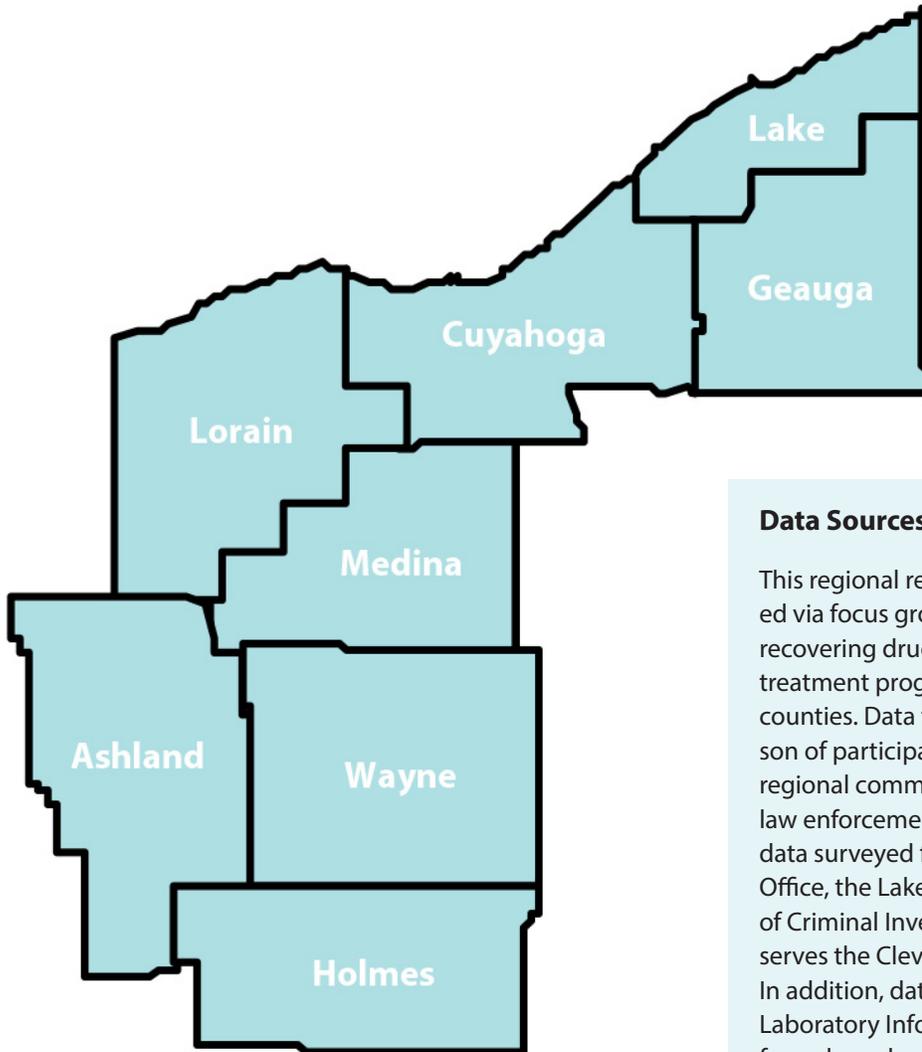


## Drug Abuse Trends in the Cleveland Region



**Regional Epidemiologist:**  
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### Data Sources for the Cleveland Region

This regional report was based upon qualitative data collected via focus group interviews. Participants were active and recovering drug users recruited from alcohol and other drug treatment programs in Cuyahoga, Lake, Lorain and Wayne 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 Crime Lab, which serves the Cleveland, Akron-Canton and Youngstown areas. In addition, data were abstracted 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 January through June 2016. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for July through December 2016.

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

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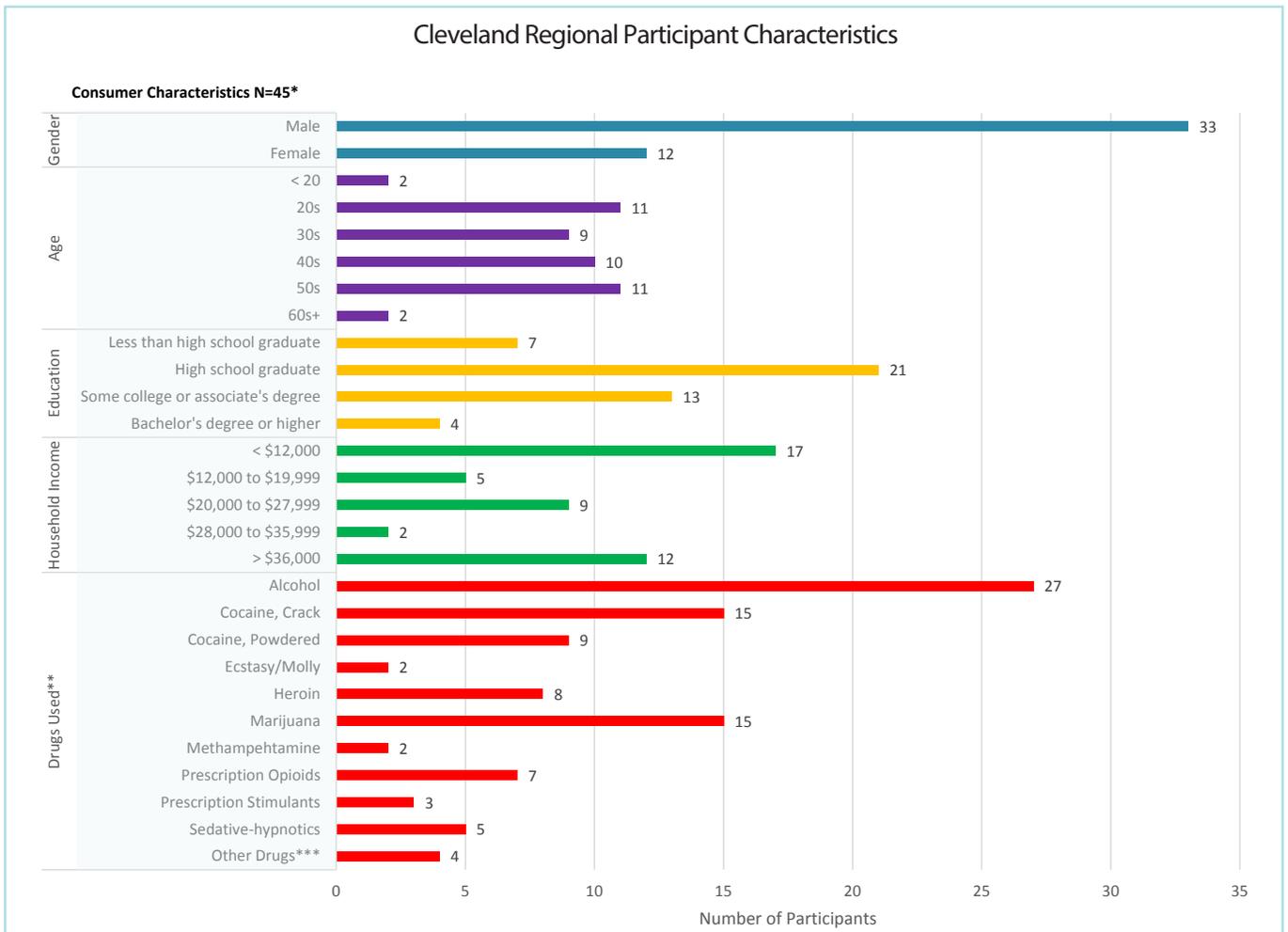
## Regional Profile

Indicator <sup>1</sup>	Ohio	Cleveland Region	OSAM Drug Consumers
Total Population, 2015	11,613,423	2,273,995	45
Gender (female), 2015	51.0%	51.6%	26.7%
Whites, 2015	82.7%	76.9%	53.3%
African Americans, 2015	12.7%	18.6%	42.2%
Hispanic or Latino Origin, 2015	3.6%	5.1%	2.5% <sup>2</sup>
High School Graduation Rate, 2015	89.1%	88.3%	84.4%
Median Household Income, 2015	\$51,086	\$51,874	\$20,000 to \$23,999 <sup>3</sup>
Persons Below Poverty Level, 2015	14.8%	14.7%	48.9%

<sup>1</sup>Ohio and Cleveland region statistics were derived from the most recent US Census; OSAM drug consumers were participants for this reporting period: July-December 2016.

<sup>2</sup>Hispanic or Latino Origin was unable to be determined for 5 participants due to missing and/or invalid data.

<sup>3</sup>Participants reported income by selecting a category that best represented their household's approximate income for the previous year. Note income categories have been collapsed in the table below.



\*Not all participants filled out forms completely; therefore, numbers may not equal 45.

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

\*\*\*Other drugs included: Air duster (inhalant), DMT (dimethyltryptamine), Flexeril®, ketamine, lysergic acid diethylamide (LSD), phencyclidine (PCP), psilocybin mushrooms, and Suboxone®.

## Historical Summary

In the previous reporting period (January – June 2016), crack cocaine, heroin, marijuana, prescription opioids, sedative-hypnotics, Suboxone® and synthetic marijuana remained highly available in the Cleveland region; also highly available were hallucinogens, methamphetamine, Neurontin®, powdered cocaine and prescription stimulants. Changes in availability during the reporting period included: 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 was highly available in the region. The Cuyahoga County Medical Examiner’s Office reported that 51.0 percent of the 198 drug overdose deaths it processed during the reporting period involved heroin; 24.8 percent of those heroin cases also involved fentanyl.

While many types of heroin were available in the region, participants and community professionals agreed that powdered heroin was most available. The BCI Richfield Crime Lab reported that the number of powdered heroin cases it processes had increased during the previous six months; the lab reported that it processed brown, brown chunk, gray, off-white, tan and white powdered heroin. Participants suspected that most white powdered heroin was 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 had increased during the reporting period. The BCI Richfield Crime Lab also noted more fentanyl with heroin cases than previously seen.

Participants reported that methamphetamine was available in powdered (aka “shake-and-bake”) and crystal forms throughout the region, but noted that powdered methamphetamine was more prevalent in terms of widespread use. Participants and law enforcement reported that the availability of powdered methamphetamine had

increased during the reporting period, while the availability of crystal methamphetamine had remained the same. Both respondent groups attributed increased availability to the ease of production of shake-and-bake methamphetamine, noting that users could find recipes and how-to videos on the Internet.

