



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 Clinton, Hamilton and Lawrence 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 Scioto County Coroner and the Bureau of Criminal Investigation (BCI) London office, which serves central and southern Ohio. All secondary data are summary data of cases processed from July through December 2014. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for January through June 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, 2010	11,536,504	2,017,337	41
Gender (female), 2010	51.1%	51.1%	34.1%
Whites, 2010	81.1%	81.3%	87.8%
African Americans, 2010	12.0%	12.5%	9.8%
Hispanic or Latino origin, 2010	3.1%	2.3%	0.0%
High School Graduation rate, 2010	84.3%	88.0%	78.0%
Median Household Income, 2013	\$48,308	\$46,399	\$19,000 to \$21,999 ²
Persons Below Poverty Level, 2013	15.8%	17.4%	51.2% ³

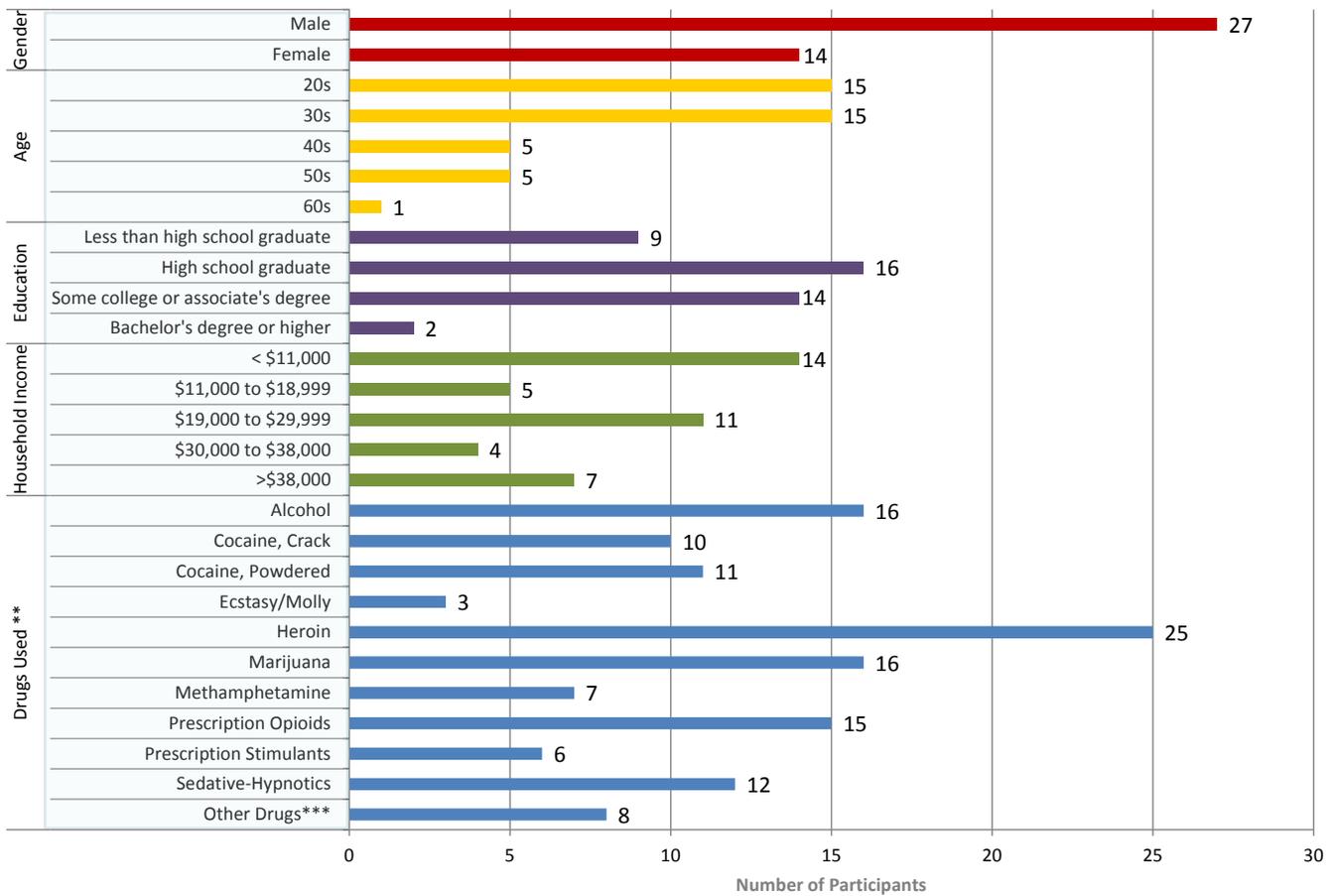
¹Ohio and Cincinnati region statistics are derived from the most recent US Census; OSAM drug consumers were participants for this reporting period: January - June 2015.

²Participants reported income by selecting a category that best represented their household's approximate income for the previous year.

³Poverty status was unable to be determined for 4 participants due to missing and/or invalid data.

