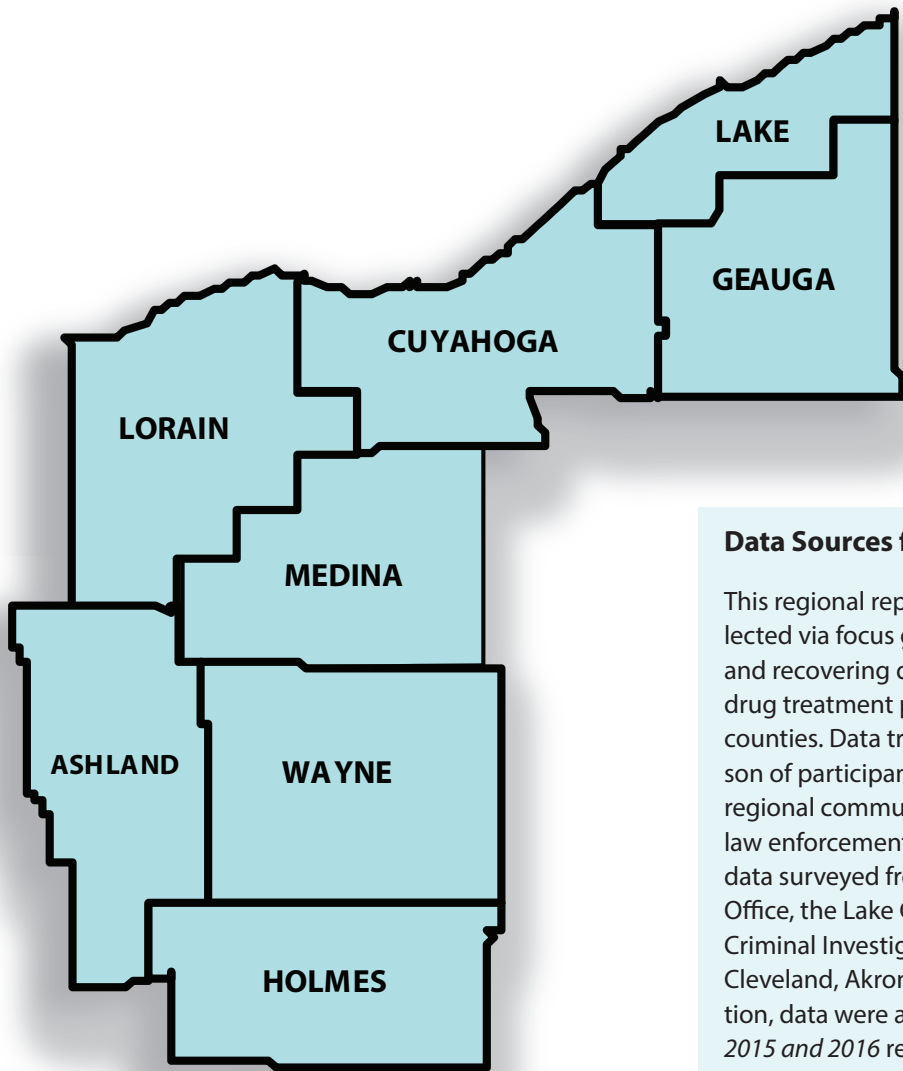




Drug Abuse Trends in the Cleveland Region



Regional Epidemiologist:
Jennifer Tulli, MSW, LISW-S, LCDC III

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 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), as well as from the National Forensic Laboratory Information System (NFLIS) which collects results from drug chemistry analyses conducted by state and local forensic laboratories across Ohio. All secondary data are summary data of cases processed from July through December 2015. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for January through June 2016.

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

OSAM Staff:

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

Beth E. Gersper, MPA
 OSAM Coordinator

Regional Profile

Indicator ¹	Ohio	Cleveland Region	OSAM Drug Consumers
Total Population, 2014	11,560,380	2,275,513	40
Gender (female), 2014	51.1%	51.7%	48.7% ²
Whites, 2014	84.8%	78.1%	62.5%
African Americans, 2014	13.6%	19.7%	35.0%
Hispanic or Latino Origin, 2014	3.3%	4.9%	5.3% ³
High School Graduation Rate, 2014	82.6%	83.0%	85.0%
Median Household Income, 2014	\$49,349	\$55,422	\$19,999 to \$29,999 ⁴
Persons Below Poverty Level, 2014	15.3%	15.5%	42.9% ⁵

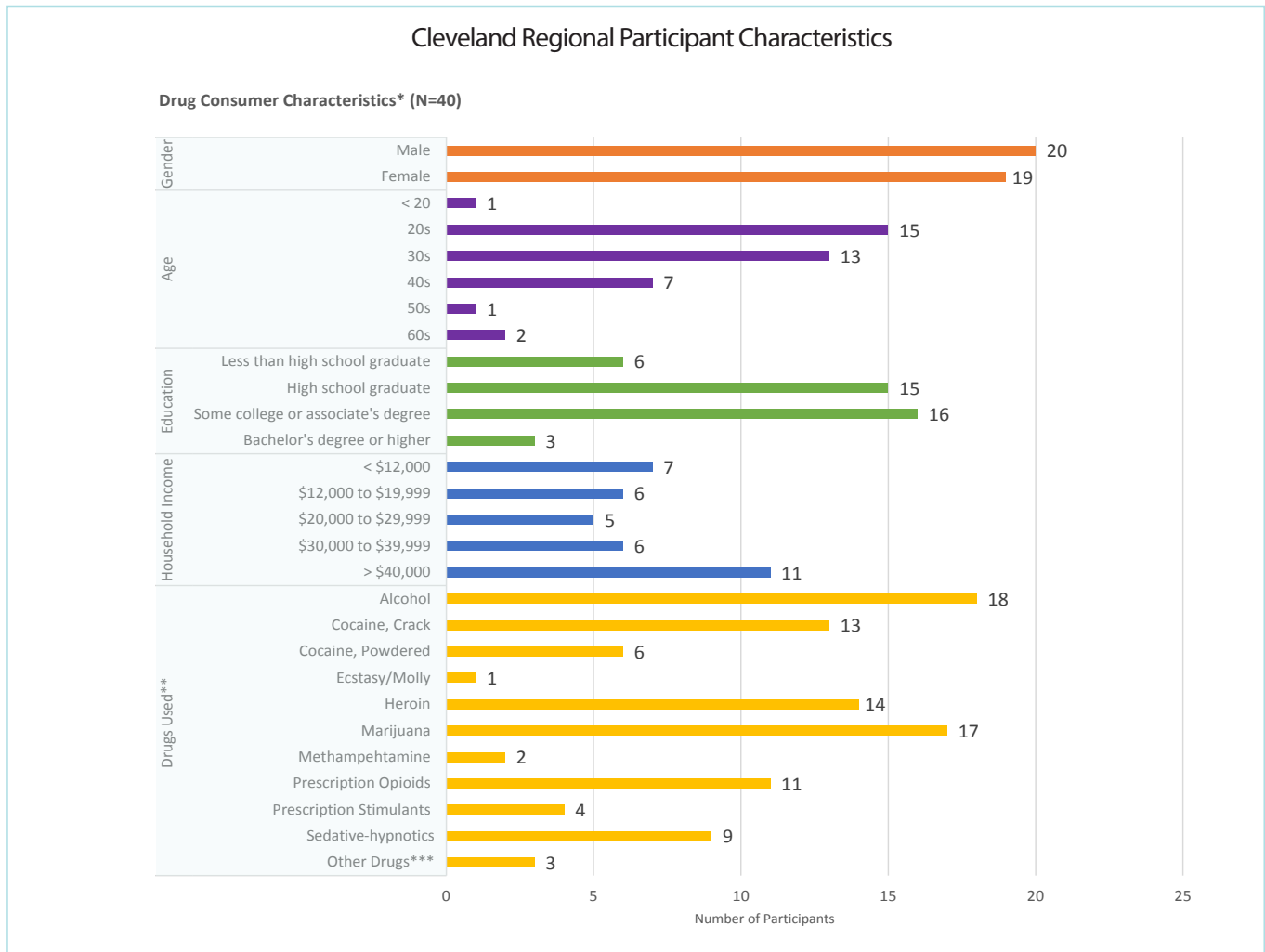
¹Ohio and Cleveland regional statistics were derived from the most recent US Census and Ohio Department of Education data; OSAM drug consumers were participants for this reporting period: January - June 2016.

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

³Hispanic or Latino origin was unable to be determined for 2 participants due to missing and/or invalid data.

⁴Participants reported income by selecting a category that best represented their household's approximate income for the previous year. Income was unable to be determined for 5 participants due to missing and/or invalid data.

⁵Poverty was unable to be determined for 5 participants due to missing and/or invalid data.



*Not all participants filled out forms completely; therefore, numbers may not equal 40.

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

***Other drugs included: ketamine and synthetic marijuana.

Historical Summary

In the previous reporting period (June 2015 – January 2016), crack cocaine, heroin, marijuana, prescription opioids, sedative-hypnotics, Suboxone® and synthetic marijuana were highly available in the region. Increased availability existed for Suboxone® and likely increased availability existed 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 reporting period involved heroin; the medical examiner's office noted that 26.7 percent of these cases involved fentanyl. Participants continued to discuss fentanyl as a top adulterant for heroin. A probation officer shared that there was increased fear on the part of some probationers when it came to using heroin because of the high number of reported overdose deaths.

The most common reported route of administration for heroin was intravenous injection. Participants reported that injection needles were most available from drug dealers and through individuals who have diabetes. Participants added that users obtained needles from pharmacies and through needle exchange programs, but noted that sharing needles was common practice. Participants and community professionals described typical heroin users as white, suburban and young (18-25 years of age).