The BCI Richfield Crime Lab reported that the number of methamphetamine cases it processes had increased during the reporting period; the lab reported that it processed 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 were 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 were recruiting heroin addicts to buy the pseudoephedrine needed for methamphetamine manufacture in exchange for money or frequently, for heroin. Law enforcement also noted heroin users consuming methamphetamine in addition to heroin.

Lastly, Neurontin® (gabapentin, an anticonvulsant) was highly available in the region. Both participants and community professionals noted increased availability of the drug for illicit use during the reporting period. Participants attributed increased Neurontin® use to the understanding that Neurontin® was 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 the drug to avoid heroin withdrawal.

## Current Trends

### Powdered Cocaine

Powdered 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.' Participant comments included: *"It's like this, if you know somebody who knows somebody, you can get it; It's real easy. You maybe meet your dealer at a bar, gas station, corner of a street ... it all depends really on how well you know them, but basically it's a phone call away; Everyone I know uses 'coke' (powdered cocaine), so it was real easy for me to get it whenever I wanted it."*

Treatment providers most often reported the current availability of powdered cocaine as '5,' while law enforcement most often reported it as '8;' the previous most common score was '7-9' for both treatment providers and law enforcement. Treatment providers commented: *"The clients are easily able to get it; I think it depends on who you know. I'm guessing that if you are running with a crowd who is using cocaine, you have researched it and know where to get it; I have a patient who I think is a dealer, so she has easy access to it."* Law enforcement reported: *"I still see it all the time and the people on my case load say they can get it anytime; I doubt it is that hard to get, and based on what we hear, it seems like it's still out there; Oh, for sure, it is on the streets."*

Corroborating data indicated that cocaine is available in the region. The Cuyahoga County Medical Examiner's Office reported that 37.5 percent of the 291 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 2,207 cocaine cases reported during the past six months, of which 67.0 percent were Cuyahoga County cases (an increase from 2,139 cases for the previous six months, of which 69.1 percent were Cuyahoga County cases). Note laboratories logging cases into NFLIS do not typically differentiate between powdered and crack cocaine.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Officers from several different agencies, including the U.S. Drug Enforcement Agency (DEA), Cleveland Division of Police (Cuyahoga County), Lake County Narcotics Agency, Lorain County Drug Task Force and Homeland Security Investigations seized the largest shipment of powdered cocaine in Ohio for the past 10 years when they intercepted 200 pounds of cocaine, packaged into 92 bricks, each holding one kilogram, in a semi-truck off Interstate 90; the men were trafficking the cocaine from

Mexico, to Baltimore, to Cleveland ([www.newsnet5.com](http://www.newsnet5.com), Sept. 7, 2016). Federal prosecutors in Cuyahoga County indicted two major cocaine distributors from Mexico who were using contacts in Texas and Northeastern Ohio to distribute cocaine; the men were wanted by both Mexican and American law enforcement for several years for cocaine trafficking; 48 people were charged in connection to this ring ([www.cleveland19.com](http://www.cleveland19.com), Oct. 3, 2016). The Cuyahoga County Medical Examiner's Office announced the cause of death for a Cleveland transgender woman who was found lying face down in a parking lot in August as death from a lethal dose of powdered cocaine ([www.cleveland.com](http://www.cleveland.com), Oct. 7, 2016). Elyria Police (Lorain County) arrested 49 individuals of an area gang during a large-scale operation after finding and confiscating undisclosed amounts of powdered cocaine and heroin ([www.newsnet5.com](http://www.newsnet5.com), Oct. 19, 2016). Prosecutors in Cuyahoga County arrested 20 individuals from New York, Chicago and Cleveland after learning the group was working together to traffic over 100 pounds of powdered cocaine, heroin and fentanyl to Northeastern Ohio; during the investigation, law enforcement confiscated 29 kilograms of cocaine, six kilograms of heroin and one kilogram of fentanyl; the group had been selling the drugs out of homes in Maple Heights (Cuyahoga County) and Cleveland from 2010 to 2016 ([www.wkbn.com](http://www.wkbn.com), Oct. 13, 2016). Law enforcement arrested a University Heights (Cuyahoga County) man after a sting operation; police seized 11 pounds of powdered cocaine and four pounds of black tar heroin from the man's home ([www.cleveland.com](http://www.cleveland.com), Oct. 26, 2016). Law enforcement arrested two women on separate occasions for trafficking an undisclosed amount of cocaine in Wayne County ([www.pal-item.com](http://www.pal-item.com), Dec. 8, 2016).

Participants reported that the availability of powdered cocaine has remained the same during the past six months. Participants discussed: *"People who are doing 'blow' (powdered cocaine) will keep doing it ... it's not like there's a big push to get people on it; The veterans, like long-time users, are there and they have connections and it will always be that way; It's the same because the demand is the same."*

Community professionals also reported that the availability of powdered cocaine has remained the same during the past six months. Treatment providers commented: *"Technology is still making it easy to contact people a lot for it. It's like, 'look, I have a pager on my side pocket right now so I can get stuff whenever I want;'*

Availability depends on the population's income ... if there is an abundance of wealth in the area, then you are more likely to see powder." Law enforcement stated: "Powder isn't a new thing ... it has been years and years of use; I have been seeing it like this for years, really, it has been the same since the 80s and it's just not that hard for people to get it."

The Lake County Crime Lab reported that the number of powdered cocaine cases it processes has decreased during the past six months, while the BCI Richfield Crime Lab reported that the number of cases it processes has increased; the labs do not typically differentiate between powdered and crack cocaine.

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

Participants most often rated the current overall quality of powdered cocaine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was also '5'. Participants reported: "It depends on who you get it from ... It's like some people have good powder and others have bad powder; If it is somebody who has a solid connection, it is probably a '9' or '8' [rating on the above quality scale]; It depends on who you get it from ... a lot of people are 'middle manning it' (reselling) you know, 'stepping on' (adulterating) it, so it depends on who you are grabbing it from, and if you are selling it. You buy a ton ... [you] have better shit."

Participants reported the top cutting agents (adulterates) for powdered cocaine as: baby laxative, baby powder and vitamin B. Other adulterates mentioned include: aspirin, benzocaine (local anesthetic), creatine and mannitol (diuretic). Participants reported: "Quality is less when people put more cut in it to make more money; They can cut it with really anything that looks like it. That is why they use baby powder; They use benzocaine because it numbs you, so people think they are getting more product; I have a friend who uses and she says it is always cut with baby laxatives." Overall, participants reported that the quality of powdered cocaine has remained the same during the past six months. However, a couple of participants stated: "I can

always find good stuff, but like I said, it depends on who you know; If you are selling it, you got connections to the good stuff."

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

Reports of current prices for powdered cocaine were consistent among participants with experience buying the drug. Reportedly, the most common quantity purchased is one gram. Participants reported: "A gram seems to be the least amount people buy; A gram can be fifty bucks, but if it's better, it is sixty." Overall, participants reported that the price of powdered cocaine has remained the same during the past six months.

Powdered Cocaine	Current Street Prices for Powdered Cocaine	
	A gram	\$50-100
	1/16 ounce (aka "teener")	\$150
	1/8 ounce (aka "eight ball")	\$200
	1/2 ounce	\$650
	An ounce	\$1,000-1,200

Participants reported that the most common routes of administration for powdered cocaine are snorting and intravenous injection (aka "shooting"). Participants estimated that out of 10 powdered cocaine users, seven would snort and three would shoot the drug. Participants discussed: "Most people I know snort powder; Nowadays, I hear people shoot it or snort mostly; People like to shoot [powdered cocaine] with heroin ... it's called a 'speedball.'" Participants and community professionals also reported the smoking of powdered cocaine laced into marijuana cigarettes (aka "joints"). One participant shared, "One of ten would lace their joint with cocaine." A community professional remarked, "Younger ones are usually smoking, like under 30 [years of age] ... and older ones, like 40 to 50 [years of age] are snorting."

Participants described typical powdered cocaine users as people with money, exotic dancers and people who frequent nightclubs and bars. Participants reported: *"I think it is half men and women with a wide age group, but for sure it is common with strippers; I see more rich people than poor people coming in [to treatment] with coke as their drug of choice; It's the 'rich man's drug' because of the cost, and once you start, you can't stop and then you go broke."* Other participants remarked: *"It's in the bar scene and nightclubs because you can be drunk and go snort some cocaine and be sober again ... it is like setting the reset button; Sadly, it's 13-year olds on up; It's all over ... and even older people in suburbs party with it."*

Community professionals described typical powdered cocaine users as young people (16-35 years of age), white people and those living in the suburbs. Treatment providers reported: *"We see mostly young Caucasians, age 35 [years] and under, but there are some African Americans, too; It is common with successful professionals; With the powder, it is the people who have jobs and who are more educated; Young suburban's under 30 [years of age] and white; I heard a lot of attorneys use cocaine because the image of it being more of a party drug has maintained ... it is still seen as an exclusive drug; Powder cocaine is for clients with resources."* Law enforcement reported: *"It's the 16 to 21-year old's in suburbs; It's in bars and it is with young, white, suburban people; A lot of people in the restaurant business are using ... I don't know why, but it goes hand-in-hand with that business."*

## 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'. Participant comments included: *"It's cheaper than 'powder' (cocaine), so it is more available; Wherever you live at, you got a crack house on your street; Every store, outside there is someone waiting ... selling crack; Most people who sell heroin, sell crack; If I wanted it, I could get it ... you go to the projects ... you find a dude standing on the corner, or at any gas station ... in Cleveland ... all I would have to do is make eye contact with someone and it's on."*

Treatment providers most often reported current availability of crack cocaine as '8-9'; while law enforcement

most often reported it as '3'; the previous most common score was '9' for both treatment providers and law enforcement. Treatment providers commented: *"A lot of people talk about it and say it is relatively inexpensive, so they do it; We see a lot of people in the ED (emergency department) who can't afford medication but use their money to buy crack, so I guess it is that easy to get."* Law enforcement reported: *"Crack is readily availability; When I go to the gas station, I see it being sold."*

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Law enforcement in Strongsville (Cuyahoga County) arrested a man during a traffic stop for possessing a glass pipe often used to smoke crack cocaine and hypodermic needles with white residue on them; officers reported they also smelled marijuana ([www.cleveland.com](http://www.cleveland.com), Aug. 11, 2016). Ohio State Highway Patrol (OSHP) arrested a man in Cuyahoga County during a traffic stop after seizing 78 grams of crack cocaine and 147 grams of powdered cocaine from his vehicle ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), Oct. 25, 2016).

