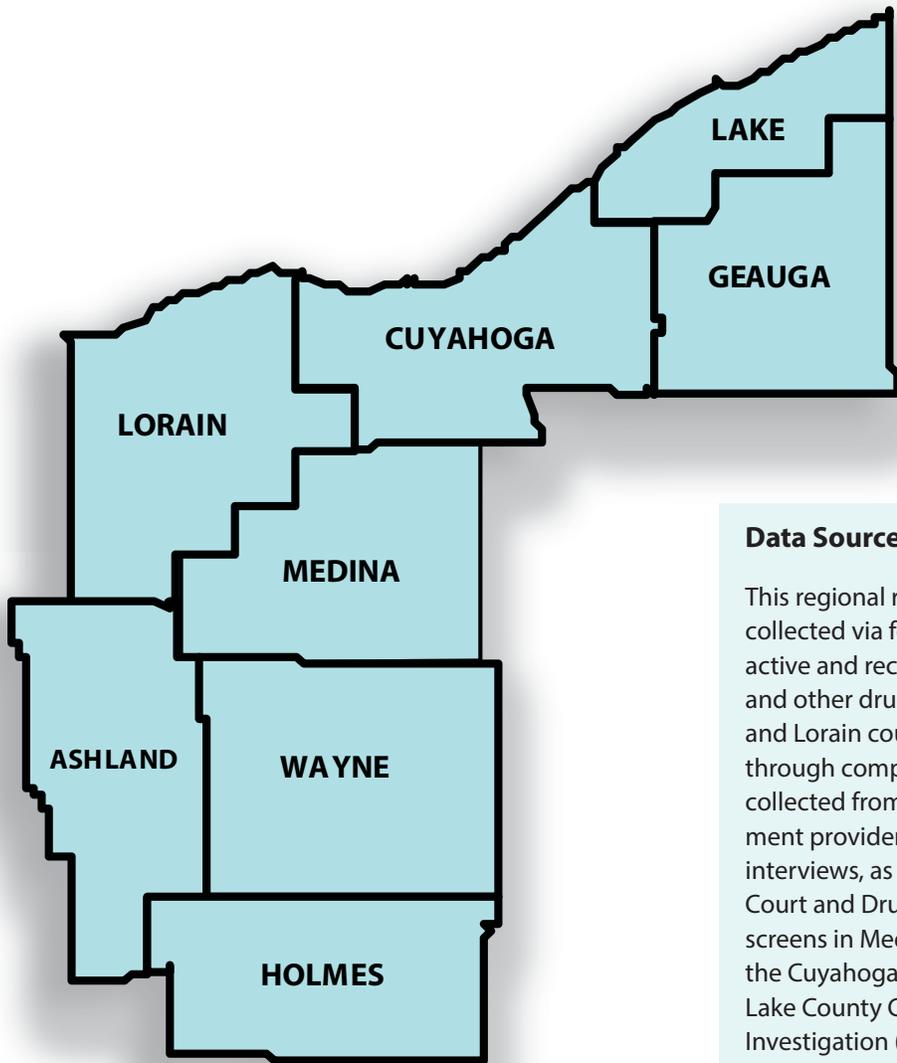




Drug Abuse Trends in the Cleveland Region



Regional Epidemiologist:
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Data Sources for the Cleveland Region

This regional report was based upon qualitative data collected via focus group interviews. Participants were active and recovering drug users recruited from alcohol and other drug treatment programs in Cuyahoga, Geauga and Lorain counties. Data triangulation was achieved through comparison of participant data to qualitative data collected from regional community professionals (treatment providers and law enforcement) via focus group interviews, as well as to data surveyed from the American Court and Drug Testing Services, which processes drug screens in Medina (Medina County) from across the region, the Cuyahoga County Medical Examiner’s Office, the Lake County Crime Lab and the Ohio Bureau of Criminal Investigation (BCI) Richfield office, which serves the Cleveland, Akron-Canton and Youngstown areas. In addition, data were abstracted from the *High-lighted Seizures of 2015 and 2016* report of the Criminal Patrol Unit of the Ohio High Intensity Drug Trafficking Area (HIDTA). All secondary data are summary data of cases processed from January through June 2015. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for July through December 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, 2014	11,560,380	2,275,513	38
Gender (female), 2014	51.1%	51.7%	52.6%
Whites, 2014	84.8%	78.1%	61.1% ²
African Americans, 2014	13.6%	19.7%	27.8%
Hispanic or Latino Origin, 2014	3.3%	4.9%	16.2% ³
High School Graduation Rate, 2014	82.6%	83.0%	75.7% ⁴
Median Household Income, 2014	\$49,349	\$55,422	\$20,000 to \$29,999 ⁵
Persons Below Poverty Level, 2014	15.3%	15.5%	38.2%

¹Ohio and Cleveland region statistics were derived from the most recent US Census and the Ohio Department of Education; OSAM drug consumers were participants for this reporting period: June 2015 - January 2016.

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

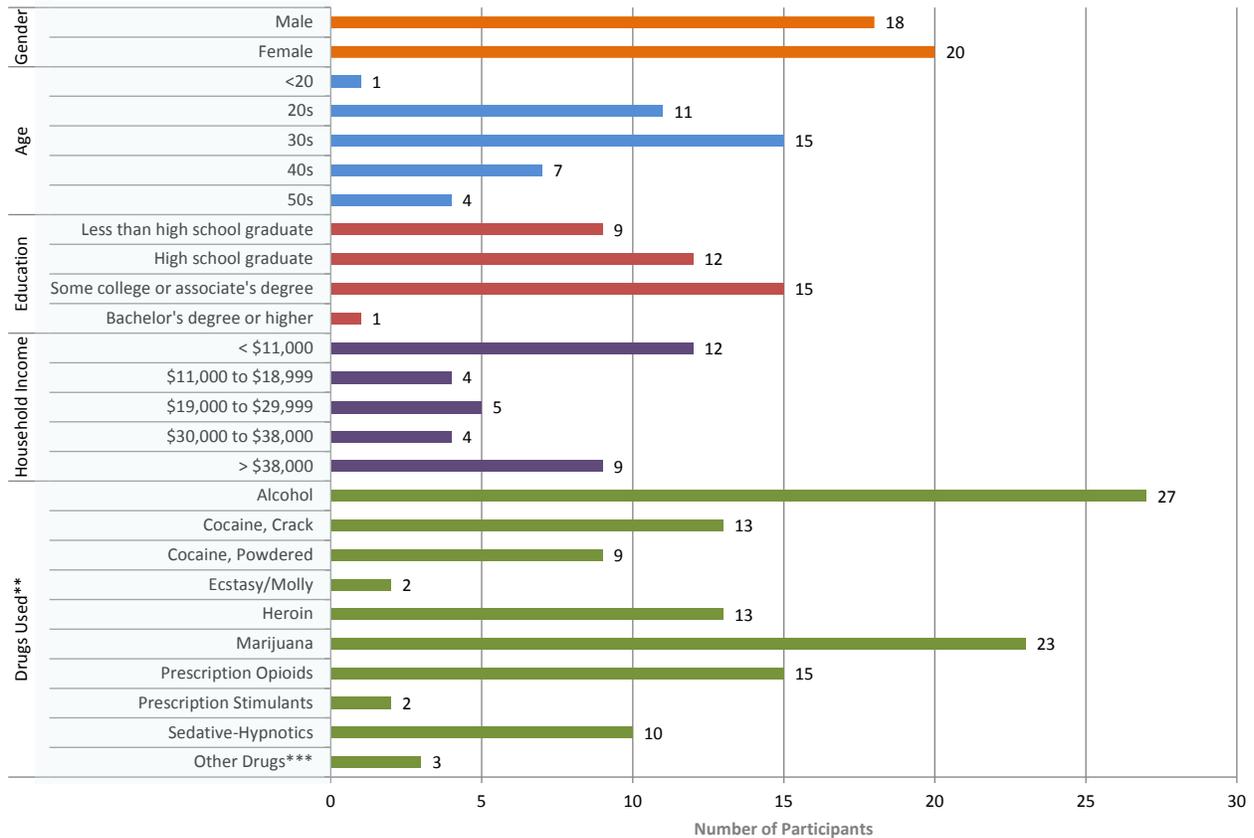
³Hispanic/Latino origin was unable to be determined for 1 participant due to missing and/or invalid data.

