variation of and broad spectrum of heroin colors. A participant explained, "*We have all kinds except tar* [black tar heroin]—*that doesn't come around too much. Gray, white, dark brown, light brown, tan, blue, green, all different colors* [of powdered heroin]." The BCI Richfield Crime Lab reported processing both brown and white powdered heroin as well as back tar heroin cases during the past six months; Lake County Crime Lab reported processing brown, gray, tan and white powdered heroin as well as compressed rock forms of heroin.

Participants reported current black tar heroin availability as '4,' reporting higher availability on the west side of Cleveland. West side participants commented: "*Tar is on the west side. I've never seen it on the east side; Around the west side there's a lot of tar.*" An east side participant agreed, "*Most* [types of powdered heroin] *were easy [to obtain] beside the tar—that would pop up every couple of months. I've had tar that wasn't as good as powder.*"

Corroborating data also indicated the presence of heroin in the region. American Court and Drug Testing Services reported that 12.4 percent of the 809 individuals screened through its Medina lab during the past six months were positive for opiates.

Media outlets reported on heroin seizures and arrests, as well as community action in the region during this reporting period. Three individuals in Lorain County were charged with possession and trafficking heroin after Ohio State Highway Patrol (OSHP) troopers found two ounces of powdered heroin and marijuana in their possession (www.statepatrol.ohio.gov, Aug. 19, 2013). *The Plain Dealer* ran a series of articles titled "The Heroin Epidemic," which covered the increase of heroin overdose deaths in Cuyahoga County and the nation, the seemingly easy progression from prescription opioid medication to heroin for people of all walks of life, personal stories of heroin addiction, prevention as key and Project DAWN (Deaths Avoided With Naloxone) (www.cleveland.com, Sept. 3-12, 2013). A 23-year-old woman of Avon Lake (Lorain County) pleaded guilty to trafficking heroin to young teenage girls and then turning them over to her boyfriend who would traffic them for sex in return for heroin (www.cleveland.com,

Sept. 20, 2013). More than 30 people faced indictments for being involved in a large heroin ring that brought heroin to Cleveland from Chicago and Atlanta; many of those who faced charges were affiliated with gang activity on Cleveland's east side (www.cleveland.com, Oct. 23, 2013). Solon (Cuyahoga County) began to hold town hall forums titled "Heroin in the Suburbs" (www.impact.cleveland.com, Oct. 24, 2013). Lorain (Lorain County) law enforcement officers saved a young woman from a possible overdose death with Narcan® nasal spray; this was the first save utilizing naloxone in the county (www.morningjournal.com, Oct. 30, 2013 and www.cleveland.com, Oct. 31, 2013). Two batches of heroin lead to over 20 people overdosing in Lorain County during one weekend; the police confirmed that one of the batches was actually 100 percent fentanyl sold as heroin; one drug dealer was arrested and three individuals died from that incident; several others would have succumbed had it not been for the lifesaving efforts by the Lorain Police who used Narcan® to save many of the users that weekend (www.fox8.com, Nov. 11, 2013 and www.newsnet5.com, Nov. 19, 2013). Two men were found dead from heroin overdoses on Cleveland's west side a couple hours apart; one in his home and the other in his car (www.cleveland.com, Dec. 23, 2013).

Participants most often reported that heroin availability has increased during the past six months. A participant observed, "*I say* [heroin] *it's more available because I'm an old school crack smoker and you used to have to go around back* [of the dealer's house] *to get the heroin and now you go to the front door and they ask you what you want, 'boy'* [heroin] *or 'girl'* [cocaine]. *It's 'out of the closet' or whatever.*"

Participants shared several reasons for the purported increase in heroin availability. First, dealers are switching from other drug sales to heroin sales. A participant explained, "*When I first started using* [heroin] *I had a handful of people* [dealers] *I could get to. Then, as time went on, dealers of other things* [drugs] *stopped what they were doing and switched over to heroin. There's more clientele and it's more steady because users are going to do whatever they're going to do to not be dope sick. It's a 10-fold increase* [in profit]." Second, the heroin market is extremely resilient. A participant shared, "*I noticed about the busts in Cleveland, too. But right after that, their families took over and it was right back. Dealers go to jail and they tell their families where the stash is and then their brother or cousin or mom takes over.*" Finally, participants attributed an increase in heroin availability to limited prescription opioid availability since there has been increased oversight in prescribing patterns and changes in pill formularies to deter abuse.

Community professionals also reported an increase in heroin availability during the past six months. A treatment provider observed, "*It's an epidemic. We have been getting an increase of heroin users as clients in the agency.*" Law enforcement has also realized an increase in heroin related incidents. A law enforcement officer remarked, "*I talked to* [an EMS company that serves] *townships of 150,000 people, and they use Narcan®* [a drug that can be used to stop heroin/opiate overdose] *once a day. Now the cops carry it, too. The crime is going through the roof. We're getting hammered with daytime house burglaries* [because heroin addicts] *need $50 and they'll do anything to get it.*" Lake County and the BCI Richfield 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.

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

Participants most often reported the general current quality of powdered heroin as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was also '8.' Participants rated the current quality of black tar heroin as '6.' A participant explained the differences in quality of the many powdered heroin varieties: "*The gray* [colored heroin] *is more potent and from what I heard it was cut with fentanyl … My perception about the blue* [colored heroin] *is that they put some food color in when they were cooking it to make it blue. Sometimes white is as good as gray, but seven out of ten times, the white … is completely garbage.*"

Fewer participants had experience with black tar heroin, but those who discussed black tar heroin's current quality commented: "*Tar is supposed to be more pure; A lot of people don't want the tar. Sometimes it would be better or worse than powder, but it was always the last resort until I couldn't get it* [heroin] *anywhere else.*" Participants varied in their opinions as to whether the overall quality of heroin

has changed during the past six months. Some participants felt quality has increased and commented: "[The quality of heroin] *it's better; Every time my dealers had* [heroin], *it was getting better; I feel that it's better quality, but some people do cut it with things. One time we had all witnessed somebody die and we all wanted to know where to get it because we were thinking it was good dope*." Other participants felt heroin quality has decreased as more dealers enter the trade.

