



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 Butler, Clermont, 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 Hamilton County Coroner’s Office, Scioto County Coroner’s Office, Ohio Bureau of Criminal Investigation (BCI) and Ohio Department of Public Safety (ODPS), which logs drug task force seizures from across Ohio. All secondary data are summary data of cases processed from July through December 2018. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for January through June 2019.

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

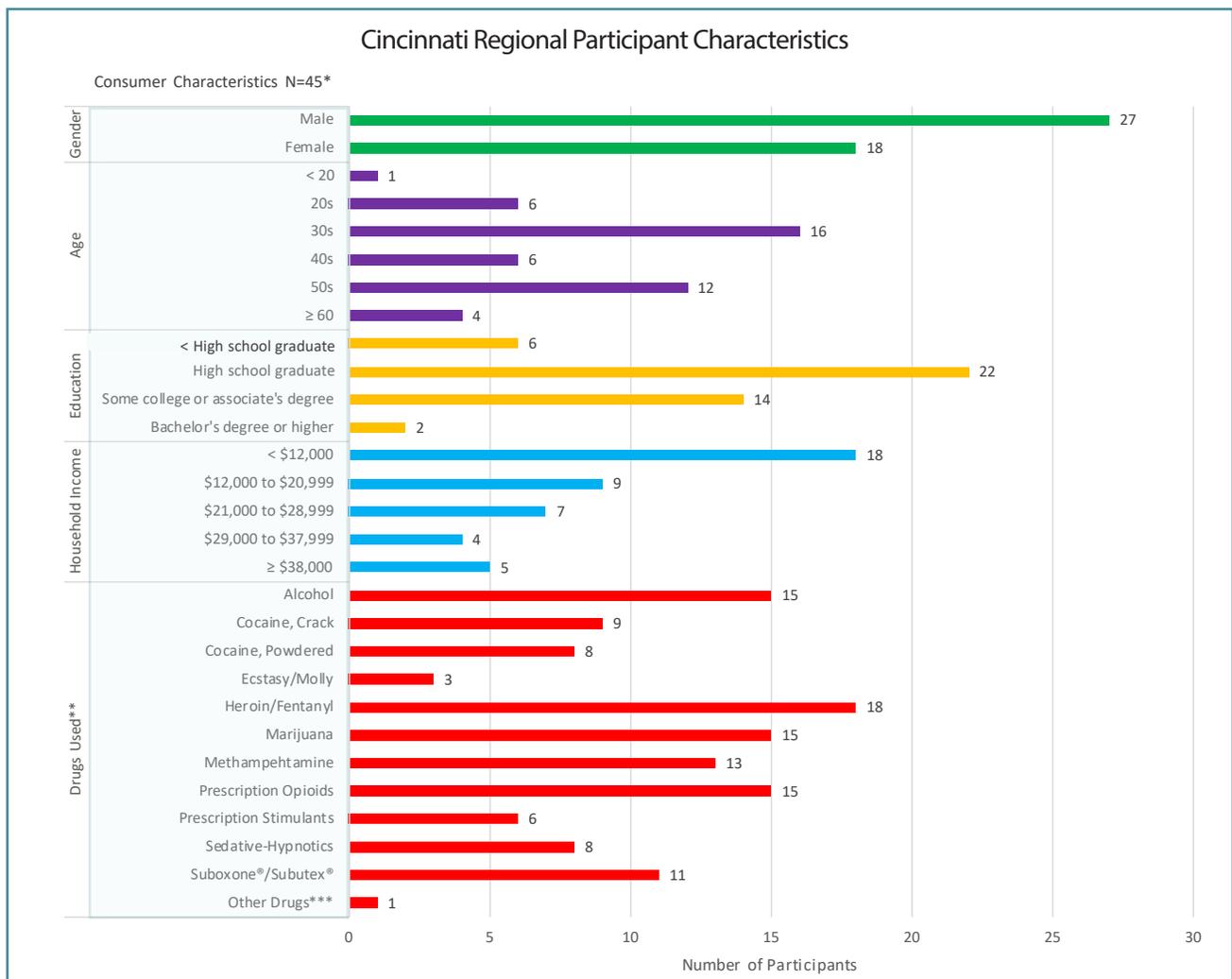
Indicator ¹	Ohio	Cincinnati Region	OSAM Drug Consumers
Total Population, 2017	11,689,442	2,054,317	45
Gender (female), 2017	51.0%	50.9%	40.0%
White, 2017	82.2%	81.7%	80.0%
African American, 2017	12.9%	13.2%	17.8%
Hispanic or Latino Origin, 2017	3.8%	2.9%	0.0%
High School Graduation Rate, 2013-17	89.8%	89.5%	84.4% ²
Median Household Income, 2013-17	\$52,407	\$50,314	\$12,000-\$15,999 ³
Persons Below Poverty Level, 2017	14.0%	13.5%	60.0% ⁴

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

²Graduation rate does not include 1 participant due to missing and/or invalid data.

³Participants reported income by selecting a category that best represented their household's approximate income for the previous year. Income was unable to be determined for 2 participants due to missing and/or invalid data.

⁴Poverty status was unable to be determined for 2 participants due to missing and/or invalid data.



* Not all participants filled out forms completely; therefore, numbers may not equal 45.

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

***Other drugs included: lysergic acid diethylamide (LSD) and inhalants.

Historical Summary

In the previous reporting period (June 2018 – January 2019), crack cocaine, fentanyl, heroin, marijuana, methamphetamine, powdered cocaine and Suboxone® (buprenorphine) remained highly available in the Cincinnati region. Changes in availability during the reporting period included: increased availability for fentanyl and methamphetamine.

While the availability of heroin remained high, participants reported that the availability of heroin had decreased during the reporting period. Participants explained that heroin had been supplanted by a cheaper alternative, fentanyl. However, participants noted gray powdered heroin, believed to contain fentanyl, as the most available and popular heroin type in the region. Respondents discussed adulterants (aka “cuts”) that affected the quality of heroin and reported that the top cutting agent for the drug remained fentanyl. A participant shared, *“They put brown sugar in [fentanyl] and act like it’s real heroin.”* A treatment provider remarked, *“It’s not even really heroin in this area ... it’s mainly fentanyl.”*

Corroborating data indicated that fentanyl was highly available in the Cincinnati region. The Hamilton County Coroner’s Office reported that 77.7% of the 202 drug-related deaths it recorded during the reporting period involved fentanyl; the Scioto County Coroner’s Office reported that 58.8% of the 34 drug-related deaths it recorded involved fentanyl. Also, during the reporting period, Ohio Department of Public Safety (ODPS) reported seizing 30.3 kilograms (66.7 lbs.) of fentanyl from the region.