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

Cleveland Regional Participant Characteristics

Drug Consumer Characteristics* (N=38)



*Not all participants filled out forms completely; therefore, numbers may not equal 38.

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

***Other drugs included: hallucinogens (LSD, PCP, psilocybin mushrooms) and other prescription drugs (codeine, promethazine).

Historical Summary

In the previous reporting period (January – June 2015), crack cocaine, ecstasy, heroin, marijuana, PCP (phencyclidine) and sedative-hypnotics were highly available in the Cleveland region. Increased availability existed for marijuana and Suboxone®.

While many types of heroin were available in the region, participants and community professionals reported brown powdered heroin as most prevalent. Participants reported increased availability of brown powdered heroin during the reporting period. In addition, participants and community professionals reported high availability of white powdered heroin, which was believed oftentimes to contain fentanyl.

Several participants discussed the general high quality of heroin. According to participants, heroin that was connected in overdose was sought by other users because of its perceived high potency. Participants reported fentanyl as a common adulterant for powdered heroin. Specifically, participants reported on the presence of pink-colored heroin in the region; participants explained that fentanyl powder could be purchased through the Internet and was often pink in color.

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

Participants and community professionals reported increased availability of Suboxone®. Participants commented on the ease of obtaining the drug; community professionals noted an increase in doctors who prescribed 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 reporting period were positive for marijuana. Participants and community professionals reported increased availability of high-grade marijuana.

Participants who had personal experience with methamphetamine reported increased availability of the powdered type (aka “one-pot” and “shake-and-bake”), while

the availability of crystal methamphetamine (aka “ice”) remained the same. The BCI Richfield Crime Lab reported a decrease in number of methamphetamine cases processed during the reporting period, while the Lake County Crime Lab reported an increased number of cases. The labs reported having processed crystal, brown, off-white and white powdered methamphetamine. Participants described typical methamphetamine users as “crack users.”

Lastly, participants reported high availability of PCP (aka “wet”) and explained that users would dip a cigarette into PCP to smoke the drug. A participant reported that a dipped cigarette (aka “woo stick”) sold for \$10. The BCI Richfield Crime Lab reported that the number of PCP cases it processed had increased during the reporting period.

Current Trends

Powdered Cocaine

Powdered cocaine is moderately to 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 variable. Participants stated: *“I can get a delivery anywhere; It’s easier to get [cocaine] than to get change for the bus; It’s on every corner. You don’t even have to ask for it.”* Community professionals most often reported current availability of powdered cocaine as ‘4-7’; the previous most common score was ‘5-8’. Professionals stated: *“It’s available and a lot of clients use it to speed ball [combined use with heroin]; I hear it’s very available, but most of the ‘coke’ (powdered cocaine) is cooked up to make ‘crack’ (crack cocaine), so it really depends on the dealer.”* A probation officer stated, *“If they want it, they are going to get it ... I never hear about struggles to get it.”*

Corroborating data indicated the presence of cocaine in the region. American Court and Drug Testing Services reported that 5.2 percent of the 1,203 individuals screened through its Medina lab during the past six months were positive for cocaine (crack and/or powdered cocaine). The Cuyahoga County Medical Examiner’s Office reported that 26.7 percent of the 172 drug overdose deaths it processed during the past six months involved cocaine (crack and/or powdered cocaine).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Four men accused of cocaine trafficking in Mentor (Lake County) were arrested after a search of a residence resulted in the seizure of 1.5 kilograms of cocaine, an undisclosed amount of marijuana, marijuana candy, over \$44,000 and eight guns (www.otfca.net, Aug. 18, 2015). Three ounces of cocaine and 359 oxymorphone pills were found during a probable cause search of a vehicle in Lorain County (www.statepatrol.ohio.gov, Oct. 30, 2015).

Participants and community professionals reported that the availability of powdered cocaine has remained the same during the past six months. A treatment provider stated, "People are still using it, so it's supply and demand." The BCI Richfield Crime Lab reported that the number of powdered cocaine cases it processes has remained the same during the past six months, while the Lake County Crime Lab reported an increase in cocaine cases (note, the lab does not differentiate between powdered and crack cocaine).

Powdered 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 overall quality of powdered cocaine as '7' and '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '5'. Participants reported, "Quality depends on who you get it from." Participants reported the top adulterants (aka "cuts") for powdered cocaine are creatine and vitamin B. Other cuts mentioned included: baby laxatives, caffeine, "molly" (powdered MDMA) and any type of powder. Overall, participants reported that the quality of powdered cocaine has decreased during the past six months. Participants stated: "[Dealers] are using more 'cut' than drug to get their money because they are just worried about what is in their pocket; It is garbage because everyone 'steps on' (adulterates) it."

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

Reports of current prices for powdered cocaine were consistent among participants with experience buying the drug. The most common quantity purchased is a gram. A participant stated, "A half a gram is usually the smallest amount some people will sell." Overall, participants reported that the price of powdered cocaine has remained the same during the past six months.

Powdered Cocaine	Current Prices for Powdered Cocaine	
	1/2 gram	\$40
	A gram	\$50-80
	1/8 ounce (aka "eight ball")	\$175
	1/2 ounce	\$600
	An ounce	\$1,200

Participants reported that the most common route of administration for powdered cocaine is snorting. Participants estimated that out of 10 powdered cocaine users, eight would snort and two would intravenously inject (aka "shoot") the drug. Participants stated: "On the west side (of Cleveland) people prefer to shoot up coke but on the east side they snort; Usually everyone is snorting."

A profile for a typical powdered cocaine user did not emerge from the data. However, most participants and treatment providers noted that the drug is used most by whites. Participants described typical powdered cocaine users as: "All walks of life ... teachers, fireman, cops ... it used to be considered the rich man's drug; It is no respecter of any culture; That could be anyone honestly ... the average drug addict or a jock from a high-school sports team; A pretty wide range of people use cocaine." Law enforcement described typical powdered cocaine users as, "It's across

the board; Not just an inner-city problem ... it's in the upper suburbs, not under the bridge people ... it's your neighbors; White, young professionals."