Participants reported that heroin in the region is cut with dissolvable powders such as aspirin, baby formula, cocaine, drywall, fentanyl, lactose, Lanacane®, Miami Ice (a cut for heroin sold as room and carpet deodorizer), procaine (local anesthetic), sleep aids and vitamin B-12. A participant shared, "*They cut it with Klonopin® or Sleepinal® —other things that will make* [you] *nod out. You think you're getting some good dope, but you're just taking a pill*." Participants discussed quality of heroin in relation to cuts in the drug which has led to many overdoses. Participants related: "*I had died three times with the fentanyl in the heroin. I had a high amount of drugs in my system and I had only done a $30 bag. They tested me and found fentanyl in my system; My boyfriend was selling it* [heroin] *just before people started dying on it. I had three friends overdose on it* [heroin]. *They just fell on the table and dropped dead instantly*."

Community professionals shared similar concern about increases in overdose rates. A law enforcement officer recounted, "*The last six months … we had 65 overdose deaths.* [In] *2011* [the number of overdose deaths] *was 22. So far this year, we're at a higher rate than we were … It's going to take everybody in the courts and social services to try to address those problems, but unfortunately … I don't see that improving any time soon*." Another officer commented, "*Sometimes we've had trends with overdoses. We lost five in one weekend. Another time we lost seven. When so many are dropping like that it's a concern. In one case the knuckleheads who were selling it didn't have any cut in it* [pure heroin], *so these people were dying with the needle still in their arm. In the other case, they were using fentanyl as a cut*."

**Heroin**

**Cutting Agents Reported by Crime Lab**

- acetaminophen
- caffeine
- diphenhydramine (antihistamine)
- mannitol (sugar substitute)
- quinine (antimalarial)

Participants reported that heroin is available in different quantities. Powdered heroin is most commonly sold in chunks, folds or baggies from either known dealers or through anonymous transactions. Small amounts are typically about 1/10 gram and often called a "point." Current street prices for heroin were variable among participants with experience buying heroin. Participants reported lower pricing for the west side of Cleveland. Note: participants were unable to report pricing information for white powdered heroin.

**Heroin**

**Current Street Prices for Brown Powdered and Black Tar Heroin**

| | |
|---|---|
| brown powdered: | |
| 1/10 gram bag (aka "point" or "bindle") | $10-20 |
| 8-12 bags (aka "bundle") | $80-160 |
| a gram | $50-100 |
| 10 grams (aka "finger") | $600-750 |
| a kilo | $85,000 |
| black tar: | |
| 1/10 gram (aka "balloon") | $20 |

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 would inject, two would snort and one would smoke the drug. A participant shared, "*When I smoked heroin it was usually on a tin foil or rolled up on a blunt*." Another participant added, "*You can snort* [black] *tar* [heroin] *in water*." Participants continued to report that those who are new to heroin are more likely to snort before progressing to shooting. A participant explained, "[Heroin use] *it's a progression … once their* [heroin users'] *tolerance gets so high … the only way they can get where they want to get is shooting*."

Reportedly, syringes are available from dealers as well as from chain pharmacies. The Cleveland region also has a needle exchange program operated by The Free Clinic of Greater Cleveland and many users obtain needles from there. Current street jargon includes many names for syringes including "pencil," "pin," "rig" and "works." Purchasing needles from pharmacies is reportedly more difficult than obtaining them from a dealer. A participant explained: "*By the time I started injecting it* [heroin], *you had to go in* [to a pharmacy] *with some knowledge. You had to know the name of the insulin you were* [allegedly] *using …*

*nine out of ten* [pharmacies] *do that now*." Participants reported that dealers will typically sell clean, new syringes for anywhere from $0.50 to $5 apiece.

A participant expressed concern about the increased number of used needles and spoons (also used for heroin) just laying around outside: "*I ride a bike all day long and I see more needles and spoons all day long now. I used to break them* [the needle off the syringe] *because of the kids. Now you see them so much I don't even stop now. People were shooting* [heroin] *in the car and throwing the works* [syringes] *away* [on the ground], *but it's dangerous. Too many spoons on the ground*."

A profile of a typical heroin user did not emerge from the data. Participants described heroin users as under age 30 and typically prescription opioid abusers. Generally, participants agreed that younger blacks are not the typical heroin user, but whites and Hispanics use heroin more often. Further, participants noted that older "maintenance" heroin users include people of every race and often veterans.

Participants and community professionals commented on typical heroin users often beginning with prescription opioids and moving to heroin due to price, formulation changes and availability. A participant shared, "*Everyone I know that does heroin, they did prescription pain pills before. But when Opana® got taken off* [the old formulary and switched to a new abuse-deterrent formula] *and they couldn't get high the same way as before, then they started doing heroin … We could spend $20 on a bag of heroin and get just as high and have some left over and have some to share*."

Community professionals felt that it was not easy to categorize heroin users. Law enforcement officers commented: "*Everyone; It's an increasing span of 30s, 40s and 50s. I don't care what nationality you are, what social level you are in society, it's across the board.*" A treatment provider said, "*It's all over the place - young and old, rich and poor.*" Treatment providers also observed increasingly younger individuals using heroin.

## Prescription Opioids

Prescription opioids remain highly available in the region. Participants and community professionals continued to report current availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score for both groups was also '10.' Participants reported very little use and low availability of "premium" prescription opioids such as Dilaudid®, fenantyl, Opana® and morphine. Participants and community professionals identified Percocet® and Vicodin® as the most popular prescription opioids in terms of widespread use.

Corroborating data also indicated the presence of prescription opioids in the region. American Court and Drug Testing Services reported that 10.0 percent of the 809 individuals screened through its Medina lab during the past six months were positive for oxycodone.

There was no consensus among participants regarding a change in availability of prescription opioids during the past six months. One of the participants who felt prescription opioid availability has increased commented, "*I know more people that get prescribed them* [prescription opioids]." Participants who felt that availability has decreased attributed the decrease to general diminished availability on the street and in pharmacy stocks, as well as to reduced prescription writing by doctors.

