



Drug Abuse Trends in the Cincinnati Region



Data Sources for the Cincinnati Region

This regional report was based upon qualitative data collected via focus group interviews. Participants were active and recovering drug users recruited from alcohol and other drug treatment programs in Hamilton and Warren counties. Data triangulation was achieved through comparison of participant data to qualitative data collected from regional community professionals (treatment providers and law enforcement) via focus group interviews, as well as to data surveyed from the Ohio Bureau of Criminal Investigation (BCI) London office, which serves central and southern Ohio. In addition, data were abstracted from the *High-lighted Seizures of 2015 and 2016* report of the Criminal Patrol Unit of the Ohio High Intensity Drug Trafficking Area (HIDTA). All secondary data are summary data of cases processed from January through June 2015. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for July through December 2015.

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

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Regional Profile

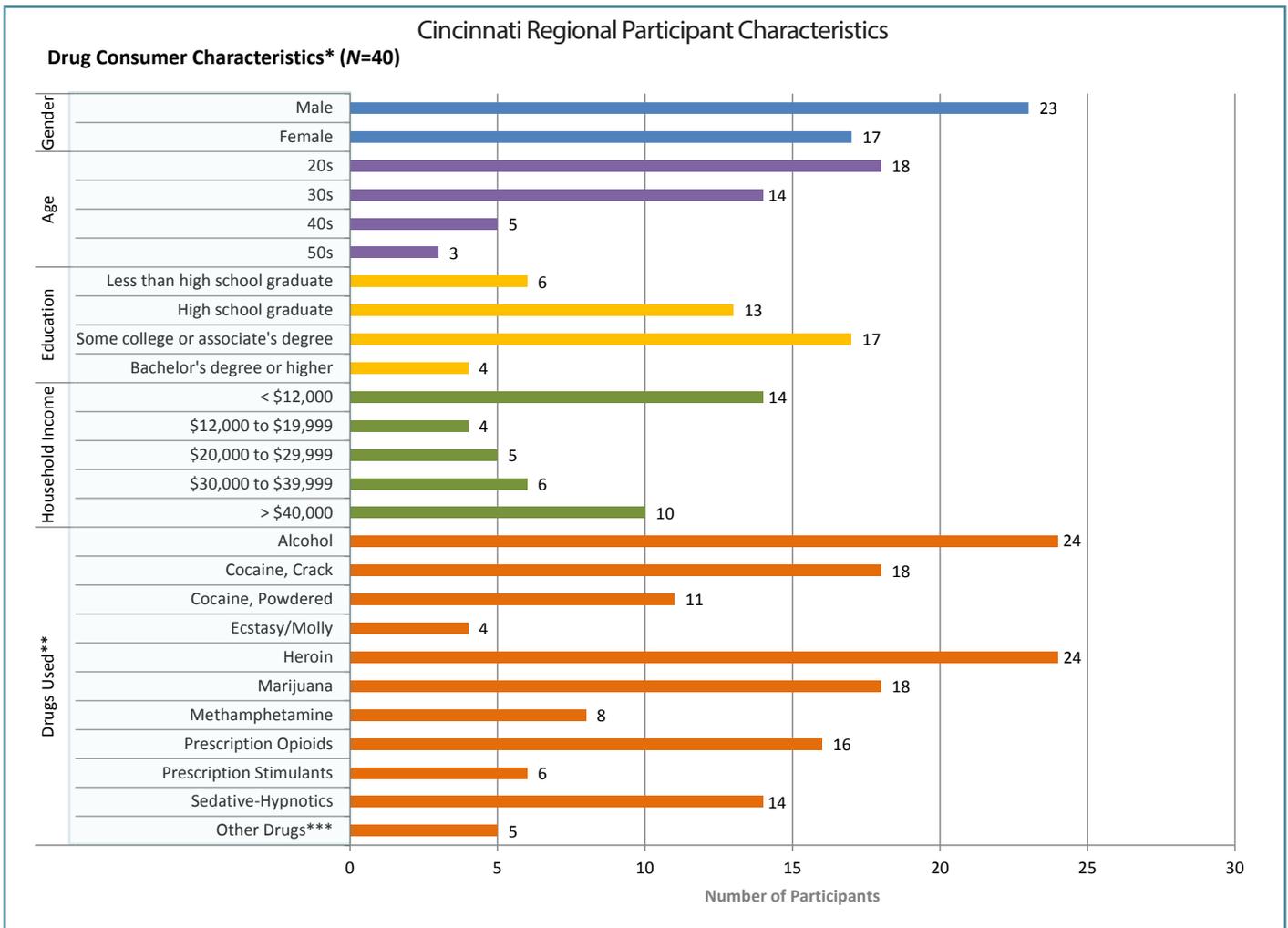
Indicator ¹	Ohio	Cincinnati Region	OSAM Drug Consumers
Total Population, 2014	11,560,380	2,035,847	40
Gender (female), 2014	51.1%	50.9%	42.5%
Whites, 2014	84.8%	83.8%	84.6% ²
African Americans, 2014	13.6%	13.9%	5.1%
Hispanic or Latino Origin, 2014	3.3%	2.7%	2.6% ³
High School Graduation Rate, 2014	82.6%	86.5%	85.0%
Median Household Income, 2014	\$48,349	\$47,806	\$23,000 to \$29,999 ⁴
Persons Below Poverty Level, 2014	15.3%	15.1%	43.6%

¹Ohio and Cincinnati region statistics were derived from the most recent US Census and the Ohio Department of Education; OSAM drug consumers were participants for this reporting period: June 2015 - January 2016.

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

³Hispanic/Latino origin was unable to be determined for 2 participants due to missing and/or invalid data.

⁴Participants reported income by selecting a category that best represented their household's approximate income for the previous year.



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

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

***Other drugs included: bath salts (alpha-PVP), hallucinogens (LSD), ketamine and Suboxone*.

Historical Summary

In the previous reporting period (January – June 2015), crack cocaine, heroin, marijuana, methamphetamine, powdered cocaine, sedative-hypnotics and Suboxone® were highly available in the Cincinnati region. Increased availability existed for heroin and methamphetamine, while decreased availability existed for synthetic marijuana and likely decreased availability existed for prescription opioids and Suboxone®.

While many types of heroin were available in the region, participants reported white powdered heroin as most prevalent. Participants also discussed gray-colored heroin and several participants mentioned seeing pink- or blue-colored heroin during the reporting period. Participants reported that pink and blue varieties were fentanyl-heroin mixtures and also suspected gray and white powdered heroin as adulterated with fentanyl. The BCI London Crime Lab reported that many of the heroin cases that came through the lab were found to be fentanyl-heroin mixtures and sometimes even straight fentanyl. Participants discussed a number of local overdoses on heroin during the reporting period.

Participants continued to report the most common route of administration for heroin as intravenous injection (aka “shooting”), and reported that heroin users would use whatever needle was available, often sharing or reusing needles. Participants and community professionals noted the typical age for heroin use as expanding with increased heroin use observed in adolescent and older adult populations. Additionally, community professionals discussed first-time adolescent drug users going straight to heroin, bypassing traditional gateway drugs.

Participants and community professionals reported increased availability of methamphetamine. Many treatment providers commented on a relationship between methamphetamine and heroin, as both were readily available and often used conjointly. Participants reported availability of powdered (aka “shake-and-bake”) and crystal (aka “ice”) methamphetamine in the region. The BCI London Crime Lab reported that the number of methamphetamine cases it processed had increased during the reporting period; the lab reported processing crystal, brown, off-white and white powdered methamphetamine.

Participants reported that precursor ingredients (pseudoephedrine) used for methamphetamine production were traded for the drug. Other participants reported obtaining the drug for free from friends or family members who produced it. Community professionals described typical users of methamphetamine as white, aged 20s to 30s.

A few participants discussed availability of alpha-PVP (alpha-pyrrolidinopentiophenone, aka “flakka,” a synthetic stimulant similar to bath salts) and reported high availability of this drug in the region. Participants reported increased availability, especially in rural areas. Participants described this drug as a synthetic amphetamine that was most often ordered from the Internet and did not show up on drug screens. Reportedly, the most common routes of administration for this drug were snorting and intravenous injection (aka “shooting”). Participants reported that the drug produced hallucinations and added that it was often used with heroin to “speedball” (concurrent or consecutive use of stimulant and depressant drugs for a high and a low effect).

Participants reported current street availability of Neurontin® (anticonvulsant). Participants explained that heroin addicts used Neurontin® to avoid withdrawal (aka “dope sickness”), as the drug reportedly lessened some of the effects. Participants reported that Neurontin® could be obtained from dealers and that it was easily prescribed.

Lastly, while participants reported low availability of synthetic psychedelic compounds known as 25-I, 25-C and 25-B, they reported increased availability for these substances during the reporting period. Participants divulged that people were making these drugs and added that these compounds could also be ordered online. A participant reported that 25-I is often adulterated with “molly” (powdered MDMA). The BCI London Crime Lab reported that blotter paper with 25-I, 25-C and 25-B came through the lab during the reporting period.

