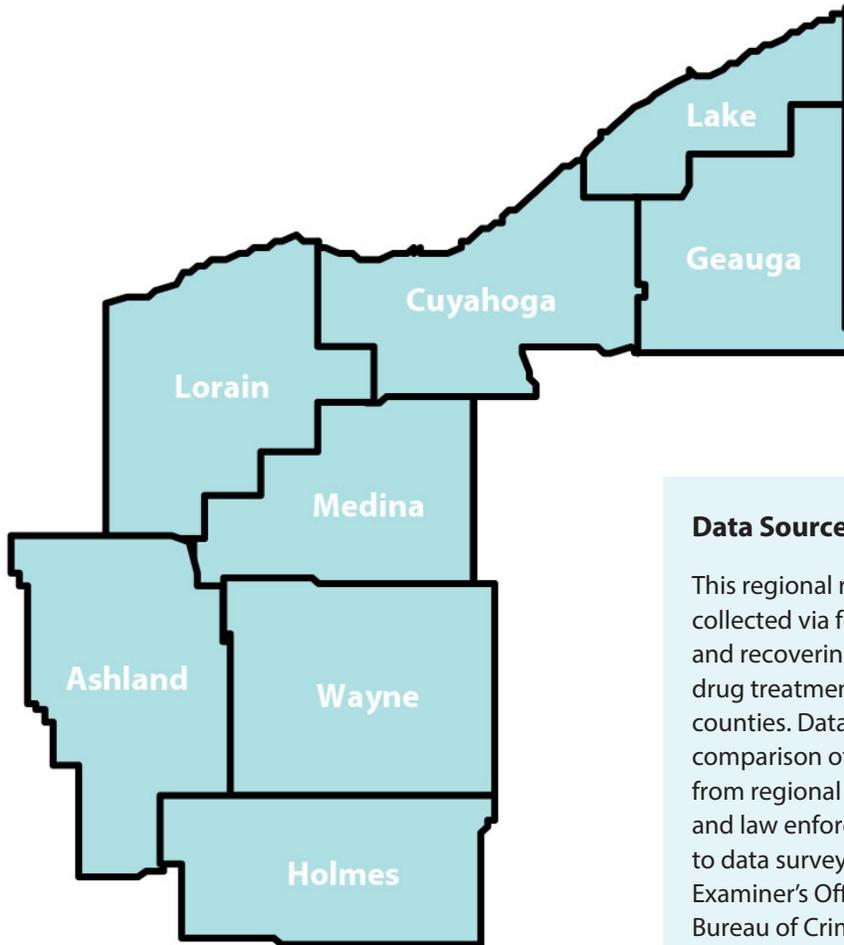




## Drug Abuse Trends in the Cleveland Region



### Regional Epidemiologist:

**Kathryn A. Coxe**, MSW, LSW

### 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, 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 the Cuyahoga County Medical Examiner’s Office, the Lake County Crime Lab, the Ohio Bureau of Criminal Investigation (BCI) and the 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 July through December 2017. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for January through June 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:

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## Regional Profile

Indicator <sup>1</sup>	Ohio	Cleveland Region	OSAM Drug Consumers
Total Population, 2016	11,614,373	2,269,670	41
Gender (female), 2016	51.0%	51.6%	78.0%
White, 2016	82.5%	76.8%	73.2%
African American, 2016	12.8%	18.7%	19.5%
Hispanic or Latino Origin, 2016	3.7%	5.2%	4.9% <sup>2</sup>
High School Graduation Rate, 2012-16	89.5%	88.7%	82.9% <sup>3</sup>
Median Household Income, 2012-16	\$50,674	\$56,960	\$25,000 to \$32,999 <sup>4</sup>
Persons Below Poverty Level, 2012-16	14.6%	14.5%	39.0% <sup>5</sup>

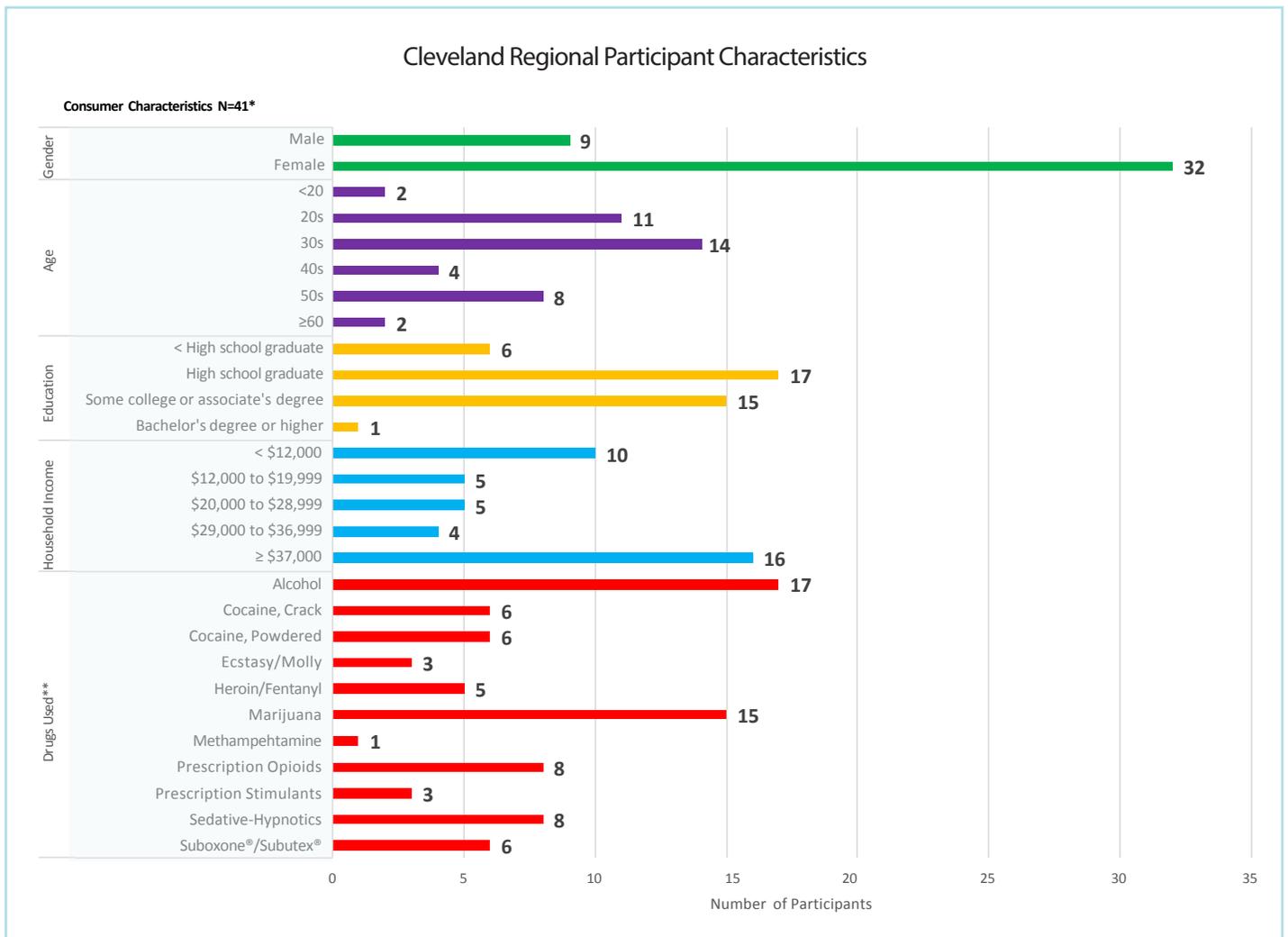
<sup>1</sup> Ohio and Cleveland region statistics were derived from the most recent US Census; OSAM drug consumers were participants for this reporting period: January-June 2018.

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

<sup>3</sup> Education level was unable to be determined for 1 participant due to missing and/or invalid data.

<sup>4</sup> Participants reported income by selecting a category that best represented their household's approximate income for the previous year. Income was unable to be determined for 2 participants due to missing and/or invalid data.

<sup>5</sup> Poverty status was unable to be determined for 3 participants due to missing and/or invalid data.



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

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

## Historical Summary

In the previous reporting period (June 2017 – January 2018), crack cocaine, heroin, marijuana, methamphetamine, Neurontin® (gabapentin) and sedative-hypnotics remained highly available in the Cleveland region; also highly available were fentanyl and Suboxone®. Changes in availability during the reporting period included: increased availability for fentanyl; likely increased availability for methamphetamine and Neurontin®; decreased availability for prescription opioids; and possible decreased availability for heroin.

While heroin remained highly available in the region, participants and treatment providers reported that the general availability of heroin had decreased during the reporting period. They cited an increase in fentanyl as a substitution for heroin as the reason for decreased availability. One participant stated, *"It is all fentanyl ... it would be harder to find straight up heroin."* There was consensus across focus groups that fentanyl was highly available. Treatment providers and law enforcement shared that many heroin users sought fentanyl for its potency. Overall, participants reported that the general quality of fentanyl had increased during the reporting period.

Participants reported that methamphetamine was available in powdered and crystal forms throughout the region. However, they identified crystal methamphetamine as most prevalent. And, while methamphetamine was highly available, respondents continued to report greater presence of the drug in rural communities. Treatment providers discussed more limited methamphetamine availability in the city of Cleveland and increased availability for the drug in suburban communities of the region.