Reportedly, although the high produced from fentanyl does not last as long as the high produced by heroin, many users preferred fentanyl for its potency over heroin. One participant remarked, *“I know more people who just don’t want heroin, they want fentanyl.”* Community professionals also discussed fentanyl was an additive to other illicit drugs such as crack cocaine and methamphetamine. A treatment provider stated, *“[Fentanyl] is in everything.”*

Participants and community professionals reported that the availability of crystal methamphetamine increased during the reporting period. Participants discussed that

law enforcement efforts had been focused on opiates, and as a result dealers and users were switching focus to methamphetamine and other stimulant drugs. Participants also reported individuals were using methamphetamine to come off heroin. One participant stated, *“Everyone’s trying to get off dope (heroin), so they start doing meth ... they are strung out on meth.”*

Treatment providers discussed an increase in users simultaneously using heroin and methamphetamine to “speedball” (concurrent or consecutive stimulant and sedative highs). Law enforcement attributed the increase in methamphetamine availability to drug cartels forcing the drug on users in the region. An officer reported, *“The cartels will give you heroin, but you must take the methamphetamine as well.”* BCI crime labs reported that the incidence of methamphetamine cases they processed from this region increased during the reporting period. ODPS reported seizing 194.8 kilograms (429.5 lbs.) of methamphetamine from this region during the reporting period.

Lastly, participants reported high availability of Neurontin® (gabapentin) for illicit use as well as high availability of synthetic marijuana (synthetic cannabinoids); treatment providers discussed increased availability and use of kratom (mitragynine) 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 ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was also ‘10.’ A participant stated, *“If you got money, it’s easy.”* Treatment providers most often reported the current availability of powdered cocaine availability as ‘2,’ while law enforcement most often reported it as ‘5;’ the previous most common scores were ‘8’ and ‘2,’ respectively. A treatment provider remarked, *“They don’t usually find the ‘powder’ (powdered cocaine), they find the ‘crack’ (crack cocaine).”*

Corroborating data indicated that powdered cocaine is available in the Cincinnati region. Hamilton County Coroner’s Office reported that 35.1% of the 239 drug-related deaths it recorded this reporting period involved cocaine, while Scioto County Coroner’s Office reported that one of the 24 drug-related deaths it recorded involved cocaine; the coroners’ reports do not differentiate between powdered and crack cocaine. In addition, ODPS reported seizing 13.4 kilograms (29.6 lbs.) of powdered cocaine from this region during the past six months.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Chillicothe Police (Ross County) executed a search warrant related to suspected drug activity and seized 14 grams of cocaine and 14 grams of heroin with fentanyl; officers arrested a Columbus man for possession of cocaine and heroin (www.chillicothe Gazette.com, March 12, 2019). Ohio State Highway Patrol (OSHP) conducted a probable cause search of a stopped vehicle in Clinton County and seized 11 pounds of cocaine and five grams of marijuana, with a combined worth over \$400,000, along with a loaded handgun; troopers arrested a Texas man for possession and trafficking of cocaine and possession of marijuana (www.statepatrol.ohio.gov, March 14, 2019). Butler County Undercover Narcotics Task Force and Cincinnati Police Gang Unit conducted a lengthy undercover operation, resulting in law enforcement seizure of approximately 1.5 kilograms of cocaine, a half kilogram of methamphetamine, more than \$7,000 in cash, a handgun, marijuana, hand press and scales; officers arrested and two people for possession of drugs and drug trafficking (www.daytondailynews.com, May 1, 2019).

Participants and treatment providers reported that the availability of powdered cocaine has remained the same during the past six months, while law enforcement reported increased availability. A law enforcement officer observed, “We’re starting to see a little more, there’s been a trend for getting away from heroin and fentanyl [that started] the first three months of the year, and now we are seeing more [powdered] cocaine, crack and meth.” Ohio Bureau of Criminal Investigation (BCI) crime labs reported that the incidence of cocaine cases they process from this region has slightly decreased during the past six months; the labs do not differentiate between powdered and crack cocaine.

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

Participants most often rated the current overall quality of powdered cocaine as ‘6’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was ‘2.’ However, participants concluded: “[Quality] depends on who you go to; Depends on how many times it’s been ‘stepped on’ (adulterated); You take a chance every time.” Participants discussed adulterants (aka “cuts”) that affect the quality of powdered cocaine and reported the top cutting agents as baking soda and vitamin B-12. Other adulterants mentioned included: acetone, baby formula, baby laxatives, bath salts (substituted cathinones), benzodiazepines (Valium®), drywall, fentanyl, heroin, inositol (dietary supplement), laxatives, local anesthetics (benzocaine and lidocaine), mannitol (diuretic), methamphetamine, MiraLAX®, muscle relaxers, powdered sugar and vitamin C. Overall, participants reported that the quality of powdered cocaine has remained the same during the past six months.

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

Reports of current prices for powdered cocaine were variable among participants with experience buying the drug. Participants shared: “The more you buy, the cheaper it is; The further east you go, the more it’ll cost you. In Brown and Adams [counties] it’s \$100 a gram or \$250 for an ‘eight ball’ (1/8 ounce) ... you can get an eight ball for \$90 in Cincinnati if you find the right person.” Reportedly, the most common quantity of purchase is 1/8 ounce. Overall, participants reported that the price of powdered cocaine has remained the same during the past six months.

Powdered Cocaine	Current Prices for Powdered Cocaine	
	A gram	\$50-100
	1/16 ounce (aka "teener")	\$90- 120
	1/8 ounce (aka "eight ball")	\$90-\$275
	1/2 ounce	\$325

Participants reported that the most common route of administration for powdered cocaine remains intravenous injection (aka "shooting"). Participants estimated that out of 10 powdered cocaine users, seven would shoot and three would snort the drug. A participant emphasized, "If you want the best high, you shoot." Another participant stated, "The ones who snort are business men and doctors."

Participants and community professionals described typical powdered cocaine users as upper middle-class and young professionals. Participants discussed: "In my world, it's upper middle class; A lot of young professionals; White collar; It's a rich people drug." A treatment provider added, "Male, Caucasian, age 25 to 35 [years of age]." A law enforcement officer determined, "Professionals more than your actual drug-addicted individuals."

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'. A participant stated, "I think it's because crack cocaine is more readily available, and people tend to gravitate more towards crack." Treatment providers most often reported current availability of crack cocaine as '10,' while law enforcement reported it as '5;' the previous most common score was '9' for both treatment providers and law enforcement. A treatment provider explained, "They are often 'speedballing' (concurrently or consecutively using stimulants and sedatives for an up and down effect) [heroin/fentanyl] with crack cocaine." A law enforcement officer added, "People are trying to get away from fentanyl and heroin [and switching their drug use to stimulants, crack cocaine]."

Corroborating data indicated that crack cocaine is

available in the Cincinnati region. ODPS reported seizing 618.0 grams (1.4 lbs.) of crack cocaine from this region during the past six months. In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. Butler County Sheriff's deputies conducted a traffic stop and seized 122 grams of crystal methamphetamine, 45 grams of suspected fentanyl, three grams of crack cocaine and a stolen handgun; deputies arrested one person on an outstanding warrant and two others for possession of and trafficking in drugs (www.journal-news.com, June 9, 2019). Hamilton County Heroin Task Force investigated six suspected crack cocaine overdose deaths and found that crack cocaine laced with fentanyl had caused the overdose deaths (www.wcpo.com, May 30, 2019).

Participants and law enforcement reported that the availability of crack cocaine has remained the same during the past six months, while treatment providers reported that decreased availability. One participant remarked, "Stayed the same, commonly available." A treatment provider noted, "Declined due to 'meth' (methamphetamine) increase." BCI Crime Labs reported that the incidence of cocaine cases they process from this region has slightly decreased during the past six months; the labs do not differentiate between powdered and crack cocaine.

