

Regional Profile

Indicator ¹	Ohio	Cleveland Region	OSAM Drug Consumers
Total Population, 2019	11,689,100	2,261,603	40
Gender (female), 2019	51.0%	51.6%	45.0%
White, 2019	81.7%	76.5%	60.5% ²
African American, 2019	13.1%	18.7%	31.6% ²
Hispanic or Latino Origin, 2019	4.0%	5.8%	7.9% ³
High School Graduation Rate, 2014-18	90.1%	89.3%	64.1% ⁴
Median Household Income, 2018	\$54,533	\$61,783	\$12,000 to \$15,999 ⁵
Persons Below Poverty Level, 2018	13.9%	14.1%	71.4% ⁶

¹Ohio and Cleveland region statistics were derived from the most recent US Census; OSAM drug consumers were participants for this reporting period: July through December 2019.

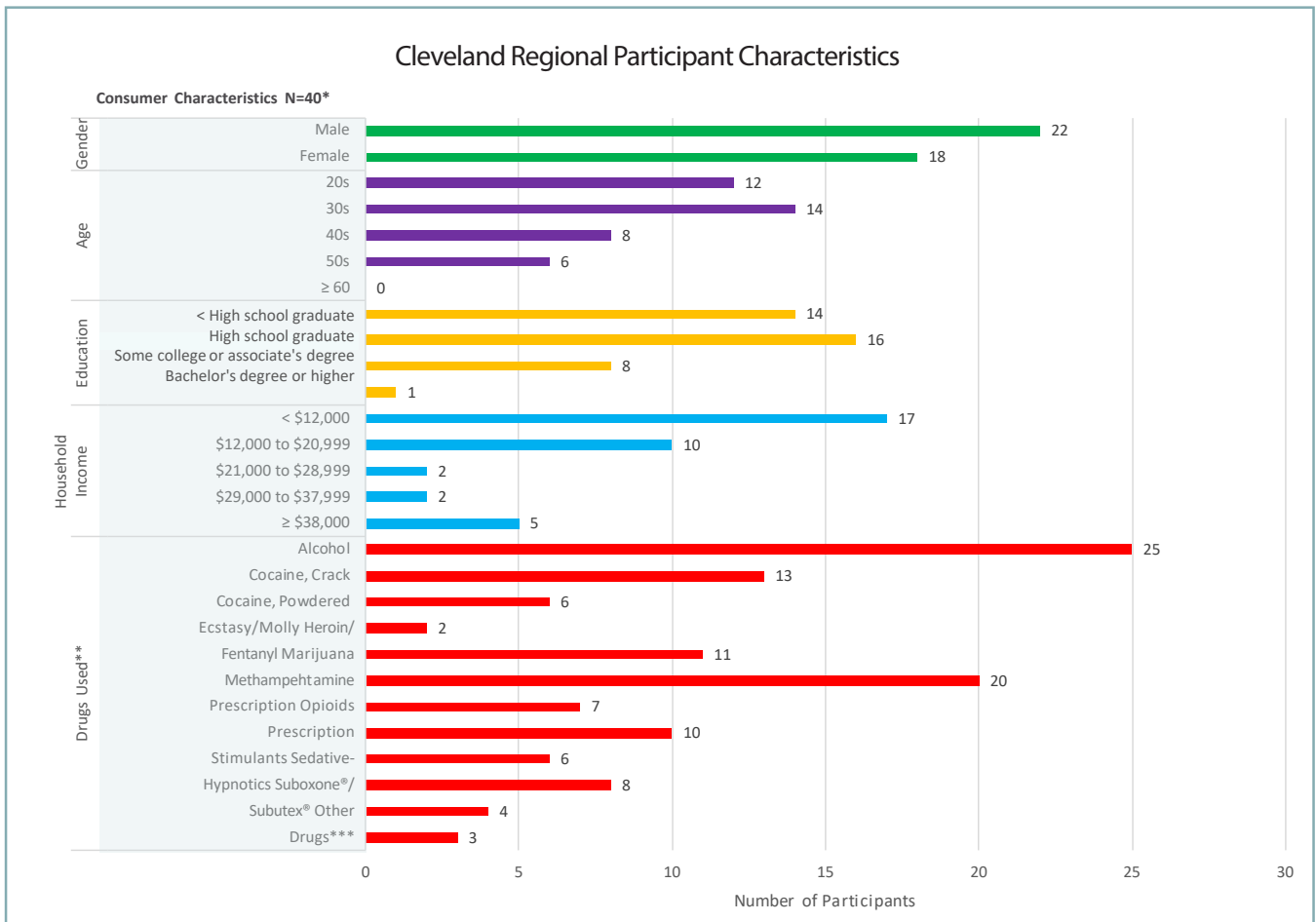
²Race was unable to be determined for two participants due to missing and/or invalid data.

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

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

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

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



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

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

***Hallucinogens (lysergic acid diethylamide [LSD] and phencyclidine [PCP]) and ketamine.



switched to cocaine; In Lorain County, you can get [powdered cocaine] a lot quicker [than many other places in the region]; [Powdered cocaine] is still prevalent, especially with IV (intravenous) drug users ... it's easier to inject [than other drugs]." Law enforcement commented: "It's everywhere ... our toxicology reports come back [positive] for cocaine ... powdered cocaine is everywhere; it's still a big party drug, recreational drug ... [more so] than heroin."

Corroborating data indicated that powdered cocaine is available in the Cleveland region. Cuyahoga County Medical Examiner's Office reported that 42.0% of the 283 drug-related deaths it processed during the past six months involved cocaine (powdered and/or crack cocaine). Millennium Health reported that 5.7% of the 16,694 specimens it tested for cocaine from this region during the past six months were positive for powdered and/or crack cocaine. In addition, Ohio Department of Public Safety (ODPS) reported seizing 53.9 kilograms (118.7 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. U.S. Drug Enforcement Administration (DEA) along with Ohio National Guard Counterdrug Task Force took five people into custody during a drug bust in Cleveland (Cuyahoga County) after seizing eight kilograms of cocaine, one kilogram of heroin and 10 grams of fentanyl; the seized drugs had a combined street value of more than \$1 million (www.cleveland19.com, July 24, 2019). Alcohol, Drug Addiction and Mental Health Services Board of Cuyahoga County partnered with county businesses to distribute fentanyl test strips; county officials warned that drug dealers mix fentanyl into cocaine to expand the fentanyl market beyond opiate users (www.cleveland.com, Aug. 8, 2019). Geauga County Sheriff's Office charged a man for allegedly trying to sell cocaine and heroin to fair workers at the Geauga County Fair (www.cleveland19.com, Sept. 4, 2019).

Participants and community professionals reported that the availability of powdered cocaine has remained the same during the past six months. One individual in law enforcement stated: "It's been very high, steady, for over a year now." Ohio Bureau of Criminal Investigation (BCI), Lake County and Lorain County crime labs reported that the incidence of cocaine cases they process from this

region has increased during the past six months. 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 '4' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '8.' A participant stated, "[Drug dealers] cut it (adulterate powdered cocaine) down to try and make more money.... It ends up being less cocaine and more of everything else." Participants discussed adulterants (aka "cuts") that affect the quality of powdered cocaine and reported the top cutting agents for the drug as: fentanyl and vitamin B-12. Other adulterants mentioned included: baby formula (Similac®), ether, heroin, lidocaine (local anesthetic), mannitol (diuretic), methamphetamine, NoDoz® and Orajel™. Participants stated: "It's greed. People want to make a lot of money, [so] they are cutting [powdered cocaine] with other things [to increase volume]. You never know what's in it...." Overall, participants reported that the quality of powdered cocaine has decreased 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 & procaine) ● phenacetin (banned analgesic) 	

Reports of current prices for powdered cocaine were variable among participants with experience buying the drug. Reportedly, the most common quantity of purchase for powdered cocaine is a gram. Overall, participants reported that the price of powdered cocaine has remained the same during the past six months.