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 reported: *"Most of my heroin dealers sold crack because it went hand-in-hand; I once bought it off a fourteen year old; 'Crack babies' are still being born, so it is still being used."* Community professionals most often reported current availability as '10'; the previous most common score was '5-7' and '10'. Treatment providers stated: *"It's on every street corner; I hear about it but not as much as heroin."* Law enforcement stated: *"A few of my people [on probation] are getting scared about heroin and now I am seeing more crack; I still see it ... I have a 77-year-old probationer on it."*

Participants and community professionals reported that the availability of crack cocaine has remained the same during the past six months. One treatment provider reported, *"It's very available, but the focus has shifted off crack and onto heroin so you may not hear about it as much ... but it's there."* 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 change
	 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'. Participants reported that crack cocaine in the region is most often adulterated (aka "cut") with baking soda because, as one participant stated, *"That is the only thing that rocks it."* Other cuts for crack cocaine include:

Anbesol®, baby laxatives, bread and procaine (local anesthetic). Overall, participants reported that the quality of crack cocaine has remained the same during the past six months. One participant stated, *"[Quality] still just depends on who you get it from."*

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

Current prices for crack cocaine were consistent among participants with experience buying the drug. Participants explained that pricing depends on the size of the crack cocaine piece (aka "rock"). A participant stated, *"It is mostly sold by piece, but I'd say a size of a gram is 50 bucks."* Overall, participants reported that the price of crack cocaine has generally remained the same during the past six months.

Crack Cocaine	Current Prices for Crack Cocaine	
	A gram	\$50
	An ounce	\$1,200-1,300

Participants reported that the most common route of administration for crack cocaine remains smoking. Participants estimated that out of 10 crack cocaine users, nine would smoke and one would intravenously inject (aka "shoot") the drug.

A profile for a typical crack cocaine user did not emerge from the data. Participants stated: *"It's younger these days ... 16 (years old) on average; It has no borders; It's in the suburbs and inner city, but majority is in the city; Different walks of life use it; This stuff don't discriminate."* Community professionals described typical crack cocaine users as most often African American and impoverished. Law enforcement stated: *"I see an older crowd using crack ... like 40s and up; It's more African American, both genders, inner cities, but some in suburbs."*

Heroin

Heroin 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 stated, *"It is actually out of control."* Community professionals most often reported current availability as '10'; the previous most common score was also '10'. A treatment provider reported, *"From what I hear in groups, it is very available"* A law enforcement officer stated, *"It is the thing now ... and seems so normal."*

While many types of heroin are currently available in the region, participants and community professionals reported powdered heroin as most available. Participants stated: *"Powder is the most prevalent; 'Tar' (black tar heroin) comes around once in a while, but it's mostly powder around here; Gray-colored heroin is popular."* Reportedly, black tar heroin is not very available in the region. Participants most often reported the current availability of black tar heroin as '0', while law enforcement most often reported its current availability as '3'. Law enforcement stated, *"I don't think availability and demand for tar is as great as powder because people don't know how to use it as much."*

Corroborating data indicated the continued high presence of heroin in the region. American Court and Drug Testing Services reported that 10.6 percent of the 1,203 individuals screened through its Medina lab during the past six months were positive for opiates. The Cuyahoga County Medical Examiner's Office reported that 47.1 percent of the 172 drug overdose deaths it processed during the past six months involved heroin. In addition, Ohio HIDTA's Criminal Patrol Unit High-lighted Seizures report recorded that HIDTA officers interdicted 6.5 pounds of heroin in Lorain County in June 2015 in a single seizure.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Following the heroin and fentanyl overdose death of a man from Richfield (Summit County) investigators found traces of DNA on the heroin baggie next to the victim's body, later found to be that of a Cleveland man, the victim's heroin dealer (www.cleveland.com, Aug. 3, 2015). A woman in Sterling (Wayne County) died of a heroin overdose eight hours after giving birth to a still-born child (www.news-net5.com, Aug. 4, 2015). A man was arrested in Garfield

Heights (Cuyahoga County) for possession of heroin and drug abuse instruments (www.cleveland.com, Nov. 6, 2015). A Cleveland man was stopped by police in Brecksville (Cuyahoga County) and was found with a suspended license and in possession of heroin (www.connect.cleveland.com, Nov. 13, 2015).

Participants and community professionals reported that the availability of heroin has remained the same during the past six months. One probation officer stated, *"I think some of my people are starting to be afraid of heroin because of the deaths and knowing a lot of people who have died ... everyone knows at least a handful of people who have died from heroin."* The BCI Richfield and Lake County crime labs reported that the number of powdered heroin cases they process have remained the same during the past six months. The BCI Richfield lab reported an increase in the number of black tar heroin cases it processes. The labs reported processing brown, gray, off-white, tan and white powdered heroin.

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

Participants most often rated the current general quality of heroin as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was also '10'. A participant reported, *"The last time I did 'powder' (powdered heroin) it made me 'OD' (overdose), so it was [potent] ... the police came and gave me Narcan® and then EMS gave me more ... the cop said it was cut with fentanyl."* Overall, participants reported that the general quality of heroin has remained the same during the past six months.

Participants discussed adulterants (aka "cuts") that affect the quality of the drug and reported that the top cutting agents are fentanyl and sleep medication because of the sedation effects. Participants reported: *"When it is pure white, it is cut with fentanyl ... I didn't like it when I got it ... I blacked out for seven hours; People are cutting it with fentanyl and killing people."* Additional cuts mentioned included: acid, baby laxatives, creatine, ecstasy, ketamine (anesthetic used in veterinary medicine), lactose, melatonin, quinine (antimalarial) and Xanax®.

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

Reports of current prices for heroin varied among participants with experience purchasing the drug. Heroin is most commonly purchased by the gram. Overall, participants indicated that the price of heroin has remained the same during the past six months.

Heroin	Current Prices for Heroin	
	Black tar or powdered heroin:	
	1/10 gram (aka "balloon" for black tar)	\$10-20
	1/2 gram	\$60-70
	A gram	\$100-140
	An ounce	\$2,200

While there were a few reported ways of using heroin, generally the most common route of administration is intravenous injection (aka "shooting"). Participants estimated that out of 10 heroin users, all 10 would shoot black tar heroin; seven would shoot, two would snort and one would smoke the powdered form of the drug. A participant reported, "Rarely is it smoked because the effect does not last that long."

Participants reported that injection needles are most available from drug dealers and through friends who have diabetes. Additionally, participants reported obtaining needles from pharmacies and through needle exchange programs. Participants reported: "I get them from the needle exchange; Certain pharmacies let you buy them or if you buy ready insulin you can get the needles, too; Some people order them online." Reportedly, needles purchased on the street most often sell for \$3 per needle. Participants related that sharing needles is a common practice. One participant stated, "I would share a needle with friends ... if I get sick enough, I don't care and I will just use without caring about who they are."

Participants and community professionals described typical heroin users as white, suburban and young (18-25 years old). Participants stated: "The majority are Hispanics and whites, males and females, more come from the suburbs; Where I live is rural and crime rate is going up because of it; When I was in high school, nobody used it ... but now 14- and 15-year-old kids are doing it."