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

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 '3'. Participants commented: "[Quality] depends on who you go to (the dealer); Depends on location [of purchase]." Participants discussed adulterants (aka "cuts") that affect the quality of crack cocaine and reported that the top cutting agent for the drug remains baking soda. Other cuts mentioned included: baby formula, fentanyl, MSM (methylsulfonylmethane, a joint supplement) and vitamin B-12. Overall, participants reported that the quality of crack cocaine has remained the same during the past six months.

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

Reports of current prices for crack cocaine were varied among participants with experience buying the drug. Participants shared: *"I would go in and do just \$10, \$20 at a time; A lot of time it don't go by weight, it goes by how much money you got; A \$20 will get you a 'rock' (1/10 gram piece of crack cocaine); You go far east [of Cincinnati], it's \$100 for a gram."* A law enforcement officer added, *"[Crack cocaine is a] cheaper version of [powdered] cocaine ... it is less expensive."* Reportedly, the most common quantity of purchase of crack cocaine is 1/10 gram. Overall, participants reported that the price of crack cocaine has remained the same during the past six months.

Crack Cocaine	Current Prices for Crack Cocaine	
	1/10 gram (aka "rock")	\$10-20
	1/2 gram	\$25-30
	A gram	\$50-100

Participants reported that the most common route of administration for crack cocaine is smoking. Participants estimated that out of 10 crack cocaine users, seven would smoke and a three would intravenously inject (aka "shoot") the drug. Participants commented: *"Once you shoot it, you don't smoke it anymore; African Americans smoke, white people shoot it; Younger generation shoots it, older smokes it; Most people I know smoke it, but I know a lot of people who are shooting it and they break it [down for shooting] with vinegar or Kool-Aid®."*

Participants and community professionals described typical crack cocaine users as of lower socio-economic status. Participants stated: *"Poor and white, lower middle class; Crack is the poor people's coke."* A treatment provider confirmed, *"Unemployed, homeless, younger."* A law enforcement officer determined, *"More drug-addicted individuals, we see them use more crack cocaine than powdered, occupation ... service industry professional, low pay."*

Heroin

Heroin remains highly available in the region. Participants and community professionals most often reported the current availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were also '10.' A participant declared, *"It's everywhere."* Treatment providers concurred that heroin is extremely available. When asked to rate current availability on the scale of '0' to '10,' one provider answered, *"100!"*

Corroborating data indicated that heroin is available in the Cincinnati region. Hamilton County Coroner's Office reported that 23.8% of the 239 drug-related deaths it recorded this reporting period involved heroin; of these heroin-related deaths, 91.2% also involved fentanyl. Scioto County Coroner's Office reported that five of the 24 drug-related deaths it recorded this reporting period involved heroin. In addition, ODPS reported seizing 84.8 kilograms (186.9 lbs.) of heroin from this region during the past six months; ODPS reported seizing 9.5 kilograms (21.0 lbs.) the previous reporting period.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Lockland Police (Hamilton County) arrested a man after he forced his way into the Lockland Police Department and assaulted officers and firefighters; law enforcement found two bags of suspected heroin in the suspect's anal cavity resulting in law enforcement charging the man with possession of drugs, resisting arrest, assault and obstructing official business (www.local12.com, April 1, 2019). OSHP stopped a vehicle that then attempted to flee in a short pursuit where one suspect threw contraband out a window of the vehicle, resulting in all suspects surrendering and law enforcement seizing 250 grams of heroin worth approximately \$27,500; law enforcement arrested the suspects for possession of heroin, drug trafficking and failure to comply with a police order (www.statepatrol.ohio.gov, April 9, 2019). Middletown Police (Butler and Warren counties) collaborated with multiple agencies to serve warrants and make arrests of a drug ring that supplied as much as half the drugs in the city; law enforcement arrested three people for possession of heroin and weapons violations (www.wcpo.com, May 9, 2019). Southern Ohio Drug Task Force conducted a traffic stop in Scioto County that resulted in the arrest of two people for possession of heroin; officers seized 87 grams

of suspected heroin with an estimated street value of over \$10,000 (www.wsaz.com, May 24, 2019). Chillicothe Police (Ross County) conducted a traffic stop that resulted in its largest heroin seizure from a single search; officers seized 3.4 pounds of suspected heroin along with \$2,200 in cash and took the driver of the stopped car into custody for possession and trafficking of drugs (www.chillicothe Gazette.com, June 4, 2019).

While many types of heroin are currently available in the region, participants and community professionals continued to report powdered heroin as most available. When describing the typical color of available powdered heroin participants stated: *“Brown, tan, depends where you’re at ... gray; Most common is tan or gray.”* A treatment provider remarked, *“Normally brown, haven’t heard of [availability] ‘tar’ (black tar heroin).”* A law enforcement officer noted, *“We see zero black tar, it’s more of a brown heroin ... it’s a powder. The fentanyl (fentanyl-cut heroin) has been white.”*

Participants reported that the availability of heroin has decreased during the past six months, while community professionals reported that availability has increased. Participants commented on large police seizures of heroin in the region as the reason for decreased availability. However, a law enforcement officer observed, *“The end of last year and first few months of this year we saw a decrease, now it is on the rise again. I think it is just simple supply and demand. People were getting away from it because there was so much meth everywhere and now ... there is a rise in the overdoses of heroin and fentanyl.”* BCI crime labs reported that the incidence of heroin cases they process from this region has remained the same during the past six months; the labs reported processing beige, blue, brown, gray, pink, purple, tan and white powdered heroin as well as black tar heroin.

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

Participants most often rated the current overall quality of heroin as ‘7’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was ‘3.’ Participants discussed adulterants (aka “cuts”) that affect the quality of heroin and reported that the top cutting agent for the drug remains fentanyl. Additional cuts mentioned included: anti-depressants, baby laxatives, baby powder, benzodiazepines, brown sugar, bug spray, cocaine, cosmetics (powdered foundation), Epsom salts, fentanyl, ketamine (an anesthetic typically used in veterinary medicine), lactose, Neurontin® (gabapentin), mannitol (diuretic), MDMA (ecstasy/molly), prescription opioids (morphine, Oxycontin®, Percocet® and tramadol) and vitamins (B-12 and E). Participants shared: *“It’s rare you’ll find straight heroin these days.... I liked real heroin, but I was getting fentanyl the majority of the time; You won’t find real heroin; Heroin [high] lasts longer than fentanyl ... fentanyl lasts only four to six hours.”* Overall, participants reported that the quality of heroin has remained the same during the past six months.

