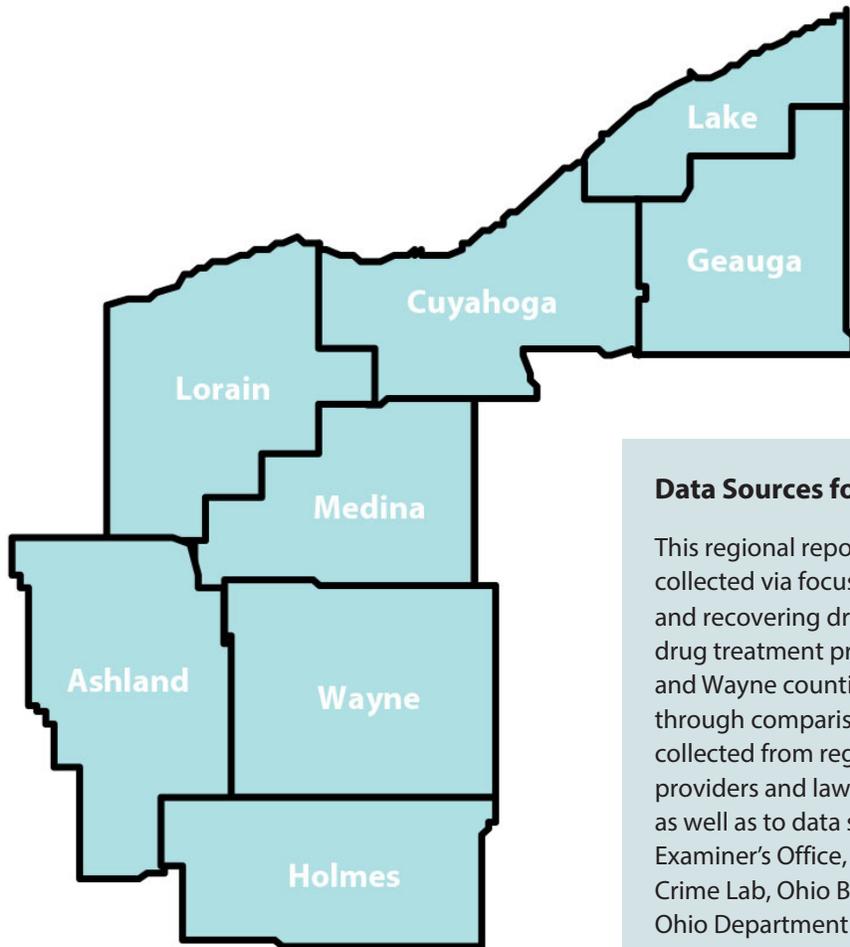




Drug Abuse Trends in the Cleveland Region



Regional Epidemiologist:
Jamie Cammilletti, MPH

Data Sources for the Cleveland Region

This regional report was based upon qualitative data collected via focus group interviews. Participants were active and recovering drug users recruited from alcohol and other drug treatment programs in Cuyahoga, Lake, Lorain, Medina and Wayne counties. Data triangulation was achieved through comparison of participant data to qualitative data collected from regional community professionals (treatment providers and law enforcement) via focus group interviews, as well as to data surveyed from Cuyahoga County Medical Examiner’s Office, Cuyahoga County Crime Lab, Lake County Crime Lab, Ohio Bureau of Criminal Investigation (BCI) and Ohio Department of Public Safety (ODPS), which logs drug task force seizures from across Ohio. All secondary data are summary data of cases processed from January to June 2018. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for July through December 2018.

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.

OSAM Staff:

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

Sarah Balsler, MPH, MSW, LSW, CHES
 OSAM Coordinator

Jessica Linley, PhD, MSW, LSW
 OSAM Quantitative Data Analyst

Regional Profile

Indicator ¹	Ohio	Cleveland Region	OSAM Drug Consumers
Total Population, 2017	11,689,442	2,272,467	47
Gender (female), 2017	51.0%	51.6%	31.9%
Whites, 2017	82.2%	76.7%	72.3% ²
African Americans, 2017	12.9%	18.7%	19.1% ²
Hispanic or Latino Origin, 2017	3.8%	5.4%	6.4% ³
High School Graduation Rate, 2013-17	89.8%	89.1%	77.3% ⁴
Median Household Income, 2013-17	\$52,407	\$59,400	\$16,000 to \$20,999 ⁵
Persons Below Poverty Level, 2013-17	14.0%	14.5%	46.8% 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 2018 - January 2019.

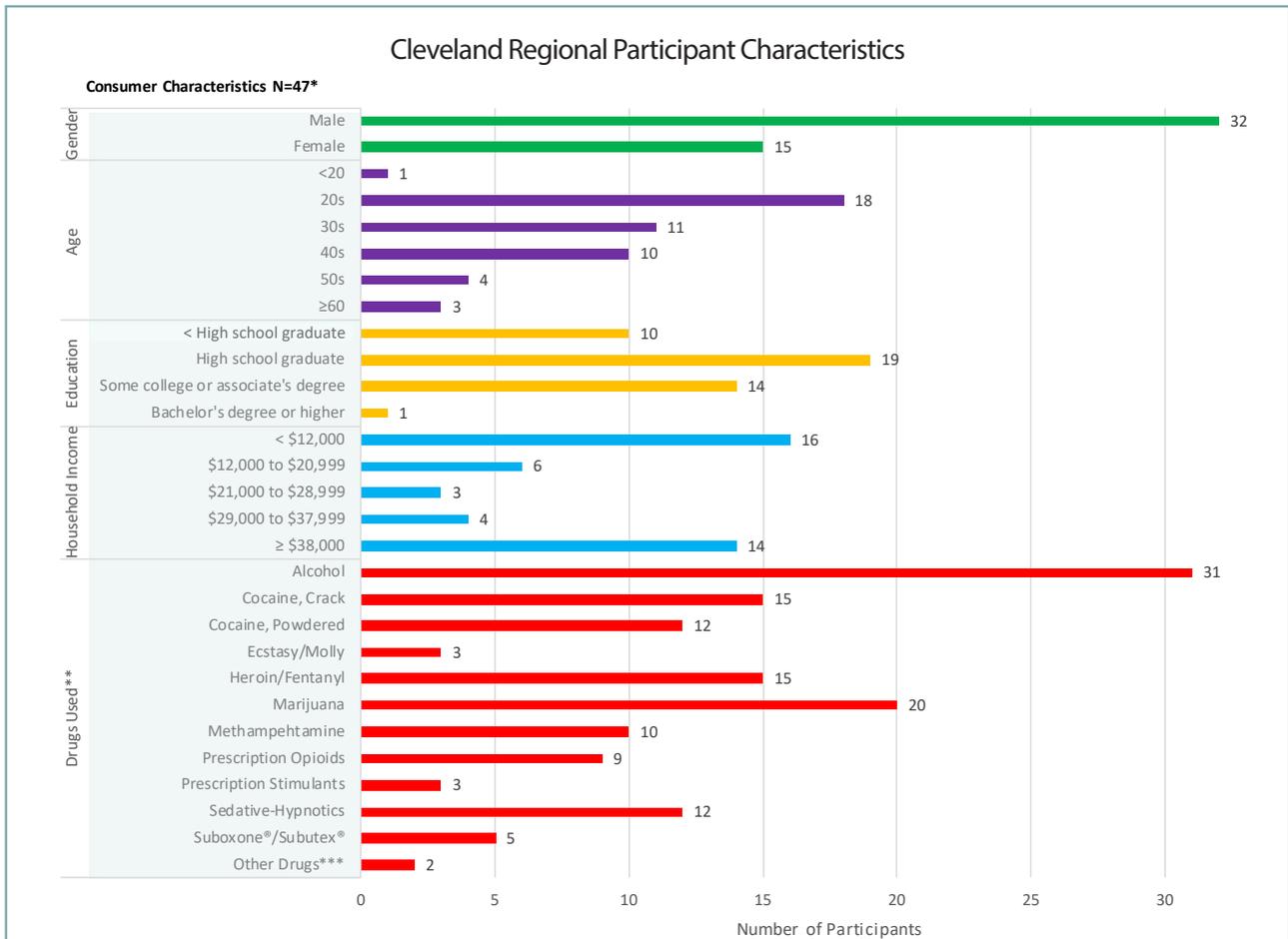
² Race was unable to be determined for 1 participant due to missing and/or invalid data.

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

⁴ Education level was unable to be determined for 3 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 4 participants due to missing and/or invalid data.

⁶ Poverty status was unable to be determined for 4 participants due to missing and/or invalid data.



*Not all participants filled out forms completely; therefore, numbers may not equal 47.

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

***Other drugs included: lysergic acid diethylamide (LSD) and Neurontin® (gabapentin).

Historical Summary

In the previous reporting period (January – June 2018), crack cocaine, fentanyl, heroin, marijuana, methamphetamine and Neurontin® (gabapentin) remained highly available in the Cleveland region. Changes in availability during the reporting period included: increased availability for methamphetamine and powdered cocaine; decreased availability for prescription opioids; and possible decreased availability for Suboxone® (buprenorphine).

While heroin and fentanyl remained highly available, respondents indicated that fentanyl was easier to obtain than heroin. Moreover, the consensus was that heroin not adulterated with fentanyl had become difficult to obtain. Participants and community professionals continued to report powdered heroin as the most available type of heroin in the region; and they noted that white powdered heroin was typically cut with fentanyl or was fentanyl sold in place of heroin. Participants discussed that the overall quality of heroin was poor; hence, fentanyl was added to heroin to boost its potency. Participants and community professionals also reported the presence of heroin cut with carfentanil (synthetic opioid significantly more potent than fentanyl).