Crack 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 & procaine) ● mannitol (diuretic) ● phenacetin (banned analgesic) 	

Reports of current prices for crack cocaine were variable among participants with experience buying the drug. Reportedly, the most common quantity of purchase for crack cocaine is a gram. One participant testified, "It's not worth it to get any less [than a gram amount]." 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")	\$5-20
A gram	\$50-80	

The most common route of administration for crack cocaine is smoking. Participants estimated that out of 10 crack cocaine users, nine would smoke and one would intravenously inject (aka "shoot") the drug. Participants discussed: "Smoke ... shoot ... if you shoot, you have to break it down with Kool-Aid® or lemon juice; Or vinegar to shoot it."

A profile for a typical crack cocaine user did not emerge from the data. Participants described typical crack cocaine users as anyone. A participant remarked, "Crack don't discriminate." Community professionals described typical users as aged 30 years or older and of low socio-economic status. One treatment provider commented, "A lot of the clients that discuss their crack use really don't have a lot of money ... they put [crack cocaine] before food, before rent...."

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.' Participants recounted: "Everyone is on [heroin] ... it's cheap; You can go anywhere and get [heroin]. I can go two blocks up and get it." Treatment providers most often reported the current availability of heroin as '10,' while law enforcement most often reported it as '3,' the previous most common scores were '10' and '9,' respectively. Treatment providers discussed: "People come into our programs for heroin; You can walk outside [of the interview room] and get it; [Heroin] is not just in inner-city or poor SES (socio-economic status) areas. It's in the suburbs... high schools. Students are being introduced to it. It's literally everywhere." Law enforcement's low current availability rating for heroin reflects their observations that unadulterated heroin is not readily available. They said: "Almost all [heroin] has been found mixed with fentanyl or some type of [fentanyl] analogue; People are starting to catch on that what they are getting on the street is not actually what they are ordering."

Corroborating data indicated that heroin is available in the Cleveland region. Cuyahoga County Medical Examiner's Office reported that 24.4% of the 283 drug-related deaths it processed during the past six months involved heroin; all of these heroin cases also involved fentanyl. Millennium Health reported that 0.8% of the 16,512 specimens it tested for heroin from this region during the past six months were positive for heroin. In addition, ODPS reported seizing 12.7 kilograms (28.1 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. A man called 911 to report that his girlfriend was overdosing on heroin at a home in Avon Lake (Lorain County); the man administered two doses of naloxone (opioid overdose reversal medication) to his girlfriend, reviving her, when fire and police units arrived, the woman refused to be taken to the hospital or to be treated by paramedics (www.patch.com, Aug. 5, 2019). Ohio Attorney General's Office announced the indictment of two corrections officers for allegedly smuggling heroin, fentanyl and cell phones to inmates at the Cuyahoga County Jail (www.news5cleveland.com, Aug. 28, 2019). Cuyahoga

County prosecutors charged an inmate and eight others for running a drug ring that sold heroin and fentanyl; the inmate was recorded during jail phone calls supervising the others (www.fox8.com, Nov. 22, 2019). A U.S. District Court judge in Akron (Summit County) sentenced a Richmond Heights (Cuyahoga County) man to 40 years in federal prison for leading a drug trafficking ring that sold heroin, fentanyl and other opioids on Cleveland's east side and its eastern suburbs, with many customers reportedly coming from Lake County (www.cleveland.com, Dec. 5, 2019).

Participants and community professionals reported brown and white powdered heroin as the most available heroin types in the region. Community professionals commented: *"It's almost all powder; We don't hear about black tar [heroin] ever."* Participants reported that the general availability of heroin has decreased during the past six months. One participant stated, *"[Law enforcement] is cracking down and have stronger consequences (harsher legal penalties for heroin trafficking)."*

Treatment providers reported that the general availability of heroin has remained the same during the past six months, while law enforcement reported decreased availability. Treatment providers discussed: *"We're still seeing 45-50 new customers (heroin users) coming through every week. That has not changed over the last six months; [Heroin] has been a problem for quite some time now ... years."* One law enforcement officer remarked, *"[Heroin availability] has dropped in the last six months ... part of it has to do with word of mouth of the dangers [and] the intense pressures of the police force..."*

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

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

Participants most often rated the current overall quality of heroin as '4' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '10.' Participants noted difficulty in obtaining "pure" heroin without adulterants. They commented: *"You can't get real heroin anymore. It's all mixed with fentanyl; Straight heroin is hard to find. It's usually fentanyl. If you want straight heroin, you usually have to hunt it down."* Participants discussed adulterants (aka "cuts") that affect the quality of heroin and continued to report the top cutting agent for the drug as fentanyl. One participant remarked, *"It's always heavy on the fentanyl."* Additional cuts mentioned included: powdered sugar, prescription opioids (oxycodone) and vitamin B-12. Overall, participants reported that the quality of heroin has remained the same during the past six months.

Cutting Agents Reported by Crime Lab	
Heroin	<input type="radio"/> acetaminophen
	<input type="radio"/> caffeine
	<input type="radio"/> cocaine
	<input type="radio"/> diphenhydramine (antihistamine)
	<input type="radio"/> fentanyl
	<input type="radio"/> lidocaine (local anesthetic)
	<input type="radio"/> mannitol/inositol/sorbitol (artificial sweeteners)
	<input type="radio"/> methamphetamine
	<input type="radio"/> papaverine (vasodilator)
	<input type="radio"/> quinine (antimalarial)
	<input type="radio"/> tramadol
<input type="radio"/> xylazine (animal sedative)	

Reports of current prices for heroin were variable among participants with experience purchasing the drug. Reportedly, the most common quantity of purchase is a gram. One participant noted, *"If I go to Cleveland, I can get [heroin] cheaper ... around here it's more expensive."* Overall, participants indicated that the price of heroin has remained the same during the past six months.

Current Street Prices for Heroin		
Heroin	Powdered:	
	1/10 gram (aka "point")	\$10
	A gram	\$60-100

The most common route of administration for heroin remains intravenous injection (aka “shooting”). Participants estimated that out of 10 heroin users, eight would shoot, one would snort, and one would smoke the drug. A participant remarked, “[Shooting] gets you high faster.” A profile for a typical heroin user did not emerge from the data. Participants described typical heroin users as anyone. They said: “[Heroin] doesn’t discriminate ... wealthy, poor, young, old, black, white, Hispanic, Asian; I know businessmen that use it.” Additionally, community professionals noted an increase in heroin use among young people. A law enforcement officer stated that the typical heroin user, “has gotten a little younger with the introduction of fentanyl.”

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 stated: “I can mail order it. You can just go on the ‘dark web’ (websites operated by criminal enterprises) and order [fentanyl]; You could probably stop at any gas station here and find it....”

Treatment providers most often reported the current availability of fentanyl as ‘10,’ while law enforcement most often reported it as ‘7;’ the previous most common scores were ‘10’ and ‘8,’ respectively. Treatment providers discussed: “[Fentanyl] is becoming the drug of choice of some, and it’s the tool to create a [drug] market used among the [drug] dealers.... It’s being introduced through other drugs ... as a means to get people hooked (addicted to drugs) faster; [Often drug users] are getting [fentanyl] and not even knowing they are getting it.”