Neurontin® remained highly available for illicit use in the region. Treatment providers reported that the number of users prescribed the drug had increased. Participants noted that many users had prescriptions for Neurontin® which they abused or sold. Reportedly, Neurontin® 800 mg sold for \$5. Participants described typical illicit users of the drug as people addicted to heroin who used it to alleviate symptoms of opiate withdrawal.

Participants reported that kratom (mitragynine) was highly available in the region. Participants noted that kratom came in powdered form and in capsules. They described typical

kratom users as people addicted to heroin who used the drug to alleviate symptoms of opiate withdrawal.

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

## 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'. Participants reported: *"There's no shortage of suppliers; There's a lot of money to be made in it; I feel like it's a more acceptable party drug than 'meth' (methamphetamine) ... everybody does it."* Treatment providers most often reported powdered cocaine availability as '8', while law enforcement reported availability as '6-7' and '8-9'; the previous most common score was '7' for both treatment providers and law enforcement. Treatment providers discussed: *"What I've heard is that people trying not to use heroin are now using more cocaine ... they may be on MAT (medication-assisted treatment) to control the opioid use disorder and they're using cocaine."* A law enforcement officer commented, *"I'd put about an '8' or '9' ... we don't see much crack [cocaine] ... it's powdered [cocaine], and ... 9 out of 10 of [cocaine seizures] in the last six months have been laced with fentanyl."*

Corroborating data indicated that powdered cocaine is available in the Cleveland region. The Cuyahoga County Medical Examiner's Office reported that 47.5% of the 316 drug overdose deaths it processed during the past six months involved cocaine (crack and/or powdered cocaine). In addition, the Ohio Department of Public

Safety (ODPS) reported seizing 17.9 kilograms (39.6 lbs.) of powdered cocaine from this region during the past six months.

Participants and community professionals reported that the availability of powdered cocaine has increased during the past six months. When participants were asked why the availability of powdered cocaine has increased, one participant explained: *"I think it has to do with so many heroin and fentanyl users using it, too, 'cause I used to have to go to two different [dealers; a heroin dealer and a cocaine dealer], and now it's all available from the same person."* The Ohio Bureau of Criminal Investigation (BCI) crime labs and the Lake County Crime Lab reported that the incidence of cocaine cases they process from this region has decreased during the past six months, while the Cuyahoga County Regional 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	Increase
	 Law enforcement	Increase
	 Treatment providers	Increase

Participants most often rated the current overall quality of powdered cocaine as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '5.' Although participants most often reported high quality of powdered cocaine, they discussed variability in quality, depending on the cutting agents (adulterants) and the drug dealer selling the drug. Participants commented: *"It depends on who you deal with and what you're willing to spend; I only got [powdered cocaine] from one person ... I don't buy it from all these different people because they mix it with fentanyl, they mix it with heroin, they mix it with a lot of stuff; If they can rip me off, they will."*

Participants discussed adulterants (aka "cuts") that affect the quality of powdered cocaine and reported the top cutting agents for the drug as baby laxatives, caffeine pills and fentanyl. Other adulterants mentioned included: acetone, baby aspirin, heroin, lidocaine (local anesthetic), quinine (antimalarial) and vitamin B. Both participants and

law enforcement discussed powdered cocaine cut with fentanyl. Law enforcement reported: *"Now, [powdered cocaine] is being cut with fentanyl, and the risk [of overdose] is just as great as heroin; They're lacing everything with this fentanyl .... If you get them hooked they're going to be wanting your product ... they're coming [back] to you [to purchase more]."* Overall, participants reported that the quality of powdered cocaine has remained the same during the past six months.

Powdered Cocaine	Cutting Agents Reported by Crime Lab	
	<input type="radio"/>	caffeine
	<input type="radio"/>	levamisole (livestock dewormer)
	<input type="radio"/>	local anesthetics (lidocaine and procaine)
	<input type="radio"/>	phenacetin (banned analgesic)

Reports of current prices for powdered cocaine were consistent among participants with experience buying the drug. Reportedly, the most common quantities of purchase are a gram and 1/16 ounce (aka "teener"). Overall, participants reported that the price of powdered cocaine has decreased during the past six months.

Powdered Cocaine	Current Street Prices for Powdered Cocaine	
	1/10 gram	\$20
	1/2 gram	\$40-50
	A gram	\$75-90
	1/16 ounce (aka "teener")	\$100-125
	1/8 ounce (aka "eight ball")	\$180-250

Participants reported that the most common route of administration for powdered cocaine remains snorting. Participants estimated that out of 10 powdered cocaine users, seven would snort and three would intravenously inject (aka "shoot") the drug. Participants described typical powdered cocaine users as white-collar professionals, aged 25-50 years. One participant remarked, *"A lot of money ... more professional people; Doctors, lawyers ..."* Community professionals described typical powdered cocaine users as predominantly male, aged 25-50 years, and those who use drugs recreationally. A treatment provider commented,

*"I had some gentlemen [clients] in their 50's using ... I think it goes back to the sexual stimulant ...." Law enforcement stated: "With the cocaine, still recreational, not using on a daily basis; In the last six months, I would say it's mostly men ... race doesn't play a role."*

## Crack Cocaine

Crack cocaine is moderately to highly available in the region. Participants most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. Participants commented: *"'Crack' (crack cocaine) is easy to get; You can just go to the corner and get it; A lot of people trying to sell it ... it has really increased a lot in the last couple of years."*

Community professionals most often reported the current availability of crack cocaine as '5'; the previous most common score was '7'. One treatment provider stated, *"[Availability is] not quite as much as the powder [cocaine] ... most of [my clients] are not [crack cocaine] smokers, more [powdered cocaine] snorters."* Law enforcement remarked: *"You're taking a product that's cocaine and you're lacing it with fentanyl ... you're not taking the time to cook it into crack; Prior to our upswing in 'meth' (methamphetamine), crack cocaine was hand-in-hand with heroin. [Methamphetamine] is starting to push crack cocaine aside and I don't know if that has to do with availability or cooking it. I can say all of our crack cocaine comes from Cleveland, whereas a lot of our methamphetamine comes from the south and the east [of Cleveland]...."*

Corroborating data indicated that crack cocaine is available in the Cleveland region. ODPS reported seizing 379.4 grams (0.8 lbs.) of crack cocaine 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. Ashland Police (Ashland County) arrested a man for possession of a controlled substance and tampering with physical evidence after seizing 15.9 grams of crack cocaine and 1.7 grams of marijuana from his possession ([www.thedailyindependent.com](http://www.thedailyindependent.com), April 11, 2018).

Participants reported that the availability of crack cocaine has remained the same during the past six months. Participants commented: *"It's really easily obtainable; Throughout the whole year, 365 days."* Treatment providers reported that the availability of crack cocaine has increased

during the past six months, while law enforcement reported it has remained the same. A treatment provider commented, *"I feel like availability has increased for everything .... You don't see as many 'salesmen' (drug dealers) out, but I think that's because they are willing to do house calls at this point."* BCI crime labs and the Lake County Crime Lab reported that the incidence of cocaine cases they process from this region has decreased during the past six months, while the Cuyahoga County Regional Crime Lab reported that the incidence of cocaine cases it processes has increased. The labs do not differentiate between powdered and crack cocaine.

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

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 '6'. One participant remarked, *"Ain't nothing but three questions you need to ask about crack: You can get it; it ain't expensive; and it ain't no good...."* Participants reported that crack cocaine in the region is most often adulterated (aka "cut") with baking soda. Other cuts for crack cocaine mentioned included: baby laxatives, fentanyl and vitamin B-12. Overall, participants reported that the quality of crack cocaine has remained the same during the past six months.

Crack Cocaine	Cutting Agents Reported by Crime Lab
	<ul style="list-style-type: none"> <li><input type="radio"/> caffeine</li> <li><input type="radio"/> levamisole (livestock dewormer)</li> <li><input type="radio"/> local anesthetics (lidocaine and procaine)</li> <li><input type="radio"/> phenacetin (banned analgesic)</li> </ul>

Reports of current prices for crack cocaine were consistent among participants with experience buying the drug. Reportedly, the most common quantity of purchase is 1/10 gram (aka "rock"). Participants commented: *"Definitely*

small amounts ... Like \$5 or \$10 at a time; I started with \$20, and instead of just getting a couple of hundred dollars' worth, it's the stupidity of all night with the back and forth [to the dealer for more]." Overall, participants reported that the price of crack cocaine has decreased during the past six months.

Crack Cocaine	Current Street Prices for Crack Cocaine	
	1/10 gram (aka "rock")	\$10-20
	A gram	\$50-60
	1/8 ounce	\$125

Participants reported that the most common route of administration for crack cocaine remains smoking. Participants estimated that out of 10 crack cocaine users, eight would smoke and two would intravenously inject (aka "shoot") the drug. Participants commented: "I used to only ever smoke it; There is a couple of people that I actually knew that shot it up."

Participants described typical crack cocaine users as aged 30-50 years, of lower socio-economic status, people who work blue collar jobs (factory workers) and jobs that require long hours (prostitutes). Participants commented: "I don't think the younger kids are really doing it; I know people that work in factories and truck drivers that do it." Community professionals described typical crack cocaine users as aged 40-60 years. A law enforcement officer commented, "I would say mid-40s up to probably 60s.... [These users would say], 'I just smoke my crack every once in a while when I want to get a blast or get a high.'"

## 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 commented: "It's everywhere. It's cheap.... It's like right around the corner in every little city in Ohio from what I've seen; I go to the gas station and people be like, 'I got 'food' (heroin), I got 'food,' you know ... it's just everywhere."

