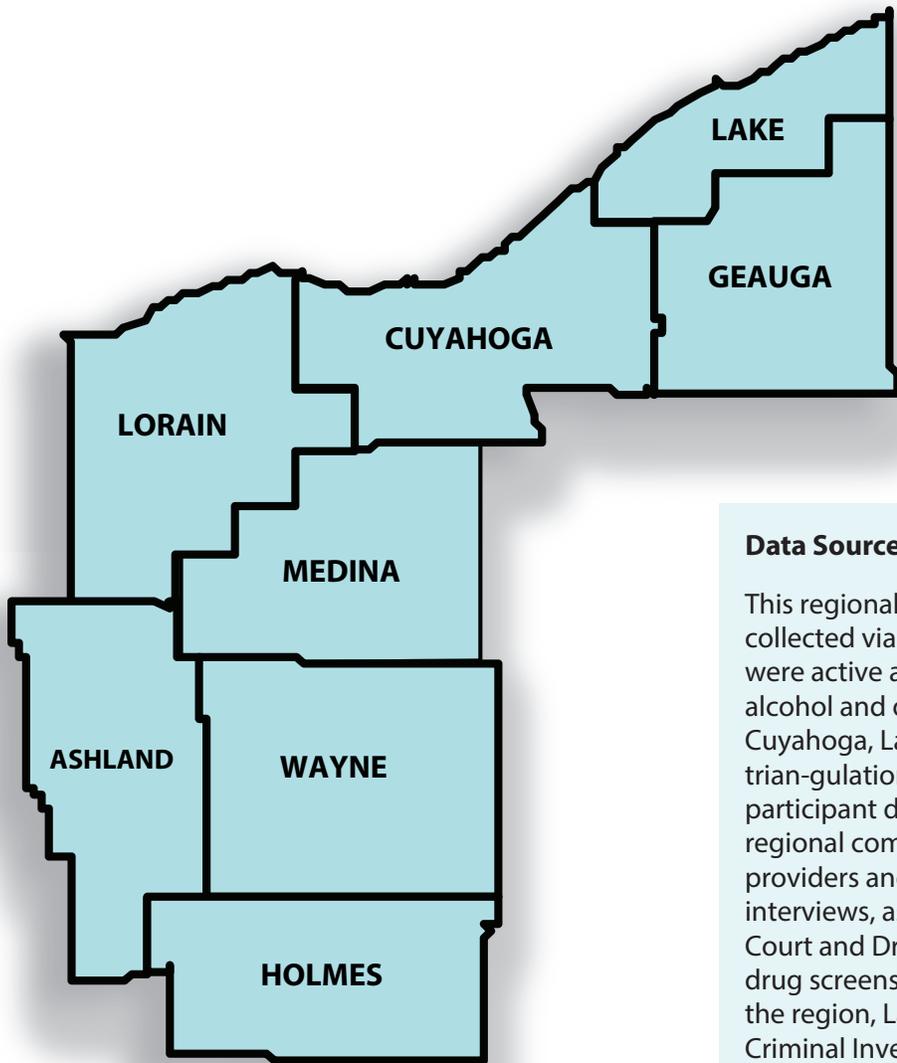




Drug Abuse Trends in the Cleveland Region



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, Lake, Lorain and Medina counties. Data triangulation was achieved through comparison of participant data to qualitative data collected from regional community 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 (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 July through December 2014. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for January through June 2015.

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

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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%	31.0%
Whites, 2010	81.1%	74.0%	78.6% ²
African Americans, 2010	12.0%	18.0%	16.7%
Hispanic or Latino Origin, 2010	3.1%	4.4%	4.8% ³
High School Graduation Rate, 2010	84.3%	82.8%	90.5% ⁴
Median Household Income, 2013	\$48,308	\$53,302	\$11,000 to \$14,999 ⁵
Persons Below Poverty Level, 2013	15.8%	12.8%	52.4% ⁶

¹Ohio and Cleveland region statistics are derived from the most recent US Census; OSAM drug consumers were participants for this reporting period: January - June 2015.

²Race was unable to be determined for 1 participant due to missing and/or invalid data.

³Hispanic/Latino origin was unable to be determined for 5 participants due to missing and/or invalid data.

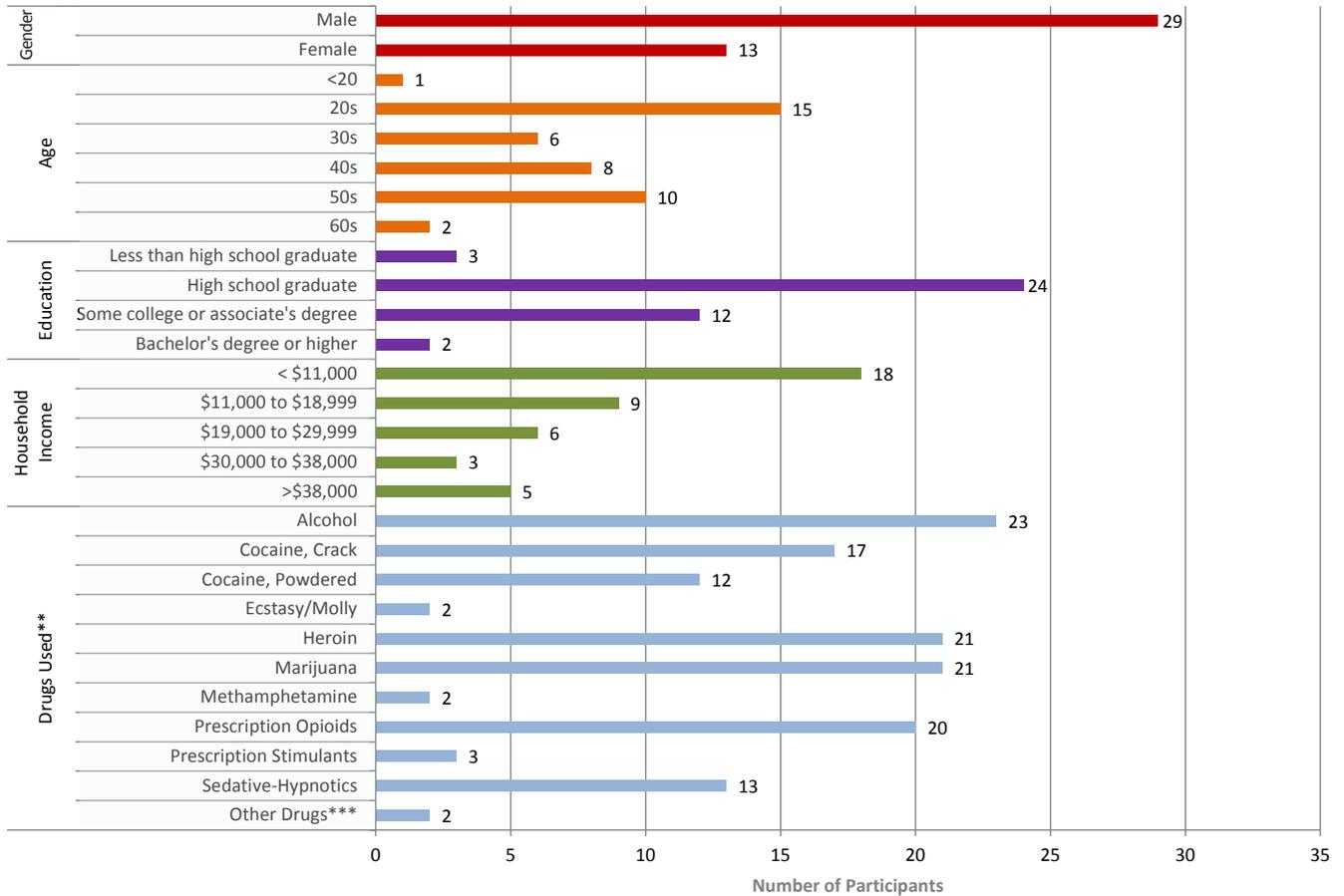
⁴High school graduation was unable to be determined for 1 participant due to missing and/or invalid data.

