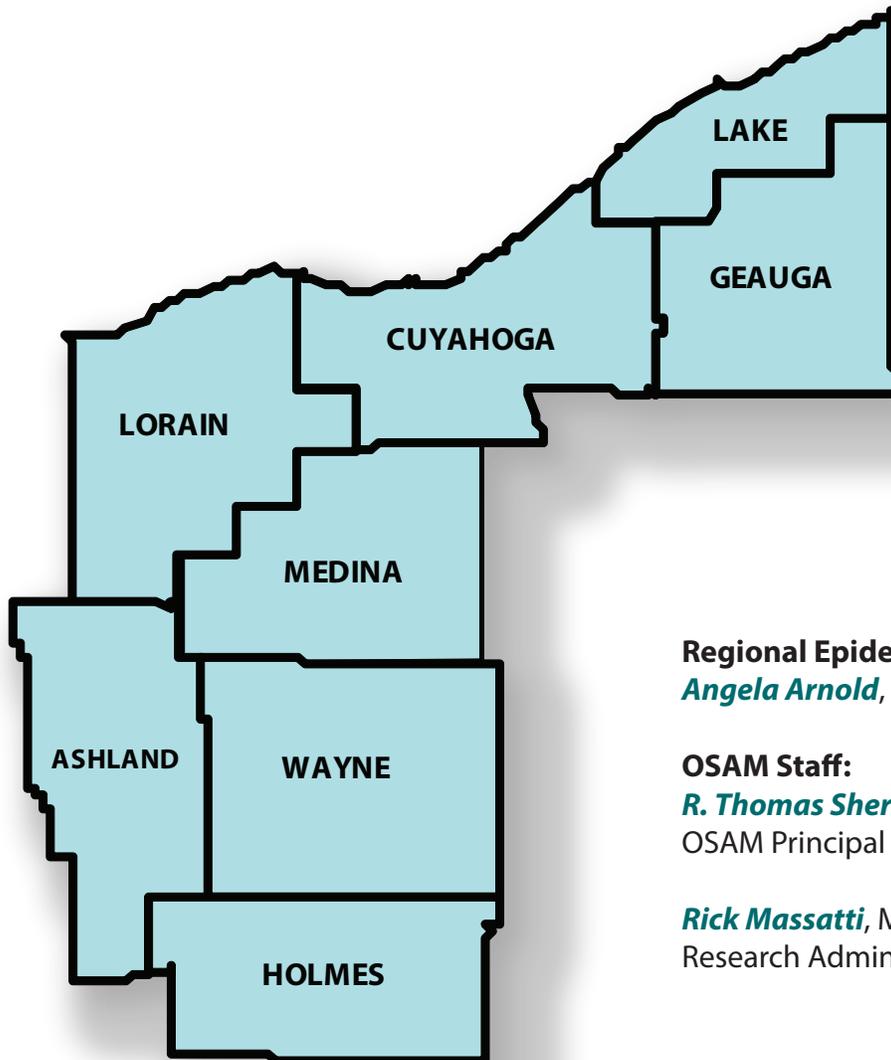


# Ohio Substance Abuse Monitoring Network

## Drug Abuse Trends in the Cleveland Region

January-June 2012

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# Cleveland Regional Profile

Indicator <sup>1</sup>	Ohio	Cleveland Region	OSAM Drug Consumers
Total Population, 2010	11,536,504	2,287,265	50
Gender (Female), 2010	51.2%	51.8%	42.0%
Whites, 2010	81.1%	74.0%	44.9% <sup>2</sup>
African Americans, 2010	12.0%	18.0%	49.0%
Hispanic or Latino Origin, 2010	3.1%	4.4%	0.0%
High school graduates, 2009-2010	84.3%	82.8%	72.9% <sup>3</sup>
Median household income, 2010	\$45,151	\$49,864	\$11,000 - \$18,999 <sup>4</sup>
Persons below poverty, 2010	15.8%	15.3%	51.1% <sup>5</sup>

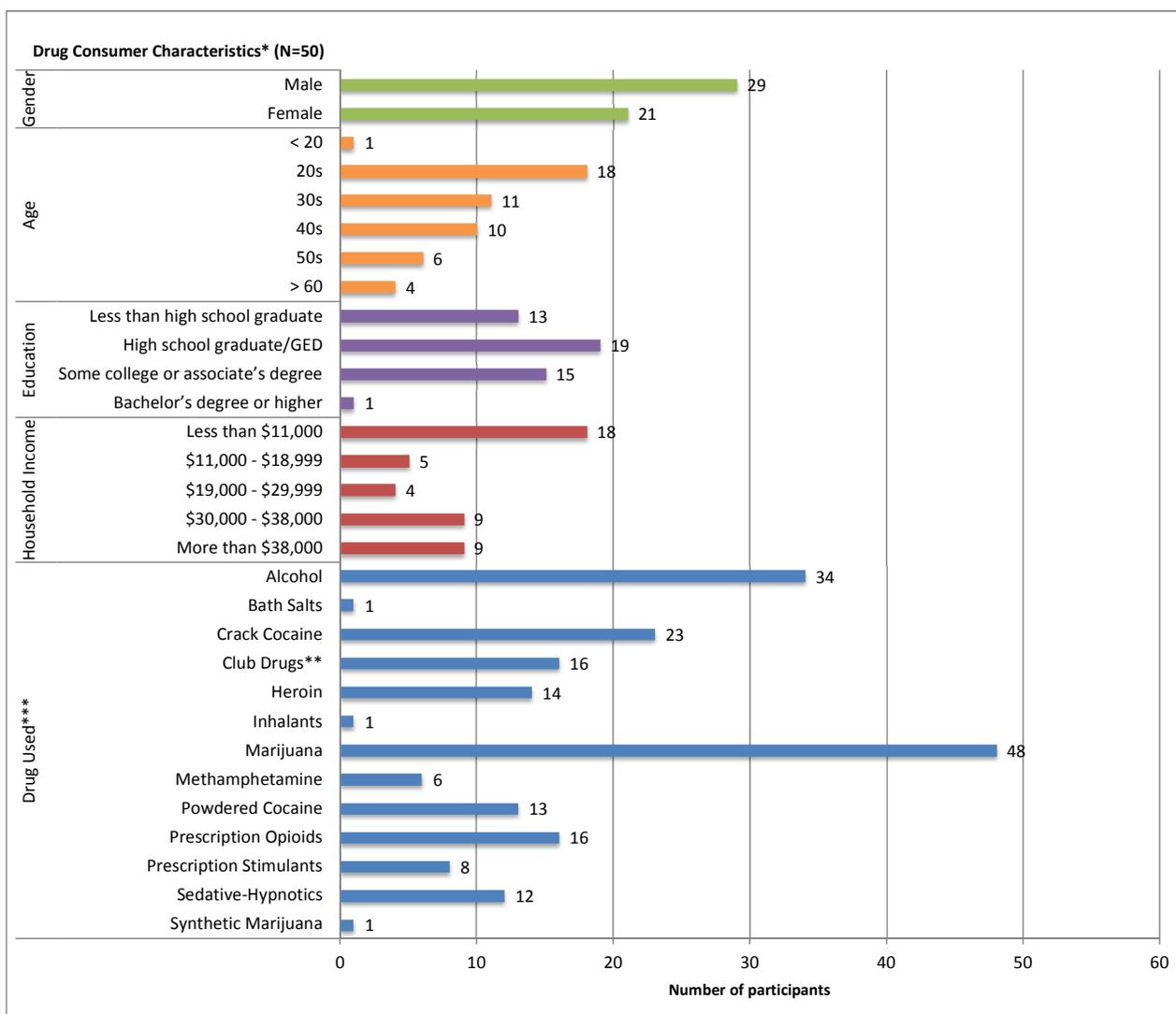
Ohio and Cleveland statistics are derived from the U.S. Census Bureau.<sup>1</sup>

Race was unable to be determined for one respondent due to missing data.<sup>2</sup>

Graduation status was unable to be determined for two respondents due to missing data.<sup>3</sup>

Respondents reported income by selecting a category that best represented their household's approximate income for 2012. Income status was unable to be determined for five respondents due to missing data.<sup>4</sup>

Poverty status was unable to be determined for five respondents due to missing or insufficient data.<sup>5</sup>



\*Not all participants filled out forms; therefore, numbers may not equal 50.

\*\*Club drugs refer to Ecstasy, LSD, PCP and psilocybin mushrooms.

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

## Data Sources

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 County. Data triangulation was achieved through comparison of participant data to qualitative data collected from regional professionals in Lake and Lorain counties (treatment providers and law enforcement) via individual and focus group interviews, as well as to data surveyed from the Cuyahoga County Medical Examiner's Office and the Bureau of Criminal Investigation (BCI) Richfield Office, which serves the Cleveland, Akron and Youngstown areas. All secondary data are summary data of cases processed from July to December 2011. Note: OSAM participants were asked to report on drug use/knowledge pertaining to the past six months (from time of interview through prior six months); thus, secondary data correspond to the current reporting period of participants. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for January through June 2012.

## Powdered Cocaine

### Historical Summary

In the previous reporting period, powdered cocaine was highly available in the region. Participants most often reported the drug's availability as '8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); law enforcement also most often reported the availability of powdered cocaine as '8.' Participants continued to report that obtaining powdered cocaine required a phone call or a drive. The majority of participants, treatment providers and law enforcement officers reported that the availability of powdered cocaine had remained the same during the previous six months. Participants most often rated the quality of powdered cocaine as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality). The BCI Richfield Crime Lab cited the following substances as commonly used to cut (adulterate) powdered cocaine: caffeine, benzocaine (local anesthetic), diltiazem (medication used to treat heart conditions/high blood pressure) and levamisole (livestock dewormer). Participants reported that a gram of the drug sold for between \$50-120, depending on the quality. The most common route of administration for powdered cocaine remained snorting. A profile of a typical powdered cocaine user did not emerge from the data. Among younger participants (those 25 years of age and younger), powdered cocaine was said to be more often used to enhance the effects of other drugs than be abused by itself. No participant indicated powdered cocaine as a primary drug of choice.

## Current Trends

Powdered cocaine is moderately available in the region. Participants most often reported the drug's current availability 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 '8.' Participants continued to report that obtaining powdered cocaine of good quality would require some effort, such as multiple phone calls or a drive. A participant stated, "[Powdered cocaine] it's easy to get, but you have to go through so many channels, more than one phone call." Another participant said, "Yes, it [powdered cocaine] was easy to get. It was me having to know somebody." Other users noted lower availability due to dealers who retained powdered cocaine to produce the more profitable crack cocaine. A participant explained, "[Powdered cocaine] it's hard to get it in my neighborhood because crack [cocaine] is more coming through ... the dealers withhold it because they will make more money from the crack user than from the sniffer [those who snort powdered cocaine]." Community professionals most often reported the current availability of powdered cocaine as '6'; the previous most common score was '8.'