Corroborating data indicated that fentanyl is available in the Cleveland region. Cuyahoga County Medical Examiner’s Office reported that 71.7% of the 283 drug-related deaths it processed during the past six months involved fentanyl and fentanyl analogues, and 25.4% of the 283 drug-related deaths involved carfentanil, often in combination with fentanyl and fentanyl analogues. Millennium Health reported that 4.2% of the 15,004 specimens it tested for fentanyl from this region during the past six months were positive for fentanyl. In addition, ODPS reported seizing 3.1 kilograms (6.7 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) along with the FBI investigated an Elyria man accused of having a gun illegally and trying to sell narcotics; the man was indicted for being a felon in possession of a firearm and for possession with the intent to distribute fentanyl (www.patch.com, July 21, 2019). DEA in Cleveland issued a warning about an influx in fake OxyContin® and Percocet®, pressed fentanyl pills, pouring into Cuyahoga, Lake and Lorain counties; DEA agents seized approximately 30,000 fake painkillers pushed into the region by Mexican drug cartels (www.news5cleveland.com, July 23, 2019). Wooster Police (Wayne County) went to a home to arrest a woman on an outstanding warrant and ended up arresting a man, a convicted felon, at the home for illegal possession of a firearm; while transporting the man to jail, the man ripped open a bag containing fentanyl in the police cruiser, causing fentanyl to travel throughout the cruiser and sickening the officers, requiring them to go to the hospital for decontamination and treatment (www.cleveland19.com, Aug. 26, 2019). Lorain Police (Lorain County) executed search warrants at two homes and arrested three people for trafficking in fentanyl; officers found seven grams of fentanyl in one home and 20 grams of fentanyl in the other (www.news5cleveland.com, Sept. 4, 2019). DEA in Cleveland charged ten people for their involvement in a drug ring that brought large shipments of fentanyl pressed pills resembling oxycodone from Mexico to Northeast Ohio; a prisoner conducted the drug ring from his Youngstown (Mahoning County) prison cell using a smuggled cell phone that was dropped into the prison yard by a drone (www.cleveland.com, Sept. 12, 2019). U.S. Department of Justice in Cleveland and several community partners collaborated on a billboard campaign throughout Northeast Ohio to raise awareness that cocaine often contained fentanyl; the campaign warned users not to use cocaine (www.cleveland19.com, Oct. 16, 2019). Oberlin Police (Lorain County) responded to a report of a suspected overdose in a store parking lot; a responding officer, the overdose victim and five other people at a local hospital were all treated for exposure to fentanyl (www.cleveland19.com, Oct. 29, 2019).

Participants and treatment providers reported that the availability of fentanyl has increased during the past six months. A participant noted: “It’s cheaper [than heroin and other drugs]. Everyone is doing it.” Treatment providers discussed: “It’s continually increasing; Everyone in the last six months has said it’s in everything. The dealers

are just putting it in everything; [Fentanyl] is in the Xanax®, in the ecstasy (MDMA) ... even crack is coming mixed with it." Law enforcement reported that fentanyl availability has remained the same, high, but indicated increased availability of carfentanil (synthetic opioid more potent than fentanyl) during the past six months. An officer observed, "Carfentanil has increased ... it's all coming from Mexico ... it's smuggled up this far north in legitimate loads of other products ... there's a concerted effort of cartels that control this to get more people addicted ... so more substances we've found carfentanil in ... we've had it in cocaine...."

BCI and Lorain County crime labs reported that the incidence of fentanyl and fentanyl analogue cases they process from this region has decreased during the past six months, while Lake County Crime Lab reported that the incidence of fentanyl and fentanyl analogue cases it processes has increased. BCI, Lake County and Lorain County crime labs reported that the incidence of carfentanil cases they process from this region has increased during the past six months.

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 also '10.' Participants discussed adulterants (aka "cuts") that affect the quality of fentanyl and reported the top cutting agent for the drug as heroin. Additional cuts mentioned included: crack cocaine and Seven Star (a retail cutting agent available at head shops). A participant explained the use of Seven Star as a fentanyl cut: "It comes in a bottle. Seven Star ... you get it from a store ... it makes [fentanyl] weaker, so you don't overdose, and you can stretch it out." Overall, participants reported that the quality of fentanyl has remained the same during the past six months.

Reports of current prices for fentanyl were variable among participants with experience purchasing the

drug. Participants discussed: "Fentanyl is cheap by itself. If you buy it alone, you will spend about \$40 on a gram. If you buy it with heroin, you will be spending \$60 or \$70; [Price] depends on how close to the city you go [fentanyl is cheaper in cities]." Reportedly, the most common quantity of purchase for fentanyl 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	\$10
	A gram	\$40-100

The most common route of administration for fentanyl remains intravenous injection (aka "shooting"). Participants estimated that out of 10 fentanyl users, eight would shoot, one would snort, and one would smoke the drug. A profile for a typical fentanyl user did not emerge from the data. Participants described typical fentanyl users as everyone. Community professionals described typical fentanyl users as similar to heroin users. They discussed: "It's people that are strictly looking for the best substances that gives them the best high; The people that started with opiates (prescription opioids), then started doing heroin, and then got into fentanyl; Same as heroin ... young, white, male."

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 '6' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10.' Participants commented: "[Prescription opiates] are hard to get, people aren't giving them out (sharing/selling) as much; They're harder to get than any other drug." Treatment providers most often reported the current street availability of prescription opioids as '5,' while law enforcement most often reported it as '7,' the previous most common scores were '3' and '6,' respectively. One treatment provider stated, "They're still available, but

nowhere near as much as they were." Law enforcement discussed: "Doctors are prescribing less of them. Everyone is on notice; Doctors and pharmacies are getting better [at monitoring use of opioids]; People aren't selling their leftovers (unused opioids) either."




Corroborating data indicated that prescription opioids are available for illicit use in the Cleveland region. Cuyahoga County Medical Examiner's Office reported that 12.0% of the 283 drug-related deaths it processed during the past six months involved prescription opioids. Millennium Health reported that 6.2% of the 15,437 specimens it tested for oxycodone and oxymorphone from this region during the past six months were positive for either or both drugs; and 8.0% of the 15,239 specimens it tested for opiates (codeine, hydrocodone, hydromorphone and morphine) from this region were positive for one or more opiate.

Participants identified Percocet® and Vicodin® as the most popular prescription opioids in terms of widespread illicit use. Community professionals identified Percocet®, and Tramadol® as most popular. One treatment provider commented, "Tramadol® is real popular right now." A law enforcement officer observed, "As far as actual 'oxy' (OxyContin®) on the street, it's pretty rare."

Participants and community professionals also continued to report counterfeit prescription opioids containing fentanyl as currently available and highly prevalent in the region. A participant stated, "You have to worry about fentanyl ... you have to worry about it being fake...." A law enforcement officer reported, "The most prevalent [opioids] right now are the counterfeits with the fentanyl, carfentanil and analogues mixed in...."

Participants reported that the street availability of prescription opioids has decreased during the past six months. They cited DEA and pharmacy restrictions as limiting the supply of prescription opioids for diversion. One participant shared, "There are the red flags for people who are doctor shopping ... if you get an opiate or opioid you are red flagged [in OARRS, Ohio Automated Rx Reporting System]." Treatment providers also reported that the general availability of prescription opioids for illicit use has decreased during the past six months, while law enforcement reported it has remained the same. One treatment provider stated, "Trending down because of the [prescribing guidelines and pharmacy] controls that have been put in place ... and the public awareness initiatives that have gone on...."