Prescription Opioids

Prescription opioids are highly available in the region. Participants most often reported the 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 '2.' Community professionals most often reported current street availability as '8'; the previous most common score was '5' for treatment providers and '8' for law enforcement. Treatment providers reported: "They say that it is very easy to get Vicodin®; I just had a client who used Dilaudid® and it was pretty available at her work; There have been about four clients that I have dealt with who were abusing methadone."

Participants identified Percocet® and Vicodin® as the most popular prescription opioids in terms of widespread illicit use. One participant reported, "Percocet® is the main one out here and easy to get." Community professionals identified Percocet®, Suboxone® and Vicodin® as most popular.

Corroborating data indicated the presence of prescription opioids for illicit use in the region. American Court and Drug Testing Services reported that 6.0 percent of the 1,203 individuals screened through its Medina lab during the past six months were positive for oxycodone. The Cuyahoga County Medical Examiner's Office reported that 47.1 percent of the 172 drug overdose deaths it processed during the past six months involved one or more prescription opioid; the medical examiner's office also found that 26.7 percent of these cases involved fentanyl. In addition, Ohio HIDTA's Criminal Patrol Unit High-lighted Seizures report recorded that HIDTA officers interdicted 266 du (dose units) of oxycodone in Lorain County in May 2015 in a single seizure.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A K-9 officer assisted Ohio State Highway Patrol (OSHP) in the discovery and seizure of 429 oxycodone pills hidden in a vehicle in Lorain County (www.statepatrol.ohio.gov, Oct. 28, 2015). The former executive director of a Westlake (Cuyahoga County) assisted-living facility was caught on video stealing oxycodone pills

from a patient; during the investigation, she took over 60 pills (www.cleveland.com, Aug. 3, 2015). Seven individuals were arrested in Medina County due to four fentanyl overdose deaths in one day; following the string of overdoses, an illicit shipment of fentanyl was seized; 32 grams of fentanyl was found in the possession of one of those arrested (www.otfca.net, Aug. 6, 2015). A woman in Parma Heights (Cuyahoga County) was pulled over in a traffic stop and arrested with her one-year-old child in the car for being under the influence of heroin while operating a vehicle (www.connect.cleveland.com, Nov. 13, 2015).

There was no consensus among participants as to whether or not the street availability of prescription opioids has changed during the past six months: some participants reported that general availability has decreased, while an equal number of participants reported that availability has remained the same. Community professionals reported that the general availability of prescription opioids has remained the same. The BCI Richfield Crime Lab reported that the number of Dilaudid®, fentanyl, Opana®, OxyContin® and Ultram® cases it processes has increased during the past six months, while the Lake County Crime Lab reported increased numbers of fentanyl, methadone and oxycodone cases; the numbers for all other prescription opioid cases have either remained the same or have decreased.

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

Reports of current street prices for prescription opioids were consistent among participants with experience buying the drugs. Reportedly, the majority of prescription opioids sell for \$1 per milligram. The majority of participants indicated that the price of prescription opioids has remained the same during the past six months.

Participants reported most often obtaining prescription opioids through prescription and from dealers. They reported: *"I used to get them from your basic drug dealer; Someone may send a mass text or someone gets hot and posts it on Facebook, so people know who to call; I just go to the doctor and get mine."*

Prescription Opioids	Current Street Prices for Prescription Opioids	
	Dilaudid®	\$16 for 8 mg
	fentanyl	\$150 for 100 mcg
	methadone	\$1 for 10 mg
	Opana®	\$1 per mg
	OxyContin® OP	\$15 for 80 mg
	Percocet®	\$1-1.50 per mg
	Roxicodone®	\$20 for 15 mg \$25-45 for 30 mg
	Vicodin®	\$4 for 5 mg

While there were a few reported ways of consuming prescription opioids, generally the most common routes of administration for illicit use are oral consumption and snorting. Participants estimated that out of 10 illicit prescription opioid users, five would swallow and five would snort the drugs. Participants stated: *"For fentanyl gel patches, I would stick them under my tongue; I'd eat [most prescription opioid pills] or make them dissolve in a pop; Most people are sniffing pills now because it hits them fast."*

A profile of a typical illicit prescription opioid user did not emerge from the data. Participants reported: *"I seen everyone use pills; Heroin addicts use fentanyl ... either on purpose or when heroin is cut with it; Young kids take tramadol; Young and old use them ... it doesn't matter, professional or not; A lot of heroin addicts will use pills when they can't get heroin. Or crack addicts ... use them to come down [from the stimulant high]."* Community professionals described typical illicit users similarly. Law enforcement stated: *"Everyone uses Vicodin®, Opana®, methadone, OxyContin® ... don't see a trend; Young white people who are just starting off; Same as heroin users ... young, white people from the suburbs."*

Suboxone®



Suboxone® is highly available in the region. Participants most often reported the current street availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '4-7'. Participants stated: *"Suboxone® is huge; Suboxone® is*

really easy to get from the doctor but also on the streets; Suboxone® is like methadone ... easy to get; Some use it to get high and some use to try to avoid getting sick." Treatment providers most often reported current street availability as '8'; the previous most common score was also '8'. Law enforcement most often reported current street availability as '10'. Treatment providers stated: "Suboxone® is all they talk about now ... they get a prescription, so they think it is okay; It's the new methadone, more people have access to it and it's really available." Participants and community professionals reported the sublingual filmstrip (aka "strip") as the most available type of Suboxone®.

Corroborating data also indicated the presence of Suboxone® in the region. American Court and Drug Testing Services reported that 5.7 percent of the 1,203 individuals screened through its Medina lab during the past six months were positive for buprenorphine (the main ingredient and generic name for Suboxone®).

Participants and community professionals reported that the availability of Suboxone® has increased during the past six months. Law enforcement stated, "It's easy to get, they go to the clinic and get it; From experience with my people who are prescribed it, they have not used it and have sold it." The BCI Richfield and Lake County crime labs reported that the number of Suboxone® and Subutex® cases they process have increased during the past six months.

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

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

Suboxone®	Current Street Prices for Suboxone®	
	filmstrip	\$15 for 8 mg \$15-30 for 12 mg

In addition to obtaining Suboxone® on the street from dealers, participants also reported getting the drug through doctors. While there were a few reported ways of

consuming Suboxone®, generally the most common route of administration for illicit use remains oral consumption. Participants estimated that out of 10 illicit Suboxone® users, nine would place the drug under the tongue and one would intravenously inject (aka "shoot") it.

Participants described typical illicit Suboxone® users as heroin addicts trying to avoid withdrawal. A participant stated, "Few use to get high ... most use it to try to avoid getting 'dope sick' (going through withdrawal)." Community professionals described typical illicit users similarly. A law enforcement officer shared, "I've seen a lot of people who have it in their shoe because they are afraid of getting sick ... so they just carry a strip in their shoe in case they need it."

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 also '10'. A participant shared, "I got them from my doctor and it was pretty easy." Community professionals most often reported current availability of sedative-hypnotics as '8'; the previous most common score was '8-9'.

Participants identified Ativan®, Klonopin®, Valium® and Xanax® as the most available sedative-hypnotics in terms of widespread illicit use. Participants reported: "I got Xanax® from the doctor pretty easily ... if you know what to say, you can get it; You can order Xanax®, Soma® ... and it will arrive the next day ... you just sign for it." Community professionals identified Klonopin®, Valium® and Xanax® as most available. Law enforcement reported: "Most people want Xanax®; I hear about Valium® but not as often; Klonopin® is a '10'. I know a lot of people are taking it ... it is legitimately prescribed to them maybe, but holy cow they are really prescribing it."