Collaborating data also indicated that cocaine is readily available in the region. The Cuyahoga County Medical Examiner's Office reported that 12.9 percent of all deaths it investigated during the past six months were drug-related (had an illegal substance present or legal drug above the therapeutic range at time of death). Furthermore, the medical examiner's office reported cocaine as present in 32.9 percent of all drug-related deaths (Note: medical examiner's data is aggregate data of powdered cocaine and crack cocaine and does not differentiate between these two forms of cocaine). In addition to the medical examiner's data, media outlets throughout the state reported on significant arrests during this reporting period involving cocaine trafficking in the region. In February, the Ohio State Highway Patrol arrested two individuals from Michigan during a traffic stop on the Ohio Turnpike in Lorain County for possession of a half-kilo of cocaine and a small amount of heroin, valued at \$50,000 ([www.fox8.com](http://www.fox8.com), Feb. 9, 2012). In June, area law enforcement executed Operation Northwest Express, breaking up a major crack and powdered cocaine distribution network; more than 70 street-level and middle-level drug dealers and traffickers were arrested, taking millions of dollars of crack and powdered cocaine off the streets of Northeast Ohio ([www.onntv.com](http://www.onntv.com), June 13, 2012).

Although participants commonly reported that the drug is often held by dealers, participants most often reported that the availability of powdered cocaine has remained the same during the past six months. A participant reported, "If they

*[dealers] did have it [powdered cocaine], they would withhold it for people they like ... You can get powder. It'll cost you more, but you can get it.*" However, a few participants thought that powdered cocaine is becoming less available, citing the displacement of the drug by heroin and its "less trendy" status. A participant commented, *"Powder [cocaine] is more difficult [to obtain] because more people are doing different things [other drugs] than snorting powder."* Another participant noted that for intravenous drug users who like to combine heroin and cocaine, the powdered form would be something they're more likely to obtain: *"[Powdered cocaine] it's not easy to get recently. Not like back in the day. For those that do drugs intravenously, it may be easy to get."* The BCI Richfield Crime Lab reported that the number of powdered cocaine cases it processes has remained the same during the past six months.

Most participants rated the current quality of powdered cocaine as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was also '8'. However, participants supplied a range of quality scores because the quality of powdered cocaine was said to be inconsistent and varied widely. Factors that were said to influence quality included law enforcement activity and proximity to dealer sources. A participant explained, *"I believe the quality of the product has gone down. Unless you know someone personally, it's difficult to get [good powdered cocaine]."* Participants reported that the overall quality of powdered cocaine has decreased during the past six months, and reported that powdered cocaine in the region is cut with baby formula, baking soda, ether, MiraLax® and vitamin B-12. The BCI Richfield Crime Lab continued to cite the following substances as commonly used to cut cocaine: diltiazem (medication used to treat heart conditions/high blood pressure), lidocaine and procaine (local anesthetics). (Note: crime lab data is aggregate data of powdered cocaine and crack cocaine and no longer differentiates between these two forms of cocaine.)

Current street jargon includes many names for powdered cocaine. The most commonly cited names remain "blow," "soft" and "white girl." Participants listed the following as other common street names: "birds (for kilos)," "powder," "snow," "snuff" and "yak." Current street prices for powdered cocaine were consistent among participants with experience buying the drug. Participants reported that a gram of powdered cocaine sells for between \$50-80, depending on the quality; 1/8 ounce, or "eight ball," sells for between \$130-300. Several participants remarked that the drug's pricing is often communicated in terms of dollar amount, instead of by volume. A participant explained, *"They sold powder in \$20s, \$40s, and \$100s."* Participants reported that the most common way to use powdered cocaine remains snorting. Out of 10 powdered cocaine consumers, participants reported

that on average approximately seven would snort it, and the remaining users would either intravenously inject or smoke it. It is important to note that when users discussed the popularity of smoking powdered cocaine, almost all of them meant that the powder would be "rocked up" to create crack cocaine, and not used for the freebase smoking method.

Participants described the typical user of powdered cocaine as likely to be White, mature, suburban and professional (doctors and nurses) who prefer to snort the drug, or heroin users who inject cocaine with heroin (aka "speedballing"). Several participants shared observations on the use of powdered cocaine among certain groups, saying: *"The speedballers I see are older, even late 60s. And they love it. Some of them won't do one without the other; Probably at our age group [older than 40 years] it's easier to get. It's an older person's drug; I always saw it with professionals, doctors, and lawyers."* No participant indicated powdered cocaine as a primary drug of choice.

Reportedly, powdered cocaine is used in combination with alcohol, heroin, marijuana, prescription opioids and tobacco. Common practices among users include lacing marijuana (aka "primo") or lacing cigarettes with powdered cocaine. Mixing cocaine with heroin, either together in the same syringe or in sequence is called a "speedball." A participant reported, *"A friend of mine only uses powder with heroin."* Alcohol, marijuana, heroin, prescription opioids and other "downers" are used to "come down" from a cocaine high and are often used together. A participant stated, *"It's easier to ask for [powdered cocaine] at a bar than crack or dog food [heroin]."*

### Crack Cocaine Historical Summary

In the previous reporting period, crack cocaine was highly available in the region. Participants most often reported the drug's availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Like marijuana and oftentimes heroin, crack cocaine was reportedly available from unknown dealers, as well as from established connections. Law enforcement and treatment providers reported the drug's availability as '8'; and said availability varied depending on where one lived in the region. Participants, law enforcement and treatment providers most often agreed that the availability of crack cocaine had remained the same during the previous six months. Most participants rated the quality of crack cocaine as '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants reported that crack cocaine, when sold in \$10, \$20 and \$50 units by dealers not known to the buyer, varied in size from peanut- to chocolate chip-sized pieces. These transactions were often quick, and the drug was seldom measured by

users. The most common route of administration remained smoking. Law enforcement and treatment providers described typical users of crack cocaine as being of every race and socio-economic class.

### Current Trends

Crack cocaine remains highly available in the region. Participants most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. Crack cocaine remains available from unknown dealers as well as from established connections. Several participants reiterated the drug's continued high availability: *"The dope man [drug dealer] lives next door to me, so I just have to reach my hand out the window to get it [crack cocaine]. Every four blocks you can get it."* Another participant stated, *"If the police ain't right there, crack [crack cocaine] is there. You can fall into it."* Reportedly, crack cocaine is also available in rural areas far to the west or east of Cleveland but requires a known connection or a drive into the city to obtain it. A participant reported, *"I can get it [crack cocaine]. Maybe now more phone calls."* Participants frequently noted how being seen in a vehicle plays a role in purchasing crack cocaine. This contrasts with the sales on foot participants described in previous reports. A participant explained, *"It's easy. Just drive down the road and some of the [crack cocaine] dealers will pull up behind you in a car. They will honk at you."* Another participant said, *"They know what you're there for. If you're White in certain sections of Cleveland, [crack cocaine dealers] they'll find you. I've had people pull up in front of [my car] and stop to come talk to me."* Community professionals most often reported the current availability of crack cocaine as '9'; the previous most common score was '8'.

Participants and law enforcement officers described how many crack cocaine dealers are switching inventory from crack cocaine sales to heroin. A participant reported, *"[Dealers] carry both [crack cocaine and heroin], but they would have a lot more heroin and just a handful of the hard [crack cocaine]."* An officer observed, *"A lot of the crack dealers are switching to heroin because of the mandatory legal consequences."* "Dope boys," or drug runners, are reportedly between 12-50 years of age. A participant explained, *"It's very easy to get [crack cocaine] with walk-up [car] door service, or you go outside and it's there. You walk up and a kid will have it ... like a 12-year-old."* Participants were split as to whether the availability of crack cocaine has remained the same during the past six months or had become more available. Those who felt it had remained the same cited it as a constant fixture on the drug scene in the region, subject to occasional fluctuations in pricing and availability. Those who felt it had become more available cited the poor economy as a driving

force behind the trend. A participant who believed crack cocaine had increased said, *"[Crack cocaine] it's more available because there are more people trying to sell it."* The BCI Richfield Crime Lab reported that the number of crack cocaine cases it processes has remained the same during the past six months.

Most participants rated the quality of crack cocaine as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '7'. Most participants agreed that the quality of crack cocaine sold on the street varies depending on the dealer. A participant explained, *"If I didn't get it [crack cocaine] from my people, I had to re-cook it."* Many participants felt that it has become standard practice to "re-cook" crack cocaine to remove additives and cutting agents. Another participant stated, *"Before it [crack cocaine] gets over here, it's garbage. You have to re-cook it like, seven times. I would re-cook it right away. You better re-cook it because it's garbage."* Yet another participant said, *"If you don't know somebody, [crack cocaine quality] it'll be bad. It's getting worse. Out of ten people you might buy from, maybe one has good crack."* Given this common refrain of having to re-cook crack cocaine, the '8' quality score noted above could include both re-cooked crack cocaine, as well as original crack cocaine sold by dealers.

Other participants noted the growing popularity of yellow-colored crack cocaine (aka "butter"). A participant described, *"[Butter] it's yellow like the color of a legal pad, and it's smooth and sparkly."* Participants perceived the yellow variety as more potent than the white, beige or grey types. A participant explained, *"A lot of people like the yellow dope 'cause it's butter. It gets you higher, and the white [crack cocaine] has a lot of soda on it."* However, other users disagreed, saying that it was merely white crack cocaine that had been tinted yellow with mustard or other yellow substances. Participants reported that all crack cocaine is cut with many other substances. A participant stated, *"I have seen somebody literally pour kitchen products in a pot and make some crack with that stuff in there."* Reportedly, crack cocaine is cut with baby formula, baby laxative, "Cut" (a product/brand sold in head shops), local anesthetics (lidocaine and procaine), methamphetamine, mustard, PCP (phencyclidine) and vitamin B12. Participants also noted that crack cocaine is mixed with substances such as methamphetamine and PCP to increase its potency. Sometimes this is a "feature," and sometimes it is a tactic to produce more crack cocaine product with less actual powder cocaine. Participants were split on the overall current quality of crack cocaine: Some reported that quality has remained the same during the past six months, while others reported it has decreased because it is cut more.

Current street jargon includes many names for crack cocaine. The most commonly cited names were "hard" and "rock."

Participants listed the following as other common street names: "action," "boulders," "butter," "dope" and "work." Current street prices for crack cocaine were consistent among participants with experience buying the drug. Participants continued to report that crack cocaine is sold by dealers unknown to the buyer in \$10, \$20 and \$50 sized pieces, or "rocks." When crack cocaine is weighed for purchase, users reported better pricing: a 0.4 gram rock (aka "twomp") sells for \$20; 1/8 ounce sells for between \$125-300; an ounce sells for between \$850-1,350. Like powdered cocaine, crack cocaine prices are reportedly higher in the far east or west sides of Cleveland. While there were a few reported ways of administering crack cocaine, the most common route of administration continues to be smoking. Out of 100 crack cocaine users, participants reported that approximately 85 would smoke, 14 would inject and one would snort the drug.