Participants reported that the availability of fentanyl had increased during the reporting period, attributing the increase to greater demand for the drug, while noting that fentanyl was considerably cheaper than heroin; and thus, extremely appealing to dealers who could sell it as heroin at heroin prices. Participants explained that fentanyl was shorter acting than heroin, meaning the high it produced did not last as long, so users needed more of the drug to maintain a high and to avoid experiencing withdrawal symptoms.

Corroborating data indicated that fentanyl was highly available in the region. Cuyahoga County Medical Examiner's Office reported that 53.8% of the 316 drug overdose deaths it processed during the reporting period involved fentanyl/fentanyl analogues; 29.7% of these deaths involved carfentanil. In addition, all participating crimes labs reported that the incidence of carfentanil cases they processed from this region had increased during the reporting period. Law enforcement warned that fentanyl was used to adulterate many drugs, not just

heroin. One law enforcement officer stated, *"They're putting this fentanyl in cocaine, they're putting it in heroin ... everything has fentanyl."* A few participants discussed that some drug dealers pressed counterfeit pills with fentanyl and sold them as prescription opioids.

The availability of illicit stimulant drugs, particularly that of methamphetamine, had increased during the reporting period. Crystal methamphetamine continued to be the more available form of methamphetamine in the region. Law enforcement discussed that the drug was brought into the region from other states and Mexico, sometimes shipped via U.S. postal services. They also discussed that there was an increase in the number of dealers selling the drug and a trend in dealers selling methamphetamine as other drugs such as "molly" (powdered MDMA).

All respondent groups noted heroin users were transitioning to methamphetamine and cocaine use out of fear of fentanyl overdose and due to medication-assisted treatment (MAT) with Vivitrol®, which, while blocking opiate use, allowed for stimulant use. Treatment providers commented that a high proportion of users entering treatment had methamphetamine in their recent use history. One provider said, *"It's very rare to see a new client coming in that doesn't test positive for meth."* Treatment providers also noted that methamphetamine was particularly difficult for clients to stop using.

Lastly, corroborating data indicated that illicit stimulant drugs were highly available in the region. Cuyahoga County Medical Examiner's Office reported that 47.5% of the 316 drug overdose deaths it processed during the reporting period involved cocaine. In addition, Lake County and Cuyahoga County crime labs reported that the incidence of methamphetamine cases they process had increased during the reporting period. Participants and community professionals most often described typical methamphetamine users as white people, aged 20-30s and heroin users.

Current Trends

Powdered Cocaine

Powdered cocaine remains 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.' One participant stated, "Any area I go to, it's really accessible."

Treatment providers most often reported the current availability of powdered cocaine as '9,' while law enforcement most often reported it as '6,' the previous most common scores were '8' for treatment providers and '6-7' and '8-9' for law enforcement. Treatment providers commented: "If someone wants it, they can get it; It's the main ingredient in 'crack' (crack cocaine), you can find [crack] anywhere; I'll go out to the bars and there's people selling [powdered cocaine] at the bars." However, one provider remarked, "It's easier for somebody to scrape up \$20 for crack than \$100 for a gram [of powdered cocaine]." A law enforcement commented, "It's fairly available, but it doesn't seem to be as available as crack cocaine or heroin or even pills."

Corroborating data indicated that powdered cocaine is available in the Cleveland region. Cuyahoga County Medical Examiner's Office reported that 42.1% of the 259 drug-related deaths it recorded this reporting period involved cocaine (powdered and/or crack cocaine). In addition, the Ohio Department of Public Safety (ODPS) reported seizing 38.5 kilograms (85.0 lbs.) of powdered cocaine from this region during the past six months.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Cleveland Police, responding to reports of an unresponsive body in a downtown hotel room, found a man dead from an apparent drug overdose; officers recovered three baggies of cocaine from the hotel room (www.cleveland.com, July 17, 2018). North Ridgeville Police (Lorain County), responding to a call from a gas station clerk about an impaired driver, caught up with and stopped a vehicle along State Route 57, seizing a small amount of cocaine; officers arrested the driver of the car for traffic violations, possession of a controlled substance, drug paraphernalia, failure to comply with the arresting officer's orders and OVI (operating a vehicle under the influence of alcohol and/or other drugs) (www.cleveland.com, July 29, 2018).

Participants and community professionals reported that the availability of powdered cocaine has remained the same during the past six months. A law enforcement

commented, "Availability doesn't seem to have changed ... it's prevalent, but it's not the most prominent drug."

Ohio Bureau of Criminal Investigation (BCI) and Lake County crime labs reported that the incidence of cocaine cases they process from this region has decreased during the past six months, while Cuyahoga County Crime Lab reported that the incidence of cocaine cases it processes has increased. The labs do not differentiate between powdered and crack cocaine.

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

Participants most often rated the current overall quality of powdered cocaine as '6' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '8.' Participants observed: "I know one guy with the best stuff, and I know one guy with the worst stuff.... You don't know what you're getting; By the time it gets in the hands of the users, it's been 'cut' (adulterated) so many times, it doesn't have a high purity at all."

Participants discussed adulterants (aka "cuts") that affect the quality of powdered cocaine and they reported the top cutting agent for the drug as fentanyl. Other adulterants mentioned included: Miami Ice® (powder found at head shops and sold as carpet deodorizer) and NoDoz® (caffeine supplement). Participants reported: "A lot of times they like to cut it with pills called NoDoz®, it's kind of like a speed pill, but you can definitely tell the difference between an actual 'coke' (powdered cocaine) high compared to coke that's cut with NoDoz®; Miami Ice®, it gives you the same numbness feeling as if it was real cocaine." Overall, participants reported that the quality of powdered cocaine remained the same during the past six months.

Powdered Cocaine	Cutting Agents Reported by Crime Lab	
	<ul style="list-style-type: none"> ● atropine (prescription heart medication) ● caffeine ● levamisole (livestock dewormer) ● local anesthetic (benzocaine, lidocaine and procaine) ● phenacetin (banned analgesic) ● triacetin (triglyceride) 	

Reports of current prices for powdered cocaine were variable among participants with experience buying the drug. Reportedly, the most common quantity of purchase is a gram. Overall, participants reported that the price of powdered cocaine has remained the same during the past six months. However, a participant added, “[Price] just depends on who you go to.”

Powdered Cocaine	Current Street Prices for Powdered Cocaine	
	A gram	\$50-100
	1/16 ounce (aka “teener”)	\$100-150
	1/8 ounce (aka “eight ball”)	\$150-250

The most common route of administration for powdered cocaine remains snorting. Participants estimated that out of 10 powdered cocaine users, eight would snort and two would intravenously inject (aka “shoot”) the drug. One participant remarked, “Most people snort it.”

Participants described typical powdered cocaine users as white-collar professionals and young adults between 18 and 25 years of age who are experimenting. Participants remarked: “If you’re buying coke, you got a little money; You got prestige and a suit; It’s very social now.” Community professionals described typical powdered cocaine users as of middle to higher socio-economic status and white people. They commented: “People who snort powdered cocaine are more sophisticated and have a better stature financially than [people who use] other street narcotics; People that have an income that could maintain that kind of habit.”

Crack Cocaine

Crack cocaine is highly available in the region. Participants most often reported the drug’s current availability as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was also ‘10.’ Participants stated: “There’s a mass amount of it around, usually at all times; It’s so easy to get; You just turn and walk down the street and you’re gonna have someone beep the horn [offering a free sample of crack cocaine], ‘Come here, you wanna test this?’”

Treatment providers most often reported the current availability of crack cocaine as ‘10,’ while law enforcement most often reported it as ‘8;’ the previous most common score was ‘5’ for treatment providers and law enforcement. Treatment Providers remarked: “In Cuyahoga County you have to run away from the crack dealer. If you drive through certain parts of Cleveland [and] you get lost, and you’re white, they will come up to your car thinking you’re only there to buy [crack cocaine]; I work with clients who tell me it’s easy to get” One law enforcement officer noted, “Crack cocaine is making a comeback. It’s being used by heroin users as an upper as a way to come back from the down (depressant effect of heroin use).”

Corroborating data indicated that crack cocaine is available in the Cleveland region. Cuyahoga County Medical Examiner’s Office reported that 42.1% of the 259 drug-related deaths it recorded this reporting period involved cocaine (crack and/or powdered cocaine). In addition, ODPS reported seizing 324.4 grams (0.7 lbs.) of crack cocaine from this region during the past six months.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Berea Police (Cuyahoga County) conducted a traffic stop for expired license plates and discovered the driver had outstanding warrants; officers searched the vehicle and seized 16 hypodermic needles, a crack cocaine pipe and a marijuana pipe, leading police to arrest the driver for possession of drug paraphernalia and driving with expired plates and a suspended license (www.cleveland.com, July 19, 2018). A detective with Cleveland Police observed suspicious activity in a parking lot that led to a traffic stop after the driver noticed a marked police car approach and attempted to drive away; the detective arrested the driver for drug possession after police found suspected crack

cocaine in the car's center console and a glass pipe (www.cleveland.com, July 25, 2018). Ashland Police (Ashland County) responded to a call of suspected drug activity and stopped a suspicious vehicle, arresting a man and woman for possession of cocaine and trafficking in drugs; the teenage son of the woman who was in the car at the time of their arrest was placed in custody of Children Services, and additional drug trafficking evidence was seized from the woman's apartment in Ashland (www.mansfieldnewsjournal.com), (Aug. 2, 2018). Elyria Police (Lorain County) conducted a traffic stop and found the woman driving to be in possession of a small baggie with white powder that the woman claimed was sugar she planned to sell as crack cocaine, while the passenger was found in possession of a 1/10 gram "rock" (piece of crack cocaine) that tested positive for cocaine; the driver and the passenger arrested and charged with counterfeit controlled substance and possession of cocaine and drug paraphernalia, respectively (www.newes5cleveland.com, Aug. 8, 2018). Westlake Police (Cuyahoga County) responded to a report of a car theft at a motel and noticed suspected crack cocaine and drug paraphernalia in the caller's room when speaking with him about the car theft; officers arrested the man for possession of cocaine and drug paraphernalia (www.cleveland.com, Sept. 28, 2018).