Current Trends

Powdered Cocaine

Powdered cocaine is moderately to highly 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.' A participant commented, "It's really easy for me to get." Community professionals most often reported current availability as '8-9'; the previous most common score was '6.' Treatment providers stated: "I hear about it being available; It's extremely easy [to get], but it's not the drug of choice." Law enforcement shared: "Cocaine is always available; 'Powder' (powdered cocaine) is always out there."

Participants reported that the general availability of powdered cocaine has remained the same or has decreased during the past six months. Several participants shared similar sentiments: "I think it's stayed the same; It's stayed the same or slightly decreased." A few people thought the availability of powdered cocaine has decreased and explained: "I'm from a more rural area in Adams County and it's decreased; In the Cincinnati area, I think it's gotten harder to find anything powder-wise; In my opinion it's lower 'cause the cocaine isn't as good as it used to be so nobody's buying it; I think it's decreasing due to the fact of the heroin epidemic now ... It's not as popular as heroin."

Similarly, community professionals reported that the availability of powdered cocaine has remained the same or has decreased slightly during the past six months. Treatment providers commented: "It's stayed the same in regards to availability; I think it's about the same as always." However, several clinicians reflected: "I think it's declining ... the money is in the heroin. The guys aren't wanting to sell the cocaine; I think it depends on what part of town you're in. You can get it right here on this street here." Law enforcement officers commented: "It's tougher to get 'coke' (powdered cocaine) than it was. It's gone down some; I think it's slightly gone down as heroin has risen." Another law enforcement officer explained, "It's no longer the open-air market or curbside service that it used to be. Where 'crack' (crack cocaine) you could drive up to the corner and get window service. I don't see that with [powdered] cocaine anymore." The BCI London Crime Lab reported that the number of powdered cocaine cases it processes has decreased during the past six months.

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

Participants most often rated the current overall quality of powdered cocaine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '3.' One participant stated, "The cocaine isn't as good as it used to be." Another participant thought, "It depends on where it's from. If it's coming from Chicago or places like that, it's a lot stronger than what we get around here."

Participants reported that powdered cocaine is often adulterated (aka "cut") with other substances including: baby formula, creatine, laxatives, mannitol (diuretic) and vitamin B-12. Participants explained: "It's cut every time it is touched; Each person cuts it with something different so by time it gets to you, you have so many different types of cuts in it you have no idea what it's been cut with ... mannitol, B-12. They shred it up like that." Other substances mentioned as cuts included: ether, isotol (dietary supplement), Mother of Pearl (a brand name cut often sold as carpet deodorizer at a head shop or a similar product sold as an enzyme supplement at a health and nutrition store) and Ritalin®. Overall, participants reported that the quality of powdered cocaine has decreased during the past six months. A participant stated, "The quality of cocaine is way down and no one wants to do it."

Powdered Cocaine	Cutting Agents Reported by Crime Lab
	● levamisole (livestock dewormer)

Reports of current prices for powdered cocaine were variable among participants with experience buying the drug. Participants said that 'point one' (1/10 gram) is generally the smallest amount one can purchase. Reportedly, 'caps' (capsules containing 1/10 gram of cocaine) remain available. Participants shared: "[Powdered cocaine] can go as low as \$5 for a cap; It's supposed to be a tenth (of a gram), but it ain't nowhere near that." Several participants related that heroin dealers often give capsules of cocaine to those who buy capsules of heroin as a promotion, so users often obtain cocaine at no cost. A law enforcement officer reflected, "(Powdered cocaine is) more expensive now than it was ten years ago ... Ten years ago it was \$19,000 a kilo and now we're up to \$36,000."

Powdered Cocaine	Current Prices for Powdered Cocaine	
	1/10 gram	\$10
	1/2 gram	\$40-50
	A gram	\$60-100
	1/8 ounce (aka "eight ball")	\$150-200
	An ounce	\$800-1,100

Participants indicated that powdered cocaine is most often purchased from a familiar dealer at a club or bar. A participant shared, *"The dealers are people that you would know personally around the neighborhood."* Other participants commented: *"The dealers are also in the strip clubs; It's at almost every bar I've been to."* Law enforcement reported similarly, *"It's still [available], but now it's like a known dealer and a known customer base."*

Participants reported that the most common routes of administration for powdered cocaine remain snorting and intravenous injection (aka "shooting"). Participants estimated that out of 10 powdered cocaine users, five would snort and five would shoot the drug. A participant explained, *"Just coke alone is probably snorting it, but if you're using heroin it's probably shot (injected)."* Another participant reflected, *"I think the beginner, or the part-time user, whether it's cocaine or heroin, is probably a snorter."* One participant divulged, *"Like I started out snorting (powdered) cocaine and heroin. Then I went to mixing it and injecting it"*

Participants described typical powdered cocaine users as white, 18 to 45 years of age, those who go to bars and clubs, as well as those working various high stress or labor intensive jobs such as stock brokers, restaurant workers and prostitutes. A participant shared, *"It seems like more of a social thing. You've gotta be in a group of people."* Another participant stated, *"They call it a rich man's drug."* Community professionals most often described typical users as white, 20s to 30s, middle to upper class, as well as those working in construction. One treatment provider stated, *"I think it's the same as it's always been, you know, middle to upper class for powder cocaine. It's a party drug still!"*

Crack Cocaine

Crack cocaine remains highly available in the region. Participants most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. Participants remarked: *"I see a lot of it. It's anywhere you go; I would say crack cocaine, it's out there everywhere; It's very easy to get."* A participant stated, *"It's just much easier to get than powder cocaine."* Treatment providers most often reported current availability as '10', while law enforcement most often reported it as '5'; the previous most common score from community professionals was '8'.

Corroborating data also indicated crack cocaine as available in the region. Ohio HIDTA's Criminal Patrol Unit Highlighted Seizures report recorded that HIDTA officers interdicted 125 grams of crack cocaine along with 74 grams of heroin in Ross County in February 2015 in a single seizure. In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. Butler County Undercover Regional Narcotics officers along with Butler County SWAT seized over a quarter ounce of crack cocaine and some prescription pills during the execution of a search warrant at a local residence (www.otfca.net, July 30, 2015).

Participants reported that the general availability of crack cocaine has remained the same during the past six months. Participants commented: *"It's stayed the same; In Cincinnati, about stayed the same."* However, a number of participants indicated decreased availability. One participant stated, *"It's decreasing and 'ice' (crystal methamphetamine) is coming in instead."* Treatment providers reported that the availability of crack cocaine has remained the same during the past six months, while law enforcement reported decreased availability. A law enforcement officer commented, *"As heroin increased, crack cocaine has kind of waned."* Another officer thought, *"[Availability of crack cocaine] has decreased because the users of crack can now buy the powder and cook it down and have their own crack. They don't need to find a buyer to sell it straight to them."* The BCI London Crime Lab reported that the number of crack cocaine cases it processes has decreased during the past six months.

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

Participants most often rated the current overall quality of crack cocaine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '4.' Participants often indicated variability in quality of crack cocaine. Participants stated: "[Quality] depends on your connections; It's up and down. It just ranges; Sometimes with the crack if it's called 'melt' ... it's like a purity of '10.'" Several participants shared observations regarding the color and quality of the drug and commented: "The color does vary; Some is bright white and some is tinted; If it's yellow, it's better quality, like an '8' or '9' [on the scale]." A participant stated, "Just depends on the dealer and what they 'cut' (adulterate) it with."

Participants reported that crack cocaine in the region is most often cut with ammonia, baking soda and benzene. One participant stated, "Baking soda is the only thing I think they use to actually cook it. They have other things to 'blow it up' to make it look bigger." A participant explained, "They make it bigger so it looks like you're getting more than what you're getting."

Overall, participants reported that the quality of crack cocaine has decreased during the past six months. Several participants discussed improving the quality of crack once it is purchased and explained: "You can recook it to cook off the impurities to make it more pure; If you cook it, the quality goes up ... there is stuff you can do to make it better."

Crack Cocaine	Cutting Agents Reported by Crime Lab	
		levamisole (livestock dewormer)

Current prices for crack cocaine were consistent among participants with experience buying the drug. Participants most often reported purchasing crack cocaine by the piece, not necessarily weighed out, in \$10 increments. A few participants explained: "You can find somebody who will sell you any amount you want for the money you have; They will sell you whatever you want."

Crack Cocaine	Current Prices for Crack Cocaine	
	1/10 gram	\$10
	1/2 gram	\$30
	A gram	\$50-75
	1/16 ounce	\$90-100
	1/8 ounce (aka "eight ball")	\$150-300
	1/2 ounce	\$800-1,200

Participants reported that the most common route of administration for crack cocaine is smoking. A participant state, "It's mainly smoked." Another participant shared, "I 'shot' (injected) it a couple times." A participant clarified, "It's only about two out of 10 who might shoot it." Participants explained that users break down crack cocaine with acidic juices (lemon juice, pickle juice), soda or vinegar in order to shoot the drug.

Participants found it difficult to describe a typical user of crack cocaine. Participants most often described users as being from two age groups: younger (20s) and older (45-60s) and coming from a wide range of socio-economic statuses and occupations; occupations mentioned included lawyers, construction and factory workers, as well as prostitutes. Community professionals described typical crack cocaine users as males, 40-50 years of age, African American and of lower socio-economic status. Law enforcement officers described: "Younger, black; Lower socio-economic status, inner-city." However, one officer noted a younger age group similar to what participants reported and commented, "Upper teens to 20s."