Community professionals reported an increase in prescription opioid availability during the past six months. Treatment providers suggested doctors do not monitor prescription opioids closely enough, while law enforcement noted an influx of pills from outside Ohio. Law enforcement officers explained: "*Puerto Rico and Florida, Kentucky—pills from there can still find their way up here; We are an international border … people forget because they* [dealers] *go over the water back and forth along with the small airports. This can make this* [controlling availability] *tough*." 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; however, exceptions were increased number of cases for Dilaudid® and fentanyl. Lake County Crime Lab reported increases in the number of Kadian®, OxyContin® and Percocet® cases during the past six months.

| Prescription Opioids | Reported Availability Change during the Past 6 Months | |
|---|---|---|
| | Participants | No Consensus |
| | Law enforcement | Increase |
| | Treatment providers | Increase |

Reportedly, many different types of prescription opioids are currently sold on the region's streets. Participants expressed a preference for formulations that can be crushed, snorted, combined with other drugs or used as cutting agents. These types of pills are reflected in the price as they are significantly more expensive than others. For example, recent changes to Opana® formulations have reduced demand for the new pills and increased demand for the 40 mg crushable version. Current street prices were consistent among participants with experience buying prescription opioids. Participants reported the following prescription opioids as available to street-level users.

| Prescription Opioids | Current Street Prices for Prescription Opioids |
|---|---|
| fentanyl | $1-1.25 per mcg |
| Opana® (*old formulation*) | $30 for 15 mg |
| OxyContin® OP (*new formulation*) | $55-60 for 40 mg |
| Percocet® | $0.20-0.50 per mg |
| Roxicodone® | $4-5 for 5 mg<br>$10-11 for 10 mg<br>$30 for 30 mg |
| Vicodin® | $3-5 for 5 mg<br>$6-7 for 7.5 mg<br>$6-10 for 10 mg |

Prescription opioids remain highly available through doctors, friends, family members, health care workers and drug dealers. A participant commented, "*You find somebody who has a certain kind of illness. My brother had cancer and he would get like 90* [count of pills] *and he would sell them so he could do heroin. He preferred heroin to those.*" Community providers also reported that most illicit opioid use is from diversion. Law enforcement officers shared: "*Mostly it's diversion: theft from homes, cancer patients; They get prescriptions … we had a guy who stole a prescription pad from a doctor.*"

While there were a few reported ways of consuming prescription opioids, the most common route of administration remains oral consumption. Participants estimated that out of 10 illicit prescription opioid users, six would take the drugs by mouth (including crushing, wrapping in tissue and swallowing, aka "parachuting"), three would snort and one would intravenously inject (aka "shoot") the drugs.

A profile of a typical illicit user of prescription opioids did not emerge from the data. Several participants described user groups to include cancer patients, teenagers, "older folks" and people with worker's compensation claims. A participant said, "*It's anybody, really. Could be any age. I know a lot of young people more than older people. The youngest I know is 11 and she's hooked pretty bad* [on prescription pills]." Community professionals agreed with participants in reporting a wide range of illicit prescription opioid users. Treatment providers commented: "*It's* [people aged] *late 30s to 65 or 70. It's older people, but I know that kids can easily get it. A lot of the time it's the kids who go into their friends' bathrooms* [and obtain prescription opioids out of the medicine cabinet]; *We have a* [treatment] *population from adolescents to geriatrics. I get calls from people on prescriptions who want in the program, but they have reservations about* [quitting] *something the doctor prescribed. But, it's a full blown addiction.*"

## Suboxone®

Suboxone® remains highly available in the region. Participants reported the current street availability of Suboxone® as '8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10.' Community professionals continued to report moderate to high availability of Suboxone®, supplying availability scores of '7-10.' A law enforcement officer said, "*I could buy Suboxone® every day of the week. Every informant I've dealt with in the last year is involved with Suboxone® in some way.*" Another law enforcement officer added, "*If it's all you can get, it's all you can get. It* [Suboxone®] *would not be your drug of choice.*"

Corroborating data also indicated the presence of Suboxone® in the region. American Court and Drug Testing Services reported that 6.3 percent of the 809 individuals screened through its Medina lab during the past six months were positive for buprenorphine, an ingredient in Suboxone®.

Participants reported that the availability of Suboxone® has decreased during the past six months. Several participants mentioned increased accountability of their prescriptions. A participant said, "*When I was buying 'subs'* [Suboxone®], [sellers] *would have to take them out of the packages and then give it to me because they have to bring the packages to their doctors.*" Another participant explained that pregnant women on Subutex® may undergo

greater scrutiny than others who receive prescriptions for the drug and said, "*It's less available*. [Treatment providers] *they're doing random checks and counts on us. We had to bring our Subutex® with us to group, so then people were becoming more scared to sell them*."

Community professionals reported increased availability of Suboxone® during the past six months. A law enforcement officer said, "*Nobody wants to get dope sick* [go through withdrawal]. *They will get some 'sub'* [Suboxone®] *and guard it with their life. That is their life-preserver. It's what methadone was 15 years ago*." The BCI Richfield Crime Lab reported an increase in the number of Suboxone® and Subutex® cases it processes during the past six months.

| Suboxone® | Reported Availability Change during the Past 6 Months | |
|---|---|---|
| | Participants | Decrease |
| | Law enforcement | Increase |
| | Treatment providers | Increase |

Current street prices for Suboxone® were consistent among participants with experience buying the drug.

| Suboxone® | Current Street Prices for Suboxone® | |
|---|---|---|
| | sublingual film | $15-20 for 8 mg |
| | tablet | $10-15 for 8 mg |

Most often participants reported taking Suboxone® sublingually (dissolving under the tongue). The pill form is more likely to be intravenously injected (aka "shot") or snorted. According to a participant, "*We would be injecting* [Suboxone®] *pills, snorting them and taking them by mouth*." Another participant reported, "*I shot the strips and they made me really sick*." Other methods of use were reported, "*My friends all dropped the* [Suboxone®] *strips into your eyes* [like eye drops]. *You melt it in water and then you drop it in your eye. You don't have to do a lot. It messes you up really bad*."

Participants reported that Suboxone® continues to be primarily acquired by prescription from drug abuse treatment centers, pain management clinics, as well as from friends and dealers particularly connected with heroin. Participants did not express difficulty finding the drug through friends or dealers, but a few participants reported challenges involved with a managed treatment program. One participant explained, "*I started out at* [treatment center A] *and I got kicked out because I used someone else's urine, and then at* [treatment center B] *I dropped a dirty urine with cocaine in it and they threw me out . . . I don't know where my life's gonna go because if I don't have the Suboxone®, I'm going to be sick*."