Treatment providers most often reported the current availability of heroin as '7' and '9-10', while law enforcement most often reported it as '8'; the previous most common score was '10' for both treatment providers and law enforcement. Treatment providers discussed: "I never heard of anyone saying they couldn't find heroin; There's a demand ... [heroin is] cheaper and as effective as the prescription [opioids]." One law enforcement officer stated, "Almost every case on my desk is heroin.... I have four informants currently that are making heroin buys anywhere from two to three dealers each, so I could buy heroin right now from about 20 different people."

Corroborating data indicated that heroin is available in the Cleveland region. The Cuyahoga County Medical Examiner's Office reported that 36.4% of the 316 drug overdose deaths it processed during the past six months involved heroin; 71.3% of these heroin cases also involved fentanyl. In addition, ODPS reported seizing 16.8 kilograms (37.1 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. Westlake Police (Cuyahoga County) responded to a call of a possible overdose in a parked car outside of a mall, and upon discovering clear signs of drug use, needles and suspected heroin in the vehicle, officers arrested a male and two females and charged them with possession of drugs and drug abuse instruments ([www.patch.com](http://www.patch.com), April 19, 2018). Law enforcement in Pepper Pike (Cuyahoga County) responded to a call regarding a woman found passed out in the grass on the side of the road after ingesting heroin before attempting to drive; officers found a powdery substance and drug paraphernalia at the scene of the incident and sent the substance for crime lab analysis ([www.cleveland.com](http://www.cleveland.com), April 27, 2018).

While many types of heroin are currently available in the region, participants and community professionals continued to report powdered heroin as most available. A law enforcement officer commented, "[Heroin is] mixed ... it's hard to tell actually what we're getting because they're cutting it with so many different things now. Sometimes we'll get different shades of gray and white [powdered heroin] ... and, typically when it's closer to white [in color], it's fentanyl...."

Participants and community professionals reported that the availability of heroin has remained the same during

the past six months. A treatment provider remarked, "I think it pretty much stayed the same. Like I said, I have never heard anyone say they couldn't get heroin when they were withdrawing..." A law enforcement officer stated, "I would say that as fast as we are [with] prosecuting a person for trafficking [that] it just seems like it's a never-ending supply of people that want to sell."

BCI crime labs, the Lake County Crime Lab and the Cuyahoga County Regional Crime Lab reported that the incidence of heroin cases they process from this region has decreased during the past six months. The Cuyahoga County Regional Crime Lab reported processing brown, purple and tan powdered heroin as well as black tar heroin, while the Lake County Crime Lab reported processing brown, gray, purple, tan and white powdered 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 '1-2' and '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common scores were '10' for black tar and white powdered heroin and '5' for brown powdered heroin. The dichotomous scoring of extremely low quality and extremely high quality accounts for fentanyl as a cut (adulterant). Participants discussed that heroin is generally of poor quality; hence fentanyl is added to boost its potency. Participants remarked: "They're using fentanyl just so it's stronger; Everything has some fentanyl ... it's hard to find just heroin." Thus, participants most often reported the current quality of unadulterated heroin as '1-2' and of fentanyl-cut heroin as '10'.

Participants discussed adulterants that affect the quality of heroin and reported the top cutting agent for the drug as fentanyl. Additional cuts mentioned included: acetone, aspirin, brown sugar, carfentanil, embalming fluid, prescription opioids, quinine (antimalarial) and vitamins. However, participants discussed: "It's real hard to tell what [cut] it is; There's actually more cut in all of it now; Let's keep it 100% (real), we don't know what they're cutting it with."

Overall, participants reported that the quality of heroin has decreased during the past six months.

Heroin	Cutting Agents Reported by Crime Lab	
	<input type="radio"/>	acetaminophen
	<input type="radio"/>	caffeine
	<input type="radio"/>	cocaine
	<input type="radio"/>	diphenhydramine (antihistamine)
	<input type="radio"/>	fentanyl
	<input type="radio"/>	inositol (dietary supplement)
	<input type="radio"/>	lidocaine (local anesthetic)
	<input type="radio"/>	mannitol (diuretic)
	<input type="radio"/>	methamphetamine
<input type="radio"/>	quinine (antimalarial)	
<input type="radio"/>	sorbitol (artificial sweetener)	
<input type="radio"/>	tramadol	

Reports of current prices for heroin were consistent among participants with experience purchasing the drug. Reportedly, the most common quantity of purchase is a gram. Several participants discussed purchasing several grams at a time. These participants reported: "I was always buying a couple of grams; I would buy like three or four [grams] at a time." Other participants discussed purchasing smaller amounts in "stamps" or "bundles" (1/10 gram amounts). One participant stated, "I know hearing [from] other people [that] there are bundles [and] for the stamp bags if you buy ... 10 bags at a time, you get 12." Overall, participants indicated that the price of heroin has remained the same during the past six months.

Heroin	Current Street Prices for Heroin	
	<b>Powdered:</b>	
	1/10 gram	\$20
	1/2 gram	\$30-50
	A gram	\$80-90
1/8 ounce	\$150	

While there were a few reported ways of using heroin, generally, the most common route of administration remains intravenous injection (aka "shooting"). Participants estimated that out of 10 heroin users, eight would shoot and two would snort the drug. A participant remarked,

*"I can comment on this because my best friend did heroin in front of me all the time. I would say they start snorting it and end up shooting it on average..."*

Participants reported that injection needles are most available from drug dealers and drug stores. Additionally, participants also reported obtaining needles by stealing them from people with diabetes and from free needle exchange programs. A participant commented, *"Say your grandma is diabetic... you can get them."* Reportedly, sharing needles is common. Participants stated: *"A lot of users do that; Not so much sharing but reusing [needles]. I know a lot of people that they had the same one since they started using; I've seen people put a little bleach on needles and be like, 'It's cool.'"*

A profile for a typical heroin user did not emerge from the data. Participants described typical heroin users as everyone. Participants remarked: *"[Heroin] does not discriminate. I've seen all sorts. I was in rehab with a lawyer and a nurse; I just feel like it's getting less and less 'demographic.' I mean, it's just like, everybody."* Treatment providers described typical heroin users as white people and people who live in the suburbs, while law enforcement described typical users as anyone. Treatment providers stated: *"Our youngest client [who uses heroin] is probably is 19 [years of age], white female, and our oldest client has been in the 60s; I say like mainly Caucasian; The white rich kids from the suburbs."* Law enforcement stated: *"You'll notice the ages are just all over the place... the low I've seen is usually in their 20s... and the high in their 70s; Anyone... age ranges from as old as 50 [years] and as young as 16 [years]... male, female, white, black, Hispanic. I even know of an Asian male who's using heroin in our city... it's everyone."*

## 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 commented: *"So many people are buying it; '11' out of '10.' There's more than I can possibly want; Everybody got that shit."* Community professionals most often reported current availability as '6-7'; the previous most common score was '10'. Law enforcement discussed: *"My last four cases involved fentanyl... [and] if not pure fentanyl, [than] mostly fentanyl*

*... it seems like it's as easy or even easier to get than heroin; There is always customers... there is no shortage in customers. I've had dealers tell me that when one drops another one will pop up; Everything we're seeing is laced with [fentanyl]... probably nine out of 10 cases down here... involves fentanyl as probably the cut."*

Corroborating data indicated that fentanyl is available in the Cleveland region. The Cuyahoga County Medical Examiner's Office reported that 53.8% of the 316 drug overdose deaths it processed during the past six months involved fentanyl/fentanyl analogues; 29.7% of these 316 deaths involved carfentanil. In addition, ODPS reported seizing 444.9 grams (1.0 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. Federal agents working with the U.S. Postal Inspection Service in Cuyahoga County arrested a man for conspiracy to possess with intent to distribute controlled substances after intercepting packages from China containing fentanyl that the man had purchased through the dark web ([www.news-herald.com](http://www.news-herald.com), March 28, 2018). The Cuyahoga County Common Pleas Court indicted a man on charges of involuntary manslaughter, human trafficking, promoting prostitution and trafficking in fentanyl and "molly" (powdered MDMA); charges stemmed from the fatal overdose of a woman, alleged to have been working with the man as a prostitute; cocaine and carfentanil were found in the woman's system that led to the search and seizure of undisclosed amounts of fentanyl, molly and a firearm from the man's apartment ([www.cleveland.com](http://www.cleveland.com), March 29, 2018). The Geauga County Common Pleas Court indicted a man on charges of manslaughter, corrupting another with drugs and drug trafficking after an investigation by the Geauga County Sheriff's Office revealed that he allegedly sold a heroin and fentanyl mixture to another man, causing a fatal overdose ([www.cleveland.com](http://www.cleveland.com), April 19, 2018). Deputies in the Cuyahoga County Common Pleas Court found a man, indicted on charges of fentanyl possession, dead in a restroom following his pretrial hearing; his cause of death was unknown ([www.cleveland.com](http://www.cleveland.com), March 16, 2018).

Participants reported that the availability of fentanyl has increased during the past six months. Participants commented: *"It's shorter acting and you need to buy more, so they need to have the supply; It's cheaper and you can play it off as heroin."* Treatment providers reported that

the general availability of fentanyl has remained the same during the past six months, while law enforcement reported it has remained the same or increased. BCI crime labs, the Lake County Crime Lab and the Cuyahoga County Regional Crime Lab reported that the incidence of fentanyl and fentanyl analogue cases they process from this region has decreased during the past six months; all labs reported that the incidence of carfentanil cases they process from this region has increased.