⁵Participants reported income by selecting a category that best represented their household's approximate income for the previous year. Income status was unable to be determined for 1 participant for missing and/or invalid data.

⁶Poverty status was unable to be determined for 3 participants due to missing and/or invalid data.

Cleveland Regional Participant Characteristics

Drug Consumer Characteristics* (N=42)



*Not all participants filled out forms; therefore, numbers may not equal 42.

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

***Other drugs included: Suboxone® and synthetic marijuana.

Historical Summary

In the previous reporting period (July 2014 – January 2015), crack and powdered cocaine, heroin, marijuana, prescription opioids, sedative-hypnotics and Suboxone® were highly available in the Cleveland region. An increase in availability existed for heroin, while a decrease existed for bath salts, ecstasy and synthetic marijuana. Data also indicated possible decreased availability for prescription opioids.

Participants and community professionals reported that powdered heroin, brown or white in color, was the most available type of heroin in the region. An observed increase in the general availability of heroin was attributed to the low cost of the drug compared to the high cost and lower availability of prescription opioids. Participants reported that heroin in the region was often ‘cut’ (adulterated) with fentanyl. The Cuyahoga County Medical Examiner’s Office reported that 55.2 percent of the 163 drug overdose deaths it processed during the reporting period involved heroin. Participants and community professionals described typical heroin users as suburban, but indicated that once users were addicted, they often lost their jobs and/or moved to the inner city. Additionally, both respondent groups indicated that prescription opioid users often turned to heroin.

Participants and community professionals reported decreased availability of prescription opioids. Both respondent groups cited increased prescription monitoring of these medications as the reason for limited availability. Treatment providers specifically noted increased doctor participation in OARRS (Ohio Automated Rx Reporting System) and increased law enforcement efforts targeting “pill mills” (pain clinics) as positively impacting reduction in availability for illicit use.

Participants and community professionals identified Percocet® as the most popular prescription opioid in terms of widespread illicit use, followed by Vicodin® and Suboxone®. The Cuyahoga County Medical Examiner’s Office reported that 30.7 percent of the 163 drug overdose deaths it processed during the reporting period involved one or more prescription opioids; of note, 22 percent of these prescription opioid cases involved fentanyl.

Participants and community professionals reported decreased availability of ecstasy and noted that the most

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

Finally, participants reported that synthetic marijuana was more available than bath salts, but the availability of both had decreased. Participants cited legislation as a major factor for decreased availability. The BCI Richfield and Lake County crime labs reported that the number of bath salts and synthetic marijuana cases they processed had decreased during the reporting period. Participants described typical synthetic marijuana users as individuals on probation and reasoned that it is more difficult to detect synthetic marijuana use through urine drug screenings which are often required for those on probation for a drug-related offense.

Participants also agreed that younger people, who had limited access to real marijuana, were typical users of synthetic marijuana. Similarly, community professionals described typical synthetic marijuana users as individuals who regularly submitted to drug screens, as well as adolescents.

Current Trends

Powdered Cocaine

Powdered cocaine’s availability varies within the region. Participants most often reported the drug’s current availability as either ‘0’ or ‘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’. Participants explained that a user seeking powdered cocaine would have to have the right connections to those who deal the drug; the drug is not often sold visibly on the street. Participants who rated low current availability stated: *“I haven’t seen ‘powder’ (powdered cocaine) in a while; It seems like powder is a whole lot harder to find because [dealers] are making better money off ‘crack’ (crack cocaine);*

It's not around here." Whereas, participants who rated high availability reported: *"I can find [powdered cocaine] almost anywhere; It's pretty readily available if you can get the dealer before they cook it up (into crack cocaine) ... I have someone I can call; It's still around a lot and I can pretty much buy it whenever I want; Yep, it's here still."*

Treatment providers most often reported moderate availability of powdered cocaine, rating the drug's current availability as '5-8;' the previous most common score was '6' and '7'. A treatment provider stated, *"I think it is readily available."* However, other treatment providers commented: *"I'm not sure if it's readily available because I don't see a lot of 'coke' (cocaine) for some reason; There is so much heroin and an occasional cocaine client ... I just don't hear about clients using cocaine anymore, it's just crack and heroin."*

Corroborating data indicated the presence of cocaine in the region. American Court and Drug Testing Services reported that 7.7 percent of the 1,918 individuals screened through its Medina lab during the past six months were positive for cocaine (crack and/or powdered cocaine).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A Willoughby Hills (Lake County) man was arrested and sentenced for laundering drug money from his fairly large cocaine distribution operation in Northeast Ohio at a local casino (www.wkyc.com, Feb. 20, 2015). Officers arrested two individuals after they fell asleep in their car at a stop light; 13 capsules of cocaine and 3.5 grams of heroin were confiscated (www.cleveland.com, March 9, 2015). Several media outlets reported on a large cocaine distribution ring that was interrupted when a partnership of several law enforcement agencies across Lorain County worked together in arresting 30 individuals and confiscating 3.3 kilograms of cocaine, 20 grams of heroin, and 97.9 grams of marijuana (www.otfca.com, March 18, 2015). Two Cleveland men were arrested by FBI agents and Cleveland drug task force officers for their million dollar drug ring; more than 77 pounds of cocaine and over 24 pounds of heroin were seized during the investigation; the two admitted to moving 70 kilograms of cocaine just prior to the arrest and said they were waiting on 440 pounds of cocaine to arrive from California (www.cleveland.com, April 9, 2015). A large group of individuals were arrested when they gathered together to rob a drug stash house in Cleveland of nine kilograms of cocaine; by June, 58 out of the 60 defendants had been found guilty (www.wkyc.com,

June 1, 2015). A Cleveland man faces a possible life sentence in prison for his role in a cocaine drug ring and violent gang activity (www.cleveland.com, June 8, 2015).

Participants reported that the availability of powdered cocaine has remained the same during the past six months. However, a participant suggested decreased popularity of cocaine and explained, *"Cocaine is not around as much because everyone is smoking crack ... [Powdered cocaine] used to be the party drug and it was fun, but now crack came into play and that is where the money is ... it's quick money."* Treatment providers reported that availability of powdered cocaine has remained the same during the past six months. One treatment provider stated, *"I think it is the same, it's not as used as heroin, but [cocaine is] there, I guess."* The BCI Richfield Crime Lab reported that the number of powdered cocaine cases it processes has decreased during the past six months, while the Lake County Crime Lab reported an increase in cocaine cases (note, the lab does not differentiate between powdered and crack cocaine).

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

Participants most often rated the current overall quality of powdered cocaine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '7-8.' One participant shared that quality of powdered cocaine is not highly rated and explained, *"By the time you get to Cleveland, [powdered cocaine is] always 'stepped on' (adulterated with other substances)."* Overall, participants reported that the quality of powdered cocaine has remained the same during the past six months.

Participants reported that powdered cocaine in the region is cut (adulterated) most often with baby laxatives and baking powder. Other cuts listed were isotol (diuretic), lidocaine (local anesthetic), NoDoz®, prescription opioids and vitamins. A participant stated, *"There is this old drug called Stanback® (headache powder) and it's an over-the-counter medication and it's a powder and you mix that with 'coke' (cocaine), too."* Other participants shared: *"You can cut [powdered cocaine] with baby formula, baking soda, even*

baby laxatives; Coke is cut with a bunch of stuff, isotol and vitamins because they look like it ... lidocaine because of the numbness."