A profile of a typical user did not emerge from the data. Participants noted the drug is consumed by older and younger people, Whites and Blacks, and people who live on both the east and west sides of the city. Several users noted that race matters in terms of those to whom dealers will sell, and how much they charge. A participant explained that Black dealers, for example, would be reluctant to sell crack cocaine to a White suburbanite looking to sell it at a markup. A participant stated, *"I saw a White boy come up to the store and ask me where to get crack. I thought he was going to hustle [re-sell it], but he says no, 'I'm going smoke that,' [so I sold it to him]."*

Reportedly, crack cocaine is used in combination with alcohol, Ecstasy, heroin and marijuana (aka "primo"). Users noted a preference for Valium® or Klonopin® taken with crack cocaine "to come down." A participant explained, *"Klonopin® makes you come down off it [crack cocaine use]. When you crash coming down off crack, you take a Klonopin® and it totally makes you come back."* Participants also noted "speedballing" (mixing crack cocaine with heroin). A participant explained, *"I would shoot [inject] the crack first, then when I'd be coming off the crack, I'd shoot the heroin to take away the withdrawal, or coming off the crack."* While more participants indicated that the speedball combination is injected simultaneously, others noted that the drugs would be taken in sequence (aka "elevator").

## Heroin

### Historical Summary

In the previous reporting period, heroin was highly available in the region. Participants and community professionals most often reported the drug's availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). While many types of heroin were

available in the region, participants continued to report the availability of brown powdered heroin as the most available type throughout the region. Participants who had knowledge of the availability of white powdered heroin most often rated it as '10'; the availability of black tar heroin was most often reported as '5.' When asked to identify the most urgent or emergent drug trends, law enforcement continued to cite heroin trafficking as a primary concern. The majority of participants and community professionals reported that the availability of heroin had increased during the previous six months. Participants reiterated two trends identified in previous reports: increased competition among dealers to secure steady heroin users and increased demand for heroin. Most participants generally rated the quality of heroin as '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality). The BCI Richfield crime lab cited caffeine and diphenhydramine (antihistamine) as commonly used to cut powdered heroin. Participants reported that heroin was available in different quantities: bags or bindles (1/10 gram) sold for between \$10-15. Participants reported that the most common route of administration for heroin remained intravenous injection. Out of 10 heroin users, participants reported that approximately eight would inject, and the other two would either snort or smoke the drug. A profile for a typical heroin user did not emerge from the data. Participants noted that heroin was popular with all ages, races and socio-economic levels. However, law enforcement and treatment providers noted increases of heroin use among two groups: younger, White, suburban residents (15-25 years of age) and people older than 35 years of age from all races.

### Current Trends



Heroin remains highly available in the region. Participants most often reported overall current availability of heroin 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.' While several types of heroin are currently available in the region, participants continued to report the availability of brown powdered heroin as the most available type in both the east and west sides and within the City of Cleveland, most often rating its current availability as '10.' Participants who had knowledge of the availability of white powdered heroin most often rated its current availability as '8'; the previous most common score was '10.' Participants did not have knowledge of the current availability of black tar heroin; most participants thought that this type of heroin is not very available in the region; the previous most common availability score for black tar heroin was '5.' Almost all participants continued to

report heroin as easy or very easy to obtain. A participant stated, *"I think heroin is the easiest drug to obtain, easier than marijuana. I've seen yellow, brown, black tar, mixed colors. It's easy to get."* Another participant stated, *"[Heroin] it's all over the city, and even out in the country, it's easy to find."* Another participant summarized trends throughout the region, stating, *"I only got drugs on the east side, never west side, but brown, white and [black] tar [heroin] were available. Tar was higher quality. Powder was brown and light brown and the lighter was higher quality. It's available not just in the east side of the city, but the suburbs too."*

Despite local differences, brown and white powdered forms of the drug remain the most easily obtained, with several notable trends emerging. In previous reports, participants reported some variations in availability and quality from the east to west sides of Cleveland. Recently, quality and availability were reported to be similar throughout the entire region. A participant recalled, *"I had dealers on the east side with just as good quality as west. Maybe a year ago I would only go to the east side [for heroin]. But within the last six months I've been finding west side dealers who blow the quality out of the water."* Also, heroin is now commonly available through transactions with unknown dealers, as well as through established dealer networks. In previous interviews, participants and law enforcement remarked on the 'closed network' of heroin users and dealers, but this is no longer reported to be the case. A participant reported, *"I've been offered it [heroin] just walking around. It's very easy to find. It's not just a race thing — they ask everybody."* Lastly, many crack cocaine dealers are switching inventory to accommodate increasing demand for heroin. A participant reported, *"[Dealers] are trying to switch you over from crack. The crack game is disintegrating."* Another participant said, *"OxyContin® OC being recalled has gotten a lot of people switched over [to heroin]. Also, a lot of crack dealers are switching over."* A law enforcement officer explained this trend, too: *"Once, in Cleveland, crack was king, but now so many people have converted to heroin. In 30 years as a drug agent, I've seen that it's always been supply and demand. If I'm a dealer, I'm thinking, now I have to supply the demand for heroin and change my product from crack to heroin ..."*

Community professionals most often reported the overall current availability of heroin as '8;' the previous most common score was '10.' With regard to availability of the different types of heroin, law enforcement and treatment providers concurred with data supplied by drug consumers. A treatment provider stated, *"Yeah, it [heroin] is available; I can't recall the last time I had any client mention black tar; it is probably white and brown [powdered heroin that is*

*most available]."* Another treatment provider said, *"Yes, it is absolutely available; many of my clients go for powdered form. Most of the heroin addicts I deal with might have a preference, but they will take whatever they can get ..."* A law enforcement official reported: *"We see white colored heroin; [Heroin] it's available. We mostly see brown powder; The black tar is a Mexican or regional thing. We haven't seen that often. It's very, very rare we see that. It's a cheap process that doesn't appeal to users. They don't prefer that."* A law enforcement officer described the popularity of powdered heroin as it relates to increasing use by younger users, saying, *"I think the powder [heroin] is for the young kids because they can start by snorting it. It's an easier transition going from the prescription pills. Eventually they'll start shooting [injecting heroin]."*

Collaborating data also indicated that heroin is readily available in the region. The Cuyahoga County Medical Examiner's Office reported heroin as present in 41.9 percent of all drug-related deaths. In addition to the medical examiner's data, media outlets throughout the state reported on significant arrests during this reporting period involving heroin trafficking in the region. In February, the Ohio State Highway Patrol seized a quarter pound of marijuana, 60 bindles of powdered heroin and a half-kilo of brown powdered heroin, estimated at \$102,000, on the Ohio Turnpike in Lorain County ([www.wtam.com](http://www.wtam.com), Feb. 10, 2012). In June, a law enforcement official from Lorain County reported, *"Instead of 45 percent hit [purity] of heroin, someone is selling pure heroin in Lorain County, and drug users are dropping dead. Five people died in one week on top of the nine who have already died this year from overdosing on heroin in Lorain County"* ([www.newsnet5.com](http://www.newsnet5.com), June 7, 2012).

When asked to identify the most urgent or emergent drug trends, both law enforcement and treatment providers continued to cite heroin abuse as a primary concern. Treatment providers noted, *"We've had 41 deaths in the last two years of heroin overdoses; [Heroin] it's very easily available. Three or four years, ago we very rarely saw someone using heroin. Now it is typical or expected. This is linked to prescription pill prices increasing."* A law enforcement official described the impact of heroin on other crime: *"Heroin is very available. We handle a lot of users and they commit thefts when they run out ... almost all of our thefts are [committed by] heroin addicts."* Participants and community professionals most often reported that the overall availability of heroin has increased during the past six months. The BCI Richfield Crime Lab reported that the number of powdered heroin cases it processes has increased during the past six months; the lab also reported that the number of black tar heroin cases seems to also have increased.

Most participants generally rated the quality of brown powdered heroin as '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was also '7'. Using the same scale, the quality score for white powdered heroin was most often reported as '9'; the quality score for black tar heroin was most often reported as '10'. Participants reported that heroin in the region is cut with Ecstasy, fentanyl, lactose, methamphetamine and vitamins B-12 and D. On occasion, users reported encountering fake heroin, but many respondents felt that, in general, heroin quality has improved during the past six months. One trend echoed across multiple interview sessions: participants and community professionals reported more cases of grey, blue, or purple-colored heroin that they speculated to contain the prescription opiate fentanyl. Participants said, "It [heroin] has fentanyl in it. The heroin is greyish/bluish if it has that in it; I know someone who overdosed from fentanyl heroin, and it was greyish blue." Another participant remarked, "Everybody is talking about grey [heroin] ... ain't nothing better than that; I hear about that grey, it's more potent. That's what they're pumping." Law enforcement officers were unsure if the grey variety of heroin did indeed contain fentanyl. An officer stated, "I don't think our labs are testing for fentanyl in heroin." Law enforcement agreed that grey heroin seems to be more potent than other varieties found in the region: "I don't think they need to cut this stuff because it's pretty pure; Lately we've been getting a grey-colored, chunky heroin. Users tell us it's very potent. I believe the quality is becoming increasingly better recently. We've worked with Lorain County and they've had this coming through and they've determined with lab results that this grey heroin is laced and causing immediate death. Our sellers and our purchasers are saying this is some potent shit. It's dynamite. It hits you really hard." The BCI Richfield Crime Lab cited the following substances as commonly used to cut cocaine: diltiazem (medication used to treat heart conditions/high blood pressure), lidocaine (local anesthetics) and noscapine (cough suppressant).

Current street jargon includes many names for heroin. The most commonly cited names remain "boy" and "dog food." Other names used in the region include: "dope," "H," "heron," "mantequilla (Spanish word for butter)," "Ronald," "smack" and "tar." Note that among different users, "dope" generally refers to their specific drug of choice (usually heroin or crack cocaine). Participants reported that powdered heroin is available in different quantities, but that it is no longer sold in traditional balloons or bindles. Instead, heroin in the region is most likely to be sold in small amounts in a wax or paper baggie, occasionally as a bundle of baggies, or more commonly, as a loose chunk scraped off a solidified block. Participants described, "[Heroin] it's brown and powdery or rocks twisted up in a piece of paper; Bundles were being sold a

while ago. I don't remember the last time I saw bundles. Now, it's a half a gram or more [as chunk]; About six months ago on the east side I saw gram bundles for \$150, but more on the east side now I see it more in chunk form, shaved off the block of it. With smaller amounts they just throw a chunk in your hand." Reportedly, bags (1/10 gram) or small chunks sell for \$10. Participants also reported buying heroin in "bundles" (10 small bags of heroin); bundles sell for between \$75-120; 1/2 gram sells for between \$50-80; a gram sells for between \$110-160; 1/8 ounce, or "eight ball," sells for approximately \$325; a finger (7-10 grams) sells for approximately \$500-1,000; an ounce sells for approximately \$2,000. Participants reported that pricing is holding steady or decreasing slightly. Participants reported that the most common way to use heroin remains intravenous injection. Out of 10 heroin consumers, participants reported that approximately eight would inject and the remainder would either snort or smoke the drug. Users continued to report that those who were new to the drug are more likely to snort before progressing to injection. Participants and law enforcement identified pharmacies as the primary source for clean injection needles, which are relatively inexpensive and can be obtained by saying they are for diabetes management. A participant said, "I get them at [the] pharmacy, [the grocery store], [a big-box retail store], doctors, hospitals ... I never used needle exchange. I just bought them at the store." There were no reports of dealers supplying needles to users. Law enforcement officers believed that IV drug use is on the rise among individuals of high school age, stating, "I'm hearing [that heroin] is more available than pills. It's cheaper and easier to get. It's the go-to for the kids. They shoot up [intravenously inject heroin]." Several participants expressed their concerns about the spread of disease via IV drug use. A participant said, "A lot of diseases are going around. [Needle sharing] it's a problem."

