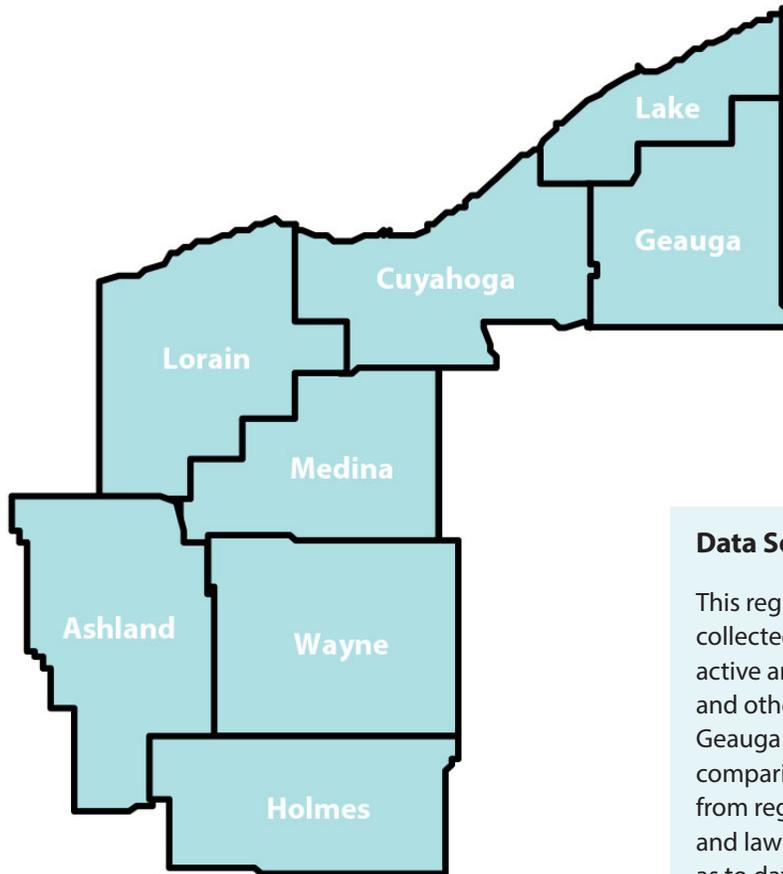


Drug Abuse Trends in the Cleveland Region



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 and Geauga 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, the Ohio Bureau of Criminal Investigation (BCI) Richfield Crime Lab, which serves the Cleveland, Akron-Canton and Youngstown areas, and the Ohio Department of Public Safety (ODPS), which logs drug task force seizures from across the Ohio. All secondary data are summary data of cases processed from January through June 2017. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for July through December 2017.

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

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Regional Profile

Indicator ¹	Ohio	Cleveland Region	OSAM Drug Consumers
Total Population, 2016	11,614,373	2,269,670	41
Gender (female), 2016	51.0%	51.6%	27.5% ²
Whites, 2016	82.5%	76.8%	68.3%
African Americans, 2016	12.8%	18.7%	26.8%
Hispanic or Latino Origin, 2016	3.7%	5.2%	0.0% ³
High School Graduation Rate, 2012-16	89.5%	88.7%	84.6% ⁴
Median Household Income, 2012-16	\$50,674	\$56,960	\$20,000 to \$24,999 ⁵
Persons Below Poverty Level, 2016	14.6%	14.5%	42.1% ⁶

¹ Ohio and Cleveland region statistics were derived from the most recent US Census. OSAM drug consumers were participants for this reporting period: June 2017 - January 2018.

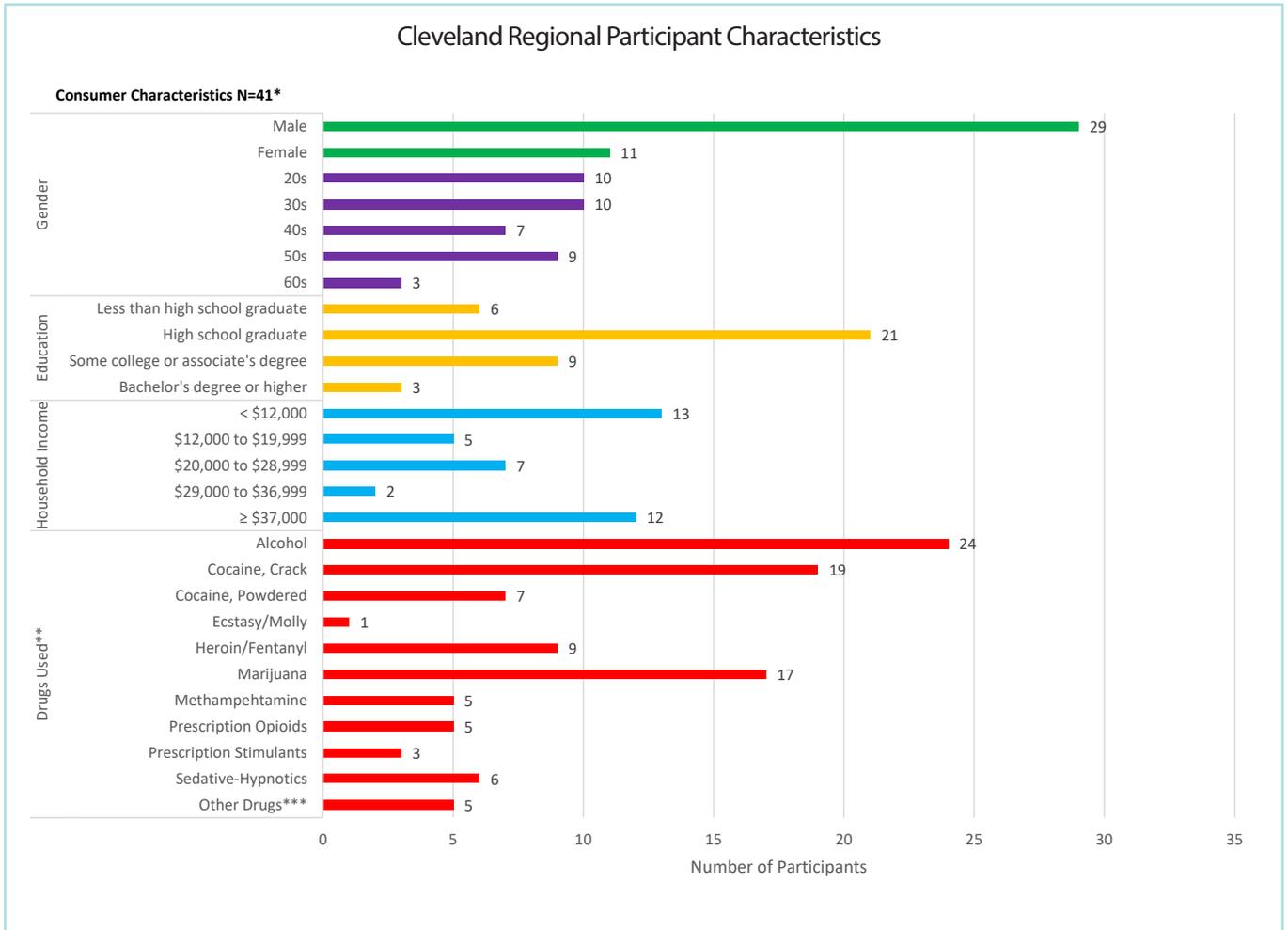
² Gender was unable to be determined for 1 participant due to missing and/or invalid data.

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

⁴ High school graduation status was unable to be determined for 2 participants due to missing and/or invalid data.

⁵ Participants reported income by selecting a category that best represented their household's approximate income for the previous year. Income was unable to be determined for 2 participants due to missing and/or invalid data.

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



*Not all participants filled out forms completely; therefore, numbers may not equal 41.

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

***Other drugs included: lysergic acid diethylamide (LSD), phencyclidine (PCP) and synthetic marijuana.

Historical Summary

In the previous reporting period (January - June 2017), crack cocaine, heroin, marijuana, methamphetamine, powdered cocaine, prescription opioids, prescription stimulants and sedative-hypnotics remained highly available in the Cleveland region; also highly available was Neurontin® (gabapentin). Changes in availability during the past six months included: increased availability for heroin, fentanyl and marijuana; likely increased availability for methamphetamine; and decreased availability for ecstasy and prescription opioids.

Participants and treatment providers reported that the availability of powdered heroin increased during the past six months. Participants discussed that powdered heroin, particularly white powdered, was often adulterated with fentanyl. Community professionals explained that much of the heroin supply was fentanyl. Moreover, a few treatment providers believed fentanyl was as highly available as heroin, while some participants expressed that fentanyl was easier to find than heroin. Regarding fentanyl specifically, participants and community professionals reported an increase in its availability during the reporting period; many respondent groups referenced an increase in overdoses as an indication of increased fentanyl availability.

Corroborating data indicated that fentanyl was available in the region. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Cleveland region returned 1,551 fentanyl and fentanyl analogue cases (an increase from 956 cases during the previous reporting period) and 168 carfentanil cases reported during the reporting period. Regional crime labs reported that the number of fentanyl, fentanyl analogue and carfentanil cases they processed increased during the reporting period.

While participants and community professionals reported that the general availability of marijuana remained the same during the reporting period, both respondent groups reported that the availability of marijuana extracts and concentrates (aka “dabs”) increased. Participants discussed “edibles” (marijuana-infused food products) as becoming popular. Both respondent groups attributed the increased availability of high-grade marijuana to the expansion of “legal pot” in other states. Reportedly, products from legal dispensaries were diverted to Ohio. One law enforcement officer indicated the neighboring state of Michigan as an

easy source for medical-grade marijuana. The BCI Richfield Crime Lab reported that the number of marijuana extract and concentrate cases it processes increased during the reporting period.

Participants reported that the availability of crystal methamphetamine increased during the reporting period. Participants and law enforcement noted a steady increase in “ice” (crystal methamphetamine) flowing into the region, moved by drug cartels in Mexico. One law enforcement officer estimated that 60-70% of the methamphetamine cases his agency processed during the previous six months were crystal methamphetamine cases. A few participants predicted that the price of methamphetamine would decrease due to the increasing number of dealers selling the drug.

The Lake County and the BCI Richfield crime labs reported that the number of methamphetamine cases they process increased during the reporting period; the labs reported having processed crystal, brown, off-white and white powdered methamphetamine.