Cincinnati Regional Participant Characteristics

Drug Consumer Characteristics* (N=41)



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

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

***Other drugs included: 25-l and 2CB, Suboxone® and Subutex®.

Historical Summary

In the previous reporting period (July 2014 – January 2015), crack cocaine, heroin, marijuana, methamphetamine, prescription stimulants, sedative-hypnotics and Suboxone® remained highly available in the Cincinnati region. An increase in availability existed for heroin and Suboxone®, and a decrease in availability existed for synthetic marijuana. Data also indicated possible decreased availability for bath salts.

Participants and community professionals reported white and brown powdered heroin as the most available heroin types throughout the region. Law enforcement reported that the brown powdered heroin they encountered had come into the United States from Mexico. Participants suggested that black tar heroin was more available in urban areas of the region.

Participants reported that users sought white powdered heroin due to the high potency of the drug and explained that this type of heroin often contained fentanyl. The danger of using fentanyl-cut heroin was well understood, yet most participants shared they continued to seek it out despite their understanding of possible overdose danger. Several participants shared stories of friends who died using fentanyl-cut heroin. The BCI London Crime Lab reported that many powdered heroin cases they processed in the lab were heroin-fentanyl mixtures and sometimes straight fentanyl.

The most common route of administration for heroin remained intravenous injection (aka “shooting”). Participants estimated that out of 10 heroin users, all 10 users would shoot the drug. Clean needle availability varied throughout the region as some participants reported easily obtaining them through pharmacies, while others reported increased difficulty as pharmacies were requiring prescriptions for needle purchase. Participants said it was common practice to reuse needles from other users or to use those found on the ground. Participants described typical heroin users as everybody, while community professionals described typical users as younger adults, females and those of lower socio-economic status.

Participants and community professionals reported an increase in the street availability of Suboxone®. Participants attributed the increase to how easily a user could obtain a prescription, while community professionals cited an

increase in number of Suboxone® clinics in the region. The BCI London Crime Lab reported that the number of Suboxone® cases it processed had increased.

Reportedly, the most common route of administration for illicit use of Suboxone® was intravenous injection. Participants described typical illicit Suboxone® users as heroin users trying to detox or trying to avoid withdrawal symptoms when they could not obtain heroin. Treatment providers also described typical illicit Suboxone® users as those attempting to detox from heroin.

Finally, participants reported decreased availability of bath salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues) in the region. Treatment providers explained that they did not hear about bath salts use among their adult clients and believed the reason was due to the bad reputation of the drug. The BCI London Crime Lab reported a decrease in the number of bath salts cases it processed. Participants and community professionals described typical bath salts users as younger, high school or college aged.

Current Trends

Powdered Cocaine

Powdered cocaine is highly available in the region. Participants most often reported the drug’s current availability as ‘8’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was ‘4.’ One participant explained, *“When the pill mills (pain clinics) got shut down, a lot of people went to ‘alpha’ (alpha-PVP or alpha-pyrrolidinopentiophenone, aka “flakka,” a synthetic stimulant similar to bath salts) or cocaine.”* Community professionals most often reported the drug’s current availability as ‘6;’ the previous most common score was bimodal (‘1’ and ‘8’). A treatment provider stated, *“I give it an ‘8’ ... well, usually when you buy your heroin, they throw in a couple caps (capsules) of cocaine, too, so it’s a bonus, yeah.”*

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A man was arrested in Scioto County by the Southern Ohio Drug Task Force for trafficking cocaine near a school (www.wsaz.com, Feb. 2, 2015). A large-scale law enforcement operation interrupted a significant cocaine and heroin distribution network in Cincinnati; more than a kilogram of cocaine

and one-quarter kilogram of heroin were confiscated in the raids of several “stash” houses around the city (www.cincinnati.com, April 17, 2015).

Participants reported that the availability of powdered cocaine has remained the same during the past six months. Treatment providers reported an increase in availability of powdered cocaine during the past six months, while law enforcement reported that availability has remained the same. A treatment provider commented, *“I see an increase in cocaine ... I’ve had a few [clients report cocaine use] in the past couple months ... cocaine’s coming back it seems.”* 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 change
	 Law enforcement	No change
	 Treatment providers	Increase

Participants most often rated the current overall quality of powdered cocaine as ‘3’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was ‘6.’ A participant said, *“[Quality of powdered cocaine] probably depends on where you go, really.”* Other participants responded: *“It’s garbage; it’s pretty bad; It’s just junk.”*

Participants discussed how powdered cocaine is often adulterated (aka “cut” or “stomped on”) with other substances. One participant explained, *“Too many people stompin’ on it, people mostly just get ripped off.”* Participants reported that powdered cocaine in the region is cut with aspirin, baby laxatives, baking soda, isotol (dietary supplement), mannitol (diuretic), NoDoz® and vitamins (including B-12). A participant reflected, *“Probably whatever these (dealers) can find in the medicine cabinet to add to it.”* Another participant explained, *“They ‘rock it up’ (turn the powder into crack) and add baby laxatives to it ‘cause they get more out of it that way ... more product.”* 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
	● levamisole (livestock dewormer)