A profile for a typical heroin user did not emerge from the data. Participants continued to note that heroin is popular with all ages, races, and socio-economic levels. A participant commented, "I don't think it [heroin] discriminates. I've been out of high school less than ten years. Of all the people I know that got into heroin or overdosed it was the kids who played football, skateboarded, kids who smoked pot, kids who didn't. It's across the board, and it doesn't pick groups." Law enforcement and treatment providers reported that while use is among all demographic groups, they encounter Whites more commonly in treatment and jails. A law enforcement officer stated, "I agree [heroin use] it's [predominately used by] White [individuals]. You get one Black kid out of ten White kids [using heroin]. [Heroin] it's more of a White drug; We see mostly Whites from early 20s to 50s [using heroin]. Then the second most common [heroin user group] is Hispanic." Another officer

noted a trend in the City of Cleveland: *"I see it [heroin use] in two parts: if you're an older heroin user, you tend to be Black or from the Vietnam [War] era. If you're a new user, you're a White Appalachia-type, newly introduced to it [heroin] or coming off the pills [prescription opioids]."* A treatment provider reported, *"We see [heroin use among] late teens, early 20s, White male, no [particular socio-economic] class."* Treatment providers also remarked on changing trends and new heroin users, identifying more heroin use among females, middle- to upper-middle class individuals and users who began with prescription opioid abuse. They reported, *"[Heroin use] it's really emergent with 18- to 21-year-old girls. Fifty percent of them started between the ages of 14 and 16 [years], using heroin. We're also seeing the emergence of very young rural girls using it [heroin]; I call them Romeo and Juliet. Every time I see a woman using heroin, I find a man that taught her how to do it, and vice versa."* Community professionals and participants reiterated the abuse progression from prescription opioids to heroin among younger users.

Reportedly, heroin is used in combination with alcohol, crack and powdered cocaine, Ecstasy, marijuana, methamphetamine and sedative-hypnotics (benzodiazepines). Participants noted several reasons for combining other drugs with heroin. A participant reported, *"Benzo's [benzodiazepines] sedate you, so you don't have to do as much heroin. But it's dangerous so I stopped doing that."* Another participant explained about speedballing (using heroin with cocaine): *"I would purchase both heroin and crack, and do the crack first and then do the heroin to take off the edge. I would get \$20 of crack and \$80 of heroin. I would feel like garbage without the heroin, but I could live without crack."* More users who preferred speedballing indicated they would mix the drugs in the same syringe, as opposed to doing the two in sequence. Regarding marijuana, a participant said, *"I did it [marijuana] after heroin. You get twice as high."*

### Prescription Opioids Historical Summary

In the previous reporting period, prescription opioids were highly available in the region. Participants most often reported availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); community professionals rated availability between '6' and '8' depending on specific drug. Participants and community professionals identified Vicodin®, Percocet®, Opana® and OxyContin® OP as the most abused prescription opioids in the region. Other drugs that were reported to be popular included fentanyl, methadone, and Ultram®, with methadone reported as gaining in popularity. The majority of participants and community

professionals most often reported that the availability of prescription opioids had remained the same during the previous six months, that was, extremely available (except for OxyContin® OC). While there were a few reported ways of consuming prescription opioids, the most common route of administration was snorting. Out of 10 prescription opioid abusers, participants reported that approximately six would snort, two would inject and two would orally ingest the drugs. In addition to obtaining prescription opioids on the street from dealers, participants continued to list the following other sources: friends, family, doctors, pain clinics and emergency rooms. Participants and community professionals described typical users of prescription opioids as from every socioeconomic level, age and race. Reportedly, combining other drugs with prescription opioids was common, as the effects of prescription opioids were said to be enhanced by other drugs.

### Current Trends

Prescription opioids remain highly available in the region. Participants most often reported the current 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 continued to identify Percocet® and Vicodin®, as well as methadone, as the most popular prescription opioids in terms of widespread use in the region. Participants reported: *"[Prescription opioids] they're not hard for me to get. They're in every floor of my building; I've taken all the ones [prescription opioids] you just mentioned. They're available. Especially if you get hurt on a workman's compensation claim. I've been hurt for over 25 years!"* Another participant noted that these drugs are traded commonly through friends and family, saying, *"The housewife connection is where they all trade Percocet® and pills and all the other stuff. They claim they have a bad back, and they all swap pills. I think it's pretty common. It's mostly pain pills."* Community professionals were quick to cite the high availability of this class of drugs as an area of concern. A treatment provider stated, *"In the outpatient setting, I would say, yes, they [prescription opioids] are very available."* Another treatment provider stated, *"People used to go 30-40 miles to get them [prescription opioids], but now they can get them in the suburbs."* Law enforcement reported, *"In a high school these [prescription opioids] are the biggest problem. They're as easy to get as marijuana. They trade them, take them from parents, and are selling them. It's very common in the high schools."* Community professionals continued to identify Percocet®, Vicodin® and OxyContin® OP, as well as methadone, as the most popular prescription opioids in terms of widespread use.

Collaborating data also indicated that prescription opioids are readily available in the region. The Cuyahoga County Medical Examiner's Office reported prescription opioids as present in 36.8 percent of all drug-related deaths. In addition to the medical examiner's data, media outlets throughout the state reported on significant arrests during this reporting period involving prescription opioid trafficking in the region. In March, federal authorities indicted a Cleveland man and six others for running a prescription opioid ring which involved defrauding Medicaid; the seven were accused of forging prescriptions for OxyContin® and Percocet®, hiring others to fill the prescriptions and then selling the drugs on the street ([www.newsnet5.com](http://www.newsnet5.com), March 20, 2012). The explosion in the popularity of prescription opioids has been well documented in the media, but participants communicated several new trends. The recent crackdown on "pill mills" and pain clinics has been affecting availability in the Cleveland region. Many participants noted that recently pharmacies, emergency rooms and physicians are subject to more scrutiny, and obtaining pills through these methods is more difficult. A participant explained, *"It's pretty easy to get them [prescription opioids] on the street. But now, the people that get them from doctors are keeping them for themselves. They're not selling them as much, and if they do they're really expensive. They're holding on because of the crackdown."* Another participant stated, *"[Prescription opioids] they're available. The doctor situation has cracked down a lot. I had a doctor who was writing for me and he's in prison now."* Community professionals also commented on this trend. A treatment provider stated, *"By far, we see oxycodone in drug screens in our outpatients. But since SB93, the 'pill mill bill' has been successful in closing down pill mills; availability is going down."* Consequently, participants and law enforcement both noted more incidents of prescription forging. A participant reported, *"More people are forging the scripts [prescriptions]."* Many participants felt that Opana® and OxyContin® OP now fill the void left by the discontinued OxyContin® OC. Participants reported on Opana®: *"Opana's are big; Opana's have gotten really popular in the last few months, even though they're expensive; Nobody wants to give these up. They're like legal heroin."* A participant reported on OxyContin® OP: *"Since the oxy's [OxyContin®] have changed over [to the new formulation] you still take them. It just takes a while [to get high] ..."*

Most often participants reported that overall availability of prescription opioids has remained the same during the past six months. Law enforcement agreed. However, treatment professionals disagreed, and noted that, generally, the availability of prescription opioids has decreased during the past six months due to recent "pill mill" legislation. The BCI Richfield Crime Lab reported that the number of prescription opioid cases it processes has remained the same during the past six months.

Reportedly, many different types of prescription opioids are currently sold on the region's streets. Participants reported the following prescription opioids as available to the street-level user (Note: When reported, current street names and prices are indicated in parentheses): fentanyl (sells for between \$1-1.25 per milligram), methadone (aka "dones;" 10 mg sells for between \$3-7), Opana® (aka "panda bears;" sells for between \$1-1.50 per milligram), OxyContin® (aka "oxy's;" OxyContin® OC, *old formulation*, aka "oceans;" sells for between \$1.50-2 per milligram; OxyContin® OP, *new formulation*, aka "OP's;" sells for between \$0.40-0.90 per milligram), Percocet® (aka "perc's" and "school buses;" 5 mg, aka "512s;" sells for between \$5-7; 10 mg sells for between \$8-9), Roxicet® (30 mg sells for approximately \$30), Tylenol® 3/ Tylenol® 4 (sells for between \$2-6 per pill), and Vicodin® (aka "baby vikes;" "V's" and "vikes;" 5 mg sells for between \$4-5; 7.5 mg sells for between \$4-6; 10 mg sells for between \$6-10). Many participants described that pricing for these pills now falls into three tiers: \$1 and up/mg pills such as fentanyl, Opana®, OxyContin® OC and Roxicet®, which are more desirable because they can be crushed for use or as cutting agents for other substances. A participant reported, *"Roxi's [Roxicet®] are still expensive because you can crush and snort them."* Pricing on the top-tier tends to be increasing. A middle tier of less desirable pills such as OxyContin® OP, methadone and morphine are still sought after, but these pills possess characteristics that do not appeal to every user, such as tamper-resistance, and the pricing has remained stable. A participant stated, *"Nobody wants OPs [OxyContin® OP]. They're garbage."* Most other pills mentioned by participants are priced on a per-pill basis, and have become relatively inexpensive at less than \$10 per pill. While there were a few reported ways of consuming prescription opioids, the most common route of administration is oral consumption. Out of 100 prescription opioid abusers, participants reported that approximately 55 would orally ingest the drugs (including crushing, wrapping in tissue and swallowing, aka "parachuting"), 40 would snort and five would inject. Exceptions were noted based on medication formulation (liquid, pill, wafer) and the nature of the drug's effect on the body. A participant explained: *"It depends on the pill. People shoot Opana's and oxy's. Anything else you just take by mouth."* It should be noted that in previous reports, intranasal inhalation and injection were more popular.

In addition to obtaining prescription opioids on the street from dealers, participants continued to list the following other sources for prescription opioids: friends, relatives, doctors, pain clinics and emergency rooms. Several participants noted the rise in thefts of these drugs: *"I see a lot more pharmacy robberies; You could also find them [prescription opioids] in someone's house. We would call it treasure hunting and go looking in bathrooms. Five times out of 10 there's going to be something."* Law enforcement and

participants again reported dealer connections to people in medical careers. A law enforcement officer said, *"We see a lot of professionals in Cleveland, a ton of nurses who are stealing the [fentanyl] patches and Demerol® pills and injections. Typically it's the injections they're stealing."* A participant said, *"There are lots of cancer patients who get them [prescription opioids]."*

Participants again described typical users of prescription opioids as from every socio-economic income level, all ages and all races. Participants from the east side, west side, outlying rural areas and the City of Cleveland had knowledge of these drugs and described their use among friends and family. However, participants were keen to note the use of these pills among heroin users and their status as a "gateway" to heroin abuse. A participant reported, *"I've seen people say, 'I just do pills I don't do heroin.' They think it's better because they're legal and manufactured. They have doctors they pay \$20 to get a prescription."* Another participant explained, *"These pills are all available and these are what gets [users] started on heroin because it's cheaper..."* Community professionals were more definite in listing demographic characteristics, but they agreed that prescription opioids provided a gateway to heroin use. A treatment provider reported, *"I'm seeing mostly male [prescription opioid users], between ages like 18 to 35 [years]; I'm seeing a lot of mid-30s for injuries, work-related, whatever... It's often a young male. They have a job and money to buy the pills."* Law enforcement described use of these drugs among White males and females, from high-school-aged to middle-aged, with more use among the middle-class. An officer explained, *"We see 25-40 [years of age] both male and female in North Olmstead. I agree it's starting to show up younger, with some activity in high school. In the teens and the early 20s once they're done with the marijuana, they're taking that step up. We see more activity/addiction with it in the late 20s."* A law enforcement officer described user trends in the City of Cleveland, saying, *"I see a disproportionate use among what I would call 'White Appalachians.' The lower west side is by far the pill capital of Cleveland. It tends to be generational."* All respondents mentioned increasing use among younger users (15 years of age and older) and high school students.