Powdered Cocaine	Cutting Agents Reported by Crime Lab	
	<ul style="list-style-type: none"> <input type="radio"/> acetaminophen <input type="radio"/> atropine (prescription heart medication) <input type="radio"/> levamisole (livestock dewormer) <input type="radio"/> local anesthetics (benzocaine, lidocaine and procaine) <input type="radio"/> mannitol (diuretic) 	

Current street prices for powdered cocaine were fairly consistent among participants with experience buying the drug. Although rare for the region, a participant reported cocaine being sold in a capsule and stated, "Cocaine in a capsule is not that common ... maybe in a nightclub it's seen, but probably only if you are in a big, big, city ... You know, the bigger club areas and probably college campuses." A treatment provider commented, "I hear [heroin is] cheaper [than cocaine]."

Powdered Cocaine	Current Street Prices for Powdered Cocaine	
	1/4 gram	\$20-25
	1/2 gram	\$35-50
	a gram	\$80-100
	1/16 ounce	\$125-225
	1/8 ounce	\$160-225
	1/4 ounce	\$225-300
	1/2 ounce (aka "halfie," "half of a zip")	\$500
	an ounce	\$800-1,400

Participants reported that the most common routes of administration of powdered cocaine are snorting (aka "railing") and smoking. Participants estimated that out of 10 powdered cocaine users, eight would either smoke or snort, while the other two would intravenously inject (aka "shoot") the drug. One participant said, "I see more and more people are using needles because of the heroin and they aren't afraid of needles anymore."

Participants described typical powdered cocaine users as primarily singles who are college aged (20s), as well as those who are adult entertainers. One participant revealed, "Young, like early 20s. The first time I tried [powdered cocaine] I was 17 (years old)." Another participant commented, "Hollywood ... actors, musicians, people who have money, singles, rappers, clinicians, hair dressers, suburbans, a lot of gay people." Another participant explained, "[Powdered cocaine] is really an entertainer drug, so strippers like it because it 'gets you up' (gives you energy)." Another participant remarked, "Then (back in the 'old' days), it was the party drug for the hippies, but we old and now the new generation thinks it's bad." Treatment providers found it difficult to describe a typical powdered cocaine user. One treatment provider reflected, "There seems to be a pretty wide range from the younger folks ... I have this guy now ... he is forty-plus and that is his drug of choice." Another treatment provider commented, "I'd say maybe more men than women."

Crack Cocaine

Crack cocaine remains highly available in the region. Participants most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10.' Participants stated: "You can find [crack cocaine] everywhere; Crack is extremely available in Cleveland (Cuyahoga County); In Painesville (Lake County) it is very easy to get; Crack is really easy to find, it's on every corner; I would say it's like every other house sells crack cocaine ... in every neighborhood; You can go right outside and get some." One participant explained that availability of crack cocaine fluctuates based on time of day and reported, "It all depends on the time of day ... if it's two, three or four o'clock in the morning ... people deliver to you ... I was sober for 3 1/2 years and I decided to step right back in and it was easy to get." Treatment providers most often reported current availability of crack and rated it as '5-7'; the previous most common score was '8.' A treatment provider commented, "Most of the people (clients) I have are using crack cocaine."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Willoughby Hills (Lake County) police arrested a woman during a traffic stop when they found crack cocaine, a 'crack pipe' and heroin in her possession (www.newsnet5.com, May 18, 2015).

Participants and treatment providers reported that the availability of crack cocaine has remained the same during the past six months. A participant commented, "It's not less. It's the same ... exactly the same." A treatment provider commented, "I don't hear that [availability of crack cocaine] is much different around here (Cleveland), so I guess it is the same ... We are still treating as many individuals using crack as we have been in the past year." The BCI Richfield Crime Lab reported that the number of crack cocaine cases it processes has increased during the past six months.

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

Participants most often rated the current overall quality of crack cocaine as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was also '8.' One participant reported that crack cocaine can come in an array of colors and shared, "There are different colors sometimes ... yellow is pure (high-quality crack), brown is called 'peanut butter,' but I am not sure what it is 'cut' (adulterated) with ... They also made it green for St. Patty's Day." Several participants discussed variability when it comes to quality of crack cocaine. A participant commented, "[Quality of crack] depends on who you deal with." Another participant shared, "I would say it's in between [good and bad quality overall] because of the simple fact that some is good ... and you go to another dealer it can be bad because it is mixed with chemicals."

Overall, participants reported that the quality of crack cocaine has remained the same during the past six months. One participant shared, "The people I get it from ... it is usually a '10' (quality rating) and it has been that way for a year and a half." Another participant indicated an increase in crack cocaine quality and clarified, "It's gotten better for me because I changed dealers."

Participants reported the top cutting agents (adulterates) for crack cocaine are baby laxatives, baking soda and vitamin B-12. A participant commented, "I know they use baking soda and stuff from the head shop." Other cuts mentioned in-

cluded: baby powder, diuretics (isotol and mannitol), Orajel® and quinine (antimalarial). A participant explained, "It's like this, you got shooting dope, smoking dope and snorting dope. The difference is the cut. Shooting is cut with B-12 (vitamin), so you can shoot everything and nothing is left. Lactose or baby powder for smoking ... it's called 'ready rock' and snorting is cut with quinine." A participant stated: "Basically, [crack cocaine is cut with] anything that has a numbness to it."

Crack Cocaine	Cutting Agents Reported by Crime Lab	
	<ul style="list-style-type: none"> <input type="radio"/> acetaminophen (analgesic) <input type="radio"/> atropine (prescription heart medication) <input type="radio"/> levamisole (livestock dewormer) <input type="radio"/> local anesthetics (benzocaine, lidocaine and procaine) <input type="radio"/> mannitol (diuretic) 	

Reports of current street prices for crack cocaine were consistent among participants with experience buying the drug. Most participants said that price depends on quality. One previous crack cocaine dealer said price is variable and depends on the, "quality of crack I get, who I get it from, what price I bought it for." Participants indicated that crack cocaine is not typically weighed out; rather it is sold by pieces or 'rocks.' One participant explained, "A 'rock' is about a quarter of an inch around and costs \$20 and then they do three pieces for \$50 and then five [or six rocks] for \$100." Participants generally reported that a 'twenty' (\$20 worth of crack) is the most common unit purchased. However, a previous crack cocaine dealer argued, "I can make you a cut for \$2, if you got two dollars ... you know, it depend on if I like you or not ... so it all depends on that person and what type of business we ... what type of relationship we have with each other."

Crack Cocaine	Current Street Prices for Crack Cocaine	
	1/10 gram (aka "dime," "10-piece")	\$10
	1/2 gram	\$50-60
	a gram	\$70-100
	1/8 ounce	\$160
	1/4 ounce	\$475
	an ounce	\$1200-2,000

Participants reported that the most common route of administration for crack cocaine remains smoking. Participants estimated that out of 10 crack cocaine users, eight would smoke the drug and two would choose an alternative method. Other methods of administration mentioned were intravenous injection (aka “shooting”), snorting and sublingual. One participant contemplated, “*Out of 10 people, I would say one would crush it and then snort it and one would crush it and lace a cigarette with it and one puts it under her tongue and rest smoke it.*” Another participant admitted, “*If I had a toothache, I’d put a piece of crack on it to numb it.*”

A description of a typical crack cocaine user did not emerge from the data. Participants reported that the drug is used by a wide range of people, but most commonly attributed crack cocaine use to prostitutes. Participants commented: “*Anybody [can] use it ... old, black, white, young, it doesn’t discriminate ... it might be a judge smoking and then you might have a homeless person smoking; It’s used by police officers, lawyers, judges ... all races; It’s used by prostitutes.*”

Treatment providers described typical crack cocaine users as more often male, and more specifically older African-American males. Treatment providers commented: “*A wide range, but more men than women, but I am surprised to see how many older people are using crack. It amazes me that folks sixty and above are using crack; I see inner-city males generally.*” One clinician noted, “*I’ve noticed with the male clients it is their only drug of choice, but with women they also use alcohol and marijuana.*” Another provider observed, “*Some clients ... say they have not smoked other drugs in twenty years, but keep circling back through treatment because of crack.*”

Heroin

Heroin remains highly available in the region. Participants most often reported the drug’s current overall 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 remarked: “*[Heroin is] everywhere; It’s supply and demand. More people are using it, so you can get it anywhere.*” A participant ventured, “*[Heroin is] pretty much everywhere you turn in Lorain and Cleveland. You just need to know their walk ... [heroin dealers] usually got nice clothes on and their demeanor says ‘dope boys.’ I can go to Alaska and know who’s a dope boy by the way they walk.*” Other participants added: “*Sample*

bags [of heroin] sometimes are given so you can try what [a dealer] has; Sometimes you can drive around and people yell ‘boy’ (heroin) and if you honk your horn once they come right up to you and give you a free sample so you can try it ... see who has the best stuff.”