BCI crime labs reported that the incidence of hydrocodone (Vicodin®), morphine and oxycodone (OxyContin®, Percocet®) cases they process from this region has increased during the past six months, while the incidence of tramadol (Ultram®) cases they process has decreased. BCI labs reported processing very few cases of hydromorphone (Dilaudid®), methadone and oxymorphone (Opana®). Lake County Crime Lab reported that the incidence of oxycodone and tramadol cases it processes from this region has decreased or remained the same during the past six months. The lab reported processing few to no cases of hydrocodone, methadone, morphine, oxymorphone and hydromorphone. In addition, Lake County Crime Lab reported processing counterfeit oxycodone tablets that contain fentanyl and fentanyl analogues during the past six months.

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

Reports of current street prices for prescription opioids were consistent among participants with experience buying the drugs. Reportedly, the majority of prescription opioids sell for \$2 per milligram. Overall, participants indicated that the price of prescription opioids has increased during the past six months. Participants discussed: "[Prices are] insane. It's like three times the [dollar] amount per milligram. That's why a lot of people are going to heroin and fentanyl ... it gets pretty expensive ... that's why I stopped; [The price] is going up and up."

Prescription Opioids	Current Street Prices for Prescription Opioids	
	Percocet®	\$10 for 5 mg
		\$20 for 10 mg
\$30 for 15 mg		
Roxicodone®	\$40 for 30 mg	

Participants reported obtaining prescription opioids for illicit use from drug dealers and family members and friends with prescriptions. Participants relayed: "[Drug]

dealer [or] some people just sell it. You can get it from older people; Steal them ... see people who have them and offer to buy them or steal them.... I have stolen some from a family member before and also bought them from someone I knew."

While there were a few reported ways of consuming prescription opioids, generally the most common route of administration for illicit use is snorting. Participants estimated that out of 10 illicit prescription opioid users, eight would snort and two would orally consume the drugs. Participants stated: "I started eating them, swallowing them. Then it got too much, so I started snorting them; I've smoked 'em, I've snorted 'em.... If I want to make the most out of it, I put it under my tongue; Most people would snort it...."




A profile of a typical illicit prescription opioid user did not emerge from the data. Participants described typical illicit users as everyone. They cited: "Everybody ... kids, teenagers, doctors, lawyers, teachers; Younger people ... but then you have got the old people who have been on them for so long ... they just don't discriminate." Community professionals described typical illicit prescription opioid users as of middle to higher socio-economic status and white people. A law enforcement officer said, "If you are getting the real stuff (legitimate opioids) ... you have health benefits and insurance...."

Suboxone®

Suboxone® (buprenorphine) remains moderately to highly available for illicit use in the region. Participants most often reported the current street availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '5.' Participants commented: "People are trying to get off of fentanyl so more and more [doctors] are prescribing it; [Suboxone®] is very available in prison ... It's like the number one thing right now because they are very easy to [smuggle] in...." Treatment providers most often reported the current street availability of Suboxone® as '5,' while law enforcement most often reported it as '3,' the previous most common scores was '10' and '1,' respectively. Treatment providers discussed: "It used to be a lot more prevalent, but I don't think it's being prescribed as much, and I don't think there is as much demand; [Doctors are prescribing] Vivitrol® and not the Suboxone® and methadone as much."

Participants identified sublingual filmstrips (aka "strips") as the most popular form of Suboxone® in terms of widespread illicit use. A participant shared, "People prefer the strips more [than pills] ... they can break it down more [easily] ... and they can [portion the filmstrips into smaller dosages to] sell more." A law enforcement officer remarked, "[Filmstrips are] really the only ones we see."

Participants reported that the street availability of Suboxone® has increased during the past six months. Participants commented: "Probably easier [to obtain] because there are a lot of treatment programs; People are prescribed it, and then they quit it and sell their stock; Doctors over prescribe...." Treatment providers reported that the availability of Suboxone® for illicit use has remained the same during the past six months, while law enforcement reported decreased availability. One law enforcement officer said, "We see it less." BCI crime labs reported that the incidence of Suboxone® cases they process from this region has remained the same during the past six months, while Lake County Crime Lab reported that the incidence of Suboxone® cases it processes from this region has increased during the past six months.

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

Reports of current street prices for Suboxone® were variable among participants with experience buying the drug. Participants discussed that price depends on how much in need the buyer is to alleviate opiate withdrawal symptoms. One participant stated, "If you want it, [drug dealers] see that, and they keep adding \$5 or \$10 to [the price]." Overall, participants reported that the street price of Suboxone® has remained the same during the past six months.

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

In addition to obtaining Suboxone® on the street from drug dealers, participants reported getting the drug through treatment centers and pain management clinics. One participant commented, *"It's sad, but places like this, treatment centers ... [other treatment clients] hit you up at the end of the day in the parking lot and say, 'Do you want to sell one of those [Suboxone®]?"*

The most common route of administration for illicit use of Suboxone® remains oral consumption. Participants estimated that out of 10 illicit Suboxone® users, five would orally consume and the other five would intravenously inject (aka "shoot") or snort the drug. A participant stated, *"You would probably shoot a strip and snort a pill."* One participant described the common routes of admission for Suboxone® filmstrips in prison, stating, *"I was putting it in my eye or [dissolving in water and] snorting it out of a toothpaste cap...."* Participants and community professionals described typical illicit Suboxone® users as opiate users. A participant remarked, *"Someone trying to get off of pills (opioids)."* A community professional commented, *"Same as heroin...."*

Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain moderately available for illicit use in the region. Participants most often reported the current street availability of these drugs as '6' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '7.' A participant noted, *"[Benzodiazepine] is a pretty commonly prescribed drug [class]."* Treatment providers most often reported the current street availability of sedative-hypnotics as '6,' while law enforcement most often reported it as '1'; the previous most common scores were '5' and '4,' respectively. Treatment providers discussed: *"I think it goes with the cocktail of things people are using. They are using it to manage [withdrawal] symptoms and edge highs and lows; These were designed to be used for six months or less, but most people that are using have been using for years."* An individual in law enforcement relayed, *"In the last six months, we haven't encountered any."*

Corroborating data indicated that sedative-hypnotics are available for illicit use in the Cleveland region. Cuyahoga County Medical Examiner's Office reported that 12.4% of the 283 drug-related deaths it processed during the past six months involved one or more benzodiazepine or

other sedative-hypnotic. In addition, Millennium Health reported that 13.4% of the 16,202 specimens it tested for benzodiazepines from this region during the past six months were positive for benzodiazepines.




Participants and community professionals identified Klonopin® and Xanax® as the most available sedative-hypnotics in terms of widespread illicit use. Participants reported: *"Xanax® is most popular because it's one of the strongest 'benzos' (benzodiazepines) ... gives you more of an effect than Klonopin® or the others. The 'bars' (Xanax® 2 mg) come in four pieces, and I take a little piece compared to having to take four Klonopin®; Xanax® has the fastest onset. It is the most powerful.... A lot of people get prescribed it. It is easier to find."*

In addition, participants and community professionals reported that counterfeit sedative-hypnotics, pressed pills often containing fentanyl, are currently available in the region. Participants discussed: *"You can get them off of the street ... these pills are fake. They are supposed to be Xanax®, but they are actually [imitation pressed pills] cut with fentanyl; [Pressed pills] are more available [than legitimate doctor prescribed benzodiazepines] ... they are cut and pressed back together and stamped like the pills you would get from the pharmacy, but you can tell that they are fake ... real pills break easy. These (fakes) you have to press and pound [to crush]...."* A treatment provider stated, *"I'm not sure people are even confident in what they are taking.... You think you are buying Xanax® and you are buying fentanyl."*