Participants continued to describe typical illicit users of Suboxone® as heroin users who are trying to avoid withdrawal symptoms when heroin cannot be obtained. A law enforcement officer agreed, "*They* [do it just like the] *methadone thing: Sell it so they can get real dope. It's not trafficked as much, but they're all trading it. It's the young group, 19-25* [years olds] *who are all trading them around*."

## Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) are moderately available in the region. Participants most often reported the current availability of these drugs as '7' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10.' Participants identified Klonopin®, Valium® and Xanax® as the most popular sedative-hypnotics in terms of widespread use. Discussion of these drugs primarily occurred in the context of other drug use, such as heroin. Community professionals most often reported current availability as '10;' the previous most common score was '7.' Community professionals identified Xanax® as most popular. A law enforcement officer commented, "*It's xanibars* [Xanax® 2 mg] *and nothing else. Nobody wants Valium®, Klonopin®. It* [Xanax®] *has a quicker onset*."

Corroborating data also indicated the presence of sedative-hypnotics in the region. American Court and Drug Testing Services reported that 5.8 percent of the 809 individuals screened through its Medina lab during the past six months were positive for benzodiazepines.

Participants reported variability in availability for sedative-hypnotics during the past six months, with the exception of Xanax®, which seems to be more popular, especially among heroin users. A participant explained, "[Xanax®] *they're getting more popular. I can name six different rap songs where they're talking about 'xanies' and all that*." Law enforcement reported increased availability for Xanax® during the past six months and reasoned the increase is a

result of increased prescribing by doctors. A law enforcement officer commented, "*Everybody is anxious.*" Lake County and the BCI Richfield crime labs reported that the number of sedative-hypnotics cases they process has generally remained the same during the past six months, with the exception of an increase in Xanax® cases.

| Sedative-Hypnotics | Reported Availability Change during the Past 6 Months | |
|---|---|---|
| | Participants | Increase |
| | Law enforcement | Increase |
| | Treatment providers | No Comment |

Reportedly, a few different types of sedative-hypnotics (aka "benzos" and "downers") are currently sold on the region's streets. Current street prices for sedative-hypnotics were variable among participants with experience buying the drugs. Participants reported the following sedative-hypnotics as available to street-level users: Klonopin®, Valium® and Xanax® (aka "xanies"). Participants reported that sedative-hypnotics generally sell for between $2-5 per pill, with slightly higher pricing for Xanax® which sells 2 mg for $10-12. Participants most often reported obtaining sedative-hypnotics from doctors, friends and family members; these drugs are not commonly obtained from street-level drug dealers.

While there are 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, including crushing, wrapping in tissue and swallowing (aka "parachuting"). Participants reported that snorting or intravenously injecting (aka "shooting") sedative-hypnotics is more common when sedative-hypnotics are used in combination with other drugs. A participant shared, "*This is probably going to sound weird, but I used opioids with Xanax® and coke* [powdered cocaine to 'speedball']."

A typical profile for an illicit user of prescription sedative-hypnotics did not emerge from the data. Participants did not describe any typical users of sedative-hypnotics in terms of race, gender, geography or socio-economic class. Participants continued to report that typical users are often younger and addicted to other drugs, especially heroin. A former drug dealer stated, "*The heroin people* [users] *would ask me for the Xanax®.*"

## Marijuana

Marijuana remains highly available. Participants and community professionals continued to most often report the current availability of marijuana as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score for both groups was also '10.' Nearly every participant had consumed or could obtain marijuana. A participant commented, "*Even if you don't know where it's at, you can find it* [marijuana]." A law enforcement officer remarked, "[Marijuana] *it's highly available because it's the highest monetary cash gain.*"

Reportedly, there are two types of marijuana available within the region: high-grade marijuana (aka "kush," "hydro" or "loud") and low-grade marijuana (aka "regular" or "reggie"). While the most commonly reported availability score was '10' for both kinds, participants reported a wider range of availability scores for high-grade marijuana ('5' to '10'). Reportedly, the chief factor influencing availability of marijuana grades is the personal preferences of individual dealers. A participant explained, "*It's whatever they* [dealers] *prefer. Sometimes it's about preference, but it's usually about money. There are people who have enough money to get whatever they want. There is every variety.*" Another participant said, "*They* [dealers] *do run up to you. It's all out there. If you got enough money you call the kush man and if you don't you call the reggie man.*"

Corroborating data also indicated the presence of marijuana in the region. American Court and Drug Testing Services reported that 20.5 percent of the 809 individuals screened through its Medina lab during the past six months were positive for marijuana

Media outlets reported on marijuana seizures and arrests in the region during this reporting period. A man from Middleburg Heights (Cuyahoga County) was arrested in Ashland (Ashland County) after OSHP found more than 30 pounds of marijuana and a few sedative-hypnotic pills in his vehicle (www.statepatrol.ohio.gov, July 17, 2013). A registered home daycare provider was found to have 110 pounds of marijuana in her Maple Heights (Cuyahoga County) home (www.19actionnews.com, Aug. 8, 2013). The MEDWAY Drug Enforcement Agency found over 600 marijuana plants in a field when they conducted a helicopter search in the Orville area (Wayne County) (www.newsnet5.com, Aug. 16, 2013). A driver was arrested after

being pulled over in Hinckley (Medina County) for driving under suspension and found to have marijuana in plain view (www.cleveland.com, Sept. 27, 2013). An older Michigan man was arrested in Lorain County by the OSHP when five pounds of hydroponic marijuana were discovered in his vehicle (www.statepatrol.ohio.gov, Oct. 8, 2013). Cleveland's Gang Impact Unit and SWAT teams arrested an 18 year-old man after conducting a search at his eastside home and finding five boxes and several bags of marijuana and other drug trafficking equipment (www.cleveland.com, Oct. 29, 2013). The Cleveland Division of Police Narcotics Unit led an investigation after officers responded to a call in Tremont (Cleveland westside neighborhood) and found a small marijuana grow operation in the residence (www.cleveland.com, Oct. 29, 2013). In other news, a man in Cleveland Heights (Cuyahoga County) was charged for selling marijuana to teenagers out of his barbershop (www.cleveland.com, Oct. 31, 2013).