Heroin	Cutting Agents Reported by Crime Lab
	<ul style="list-style-type: none"> ● acetaminophen ● caffeine ● cocaine ● diphenhydramine (antihistamine) ● fentanyl ● inositol (dietary supplement) ● lidocaine (local anesthetic) ● mannitol (diuretic) ● methamphetamine ● quinine (antimalarial) ● sorbitol (artificial sweetener) ● tramadol ● xylazine (animal sedative)

Reports of current prices for heroin were variable among participants with experience purchasing the drug. Reportedly, the most common quantity of purchase is a gram. Overall, participants indicated that the price of heroin has remained the same during the past six months. However, one participant noted, *“Tar’s a little cheaper.”*

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

While there were a few reported ways of using heroin, generally, the most common route of administration remains intravenous injection (aka "shooting"). Participants estimated that out of 10 heroin users, seven would shoot and three would snort the drug. Participants observed: *"Girls more snorting, guys shooting; The ones snorting ... just started [using heroin]."* Participants and community professionals described typical heroin users as young, white males 18 to 40 years of age. A participant summarized, *"More common in the white community."* Treatment providers remarked: *"White, working class; Young white males, 18 to 30ish, most have not graduated high school."* A law enforcement officer noted, *"Socio-economic status is low, age 18 to 30..."*

Fentanyl



Fentanyl remains highly available in the region. Participants and community professionals most often reported the current availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were also '10.' One participant commented, *"It's more available now because everyone's throwing it at you."* Treatment providers observed: *"We don't have a heroin problem anymore, we have a fentanyl problem; A lot of them are getting it confused with the heroin, they are not sure what they are getting until they are revived [after overdosing]."* A law enforcement officer added, *"You have to understand that individuals selling it may say it's heroin, but we test it ... it is fentanyl."*

Corroborating data indicated that fentanyl is available in the Cincinnati region. Hamilton County Coroner's Office

reported that 83.7% of the 239 drug-related deaths it recorded this reporting period involved fentanyl/fentanyl analogues. Scioto County Coroner's Office reported that 62.5% of the 24 drug-related deaths it recorded this reporting period involved fentanyl/fentanyl analogues. In addition, ODPS reported seizing 35.6 kilograms (78.6 lbs.) of fentanyl from this region during the past six months.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Portsmouth Police (Scioto County) responded to a complaint at a local Inn and encountered a suspect with a gun; law enforcement arrested the suspect on a weapons violation and for drug possession and trafficking after seizing \$2,500, 19 grams of a suspected fentanyl-heroin mixture and 62 grams of suspected crystal methamphetamine valued at \$6,000 (www.portsmouth-dailytimes.com, March 29, 2019). Middletown Police (Butler and Warren counties) and federal agents arrested a major drug dealer with one federal charge of distributing a controlled substance and another charge of conspiracy to distribute fentanyl and heroin; law enforcement had hoped the raid would lead to information that could solve murders in the area (www.abc6onyourside.com, May 6, 2019). Hamilton County Heroin Task Force confirmed a drug supplier in Hamilton County as passing off fentanyl-tainted methamphetamine as ecstasy and pressed-fentanyl pills as prescription opioids; the drugs were believed to have been connected to 18 overdose deaths over a two-week period (www.cincinnati.com, May 29, 2019). A Hamilton County Common Pleas Court judge sentenced a man to 12 years and nine months in prison on charges of involuntary manslaughter, drug trafficking and tampering with evidence after the man's 13 month old daughter died after ingesting fentanyl contained in a heroin rock (www.cincinnati.com, June 19, 2019). In Hamilton County, 10 people died in a brief timespan from drugs tainted with fentanyl; many drug users believed they were buying cocaine or prescription opioids (www.local12.com, June 25, 2019).

Participants and community professionals reported that the availability of fentanyl has increased during the past six months. Treatment providers emphasized: *"More available because the demand is higher for the fentanyl; It's just what is available."* A law enforcement officer noted, *"We've seen an increase in fentanyl-heroin due to supply and demand."* BCI crime labs reported that the incidence of fentanyl and fentanyl analogue cases they process from this region has increased during the past six months; BCI

crime labs did not report any cases of carfentanil from this region during the past six months.

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

Participants most often rated the current overall quality of fentanyl as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '7.' Participants commented: "[Fentanyl is] a lot stronger than heroin; Like messing around with a rattle snake [highlighting the lethality of fentanyl]." Participants discussed adulterants (aka "cuts") that affect the quality of the drug and reported the top cutting agent for fentanyl as vitamin B-12. Additional cuts mentioned included: coffee creamer, creatine, inositol (dietary supplement), MiraLAX®, methadone, molly (powdered MDMA), prescription opioids, powdered sugar, Splenda®, sugar and trazodone (prescribed sedative and antidepressant). Participants determined: "It always looks white; A lot of dealers use a Magic Bullet (blender/food processor) and put in fentanyl and powdered sugar ... I never needed to chop it up, it was so fine." Overall, participants reported that the quality of fentanyl has remained the same during the past six months.

Reports of current prices for fentanyl were varied among participants with experience purchasing the drug. Reportedly, the most common quantity of purchase is a gram. Participants added: "Four grams for \$300; Buy three [grams], get one free." Overall, participants indicated that the price of fentanyl has remained the same during the past six months.

Fentanyl	Current Prices for Fentanyl	
	1/10 gram	\$5-10
	1/2 gram	\$40-50
	A gram	\$80-100

While there were a few reported ways of using fentanyl,

generally, the most common route of administration remains intravenous injection (aka "shooting"). Participants estimated that out of 10 fentanyl users, seven would shoot and three would snort the drug. A participant confirmed, "Same as heroin, snort or injecting." A law enforcement officer remarked, "Most are injecting it, ninety percent of people are injecting it."

Participants described typical fentanyl users as similar to heroin users, white people of lower socio-economic status. They commented, "Homeless; People in poverty; Similar to someone on heroin." Community professionals described typical fentanyl users as white males, aged 18 to 35 years. A treatment provider commented, "Typically 20- to 35-year olds, typically white, no high school diploma ... a lot of them blame back injuries or work injuries [for opiate use]." Law enforcement agreed: "We're seeing now, 18 to 30-something years old ... lower income individuals; Male, white."

Prescription Opioids



Prescription opioids remain available for illicit use in the region. However, participants most often reported the current street availability of these drugs as '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.' A participant concluded, "Doctors aren't prescribing it." Treatment providers and law enforcement most often reported the current street availability of prescription opioids as '4;' the previous most common scores were '5' and '2,' respectively. A law enforcement officer commented, "We're seeing some, I mean very little, pills are out there but the cost of pills [is prohibitive] ... a dollar a milligram [and] \$10 for a 'cap' (capsule filled with heroin), why would you [buy] Vicodin?"

Corroborating data indicated that prescription opioids are available for illicit use in the Cincinnati region. Hamilton County Coroner's Office reported that 15.5% of the 239 drug-related deaths it recorded this reporting period involved prescription opioids. Scioto County Coroner's Office reported that three of the 24 drug-related deaths it recorded this reporting period involved prescription opioids. In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. Scioto County Sheriff's deputies arrested

two people for drug possession after law enforcement seized oxycodone, suspected methamphetamine and a suspicious powder they sent out for lab testing (www.wsaz.com, June 14, 2019).

Participants and community professionals identified methadone, Percocet® and Vicodin® as the most popular prescription opioids in terms of widespread illicit use. Participants shared: *"The stronger pain killers are harder to find; Methadone or Percocet® are the top [most available]."* Treatment providers emphasized: *"Percs' (Percocet®) are most popular; I think methadone is going up because it is being prescribed now for pain."* A law enforcement officer added, *"You see more perc, Vicodin®."* In addition, participants reported fake prescription opioids as present in the region. A participant shared, *"I thought I got 'perc 30s' (Roxicodone®), looked the same ... it was fentanyl pressed [into pill form]. It put me down (I overdosed) ... it was bad."*

Participants and community professionals reported that the street availability of prescription opioids has decreased during the past six months. A participant confirmed, *"A lot less [available], drug laws are changing, doctors don't want to write [prescriptions for opioids], and people who do get them, don't wanna get rid of them."* A treatment provider stated, *"Doctors are making it difficult."* Law enforcement declared: *"It has decreased over the last six months because of legislation (new prescribing guidelines)."* BCI crime labs reported that the incidence of tramadol (Ultram®) cases they process from this region has increased during the past six months, while the incidence of hydrocodone (Vicodin®), morphine and oxycodone (OxyContin®, Percocet®) cases has decreased or remained the same. BCI labs reported processing very few cases of hydromorphone (Dilaudid®), methadone and oxymorphone (Opana®) from this region during the past six months.