Participants reported that the general availability of sedative-hypnotics for illicit use has decreased during the past six months. Participants noted: *"Doctors are cutting back on prescribing them because they know people are abusing them ... supply and demand ... you are paying top dollar for these 'bars' (Xanax® 2 mg pills) [indicating limited supply and high demand] ... before they were everywhere and cheap; Since the crackdown on prescribed medications, it has been harder to find [sedative-hypnotics]."* Treatment providers reported that the street availability of sedative-hypnotics has increased during the past six months, while law enforcement reported that it has remained the same. Treatment providers stated: *"I would say it went up a little because they can't get prescription opiates (doctors are prescribing sedative-hypnotics more easily than opioids); Just go to the doctor and say, 'I have anxiety,' and you get them."*

BCI and Lorain County crime labs reported that the incidence of alprazolam (Xanax®) cases they process

from this region has decreased during the past six months. These labs reported processing few cases of carisoprodol (Soma®), clonazepam (Klonopin®), diazepam (Valium®), lorazepam (Ativan®) and zolpidem (Ambien®). Lake County Crime Lab reported that the incidence of alprazolam and clonazepam cases it processes from this region has increased during the past six months. This lab reported processing few cases of carisoprodol, diazepam, lorazepam and zolpidem. In addition, Lake County Crime Lab reported that it processed eleven cases of designer benzodiazepines, and it has seen counterfeit Xanax® tablets that contain synthetic benzodiazepines during the past six months.

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

Reports of current street prices for sedative-hypnotics were consistent among participants with experience buying the drugs. However, a participant noted, “[Price] really depends on who you go through, and how many you buy.” Overall, participants reported that the price of sedative-hypnotics has increased during the past six months. One participant remarked, “A lot of people are faking them now, so if you get a real one, it’s expensive.”

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

Participants reported obtaining sedative-hypnotics for illicit use from drug dealers and individuals with prescriptions for them. Participants replied: “You see somebody that is prescribed them, and you just ask them if they want to sell some, or you ask your drug dealer; If it’s real, you get them from the doctor, or people who normally get prescription pills ... they usually sell them for cash....”

The most common routes of administration for illicit use of sedative-hypnotics remains snorting and oral consumption. Participants estimated that out of 10 illicit sedative-hypnotic users, seven would snort and three would orally consume the drugs. One participant offered, “[Snorting] hits you faster, but it doesn’t last as long as taking them like you should [orally] ... but when you sniff them ... probably about 35 percent of the pill gets stuck [in your nose] and you don’t get it all.” Participants and community professionals described typical illicit sedative-hypnotics users as young people, aged 18 to 30 years. A treatment provider commented, “Usually, high school to college [age].”

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 ‘10’ and ‘9-10,’ respectively. Participants commented: “It’s popular... they just opened three or four [medical marijuana] dispensaries in the area; It’s everywhere. In a lot of places, it’s legal now; Everywhere, you can always get ‘weed’ (marijuana) ... you can knock on a random door and find it.” Community professionals relayed: “Everyone is using it; [Marijuana is] portrayed as not only harmless but beneficial; More acceptable because of the dispensaries.... Overall, it’s just widely accepted; I hear it all the time, ‘It’s not a drug, it’s an herb.’”

Corroborating data indicated that marijuana is available in the Cleveland region. Millennium Health reported that 14.3% of the 16,611 specimens it tested for marijuana from this region during the past six months were positive for marijuana. In addition, ODPS reported seizing 696.0 kilograms (1,534.5 lbs.) of marijuana from this region during the past six months.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. The Ohio Attorney General warned that the state’s crime labs in Northeast Ohio are processing “cereal carts,” vaping cartridges that look like popular children’s cereals; tests showed that the liquid inside these cartridges is a potent form of THC (tetrahydrocannabinol, the psychoactive component of marijuana) (www.news5cleveland.com, July 10, 2019). When Westlake Police (Cuyahoga County)




attempted to stop a car for a traffic violation, they witnessed the driver toss mason jars full of marijuana and methamphetamine from the car; the driver was slow to pull over, and after he stopped his car, the driver took off, leading police on a short foot chase before he was apprehended and charged with felony tampering with evidence (www.patch.com, Aug. 6, 2019). Ohio State Highway Patrol (OSHP) conducted a flyover in Wayne County looking for illegal marijuana plants and found five plants growing in a field near a Wooster home; troopers on the ground took the plants and educated the owner of the field that growing marijuana is still illegal in Ohio (www.news5cleveland.com, Aug. 30, 2019). South Euclid Police (Cuyahoga County) found a garbage bag containing seven one-gallon bags full of marijuana; officers discovered the marijuana in a car as they were taking inventory of its contents before towing the car that had crashed into two parked cars (www.cleveland19.com, Oct. 1, 2019). Cleveland Police detained four people in relation to a marijuana-grow operation; officers discovered about 75 marijuana plants at an east side address (www.fox8.com, Nov. 30, 2019). In an effort to tackle the growing issue of vaping THC oil among teenagers, Mayfield Village Police (Cuyahoga County) instituted unannounced drug sweeps of the village's high school twice monthly, using a K-9 officer; the K-9 officer sniffed out five THC vaping devices during the first-half of the school year (www.wkyc.com, Dec. 10, 2019). A man suffered two gunshot wounds during a marijuana deal at an east side Cleveland gas station; the man's companion, whose face was grazed by a bullet during the ordeal, told police that he fired shots in self-defense when a third man, selling marijuana, tried to rob him (www.cleveland.com, Dec. 13, 2019).

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 '7'; the previous most common score was '10.' Participants replied: *"It's legal in a lot of states ... it's just more accepted in the public view; 'Edibles' (food products made with marijuana extracts) are everywhere.... The THC oils are in gummies (gummy candies). I have a friend that makes the THC brownies."* Community professionals most often reported the current availability of marijuana extracts and concentrates as '8'; the previous most common score was also '8.' Treatment providers stated: *"[I hear from clients about vaping], 'I'm not getting any of the*

harmful effects, not getting smoke and tar in my lungs; [Dabs] are more popular due to their potency. People are getting higher with a less amount [of the drug]."

Participants and community professionals reported that the general availability of marijuana, including extracts and concentrates, has increased during the past six months. Participants remarked: *"Kids in high school got weed; You can always get weed, anywhere...."* Community professionals stated: *"It's legal medically; People are just hearing 'legal' marijuana, not 'medical,' so [marijuana use] is just rising; We're a fairly new state with the legalization, so I think that's why you are seeing [marijuana] trending now; Vape cartridges are everywhere ... people can get them from other states now; 'Pot' (marijuana) is becoming the new alcohol or tobacco (a commonly used substance)."*

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

Marijuana	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 marijuana as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was also '10.' Participants commented: *"It's 'loud' (high quality) ... strong (potent); You can't find 'regular weed' (mid-grade marijuana) anymore. It's all super strong. I think they spray it with chemicals; Great, weed has gotten way better. I haven't seen 'dirt weed' (low-grade marijuana) in a long time."* Overall, participants indicated that the quality of marijuana has remained the same during the past six months.

Reports of current prices for marijuana varied widely among participants with experience buying the drug. Participants commented: *"If you are getting it from dispensaries, you will for sure be paying \$50 a gram.... It's cheaper on the streets; Dispensaries sell \$250 an ounce."* Reportedly, the most common quantities of purchase are a gram for marijuana, selling for \$5-20, and a gram for extracts and concentrates, selling for \$20-100. Overall, participants reported that the price of marijuana has remained the same during the past six months.