Participants and treatment providers reported that the availability of crack cocaine has remained the same during the past six months, while law enforcement reported that it has increased. One law enforcement officer observed, "More and more people we are [drug] testing ... test positive for cocaine..." BCI and Lake County crime labs reported that the incidence of cocaine cases they process from this region has decreased during the past six months, while Cuyahoga County Crime Lab reported that the incidence of cocaine cases it processes has increased. The labs do not differentiate between crack and powdered cocaine.

Participants most often rated the current overall quality of crack cocaine as '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was also '7.' Participants discussed: "[Quality is] hit or miss depending on how they cook it. Consistently it's been alright; Depends who you're getting it from." Participants reported that crack cocaine in the region is adulterated (aka "cut") with baking soda, fentanyl and methamphetamine. One participant stated, "[Crack] is being mixed with fentanyl, making it stronger and more addictive. That's good for the 'dope boy' (drug dealer), but not for the users." Overall, participants reported that the quality of crack cocaine has remained the same during the past six months.

Cutting Agents Reported by Crime Lab	
Crack Cocaine	● atropine (prescription heart medication)
	● caffeine
	● levamisole (livestock dewormer)
	● local anesthetic (benzocaine, lidocaine and procaine)
	● phenacetin (banned analgesic)
	● triacetin (triglyceride)

Current prices for crack cocaine were reported by participants with experience buying the drug. Reportedly, the most common quantity of purchase is 1/10-2/10 gram (aka "rock"). Participants shared: "Crack really doesn't get sold by weight too much. They carry it by the bag and break off [pieces to sell]; It's not about unit of measure as it is size and amount of 'stones' (rocks of crack cocaine) that you get; Generally, the rule of thumb is a rock is \$20." Overall, participants reported that the price of crack cocaine has remained the same during the past six months.

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

Current Street Prices for Crack Cocaine		
Crack Cocaine	1/10 gram-2/10 gram (aka "rock")	\$10-20
	A gram	\$60-80
	1/16 ounce (aka "teener")	\$100-150
	1/8 ounce (aka "eight ball")	\$200-220

The most common route of administration for crack cocaine remains smoking. Participants estimated that out of 10 crack cocaine users, nine would smoke and one would intravenously inject (aka “shoot”) the drug. Participants explained: *“If they got crack, they’re going to smoke it; They use vinegar as a neutralizer for crack. They break down the crack ... turn it into a liquid form and start shooting”*

Participants described typical crack cocaine users as people aged 40 years and older and of low socio-economic status. Participants remarked: *“It’s so darn cheap and it’s so readily available; Usually the older crowd, 40s and up.”* Community professionals described typical crack cocaine users also as of low socio-economic status but noted use more often among African-American people. One treatment provider added, *“In talking to clients who prefer [crack] cocaine, 40s and 50s, it was very popular in the eighties and these individuals started their drug use then, they liked the effects of [crack] cocaine and continued to use it.”* Law enforcement reported: *“[Crack cocaine users are] a little more down and out, lower economic class; Mostly African-American.”*

Heroin

Heroin remains highly available in the region. Participants most often reported the current availability of the drug as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was also ‘10.’ A participant remarked, *“You can literally pull up in (travel to) big cities (Cleveland) and people come up, ‘You working for that boy?’ (looking for heroin?).”*

Treatment providers most often reported the current availability of heroin as ‘10,’ while law enforcement most often reported it as ‘9;’ the previous most common scores were ‘7’ and ‘9-10’ for treatment providers and ‘8’ for law enforcement. One treatment provider remarked, *“[Heroin is] available, that’s what they’re going for.”* One law enforcement officer noted, *“There are dealers that actually drive around and seek people out [to sell heroin to]. They see people that they think are either becoming ‘dope sick’ (experiencing withdrawal) or look like they’re addicts, and basically, they’re just asking them if they’re looking to buy drugs ... readily available.”*

Corroborating data indicated that heroin is available in the Cleveland region. The Cuyahoga County Medical Examiner’s Office reported that 40.3% of the 259 drug-related deaths it recorded this reporting period involved heroin; of these heroin-related deaths, 93.8% also involved fentanyl. In addition, ODPS reported seizing 670.8 grams (1.5 lbs.) of heroin from this region during the past six months.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Westlake Police (Cuyahoga County) responded to a call of suspicious activity and found the man in question to be unsteady, sweating and slurring his speech while he attempted to misinform officers; officers arrested the man for felony drug possession and misidentification after officers searched his vehicle that was left running with the doors open and hypodermic needles in plain view with suspected heroin, as well as methamphetamine and pills (www.patch.com, July 28, 2018). Cleveland Police arrested a man for aggravated vehicular homicide after he overdosed behind the wheel and crashed into a woman riding a scooter in downtown Cleveland that led to her death (www.cleveland.com, Aug. 20, 2018). Westlake Police responded to a call about unwanted house guests and drug usage; officers found two women in possession of heroin and needles and arrested them along with the resident who called for drug use and permitting drug use, respectively (www.patch.com, Sept. 25, 2018).

While many types of heroin are currently available in the region, participants and community professionals continued to report powdered heroin as most available. However, a participant noted, *“Heroin and fentanyl are one in the same anymore.”* One law enforcement officer observed, *“We’re not seeing black tar or brown powder [heroin], we’re seeing a lot of gray powder, purplish tinted, and pink powder.”* Another officer stated, *“We don’t see black tar heroin here. In the ten years I’ve been in law enforcement, I think I’ve seen it once ... most of our [heroin cases] are off-white powder heroin.”* Regarding black tar heroin, a participant commented, *“I’ve seen [black tar heroin], but not often.... I saw black tar heroin a few weeks ago, ‘Mexican mud’ they call it. It’s very hard to come by....”*

Participants and community professionals reported that the availability of heroin has remained the same during the past six months. Cuyahoga County Crime Lab

reported that the incidence of heroin cases it processes from this region has increased during the past six months, while BCI and Lake County crime labs reported that the incidence of heroin cases they process has decreased or remained the same. The labs reported processing beige, blue, brown, gray, purple, tan and white powdered heroin as well as black tar heroin.

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

Participants most often rated the current overall quality of heroin as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common scores were '1-2' and '10.' However, quality ratings were dependent on personal preference towards fentanyl. Participants shared: "[More fentanyl] makes [heroin] way better; The chance of getting good quality heroin is very slim. That's why overdoses happen because people get junk ... then when they do get a good one, their bodies aren't used to it; The quality of heroin ... we don't know [what it is]."

Participants discussed adulterants (aka "cuts") that affect the quality of the drug and reported that the top cutting agent for heroin remains fentanyl. A participant remarked, "It's not heroin, it's fentanyl." A treatment provider remarked, "I don't think users actually know what it is. They just buy it and do it and don't care."

Additional cuts mentioned included: aspirin, baby formula, baby laxatives, carfentanil, cosmetics, prescription opioids (Percocet®), powdered sugar, salt, sedative-hypnotics (Xanax®), sugar, trazodone (prescribed sedative and antidepressant) and Tylenol®. Participants discussed: "You don't know [what you get with heroin] until you end up hittin' (using) it. And, some people don't take the time to do like a warm up (tester of heroin) to see how it's gonna affect them.... When you don't use responsibly, or you're careless about it ... that's why you're seeing [overdose] happen so much; I pissed dirty (screened positive on a drug screen) for trazodone, barbiturates, Xanax®... they put all types of cut with that stuff." Overall, participants reported that the quality of heroin has remained the same during the past six months.

Heroin	Cutting Agents Reported by Crime Lab	
	●	acetaminophen
	●	caffeine
	●	cocaine
	●	diphenhydramine (antihistamine)
	●	fentanyl
	●	inositol (dietary supplement)
	●	lidocaine (local anesthetic)
	●	mannitol (diuretic)
	●	methamphetamine
	●	papaverine (vasodilator)
	●	quinine (antimalarial)
●	sorbitol (artificial sweetener)	
●	tramadol	
●	xylazine (animal sedative)	

Reports of current prices for heroin were variable among participants with experience purchasing the drug. Reportedly, the most common quantities of purchase are 1/2 gram and a gram. Overall, participants indicated that the price of heroin has remained the same during the past six months; however, one participant observed, "[Price has decreased for heroin because] not as many people are buying it because they're switching over to meth."