Community professionals most often reported current overall availability as ‘10’; the previous most common score was also ‘10’. Treatment providers stated: “*Heroin hits the top of the list, it is absolutely an epidemic and I see a lot of it; What I frequently hear the clients saying is, you can get it on every street corner; It’s readily available.*” A clinician reflected, “*Basically I would say two-thirds of my patients are using heroin.*” A staff member of a recovery house for women added, “*About fifty percent of women who have lived at the house are addicted to heroin.*” A local judge responded, “*Sixty to sixty-five percent of my criminal docket is dedicated to heroin and that involves direct use, trafficking and ancillary crime like burglary.*”

While many types of heroin are currently available in the region, participants reported brown powdered heroin as the most available type of heroin. Participants commented: “*I would never have trouble finding brown [heroin], it’s the most widely available; Brown powder is more available than white powder.*” Another participant shared, “*[Brown powdered heroin is] on every street. There is even a store out there where I can get a loaf of bread and a bag [of heroin].*” Likewise, treatment providers reported that powdered heroin is the most available type in the region. Law enforcement stated, “*We see a lot of tan or brown heroin and then there is a selection of white that is laced with fentanyl - and there is a street form called ‘gravel’ that is a chunky form, not like powder.*”

Participants also reported high availability of white powdered heroin and commented: “*[White powdered heroin is] just about anywhere, but it’s depending on who you know; I would say it’s less available than brown and I can only find it by bigger cities; It’s a little bit harder to find.*” A participant added, “*Recently there is some out there that is gray, it’s not ‘gravel’ ... this is just gray heroin.*”

Reports of black tar heroin availability varied throughout the region. Several participants reported that black tar heroin is difficult to obtain and commented: “*Black tar is hard to find; I have never done back tar because it’s hard to find; I have not been able to find it, but I keep hearing about it so there has to be some out there.*” However, other individuals shared: “*When I would find [black tar heroin], it was in (Medina*

County); You can get it in Huron (Erie County; Toledo OSAM region) and Cleveland, but everywhere else you don't really see it; I can get it anywhere - Lorain, Cleveland, Westlake even; It's right up the road. My guy (drug dealer) has it all the time." Community professionals also reported low availability of black tar heroin. A law enforcement officer from Cleveland's west side stated, "We see minimal amount of tar."

Corroborating data indicated the presence of heroin in the region. American Court and Drug Testing Services reported that 15.8 percent of the 1,918 individuals screened through its Medina lab during the past six months were positive for opiates.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A prostitute was arrested after being found in a hotel room with 10 syringes, some of which had heroin residue in them (www.cleveland.com, Feb. 4, 2015). Lake County law enforcement began targeting businesses that knowingly buy and then sell stolen items from heroin addicts (www.cleveland.com, March 24, 2015). Cuyahoga County reported a drastic increase in fentanyl-related overdose deaths in the first three months of the year; this strong narcotic is being mixed in or substituted for heroin and addicts are dying at record levels; five people died of fentanyl overdose in 2013 and 17 people died from January through mid-March 2015 (www.cleveland.com, March 11, 2015). A man was arrested in Painesville Township (Lake County) when he was caught trafficking heroin and marijuana between Lake and Ashtabula counties; two kilograms of heroin and two pounds of marijuana were seized (www.wkyc.com, April 7, 2015). Three individuals overdosed on a batch of heroin that was traced back to a suspect who was arrested in Medina (Medina County) (www.newsnet5.com, May 15, 2015).

Participants reported that the availability of brown powdered heroin has increased during the past six months and explained: "It's more available because there are more dealers popping up; More kids are thirsty for it; There are more addicts, so supply and demand make it big." However, participants noted that black tar and white powdered heroin availability has remained the same.

Community professionals most often reported that the general availability of heroin has remained the same during the past six months. Treatment providers commented: "I don't think [availability of heroin] has actually changed because we have been hearing this for a while now; It's all the same. All the clients have the dealers on speed dial on

Reported Availability Change during the Past 6 Months		
Heroin	 Participants	Increase (brown powdered)
	 Participants	No change (black tar and white powdered)
	 Law enforcement	No change
	 Treatment providers	No change

their phone." The BCI Richfield Crime Lab reported that the number of powdered heroin cases it processes has increased during the past six months, while the Lake County Crime Lab reported a decreased number of cases; the labs reported processing brown, beige, gray, tan and white powdered heroin with no black tar heroin cases reported.

Participants most often reported the current overall quality of heroin as '10,' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous scores was '7.' However, participants shared varying opinions regarding consistency of quality: "It's pretty good; Depending on the area, [heroin quality is] better in the city; Quality was better for me in the country because they are hardcore there; It's all about who you know."

Several participants discussed the general high quality of heroin and overdose. A participant commented, "If someone OD's (overdoses) on it, you think it is better." Another participant remembered, "This one time, this girl I was using with, she overdosed and died and I called her dealer right then and there and told him I wanted some of that shit that she just OD'd on. Dude thought I was crazy, but he brought it over and it knocked me out"

Participants reported that the most common adulterates used to cut powdered heroin are fentanyl and lactose. Other adulterates mentioned were: acetone, creatine, sleeping pills and vitamin B-12. Participants mostly talked about fentanyl-cut heroin: "They are adding fentanyl to all of it, so [quality] is good; [Dealers are] cutting it with fentanyl and people like that; Quality varies when it is mixed with fentanyl." Other participants added, "If [it's] pink heroin, it is probably cut with fentanyl because the gel from the (fentanyl) patch is pink; You can get fentanyl powder online, too, that is pink." Overall, participants reported an increase in quality of brown powdered heroin during the past six

months, but noted that black tar and white powdered heroin qualities remained the same.

Heroin	Cutting Agents Reported by Crime Lab	
	<ul style="list-style-type: none"> ○ acetaminophen (analgesic) ○ caffeine ○ diphenhydramine (antihistamine) ○ mannitol (diuretic) ○ quinine (antimalarial) 	

Reports of current street prices for heroin were consistent among participants with experience purchasing the drug. Participants reported that price is often dependent upon how much is purchased, quality, relationship with the dealer, other drugs purchased and location. Some dealers would charge less if a user buys more, as one participant illustrated, "You can get 10 bags ... it's called a 'bundle' ... you can buy a 10-bag for \$100 if you pay cash." Another participant shared, "I get a sample of heroin from my regular dealer. If you were buying straight cocaine, like one to one and a half grams of coke, you get free heroin. It's like a free twenty dollars' worth of heroin when buying a gram or gram and half of coke." Few participants knew black tar heroin prices.

Heroin	Current Street Prices for Heroin	
	1/10-2/10 gram (aka "point," "dub," "twenty")	\$10-20
	1/2 gram	\$60-80
	a gram	\$120-150
	an ounce	\$1,800-2,500

While there were a few reported ways of using heroin, generally the most common routes of administration remain snorting and intravenous injection (aka "shooting"). Participants estimated that out of 10 powdered heroin users, seven would shoot, two would snort and one would smoke the drug. Participants further specified that out of 10 black tar heroin users, nine would shoot and one would snort the drug. One participant explained, "It's hard to snort tar because it's gooey." Treatment providers also commented on routes of administration and commented, "We see a lot of the injection users; [Younger users] are starting off with snorting and gradually moving to using a needle."