Lastly, participants reported that fentanyl, heroin and prescription opioids were used as “cuts” (adulterates) for powdered and crack cocaine. Participants also noted “molly” (powdered MDMA) as a cut for crystal methamphetamine.

Current Trends

Powdered Cocaine

Powdered cocaine is moderately to highly available in the region. Participants most often reported the drug’s current availability as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was also ‘10’. Participants stated: *“It’s like ordering a pizza . . . I can get it all day long; I can go literally call someone now [and place an order for powdered cocaine]; If you go to the gas station, especially if you are white and in the hood, they come up to you and ask you if you ‘party’ (use drugs and need anything) . . . if you’re a dealer, you can just spot who is looking; My neighbors sell it. I can walk out of my apartment and they all have it; My friends sell it, so it is easy for me to get it.”*

Community professionals most often reported the current availability of powdered cocaine as '7'; the previous most common score was '8.' Treatment providers discussed: *"Clients I have had in the last six months ... say it has been easy for them to get it; I hear about 'powder' (powdered cocaine) frequently, and that people use it ... with opiates because the opiates bring them down and cocaine brings them back up."* Law enforcement commented: *"Most of the DUIs (driving under the influence of drugs or alcohol arrests) that we do the testing on, we are seeing some kind of stimulant in their system; We are seeing cocaine residue, whether that is crack form or powder I am not really sure, but it is mixed in typically with an opioid."*

Corroborating data indicated that powdered cocaine is available in the region. The Cuyahoga County Medical Examiner's Office reported that 38.4% of the 380 drug overdose deaths it processed during the past six months involved cocaine (powdered and/or crack cocaine). In addition, the Ohio Department of Public Safety (ODPS) reported 23 drug task force seizures of powdered cocaine in the Cleveland region during the reporting period.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. U.S. Drug Enforcement Administration (DEA) officers in Cuyahoga County arrested two presumed drug traffickers in Cleveland's eastern suburbs after agents searched three apartments in Beachwood and a house in Highland Heights and found more than four pounds of cocaine hidden in a secret compartment under the floorboards of a car parked at the house, as well as marijuana, scales, face masks and HAZMAT suits in the house and apartments (www.cleveland.com, July 18, 2017). Elyria Police (Lorain County) arrested 18 individuals during an investigation called "Operation Firecracker" when narcotics detectives conducted a warrant sweep for 10 days in July to focus on street-level drug dealers; officers seized 48 grams of cocaine and 53 grams of fentanyl/heroin (www.morningjournal.com, July 21, 2017). Approximately three dozen people died from unintentional drug overdoses from cocaine and cocaine-fentanyl mixtures in the first six months of 2017 in Lorain County (www.news5cleveland.com, July 24, 2017). In Elyria, a 16-year-old boy faced criminal charges for attempting to rob a known drug dealer's home; the drug dealer was charged with trafficking cocaine, possession of cocaine, and possession of a schedule II controlled substance (www.cleveland.com, Aug. 9, 2017). Twenty-nine people in Cleveland faced state

and federal charges in a large-scale case after purchasing and selling large amounts of cocaine in Medina County; an 18-month investigation lead by DEA and state authorities comprised of undercover purchases and subsequent search warrants lead to the arrests (www.cleveland.com, Sep. 6, 2017). After receiving a tip from a citizen regarding drug-related activity at a residence, Lorain Police arrested three people for trafficking drugs and possession of cocaine, fentanyl and marijuana (www.morningjournal.com, Sep. 22, 2017). Lorain Police charged two individuals with trafficking and possession of cocaine, marijuana and criminal tools after executing a search warrant at an apartment, seizing 60 grams of cocaine, 120 grams of marijuana and various criminal tools (www.morningjournal.com, Sep. 22, 2017).

Participants reported that the availability of powdered cocaine has decreased during the past six months. When participants were asked why the availability of powdered cocaine has decreased, several participants reported: *"Crack is where the demand is, so you can hardly find powder anymore; Crack dealers usually have [the powdered cocaine] because that is what they use 'to rock it' (to make crack cocaine)."* Community professionals reported that the availability of powdered cocaine has remained the same during the past six months. One treatment provider stated, *"Based on what my clients say ... they are still able to get it ..."*

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

Powdered Cocaine	Reported Availability Change during the Past 6 Months	
	 Participants	Decrease
	 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: *"Some people might sell you good stuff one day or even the same"*

day, and then later ... couple hours it may be pure garbage; Every once and a while I'd get a good hit, but I'm gonna give it a '5' because I know there are people who are using the better product; It's pretty shitty because dealers are 'cutting' (adulterating) it a lot; The good shit is getting cooked into crack; What I was getting, it made me quit [using powdered cocaine] ... was that bad."

Participants discussed adulterants (aka "cuts") that affect the quality of powdered cocaine and reported the top cutting agents for the drug as baking soda and vitamin B. Other adulterates mentioned included: acetone, baby laxatives, "Bolivian Rock" (a cutting agent marketed as a concentrated room and carpet deodorizer), caffeine, energy pills, fentanyl, mannitol (diuretic), Novocaine (local anesthetic) and vitamin B. A participant discussed, "Vitamin B-12 ... acetone is used for the smell. Novocaine is used for the numbing. Baby laxatives ... people who use [powdered cocaine] with this cut in it think it is better coke because they have to use the bathroom." A treatment provider discussed, "I had a client tell me that he could tell it was mixed with fentanyl because when he used it, he felt life leaving him, and he felt like he was dying ... he passed out outside and his wife found him." Overall, participants reported that the quality of powdered cocaine has remained the same during the past six months.

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

Reports of current prices for powdered cocaine were consistent among participants with experience buying the drug. Reportedly, the most common quantity of purchase is a gram. Participants commented: "You are not gonna get anything [for] less than \$30; Normally, it is \$200 for an 'eight ball' (1/8 ounce), but I pay \$90 because I have known the guy (dealer) my whole life; Price varies dealer to dealer and whether you can go to them or they need to deliver." Overall, participants reported that the price of powdered cocaine has decreased during the past six months.

Powdered Cocaine	Current Street Prices for Powdered Cocaine	
	A gram	\$50
	1/16 ounce (aka "teener")	\$100
	1/8 ounce (aka "eight ball")	\$150-200
	1/2 ounce	\$650-700
	An ounce	\$1,100-1,200

Participants reported that the most common route of administration for powdered cocaine remains snorting. Participants estimated that out of 10 powdered cocaine users, all 10 would snort the drug. Participants discussed: "Everyone snorts coke; If you just do coke, you are probably snorting ... but if you are already 'shooting' (intravenously injecting) [other] drugs, you would be shooting it."

Participants described typical powdered cocaine users as wealthy and people who go to nightclubs. Participants stated: "College kids, rich kids and white older dudes; Cocaine is associated with higher class citizens; Professionals, especially white middle-aged people; People who drink and go to bars because it more socially acceptable than, say, some of the harder drugs like heroin; In the suburbs because it is more of a nighttime party scene and more socially acceptable than crack is; Strippers, prostitutes ... it is big in the dance club because it is easier to use coke in the club versus crack ... you don't need a pipe, plus coke keeps you fueled and also powder does not make you as paranoid as crack, so it's just better in clubs; It is found all over, but in the suburbs, yuppies use coke and not crack."

Treatment providers described typical powdered cocaine users as of higher socio-economic status, white people and people who have higher energy jobs, while law enforcement reported people teenaged through 30s, as well as opiate users as typical users. Treatment providers commented: "Car dealers, and I also have heard people in the restaurant industry because they have to be on it to stay awake; People in the adult [entertainment] industry; I would say powder cocaine is used more with white people ... 20s to 50s; I see some African Americans a little bit more than in the past, but not more than Caucasians." Law enforcement stated, "18-30-year olds; We see cocaine residue on paraphernalia in the cars of people we pull over or from an opiate overdose."

Crack Cocaine

Crack cocaine remains highly available in the region. Participants most often reported the drug’s current availability as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was also ‘10’. Participants discussed: *“I live in an apartment complex where nine out of 10 people sell it and use it; I can’t walk down the street without tripping over it; It is pretty abundant and police are not even focusing on it ... they have their hands full with heroin; People standing around on the east side, like at gas stations and at the street corners and at bus stops, you know they are dealing; In Lake County they will come to you from Cuyahoga County They literally drive it to you.”*

Community professionals most often reported the current availability of crack cocaine as ‘7’; the previous most common score was ‘10’ for treatment providers and ‘6’ for law enforcement. Treatment providers commented: *“There is a house right around here where they can get it ... there is a dealer practically right across the street; It is probably tied with marijuana in terms of availability for this area.”* Law enforcement officer remarked, *“It is a ‘10’ for availability in Cleveland ... it seems more prevalent in the city than in the suburbs”*

Corroborating data indicated that crack cocaine is available in the region. The Cuyahoga County Medical Examiner’s Office reported that 38.4% of the 380 drug overdose deaths it processed during the past six months involved cocaine (crack and/or powdered cocaine). In addition, ODPS reported 15 drug task force seizures of crack cocaine in the Cleveland region during the reporting period.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. An investigation lead by the Medina County Drug Task Force, assisted by the U.S. DEA, lead to the indictment of 17 individuals for conspiring to purchase large amounts of powdered cocaine, cook it into crack cocaine, and then sell it in Medina County and surrounding areas (www.thepostnewspapers.com, Oct. 14, 2017). After receiving multiple complaints of drug-related activity in Painesville (Lake County), the Painesville, Mentor, Lake County Narcotics Agency and officers from other county agencies conducted a search warrant at a Painesville residence and arrested a man after finding between 27-100 grams of crack cocaine, 50-100 grams of cocaine, 50-100 grams of

methamphetamine, drug paraphernalia and guns (www.news-herald.com, Nov. 16, 2017).