Heroin



Heroin remains highly available in the region. Participants most often reported the current availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. Participants often commented similarly:

"Way past a '10; '10 plus; If I could go above '10' I would." A participant claimed, "If I go down to Cincinnati, I stop at any gas station and I got two to three people asking me if I wanna test out some heroin." Community professionals most often reported current availability as '10; the previous most common score was also '10. Community professionals also reported: "It could be rated higher than a '10; It's a '12; It's a '20." A treatment professional stated, "You can get it delivered to your house."

While many types of heroin are currently available in the region, participants continued to report powdered heroin as most available. A participant stated, *"I'd say ... nine out of 10 times you're gonna find a powder form, whether it's white, gray, or brown. And maybe one out of 10 times you'll find 'tar' (black tar heroin)." Another participant confirmed, "Tar is available, but not as much as powder though." Participants most often reported the current availability of black tar heroin as '2-4' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '3. Likewise, community professionals reported powdered heroin as the most available heroin type in terms of widespread use throughout the region. Treatment providers commented: "You won't find a lot of tar downtown (Cincinnati). It's all the powdered heroin ... It's typically the Mexicans that have the tar; It's all powder from what I've heard."*

Corroborating data also indicated heroin as available in the region. Ohio HIDTA's Criminal Patrol Unit High-lighted Seizures report recorded that HIDTA officers interdicted 58 grams of heroin and 40 grams of heroin in two separate seizures in Scioto County; one in April and the other in May 2015. In addition, officers interdicted 100 grams of heroin in Hamilton County in June 2015 in a single seizure.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. An extensive narcotics investigation in Fayette County led to the indictment of 11 individuals and seizure of heroin and crack cocaine (www.nbc4i.com, July 1, 2015). Three individuals

were arrested in their home in Portsmouth (Scioto County) for drug trafficking; 30 grams of heroin were seized (www.wsaz.com, July 15, 2015). A woman was found high on heroin in her car with her 5-year-old son, along with a needle, syringe and spoon (www.wcpo.com, Oct. 14, 2015). A man was arrested in Chillicothe (Ross County) after selling 25 grams of heroin to an undercover officer (www.nbc4i.com, Oct. 29, 2015). A cook at the Madison Correctional Institution in London (Madison County) was arrested after purchasing a half ounce of heroin from an undercover officer to smuggle into the prison (www.wcpo.com, Oct. 20, 2015). Three men, spurred by their heroin addiction, were arrested for participation in over 32 burglaries in Clermont County (www.wlwt.com, Oct. 29, 2015). Additionally, 106 burglaries from July through October in Clermont County were attributed to heroin addiction (www.wcpo.com, Nov. 5, 2015). Authorities noted an increase in drivers using heroin; Hamilton Police (Butler County) responded to a call in which a driver was passed out with a needle still in his arm and car in gear, going around in circles on a road (www.cleveland.com, Dec. 7, 2015).

Participants and community professionals reported that the availability of heroin has increased during the past six months. Participants commented: *"It continues to increase; It's increased among all groups." A couple of treatment providers discussed: "It's getting easier and easier. I mean, have you heard of the 'testers' (free samples handed out by dealers)? They're out there; I've had them thrown in my vehicle ... So it's beyond available." Law enforcement discussed the widespread use of the drug and reported: "Everything from open-air markets to drug trafficking organizations in this region, and when I say this region, I mean the Midwest; Heroin has started to take over everywhere ... Cincinnati, St. Louis, Chicago." Another law enforcement officer remarked, "It peaked a couple of years ago and hasn't gone down. I don't know if it can get any more available."*

The BCI London Crime Lab reported that the number of black tar and powdered heroin cases it processes has increased during the past six months; the lab noted having processed beige, brown, tan and white powdered heroin.

Participants most often rated the current overall quality of heroin as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was also '10. Several participants reported: *"It's a '10; Very good [quality]." One participant stated, "I've always traveled to the city ... one way (to Cincinnati) or the other (to Dayton) to get [heroin] 'cause usually the better quality is in the city."*

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

Participants identified different adulterates that affect the quality of heroin and reported that the top cutting agents are baby laxatives, fentanyl and mannitol (diuretic). One participant explained, “[Heroin is cut with] *some of the same stuff as ‘coke’ (powdered cocaine) to get the dealers to have more quantity of it. But to increase the quality, it’s cut with fentanyl.*” Additional cuts mentioned included: over-the-counter sleep aids, prescription opioids (Dilaudid®, morphine), vitamins and Xanax®. Overall, participants reported that the quality of heroin has increased during the past six months. Participants reflected: *“Well, before they started ‘cutting’ (adulterating) it with fentanyl, a lot of powder was junk; I’d say it’s definitely got better since cutting with fentanyl.”* The BCI London Crime Lab continued to note that a lot of the heroin cases it processes are heroin-fentanyl mixtures, and sometimes even straight fentanyl.

Heroin	Cutting Agents Reported by Crime Lab	
	<ul style="list-style-type: none"> ● caffeine ● diphenhydramine (antihistamine) ● fentanyl/acetyl fentanyl ● mannitol (diuretic) ● triacetin (glycerin triacetate, a food additive) 	

Reports of current prices for heroin were consistent among participants with experience purchasing the drug. A participant explained, “[Heroin prices] *could go by weight or go by ‘cap’ (capsule).*” Another participant added, *“It’s cheaper in the city.”* Of note, several participants reported pricing for higher quantities than in past reports and law enforcement also reported: *“\$2,600 an ounce, sometimes cheaper; We’re seeing \$80,000 a kilo now for heroin is not unusual. The price is through the roof.”* One officer shared a shift in drug dealing and noted, *“The cocaine kilo dealers are now the heroin kilo dealers.”* A participant added, *“Tar prices are primarily the same as powder.”*

Heroin	Current Prices for Heroin	
	Powdered:	
	A capsule (less than 1/10 gram)	\$5
	1/10 gram	\$15-20
	1/2 gram	\$50-70
	A gram	\$100-140
	1/8 ounce	\$350-400
	1/4 ounce	\$500
	An ounce	\$1,400-2,600
	1/4 pound	\$5,600
	Black tar:	
	1/2 gram	\$50-70
	A gram	\$120

While there were a few reported ways of using heroin, generally the most common route of administration remains intravenous injection (aka “shooting”). Participants estimated that out of 10 heroin user, nine would shoot and one would snort the drug. A participant shared, *“They put a little water on [the heroin] to snort.”* Law enforcement reported, *“We are actually seeing a lot of snorting deaths and I’m sure that has to be related to the fentanyl ... about 30 percent are snorting deaths.”* Many participants shared about the progression in method of administration. A participant shared, *“I think everyone starts out by snorting or smoking it, but within a month or two, they’re shooting it.”* Other participants related: *“Beginners normally snort, then you realize you’re wasting your money ‘cause once you shoot that needle for the first time it’s a total different ballgame; Once you’ve done it once, it’s hard to turn back. I was scared to death of needles for years and ... it was just a matter of time before it got me.”*

Participants reported that injection needles are available from stores, pharmacies, needle exchange programs, dealers and diabetics. Participants commented: *“If you’re a heroin addict, you can get them anywhere. There’s people that sell them; They’re easy to get off the street.”* Participants discussed purchasing needles from pharmacies: *“I always just*

said my dad was diabetic; If you know somebody that has a diabetic in the family, you can go to some drugstores ... and tell them you're picking the needle up for them and they will sell them to you." A couple participants added: "You can get them from the needle exchange program; There's one near [a local] hospital." Others suggested purchasing needles from the Internet and at local tractor supply stores. Several participants shared experiences finding needles on the ground and reported: "You can walk down the street and needles are all over the ground and everywhere; My car broke down last summer right up the road here and I walked ... it wasn't even two miles and we found 21 needles on the side of the road. 21!"

Reports of current street prices for needles ranged from \$2-5 per needle. Participants stated that needles are least expensive when purchased from stores or online and reported: "You can get \$20 for a bag; They cost \$12 for 100 of them." However, participants often noted deals on the street: "You can get three [needles] for \$5; I've gotten them for free after buying a quantity of heroin." One participant admitted, "I got some for free from friends." Another participant explained, "With the needle exchange, you take the old ones in and they give you new needles."

Sharing needles is reportedly common practice among heroin users. One participant explained, "Let's say me and Mike's riding around, I got my needle and he don't have one and we can't just go get him one easily and he's 'dope sick' (going into withdrawal). Nine times out of 10, we're gonna end up sharing ... That's just how that works." Another participant stated, "Yeah, people share them."