In addition to purchasing needles from dealers, participants continued to report buying them from diabetics and pharmacies or obtaining them through a needle exchange program. One participant stated, "I buy mine from the pharmacy ... most [pharmacists] just ask you a bunch of questions [about diabetes] and take down your name." Not all participants knew about a needle exchange program in the region. One participant commented, "I get 'em at the needle exchange," while another stated, "I know there is [a needle exchange] in Cleveland, but I have no idea where." A participant explained, "[The needle exchange is] not convenient because of where it's at and the times you have to go. It's also not publicly advertised." Participants reported purchasing needles (aka "rigs" and "points") from dealers for \$2-5 apiece.

Participants varied in their descriptions of a typical heroin user, but most often reported that users are typically white and between the ages of 16 and 30 years. Many participants focused on age descriptions of typical heroin users and commented: "I know 15 and 16 year [olds] that are strung out [on heroin]; I see more white people ... young, 16 to 25 year olds; A lot of young girls like 16 to 19 (years old); I think late teens to 20s and 30s." Other participants pointed out different sub-groups or races that are more often heroin users: "It's a lot of young white people, especially young white girls; I sold to a lot of different aged people, but I ain't never seen an African American mess with heroin; I seen a lot of Spanish people and a lot of white people."

Community professionals described typical heroin users as late teens to early 30s, female and white. Treatment providers reflected: "I would say that people are starting to use heroin at a younger age; It does seem like we are seeing more females now; It's 19 to 35 year old Caucasians and I know there are pregnant moms using, too." A clinician expounded, "[Female clients] are saying, 'Well, my boyfriend or my husband started me and then I am off to the races.'" An owner of recovery house stated, "I only work with women ... but I did not see it in the African-American population much." An officer commented, "It is widespread ... but we see mostly 19 to 30 year olds using [heroin]." A judge stated, "I've had everyone, 18 to mid-60s, but I'm not seeing young black males."

Prescription Opioids

Prescription opioid availability appears variable throughout the region. Only two participants admitted illicit use of prescription opioids during the past six months, while the majority of those interviewed had already progressed to

heroin use. Participants most often reported the current availability of these drugs as '2' 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 commented: *"Availability is maybe a '2' because the doctors are really shutting down on it; It used to be really easy to get them, but now it just doesn't happen."*

Treatment providers most often reported the current availability of prescription opioids as '5'; while law enforcement most often reported current availability as '8'; the previous most common score for both groups was '10'. Some treatment providers indicated that prescription opioids are available to those who have access to them, but might not be as available to those who do not have connections.

Participants identified Percocet® and Vicodin® as the most popular prescription opioids in terms of widespread use. Community professionals identified oxycodone, Percocet® and Vicodin® as the most available. Treatment providers commented: *"I have heard about Percocet® and they seem to be readily available, but perhaps not as much as Vicodin®; In my head I think of Vicodin® and Percocet® because I hear those together a lot from like dental work and pain."* A law enforcement officer stated, *"Vicodin® is one of our top three of what we are seeing in our doctor shopping cases ... Opana® seem to be scattered among the rest ... in fact, those seeking Opana® that I interviewed ... have said it's a difficult pill to get their hands on."* Another officer reported: *"Percocet® is as available as Vicodin®, but more on the street and not as much from doctors."*

Corroborating data also indicated the presence of prescription opioids in the region. American Court and Drug Testing Services reported that 6.8 percent of the 1918 individuals screened through its Medina lab during the past six months were positive for oxycodone.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Six counties in north-east Ohio were included in a fraudulent prescription drug ring, of which 15 individuals have been indicted (www.wkyc.com, Feb. 12, 2015). A nurse was indicted for stealing injectable pain management drugs from a Lorain hospital where she was employed (www.otfca.com, March 23, 2015). Two Lake County men face charges for a drug deal made in front of police; oxycodone and cocaine were seized (www.news-net5.com, May 16, 2015). The media also covered a successful prescription drug drop-off event by Lorain County Drug Task Force; over 2,000 pounds of prescription medications were deposited during a six-month period (www.otfca.com, April 20, 2015).

Participants reported that the availability of prescription opioids have decreased during the past six months, while community professionals reported that availability has remained the same. However, law enforcement specifically noted a decreased availability of Opana® and increased availability of Ultram®, as well as oxycodone 40, 60 and 80 milligram pills. The BCI Richfield Crime Lab reported that the number of fentanyl, Kadian®, methadone, morphine, Percocet® and Vicodin® cases it processes has increased during the past six months, while the Lake County Crime Lab reported increased numbers of fentanyl, oxycodone, Percocet® and Vicodin® cases; the numbers for all other prescription opioid cases has either remained the same or has decreased.

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

Reports of current street prices for prescription opioids were consistent among participants with experience purchasing these drugs. Most participants stated that pills are sold for \$1 per milligram and that Percocet® pills were a bit more; participants reported that Percocet® 10 mg sells for \$10-15.

Community professionals reported that illicit prescription opioid users would obtain these drugs from dealers, doctors or through theft. A treatment provider commented, *"I think Vicodin® and Percocet® are easier to get from dentists; One client went to [real estate] open houses and got them from medicine cabinets; It's knowing the right doctor; I have two women [in treatment] ... and they get it from their doctor."*

Participants reported that the most common route of administration for illicit use of prescription opioids is oral consumption, citing changes to abuse-deterrent formulations as the reason users no longer snort or inject these medications. A participant reported, *"I haven't heard of anyone snorting [prescription opioids] anymore, so it is mainly eating them."*

Participants described typical illicit prescription opioid users as teens. Participants commented: *"15 to 16 year olds; By the time they are 25 (years old) they graduated to heroin."* Treatment providers described illicit users as similar to heroin users: late teens to early 30s, female and white.

Suboxone®



Suboxone® is moderately to highly available in the region. Participants most often reported the current street availability of the drug as '4-7' 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.' One participant stated, *"For me it is not hard (to obtain Suboxone®) ... I have someone right next door that sells [Suboxone®]."* Another participant shared, *"I say a '10' (availability score) because I see those wrappers all over the streets. [Suboxone®] come in blue and white wraps and they are all over the ground."*

Community professionals most often reported Suboxone® current street availability as '8'; the previous most common score was '9.' A treatment provider stated, *"It's readily available through doctors and on the street. No problem to get."* Other treatment providers noted that those seeking Suboxone® prescriptions legitimately tend to experience the drug on the street first. One treatment provider reported, *"I am a Suboxone® provider so at least half the people I see knew about [Suboxone®] and were using it on the street ... but they came to me wanting to get a legit Suboxone® prescription."* Recovery house staff shared, *"Everyone living in the house is not on Suboxone®, but at some point in time they have abused it. When they get to the stage of take-homes (take-home medication), that is when they start abusing."*

Corroborating data also indicated the presence of Suboxone® in the region. American Court and Drug Testing Services reported that 8.3 percent of the 1,918 individuals screened through its Medina lab during the past six months were positive for buprenorphine (the main ingredient and generic name for Suboxone®). In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. A shoplifter in Mentor (Lake County) was arrested and found in possession of six boxes of Suboxone® (www.otfca.com, March 19, 2015).

Participants reported that the availability of Suboxone® has increased during the past six months. Participant comments included: *"It's easier to get for sure; I used to never be able to find [Suboxone®] and now I see them everywhere."* Likewise, community professionals reported increased availability of Suboxone® during the past six months. A treatment provider shared, *"[Suboxone® availability has] increased because more doctors are prescribing it."* A law enforcement officer commented, *"I see an increase in ..."*

Suboxone®." The BCI Richfield Crime Lab reported that the number of Suboxone® cases it processes has decreased during the past six months while the number of Subutex® cases has increased; the Lake County Crime Lab reported decreased number of cases for both Suboxone® and Subutex®.