Participants and community professionals reported that the availability of crack cocaine has remained the same during the past six months. Participant comments included: *"It has just always been here; There are 'crack heads' (those addicted to crack cocaine) out there, and no matter how many 'dope boys' (drug dealers) go to jail, more just pop up."* A treatment provider reported, *"A lot of people do it, so it has to be out there still."* The BCI Richfield Crime Lab reported that the number of crack cocaine cases it processes has increased during the past six months; although the lab noted, as did the Lake County Crime Lab, that it does not typically differentiate between powdered and crack cocaine.

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

Participants most often rated the current overall quality of crack cocaine as '4-5' on a scale of '0' (poor quality,

“garbage”) to ‘10’ (high quality); the previous most common score was ‘10’. Participant comments on quality included: *“It’s garbage, that’s what it is; The ‘cut’ (the substance used to adulterate crack cocaine) makes the quality change; The first of the month is better quality because people have more money ... so they gonna look for better stuff.”* A treatment provider remarked on the current quality of crack cocaine: *“I have heard a lot of people say they are getting a lot of junk, and a lot of people are using crystal ‘meth’ (methamphetamine) because crack quality is so bad these days ... that is what I am hearing in the [treatment] groups.”*

Participants reported that crack cocaine in the region is most often adulterated (aka “cut”) with baking soda and Orajel™. Other cuts mentioned include: baby laxative, baby powder and vitamin B. Participants discussed: *“Baking soda is what makes crack ... you whip it and flip it ... that is how you cook it to turn the ‘soft’ (powdered cocaine) into ‘hard’ (crack cocaine); Laxatives is what blows it up (adds volume).”* Overall, participants reported that the quality of crack cocaine has decreased during the past six months. Participants stated: *“Quality has decreased because people ... are basically making fake dope and ... sell you a dummy; Quality is going down ... I don’t know what they are doing with it ... it is ‘stomped on’ (adulterated) all the way down; It is not like it used to be.”*

Crack Cocaine	Cutting Agents Reported by Crime Lab
	<ul style="list-style-type: none"> <li>○ acetaminophen (analgesic)</li> <li>○ atropine (prescription heart medication)</li> <li>○ lidocaine (local anesthetic)</li> <li>○ mannitol (diuretic)</li> <li>○ levamisole (livestock dewormer)</li> </ul>

Current prices for crack cocaine varied among participants with experience buying the drug. Reportedly, the most common quantity purchased is a “rock” (piece of crack cocaine, approximately 1/10 gram). Participant reported: *“A rock the size of a tic tac is \$10; You can buy a ‘five piece,’ which is \$5 ... and it’s like the size of a nerd candy; \$20 will get you an amount the size of pencil eraser; When you buy it, you say, ‘give me a gram, a 30 (\$30 amount), a 20 (\$20 amount)’ ...”* Overall, participants reported that the price for crack cocaine has remained the same during the past six months.

Crack Cocaine	Current Prices for Crack Cocaine	
	1/10 gram (aka “rock”)	\$10
	A gram	\$50-75
	1/16 ounce (aka “teener”)	\$75-80
	1/4 ounce	\$400
	An ounce	\$1,200

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. Participant comments included: *“Smoking gets the taste and rush, but if you like the needle, you get the rush, too; People crush it up and lace a ‘weed’ (marijuana) cigarette or regular cigarette with it. It’s called a ‘primo’ when you roll it with weed.”*

Participants described typical crack cocaine users as of low socio-economic status. Participants stated: *“People in poverty or lower income, like in the ghetto, seem to use crack more; Lower income, inner city; It’s in metropolitan cities because it is cheap ... and it is on every corner; True poverty stricken areas are targeted ... advertisements are all about beer, cigarillos, cigarettes ... they just get used to seeing all that so it’s like nothing to see someone selling crack; It’s people in their 40s and 50s; It’s all ages and all races.”*

Community professionals described typical crack cocaine users as African-American people and of lower socio-economic status. They stated: *“It’s people 18 to 60 years old and more popular in the African-American culture. I see a lot less [crack cocaine use] in Caucasian population; African Americans, some Caucasians depending on the income ... if lower income, they would be crack versus ‘coke’ (powdered cocaine); Lower socio-economic status, the lowest, male more than female with a wide age range, but more African American; Income is the biggest factor, then race, then education.”*

## 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.' Participant comments included: *"Two blocks in the right direction and you can get whatever you want; You don't even have to know somebody. I walk down my street from work and I'm approached by two different people a day asking if I want to buy [heroin]; You can go to a methadone clinic, lower west side, all over east side ... it's everywhere; If you are looking for it, you will find it."*

Community professionals most often reported the current availability of heroin as '9-10'; the previous most common score was '10.' Treatment providers commented: *"It's just like ordering a pizza ... the reason why they started [using heroin] was because of how hard it was to get pills (opioids) ... rarely do I have people tell me it is hard to get heroin; The dealers sit and prey at the methadone clinic ... and sell to people because it is a captive audience there; OD (overdose) rates have seemingly gone up and I see a lot of patients who use heroin."*

Corroborating data indicated that heroin is available in the region. The Cuyahoga County Medical Examiner's Office reported that 46.4 percent of the 291 drug overdose deaths it processed during the past six months involved heroin; 63.0 percent of these heroin cases also involved fentanyl. In addition, a query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Cleveland region returned 1,954 heroin cases reported during the past six months, of which 59.9 percent were Cuyahoga County cases (a decrease from 2,153 cases for the previous six months, of which 60.8 percent were Cuyahoga County cases).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. An undercover police operation in Mentor (Lake County), created to overcome crimes related to heroin, yielded 56 arrests during the past six months, 38 of which were arrests of drug users ([www.newsnet5.com](http://www.newsnet5.com), Aug. 8, 2016). A Cleveland police officer arrested a man after the man overdosed on heroin in a bathroom at the police station; the officer administered Narcan® to the man to subvert an overdose ([www.cleveland.com](http://www.cleveland.com), Aug. 15, 2016). Authorities

indicted three people for supplying or aiding the supply of heroin to inmates in the Lake County Jail after one inmate of the jail died from an overdose ([www.cleveland.com](http://www.cleveland.com), Aug. 19, 2016). Law enforcement in Cleveland arrested a man responsible for buying at least 26 properties for himself and his family and selling heroin out of them; police confiscated 58 grams of heroin, 196 grams of fentanyl-heroin mixtures and 140 grams of cocaine from three properties located in Garfield Heights and Shaker Heights (two communities in Cuyahoga County) ([www.cleveland.com](http://www.cleveland.com), Sept. 13, 2016). A news source in Cleveland highlighted an emerging drug problem in the region caused by carfentanil; the source reported that Ohio has been called "ground zero" for drug overdose; the source summarized that in Akron there were 236 overdoses in July, 200 overdoses in Cincinnati in August, and 300 heroin and fentanyl overdose deaths in Cuyahoga County so far that year ([www.cleveland.com](http://www.cleveland.com), Sept. 8, 2016). Law enforcement in Lakewood (Cuyahoga County) arrested a man responsible for selling heroin to another man who subsequently died of an overdose; the man was charged with trafficking both heroin and fentanyl ([www.cleveland.com](http://www.cleveland.com), Sept. 19, 2016). Authorities charged another man in Lorain (Lorain County) for selling heroin and cocaine to a man from Westlake (Cuyahoga County) who died from an overdose from the drugs ([www.cleveland.com](http://www.cleveland.com), Sept. 23, 2016). Authorities in Cuyahoga County issued a public warning after seven people died of unintentional overdoses in one day due to heroin and fentanyl; carfentanil was suspected in these deaths ([www.cleveland.com](http://www.cleveland.com), Sept. 24, 2016). A barber in Cleveland rescued a man, and potentially several others, from an opiate overdose after seeing the man passed out behind the wheel of his car while driving ([www.fox8.com](http://www.fox8.com), Sept. 25, 2016). According to the Cuyahoga County Medical Examiner's Office, 52 unintentional overdose deaths due to fentanyl, carfentanil and heroin were recorded in September in Cuyahoga County ([www.cleveland.com](http://www.cleveland.com), Oct. 6, 2016). Officers from Cleveland, the FBI and the Federal Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF) arrested four individuals belonging to a street gang in Cleveland for trafficking heroin and cocaine ([www.cleveland19.com](http://www.cleveland19.com), Oct. 19, 2016). A grand jury at Parma Municipal Court (Cuyahoga County) indicted a man for taking in a 13-year-old girl who ran away from home, injecting her with heroin and smoking crack cocaine with her ([www.cleveland.com](http://www.cleveland.com), Nov. 8, 2016).

While many types of heroin are currently available in the region, participants and community professionals continued to report powdered heroin as most available.

A participant stated, "I am seeing more powder than 'tar' (black tar heroin)." A treatment provider remarked, "Once fentanyl hit, it was all white or purple (powdered heroin) ... we see it more in our referrals." Other community professionals reported: "I have this patient who said it is very easy to get powder ... he just needs to leave his house; [Heroin users] are usually looking for white (powdered heroin) because it is mixed with fentanyl."

Reportedly, black tar heroin is also available in the region. Participants most often reported the current availability of this type of heroin as '3,' the previous most common score was '4.' Participant comments included: "Tar is not very common. It will pop up once in a while ... you can't really cut tar, so powder is what the dope boys [drug dealers] want to go for; I'm pretty sure somebody knows somebody who can get tar but it is not that popular; You have to know somebody who knows somebody who knows somebody to get tar." Community professionals also mentioned black tar heroin as available in the region but were unable to rate its current availability; the previous most common availability rating for black tar heroin was '1-3.' A treatment provider reported, "Tar is rare because of the price ... it is more expensive." A law enforcement officer commented, "I haven't heard of anybody using black tar."

Participants reported that the availability of powdered heroin has increased during the past six months. Participant comments included: "Powder has increased because there is more money to be made and more users; The demand is greater. I think it is because they are cracking down on pain killers." Treatment providers reported that the general availability of heroin has increased during the past six months, while law enforcement reported that availability has remained the same. Treatment providers commented: "People don't have pills anymore and they go into withdrawal and hit the streets for heroin; I just think it keeps increasing ... it is more and more popular and they are cutting it in more creative ways." Law enforcement stated: "It can't get any higher ... demand hasn't changed; If one dealer is busted, there is another to take the place."

The BCI Richfield and Lake County crime labs reported that the number of powdered heroin cases they process has decreased during the past six months. The labs reported processing brown, gray, tan and white powdered heroin. The BCI lab also reported that its number of black tar heroin cases has increased, 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. In addition, the BCI Richfield Crime Lab noted processing cases of heroin-fentanyl and fentanyl analog mixtures during the past six months.