Participants reported that the availability of marijuana has remained the same during the past six months. However, participants discussed variability in finding different qualities. A participant said, "*High-grade* [marijuana] *is less available because everybody is smoking it up … You gotta catch them* [dealers] *the day before—before they smoke it up.*" Another participant said, "*I want the best kind. That's why you can't find it where I live because most of the dealers smoked the kush, so you come to buy* [kush] *and you get a lot less.*" Participants remarked upon the fluctuations of supply due to seasonal changes and law enforcement seizures and arrests. Community professionals also 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 Lake County Crime Lab reported a decrease in marijuana cases.

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

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.' A participant commented, "*With the kush you get too high. I smoke regular.*" Another participant said, "*I know people that buy half and half, low-grade and good, so that it stretches.*" Participants continued to mention marijuana additives which are used to enhance smell or flavor of the marijuana or to increase the quality of the drug. A participant explained, "*Sometimes reggie* [low-grade marijuana] *has been sprayed with flavor, like Jolly Rancher®.*" Other participants discussed synthetic cannabinoid sprayed on low-grade marijuana to increase its quality. A participant remarked, "*I heard of them* [dealers] *spraying it with Spice* [a synthetic cannabinoid] *which was kind of weird … and I didn't want any more of that.*"

The price of marijuana depends on the quality desired; current street prices for marijuana were variable among participants with experience buying the drug. Participants reported that low-grade marijuana is the cheapest form of the drug; high-grade marijuana sells for significantly more, reportedly two to three times as much as low-grade marijuana prices.

| Marijuana | Current Street Prices for Marijuana | |
|---|---|---|
| | low grade: | |
| | a blunt (cigar) or two joints (cigarettes) | $5 |
| | 1/8 ounce | $15-20 |
| | 1/4 ounce | $25-40 |
| | an ounce | $100 |
| | high grade: | |
| | a blunt or two joints | $10-20 |
| | an ounce | Up to $50 |
| | a pound | Up to $5,000 |

While there are several reported ways of consuming marijuana, the most common route of administration remains smoking. A participant commented, "*You're smoking it* [marijuana], *whether it's a vaporizer* [specific instrument used to vaporize the active ingredients in marijuana, similar to an E-cigarette] *or a blunt or a bong or a bowl.*" Few participants had heard of vaporizing, but one explained,

"*They're balls, hash balls. You have to use a certain device* [vaporizer] *to smoke it. It's butane hash oil. It's $20-30 per ball maybe. I recently heard about it.*" A law enforcement officer also mentioned this technique called "buttering" and shared, "*We have found a lot of these where they take the marijuana stalks and they run it with butane. You take PVC or glass and run butane through it. It forces the resin out and it looks like butter. You smoke it. The THC is so strong. You vaporize it.*"

A profile for a typical marijuana user did not emerge from the data. Every participant and community professional felt marijuana use to be widespread. However, community professionals noted differences between younger and older marijuana users. A law enforcement officer said, "*The older dealers know what the real deal is. The teenagers up to 40* [years old] … *maybe they are confused about the game because they're smoking this synthetic stuff.*"

## Methamphetamine

Methamphetamine availability is low to moderate in the region. Participants most often reported the drug's current availability as '3' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous score was a mean of '4.' Participants reported that methamphetamine availability fluctuates and is lowest in the urban centers of the region. Geography continues to influence scores with participants reporting greater availability in the region's far rural east, rural west and southern areas (into the OSAM Akron-Canton region). A participant said, "*I live on Cleveland's east side. I had to travel to get it* [methamphetamine]. *You can't get it in the city.*" Another participant commented, "*I've been approached a couple times* [to purchase methamphetamine] *and I've never done it, but I've been asked.*" Most participants had little personal experience or knowledge of the drug.

Participants commented about the production of powdered (aka "one-pot" or "shake-and-bake") methamphetamine, which means users are producing methamphetamine in a single sealed container, such as a two-liter soda bottle. By using common household chemicals along with ammonium nitrate (found in cold packs) and pseudoephedrine (typically found in some allergy medications), people who make methamphetamine (aka "cooks") can produce the drug in approximately 30 minutes in nearly any location by mixing ingredients in small containers.

A participant described that this type of methamphetamine, "*usually* [looks] *white like cocaine or in chunks.*" Another participant shared, "*My boyfriend and I did shake-and-bake. It was really easy … Mostly I was making it, so I was just buying the products. You had to go to different pharmacies to get the ingredients.*"

Community professionals most often reported current availability of methamphetamine as '4;' the previous most common score was '1.' A treatment provider observed, "*I think* [methamphetamine] *it's more rural areas.*" Another treatment provider said, "[Methamphetamine] *it's highly available, but you only hear about it after there's been a bust. It's rare that we get any meth cases* [in treatment], *and we have three sites* [across Cleveland]." A law enforcement officer explained, "*Meth is lower in our area* [Cleveland's west side] *compared to Summit County* [OSAM Akron-Canton region]. *We've probably had 15 different types of labs; whereas they get 140-170 per year … We mostly see the 'one-pot' cooking method. It's a small close-knit group like heroin used to be 20 years ago. It's cliquish.*"

Reportedly, many different types of methamphetamine are available in the region; however, powdered methamphetamine remains the most available type. One participant explained, "*It depends on your dealer, and you know, what they have . . . they would tell you I got that 'annie'* [anhydrous methamphetamine] *or that shit from out west* [lab manufactured methamphetamine]."

Media outlets reported on methamphetamine seizures and arrests in the region during this reporting period. Cleveland officers, responding to another case, came across a meth lab and a moonshine operation at the residence (www.19actionnnews.com, Aug. 6, 2013). The Geauga County Sheriff's Office and the Lake County Narcotics Unit and Drug Enforcement Administration responded to a call in Middlefield Township (Geauga County); methamphetamine and evidence of a meth lab were found in a car and residence (www.newsnet5.com, Aug. 16, 2013). Cleveland news reported that methamphetamine labs are increasing in number this year due to the ease with which the drug is made and its portability with the one-pot method (www.10tv.com, Oct. 22, 2013). A man was arrested in Hambden Township (Geauga County) following a traffic stop that ended with authorities finding a mobile meth lab in the vehicle (www.fox8.com, Oct. 31, 2013).