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

Participants reported that sublingual filmstrip (aka "strip") and pill forms of Suboxone® are both available throughout the region. Participants reported: *"People like the strips and pills the same; They taste the same and do the same ... it tastes kind of like orange."* Reports of current street prices for Suboxone® were fairly consistent among participants with experience buying the drug. In addition, several participants reported that heroin dealers sell Suboxone® along with heroin.

Current Street Prices for Suboxone®		
Suboxone®	filmstrip or tablet	
	<table border="0"> <tr> <td>\$10 for 2 mg</td> </tr> <tr> <td>\$15-20 for 8 mg</td> </tr> </table>	\$10 for 2 mg
\$10 for 2 mg		
\$15-20 for 8 mg		

While there were a few reported ways of consuming Suboxone®, generally the most common route of administration for illicit use remains oral consumption. A participant explained: *"The strips you put under your tongue and pills you use orally."* Other methods of administration included snorting the tablet and intravenous injection (aka "shooting") of the filmstrip. A participant shared, *"I had a couple of friends shoot up. They dissolve [Suboxone® filmstrip form] and then shoot them up."*

Participants and community professionals described typical illicit Suboxone® users as opiate addicts and those aged 20s through 30s. One participant explained, *"I'd plan ahead. I'd buy 10 bags of heroin and about five 'subs' (Suboxone®) just to last me through the withdrawal until I can get more money for 'dope' (heroin)."* Other participants explained: *"[Suboxone® is] used by people who don't want to go through withdrawal; Someone who wants to avoid a craving."* A treatment provider explained, *"Almost every heroin"*

abuser uses Suboxone® if they can get their hands on it as a stop-gap measure until they can score heroin again." Another treatment provider imparted, "It seems to be higher functioning people who are trying to maintain employment and are trying to keep it together [who use Suboxone® this way]."

Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain highly available in the region. Participants most often reported current street 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 '8.' Participants identified Xanax® as the most popular sedative-hypnotic in terms of widespread illicit use. A participant commented, "[Xanax® is] everywhere, just like 'dope' (heroin)." Treatment providers most often reported current availability of these drugs as '8-9'; the previous most common score was '10.' Treatment providers identified Xanax® and Klonopin® as the most popular sedative-hypnotics in terms of widespread illicit use. A couple clinicians commented: "Xanax® and Klonopin® are widely available; It's amazingly available on the streets."

Corroborating data also indicated the presence of sedative-hypnotics in the region. American Court and Drug Testing Services reported that 5.7 percent of the 1,918 individuals screened through its Medina lab during the past six months were positive for benzodiazepines.

Participants reported that the general availability of sedative-hypnotics has increased during the past six months. Participants stated: "It's more available because more people are using it; Just about anyone I know is getting a script for 'xanies' (Xanax®); Klonopin® is easier to get. Doctors usually start you on Klonopin®" Treatment providers reported that availability of sedative-hypnotics has remained the same during the past six months. The BCI Richfield Crime Lab reported that the number of Valium® cases it processes has increased during the past six months while the number of Xanax® cases has decreased; the number of cases for all other sedative-hypnotics remained the same. The Lake County Crime Lab reported that the number of Ativan® cases it processes has increased during the past six months while the number of cases for all other sedative-hypnotics decreased.

Reports of current street prices for sedative-hypnotics were consistent among participants with experience buying the drugs. A participant remarked, "Blue [Klono-

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

pin®) are 'point five' (0.5) milligrams and are 50 cents ... they ain't really worth much." A participant commented, "[Xanax® is] everywhere because it's easy to get prescribed."

Sedative-Hypnotics	Current Street Prices for Sedative-Hypnotics	
	Klonopin®	\$.50 for 0.5 mg \$2 for 30 mg
	Xanax®	\$2 for 1 mg \$5-7 for 2 mg

While there were a few reported ways of consuming sedative-hypnotics, and variations in methods of use were noted among types of sedative-hypnotics, generally the most common routes of administration for illicit use are parachuting (crushing the pill, wrapping it in tissue and swallowing it) and snorting. Participants estimated that out of 10 illicit users, seven would parachute and three would snort the drugs. A participant explained, "Some people parachute because they don't like the taste of the pill." Another participant added, "It's a quicker high ... so they say."

Participants described typical illicit users of sedative-hypnotics as female and heroin users. A participant shared, "I would take Xanax® to pass out. I'd take it when I was dope sick because it was something powerful enough to take the edge off." Treatment providers also described typical illicit users of these drugs as female. A treatment provider commented, "Pretty wide age range [of users], but more females."

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.' A participant remarked, "[Marijuana] is

everywhere, east, west, north and south, in your backyard ... everywhere." Participants discussed high-grade and low-grade marijuana availability. Several participants commented: "It's easier now to get high-grade than low-grade; You can barely find just 'regular' marijuana anywhere, it's all high-grade and it's everywhere." Participants most often continued to report low-grade marijuana availability as '10', but noted: "You don't see (low-grade marijuana) as often as 'loud' (high-grade) now ... You can find it if you look for it ... It isn't as open because most people get high-grade; Basically your average 'weed' (marijuana) is out there and more white people grow it because it is like a science."

Community professionals most often reported current availability as '10'; the previous most common score was also '10'. Treatment providers commented: "[Marijuana is] very readily available; Parents think that it is not that big of a deal and my own son said these kids just think that it's no big deal ... It's very concerning; It seems like they can walk out of their front door and it is right there, on the corner, at the bus stop, on the bus; It seems more common than nicotine." One treatment provider stated, "I would say one hundred percent of my patients are using [marijuana]." A local judge reported, "I'm seeing a ton of interceptions at UPS and (US) postal offices."

Corroborating data indicated the presence of marijuana in the region. American Court and Drug Testing Services reported that 22.4 percent of the 1,918 individuals screened through its Medina lab during the past six months were positive for marijuana.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A new ordinance in Fairport Harbor (Lake County) has increased the penalty for possession of hashish in any form to match marijuana penalties (www.otfca.net, Feb. 3, 2015). Two pounds of hashish and more than 19 pounds of marijuana were found inside a home near Solon Middle School (Cuyahoga County); the products were seized and a couple now face charges of trafficking and drug possession (www.cleveland.com, Feb. 5, 2015). Parma (Cuyahoga County) police arrested a man after they witnessed him participating in a suspected drug deal and pulled his car over to find him attempting to eat a bag of marijuana (www.cleveland.com, Feb. 26, 2015). A marijuana grow operation was dismantled in South Euclid (Cuyahoga County) when police seized 110 marijuana plants (www.cleveland.com, May 14, 2015). Brunswick (Medina County) police arrested a man after officers found more than six pounds of marijuana in the trunk of his vehicle during a traffic stop (www.cleveland.com, May 18, 2015). Two individuals

were arrested in South Euclid when police approached their illegally parked car and found an open alcohol container and seven baggies of marijuana in the passenger's purse (www.19actionnews.com, May 21, 2015).

Participants reported that the availability of high-grade marijuana has increased during the past six months. Participants explained: "Definitely increasing as far as the availability, as more states around legalize it; It's more available because more people are growing it and more people would rather spend the money on it [than on low-grade marijuana]." Participants varied in responses to availability change of low-grade marijuana; most reported decreased or no change in availability. A participant commented, "I'd say availability is about the same because it wasn't easy to find six months ago and it's the same now."

Similar to participants, community professionals reported that the availability of high-grade marijuana has increased during the past six months, while the availability of low-grade marijuana has decreased or remained the same. Community professional comments included: "I think it has increased for high grade but low grade is the same ... nobody wants it; It's increased because of the Internet and the fact that people don't find it that big of a deal ... they are decriminalizing it; I see it increasing because of the options ... with all the states legalizing it" The BCI Richfield and Lake County crime labs reported that the number of marijuana cases it processes has increased during the past six months.

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

Participants most often reported the current overall quality of marijuana as '10' for high-grade and '6' for low-grade on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '10' for both grades of marijuana. Participants explained that the quality of marijuana depends on whether the user buys "commercial weed" (low- to mid-grade marijuana) or hydroponically grown (high-grade marijuana).