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

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 remarked: "It's got to be 10 the way it's killing people; If it almost killed somebody, it must be very, very potent' ... it's crazy." Participants discussed adulterants (aka "cuts") that affect the quality of the drug and reported the top cutting agents for fentanyl as Advil®, candy, quinine (antimalarial) and vitamin B-12. However, participants noted that fentanyl is most often used as an adulterant or substitution for heroin. They said: "Really when you're going to get heroin, that's what you're getting [fentanyl]; You don't know if you're getting [fentanyl] ... it could be heroin, it could be fentanyl, it could be anything."

Community professionals also commented on the high prevalence of fentanyl with heroin in the region. A treatment provider commented, "Clients are just shocked when we show the results of [positive drug screens for] fentanyl usage. It tells me that they are buying it without their knowledge ... there was actually fentanyl mixed in [with their heroin]." One law enforcement officer stated, "[Fentanyl] is in everything. I mean, they're putting this fentanyl in cocaine, they're putting it in heroin ... everything has fentanyl." Overall, participants reported that the quality of fentanyl has increased during the past six months. A participant warned, "It will kill you."

Reports of current prices for fentanyl were consistent among participants with experience purchasing the drug.

Reportedly, the most common quantity of purchase is a gram. Overall, participants indicated that the price of fentanyl has remained the same during the past six months.

Fentanyl	Current Prices for Fentanyl	
	1/10 gram	\$5-10
	1/2 gram	\$50
	A gram	\$60-80

While there were a few reported ways of using fentanyl, generally, the most common route of administration remains intravenous injection (aka "shooting"). Participants estimated that out of 10 fentanyl users, eight would shoot and two would snort the drug. Participants described typical fentanyl users as heroin users, white people, and those aged 25-55 years. Community professionals described typical users as heroin users. Treatment providers commented: "It seems kind of blurred [between] heroin and fentanyl; It's hard to differentiate that because I think they started with heroin ... but I think it's just more fentanyl than it is heroin at this point." One law enforcement officer remarked, "Exact same as heroin."

### Prescription Opioids



Prescription opioids 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 '5'. Participants discussed: "Depends ... If I wanted to get them, I could go get them; You can't just go to the hospital and get them anymore for any little injury ... they used to just pass them out like candy, but anymore they don't do that; I feel like so many people are doing them and doctors aren't giving them out as much."

Treatment providers most often reported the current street availability of prescription opioids as '5,' while law enforcement most often reported it as '6,' the previous most common scores were '4' and '5,' respectively. Treatment providers stated: "If somebody wants it, they're going to be able to find it; Less and less doctors are

*prescribing them, which has caused the price on the illegal market to skyrocket. You're going to charge between \$40-50 for a pill, and I can get heroin for \$15 ... I'm going to go with the heroin."* A law enforcement officer commented, *"I think finally the medical industry is cracking down a little bit and they're a lot harder to come by. And, when [users] do come across them they're very expensive. So, I think it's starting to push the kids away from it because they can't afford it."*

Corroborating data indicated that prescription opioids are available for illicit use in the Cleveland region. The Cuyahoga County Medical Examiner's Office reported that 15.8% of the 316 drug overdose deaths it processed during the past six months involved prescription opioids. In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. Federal indictments were filed against nine men alleged to be part of an interstate drug ring for conspiracy to possess with intent to distribute drugs; federal authorities seized over 100 pounds of marijuana, a large amount of cash and 345 oxycodone pills from locations in Chicago and North Olmstead (Cuyahoga County) ([www.cleveland.com](http://www.cleveland.com), March 15, 2018).

Participants and treatment providers identified Percocet® and Vicodin® as the most available prescription opioids in terms of widespread illicit use. One participant remarked, *"Doctor's [are] still prescribing those freely. A lot of the other stuff ... there's regulations and it's gotten a lot harder."* Treatment providers discussed: *"Vicodin® is always there ... Vicodin® and Percocet®; Percocet® we're hearing the same story as what you were talking with the 'lean' (promethazine with codeine). It's being glamorized in rap music and so availability is there...."*

Law enforcement identified oxycodone and Percocet® as the most available prescription opioids in terms of widespread illicit use. Law enforcement reported: *"Oxycodone for sure there's no doubt about that.... One, it's easy to get, two you can crush it and snort it; They'll have them, but they'll only have a handful of them ... smaller amounts of them. We're not seeing full bottles like we used to. Now we're seeing two or three pills."*

Participants and community professionals reported that the general availability of prescription opioids has decreased during the past six months. Participants stated: *"It's gone down. I don't hear about them as much anymore; It's harder*

*for people to get them now; The medical board is stronger on people (regulating prescribers more); That's why people resort to heroin because we started with pills and now those pills are gone or they're harder to find."* Treatment providers explained: *"The opioid epidemic has really had doctors cracking down on that; Doctors were scared and they don't want you suing them; [Clients] can get something stronger with heroin for cheaper."* Law enforcement stated: *"The prescription opioids have decreased because of the knowledge the doctors are getting as to what the opioids are doing to people; Physicians are realizing the problem and not prescribing as many...."*

BCI crime labs reported that the incidence of tramadol (Ultram®) and morphine cases they process from this region have increased during the past six months, while the incidence of oxycodone (OxyContin®, Percocet®) and hydrocodone (Vicodin®) cases has decreased or remained the same. The Cuyahoga County Regional Crime Lab reported that the incidence of oxycodone, hydrocodone, methadone and morphine cases it processes from this region has increased during the past six months, while the incidence of oxymorphone, hydromorphone (Dilaudid®) and tramadol cases has decreased or remained the same. The Lake County Crime Lab reported that the incidence of oxycodone cases it processes from this region has increased during the past six months, while the incidence of tramadol cases has decreased.

Prescription Opioids	Reported Availability Change during the Past 6 Months	
	 Participants	Decrease
	 Law enforcement	Decrease
	 Treatment providers	Decrease

Reports of current street prices for prescription opioids were consistent among participants with experience buying the drugs. Reportedly, the majority of prescription opioids sell for \$1-2 per milligram. Overall, participants indicated that the street price of prescription opioids has increased during the past six months.

Prescription Opioids	Current Street Prices for Prescription Opioids	
	Pharmaceutical fentanyl	\$20 for 50 mcg \$40-50 for 100 mcg
	OxyContin® OP	\$5-6 for 5 mg \$10-15 for 10 mg
	Percocet®	\$5 for 5 mg \$10-15 for 10 mg
	Roxicodone®	\$25-35 for 30 mg
	Vicodin®	\$4-5 for 5 mg \$10 for 7.5 mg \$15 for 10 mg

Participants reported obtaining these drugs from doctors, older people, friends or from out-of-state. Participants stated: *"All my friends' grandparents sell them their pills; I use to drive up to Detroit ... [to] the hospital and get Percocet®. If you're in pain, that's usually what they give you."* In addition, a few participants discussed that some drug dealers press counterfeit pills to sell. Participants reported: *"A family member of mine got pills that he thought were Percocet® and they were fentanyl ... they can make them look exactly like [real Percocet®]; There are actually pill mills that can take whatever fentanyl and make it look like a Vicodin® or a Percocet® and the stamp is just the same. So, you think you're getting a Percocet® off the street, but its pure fentanyl and its gonna kill ya."*

While there were a few reported ways of consuming prescription opioids, and variations in methods of use were noted among types of prescription opioids, generally the most common route of administration for illicit use is snorting. Participants estimated that out of 10 illicit prescription opioid users, nine would snort and one would parachute (crush the pill, wrap it in tissue paper and swallow) or intravenously inject the drugs. A few participants clarified that some illicit prescription opioid users will intravenously inject Roxicodone® 30 mg. A few participants also reported differences in the consumption of prescription opioids depending on age. One participant explained, *"I say 20s to 30s snort it and the older generation takes it [orally]."*

A profile of a typical illicit prescription opioid user did not emerge from the data. Participants described illicit users as anyone, but some participants specified the drugs are more commonly abused by white people and people who have money to afford them. A participant stated, *"I knew*

*doctors [who illicitly used opioids] ... everybody ... it would really surprise you."* Community professionals described typical illicit prescription opioid users also as anyone. A treatment provider commented, *"I think it's everyone because I had an 18-year-old black kid and also a business owner, a white guy, older ... he could be getting ready to retire and he was doing it, too...."* One law enforcement officer reported: *"I haven't really noticed any difference because I have had cases where they were well-off middle-class business people and I have had low-income, unemployed individuals. No real differences."*

### Suboxone®



Suboxone® is moderately to highly available for illicit use in the region. Participants most often reported the current street availability of Suboxone® in sublingual filmstrip form as '5-7' and in pill form as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were '10' for both filmstrip and pill forms. Participants commented: *"If you don't have insurance, [pills are] cheaper; I also think, too, that when people are prescribed the 'strips' (filmstrips), a lot of places make you turn the wrappers back in so they have to keep the wrappers."* Treatment providers most often reported that the current street availability of Suboxone® as '7-8', while law enforcement most often reported it as '5', the previous most common score among community professionals was '10'. A law enforcement officer stated, *"In the last six months, I don't think I have seen any, but I have heard users talk about it and say they can buy it ... typically the pills."*

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A Cuyahoga County Medical Examiner report concluded that the death of a 2-year-old child was caused by acute intoxication from Suboxone®, with a high dose of cough medicine and Benadryl® in the child's system; the child's mother and her boyfriend were charged with involuntary manslaughter ([www.cleveland.com](http://www.cleveland.com), April 23, 2019).