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

Participants most often rated the current quality of heroin as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '5-10' depending on heroin type. Participant comments included: "Any tar I had was good; Quality was a '10' for white powder because it had fentanyl; Quality varies, but you can get really good brown [powdered heroin]. You just have to pay it." Treatment provider comments on current heroin quality included: "If it is coming out of Summit County, they are claiming it is better; I have had people going into Cleveland and saying there is higher quality there, so I guess it varies based on where you buy it"

Participants discussed adulterants (aka "cuts") that affect the quality of heroin and reported the top cutting agents as: laxatives, fentanyl and vitamin B. Additional cuts mentioned include: ice tea mix, lactose and vinegar. Participants reported: "Everyone wants it if it's cut with fentanyl because it is stronger ... and it's even better dope if it's mixed with carfentanil; If somebody overdoses and dies ... [heroin users] want know who provided that dope because it was obviously good; If somebody dies off this stuff, everybody gonna flock to it because they thinking it got to be good stuff; When I was buying some off my dealers, they would tell me it had fentanyl, so I would not overdose and they would not catch a case ... but I never worry about overdosing. I overdosed one time and it took me six shots (doses) of Narcan® last August to get back; Most white [powdered heroin] is mixed with fentanyl." Overall, participants reported that the general quality of heroin has remained the same during the past six months.

In discussion of fentanyl-heroin mixtures, participants stated: "Heroin on its own is shitty [poor quality] ... it is horrible ... you are just getting good fentanyl; It is mostly fentanyl ... not much pure heroin now; There are a bunch of overdoses on the news ... they are even throwing out that antidote (naloxone) now; People are passing out in the car and just zoning out; You don't know if you are buying

heroin, fentanyl or carfentanil." Community professionals discussed: "There is this false sense of security they are getting with the Narcan® (naloxone), and I am a proponent of Narcan®, but most people I have here have been revived six, seven times ... it's just unreal; [Users] are actually seeking out fentanyl or carfentanil; People are having these Narcan® parties where they are trying to see how high they can get and if they can bring each other back; People are dying; I talked to a few people ... who have a loved one addicted to heroin and they are scared because of fentanyl ... they are worried about them overdosing; The prevalence [of naloxone] in schools, like suburban schools, shows the seriousness of it."

<b>Heroin</b>	<b>Cutting Agents Reported by Crime Lab</b>
	<ul style="list-style-type: none"> <li>○ fentanyl and fentanyl analogs (furanyl fentanyl, 3-methylfentanyl, valeryl fentanyl)</li> </ul>

Reports of current prices for heroin were consistent among participants with experience purchasing the drug. Reportedly, the most common quantity of heroin purchased is a gram. Overall, participants indicated that the prices for heroin have remained the same during the past six months. However, participants discussed, "Some prices are lower for faster turn over and more business; Price depends on how good the dope is, how much you buyin' and who you buyin' from."

<b>Heroin</b>	<b>Current Prices for Heroin</b>	
	<b>Black tar heroin:</b>	
	1/10 gram (aka "balloon")	\$10-20
	1/2 gram	\$50-100
	A gram	\$100-200
	<b>Powdered heroin:</b>	
	1/10 gram	\$10
	1/2 gram	\$50-70
	A gram	\$140
	1/4 ounce	\$60-800
An ounce	\$1,800	

While there were a few reported ways of using heroin, generally the most common route of administration remains intravenous injection (aka "shooting"), followed by snorting and then smoking. Participants estimated that out of 10 black tar heroin users, seven would shoot and three would smoke the drug. They estimated that out of 10 powdered heroin users, five would shoot and five would snort the drug. Participant comments included, "Most people I know shoot; If you shoot, you are looking for that rush ... that intense rush; Depends on what you like ... I like needles, so I shoot; Most people don't start out shooting, but they get there for sure."

Participants reported that injection needles are most available from street dealers and big box stores. Additionally, participants reported obtaining needles from relatives with diabetes and from the needle exchange program. Participants shared: "You can buy a whole pack at Walmart. I just say I have diabetes ... it's not like they ask for proof, and they know what you are buying them for, but maybe they figure it's better than sharing dirty needles; You can get them from diabetes management stores or the HIV (human immunodeficiency virus) coalition; You can go to the TB (tuberculosis) clinic at MetroHealth and get a prescription for them; I always get mine from the streets; Dealers sell them ... but they usually just give them out with the dope." Reportedly, needles on the street most commonly sell for \$1 per needle.

Participants also reported that sharing of injection needles is common. Participant comments included: "I know people in Cleveland use the needle exchange, but we ain't got that here ... I'd for sure use it if we did; I don't go out of my way to share needles, but I don't really care if I do; You aren't really thinking about that when you want to get high. It don't matter who used before you."

A profile for a typical heroin user did not emerge from the data. Participants described typical powdered heroin users as everyone: "Powder is used by people from all walks of life and ages; It seems like everyone is getting on it younger and younger now, like 14 [years of age]." However, participants described typical black tar heroin users as Hispanic people, especially Mexican people, and those with a higher income: "In Hispanic neighborhoods you can get tar because it comes from Mexico; You got to have money to use [black tar heroin]."

Treatment providers described typical heroin users as white people between the ages of 19-32 years, while law

enforcement described typical users as white people from the suburbs. Treatment providers commented: *"I see an equal amount of males and females from 18 to 60s; I see a younger group, in their teens even; Mostly Caucasians in the last six months; There were young Caucasian male and females from suburbs, upper class and middle class and in the age range anywhere from 19 to 30 or 32 [years of age]; You don't see many old people because they die."* Law enforcement reported: *"We see younger white people, but I have also seen a lot of African-American people using it, too; Tends to be more white people from the suburbs; Now it is 19-year-old college students, nurses, ex-doctors ... I had someone who worked at NASA who lost everything ... She was making \$300,000 a year; We also see athletes who had sports injuries who got addicted to the pain pills and then switched to heroin."*

## Prescription Opioids

Prescription opioids remain highly available for illicit use 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'. Participant comments included: *"Pills (prescription opioids) are everywhere, especially 'perks' (Percocet®) and 'vikes' (Vicodin®); A lot of people use pills to help them detox off of heroin."* Treatment providers most often reported the current street availability of prescription opioids as '7', while law enforcement most often reported it as '10'; the previous most common score was '10' for both treatment providers and law enforcement.

Corroborating data indicated that prescription opioids are available for illicit use in the region. The Cuyahoga County Medical Examiner's Office found at least one prescription opioid present in 66.3 percent of the 291 drug overdose deaths it processed during the past six months; fentanyl was present in 80.8 percent of these prescription opioid cases (note coroners' offices do not typically differentiate between pharmaceutical and clandestine fentanyl). In addition, a query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Cleveland region returned 1,471 prescription opioid cases reported during the past six months, of which 65.0 percent were fentanyl/acetyl fentanyl cases; 52.0 percent of these fentanyl/acetyl fentanyl cases were Cuyahoga County cases (an increase from 879 prescription opioid cases for the

previous 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).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A person in Wayne County broke into an animal clinic and stole 2,400 tramadol pills, 1,400 phenobarbital pills, liquid fentanyl and liquid ketamine ([www.newsnet5.com](http://www.newsnet5.com), July 27, 2016). Detectives from the Southeast Area Law Enforcement Task Force arrested two individuals for distributing three kilograms of fentanyl in May in Bedford Heights and Maple Heights (two communities in Cuyahoga County) ([www.newsnet5.com](http://www.newsnet5.com), July 28, 2016). A news source reported that carfentanil was responsible for a spike in overdose deaths in Summit County and later Cuyahoga County; the report indicated that the introduction of this drug to Cuyahoga County would likely add to the increase in overdose deaths for the year ([www.cleveland.com](http://www.cleveland.com), Aug. 18, 2016). Authorities indicted a total of five people in separate cases for distributing fentanyl, heroin and cocaine that resulted in opioid-related deaths in Lorain and Elyria (two communities in Lorain County) ([www.cleveland.com](http://www.cleveland.com), Aug. 19, 2016). A federal grand jury in Lorain County indicted an Elyria man for selling a deadly dose of fentanyl ([www.cleveland.com](http://www.cleveland.com), Aug. 25, 2016). Cleveland Police and the FBI conducted a search for a man responsible for threatening a pharmacist with a gun and demanding prescription pain pills; the pharmacist complied, and the man escaped with an undisclosed amount of prescription pain killers ([www.fox8.com](http://www.fox8.com), Sept. 19, 2016). Elyria Police responded to a complaint that a woman's truck was running for too long next to several propane tanks; when police got to the scene, they found the woman overdosed; officers administered Narcan® to revive her ([www.newsnet5.com](http://www.newsnet5.com), Sept. 20, 2016). Two brothers from South Euclid (Cuyahoga County), both members of a street gang, were indicted for distributing fentanyl, acetyl fentanyl and heroin from Connecticut to Northeastern Ohio; the brothers sold 80 grams of heroin to an informant ([www.cleveland.com](http://www.cleveland.com), Oct. 13, 2016). The Cuyahoga County Opiate Taskforce reported that unintentional opioid-related deaths in the county have surpassed deaths resulting from suicides, homicides and falls for the first time since 1999 ([www.cleveland19.com](http://www.cleveland19.com), Oct. 17, 2016). The Lake County Crime Laboratory issued a warning to law enforcement after identifying two new synthetic opioid analogs in Lake County (carfentanil and 3-methyl fentanyl); the lab reported that both analogs are more potent and deadlier than fentanyl ([www.newsnet5.com](http://www.newsnet5.com), Nov. 21, 2016).

Law enforcement in Cleveland arrested a man after searching his car and home and finding over 900 fentanyl pills marked as oxycodone pills; the man was sentenced to 10 years in federal prison ([www.wtol.com](http://www.wtol.com), Nov. 22, 2016). Authorities charged four Cleveland Clinic nurses for stealing oxycodone, morphine and Nubian® painkillers from MetroHealth Medical Center ([www.cleveland.com](http://www.cleveland.com), Oct. 28, 2016). Authorities indicted two leaders of a drug ring in Cuyahoga County after responding to a pharmacist’s tip of a suspicious transaction and finding the ring had obtained numerous fraudulent prescriptions and planned to distribute approximately 1,800 oxycodone pills; a total of 18 individuals were indicted as part of this drug ring ([www.cleveland.com](http://www.cleveland.com), Dec. 1, 2016).