Reportedly, when used in combination with other drugs, prescription opioids are most often used in combination with alcohol, caffeine, Ecstasy, marijuana and methamphetamine. A participant reported, *"Alcohol and marijuana intensify the effects [of prescription opioids]."* Another participant said, *"Meth [methamphetamine] works like a poor man's speedball. It's done in series and you get back up and down. You eat a bunch of pills and then do some lines and see what happens."*

## Suboxone®

### Historical Summary

In the previous reporting period, Suboxone® was moderately available in the region. Participants most often reported availability of Suboxone® as '7' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants reported the drug to be available by prescription, through treatment centers and from friends who use heroin. Participants reported that the availability of Suboxone® had remained the same during the previous six months. The Cuyahoga County Regional Forensic Science Lab reported that the number of Suboxone® cases it processes had remained the same during the previous six months. Participants indicated that Suboxone® 8 mg sold for between \$10-20 (pills or strips). Out of 10 Suboxone® users, participants reported that, on average, approximately eight would take Suboxone® sublingually (by dissolving it under the tongue) as indicated, one would snort and one would intravenously inject. Participants continued to describe typical users of Suboxone® as heroin users who are trying to avoid withdrawal symptoms when heroin could not be obtained, and those who used the drug as part of a physician-prescribed treatment program.

### Current Trends

Suboxone® is highly available in the region. Participants most often reported the current availability of Suboxone® as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '7'. Participants reported the drug to be available by prescription, through treatment centers, the Internet, drug dealers and friends who use heroin. A participant stated, *"[Suboxone®] they're super available."* Another participant said, *"Drug dealers have them [Suboxone®]. They buy the script and sell them to people."* A former heroin dealer said, *"I would keep a bottle [of Suboxone®] for my own use and for the ones who need it."* Another participant noted that it is easy to obtain the drug through legal means, stating, *"You can pay a fee to get on a three week Suboxone® program and get some."* Heroin users reported it is common to reserve Suboxone® for times when heroin cannot be obtained, with one participant explaining, *"I would save them [Suboxone®] for the rainy day when I needed them, and we would trade them like poker chips."* Community professionals most often reported current availability as '7'. A treatment provider said, *"[Suboxone®] it's very easily available from friends of friends and dealers, but mostly friends of friends."* Participants and community professionals most often reported that the availability of Suboxone® has remained the same during the past six

months. BCI Richfield Crime Lab reported that the number of Suboxone® cases (particularly the sublingual film form) it processes has increased during the past six months.

The only street name reported for Suboxone® remains “subs.” Participants indicated that Suboxone® 8 mg sells for between \$10-20 (pills or strips). On pricing, a participant noted that users could expect to pay more for the drug if they are experiencing withdrawal symptoms: *“The dealers would wait until the user was dope sick and then jump the price up.”* Out of 100 Suboxone® users, participants reported that, on average, approximately 76 would take Suboxone® sublingually as indicated, 22 would snort it, and two would intravenously inject it. Suboxone® continues to be primarily acquired from doctors, friends and occasionally dealers who take them in trade for other drugs.

Participants continued to describe typical users of Suboxone® as those who use it as part of a physician-prescribed treatment program, and heroin users who are trying to avoid withdrawal symptoms when heroin cannot be obtained, and. A participant said, *“I see it [Suboxone®] more and more in the suburbs. Parents are putting their kids on it to get off heroin.”* Another participant observed, *“Younger high school kids are taking it [Suboxone®] and circulating it.”* A treatment provider noted that despite these trends, too few people who may benefit from the drug are taking it, commenting, *“I would ballpark the percentage of persons eligible for Suboxone® who are actually taking it is 10 percent. It’s too readily abused. Some use has decreased because of [falling] incomes. The unemployed can’t afford the medication.”*

Reportedly, Suboxone® is used in combination with alcohol, marijuana and sedative-hypnotics (Xanax®). A participant reported, *“I would do it [Suboxone®] with anything other than opiates.”* Although due to its nature as a substitute for heroin, and its opiate-blocking effects, Suboxone® was not reported commonly as a drug sought specifically for abuse.

### Sedative-Hypnotics Historical Summary

In the previous reporting period, sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) were highly available in the region. Participants most often reported the availability of these drugs as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get). Participants listed Valium® and Xanax® as most popular in terms of widespread use. Law enforcement and treatment providers included sedative-hypnotics as a target of their diversion program because of their use by

younger people and opioid abusers; they noted Soma®, Valium® and Xanax® to be particularly popular. The Cuyahoga County Medical Examiner’s Office reported that sedative-hypnotics were present in 27.5 percent of all drug-related deaths during the previous six months. Most participants reported that the availability of sedative-hypnotics had increased during the previous six months, and no participant or community professional felt that these drugs had become less available. The Cuyahoga County Regional Forensic Science Lab reported that the number of sedative-hypnotic cases it processes had remained the same during the previous six months, with the exception of an increase in cases related to Klonopin®. The most common routes of administration for sedative-hypnotics remained swallowing and snorting. Participants and treatment providers continued to report that sedative-hypnotics were widely used by all groups of people.

### Current Trends

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain highly available in the region. Participants most often reported the current 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’. More specifically, participants most often reported the availability of Ambien® as ‘7’, Ativan® as ‘5’, Klonopin® as ‘8’, Soma® as ‘2’, Valium® as ‘9’ and Xanax® as ‘10’. Participants identified Valium® and Xanax® as the most popular sedative-hypnotics in terms of widespread use. In the previous report, Klonopin® was identified as a drug increasing in popularity, now substantiated by participant data collected in this cycle. A participant stated, *“Klonopin® and Ativan® are moving up [increasing in availability].”* Law enforcement and treatment professionals reported an overall current availability score of ‘10’. They noted Klonopin®, Valium® and Xanax® to be particularly popular, assigning them availability scores of ‘10’, ‘8’ and ‘9’, respectively. A treatment provider emphasized that these drugs are easy to obtain, adding, *“Klonopin® are hot now.”*

Collaborating data also indicated that sedative-hypnotics are readily available in the region. The Cuyahoga County Medical Examiner’s Office reported sedative-hypnotics as present in 27.7 percent of all drug-related deaths during the past six months. In addition to the medical examiner’s data, media outlets throughout the state reported on significant arrests during this reporting period involving trafficking in sedative-hypnotics within the region. In March, a man was arrested during a routine traffic stop after State Highway Patrol troopers searched his car after smelling marijuana; they found 57 Xanax® pills along with small amount of crack cocaine, Ecstasy and marijuana ([morningjournal.com](http://morningjournal.com), March, 16,

2012). Participants and community professionals most often reported that the availability of sedative-hypnotics has remained the same during the past six months. A participant observed, "A lot of people I meet are prescribed them [sedative-hypnotics]. You don't need a dealer." The BCI Richfield Crime Lab reported that the number of sedative-hypnotic cases it processes has remained the same during the past six months.

Reportedly, many different types of sedative-hypnotics (aka, "benzo's" and "downers") are currently sold on the region's streets. Participants reported the following sedative-hypnotics as available to street-level users (Note: When reported, current street names and prices are indicated in parentheses): Ambien® (sells for \$2 per pill), Ativan® (sells for \$2 per pill), Klonopin® (aka "pins;" sells for \$3 per pill), Valium® (5 mg sells for \$2; 10 mg sells for \$3), Xanax® (aka "busses," "footballs" and "xani's;" 0.25 mg-1 mg sells for between \$2.50-3; and 2 mg, aka "bars;" sells for \$5). While there were a few reported ways of consuming sedative-hypnotics, the most common routes of administration remain swallowing and snorting. Out of 100 sedative-hypnotic users, participants reported that 73 would swallow the pills, 22 would snort, four would inject and one would also smoke the pills.

While sedative-hypnotics may occasionally be obtained on the street from dealers, participants continued to report primarily obtaining them from doctors, friends and family members, as well as the Internet and from Mexico. A participant explained, "You can order hundreds [of sedative-hypnotics] at a time online." Another participant said, "I knew a dealer who would trade a Xanax® for 0.5 grams of heroin." Participants indicated specifically that street-level 'dope boys' do not typically carry this class of drug. A participant said, "This [sedative-hypnotics] is not a 'walk-up-to-you' kind of drug."

A profile of a typical user of sedative-hypnotics did not emerge from the data. Because participants noted that these drugs were obtained through prescriptions, adults were noted to be the primary source for obtaining these drugs; younger users relied on trade. A participant reported, "It's easier to get Xanax® for anxiety with a prescription versus trying to get pharmaceutical opioids." Another participant said, "[Sedative-hypnotics] they're easy. Just go to a doctor and tell them I can't sleep or my muscles are stiffening." Another participant observed their popularity in correctional facilities: "Guys were trying to swap them [sedative-hypnotics] in jails. They're big in jails."

Reportedly, when used in combination with other drugs, sedative-hypnotics are most often used with alcohol, heroin, marijuana, and are often taken after the use of prescription opioids to enhance or extend that high. A participant said, "It

[sedative-hypnotics] brings you down low and keeps you low." Another participant observed, "Sometimes a dealer who sells heroin would sell Xanax® to compliment his product."

## Marijuana

### Historical Summary

In the previous reporting period, marijuana was highly available in the region. Participants most often reported the drug's availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Marijuana was the most easily obtained illegal drug in the region. Law enforcement and treatment providers also reported the drug's availability as '10'. Participants reported that the availability of high-grade marijuana had dramatically increased during the previous six months. Most participants rated the quality of regular-grade marijuana as '8' and the quality of high-grade marijuana as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants reported regular-grade marijuana was the cheapest form: a blunt (cigar) or two joints (cigarettes) sold for \$5; an ounce sold for between \$100-120. High-grade or hydroponically grown marijuana continued to sell for significantly more: a blunt or two joints sold for between \$10-20; an ounce sold for between \$350-400. The most common route of administration for marijuana remained smoking. A profile for a typical marijuana user did not emerge from the data, as participants continued to describe typical users of marijuana as men and women of all races and ethnicities.

### Current Trends



Marijuana remains highly available in the region. Participants most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. Marijuana remains the most easily-obtained illegal drug in the region. However, a notable trend is the deepening division of the drug into two distinct categories: high-grade marijuana (aka "loud" and "kush") and regular-grade marijuana (aka "reggie"). Nearly every participant supplied a current availability score of '10' for both kinds. A participant stated, "[Marijuana] it's the most consistently available drug out there." Law enforcement officers agreed, and also reported current availability as '10'. Media outlets throughout the state reported on significant arrests this reporting period involving marijuana within the region. In February, the Drug Enforcement Agency raided houses in Ashtabula, Cleveland, Elyria and Lorain; agents confiscated more than

1,000 marijuana plants as well as weapons and U.S. currency ([www.newsnet5.com](http://www.newsnet5.com); Feb. 17, 2012).