Participants and community professionals reported that the street availability of Suboxone® has decreased during the past six months. A participant remarked, *"I just don't think that [doctors are] prescribing them."* A law enforcement officer explained, *"There is less Suboxone® being distributed*

... now they have moved that to the Vivitrol® shots because the professionals know about the abuse of Suboxone®. It's traded for the drugs sold on the street ... We have definitely seen the decline in Suboxone® sales as far as illicit sales." 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 the Cuyahoga County Regional Crime Lab reported that the incidence of Suboxone® cases they process has increased.

Suboxone®	Reported Availability Change during the Past 6 Months	
	 Participants	Decrease
	 Law enforcement	Decrease
	 Treatment providers	Decrease

Reports of current street prices for Suboxone® were consistent among participants with experience buying the drug. Overall, participants reported that the street price of Suboxone® has remained the same during the past six months.

Suboxone®	Current Street Prices for Suboxone®	
	Filmstrip	\$20-25 for 8 mg
	Pill	\$20 for 8 mg

In addition to obtaining Suboxone® on the street from drug dealers, participants also reported getting the drug for illicit use through doctors and acquaintances who have a prescription for the medication. A participant stated, "Some doctors just write the 'scripts' (prescriptions) and send you on your way. 'See you next month' ... they give you a month's worth." Participants reported that the most common route of administration for illicit use of Suboxone® is oral consumption. Participants estimated that out of 10 illicit Suboxone® users, five would orally consume, three would intravenously inject (aka "shoot") and two would snort the drug.

Participants described typical illicit Suboxone® users as opiate users. Participants reported: "An opiate user, a heroin user; I have never heard of somebody just taking 'subs'

(Suboxone®) for fun; I don't think Suboxone® is a drug of choice. It's like a last resort. ..." Treatment providers described typical illicit Suboxone® users as anyone, while law enforcement described typical illicit users as middle-class people, those who have access to treatment. A treatment provider commented, "If they can't find their drug of choice, they are finding and using Suboxone®. I'm seeing 18-25 year olds saying the same thing as 40-60 [year olds]." A law enforcement officer reported, "Typically a little more middle class, white, male and female are about the same. It seems to be the individuals who have access to treatment ... their parents will get them into treatment ... and then they fall off the wagon [and] they have this prescription ... so they'll sell that to get the real thing. That's kind of the trend I've seen lately."

### Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) are moderately available for illicit use in the region. Participants most often reported the current street availability of these drugs 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'. Participants discussed: "I know a lot of doctors here who don't want to prescribe them anymore; Not a lot of people want to give them up; The people that I knew that had them wanted to keep them usually."

Treatment providers most often reported the current availability of sedative-hypnotics as '7,' while law enforcement most often reported it as '5,' the previous most common score reported by community professionals was '10.' A treatment provider stated, "Yeah, I would say '7' only because doctors are more likely to give them to older people ... and if a teenager knows that that's in the house, they're going to hunt it out. ..." A law enforcement officer remarked, "You really don't have to do it illicitly. It seems like docs give those out rather easily."

Corroborating data indicated that sedative-hypnotics are available for illicit use in the Cleveland region. The Cuyahoga County Medical Examiner's Office reported that 19.0% of the 316 drug overdose deaths it processed during the past six months involved one or more benzodiazepine or other sedative-hypnotic. In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. Ashland Police (Ashland County) arrested a man for possession and trafficking of a controlled substance after seizing

more than 16 grams of methamphetamine, 45 doses of clonazepam (Klonopin®), six doses of hydrocodone (Vicodin®) and three firearms from his possession ([www.thedailyindependent.com](http://www.thedailyindependent.com), April 11, 2018).

Participants identified Klonopin® and Xanax® as the most available sedative-hypnotics in terms of widespread illicit use. Participants explained: *"Klonopin is prescribed a lot. Anybody who thinks they have or does have anxiety is going to get them; I was on Suboxone® and a doctor prescribed me Klonopin®; I hear everybody talking about [Xanax®] and using that with whatever [other drug they want]."* Community professionals identified Xanax® as most available. Treatment providers stated: *"It's pretty easy to find Xanax®; It's so easily available; It's prescribed a lot."*

Participants reported that the street availability of sedative-hypnotics has increased during the past six months, while community professionals reported that it has remained the same. Participants commented: *"The stress of life period these days is too much; A lot of people are taking them recreationally and giving out excuses..."* BCI crime labs reported that the incidence of alprazolam (Xanax®), clonazepam (Klonopin®), diazepam (Valium®) and zolpidem (Ambien®) cases they process from this region has decreased or remained the same during the past six months. The Cuyahoga County Regional Crime Lab reported that the incidence of alprazolam, clonazepam, diazepam and carisoprodol (Soma®) cases it processes has increased during the past six months, while the incidence of lorazepam (Ativan®) and zolpidem cases has decreased or remained the same. In addition, the lab reported having processed 12 cases of "designer benzodiazepines" in the past six months. The Lake County Crime Lab reported that the incidence of clonazepam and diazepam cases it processes has increased during the past six months, while the incidence of alprazolam cases has decreased; this lab reported having processed four cases of "designer benzodiazepines."

Sedative-Hypnotics	Reported Availability Change during the Past 6 Months	
	 Participants	Increase
	 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	
	Klonopin®	\$2-3 for 0.5 mg \$4 for 1 mg \$6-7 for 2 mg
	Xanax®	\$1-2 for 0.5 mg \$2-3 for 1 mg \$5-7 for 2 mg

Participants reported obtaining these drugs for illicit use from drug dealers, doctors and through Internet purchase. One participant discussed obtaining these drugs through drug dealers: *"It's a middle man thing again. You got to go through the drug dealer. You have to call in advance, you can't just pull up and get it."* Regarding obtaining sedative-hypnotics from doctors, participants reported: *"People are going to the doctor to get it and then they will sell it because they need the money; It's so easy to get from your doctor."* Several participants discussed pressed, counterfeit sedative-hypnotics. One participant said, *"People are pressing them, too ... making them on their own."* Participants reported that the most common route of administration for illicit use of sedative-hypnotics is oral consumption. Participants estimated that out of 10 illicit sedative-hypnotic users, six would orally consume and four would snort the drugs.

Participants described typical illicit sedative-hypnotics users as teens to middle-aged adults, drug dealers and people who use illicit stimulants. Participants reported: *"My kids told me that people in school had them and he was 15 [years old]; People ... could be smoking 'meth' (methamphetamine) and they need Xanax® to come down; I didn't really care about them I just got them to come down off 'speed' (methamphetamine)."* Community professionals described typical illicit sedative-hypnotic users as younger people aged teens to 20s and females. Treatment providers reported: *"I feel like it's prescribed a lot more at a younger age. They get hooked on it at a younger age or think that they need it. I don't feel like it's used the way that it's supposed to be used therapeutically; It boosts the high [of*

other drugs], so the population of the 18 to 25-year olds are going for the extreme high; Usually, youth to young adult just because it gives them a 'buzz' (high). It calms them down if they are anxious or nervous...."

## 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 reported: "Everybody has it. You can get it anywhere; Some people go to Detroit and get it because of the dispensary there [and] they're bringing it here."

Treatment providers stated: "I can go down stairs and get some right now; Everybody has it, smokes it or sells it...."

Law enforcement commented: "Last week we busted a very large grow house for one, but for two, I mean all the kids have it; We can find 'weed' (marijuana) on a traffic stop every single night of the week; We're seeing a lot of marijuana coming down from Michigan ... high quality weed ... the THC (tetrahydrocannabinol) levels are very high.... It's 'Michigan medicinal,' so they look at it as not really being illegal because it's legal in Michigan."

Participants and community professionals also discussed availability of high-grade marijuana extracts and concentrates, often appearing as oil and waxy forms of the drug (aka "dabs"). Participants most often reported the current availability of marijuana extracts and concentrates as '9-10'; the previous most common score was '10'. Participants commented: "It's the cool new thing to do; People are trying to get a better kick (high) because the weed gets boring; You get higher off of a littler amount ... you hit one dab and be lit (high); Again, it's coming from dispensaries. Also, people are blowing their own weed with butane ... people are making it; It's easier to make as opposed to growing marijuana for like eight months or however long; It's alarming ... it's real easy to make." Treatment providers most often reported the current availability of marijuana extracts and concentrates as '4,' while law enforcement reported it as '7-8'; the previous most common score reported by community professionals generally was '7'.

Corroborating data indicated that marijuana is available in the Cleveland region. ODPS reported seizing 294.9 kilograms (650.1 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. Cleveland Police detectives arrested a man after seizing 200 pounds of marijuana and about 250 marijuana plants from a warehouse on the east side of Cleveland; the man was released from prison in 2014 after serving five years for a previous marijuana growing operation ([www.cleveland.com](http://www.cleveland.com), April 18, 2018). Local law enforcement responding to a call about an unknown man knocking on the door of a Parma Heights home (Cuyahoga County) arrested a man after discovering he had a warrant and was in possession of marijuana and drug paraphernalia ([www.cleveland.com](http://www.cleveland.com), April 19, 2018). Law enforcement in Parma (Cuyahoga County) processing a man arrested for an outstanding warrant discovered a small bag of marijuana in his possession prompting an additional citation for drug abuse ([www.cleveland.com](http://www.cleveland.com), April 19, 2019). Brecksville Police (Cuyahoga County) conducting a traffic stop of a car without a front license plate saw a pill bottle containing suspected marijuana while talking to the driver; a subsequent search of the vehicle led to the man getting arrested for possession of paraphernalia and drug abuse ([www.cleveland.com](http://www.cleveland.com), April 19, 2018). Ohio State Highway Patrol (OSHP) arrested a man for drug trafficking after seizing 2.75 pounds of marijuana from his vehicle during a traffic stop in Leroy Township (Lake County) ([www.news-herald.com](http://www.news-herald.com), April 23, 2018). OSHP arrested a man for possession and trafficking in marijuana, following a traffic stop on Interstate 71 in Cuyahoga County; troopers seized of 839 grams of marijuana edibles and a firearm ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), May 22, 2018). OSHP arrested a man for drug possession and drug trafficking during a traffic stop in Newbury Township (Geauga County); troopers seized 1,300 grams of raw and edible marijuana products and 67 morphine pills ([www.statepatrol.ohio.gov](http://www.statepatrol.ohio.gov), June 6, 2018).