Reports of current street prices for powdered cocaine were consistent among participants with experience buying the drug. Participants reported that small amounts of cocaine are often sold in capsules. A few participants reported obtaining powdered cocaine for free, as one participant explained, *“Get it free, testers or whatever.”* A few participants reported an increase in prices of powdered cocaine and commented: *“It’s more now; You can get a \$5 ‘cap’ (capsule) ... of heroin, you get \$7 [per cap] for ‘coke’ (powdered cocaine).”* A participant explained, *“We usually run into people who are willing to share from what I’ve experienced. It’s a sharing drug ... People are willing to share cocaine, they’re not willing to share crack.”* Additionally, a participant reported leaving the region to purchase cocaine and shared, *“I always went to Dayton and if they had heroin, then they always had cocaine, too.”*

Powdered Cocaine	Current Street Prices for Powdered Cocaine	
	1/10 gram (aka “cap”)	\$10
	a gram	\$60-70
	1/16 ounce (aka “teener”)	\$100-120
1/8 ounce (aka “eight ball”)	\$200-300	

Participants reported that the most common routes of administration for powdered cocaine remain snorting and intravenous injection (aka “shooting”). One participant explained, *“Just depends on if they use the needle. If they do, they’re injecting [the powdered cocaine].”*

The majority of participants described typical powdered cocaine users as middle-aged, white and employed in professional and blue collar occupations. A participant stated, *“I think [typical powdered cocaine users] would be older folks, 30-55 [years of age], males primarily.”* A couple of participants noted black men as typical powdered cocaine users and shared: *“I don’t want to sound racist, but most of the time I would buy heroin off black guys and they were do-*

ing cocaine; Yeah, black men and younger men, 18-25 [years of age]."

Several participants made reference to socio-economic status of powdered cocaine users and commented: "[Powdered cocaine users are] financially stable; A little bit older, they have to have money (to afford powdered cocaine); I always heard it was a rich man's drug." Participants identified several professions connected with cocaine use and shared: "Blue collar, lawyers, some cops; Nurses ... you wouldn't think so because they have so much education and they're taking care of you, but we got [powdered cocaine] from a nurse." Several participants also indicated that powdered cocaine is a drug used to enhance sexual experiences.

Community professionals described typical users of powdered cocaine as white, adult women or middle-aged professionals. A treatment provider reflected, "A gentleman recently ... educated, works, you know, [cocaine is] kind of one of those things that helps keep him goin' and helps him get all the stuff done that he needs to get done. He doesn't think it's a problem because it helps him be more productive at work."

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 '8.' A few participants commented: "[Crack cocaine has] always been easy to get; Right across the street; Just ask ... it's around; I'm also able to call someone and find it." One participant shared, "You can always tell who the seller is ... worst house on the block with the nicest cars and people coming in and out." Community professionals most often reported the drug's current availability as '8;' the previous most common score was '9.' A treatment provider reflected, "According to my clients, specific areas in Warren County, you can smell it cookin' throughout the whole area and if you want it, you got it ... so it's readily available." Another clinician commented, "I'd say a '9' because I think a lot of heroin addicts ... they speed-ball ... they're using crack, too."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Two people were arrested in Hamilton (Butler County) for trafficking crack cocaine, heroin and marijuana; law enforcement was quoted

saying, "We are seeing crack cocaine more frequently in both small and large scale seizures. Not only are we dealing with heroin, but it looks like now users may be mixing or using both (heroin and cocaine) at the same time" (www.wlwt.com, Feb. 4, 2015). Ohio State Highway Patrol (OSHP) confiscated 125 grams of crack cocaine and 74 grams of heroin found by a canine officer when a vehicle was pulled over for a traffic violation in Ross County (www.statepatrol.ohio.gov, Feb. 5, 2015). Two men were arrested for trafficking about 50 grams of crack cocaine in immediate proximity of a school in Portsmouth (Scioto County) (www.wsaz.com, April 29, 2015).

Most participants reported that the availability of crack cocaine has remained the same during the past six months. However, a couple of participants felt that there was a recent increase in demand for crack cocaine, which created an increase in availability of the drug, as they explained: "[Availability is] increasing, but the quality is decreasing; After they shut down the pill mills and stuff, they (opioid users) went to crack." Community professionals also reported that availability of crack cocaine has remained the same during the past six months. A treatment provider stated, "For those that want it, it is as readily available now as it always has been." The BCI London Crime Lab reported that the number of crack cocaine cases it processes has decreased during the past six months.

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

Participants most often rated the current overall quality of crack cocaine as '4' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '8.' One participant shared that users often prefer crack cocaine over powdered cocaine and explained, "If you up on 'blow' (powdered cocaine) all night long, I mean, you'll come down for hours and just be miserable unless you got a shit load of lines. Crack goes faster, come down faster." Several participants noted that the quality of crack cocaine fluctuates. A couple participants explained: "It depends on where you went to get [crack cocaine]. Who you got it from; Different corners have different product."