Heroin	Current Street Prices for Heroin	
	Powdered:	
	1/10 gram (aka "point")	\$10-20
	1/2 gram	\$40-60
	A gram	\$80-150

The most common route of administration for heroin remains intravenous injection (aka "shooting"). Participants estimated that out of 10 heroin users, nine would shoot and one would snort the drug. Participants discussed: "[Certain drug houses] they call 'shooting galleries.' It's a dollar to get in and a dollar to use the syringes. So, if you go there, everybody's shooting.... At a shooting gallery everyone's coming to shoot. At a bar, you go in the bathroom and snort. At parties, they say we got the heroin over there, the cocaine over there, go get what y'all want and most of them are going to snort it because they have this

persona they have to live up to. I don't shoot 'dope' (heroin), I snort dope; When you first start off doing heroin, you're going to snort it or smoke it. [Route of administration] depends what stage [of use/addiction] you're in; Ten people would shoot it, and all use the same needle."

Participants most often described typical heroin users as white people in their 20s and 30s. Participants observed: *"I've been all over the place shootin' dope ... I don't see a lot of African-American men shooting [heroin].... I don't see them shooting as prevalently as white males and white females. They'd rather smoke crack; I just got released from the institution and I've seen more guys, 20-year-old, white drug addicts. I said, 'How you become a drug addict at 18 [years of age]?' My mom. My mom's drugs, her Percocet®, her Vicodin®; There's more whites doing it than blacks; 18- to 80-year olds ... but primarily people in their 20s and 30s."*

Community professionals could not provide a profile of a typical heroin user. Treatment providers commented: *"[Heroin use is] across the board, the next door neighbor, someone under the bridge (homeless people), high school kids; Everyone's a risk, especially if you've been hospitalized."* Law enforcement officers added: *"All economic realms, suburbs, rich and poor neighborhoods, white, male or female, a lot of times they're younger; Young people with average age of 18-30 [years] being most common."*

Fentanyl

Fentanyl 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 discussed: *"Fentanyl is [to heroin] what crack is to cocaine, very cheap, very available; Heroin and fentanyl are one in the same anymore; The demand is up for heroin with fentanyl because it's cheaper and easier to get; The high [with fentanyl] is shorter lasting, so you need to keep doing more, that's why the demand is up; I have no idea how to differentiate [between heroin and fentanyl]. It's all so mixed."*

Treatment providers most often reported the current availability of fentanyl as '10,' while law enforcement most often reported it as '6-7;' the previous most common scores were '6-7.' Treatment providers remarked: *"It's more available than heroin at this point; Drug dealers are passing*

it off as heroin and you don't know what you got till it's already in you." Law enforcement noted: *"Most of the people don't even know they're using it ... I've not had anyone say they're seeking fentanyl, or if they are, they're certainly not verbalizing it; We're actually coming across pills that are passed off as Percocet® ... but turns out to be pressed fentanyl... people end up overdosing from that, thinking they're taking Percocet®, or oxycodone, and it turns out to be fentanyl."*

Corroborating data indicated that fentanyl is available in the Cleveland region. Cuyahoga County Medical Examiner's Office reported that 68.7% of the 259 drug-related deaths it recorded this reporting period involved fentanyl/fentanyl analogues; 9.3% of these deaths involved carfentanyl. In addition, ODPS reported seizing 1,085.3 grams (2.4 lbs.) of fentanyl from this region during the past six months.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Elyria Police (Lorain County) and U.S. Drug Enforcement Administration (DEA) investigated the circumstances surrounding a man who was arrested for allegedly attempting to swallow 40 packages of fentanyl, totaling 400 grams, that were smuggled into the country; officers seized the fentanyl packages from a motel in Elyria (www.cleveland.com, July 17, 2018). A man was indicted in U.S. District Court in Cleveland following the conclusion of a joint Elyria Police and FBI investigation that led his arrest on charges of possession with intent to distribute narcotics and being a felon in possession of a firearm; officers seized 1.46 grams of fentanyl and 22 grams of crack cocaine from the man at the time of his arrest (www.patch.com, July 25-26, 2018). A South Euclid (Cuyahoga County) man was arrested in possession of 14 grams of heroin/fentanyl, 31 grams of heroin, 64 alprazolam (Xanax®) pills and firearms; the man allegedly sold fentanyl and heroin several times over the month prior and was charged with distribution, possession with intent to distribute drugs and two felony charges related to firearms (www.patch.com, July 26, 2018). The U.S. District Court in Pittsburgh, Pennsylvania heard a guilty plea from a Euclid (Cuyahoga County) resident to charges related to the distribution of fentanyl, following a five-month investigation involving federal agents and U.S. Postal inspectors that included the seizure of 10 grams of fentanyl (www.triblive.com, Aug. 13, 2018). Lake County Crime Lab reported a fifty percent increase during the

past six months in cases involving fake oxycodone pills containing fentanyl or carfentanil (www.news5cleveland.com, Sept. 11, 2018). Narcotics agents and several law enforcement agencies in Lorain County concluded a week-long investigation with the recovery of 118 grams of fentanyl and the arrest of one man for aggravated drug trafficking and trafficking in heroin (www.cleveland.com, October 16, 2018). A man was caught on security footage performing a hand-to-hand transaction outside a casino in downtown Cleveland and later arrested for distribution of fentanyl, cocaine and heroin; a baggie of a mixture of cocaine, heroin and fentanyl was found inside the hotel room of the fatally overdosed buyer of the drugs (www.news5cleveland.com, Oct. 24, 2018). Eight deputies of the Cuyahoga County Sheriff's Office serving an arrest warrant were taken to the hospital due to possible fentanyl exposure; one suspect was arrested (www.fox8.com, Nov. 7, 2018).

Participants and community professionals reported that the availability of fentanyl has remained the same during the past six months. BCI and Cuyahoga County crime labs reported that the incidence of fentanyl/fentanyl analogue cases they process from this region has increased during the past six months, while Lake County Crime Lab reported that the incidence of its cases has decreased. All three crime labs reported that the incidence of carfentanil cases they process from this region has decreased during the past six months.

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

Participants most often rated the current overall quality of fentanyl as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '10.' Participants discussed adulterants (aka "cuts") that affect the quality of the drug and reported that the top cutting agent for fentanyl is heroin. Additional cuts mentioned included: cocaine, methamphetamine and sugar. Participants explained: "They have to 'step on' (adulterate) it or everybody would be dying, so they have cut

[fentanyl]; [Fentanyl is being used] with a low grade of heroin. You gotta understand that. You get some garbage heroin and you put some fentanyl with it, now you got the best stuff in town 'cause guess what, [the user is] gonna OD (overdose), and everyone's going to say, 'Where'd he get it from?;' What's really messed up is if somebody dies off of their fentanyl ... more people ... will come to that dealer because they know that their [dope] isn't fake." Overall, participants reported that the quality of fentanyl has remained the same during the past six months.

Reports of current prices for fentanyl were consistent among participants with experience purchasing the drug. Reportedly, the most common quantity of purchase is a 2/10 gram for \$20. In addition, participants discussed fentanyl sold in capsules. One participant reported, "They put [fentanyl] in capsules and sell it by the capsule. [My dealer] used to buy this stack of energy pills from like Circle K®, dump all the stuff out of [the capsules] and fill fentanyl into them. That way they were a cool color. You could know who you bought them from off of which capsule they had." Overall, participants indicated that the price of fentanyl has remained the same during the past six months.

The most common route of administration for fentanyl remains intravenous injection (aka "shooting"). Participants estimated that out of 10 fentanyl users, eight would shoot and two would snort the drug. Participants and community professionals described typical fentanyl users as heroin users, white people in their 20s and 30s. A treatment provider explained, "It's the same as heroin users, young, white, male and female. [Fentanyl use is] looked down upon with the black community in Cuyahoga County, but they'll deal it." A law enforcement officer added, "It's predominantly Caucasian ... for us it's predominantly Caucasian because it's the racial makeup of the county [Medina County] ... and men are overdosing [due to fentanyl] at a rate of three to one to women steadily."

Prescription Opioids



Prescription opioids are moderately to 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 '6.' Treatment providers most often reported the current street availability of prescription opioids as '3,' while law enforcement most often reported it as '5;' the previous most common scores were '5' and '6,' respectively.

Corroborating data indicated that prescription opioids are available for illicit use in the Cleveland region. Cuyahoga County Medical Examiner's Office reported that 13.9% of the 259 drug-related deaths it recorded this reporting period involved prescription opioids. In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. During a traffic stop, Solon Police (Cuyahoga County) searched a vehicle and recovered a small amount of marijuana and hydrocodone pills; officers arrested a man for felony drug abuse and driving without a license (www.patch.com, Oct. 12, 2018). Ohio State Highway Patrol (OSHP) conducted a traffic stop for speeding along Interstate 71 and seized 1,899 grams of oxycodone pills and marijuana from the stopped vehicle; two men were arrested for aggravated trafficking in drugs (www.norwalkreflector.com, Dec. 17, 2018).