Regarding the quality of high grade, participants stated, *"You don't have to smoke as much; You got hydroponic weed that is grown in water and is the strongest weed because you get the most THC out of it."* One participant reported there is still "bottom-shelf high-grade" marijuana, meaning that quality even varies within high-grade marijuana. Regarding low-grade marijuana, a participant stated, *"Nobody wants it anymore even if you can find it because it don't even look right."* A treatment provider commented, *"THC levels are so high. It's gone from a sedative, in my opinion, to a hallucinogen."* A law enforcement officer explained, *"It's oftentimes laced or dusted with other products with hallucinogenic effects."*

Street prices of marijuana and marijuana concentrates were provided by participants with experience purchasing the drug. Participants continued to report commercial grade marijuana as the cheapest form.

Marijuana	Current Street Prices for Marijuana	
	Low-grade:	
	a blunt (cigar) or two joints (cigarettes)	\$10
	1/4 ounce	\$25-50
	1/2 ounce	\$60-65
	an ounce	\$120
	High-grade:	
	a blunt (cigar) or two joints (cigarettes)	\$15
	1/4 ounce	\$45-50
	1/2 ounce	\$120-150
an ounce	\$350	

While there were a few reported ways of consuming marijuana, generally the most common route of administration remains smoking. Participants estimated that out of 10 marijuana users, all 10 would smoke the drug. One participant added, *"There may be one person from time to time that may grind the low-grade 'pot' (marijuana) to make edibles because they don't want to smoke it ... it's so bad."* Another participant added, *"One out of 10 may make edibles if they are real connoisseurs."* In addition, a participant reported, *"'Dabbing' (smoking marijuana oils and extracts) has big time increased the last six months because it is pure THC ... and you aren't getting any of the plant material ..."*

A typical user of marijuana did not emerge from the data. Participants stated: *"No restriction anymore; They are starting younger, even at eight and nine years old; I know people who are sixty and seventy years old smoking weekly; It is absolutely everyone, old folk, young folk, everybody."* Community professionals stated: *"There are no trends but I see a lot of people in their 20s and 30s, both men and women but maybe slightly more men; It's a wide range of ages, 13 to 55 ... 60 years old; I think it is everyone, it's one hundred percent in every age group, every demographic; It's more prevalent with the younger crowd."*

Methamphetamine

Methamphetamine remains available in the region. However, only a few participants had experience with this drug during the past six months; these participants most often reported current availability of powdered methamphetamine as '8' and current availability of crystal methamphetamine as '4' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '8' for both types of methamphetamine. Treatment providers reported not encountering clients with methamphetamine experience during the past six months, thus they could not comment on the current availability of the drug.

Regarding the powdered form, participants reported: *"It's everywhere; You can learn how to make it on YouTube; It's everywhere but you need to know where to get it ... you can't just go to any corner to get it."* Regarding the crystal form participants reported: *"It's not common here, but it comes from out west; It's back out near Akron but not here."*

Participants commented about the production of "one-pot" or "shake-and-bake," 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 (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.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A Wooster (Wayne County) man was arrested when officers searched his residence and disposed of 32 one-pot methamphetamine labs (www.newsnet5.com, Feb. 6, 2015). A Cleveland

woman reported to police that her boyfriend made her smoke methamphetamine and chained her to a bedroom floor for two days; the man was arrested after police broke through the door and he admitted to smoking the drug (www.cleveland.com, Feb. 9, 2015). Geauga County deputies discovered a meth lab while serving an arrest warrant in Auburn Township (www.wkyc.com, April 2, 2015). Geauga County Sheriff's officers investigated a meth lab in a Huntsburg home where two corrections officers were found to be part of a methamphetamine manufacturing operation (www.newsnet5.com, April 10, 2015). Willoughby (Lake County) police pulled over a woman for a suspected drug deal they witnessed; she admitted to purchasing heroin, and upon search of the vehicle, police found a mobile meth lab in the trunk (www.newsnet5.com, April 20, 2015).

Participants with experience with methamphetamine reported that the availability of powdered methamphetamine has increased during the past six months, while the availability of crystal methamphetamine has remained the same. One participant stated, "It's more available to me ... but it's a drug that is under the cover, so it's like you got to know someone [to obtain methamphetamine]." The BCI Richfield Crime Lab reported that the number of methamphetamine cases it processes has decreased during the past six months; the lab reported processing mostly crystal, off-white and white powdered methamphetamine. The Lake County Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months; the lab reported processing crystal, brown and white powdered methamphetamine.

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

Participants with experience with the drug during the past six months most often rated the current quality of powdered methamphetamine as '4' and of crystal methamphetamine as '6' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common overall quality score was '8.' Regarding the quality of powdered methamphetamine, participants reported: "Shake-and-bake is the worst grade of meth there is; The stuff today is

made with Drano® and whatever pills they can find; Ingredients to make (methamphetamine) is lithium, lye, fuel, cold packs, hydro-chloride, acid, crystal Drano®." Regarding the quality of crystal methamphetamine a participant explained, "Crystal is supposed to be one of the purest forms, but it depends on what they are using to make it." Overall, participants reported that the overall quality of methamphetamine has remained the same during the past six months.

Reports of current street prices for methamphetamine were consistent among participants with experience buying the drug.

Methamphetamine	Current Street Prices for Methamphetamine	
	Powdered:	
	1/2 gram	\$50
	Crystal:	
1/2 gram	\$50-180	

While there were a few reported ways of consuming methamphetamine, generally the most common route of administration is smoking. Participants reported that out of 10 methamphetamine users, six would smoke and four would snort the drug. One participant explained, "A lot of people don't like the burn when you snort it, so they smoke it." Participants also noted that a few users of imported crystal methamphetamine (aka "ice") would intravenously inject (aka "shoot") this type of the drug. Participants described typical methamphetamine users as "crack users." Participants reported: "Ex-crack (cocaine) users because it is a cheaper high ... lasts longer; Most meth addicts who can't find meth go to crack and vice versa."

Prescription Stimulants

Prescription stimulants remain moderately available in the region. Participants most often reported current street availability of prescription stimulants as '6' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '6.' While participants reported little experience with prescription stimulants, they identified Adderall® as the most popular prescription stimulant in terms of widespread illicit use. Participant comments included: "It's not too hard to get Adderall®; It's pretty easy to find 'em." Community professionals most often reported current availability as '7;'

the previous most common score was '10.' Community professional comment included: *"It is readily and widely available but less (available) than marijuana ... maybe equal to crack; Less than marijuana and less than heroin but still available."*

Participants and community professionals reported that the general availability of prescription stimulants has remained the same during the past six months. A participant stated, *"There are still people prescribed them ... I was, but I was abusing."* The BCI Richfield and Lake County crime labs reported that for most prescription stimulants the number of cases they process has either remained the same or has decreased during the past six months; however, the number of cases of Adderall® the labs process has increased.

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

Reportedly, many different types of prescription stimulants are currently sold on the region's streets. However, current street prices for specific prescription stimulants were not known by participants. Participants reported that prescription stimulants sell for about \$1 per milligram. A participant explained, *"A 30 milligram Adderall® costs you 30 bucks."*

While there were a few reported ways of consuming prescription stimulants, generally the most common routes of administration for illicit use are oral consumption and snorting. Participants estimated that out of 10 illicit prescription stimulant users, five would orally consume (with one user 'parachuting,' crushing the tablet and swallowing) and five would snort the drugs.

Participants and community professionals described typical illicit users of prescription stimulants as high school and college students. A participant reported, *"I know people in school use it to focus ... they use them to stay up and focus."* A treatment provider reported, *"College students is where I will see it more than anywhere else ... and I would say that since I prescribe it."* Another treatment provider observed illicit use in, *"Soccer moms, whether it is taking their children's or taking their own prescription."*

Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMP) is 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 '8.' Participant comments on current availability included: *"It depends on who you know; It's everywhere; It's like candy."* Participants most often reported the current availability of "molly" (powdered MDMA) as '6-7'; the previous most common score was '8.'