Corroborating data also indicated the presence of sedative-hypnotics in the region. American Court and Drug Testing Services reported that 4.2 percent of the 1,203 individuals screened through its Medina lab during the past six months were positive for benzodiazepines. The Cuyahoga County Medical Examiner's Office reported that 16.9 percent of the 172 drug overdose deaths it processed during the past six months involved benzodiazepines.

In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. Months of investigation into drug trafficking in Painesville (Lake County) led to the arrest of two men from Detroit and the seizure of over 800 prescription pills, including Xanax® and oxycodone (www.otfca.net, Sept. 14, 2015).

Participants and community professionals reported that the general availability of sedative-hypnotics has remained the same during the past six months. One participant who felt that the availability of sedative-hypnotics has decreased stated, "I am out of school now and it was easier for me to get when I was in high school ...". The BCI Richfield Crime Lab reported that the number of Ambien®, Restoril® and Xanax® cases it processes has increased during the past six months, while the Lake County Crime Lab reported increased numbers of Klonopin®, Valium® and Xanax® cases; the numbers for all other prescription opioid cases have either remained the same or decreased.

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

Reports of current street prices for sedative-hypnotics were fairly consistent among participants with experience buying the drugs. Generally, sedative-hypnotics most often sell for \$1.5 per milligram.

Sedative-Hypnotics	Current Street Prices for Sedative-Hypnotics	
	Klonopin®	\$1 for .5 mg
	Xanax®	\$1 for 1 mg
	Soma®	\$2-2.50 for 350 mg
	Valium®	\$1-2 for 10 mg
Xanax®	\$2 for 1 mg \$4-6 for 2 mg	

Participants reported obtaining these drugs from drug dealers, doctors and friends with legitimate prescriptions. Participants stated: "You have to go out and seek it; You would have to be heavily into drugs to know who has them; You can get them from people who have prescriptions, too."

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 oral consumption and snorting. Participants estimated that out of 10 illicit sedative-hypnotic users, five would orally consume (swallow) the drugs and five would snort them.

A profile for a typical illicit user of sedative-hypnotics did not emerge from the data. However, there was consensus among respondent groups that females are more likely to use these drugs than males. Participants described typical illicit users of sedative-hypnotics as: "House moms, widowed wives, new moms, teenagers taking from parents; I see white people in the bar scene; I would get them from a lot of older people ... they get them from the doctor and sell it; I don't think there is a typical user really." Law enforcement described typical illicit users as: "13-17 year olds; White; Women mid to late 20s, maybe into 30s but definitely mainly women; Looks like they are doing heroin and Xanax® together, so I'd say typical user is the same as heroin addicts; Older white ladies, middle age, 35-60 (years old)."

Marijuana

Marijuana remains highly available in the region. Participants most often reported 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 was also '10'. Participants stated: "There is a lot more medical marijuana going around now, too; People are shipping it in from other states where it is legal, so 'weed' (marijuana) is just exploding here." Community professionals most often reported current availability as '10'; the previous most common score was also '10'. A law enforcement officer reported, "The State of Colorado is pumping out tons of it ... and a lot is coming in from the mail."

Participants and community professionals also discussed the current availability of high-grade marijuana extracts and concentrates (aka "wax" and "dabs," which reference products

derived from an extraction of tetrahydrocannabinol (THC) from high-grade marijuana leaves by heating it with butane and creating a brown, waxy, hard or oily substance). Participants most often reported the current availability of marijuana extracts/concentrates as '7'. Community professionals were not able to assign a number rating to current availability of marijuana extracts/concentrates, but both treatment providers and law enforcement perceived an increase in their availability. Law enforcement reported: "We are seeing more edibles; Sometimes the edibles can be like 100 percent THC and that is why kids are overdosing and dying from them; One thing we are seeing more of is dabs and sometimes it is a preferred way of consuming (marijuana)."

Corroborating data indicated the presence of marijuana in the region. American Court and Drug Testing Services reported that 16.9 percent of the 1,203 individuals screened through its Medina lab during the past six months were positive for marijuana. In addition, Ohio HIDTA's Criminal Patrol Unit High-lighted Seizures report recorded that HIDTA officers interdicted 235 pounds of marijuana in Lorain County in January 2015 in a single seizure.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Police stopped a vehicle in South Euclid (Cuyahoga County) for a speeding violation, which subsequently lead to the search and seizure of 3.3 grams of marijuana (www.cleveland.com, July 20, 2015). K-9 officers discovered an eight-pound, vacuum-sealed package of marijuana shipped from California, while patrolling shipping centers in Lake County; the evidence room at the police station is filled with over 700 pounds of marijuana from similar situations (www.otfca.net, Oct. 26, 2015). While allegedly attempting to avoid hitting an animal, a woman crashed into a home in Elyria (Lorain County), killing a mother and injuring her infant; the driver tested positive for marijuana (www.myfox28columbus.com, Sept. 01, 2015). A man pulled over in Brunswick (Medina County) for a faulty license plate light was found to have marijuana inside his car (www.connect.cleveland.com, Nov. 17, 2015). After a truck was pulled over for a moving violation in Lorain County, drug-sniffing dogs alerted police to drugs inside the vehicle; 90 pounds of marijuana were confiscated, worth over \$450,000 (www.statepatrol.ohio.gov, Nov. 24, 2015). A backpack containing marijuana, a pipe and digital scale along with OSHP citations for possession of drug paraphernalia were found by a pedestrian in North Royalton (Cuyahoga County) which lead to the arrest of the owner after tracking him down at the address listed on the citations (www.cleveland.com, Dec. 11, 2015).

Participants reported that the availability of low-grade marijuana has remained the same, while the availability of the high-grade marijuana has increased during the past six months. Participants reported: "Even the commercial [low- to mid-grade marijuana] nowadays is high grade; High grade is in demand." Participants indicated that marijuana concentrates and extracts in the form of oils, dabs and wax have also increased during the past six months. A participant stated, "Dabs are more common in the last six months."

Community professionals reported that the general availability of marijuana has remained the same during the past six months, while the availability of marijuana extracts and concentrates has increased. The BCI Richfield and Lake County crime labs reported that the number of marijuana cases they process have increased during the past six months; additionally, the Lake County Crime Lab noted having processed 23 hashish cases.

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

Participants most often rated the current overall quality of high-grade marijuana as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was also '10'. Participants most often reported the quality of low-grade marijuana as '3'; the previous most common score was '6'. Participants reported, "In a good hydroponic grow, the THC is probably a whole lot higher ... and it's \$4,000 for a pound if you have good hybrid bud which is what you will find in medical marijuana."

Participants indicated that the quality of high-grade marijuana has increased during the past six months, while the quality of low-grade marijuana has decreased. Participants stated: "I feel like (low-grade marijuana) is really bad, people want 'loud' (high-grade marijuana); Not too many people want low grade; The stuff I had was really crappy, and comparing it to the good stuff ... there is no comparison."