Participants most often reported that the availability of regular-grade marijuana has remained the same during the past six months, while participants most often reported that the availability of high-grade marijuana has increased. A participant stated, *"Loud [high-grade marijuana] is way more available than reggie [regular-grade marijuana]. The weed man [marijuana dealer] got tired of smoking reggie, so all they have is loud and they get more money for it."* The BCI Richfield Crime Lab reported the number of marijuana cases it processes has remained the same during the past six months.

Participants most often rated the quality of regular-grade marijuana as '5' and the quality of high-grade marijuana as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '10' for both grades of marijuana, underscoring the widening gap in perceived quality between the two products. Also, quality scores were usually supplied as relative to whether one used high-grade or regular-grade marijuana. Participants remarked that high-grade marijuana lasted longer, is often more potent and does not *"give you a headache,"* as one participant stated. Another participant reported, *"The higher grade [marijuana] is fresher and has no seeds ... better quality. It has less tar and mold, and you don't get a headache."* Another participant said, *"When it comes to the high-grade weed, I got high quick. I was watching myself getting high ... it was so potent, but I have to smoke a whole blunt to hit it [obtain the same high] with reggie."* Some participants hypothesized that the quality of high-grade marijuana may be due to the addition of synthetic cannabinoid, sprayed onto regular marijuana. A participant said, *"There's more chemicals put in that high-grade marijuana. It could be anything. It's not regular anymore. They add stuff to make it loud."* Another participant added, *"Anything that could boost it [marijuana's potency], they'll put it in there. It's like Abilify® [medication to supplement anti-depressants] for your weed."*

Current street jargon includes countless names for marijuana, with variants of "kush" and "diesel" most commonly mentioned. Consumers listed the following as common street names for high-grade marijuana: "black widow," "bubble diesel," "crunch," "dank," "dro," "fire," "ghanis (Afghanistan)," "granddaddy kush," "hydro," "kind bud (KB)," "lemon G," "loud," "medicinal (medical grade)," "purp," "purple haze" and "sour diesel." Continuing with previously reported trends, fruity-flavored marijuana is popular, as is branding with creative names to help to popularize certain strains. Two tiers of standard pricing correspond with the two grades of marijuana. Participants reported regular-

grade marijuana is the least expensive form: a blunt or two joints sells for \$5; 1/8 ounce sells for between \$15-20; 1/4 ounce sells for \$25; 1/2 ounce sells for \$50; an ounce sells for between \$90-100; a pound sells for approximately \$1,125. High-grade or hydroponically grown marijuana continues to sell for significantly more: a blunt or two joints sells for between \$10-20; 1/8 ounce sells for between \$40-60; 1/4 ounce sells for between \$100-125; an ounce sells for between \$250-350. While there were several reported ways of consuming marijuana, the most common route of administration remains smoking. Participants reported that 96 percent of marijuana users would smoke the drug, and approximately only four percent would ingest it in foods like butters, brownies, pancakes or waffles. A participant observed, *"I've seen more oils and butters to cook with ... more teas [containing marijuana]."* Participants had mixed views on the use of vaporizers (devices that heat marijuana to precise temperatures and boil off the marijuana compound's vapor for inhalation). A participant explained, *"Vaporizers are on the rise because it's more economical; it gets you more high."*

A profile for a typical marijuana user did not emerge from the data, as participants most often continued to describe typical users of marijuana as "everyone." Reportedly, marijuana is consumed by every age group, socio-economic group, race and gender in all sectors of the region. As previously mentioned, use of high-grade marijuana is perceived to be more prestigious, especially among younger users. A participant explained, *"It seems like younger kids want more [high-grade marijuana]. They freak it [smoke with] in Black & Mild® [cigarillos]. They want the good stuff."*

Reportedly, marijuana is used in combination with almost every other drug, including: alcohol, crack and powdered cocaine (aka "primo;" used to "come down"), hallucinogens (liquid LSD and PCP; aka "woo" and "wet"), heroin and prescription opioids. Several users mentioned use of marijuana with Black & Mild® cigarillos (aka "smooths"). Regarding alcohol, a participant said, *"Weed ain't good without some type of beverage [alcohol]."* Another participant described marijuana with psilocybin mushrooms sprinkled on top: *"It's called a boomer."* A participant discussed the preferences a marijuana user who does not prefer the drug in combination with any other drug: *"Don't lace my weed. If you lace it, you're considered a fiend [drug addict]."*

### Methamphetamine Historical Summary

In the previous reporting period, methamphetamine was highly available in the region. Participants with experience using methamphetamine most often reported the drug's

availability as '9' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). As was the case in the previous reporting period, participants who assigned an availability ranking usually qualified their scores to mean that methamphetamine was highly available to a limited number of users who were connected with a tight-knit network of dealers and users. In two separate focus groups, participants noted that when the drug was available in Cleveland, it was reportedly coming from areas east of the city, particularly Lake and Ashtabula counties. Law enforcement most often reported the availability of methamphetamine as '2.' Participants and law enforcement most often reported that the availability of methamphetamine had increased during the previous six months. Only two participants were able to rate the quality of methamphetamine, supplying quality scores of '5' and '6' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants reported that methamphetamine was primarily available in a home-cooked, powdered form and reported that a gram of methamphetamine sold for between \$40-120; 1/8 ounce sold for between \$140-150. The most common routes of administration for powdered methamphetamine were snorting and smoking. A profile for a typical methamphetamine user did not emerge from the data; however, participants thought the drug was more popular in rural areas and treatment providers believed the drug was popular in the gay community.

### Current Trends



Methamphetamine remains highly available in the region. Participants with experience buying methamphetamine 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 '9.' Participants reported that the drug's availability ebbs and flows, and that the Cleveland region is currently experiencing a period of high availability, possibly due to the ease of the "one-pot" method of production (methamphetamine production in a single sealed container, such as a two-liter soda bottle). Community professionals most often reported current availability of methamphetamine as '3;' the previous most common score was '2.' An officer observed, *"The one-pot method is so easy to do. And every [methamphetamine addict] has tried it once or twice. If they succeed, they're going to keep doing it. It's easier than having an entire lab."* Participants indicated methamphetamine can be obtained through personal connections with methamphetamine dealers and users in several points throughout the region, but they also mentioned the drug is typically imported into the region.

Reportedly, the "one-pot" variety of methamphetamine is the most available form of the drug. Participants and community professionals said crystal methamphetamine is infrequently manufactured in the state. A participant explained, *"[Crystal methamphetamine] [is shipped through the mail], and there were some busts in Akron for the shake-and-bake method, but I mostly see the [mailed] kind . . . Atlanta is where it [crystal methamphetamine] comes from."* A law enforcement officer said, *"A lot [of crystal methamphetamine] gets shipped in from western states."* Media outlets in the region reported on several seizures of methamphetamine during this reporting period. In March, law enforcement in Wayne County raided a methamphetamine lab in a house trailer, which was their eighth seizure during the prior two months ([www.newsnet5.com](http://www.newsnet5.com), March 26, 2012). In June, law enforcement in Cuyahoga Falls also found a home-based methamphetamine lab and charged four people with illegal manufacturing of drugs among other charges ([www.newsnet5.com](http://www.newsnet5.com), June 8, 2012).

Most participants with knowledge of methamphetamine reported that the availability of the drug has increased during the past six months. A participant reported, *"[Methamphetamine] it's definitely around more because there are more ways of making it. I had no problem getting it."* Another participant explained, *"[Methamphetamine] it's gaining popularity because it's so easy to make it with 'shake-and-bake' [one-pot method of manufacture]. You can make it in a couple of hours. In our area it's more shake-and-bake, but every now and then you see a good quality lab product. But shake-and-bake is the way because you can setup anywhere and it doesn't leave a lot of mess."* In contrast, most community professionals said availability had remained the same during the past six months. The BCI Richfield Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months, mostly due to an increase in "shake-and-bake" methamphetamine.

Participants rated the quality of methamphetamine, supplying a median quality score '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality); previously, the quality scores of methamphetamine were '5' and '6.' Participants reported that the home-cooked, "one-pot" powdered form varied in quality from dealer to dealer due to variable production conditions. A participant stated, *"I was close to the guy who made it [methamphetamine], so mine was pure."* Another participant reported, *"[Methamphetamine] it's very cut depending on the source; some dealers cut it more than others. I've had them ask if it was for someone else or for me before they scoop it out."* A participant discussed why regional dealers trade mostly in home-cooked methamphetamine: *"It's easier to make, no importing it. You can do a simple Internet search and spend \$70 of supplies and make \$300 [worth]."* Crystal methamphetamine is perceived to have a

higher purity, but is not typically found in the area. Current street jargon included several names for methamphetamine. The most commonly cited names were “ice” and “crystal.” Participants listed the following as other common street names: “diamond,” and “Tina (aka Christina).” Several participants had experience buying the drug, and they reported that 0.1 gram sells for \$30; 1/4 gram sells for between \$40-60; a gram sells for between \$100-150; 1/8 ounce, or “eight ball,” sells for between \$450-500. A participant explained that like other drugs, methamphetamine pricing depends on quality, with the batches that are more pure costing more. A participant explained, *“Some dealers charge more for high quality [methamphetamine], and they only give you a small amount.”* Reportedly, the most common routes of administration for powdered methamphetamine remain snorting and smoking. Out of 100 methamphetamine users, participants reported that 30 would snort the drug, 52 would smoke and 18 would intravenously inject it.

A profile for a typical methamphetamine user did not emerge from the data. Participants supplied their perceptions about who uses the drug including gay males and motorcyclists. A participant said, *“Bikers use it [methamphetamine] to keep them up for days and days.”* On the other hand, law enforcement supplied typical age and gender information for methamphetamine users. They reported that methamphetamine is a drug primarily used by young males 16-30 years of age. An officer stated, *“[Methamphetamine users] they’re 20 to 30 years old. They get more brain damaged over time and get caught at that age even though they began using earlier than that.”*

Reportedly, methamphetamine is used in combination with depressant drugs like alcohol, marijuana, opioids and sedative-hypnotics (Xanax®) to “come down” from the stimulant effects of methamphetamine. A participant observed that it is common to see gay men combine GHB (Gamma hydroxybutyrate) and methamphetamine. The participant said, *“[Combination of GHB and methamphetamine] it’s called a ‘swirl,’ and it’s an interesting combination of effects. Meth dealers I knew had both [of these drugs].”*

## Ecstasy

### Historical Summary

In the previous reporting period, Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) was highly available in the region. Participants most often reported the drug’s availability as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to

get). The Cuyahoga County Regional Forensic Science Lab reported that the number of pure Ecstasy (aka “Molly”) cases it processes had decreased while the number of piperazine cases (synthetic substances similar to Ecstasy) had increased during the previous six months. Participants most often rated the overall quality of Ecstasy as ‘10’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality). Participants said Molly was sold as a yellowish loose powder, and that Ecstasy was sold as small colored tablets that featured popular images or logos: Transformers, Playboy® bunnies, Flintstones™, dolphins or hummingbirds. Participants reported that a single Ecstasy tablet (low dose) generally sold for between \$2-10; a double stack sold for between \$5-10; a triple stack sold for between \$8-12. The most common route of administration was oral consumption. A profile for a typical Ecstasy user did not emerge from the data, but the drug was said to be popular in both rural and urban areas. Participants and law enforcement perceived that the drug was more popular with younger users, 18-25 years old.