Participants and community professionals reported that the availability of marijuana has remained the same during the past six months. A participant remarked, "It's always been readily available." However, several participant and community professional groups discussed increased availability for high-grade marijuana. Participants commented: "High grade took over; Yeah, people are bringing it back from dispensaries now ... the stronger weed is definitely more prevalent in this area."

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

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

Participant most often rated the current overall quality marijuana as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '10'. However, participants commented that quality can vary: "It depends on where you get it and who you get it from; I think because Cleveland is so poor they mix it with the 'regular' (low-grade marijuana) and the 'loud' (high-grade marijuana) and it becomes 'mid' (mid-grade marijuana)...."

A few participants discussed that marijuana is laced (adulterated) with cocaine, embalming fluid, fentanyl, LSD (lysergic acid diethylamide) and PCP (phencyclidine). Participants who reported marijuana laced with cocaine or fentanyl reported not observing this first-hand, but reported acquaintances intentionally lacing their own marijuana with the drugs to intensify the drug's high. Overall, participants indicated that the quality 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 1/8 ounce. Overall, participants reported that the price of marijuana has remained the same during the past six months.

While there were a few reported ways of consuming marijuana, generally the most common route of administration remains smoking. Participants estimated that out of 10 marijuana users, nine would smoke and one would orally consume the drug. A participant commented, "I never knew anyone to do anything but smoke it [although] some people lace their brownies [with marijuana]." Participants also discussed that the drug may be vaporized or smoked through

Marijuana	Current Street Prices for Marijuana	
	<b>Low grade:</b>	
	A blunt (cigar)	\$3-5
	A gram	\$10
	1/8 ounce	\$15-30
	1/4 ounce	\$50-70
	An ounce	\$200-225
	<b>High grade:</b>	
	A blunt (cigar)	\$8-10
	A gram	\$15-20
	1/8 ounce	\$35-40
	1/4 ounce	\$60-80
	An ounce	\$200-350
	<b>Extracts and concentrates:</b>	
A gram	\$45-80	
1/4 ounce	\$350	

a bong (water pipe). Reportedly, marijuana is orally consumed through a variety of candies, foods and baked goods. A law enforcement officer reported, "We have also seen the candy. They look like gummy bears... [marijuana] infused candy..."

A profile for a typical marijuana user did not emerge from the data. Participants and community professionals described typical marijuana users as anyone, but reported typical marijuana extracts and concentrates users are younger people. Regarding typical marijuana users, one participant stated, "It is every race. I've seen every age from 70s to teens." Regarding typical marijuana extracts and concentrates users, participants stated: "Millennials; It's just mainly younger people. It's the newer thing and a lot of older people just don't understand it because it hasn't even been around that long." A law enforcement officer commented on typical marijuana users: "Everyone, anywhere from 15-years old to 65-years old, male, female, white, black, everyone."

## Methamphetamine



Methamphetamine remains highly available in the region. Participants most often reported the current availability of crystal methamphetamine as '9' and of powdered methamphetamine as '5' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common overall score was '10'. Regarding the availability of methamphetamine in general, participants discussed: *"What I heard from when I was in jail, a lot of people are doing 'meth' (methamphetamine) now because they're scared to death to do heroin ... so many people overdosing; It's just cheaper than cocaine and the other things..."*

Treatment providers reported the current overall availability of methamphetamine as '8-9,' while law enforcement reported it as '6-7'; the previous most common overall scores were '5' and '8,' respectively. A treatment provider remarked, *"A lot of them will say the reason they are going to meth is because it's so cheap, so readily available. It's very rare to see a new client coming in that doesn't test positive for meth."* A law enforcement officer stated, *"Kids are starting to get very afraid of the fentanyl and the carfentanil ... not knowing what they are getting ... they're less likely to overdose on [methamphetamine]. And, I do know it's been a recent trend in dealers selling meth as other things, such as 'molly' (powdered MDMA) or even as heroin..."*

Corroborating data indicated that methamphetamine is available in the Cleveland region. The Cuyahoga County Medical Examiner's Office reported that 5.4% of the 316 drug overdose deaths it processed during the past six months involved methamphetamine. In addition, ODPS reported seizing 4.3 kilograms (9.4 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. Federal authorities seized more than 140 pounds of methamphetamine during an investigation that led to the arrests of three men for conspiracy to possess with intent to distribute methamphetamine ([www.wkyc.com](http://www.wkyc.com), April 3, 2018). Ashland Police (Ashland County) arrested a woman for possession of a controlled substance and paraphernalia after seizing an undisclosed amount of methamphetamine

and a digital scale ([www.thedailyindependent.com](http://www.thedailyindependent.com), April 11, 2018). Ashland Police arrested a man for possession of an undisclosed amount of methamphetamine and a loaded syringe ([www.thedailyindependent.com](http://www.thedailyindependent.com), April 11, 2018). Westlake Police (Cuyahoga County) arrested two men charged with possession of methamphetamine and paraphernalia after identifying a stolen U-Haul truck parked outside the hotel the two men were staying at and searching the men's hotel room ([www.patch.com](http://www.patch.com), March 30, 2018).

Participants reported that methamphetamine is available in crystal and powdered forms throughout the region. However, they continued to identify crystal methamphetamine as most prevalent. A participant remarked, *"I've seen powder, too, but mostly crystal."* Regarding crystal methamphetamine law enforcement commented: *"The only meth we have seen has been brought here ... shipped into the area; We do not have a case of it being manufactured here; There has been some liquid methamphetamine ... but it seems to all be clear crystal."* The powdered form of methamphetamine is typically referred to as "shake-and-bake," which means users are producing the drug in a single sealed container, such as a two-liter soda bottle. By using common household chemicals along with ammonium nitrate (found in cold packs) and pseudoephedrine (found in some allergy medications), people who make methamphetamine can produce the drug in approximately 30 minutes in nearly any location.

Participants reported that the availability of crystal and powdered methamphetamine has increased during the past six months. Several participants commented on the increased availability of crystal methamphetamine: *"I feel like [crystal methamphetamine is] more in the six last months than I have ever seen; More people are starting to use it; Because of the whole thing of being terrified of getting heroin laced with fentanyl or carfentanil. My one friend, he was a heroin user and he switched over to meth after a fentanyl overdose."* Several participants commented on the increased availability of powdered methamphetamine: *"Literally, anybody can make it; You just have to go to the pharmacy and get the Sudafed®. People in their basements are doing it ... everybody is trying to be a chemist."*

Treatment providers reported that the general availability of methamphetamine has increased during the past six months, while law enforcement reported it has remained the same. Treatment providers discussed: *"I think they*

are finding easier ways to produce it, which is keeping the cost down. I think the cost value alone is the reason why you see more people using meth; [There is] more increase in methamphetamine with our people that are coming in [for treatment]....”

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 the Lake County and Cuyahoga County Regional crime labs reported that the incidence of methamphetamine cases they process has increased. The labs reported processing brown and white powdered, solid white, and pink and white crystalline methamphetamine during the past six months.

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

Participants most often rated the current quality of crystal methamphetamine as ‘9’ and of powdered methamphetamine as ‘5’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common overall score for methamphetamine was ‘8.’ Participants discussed adulterants (aka “cuts”) that affect the quality of methamphetamine and reported energy pills and vitamin B-12 as the top cutting agents for the drug. Overall, participants reported that the overall quality of methamphetamine has increased during the past six months. A participant commented, “People are probably getting better at [making] it.”

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

Reports of current prices for methamphetamine were inconsistent among participants. Reportedly, the most common amount of purchase is a gram. A few participants commented on the price of crystal methamphetamine: “You just give the dude 20 bucks (\$20) and he gives you a bag; If the drug dealer knows you and he likes you, he adds more [gives a better deal].” Overall, participants reported that the price of methamphetamine has remains the same during the past six months.

Participants reported that the most common route of administration for methamphetamine remains smoking. Participants estimated that out of 10 methamphetamine users, five would smoke, three would snort and two would intravenously inject (aka “shoot”) the drug.

Participants described typical methamphetamine users as aged 20-30 years and white. Participants commented: “I know a few females that use it to lose weight; I don’t see any black people running around doing meth to be honest with you.” Some participants also discussed the drug is often used in the gay community. A participant explained, “It’s like really big in the gay community right now .... People want to party ... [in] the gay community ... you drink, and then you want to stay up and you want to party and I guess that’s the shit to do....”