Participants and community professionals reported that the availability of crack cocaine has remained the same during the past six months. Although one participant reported, *“Crack is making a comeback and any ‘dope boy’ (heroin dealer) has crack because people are trying to get off the dope because it is killing everyone.”* The Lake County Crime Lab reported that the number of cocaine cases it processes has increased during the past six months, while the BCI Richfield Crime Lab reported that the number of cocaine cases it processes has decreased. The labs do not 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 ‘6’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was ‘8’. Participants discussed: *“If you take a hit and you puke, you know it is good; It depends on who is cooking it ... some of it hypes you up and other stuff don’t even melt right ... you can taste it ain’t right; It depends because sometimes your dude has good stuff, and then ... it’s shit; Quality really depends on the dealer but each dealer says his is quality stuff even if they know they are giving you crappier stuff. They are only concerned about money; If it is three in the morning, it could be garbage, literally not even real.”*

Participants discussed adulterants (aka “cuts”) that affect the quality of crack cocaine and reported that the top cutting agent for the drug is baking soda. Other cuts mentioned included: fentanyl and vitamin B-12. Participants stated: *“Mostly baking soda and you can tell by the way it sticks to your stem [of the crack pipe]; It is cut with fentanyl and you know because you test dirty (positive for opiates on a drug screen) and all you know is you smoke crack.”* Overall, participants reported that the quality of crack cocaine has remained the same during the past six months.

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

Reports of current prices for crack cocaine were consistent among participants with experience buying the drug. Reportedly, the most common quantity of purchase is 1/10 gram (aka “rock”). Participants stated: *“A piece the size of a nerd candy is about \$5, a peanut M&M® [sized rock] is \$40, pencil eraser size is \$15; An eight ball (1/8 ounce) goes for \$180 and that is like the size of a golf ball.”* Overall, participants reported that the price of crack cocaine has remained the same during the past six months.

Crack Cocaine	Current Street Prices for Crack Cocaine	
	1/10 gram (aka “rock”)	\$10
	A gram	\$50-70
	1/16 ounce (aka “teener”)	\$80
	1/8 ounce (aka “eight ball”)	\$180

Participants reported that the most common route of administration for crack cocaine remains smoking. Participants estimated that out of 10 crack cocaine users, eight would smoke and two would intravenously inject (aka “shoot”) the drug. Participants stated: *“I don’t like to shoot it because the vinegar [used to break down the crack cocaine] ruins your veins; It’s too much work to shoot.”*

Participants described typical crack cocaine users as people of lower socio-economic status living in urban settings. Participants reported: *“Impoverished because it is cheaper [than other drugs] ... it’s in the hood; It is way more urban and city than rural; More Hispanic and lower-class whites are doing crack because you can get it on any inner-city street; Older white and black guys and younger Puerto Ricans; Prostitutes ... working class women.”*

Community professionals described typical crack cocaine users as African-American people with a lower

socio-economic status. Treatment providers stated, *“Low socio-economic status; There are a few folks that are 40 to 60 years old and African American who are using; It is not gender specific but more African Americans and an older demographic.”* In addition, treatment providers noted crack cocaine use among opiate users: *“We are seeing more combination of crack and heroin use; Our clients are on Vivitrol® and when they relapse, it is always on crack ... they know they can’t get high on opiates.”*

Heroin



Heroin remains highly available in the region. Participants and community professionals most often reported the current availability of the drug as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common scores were also ‘10.’ Participants commented: *“I have so many numbers [phone numbers for heroin dealers]; I can get it anytime; It is pretty easy because there is such a high demand for it now; It is all that is out there, really.”* Treatment providers stated: *“It is absolutely everywhere; The overdoses keep going up and up, so it is obviously around and very, very easy to get for our clients.”*

Corroborating data indicated that heroin is available in the region. The Cuyahoga County Medical Examiner’s Office reported that 33.7% of the 380 drug overdose deaths it processed during the past six months involved heroin; 89.8% of these heroin cases also involved fentanyl. In addition, ODPS reported 44 drug task force seizures of heroin and/or fentanyl in the Cleveland region during the reporting period; drug task forces did not typically differentiate between heroin and fentanyl due to the high incidence of heroin-fentanyl mixtures.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Cleveland Police (Cuyahoga County) arrested a woman after she attacked and robbed a 71-year-old for heroin money outside of the Cleveland’s City Council president’s office (www.cleveland.com, July 17, 2017). Westlake Police (Cuyahoga County) investigated whether heroin may have played a role in an SUV crash on Interstate 90, which left the drivers of both vehicles injured; the driver responsible for the crash later admitted to using heroin and Adderall® (www.patch.com, Aug. 4, 2017). Wickliffe Police (Lake County) charged a man with a drug-related

OVI (operating a vehicle while impaired) after receiving a report of a man passed out behind the wheel of a car on a highway exit ramp; officers arrived at the scene and administered two doses of Narcan® (naloxone, an opiate overdose reversal medication) to revive the man (www.news-herald.com, Oct. 13, 2017). Ohio State Highway Patrol (OSHP) in Medina County arrested a Texas man during a traffic stop after criminal indicators prompted a search of the vehicle; officers subsequently discovered a total of 3,996 grams of heroin packed into four bricks (www.justice.gov, Oct. 16, 2017). Parma Police (Cuyahoga County) charged an alleged drug dealer with involuntary manslaughter, corrupting another with drugs, and multiple counts of drug trafficking for providing fentanyl to a woman that lead to her overdose death in March 2017; the Cuyahoga County Medical Examiner also reported methadone, hydroxyzine and promethazine in the woman's toxicity report along with the fentanyl; Parma police officers raided the man's home and found a plastic container with a mixture of heroin and fentanyl, a baggie of fentanyl, a baggie of crack cocaine, a digital scale and drug packaging materials (www.cleveland.com, Oct. 20, 2017). A Wayne County judge sentenced a Cleveland drug dealer to eight years in prison after finding him guilty on multiple drug charges, including trafficking heroin; officers arrested the man and three other people at a hotel after seizing approximately 30 grams of opiates, crack cocaine, marijuana and drug paraphernalia (www.otfca.com, Oct. 25, 2017). A U.S. Attorney sentenced a Cleveland man to 17 years in prison after he sold heroin that resulted in three overdoses in Wooster (Wayne County) (www.justice.gov, Nov. 29, 2017). The Ohio Opiate Task Force reported to a local news source that 656 drug-related overdose deaths due to heroin, fentanyl and other synthetic opioids occurred in Cuyahoga County as of December 1, 2017, which was an increase from the same time the previous year; officials projected a 25% increase by the end of 2017 (www.wkyc.com, Dec. 1, 2017). Beachwood Police (Cuyahoga County) responded to a call that a man overdosed at a residence in Beachwood and rushed him to the hospital (www.patch.com, Dec. 8, 2017).

While many types of heroin are currently available in the region, participants and community professionals continued to report powdered heroin as most available. A law enforcement officer stated: "It seems like there is a mixture of brown and white powder, kind of looks like Nesquik® and that is more prevalent than anything ..." Law enforcement also reported availability of black tar heroin

in the region, while participants reported not seeing black tar heroin during the past six months. One participant observed, "You get 'tar' (black tar heroin) on the west coast or sometimes on the west side of Cleveland, but not like how you can get powder." Law enforcement stated: "We are seeing black tar; I've seen black tar but it is not prevalent ... [black tar heroin was found in a vehicle after] a traffic chase out in Cleveland [recently], but I am not seeing it on the street."

Participants and treatment providers reported that the general availability of heroin has decreased during the past six months, while law enforcement reported that availability has remained the same. A participant stated, "It is all fentanyl, so for me it would be harder to find straight up heroin." Treatment providers commented: "I would say less because the heroin from what the patients are telling me is not really heroin; Pure heroin has decreased because they are mixing it with other things."

The Lake County and the BCI Richfield crime labs reported that the number of heroin cases they process have decreased during the past six months. The labs report processing brown, gray, purple, tan and white heroin; the labs do not differentiate between black tar and powdered heroin.

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

Participants most often rated the current quality of black tar and white powdered heroin as '10' and of brown powdered heroin as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common scores were '7' for black tar heroin and '8' for powdered heroin. Participants discussed: "Depends. I have had really good and really bad, it has to do with the 'cut' (adulterants) and how many people 'stepped on' (adulterated) it before you get it, so you never know what you are getting; I have never had shitty tar ... it is always amazing. [Black tar heroin] is usually better and cheaper [than powdered heroin]; If it is cut with fentanyl, quality is a lot better."

Participants discussed adulterants (aka "cuts") that affect the quality of heroin and reported the top cutting agents

for the drug as fentanyl and vitamin B. Additional cuts mentioned included: baby laxatives, Benefiber®, Coca Cola®, lidocaine (local anesthetic), Sleepinal® and vitamin D. Participants stated: *"Vitamin D ... because it breaks down and you can 'shoot' (inject) it, so nobody can tell the difference and they think they are getting better shit; I only know of Coca Cola® for tar."* Overall, participants reported that the general quality of heroin has remained the same during the past six months. Participants stated: *"I overdosed on it last month, so I'd say it was still pretty good; Just as strong as it ever was, if not more so, because of fentanyl."*

Heroin	Cutting Agents Reported by Crime Lab	
	<ul style="list-style-type: none"> ○ acetaminophen ○ carfentanil ○ cocaine ○ diphenhydramine (antihistamine) ○ fentanyl/fentanyl analogues ○ mannitol (diuretic) ○ papaverine (vasodilator) ○ quinine (antimalarial) 	

Reports of current prices for heroin were consistent among participants with experience purchasing the drug. Reportedly, the most common quantity of purchase is a gram. Participants discussed: *"You buy them by the 'points' (1/10 gram amounts) and I can get 16 'balloons' (1/10 gram amounts of black tar heroin) for \$100; A half a point is the smallest you can buy and it is \$10; I can get five 'bundles' (one gram amounts) ... for \$500."* Overall, participants indicated that the price of heroin has remained the same during the past six months.