Participants and community professionals identified Norco®, tramadol and Vicodin® as the most popular prescription opioids in terms of widespread illicit use. Participants stated: *"Norco® would be one of the easier ones to find; I've seen Vicodin®, Norco® and tramadol, but everything else is very rare nowadays; The doctors are cutting the 'perks' (limiting Percocet®). ... If you get some Percocet® from the doctor, they're monitoring it."* A treatment provider remarked, *"If you go to the dentist, they'll offer Norco® before they even offer Motrin®."*

Participants and community professionals reported that the general availability of prescription opioids has decreased during the past six months. A participant commented, *"You can't get a whole month's 'script' (prescription) anymore ... people can't sell them like they used to. ... [Doctors] do more pill counts (prescription monitoring)."* A treatment provider observed, *"More doctors are taking advantage of the OARRS (Ohio Automated Rx Reporting System) report and prescriptions are being monitored more."* Law enforcement concluded: *"I believe people can't get the pills (opioids) or they cost more and that's why they're doing heroin; Cases involving prescription opioids have decreased tremendously over the past year; They're not nearly as easy to come by. Pharmacies are much more vigilant checking for fake scripts. Doctors*

aren't prescribing as much." Cuyahoga County Crime Lab reported that the incidence of hydrocodone (Vicodin®), oxycodone (OxyContin®, Percocet®) and tramadol (Ultram®) cases it processes has increased during the past six months; Lake County Crime Lab reported increased incidence of tramadol cases. BCI crime labs reported that its incidence of cases for the aforementioned drugs has decreased or remained the same during the past six months. All crime labs reported processing very few cases of hydromorphone (Dilaudid®), methadone and oxymorphone (Opana®) during the past six months.

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. Participants commented: *"I've seen people pay \$1.50 to \$2 [per milligram] for Vicodin® because they were withdrawing so bad ... but generally it's \$1 per milligram for Vicodin®; Percocet® are \$1 per milligram; When they're harder to get, the price jacks up..."* Overall, participants indicated that the street price of prescription opioids has remained the same during the past six months.

Prescription Opioids	Current Street Prices for Prescription Opioids	
	Pharmaceutical fentanyl	\$20 for 25 mcg patch
	Opana®	\$35 for 10 mg \$50 for 15 mg
	OxyContin® OP	\$1 per milligram
	Percocet®	\$6-10 for 5 mg \$14-15 for 10 mg
Vicodin®	\$3 for 5 mg \$5 for 7.5 mg \$8-15 for 10 mg	

Participants reported obtaining prescription opioids for illicit use from people with prescriptions for them. Participants explained: *"A lot of people imagine that you get painkillers from big burly drug dealers, but I got them from little old ladies ... little old ladies that had cancer and couldn't pay their rent; I went to my friends [to obtain prescription opioids] ... my one friend, his mom had kidney cancer and he would just steal them from her.... She'd sleep so long that she wouldn't know that she didn't take a dose; My mom ... she's selling [her prescribed Percocet®] ... making at least \$1,200 on one prescription."* In addition, participants discussed that some dealers will sell counterfeit prescription opioids: *"[Drug dealers are] pressin' [prescription opioids] with fentanyl; Some people have stampers (pill presses) and they sell fake pills."*

The most common route of administration for illicit use of prescription opioids remains snorting. Participants estimated that out of 10 illicit prescription opioid users, eight would snort and two would intravenously inject (aka "shoot") the drugs. A profile of a typical illicit prescription opioid user did not emerge from the data. A participant shared, *"It could be anyone."* Treatment providers confirmed: *"Users are across the board; Same as heroin, everyone's a risk."* While law enforcement added: *"Anybody, anywhere from construction workers, doctors, kids stealing them from medicine cabinets; I don't think there is one [typical illicit user], I really don't."*

Suboxone®



Suboxone® (buprenorphine) remains moderately to highly available for illicit use in the region. Participants most often reported the current street availability of Suboxone® 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 '5-7' for the sublingual filmstrip form and '10' for the pill form. A participant stated, *"It's really possible to get because there are so many people [prescribed Suboxone®] ... they sell them like crazy."*

Treatment providers and law enforcement most often reported the current street availability of Suboxone® as '6,' the previous most common scores were '7-8' and '5,' respectively. Treatment providers remarked: *"I've watched clients get their scripts and people are waiting for them outside; It's as easy to get as heroin because people get on*

Suboxone® and they use it for currency ... they trade it for heroin and use it to get through withdrawal periods." Law enforcement noted: *"It's pretty common to find [Suboxone®] on arrests or search warrants related to heroin; Suboxone® has stayed on pace with the opiate epidemic for quite a while now."*

Participants and treatment providers reported that the street availability of Suboxone® has increased during the past six months. A participant commented, *"People are getting in [legal] trouble and in order to get out of trouble, you could [agree to] be on a Suboxone® program, but they don't really want to get better, so they just take the Suboxone®, pass the drug tests, and sell the rest of them."* Law enforcement most often reported that street availability of Suboxone® has remained the same during the past six months. BCI and Lake County crime labs reported that the incidence of Suboxone® cases they process from this region has remained the same during the past six months, while Cuyahoga County Crime Lab reported that the incidence of Suboxone® cases it processes has increased.

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

Reports of current street prices for Suboxone® were consistent among participants with experience buying the drug. Reportedly, Suboxone® 8 mg most often sells for \$16-20. Overall, participants indicated that the street price of Suboxone® has remained the same during the past six months. Participants reported obtaining Suboxone® on the street from drug dealers and from other users.

The most common route of administration for illicit use of Suboxone® remains oral consumption and snorting. Participants estimated that out of ten illicit Suboxone® users, nine would orally consume and one would snort the drug. A participant stated, *"Most people put it under their tongue and use it as a crutch to not get sick (experience withdrawal) from the heroin."* Participants did not identify typical illicit Suboxone® users. However, community professionals described typical illicit users as similar to illicit opioid users: white people in their 20s and 30s.

Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) are moderately to 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 '7.' Treatment providers most often reported the current street availability of sedative-hypnotics as '8,' while law enforcement most often reported it as '4,' the previous most common scores were '7' and '5,' respectively. One law enforcement officer noted, "A lot of times you'll see it mixed with your opiate users."

Corroborating data indicated that sedative-hypnotics are available for illicit use in the Cleveland region. Cuyahoga County Medical Examiner's Office reported that 16.6% of the 259 drug-related deaths it recorded this reporting period involved one or more benzodiazepine and/or sedative-hypnotic. In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. Elyria Police Special Response Team and Lorain Police SWAT (Lorain County) conducted two searches of Lorain residences and seized 136 oxycodone pills, 158 Xanax® pills, 130 grams of cocaine, 12 grams of heroin/fentanyl, 134 grams of marijuana, several firearms and cash; officers arrested a father and son on several counts of drug possession, drug trafficking and receiving stolen property (www.fox8.com, Sept. 4, 2018).

Participants and community professionals identified Klonopin® and Xanax® as the most available sedative-hypnotics in terms of widespread illicit use. Law enforcement commented: "Xanax® is the one that we see the most often on the street; Xanax® and Klonopin® are the most prevalent. Very seldom do we see anything other than those two."

Participants reported that the street availability of sedative-hypnotics has decreased during the past six months. Participants commented: "They're getting harder to get; [Availability has decreased] because of the crackdown on prescription drugs in general; Probation department is on key about stuff like this and the Sheriffs are well-trained about things nowadays, and I think the state troopers have increased [their presence] around here, too. In Lorain County especially, the drugs have just slowed down."

Community professionals reported that the availability of sedative-hypnotics has remained the same during the past six months. Cuyahoga County Crime Lab reported that the incidence of alprazolam (Xanax®), clonazepam (Klonopin®), diazepam (Valium®) and lorazepam (Ativan®) cases it processes has increased in the past six months, while the incidence of carisoprodol (Soma®) and zolpidem (Ambien®) cases it processes has decreased or remained the same. In addition, the lab reported having processed 10 cases of "designer benzos" (synthetic drugs that produce similar effects as benzodiazepines) during the past six months. BCI and Lake County crime labs reported that the incidence of sedative-hypnotics cases they process from the region has decreased or remained the same during the past six months. The two labs reported processing very few cases of carisoprodol (Soma®) and zolpidem (Ambien®) for this region during the past six months.

Sedative-Hypnotics	Reported Availability Change during the Past 6 Months	
	 Participants	Decrease
	 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. Overall, participants reported that the price of sedative-hypnotics has remained the same during the past six months.

Sedative-Hypnotics	Current Street Prices for Sedative-Hypnotics	
	Ativan®	\$2 for 1 mg \$4 for 2 mg
	Klonopin®	\$0.50-1 for 1 mg
	Valium®	\$2 for 2 mg
Xanax®	\$2 for 1 mg \$5-10 for 2 mg (aka "xanie bar") \$6 for 3 mg	

Participants reported obtaining sedative-hypnotics for illicit use from drug dealers. In addition, participants discussed that some dealers sell counterfeit sedative-hypnotic pills. A participant mentioned, *"Xanax® are the top dog for 'benzos' (benzodiazepines), so pill pressers are putting those on production for sure, mixed with fentanyl. The same effects happen, drowsiness, calm and relaxing. People don't know they're not getting benzos..."*

The most common routes of administration for illicit use of sedative-hypnotics are oral consumption and snorting. Participants estimated that out of 10 illicit sedative-hypnotic users, five would orally consume and five would snort the drugs. Participants and community professionals described typical illicit sedative-hypnotics users as female, aged young adult to middle age. Law enforcement shared: *"With Xanax® it seems like females are more apt to possess that; Some middle-aged women are abusers of this stuff. For some reason they seem to get prescribed these easier [than men do] for anxiety or depression."*

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 commented: *"It's legal basically; Everyone does it."* One treatment provider stated, *"[Clients are] more lax (relaxed) about it and find it easier to talk about it now."* Law enforcement remarked: *"A lot of areas it's basically becoming decriminalized; If we get someone who doesn't test positive for marijuana, we almost question the test..."*

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;' the previous most common score was '9-10.' A participant noted, *"[Dabs are] more appealing and accessible."* Community professionals did not report on the current availability of marijuana extracts and concentrates; however, the previous most common scores were '4' for treatment providers and '7-8' for law enforcement.