Treatment providers described typical methamphetamine users as white people, aged 30-50 years, while law enforcement reported white people, aged 20-30s and heroin users. A treatment provider reported, “The demographic has changed. I would say a lot of women between the ages of 33 [years] and pushing 55 [years] ... which I never saw before ... are testing positive for meth .... I think it’s a point of using anything that’s available ... and meth has been so cheap...” A law enforcement officer commented, “I have been told multiple times that heroin addicts are trying to move to the meth to remove the overdose component....”

## 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 '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 remarked: *"It's pretty easy to get a prescription; It's 'clean' meth; It's more acceptable [than methamphetamine]; A lot of people want them. I know a lot of girls that will just take them to study or [if] they have a job."*

Treatment providers most often reported the current street availability of prescription stimulants as '6,' while law enforcement most often reported it as '5;' the previous most common score reported by community professionals was '5'. One treatment provider stated, *"As far as with our clients, we have a lot of clients, like [out of] 10 of them, probably eight or nine of them are on Adderall® or any of those stimulants for ADHD (attention-deficit hyperactivity disorder). They call them 'superman's' and people who don't have them want to buy them from you. I think that's a very common medicine that's prescribed."*

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Law enforcement officers in Berea (Cuyahoga County) arrested a woman during a traffic stop after learning the woman was driving on a suspended license and finding 27 Vyvanse™ pills, a clonazepam pill and Suboxone® in the woman's possession ([www.cleveland.com](http://www.cleveland.com), April 20, 2018).

Participants identified Adderall® as the most popular prescription stimulant in terms of widespread illicit use. Participants commented: *"Anybody can get Adderall®; It's just the one you hear about the most. It's kind of like the Xanax®, most people like Adderall® and Xanax®; People have shit to do and they need Adderall® to do it... That's how they feel... they need Adderall® to do it."*

Treatment providers identified Adderall® as the most popular prescription stimulant in terms of widespread illicit use, while law enforcement identified Ritalin®. A treatment provider reported, *"The availability of Adderall® [is high] because it can be a study aid for people in the educational community. I think it's available and I don't think they're having a problem getting it."* A law enforcement

*officer stated, "I think the Ritalin® is probably the most common one that is most prescribed.... Doctor's do give it out. People get prescriptions all the time."*

Participants reported that the general availability of prescription stimulants has remained the same during the past six months, while treatment providers reported that availability has decreased and law enforcement reported it has remained the same. BCI crime labs did not report processing any cases of amphetamine (Adderall®) or methylphenidate (Ritalin®) from this region during the past six months, and very few cases of lisdexamfetamine (Vyvanse®). The Lake County and Cuyahoga County Regional crime labs reported that the incidence of amphetamine cases they process has increased during the past six months; the Cuyahoga County Regional Crime Lab reported that the incidence of methylphenidate cases it processes has remained the same.

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

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

Prescription Stimulants	Current Street Prices for Prescription Stimulants	
	Adderall®	\$2-3 for 5 mg \$5 for 10 mg \$7-9 for 30 mg

Participants reported obtaining these drugs for illicit use from doctors, at bars, or through friends who have prescriptions. Participants reported that the most common route of administration for illicit use of prescription

stimulants is oral consumption. Participants estimated that out of 10 illicit prescription stimulant users, eight would orally consume and two would snort the drugs. Participants described typical illicit prescription stimulant users as college students and people who have fast-paced, busy jobs, including bartenders and housewives. A participant remarked, *"It's big in college now..."* Treatment providers described typical illicit users as college students and young adults. They said: *"With Adderall®, I think they just get used to it because you're prescribed it at 13 [years of age] or when your 14 [years of age]; I know college students use them to stay awake to study for exams."*

### Ecstasy

Ecstasy (methylenedioxyamphetamine: MDMA, or other derivatives containing BZP, MDA and/or TFMPP) is moderately available in the region. Participants most often reported the current availability of the pressed tablet form of ecstasy as '3' 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 score for molly was '10', while the previous most common score for ecstasy was not reported. Regarding the current availability of ecstasy, participants discussed: *"If I really want to get it, I would have to put in some work to get it; I don't even think too many people do it as much for the simple fact that other drugs have come into play."* Regarding the availability of molly, participants commented: *"Molly is more common [than ecstasy]; I just look at it like making a couple of phone calls ... it's not like you're doing too much to get it."*

Treatment providers most often reported the current availability of ecstasy as '6-8' and of molly as '8'; the previous most common scores for ecstasy and molly were '5'. Law enforcement most often reported the current availability of ecstasy as '3' and of molly as '0-2'; the previous most common score for molly was '5', while the previous most common score for ecstasy was not reported.

Participants and treatment providers reported that the availability of ecstasy has decreased during the past six months, while the availability of molly has increased. Regarding molly, participants stated: *"More people want it, more people have it ... [because of] the culture ... younger people ... trying to get high listening to music; It's just the drug of choice now-a-days."* One treatment provider commented,

*"[Availability of ecstasy has] decreased ... it's like molly is taking its spot."* BCI crime labs and the Cuyahoga County Regional Crime Lab reported that the incidence of MDMA (ecstasy/molly) cases they process has decreased during the past six months.

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

Participants discussed the quality of ecstasy and molly and rated the overall quality of ecstasy as '3' and of molly as '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common scores were '1' and '10', respectively. A participant commented, *"Coming off of ecstasy ... I kind feel like I'm damn near dying ... where molly, it don't give you that effect; [With ecstasy] you don't even know now-a-days what the hell you taking..."*

Reportedly, ecstasy and molly are often cut (adulterated) with other substances including cocaine, fentanyl, heroin and methamphetamine. Participants discussed: *"Coke, meth, heroin ... everything is in it; It's all cut with shit and I don't even know what; I don't think you're supposed to know what's in it. It's a big secret; If you take molly and if you get sick after, it's been cut with something."* Overall, participants reported that the quality of ecstasy has decreased during the past six months, while the quality of molly has increased.

Reports of current prices for ecstasy and molly were consistent among participants with experience buying the drugs. Reportedly, molly typically sells by 1/10 gram amounts. Overall, participants reported that the price of ecstasy and molly has remained the same during the past six months.

		Current Prices for Ecstasy/Molly	
		Ecstasy/Molly	<b>Ecstasy:</b>
Low dose (aka "single stack")	\$10		
Medium dose (aka "double stack")	\$15		
High dose (aka "triple stack")	\$30		
<b>Molly:</b>			
1/10 gram	\$10		
1/2 gram	\$50		
A gram	\$100		
1/8 ounce	\$325		

Participants indicated that ecstasy and molly are obtained from drug dealers, at parties and through Internet purchase. Participants commented: *"If I wanted it, I would ask whoever I was buying my 'weed' (marijuana) from and then they would ask somebody; It's not really like on demand, like they would have to get it from somebody. Like most people don't just have it on them."* Participants reported that the most common route of administration for ecstasy and molly remains oral consumption. Participants estimated that out of 10 ecstasy and molly users, seven would orally consume, three would snort and one would intravenously inject the drugs. In addition, a few participants reported administering these drugs through anal insertion. A participant remarked, *"It burns but it makes you roll harder (become more high)."*

Participants described typical ecstasy and molly users as young people, those involved in the party and music festival scenes and exotic dancers (aka "strippers"). Participants reported: *"That's when I was dancing, you know, to keep me woke (in high energy) and to keep me making money ... that's what I used to do. I would take 15 to 30 [ecstasy] pills to keep me going; We use to do it and go to 'raves' (dance parties)."* Community professionals described typical ecstasy and molly users as young adults and white people. A law enforcement officer remarked, *"I would say 18 to 25 [years of age]. It's a party drug and they don't realize what they're getting. A lot of them, when I tell them it was methamphetamine, they're completely shocked."*

## 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: anabolic steroids, hallucinogens (lysergic acid diethylamide [LSD], phencyclidine [PCP] and psilocybin mushrooms), Neurontin® (gabapentin), promethazine and synthetic marijuana.

In addition, secondary data sources reported on other drugs not mentioned by respondents. BCI crime labs reported that the incidence of bath salts cases (synthetic cathinones; compounds containing methylone, mephedrone, MDPV or other chemical analogues, including alpha-PVP, aka "flakka") cases they process from this region has remained the same during the past six months, while the Cuyahoga County Regional Crime Lab reported that the incidence of bath salts cases it processes has increased. BCI crime labs also reported that the incidence of U-47700 (synthetic opioid) cases they process from this region has decreased during the past six months, while the Cuyahoga County Regional Crime Lab reported that the incidence of U-47700 cases it processes has increased.

## Anabolic Steroids

Anabolic steroids are available in the region. However, only one law enforcement group in Cuyahoga County reported having any knowledge of the drugs during the past six months. Law enforcement in this group most often reported the current availability of anabolic steroids as '7-8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was not reported. A law enforcement officer stated, *"We've had cases of steroids coming in ... being shipped in from ... Turkey and China ...."* Law enforcement reported that the availability of anabolic steroids has remained the same during the past six months. Law enforcement described typical anabolic steroid users as men involved in body building.

## Hallucinogens

Hallucinogens are available in the region. Participants most often reported the current availability of hallucinogens as '6' for psilocybin mushrooms, '6' and '10' for LSD and '8' for PCP on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were '10' for psilocybin mushrooms, '10' for LSD and '9' for PCP. In discussing the current availability of LSD, one participant stated, "You have to actually have somebody who knows someone to be able to find it."