Heroin	Current Street Prices for Heroin	
	1/10 gram	\$20
1/2 gram	\$50-80	
A gram	\$100-120	
1/4 ounce	\$600-700	
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"). Participants estimated that out of 10 heroin users, eight would shoot and two would snort the drug. Participants stated: *"With powder, most people shoot; If you are using 'dope' (heroin), you're shooting it; Some people still snort. I know people who are always tootin' (snorting) it; For tar, you can sniff it by mixing it with water in like a Gatorade® cap to dissolve it, but it is not that common."*

Participants reported that injection needles are most available from the needle exchange programs and from people with diabetes. Participants stated, *"I get them from the needle exchange; You can go to [a retail store] ... some pharmacies will [sell users needles] but [some] started not to, so it depends."* Reportedly, needles on the street most often sell for \$1 per needle. Participants commented: *"If you are 'dope sick' (experiencing withdrawal), you are gonna use any needle you can get your hands on. You ain't thinking about anything but not being sick; Sharing needles is not preferred but happens."*

Participants described typical heroin users as everyone. A participant stated, *"It started with white people in the suburbs, but now it is everyone, and everywhere."* Community professionals described typical heroin users as white people. Treatment providers commented: *"It is more geographically based. I think one time in four years I had one African-American client [who used heroin]; We only had a handful of African Americans in treatment [for heroin use]; When I worked in Cleveland it was mostly Caucasians; Primarily white people but age is across the gamut; I have seen 18-year olds and then one person started using heroin at 68 and came into treatment at age 72."* One law enforcement officer remarked, *"Usually white people from the suburbs."* However, a few treatment providers noted heroin use as increasing among non-whites. They said: *"It seems like it is increasing among the Latino and minority populations; I can't particularly say why, but heroin is not just suburban ... it is making its way into the city."*

Fentanyl



Fentanyl is highly available in the region. Participants and community professionals most often reported the current availability of the drug as '10' on a scale of '0' (not available,

impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were not reported. Participants stated: *"Order it off the 'dark web' and get it at your front door; It's the only thing people are selling here; It is just too easy to get heroin and fentanyl."* Treatment providers discussed: *"It's everywhere; If they are going out with hopes of getting heroin ... they have a 90% chance of getting fentanyl; Clients tell me they look for fentanyl and carfentanil."* Law enforcement stated: *"Based on what we are seeing it is '10'; I don't know if people buying it know it is fentanyl or if they think it is just strong heroin, but we are seeing more results [indicating fentanyl] from the lab; The last couple of addicts I interviewed in jail weren't looking for heroin, they were looking for fentanyl. They ... can't wait to use it again ... they are pissed when they are 'narcanned' (receive Narcan® to reverse an overdose)."*

Corroborating data indicated that fentanyl is available in the region. The Cuyahoga County Medical Examiner's Office reported that 71.8% of the 380 drug overdose deaths it processed during the past six months involved fentanyl/fentanyl analogues, while 25.0% involved carfentanil (an increase from the previous six months, when 14.2% of deaths had involved carfentanil). In addition, ODPS reported 44 drug task force seizures of heroin and/or fentanyl in the Cleveland region during the reporting period; drug task forces did not typically differentiate between heroin and fentanyl due to the high incidence of heroin-fentanyl mixtures.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A federal judge in Cleveland sentenced an Akron drug dealer to 16 years in prison for selling fentanyl to a truck driver that resulted in his overdose death (www.cleveland.com, July 13, 2017). A Cleveland police officer was hospitalized after being exposed to fentanyl while conducting a raid of home (www.cleveland.com, July 19, 2017). The Cuyahoga County Medical Examiner issued a public health warning after Cleveland Police discovered carfentanil in pills disguised as OxyContin® (www.usnews.com, July 27, 2017). The Lorain Police Narcotics Bureau (Lorain County) arrested a man during a raid of a home in Lorain after finding 20 grams of suspected carfentanil, cash and drug paraphernalia (www.cleveland.com, Aug. 22, 2017). U.S. Marshalls in Cleveland arrested two people responsible for providing fentanyl to a man that resulted in his overdose death; officers raided a home in Cleveland during the investigation and found five grams of heroin packaged for sale, marijuana and

guns; the Cuyahoga County Medical Examiner reported that the man had both fentanyl and cocaine in his body at the time of his death (www.cleveland.com, Sep. 29, 2017). A federal judge in Cleveland sentenced a Highland Heights (Cuyahoga County) man to 12 years in prison for providing a 19-year-old with fentanyl which resulted in her overdose death; the man allegedly purchased the drug through the dark web from China and shipped the drug to Northeast Ohio (www.cleveland.com, Oct. 31, 2017). A Geauga County Common Pleas Court judge sentenced a Cleveland man to 11 years in prison for selling fentanyl to a man, which resulted in his overdose death in a home in Auburn Township (Gauga County) (www.cleveland.com, Nov. 17, 2017). Cleveland Police and the FBI arrested 26 people for participating a large-scale drug ring where drug dealers bought fentanyl, heroin and cocaine from China and Puerto Rico and shipped the drugs through the U.S. Postal Service, FedEx and UPS to Northeast Ohio; three men are responsible for arranging the shipments and bringing in a kilogram of fentanyl, a kilogram of heroin and five kilograms of cocaine and storing them at auto body service locations and private residences in Cleveland, Parma and Euclid; the men sold the drugs to other traffickers in the area; one man also shipped in large amount of N-ethyl pentylone (a cathinone derivative with psychostimulant effects) and another man shipped in over 100 kilograms of marijuana (www.patch.com, Dec. 7, 2017).

Participants and community professionals reported that the availability of fentanyl has increased during the past six months. Treatment providers stated: *"I think it is supply and demand; It has become part of the norm ... they just accept that if they are getting heroin, they know they will get fentanyl!"* Law enforcement commented: *"I think it has increased because it is a little cheaper [than heroin] from what I understand ... so availability is just there; It was just heroin in the past, but now it seems like [heroin] is mixed a lot with fentanyl!"*

The Lake County Crime Lab reported that the number of fentanyl and fentanyl analogue cases it processes has decreased during the past six months, while the BCI Richfield Crime Lab reported that the number of fentanyl and fentanyl analogue cases it processes has increased. In addition, the Lake County Crime Lab reported that the number of carfentanil cases it processes has increased during the past six months, while the BCI Richfield Crime Lab reported that the number of carfentanil cases it processes has decreased.

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

Participants most often rated the current overall quality of fentanyl as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was not reported. One participant stated, "It is the strongest shit you can get." Participants discussed adulterants (aka "cuts") that affect the quality of fentanyl and reported the top cutting agents for the drug as heroin and vitamin B. An additional cut mentioned included MSM (methylsulfonylmethane, a joint supplement). Overall, participants reported that the general quality of fentanyl has increased during the past six months. One participant stated, "With all the overdoses, one would have to assume, even if you don't use it, that it is only getting stronger and stronger."

Reports of current prices for fentanyl were consistent among participants with experience purchasing the drug. A participant remarked, "It is cheaper than heroin for the dealers." Reportedly, the most common quantity of purchase is a gram. Overall, participants indicated that the price of fentanyl has remained the same during the past six months.

Fentanyl	Current Street Prices for Fentanyl	
	1/10 gram	\$20
	1/2 gram	\$50
	A gram	\$100

While there were a few reported ways of using fentanyl, generally, the most common route of administration is intravenous injection (aka "shooting"). Participants estimated that out of 10 fentanyl users, eight would shoot and two would snort the drug. Participants stated: "Most people are shooting because by the time you [use] fentanyl, you are an 'IV' (intravenous) user; A lot of people are shooting 'dope' (heroin) ... so I guess you can say that most people are shooting it."

Participants and community professionals described typical fentanyl users as similar to heroin users. Participants stated: "Whatever we answered for a heroin addict, is the same thing here ... it is the same group of people; Fentanyl is usually a cut to heroin, so you'd have to say heroin addicts use it the most." Treatment providers commented: "Opioid users; Caucasian, raised in a middle-class background; Tied to heroin users."

Prescription Opioids



Prescription opioids are moderately available for illicit use in the region. Participants most often reported the current street availability of these drugs as '5' 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, "Overall, they are harder to get." Treatment providers most often reported current street availability as '4', while law enforcement most often reported it as '5'; the previous most common scores were '8' and '10', respectively.

Corroborating data indicated that prescription opioids are available for illicit use in the region. The Cuyahoga County Medical Examiner's Office reported that 16.7% of the 380 drug overdose deaths it processed during the past six months involved prescription opioids. In addition, ODPs reported 23 drug task force seizures of prescription opioids in the Cleveland region during the reporting period.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A man was charged in Mentor Municipal Court (Lake County) with aggravated robbery after he robbed a local pharmacy of prescription medication; after entering the store armed with a screwdriver, the man jumped over the front counter and demanded Percocet® from a female employee before fleeing the store with the drug (www.cleveland.com, July 19, 2017). After a car accident that resulted in the death of an OSHP Trooper on Interstate 90, prosecutors charged a man with multiple charges, including aggravated vehicular homicide from driving under the influence of methadone (www.fox8.com, Aug. 9, 2017). The Elyria Police Narcotics Unit (Lorain County) arrested a man at a gas station for his connection with the overdose death of another man; police seized 71 doses of Roxicet®, 2.2 grams of fentanyl and a digital scale from the man's vehicle (www.chroniclet.com, Aug. 31, 2017). Two people in Mentor Municipal Court were charged with

fifth-degree felony aggravated drug possession involving an unspecified amount of oxycodone; the two faced up to five years in prison (www.news-herald.com, Sep. 22, 2017). A Parma (Cuyahoga County) woman and a Cleveland man were arrested after a retail store security officer observed the couple shoplifting; officers searched the couple and found two opioids and marijuana (www.cleveland.com, Sep. 28, 2017). A Lake County Common Pleas Judge sentenced a Euclid (Cuyahoga County) man to 12 years in prison for beating a man in the head with an aluminum baseball bat to steal prescription drugs (www.news-herald.com, Oct. 18, 2017). According to the U.S. Attorney's Office of the Northern District of Ohio in Cleveland, 35,000 pounds of prescription medications were collected during a Drug Take Back Day (www.cleveland.com, Oct. 28, 2017).

Participants and community professionals identified Percocet® as the most available prescription opioid in terms of widespread illicit use. Participants stated: *"I can get Percocet® for you right now; Nobody uses Vicodin® anymore, well, maybe people who ... get them [prescribed], but people are not selling them on the streets."* Treatment providers stated: *"Definitely Percocet® would be number one; Vicodin® does not seem readily available, but it is not entirely impossible to get; Percocet® is still widely distributed by dentists ... I think their heads are in the sand more than a general practitioner; Percocet® seems pretty readily available. They are expensive, but they are available."*

Participants and community professionals continued to report that the street availability of prescription opioids has decreased during the past six months. Participants discussed: *"There was a time the doctors would give them out, but with everyone dying of heroin the doctors are cutting down on prescriptions or the amount they are giving ... people are saying they are hard to get now; Even my dealer was looking for [prescription opioids] but he couldn't get them."* Treatment providers commented: *"If they are on the streets, they are probably costing sky high; It seems like less [available] ... I know there are still doctors you can go to [for prescriptions] but not as many anymore; Doctors are testing to make sure the prescribed pills are in the urines and doing pill counts ... they are much more aware and cautious ... you can't get them easily; The doctors limit the amount of the pills, too. I see a lot of people being discharged [from the hospital] with only 10 pills as opposed to 30."*

The Lake County Crime Lab reported an increased number of cases of hydromorphone (Dilaudid®), oxycodone (OxyContin®), oxycodone/acetaminophen (Percocet®),

oxymorphone (Opana®) and tramadol (Ultram®) during the past six months, while the number of methadone and morphine cases has decreased. The BCI Richfield Crime Lab reported that the number of methadone, oxycodone/acetaminophen and tramadol cases it processes have increased during the past six months, while the number of hydrocodone (Vicodin®), hydromorphone, morphine, oxycodone and oxymorphone cases have decreased.