Reports of current prices for marijuana were consistent among participants with experience buying the drug. The most common quantity purchased is an ounce.

Marijuana	Current Prices for Marijuana	
	Low-grade:	
	A blunt (cigar) or two joints (cigarettes)	\$5-10
	A gram	\$5-10
	1/4 ounce	\$25-40
	1/2 ounce	\$45
	An ounce	\$80-90
	A pound	\$1,200
	High-grade:	
	A blunt (cigar) or two joints (cigarettes)	\$10-20
	A gram	\$20
	1/8 ounce	\$45-60
	1/4 ounce	\$80-100
	An ounce	\$240-350
	A pound	\$2,400-4,000
	Extracts and concentrates:	
	dabs	\$50 per gram

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. In addition, participants reported that edibles containing marijuana are becoming more popular, although eating marijuana was said not to be a regular mode of consumption. Participants stated: *"It's just becoming more popular to eat (marijuana) or to do both (eat and smoke marijuana) at the same time; It is less expensive to eat it, and I have found you get higher on an edible ... and it lasts longer; You just say you want to buy a cookie or brownie ... and one would do the job if they (are made) right."*

A profile for a typical marijuana user did not emerge from the data with the exception of edibles. Participants described typical edible users as 'young kids' often between the ages of 10-12 years. Community professionals described typical marijuana users as everyone. Law enforcement reported: *"'Pot' (marijuana) is so much more available and acceptable than I*

ever thought; People in their 50s and 60s who started smoking in the hippie days are still using it; There are still quite a few people in the suburbs who grow their specialty pot for their group of friends; It's everyone ... there is no specific person; Nobody shocks me with marijuana ... middle-aged professor, house wives, white, black ... all races; Edibles are more young group ... young as 12 or 13 or (16-25 years) ... that concert crew age."

Methamphetamine

Methamphetamine remains available in the region. However, only two participants reported current knowledge of the drug; they reported the current availability of crystal methamphetamine as '2' and '8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were '8' for powdered methamphetamine and '4' for crystal methamphetamine. Only one treatment provider was able to report on the availability of methamphetamine and she reported current availability as '9'. She stated, *"I have had a few people in the groups who have been caught creating their own (methamphetamine) lab."*

Law enforcement most often reported the current availability of powdered methamphetamine as '8' and of crystal methamphetamine as '1'. Law enforcement reported; *"There is more of the powder form lately; Now you mostly see 'shake-and-bake' (powdered methamphetamine); If we see crystal (methamphetamine) it is coming from the west coast in the mail; Crystal form is not from around here ... Mexicans (drug cartels) are sending a ton of 'meth' (methamphetamine) with heroin."*

Participants reported that methamphetamine is available in powdered and crystal forms. The powdered form of methamphetamine is typically referred to as "one-pot" and "shake-and-bake," which means users are producing the drug 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 can produce the drug in approximately 30 minutes in nearly any location.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Police arrested two individuals in Holmes County after a search warrant revealed an active methamphetamine lab; 11 non-active labs and chemicals used in the manufacturing process

were also confiscated at the home (www.otfca.net, Oct. 14, 2015). Two individuals traveling from Ashtabula County to Willoughby (Lake County) to purchase pseudoephedrine were arrested in a retailer’s parking lot when a police officer noticed that their license plate was registered to another vehicle; heroin, marijuana and equipment for methamphetamine production were found inside the vehicle (www.connect.cleveland.com, Oct. 14, 2015). A methamphetamine lab in Cuyahoga County was raided during the execution of a search warrant and three people were arrested (www.cleveland.com, Dec. 4, 2015).

The two participants with experience with the drug reported differently on the availability of methamphetamine during the past six months. One participant reported that availability has remained the same while the other participant reported that availability has decreased. Law enforcement was also split in their perception of an availability change for methamphetamine during the past six months: some law enforcement reported increased availability while others reported decreased availability. One officer stated, *“It is more available, but people are not focusing on it because of heroin.”* Another officer stated, *“I hadn’t seen any (methamphetamine) for a while, and now I am.”*

Probation officers generally perceived a decrease in availability and reported: *“A low percentage of my people are on meth ... but if they are, it is usually crystal meth ... it pops up as one of the many drugs of choice they have but not the drug of choice; I don’t hear a lot about it. It has a stigma about it; I think it is more prevalent in Lake and Ashtabula (counties).”* The BCI Richfield and Lake County crime labs reported that the numbers of methamphetamine cases they process have increased during the past six months; the labs reported processing crystal, brown, off-white and white powdered methamphetamine.

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

Participants most often rated the current overall quality of methamphetamine as ‘7’ on a scale of ‘0’ (poor quality,

“garbage”) to ‘10’ (high quality); the previous most common score was ‘4’ for powdered and ‘6’ for crystal methamphetamine. Participants were not able to report on adulterates (aka “cuts”) for methamphetamine. A participant stated, *“I don’t know what it is cut with.”* Overall, participant reported that the quality of crystal methamphetamine has remained the same during the past six months.

One participant with experience purchasing methamphetamine during the past six months reported on current street prices for the drug. She reported that the most common amount purchased is a gram and added, *“I could probably get a gram and a half for like \$60 bucks.”* Reportedly, a half gram of either powdered or crystal methamphetamine sells for \$20 and a gram sells for \$40.

Participants reported that the most common route of administration for methamphetamine remains smoking. Participants estimated that out of 10 methamphetamine users, seven would smoke, two would intravenously inject (aka “shoot”) and one would snort the drug.

Participants and community professionals described typical methamphetamine users as white and young. A participant stated, *“White adolescents ... girls and boys.”* One treatment provider described, *“Probably lower to middle class and male and females evenly.”* A law enforcement officer described typical users as, *“18-30 year olds locally that have started cooking it and they decided they can kick heroin by medicinally using meth and now they find themselves addicted to meth.”*

Prescription Stimulants

Prescription stimulants remain moderately available in the region. Participants most often reported the current street availability of these drugs as ‘6’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was also ‘6’. Participants stated: *“You can get them because a lot of people sell their prescriptions ... I sold my Vyvanse®; Some are very, very available.”* Treatment providers most often reported current availability as ‘8’, while law enforcement most often reported current availability as ‘6-7’; the previous most common score for both professional groups was ‘7’.

Participants identified Adderall® as the most popular prescription stimulant in terms of widespread illicit use. One

participant reported, "You can come off the freeway to buy 'addies' (Adderall®) and hop right back on." Community professionals also identified Adderall® as most popular. A law enforcement officer reported, "The kids that are supposed to take it, don't like the way it makes them feel, but those that don't need it, want it."

Participants and community professionals reported that the general availability of prescription stimulants has remained the same during the past six months. The BCI Richfield Crime Lab reported that the number of Adderall® cases it processes has decreased, while the number of Ritalin® and Concerta® cases have increased during the past six months; the Lake County Crime Lab reported that Adderall®, as well as, Ritalin® and Concerta® cases have increased.

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

Reports of current street prices for prescription stimulants were consistent among participants with experience buying these drugs.