Participants reported that the availability of methamphetamine has remained the same during the past six months, while community professionals reported an increase in availability. A law enforcement officer noted, "*We're seeing an increase in shoplifting in gift cards.* [Meth dealers] *will use those to give to others to buy their precursors* [ingredients for making methamphetamine]." The BCI Richfield Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months; the lab reported processing mostly off-white and gray powdered methamphetamine along with a small amount of crystal methamphetamine. Lake County Crime Lab reported a decreased number of methamphetamine cases during the past six months; the lab reported processing white powdered and crystal methamphetamine.

| Methamphetamine | Reported Availability Change during the Past 6 Months | |
|---|---|---|
| | Participants | No Change |
| | Law enforcement | Increase |
| | Treatment providers | Increase |

Two participants rated the current quality of one-pot methamphetamine as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); in the previous report, participants were unable to supply a quality score. Participants reported methamphetamine to be cut with baby laxative and vitamins.

Current street prices for methamphetamine were consistent among participants with experience buying the drug.

| Methamphetamine | Current Street Prices for Methamphetamine | |
|---|---|---|
| | a gram | $80-100 |
| | 3.5 grams | $300 |

While there were a few reported ways of consuming methamphetamine, the most common routes of administration are smoking and intravenous injection (aka "shooting"). Participants estimated that out of 10 methamphetamine users, 6-7 would smoke and 3-4 would inject the drug. A participant recalled, "*Out by me … if they* [users] *weren't smoking* [methamphetamine], *they were swallowing it, parachuting it* [wrapping it in tissue and swallowing it]."

Participants described typical methamphetamine users as from more rural areas and white, both males and females. In addition, a few participants mentioned bikers and construction workers as typical users. A participant added, "*I don't see younger people doing it.* [Methamphetamine users] *they're in their 30s*." Community professionals agreed with participants. A treatment provider shared, "*I used to work in a halfway house and mostly it was all whites with meth. I can't think of one case of one African-American with meth*."

## 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.' Reportedly, the three most common prescription stimulants available through illegal channels are Adderall®, Vyvanse® and Focalin®. A participant stated, "*I'm prescribed Ritalin®, but I can get Adderall® from people*." Another participant said, "*We have a doctor who you tell him you have signs of ADHD and he gives us Adderall®. A lot of people where I'm at go there*." Community professionals reported that they do not frequently encounter illicit use of these medications and were unable to comment on availability of prescription stimulants.

Corroborating data also indicated the presence of prescription stimulants in the region. American Court and Drug Testing Services reported that 5.8 percent of the 809 individuals screened through its Medina lab during the past six months were positive for amphetamines, an ingredient in prescription stimulants.

A media outlet reported on amphetamine seizures and arrests in the region during this reporting period. A woman was found with an assortment of drugs including amphetamine salts, marijuana, prescription pills and psilocybin mushrooms (hallucinogens) when she was pulled over for

a traffic violation in Rocky River (Cuyahoga County) (www.cleveland.com, July 5, 2013).

Participants reported that the availability of prescription stimulants has remained the same during the past six months. Lake County and the BCI Richfield crime labs reported that the number of prescription stimulant cases they process has generally remained the same during the past six months; Lake County Crime Lab reported an exception with processing an increased number of Adderall® cases during the past six months.

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

Reportedly, all types of prescription stimulants sell for $1-5 per pill, with Adderall® 30 mg selling for approximately $5. A participant shared that pills can sell for higher: "*There's an older lady and the other lady is in her 20s. For a 30 mg* [Adderall® pill], *she'll pay $12 per pill!*" Participants continued to report obtaining prescription stimulants most often from people with prescriptions, diversion from children's prescriptions and from obtaining a prescription from a doctor. A participant claimed, "*I know a lot of kids who have prescriptions* [for stimulants], *so it's easy for me* [to obtain these drugs]." In terms of most common route of administration for these medications, participants reported oral consumption as the only known route of administration.

Participants described typical illicit users of prescription stimulants as younger, female and users who prefer other stimulants such as cocaine. Other illicit users included people using them for weight loss and to improve productivity. Participants commented: "*I never knew anybody that would take them* [prescription stimulants] *to get high. They're not a preferred drug of choice; I have a friend that takes it to lose weight.*"

## Bath Salts

Bath salts (synthetic compounds containing methylone, mephedrone or MDPV) remain available in the region.

Participants most often reported the current availability of bath salts as '3' 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.' A participant shared, "*Where I'm from, there are still stores that sell it* [bath salts]. *You have to know them* [to purchase though]. *There's a code for Spice* [synthetic marijuana], *too.* [Bath salts] *it's in a glass tube, like a test tube. It's a powder and shiny—almost like coke* [powdered cocaine]. *A couple grams in the tube.*" Another participant added, "*You gotta know somebody* [in order to get bath salts]."

West-side law enforcement officers unanimously supplied a score of '10;' the previous most common score for community professionals (including treatment providers and law enforcement) was between '4' and '10.' Law enforcement officers expressed their frustration with preventing abuse of this drug because the imported material available for sale is subtly different than the illegal analogues specified by statute. A law enforcement officer stated, "*They just change one molecule and you're not getting positive tests in the labs* [for bath salts]. *It's being shipped over … It's millions of dollars of this stuff and if they can do it, they will. It's very nasty stuff, as well as the physical problems it causes.*" Another law enforcement officer added, "*Our inability to identify the analogues—I don't remember the last time we sent anything away* [to the lab] *that came back positive. They keep changing the analogues and we don't get positives.*"

Participants most often reported that the availability of bath salts has decreased during the past six months, while law enforcement reported that the availability of bath salts has remained the same. A law enforcement officer expressed his concern: "*Heroin is a big increase, but it doesn't mean that any of the other drugs have gone away, especially bath salts and Spice.*" 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 decrease in bath salts cases.

| Bath Salts | Reported Availability Change during the Past 6 Months | |
|---|---|---|
| | Participants | Decrease |
| | Law enforcement | No Change |
| | Treatment providers | No Comment |

Participants with personal experience using bath salts reported the current quality of bath salts as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common quality score was not reported. Only one participant was able to provide pricing information for bath salts, reporting that a "vial" (unspecified small amount) sells for about $30. Law enforcement officers reported that bath salts products are sold for $12.50-20 per gram at the wholesale level and retail for $60-80 per gram.