### Current Trends



Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) remains highly available in the region. Participants most often reported the drug’s current availability as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was also ‘10’. Law enforcement most often reported current availability as ‘3’. A few participants felt that the purest form of Ecstasy (aka “Molly”) is becoming more available as knowledge about the drug grows. In fact, the two forms of Ecstasy were often discussed interchangeably, indicating where there’s one there is the other. A participant said about Molly: *“You can go to any community college and you can’t walk 20 feet without being offered some. Community colleges are the place to get it.”* Another participant said about the availability of Ecstasy: *“It’s becoming an everyday drug.”* Yet another participant said Ecstasy is easy to get because of its concurrent use with marijuana: *“The person who normally sells the marijuana sells the Ecstasy pills.”*

Participants reported that the availability of Ecstasy has slightly increased during the past six months. Law enforcement also believed that there has been an increase in Ecstasy in the region. An officer said, *“I hadn’t heard much about Ecstasy in a while, and then there was a restaurant in Westlake [where employees sold it]. They were in the suburbs selling to Black and White kids for two to three bucks a pill, but Ecstasy seems to have come around again. We did a buy and*

*the dealer was buying them two to three bucks per pill.* The BCI Richfield Crime Lab reported that the number of Ecstasy cases it processes has remained the same during the past six months.

Participants most often reported the overall current quality of Ecstasy as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was also '10'. However, participants felt that quality is difficult to predict. According to one participant, *"I see some people got garbage [Ecstasy], and some people got some fire [potent]."* Another participant agreed, *"Quality [of Ecstasy] depends on what neighborhood you go to."* Participants had mixed opinions as to whether it is possible to assess ingredients or quality before taking the drug. A participant reported, *"All of them [Ecstasy] give you the same high."* Another participant disagreed, stating, *"The different colors [different types of Ecstasy tablets] give you a different high."*

Current street jargon includes only a few names for Ecstasy. The most commonly cited names were "Molly," "Skittles<sup>®</sup>" and "X." Molly typically sells as a yellowish loose powder, and Ecstasy in tablet form sells as small colored pills that featured popular images or logos: cartoon characters, dolphins, the hulk, Mickey Mouse and monkeys. Participants reported that a single Ecstasy tablet (low dose) generally sells for between \$5-10; a triple stack (high dose) sells for \$25. According to participants, these drugs are obtained from friends and dealers, often via a phone call or at night clubs. While there are few reported ways of administering Ecstasy, the most common route of administration remains oral consumption. Out of 100 Ecstasy users, participants reported that approximately 78 would orally ingest Ecstasy while six would snort it. Participants noted the growing trend for anal/vaginal administration, reporting that 16 of 100 users would practice these methods.

Participants reiterated Ecstasy's status as a club drug used by younger people. A participant said, *"[Ecstasy] it's still very popular in the clubs, but most people are doing it when there's nothing to do."* Another participant said, *"High schoolers get together and do it [Ecstasy]."* Law enforcement agreed that the drug is favored by younger users. An officer said, *"We got rid of the clubs that were the problem children and got rid of the Ecstasy."* Another officer characterized use as with *"suburban kids – and it's expensive."* Yet another officer observed, *"It's the Black community selling it [Ecstasy], and the White community taking it."* Reportedly, Ecstasy is used in combination with alcohol, marijuana and tobacco. Alcohol and marijuana are reported to intensify the high of Ecstasy.

## Prescription Stimulants

### Historical Summary

In the previous reporting period, prescription stimulants were highly available in the region. Participants and treatment providers most often rated the availability of these drugs as '9' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants reported Adderall<sup>®</sup>, Concerta<sup>®</sup> and Vyvanse<sup>®</sup> as most popular in terms of widespread use; Ritalin<sup>®</sup> was difficult to obtain due to a national shortage of the drug. Reportedly, prescription stimulants sold for between \$2-5 per pill. According to participants, these drugs continued to be obtained from friends and drug dealers. The most common route of administration remained snorting. Typical users of prescription stimulants were high school and college-aged youth.

### Current Trends

Prescription stimulants remain highly available in the region. While relatively few participants had knowledge of these drugs, those with experience rated the current availability of prescription stimulants 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 '9'. Participants reported Adderall<sup>®</sup>, Concerta<sup>®</sup> and Vyvanse<sup>®</sup> as most popular in terms of widespread use. A participant commented, *"Adderall<sup>®</sup> and Vyvanse<sup>®</sup> are high-grade ..."* Ritalin<sup>®</sup> was less-reported by participants, possibly due to a continued national shortage of the drug. Law enforcement most often rated current availability as '9'. The BCI Richfield Crime Lab reported that the number of prescription stimulant cases it processes has stayed the same during the past six months.

No slang terms or common street names were reported for prescription stimulants. Reportedly, prescription stimulants sell for between \$2-5 per pill, with Vyvanse<sup>®</sup> as high as \$7. According to participants, these drugs continue to be obtained from friends and family. While there were a few reported ways of administering prescription stimulants, the most common route of administration remains snorting. Out of 100 prescription stimulant users, participants reported that approximately 63 would snort the medications and 37 would orally ingest them.

Participants and community professionals described typical users of prescription stimulants as younger than 25 years of age. Participants continued to remark on the high level of abuse among high-school and college-aged youth. A participant stated, *"[Prescription stimulant use] it's for college students and high school students around finals so they can study longer and stay up."* A law enforcement officer described

abuse of prescription stimulants by students by saying, *"It's high school kids [who use prescription stimulants]. The prescription is for younger kids. Mom and dad don't control it, and you take it to school and exchange it for weed and do what you want."* Reportedly, prescription stimulants are used in combination with alcohol, marijuana and opiates, which are used to "come down." A participant reported, *"I would eat [take] Adderall®, and to be able to sleep at night, I would eat Xanax®."*

## Bath Salts

### Historical Summary

In the previous reporting period, bath salts (synthetic compounds containing methylone, mephedrone or MDPV) were highly available in the region. Participants most often reported the availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Law enforcement and treatment providers most often reported availability as '9'. Despite the law banning the sale of bath salts, which went into effect in October 2011, these synthetic chemicals remained widely available from the same convenience stores that previously sold them. A law enforcement officer noted that a nearby hospital had 40 bath-salts-related emergency cases in one month. Reportedly, bath salts sold for between \$15-25 per 1/2 gram; a gram sold for between \$20-40. Participants did not report a spike in prices after the drug was made illegal in October 2011. The most common routes of administration were smoking and snorting, although intravenous injection and oral ingestion were also reported in a minority of cases. Law enforcement and treatment providers reported that bath salts were typically used by users younger than 30 years of age.

### Current Trends



Bath salts (synthetic compounds containing methylone, mephedrone or MDPV) are moderately available in the region. On average, participants reported the current availability of these drugs as '4' (median = 4) 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'. Despite recent legislation that banned the sale of these synthetic chemicals, packaged products are available from the same convenience stores and smoke shops that sold bath salts previously. A participant explained, *"I see a lot of synthetic bath salts, K2, LSD, and DMT at the [local convenience] stores. If they know you're a regular [customer], then they bring it out from behind the counter."* Law

enforcement also reported that they continue to encounter bath salts, and they most often reported current availability of these drugs as '4'; the previous most common score was '9'. Participants and law enforcement both reported that bath salts producers have adapted to the ban by changing labels and formulations. A participant noted, *"They just change one little ingredient [in bath salts] and resell them."* Another participant noted, *"The one [bath salts] I saw had balloons on it and people called it 'Balloons.' I also saw a package that said, 'glass cleaner.'" Law enforcement agreed that bath salts are being re-labeled. An officer said, "After the bill passed in October [2011], head shops are selling it [bath salts] backroom only, and it's labeled as many other things."*

Generally, participants believed that the availability of bath salts has decreased during the past six months. A participant reported, *"[Bath salts] they're still around but not as much [as they used to be]."* Law enforcement also agreed that bath salts availability has decreased since the ban went into effect. An officer stated, *"Ever since October [2011] they're on the decline. [Store owners] have to know you before they even admit they have the stuff. The novelty is wearing off and kids are looking at what has happened with bath salt users' [bad drug reactions] and they're thinking, 'screw that.'" Another officer expanded on that idea, explaining, "After October, and in the past year younger people tend to be a little afraid of it [bath salts]. It makes people out of their mind. Especially the younger people that like to try drugs for the first time, I think they're scared of bath salts."* The BCI Richfield Crime Lab reported that the number of bath salts cases it processes has increased during the past six months.

Participants supplied an average quality score for bath salts as between '4' and '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality). No slang terms or common street names were reported for bath salts. Previously, bath salts sold for between \$15-25 per half gram. Recently, participants quoted pricing in less distinct quantities, but by most accounts, comparably higher to the previous reporting period. A participant reported, *"[Pricing of bath salts] it's \$30 per jar or package, about like a Ziploc® [baggie]."* Another participant agreed, describing a jar for sale about 1.5 inches tall selling for between \$25-30. The highest price quoted was \$40 for 0.15 ounces. A participant discussed the sale of bath salts: *"[Bath salts] it's available in a jar. On the west side people were buying it scooped out, homemade [loose, unpackaged bath salts that most likely have been adulterated], then put in a jar."* A law enforcement officer also spoke about the sale of bath salts: *"[Bath salts] it's cost-prohibitive for my population. It's more of a suburban drug. It's \$40 for a little lip-balm-sized amount. It's expensive. Now that it's illegal you can't walk into a boutique and buy it."* While there were a few reported ways of administering bath salts, the most common route of

administration remains snorting. Out of 100 bath salts users, participants reported that approximately 77 would snort the drug and 23 would intravenously inject it.