Prescription Opioids	Reported Availability Change during the Past 6 Months	
	 Participants	Decrease
	 Law enforcement	Decrease
	 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 street price of prescription opioids has remained the same during the past six months. However, they indicated that the price of Percocet® on the street has increased. A participant shared: *"It has gotten so ridiculous. I know someone selling 'perk 10' (Percocet® 10 mg) for \$15 ... It depends on where you live. If there is more money in the area, the higher [the price]."*

Prescription Opioids	Current Street Prices for Prescription Opioids	
	Demerol®	\$12-13 for 10 mg
	Pharmaceutical fentanyl	\$50-60 for 50 mcg
	Methadone	\$5 for 10 mg
	Morphine	\$30 for 60 mg
	Opana®	\$40 per 80 mg
	Percocet®	\$3-8 for 5 mg \$5 for 7.5 mg \$8-15 for 10 mg
	Roxicodone®	\$10-15 for 15 mg \$20-45 for 30 mg
	Vicodin®	\$2 for 5 mg

Participants reported obtaining these drugs for illicit use from drug dealers, doctors and people with prescriptions. While there were a few reported ways of consuming prescription opioids, and variations in methods of use were noted among types of prescription opioids, generally the most common routes of administration for illicit use are snorting and oral consumption. Participants estimated that out of 10 illicit prescription opioid users, five would snort and five would orally consume the drugs. Participants stated: *"It depends on the drug, so like for example, Demerol®, everyone eats it because it burns your nose. Nobody snorts Vicodin® either because it is too much powder and also the effect is so much less effective, so they just eat them; Vicodin® won't be easily snorted because it burns; With Norco®, people snort it because it is not as much aspirin; If you are using Dilaudid® or Percocet®, eight out of 10 people are sniffing because they are stronger ... the other two are eating them; You snort Dilaudid® because it is stronger that way; For fentanyl patches, you heat and 'shoot' (intravenously inject) the gel."*

Participants described typical illicit prescription opioid users as younger white people. A participant stated, *"A lot of high school kids ... they haven't used heroin yet and may think they are better than heroin users ... that is, until they become one."* Community professionals described typical illicit users as similar to heroin users. Law enforcement stated, *"Of course, it is the opioid addict but they are in the high schools, too."*

Suboxone®

Suboxone® is highly available for illicit use in the region. Participants most often reported the current street availability of Suboxone® in sublingual filmstrip and in pill form 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 '7' for the filmstrip form and '3' for the pill form. A participant remarked, *"They are really easy to get."* Community professionals most often reported the current availability of Suboxone® generally as '10'; the previous most common score was '7' for treatment providers and '10' for law enforcement. Treatment providers commented: *"I think they are pretty available on the streets; I know it is out there; They are getting it on the streets ... we hear a lot of people who start treatment and tell us they will have Suboxone® in their system."*

Participants reported that the availability of Suboxone® in filmstrip form has increased during the past six months,

while the availability in pill form has remained the same. Participants commented: *"People are wanting to get off heroin and they use Suboxone® 'strips' (filmstrips) for that, so there are more prescriptions out there to be mishandled; The pills seem to be the same but a real increase in the strips."* Community professionals reported that the availability of Suboxone® has remained the same during the past six months. A treatment provider stated, *"I think there were a lot of primary care docs giving it out in the past ... in the last six months there hasn't been a real change."* The Lake County and the BCI Richfield crime labs reported that the number 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	No change

Reports of current street prices for Suboxone® were consistent among participants with experience buying the drug. Participants discussed: *"The 12 mgs are \$30, but the '12s' (12 mgs) are harder to find unless you go to rehab; 8 mgs are about \$10-20 unless you are buying the whole script and then you can get 28 days' worth for \$170."* Overall, participants reported that the street price of Suboxone® has remained the same during the past six months.

Suboxone®	Current Street Prices for Suboxone®	
	Filmstrip	\$10-20 for 8 mg
		\$30 for 12 mg
Pill	\$10-20 for 8 mg	

In addition to obtaining Suboxone® on the street from drug dealers, participants also reported getting the drug for illicit use through people who are prescribed them. A participant shared, *"People don't want to be 'dope sick' (experience withdrawal) and the dealers know this, so they usually have them ... it's super common."* One treatment provider stated, *"One of the things we are seeing is that they are getting them on the streets and we want them to come in [for treatment] and get them...."*

Participants reported that the most common route of administration for illicit use of Suboxone® is intravenous injection (aka “shooting”). Participants estimated that out of 10 illicit users of Suboxone® filmstrips, seven would shoot and three would orally consume the drug. In addition, participants discussed ocular absorption and snorting of Suboxone®. Participants stated: *“Most people are putting them under their tongue, but if you shoot, you are going to shoot everything, even ‘subs’ (Suboxone®); Most people using Suboxone® just put the strips under the tongue, but I know people who put them in their eyes, too.”*

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 ‘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’. Participants reported: *“I would walk into the doctor and just tell him I needed [Xanax®] and show him the old ‘script’ (prescription) bottle and he’d give it to me. It was that simple; A lot of ‘dope boys’ (heroin dealers) have ‘pills’ (benzodiazepines), too, so that is why it is so easy. People like using them together [with heroin].”* Community professionals most often reported current street availability of sedative-hypnotics as ‘10’; the previous most common score was ‘8’. Treatment providers commented: *“I hear about Xanax® and Klonopin® ... primary care doctors give it out easily; The abuse rate even among those prescribed is very high.”*

Corroborating data indicated that sedative-hypnotics are available for illicit use in the region. The Cuyahoga County Medical Examiner’s Office reported that 13.9% of the 380 drug overdose deaths it processed during the past six months involved one or more benzodiazepine. In addition, ODPS reported 11 drug task force seizures of benzodiazepines in the Cleveland region during the reporting period.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Cleveland Police arrested a Brook Park (Cuyahoga County) woman after finding a bag of marijuana, a marijuana pipe, marijuana grinders, and a digital scale in her hotel room when she was found unresponsive after overdosing on alcohol and Xanax® (www.cleveland.com, July 7, 2017).

Participants identified Klonopin® and Xanax® as the most available sedative-hypnotics in terms of widespread illicit use. Participants stated: *“Klonopin® and Xanax® are definitely easy to find for me; ‘Xanies’ (Xanax®) for sure are the easiest to get, well that and Klonopin®... they are just popular and very easily available.”* Community professionals identified Xanax® as most available. Treatment providers discussed: *“I hear about Xanax®.... Ativan® is not widely abused, or at least not that I hear; Soma® has peaked and then died off. I don’t hear about Ambien®.”* A law enforcement officer shared, *“Xanax® always stands out. We see Soma®, too, it is up there ... I’ve seen Klonopin® quite a bit ... Valium®, there is still some ... Ativan® ... we have seen it but not that much.”*

Participants and community professionals reported that the general availability of sedative-hypnotics has remained the same during the past six months. Both the Lake County and the BCI Richfield crime labs reported that the number of lorazepam (Ativan®) cases they process have increased during the past six months, while the number of clonazepam (Klonopin®), diazepam (Valium®) and zolpidem (Ambien®) cases have decreased. In addition, the Lake County Crime Lab reported that the number of alprazolam (Xanax®) cases it processes has increased, while the number of carisoprodol (Soma®) cases has decreased. The BCI Richfield Crime Lab reported that the number of carisoprodol cases it processes has increased, while the number of alprazolam has decreased.

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

Reports of current street prices for sedative-hypnotics were consistent among participants with experience buying the drugs. Reportedly, sedative-hypnotics most often sell for \$1-1.50 per milligram. Overall, participants reported that the price of sedative-hypnotics has remained the same during the past six months. A participant stated, *“Prices haven’t changed much. But with any drug, the more you buy, the better the deal. And the more you know the dealer, the better the price, too.”*

Sedative-Hypnotics	Current Street Prices for Sedative-Hypnotics	
	Klonopin®	\$3-4 for 0.5 mg \$7 for 1 mg
	Valium®	\$1 for 1 mg
	Xanax®	\$3 for 1 mg \$5 for 2 mg \$9 for 3 mg

Participants reported obtaining these drugs for illicit use from drug dealers, other users, doctors and through Internet purchase. They discussed: *"You can get them on the streets but the Internet may be more [common] ... if you know what website to go to, you can get them all day; Xanax® ... only certain pill dealers who'd have them, so you would have to know somebody."*

Participants reported that the most common routes of administration for illicit use of sedative-hypnotics are intravenous injection (aka "shooting") and snorting. Participants estimated that out of 10 illicit sedative-hypnotic users, five would shoot and five would snort the drugs. Participants commented: *"Most people snort; If you are smart, you are eating Ativan®."*

Participants and community professionals described typical illicit sedative-hypnotics users as white people. A participant commented, *"It is definitely mostly white people."* A treatment provider stated, *"Every person I have seen is Caucasian and age ... 20 to 50-year olds ... so I'd say all ages."* Another treatment provider remarked, *"I have seen women prescribed it more."* Law enforcement said: *"White kids and those in their 20s; Kids are getting them from their parents and it's these same kids that end up going into heroin."*

Marijuana

Marijuana remains highly available in the region. Participants and community professionals most often reported the current availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were also '10'. Participants stated: *"Everyone can get it. It is all over; It is easily a '20' [on the availability scale]."* Treatment providers commented: *"It is cheap and not that difficult to obtain and sell; People have a mindset that it is an herb ... the benefits vastly outweigh the consequences to them. ..."* Law

enforcement discussed: *"Everybody seems to have marijuana these days; It is easier to find marijuana than alcohol; They think, 'It is practically legal so why you bothering me' ... and their parents are doing it."*