Participants and community professionals reported increased street availability of Suboxone®. Both respondent groups claimed that the sublingual filmstrip was the most available form of the drug and disclosed that prescriptions were often sold or traded. The BCI Richfield and Lake County crime labs reported that the number of Suboxone® and Subutex® cases they processed had increased. Participants and community professionals described typical illicit Suboxone® users as heroin addicts trying to avoid withdrawal.

According to participants and community professionals, the availability of high-grade marijuana had increased. Respondents discussed medical marijuana coming into the region from states where it was legal; law enforcement referred to high-quality marijuana from Colorado coming to Ohio through the mail. Participants and community professionals indicated that marijuana extracts and concentrates in the form of "hash oils," "dabs" and "wax" had increased in availability. The BCI Richfield and Lake County

crime labs reported that the number of marijuana cases they processed increased; additionally, the Lake County Crime Lab noted 23 hashish cases processed during the reporting period.

Law enforcement reported on availability of alpha-PVP (aka "flakka," a synthetic stimulant similar to bath salts). Reportedly, flakka was obtained via the Internet and the most common routes of administration were smoking and snorting. Law enforcement described typical users as 18-25 years of age.

Current Trends

Powdered Cocaine

Powdered cocaine is highly available in the region. Participants most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. A participant stated, *"It is used in conjunction with heroin. It is easy to get."* Other participants commented: *"It's everywhere; You can get it 100 yards away from here."* Community professionals most often reported current availability as '7-9'; the previous most common score was '4-7'. Treatment providers stated, *"It is not as available as heroin ... but then again, a lot of our heroin addicts have cocaine as their fallback drug, so a lot of the heroin dealers have this."* Law enforcement reported, *"We have several cocaine cases ... I think with the stigma of marijuana decreasing, [stigma] has decreased with the cocaine, too, and with a lot of these people it seems to be more socially acceptable."*




Corroborating data indicated the presence of cocaine in the region. The Cuyahoga County Medical Examiner's Office reported that 31.8 percent of the 198 drug overdose deaths it processed during the past six months involved cocaine (crack and/or powdered cocaine).

In addition, a query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Cleveland region returned 2,139 cocaine cases reported during the past six months, of which 69.1 percent were Cuyahoga County cases (an increase from 1,864 cases for the previous six months, of which 64.5 percent were Cuyahoga County cases).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. An Eastlake (Lake County) man was found with three small bags of cocaine in his boxer shorts while being booked into the jail in Mentor (Lake County); a subsequent search of his vehicle also revealed a small amount of marijuana (www.cleveland.com, Jan. 27, 2016). A member of the Heartless Felons gang in Cleveland (Cuyahoga County) was arrested when police responded to an emergency call regarding him showing up at an ex-girlfriend's home with a gun; during the arrest, 29 grams of cocaine, 1.5 grams of crack cocaine and 146 grams of marijuana were found in his vehicle (www.cleveland.com, May 5, 2016). Lorain County authorities arrested seven individuals when they served warrants at three drug houses; 100 grams of cocaine and 120 grams of heroin were seized at the first house, 40 grams of cocaine and a small amount of heroin were seized at the second house and around two grams of heroin were seized at the third house (www.newsnet5.com, May 13, 2016).

Participants reported that the availability of powdered cocaine has decreased during the past six months. A participant explained, "Cocaine is not the drug of choice anymore ... heroin is." Another participant added, "You have to catch the crack (cocaine) dealer in time before he cooks it up (manufactures crack cocaine out of the powdered cocaine) ... more people are using crack." Treatment providers reported that the availability of powdered cocaine has remained the same during the past six months, while law enforcement reported increased availability. A treatment provider commented, "We just aren't seeing it as much ... It is still there though, just not the drug of choice anymore." Law enforcement reported: "It has increased in the last months; Cocaine numbers are up for the last three months." An officer reflected, "Cocaine is making a comeback. It was way down for a while, but now we are seeing more fatalities of cocaine and fentanyl!" Another officer added, "I have heard they are shipping [cocaine and fentanyl] together."

The BCI Richfield and Lake County crime labs reported that the number of powdered cocaine cases they process have increased during the past six months (note, the labs do not typically differentiate between crack and powdered cocaine).

Powdered Cocaine	Reported Availability Change during the Past 6 Months	
	 Participants	Decrease
	 Law enforcement	Increase
	 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 also '5.' A participant complained, "The quality is zero in Cleveland because it is mostly 'stepped on' (adulterated)." Another participant shared, "My buddy actively uses [powdered cocaine] and he has a dozen drug dealers and none of them have good stuff." A couple of participants discussed high-quality cocaine available in the region and commented: "'Powder' (powdered cocaine) out here is the best because it is brought from Puerto Rico ... they get it from better connections; 'Fish scale' is high-quality cocaine and you can see the different colors like in a fish scale ... it's gotten from Bangladesh."

Participants reported the top adulterants (aka "cuts") for powdered cocaine as baby laxatives, baking powder, baking soda and Novocain®. Other adulterates mentioned include: aspirin, ether and vitamin B. Overall, participants reported that the quality of powdered cocaine has decreased during the past six months. A participant explained, "Quality is less because nobody I know wants 'coke' (powdered cocaine), they want 'hard' (crack cocaine)." Another participant said, "Nobody puts time into it anymore because nobody really wants it."

Powdered Cocaine	Cutting Agents Reported by Crime Lab
	<ul style="list-style-type: none"> ○ acetaminophen ○ atropine (prescription heart medication) ○ lidocaine (local anesthetic) ○ mannitol (diuretic) ○ pet and livestock dewormers (levamisole and tetramisole)

Reports of current prices for powdered cocaine were consistent among participants with experience buying the drug. Participants reported that the most common quantity purchased is a gram. A participant clarified, "Prices change depending on how 'plugged in' (connected) you are to the dealer." Overall, participants reported that the price of powdered cocaine has decreased during the past six months.

Powdered Cocaine	Current Street Prices for Powdered Cocaine	
	A gram	\$50-120
	1/16 ounce (aka "teener")	\$60-140
	1/8 ounce (aka "eight ball")	\$175-275
	1/2 ounce	\$500-600
	An ounce	\$900-1,300

Participants reported that the most common route of administration for powdered cocaine remains snorting. Participants estimated that out of 10 powdered cocaine users, seven would snort, two would smoke and one would intravenously inject (aka "shoot") the drug. One participant asserted, "It is easier to shoot." Another participant clarified, "If they are smoking cocaine, they are putting it in with their 'weed' (marijuana)."

Participants described typical powdered cocaine users as white and of a higher socio-economic status. A participant stated, "Powder cocaine is more prestigious than crack cocaine, or at least that is the perception." Other participants remarked: "It's lawyers, city officials, judges; Suburban people with more money; Suburban and urban professionals." Participants indicated that high school and college students use powdered cocaine to stay awake. Several participants added that blue-collar workers use this drug due to physical demands of the job and long working hours.

Treatment providers described typical powdered cocaine users as suburban. A treatment provider explained, "The ones in the urban community can't afford it, so it is usually those in suburb that are using powder." Another treatment provider reported, "Heroin addicts ... If they don't have heroin, they will shoot powder." Law enforcement officers reported: "All sorts of groups are using it; Older male African Americans are showing up in the fatalities." One officer shared, "The demographics we are seeing is generally male,

80-85 percent Caucasian ... with the Caucasian, age groups of 45-60 being the largest group using for the longest time."

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'. A participant stated, "I can walk to that bus stop and get you a 'twenty' (\$20 worth of crack cocaine, approximately 2/10 gram)." Other participants commented: "Crack and heroin is so easy to get now; Crack is everywhere; Just walk outside ... it is very available and I guarantee you can get it within one hundred yards ... You can walk down any street and find crack; It's a '10' all day."

Community professionals most often reported current availability of crack cocaine as '9'; the previous most common score was '5-7'. A treatment provider stated, "Crack is more available than 'powder' (powdered cocaine) because we are close to Cleveland." A law enforcement officer located outside the city of Cleveland, responded, "It would only take me about an hour to get crack. You just have to go a little bit out of this area."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. During a traffic stop, a Lorain (Lorain County) woman flashed an officer who was questioning her; a crack pipe fell out of her bra and she was arrested (www.cleveland.com, March 14, 2016). Police stopped an intoxicated man, driving a damaged vehicle in Cuyahoga County; he was arrested after police seized a vial of cocaine from his vehicle (www.cleveland.com, March 12, 2016). An unconscious man was found by his friend and taken to Parma Medical Center (Cuyahoga County); police found crack cocaine in his pocket (www.cleveland.com, June 3, 2016).

Participants reported that the availability of crack cocaine has remained the same during the past six months. A participant remarked, "Demand is still there." Another participant stated, "Most of us get it from Cleveland ... you can get it in Painesville (Lake County), but it is not that good [in quality], so you wouldn't." Treatment providers reported that the availability of crack cocaine has remained the same

during the past six months, while law enforcement reported increased availability. A law enforcement officer conveyed, "We are seeing the off-white solid material, mostly." The BCI Richfield Crime Lab reported that the number of crack cocaine cases it processes has decreased during the past six months; although the lab noted, as did the Lake County Crime Lab, that it does not typically differentiate between crack and powdered cocaine.

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

Participants most often rated the current overall quality of crack cocaine as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '8.' One participant shared, "To be truthful, basically, I test mine before I buy anything, so I know it is good." Another participant reported, "The real drug dealers gonna wait and drive the prices up ... They will wait until [quality of other dealers' crack cocaine] gets real crummy and then they gonna 'blow' (increase prices when others have poor quality to sell)." Participants reported that crack cocaine in the region is most often adulterated (aka "cut") with baking powder and baking soda. Reportedly, other cuts for crack cocaine include: baby laxatives, flour, numbing agents, pancake mix and vitamin B. Overall, participants reported that the quality of crack cocaine has remained the same during the past six months.