The most common route of administration for marijuana remains smoking/vaping. Participants estimated that out of 10 marijuana users, nine would smoke and one would orally consume the drug; and of 10 extracts and concentrates users, eight would vape and two would orally consume the drug. Participants noted: *"You can eat weed or smoke it ... even if people eat it, they are going to smoke a 'bud' (marijuana joint) afterwards; I think people both smoke and eat it. If you do one, you are doing the other; I prefer to eat it. It's a longer buzz (high). It's a better buzz ... you go on a six-hour high instead of a two and a half or three-hour high."*

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: *"Everybody, absolutely everybody; Rich, poor. It don't matter; Marijuana is cool now. It is more accepted. It's a hip drug; Anyone, [extracts/concentrates] are universal... it's cheap and flavored... people are buying it or making their own."* Community professionals remarked: *"[Marijuana use] is pretty universal; All SES (socio-economic status), every race, every gender."* However, community professionals indicated that typical marijuana extracts and concentrate users are individuals aged 30s and younger. They said: *"Younger people ... 35 [years of age] and younger; Younger [users] explore more with the vapes; Dabs are younger, I would say 16-25 [years of age]...."*

Methamphetamine



Methamphetamine remains highly available in the region. Participants most often reported the current availability of methamphetamine 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: *"A lot of opiate users are switching to 'meth' (methamphetamine) ... you do not get 'dope sick'*

(experience opiate withdrawal symptoms) when you are using meth, not at all ... never; [Methamphetamine] is everywhere. [Drug dealers] pass it out like candy on Halloween; It's cheap ... and the high lasts longer [than other drugs]."

Treatment providers most often reported the current availability of methamphetamine as '8,' while law enforcement most often reported it as '9,' the previous most common scores were '5' and '7,' respectively. Treatment providers discussed: *"[Methamphetamine] is more prevalent than crack. It's a better high and it's cheaper; I've encountered multiple clients that are using and testing positive for [methamphetamine]."* A law enforcement officer shared, *"Everyone is selling it. We go to buy something else [undercover], and they follow up with, 'Oh, I've got meth.'"*

Corroborating data indicated that methamphetamine is available in the Cleveland region. Cuyahoga County Medical Examiner's Office reported that 5.7% of the 283 drug-related deaths it processed during the past six months involved methamphetamine. Millennium Health reported that 3.3% of the 14,135 specimens it tested for methamphetamine from this region during the past six months were positive for methamphetamine. In addition, ODPS reported seizing 2.1 kilograms (4.5 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. U.S. Drug Enforcement Administration (DEA) agents in Phoenix, Arizona alerted local DEA agents in Lorain County to two large shipments of drugs coming from Arizona to a Lorain home; on two separate occasions, DEA agents conducted controlled deliveries and arrested two men for receiving nearly 1,000 grams of crystal methamphetamine, 796 grams of cocaine, 176 grams of heroin, over 515 suspected fentanyl pills, approximately 460 grams of marijuana and 744 grams of an unknown liquid (www.news5cleveland.com, July 17, 2019). Cleveland Police Bomb Squad responded to a vacant home on the city's east side on the report of an abandoned meth lab (www.cleveland19.com, July 25, 2019). Cleveland DEA Office reported two seizures of methamphetamine in Northeast Ohio with a combined weight of 150 pounds; a DEA agent explained that although methamphetamine was surging in the region, there had been a steady decrease in meth labs, further explaining Mexican drug cartels as exporting record amounts of methamphetamine to Northeast

Ohio (www.news5cleveland.com, Aug. 14, 2019). Medina Police and Medina County Drug Task Force, responding to complaints about drug trafficking, executed a search warrant of a home and seized methamphetamine, opiates, drug paraphernalia and stolen property; officers arrested all four occupants of the home for drug possession (www.cleveland19.com, Aug. 24, 2019). After spotting a suspicious car in a motel parking lot, Westlake Police investigated by talking with the car's owner in his motel room; once in the room, officers found methamphetamine in plain sight and arrested the Berea (Cuyahoga County) man for possession of methamphetamine (www.patch.com, Oct. 9, 2019).

Participants and community professionals reported that methamphetamine is available in powdered and crystal forms throughout the region. However, they continued to identify crystal methamphetamine as more prevalent. One participant remarked, "[Crystal methamphetamine] is just everywhere ... it's coming up from Mexico." 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. A treatment provider observed, "It's becoming less of the made in your [car] trunk or the basement (shake-and-bake) [and] becoming more [crystal methamphetamine] ... brought into the area by the [drug] cartels.... [Possession of crystal methamphetamine] is not nearly as risky [in terms of long incarceration] as trying to produce [powdered methamphetamine]." A law enforcement officer remarked, "We went from shake-and-bake to 'glass' (crystal methamphetamine)...."

Participants and community professionals reported that the availability of methamphetamine has increased during the past six months. Participants stated: "Meth is so popular now; [Availability] is going up ... it's pretty cheap; [Drug dealers] can make more of a profit [from selling crystal methamphetamine than other drugs] and the high lasts longer [than most drugs]; Oh yes, it increased [in prison] ... it way increased...." Treatment providers discussed: "The clients that I've been dealing with ... I'm beginning to see [methamphetamine use] more ... it was popular in rural areas ... but now it's poppin' up [in urban areas], especially in the last six months; In the past month,



it's been like huge. I've had a lot of clients [entering treatment] for meth and not a lot for opiates; Heroin is going to the wayside because of meth."

BCI crime labs reported that the incidence of methamphetamine cases they process from this region has remained the same during the past six months, while Lake County and Lorain County crime labs reported that the incidence of methamphetamine cases they process has increased. The labs reported processing blue, brown and white powdered methamphetamine along with crystal 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 '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '7-8.' One participant shared, "It's always good. I have never had bad meth. I mean I had stuff that made me flip out a little more than I should have, but I have never had any that didn't get me high."

Participants discussed adulterants (aka "cuts") that affect the quality of the drug and reported the following as cutting agents for methamphetamine: fentanyl and laxatives. Participants replied: "I have seen people buy it all crushed up with laxative in it; I ended up in jail ... I was doing meth and it knocked me out. That's not normal ... I think it was cut with fentanyl." Overall, participants reported that the quality of methamphetamine has remained the same during the past six months.

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

Current prices for methamphetamine were reported by participants with experience buying the drug. Participants stated: *"I get a lot of shake-and-bake, and I pay \$10 a gram. ... Crystal is usually \$20 to \$30 a gram; I [produce] shake-and-bake, and I can get \$30 for three grams."* Reportedly, the most common amount of purchase is a gram. Overall, participants reported that the price of methamphetamine has remained the same during the past six months. A participant said, *"Meth is usually cheap."*

Methamphetamine	Current Prices for Methamphetamine	
	Powdered:	
	A gram	\$10
	Crystal:	
	A gram	\$20-30
	1/8 ounce (aka "eight ball")	\$150

The most common route of administration for methamphetamine is smoking. Participants estimated that out of 10 methamphetamine users, six would smoke, two would snort, and two would intravenously inject (aka "shoot") the drug. Participants discussed: *"If you shoot it, [the high] lasts way longer than other ways; You can eat [methamphetamine], too. You can put it under your tongue; 'Hot rail' is becoming more popular... you get a glass straw (tube) [heat up the glass tube] and you snort it up; I like to shoot it. I like to snort it. If I got meth, I am doing all of it."*

Participants described typical methamphetamine users as white people. Community professionals described typical methamphetamine users as white people, males and people of low socio-economic status (SES). Treatment providers discussed: *"Recently, I'd say it's more a white male, that's just what we're seeing in treatment; A lot of young and Caucasian [users]."* Law enforcement added: *"Lower SES... it's cheap."*