The majority of participants described typical heroin users as 18 to 45 years of age, white, suburban and those who have prescriptions for pain medication. Participants commented: "I would say more white people; Primarily white suburban; Skinny white kids; People in the suburbs." Several participants indicated that the spectrum of heroin users is expanding to include anybody: "Pretty much everybody; All kinds of ages of people; Rich, poor, black, white, Asian, young, old; All jobs." Other participants suggested an increase in younger heroin users and commented: "It's getting younger and younger; Starting to see 18 [year olds] and high school kids. I went to private high school and they said it's getting in there." A participants added, "I found a lot of African Americans sell it and it's a lot of young whites who 'do' (use) it." Further, participants often stated that heroin users often began their addiction by way of prescription opioid use: "They get hooked on OxyContin® and switch to heroin; Once

they started putting gel in the OxyContin® and the pain pills so they couldn't shoot it anymore. It opened it up for heroin; The older [population uses heroin] because it's the prescription pain pills they become addicted to then they find out we can get the heroin".

Community professionals described typical heroin users as young, white males. Treatment providers commented: "Young white males; From suburbia; More white than African American or any another minority." A law enforcement officer reported, "We hear a lot of people who were on pain pills ... and now they're on heroin." Other officers observed: "We're seeing the people who are dying [from heroin overdose] are more females. Probably three to one of the people who are dying are females."

Prescription Opioids

Prescription opioids are moderately to highly available in the region. Participants most often reported the current street availability of these drugs as '7' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '7'. Community professionals most often reported current availability as '10'; the previous most common score was '7'. Treatment providers remarked: "Oh, they're readily available; They are probably more available on the street than they are from a 'doc' (doctor)." An undercover law enforcement officer stated, "We could buy [opioids on the street] every day." Another officer reported, "About one out of every four of our heroin seizures has some fentanyl!" Another law enforcement officer clarified, "They are manufacturing fentanyl in labs like they did with 'meth' (methamphetamine) back in the day."

Participants identified Opana®, Percocet®, Roxicodone® and Vicodin® as the most popular prescription opioids in terms of widespread illicit use. One participant thought, "I would have to say Percocet® is the biggest." Another participant agreed and said, "Percocet® is probably the biggest" Community professionals identified fentanyl, Norco®, oxycodone, OxyContin®, Percocet® and Vicodin® as most popular. A treatment provider commented, "Fentanyl. Fentanyl is the drug of choice. Fentanyl is definitely in the top three." Other treatment providers clarified: "Fentanyl is only talked about when it is being mixed or laced [in heroin]; There's a lot of talk about heroin being laced with fentanyl!" A couple of treatment providers remarked: "Norco® is [widespread]. I mean, we've got guys coming back from the dentist

with scripts of Norco® daily; Norco®. That's the one. Oh, absolutely." A law enforcement officer stated, "Oxies' (OxyContin®/oxycodone), Percocet®, Suboxone®, Soma®... We're seeing all those in conjunction with each other."

Corroborating data also indicated that prescription opioids are available for illicit use in the region. Ohio HIDTA's Criminal Patrol Unit *High-lighted Seizures* report recorded that HIDTA officers interdicted 840 du (dose units) of oxycodone and 200 du of hydrocodone in two separate seizures in Scioto County; one in January and the other in June 2015.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. After stopping a vehicle in Scioto County for a traffic violation along US 23, the driver handed over 340 oxycodone pills and 200 alprazolam pills to Ohio State Highway Patrol (OSHP) (www.wsaz.com, July 7, 2015). OSHP confiscated 325 oxycodone pills from a driver pulled over in Scioto County for a lane violation (www.wsaz.com, July 7, 2015). Another traffic stop in Scioto County resulted in seizure of 1,252 oxycodone pills and the arrest of two individuals from Ashland, KY (www.wsaz.com, July 8, 2015). OSHP stopped a vehicle in Warren County for a traffic violation and when the passenger was asked to step out of the vehicle, 419 oxycodone pills fell out of his pant leg; a subsequent probable cause search resulted in seizure of five grams of marijuana (www.statepatrol.ohio.gov, July 21, 2015). OSHP seized 230 oxycodone pills and small amount of marijuana from a vehicle pulled over for a traffic violation in Lawrence County (www.statepatrol.ohio.gov, Aug. 8, 2015). Police responded to complaints and arrested a Michigan man for selling prescription opioids in a hotel located in Ironton (Lawrence County); 159 oxycodone tablets and marijuana were seized (www.irontontribune.com, Aug. 13, 2015). OSHP seized 520 oxycodone pills, 103 alprazolam pills and eight grams of marijuana when they pulled over a vehicle in Scioto County for a marked lanes violation (www.statepatrol.ohio.gov, Sept. 3, 2015). New Miami Police (Butler County) reported an increase in filings of fraudulent drug theft and explained that individuals are using the police reports to obtain "replacement" medication from pharmacies and doctors (www.ohio.com, Sept. 8, 2015). A man surrendered a bag of 250 oxymorphone pills to OSHP during a traffic stop in Scioto County (www.statepatrol.ohio.gov, Dec. 11, 2015). A drug dealer in Hamilton County was sentenced to 10 years in prison for involuntary manslaughter and drug trafficking following the overdose death of an

addict he sold fentanyl to under the guise of heroin (www.wcpo.com, Dec. 23, 2015). Two men were arrested in Norwood (Hamilton County) when they stopped on the side of the road to inject heroin on their way to purchase more heroin in the area; 20 tramadol pills and a number of used syringes were found (www.wcpo.com, Dec. 28, 2015).

In addition, media reported on counterfeit oxycodone pills, which were found to be pressed heroin (www.wcpo.com, Nov. 17, 2015) and Hamilton County was noted as leading the state in the number of fentanyl-related overdose deaths by the Ohio Department of Health and the Centers for Disease Control and Prevention (www.wcpo.com, Oct. 27, 2015).

Participants reported that the general availability of prescription opioids has decreased during the past six months. A participant declared, *"They are getting harder and harder to get."* Several participants attributed decreased availability to decreases in doctor prescribing patterns combined with high street prices: *"It's harder to get and the prices are going up, that's why there's been the switch to heroin; [Percocet® is] hard to get unless you have a pain doctor 'cause the DEA (US Drug Enforcement Administration) is cracking down on it so much ... I went to heroin when I was kicked out of my pain doctor for marijuana [use]."* A few participants noted an increase in availability of fentanyl. A participant mentioned, *"I know some people who said they couldn't get high off heroin no more, so they actually bought straight fentanyl!"*

Community professionals reported that the general availability of prescription opioids has remained the same during the past six months. A law enforcement officer commented, *"Pretty consistent over the past year."* A few treatment providers noted increases in availability of Norco® and 30 milligram Percocet®. The BCI London Crime Lab reported that the number of prescription opioid cases it processes has generally either decreased or remained the same during the past six months, with the exception of increased numbers for fentanyl, Opana®, OxyContin®, Percocet® and Ultram®. In addition, the lab, once again, reported seeing fake pharmaceutical tablets, although not that often. Reportedly, alprazolam (Xanax®) has been found in "OxyContin®" tablets, and a few tablets have actually been found to be pressed heroin.

Reports of current street prices for prescription opioids were consistent among participants with experience buying these medications. Most participants stated that pre-

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

scription opioids sell for approximately \$1 per milligram. A participant shared, "There's a lot of liquid [methadone] around here. You buy 50 mg of liquid for 25 to 50 cents a milligram." Another participant stated, "Perk 30' (Roxicodone®) you can get [for] up to \$45 apiece." The majority of participants indicated that the price of prescription opioids has remained the same during the past six months.

Prescription Opioids	Current Street Prices for Prescription Opioids	
	methadone	\$0.50-1 per mg
	Percocet®	\$4-5 for 5 mg \$10 for 7.5 mg \$8-10 for 10 mg
	Opana®	\$5 for 5 mg
	Oxycodone	\$1 for 1 mg
	Tylenol® 3, 4	\$1-2 (unspecified dose)
	Vicodin®	\$2-4 for 5 mg \$7 for 10 mg

Participants reported that prescription opioids are most often obtained through personal prescription and from friends and family members who have prescriptions. A participant commented, "They're usually gotten from doctors." A treatment provider also commented, "They can get scripts, but they are abusing it, not using it as prescribed."

Participants reported that the most common route of administration for illicit use of prescription opioids is oral consumption. Participants estimated that out of 10 illicit prescription opioid users, eight would orally consume (swallow) and two would snort the drugs. Participants indicated a few users will intravenously inject (aka "shoot") some of the medications and one participant remarked, "Anything that you can shoot is high demand." Another participant clarified route of administration for Percocet®:

"It depends on the Percocet®. If you have the one with acetaminophen in it, people primarily swallow them. Without the acetaminophen in it, they shoot or snort them."

Participants described typical illicit users of prescription opioids as people who have legitimate pain issues who overuse these prescriptions. A participant commented, "Somebody who has been injured." Another participant added, "Those who worked in construction your whole life, physical labor." Most participants indicated a wide age range for illicit users extending from high school age to older adults. Community professionals described typical illicit users of prescription opioids as similar to heroin addicts and added that many begin with legitimate pain issues. A treatment provider noted, "I've heard a lot of people say high school is when they started with the [pain] pills and ... then that would become almost unavailable, so they would go to heroin." Other treatment providers commented: "Any age range, or occupation; Across the board ... young on up." Law enforcement described: "Very similar to heroin; A lot of white females, but it does run the gamut. It doesn't exclude anyone."