Reports of current street prices for prescription opioids were consistent among participants with experience buying the drugs. Reportedly, the majority of prescription opioids sell for \$1 per milligram. Overall, 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	
	Opana®	\$0.50-1 per milligram
	Percocet®	\$6-7 for 5 mg \$9-12 for 10 mg
	Roxicodone®	\$20-25 for 30 mg
	Vicodin®	\$5 for 7.5 mg \$8 for 10 mg

Participants reported obtaining prescription opioids for illicit use from drug dealers, people with prescriptions, through Internet purchase and doctor shopping. Participants mentioned: *"They buy it off the people who do get them; Emergency room; Doctor shopping; Pill mill; Dealer; Some people get it online; Post on Facebook."* While there were a few reported ways of consuming prescription opioids, generally the most common route of administration for illicit use is snorting. Participants estimated that out of 10 illicit prescription opioid users, eight would snort, one would inject, and one would swallow the drugs. Participants noted: *"Most snort; Some eat."*

Participants described typical illicit prescription opioid users as older individuals. Participants commented: *"Older people, 40s to 50s to 60s; A mixture of black and white people; Construction workers, warehouse workers."* Community professionals described typical illicit prescription opioid users as working-class individuals who had injuries. Treatment providers observed: *"Caucasian, construction men because if they can't work through the pain, they can't survive; Most of them will say it's to manage pain, whether it's prescribed or illicit."* A law enforcement officer concluded, *"Lower to middle class, working class, more so for an injury or to function ... not as much to get high ... they get addicted to it and need to take them...."*

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

Suboxone®

Suboxone® (buprenorphine) remains highly available for illicit use in the region. Participants most often reported the current street availability of Suboxone® as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10.' A participant noted, "Some people go to a clinic just to get it and then sell it for heroin." Treatment providers most often reported the current street availability of Suboxone® as '9,' while law enforcement most often reported it as '4,' the previous most common scores were '8' and '2,' respectively. Treatment providers stated: "Very easy to get off the street; Probably easier to get than Tylenol®."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Ohio's Attorney General Special Prosecutions Section and Medicaid Fraud Control Unit, along with the U.S. Drug Enforcement Administration, the Ohio's Pharmacy and Medical boards investigated an owner of three addiction treatment centers in Southern Ohio (Lawrence County); the owner of the centers was arrested on 34 felony charges, including Medicaid fraud, drug trafficking and engaging in a pattern of corrupt activity; the indictment accused the owner of overbilling for Medicaid services and illegally operating a dispensary for Suboxone® (www.myfox28columbus.com, March 27, 2019).

Participants and treatment providers reported that the street availability of Suboxone® has remained the same during the past six months, while law enforcement reported that street availability has decreased. A law enforcement officer explained, "It's decreasing, people are not turning to Suboxone®, they are turning to other drugs [such as methamphetamine]." BCI crime labs reported that the incidence of Suboxone® cases they process from this region has slightly decreased during the past six months.

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

Reports of current street prices for Suboxone® were variable among participants with experience buying the drug. A participant noted, "Pills cost more." Overall, participants reported that the price of Suboxone® has increased during the past six months. A participant stated, "It's higher, \$15-20 and keeps going up."

Suboxone®	Current Street Prices for Suboxone®	
	Filmstrip	\$8-20 for 8 mg
	Pill	\$10-30 for 8 mg

In addition to obtaining Suboxone® on the street from drug dealers, participants also reported getting the drug through people who are prescribed it. One participant explained, "From someone who went to the clinic, like a connection." Participants reported that the most common route of administration for illicit use of Suboxone® is oral consumption (sublingual, dissolving under the tongue). Participants estimated that out of 10 illicit Suboxone® users, four would orally consume, three would snort and three would shoot the drug. Participants stated, "Most people eat (orally consume) it; A lot of people snort it; I shot it ... the 'strips' (filmstrips)." A treatment provider who works within the prison system shared, "They dilute [filmstrips] down and put it in their eyes with eye droppers ... they are also taking the strip and putting it on their eyeball like a contact. They are melting it down and mixing it in and shooting it with other drugs. We have caught it on construction paper and sent in on their kid's colored pictures ... they are selling them like hits of acid.... We now photocopy pictures, we have gotten rid of all stamps, so they now have to use embossed envelopes. [Illicit use of Suboxone® filmstrips] is our biggest problem."

Participants and community professionals described typical illicit Suboxone® users as individuals trying to avoid experiencing withdrawal symptoms. Participants stated: "I'd do it just to get through the day and not get sick; Someone addicted to opiates" Community professionals remarked: "A lot of people use it to manage withdrawal; People who are trying to get off heroin and fentanyl use it as a transition; Laborers, working class [people] that are doing it to continue to work."

Sedative-Hypnotics



Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) are moderately to highly available for illicit use 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 '6.' Community professionals most often reported the current street availability of sedative-hypnotics as '4'; the previous most common scores were '6' for treatment professionals and '7' for law enforcement. A law enforcement officer observed, "Not any really, very low cases [involving sedative-hypnotics]." In addition, participants discussed the presence of fraudulent sedatives-hypnotics in the region. Reportedly, these fake pills are often fentanyl-pressed pills. A participant confirmed, "Xanax®, on the 'dark web' (websites operated by criminal enterprises) ... are really bad, I blacked out for a whole week off them ... they're cut with fentanyl."

Corroborating data indicated that sedative-hypnotics are available for illicit use in the Cincinnati region. Hamilton County Coroner's Office reported that 13.4% of the 239 drug-related deaths it recorded this reporting period involved one or more benzodiazepines or other sedative-hypnotics.

Participants identified Xanax® and Valium® as the most available sedative-hypnotics in terms of widespread illicit use. Community professionals identified Xanax® as the most available. A law enforcement officer noted, "Purple 'footballs,' which is Xanax® [1 mg], is probably what we see most of." Participants reported that the general street availability of sedative-hypnotics has remained the same during the past six months, while community professionals reported that street availability has decreased. A law enforcement officer shared, "Decreased a lot, they are turning to other drugs."

BCI crime labs reported that the incidence of alprazolam (Xanax®), clonazepam (Klonopin®) and diazepam (Valium®) cases from this region have decreased or remained the same during the past six months. BCI labs reported processing very few cases of carisoprodol (Soma®), lorazepam (Ativan®) and zolpidem (Ambien®) from this region during the past six months.

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

Reports of current street prices for sedative-hypnotics were consistent among participants with experience buying the drugs. Reportedly, sedative-hypnotics most often sell for \$2-3 per milligram. A participant shared, "I heard some are charging \$5 for 1 mg [Klonopin®], usually it's \$3." Overall, participants reported that the price of sedative-hypnotics has increased during the past six months.