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"/> lidocaine (local anesthetic) <input type="radio"/> mannitol (diuretic) <input type="radio"/> pet and livestock dewormers (levamisole and tetraisoole)

Current prices for crack cocaine were consistent among participants with experience buying the drug. Participants reported that the most common quantity purchased is a

"rock," approximately 2/10 gram. A participant explained, "You don't really weigh crack out, it goes by the rock size ... A \$20 rock is like a large peanut M&M's® and a \$40 is the size of a Tootsie Roll® ...". Another participant described the size of crack cocaine rocks as: "A \$20 rock is the size of a Tic Tac® and a \$100 one is like you are getting five Tic Tacs®." Despite variability in rock sizes, participants reported that the price of crack cocaine has remained the same during the past six months.

Crack Cocaine	Current Street Prices for Crack Cocaine	
	2/10 gram (aka "rock")	\$20
	A gram	\$100
	An ounce	\$600

Participants reported that the most common route of administration for crack cocaine remains smoking. Participants estimated that out of 10 crack cocaine users, all 10 would smoke the drug. One participant explained, "You need like vinegar, or pickle juice, to [break it down into a liquid to] 'shoot' (intravenously inject), so most people smoke it."

Participants described typical crack cocaine users as urban, African American, heroin addicted and of lower socio-economic status. One participant remarked, "If I had to categorize it, I would go by the area more so than the person using ... the inner city." Other participants commented: "It is all over, but you may find it more in the 'projects' (government housing areas) than in the suburbs; I see crack and 'coke' (powdered cocaine) users be more city officials and construction workers ... Friday and Saturday they party and then go back to work Monday because it is out of their system." Community professionals described typical crack cocaine users similarly as participants. A treatment provider commented, "More people in the inner city are using the rock form [of cocaine]." Law enforcement officers stated: "We are seeing a lot of heroin addicts smoking crack; I think a lot of lower income [individuals] use this."

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 said, *"You can be going to the store and get it in the parking lot."* Another participant quipped, *"I have a harder time getting my [fast food] order right than getting my [heroin] order in from my dealer."* One participant commented, *"You don't have to be trying to get it ... people just come up to you and ask you [to purchase heroin]."* Participants shared numerous stories illustrating this point: *"One time, a 'dope boy' (heroin dealer) just comes up to me and asks me if I am good or if I am looking; I would just stand outside the liquor store and they ask me; One time, I was just walking my dog and some guy pulled up and asked me if I used 'food' (heroin); Over the weekend, somebody offered it to me and I didn't even know him that way; In Cleveland, I'd pull up to a gas station and, waiting for my dealer, another dealer would come up and ask me if I wanted some or give me a free sample with their phone number."*

Community professionals most often reported the current availability of heroin as '10'; the previous most common score was also '10'. A treatment provider shared, *"Heroin is very easily accessible ... readily available."* Other treatment providers discussed: *"Dealers are showing up at 12-step meetings (recovery meetings); We have had dealers in our parking lot."* Some law enforcement discussed less availability in some areas of the region. One officer commented, *"I think it is pretty hard if you want to try and buy heroin in our county (Geauga) ... There are a couple places toward the south end of our county ... I would rate [availability as] a '3' or a '4' here because you would have to know somebody. It is not like Euclid (Cuyahoga County) where you drive up and see people on the streets and they approach you."*

Corroborating data indicated that heroin is available in the region. The Cuyahoga County Medical Examiner's Office reported that 51 percent of the 198 drug overdose deaths it processed during the past six months involved heroin; 24.8 percent of these heroin cases also involved fentanyl. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Cleveland region returned 2,153 heroin cases reported during the past six months, of which 60.8 percent were Cuyahoga County cases (a decrease from 2,491 cases for the previous six months, of which 56.7 percent were Cuyahoga County cases). In addition, Ohio HIDTA's Criminal Patrol Unit High-lighted Seizures report recorded that HIDTA officers interdicted 285 grams of heroin in Lorain County in October 2015 in a single seizure.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A Cleveland man was arrested for selling more than three pounds of heroin in the Cleveland area (www.cleveland.com, Jan. 14, 2016). Fourteen people in Lorain County overdosed on heroin mixed with fentanyl during a two-week period; six people died and five were arrested for selling the drug (www.newsnet5.com, March 7, 2016). The Cuyahoga County Medical Examiner's Office released a statement following a rash of overdose deaths which revealed a total of 29 individuals who died from heroin, fentanyl or a combination of both from March 10-27, 2016 (www.cleveland.com, April 7, 2016). A Lorain man was arrested for selling heroin to a man who overdosed and died (www.cleveland.com, April 11, 2016). A Cuyahoga County drug dealer, who inherited his father's cocaine business, pleaded guilty to a 54-part conspiracy charge for operating a network of drug dealers, even from his jail cell (www.cleveland.com, April 26, 2016).

In other news, the Lorain County coroner attributed many lives saved to Narcan®, despite the increase in number of heroin and fentanyl overdose deaths (www.newsnet5.com, April 27, 2016). A Lakewood (Cuyahoga County) mother of three adult children addicted to heroin, took one of her children to a local pharmacy to purchase his own naloxone kit as a teaching moment to reinforce how it feels to buy the medication that she had used two days previously to save his life (www.newsnet5.com, May 16, 2016).




While many types of heroin are currently available in the region, participants and community professionals agreed that powdered heroin is most available. Participants stated: *"Brown powder is the only kind I find out here; It is much easier to get the white than anything else."* A law enforcement officer stated, *"Most of [the heroin in the region] is brown and gray powder. We've seen brown to white to gray powder, but it depends on the batch. A lot of times it depends on where you are getting it from ... most of the brown is coming out of Cleveland if it is not fentanyl. And a lot of the time, the heroin out of Ashtabula (County) and Lake County is gray."*

Participants reported moderate availability of black tar heroin in the region, most often reporting its current availability as '4' on the above availability scale. A participant said, *"It is harder to get ... usually the Mexican [dealers] would have it ... If they have heroin, they usually have 'tar' (black tar heroin)."* One participant shared, *"I hear tar is pure that is*

why it is so hard to get.” Community professionals reported low availability of black tar heroin, most often reporting its current availability as ‘1-3.’ One treatment provider reasoned, “Tar is not that available because it is more expensive.” A law enforcement officer commented, “We have had black tar, but not much of it.”

Participants reported that the availability of powdered heroin has remained the same during the past six months, while the availability of black tar heroin has decreased. Additionally, one participant noted, “Gray is harder to get now.” Community professionals reported that the general availability of heroin has remained the same during the past six months. A law enforcement officer reported, “We are still seeing the same amount.” Another officer explained, “We don’t see a lot of street level dealers [in Geauga County]. We have a lot of addicts who have been through the theft route and when they come across enough money they buy three or four grams from Euclid or Cleveland and sell to their inner circle. So they are selling it here, but it is to support their own habit. That way, they don’t have to buy their own.”

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 powdered heroin cases. The labs reported processing brown powdered, brown chunk, gray, off-white, tan and white powdered heroin. The BCI lab also reported that its number of black tar heroin cases has decreased, although the lab noted that it does not typically differentiate between black tar and powdered heroin; the Lake County lab reported processing no black tar heroin cases during the past six months.

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

Participants most often rated the current quality of white powdered heroin as ‘10’, of brown powdered heroin as ‘6’, and of black tar heroin as ‘5’ and ‘9’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was ‘10’ for heroin in general. Participants discussed: “Quality has to do with how much you have to spend and how you are going to do it (route of administra-

tion); Brown powder is real shitty; Tar is horrible; White is a lot better, but white is killing you left and right. There have been a lot of people ‘OD-ing’ (overdosing)” Some participants indicated variable quality depending on location and commented: “Quality really depends ... the tar stuff, when I get it from Cleveland, it is really good; The further away from Cleveland, the worse it gets.” Other participants explained: “Tar is not as potent as powder because powder is ‘cut’ (adulterated) with fentanyl; Before I went to jail, heroin was gray and it was really good; It depends where you get it ... if you the first boy to get it, it is good, but then it’s cut ... and then cut again.” Overall, participants reported that the general quality of powdered heroin has remained the same during the past six months, while the overall quality for black tar heroin has decreased. Participants explained: “Quality of heroin in general went down, but it’s stronger overall because of fentanyl; It is less for heroin and more for fentanyl.”

Participants discussed adulterants (aka “cuts”) that affect the quality of heroin and reported that the top cutting agents are fentanyl, sugar and vitamin B. Participants explained that sugar is typically used for cutting white powdered heroin, while vitamin B is used to enhance the color of brown powdered heroin. However, a participant mentioned, “White [powdered heroin] is all fentanyl.” Additional cuts reported include: baby laxatives, coffee creamer, pancake mix and Xanax®. One participant added, “I know people are cutting heroin with ramen noodles seasoning packets, sleep meds and rat poisoning.”

Community professionals also noted fentanyl as a cut in heroin throughout the region. A treatment provider reported, “A number of my recent clients talked about how, when they overdosed, they learned about it being a combination of both [fentanyl and heroin].” A law enforcement officer commented, “Seeing [fentanyl] mixed with heroin a lot ... and alone on occasion.” Participants and community professionals suggested that use of fentanyl as a cut for heroin has increased during the past six months. The BCI Richfield Crime Lab also noted more fentanyl with heroin cases during the past six months than previously seen.

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

Reports of current prices for heroin were consistent among participants with experience purchasing the drug. Participants reported that the most common quantity purchased is a gram and explained that prices vary depending on the dealer and one's relationship with the dealer. Participants shared: "It's more if you buy from someone who travels far to get it; For powder, 1/10 gram is ... cheaper if you know the person and buy a lot." One participant divulged, "Sometimes they give it to you just to see you through ... If I was sick and I said I was sick, I'd get some free 'dope' (heroin) because they knew I was bringing them thousands of dollars a day in business." Although no prices for these were provided, a participant reported, "I seen heroin in capsules." A law enforcement officer confirmed, "We are getting alerts that heroin is in capsule forms, but we are not seeing it yet." Overall, participants indicated that the price of heroin has remained the same during the past six months.