A profile for a typical bath salts user did not emerge from the data, except for observations that bath salts use continues to appeal to younger users younger than 30 years of age. Participants reported that bath salts are used occasionally in combination with alcohol and heroin. Typically, participants said bath salts are combined with heroin, *"to come down from it [bath salts]."* Another user explained this combination could be thought of as a speedball: *"[Bath salts] it's an upper, so you can do it like a speedball."*

## Other Drugs

### Historical Summary

In the previous reporting period, participants and professionals listed the following other drugs as present in the region, but these drugs were not mentioned by the majority of people interviewed: hallucinogens [DMT (dimethyltryptamine) and PCP (phencyclidine)], Seroquel® and synthetic marijuana ("K2" and "Spice"). DMT, a psychedelic compound, was highly available in the region. Participants most often reported its availability as '9' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Some participants thought DMT to be an emerging drug in the region. Participants described two variants of the drug: a natural compound and a compound made with synthetic chemicals. A participant noted that the white or "natural" form was gaining in popularity and that the quality was improving as the knowledge of the drug-manufacturing process improved. Participants with knowledge of the "natural" form of the drug most often rated its quality as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); quality of the synthetic form of the drug was most often rated as '7'. Participants reported that 1/10 gram of DMT sold for \$10; a gram sold for \$150. Reportedly, the "natural" form of DMT sold for twice as much as the synthetic varieties. Participants reported that the most common routes of administration were smoking or snorting. Reportedly, the drug was popular with users who preferred hallucinogens, young adults and people who attended concerts and outdoor music festivals. PCP remained highly available in certain areas of Cleveland. Participants most often reported its availability as '8'. Two participants supplied PCP quality scores of '7' and '8'. Pricing was consistent with the previous reporting period: one dip of a cigarette sold for between \$15-20. Law enforcement reported the drug to be most popular among users in their 30s-50s. Synthetic marijuana remained highly available in the region. Despite legislation that made synthetic marijuana illegal in October 2011, participants most often reported availability of the drug as '10'; treatment providers most often reported availability as '9'. However, many thought that the drug was

not as popular as before the law banning its sale went into effect. Reportedly, synthetic marijuana was widely available from head shops, convenience stores and independently owned gas stations. Participants continued to attribute the popularity of synthetic marijuana to the continued belief that the drug delivered a marijuana-like high but could not be detected in urine drug screens. Participants with knowledge of the drug rated its quality as '9'. Participants reported that a gram of synthetic marijuana sold for between \$1.50-3. Like marijuana, the most popular route of administration for this drug remained smoking. Treatment providers cited the drug's popularity with all races and socio-economic groups, but that it was most favored by younger users between 25-30 years of age. Seroquel® (quetiapine), an antipsychotic medicine, was reported to be widely available and occasionally abused by the 18-25 year-old participants interviewed. Participants most often reported the availability of Seroquel® as '10'. Seroquel® 10 mg and 100 mg sold for between \$7-20 per pill. Participants reported obtaining the drug from friends and doctors. The most common route of administration was oral ingestion. Several participants also mentioned dissolving the pills in liquid (orange juice or sports drinks).

### Current Trends

Participants and professionals listed a variety of other drugs as being present in the region, but these drugs were not mentioned by a majority of the people interviewed: hallucinogens [DMT (dimethyltryptamine) and PCP (phencyclidine)], prescription cold and cough medications and synthetic marijuana. Participants mentioned DMT, a psychedelic compound, although most participants did not have personal knowledge of the drug. Reportedly, DMT is obtained from dealers and other users and is sold in powder form. A participant explained, *"I only smoked one kind [of DMT]. I'm pretty sure it was the natural kind [as opposed to the synthetic variety]. It was a white powder."* Another participant described DMT as, *"looking like sawdust, really fine, powdery and dusty."* The BCI Richfield Crime Lab reported the number of dimethyltryptamine (DMT; 5-MeO-DMT/DiPT) cases it processes has increased during the past six months. A participant with knowledge of the drug rated the quality as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '8'. A participant commented about the quality: *"I guess it [DMT] was good. I was tripping pretty hard."* No street names were mentioned for DMT. Participants reported that a gram of DMT sells for between \$90-120. Participants reported that the most common routes of administration remain smoking and snorting. Reportedly, DMT is used in combination with marijuana and heroin.

PCP (phencyclidine) remains highly available in certain areas of Cleveland. The few participants with knowledge of the drug rated its current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '8'. As with the last reporting period, most participants reported obtaining PCP (aka "embalming fluid," "water," "wet" or "woo") from an area called "water world" on the east side of Cleveland. A participant reported, "We would have to go to the east Cleveland area ...". Liquid PCP is still commonly sold on a per-dip basis. The crystalline powder form was reported to be very rare. Participants rated the quality of PCP as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was also '10'. A participant explained, "It [PCP] always came as a liquid and you dip cigarettes in it." Pricing remained consistent with the previous reporting period: one dip of a cigarette sells for between \$10-20. PCP is most commonly used in combination with alcohol, marijuana and tobacco. The BCI Richfield Crime Lab reported the number of PCP cases it processes has decreased during the past six months. While not reported by participants, the crime lab also reported that the number of cases it processes for psilocybin mushroom has remained the same, while the number of cases for LSD and salvia divinorum has decreased during the past six months.

Synthetic marijuana ("K2" and "Spice") remains highly available in the region. Despite legislation that has made it illegal, participants most often reported 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'. Treatment providers and law enforcement most frequently reported current availability as '5'; the previous most common score was '9'. A treatment provider reported, "It [availability of synthetic marijuana] had died down for a minute, but it is back up again. It's like [users] know we don't have a test for it." Participants described that synthetic marijuana sells as both "spice" and "potpourri" dried-leaf products and as a liquid. A law enforcement officer reported, "[Synthetic marijuana] it's a chemical liquid that mimics THC [Tetrahydrocannabinol], and you spray it on tea leaves and you smoke it and get high." Reportedly, synthetic marijuana is still widely available from head shops, and less so at convenience stores and independent gas stations. A participant reported, "[Synthetic marijuana] it's at head shops all sealed up and [the packages] are more decorated. They carry a higher quality product [than convenience stores]." Another participant said, "You have to get it [synthetic marijuana] at head shops. There's no more at convenience stores. Unless they have some inventory left ... I never see dealers with it." The BCI Richfield Crime Lab reported the number of synthetic marijuana cases it processes has increased during the past six months. The crime lab also reported that new chemical analogues to synthetic marijuana emerge monthly.

Reportedly, the most available brands mimic the names of popular marijuana strains. Brands cited included, "Bob Marley," "Kush," "Mad Hatter," "Mr. Happy," and "Purple K2." Synthetic marijuana products were said to be high quality, as one participant explained. Two of five participants with knowledge of the drug rated its quality as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality). A participant reported, "Spice would get me more high than marijuana. You get the full effect and it lays you out." Participants reported that a gram of synthetic marijuana sells for between \$1.50-3; 3.5 grams sells for as much as \$40. Like marijuana, the most popular route of administration for this drug is smoking. Marijuana was reportedly used in combination with synthetic marijuana, although there was not consensus on that point. A participant said, "[Synthetic marijuana] it's used with real marijuana. I've seen them cut it with real weed." Another participant stated, "If you could get real marijuana it's more preferred than spice." Participants continued to attribute synthetic marijuana's popularity to the belief that the drug delivers a marijuana-like high but cannot be detected in urine drug screens. Law enforcement and participants cited the drug's popularity with all races and socioeconomic groups, particularly with younger users. An officer stated, "It's high school kids ... young White males [who typically use synthetic marijuana]." Another officer noted, "Long-time weed smokers don't want that stuff [synthetic marijuana]. If they're going to smoke they want good old weed."

Prescription cold and cough medications (aka "Lean," "Purple Drank" or "Tussin") were reported to be somewhat available for many participants, and highly available to others. Typically, these medications (chlorpheniramine/hydrocodone or promethazine/codeine syrup) are prescribed for severe cough symptoms. Participants most often reported availability of these drugs as '3' and '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Prescription cold and cough medications are available in liquid form and are combined with Sprite® and pieces of Jolly Rancher® candy. A law enforcement officer explained, "You can spin it to get the codeine or the hydrocodone separate from flavors and colors. And when it's in its elixir form, it's super potent." The term "purple drank" is due to the dyes in the cough syrup. A participant explained, "The real lean is prescribed stuff. For \$10 you're getting about the top of an ink pen amount. You put the Jolly Rancher® in there and shake it till it changes color." Participants reported obtaining the drug from dealers, friends and physicians. A participant commented, "You tell the doctor you have a cough or bronchitis and they prescribe it." An officer described how dealers obtain it in a similar way as methamphetamine smurfing [using buying groups]: "You can time them as [a dealer and a group of buyers] move along the highway to see where they bought the scripts [prescriptions]." Lean sells for \$10-20 per dose (approximately 10 ml or less)

and a “big bottle” sells for \$100. The most common route of administration is drinking the mixture. No White participants mentioned this drug, and its use is strongly associated with young Blacks. Several participants mentioned these medications as a frequent topic of rap songs. A participant said users are “people at rap shows.” Another user said it is consumed by “younger users who get ripped off when they buy other drugs.” A law enforcement officer reported, “It’s huge in the Black community. I haven’t arrested anybody with it who’s White ... It’s huge in the after-hour joints. Drank with Red Bull costs \$20-40 bucks per shot.” Another officer said, “This Black community was passing fake scripts for Tussionex®. I had over 400 fake scripts, but with no leads it grinds to a halt. I had four Black dealers out of Chicago passing scripts for promethazine with codeine, but the same concept-cough syrup. They were pouring it into cranberry [juice] bottles.”

### Conclusion

Crack cocaine, Ecstasy, heroin, marijuana, prescription opioids, prescription stimulants and sedative-hypnotics remain highly available in the Cleveland region. An increase in availability exists for heroin. Data also indicate likely increases in availability for Ecstasy, high-grade marijuana and methamphetamine, and a likely decrease in availability for bath salts. There are three noteworthy trends related to heroin that emerged through analysis of data related to the past six months. First, quality and availability of heroin were reported to be similar throughout the entire region. In previous interviews, participants reported some variations in availability and quality from east to west sides of Cleveland. Second, heroin is commonly available through transactions with unknown dealers, as well as through established dealer networks. In previous interviews, participants and law enforcement remarked on the “closed network” of heroin users and dealers, but this is no longer reported to be the case. Third, many crack cocaine dealers are switching inventory to accommodate increasing demand for heroin. When asked to identify the most urgent or emergent drug trends, both law enforcement and treatment providers continued to cite heroin abuse as a primary concern. Law enforcement and treatment providers reported that while use is in all demographic groups, they encounter Whites more commonly in treatment and jail. Community professionals and participants reiterated the abuse progression from prescription opioids to heroin among younger users. Brown and white powdered heroin remain the most easily obtained types of heroin throughout the region. Participants reported that the availability of Ecstasy has slightly increased during the past six months. Law enforcement also believed that there has been an increase in Ecstasy in the region. A few participants reported that the purest form of Ecstasy (aka

“Molly”) is becoming more available as knowledge about the drug grows. A participant said about the availability of Ecstasy: “It’s becoming an everyday drug.” Participants reiterated Ecstasy’s status as a club drug used by younger people. Law enforcement agreed that the drug is favored by younger users. Participants noted a growing trend for anal/vaginal administration of Ecstasy, reporting that approximately 15 percent of users would practice these methods. Marijuana remains the most easily-obtained illegal drug in the region. However, a notable trend is the deepening division of the drug into two distinct categories: high-grade marijuana and regular-grade marijuana. Participants most often reported that the availability of high-grade marijuana has increased during the past six months. Participants reported that the availability of methamphetamine constantly changes, and that the region is currently experiencing a period of high availability, possibly due to the ease of the “one-pot” method of production (aka “shake-and-bake”). Most participants with knowledge of methamphetamine reported that the availability of the drug has increased during the past six months. The BCI Richfield Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months, mostly due to an increase in “shake-and-bake” methamphetamine. Despite legislation that banned the sale of bath salts and synthetic marijuana, packaged products are available from the same convenience stores and smoke shops that previously sold them. Participants and law enforcement both reported that producers of these synthetic chemicals have adapted to the ban by changing labels and formulations. Generally, participants and law enforcement believed that the availability of bath salts has decreased during the past six months. Bath salts use continues to appeal to younger users (younger than 30 years of age).