Sedative-Hypnotics	Current Street Prices for Sedative-Hypnotics	
	Klonopin®	\$3 for 1 mg
	Valium®	\$3-5 for 10 mg
	Xanax®	\$2.50-4 for 1 mg \$5-7 for 2 mg

Participants reported obtaining sedative-hypnotics for illicit use from physicians and through Internet purchase. Participants discussed: "Off the street, doctors, dark web, people's scripts; Robbery." Generally, the most common route of administration for illicit use of sedative-hypnotics is snorting. Participants estimated that out of 10 illicit sedative-hypnotic users, six would snort and four would orally consume the drugs.

Participants described typical illicit sedative-hypnotics users as anybody. Participants commented: "Everybody; Anybody that has anxiety, anyone that is stressed; People who are stressed ... out." Community professionals described typical illicit sedative-hypnotic users as middle class. A law enforcement officer stated, "Middle class, injured, lower middle class, doing it to sleep or work or whatever they may need for pain relief."

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.'

Community professionals most often reported current availability as '9'; the previous most common score was '10.'

A law enforcement officer stated, "Marijuana, we see the most [in arrests and seizures]."

Participants and community professionals also discussed current availability of high-grade marijuana extracts and concentrates, often appearing as oil and waxy forms of the drug (aka "dabs"). Participants most often reported the current availability of marijuana extracts and concentrates as '10'; the previous most common score was '5.' A participant remarked, "[Dabs are] more popular now." Community professionals most often reported the current availability of marijuana extracts and concentrates as '9'; the previous most common score was not reported. A law enforcement officer noted, "'Edibles' (food products made with marijuana extracts and concentrates) ... gummy bears ... stuff like that are very popular."

Corroborating data indicated that marijuana is available in the Cincinnati region. ODPS reported seizing 2,168.4 kilograms (4,780.4 lbs.) of marijuana from this region during the past six months. In addition, media outlets reported on law enforcement seizures and arrests in the region this reporting period. Elmwood Place Police (Warren County) conducted a traffic stop, and when officers noticed a very strong odor of marijuana, they searched the vehicle and seized 19 baggies of marijuana individually packaged for sale, a box containing marijuana brownies and envelopes containing cash; law enforcement arrested the female driver of the vehicle for drug trafficking (www.cincinnati.com, April 24, 2019). Hamilton County Sheriff's Office arrested and charged a man with two counts of drug trafficking and two counts of drug possession after seizing 27 pounds of marijuana, 108 THC (tetrahydrocannabinol, the psychoactive component of marijuana) infused cigars, 12.7 pounds of THC infused gummy fruit candy, 1,333 THC vape cartridges, 39 ounces of concentrated THC hash oil (hashish, a drug made from the resin of the cannabis plant), seven guns and \$15,642 (www.fox19.com, May 10, 2019). Lawrence County Sheriff's Office executed a search warrant and arrested

four people for first-degree felony drug offenses after receiving tips from the public that drugs were being sold from their location; law enforcement seized marijuana, crystal methamphetamine, cash, two guns and a drug ledger (www.wsaz.com, June 18, 2019).

Participants and community professionals reported that the availability of marijuana has remained the same during the past six months, while the availability of marijuana extracts and concentrates has increased. Participants commented: "It's everywhere, more people have med (medical marijuana) cards; You can get a medical card here (in Ohio), you just pay \$250 ... for anxiety or depression, they write you one." Law enforcement described: "It has probably increased because of the availability of medical marijuana, people don't think it has any major effects, like alcohol. Society doesn't think of it as a gateway drug; We were seeing the butane hash oil, the 'butter' ... they are extracting the THC from marijuana and creating the butter, most of [the increase] has to do with the 'vape pens' (vaporizers, e-cigarettes), we're starting to see a little bit more of that." BCI crime labs reported that the incidence of cannabis (including edible cannabis) cases they process from this region have remained the same during the past six months, while the incidence of concentrated THC (oils, "dabs") cases they process from this region has increased.

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

Participants most often rated the current overall quality of marijuana as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was also '10.' Participants added: "I can only find high quality; 'Gas' and 'loud' (high-quality marijuana) are most common." Participants also discussed the high-quality of marijuana extracts and concentrates, commenting: "Better than weed; [Dabs] are strong, they knock you out!" In addition, a few participants shared that they suspected some marijuana to be tainted with fentanyl. One participant stated, "Fentanyl, I don't know if it is intentional or unintentional, I think they just store it together." Overall, participants indicated that the quality

of marijuana has remained the same during the past six months.

Reports of current prices for marijuana were provided by participants with experience buying the drug. Reportedly, the most common quantity of purchase is a gram. Overall, participants reported that the price of marijuana

Current Prices for Marijuana		
Marijuana	Low grade:	
	A blunt (cigar) or a gram	\$10-40
	1/4 ounce	\$40-100
	1/2 ounce	\$60-100
	An ounce	\$90-200
	Extracts and concentrates:	
	1/2 gram	\$25-30
	A gram	\$45-60

Participants reported obtaining marijuana from drug dealers, local growers and through Internet purchase and mail delivery. A participant explained, "You can buy it from Michigan, Colorado, California." While there were a few reported ways of consuming marijuana, generally the most common route of administration remains smoking. Participants estimated that out of 10 marijuana users, eight would smoke and two would orally consume the drug. A participant shared making butter to orally consume marijuana: "Canabutter' (cannabis-infused butter) ... I take weed, put three grams in the oven and it becomes butter ... I have it with toast...."

A profile for a typical marijuana user did not emerge from the data. Participants and community professionals described typical marijuana users as anyone; however, they discussed younger people as dabs users. One participant stated, "Teenagers to early 20s are doing dabs and smoking loud." A treatment provider remarked, "Everyone." Law enforcement officer noted, "Everyone."

Methamphetamine



Methamphetamine remains highly available in the region. Participants most often reported the current availability of methamphetamine as '10' on a scale of '0' (not available, impossible

to get) to '10' (highly available, extremely easy to get); the previous most common score was '8.' Participants commented: "In Hamilton [County] people are crazy for 'meth' (methamphetamine); Last year I switched from heroin to meth 'cause I was tired of 'dying' (overdosing)." Community professionals most often reported the current availability of methamphetamine as '10,' the previous most common scores were '9' for treatment providers and '10' for law enforcement. Treatment providers observed: "[Clients] try to quit heroin by going to meth; A lot of them are switching from the heroin and fentanyl to the methamphetamine because they don't want the overdose factor, and they don't want medical [services] to be involved with Narcan® (naloxone, opiate overdose reversal medication)."