Participants reported that crack cocaine in the region is 'cut' (adulterated) with ammonia, aspirin, baby laxatives, baking soda, ethanol and vitamin B-12. One participant explained, "They're cutting [crack cocaine] with pretty much the same stuff as [powdered] cocaine." Overall, participants reported that the quality of crack cocaine has remained the same during the past six months. However, participants from more rural areas of the region reported a decrease in quality and commented: "Around here [quality of crack cocaine is] not so good; It's dirt quality. Like going out and smoking dirt."

Crack Cocaine	Cutting Agents Reported by Crime Lab
	<ul style="list-style-type: none"> ● levamisole (livestock dewormer)

Reports of current street prices for crack were consistent among participants with experience purchasing the drug. Most participants reported that users will often purchase \$20 worth of crack cocaine, as one participant explained, "You can nickel and dime it. It's expensive that way ... less than \$20, you'll only get a hit or two." Participants stated that crack cocaine is most often sold by the piece and not necessarily weighed out. Participants commented: "I just buy by the piece ... I'd usually get a \$50 piece; I would go get a 'twenty' (\$20 worth) of crack and from there, I'd go get a 'fifty' (\$50 worth) of heroin." Several individuals said crack cocaine dealers will sell the drug for any amount of money. Participants shared: "If you got two pennies, you could, pretty much, get some crack ... you could trade anything for it ... Kindles, iPads, other drugs ... marijuana. Usually people will want marijuana for crack; Yeah, like trade pain pills for crack."

Crack Cocaine	Current Street Prices for Crack Cocaine	
	1/10 gram	\$10
	a gram	\$50-60
	1/16 ounce (aka "teener")	\$75-100
	1/8 ounce (aka "eight ball")	\$150-250

Participants reported that the most common routes of administration for crack cocaine remain smoking or intrave-

nous injection (aka "shooting"). Participants estimated that out of 10 crack cocaine users, eight would smoke and two would shoot the drug. A participant commented, "Smokin' it. It's the only way, really." Other participants observed, "More people now went to shootin'; I hear more and more people shooting crack." A treatment provider who rated availability as higher also commented on users shooting crack: "I learned that now you can shoot crack, too. I didn't know that, but about six months ago I learned that one."

While participants varied in their descriptions of a typical crack cocaine user, most described users as people of lower socio-economic status and drug dealers. A participant commented, "It's so weird, though, because most the people that I've seen sell crack, do crack, though ... like most the people I seen sell 'dog' (heroin), they don't do dog" Other participants shared: "I've known a variety of different people to use [crack cocaine] - from young males to old ladies; They're either really rich or really poor ... usually homeless people ... thieves, hookers." A participant remarked, "It's usually the drug that people get when they can't get their drug (of choice) these days, like if you can't get 'hairon' (heroin) ... if you can't get some 'meth' (methamphetamine)." Community professionals described typical crack cocaine users as heroin or other drug addicted, in their 30s, white and male. A clinician clarified, "I see more IV [cocaine use] with women, more smoking [crack cocaine] with males."

Heroin



Heroin remains highly available in the region. Participants and community professionals continued to report overall availability of heroin as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score for both groups was also '10'. A treatment provider commented, "Yeah, '9' to '10' because it's cheap."

While many types of heroin are currently available in the region, participants reported powdered heroin as most prevalent. Participants discussed colors of powdered heroin that are available in the region and commented: "I don't think I've even seen brown powder anymore. It's mainly white or gray; More of the white stuff out now ... that's fentanyl; Gray. It's pretty much like the white; A lot of gray [heroin] goin' around; If you have the right connections, you can find the brown."

Several participants also mentioned seeing pink- or blue-colored powdered heroin and most often reported pink

heroin availability as '2' and blue heroin availability as '10.' A participant talked about the blue-colored heroin and shared, "When you draw it up in the needle, it turns purple. It's called 'purple magic.'" Participants most often reported the current availability of black tar heroin as '3' and commented: "Up here, man, it's all white and brown. Columbus is all tar; The Mexicans (dealers) have [tar heroin], but not around here." Community professionals were unaware of what type of heroin is most available in the region.