Current Street Prices for Heroin	
Heroin	Black tar or powdered:
	1/10 gram (aka "balloon" for black tar) \$10-20
	1/2 gram \$50-100
	A gram \$100-200
	1/4 ounce \$325
	An ounce \$850-1,100

While there were a few reported ways of using heroin, generally the most common route of administration remains intravenous injection (aka "shooting"). A participant explained, "When you smoke it off tin foil, you waste it ... so you go to shooting." However, another participant complained, "Tar is messier. You have to have a spoon. You have to warm it. It destroys your needles." Participants reported that out of 10 heroin users, nine would shoot and one would either snort or smoke, depending on the form of the drug. Participants clarified that if users are not shooting the drug, they would generally snort the powder or smoke the black tar heroin. Nevertheless, alternative methodologies were discussed. One participant shared, "You can put [tar] in water and liquefy it and shoot it right in the nose." Another participant asserted, "I saw liquid heroin in an eye drop bottle." Treatment providers were also aware of users shooting this drug. A treatment provider stated,

"They are shooting in different areas, so nobody can see the marks ... between their toes, their inner thigh, genitals."

Participants reported that needles for intravenous injection are most available from diabetic family members, drug dealers, the Internet, needle exchange programs and pharmacies. A couple participants admitted: "I would take them from my son because he has them for medical reasons; I took them from a diabetic." Another participant stated, "You would be surprised how easy it is to get needles from a pharmacy ... just say they are for a diabetic and they give them to you ... mostly mom-and-pop (small, locally-owned) pharmacies."

Reportedly, needles purchased on the street most often sell for \$2 per needle. A participant boasted, "I would sell them for \$5 apiece." Another participant asserted, "Some dealers give them out." Several participants reported cheaper prices at pharmacies. One participant reported, "I would get them for \$20 for a box of 50." Furthermore, while participants reported that sharing needles is common, they often indicated they understood health consequences of doing so when they qualified their personal needle sharing through similar comments as, "I shared with someone I knew ... but cleaned the needle with bleach."

Participants found it difficult to describe a typical heroin user and noted that users often begin with prescription opioid use for pain following an injury, but users could be anybody. Participants commented: "If they look human, they can use ... If there is a heartbeat, man, they can use; It is everyone. There is no age on it or color." Other participants discussed heroin use in terms of age and race: "It can be anyone ... from 12-65 [years of age]; It is everybody ... it is so common, but I honestly haven't seen many African Americans; I have never met any African Americans using ... They are all selling it, but not using it; Most black folks are scared of that; All races ... well, no Asians." A participant commented, "I think it is more middle class people in the suburbs; Mainly males."

Likewise, community professionals were unable to describe a typical heroin user. Treatment providers stated: "Mostly younger people like 18-26 [years of age] ... and it's reported even lower, in high school; I would say that for the younger, it is part of the party atmosphere and pills are offered and they get hooked and then on to heroin ... and then there are those that are athletes and they get injured and they start using pills and then start misusing them and then they switch to heroin." Law enforcement also reported, "All ages ... 18-45 [years]; It's really bad with the 20-30 year olds."

In regards to socio-economic status, treatment providers reported: *"I see suburban, middle-income people; Middle to upper class."* One treatment provider noted, *"We get a lot of referrals from probation because of a felony drug charge and most are men."* However, a law enforcement officer said, *"Now there are just as many females using it."* Law enforcement reported: *"Whites; We have had a handful of blacks but mostly Caucasians, primarily."* One officer explained, *"We are approached on surveillance [assignments] ... There are these drug dealers who walk up to our car until they see a radio or something on the seat, because in reality, par for the course in Euclid or Cleveland, there will be one or two white guys in a car ... let's face it, heroin is a white guy's drug ... We are approached all the time."*

Prescription Opioids

Prescription opioids remain 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 also '10'. A participant shared, *"I can get them every day, all day, because I know a nurse ... I don't know who she gets them from though."* Another participant explained, *"I can't go to the gas station and get a Percocet® ... I have to know somebody, but as a pill user you are automatically plugged into this scene and it is very easy to get them."* Community professionals most often reported current street availability of prescription opioids as '10'; the previous most common score was '8'.

Corroborating data indicated that prescription opioids are available for illicit use in the region. The Cuyahoga County Medical Examiner's Office reported that 41.4 percent of the 198 drug overdose deaths it processed during the past six months involved one or more prescription opioid; 57.3 percent of these prescription opioid cases involved fentanyl. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Cleveland region returned 879 prescription opioid cases reported during the past six months, of which 39.4 percent were fentanyl/ acetyl fentanyl cases; 40.8 percent of these fentanyl/ acetyl fentanyl cases were Cuyahoga County cases (a decrease from 939 cases for the previous six months, of which 38.9 percent were fentanyl/ acetyl fentanyl cases; 43.8 percent of these fentanyl/ acetyl fentanyl cases were Cuyahoga County cases).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A Seven Hills

(Cuyahoga County) man was arrested following a US Postal investigation for receiving several boxes containing oxycodone; at the time of the drug bust, he was found alongside two Cleveland area lawyers, all preparing the pills to be snorted (www.cleveland.com, Feb. 11, 2016). Fentanyl-related deaths increased from 37 in 2014 to 89 in 2015 in Cuyahoga County (www.cleveland.com, Feb. 12, 2016). The Cuyahoga County Medical Examiner's Office reported 19 overdose deaths by fentanyl and 21 by heroin during the month of January; several of the fentanyl deaths have been attributed to pressed tablets that resembled prescription opioid medication (www.cleveland.com, Feb. 15, 2016). A Lake County woman was charged for writing over 156 fraudulent prescriptions for opioid medication (www.otfca.net, March 11, 2016). A Cuyahoga County woman was arrested for writing fraudulent prescriptions for 5,000 different prescription opioids, including OxyContin® and Vicodin® (www.cleveland.com, March 21, 2016). A Westlake (Cuyahoga County) doctor was sentenced to three years in prison for writing 33,000 unnecessary prescriptions for OxyContin®, Percocet®, codeine and Valium® (www.cleveland.com, April 5, 2016). The Lorain County Medical Examiner's Office reported that an inmate who died at the county jail in May had overdosed on fentanyl; authorities did not know how he obtained the drug (www.cleveland.com, April 21, 2016). The Ohio State Highway Patrol (OSHP) seized 285 hydrocodone pills and a half pound of marijuana after a K-9 officer alerted to a vehicle pulled over in Lorain County (www.statepatrol.ohio.gov, May 10, 2016). A man was found unconscious, overdosing on oxycodone, in a hotel room in Brook Park (Cuyahoga County); the man was taken to a nearby hospital (www.cleveland.com, June 3, 2016).




Participants identified fentanyl, Percocet® and Vicodin® as the most popular prescription opioids in terms of widespread illicit use. Participants indicated higher availability of some of these medications than others: *"In [certain areas of the region], Percocet® is all over and everyone does them; Ultram® is huge right now; Norco® is easy to get in the ER (emergency room); Methadone is... very easy to get; Liquid [methadone] is usually what is on the street."* One participant said, *"Dilaudid® is hard to get."* A couple of participants shared: *"Nobody wants Tylenol® 3 and Tylenol® 4 because they are not strong enough, but I guess you can still find them if you wanted; Vicodin® is still available, but not strong ... 30 [mg] Vicodin® is like as strong as one shot of heroin."* Another participant stated, *"They just started making the real OxyContin® (the old formulation that can be snorted and injected) again, but they are hard to find right now."*

Community professionals identified Percocet® and Vicodin® as the most popular prescription opioids in terms of widespread illicit use. Treatment providers reported: *“We see more Percocet® than anything; Percocet®, we see the most and then Vicodin®; We see Demerol®, but not much; I don’t know anyone using methadone.”* A law enforcement officer shared: *“A couple of nurses in the past couple of months [were caught] stealing 2 mg vials of Dilaudid® from the hospital ... I think buying it on the street it would be harder.”*

Participants and community professionals discussed fentanyl at length and indicated that it is highly available in the region. Participants commented: *“Fentanyl is very available; Availability for fentanyl is like what it is for white and brown powder (heroin); I can get fentanyl better than I can get anything else now.”* A participant shared, *“My friend is an active heroin user and she mentioned fentanyl and I said, ‘Oh, you hooked on that stuff now?’ and she said that is pretty much all there is now.”* A law enforcement officer shared, *“We had a guy last week ... who was buying straight fentanyl ... He was fully aware it was straight fentanyl and he was buying it because he said heroin was not doing it for him anymore (not giving him the high he wanted).”* Another law enforcement officer reported, *“We have more fentanyl-related deaths this year than heroin [deaths].”*

Participants reported that the general availability of prescription opioids has remained the same during the past six months. However, some participants discussed change in availability for specific medications and commented: *“Opana® is so hard to find now; Opana® has decreased because you can’t really abuse them now.”* A few participants noted an increase in availability of methadone and explained: *“There are more methadone clinics, so I think that is why it is easier to get methadone now; The liquid [methadone] is popular now.”*

Community professionals also reported that the general availability of prescription opioids has remained the same during the past six months. The BCI Richfield Crime Lab reported that the number of Dilaudid®, methadone, morphine and Vicodin® cases it processes has increased during the past six months, while the Lake County Crime Lab reported increased numbers of cases for Dilaudid®, morphine, Percocet®, Vicodin® and Ultram®; the numbers for all other prescription opioid cases have either remained the same or decreased. In addition, the Lake County Crime Lab reported that it processed 26 cases involving acetyl-fentanyl during the past six months.