Corroborating data indicated that marijuana is available in the Cleveland region. ODPS reported seizing 594.3 kilograms (1,310.3 lbs.) of marijuana from this region during the past six months. In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. While conducting a traffic stop along U.S. Route 422, Solon Police (Cuyahoga County) were led on a short foot chase by the passenger of the stopped vehicle; the passenger was apprehended and arrested with 24.5 grams of marijuana and a digital scale, and officers also discovered a loaded handgun under the passenger's seat of the car (www.patch.com, July 23, 2018). North Ridgeville Police (Lorain County) arrested a man for possession of marijuana paraphernalia and for improperly handling a firearm in a motor vehicle; officers responded to a call from a fast food restaurant employee regarding the man passed out in his van in restaurant's parking lot for over an hour (www.cleveland.com, July 29, 2018). Westlake Police (Cuyahoga County) conducted a traffic stop along Interstate 90 and were notified by a passenger of the stopped car of a loaded firearm in the car, prompting a search and seizure of an undisclosed amount of marijuana and drug paraphernalia; officers arrested the driver and two passengers of the vehicle for felony drug trafficking and carrying a concealed weapon (www.patch.com, July 31, 2018). Berea Police (Cuyahoga County) arrested two young women after finding 20 bags of marijuana and a scale in their vehicle during a traffic stop (www.cleveland.com, Aug. 12, 2018). OSHP and local law enforcement agencies coordinated in the seizure of 80 marijuana plants from three residences in Wooster (Wayne County); two people were charged with possession and cultivation of marijuana (www.fox8.com, Aug. 24, 2018). Several local law enforcement agencies including U.S. Marshals and DEA agents coordinated in the arrests of 11 people alleged to have been involved in shipping over 2,000 pounds of marijuana from Southern California to Northeast Ohio (www.news5cleveland.com, Sept. 5, 2018). A sergeant of the Cuyahoga County Sheriff's Office fatally shot a man who had been attacking motorists on the side of Interstate 90 and charged officers repeatedly after being subdued with a stun-gun; toxicology reports indicated that the man, an admitted drug dealer, had THC (tetrahydrocannabinol, the psychoactive component of marijuana) in his system (www.cleveland.com, Sept. 30, 2018). Solon Police conducted a traffic stop for tinted windows and discovered that the driver's license was suspended and the man had three active arrest warrants; officers seized 36 individually wrapped bags of marijuana

in a backpack and charged the man with drug trafficking (www.patch.com, Oct. 18, 2018). Solon Police observed the vehicle of a convicted drug trafficker in a parking garage and arrested the man for drug possession after the man attempted to flee the scene, leaving his vehicle running with 48 grams of marijuana and a scale inside the vehicle (www.patch.com, Oct. 18, 2018). A grand jury in Lorain County indicted a woman on drug-related charges and child endangering after it became known that she allegedly smoked marijuana with her juvenile son and his friends (www.chroniclet.com, Oct. 26, 2018). North Ridgeville Police were notified by administrators of a local high school of a female student in possession of vape pens and THC oils that the girl allegedly was selling to other students; the girl was arrested for drug trafficking and possession of marijuana (www.cleveland.com, Oct. 30, 2018). OSHP conducting a traffic stop on the Ohio Turnpike near Olmsted Falls (Cuyahoga County) seized 510 pounds of marijuana wrapped and packaged in boxes from a rented truck; one woman was arrested for drug possession and trafficking in marijuana (www.abc6onyourside.com, Nov. 9 2018). Brecksville Police (Cuyahoga County) made an inquiry of a parked car on the shoulder along Interstate 77 and noticed the odor of marijuana from the driver and passenger who said they had run out of gas; officers found marijuana residue and a digital scale in the vehicle and cited the passenger for possession of drug paraphernalia and drug abuse (www.cleveland.com, Nov. 21, 2018). Lorain County Drug Task Force intercepted four packages containing a total of 539 one-gram THC vape cartridges as part of an ongoing investigation (www.fox8.com, Nov. 21, 2018).

Participants and community professionals reported that the availability of marijuana has remained the same during the past six months. A treatment provider observed, *"Marijuana has always been prevalent, and I think that's because the stigma associated with marijuana has declined tremendously over the years."* Participants indicated that the availability of marijuana extracts and concentrates has increased during the past six months. One participant explained that the increased availability of dabs is due to the increased demand for more potent forms of marijuana. This participant said, *"Most good 'bud' (marijuana) is between 14 and 16 percent THC, and your dabs are 88 percent to 98 percent THC, so you take one hit and you're 'ripped' (high)."* Another participant added, *"[Concentrates and extracts are] new and have a higher potency, so you need less."*

Community professionals did not report on availability change of marijuana extracts and concentrates during the past six months. However, a law enforcement officer shared, *"The big thing in the last six months that we've seen is that a lot of people are switching from smoking marijuana ... to getting THC oil and vape pens ... they prefer [oils] because [its high] lasts longer, so it's cheaper in the long run for them, and it's more of a cleaner (smokeless) ... concentrated high...."*

BCI crime labs reported that the incidence of cannabis (including edible cannabis) and concentrated THC (oils, dabs) cases they process from this region has remained the same during the past six months. Cuyahoga County Crime Lab reported that the incidence of cannabis (including edible cannabis) cases it processes has increased during the past six months, while Lake County Crime Lab reported decreased cannabis incidence. Cuyahoga County Crime Lab reported that the incidence of concentrated THC cases it processes has decreased during the past six months, while Lake County Crime Lab reported increased incidence of concentrated THC cases.

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 '8.' Participants stated: *"There's mostly high quality ... it's hard to find low quality; Haven't seen low-grade weed in years."* Overall, participants indicated that the quality of marijuana has remained the same during the past six months.

Reports of current prices for marijuana were provided by participants with experience buying the drug. Reportedly, the most common quantity of purchase is 1/4 ounce; the most common quantity of purchase for marijuana extracts and concentrates is a gram. Overall, participants reported that the price of marijuana has remained the same during the past six months.

Marijuana	Current Street Prices for Marijuana	
	High grade:	
	A blunt (cigar) or a gram	\$5-10
	1/8 ounce	\$25
	1/4 ounce	\$50-100
	An ounce	\$180-250
	Extracts and concentrates:	
	1/2 gram	\$15-25
	A gram	\$30-50

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, eight would smoke and two would orally consume the drug. For marijuana extracts and concentrates, participants estimated that out of 10 users, seven would smoke and three would orally consume. Participants noted: *"Smoking and eating; The new generation of kids are scared of bad effects of things ... so they're switching over to vaporizers and they're not smoking weed, they're eating it, like that's healthier. They're justifying in their head that it's okay to do it that way; Edibles are very popular."*

A profile for a typical marijuana user did not emerge from the data. Participants shared: *"Marijuana doesn't discriminate; Doesn't everybody smoke weed?"* A law enforcement officer concluded, *"Could be anyone ... grandparents, parents, people with prescriptions [for medicinal marijuana]."*

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 '9'. Participants stated: *"It's everywhere; Everybody in my neighborhood does*

it. ... If I wanted to do it, all I'd have to do is walk down the street [to obtain metamphatamine]."

Treatment providers most often reported the current availability of methamphetamine as '4,' while law enforcement most often reported it as '6;' the previous most common scores were '8-9' and '6-7,' respectively. One treatment provider remarked, *"Based on the people that come in (enter treatment) ... I see it on their urine (positive drug screens for methamphetamine). I would say it's pretty easy to get."*

Corroborating data indicated that methamphetamine is available in the Cleveland region. Cuyahoga County Medical Examiner's Office reported that 5.0% of the 259 drug-related deaths it recorded this reporting period involved methamphetamine. In addition, ODPS reported seizing 9.1 kilograms (20.1 lbs.) of methamphetamine from this region during the past six months. Media outlets reported on law enforcement seizures and arrests in the region this reporting period. OSHP in Painesville (Lake County) conducted a search of the vehicle after stopping it for a traffic violation and seeing drug paraphernalia in plain view; officers seized 161 grams of methamphetamine and the arrested the car's driver for drug trafficking and possession of a controlled substance (www.cleveland19.com, July 20, 2018). North Olmsted Police (Cuyahoga County) arrested a man after questioning him near a bus stop and discovering that he had two active warrants for drug-related charges; the man was also found with suspected crystal methamphetamine and unidentified pills on his person (www.cleveland.com, Aug. 25, 2018). Detectives with a regional drug task force conducted a welfare check at a residence in Ashland (Ashland County) and arrested a man and a woman for child endangerment after finding 14 grams of methamphetamine, a pipe and other drug paraphernalia; the 8 month-old daughter of the woman was placed into child protective services with a high level of methamphetamine in her system (www.wmfd.com, Sept. 10, 2018). During a traffic stop in Hinkley (Medina County), police arrested a juvenile for possession of methamphetamine and marijuana (www.cleveland.com, Oct. 1, 2018). OSHP conducting a traffic stop for speeding along U.S. Route 6, searched the stopped vehicle after detecting the odor of marijuana; officers seized 58 grams of methamphetamine, a firearm and arrested a man for trafficking in and possession of methamphetamine (www.chroniclet.com, Oct. 15, 2018). North Olmsted

Police, responding to a possible domestic dispute in a hotel room, took two men with outstanding arrest warrants into custody; the first man was found in the room along with suspected crystal methamphetamine, syringes and glass pipes; the second man later returned to the room with a backpack containing a syringe loaded with methamphetamine, two small bags of methamphetamine and other drug paraphernalia (www.cleveland.com, Oct. 29, 2018).