Corroborating data also indicated that heroin is readily available in the region. The Scioto County Coroner's Office reported that 26 percent of the 19 drug overdose deaths it recorded this reporting period involved heroin.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Three individuals were taken into custody in Lawrence County for trafficking more than 10 grams of heroin (www.wsaz.com, Feb. 4, 2015). Following a car and foot chase, a man was arrested in Elmwood Place (Hamilton County) and three pounds of heroin were confiscated from his vehicle (www.local12.com, Feb. 5, 2015). Two Columbus (Franklin County) gang members were sentenced to 40 years in prison at a trial in Portsmouth (Scioto County) for their roles in trafficking heroin between the two cities; 22 gang members were arrested in this operation which was intercepted in June 2014 and found to distribute up to 400 grams of heroin per day in the region (www.wsaz.com, Feb. 5 & 11, 2015). A Goshen Township (Clermont County) young man died of a heroin overdose while his friends took pictures of him and posted them on Facebook; the man who injected the drug into him faces involuntary manslaughter and corrupting another with drugs charges (www.wlwt.com, Feb. 18, 2015). A Warren County woman was arrested after it was discovered that she was dropping her 11-year-old daughter off at a man's house in exchange for heroin; reportedly, she injected her daughter with heroin at least once (www.cincinnati.com, March 24, 2015). A driver was arrested in Scioto County when a canine officer alerted OSHP troopers to a vehicle and 26 grams of heroin were found taped behind a headlight (www.statepatrol.ohio.gov, May 23, 2015). Eight individuals overdosed on heroin in Portsmouth (Scioto County) one Friday night and an additional four overdoses were reported on Saturday; Police Chief Ware, who suspected the drug was cut with fentanyl, sent out a warning and credited the availability of Narcan® for saving the lives of these 12 individuals

(www.portsmouthdailytimes.com, May 23 and 26, 2015). Four individuals were arrested and charged with trafficking the previously mentioned deadly batch of heroin into Portsmouth; 53 grams of tainted heroin were seized during their arrests (www.wsaz.com, May 26, 2015). Two individuals were arrested for the overdose death of a young man from Arlington Heights (Hamilton County) for selling him a fatal dose of fentanyl under the guise of heroin; police seized heroin and prescription pills when they arrested the two (www.otfcs.net/news, June 16, 2015).

Additionally, media reported on efforts to curb the effects of heroin addiction in the region. Hamilton County media reported about difficulty for heroin addicts, their families and friends to obtain naloxone (the antidote to heroin overdose); apparently only a couple pharmacies stock this drug, others can get it by request, but it can take up to three weeks (www.local12.com, Feb. 5, 2015). Mount Orab (Brown County) law enforcement reported an average of about three overdoses per week and came together with the community to see what they could do to curb these overdoses, as well as drug-related crimes in their area (www.wcpo.com, March 2, 2015). Lawrence County law enforcement received naloxone kits in order to reduce the number of overdose victims in their community (www.wsaz.com, May 21, 2015).

Participants reported that the general availability of heroin has increased during the past six months. Specifically, participants noted an increase in white powdered heroin and a decrease in black tar heroin. A participant commented, "Since they closed them pill mills, people goin' to heroin and meth ... a lot." Community professionals reported that the general availability of heroin has increased during the past six months. A treatment provider stated, "I think we have more people coming forward and saying they have a problem (with heroin) than we did before." Another treatment provider commented, "We're seeing an increase in heroin, prescription opiates, alcohol and marijuana." The BCI London Crime Lab reported that the number of powdered heroin cases it processes has increased during the past six months, while the number of black tar heroin cases has remained the same; the lab noted having processed beige, brown, tan and white powdered heroin.

Heroin	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 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 suggested that the quality of heroin fluctuates, as one participant explained, "Depends, you know what I mean? Some could be a '10,' some could be a '0.'" The majority of participants felt that the gray or white powdered heroin was the most potent and commented: "The gray [heroin] is better. It's hard. It has more heroin in it; I don't know what they're mixin' with it, but it's a '10' [for quality]." Another participant asserted, "Gray and blue [heroin] are stronger. The potency [is due to] how much heroin is in there." A participant remarked, "Most of the white powder heroin around here is 'cut' (adulterated) with fentanyl."

Several participants did not know what substances were cut into heroin and responded: "It's cut with so much different stuff; They cut [heroin] with all kinds of stuff; It's hard to say because you don't know what you're getting." However, other participants were able to identify some cuts and reported that brown and white powdered heroin are most often cut with baby laxative, baking soda, cocaine, prescription opioids (oxycodone, fentanyl and morphine), Similac® and vitamins. Additionally, participants shared that brown powdered heroin is also cut with make-up and vinegar, while white heroin is cut with sedative-hypnotics (benzodiazepines) and black tar is cut with Coca-Cola® and coffee. One participant remarked, "Definitely vinegar. You can smell it and taste it."

Several participants discussed fentanyl-cut heroin and commented: "I think right now, a lot of it is that fentanyl stuff 'cause of how it breaks down; It's hard to sort out what's heroin and what's fentanyl. You could just get a whole thing of fentanyl. And that's what's making people die apparently." Many participants discussed a number of local overdoses on the white and gray powdered heroin. A participant stated, "In Sabina (Clinton County), about a week ago, there were six OD's (overdoses) and that's just from two 'caps' (capsules of heroin). One of them resulted in death." A participant

from a different focus group shared similar information and expounded, "They had eight overdoses in Sabina (Clinton County) a couple weeks ago and all but one survived. They were using heroin and meth together. The EMS gave 'em Narcan® (naloxone). The police have [naloxone] now, so when they go [on overdose calls] they can try to save somebody." Another participant added, "The health department has Narcan®, you can pick one [Narcan® kit] up yourself. You have to go down there and take a class, but ... they give you two, one for you and if someone else if overdosing. It's like an EpiPen® shot." Another participant reported, "There's been 30 overdoses in this area in the last few months ... all heroin."