Prescription Opioids	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 opioids were consistent among participants with experience buying these drugs. Reportedly, the majority of prescription opioids sell for \$1 per milligram. Participants mentioned some prescription opioids as more expensive than others and commented: *“Opana® are \$2 a milligram; Dilaudid® are expensive. If you are getting an 8 mg [pill], you are selling it easy for \$20; Percocet® 30 (30 mg) is like \$45.”*

Prescription Opioids	Current Street Prices for Prescription Opioids	
	Dilaudid®	\$20 for 8 mg
	fentanyl	\$150 per patch (unspecified dose)
	methadone	\$40 for 90 pills (unspecified dose) \$60 for 30-day liquid supply (unspecified dose)
	Opana®	\$2 per mg
	OxyContin®	\$100 for 80 mg
	Percocet®	\$7 for 5 mg \$10 for 7.5 mg \$14 for 10 mg
	Vicodin®	\$2-4 for 5 mg \$7-8 for 10 mg

Participants reported getting these drugs from dealers and from doctors by prescription. Participants stated: *“You get them on the street from someone who has a prescription; You can get them from elderly people who are not being cared for well enough ... you know, like, ‘One Tylenol® for you and two ‘perks’ (Percocet®) for me;’ I have taken some from my dad when he had cancer.”* One participant commented, *“Fentanyl (patch) is hard to find on the street, but I know people steal it from the hospital.”* A couple of treatment providers commented: *“I see them getting it from their prescriber and then when they can’t*

get any more, they turn to the street; They all go to the dentist to get them."

While there were a few reported ways of consuming prescription opioids, and variations in methods of use were noted among types of prescription opioids, generally the most common routes of administration for illicit use are snorting and intravenous injection (aka "shooting"). Participants estimated that out of 10 illicit prescription opioid users, five would snort, four would shoot and one would orally consume the drugs. A participant explained, "It is okay to shoot 'Percocet® 15 and 30' (Roxicodone® 15 and 30 mg tablets), but anything less than 15 mg, you always snort because it clogs the rig if you shoot it." Other participants shared: "You can chew the [fentanyl] patch; I'd scrape the gel out of it and shoot it; Snorting Vicodin® burns, so you usually don't use them this way; You can crush them and eat them." One participant added, "Some people 'plug' (crush the pill, wrap the powder in tissue and anally insert) [prescription opioids], too."

Participants described typical illicit users of prescription opioids most often as heroin addicts. Participants reported: "It's people who can't find heroin; Heroin users withdrawing and wanting to get clean." Treatment providers also described typical illicit users as heroin addicts. Treatment providers commented: "It's heroin addicts, as a result of chronic pain or acute injury; High schoolers ... a lot more are recreational users; Typically, I don't see many younger people coming in using opioids ... most of our pill users are older; A lot have been long-term users; We see mostly heroin addicts using prescription pain killers." A law enforcement officer stated, "We still see all age groups and, because it is prescribed, there is no stigma to using it."

Suboxone®



Suboxone® remains 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 also '10'. A participant conveyed, "Suboxone® is a '10' (highly available) in the beginning of the month and then a '5' (moderately available) at the end of the month." Community professionals most often reported current street availability as '10'; the previous most common score was '8'.

Corroborating data indicated the availability of Suboxone® for illicit use in the region. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Cleveland region returned 103 buprenorphine (an ingredient of Suboxone®) cases reported during the past six months (a decrease from 120 cases for the previous reporting period).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A Savannah (Ashland County) man was found hiding in his bedroom closet when the Ashland Police Department executed a search warrant; Suboxone®, heroin and methamphetamine were seized (www.otfca.net, Feb. 23, 2016).

Participants and community professionals reported that Suboxone® is most often available in sublingual filmstrip form (aka "strips"). A participant stated, "Suboxone® strips are much more available than Subutex®." However, a participant noted, "Subutex® is preferred because you can snort the pills." A law enforcement officer reflected, "I don't think we are seeing the pills ... We are seeing the strips."

Participants and community professionals reported that the availability of Suboxone® filmstrips has increased during the past six months, while availability of the tablet form has decreased. A law enforcement officer stated, "It has really taken off in the last year." The BCI Richfield and the Lake County crime labs reported that the number of Suboxone® and Subutex® cases they process have decreased 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 fairly consistent among participants with experience buying the drug. One participant boasted, "One 12 mg strip I was selling for \$45."

In addition to obtaining Suboxone® on the street from dealers, participants also reported getting the drug through friends with prescriptions. A participant shared, "I seen people take half and then sell half." Community professionals also discussed heroin users selling Suboxone®. A treatment provider

Suboxone®	Current Street Prices for Suboxone®	
	filmstrip	\$10-20 for 8 mg \$20-30 for 12 mg
	tablet	\$7 for 2 mg \$8 for 4 mg \$15 for 8 mg (or two for \$25) \$20-25 for 12 mg
	Subutex®	\$12 (unspecified dose)

shared, "Heroin addicts are getting Suboxone® and selling it just to get their heroin ... rarely do I hear they are using Suboxone® to enhance the high." A law enforcement officer also stated, "We have had a lot of addicts who will get their strip and sell it off to the people who don't want to get sick and then they will go and get their heroin."

Participants reported that the most common route of administration for illicit use of Suboxone® is intravenous injection (aka "shooting"), followed by snorting and sublingual use of the drug. Two participants, who no longer shoot Suboxone®, shared, "Now my veins are all done for; When you shoot Suboxone® it gels your veins up and you can die."

Participants described typical illicit Suboxone® users as heroin addicts. However, one participant added, "There are some people whose drug of choice is Suboxone®, especially in prison." Another participant explained, "There are a lot of misconceptions because people say you can't get addicted [to Suboxone®], but you can and it is the worst withdrawal ... worse than heroin." Similarly, community professionals described typical illicit users of Suboxone® as heroin users. A treatment provider explained, "Heroin addicts use Suboxone® to tide them over until they get more heroin."

Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain 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 also '10'. Participants stated: "They are everywhere; You can get them from a middle schooler." Community professionals most often reported the current street availability of sedative-hypnotics as '8-10'; the previous most common score was '8'.




Corroborating data indicated that sedative-hypnotics are available for illicit use in the region. The Cuyahoga County Medical Examiner's Office reported that 23.7 percent of the 198 drug overdose deaths it processed during the past six months involved one or more sedative-hypnotic. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Cleveland region returned 258 benzodiazepine cases reported during the past six months, of which 49.6 percent were Cuyahoga County cases (a decrease from 289 cases for the previous six months, of which 46.7 percent were Cuyahoga County cases).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A Lorain County baby sitter was charged in the overdose death of an 18-month-old girl she was watching who had ingested Xanax® (www.bigstory.ap.org, April 22, 2016).

Participants identified Klonopin®, Soma® and Xanax® as the most available sedative-hypnotics in terms of widespread illicit use. Participants stated, "There is a lot of Xanax®; I can get the 'bars' (Xanax® 2 mg)." One participant remarked, "Every girl since puberty can get Xanax®." Community professionals identified Valium® and Xanax® as most available in terms of widespread illicit use. Treatment professionals reported: "Doctors are giving [Xanax®] out; Xanax® is number one ... Valium® is next." Another treatment provider reflected, "I only hear about Klonopin® when I am doing mental health assessments ... Some clients will abuse them in the residential treatment." A law enforcement officer reported, "Soma® came up in the last overdose and I was surprised to see it ... the doctor was surprised to see it, too, because he said a lot of the docs are not even prescribing it." However, another officer commented, "You will see Soma® a lot with police cases."

Participants reported that the general availability of sedative-hypnotics has decreased during the past six months. One participant reasoned, "There are less pills in general because of prescribing practices." Community professionals reported that the availability of sedative-hypnotics has remained the same. The BCI Richfield Crime Lab reported that the number of Ativan® cases it processes has increased during the past six months, while the Lake County Crime Lab reported increased number of cases for Ambien® and Klonopin®; both crime labs reported decreased number of cases for Valium® and Xanax®.

Reports of current street prices for sedative-hypnotics were consistent among participants with experience

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

buying the drugs. Participants reported that sedative-hypnotics are most often sold for \$1 per milligram. However, one participant reported, "If you buy the whole 'script' (prescription of Xanax®), you get them cheaper." Another participant admitted, "A whole IV bag of Ativan® on the street ... I was paying like 400 bucks for it, but you know how much is in the bag? It is a lot." Participants also discussed some sedative-hypnotics as less expensive on the street. A participant commented, "I wouldn't pay a dollar for Ambien® ... you don't usually pay for it ... you will get freebies ... or you just take them if you see them in someone's medicine cabinet."

Sedative-Hypnotics	Current Street Prices for Sedative-Hypnotics	
	Ambien®	\$1 for 5 mg
	Ativan®	\$1-1.50 per mg
	Klonopin®	\$2 for 0.5 mg
	Soma®	\$4 for 250 mg
	Valium®	\$2-3 for 10 mg
	Xanax®	\$1-2 for 0.25 mg \$2-4 for 0.5 mg \$3-4 for 1 mg \$7 for 2 mg \$8-10 for 3 mg

Participants reported obtaining sedative-hypnotics from dealers or from people who have prescriptions. Treatment providers indicated that these drugs are often prescribed. One treatment provider reported, "They get them from the doctor and then they go and sell them." Participants continued to report that the most common routes of administration for illicit use of sedative-hypnotics remain oral consumption and snorting. Participants estimated that out of 10 illicit sedative-hypnotic users, five would snort and five

would orally consume the drugs. A participant commented, "Some let Xanax® dissolve under the tongue." Another participant shared, "I heard of people 'shooting' (intravenously injecting), but most snort or take normally (orally)."