Prescription Stimulants	Current Street Prices for Prescription Stimulants	
	Adderall®	\$2 for 10 mg \$3-4 for 20 mg \$5 for 30 mg
	Vyvanse®	\$2 per pill (unspecified dose)

Participants reported obtaining these drugs from various sources. Participants stated: "A lot of people sell their prescriptions; I was buying off friends who are prescribed it; You can get them from pill dealers or regular drug dealers" While there were a few reported ways of consuming prescription stimulants, generally the most common routes of administration for illicit use remain oral consumption and snorting. Participants estimated that out of 10 illicit

prescription stimulant users, five would swallow and five would snort the drugs.

Participants and community professionals described typical illicit users of these drugs as high-school and college students. Participants explained, "Someone in school ... high school and college mostly ... needing to stay awake to study; People who want to concentrate in school; College kids are big on this." Community professionals described typical illicit prescription stimulant users similarly. One treatment provider shared her experience with the individuals who use prescription stimulants illicitly: "They are 50/50 gender and 50/50 young versus old." Law enforcement reported: "I see high-school kids who have no business being prescribed them; I had a mom who was doctor-shopping [using] her 6-year-old kid ... she dropped 20 pounds; Kids in college ... those in need of studying or wanting to drink longer."

Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) is moderately to highly available in the region. Participants most often reported the current availability of the pressed tablet form of ecstasy and of "molly" (MDMA; powdered form) 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'. A participant reported, "(Molly) used to be more in the suburbs but now it is everywhere." However, another participant discussed, "(Drug dealers) give you bath salts instead of molly ... that is big now."

Community professionals most often reported the current availability of ecstasy tablets as '3-6' and the current availability of molly '6'; the previous most common score was '6'. Regarding ecstasy, law enforcement reported, "We don't run into a lot of it; We used to have it a lot at 'rave' (dance) parties." Regarding molly, law enforcement reported, "It's a little bit more (available) than 'X' (ecstasy)."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. OSHP discovered a vacuum-sealed bag containing an undisclosed amount of ecstasy, oxycodone and Xanax® pills in the trunk of a vehicle that they pulled over in Lorain County; a loaded .45 caliber semi-automatic gun was also confiscated and the driver and two passengers were arrested (www.statepatrol.ohio.gov, Oct. 7, 2015).

Participants and community professionals reported that the availability of ecstasy and molly has remained the same during the past six months. One participant who felt availability of ecstasy decreased stated, "It's less because of heroin." The BCI Richfield and Lake County crime labs reported that the number of ecstasy cases they process have decreased during the past six months; the labs do not differentiate between ecstasy and molly cases.

Ecstasy/Molly	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 overall quality of ecstasy and of molly as '4' on a scale of '0' (poor quality, "garbage") to '10' (high quality). A participant stated: "Quality gone way down compared to before because people selling it are cutting (adulterating) it with the wrong stuff." Reportedly, ecstasy and molly are often cut with other substances including cocaine and heroin. Participants reported: "Ecstasy can be mixed with heroin and 'coke' (cocaine); It depends on what they put in the pill ... I try to base it on the color ... pink is usually mixed with meth ... white is usually mixed with coke ... brown is mixed with heroin." Overall, participants reported that the quality of ecstasy and of molly has decreased during the past six months.

Reports of current prices for ecstasy and molly were variable among participants with experience buying the drugs. Reportedly, molly is typically sold by the gram.

Ecstasy/Molly	Current Prices for Ecstasy/Molly	
	Ecstasy:	
	Low dose (aka "single stack")	\$5-10
	Medium dose (aka "double stack")	\$7-20
	High dose (aka "triple stack")	\$10-30
	Molly:	
A gram	\$75-100	

Participants indicated that molly is obtained through drug dealers. Participants reported, "You have to know the right person to buy molly." Regarding ecstasy, participants reported: "You can get them at festivals; Go to raves ... it's all about who you know; One guy I know can get anything."

Participants reported that the most common routes of administration for ecstasy are oral consumption and snorting. For molly, it is oral consumption with a combination of parachuting (placing the powder in tissue, wrapping it up and swallowing) and putting it in a capsule. Participants estimated that out of 10 ecstasy users, five would snort, four would orally consume and one would use anally (aka "butt bump" or "plug," insert in the anus). Participants estimated that out of 10 molly users, all 10 would orally consume. Regarding the use of molly, participants reported: "You can buy capsules and put molly in yourself (in the anus), snort or take the pill; You snort molly or put it in your drink."

Participants described typical ecstasy users as people of all races, aged 15-30 years, living in urban areas as well as frequent rave goers. Participants described typical molly users as African-American males aged 16-25 years. Participants reported, "I never seen anyone but dope boys using it; From what I know, younger kids, like 18 to 25 (years) ... black, and white, and Latino use it." Contrarily, community professionals described typical ecstasy and molly users as white and younger. They stated: "Younger white kids, mid 20s ... we used to call them the skater group; For ecstasy it is early 20s who party use it ... the ones who want to party on the weekends."

Synthetic Marijuana

Synthetic marijuana (synthetic cannabinoids) is highly available in the region. Participants most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants reported: "I see it all around town near my job; There are three shops right in a row where you can get some." Law enforcement most often reported current availability as '10'. Law enforcement reported: "It is all over the place ... it's marketed as potpourri and incense; We (probation officers) hear about it, but we don't really test for it ... so this could be a bigger problem than we know; They are at every gas station; People had to be carried in from smoke breaks from treatment (outpatient addiction treatment) because they were smoking 'Spice' (a brand name synthetic marijuana product) on their smoke breaks."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Following nine synthetic marijuana overdoses over an 11-day span in Elyria (Lorain County), police were lead to two convenience stores where they later raided and confiscated more than six pounds of synthetic marijuana (www.otfca.net, July 16, 2015).

Participants reported that the availability of synthetic marijuana has remained the same during the past six months, while law enforcement reported increased availability. A law enforcement officer stated, *"It is just everywhere and even increasing because the government is two steps behind who is making it."* The BCI Richfield Crime Lab reported that the number of synthetic marijuana cases it processes has increased during the past six months, while the Lake County Crime Lab reported a decreased number of cases.

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

Reports of current prices for synthetic marijuana were provided by only two participants with experience buying the drug.

Synthetic Marijuana	Current Prices for Synthetic Marijuana	
	3.5 grams	\$10
	1/8 ounce	\$15-20

Despite legislation enacted in October 2011, participants reported that synthetic marijuana continues to be available. A participant reported, *"There are still shops that sell it."* The most common route of administration for synthetic marijuana remains smoking. Participants estimated that out of 10 synthetic marijuana users, 10 would smoke the drug.

Participants and community professionals described typical synthetic marijuana users as individuals on probation. Law enforcement reported: *"A lot of courts don't test for it so more people are using it; I think these people would smoke it even if not on probation because it is a different high than*

'pot' (marijuana) ... but for sure they smoke it when 'on paper' (on probation) because they know we can't always test for it."

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: Alpha-PVP (alpha-pyrrolidinopentiophenone, aka "flakka," a synthetic stimulant similar to bath salts), bath salts, hallucinogens (lysergic acid diethylamide [LSD], phencyclidine [PCP] and psilocybin mushrooms), inhalants, over-the-counter (OTC) cold-and-cough medications and Seroquel® (an antipsychotic medication).