Participants and community professionals identified fentanyl, Percocet® and Vicodin® as the most popular prescription opioids in terms of widespread illicit use. Participant comments included: *“People eat them (Percocet® and Vicodin®) like popcorn; Some people I know get straight fentanyl; Fentanyl is pretty much the only thing out there now; Everyone is on it (fentanyl) and selling it because people ... are addicted to it and have to have it. If they get some fentanyl and someone ‘ODs’ (overdoses), they want that batch.”* Participants also identified other prescription opioids as available in the region: *“Tramadol is pretty easy to get for me ... if I was really ‘dope sick’ (in withdrawal) I would go into the hospital ... they give them to me; You can get methadone, too. I would get it from older people who were heroin addicts ... they would sell their pills.”*

Participants reported that the general availability of prescription opioids has decreased during the past six months. Participant comments included: *“Availability decreased drastically because of prescribing practices; It all depends on who you know for OxyContin® because not everyone is gonna sell it to you; It is tough getting the real ‘oxies’ (OxyContin®).”*

Although most participants reported that the overall availability of prescription opioids has decreased, some participants reported an increase in the availability for fentanyl. One participant discussed, *“Absolutely, the availability of fentanyl has risen. Fentanyl was never around when I was doing dope and it has now completely taken over the game. You are lucky if you get ‘dope’ (heroin) because fentanyl is cheaper ... it’s cheaper because it is being made, and it’s not the pharmaceutical grade ... that would be way too expensive.”*

Treatment providers reported that the general availability of prescription opioids has decreased during the past six months, while law enforcement reported that availability

has remained the same. Treatment providers commented: *“They have decreased because of OARRS [Ohio Automated Rx Reporting System] ... they are getting more stringent with prescribing practices; Availability decreased because it is more expensive and they are jumping to heroin; People are still selling it, but not as many are buying it.”*

The BCI London Crime Lab reported that the number of fentanyl, methadone, morphine, OxyContin®, Percocet® and Tramadol® cases it processes has increased during the past six months, while the Lake County Crime Lab reported that the number of fentanyl and methadone cases it processes has increased; the numbers for all other prescription opioid cases have either decreased or remained the same during the past six months. In addition, the Lake County Crime Lab reported that it processed 15 cases of U-47700 (synthetic opioid developed as a designer drug) and 10 cases involving acetyl-fentanyl (fentanyl analog) during the past six months.

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

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

Prescription Opioids	Current Street Prices for Prescription Opioids	
	fentanyl	\$60 for 50 mg patch
	Opana®	\$2 per milligram
	Percocet®	\$1-1.50 per milligram
	Ultram®	\$0.50-1 for 50 mg
Vicodin®	\$0.75 per milligram	

Participants reported obtaining these drugs from people who have prescriptions, including family members, as well as through Internet purchase. Participants reported: *"I would get 'scripts' (prescriptions) and give them to my 'dope boys' (heroin dealers) who would eat them and then they would give me dope; Scripts are sold on streets by specific pill dealers; If I know someone has them because of an illness, I will offer them money; People are getting them out of grandma's cabinets; Anyone can get any of these drugs, really, any drug, online; If you know how to use the computer, you can get whatever you want on the dark web."* Treatment providers discussed how fentanyl patches are obtained for illicit use: *"They are not buying them, they are stealing them; I have had people eating the patches ... getting them from cancer patients; Nurses take them from their patients ... their cancer patients."*

While there were a few reported ways of consuming prescription opioids, generally the most common route of administration for illicit use is snorting. Participants estimated that out of 10 illicit prescription opioid users, seven would snort and three would orally consume the drugs. Participants reported: *"Lower milligrams of 'perks' (Percocet®) you eat and higher ones you snort; Young people mostly snort [prescription opioids] because it's a new wave of instant gratification; I know people who use fentanyl and they usually smoke the gel [from fentanyl patches]; You can chew the gel or shoot it, too; Opana® and 'oxies' (OxyContin®) you could shoot."*

Participants described typical illicit prescription opioid users as anyone, but especially heroin users. One participant stated, *"All kinds of people use pills, but for sure heroin users."* Treatment providers described typical illicit users as anyone, but especially nurses. They commented: *"It can be anyone, there are no limitations; A lot of nurses abuse the pills. Their drug of choice is fentanyl; It's anesthesiologists, too."* Law enforcement described typical illicit users as younger. One officer remarked, *"Young, white suburban people."*

## Suboxone®



Suboxone® remains highly available for illicit use in the region. Participants most often reported the current street availability of Suboxone® as '8' and '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10'. Participant comments included: *"Dope boys sell them ... so you don't get sick; When I was*

*hanging out, dope boys had them a lot because people get on a 'sub' (Suboxone®) program and trade them for heroin; People know who to go to, and when they are low on dope, they will take a sub until they get the next hit."*

Treatment providers most often reported the current street availability of Suboxone® as '9', while law enforcement most often reported it as '8'; previous most common score was '10' for both treatment providers and law enforcement. Community professionals believed Suboxone® to be most available in filmstrip (aka "strip") form. Community professional commented: *"Patients are talking about it or it's in their urinalysis, so I know they can get it from the streets; I am pretty sure they buy them off of people who are prescribed, and I guess those people are still using heroin."*

Corroborating data indicated that Suboxone® is available 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 102 buprenorphine (an ingredient of Suboxone®) cases reported during the past six months (there were from 103 cases for the previous reporting period).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Law enforcement in Cleveland (Cuyahoga County) arrested a man after pulling him over for speeding and finding marijuana and Suboxone® in his vehicle ([www.cleveland.com](http://www.cleveland.com), Dec. 2, 2016).

Participants reported that street availability of Suboxone® in strip form has remained the same during the past six months, while availability in pill form has increased. Participants reported, *"More people are on them now, so you can find them; Every dope boy can get them."* Treatment providers reported that street availability of Suboxone® has increased during the past six months, while law enforcement reported that it has remained the same. Treatment providers commented: *"Suboxone® increased in last six months because heroin availability and usage has gone up; It increased because they also are not monitoring Suboxone® like they should."* A law enforcement officer remarked, *"Doctors are still giving them the same, if not more."* The BCI Richfield and Lake County crime labs reported that the numbers of Suboxone® cases they process have increased during the past six months.

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

Reports of current street prices for Suboxone® were consistent among participants with experience buying the drug. One participant reported, “[Suboxone®] 8 mg can be \$10 or \$20 ... it all depends on how desperate you are.”

Suboxone®	Current Street Prices for Suboxone®	
	filmstrip	\$5 for 2 mg
		\$15-20 for 8 mg
\$20 for 12 mg		
pill	\$5 for 2 mg	
	\$10-15 for 8 mg	

In addition to obtaining Suboxone® on the street from dealers, participants also reported getting the drug through people who are prescribed it. Participants commented: “You can usually get them from a person who has been prescribed them and is selling them to get dope; I can get them from my dealer.” A treatment provider remarked, “Some of my clients sell their subs to get heroin.”

Participants reported that the most common route of administration for illicit use of Suboxone® remains intravenous injection (aka “shooting”), followed by sublingual use of the drug. Participant and community professionals described typical illicit Suboxone® users as heroin addicts attempting to avoid withdrawal. A participant reported, “People might buy heroin and Suboxone® together and save a Suboxone® to use when they run out of dope so they don’t get sick.” A treatment provider remarked, “Heroin addicts trying to avoid withdrawal use Suboxone®, but others too, like pill addicts, and when the supply of Percocet® dries up, they will use Suboxone®.”

## Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain highly available for illicit use 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 reported, “It has to do with who you know. I used to sell them, so I had them all the time.”

Community professionals most often reported current street availability as ‘10’; the previous most common score was ‘8-10’. A treatment provider remarked, “They prescribe these more for anxiety and they are supposed to help the clients ... but then some are not taking them as prescribed or are selling them to people with no diagnosis for them.” Law enforcement reported: “Xanax® is in every song; They are not cracking down on this stuff in the medical community like they are with opiates; When people are trying to detox themselves, there is a nice street market for this; If you can’t find heroin, this will do.”

Corroborating data indicated that sedative-hypnotics are available for illicit use in the region. The Cuyahoga County Medical Examiner’s Office reported that 16.8 percent of the 291 drug overdose deaths it processed during the past six months involved one or more benzodiazepine. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Cleveland region returned 298 benzodiazepine cases reported during the past six months, of which 58.4 percent were Cuyahoga County cases (an increase from 258 cases for the previous six months, of which 49.6 percent were Cuyahoga County cases).

Participants and community professionals identified Ativan®, Klonopin® and Xanax® as the most available sedative-hypnotics in terms of widespread illicit use. A treatment provider observed, “Our patients like Xanax® and Ativan® ... for sure.”

Participants reported that the general street availability of sedative-hypnotics has remained the same during the past six months. Treatment providers reported that street availability has decreased, while law enforcement reported that it has remained the same. Treatment providers stated: “I feel like all I hear about is heroin; Numbers are lower now because of increasing awareness in the prescribing community, so it’s harder to get; I don’t think we are getting as many people into treatment anymore with these pills. It is really overshadowed by heroin.”

The BCI Richfield Crime Lab reported that the number of Valium® and Xanax® cases it processes has increased during the past six months, while the Lake County Crime

Lab reported an increased number of cases for Ativan®; all other sedative-hypnotics cases numbers either decreased or remained the same.

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

Reports of current street prices for sedative-hypnotics were consistent among participants with experience buying the drugs. Generally, sedative-hypnotics most often sell for \$1 per milligram.

Sedative-Hypnotics	Current Street Prices for Sedative-Hypnotics	
	Ativan®	\$3 for 1 mg
	Klonopin®	\$1 per milligram
	Soma®	\$2 per pill (unspecified dose)
	Valium®	\$3 for 5 mg \$5 for 10 mg
	Xanax®	\$3 for 2 mg

Participants reported obtaining sedative-hypnotics from dealers, through prescriptions or through people who have prescriptions. Participant comments included: "A lot of times you can them get off someone who has a 'script' (prescription), but then usually your dope boy can get you what you want. Maybe not all these pills, but the common ones like 'xanixes' (Xanax®) for sure; I get them prescribed to me and sell them for whatever I want."

Generally, 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 orally consume and five would snort the drugs. Participants stated; "With Xanax® you can mix with promethazine or snort with 'weed' (marijuana); You can shoot, but most people I know just eat them; Sometimes they burn your nose when you snort, so I [orally consume] 'em ... but I have shot before ... hell, I've done it all!"