Prescription Stimulants

Prescription stimulants remain 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 '5.' One participant commented, *"A lot of people are being prescribed [stimulants] now ... you always know somebody or somebody's kid who is on it."* Treatment providers most often reported the current street availability as '8,' while law enforcement most often reported it as '2,' the previous most common scores were '3' and '5,' respectively. Treatment providers responded: *"I think a lot of parents are selling [their children's prescribed stimulants]; These kids are prescribed these drugs early in life, and then they are going back to (illicitly using) them. I think ADHD (attention-deficit-hyperactivity disorder) is one of the most over-diagnosed disorders ... [illicit users] know what to say, how to represent themselves [to get a doctor to prescribe stimulants]."*

Corroborating data indicated that prescription stimulants are available for illicit use in the Cleveland region. Millennium Health reported that 7.5% of the 15,621 specimens it tested for prescription stimulants from this region during the past six months were positive for prescription stimulants. Participants identified Adderall®, Ritalin® and Vyvanse® as the most available prescription stimulants in terms of widespread illicit use. One participant stated, *"Adderall® and Vyvanse® are the most popular ... Ritalin® is still big, too."* Community professionals identified Adderall® as most available. A treatment provider relayed, *"[Adderall®] is the most well-known. It's the one [clients] talk about amongst themselves, 'You should get Adderall®, dude.'"*

Participants reported that the street availability of prescription stimulants has decreased during the past six months. One participant replied, *"Doctors are cracking down on prescribing [stimulants]."* Treatment providers reported that the general availability of prescription stimulants for illicit use has increased during the past six months, while law enforcement reported it has remained the same. A treatment provider shared, *"I've noticed the people that are trying to get this are people that have a meth problem. It seems that the word is out that this is an amphetamine and people want it instead of meth to stay sober."* Another provider observed, *"Adderall® ... mathematically based on 'scripts' (the number of prescriptions) ... it's going up [in availability]."* BCI crime labs reported processing very few cases of amphetamine (Adderall®), methylphenidate (Ritalin®) and lisdexamfetamine (Vyvanse®) from this region during the past six months. Lake County Crime Lab reported that the incidence of amphetamine cases it processes has decreased during the past six months.

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

Reports of current street prices for prescription stimulants were consistent among participants with experience buying these drugs. Reportedly, Adderall® 30 mg most often sells for \$5-10. Overall, participants reported that the price of prescription stimulants has increased during the past six months. A participant commented, *"More people want it now, and it's more popular ... I guess it's harder to get, so it's more supply and demand."*

Participants reported obtaining prescription stimulants for illicit use from individuals who are prescribed the medications. The most common route of administration for illicit use of prescription stimulants is snorting. Participants estimated that out of 10 illicit prescription stimulant users, six would snort and four would orally consume the drugs. One participant shared, *"I would say a little bit more are snorting ... the amphetamine in the actual Adderall® is really sweet.... It's like [eating] SweeTarts® when you snort them."*


Participants and community professionals described typical illicit prescription stimulants users as young people (18-30 years of age), high school and college students. Treatment providers discussed: *"High school/college kids is where it starts ... I don't hear a lot of older people being on it; I hear a lot of ... 'I have to work a lot and keep up with my kids' ... young fathers ... they are using this as a way to stay ahead of the game; My experience has been females. Some are suffering from body shaming, and they are trying to lose weight."* A law enforcement officer observed, *"Thirtyish females, but also college students...."*

Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) 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 also '6.' Treatment providers most often reported the current availability of ecstasy and molly as '5,' while law enforcement most often reported it as '3;' the previous most common scores were '3-4' and '6,' respectively. A treatment provider stated, *"It's not received much press as of late."* A law enforcement officer noted, *"It's a group drug ... you got to be in the right circles [to access ecstasy/molly]."*

Participants and 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 increased during the past six months and remains low, while Lake County Crime Lab reported processing very few cases of MDMA during the past six months.

Ecstasy/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 current overall quality of ecstasy/molly as '9' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common scores were '5.' Reportedly, molly is often adulterated (aka "cut") with other substances including cocaine, heroin/fentanyl, methamphetamine, prescription opioids and prescription stimulants. Participants relayed: *"Every time I did molly ... I think it was cut with meth.... I got drug tested after using MDMA and came up (screened positive) for MDMA, meth and amphetamine ... all three of them; Yeah, there is like everything in molly ... you can get an upper effect with meth, coke ... you want a body high, then heroin and painkillers [are mixed in with molly]...."* A law enforcement officer concurred that much of molly is adulterated, saying, *"It's all fake now."* 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. Overall, participants reported 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")	\$10	
	Medium dose (aka "double stack")	\$20	
	High dose (aka "triple stack")	\$30	
Molly:			
	A gram	\$60	

Participants reported that the most common routes of administration for ecstasy and molly are snorting and oral consumption. Participants estimated that out of 10 ecstasy and molly users, five would snort and five would orally consume the drugs. Participants discussed: *"Under the tongue, ingest (swallow) it, snort it; Molly, you can snort it and eat it ... you can't blow (snort) 'X' (ecstasy) ... tastes horrible."*

Participants and community professionals described typical ecstasy and molly users as high school and college students. Participants stated: *"You go to parties to get it; The only time I have ever done X is when I went to parties or concerts..."* Treatment providers reported: *"Later adolescents, young adults; 'Rave' (dance party) goes; It's like a club drug."* A law enforcement officer observed, *"Twenty-five [years of age] and younger ... race doesn't matter, gender doesn't matter..."*

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: bath salts (substituted cathinones), hallucinogens (phencyclidine [PCP]), kratom (mitragynine), Neurontin® (gabapentin) and synthetic marijuana (synthetic cannabinoids).

Bath Salts

Bath salts (substituted cathinones; compounds containing methylone, mephedrone, MDPV or other chemical analogues) are available in the region. While participants and law enforcement did not report on bath salts, treatment providers most often reported the current availability of bath salts as '4-5' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Treatment providers described typical bath salts users as males aged 20s and 30s. BCI crime labs reported that the incidence of substituted cathinones ("bath salts") cases they process from this region has increased during the past six months, while Lake County Crime Lab reported that the incidence of substituted cathinones cases it processes has decreased during the past six months and remains low.




Hallucinogens

PCP (phencyclidine) remains available in the region. However, only respondents in Cleveland reported on PCP. Participants most often reported the current availability of PCP 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 '5.' One participant noted, *"It's very available..."* Treatment providers most often reported the current availability of PCP as '9,' while law enforcement most often reported it as '4,' the previous most common scores were not reported and '4,' respectively. Treatment providers remarked: *"I think it's more acceptable [than previously]; [Users] are putting it on cigarettes."*

Participants reported that the availability of PCP has remained the same during the past six months, while community professionals reported that availability has increased. Treatment providers commented: *"I have seen more of it in the last six months; We are experiencing a resurgence [of PCP use]. We have a separate [drug] test we have to use to test for [PCP], and we have to use it more."* BCI crime labs reported processing very few cases of PCP from this region during the past six months.

In addition, crime labs reported on other hallucinogen cases from this region during the past six months. BCI crime labs reported that the incidence of LSD (lysergic acid diethylamide) cases they process from this region has slightly increased during the past six months, and they

reported processing very few cases of psilocybin mushrooms. Lake County Crime Lab reported processing very few cases of hallucinogens during the past six months; however, the lab did report processing five cases of ketamine (anesthetic typically used in veterinary medicine, aka "Special K") and 10 cases of 2-Fluorodeschloroketamine (an analogue of ketamine, sold on-line as a designer drug).