Only one treatment provider and one law enforcement officer reported on the current availability of hallucinogens. The treatment provider reported the current availability of hallucinogens as '1' for psilocybin mushrooms and '2' for LSD; the law enforcement officer most often reported the current availability as '4' for psilocybin mushrooms and '5' for LSD; the previous most common scores were '4' and '8' for psilocybin mushrooms, '7' for LSD and '4' for PCP. The law enforcement officer remarked on the current availability of LSD and reported, "I have only had one case in the last six months. That doesn't mean availability is down that just means we have seen one case of it, but I would say ... I think it's accessible, I just don't think it's easily accessible ... it's definitely around."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Local law enforcement arrested a woman driving with a suspended license during a traffic stop along Interstate 77 in Brecksville (Cuyahoga County) after finding a small bag of marijuana and LSD in her vehicle ([www.cleveland.com](http://www.cleveland.com), April 19, 2019).

Participants reported that the availability of psilocybin mushrooms has decreased or remained the same during the past six months, while the availability of LSD has increased and the availability of PCP has remained the same. Participants discussed that the availability of psilocybin mushrooms has decreased due to the season, reporting that the drug is more available during the summer months. Regarding increased availability of LSD, a participant remarked, "You can get it online ... get it in the mail." The treatment provider reported that the availability of LSD has increased, while the law enforcement officer

reported that the availability of psilocybin mushrooms has remained the same. The treatment provider commented, "It has to be greater than what it was.... One guy that we see for counseling ... the one reason he came is because he just got arrested for distribution of LSD.... Over the last six months, more and more [clients] are saying, 'yes, I have [used LSD].'"

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. BCI crime labs also reported that the incidence of psilocybin mushroom and PCP cases they process from this region has remained the same during the past six months; still very few cases. The Cuyahoga County Regional Crime Lab reported that the incidence of PCP cases it processes has increased during the past six months; this lab reported processing very few cases of LSD and psilocybin mushrooms during the past six months.

Reports of current prices for hallucinogens were consistent among participants with experience buying the drugs. Overall, participants reported that the price of psilocybin mushrooms has remained the same, while the price of LSD has increased during the past six months.

		Current Prices for Hallucinogens	
Hallucinogens	<b>Psilocybin mushrooms:</b>		
		1/8 ounces	\$20
		1 pound	\$1,200
	<b>LSD:</b>		
		A liquid drop or a single dose (aka "hit")	\$5-10
		10 hits (aka "strip")	\$50
		100 doses (aka "a sheet")	\$300
	<b>PCP:</b>		
		Dipped cigarette	\$5-20

Participants reported that the most common route of administration remains oral consumption for psilocybin mushrooms and LSD and smoking for PCP. Participants estimated that out of 10 psilocybin mushroom, all 10 would consume them orally. Participants reported eating psilocybin mushrooms in peanut butter sandwiches, in chocolate, or drinking in a tea. Participants estimated

that out of 10 LSD users, nine would orally consume and one would place droplets of the drug in the eye using an eyedropper. Participants estimated that out of 10 PCP users, all 10 would smoke the drug. Participants described typical psilocybin mushroom and LSD users as white people, college students, people interested in the arts and people who attend music festivals. Community professionals described typical hallucinogen users as white people, aged teens to mid-20s.

### **Neurontin®**

Neurontin® (gabapentin, an anticonvulsant and nerve pain medication) remains highly available for illicit use in the region. Participants most often reported the drug's current street availability as '8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10.' Participants commented: *"It's so easy to get; Right now, doctors are still able to write the prescriptions for it. They're not tracking it; When you get off heroin everything hurts and so the doctors give it to you to help with your nerves ... instead of giving you benzos (benzodiazepines) they're giving you Neurontin®...."*

Only one treatment provider and one law enforcement officer reported on the current street availability of Neurontin®. The treatment provider reported current street availability as '9,' while the law enforcement officer reported it as '2,'; the previous most common scores were '10' for treatment providers and '8' for law enforcement. The law enforcement officer explained, *"It's availability on the street as far as illicit [use is] I would say '2.' Yeah, you don't see it too often.... I mean [doctors] are prescribing it a lot.... You still have to go to a doctor and get a prescription basically to get it."*

Participants reported that the street availability of Neurontin® has increased during the past six months, while community professionals reported it has remained the same. A participant stated, *"They're becoming more available because people are figuring out that they can get you high or whatever when you take six of them."* Participants did not have any knowledge of current street prices for Neurontin®. Participants reported obtaining these drugs through prescriptions, reporting that the drug has little street value. A treatment provider reported, *"That's really*

*readily given to adults so they wouldn't necessarily be getting it off the streets. But, if somebody took grandma's pill bottle they could sell them."* Participants reported that the most common route of administration for illicit use of Neurontin® remains oral consumption. Participants estimated that out of 10 illicit Neurontin® users, all 10 would orally consume the drug. Participants described typical illicit users as aged 25-40 years, while community professionals described typical illicit users as aged 20-60 years.

### **Promethazine**

Promethazine (prescription-strength cough syrup with codeine, aka "lean" when mixed with soda) is available for illicit use in the region. Participants most often reported the current street availability of the drug as '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 '7.' Participants who reported knowledge of the availability of promethazine reported that the drug is predominantly obtained in Michigan.

Although treatment providers did not report the current availability of promethazine, law enforcement most often reported it as '6,' the previous most common scores were not reported. A law enforcement officer discussed, *"They get it through fraudulent prescriptions and there are rings and they're working Ohio. They work in each of our counties ... they'll hit one weekend in Cuyahoga County ... The same people are doing Summit County, they are doing Franklin County. So, the availability is what pharmacist that they can sucker into giving it to them. They're using fraudulent scripts ... they're either calling it in or they're writing their own scripts. They're getting a doctor's name and DEA number (Drug Enforcement Administration registration number) and they're adding it to the script...."*

Participants reported that the street availability of promethazine has decreased during the past six months, while law enforcement reported it has increased. Participants attributed the decrease to the high price of the drug. A law enforcement officer commented, *"They are making a lot of money. They're getting large quantities, they're going into these pharmacies, ordering up large quantities, large bottles, and Medicaid or insurance is paying for them so they are getting it for*

*very little out of their pocket and they're able to sell it for hundreds of dollars. The profit is tremendous and so is the demand."*

Regarding the price of promethazine, a participant remarked, *"They sell it by the ounce. An ounce is like \$30 to \$40."* Participants described typical illicit promethazine users as people who smoke marijuana and rappers, while law enforcement described them as predominantly African-American people, aged 20-40 years.

## Synthetic Marijuana

Synthetic marijuana (synthetic cannabinoids) remains available in the region. However, only a few participants reported on its current availability, most often reporting it as '8-10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10'. A participant stated, *"I seen it in a [local] store."* Treatment providers most often reported the current availability of synthetic marijuana as '9', while law enforcement most often reported it as '4-5', the previous most common score reported by community professionals was '3'. Treatment providers stated: *"It was being sold at the [gas] station half a mile from my house; It's very easy to find to my understanding."*

Participants reported that the availability of synthetic marijuana has remained the same during the past six months, while community professionals reported that it has decreased. A law enforcement officer remarked, *"That's decreased. We come across it. I have a case right now where I'm seeing some of it, but it's decreased."* BCI crime labs reported that the incidence of synthetic cannabinoid cases they process from this region has decreased during the past six months, while the Cuyahoga County Regional Crime Lab reported that the incidence of synthetic cannabinoid cases it processes from this region has remained the same.

Treatment providers described typical synthetic marijuana users as of lower socio-economic status, young and people involved in the court system who are trying to pass drug screens, while law enforcement described typical users as young adult; and white males. Treatment providers stated: *"Younger age because . . . you can buy it at the corner store. It's not like you have to buy it from the drug dealer; If it's a chance that they're being [drug] tested, like they're in the court system . . . drugs like that will not show up."*

## Conclusion

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

While heroin and fentanyl have remained highly available, respondents indicated that fentanyl is easier to obtain than heroin. Moreover, the consensus was that heroin not adulterated with fentanyl has 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 is typically cut with fentanyl or is fentanyl sold in place of heroin. Participants discussed that the overall quality of heroin is poor; hence fentanyl is added to heroin to boost its potency. Participants and community professionals also reported the presence of carfentanil-cut heroin.

Participants reported that the availability of fentanyl has increased during the past six months, attributing the increase to greater demand for the drug, while noting that fentanyl is considerably cheaper than heroin; and thus, extremely appealing to dealers who can sell it at heroin prices. Participants explained that fentanyl is shorter acting than heroin, meaning the high it produces does not last as long, so users need more of the drug to maintain a high and to avoid experiencing withdrawal symptoms.

Corroborating data indicated that fentanyl is highly available. The Cuyahoga County Medical Examiner's Office reported that 53.8% of the 316 drug overdose deaths it processed during the past six months involved fentanyl/fentanyl analogues; 29.7% of these 316 deaths involved carfentanil. In addition, all participating crimes labs reported that the incidence of carfentanil cases they process from this region has increased during the past six months. Law enforcement warned that fentanyl is 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 press counterfeit pills with fentanyl and sell them as prescription opioids.

The availability of illicit stimulant drugs, particularly that of methamphetamine, has increased during the past six months. Crystal methamphetamine continues to be the most available form of methamphetamine in the region. Law enforcement discussed that the drug is brought into the region from other states and Mexico, sometimes shipped via the U.S. postal service. They also discussed that there's been 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 transitioning to methamphetamine and cocaine use out of fear of fentanyl overdose and due to medication assisted

treatment with Vivitrol®, which, while blocking opiate use, allows for stimulant use. Treatment providers commented that a high proportion of users entering treatment have 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 methamphetamine as particularly difficult for clients to stop using.

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