Participants described typical illicit sedative-hypnotics users as people in their 20s. A participant reported, "Xanie bars' (Xanax® 2 mg) are sky rocketing in my age group (early 20s)." Community professionals described typical illicit users as individuals 20-40 years of age and those who use heroin. A treatment provider reported, "I have seen the younger ones use Xanax® because of the availability and price, and they try to boost the high with the opiates."

## Marijuana



Marijuana 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.' Participant comments included: "It's not a 10, it's a 20, a 50, a 150 ... it's everywhere; It's hard to find someone who don't smoke pot."

Community professionals most often reported the current availability of marijuana as '10'; the previous most common score was '9-10.' Community professionals commented: "Right now, as a non-user, I can think of three people who can get it to me; It is easier to get than anything else; People don't consider it a drug anymore ... it is more like a cigarette to them because everyone in their world uses."

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 3,501 cannabis cases reported during the past six months, of which 67.3 percent were Cuyahoga County cases (a decrease from 3,812 cases for the previous six months, of which 61.6 percent were Cuyahoga County cases).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Law enforcement arrested a man who fatally shot another man during a bad marijuana deal in the Clark-Fulton neighborhood of Cleveland ([www.cleveland.com](http://www.cleveland.com), Aug. 28, 2016). Law enforcement arrested two people after responding to calls reporting that their vehicle drove across all lanes on I-271 and crashed into a wall; as police arrived on the scene of the accident, the passenger of the car ran across the freeway to hide a bag of marijuana behind a tree ([www.cleveland.com](http://www.cleveland.com), Oct. 18, 2016). Law enforcement in Cuyahoga County arrested the passenger of a man who was pulled over for a traffic violation

after finding a jar containing 6.8 grams of marijuana in the passenger’s backpack; the following day, police arrested a woman after pulling her over on Interstate 480 for speeding and finding two ounces of marijuana under her jacket ([www.cleveland.com](http://www.cleveland.com), Oct. 20, 2016). Law enforcement in Cuyahoga County arrested several individuals on different occasions at a local Halloween attraction; police confiscated two bags of heroin and marijuana ([www.cleveland.com](http://www.cleveland.com), Oct. 20, 2016). OSHP arrested a man in Lorain County during a traffic stop after seizing 13 pounds of marijuana from his vehicle ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), Nov. 2, 2016). Law enforcement in Cuyahoga County arrested a man after responding to a call that he was passed out in his vehicle in a parking lot; police found marijuana and amphetamines on him and in his car, and learned he left his 18-month-old baby at home alone during this situation ([www.cleveland.com](http://www.cleveland.com), Dec. 1, 2016). Law enforcement in Cleveland responded to a man who called 911 after being shot twice while trying to escape a marijuana deal gone wrong ([www.cleveland.com](http://www.cleveland.com), Dec. 20, 2016).

Participants also discussed availability of high-grade marijuana extracts and concentrates, often appearing as oil and waxy forms of the drug (aka “dabs”). Participants most often reported the current availability of marijuana extracts and concentrates as ‘8’; the previous score was not reported. Participants stated: *“Anyone willing to smoke ‘pot’ marijuana will likely use dabs. You can use one dab, and it’s like smoking a whole ‘blunt’ (cigar filled with marijuana); I don’t think there is any ‘junk weed’ (low-grade marijuana) from the sounds of it ... it’s all high [grade]; High grade is more available because of the passage of the medical marijuana; High grade is very available ... nobody wants to smoke ‘swag’ (low-grade marijuana) ... I feel like, because there is more money to be made with high grade, more people are selling it; High grade increased because people like to get the most high level they can ...”*

Law enforcement commented on the current availability of marijuana extracts and concentrates: *“One of my defendants had electronic cigarettes with THC (tetrahydrocannabinol) oil in it; ‘Edibles’ (edible forms of marijuana) are available ... there is a truck that drives around Friday night and sells them ... Edibles are everywhere; People travel to those states where it is legal and bring them back, but you have to be more careful about the edibles because you don’t know how much pot is in there.”*

Participants reported that the overall availability of marijuana has remained the same during the past

six months. However, participants indicated that the availability of marijuana extracts and concentrates has increased. Participants commented: *“Dabs is a whole new level of smoking pot ... ‘a dab will do ya,’ as they say, meaning you only need a tiny bit to be high; Dabs are becoming more common; There in an increase in edibles because of the higher quality and they think by processing it in food, they will get a quicker high; A lot of people are using edibles. They usually make it, not buy it.”*

Treatment providers reported that the overall availability of marijuana has remained the same during the past six months, while law enforcement reported increased availability. Both groups of community professionals reported an increase in availability of extracts and concentrates during the past six months. Treatment providers reported: *“Edibles are bigger now. They increased in the last six months; A lot are being shipped in from California lately; It’s about the connections and depends on the population ... but it seems like they are more popular and available now.”* A law enforcement officer responded, *“I think it is more available because they are ordering it from the states in which it is legal.”* The BCI Richfield and Lake County crime labs reported that the numbers of marijuana cases they process have decreased during the past six months.

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

Participants most often rated the current overall quality of high-grade marijuana as ‘10’ and of low-grade marijuana as ‘5’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score were ‘10’ and ‘0’, respectively. A participant observed, *“A lot of people are home growing it rather than getting it from California and that makes it not as good because indoor is not as good as outdoor, like from California and Mexico.”*

Participants indicated that the quality of low-grade marijuana has remained the same during the past six months. However, a couple of participants stated that quality of low-grade marijuana has decreased. One participant remarked, *“It gives me a headache now, so I know it got worse.”* Overall, participants reported that the

quality of high-grade marijuana has remained the same during the past six months.

Reports of current prices for marijuana were provided by participants with experience buying the drug. Reportedly, the most common quantity purchased is a “blunt” (cigar filled with marijuana). Participants commented: “Dabs are very expensive to do ... you get a dab (solid pellet) that is \$75-100; [Edibles] is meant for holidays and birthdays because it is expensive ... like \$50 for a sheet of brownies ....”

		Current Prices for Marijuana	
		<b>Low-grade:</b>	
Marijuana	A blunt (cigar)	\$2	
	A gram	\$5-10	
	1/8 ounce	\$20	
	1/4 ounce	\$25-40	
	1/2 ounce	\$50	
	An ounce	\$100	
	A pound	\$1,000	
	<b>High-grade:</b>		
	A blunt (cigar)	\$15	
	A gram	\$20	
	1/8 ounce	\$75-80	
	1/4 ounce	\$90	
	An ounce	\$300	
	A pound	\$3,000	
	<b>Extracts and concentrates:</b>		
	Dabs	\$75-100 (unspecified amount)	

While there were a few reported ways of consuming marijuana, generally the most common route of administration remains smoking. Participants estimated that out of 10 marijuana users, all 10 would smoke and one would also use edibles.

A profile for a typical marijuana user did not emerge from the data. Participants and community professionals described typical marijuana users as everyone. A participant commented, “Everybody ... people in the suburbs, from white neighborhoods, people from the ghetto ... everyone and everywhere.” Treatment providers remarked:

*“In treatment, we are seeing 12-70-year olds ... and the older ones are saying they are using it for medical reasons like glaucoma, pain; It is used by everyone especially since they are trying to legalize it.”* Law enforcement officers reported: *“There are lots of older users and professionals who don’t like to drink ... so they rather smoke pot; It’s everyone from 13-90 [years of age]; Even 90-year-old people can get it.”*

## Methamphetamine

Methamphetamine is highly available in the region, according to the few participants with current knowledge on the drug. These participants most often reported the current availability of methamphetamine as ‘10’ for the crystal form and ‘6’ for the powdered form on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was ‘2’ and ‘9’, respectively. Participant comments included: *“I can get crystal ‘meth’ (methamphetamine) in city areas; It’s not hard, but you definitely have to know somebody to get it; [Crystal methamphetamine] has gotten more popular ... it is coming from Mexico ... from super labs.”*

Community professionals reported the current availability of methamphetamine as ‘4’ for the crystal form and ‘7’ for the powdered form; the previous most common overall score for methamphetamine was ‘8-9’. Treatment providers stated: *“[Powdered methamphetamine is] easy to make. They just need to look it up on the Internet and get the ingredients; It is mostly in rural areas ... you are able to drive there.”*

Corroborating data indicated that methamphetamine is available in the region. The Cuyahoga County Medical Examiner’s Office reported that five of the 291 drug overdose deaths it processed during the past six months involved methamphetamine. In addition, a query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Cleveland region returned 498 methamphetamine cases reported during the past six months, of which 39.4 percent were Cuyahoga County cases and 26.9 percent were Lake County cases (an increase from 370 cases for the previous six months, of which 30.3 percent were Cuyahoga County cases and 32.2 percent were Lake County cases).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Law enforcement in Geauga County arrested a man for

manufacturing methamphetamine when they responded to a call saying that the man was overdosing on heroin in his home; police found a laboratory used to manufacture powdered methamphetamine in the man’s home ([www.wkbn.com](http://www.wkbn.com), Aug. 10, 2016). Law enforcement arrested three people in Brook Park (Cuyahoga County) after finding a methamphetamine lab in their basement during a raid ([www.cleveland.com](http://www.cleveland.com), Aug. 17, 2016); authorities later sentenced the man responsible for operating the lab to three years in prison ([www.cleveland.com](http://www.cleveland.com), Aug. 30, 2016).

Participants reported that methamphetamine is available in powdered and crystal forms throughout the region. However, they reported crystal methamphetamine as the most prevalent form in the region. One participant stated, *“I liked crystal meth and had no trouble getting it.”*

The powdered form of methamphetamine is typically referred to as “shake-and-bake,” which means users produce 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. Participants reported: *“It’s extremely easy to get meth because it takes 45 minutes to make it; If you can follow a recipe, you can make methamphetamine.”*

Participants reported that the availability of both crystal and powdered methamphetamine has remained the same during the past six months. Treatment providers reported that the availability of methamphetamine has remained the same, while law enforcement reported decreased availability. One law enforcement professional reported, *“I have seen a decline in methamphetamine because it is not that lucrative for dealers ... plus I think the opiate epidemic kind of changed this.”*

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

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 reported a decreased number of methamphetamine cases; their cases were also predominantly crystal, white and off-white powder.

Participants were only able to rate the current overall quality of crystal methamphetamine, which they most often rated as ‘8’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score for both crystal and powdered methamphetamine was ‘10’. A participant commented: *“Anyone in the meth world calls cocaine, ‘slowcaine,’ because meth is so much better and it acts more quickly.”* Participants identified MSM (methylsulfonyl-methaneas, a joint supplement) as an adulterate (aka “cut”) for methamphetamine. Overall, participants reported that the quality of crystal methamphetamine has remained the same during the past six months.