Suboxone®



Suboxone® is moderately to highly available in the region. Participants most often reported the current street availability of Suboxone® as '7' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10'. Participants reported that the most available type of Suboxone® is the sublingual filmstrip (aka "strips"). Treatment providers most often reported current street availability of Suboxone® as '10', while law enforcement most often reported it as '7'; the previous most common score for community professionals was '5'. A treatment provider commented, "I don't think anybody is exclusively using Suboxone® as their drug of choice."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A Warren County woman was arrested after mailing an inmate Suboxone® filmstrips (www.daytondailynews.com, Nov. 16, 2015).

Participants reported that the street availability of Suboxone® has increased during the past six months. One participant stated, "It's a lot more easier to get." Treatment providers reported increased availability of Suboxone® as well, while law enforcement reported that street availabil-

ity of the drug has remained the same during the past six months. Treatment providers expressed concern over the illicit use of Suboxone®. A treatment provider explained, *"It's a bridge that keeps you from getting sick until you can get your next 'fix' (high). That's how it's been described to me."* Other treatment providers commented: *"It's abused; I have yet to meet a guy that has been on Suboxone® maintenance to say anything good about it because they use that to get high."* A couple treatment providers added: *"Yeah, and it's painful detox; Yes, more painful than anything here, other than methadone."* The BCI London Crime Lab reported that the number of Suboxone® and Subutex® cases it processes has decreased during the past six months.

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

Reports of current street prices for Suboxone® were consistent among participants with experience buying the drug. A treatment provider noted clients reporting an increase in street prices of Suboxone® and commented, *"Five years ago it was \$5 a pill, now it's over \$10 a pill."* Reportedly, one Suboxone® filmstrip or tablet sells for \$10-15.

In addition to obtaining Suboxone® for illicit use from dealers, participants also reported getting the drug by obtaining a personal prescription through Suboxone® clinics. One participant stated, *"I went to a Suboxone® clinic and they gave them to me."* A treatment provider stated, *"We see and hear about guys that are actually just going out on the street and they're getting Suboxone®."* Participants and law enforcement directly stated that users will often sell at least some of their Suboxone® medication. One participant divulged, *"I was prescribed 70 of those per month and sold them all for 'dope' (heroin)."* Another participant expounded, *"At one time, I was prescribed two strips a day. So I would only need to take a strip a day, so I had an extra strip I could sell."* A law enforcement officer reported, *"They're prescribed to addicts and then they continue doing heroin and sell their Suboxone®. That's what we're seeing."*

Participants reported that the most common route of administration for illicit use of Suboxone® is sublingual (dis-

solving under the tongue). Participants and community professionals described typical illicit users of Suboxone® as heroin users. A treatment professional commented, *"Heroin addicts that can't afford their heroin for the day."*

Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) are moderately to highly available in the region. Participants most often reported current street availability of these drugs as '5' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10'. Treatment providers most often reported current availability as '9', while law enforcement most often reported '7-8'; the previous most common score was '7' for both respondent groups.

Participants identified Ativan®, Klonopin®, Valium® and Xanax® as the most available sedative-hypnotics in terms of widespread illicit use. Participants stated: *"The most available I'd say is Xanax®; Xanax® and Klonopin® are the big two."* A participant shared, *"I was prescribed Valium® for a while and ... everyone wanted them."* Another participant added, *"Xanax® are around, but as far getting somebody to come up off of them, it's hard."* One participant reflected, *"Ativan® and Ambien® ... I used those two. I used one of them to come off my cocaine high and one to go to sleep on. Ativan® to come down and Ambien® to go to sleep and then start the whole thing all over the next day."* Community professionals identified Klonopin®, Valium® and Xanax® as most available. A law enforcement officer stated, *"Xanies' (Xanax®), we'll still see those in the pill cases."*

Corroborating data also indicated that sedative-hypnotics are available for illicit use in the region. Ohio HIDTA's Criminal Patrol Unit *High-lighted Seizures* report recorded that HIDTA officers interdicted 200 du (dose units) of alprazolam (Xanax®) in Scioto County in June 2015 in a single seizure. Media outlets also reported on law enforcement seizures and arrests in the region this reporting period. OSHP seized 520 oxycodone pills, 103 alprazolam (Xanax®) pills and eight grams of marijuana when they pulled over a vehicle in Scioto County for a marked lanes violation (www.statepatrol.ohio.gov, Sept. 3, 2015).

Participants reported that the general availability of sedative-hypnotics has decreased during the past six months. Participants stated: *"They're not as easy to get [as previously]; Xanax® is harder to get now."* One participant shared, *"The beginning of the month it's a little bit easier to find*

'cause everybody has them, like re-upping the prescriptions.' Treatment providers reported an increase in availability of these medications, while law enforcement reported a decrease in availability during the past six months. A treatment provider said, *"Increased across the board."* Law enforcement responded: *"I'd say that's gone down slightly; With the heroin taking off, I think the heroin has become more important to them."* The BCI London Crime Lab reported that the number of sedative-hypnotic cases it processes has either decreased or remained the same during the past six months, with the exception of increased numbers for Ativan® and Xanax®.

Sedative-Hypnotics	Reported Availability Change during the Past 6 Months	
	 Participants	Decrease
	 Law enforcement	Decrease
	 Treatment providers	Increase

Reports of current street prices for sedative-hypnotics were consistent among participants with experience buying the drugs. Generally, sedative-hypnotics most often sell for \$1-2 per milligram.

Participants reported obtaining sedative hypnotics from dealers and doctors. Participants stated: *"Yeah, you can get them right off the street [from dealers or individuals with prescriptions]; You can get them prescribed, too."* A treatment provider said, *"They are usually prescribed it and then start abusing it."* Another treatment provider commented, *"I've heard my clients ... It's usually that a family member has it and it's easily available that way."* A law enforcement officer stated, *"The teens will abuse whatever they can get their hands on ... [prescription medication] from mom, dad, grandma."* The most common route of administration for illicit use of sedative-hypnotics remains oral consumption. Participants remarked: *"You just pop it in your mouth; Swallow it; They eat it or snort it."*

Participants described typical illicit users of sedative-hypnotics as college students, unemployed, as well as, cocaine and heroin users. Community professionals found it difficult to describe a typical illicit sedative-hypnotic user. Treatment providers commented: *"White, young males; White and young. Like 18 or 19 years old; Younger teenagers."* One treatment provider reflected, *"I know a lot of older,*

Sedative-Hypnotics	Current Street Prices for Sedative-Hypnotics	
	Ativan®	\$1-2 per pill (unspecified dose)
	Klonopin®	\$1 for 1 mg \$2 for 2 mg
	Valium®	\$2 for 10 mg
Xanax®	\$2-3 for .25 mg \$4-5 for 2 mg \$8-10 for 3 mg	

white women that love their Valium®. They love their Xanax®. They are legally prescribed it and it just takes a hold of them.' A law enforcement officer reflected, *"It seems like all of our cases, they are a little older ... in their 40s."*

Marijuana



Marijuana remains highly available in the region. Participants most often reported the current availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. Participants stated: *"It's easy to get anytime, anywhere; It's all around; They'll deliver the 'hydro' (high-grade, hydroponically grown marijuana) right to you."* Community professionals most often reported current availability of marijuana as '10'; the previous most common score was also '10'. A treatment provider stated, *"The hydro is really up there. That's what they want."* Law enforcement indicated that high-grade marijuana is more available than low-grade marijuana, but reiterated that both remain highly available throughout the region.

Participants and community professionals also discussed the current availability of high-grade marijuana extracts and concentrates (aka "wax" and "dabs," which reference products derived from an extraction of tetrahydrocannabinol (THC) from high-grade marijuana leaves by heating it with butane and creating a brown, waxy, hard or oily substance). Participants reported lower availability of these forms of marijuana and most often reported current availability as '7-10' on the above availability scale. Participants shared: *"The waxes and dabs are here; Dabs is primarily the wax. They do have oils."* Another participant reflected, *"I only came across oil once that was in the last six months. A friend*

of mine had some that he actually gave to one of his friend's dad that had lung cancer or something to put on his chest or what not." A participant reported, "You can make your own dabs." Community professionals most often reported current availability of marijuana extracts/concentrates as '8.'

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Authorities seized 2,500 marijuana plants in Scioto County (www.wsaz.com, Aug. 5, 2015). A Springboro (Warren County) student was indicted for distributing brownies that were laced with hashish to students and a teacher (www.10tv.com, Aug. 11, 2015). Information to the Clinton County Sheriff's office led to the arrest of two men traveling from Columbus to Ross County with 131 bags of marijuana, valued at more than \$200,000 (www.nbc4i.com, Nov. 25, 2015).

Participants reported that the availability of low-grade marijuana has remained the same, while the availability of high-grade marijuana has increased during the past six months. Participants added that the availability of marijuana extracts/concentrates has remained the same during the past six months. Participants commented: "High grade is like coming in more; The high grade is increasing 'cause ... they want the best." One participant reflected, "High grade is getting easier to get and a lot of people want medical [marijuana] from like Michigan or a state that does prescribe it."