Alpha-PVP

Law enforcement reported on current availability of alpha-PVP (aka "flakka") in the region; participants did not reveal personal experience with the drug. Law enforcement most often reported current availability of alpha-PVP as '7' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). One law enforcement officer shared, *"It's been like this for about a year. [Flakka] can be purchased over the Internet and it costs \$750 for a kilo."* Reportedly, the most common routes of administration are smoking and snorting. Law enforcement described typical users as 18-25 years of age.

Bath Salts

Bath salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues) remain available in the region. However, only three participants were able to report on the current availability of the drug, and they reported very limited availability. Participants reported: *"I haven't seen it in the last six months; It's less (available)."* Community professionals were not able to report on the availability of bath salts. One treatment provider stated, *"I am not hearing about it."* Only two members of law enforcement (one police officer and one probation officer) reported on current availability. The former reported current availability as '5' and latter reported it as '9' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get).

Participants and community professionals thought that the availability of bath salts has decreased during the past

six months. Law enforcement commented, *"It's been the same for about a year; They are available still in these mom-and-pop stores ... coming in from China."* The BCI Richfield Crime Lab reported that the number of bath salts cases it processes has increased during the past six months, while Lake County Crime Lab reported a decreased number of cases. One police officer described typical bath salts users and stated, *"I see more whites, younger males, 18-25 (years of age)."*

Hallucinogens

Hallucinogens are moderately to highly available in the region. Participants most often reported the current availability as '10' for psilocybin mushrooms, '7' and '10' for LSD, '7' and '9' for PCP on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were '6' for psilocybin mushrooms, '4' for LSD and '10' for PCP. Community professionals most often reported current availability as '4' for of psilocybin mushrooms and '4-8' for LSD; they did not report on PCP.

The BCI Richfield Crime Lab reported that the number of LSD cases it processes has increased during the past six months, while the number of psilocybin mushroom and PCP cases have decreased.

Hallucinogens vary in pricing. Psilocybin mushrooms generally sell \$25-30 for 1/8 ounce. Participants reported several forms of LSD including traditional blotter paper form, gel capsules and liquid. Reportedly, blotter paper sells \$6-10 for one "hit" (dose) and \$60-100 for a "strip" (approximately 10 hits); a gel capsule sells for \$15-20; liquid sells \$100-500 for a vial the size of eye drops. PCP is a liquid that is most often sold already on a cigarette that has been dipped into it for \$10-20 apiece or in a small vial with enough liquid in it to dip two cigarettes for \$25.

The most common route of administration for psilocybin mushrooms is oral consumption. A participant shared, *"People usually eat them on pizza or dissolve them in tea and drink it."* The most common route for LSD is oral consumption or ocular absorption (via eye drops). Participants commented: *"You can drop some in the eye, rub on your hands, put on candy; Tabs (of LSD) are placed just under the tongue."* Reportedly, some users are also putting LSD on a band aid and letting the drug absorb into the skin. The most common route of administration for PCP remains smoking.

Respondents described typical users of psilocybin mushroom and LSD as 18-25 years of age, more males than females and often white. Participants commented: *"A lot of hippies and ravers; LSD is used a lot at festivals."* A participant described typical PCP users as African American from the inner city.

Inhalants

Inhalants (nitrous oxide, whipped cream, duster; aka "whippets") are highly available in the region. Participants most often reported the current availability of these substances as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). A couple of participants reported: *"They are in the stores; You can get it in [office supply stores]."* Another participant explained, *"[Inhalants] are readily available at music festivals, too, and referred to as "rush" ... They have a huge tank to fill balloons up with [nitrous] and you just suck it in ... a balloon costs \$5-10."* Participants described a typical inhalant user as white, male and younger (teens to 20s). A treatment provider reflected on previous clients: *"I've had white males in their 20s, usually, but I have had people in their 50s 'huffing' (using inhalants), too."*

OTCs

Participants reported that the most common illicitly used OTC medications in the region are bronchial dilators (Bronkaid®) and cough syrups. A law enforcement officer explained, *"Police find users when we are looking for meth labs and stumble upon people addicted to this."* Participants reported that these medications seemed easier to obtain during the past six months than previously.

The most common route of administration for illicit use of OTC cough-and-cold medications remains oral consumption. A law enforcement officer shared that combining cough syrup and 7UP® is common practice and added that it is often referred to as "drank." Law enforcement described typical illicit OTC users as young to middle-aged and white. An officer commented, *"We don't see [illicit use of OTC medications] very often, but when we do it is more teenage kids."* Another law enforcement professional reported, *"I see*

middle-aged females, like 40-50 years old.” One officer noted, “I seen one guy who couldn’t drink alcohol, so he drank that.”

Seroquel®

Seroquel® is rarely available on the street, yet highly available in correctional facilities. Participants reported street availability of Seroquel® as ‘0,’ but rated institutional availability for illicit use as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get). A participant commented, *“Heroin addicts and crack addicts would use Seroquel® in jail ... pain pill users [also] use it in jail.”* Another participant divulged, *“I bought [Seroquel®] in the county jail because I was detoxing from heroin ... I paid \$2-3 for [a] 400-600 mg [pill], but once I was detoxed I wouldn’t waste my time on it.”*

Conclusion

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

Corroborating data indicated the continued high presence of heroin in the region. The Cuyahoga County Medical Examiner’s Office reported that 47.1 percent of the 172 drug overdose deaths it processed during the past six months involved heroin; the medical examiner’s office also found that 26.7 percent of these cases involved fentanyl.

Participants continued to discuss fentanyl as a top cutting agent (adulterant) for heroin. A probation officer shared that some probationers are becoming afraid of heroin because of the high number of reported overdose deaths, adding that everyone knows at least a handful of people who have died from heroin use.

Generally, the most common route of administration for heroin is intravenous injection. Participants reported that injection needles are most available from drug dealers and through friends who have diabetes. Additionally, participants also reported obtaining needles from pharmacies and through needle exchange programs.

However, participants reported that sharing needles is a common practice. Participants and community professionals described typical heroin users as white, suburban and young (18-25 years old).

Participants and community professionals reported that the street availability of Suboxone® has increased during the past six months. Both respondent groups discussed some users selling or trading all or part of their prescriptions, and they reported the sublingual filmstrip (aka “strip”) as the most available type of Suboxone®. The BCI Richfield and Lake County crime labs reported that the number of Suboxone® and Subutex® cases they process have increased during the past six months. Participants and community professionals described typical illicit Suboxone® users as heroin addicts trying to avoid withdrawal.

Reportedly, the availability of high-grade marijuana has increased during the past six months. Participants and community professionals discussed the current high availability of medical marijuana coming into the region from states where it is legal. A law enforcement officer reported, *“The State of Colorado is pumping out tons of it ... and a lot is coming in from the mail.”*

Participants and community professionals indicated that marijuana concentrates and extracts in the form of “hash oils,” “dabs” and “wax” have also increased in availability during the past six months. The BCI Richfield and Lake County crime labs reported that the number of marijuana cases they process have increased during the past six months; additionally, the Lake County Crime Lab noted having processed 23 hashish cases.

Lastly, law enforcement reported on current availability of alpha-PVP (aka “flakka,” a synthetic stimulant similar to bath salts) in the region. Reportedly, flakka can be purchased over the Internet. The most common routes of administration are smoking and snorting. Law enforcement described typical users as 18-25 years of age.