Bath salts continue to be available from corner stores, convenience stores and "head shops." Law enforcement provided insight on this topic. A law enforcement officer commented, "*You can go to your convenience store,* [beverage] *drive-thru or cellular outlet retailer* [to obtain bath salts]. *Every 'mom-and-pop' gas station is selling them and some of them will have a sign that says don't use this and operate a car.*" Another law enforcement officer explained that these stores obtain the drug from legitimate vendors who service gas stations. Another officer added, "*People selling it* [bath salts today] *are much smarter. They know exactly what to say. We had one investigation where the store owners were very consistent: They were trained about what you could say and not say. There was a coaching manual. We did search warrants and found a play book … They would teach their employees* [what to say about bath salts]."

Participants reported that the most common routes of administration for bath salts include intravenous injection (aka "shooting") and snorting. Participants estimated that out of 10 bath salts users, four would shoot, four would snort and two would smoke the drug. Participants and law enforcement described typical bath salts users as generally white and young people in high school.

## 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, "*They sell it* [synthetic marijuana] *in the* [convenience] *stores. It's the incense in little jugs.*" Law enforcement officers also reported current availability as '10;' the previous most common score was '9.' A law enforcement officer explained, "*If you know the lingo* [how to ask for it], *you can buy it* [synthetic marijuana]."

A media outlet reported on synthetic marijuana seizures and arrests in the region during this reporting period. Five individuals were indicted for sale and distribution of synthetic marijuana from "head shops" throughout northeast Ohio (www.cleveland.com, Dec. 12, 2013).

Participants were unable to report on any changes in bath salt availability, while law enforcement reported that availability has remained the same during the past six months. Lake County and the BCI Richfield crime labs reported that the number of synthetic marijuana cases they process has increased during the past six months.

| Synthetic Marijuana | Reported Availability Change during the Past 6 Months | |
|---|---|---|
| | Participants | No Comment |
| | Law enforcement | No Change |
| | Treatment providers | No Comment |

Participants were unable to report on quality of synthetic marijuana; in the previous report, participants rated quality '7-9' on a scale of '0' (poor quality, "garbage") to '10' (high quality). However, a participant indicated poor quality of synthetic marijuana when commenting, "*That K2 is worse than weed* [marijuana] *and it can blow your heart up … It ain't even the same effect as weed. The high is completely different.*" Participants did not report synthetic marijuana as a drug of choice and suggested that the quality of the drug is variable. As mentioned previously, participants shared that they are most likely to encounter Spice as an additive in low-quality marijuana.

Participants were unable to provide prices for synthetic marijuana; however, law enforcement officers reported that a gram bag sells for $50-75. A law enforcement officer explained, "*The price has gone up because of availability.*" Participants reported only one route of administration for synthetic marijuana: smoking.

Participants were unable to describe a typical synthetic marijuana user. Law enforcement officers described typical users of synthetic marijuana as people who are on probation or in a monitoring program, high school-aged students and people who are willing to experiment with the drug because it appears legal. A law enforcement officer explained, "*These are good kids, honors kids, who had*

*a mentality that 'it's not illegal. If I can buy it in a store, then it* [synthetic marijuana] *must not be bad for me.'"*

## Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) remains highly available in the region. Participants most often reported the current availability of ecstasy 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 reported two forms of the drug as currently highly 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." Community professionals reported current availability as variable, ranging from '2' to '10;' the previous most common score was '6-7.' A treatment provider commented, "[Ecstasy] *it's very easy to get.*" A law enforcement officer said, "*We've heard about it* [ecstasy and molly]. *By the time you get to it, it's gone. Ecstasy comes and goes. Molly goes pretty fast.*"

A media outlet reported on ecstasy seizures and arrests in the region during this reporting period. A Cleveland man with a suspended license was arrested after officers pulled him over and found ecstasy pills and marijuana in his vehicle (www.cleveland.com, Dec. 6, 2013).

Participants reported that the availability of ecstasy and molly has remained the same during the past six months. Law enforcement also reported that availability has remained the same during the past six months, while treatment providers reported that availability has increased. A treatment provider commented, "*It's available. All the kids are talking about it* [ecstasy/molly]." The BCI Richfield Crime Lab reported that the number of ecstasy cases it processes has remained the same during the past six months, while Lake County Crime Lab reported a decrease in ecstasy cases.

| Ecstasy | Reported Availability Change during the Past 6 Months | |
|---|---|---|
| | Participants | No Change |
| | Law enforcement | No Change |
| | Treatment providers | Increase |

Most participants rated the current quality of ecstasy and molly as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was also '10.' Although molly is marketed as a pure form of MDMA, several participants expressed skepticism about purity. Participants commented, "*They* [dealers] *say it's pure MDMA, but it's not. It looks like coke* [powdered cocaine]; *it's a white powder and it's stuff for raves* [dance parties]. *It feels like amphetamines to me.*" Another participant shared, "*I know from people that did ecstasy, that* [ecstasy quality] *got weaker. And I know that molly is a purer form. And because of the rap songs, they're looking for it. The ecstasy dealers switched or they have both molly and ecstasy.*" Law enforcement also commented on the quality of ecstasy and molly: "*We've heard various definitions of it mixed with stuff; I've heard that* [molly] *it's straight MDMA, or it's MDMA with coke* [powdered cocaine] *and heroin.*"

Ecstasy in tablet form is sold as small colored pills featuring stamped logos or images, while molly is typically sold as a yellowish-white loose powder. Participants did not report "stack" (strength of the ecstasy pill) pricing. Participants reported that molly is typically packaged loose in a fold of paper, usually 2/10 gram. A participant noted that smaller quantities are rare in the region and stated, "*You gotta spend $20.*" Nevertheless, participants shared that ecstasy and molly are often times available for free at parties. Participants were unable to report current street prices for ecstasy, but provided pricing for molly.

| Molly | Current Street Prices for Molly | |
|---|---|---|
| | 2/10 gram | $20 |
| | a gram | $100 |

Participants reported that the best way to obtain ecstasy or molly is at a party or from friends, but that it could also be purchased from dealers. However, a user would need to make multiple phone calls to reach a dealer. A participant explained, "*Molly would be easier to find with people who pride themselves on having everything. It's a party drug, so you're going to ask a friend who gets it sometime.*"

Participants reported the most common route of administration for ecstasy tablets remains oral consumption; the most common routes of administration for molly include oral consumption, smoking, snorting and intravenous injection (aka "shooting"). Participants had more to say

about the use of molly due to its higher availability in the region and commented: "*I seen people snort it and smoke it; I used to shoot it; You pour the powder on the tongue; I've put it in a water bottle, 'molly water.'*"

Participants described typical users of ecstasy and molly as young club goers. Participants indicated that both blacks and whites use molly. Participants stated: "*White people are going to want it; Black people got it. It's in demand with black people … The drug dealers do weed and molly.*" Community professionals also linked ecstasy and molly to young individuals. A law enforcement officer said, "[Ecstasy/molly] *it's with people in their early 20s*."