Only one treatment provider was able to report on the current availability of ecstasy and molly; this provider reported current availability of both as '6'; the previous most common score was '1' and '5' respectively. The treatment provider stated, *"I have one person in group whose drug of choice is this ... it seems like it was a part of the party scene, like he wasn't sitting at home using alone."*

Participants reported that the availability of ecstasy has remained the same, while the availability of molly has increased during the past six months. Participants commented: *"There is more molly because more people are making it; [Molly] is more available now because it has become a party drug at the bars."* The BCI Richfield Crime Lab reported that the number of ecstasy cases it processes has decreased during the past six months.

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

Molly	Reported Availability Change during the Past 6 Months	
	 Participants	Increase
	 Law enforcement	No comment
	 Treatment providers	No comment

Participants with experience buying ecstasy and molly reported consistent pricing. However, some participants reported different pricing by location. One participant reported, *"People on the east side (of Cleveland) don't know the prices on the west side (of Cleveland), so we charge people different depending on where they live."*

Ecstasy/Molly	Current Street Prices for Ecstasy/Molly	
	Ecstasy:	
	low dose (aka "single stack")	\$5
	high dose (aka "triple stack")	\$10-25
	Molly:	
a gram	\$75-100	

While there were a few reported ways of consuming ecstasy and molly, participants reported snorting, intravenous injection (aka "shooting") and anal insertion as common routes of administration. Participants reported the following regarding use of ecstasy: *"Some chew it; A lot snort, but it burns so some people don't like it; We do it up the butt for a dare because it gets you higher quicker; Some chew it and it gets you higher quicker; You can parachute (crush, wrap in tissue and swallow), it dissolves and it gets you higher faster."* Participants reported the following regarding use of molly: *"You shoot, a lot of old school dudes shoot it; They put them in a capsule; You can vape it; Some people plug it (insert it anally) because (absorption of the drug is) quicker; People parachute, too ... they put it in napkin and swallow it because then you don't taste it ... the taste is bitter."*

Participants described typical users of ecstasy/molly as people who like to attend dance parties (aka "ravers"), as well as exotic dancers (aka "strippers"). Participants also reported that ecstasy/molly is popular with college students. A participant stated, *"[Ecstasy is] common in colleges, like big universities with raves."* Participants also reported that ecstasy/molly is "sex drugs," explaining that the drugs are thought to enhance sexual experiences.

Other Drugs in the Cleveland Region

Participants and community professionals listed a variety of other drugs as being present in the region, but these drugs

were not mentioned by the majority of people interviewed: bath salts and hallucinogens (LSD [lysergic acid diethylamide], PCP [phencyclidine] and psilocybin mushrooms).

Bath Salts

Bath salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues) remain available in the region. However, none of the participants had experience with bath salts during the past six months, thus they could not report on current availability; the previous most common availability score was '5' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get).

Treatment providers most often reported current availability of bath salts as '2,' and they reported the availability of bath salts has decreased during the past six months. A treatment provider stated, *"I had one or two cases in the last six months because it is really hard to get now, but a year ago we had a lot and every single one was out of their mind ... they were psychotic, one man tried to get a transmitter out of his mind; A lot of people won't use it because it makes you crazy."* The BCI Richfield and Lake County crime labs reported that the number of bath salts cases they process has increased during the past six months.

As for a description of a typical bath salts user, one treatment provider stated, *"I only saw two clients (who reported bath salts use) and ... they were in their 20s."*

Hallucinogens

Participants most often reported the current availability of hallucinogens as '6' for psilocybin mushrooms; '4' for LSD; and '10' for PCP on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants reported that the availability of psilocybin mushrooms has decreased, while the availability of LSD and PCP has remained the same during the past six months. The BCI Richfield Crime Lab reported that the number of LSD cases it processes has decreased during the past six months, while the number of psilocybin mushroom and PCP cases has increased.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Three young men were arrested in Middlefield Township (Geauga County) after a deputy pulled them over for speeding and found 250 hits of LSD, two vials of LSD liquid, a bag of DMT (dimeth-

yltryptamine, a psychedelic compound of the tryptamine family), marijuana 'dabs' and cocaine (www.fox8.com, May 30, 2015).

Regarding psilocybin mushroom availability, participants reported, *"I have to come to the west side (of Cleveland) to get them; I would have to go to Erie County to get them; They are less available because people don't want to travel like to Alabama to get them; It's somewhat hard to find, it has been a while since I've seen them."* Only two participants were able to provide pricing information for psilocybin mushrooms, and they agreed that 1/8 ounce currently sells for \$25-35 and 1/4 ounces currently sells for \$50. Participants estimated that out of 10 psilocybin mushroom users, all would put the mushrooms in tea to drink.

Regarding LSD availability, participants reported: *"It kind of comes and goes; It comes in waves; Like it's either around or not around at all."* Participants estimated that out of 10 LSD users, all would sublingually use the drug. Participants reported: *"You put it under your tongue; It's \$10 for a hit, and it gets you high for six to eight hours."*

Regarding PCP availability, participants reported: *"You can get 'wet' (PCP) just like you can get marijuana; It's very easy to get; You dip a cigarette and let (PCP) absorb into it ... it's called a 'woo stick'; A cigarette dipped sells for ten dollars."* One treatment provider reported, *"I have not seen anyone in over a year (who uses PCP), but I know people use it ... everyone has a story about such and such was on [PCP]"*

Conclusion

Crack cocaine, heroin, marijuana and sedative-hypnotics remain highly available in the Cleveland region; also highly available are ecstasy and PCP (phencyclidine). Changes in availability during the past six months include increased availability for marijuana and Suboxone®.

While many types of heroin are currently available in the region, participants and community professionals reported brown powdered heroin as the most available type of heroin. Participants reported that the availability of brown powdered heroin has increased during the past six months. In addition, participants and community professionals reported current high availability of white powdered heroin, which reportedly, often contains fentanyl.

Several participants discussed the general high quality of heroin and overdose, often explaining that the heroin involved in an overdose is sought by other users because that heroin has been proven to be strong, or rather, "better." Participants reported that the most common adulterates used to cut powdered heroin are fentanyl and lactose. In addition, participants reported on the presence of pink-colored heroin in the region which is known to contain fentanyl; participants explained that fentanyl powder can be purchased through the Internet; and reportedly, this powder is often pink in color.

Prescription opioid availability appears variable throughout the region. Only two participants admitted illicit use of prescription opioids during the past six months, while the majority of those interviewed had already progressed to heroin use.

Participants and community professionals reported that the availability of Suboxone® has increased during the past six months. Participant commented on the ease in which one could locate the drug; community professionals noted that more doctors are currently prescribing Suboxone®. Participants and community professionals described typical illicit Suboxone® users as opiate addicts and those aged 20s through 30s.

Corroborating data indicated the presence of marijuana in the region. American Court and Drug Testing Services reported that 22.4 percent of the 1,918 individuals screened through its Medina lab during the past six months were positive for marijuana. Participants and community professionals reported that the availability of high-grade marijuana has increased during the past six months.

Participants with experience with methamphetamine reported that the availability of powdered methamphetamine has increased during the past six months, while the availability of crystal methamphetamine has remained the same. The BCI Richfield Crime Lab reported that the number of methamphetamine cases it processes has decreased during the past six months, while the Lake County Crime Lab reported an increased number of cases; the labs reported processing crystal, brown, off-white and white powdered methamphetamine. Participants described typical methamphetamine users as "crack users."

Lastly, participants reported high current availability of PCP (aka "wet"). Participants reported that the practice of users is to dip a cigarette into PCP to smoke (aka "woo stick"). A participant reported that a dipped cigarette sells for \$10. The BCI Richfield Crime Lab reported that the number of PCP cases it processes has increased during the past six months.