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

Participants discussed the current potency of PCP as high. One participant claimed, "[PCP] puts you in another world. It makes you see things. Makes you talk to people who are not even there...." Participants reported that PCP in the region is most often adulterated (aka "cut") with embalming fluid. However, one participant stated, "It's probably cut with a lot of things though...."

Reports of current prices for PCP were consistent among participants with experience buying the drug. Reportedly, the most common quantity of purchase for PCP is a dipped cigarette. A participant shared, "I dip a cigarette in [PCP] and sell it to you for \$20...." Overall, participants reported that the price of PCP has remained the same during the past six months.

Hallucinogens	Current Street Prices for Hallucinogens	
	PCP:	
	A single dipped cigarette	\$10-20
	A pack of dipped cigarettes	\$200
	An ounce bottle	\$175-200

Participants reported that the most common route of administration for PCP is smoking. Participants estimated that out of 10 PCP users, all 10 would smoke the drug. One participant noted, "Ain't no other way ... just smoke it." Participants and community professionals described

typical PCP users as African-American individuals, aged 30 years and older. A participant commented, "White people don't know about 'wet' (PCP)...."

Kratom

Kratom (mitragynine, a psychoactive plant substance) is available in the region. While participants and treatment providers did not report on kratom, law enforcement most often reported the current availability of kratom as '4-5' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Corroborating data indicated that kratom is available in the Cleveland region. Millennium Health reported that 1.3% of the 9,187 specimens it tested for kratom from this region during the past six months were positive for kratom.

Law enforcement reported that the availability of kratom has increased during the past six months. One officer stated, "Kratom has increased in the past six months ... we've had complaints. We don't investigate it because it's not illegal right now...." Law enforcement described typical kratom users as young people, aged 20 years and younger. In addition, an officer discussed, "There was a stint of time [recently] where people coming off opiates wanted to use kratom. Supposedly, there was a rumor that [kratom] eased your symptoms of [opiate] withdrawal...."

Neurontin®

Neurontin® (gabapentin, an anticonvulsant and nerve pain medication) remains available for illicit use in the region. However, only treatment providers mentioned illicit use of Neurontin® during the past six months. They 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 '10.' A treatment provider stated, "We're hearing a lot of individuals are trying to move from opiates to gabapentin ... they think it's safe."

Corroborating data indicated that Neurontin® is available for illicit use in the Cleveland region. Millennium Health reported that 17.5% of the 10,786 specimens it tested for gabapentin from this region during the past six months were positive for gabapentin.

Treatment providers reported that the availability of Neurontin® for illicit use has increased during the past six months. Treatment providers described typical illicit Neurontin® users as opiate users. One provider commented, *“They are using it while they are on MAT (medication-assisted treatment) to regulate (substitute for) their opioid use.”*

Synthetic Marijuana

Synthetic marijuana (synthetic cannabinoids) remains 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 remarked, *“It’s flooded in Cleveland [with synthetic marijuana]. . . .”* When describing their recent experience in prison, a participant described, *“[Synthetic marijuana] was so easy to get. It was everywhere. Everybody had it.”*

Law enforcement most often reported the current availability of synthetic marijuana as ‘3’; the previous most common score was not reported. A law enforcement officer relayed, *“The PDs (area police departments) when they make traffic stops, they find [synthetic marijuana] in people’s cars still. . . . A lot of our municipalities have created an ordinance that makes it illegal. It’s a misdemeanor, so we are able to control it that way, and we have chased out most of the people who were selling it openly.”*

Participants reported that the availability of synthetic marijuana has remained the same during the past six months; community professionals did not report on change of availability. BCI crime labs reported that the incidence of synthetic cannabinoids cases they process from this region has remained the same during the past six months, low.

Participants most often rated the current overall quality of synthetic marijuana as ‘7’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was not reported. However, participants discussed varying quality of synthetic marijuana. A participant commented, *“It just depends on how strong the people who sent it, made it.”* Participants reported that synthetic marijuana in the region is most often adulterated (aka “cut”) with acetone. One

participant stated, *“It’s cut with acetone . . . pure acetone. . . everyone who is not doing heroin is smoking [synthetic marijuana].”*

Reports of current prices for synthetic marijuana were consistent among participants with experience buying the drug. Reportedly, the most common quantity of purchase is 1/8 ounce for \$10-20. The most common route of administration for synthetic marijuana remains smoking. Participants described typical synthetic marijuana users as individuals who are subjected to random drug screens. A participant shared, *“People smoke it because it doesn’t show up in their system . . . lots of parolees smoke it.”*

Conclusion

Crack cocaine, fentanyl, heroin, marijuana, methamphetamine and powdered cocaine remain highly available in the Cleveland region. Changes in availability during the past six months include: increased availability for fentanyl, marijuana and methamphetamine; and decreased availability for heroin and prescription opioids.

While participants and treatment providers reported high current availability of heroin, law enforcement reported low current availability. Law enforcement’s low current availability rating for heroin reflects their observations that unadulterated heroin is not readily available. An officer said, *“Almost all [heroin] has been found mixed with fentanyl or some type of [fentanyl] analogue.”* Participants discussed adulterants (aka “cuts”) that affect the quality of heroin and continued to report the top cutting agent for the drug as fentanyl. Cuyahoga County Medical Examiner’s Office reported that 24.4% of the 283 drug-related deaths it processed during the past six months involved heroin; all of these heroin cases also involved fentanyl. BCI and Lake County crime labs reported that the incidence of heroin cases they process from this region has decreased during the past six months.

Corroborating data indicated that fentanyl is highly available in the region. Cuyahoga County Medical Examiner’s Office reported that 71.7% of the 283 drug-related deaths it processed during the past six months involved fentanyl and fentanyl analogues, and 25.4% of the 283 drug-related deaths involved carfentanil, often in

combination with fentanyl and fentanyl analogues. Participants and treatment providers reported that the availability of fentanyl has increased during the past six months. Respondents universally attributed increased availability to the inexpensiveness of fentanyl; reportedly, dealers are adulterating almost every drug with fentanyl, including pills. A treatment provider commented, *"The dealers are just putting it in everything."* Law enforcement reported that fentanyl availability has remained the same, high, but indicated increased availability of carfentanil during the past six months.

Corroborating data also indicated that marijuana is highly available in the region. ODPS reported seizing 696.0 kilograms (1,534.5 lbs.) of marijuana from this region during the past six months. Participants and community professionals discussed high, and increasing, current availability of high-grade marijuana extracts and concentrates, often appearing as oil and waxy forms of the drug (aka "dabs"). Respondents attributed the higher potency of THC in dabs, compared to that of traditional marijuana, as having increased the popularity/demand/supply of dabs during the past six months. A treatment provider stated, *"People are getting higher with a less amount [of the drug]."* BCI and Lake County crime labs reported that the incidence of concentrated THC (oils,

dabs) cases they process from this region has increased during the past six months.

There was consensus among respondents that methamphetamine is highly available, and that crystal methamphetamine remains the most prevalent form of the drug in the region. Participants discussed opiate users switching from heroin/fentanyl so as not to experience the extreme negative effects of opiate withdrawal. However, they also discussed that fentanyl continues to be used as a cutting agent for methamphetamine. Participants noted crystal methamphetamine as a cheaper alternative to most drugs, and its high lasts longer than most drugs as well. Community professionals described typical methamphetamine users as white people, males and people of low socio-economic status.

Lastly, respondents in Cleveland reported high current availability of PCP (phencyclidine) during the past six months. A treatment provider stated, *"We are experiencing a resurgence [of PCP use]. We have a separate [drug] test we have to use to test for [PCP], and we have to use it more."* Participants and community professionals described typical PCP users as African-American individuals, aged 30 years and older.