Reports of current prices for methamphetamine were consistent among participants with experience buying the drug. Participants commented: *“You can spend \$50 on meth and be up for three days ... you are high for about 1/2 a day to a day and you are just out of your mind and you can’t sleep; When you start talking eight balls (1/8 ounce), you are getting it for \$250.”* Reportedly, the most common amount purchased is a gram.

Methamphetamine	Current Prices for Methamphetamine	
	<b>Powdered:</b>	
	1/4 gram	\$25
	1/2 gram	\$50
	<b>Crystal:</b>	
	1/2 gram	\$25
	A gram	\$50-60
1/16 ounce	\$90-100	

Participants reported that the most common route of administration for methamphetamine is smoking. Participants estimated that out of 10 methamphetamine users, eight would smoke and two would either snort

or “shoot” (intravenously inject) the drug. A participant remarked, *“One injection will get you high for 12 hours and then you are awake in a manic phase.”*

Participants described typical methamphetamine users as white people and rural. Participants commented: *“It is more of a white drug; Think, Kentucky country boys; I think it is more out in the country, but I had it in Lorain [Lorain County]; More white people use it than black people; Rural because you need to be isolated to make it.”* Community professionals also described typical methamphetamine users as white people and rural. They reported: *“Rural people with a history of ADHD (attention-deficit hyperactivity disorder); Females ... and they like it because they lose weight.”*

## Prescription Stimulants

Prescription stimulants remain highly available for illicit use in the region. Participants most often reported the current street availability of these drugs as ‘8’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was ‘10’. A participant reported, *“I would call this dude I know who sells ‘uppers’ (stimulants) ... he would take a couple of days to get back with me but he’d have them.”* Another participant shared, *“I know people who use [methamphetamine] ... and if they can’t get it, they use Adderall®.”*

Community professionals most often reported current street availability of prescription stimulants as ‘8’; the previous score was ‘10’. Treatment provider comments included: *“It is getting up there. [Availability] is an ‘8’ now because it is prescribed to many of the clients for legitimate reasons and then they are selling it; It is everywhere on campus because they are talking about it in class; Every second child in adolescent psych is prescribed it.”*

Corroborating data indicated that prescription stimulants are available 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 135 prescription stimulant cases reported during the past six months, of which 51.9 percent were Cuyahoga County cases.

Participants identified Adderall® as the most popular prescription stimulant in terms of widespread illicit use. A participant reported, *“There is more of a demand*

*[for Adderall®], so they are easier to get.”* Community professionals also identified Adderall® as most popular. They reported: *“Some patients like to experiment with every drug, but for stimulants, I would hear about them abusing Adderall® the most; They like Vyvanse® but it seems to be a little less available than Adderall®; I only ever hear them talking about Adderall® ... they call them ‘addies.”*

Participants reported that the general street availability of prescription stimulants has remained the same during the past six months. Participant remarked: *“It’s status quo; No more, no less, still around like always.”* Treatment providers reported that street availability has increased during the past six months. They commented: *“Maybe they are just more open with telling us this now; We had a group of 20 somethings and it was common with them, so it seems like it increased ...”* The BCI Richfield Crime Lab reported that the number of Adderall® cases it processes has increased during the past six months, while the Lake County Crime Lab reported a decreased number of Adderall cases.

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

Reports of current street prices for prescription stimulants were consistent among participants with experience buying these drugs. In general, prescription stimulants sell for \$1-2 per milligram.

Participants reported obtaining these drugs from people with prescriptions. One participant reported, *“A lot of people are getting it from someone who is diagnosed with ADHD; They may be stealing or sharing them or even trading them for something else.”* 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 orally consume and five would snort the drugs. One participant reported, *“You get a faster high when you snort, so that is why some people use them that way.”*

Participants described typical illicit prescription stimulant users as white people from the suburbs and people in college. Participants reported: *“It is more common with*

white people between 14 and 25 [years of age]; Those living in the suburbs; More common with young kids, college kids; I know when a few people could not find Suboxone®, they would look for Adderall®." Community professionals described typical illicit prescription stimulant users as people in college. Treatment providers reported: "I know on college campuses they are using them; With college students, it's a horrible epidemic; Young professionals who use it to go out all night and then need to get up to go to work the next morning; They were usually Caucasian."

## Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA and/or TFMPP) remains moderately to highly available in the region. Participants most often reported the current availability of both the pressed pill form of ecstasy and the powdered MDMA form (aka "molly") 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 '6' for ecstasy and '9' for molly. One participant stated, "I can get 'X' (ecstasy) pretty easily still. The crowd I was with, had it all the time." Another participant reported, "If you want molly, there is usually a specific person you would go to or you would know somebody who knew somebody to get it."

Treatment providers most often reported the current availability of ecstasy as '7-8' but had no knowledge of molly's current availability; the previous most common scores were '5' and '4', respectively. One treatment provider stated, "I had one person jump from a car when they were on ecstasy ... their mom was driving 60 miles per hour on the highway ...". A law enforcement officer commented, "Ecstasy is something someone does once in a while but not to the point of addiction."

Participants and community professionals reported that the availability of ecstasy and molly has remained the same during the past six months. Although community professionals most often reported unchanged availability, a few treatment providers indicated that the availability for both substances seems to be decreasing: "Molly decreased since the crack down and they started limiting the ingredient availability; Ecstasy availability decreased maybe because the legal system is cracking down on drug use in general; I honestly haven't heard about any use of that stuff in a while."

The BCI Richfield and Lake County crime labs reported that the numbers of ecstasy cases they process have increased

during the past six months; the labs do not differentiate between ecstasy and molly cases.

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

Participants discussed the quality of ecstasy and molly and rated ecstasy's overall current quality as '5' and molly's as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); no data was reported on the quality of either ecstasy or molly during the previous reporting period. Reportedly, molly is often "cut" (adulterated) with other substances including cocaine and heroin. Participants reported: "Molly is cut with a combination of drugs, like heroin, cocaine ... like a blend of a lot of drugs; X is cut with everything." Overall, participants reported that the quality of ecstasy and molly has remained the same during the past six months.

Reports of current prices for ecstasy and molly were consistent among participants with experience buying the drugs. Participants reported that molly is typically sold by the gram.

Ecstasy/Molly	Current Prices for Ecstasy/Molly	
	<b>Ecstasy:</b>	
	Low dose (aka "single stack")	\$5
	Medium dose (aka "double stack")	\$7
	High dose (aka "triple stack")	\$10
	<b>Molly:</b>	
	1/2 gram	\$30
A gram	\$50-70	

Participants reported that the most common route of administration for ecstasy and molly is oral consumption followed by snorting. Participants estimated that out of 10 ecstasy users, seven would orally consume and three

would snort the drug; out of 10 molly users, five would orally consume and five would snort the drug. Participants reported: *"A lot of people cut X in half and eat it; They mix molly with alcohol ... they put it in their water or juice."*

Participants described typical ecstasy users as exotic dancers and escorts, and typical molly users as young people who attend "raves" (dance parties). Participants noted: *"College kids use molly; Molly is used by people experimenting with drugs; 20 and 30-year olds at raves; I was an escort, so a lot of people had it; Dancers use X because it keeps you up and you are more freely open; Dancers, escorts, strippers ... they all use X. They use cocaine, too, because they all lower inhibitions; Ecstasy is at parties and clubs; Definitely the party scene; X is available at all the concerts; Really available for college aged and younger."*

Community professionals described typical ecstasy and molly users as young people who frequent bars and nightclubs. Treatment providers reported: *"Ecstasy and molly are in the clubs with the younger crowd. We see high school kids using molly; 30-year olds and younger like these drugs."* In addition, a treatment provider said, *"They are at concerts a lot from what the clients tell me."* Law enforcement reported: *"I know molly is out there with the younger; Ecstasy is with the party group ... experimenting with it."*

## Synthetic Marijuana

Synthetic marijuana (synthetic cannabinoids) 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 '8'. Participant comments included: *"It's easy to get. It's in your local gas station sold in aluminum packets, but you can buy on the streets, too; It is still running rampant."* Treatment providers most often reported current availability as '2'; the previous most common score was '10'. Treatment providers remarked: *"I don't think it is available that much; I think it depends on race and where you live."*

Corroborating data indicated that synthetic 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 144 synthetic marijuana cases reported during the past six months. The most common synthetic marijuana ingredients reported in this region were: MDMB-FUBINACA, 5-Fluoro-ADB and FUB-AMB.

Participants reported that the availability of synthetic marijuana has remained the same during the past six months, while treatment providers reported that availability has decreased. Treatment provider comments included: *"Availability has decreased because they want 'the real stuff' (marijuana); They were having such drastic side effects from it, and during the time when it was more commonly used, it was undetectable (it was not tested for on standard urine drug screens) ... but now that they created screens for it. They are now just going back to the real stuff."* The BCI Richfield and Lake County crime labs reported that the number of synthetic marijuana case they process has decreased during the past six months.

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

Several participants commented on the current quality of synthetic marijuana. Participants reported that levels of TCH sprayed onto the leafy substances increase the potency of the drug, but not necessarily the quality of it. Participants stated: *"It is terrible, but some bags are better than others because they spray the chemical that gets you high on it in different amounts ... so, if you get a batch with a lot on it, it's good; Quality is zero because it is not real and it is not giving you the effect you are expecting."*

Reports of current prices for synthetic marijuana were consistent among participants with experience buying the drug. Participants reported that the most common amount of purchase is a package containing approximately 3-5 grams of the product.

Synthetic Marijuana	Current Street Prices for Synthetic Marijuana	
	A blunt (cigar)	\$3
	3.5 grams (a bag)	\$10-20

Despite legislation enacted in October 2011, participants reported that synthetic marijuana continues to be available at some gas stations and head shops.

A participant stated, *"You can look around and just see the stores that are selling them."* A treatment provider stated, *"They order it online and have it delivered. It used to be available in some of the gas stations and head shops, but we are not seeing it anymore here because of police involvement."*

Participants continued to report that the only route of administration for synthetic marijuana remains smoking. Participants estimated that out of 10 synthetic marijuana users, all 10 would smoke the drug. Participants described typical synthetic marijuana users as young people and those on probation. Participants reported: *"People on probation; Someone looking for a real cheap high or novice people; Young kids trying to experiment with doing something stupid."*

Community professionals described typical users of synthetic marijuana as white, young people and those on probation. They reported, *"It is more common in younger Caucasians who have a little higher income; Seeing 20- to 40-year olds because they are trying to get a quicker high and are not afraid to experiment; I have more clients who were white and young who like 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), Neurontin® (gabapentin, an anticonvulsant) and promethazine (antihistamine, a neuroleptic).