Overall, participants reported that the general quality of heroin has remained the same during the past six months. The BCI London Crime Lab noted that "lots of powdered heroin coming in as a heroin-fentanyl mix, sometimes even straight fentanyl!"

Heroin	Cutting Agents Reported by Crime Lab	
		caffeine
	diphenhydramine (antihistamine)	
	fentanyl	
	mannitol (diuretic)	
	triacetin (glycerin triacetate, a food additive)	

Reports of current street prices of heroin were provided by participants with experience purchasing the drug during the past six months. A participant commented, "Main reason why people doing heroin is because pills are too high [in price]." Participants added that users can trade services for heroin. Some services mentioned by participants included sexual favors, driving the drug dealer around, delivering drugs for the dealer and selling drugs for the dealer. One participant asserted that prices are lower and reasoned, "There's less heroin in it, more fentanyl." Another participant explained, "I would buy in larger quantities, therefore the price goes down." Still others observed: "There's lot of competition out there; [There are] so many dope fiends, [dealers] can afford to lower the prices."

Heroin	Current Street Prices for Powdered Heroin	
	1/10 gram	\$20-30
	1/2 gram	\$50-60
	a gram	\$100-120

Participants continued to report the most common route of administration for heroin as intravenous injection (aka “shooting”). Participants estimated that out of 10 heroin users, nine would shoot and one would snort the drug. A participant stated: *“Shooting it in this region.”*

Participants reported that heroin users will use whatever needle is available, often sharing or reusing needles. One participant plainly stated, *“Whoever has [a needle], you use it.”* Several participants knew the danger of this sort of practice and one participant commented, *“Yeah, ‘Hep C’ (hepatitis C) and, I’m telling you HIV is going to take off ... like I’ve been tested. One person’s going to do it and it’s going to take off.”*

Participants reported obtaining needles from dealers, diabetics and pharmacies. One participant simply remarked, *“You steal ‘em or buy ‘em.”* A few participants noted that there is increasing difficulty with getting needles from diabetics, as one participant explained, *“Most people with diabetes are getting the pumps now. They don’t give ‘em needles, because of heroin [epidemic].”*

Several participants were aware of needle exchanges in the region and how to access them. In fact, three needle exchange locations in Cincinnati were identified by participants. Additionally, a few health departments were known to offer similar services, as a couple participants shared: *“You can get [clean needles] at the health department; You can trade your old ones in for new ones in Huntington (Ross County) [at the health department].”*

Reports of current dealer prices for needles were \$2-3 each and one participant disclosed, *“If you buy enough heroin, the dealer just gives [needles] to you.”* Participants also reported that pharmacies will sell 100 needles for \$10-12, but sometimes require prescriptions. One participant explained, *“In pharmacies, it just depends on the pharmacist. There’s a few that will [sell needles without a prescription].”*

A profile of a typical heroin user did not emerge from the data. Participants described typical users as more often white and as *“everyone and anyone.”* One participant remarked, *“I think it’s 10-90 [years old], all races.”* Although more whites were reported to use heroin, a participant indicated an increase in use by black individuals and explained, *“Black people [use heroin] under cover. There’s a lot of black people around here that sell it, but they use it, too.”* Additionally, participants noted that the ages of heroin users as expanding in both directions. A participant shared, *“I mean my neighbor is 14 [or] 15 [years old and is] shooting*

heroin. Selling it, doin’ it. Her Dad don’t know she’s doing it, she just goes up to her room. Her dad is dying of cancer, she steals his [pain medication] and everything. Her boyfriend just went to prison.” Another participant shared, *“I have a 73-year-old Grandma who’s getting high on heroin. She was on pain pills. She don’t inject it, but yeah, she snorts it.”*

Community professionals most often described typical heroin users as younger and female. A couple of treatment providers agreed with a description another clinician gave, when she reflected, *“I would say, 25-year-old female with one or more kids possibly not in her care and lower socio-economic status.”* However, several treatment providers were quick to note: *“I have seen a lot of different ages; I have 60-year-old [clients using heroin].”* Further discussion centered on age of first-time use: *“It seem like young folks are being targeted; The scariest thing that I saw ... was first-time adolescent users going straight to heroin. Not alcohol, not marijuana. First time ... heroin ... at 15, 16 years old.”*

Prescription Opioids



Prescription opioids remain moderately available in the region. Participants most often reported the current 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’. Likewise, community professionals most often reported current availability as ‘7’; the previous most common score was ‘7’ for treatment providers and ‘9’ for law enforcement. A treatment provider remarked, *“It’s easier to get heroin than it is to get [prescription opioids].”* Another treatment provider commented, *“More individuals ... related to prescription drug abuse, either possession of substances they don’t have prescriptions for themselves or for trafficking ... primarily opiates”* A clinician commented, *“Students tell us they’re readily available in schools.”*

Participants identified fentanyl, methadone, Norco®, OxyContin® and Percocet® as the most popular prescription opioids in terms of widespread illicit use. Participants specified that the fentanyl to which they are referring in this section come in patches and sticks (lollipop) forms, not the clandestine fentanyl that is often cut into heroin. Community professionals identified Opana®, OxyContin®, Percocet® and Vicodin® as the most popular prescription opioids in terms of widespread illicit use.