Participants reported that methamphetamine is available in crystal and powdered forms in the region. However, they continued to identify crystal methamphetamine as more prevalent. Participants commented: *“Sometimes you see powdered meth, but not normally; ‘Shake-and-bake’ (powdered methamphetamine) is nasty.”* One law enforcement officer observed, *“It seems like the users don’t even want [shake-and-bake], even though they do use it ... crystal is the most popular methamphetamine out there right now.”*

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. One participant noted of shake-and-bake, *“You can make it in your backyard, you don’t have to wait for the cartel to smuggle it into the country.”* A law enforcement officer observed, *“We’re not seeing the one-pot, self-made, homemade type of methamphetamine (shake-and-bake). We’re not seeing that at all anymore.”*

Participants and community professionals reported that the availability of methamphetamine has increased during the past six months. Participants discussed: *“Meth is so popular right now ... it’s cheaper ... it’s better than ‘coke’ (powdered cocaine); People are changing addictions ... meth is running rampant; It’s the new party drug. I introduced meth to my mom to try to get her off heroin. That was the worst mistake I could make because now she ‘speed balls’ (uses heroin and methamphetamine together or one after the other); It’s way more available since painkillers are so hard to get and a lot of people died from fentanyl, so everyone’s moving to meth; More people want it, so more people have it.”*

One treatment provider shared, *“It started out in very rural populations ... it took it’s time to get more urban, but I think it’s starting to infiltrate more and more. I see it trending up.”* Law enforcement commented: *“We’re seeing methamphetamine more than anything right now, and it’s crystal methamphetamine, probably shipped up from Mexico; In the last six months, patrol officers are coming across it more than they used to ... it seems to be more popular.”*

BCI, Cuyahoga County and Lake County crime labs reported that the incidence of methamphetamine cases they process from this region has increased during the past six months. The labs reported processing brown and white powdered methamphetamine, a white solid substance, and clear, blue, pink and white crystalline methamphetamine during the past six months.

Methamphetamine	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 methamphetamine as ‘7’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was ‘5’ for powdered methamphetamine and ‘9’ for crystal methamphetamine. Participants discussed adulterants (aka “cuts”) that affect the quality of the drug and reported the following cutting agents for methamphetamine: amphetamines (Adderall®), bath salts (synthetic cathinones) and fentanyl.

Participants shared: *“They’re now starting to mix [methamphetamine] with fentanyl to make people come back (to get users addicted to opiates); Adderall®. They [drug] tested me, and [the results] came up [positive] with amphetamines and methamphetamines, so it’s cut with Adderall® for sure.”* Overall, participants reported that the quality of methamphetamine has decreased during the past six months. A participant remarked, *“The quality of [crystal methamphetamine] has gone down. It’s being cut with fentanyl.”*

Methamphetamine	Cutting Agents Reported by Crime Lab
	<ul style="list-style-type: none"> ● dimethyl sulfone (DMSO; dietary supplement) ● magnesium sulfate (Epsom salts)

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 remarked: *“A non-regular user could purchase as little as 1/10 gram and be high for 24 hours easily, so I guess it could go down that small; When I sell it, I sell it in quarter grams for \$50 ... a half gram is like \$60. It goes down real quick ... I buy my grams for \$20, but I flip it; If you’re getting shards, that’s going to be a higher price no matter what. If it’s straight rock, you’re going to pay more than that.”* Overall, participants reported that the price of methamphetamine has remained the same during the past six months.

Methamphetamine	Current Prices for Methamphetamine	
	Crystal:	
	1/4 gram	\$30-40
	1/2 gram	\$60
	A gram	\$50-80
	An ounce	\$400

The most common route of administration for methamphetamine remains smoking. Participants estimated that out of 10 methamphetamine users, four would smoke, three would intravenously inject (aka “shoot”) and three would snort the drug. Participants shared: *“Hot rail’ ... you know what a crack pipe looks like, like a glass straw, you superheat the end of the glass, snort it, and then exhale. You’re snorting it and smoking it; Hot rails is what’s up. You burn [the pipe] with a torch and you sniff it ... that burns the shit out of my nose; I think when people start using they definitely snort, but more people I’ve seen shoot than anything else....”*

Participants described typical methamphetamine users as of low socio-economic status, unemployed, white people,

aged 20s and 30s. A participant commented, *“The people that I’ve seen affected most is younger people in their 20s and 30s, and I’ve seen a lot of women affected, like [exotic] dancers and stuff.”* Participants also discussed heroin users switching to methamphetamine. They said: *“A lot of people are using crystal meth to get off of heroin ... there’s no physical comedown from meth ... you can’t die from meth; It takes the ‘dope sickness’ (withdrawal symptoms) away....”* Community professionals described typical methamphetamine users as of low socio-economic status, white people and age in their 20s. Law enforcement observed: *“Lower socio-economic status, pretty popular in biker community, motorcycle gang, and younger people; Lower income, white, younger late teens and early 20s, and low education.”*

Prescription Stimulants

Prescription stimulants remain moderately to highly 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.’ One participant stated, *“Adderall® is the most common, and I would probably give it a ‘5.”*

Treatment providers most often reported the current street availability of prescription stimulants as ‘9,’ while law enforcement most often reported it as ‘5;’ the previous most common scores were ‘6’ and ‘5,’ respectively. A treatment provider remarked, *“I know a lot of people are coming in [to see a doctor], asking for Adderall® right off the bat.”* Law enforcement noted: *“We’re sporadically seeing [prescription stimulants]; People take it if they need to be extra focused in school or something ... our folks (arrestees) don’t seem to be seeking it.”*

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Lyndhurst Police (Cuyahoga County) investigated an automobile accident during which one of the drivers was found to be in possession of Adderall®, oxycodone, marijuana and a digital scale (www.cleveland.com, Oct. 31, 2018).

Participants identified Adderall® and Ritalin® as the most available prescription stimulants in terms of widespread illicit use. Community professionals identified Adderall® as most available. Participants and treatment providers

reported that the availability of prescription stimulants has decreased during the past six months, while law enforcement reported it has remained the same. A participant remarked, *"They're getting harder to get."* A treatment provider observed, *"A little less available, to me it seemed like doctors would give out prescription stimulants more freely ... they're not prescribing as freely anymore."*

Lake County and Cuyahoga County crime labs reported that the incidence of amphetamine (Adderall®) cases they process has increased during the past six months; Cuyahoga County Crime Lab also reported that the incidence of methylphenidate (Ritalin®) cases it processes has remained the same. BCI crime labs did not report having processed any cases of amphetamine (Adderall®) or methylphenidate (Ritalin®) for this region during the past six months, and very few cases of lisdexamfetamine (Vyvanse®).

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

Current street prices for prescription stimulants were provided by participants with experience buying these drugs. Reportedly, Adderall® 20 mg most often sells for \$6. Participants did not comment on whether the price of prescription stimulants has changed during the past six months.

The most common route of administration for illicit use of prescription stimulants is snorting. Participants estimated that out of 10 illicit prescription stimulant users, five would snort, three would orally consume and two would intravenously inject (aka "shoot") the drugs. One law enforcement officer mentioned, *"A lot of people are crushing them up and snorting them. You don't see it too often, but some people are injecting it because they're so addicted to using a needle."*

Participants described typical illicit prescription stimulant users as teenagers or people in their 20s and attending school or are employed. One participant commented,

"[Typical users are] younger, teens and 20s, and career people who are required to stay focused. It's not a dirty drug like heroin or 'coke' (powdered cocaine)." Community professionals described typical illicit prescription stimulant users as white people in their 20s.

Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMP) remains moderately available in the region. Participants most often reported the current availability of the pressed tablet form of ecstasy and of "molly" (powdered MDMA) as '6' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were '3' and '6,' respectively. Participants stated: *"Molly. That's all the 'dope boys' (drug dealers) want to do ... there's still 'X' (ecstasy) around; It's everywhere on the East side [of Cleveland]."*

Treatment providers most often reported the current availability of ecstasy as '5' and of molly as '7'; the previous most common scores were '6-8' and '8,' respectively. Law enforcement most often reported the current availability of ecstasy and molly as '3'; the previous most common scores were '3' and '0-2,' respectively. A treatment provider remarked, *"The way I've been hearing about it, if my clients wanted to get [ecstasy], they would probably need to make a few phone calls or take an hour trip ... Molly is more available than ecstasy."* Law enforcement noted: *"Once in a while ... we don't see much of it anymore; We see more molly. We don't see pills (ecstasy tablets) very often at all anymore."*

Participants reported that the availability of ecstasy and molly has decreased during the past six months. Participants commented: *"You gotta travel to go get this stuff; Hard to get [molly] and harder to make now; Most people are seeking uppers to mix with their opiates [and not MDMA]."* Community professionals reported that the availability of ecstasy and molly has remained the same during the past six months. BCI crime labs reported that the incidence of MDMA (ecstasy/molly) cases they process from this region has slightly increased during the past six months, although it remains low. Cuyahoga County Crime Lab reported that the incidence of ecstasy/molly cases it processes has remained the same during the past six months.