Corroborating data indicated that methamphetamine is available in the Cincinnati region. Hamilton County Coroner's Office reported that 12.6% of the 239 drug-related deaths it recorded this reporting period involved methamphetamine. Scioto County Coroner's Office reported that 54.2% of the 24 drug-related deaths it recorded this reporting period involved methamphetamine. In addition, ODPS reported seizing 25.0 kilograms (55.2 lbs.) of methamphetamine from this region during the past six months.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A Lawrence County Public Library employee in Ironton found a box marked 'Not Dope' with methamphetamine and a syringe inside; Ironton Police investigated the incident (www.wsaz.com, Jan. 4, 2019). OSHP conducted a traffic stop that led members of the Southern Ohio Task Force in Scioto County to seize about two pounds of crystal methamphetamine and 14 grams of heroin and fentanyl mixture with a street value of \$56,000 combined, along with \$3,396; law enforcement arrested two individuals for felony trafficking and drug possession (www.whio.com, April 1, 2019). OSHP conducted a traffic stop in Ross County and seized over 100 grams of methamphetamine; troopers arrested the driver of the stopped vehicle for drug possession (www.chillicothe gazette.com, April 26, 2019). Butler County Undercover Regional Narcotics Task Force stopped a car and found the driver attempting to destroy 400 grams of crystal methamphetamine; law enforcement arrested and charged the man, who was also believed to be the head of a drug trafficking ring, on felony charges of drug possession, drug trafficking and tampering with evidence (www.wdtn.com, April 26, 2019). Cincinnati Police investigated a suspected

methamphetamine lab and arrested two men who were cooking methamphetamine (www.fox19.com, May 9, 2019). Cincinnati Police were alerted by probation officers that during a home visit they discovered materials to make methamphetamine, which resulted in a drug lab team dismantling the lab; officers arrested three people in the home for drug possession, drug trafficking, possession of drug paraphernalia, receiving stolen property and weapons violations (www.local12.com, May 10, 2019). Ross County Sheriff's officers followed up on an investigation and found items consistent with methamphetamine production, leading to a search warrant where officers seized methamphetamine, items used in drug trafficking, drug paraphernalia, suspected stolen property, and a gun; law enforcement arrested and charged five people (www.nbc4i.com, June 16, 2019).

While participants reported that methamphetamine is available in crystal and powdered forms throughout the region, reportedly, crystal methamphetamine remains more prevalent. Participants maintained: *"There's more 'ice' (crystal methamphetamine) on the street ... so much ice; When I was out there on the streets, the 'dope boy' (drug dealer) went from heroin and crack to, 'I got ice now,' expanding the business."* A law enforcement officer confirmed, *"We see the ice meth coming up from Mexico."* The powdered form of methamphetamine is typically referred to as "shake-and-bake," which means users produce the drug in a single-sealed container, such as a two-liter soda bottle. By using common household chemicals along with ammonium nitrate (found in cold packs) and pseudoephedrine (found in some allergy medications), people who make methamphetamine can produce the drug in approximately 30 minutes in nearly any location.

Participants and community professionals reported that the availability of methamphetamine has increased during the past six months. Participants emphasized: *"The cartels, they wanna switch it (transition for heroin to methamphetamine); It's safer, it's cheaper [than heroin]."* A treatment provider noted, *"Seems to be an upswing."* A law enforcement officer confirmed, *"We are seeing so much ice. It is so cheap that your typical user is buying an ounce or more of ice... it is everywhere."* BCI crime labs reported that the incidence of methamphetamine cases they process from this region has remained the same during the past six months.

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

Participants most often rated the current overall quality of crystal methamphetamine as '10' and of powdered methamphetamine as '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '7' for methamphetamine generally. A participant determined, *"It's very pure today."* However, participants discussed adulterants (aka "cuts") that affect the quality of methamphetamine and reported the following as cutting agents for the drug: cocaine, Drano®, ecstasy (MDMA), fentanyl, laxatives, salt and wasp spray. Overall, participants reported that the quality of methamphetamine has remained the same during the past six months.

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

Reports of current prices for methamphetamine were variable among participants with experience buying the drug. Reportedly, the most common amount of purchase is a gram. A participant commented, *"Gram, and [price] depends where you're at..."* Overall, Respondents reported that the price of methamphetamine has decreased during the past six months. A law enforcement officer stated, *"Was \$100 a gram, now \$50 a gram. The supply is so great that they could decrease the cost."*

Methamphetamine	Current Prices for Methamphetamine	
	Powdered:	
	1/2 gram	\$20-40
	A gram	\$30-40
	1/8 ounce	\$200
	Crystal:	
	1/2 gram	\$10
	A gram	\$20-70
	1/8 ounce	\$80-100
	1/4 ounce	\$60-120
An ounce	\$150-300	

Participants reported that the most common routes of administration for methamphetamine are intravenous injection (aka “shooting”) and snorting. Participants estimated that out of 10 methamphetamine users, five would shoot and five would snort the drug. A participant remarked, “A lot of younger ones like to snort it.” Participants and community professionals described typical methamphetamine users as white people of lower socio-economic status living in rural areas. Participants commented: “Hillbilly; White, 18 to 35 [years of age]; Rural areas.” Treatment providers observed, “Females, 25 to 33 [years of age]; No high school diploma, white male, 18 to 45 [years of age], tend to live in a more rural area.” A law enforcement officer concluded, “Lower to middle income mainly, young adults ... 18 [years of age] and up.”

Prescription Stimulants

Prescription stimulants are moderately to highly available for illicit use in the region. Participants most often reported the current street availability of these drugs as ‘8’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was ‘5.’ A participant commented, “I can easily get it.” Treatment providers did not report on prescription stimulants, while law enforcement most often reported current street availability as ‘4;’ the previous most common scores were ‘5’ and ‘4,’ respectively.

Media outlets reported on law enforcement seizures and

arrests in the region this reporting period. Norwood Drug Task Force (Hamilton County) investigated a tip of a man selling drugs from his home near a school; officers discovered that a man was selling methamphetamine, heroin, dextroamphetamine (prescribed amphetamine) and various other pharmaceutical drugs from his home with two children present; law enforcement arrested the man for drug possession, drug trafficking and weapons violations (www.wcpo.com, May 23, 2019).

Participants and law enforcement identified Adderall® as the most available prescription stimulant in terms of widespread illicit use. A participant concluded, “Adderall® is pretty easy to get, I don’t hear about Ritalin®.” Participants and law enforcement reported that the street availability of prescription stimulants has remained the same during the past six months. BCI crime labs did not report processing any cases of methylphenidate (Ritalin®) from this region during the past six months, and very few cases of amphetamine (Adderall®) and lisdexamfetamine (Vyvanse®).

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

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

Prescription Stimulants	Current Prices for Prescription Stimulants	
	Adderall®	\$5-8 for 30 mg
Ritalin®	\$1 for 5 mg	

Participants reported obtaining prescription stimulants for illicit use from parents whose children are prescribed the drug. A participant shared, “I know someone with kids who get it, they sell it.” Participants reported that the most

common route of administration for illicit use of prescription stimulants is snorting. Participants estimated that out of 10 illicit prescription stimulant users, eight would snort, one would orally consume, and one would intravenously inject the drugs. Participants commented: *“Snorting it ... eat it once in a while; If you are eating it, you are pulling the capsule apart, so it hits you faster.”*

A profile for a typical illicit prescription stimulant user did not emerge from the data. Participants described a variety of people as illicitly using the drugs. They said: *“Moms, people who have stuff to do; College kids; People who work long hours; Computer programmers, techies.”* Community professionals described typical illicit prescription stimulant users as young adults. A law enforcement officer confirmed, *“The cases we have were the young adults....”*

Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) remains available in the region. Participants most often reported the current availability of the pressed tablet form of ecstasy as ‘5’ and of “molly” (powdered MDMA) as ‘8’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common scores were ‘2’ and ‘6,’ respectively. Participants commented: *“If I got a car, it is an 8; Powder (molly) is more available.”* Treatment providers did not report on ecstasy or molly, while law enforcement most often reported the current availability of ecstasy as a ‘1’ and of molly as ‘6;’ the previous most common scores were not reported. A law enforcement officer stated, *“We don’t see [ecstasy or molly] on a regular basis.”*

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Middletown Police and Warren County Drug Task Force executed a search warrant of a home that resulted in the arrest of five people after the seizure of a small amount of ecstasy, 200 grams of methamphetamine, a small amount of fentanyl, and two handguns; officers charged the suspects with drug trafficking, drug possession, obstructing official business, and some were arrested for other warrants as well (www.local12.com, March 5, 2019).