Corroborating data also indicated the availability of prescription opioids for illicit use in the region. The Scioto County Coroner’s Office reported that 74 percent of the 19 drug overdose deaths it recorded this reporting period involved prescription opioids, with fentanyl reported in 57 percent of these deaths.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. The owner of a Lucasville (Scioto County) pain clinic was convicted on drug charges and for money laundering after law enforcement identified the establishment as a “pill mill” where prescriptions for primarily narcotics (oxycodone) and some sedative-hypnotics (Xanax®) were being handed out to patients who would pay \$200 cash per visit (www.wsaz.com, Feb. 19, 2015).

Participants reported that the general availability of prescription opioids has decreased during the past six months. A participant complained, *“It’s hard to get them prescribed and they’re too expensive on the streets.”* Treatment providers reported that availability of prescription opioids has decreased during the past six months, while law enforcement reported no change in availability. A treatment provider recalled, *“We’ve had a lot of doctors leave the area. I think that’s when we saw the decrease.”* Another clinician added, *“I think there’s been some policy changes at the hospital, too.”*

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 Dilaudid®, Tylenol® 3/Tylenol®4, Ultram® and Vicodin®. In addition, the lab 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.

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

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

Prescription Opioids	Current Street Prices for Prescription Opioids	
	fentanyl (patches)	\$20-40 for 15 mcg \$50 for 100 mcg
	methadone	\$3-5 for 10 mg (tablet) \$0.50-1.50 per ml (liquid)
	Norco®	\$2-3 for 5 mg
	OxyContin® OP	\$35-40 for 30 mg
	Roxicodone®	\$40-55 for 30 mg

In addition to obtaining prescription opioids on the street from dealers, participants also reported getting them from friends, prescribed by a physician and by stealing them. One participant commented, *“Anyone can get to the hospital and get a ‘script’ (prescription) for Norco®. I mean, that’s what they’re giving instead of Vicodin®.”*

Participants reported that the most common routes of administration for illicit use of prescription opioids remain oral consumption and intravenous injection (aka “shooting”). Participants estimated that out of 10 illicit prescription opioid users, eight would shoot and two would orally consume (“eat”) these drugs. One participant indicated that some pills were easier to shoot than others and illustrated, *“The new [OxyContin® pills], they got gel in ‘em. Put it in the microwave and put ‘em in the freezer [in order to help break them down to shoot them] so many times it’s not even worth it.”*

A profile of a typical illicit prescription opioid user did not emerge from the data. The majority of participants reported everyone is abusing prescription opioids. One participant reported that his daughter was offered pain pills at school and shared, *“My daughter is 12 [years old] and she was just offered to snort some pills at school, but she’s smart ‘cause she’s seen me and her mom go through this. She knows better.”* One participant identified older adults as more often addicted to these medications and commented: *“Old people and cancer patients ... people with arthritis and back problems.”* Community professionals reported there is no

typical illicit prescription opioid user as the age of users ranges from adolescents to older adults. Treatment providers also noted typical illicit users as heroin addicts, as well as adolescents who feel these drugs are safer than other drugs and whose status in school is perceived as dependent upon purchasing these drugs.

Suboxone®

 Suboxone® remains highly available in the region. Participants most often reported current street availability of this 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'. A participant remarked, "[Suboxone® is] *the biggest thing right now.*" Another participant was quick to comment, "*Suboxone's a popular one that's goin' around.*" Community professionals most often reported current availability as '5'; the previous most common score was '10'.

Participants reported that the availability of Suboxone® has remained the same during the past six months and reported both filmstrip and pill forms as available, as well as Subutex®. However, community professionals reported that Suboxone® availability has decreased during the past six months. A treatment provider stated, "*I think [Suboxone® is] getting harder to find. With the increase in monitoring and the medical board regulations, there's fewer clinics that just ... give them out.*" A law enforcement officer shared, "*Three clinics in the area have been shut down after being monitored by law enforcement.*" 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	No change
	 Law enforcement	Decrease
	 Treatment providers	No change

Reports of current street prices for Suboxone® were consistent among participants with experience buying the drug. One participant stated, "*I've seen people chase [abuse Suboxone®] more than heroin. It's cheaper and easier to get.*"