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

Participants discussed the current quality of ecstasy and molly and rated the overall quality of ecstasy as '5' and of molly as '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common scores were '3' and '7,' respectively. Reportedly, molly is often cut with other substances including methamphetamine and fentanyl. Participants added: *"The stuff that people sell ends up not being molly, so people are afraid to take it; It's being substituted with meth; It's either cut with meth or 'fetty' (fentanyl) ... you either get the 'upper molly' (molly cut with meth) or the 'downer molly' (molly cut with fentanyl)."* Overall, participants reported that the quality of ecstasy and molly has remained the same during the past six months.

Reports of current prices for ecstasy and molly were consistent among participants with experience buying the drugs. Reportedly, the most common amount of purchase for molly is 1/2 gram. Overall, participants indicated that the prices of ecstasy and molly have remained the same during the past six months.

Ecstasy/Molly	Current Prices for Ecstasy/Molly	
	Ecstasy:	
	Low dose (aka "single stack")	\$5-10
	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 obtained through drug dealers. The most common route of administration for ecstasy is oral consumption. Participants estimated that out of 10 ecstasy users, eight

would orally consume, one would intravenously inject (aka "shoot") and one would snort the drug. The most common route of administration for molly is snorting. Participants estimated that out of 10 molly users, six would snort and four would orally consume the drug. Participants described typical ecstasy and molly users as aged late teens through 20s and of middle to high socio-economic status. Community professionals described typical ecstasy and molly users also as people in their late teens and 20s, as well as people who go to dance/night clubs.

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] and psilocybin mushrooms), Neurontin® (gabapentin) and synthetic marijuana (synthetic cannabinoids). In addition, BCI crime labs reported that the incidence of synthetic cathinone ("bath salts") cases they process from this region has decreased during the past six months, while Cuyahoga County Crime Lab reported that the incidence of bath salts cases it processes has increased. Both crime labs reported that the incidence of U-47700 (synthetic opioid) cases they process from this region has decreased during the past six months.

Hallucinogens

Hallucinogens are available in the region. Participants most often reported the current availability of hallucinogens as '7' for psilocybin mushrooms and '7' for LSD on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were '6' for psilocybin mushrooms and '6' and '10' for LSD. Participants stated: *"Yeah, it's definitely around; Someone gave my husband [a psilocybin mushroom] at the bar the other night."* Only one law enforcement officer reported on the current availability of hallucinogens. The officer reported the current availability of LSD as a '3' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '2'. Treatment providers did not comment on availability of hallucinogens.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Cuyahoga County officials initiated an investigation at the county jail after an inmate died of a suspected drug overdose; the man was in jail for possession of cocaine, but hours later exhibited symptoms of being under the influence of drugs, vomiting and complaining of stomach pains; he vomited a balloon full of suspected ecstasy, marijuana, cocaine and liquid PCP (phencyclidine) (www.cleveland.com, July 12, 2018).

Participants reported that the availability of both psilocybin mushrooms and LSD has remained the same during the past six months. Law enforcement reported that availability of LSD has increased. One officer remarked, *"We don't see it all the time, but it has definitely increased."* Cuyahoga County Crime Lab reported that the incidence of LSD, psilocybin mushrooms and PCP cases it processes has increased during the past six months. BCI crime labs reported that the incidence of LSD cases they process from this region has increased during the past six months, although still very few cases, while the incidence of psilocybin mushroom and PCP cases they process has remained the same during, very few cases.

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

Participants discussed the current quality of LSD and rated its overall quality as '8-9' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was not reported. Overall, participants reported that the quality of LSD has increased during the past six months. A participant commented, *"[LSD] has gotten a lot stronger."*

Current prices for hallucinogens were reported by participants with experience buying the drugs. Overall, participants indicated that prices have remained the same during the past six months.

Hallucinogens	Current Prices for Hallucinogens	
	Psilocybin mushrooms:	
	1/2 gram	\$10
	A gram	\$15-20
	1/8 ounce	\$30
	LSD:	
A liquid drop or single dose (aka "hit")	\$5-20	

Participants reported obtaining hallucinogens at "hippie" (music and arts) festivals, raves (dance parties) and at music concerts. Participants did not report on the most common routes of administration for psilocybin mushrooms or LSD; however, one participant reported, *"LSD goes by drops, so you can put it on a sugar cube or put it on your tongue."* Participants described typical hallucinogen users as people aged late teens through 20s, as well as "hippies" in their 40s and 50s. Law enforcement described typical users as people in their early 20s. One law enforcement officer remarked, *"We're seeing [LSD] more prevalent, again [among people] in their lower 20s."*

Neurontin®



Neurontin® (gabapentin, an anticonvulsant and nerve pain medication) remains available for illicit use in the region. However, participants did not report on the current street availability of Neurontin®; the previous most common street availability score was '8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Treatment providers reported the current street availability of Neurontin® as '7,' while the law enforcement reported it as '5,' the previous most common scores were '9' and '2,' respectively.

A treatment provider stated, *"What I've heard about [Neurontin®] is they get it prescribed pretty easily.... You have to take 4,000 to 8,000 mg at a time [to achieve a high] ... it comes in 300 mg capsules, 600 mg tablets and 800 mg tablets, so you've got to pop (consume) 20 at a time to get high. When their labs (drug screen results) come back, I'll notice if they take it to get high or not [by the level of the*

drug found]. *Gabapentin ... is monitored by OARRS (Ohio Automated Rx Reporting System, Ohio's prescription monitoring program).*"

Community professionals reported that the street availability of Neurontin® has increased during the past six months. Law enforcement noted: *"We're seeing a lot of gabapentin lately in the last six months; Definitely increased ..."* Community professionals described typical illicit Neurontin® users as white people in their 20s.

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

Synthetic Marijuana

Synthetic marijuana (synthetic cannabinoids) remains available in the region. However, participants did not report current availability of the drug. Treatment providers most often reported the current availability of synthetic marijuana as '8-9,' while law enforcement most often reported it as '5' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were '9' and '4-5,' respectively. Treatment providers shared: *"[Synthetic marijuana] is not hard to get right now; If you go down to the [inner city], you can still get it at the corner store."* One law enforcement officer stated, *"We don't see synthetic marijuana that much anymore."*

Community professionals most often reported that the availability of synthetic marijuana has remained the same during the past six months. BCI crime labs reported that the incidence of synthetic cannabinoids cases they process from this region has decreased during the past six months, while Cuyahoga County Crime Lab reported that the incidence of synthetic cannabinoids cases it processes has increased. Community professionals described typical synthetic marijuana users as people in their teens and 20s.

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

Conclusion

Fentanyl, heroin, marijuana and methamphetamine remain highly available in the Cleveland region; also highly available in the region is crack cocaine. Changes in availability during the past six months include: increased availability for methamphetamine; likely increased availability for Neurontin® (gabapentin) and Suboxone® (buprenorphine); and decreased availability for prescription opioids.

Respondents reported that the high availability of heroin and fentanyl has remained the same during the past six months. Participants and law enforcement observed drug dealers pushing heroin in urban areas similar to how crack cocaine has been pushed. Participants reported that in Cleveland all one has to do to obtain heroin is drive into certain areas where drug dealers approach cars and solicit for customers. One participant remarked, *"People come up (approach you) [and ask], 'You working for that boy?' (looking for heroin?)."* Law enforcement also noted that heroin dealers drive around and look for customers. One officer commented, *"They see people that they think are either becoming 'dope sick' (experiencing withdrawal) or look like they're addicts, and basically, they're just asking them if they're looking to buy drugs...."*

While several respondents indicated that they thought fentanyl to be more available than heroin, there was consensus that the two drugs have become synonymous. Participants expressed: *"It's all so mixed; Heroin and fentanyl are one in the same anymore."* Participants continued to report that the top cutting agent for heroin remains fentanyl; several participants reported heroin as the top cutting agent for fentanyl.

In addition to heroin-fentanyl mixtures, fentanyl continues to be combined with other drugs such as cocaine and methamphetamine. Law enforcement also reported that fentanyl is pressed into pill form to resemble prescription opioids. The use of fentanyl continues to result in fatal consequences. Cuyahoga County Medical Examiner's Office reported that 68.7% of the 259 drug-related deaths it recorded this reporting period involved fentanyl/fentanyl analogues; 9.3% of these deaths involved carfentanil (synthetic opioid more potent than fentanyl).

Participants and community professionals reported that the availability of crystal methamphetamine has increased during the past six months. Respondents attributed increased availability to a shift in use from opiates to stimulant drugs due to fear of fatal overdose with fentanyl. Participants commented: *"A lot of people died from fentanyl, so everyone's moving to 'meth' (methamphetamine); People are changing addictions ... meth is running rampant; More people want it, so more people have it."* Participants also discussed that methamphetamine is preferred over cocaine because it is cheaper, more potent and easier to obtain.

According to all reporting regional crime labs (BCI, Cuyahoga County and Lake County crime labs), the incidence of methamphetamine cases for the Cleveland region has increased during the past six months. The labs reported processing brown and white powdered methamphetamine, a white solid substance, and clear, blue, pink and white crystalline methamphetamine during the past six months.

Lastly, participants indicated that the availability of marijuana extracts and concentrates (oils, "dabs") has increased during the past six months. One participant explained that increased availability of dabs is due to increased demand for more potent forms of marijuana. In addition, community professionals reported that the availability of Neurontin® for illicit use has increased during the past six months. A law enforcement officer remarked, *"Definitely increased."* Community professionals described typical illicit Neurontin® users as white people in their 20s.