In addition, a query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Cleveland region returned reports of other drugs in the region that were not mentioned by participants. There were 75 synthetic stimulant (aka "bath salts") cases reported during the past six months; the most common synthetic stimulants in this region were dibutylone, ethylone and alpha-PVP. There were also 30 U-47700 (synthetic opioid developed as a designer drug) cases reported during the past six months.

## Hallucinogens

Hallucinogens remain available in the region. Participants most often reported the current availability of hallucinogens as '5' for LSD, '5' for psilocybin mushrooms and '10' for PCP on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were '10,' '8' and '6,' respectively. Although participants most often reported high availability of PCP in the Cleveland region, comments indicated that PCP is not readily available unless users know someone who sells the drug. They reported: *"You always have to know somebody, but you still have certain streets that you know you can get it on; It used to be predominantly in the projects; Depends on what neighborhood, in my neighborhood ... it's off the hook there."* Law enforcement most often reported current availability of PCP as '2.' They reported, *"I don't hear about any 'acid' (LSD) or any of those 60s psychedelics."* Treatment providers reported, *"It is readily available; They tell us that [there's a neighborhood in Cleveland] called 'Water World' because it is so prevalent there."*

In terms of the current availability of psilocybin mushrooms, participants explained that their availability depends on the season. Participants stated: *"Seasonal, like around spring time because of the growth time; The only time I seen it, and used it, was in the month of July."* In terms of availability of LSD, participants reported that it is most often obtained at music festivals. One participant added, *"You have to know somebody to get acid."* A treatment provider reported, *"During groups, I am finding that those that are addicted to acid know people ... they know who sells it. It is not on every street corner."*

Corroborating data indicated that hallucinogens are available in the region. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Cleveland region returned 122 hallucinogen cases reported during the past six months.

Participants reported that the availability of PCP has decreased during the past six months. One participant commented, *"It is less available because it killed a couple of people ... you don't have new comers using it."* Treatment providers reported that the availability of PCP has remained the same during the past six months. The BCI Richfield Crime Lab reported that the number of LSD cases it processes has increased during the past six months, while the number of PCP and psilocybin mushroom cases has decreased.

Reports of current prices for hallucinogens were provided by participants with experience purchasing these substances.

Hallucinogens	Current Prices for Hallucinogens	
	<b>LSD:</b>	
	A liquid drop or a single dose (aka "hit")	\$10-20
	10 hits (aka "strip")	\$80
	<b>PCP:</b>	
	A dipped cigarette	\$10-15
	<b>Psilocybin mushrooms:</b>	
	1 gram	\$10
	1.5 grams	\$25
	1/8 ounce	\$45

Participants reported that LSD and psilocybin mushrooms are most commonly orally consumed, while PCP is typically smoked. One participant described the oral administration of LSD: "Hits on blotter paper or in sugar cubes, or gel tabs." Participants estimated that out of 10 PCP users, all 10 would smoke the drug. A participant explained the consumption of PCP: "'Wet' (PCP) is made to dip a cigarette or weed into and you take a hit ... you ain't supposed to smoke the whole thing ... that is what makes you get naked." Reportedly, while most users smoke PCP, one participant said, "You can also make tea with it or eat it."

Participants described the typical user of LSD and of psilocybin mushrooms as younger people, college aged and those involved in the party scene. Participants commented: "Young party goers, college aged; It's big on college campuses with all races." A profile for a typical PCP user did not emerge from the data. Participants reported: "A lot of high schoolers use now ... it's not just old people using anymore; I seen younger men 17-25 [years of age] and older ones, too; I think it is common with straight weed smokers." One treatment provider stated, "I think it goes across all ages." Law enforcement reported, "I think it is maybe more on college campuses; It's available, but the kids, the younger ones, experiment with it on the weekend; Common with those going to concerts and 'raves' (dance parties)."

## Neurontin®

Neurontin® is moderately to highly available for illicit use in the region. Participants most often reported the current street availability of the drug as '5' or '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10'. Treatment providers most often reported current street availability as '10'; the previous most common score was also '10'. Treatment provider comments included: "This is another one that was legitimately prescribed for anxiety and now is causing a dilemma because ... they are addictive ... so I can't determine if they are abusing it or not; I hear they are abusing it now."

Corroborating data indicated that Neurontin® is available 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 31 gabapentin cases reported during the past six months.

Participants and treatment providers reported that the street availability of Neurontin® has increased during the past six months. Participants reported: "If you take enough of it, it will make you have like a cocaine high; It's called 'gabs' (street name for gabapentin) and is more available because there is a demand." Despite current reports of high street availability, one treatment provider did not believe that the availability of Neurontin® has increased: "Because people are cracking down on it, doctors are getting more aware than they were before. There is more tracking being done ..."

Reports of current street prices for Neurontin® varied among participants with experience buying the drug. Participant comments included: "The higher the dosage, the more you buy; They sell 300 milligram capsules for \$5 at highest; You got to take a whole bunch to get high. One 300 mg pill is not gonna get you high ... you need 900-1,000 milligrams to get the effect and then your tolerance builds real quick."

Neurontin®	Current Street Prices for Neurontin®	
	300 mg	\$0.50
	600 mg	\$4
	800 mg	\$5

Participants reported the most common route of administration for illicit use of Neurontin® is oral consumption. Participants estimated that out of 10 Neurontin® users, all 10 would orally consume the drug. Participants described typical illicit Neurontin® users as young people and opiate addicts who seek to the drug to help alleviate withdrawal symptoms. Participants reported: *“Teenagers, rave group ... because they want that extra boost for study time or to have more fun; People use them to avoid withdrawal.”*

### Promethazine

Promethazine is moderately available for illicit use in the region. Participants most often reported the current street availability of the drug as ‘6’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get). Participants discussed that promethazine is most commonly used illicitly as “lean” (a mixture of promethazine and soda, aka “sizzurp”). They described: *“They call it sizzurp because it sounds like cough syrup; Have you ever heard, ‘leanin’ on the sizzurp?’ That is what they say; They just drink it or they mix it with Sprite®; They mix it so, they make it however good they want it.”*

Participants reported that the availability of promethazine has increased during the past six months. A participant remarked, *“It is kind of popular with ‘dope boys’ (drug dealers) ... they use it but I am not sure why.”* Participants reported the most common routes of administration for illicit use of promethazine are oral consumption with soda and smoking. Participants discussed smoking: *“It is also common to take ‘blunt paper’ (paper used to roll marijuana cigars) and then you rub lean on that and then you also mix it with your ‘K2’ (synthetic marijuana) and you smoke it like that; You know when you bake a pie and use egg wash on your pie crust? Well, you do that with the lean ... you brush it on the rolling paper like it’s a pastry; You take some on your finger and you rub it on the paper; You use it with weed because it enhances your high; A lot of people lace their weed with it.”*

Participants and community professionals reported typical illicit promethazine users as younger people. A participant reported, *“It’s ... more common because of that rapper, Lil’ Wayne.”* Treatment providers commented: *“It’s the younger people who use it, the older don’t know what it is; It’s the younger generation like 18-30 [years of age]; Even teenagers use it; All races are using it, it’s not just one.”* A law enforcement professional reported, *“I hear about it from the younger black clients ... they are talkin’ about the lean.”*

## Conclusion

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

While many types of heroin are currently available in the region, participants and community professionals continued to report powdered heroin as most available. Participants and treatment providers attributed the increased availability of powdered heroin to increased demand for the drug, explaining that there are more users than previously due to the tightening of opioid prescribing. Law enforcement generally thought that the high availability of heroin could not get any higher, noting the seemingly endless number of dealers in the region. Reportedly, as soon as a dealer is jailed, another appears to take over their business.

Participants discussed adulterants (aka “cuts”) that affect the quality of heroin and reported that the top cutting agents for the drug include fentanyl and carfentanil. Participants observed that most white powdered heroin contains either drug; however, many participants reported that there is no “pure” heroin available, acknowledging that users do not know if they are purchasing heroin with fentanyl, carfentanil or a mixture of substances. Participants stated that more users are seeking heroin mixtures containing fentanyl and carfentanil because these potent substances produce a stronger high. They explained that many users track overdoses back to the dealers who sold the potent drug in order to obtain the “good stuff” for personal use. Treatment providers also noted users seeking straight fentanyl. The BCI Richfield Crime Lab reported processing cases of heroin-fentanyl and fentanyl analog mixtures (furanil fentanyl, 3-methylfentanyl, valeryl fentanyl) during the past six months.

The most common route of administration for heroin remains intravenous injection (aka “shooting”). Participants reported that injection needles are most available from street dealers and big box stores. Participants also reported that sharing of injection needles is common. Participants

described powdered heroin users as everyone, while describing typical black tar heroin users as Hispanic people. Treatment providers described typical heroin users generally as white people between the ages of 19-32 years, while law enforcement described typical users as white people from the suburbs.

Participants and community professionals indicated that the availability of marijuana extracts and concentrates, often appearing as oil and waxy forms of the drug (aka "dabs"), have increased during the past six months. Both groups of respondents noted an increase in edible forms of marijuana. Reportedly, "edibles" are more popular than previously; they are being shipped to the region from states where their use is permissible by law, namely California.

Participants and treatment providers reported that the street availability of Neurontin® (gabapentin, an anticonvulsant) has increased during the past six months. Participants explained that if a user takes "enough" of

the medication, this produces a "cocaine-like" high. They reported that Neurontin®, often referred to as "gabs" for gabapentin, its generic name, has increased in availability due to increased demand for the drug. Participants described typical illicit Neurontin® users as young people and opiate addicts who seek to the drug to help alleviate withdrawal symptoms.

Lastly, promethazine (antihistamine, a neuroleptic) is moderately available in the region. Participants discussed that promethazine is most commonly used illicitly as "lean" (a mixture of promethazine and soda, aka "sizzurp"). They reported that the availability of promethazine has increased during the past six months, remarking that the drug is popular among drug dealers. Reportedly, the most common routes of administration for illicit use are 1) oral consumption with soda and 2) smoking, laced in marijuana "blunts" (cigars). Participants and community professionals reported typical illicit promethazine users as younger people, with law enforcement noting use particular to young African-Americans.