Participants and community professionals also discussed current 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 '10'; while community professionals most often reported it as '7'; the previous scores were '10' for both participants and community professionals. Participants stated: *"Availability of high grade is the same if not more [than regular marijuana]; It is kind of socially acceptable to smoke and everyone wants the best; Because of the legalization everyone is growing it and bringing the good stuff in."* A treatment provider noted, *"We hear them talk about it and it seems like [extracts and concentrates] are around, just not as much as 'smokable' marijuana."*

Corroborating data indicated that marijuana is available in the region. ODPS reported 25 drug task force seizures of marijuana in the Cleveland region during the reporting period.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Police arrested three Garfield Heights (Cuyahoga County) residents after stopping their vehicle for a traffic violation; the two passengers admitted to smoking marijuana and drinking alcohol; during the arrest, one of the individuals also handed officers a bottle of alcohol and a marijuana pipe from underneath his seat; it was later discovered that all three were wanted for crimes in various communities (www.cleveland.com, July 6, 2017). Avon Lake Police (Lorain County) investigated a father after the mother picked up her daughter from the man and noticed she smelled like burnt marijuana (www.patch.com, Aug. 4, 2017). Mayfield Heights Police (Cuyahoga County) arrested a man during a traffic stop on US 422 after finding him driving intoxicated and in possession of marijuana (www.patch.com, Aug. 30, 2017). In Bentleyville (Cuyahoga County), after being stopped for a traffic violation, police discovered approximately five grams of marijuana and a pipe with residue in the center console of a Cleveland man's vehicle (www.cleveland.com, Sep. 1, 2017). In Cleveland, after stopping a vehicle for a traffic violation, a police officer cited the driver for possession of drug paraphernalia when he smelled marijuana coming from the car and found two glass pipes in the man's car (www.cleveland.com, Sep. 22, 2017). When a police officer stopped a vehicle for a traffic violation, he noticed that the Cleveland driver smelled like marijuana and saw a "joint" (marijuana cigarette)

in the door's pocket; the man also admitted to having a bag of marijuana in his backpack, and while searching the car, police found an additional bag of marijuana (www.cleveland.com, Sep. 28, 2017). In Solon (Cuyahoga County), after a routine traffic stop for speeding, a police officer arrested two men for possession of marijuana; when the officer approached the vehicle, he noticed the smell of marijuana coming from the car and a burnt marijuana "blunt" (cigar) in the center ashtray; the officer also found a small bag of marijuana hidden between the rear seat and trunk area (www.patch.com, Oct. 13, 2017). In Bay Village (Cuyahoga County), police cited an Olmstead Falls (Cuyahoga County) resident after pulling his vehicle over for a traffic violation, noticing the smell of marijuana and finding marijuana and drug paraphernalia in his vehicle (www.cleveland.com, Oct. 28, 2017). A Seven Hills (Cuyahoga County) police officer cited a driver for drug abuse and possession of drug paraphernalia after stopping the speeding motorcyclist and noticing the smell of marijuana; the officer found a pill bottle containing marijuana and a pipe (www.cleveland.com, Nov. 1, 2017). Bedford Police (Cuyahoga County) arrested the assistant basketball coach from a local high school after the coach crashed his car and a search of his vehicle revealed baggies of marijuana, a scale and a gun (www.fox8.com, Nov. 1, 2017). A North Olmstead (Cuyahoga County) police officer cited a driver for possession of drug paraphernalia after stopping a vehicle for a traffic violation, and noticing the smell of marijuana coming from the car; the driver admitted to drug paraphernalia in the center console (www.cleveland.com, Nov. 3, 2017). Olmstead Township Police (Cuyahoga County) cited a driver for possession of marijuana and related paraphernalia after finding the items in the vehicle during a traffic stop (www.cleveland.com, Nov. 4, 2017). The Geauga County Sheriff's Office and the U.S. Drug Enforcement Administration (DEA) arrested three people in Thompson Township as a result of an investigation of a large marijuana grow operation; officers seized about 1,500 plants (www.fox8.com, Nov. 7, 2017).

Participants and community professionals reported that the general availability of marijuana has remained the same during the past six months. However, participants indicated that the availability of marijuana extracts and concentrates in the form of oils or wax (aka "dabs") has increased during the past six months. They stated: "Dabs, it is not that new, but since the general public is more aware of it now, I'd have to say it has increased; They have skyrocketed; I know more people who smoke dabs, more than anything else now." The Lake County and the BCI Richfield crime labs reported that the number of marijuana cases they process have decreased or remained the same during the past six months, while the number of marijuana extracts and concentrates (oils, "dabs") cases have increased.

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

Participant most often rated the current overall quality of marijuana as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was also '10'. Participants observed: "Because of legalization there is better 'pot' (marijuana); Everyone wants the best type of 'weed' (marijuana); There is some good 'bud' (marijuana) up here; For dabs, it depends on the source because you need to know how to make it. . . ."

Overall, participants reported that the quality of marijuana has increased during the past six months. Participant commented: "Because everyone is growing it now, they are perfecting it; People put a lot of research into growing it. There is a whole science behind it, and that is resulting in better quality pot." In addition, participants and treatment providers indicated that fentanyl is cut into marijuana to make it more potent. Participants said: "I know they have put fentanyl in with weed to make it stronger; I know two people who smoked pot and overdosed and it was fentanyl that came up in the screen." A treatment provider remarked, "What people are lacing it with has changed, and that includes fentanyl. . . ."

Reports of current prices for marijuana were provided by participants with experience buying the drug. Reportedly, the most common quantities of purchase are 1/8 ounce for low-grade marijuana and a blunt and a gram for high-grade marijuana. Participants stated: "You can't buy a 'joint' (marijuana cigarette) . . . it is a blunt; Usually, a 1/8 [ounce] is what you buy. If you buy a large amount, it is to move (sell) it; The smallest [amount available for purchase] is a '5 dollar holla' . . . a blunt [selling for \$5]; \$50 a gram for extracts. You don't need much more than a gram. You take one hit and that is all you need; For edibles (food products containing marijuana), a candy bar is like \$10." Overall, participants reported that the price of marijuana has remained the same during the past six months.

Marijuana	Current Street Prices for Marijuana	
	Low grade:	
	A blunt (cigar) or gram	\$5
	1/4 ounce	\$45
	An ounce	\$60
	A pound	\$900
	High grade:	
	A blunt (cigar) or gram	\$10-20
	1/8 ounce	\$40
	1/4 ounce	\$60-100
	An ounce	\$200
	A pound	\$2,200
	Extracts and concentrates:	
	A gram	\$50

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, nine would smoke and one would “vape” (vaporize by heating) the drug. Participants discussed: *“Everyone smokes it; If you want an edible, the weed man usually has them. They are about \$5 a brownie and they get you ridiculously high ... if you eat a ‘loud’ (high-grade) brownie, don’t plan on doing anything for a while; I know a guy getting medical marijuana from California and it is oil and he puts it in his pipe and smokes it.”*

A profile for a typical marijuana user did not emerge from the data. Participants and community professionals described typical marijuana users as everyone. Participants stated: *“It is everyone, really I don’t know anyone who hasn’t smoked; Low [grade marijuana] is usually only smoked by hippies, or when you are low on money because it is cheaper; For extracts, it is daily pot smokers, the younger crowd ... experienced pot smoker from the younger generation is using it more.”* Treatment providers commented: *“My Mexican population for sure; I primarily see African Americans, but age group runs the gamut ... I see young and older. There is no specific age impacted more than the rest; I say all ages and a lot in the younger demographic, like teens through 30s; The demographic of marijuana abuse is all races but in treatment there are more African Americans....”* Law enforcement stated: *“It is across the board, but teenagers 15-22 [years of age] is the highest rate of*

abuse we see; Chronic pot smokers are using oils; Extracts are used by pot smokers who are a little more serious about their use and have better connections”

Methamphetamine



Methamphetamine 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’. Participants stated: *“It is easy for me [to obtain methamphetamine] because I live next to the ‘meth capital of the world,’ Ashtabula; It ain’t coming past (west of) Painesville [Lake County]; Just give me 10 minutes [to obtain it]; Someone just called me the other day and asked if I wanted it. They asked if I ‘still cooled down with ice in the summer’ (still used crystal methamphetamine).”*

Treatment providers most often reported the current availability of methamphetamine as ‘5’, while law enforcement most often reported it as ‘8’; the previous most common scores were ‘10’ for both treatment providers and law enforcement. However, one treatment provider stated, *“It does not seem very available in Cleveland as I think there are other substances people flock to rather than ‘meth’ (methamphetamine).”*

Corroborating data indicated that methamphetamine is available in the region. The Cuyahoga County Medical Examiner’s Office reported that eight of the 380 drug overdose deaths it processed during the past six months involved methamphetamine. In addition, ODPS reported 43 drug task force seizures of methamphetamine in the Cleveland region during the reporting period (46.5% of the seizures were made in Wayne County).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Law enforcement in Lake County arrested a man during a routine traffic stop after a K-9 officer alerted to the presence of drugs; officers found six pounds of crystal methamphetamine hidden in a suitcase in the trunk of the vehicle (www.pressdemocrat.com, July 3, 2017). Cleveland Police (Cuyahoga County) arrested two people after a three-month long investigation when officers executed a search warrant of a home in Cleveland; officers learned the pair distributed between two to three

ounces of methamphetamine each week (www.wrwh.com, July 5, 2017). Law enforcement in Holmes County arrested three people after responding to a tip that they were in possession of drugs; officers found a couple and a backseat passenger parked in a high school parking lot, upon searching the vehicle, they found 2.1 grams of methamphetamine (www.the-daily-record.com, July 19, 2017). Wooster Police (Wayne County) and the Medway Drug Enforcement Agency responded to several reports of drug activity and arrested five people at a home in Wooster after executing a search warrant and seizing various items related to methamphetamine use (www.the-daily-record.com, Sep. 11, 2017). Wayne County Sheriff's Department and the U.S. Drug Enforcement Agency (DEA) arrested two people after searching a residence in Wayne County and discovering various drugs, including nearly 70 grams of methamphetamine and 74 grams of heroin (www.yourohiovalley.com, Oct. 3, 2017). The Wayne County Drug Enforcement Unit along with other local law enforcement agencies arrested two people responsible for trafficking large amounts of crystal methamphetamine into Wayne County; during an undercover investigation, officers seized crystal methamphetamine, pills, marijuana and cash (www.herald-dispatch.com, Oct. 12, 2017). Ashland Police (Ashland County) arrested two people in a Walmart parking lot; officers found the two people in a mobile methamphetamine laboratory (www.richlandsource.com, Oct. 27, 2017).