Participants described typical illicit users of sedative-hypnotics as women. Although a participant remarked, "Everyone is using." Another participant observed, "I was in high school when I started, so I'd say people in school, in general, use." Other participants discussed that sedative-hypnotics are often used to self-medicate and commented: "All those pills you can use when withdrawing from drugs; People using 'meth' (methamphetamine) use pills ... it helps make you relaxed and get rid of the paranoia; 'Psych' (psychiatric) patients because they are ... prescribed them to function and then ... tolerance goes up and then they start abusing them."

Treatment providers described typical illicit users of sedative-hypnotics as women and suburban. Treatment providers commented: "It is younger like 20-28 year olds; It is in suburbs ... it's in those areas; There are more women than men." One treatment provider explained, "Women are taking Xanax® because they are claiming mental health issues like anxiety ... and they are abusing them." Law enforcement, however, found it difficult to identify typical illicit users of these drugs. An officer reported, "I think it is almost an intermediary drug and it's everybody, really, and sometimes a heroin addict will use it as their carry pill [in case of withdrawal], if you will."

Marijuana

Marijuana remains highly available in the region. Participants and community professionals most often reported the current availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were also '10'. Treatment providers reported: "I say it is a '10' (highly available) because all these opiate addicts' drug dealers have marijuana on them, so you don't need to have a separate dealer for marijuana ... that is why I think it is widely available; In the high school it is available and [is] being passed around." Law enforcement reported that stigma around using marijuana is low. One officer commented, "I don't know the last time we saw 'pot' (marijuana) alone and it is like they don't think anything of it. They are fine to hand you it as if it was a cigarette and ask you to hold it for a minute, but they are not telling you about the three grams of heroin in their pocket."

Corroborating data indicated that marijuana is available in the region. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Cleveland region returned 3,812 cannabis cases reported during the past six months, of which 61.6 percent were Cuyahoga County cases (there were 3,851 cases for the previous six months, of which 59.8 percent were Cuyahoga County cases).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Cleveland Police arrested two people after a search warrant resulted in the seizure of 50 marijuana plants at their home in Old Brooklyn (Cuyahoga County) (www.cleveland.com, Feb. 22, 2016). Following a tip, school administrators in Mayfield (Cuyahoga County) searched the lockers and vehicles of two high school students; the students were arrested when authorities discovered 150 grams of marijuana (www.cleveland.com, March 9, 2016). Brecksville Police (Cuyahoga County) pulled over an Akron man and discovered two jars of marijuana in the vehicle; the driver was also driving with a suspended license and no front license plate (www.cleveland.com, March 10, 2016). A Warrensville (Cuyahoga County) woman was found passed out in her vehicle in the middle of traffic, two hours after smoking marijuana; a small bag of marijuana was seized and her four-year-old son in the back seat was taken to a hospital for treatment (www.cleveland.com, March 14, 2016). Brecksville Police found a gold vaporizer and a wax container in the backseat of a vehicle pulled over for speeding; the Brooklyn (Cuyahoga County) man admitted that it was his kit used to vaporize marijuana extracts and concentrates, known as 'dabs' (www.cleveland.com, April 7, 2016). Brook Park Police (Cuyahoga County) arrested a man after witnessing a drug deal; an undisclosed amount of marijuana and crushed pills were confiscated (www.cleveland.com, April 11, 2016). OSHP arrested a Michigan man after pulling him over in Lorain County and seizing a half pound of marijuana stashed in a golf bag, as well as, a pound of marijuana 'shatter' (a marijuana extract in the form of hard, glass-like pieces) and 21 hash oil tablets from the trunk of the vehicle (www.statepatrol.ohio.gov, May 5, 2016). OSHP arrested a man they pulled over in Lorain County after discovering a small amount of marijuana in his car's glove box, as well as two pounds of marijuana in a backpack in the trunk (www.statepatrol.ohio.gov, May 26, 2016). Five Cleveland US Postal Service carriers were arrested and charged with conspiracy for collaborating with a drug dealer in delivering




packages of marijuana to his home in exchange for payment (www.cleveland.com, June 1, 2016). Citizen complaints of drug activity at a home in Ashland County led to an investigation and collaborative effort among several law enforcement agencies in the seizure of 12 pounds of marijuana, two pounds of cocaine and 45 grams of heroin (www.cleveland.com, June 3, 2016).

Participants and community professionals also discussed availability of high-grade marijuana extracts and concentrates, often appearing as oil and waxy forms of the drug. A couple of law enforcement officers reported: *"We are seeing a lot of butane hash oil (aka 'BHO'); You have to know the right person for BHO."* Another law enforcement officer shared, *"We have not had a lot of issues like explosions or accidents, but it is just as volatile as cooking 'meth' (methamphetamine)."* One officer added, *"Not seeing a lot of edibles ... may see it at festivals."*

Participants reported that the availability of low-grade marijuana has decreased, while the availability of the high-grade marijuana has increased during the past six months. Participants indicated that marijuana extracts and concentrates have increased during the past six months.

Treatment providers reported that availability of marijuana has remained the same during the past six months, while law enforcement reported decreased availability for low-grade marijuana and increased availability for high grade. Treatment providers reflected: *"It may be more acceptable because it has been legalized in a lot of states and it may be a bit less taboo to talk about; They think it is no big deal."* A law enforcement officer commented, *"Maybe people who are growing low-grade themselves have it ... but we are not really seeing it on the streets ... it is all high-grade."* One law enforcement officer observed, *"We are not seeing bulk seizures anymore, but probably because the focus is on heroin and fentanyl."*

Community professionals also noted an increase in marijuana extracts and concentrates during the past six months. A community professional mentioned, *"Dabbing is popular."* Another professional reported, *"What we are seeing much more frequently ... is they will use the e-cigarette or the vaping pens and fill it with BHO because they want to mask the smell and it is harder to detect it this way."* The BCI Richfield Crime Lab reported that the number of marijuana cases it processes has decreased during the past six months, while the Lake County Crime Lab reported an increased number of marijuana cases.

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

Participant most often rated the current overall quality of marijuana as '0' for low-grade and '10' for high-grade marijuana on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '6' for low-grade and '10' for high-grade marijuana. Participants remarked: "Weed quality is super potent; They got high grade, and then they got high, high grade." Another participant shared, "[Quality] is different depending on how it grown."

Participants indicated that the quality of low-grade marijuana has remained the same during the past six months. A participant stated, "It's horrible." Another participant explained, "It is a different high ... you got to take more in for a longer period of time to feel it." Participants indicated that the quality of high-grade marijuana has increased. A participant explained, "It is better because it has gotten legalized in many areas and the medicinal is stronger and easier to get."

Reports of current prices for marijuana were provided by participants with experience buying the drug. Participants reported that the most common quantity of high-grade marijuana purchased is a 'blunt' (cigar filled with marijuana). Additional prices were provided by participants for a variety of other THC (tetrahydrocannabinol) products. One participant said, "You can buy a batch of brownies [containing marijuana] for \$7 ... These are more common at festivals." Another participant reported, "They also now have THC pills ... capsules with THC in them"

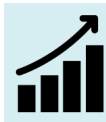
The most common route of administration for marijuana remains smoking. Participants estimated that out of 10 marijuana users, all 10 would smoke the drug, but they noted that once in a while someone would use edibles. Treatment providers also discussed route of administration. One treatment provider observed, "Some of our clients are putting BHO in vaping pens ... We have seen an increase in vaping in the last six months [because] they want to get higher." Another provider added, "One guy didn't think he would test positive if he used it in the vape pen."

Marijuana	Current Street Prices for Marijuana	
	Low-grade:	
	A blunt (cigar)	\$5
	A gram	\$80
	1/4 ounce	\$50
	An ounce	\$175
	A pound	\$220
	High-grade:	
	A blunt (cigar)	\$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:		
A gram	\$50	

A profile for a typical marijuana user did not emerge from the data. Participants described typical marijuana users as everyone. A couple of participants explained: "It is everyone, even elementary kids; It is the younger crowd that starts using and then it goes from there." Another participant reported, "I work for many nursing homes where the doctor brings it in for the [patients with] cataracts."

Likewise, community professionals were unable to identify a typical marijuana user. One law enforcement officer reflected, "Last summer, I had to respond to an apartment and there were these two women in their 80s smoking pot." Another officer shared, "A lot of times, the parent is smoking weed and then the kid gets in trouble for heroin and we are trying to lecture the parent who is on drugs and it's just tough." A couple of law enforcement officers discussed typical users of marijuana extracts and concentrates and commented: "All your BHO people are your dedicated weed people ... you need a lot of weed to make hash oil, so you need to know where to get it; 20-year olds seem to use it more."

Methamphetamine



Methamphetamine is highly available in the region. Participants most often reported the current availability of the drug as '9' for the powdered form and '2' for the crystal form on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score for crystal methamphetamine was bimodal ('2' and '8'). Although participants most often rated availability as high, several comments reflected low availability: *"You can't get it up here; The only place you can find it is Warren [Trumbull County] ... it is more of a country drug."*

Community professionals most often reported the current availability of methamphetamine as '8-9'; the previous availability score was '9'. A treatment provider reasoned, *"It is highly available because you can ... buy the supplies needed to make it."* A law enforcement officer shared, *"We are seeing it ... A lot of it is coming over from Ashtabula (County) ... and we have been tied up with other things ... It is more labor intensive to track down."* Another officer added, *"Most of what we see is paraphernalia with 'meth' (methamphetamine) residue."*

Corroborating data indicated that methamphetamine is available in the region. The Cuyahoga County Medical Examiner's Office reported that four of the 198 drug overdose deaths it processed during the past six months involved methamphetamine. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Cleveland region returned 370 methamphetamine cases reported during the past six months, of which 30.3 percent were Cuyahoga County cases and 32.2 percent were Lake County cases (an increase from 231 cases for the previous six months, of which 19.9 percent were Cuyahoga County cases and 34.6 percent were Lake County cases).




Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Following a six-month investigation, FBI's Cleveland division arrested 10 suspects involved in a Mexican drug trafficking ring in northeast Ohio; 11 pounds of methamphetamine, 145 pounds of marijuana and one pound of cocaine were seized (www.wdtn.com, March 17, 2016; www.cleveland.com, April 7, 2016). Brunswick (Medina County) officials searched a house and found evidence of a methamphetamine lab; the home's resident was taken into custody for parole violation (www.cleveland.com, March 17, 2016). Three people were arrested by Mentor Police (Lake

County) for manufacturing methamphetamine in a garage (www.cleveland.com, April 22, 2016). An investigation of a California man led to his arrest at the Cleveland-Hopkins International Airport when a K-9 officer alerted authorities to his baggage; more than three ounces of methamphetamine were seized from his luggage and more than a pound of the drug from the mail; authorities charged the man with trafficking more than 10,000 doses of methamphetamine in the Cleveland area (www.cleveland.com, May 4, 2016). Two individuals were arrested at a Vermilion (Lorain County) residence during the execution of a search warrant; the Lorain County Drug Task Force removed chemicals and paraphernalia related to manufacturing methamphetamine (www.fox8.com, May 27, 2016).

Participants reported that methamphetamine is available in powdered and crystal forms throughout the region, but noted that powdered methamphetamine is most prevalent in terms of widespread use. A law enforcement officer also reported, *"We see mostly powder meth, but we have had crystal."* The powdered form of methamphetamine is typically referred to as "one-pot" or "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. A participant stated, *"It is so easy to make. If you can follow a recipe to make cookies, you can follow a recipe to make meth."*

Participants reported that the availability of powdered methamphetamine has increased during the past six months, while the availability of crystal methamphetamine has remained the same. Law enforcement also indicated that availability of methamphetamine has increased during the past six months, while treatment providers reported that availability has remained the same. A law enforcement officer explained, *"It is a YouTube video and a [shopping] trip away, so ... these people see that they can purchase these things and then once they refine their craft, a lot of the times meth becomes the most available drug they have."*

The BCI Richfield Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months; the lab reported processing mostly crystal and off-white powdered methamphetamine. The Lake County Crime Lab also reported an increased number of methamphetamine cases.

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

Participants most often rated the current overall quality of powdered and crystal methamphetamine as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '7'. Participants reported MSM (methylsulfonylmethane, a joint supplement) as a popular adulterate (aka "cut") for methamphetamine in the region. Overall, participants reported that the quality of powdered and crystal methamphetamine has increased during the past six months. A participant reasoned, "Quality is getting better because people are getting better at making it."

Reports of current prices for methamphetamine were provided by only a few participants with experience buying the drug. Law enforcement discussed the role of heroin users in the production of methamphetamine. A law enforcement officer reported, "Meth cooks are recruiting heroin addicts to go and buy the Sudafed® (an ingredient used to manufacture methamphetamine) and the box is between 8 and 20 bucks, depending on what the gram amount it is, but in talking with some of the people they get upwards of \$50 for a box of Sudafed®, so a lot of these guys sell heroin, but also cook meth ... That way it is like a one-stop shop, like, 'Hey, give me a box [of Sudafed®] and I will get you your half gram of heroin' ... We get a ton of that, a ton."

Methamphetamine	Current Prices for Methamphetamine	
	Powdered:	
	1/2 gram	\$50
	A gram	\$100
	1/4 ounce	\$450
	An ounce	\$2,000

Participants reported that the most common routes of administration for methamphetamine are smoking and snorting. Participants estimated that out of 10 methamphetamine users, five would smoke and five would snort

(via a method known as "hot railing") the drug. A couple of participants discussed intravenous injection (aka "shooting") and shared: "Rarely do people shoot. The most common is smoking or hot railing; When you shoot, you are addicted to the needle ... the part I was addicted to most was the blood drawing up in the needle." Another participant explained, "Hot railing is taking a tube, lighting it and then snorting the drug."

Participants described typical methamphetamine users as of lower socio-economic status and living in more rural settings. A participant explained, "There is nothing better to do in ... the low income areas, so they do drugs like meth. Plus, it is easy to make." Other participants commented: "People in rural areas or on the outskirts of the inner city; It's a lot of homeless people." One participant observed, "I have realized bikers use meth a lot." Still another participant added, "More Puerto Ricans and whites use it, not many African Americans." Community professionals described typical methamphetamine users as heroin addicts. Law enforcement stated, "A lot of people using meth are not strictly meth users. There are a lot of heroin addicts."

Prescription Stimulants






Prescription stimulants 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 '6'. Community professionals most often reported current street availability of prescription stimulants as '10'; the previous most common score was '6-8'. A law enforcement officer commented, "A lot of our informants talk about it."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. An Elyria (Lorain County) woman was arrested for running a brothel, endangering a three-year-old girl, as well as for possession of Focalin®, Vyvanse® and OxyContin® (www.cleveland.com, March 30, 2016).

Participants and community professionals identified Adderall® and Vyvanse® as the most popular prescription stimulants in terms of widespread illicit use. A treatment provider reasoned, "Vyvanse® and Adderall® are more common because insurance pays for Adderall® ... a good majority of our patients are on Medicaid and with that comes prescription drugs that are covered." Law enforcement officers

reported: "We get a little Adderall® and Concerta®, but no Vyvanse®; Post mortem we see a lot of Adderall®."

Participants and treatment providers reported that the general availability of prescription stimulants has increased during the past six months, while law enforcement were unable to report on availability change because they reported that these drugs are not a focus for law enforcement. A treatment provider commented, "Adderall®, we are seeing a lot all of a sudden... I think people are going to the doctor [feigning mental health issues] so they get the prescription." The BCI Richfield Crime Lab reported that the number of Adderall® and Ritalin® cases it processes has increased during the past six months, while the Lake County Crime Lab reported a decrease in number of cases for Adderall® and Ritalin®.

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

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®	\$5-10 for 30 mg
	Ritalin®	\$5-10 per pill (unspecified dose)
	Vyvanse®	\$20 per pill (unspecified dose)

Participants reported obtaining these drugs from dealers and through personal prescriptions. A treatment provider also commented, "I know they are getting them from the doctor, but they are also buying them on the streets." Participants reported that the most common routes of administration for illicit use of prescription stimulants remain oral consumption and snorting. Participants estimated that out of 10 illicit prescription stimulant users, five would snort and five would orally consume the drugs. A participant illustrated, "You can also open the capsule and dump the powder down your throat." Participants described typical illicit users of prescription

stimulants as young people (15-25 years of age) and club goers. A participant added, "ADHD (attention-deficit hyperactivity disorder) patients abuse them."

Ecstasy



Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) remains moderately to highly available in the region, albeit only a few participants had experience with the drug during the past six months.




Participants most often reported the current availability of ecstasy (the pressed tablet form) as '6' and of molly (powdered MDMA) as '9' 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' in general. A participant stated, "X' (ecstasy) is not as available as molly." Another participant reported, "Molly is really big in the 'hood' (lower income neighborhoods)." One participant said, "You would have to know who sells [molly], though, it is not like the dealers selling heroin."




Treatment providers most often reported the current availability of ecstasy tablets and of molly as '5-8,' while law enforcement reported current availability for molly as '4,' the previous most common scores for ecstasy in general were '8' for treatment providers and '3-6' for law enforcement. A treatment provider commented, "I think a lot of our clients are using, but it is not showing up [in urine drug screens]."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A sex offender kidnapped a teenager on the rapid transit in East Cleveland (Cuyahoga County), dragged her around, threatened her, tried to force her to take ecstasy and sell her for sex; she was rescued after she was able to connect with a restaurant worker who called the police (www.newsnet5.com, March 9, 2016). The luxurious lifestyle and "unexplained wealth" of two sisters caught the attention of authorities who conducted an investigation which revealed that the two Rocky River (Cuyahoga County) residents were part of a drug ring that brought 44 pounds of MDMA and marijuana into the Cleveland area from Canada (www.cleveland.com, March 18 & 27, 2016). A Painesville (Lake County) man was arrested when he went to pick up packages in Mentor (Lake County) that were shipped from Poland; a total of two packages were intercepted by US Customs and Border Patrol agents which contained a total of nearly three pounds of MDMA (www.newsnet5.com, May 17, 2016).

Participants reported that the availability of ecstasy has decreased during the past six months, while the availability of molly has increased. A participant commented, "I don't hear about X that much anymore." Another participant reasoned, "Ecstasy is phasing out because molly and 'lean' (mixture of codeine syrup in Sprite® or Kool-Aid®) is on the scene ... Lean is a home concoction they make in the house and it is more available in the last six months because people are just ready to try something new ... it's a trend."

Similarly, treatment providers reported the availability of ecstasy has decreased during the past six months, while the availability of molly has increased. Contrarily, law enforcement reported that the availability of molly has decreased. The BCI Richfield and Lake County crime labs reported that the number of ecstasy cases they process have increased during the past six months; the labs do not differentiate between ecstasy and molly cases.

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

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

Reports of current prices for ecstasy and molly were reported only by a few participants with experience buying the drugs.

Participants reported that the most common routes of administration for ecstasy and molly remain snorting and oral consumption (aka "parachuting"). Parachuting is described as crushing the traditional tablet or placing the powdered form, molly, into a small piece of tissue, wrapping the tissue and its contents into a small bundle and swallowing. Participants estimated that out of 10 ecstasy

Ecstasy/Molly	Current Prices for Ecstasy/Molly	
	Ecstasy:	
	Low dose (aka "single stack")	\$12
	High dose (aka "triple stack")	\$25
	Molly:	
	1/2 gram	\$20
	A gram	\$30-40
1/8 ounce	\$100-120	

and molly users, five would snort and five would parachute the drugs. A participant reported, "Only new users take ecstasy orally." Another participant warned, "You don't want to shoot molly." One participant added, "I hear plugging is described similarly to parachuting, but the bundle is inserted anally instead of swallowing. Participants and community professionals described typical ecstasy users as hippies, 15-25 years old and those living in urban areas. One participant clarified, "Younger people, like 14 (years of age), use molly and older use X."