Several participants explained the increase in high-grade marijuana is due to progression of use from low-grade marijuana to high-grade marijuana and commented: "The younger kids are the ones who don't care about the best [quality]. They're just like, 'I want some weed;' When they get older, veteran smokers, they want the high grade.' One participant reflected, "I started with really low-grade stuff, then I moved on to high grade. I wanted that good stuff that lasts a lot longer." Another participant reasoned, "Now that I think it's legal in some places ... everybody's like, 'I gotta try that.' Then they try it and they're like, 'Oh yeah, I want that from now on. I don't wanna go back to [the low-grade stuff]."

Community professionals reported that the general availability of marijuana has increased during the past six months. Treatment providers remarked: "They all want the hydro; They all want the medical marijuana; Everyone wants the high grade." The BCI London Crime Lab reported that the number of marijuana cases it processes has increased during the past six months.

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

Participants most often rated the current overall quality of marijuana as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '9.' One participant replied, "'10' all around." Participants specifically reported quality of low-grade marijuana as '5' and of extracts/concentrates as '10.' Participants reported that quality of low-grade marijuana has remained the same during the past six months, while the quality of high-grade marijuana has increased. Participants commented on high-grade quality: "It's off the charts good; Fantastic; The potency of marijuana has gone out the roof!"

Reports of current prices for marijuana were provided by participants with experience buying the drug. Participants commented: "Reggies' (regular, low-grade marijuana) sell really cheap; High grade is about two to four times the price of low grade."

While there were a few reported ways of consuming marijuana, generally the most common route of administration remains smoking. Participants estimated that out of 10 marijuana users, nine would smoke and one would orally consume (eat) the drug. Participants responded, "Yeah, primarily all smoke; You can eat it in brownies and cookies; Don't often see edibles very much around here." Two participants clarified: "It's the older crowd that eats it if they have health issues, like arthritis or something; A lot of people eat a lot of marijuana candies for arthritis. It just depends." Additionally, participants reported that the wax is smoked.

A profile for a typical marijuana user did not emerge from the data. Participants described users as everybody, all ages and races. However, participants reported differences in those who use low- and high-grade marijuana. One participant stated, "Low grade is most common among teenagers, high school kids." Participants further described typical users of marijuana extracts/concentrates as: "Hippies and concert goers and things like that; Potheads.' If you like smoking 'pot' (marijuana), you would absolutely love doing dabs."

Marijuana	Current Prices for Marijuana	
	Low grade:	
	A blunt (cigar) or two joints (cigarettes)	\$5
	1/8 ounce	\$20-25
	1/4 ounce	\$50-100
	An ounce	\$350-400
	1/4 pound	\$600-800
	High grade:	
	A blunt (cigar) or two joints (cigarettes)	\$10-15
	1/8 ounce	\$50-60
	An ounce	\$300-400
	1/4 pound	\$1,100-1,200
	1/2 pound	\$2,400
	Extracts and concentrates:	
	A gram	\$50-60

Community professionals described typical marijuana users similarly. Treatment providers responded: *"It's across the board; Thirteen [years of age] and up; We have kids smoking the high-grade marijuana at age 10."* Another treatment provider added, *"I was downtown last night and I saw middle-class white people [smoking marijuana in public] ... I was like 'Wow.'"*

Methamphetamine

 Methamphetamine is moderately to highly available in the region. Participants most often reported the current availability of the drug as '7' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10'. Community professionals most often reported current availability as '8-9'; the previous most common score was '10'. One treatment provider stated, *"We have a lot of [clients using methamphetamine, but] not as much as heroin or cocaine."* A law enforcement officer re-

marked, *"Heroin and 'meth' (methamphetamine) are the top two drugs right now."*

Participants reported that methamphetamine is available in powdered (aka "shake-and-bake") and crystal (aka "ice") forms throughout the region. Participants described: *"It's purchased as ice ... crystalized; Shake-and-bake is more of a powder."* Reportedly, powdered methamphetamine is considered the most prevalent form throughout the region in terms of widespread use. Participants explained: *"There are easier ways to make it now; You can 'shake-n-bake.'"*

The powdered form of methamphetamine is typically referred to as "one-pot" and "shake-and-bake," which means users are producing the drug in a single sealed container, such as a two-liter soda bottle. By using common household chemicals along with ammonium nitrate (found in cold packs) and pseudoephedrine (found in some allergy medications), people who make methamphetamine can produce the drug in approximately 30 minutes in nearly any location. A law enforcement professional explained, *"The shake 'n' bake method only takes about 1.5 hours to make. They have 'smurfs' [people who purchase ingredients] buy the pseudoephedrine and that's what we're seeing."*

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A man in Portsmouth (Scioto County) tried to flee his home when probation officers came looking for him; a methamphetamine lab was seized (www.wsaz.com, July 22, 2015). Approximately 4.7 pounds of crystal methamphetamine was confiscated in Hamilton County after being transported in ceramic watermelons from Mexico City, Mexico by an alleged illegal immigrant (www.otfca.net, Dec. 3, 2015). A drug sweep in Felicity (Clermont County) resulted in the arrest of 13 individuals suspected of drug trafficking and/or manufacturing methamphetamine; search warrants resulted in seizure of two marijuana grows and a methamphetamine lab (www.otfca.net, July 2, 2015).

Participants reported that the availability of methamphetamine has increased during the past six months. A participant responded, *"It has definitely increased over the past six months."* Another participant related, *"I was on the phone with my mom yesterday, she lives in Bethel (Clermont County) on a 75-acre farm and she's on the phone and she heard something rustling in the weeds and she thought it was like a deer or something. Some dude in the woods next to the house had blown up a meth lab, killed his friend and was taking off running from the cops up the side of the woods ... while I was on the phone with*

her!" Participants also noted an increase in crystal methamphetamine and commented: "The 'ice' (crystal methamphetamine) has really taken over; Ice is becoming more common."

Similarly, community professionals reported increased availability of methamphetamine during the past six months. Treatment providers commented, "It has increased; It's on the rise." One law enforcement officer shared, "China will sell bulk pseudoephedrine to Mexican cartels and they'll have a super lab in Mexico ... they just ship finished product, 10 pounds at a time, up here. They're [also] able to get liquid ephedrine in Mexico." The BCI London Crime Lab reported that the number of methamphetamine cases it processes has increased during the past six months; the lab reported processing crystal, brown, off-white and white powdered methamphetamine.

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

Participants most often rated the current overall quality of methamphetamine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '5-10'. One participant stated, "A lot of biker gangs are bringing it in, so it's pretty strong." A law enforcement officer stated, "I came from California where meth was everywhere in the late '80s. Now, the meth we are getting [in the Cincinnati region] is the best looking meth (high quality) that I've seen since I left California." However, several participants indicated that the quality of methamphetamine has decreased during the past six months.

Reports of current prices for methamphetamine were consistent among participants with experience buying the drug. Participants reported that the most common routes of administration for methamphetamine are intravenous injection (aka "shooting") and smoking. Participants estimated that out of 10 methamphetamine users, seven would shoot and three would smoke the drug. Participants stated: "Most are shooting it; They shoot more than smoke; It's mostly injected."

Methamphetamine	Current Prices for Methamphetamine	
	Powdered:	
	1/2 gram	\$50
	A gram	\$50-100
	An ounce	\$800-1,400
A pound	\$5,000-10,000	

Participants described typical methamphetamine users as 18 to 50 years of age, those working long and/or late hours (truck drivers, third-shift workers) and individuals in the gay community. Law enforcement described typical methamphetamine users as white. One officer added, "The bikers are still involved bigtime in meth."

Prescription Stimulants

Prescription stimulants are highly available in the region. Participants most often reported current street availability of these drugs as '8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '8.' Participants commented: "It's easy to get if you really want it; It's pretty available." Community professionals most often reported current availability as '8'; the previous most common score was '5.' Treatment providers reported seeing more illicit use of prescription stimulants than law enforcement. An officer commented, "We just don't see a lot of that."

Participants identified Adderall® and Ritalin® as the most popular prescription stimulants in terms of widespread illicit use. A participant claimed, "Adderall® is the top one." Another participant responded, "Adderall® and Ritalin®." Treatment providers identified Adderall® as most popular. One clinician remarked, "Adderall® is the one now."

Participants reported that the general availability of prescription stimulants has increased during the past six months, while treatment providers reported that availability has remained that same. The BCI London Crime Lab reported that the number of prescription stimulant cases it processes has remained the same during the past six months, with the exception of an increase in Adderall® cases and a decrease in Ritalin® cases.

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

Reports of current street prices for prescription stimulants were consistent among participants with experience buying these drugs.

Prescription Stimulants	Current Street Prices for Prescription Stimulants	
	Adderall®	\$5 for 10 mg \$7-10 for 30 mg
	Ritalin®	\$3-4 for 10 mg

Participants reported obtaining these drugs from dealers and through personal prescription and from those with prescriptions. One participant explained, *"You can find Adderall® in a few bars. I mean that's where I found them. On the street they're rare. You would have to know somebody with a prescription for them ... I have a friend of mine that's on Adderall® and was on Vyvanse®. That's mostly where I got my Adderall® from."* Other participants shared: *"You can get them on the street if you want them; You can get them from college kids."* Treatment providers discussed: *"Either they are prescribed it and started abusing, or they sell it; Or they take it from family members; They just go to a college campus."*

Participants reported that the most common route of administration for illicit use of prescription stimulants remains oral consumption. Participants estimated that out of 10 illicit prescription stimulant users, all 10 would orally consume these drugs. Participants responded: *"Just swallow them; Eat them."* One participant added, *"You can inject Adderall®. It's not good though. I didn't like it."*

Participants described typical illicit users of prescription stimulants as most often female, ranging in age from teens through 30s. A participant reasoned, *"Women because it's like speed and they lose weight."* A participant noted, *"Those who work long hours [illicitly use prescription stimulants to stay awake]."* Community professionals described typical illicit users as college students.