Participants reported the availability of ecstasy/molly has decreased during the past six months, while law enforcement reported that availability of ecstasy/molly has remained the same. BCI crime labs reported processing very few cases of MDMA (ecstasy/molly) from this region during the past six months.

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

Participants most often rated the current overall quality of ecstasy/molly as ‘6’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was not reported. Reportedly, ecstasy/molly are often adulterated with other substances including heroin and methamphetamine. Overall, participants reported that the quality of ecstasy/molly has remained the same during the past six months.

Reports of current prices for ecstasy and molly were inconsistent among participants with experience buying the drugs. Overall, participants reported that the prices of ecstasy and molly have remained the same during the past six months. Participants reported that the most common routes of administration for ecstasy and molly are snorting and oral consumption. Participants estimated that out of 10 ecstasy and molly users, five would snort and five would orally consume the drugs. A participant summarized, *“If it is the pills, they are going to be eating. If it is the powder, they will be snorting.”* Participants and community professionals described typical ecstasy/molly users as young people. A participant explained, *“High school, college, 20s, more white people.”* One law enforcement officer stated, *“College students.”*

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: hallucinogens (lysergic acid diethylamide [LSD]), kratom (mitragynine), synthetic marijuana (synthetic cannabinoids) and xylazine (animal sedative).

Hallucinogens

Hallucinogens remain available in the region. Participants most often reported the current availability of LSD 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 not reported. Community professionals did not report on hallucinogens. BCI crime labs reported that the incidence of LSD and psilocybin mushrooms cases they process from this region has remained the same during the past six months, although very low.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Law enforcement in Butler County secured a high school student who self-reported use of LSD before groping several female school staff members, fleeing the school, kicking through the window of the partition in the police cruiser, kicking a police officer in the head and strangling a nurse; after his release from the hospital, law enforcement took the student to a juvenile detention center, charging him for vandalism, resisting arrest, gross sexual imposition and assault (www.nbc4i.com, Jan. 23, 2019).

Participants reported that a dose (aka "a hit") typically costs \$7-10. While there were a few reported ways of consuming LSD, generally the most common route of administration is oral consumption. Participants described typical LSD users as marijuana users. A participant remarked, "Spiritual, 'pot heads' (habitual marijuana users)."

Kratom

Kratom (mitragynine, a psychoactive plant substance) remains available in the region. Participants most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most

common score was not available. Participants reported kratom is highly available because you can purchase it from head shops, and it helps with withdrawal. Participants highlighted, "Not wanting to take it every day, it's not FDA approved, no euphoria to it, just takes the edge off; Didn't have the money to get heroin, once you take it, you'll stop shaking, sweating." Community professionals did not report on kratom.

Synthetic Marijuana

Synthetic marijuana (synthetic cannabinoids) remains 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.' Community professionals most often reported current availability of synthetic marijuana as '3'; the previous most common scores were not reported. A treatment provider noted, "It's creating a lot of issues ... a lot of medical interventions [are needed as a result of use] ... psychotic thoughts, bizarre thinking, causing vitals to be off the charts, not allowing medical to do what they need to do to monitor them as they think they are out to hurt them." A law enforcement officer commented, "Not seeing a whole bunch of it. The 'K-2' (brand of synthetic marijuana) is still at the stores, but it is so difficult for us to enforce...."

Participants did not report on change in availability of synthetic marijuana during the past six months, while community professionals reported that the general availability of synthetic marijuana has decreased. A law enforcement officer observed, "Marijuana is so available they use that instead of the synthetic." BCI crime labs reported that they processed very few cases of synthetic cannabinoids from this region during the past six months.

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

Community professionals described typical synthetic marijuana users as young people. A law enforcement officer concluded, "14 to 21 [years of age] ... young adults, students."

Xylazine

Xylazine (animal sedative) is available in the region. Participants and treatment providers did not report on xylazine, while law enforcement most often reported the drug's current availability as '3-4' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was not reported. A law enforcement officer noted, *"It is an animal tranquilizer called xylazine, resistant to Narcan®."* Law enforcement reported that the availability of xylazine has increased during the past six months. Law enforcement described typical xylazine users as opioid users.

While methamphetamine is available in crystal and powdered forms, reportedly, crystal methamphetamine (aka "ice") remains the more prevalent type in the region. A law enforcement officer confirmed, *"We are seeing so much ice. It is so cheap ... it is everywhere."* Participants and community professionals attributed the increased availability of methamphetamine during the past six months to drug cartels bringing in greater amounts of the drug from Mexico to meet increasing demand. Participants and treatment providers reported that heroin users are switching drugs due to the overdose dangers of fentanyl that is mixed with or substituted for heroin. A participant said of methamphetamine, *"It's safer."* However, participants noted fentanyl as an adulterant for methamphetamine.

Conclusion

Crack cocaine, fentanyl, heroin, marijuana, methamphetamine and Suboxone® (buprenorphine) remain highly available in the Cincinnati region. Changes in availability during the past six months include: increased availability for fentanyl, marijuana and methamphetamine; decreased availability for prescription opioids; and likely decreased availability for sedative-hypnotics.

Participants and community professionals agreed that fentanyl is extremely available in the region. Participants discussed the drug as being pushed on users in that fentanyl is adulterated into almost every other drug, including pressed into pill form and sold as prescription opioids and sedative-hypnotics. A treatment provider observed, *"We don't have a heroin problem anymore, we have a fentanyl problem."* Participants and community professionals also agreed that the availability of fentanyl has increased during the past six months, due primarily to increased demand for the drug.

Corroborating data indicated that fentanyl is highly available in the Cincinnati region. Hamilton and Scioto counties' coroners' offices reported that 83.7% and 62.5%, respectively, of the drug-related deaths they recorded this reporting period involved fentanyl/fentanyl analogues. In addition, ODPS reported seizing 78.6 lbs. of fentanyl from this region during the past six months. BCI crime labs reported that the incidence of fentanyl/fentanyl analogue cases they process from this region has increased during the past six months

Participants and community professionals discussed the current high and increasing availability of marijuana extracts and concentrates (aka "dabs"). BCI crime labs reported that the incidence of concentrated THC (oils, dabs) cases they process from this region has increased during the past six months. Participants expressed a preference for dabs due to its higher potency. Comments included: *"Better than weed; [Dabs] are strong, they knock you out!"* Participants and community professionals described typical dabs users as teens and young adults aged in their 20s.

Lastly, law enforcement reported current moderate availability of xylazine (animal sedative) in the region. They noted that the drug is resistant to Narcan®. Law enforcement also reported that the availability of xylazine has increased during the past six months, and they described typical xylazine users as opioid users.