Synthetic Marijuana

Synthetic marijuana (synthetic cannabinoids) remains highly available in the region. Participants most often reported the drug's current availability 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 commented, "It is easy for me to get it because I know where to buy it." Treatment providers most often reported the current availability of synthetic marijuana as '10'; while law enforcement reported it as '5'; the previous most common score was '10' as reported by law enforcement only. Law enforcement stated: "We still get synthetics; It is like playing whack-a-mole ... as soon as you ban one ingredient, another comes up; We are not getting big [seizures] like we did in the past, but it is still there; For [one incident involving] fatalities, people at the scene swore it was heroin, but it turned out to be synthetic 'pot' (marijuana)."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A couple from

Grafton (Lorain County) was arrested for selling synthetic marijuana throughout Ohio at several head shops they owned (www.dea.gov, May 3, 2016).

Participants reported that the availability of synthetic marijuana has decreased during the past six months. Several participants suggested that this decrease is due to the legalization of marijuana in several states. Treatment providers also reported a decrease in availability of synthetic marijuana during the past six months, while law enforcement reported that availability has remained the same. A treatment provider reflected, *"It is still very available, but it is phasing out ... then again, we don't test for it, so they may be doing it"* The BCI Richfield Crime Lab reported that the number of synthetic marijuana cases it processes has decreased during the past six months, while the Lake County Crime Lab reported an increased number of cases.

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

Reports of current prices for synthetic marijuana were only given by one participant with experience buying the drug. This participant reported that the most common amount of purchase is a gram.

Synthetic Marijuana	Current Street Prices for Synthetic Marijuana	
	A gram	\$6-7
	3.5 grams (a bag)	\$25

Despite legislation enacted in October 2011, participants reported that synthetic marijuana continues to be available in head shops, small "mom-and-pop stores" (deli's and barber shops), as well as in gas stations and on the street. A participant commented, *"Spice' (synthetic marijuana) is on the streets and in stores, too."* Law enforcement also reported: *"A lot of head shops are still selling them illegally; A lot of the gas stations still have them on their shelves, but we are not seeing it on the streets."*

The only route of administration of synthetic marijuana remains smoking. Participants described typical synthetic marijuana users as impoverished and those on probation. A participant reported, *"It goes back to poverty. It is for people who has no moneys [sic]."* Community professionals described typical synthetic marijuana users as younger (17-25 years of age) and those on probation. A treatment provider reasoned, *"It is because a lot of places don't test for it."*

Other Drugs in the Cleveland Region

Participants and community professionals listed a variety of other drugs as present in the region, but these drugs were not mentioned by the majority of people interviewed: hallucinogens (lysergic acid diethylamide [LSD], phencyclidine [PCP] and psilocybin mushrooms), ketamine (anesthetic typically used in veterinary medicine) and Neurontin® (gabapentin, an anticonvulsant).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Lorain County paramedics used 18 doses of Narcan® on 10 patients who overdosed on U-47700 and 3-Methylfentanyl in four days; U-47700 is 7.5 times stronger than morphine and 3-Methylfentanyl, a more powerful form of fentanyl, is 7,000 times more potent than morphine (www.cleveland.com, April 26, 2016).

Hallucinogens

Hallucinogens are highly available in the region. Participants most often reported the current availability of these drugs as '10' for LSD and '8' for psilocybin mushrooms on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were '7' and '10' for LSD and '10' for psilocybin mushrooms. A participant remarked, *"I think there is more paper 'acid' (LSD) than (psilocybin) mushrooms."* Participants also reported the current availability for PCP as '6'; the previous most common score was '7' and '9'. Treatment providers most often reported the current availability of hallucinogens as '3-4' for LSD and '10' for PCP.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Lakewood Police (Cuyahoga County) arrested two men after they began

hitting their friend with a baseball bat and threatening him with guns while all three were high on psilocybin mushrooms (www.cleveland.com, Jan. 29, 2016).

Participants reported that the availability for hallucinogens has remained the same during the past six months, while community professionals were not able to comment on availability change for these drugs. The BCI Richfield Crime Lab reported that the number of LSD, psilocybin mushroom and PCP cases it processes have increased during the past six months, while the Lake County Crime Lab reported that the number of LSD and psilocybin mushroom cases have remained the same and decreased for PCP.

Reports of current prices for hallucinogens were provided by participants with experience purchasing these drugs. Participants reported that LSD is sold in both liquid and blotter paper forms; one dose is typically referred to as a "hit."

Hallucinogens	Current Prices for Hallucinogens	
	LSD:	
	A liquid drop	\$5-10
	A small vial of liquid (unknown quantity)	\$20
	10 hits (aka "strip")	\$40
	PCP:	
	A dipped cigarette	\$10
	A small vial of liquid (unknown quantity)	\$100
	Psilocybin mushrooms:	
	1/8 ounce	\$30-40

Participants described typical hallucinogen users as hippies and those on probation. A couple participants discussed PCP users and commented: "People still like the 'woo' (PCP); it is not a specific race or ethnicity, it's in an urban area."

Ketamine

Participants reported high availability of ketamine, most often reporting the current availability of the drug as '8' 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 as '3' and '10'. Participants reported that ketamine sells for \$15-20 for 1/10 gram. Reportedly, the most common route of administration is snorting. Participants described typical ketamine users as hippies, while treatment providers described typical users as younger and often self-medicating for mental illness. Treatment providers commented: "Younger college-aged kids; One client used [ketamine] and said it helped symptoms of his mental illness."

Neurontin®



Neurontin® (gabapentin, an anticonvulsant) is highly available in the region. Participants and community professionals 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). A participant remarked, "I give it two more years and it will be scheduled." Another participant shared, "[Neurontin®] don't show up on a drug screen and they give you a semi-euphoric feeling if you abuse it; I know people who 'over take it' (take more than prescribed)." One participant clarified, "They just give you a body buzz, they don't get you high." A treatment provider commented, "Neurontin® seems to be the new high ... they crush them up and snort them ... especially used in the jail. Heroin addicts are prescribed it to treat [withdrawal] symptoms and they get a little bit of the feeling and are hooked." Law enforcement officers commented: "There seems to be a markedly difference [availability increase] in Neurontin® in the last six months because doctors are prescribing it more; I am seeing a lot of gabapentin."

Conclusion

Crack cocaine, heroin, marijuana, prescription opioids, sedative-hypnotics, Suboxone® and synthetic marijuana remain highly available in the Cleveland region; also highly available are hallucinogens, methamphetamine, Neurontin®, powdered cocaine and prescription stimulants. Changes in availability during the past six months include increased availability for methamphetamine, and likely increased availability for "molly" (powdered MDMA), Neurontin®, prescription stimulants and Suboxone®.

Participants discussed heroin dealers profiling users and approaching suspected users with free samples of heroin and a contact phone number for future purchases. Treatment providers discussed heroin dealers soliciting customers at 12-step meetings and outside of drug treatment facilities. Corroborating data indicated that heroin is highly available in the region. The Cuyahoga County Medical Examiner's Office reported that 51 percent of the 198 drug overdose deaths it processed during the past six months involved heroin; 24.8 percent of these heroin cases also involved fentanyl.

While many types of heroin are currently available in the region, participants and community professionals agreed that powdered heroin is most available. The BCI Richfield Crime Lab reported that the number of powdered heroin cases it processes has increased during the past six months; the lab reported processing brown powdered, brown chunk, gray, off-white, tan and white powdered heroin. Participants suspected that most white powdered heroin is straight fentanyl. Law enforcement commented on finding fentanyl-heroin mixtures and fentanyl substitutions for heroin.

Participants and community professionals continued to note fentanyl as an adulterant (aka "cut") for heroin throughout the region. Both respondent groups suggested that use of fentanyl as a cut for heroin has increased during the past six months. The BCI Richfield Crime Lab also noted more fentanyl with heroin cases during the past six months than previously seen.

Participants reported that methamphetamine is available in powdered (aka "shake-and-bake") and crystal forms throughout the region, but noted that powdered methamphetamine is most prevalent in terms of widespread use. Participants and law enforcement reported that the availability of powdered methamphetamine has increased during the past six

months, while the availability of crystal methamphetamine has remained the same. Both respondent groups attributed increased availability to the ease of production of shake-and-bake, noting that users can find recipes and how-to videos on the Internet.

The BCI Richfield Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months; the lab reported processing mostly crystal and off-white powdered methamphetamine. The Lake County Crime Lab also reported an increased number of methamphetamine cases.

Participants reported that the most common routes of administration for methamphetamine are smoking and snorting. Participants described typical methamphetamine users as of lower socio-economic status and living in more rural settings, with more Puerto Rican and white users than African American. Community professionals described typical methamphetamine users as heroin addicts. Law enforcement discussed the role of heroin users in the production of methamphetamine. Reportedly, methamphetamine cooks are recruiting heroin addicts to buy the pseudoephedrine needed for methamphetamine manufacture in exchange for money or oftentimes for heroin. Law enforcement also noted heroin users using methamphetamine in addition to heroin.

Lastly, Neurontin® (gabapentin, an anticonvulsant) is highly available in the region. Both participants and community professionals noted an increase in availability of the drug during the past six months for illicit use. Participants attributed the increase in Neurontin® use to the understanding that Neurontin® use is not detected by standard drug screens. Community professionals indicated an increase in prescriptions for the drug. They also described typical illicit users as most often heroin addicts, using to avoid heroin withdrawal.