## Other Drugs

Participants and community professionals mentioned PCP (phencyclidine) as another drug present in the region, but this drug was not mentioned by the majority of people interviewed.

PCP remains highly available in the City of Cleveland. Participants rated its current availability most often as '9-10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10.' Treatment providers most often reported current availability as '10;' the previous most common score for community professionals was '7.'

A media outlet reported on PCP seizures and arrests in the region during this reporting period. Four individuals, three of whom were members of the Compton Crips gang, were arrested in Cleveland after a year-long investigation which ended in officers seizing about two gallons of PCP and some marijuana (www.19actionnews.com, Aug. 8, 2013).

Participants and community professionals reported that the availability of PCP has remained the same during the past six months. Reportedly, users and dealers are a small group of individuals. Participants commented: "*I have a friend who is a* [PCP] *distributor and he says he has a whole lot of clientele. He says he doesn't have a large number of clients, but it's the same group who calls over and over; It's a tight knit community.*" The BCI Richfield Crime Lab reported that the number of PCP cases it processes has remained the same during the past six months, while Lake County Crime Lab reported an increase in PCP cases.

Few participants had first-hand experience with PCP. One participant was able to provide information on quality and rated current quality of the drug as '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality). This participant added that PCP quality has decreased during the past six months and commented, "*The first time I smoked it* [PCP] *I was 14. It seems different now.*" Participants more often used PCP unknowingly as it can be cut into heroin. A participant shared, "*I had it* [PCP] *laced with heroin. When they did my drug test when I was on probation, it was in my* [system]*—PCP. I had been clean from heroin for a month.*"

Current street prices for PCP were consistent among participants with experience buying the drug. PCP is still commonly sold in liquid form on a per dip basis. PCP sells for $10-20 for one dipped cigarette. Participants did not report knowledge of the crystalline powdered form of the drug. An area referred to as 'Water World' on the northeast side of Cleveland continues to be reported as the origin of the region's PCP. Reportedly, the drug remains available only through specific dealers.

Participants reported that the most common route of administration for PCP remains smoking. Participants estimated that out of 10 PCP users, nine would smoke and one would intravenously inject the drug. A participant shared, "*I've injected it* [PCP], *but it's for smoking.*" Participants described typical users of PCP as younger, black and more often residing on Cleveland's east side. A participant observed, "*Younger black males and females love it* [PCP]."

# Conclusion

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

While many types of heroin are currently available, powdered heroin is more available than black tar heroin in the region. Participants mentioned fewer distinctions between brown and white powdered availability this reporting period due to the great variation of and broad spectrum of heroin colors. Lake County Crime Lab reported processing brown, gray, tan and white powdered

heroin as well as compressed rock forms of heroin. Participants most often reported the current availability of black tar heroin as moderate, with higher availability for the west side of Cleveland.

Participants shared several reasons for the purported increase in heroin availability. First, dealers are switching from other drug sales to more profitable heroin sales. Second, the heroin market is extremely resilient, even after a large law enforcement bust, associates of jailed heroin dealers take over sales. Finally, limited prescription opioid availability due to increased oversight in prescribing patterns and changes in pill formularies to deter abuse, have given rise to heroin availability. Community professionals also reported an increase in heroin availability during the past six months. Treatment providers noted an increase in clients addicted to heroin and law enforcement observed an increase in heroin related cases.

Participants and community professionals discussed current quality of heroin in relation to cuts in the drug (i.e. fentanyl) which has led to many overdoses. Participants described heroin users as under 30 years of age and typically prescription opioid abusers. Generally, participants agreed that younger blacks are not the typical heroin user, but whites and Hispanics use heroin more often. Treatment providers also reported increasingly younger individuals using heroin.

While there was no consensus among participants regarding a change in availability of prescription opioids during the past six months, community professionals reported increased availability. Treatment providers suggested doctors do not monitor prescription opioids closely enough, explaining that illicit use is fueled primarily through diversion; law enforcement noted an influx of pills from outside Ohio.

Community professionals also reported increased availability of Suboxone® during the past six months. Law enforcement observed that as heroin use increases so does the desire of heroin users to secure Suboxone® to combat withdrawal when heroin is unavailable. Participants did not express difficulty finding the drug through friends or dealers, but a few participants reported challenges involved with a managed treatment program. The BCI Richfield Crime Lab reported an increase in the number of Suboxone® and Subutex® cases it processes during the past six months.

Another drug reportedly sought by heroin users is Xanax®. Law enforcement reported increased availability for Xanax® during the past six months and reasoned the increase is a result of increased prescriptions by doctors. Participants reported that Xanax® seems to be more popular. Participants often noted an increase in rap song lyrics that make reference to "xanies." Typical illicit users of Xanax® are often younger and addicted to other drugs, especially heroin.

While most participants had little personal experience or knowledge of methamphetamine, community professionals reported an increase in methamphetamine availability during the past six months. In addition, Cleveland news sources reported that methamphetamine labs are increasing in number due to the ease with which the drug is made and its portability with the one-pot method. The BCI Richfield Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months; the lab reported processing mostly off-white and gray powdered methamphetamine along with a small amount of crystal methamphetamine.

Participants reported that methamphetamine availability fluctuates and is lowest in the urban centers of the region with availability higher in the region's far rural east, rural west and southern areas (into the OSAM Akron-Canton region). Participants and community professionals described typical methamphetamine users as from more rural areas and white, both males and females.

Lastly, PCP (phencyclidine) remains highly available in the City of Cleveland. An area referred to as 'Water World' on the northeast side of Cleveland continues to be reported as the origin of the region's PCP. Reportedly, the drug remains available only through specific dealers. Participants described typical users of PCP as younger, black and more often residing on Cleveland's east side.