Ecstasy

Ecstasy (methylenedioxyamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) is moderately available in the region. Participants most often reported the current availability of the pressed tablet form of ecstasy as '8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '6.' Participants most often reported the current availability of "molly" (powdered MDMA) as '8;' the previous most common score was '6.' Although participants most often reported the two forms of ecstasy as highly available, several participants noted that molly is more prevalent than the pressed tablets. Participants commented: *"Around here molly is ecstasy; I done molly in the last six months, so I say molly is more available than the tablets; Any dealer pretty much that I talk to, they either use it and they have it or they can find it."*

Community professionals most often reported current availability of ecstasy tablets and molly as equally available at '4-7;' the previous most common scores were '3' for each type. When asked about ecstasy and molly availability, one law enforcement professional stated, *"It's the same thing and it follows the same group."* Another law enforcement professional stated, *"It's probably more available than we know because we do not work those cases. We do not go up to the university, but if we did, I'm sure we'd find it."*

Participants reported that the availability of ecstasy and molly has decreased during the past six months. Participants stated: *"It's decreased; They've gone down."* Law enforcement reported that the availability of ecstasy and molly has remained the same during the past six months, while treatment providers reported increased availability for ecstasy and molly. The BCI London Crime Lab reported that the number of ecstasy cases it processes has increased during the past six months; the lab does not differentiate between ecstasy and molly cases.

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

Participants discussed the current quality of ecstasy and molly and most often rated it as '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Overall, participants reported that the quality of ecstasy/molly has remained the same during the past six months. However, one participant stated, "[Quality has] gone up, but what people are calling 'molly' is not molly. I've heard of a thousand people taking meth and selling it as molly." Another participant stated, "When people are saying 'molly,' ... [often] they're taking methamphetamines." One participant stated, "If you eat meth, it could be easily misconstrued for 'rolling' (using molly)."

Reports of current prices for ecstasy/molly were consistent among participants with experience buying the drugs. Participants reported that molly is typically sold in capsules and ecstasy as tablets.

		Current Prices for Ecstasy/Molly	
Ecstasy/Molly	Ecstasy:		
		A tablet	\$10-30
		10 tablets	\$90-130
		100 tablets (aka "jar")	\$380
	Molly:		
		A capsule	\$15
		1/2 gram	\$50-60

Participants reported that the most common routes of administration for ecstasy/molly are snorting and oral consumption. Participants estimated that out of 10 ecstasy and molly users, eight would orally consume and two would snort the drugs. One participant stated, "You put it on your tongue." Participants indicated that molly is obtained at raves (dance parties) and at clubs. Participants described typical ecstasy/molly users as teens, "ravers," and those in the club scene. One participant stated, "If you're going to some music event or some rave where there's gonna be music, a lot of people are gonna be on molly." Another participant stated, "Hippies." Community professionals described typical users as younger, college students and those that are a part of the club scene.

Synthetic Marijuana

 Synthetic marijuana (synthetic cannabinoids) remains available in the region. Participants most often reported the drug's current availability as '5' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '4.' Participants commented, "I don't see it; It's not really around; I never seen it around here." However, other participants shared: "It's in Butler county; It's in the prisons." Law enforcement most often reported current availability of synthetic marijuana as low.

Participants reported that the availability of synthetic marijuana has decreased during the past six months. A couple of participants observed: "It was available and all of a sudden it started disappearing; It started to get harder to find when they pulled it off shelves in stores." Treatment providers reported that availability has remained the same during the past six months, while law enforcement noted decreased availability. An officer reflected, "We saw it a few years ago when it came up before the regulations changed. Since that, it's kind of gone down." Another law enforcement officer explained, "It's definitely gone behind closed doors. Where it used to be, you could walk into those head shops and they were [placed] at eye level." The BCI London Crime Lab reported that the number of synthetic marijuana cases it processes has decreased during the past six months.

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

The majority of participants did not report personal experience with synthetic marijuana during the past six months. The few participants with experience with the drug during the past six months reported current quality of synthetic marijuana as '9-10' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Regarding quality, one participant stated, "It was pretty potent." A couple participants referred to synthetic cannabinoid liquid and shared: "Sometimes people will spray the 'JWH' (a group of synthetic cannabinoids) on the 'weed' (marijuana); You can get it in a liquid form and spray it on weed and make it a lot stronger."

Participants reported that synthetic marijuana is often laced with other substances to increase the potency of the drug. A participant reported, *"They lace it with embalming fluid or PCP (phencyclidine) and stuff."* Another participant clarified, *"They would put embalming fluid on it ... I mean this was in prisons, but they were doing it on streets, too ... makes it more intense."* One participant recalled, *"Lace it with cocaine, fentanyl, alcohol."* Several participants reported negative experiences. One participant stated, *"I tried it one time and it gave me a terrible migraine"* Another participant stated, *"It seems like everybody has a bad time on synthetic anything."*

Reports of current prices for synthetic marijuana were consistent among participants with experience buying the drug. Participants reported that the most common amount of purchase is two to three grams for \$20. One participant stated, *"In prison they would sell it in what they called a stick which would be enough to make a single joint. That would be \$5."*

Despite legislation enacted in October 2011, participants reported that synthetic marijuana continues to be available from dealers, in prisons, in head shops and online. One participant stated: *"Local gas stations will have them; I could get it online whenever I wanted too. But it wasn't my thing."* Another participant said, *"Then when they took it off the shelf, all they did was take one chemical out of it and the stuff was back on the shelf again. Like the bath salts."*

Participants continued to report the only route of administration for synthetic marijuana as smoking. Participants estimated that out of 10 synthetic marijuana users, all 10 would smoke the drug. Participants described typical synthetic marijuana users as individuals in prison and those who need to pass a drug test for employment or probation. One participant stated, *"If you're on probation that's what you're gonna look for 'cause it don't show up on a (drug) urine test."*

Other Drugs in the Cincinnati Region

Participants and community professionals listed a variety of other drugs as being present in the region, but these drugs were not mentioned by the majority of people interviewed: alpha-PVP (alpha-pyrrolidinopentiophenone, aka "flakka," a synthetic stimulant similar to bath salts), bath salts, hallucinogens (lysergic acid diethylamide [LSD] and psilocybin mushrooms), GHB (Gamma-Hydroxyl-Butyric

acid, a psychoactive drug), inhalants, Neurontin® (anticonvulsant), over-the-counter (OTC) cold and cough medications and Seroquel® (an antipsychotic medication).

Alpha-PVP

A few participants mentioned the availability of alpha-PVP (aka "flakka") in the region. A participant stated: *"[Alpha-PVP is] under the umbrella of bath salts. Bath salts are really just a trick name to get through customs to put on shelf ... also called research chemicals or desire drugs."* One participant explained, *"I used MDPV. Then last year it became illegal to produce MDPV in China, so I couldn't get it anymore. So, I switched to alpha-PVP which is very similar but cheaper."* When asked how available is alpha-PVP, one participant stated, *"I get it off the Internet, so it's infinitely available ... a '10'."* Regarding any change in availability during the past six months, one participant stated, *"It's much less available than it was before."*

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A drug raid at a residence in Lawrence County resulted in four individuals arrested for distributing flakka; during the investigation, 40 grams of this drug were seized, as well as almost 40 firearms (www.otfca.net, July 23, 2015). Ironton (Lawrence County) has witnessed effects of the second-generation bath salts, called "alpha-PVP" or "flakka;" this area of Ohio has been identified in the media as the "largest epicenter of flakka outside Florida" (www.fusion.net, July 1, 2015). There were four overdoses on flakka in a three-week period in Portsmouth (Scioto County); one of the individuals died (www.wsaz.com, Sept. 16, 2015). Authorities in Portsmouth spoke out on the "growing synthetic drug problem in the area," specifically concerned with flakka which has affected several individuals in their area (www.ohioems-news.com, Sept. 16, 2015).

Regarding pricing, one participant stated, *"MDPV was more expensive. The alpha was \$200 for 50 grams which would be \$4 for a gram, or \$300 for 100 grams which would be \$3 a gram. A gram would last me about a week."* Participants reported that the substance is snorted or eaten, but most commonly snorted. Participants described the typical user of alpha-PVP as the designer drug crowd and those who use synthetic marijuana.

Bath Salts

Bath salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues) remain available in the region. However, its availability is limited. Participants most often reported current availability of bath salts as a '1' or '2' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '1.' One participant stated, "No one really does it or cares for it." Community professionals most often reported current availability as '0' to '1'; the previous most common score was '1.'