Participants reported that methamphetamine is available in powdered and crystal forms throughout the region. However, they identified crystal methamphetamine as most prevalent in the region. Participants commented: *"Everyone wants the crystal form. It is just better; Crystal is more pure, or so they say."* 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 that the availability of powdered methamphetamine has remained the same during the past six months, while the availability of crystal methamphetamine has increased. Participants stated: *"Powder is still hard to get in this area; Crystal seems to be more the talk in the town."* Treatment providers reported

that the availability of both powdered and crystal methamphetamine has remained the same during the past six months. However, one treatment provider who felt that availability has increased stated, *"I am noticing a lot more people are testing positive for it. I remember when it was hitting in the early 2000s and then it went down ... now with this heroin it has gone up again."* Law enforcement reported that the general availability of methamphetamine has increased during the past six months. They discussed: *"I don't know why it has increased but it seems to have ... just had a case of crystal the other day; We just had a house one day ago [where an individual] was cooking it ... a family member called and police went right to the house."*

The Lake County Crime Lab reported that the number of methamphetamine cases it processes has decreased during the past six months, while the BCI Richfield Crime Lab reported that the number of methamphetamine cases it processes has increased. The labs reported processing blue, brown, clear and white crystal methamphetamine as well as brown, off-white and white powdered methamphetamine.

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

Participants most often rated the current overall quality of methamphetamine as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '5-7'. Participants discussed adulterants (aka "cuts") that affect the quality of methamphetamine and reported MSM (methylsulfonylmethane, a joint supplement) as the top cutting agent for the drug. Overall, participants reported that the quality of powdered and 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. Reportedly, the most common amount of purchase is a gram. Participants agreed that a user can trade a box of pseudoephedrine for methamphetamine. A participant

stated, "Just go out to Ashtabula with a pseudoephedrine box and they will give you 3/4 gram of meth or \$50." Overall, participants reported that the price of powdered and crystal methamphetamine has remained the same during the past six months.

Methamphetamine	Current Prices for Methamphetamine	
	Powdered:	
	1/2 gram	\$30
	A gram	\$40-50
	Crystal:	
	1/2 gram	\$60
A gram	\$100	

Participants reported that the most common route of administration for methamphetamine remains smoking. Participants estimated that out of 10 crystal methamphetamine users, all 10 would smoke the drug. They estimated that out of 10 powdered methamphetamine users, seven would "hot rail" and three would "shoot" (intravenously inject) the drug. Hot railing methamphetamine is a process where the user places the drug in a glass pipe, heats the end of the pipe and inhales the vapors from the drug through their nose and exhales through their mouth.

Participants and community professionals described typical methamphetamine users as living in rural areas. A treatment provider discussed, "A lot of the people I've seen have gotten in trouble for manufacturing and they are stockpiling the residue in trailers because they can't just throw it out in the garbage every week." Other providers noted: "I see it coming more to the suburbs in Lake County; I hear it more in the younger gay population."

Prescription Stimulants

Prescription stimulants are moderately to 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 '8.' Participants discussed: "A lot of doctors will prescribe them; You have to know where to get them ... but if you do, they are easy to get; You can't just

get them from any dealer on the street corner ... there are certain pill dealers you can easily find, just takes a few calls." Community professionals most often reported current street availability as '5'; the previous most common score was '8.' Treatment providers stated, "I get a sense they are fairly easy to get; I hear the clients talking about medication used for ADHD (attention-deficit hyperactivity disorder) being abused so it seems out there."

Participants identified Adderall® and Vyvanse® as the most available prescription stimulants in terms of widespread illicit use. Participants commented: "I always knew somebody to get Adderall® from; Nobody takes Ritalin® anymore." Community professionals identified Adderall® as most available. A treatment provider remarked, "I see a lot of patients prescribed it, but they are not working and not going to school, so I don't know why they are getting it." A law enforcement officer shared, "I've seen Vyvanse® a couple of times ... this one lady had a 'script' (prescription) for Vyvanse® but had two Ritalin® tabs (tablets) with her, too."

Participants and community professionals reported that the street availability of prescription stimulants has remained the same during the past six months. A participant said, "I can get them as easily as before ... no change really." A treatment provider stated, "We still hear about it, but it isn't any more or less..." The Lake County and the BCI Richfield crime labs reported that the number of amphetamine (Adderall®) cases they process have increased during the past six months. In addition, the Lake County Crime Lab reported that the number of methylphenidate (Ritalin®) cases it processes has increased during the past six months, while the BCI Richfield Crime Lab reported that the number of methylphenidate cases it processes has decreased.

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

Reports of current street prices for prescription stimulants were consistent among participants with experience buying these drugs. Overall, participants reported that the price of prescription stimulants has remained the same during the past six months.

Prescription Stimulants	Current Street Prices for Prescription Stimulants	
	Adderall®	\$1 for 10 mg \$5 for 30 mg

Participants continued to report obtaining prescription stimulants for illicit use most often from someone who is prescribed them. One participant stated, "You just buy a script off someone usually." Participants reported that the most common route of administration for illicit use of prescription stimulants is snorting. Participants estimated that out of 10 illicit prescription stimulant users, eight would snort and two would orally take the drugs. Participants stated, "For 'addies' (Adderall®), I'd crush and snort them ... but if I was going to the bar, I'd eat them; The high is instant if you snort them." Participants and community professionals described typical illicit prescription stimulant users as high school and college students. Treatment providers stated, "A lot of students use it; It is all over college campuses."

Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) is moderately to highly available in the region. Participants most often reported the current availability of "molly" (powdered MDMA) as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. Participants reported no knowledge of the current availability of ecstasy tablets; the previous most common availability score was '4'. One participant remarked, "I can get molly any time of day."

Treatment providers most often reported the current availability of molly and of ecstasy as '5', while law enforcement most often reported the current availability of molly as '3' but could not report on the current availability of ecstasy; the previous most common scores among treatment providers were '7' for molly and '8' for ecstasy, while the most common scores among law enforcement were '7' and '5', respectively.

Participants reported that the availability of ecstasy has decreased during the past six months, while the availability

of molly has remained the same. Participants commented: "Nobody takes the time to make it into a pill anymore; Ecstasy has gone out the window because people like molly better." Community professionals reported that the availability of ecstasy and molly has remained the same during the past six months. The BCI Richfield Crime Lab reported that the number of MDMA (ecstasy/molly) cases it processes has increased during the past six months; the Lake County Crime Lab reported having processed only two cases of ecstasy during the past six months.

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

Participants discussed the quality of ecstasy and molly and rated the overall quality of ecstasy as '1' and of molly as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common scores were '3' and '8', respectively. Reportedly, ecstasy and molly are thought not to be typically "cut" (adulterated) with other substances. However, one law enforcement officer stated, "Molly is wanted but ... a lot of kids have complained that they are getting 'meth' (methamphetamine) instead of molly." Overall, participants reported that the quality of ecstasy has decreased during the past six months, while the quality of molly has increased.

Reports of current prices for ecstasy and molly were consistent among participants with experience buying the drugs. Reportedly, molly is typically sold by the gram. One participant stated, "A gram of molly can be ... \$100 ... [price] depends on who you know." Overall, participants reported that the price of ecstasy and molly has remained the same during the past six months.

Ecstasy/Molly	Current Prices for Ecstasy/Molly	
	Ecstasy:	
	Low dose (aka "single stack")	\$10
	Medium dose (aka "double stack")	\$20
	High dose (aka "triple stack")	\$30
	Molly:	
	1/2 gram	\$50
A gram	\$80-100	

Participants indicated that ecstasy and molly are most often obtained from drug dealers. One participant stated, "I can get it for you all day. You just have to know who to ask." Participants reported that the most common route of administration for ecstasy and molly remains oral consumption ("parachuting," placing molly or crushed ecstasy in tissue and swallowing). Participants estimated that out of 10 ecstasy and molly users, six would parachute, three would snort and one would "shoot" (intravenously inject) the drugs. One participant stated, "With molly, when you snort, you peak early ... so [to make the high last longer] you parachute ... and eat it."

Participants described typical ecstasy and molly users as younger and people into the club scene. Participants commented: "Younger groups use molly because is a party drug; Black dudes are starting to get into ecstasy, but it is mostly the young college scene and also with people at clubs." Community professionals described typical ecstasy and molly users as younger. A treatment provider stated, "Pill form (ecstasy) is used as a party drug [and by those] in their 20s ... taken in addition to other drugs." A law enforcement officer stated, "Molly is used with high-school aged kids and a little beyond that, like 19-21 [year olds]."

Synthetic Marijuana

Synthetic marijuana (synthetic cannabinoids) is available in the region. Participants most often reported the drug's current availability as '10', while community professionals most often reported it as '3' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were not reported. Participants stated: "In Lorain [Lorain County], you can get it if you know where to go [or] if you know people who smoke [synthetic marijuana]; If you go 50 feet, you can find it. It is in convenience stores and people are selling it in pipe stores (head shops) or you can buy from a dealer who has 'K2' (synthetic marijuana brand) ... they wrap it in lottery ticket."

Participants and treatment providers reported that the availability of synthetic marijuana has remained the same during the past six months, while law enforcement reported decreased availability. One treatment provider stated, "In last six months, I was seeing it a lot ... because [treatment programs] were not testing for it regularly and it was easy to get." One law enforcement officer remarked, "We haven't seen it in the last six months." The BCI Richfield Crime Lab reported that the number of synthetic marijuana cases it processes has increased during the past six months; the Lake County Crime Lab reported having processed eight cases of synthetic marijuana during the past six months.

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

Reportedly, the overall quality of synthetic marijuana has decreased during the past six months. Participants commented: "It has gone down a lot; I know stores you can still get it, but all you do is get this potpourri shit and that is all it is."