Participants and community professionals reported that availability of bath salts has decreased during the past six months. One law enforcement professional stated, "It's just like the synthetic weed. Once the regulations went into place, it pretty much went away." The BCI London Crime Lab reported that the number of bath salts cases it processes has increased during the past six months; the lab explained that alpha-PVP is classified as a second-generation bath salt. Participants did not know the current costs of bath salts, but described typical bath salts users as middle-aged, white and male.

Hallucinogens

Hallucinogens are moderately to highly available in the region. Participants most often reported current availability of these drugs as '7-8' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Community professionals most often reported current availability of hallucinogens as '2-4.' Participants identified LSD and psilocybin mushrooms as the most popular hallucinogens in terms of widespread use.

Participants stated that the availability of LSD has decreased during the past six months, while the availability of psilocybin mushrooms has remained the same. One treatment provider reported on overall decrease in availability of hallucinogens. One participant stated, "It's more common [to use hallucinogens] around music festivals, jam band concerts and stuff ... or that's where it is most popular these days." The BCI London Crime Lab reported that the number of LSD cases it processes has increased during the past six months, while the number of psilocybin mushroom cases has decreased.

Reports of current prices for hallucinogens were variable among participants with experience purchasing these

drugs. Participants reported that LSD is purchased in strips, sheets and liquid form. One participant stated, "I go buy a 'hit' (one dose) most of the time." Another participant reported, "The more you buy, the less you're going to pay. You might pay \$10 for one hit, but if you buy 10 hits, you pay \$80 for that." One participant stated, "Ten sheets equals a book and 100 sheets equals the bible. The bible costs about \$10,000." Several participants reported that psilocybin mushrooms are priced similarly as marijuana. Participants stated: "Basically the same pricing as weed; Same as weed prices." However, one participant stated, "It depends. A lot of [pricing for LSD and psilocybin mushrooms] depends on the quality of it."

		Current Prices for Hallucinogens	
Hallucinogens	LSD:		
	A hit (single dose)		\$4-10
	A strip (10 hits)		\$35-80
	A sheet (100 hits)		\$100-150
	Psilocybin mushrooms:		
	1/8 ounce		\$25-30
	1/2 ounce		\$60
	An ounce		\$100-120
	1/4 pound		\$400-425

As mentioned above, participants also reported that LSD can be purchased in liquid form. One participant stated, "Well, the way they do the strips is they have a piece of perforated paper and they will have the LSD dripped on it" One participant stated, "I've spent over \$100 on a bottle of eye drops [filled with LSD]. There's quite a bit of it in it."

Participants reported that LSD and psilocybin mushrooms are most commonly orally consumed. One participant stated, "You dissolve [LSD] on your tongue or in your mouth." Another participant explained, "With liquid (LSD) they can just drop it on your tongue, put it on sugar cubes, put on cookies, crackers ... anything that can absorb the acid ... you can put in anything. I even went as far as dropping it in my eye." One participant stated, "Acid' (LSD) is made into a tea." In terms of psilocybin mushrooms, participants stated:

"You just eat them; You can mix it with chocolate, peanut butter sandwiches, and reduce it down into honey and eat by the spoonful."

Participants described typical hallucinogenic users as hippies, individuals frequenting music festivals, concert goers and bluegrass fans. One participant stated, *"LSD would be like those with the Grateful Dead type bands."* One law enforcement professional stated, *"(Hallucinogenic use) is a subculture, it's around the campus, it's a younger group."*

GHB

A few participants mentioned the availability of GHB. Participants familiar with this drug most often reported its current availability as '7' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Regarding pricing, one participant stated, *"\$20 in a blue vial. It comes in \$20, \$40 and \$60 vials."* Participants described the typical users of this drug as young as well as individuals in the gay community. One participant stated, *"It's used in conjunction with crystal meth and you inject it."*

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. One of the largest GHB seizures in Warren County to date resulted in the confiscation of two gallons of GHB (aka the "date rape" drug) along with a half-pound of crystal methamphetamine (www.otfca.net, July 31, 2015).

Inhalants

Participants reported that inhalants are highly available in the region and used most commonly among young individuals: teenagers, college-age individuals and those who attend raves and clubs. One participant stated, *"Some of them are just starting, and it's an easy way to get high 'cause they might not have money, just like going and getting Nyquil® or something like that."* Another participant shared, *"You can go and get big tanks full of nitrous and then it's \$5 a hit per balloon at parties."*

Ketamine

Participants and community professionals reported that ketamine (a prescribed type of anesthetic, typically used in veterinarian medicine) is available in the region, although its use is thought to be limited. Participants and communi-

ty professionals most often reported the current availability of the drug as '2-3' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). One participant stated, *"You really gotta know somebody [to obtain ketamine]."* One treatment provider stated, *"We don't see that at all."* One participant stated, *"If you're close to a college campus, you'll get something that's called, 'Lab K,' people that are smart enough to create it out of available chemicals ... 'cause stealing it from a vet is just stupid."* One law enforcement professional stated, *"We don't see that at all."*

Regarding pricing, participants stated: *"A 'Go-Cap' (capsule) is \$40; A vial goes for \$75; I get a 100 ml vial for about \$70; \$300 to \$1,000 per ounce ... just depends on who you know."* Participants reported that this drug is most commonly injected. Participants described typical users of ketamine as hippies.

Neurontin®

Neurontin® is moderately to highly available in the region. Participants most often reported the current street availability for Neurontin® as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Community professionals most often reported current availability as '6'. Both participants and community professionals reported that the availability of Neurontin® has remained the same during the past six months.

Seroquel®

Seroquel® is moderately to highly available in the region. Participants most often reported the current street availability of Seroquel® as '10'; while community professionals most often reported it as '6' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Participants and community professionals reported that the availability of this drug has remained the same during the past six months. One treatment provider stated, *"Seroquel® makes you sleepy. I think it's kind of like the jail version of heroin. Heroin addicts that are coming into treatment that can still keep their buzz maintained."* One law enforcement professional stated, *"The crack users used to use a lot of Seroquel® because it was the only way they could sleep."*

OTCs

OTCs (over-the-counter) cold and cough medications are highly available in the region due to the fact that they are

legal medications, easily obtained through pharmacies and corner stores. A treatment provider explained, *"It's not as available in the drug store as it used to be. Now it's on the streets ... a lot."* Another treatment provider reported that cough syrup is often preferred for illicit use. Participants and community professionals described typical illicit users of these medications as young (teenagers to 20s) and more often African-American individuals. Participants commented: *"[OTC medications] are mainly used by teens; They have parties where they have it."*

Conclusion

Crack cocaine, heroin and marijuana remain highly available in the Cincinnati region; also highly available are prescription stimulants. Changes in availability during the past six months include increased availability for heroin, marijuana and methamphetamine; and likely increased availability for Suboxone®; and likely decreased availability for synthetic marijuana.

Participants and community professionals reported that the availability of heroin has increased during the past six months. Treatment providers discussed how it is getting easier and easier to locate heroin; they discussed dealers giving away free testers of heroin, often unsolicited. A provider shared having heroin testers thrown into her vehicle. Law enforcement also discussed the widespread use of heroin as seemingly everywhere.

While many types of heroin are currently available in the region, participants and community professionals continued to report powdered heroin as most available. The BCI London Crime Lab reported that the number of black tar and powdered heroin cases it processes has increased during the past six months; the lab noted having processed beige, brown, tan and white powdered heroin.

Overall, participants reported that the quality of heroin has increased during the past six months. Participants attributed the increase in heroin potency to fentanyl be-

ing used as a cutting agent for the drug. The BCI London Crime Lab continued to note that a lot of the heroin cases they process are heroin-fentanyl mixtures, and sometimes even straight fentanyl.

The majority of participants described typical heroin users as 18-45 years of age, white, suburban and those who have prescriptions for pain medication. However, several participants indicated that the spectrum of heroin users is expanding to include anybody, while highlighting an increase in younger users. Community professionals described typical heroin users as young, white males. However, law enforcement noted that they are seeing more females dying from heroin overdose than males.

Participants reported that methamphetamine is available in powdered and crystal forms throughout the region. However, while powdered methamphetamine (aka "shake-and-bake") is considered the most prevalent form throughout the region in terms of widespread use, participants noted an increase in crystal methamphetamine (aka "ice") and commented that ice is becoming more common. Law enforcement discussed an increase in ice coming into the region from Mexico.

Participants described typical methamphetamine users as 18-50 years of age, those working long and/or late hours (truck drivers, third-shift workers) and individuals in the gay community. Law enforcement described typical methamphetamine users as white.

A few participants mentioned the availability of alpha-PVP (aka "flakka") in the region. Participants explained that flakka is a bath salt and can be purchased via the Internet. Participants reported that the substance is snorted or eaten, but most commonly snorted. Participants described the typical user of flakka as the designer drug crowd and those who use synthetic marijuana.

Lastly, a few participants mentioned the availability of GHB (aka "the date rape drug"). Participants familiar with this drug most often reported its current availability as moderate. Participants described the typical users of this drug as young as well as individuals in the gay community. Participants explained that GHB is used in conjunction with crystal methamphetamine and is typically intravenously injected.