Current prices for synthetic marijuana were reported by participants with experience buying the drug. They stated: "\$10 per gram; \$50 for a jar; Smaller bags were \$20 and you'd get 3 or 4 blunts (an amount to roll 3-4 cigars)." Overall,

participants indicated that the price of synthetic marijuana has remained the same during the past six months. However, one participant noted, *"Prices are the same as 'pot' (marijuana), but they seem to be giving you less than before (previously)."*

Participants reported that the most common route of administration for synthetic marijuana remains smoking. Participants estimated that out of 10 synthetic marijuana users, all 10 would smoke the drug.

Participants and community professionals described typical synthetic marijuana users as someone on probation, as reportedly, regular drug screens don't often test for synthetic marijuana. Participants stated: *"People on probation, athletes, anyone who does not want to test 'dirty' (positive for drug use); Only time they smoke that is when they 'on paper' (on probation)."* One participant added, *"People who like hallucinogens."* Law enforcement observed that users are typically white males. However, a treatment provider stated, *"It's African Americans in their 20s and 30s, not so much older though."*

Other Drugs in the Cleveland Region

Participants and community professionals listed a variety of other drugs as being present in the region, but these drugs were not mentioned by the majority of people interviewed: hallucinogens (lysergic acid diethylamide [LSD], phencyclidine [PCP] and psilocybin mushrooms), kratom (mitragynine), Neurontin® (gabapentin) and promethazine (prescription-strength cough syrup).

In addition, secondary data sources reported on other drugs that were not mentioned by respondents. The BCI Richfield Crime Lab reported that the number of bath salts (synthetic cathinones; compounds containing methylone, mephedrone, MDPV or other chemical analogues, including alpha-PVP, aka "flakka") cases it processes has increased during the past six months; the Lake County Crime Lab reported having processed two bath salts cases during the past six months. The BCI Richfield Crime Lab reported that the number of U-47700 (synthetic opioid) cases it processes increased to 100 during the past six months, from 11 cases for the six months previous, while the Lake County Crime Lab reported having processed 12 cases of U-47700 cases during in the past six months.

Lastly, the Cuyahoga County Medical Examiner's Office reported that 29 of the 380 drug-related deaths it recorded this reporting period involved diphenhydramine (Benadryl®); and of all fentanyl-related deaths, 8.4% also involved diphenhydramine.

Hallucinogens

Hallucinogens are moderately to highly available in the region. Participants most often reported the current availability of hallucinogens as '10' for psilocybin mushrooms, '10' for LSD and '9' for PCP on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were '8' for LSD, '7' for PCP and not reported for psilocybin mushrooms. Participants agreed that psilocybin mushrooms are seasonal and more available in warmer seasons. One participant stated, *"They are only in season in Spring."* In discussing the current availability of LSD, participants said: *"You have to know somebody to get it. You aren't just gonna have someone walk up to you and ask you if you want LSD; I can get it all day, every day at Nelson Ledges (state park in Portage County where concerts and music festivals are held)."*

Community professionals most often reported the current availability of hallucinogens as '4' and '8' for psilocybin mushrooms, '7' for LSD and '4' 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 '5' for LSD, '4' for PCP and not reported for psilocybin mushrooms. One law enforcement officer said of LSD, *"'Blotter' (aka, LSD which is dropped on paper blotter for oral consumption) is pretty popular with that sect that likes 'weed' (marijuana) and wants to do psychedelics, too."*

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. An off-duty Cuyahoga County Sheriff's deputy along with Cleveland Police arrested a man after he crashed his van at a high speed and continuously fired a gun at passing vehicles on the Interstate 90; the man was high on PCP (www.cleveland.com, Aug. 14, 2017).

Participants reported that the availability of psilocybin mushrooms, LSD and PCP have remained the same during the past six months. Law enforcement reported that the availability of LSD has increased, while

community professionals did not comment on a change of availability during the past six months for psilocybin mushrooms and PCP. Regarding LSD, a law enforcement officer stated, *“Within last couple of months we have seen increase.”* The BCI Richfield Crime Lab reported that the number of LSD, PCP, psilocybin mushrooms and DMT (dimethyltryptamine) cases it processes have decreased during the past six months; the Lake County Crime Lab reported having processed five cases of hallucinogens during the past six months.

Reports of current prices for hallucinogens were consistent among participants with experience buying the drugs. Overall, participants reported that the price of psilocybin mushrooms is similar to the price of marijuana and has remained the same during the past six months.

Hallucinogens	Current Prices for Hallucinogens	
	Psilocybin mushrooms:	
	1/8 ounce	\$25
	1/4 ounce	\$50
	LSD:	
	A liquid drop or a single dose (aka “hit”)	\$10-15
	10 hits (aka “strip”)	\$80-100
	100 doses (aka “a sheet”)	\$250-450
	An eyedropper full of liquid LSD	\$100
	PCP:	
Dipped cigarette	\$10-20	
An ounce	\$200	

Participants reported that the most common route of administration for psilocybin mushrooms and LSD is oral consumption; for PCP the most common route of administration remains smoking. Participants estimated that out of 10 psilocybin mushroom and 10 LSD users, all would use the drugs orally. Participants stated: *“[Psilocybin mushrooms] taste horrible so you have to put them in something, like food or a drink; I put it in a milkshake; You can put the liquid [LSD] on gummy bears, but paper (liquid LSD on blotter paper) is most readily available.”* In

addition, participants reported that users occasionally administer liquid LSD through the eye similar to an eye drop. Participants estimated that out of 10 PCP users, all 10 would smoke the drug.

Participants described typical psilocybin mushroom users as college aged and typical LSD users as white people and hippies. Law enforcement agreed that college students are typical psilocybin mushroom and LSD users but added that “high schoolers” also use these drugs frequently. A law enforcement officer stated, *“It is used in high school and into the 20s, but nobody after 26 [years of age]. I have never seen that.”* In terms of PCP, participants and community professionals described typical users as African-American people living in inner-city Cleveland. Treatment providers commented: *“PCP is more common in the African-American population; Black people from the [inner city], 23 [years of age] and up, primarily on the east side [of Cleveland].”*

Kratom

Reportedly, kratom (mitragynine, a psychoactive plant substance that produces a heroin-like high) is 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 not reported. Participants reported that kratom comes in powdered form and is also put into capsules. They described the typical kratom user as people addicted to heroin who use the drug to alleviate symptoms of opiate withdrawal.

Neurontin®



Neurontin® (gabapentin, an anticonvulsant and nerve pain medication) remains highly available for illicit use in the region.

Participants most often reported the drug’s current street 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’. One participant stated, *“A lot of people being prescribed it are also selling and abusing it.”* Treatment providers most often reported current street availability as ‘10’, while law enforcement most often reported it as ‘8’; the previous most common scores were not reported. A

law enforcement officer commented, “[Availability] is an ‘8’ with kids because they know they can take it with something else ... it will get them where they want (high).”

Participants reported that the street availability of Neurontin® has remained the same during the past six months, while community professionals reported that street availability has increased. Treatment providers commented: “It is prescribed more; They are addicts, they experiment [with what is available].”

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

Reports of current street prices for Neurontin® were consistent among participants with experience buying the drug. Participants reported purchasing 800 mg for \$5. In addition, a participant shared, “In jail it goes for about four candy bars.”

Participants reported that the most common route of administration for illicit use of Neurontin® is oral consumption. Participants estimated that out of 10 illicit Neurontin® users, all 10 would take the drug orally. Participants described typical illicit users as people addicted to heroin who use the drug to alleviate symptoms of opiate withdrawal.

Promethazine

Promethazine (prescription-strength cough syrup with codeine, aka “lean” when mixed with soda) is available for illicit use in the region. Participants most often reported the current street availability of the drug as ‘7’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was not reported. Participants discussed: “‘Dope boys’ (drug dealers) love that stuff; Rappers use it and they want to be cool so they glorify it [in their lyrics].” Law enforcement commented: “It is easy to get; If you listen to rap, you will hear the ‘robo tripping’ (getting high on Robitussin®) they are doing; Those using it are using it to get

high.” Participants reported an ounce of lean most often sells for \$30. One participant remarked, “I would buy the pint-sized bottle for \$400.”

Conclusion

Crack cocaine, heroin, marijuana, methamphetamine, Neurontin® (gabapentin) and sedative-hypnotics remain highly available in the Cleveland region; also highly available are fentanyl and Suboxone®. Changes in availability during the past six months include: increased availability for fentanyl; likely increased availability for methamphetamine and Neurontin®; decreased availability for prescription opioids; and possible decreased availability for heroin.

While heroin remains highly available in the region, participants and treatment providers reported that the general availability of heroin has decreased during the past six months. They cited an increase in fentanyl as a substitution and adulterant for heroin as the reason for decreased availability. One participant stated, “It is all fentanyl ... it would be harder to find straight up heroin.”

There was consensus across focus groups that fentanyl is highly available. Treatment providers and law enforcement shared that many heroin users now seek fentanyl for its potency. Overall, participants reported that the general quality of fentanyl has increased during the past six months. One participant stated, “With all the overdoses, one would have to assume, even if you don’t use it, that it is only getting stronger and stronger.”

Participants reported that methamphetamine is available in powdered and crystal forms throughout the region. However, they identified crystal methamphetamine as most prevalent. And, while methamphetamine is highly available, respondents continued to report greater presence of the drug in rural communities. Treatment providers discussed more limited methamphetamine availability in the city of Cleveland and increased availability for the drug in suburban communities of the region. One provider noted, “I see it coming more to the suburbs in Lake County.” Another provider indicated methamphetamine as popular among the younger gay population.

Neurontin® remains highly available for illicit use in the region. Treatment providers reported an increase in the number of users prescribed the drug during the past six months. Participants noted that many users have prescriptions for Neurontin® which they abuse or sell. Reportedly, Neurontin® 800 mg sells for \$5. Participants described typical illicit users of the drug as people addicted to heroin who use it to alleviate symptoms of opiate withdrawal.

Participants reported kratom (mitragynine, a psychoactive plant substance that produces a heroin-like high) as highly available in the region. Participants noted that kratom comes in powdered form and is also put into capsules. They described the typical kratom user as people addicted to heroin who use the drug to alleviate symptoms of opiate withdrawal.

Lastly, the BCI Richfield Crime Lab reported that the number of U-47700 (synthetic opioid) cases it processes increased to 100 during the past six months, from 11 cases for the six months previous, while the Lake County Crime Lab reported having processed 12 cases of U-47700 cases during in the past six months.