Suboxone®	Current Street Prices for Suboxone®	
	filmstrip	\$15-25 for 8 mg
	tablet	\$5 for 2 mg
	Subutex®	\$15-20 for 8 mg

In addition to obtaining Suboxone® on the street from dealers, participants also reported getting the drug from friends who have prescriptions and through personal prescriptions obtained through Suboxone® clinics. A participant shared, "[Heroin addicts] *are tryin' to stay clean and buyin' 'em off the street.*" Another participant explained, "*A lot of people get 'em [by prescription] and sell 'em.*" A clinician said, "[Users are] *buying [Suboxone®] off the street.*"

Participants reported multiple routes of administration for illicit use of Suboxone®, including oral ingestion, snorting (aka "puddle up", dissolving filmstrips in water and squirting in nose) and intravenous injection (aka "shooting"). One participant discussed how the milligram of the Subutex® pills determines route of administration and explained, "*A lot of people snort or shoot [Subutex®]. The 2mg ... they're easier to break down and shoot 'em, but 8 mg pills most people snort 'cause they're too hard to break down.*"

Participants described typical illicit Suboxone® users as heroin addicts who are either trying to remain sober or those who are avoiding withdrawal in between heroin use. One participant shared, "*When we bought [Suboxone®], we just got to stop from getting sick. I was trying to get clean without a program 'cause I didn't have insurance. I was buying on the streets and takin' 'em like I was supposed to*" Treatment providers similarly described typical illicit users as heroin addicts. One treatment provider explained, "*There's a lot of people getting Suboxone® to get off heroin until they can get into a treatment program.*"

Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain highly available in the region. Participants most often reported the current street availability of these drugs as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. A participant remarked, "*We had people callin' us about Ambien® all the time.*" Community professionals reported current sedative-hypnotic availability as '7'; the previous

most common score was also '7.' A treatment provider commented, "[Treatment clients] *don't think they can get addicted to it or it's [not] a problem because it's prescribed.*" Participants and community professionals identified Klonopin® and Xanax® as the most popular sedative-hypnotics in terms of widespread illicit use.

Corroborating data also indicated the availability of sedative-hypnotics for illicit use in the region. The Scioto County Coroner's Office reported that 37 percent of the 19 drug overdose deaths it recorded this reporting period involved sedative-hypnotics, with Xanax® reported in 71 percent of these deaths.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Fast food workers in South Lebanon (Warren County) alerted police officers to a woman who appeared to be under the influence while driving; the woman had a 4-year-old child with her; police found the woman nodding out while driving her car and discovered 94 sedative-hypnotic pills (clonazepam or Klonopin®), as well as approximately 100 prescription opioid pills and a some heroin (www.wlwt.com, March 3, 2015).

Participants and community professionals reported that the general availability of sedative-hypnotics has remained the same during the past six months. A treatment provider commented, "*I think availability's the same ... it's just they're not using them 'cause they've got other stuff they're using now.*" 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 Ambien®, Restoril® and Valium®.

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

Reports of current street prices for sedative-hypnotics were consistent among participants with experience buying the drugs. One participant reported, "*Free. It's who you know.*"

Sedative-Hypnotics	Current Street Prices for Sedative-Hypnotics	
	Klonopin®	\$2 for 5 mg
	Xanax®	\$1.50 for 0.5 mg \$3 for 1 mg \$5-7 for 2 mg

In addition to obtaining sedative-hypnotics on the street from dealers, participants also reported getting these drugs from friends who have prescriptions. Also, a treatment provider commented, "*It's real easy to get a prescription.*"

Participants reported that the most common route of administration for illicit use of sedative-hypnotics remains oral consumption. Participants estimated that out of 10 illicit sedative-hypnotic users, all users would orally consume the pills by either eating or swallowing them. Participants described typical illicit sedative-hypnotic users most often as older women, marijuana users and everyone. Community professionals described typical illicit users as people who are trying to stay sober, who have mental health disorders and are female. A treatment provider noted, "*I think I've seen an increase with males, actually ... mid-30s.*"

Marijuana

Marijuana remains highly available in the region. Participants and community professionals 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 for both groups was also '10'. One participant commented, "*[Marijuana is] pretty easy to find, I mean, people grow it out here.*" A treatment provider stated, "*Marijuana is right up there along with alcohol [both widely available].*" Another clinician reported, "*Lots of people grow their own [marijuana]. I mean, it's like growing a tomato. That's how common it is.*" Other treatment providers commented: "*I think [marijuana is] more acceptable now; And with the kids, I'm seeing an increase ... they can order the brownies and suckers and goodies and all that stuff online.*" A law enforcement officer reported, "*[Marijuana is] always available. Grow your own or not.*"

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A large marijuana grow operation was taken down in Warren County; in addition to the 430 plants that were seized, law enforcement confiscated 15 gallons of hashish oil and butter and many THC-laced edibles including ice cream, brownies, fudge, candy and cookies (www.otfcs.net/news, Feb. 26, 2015). A driver was arrested in Butler County when OSHP troopers discovered more than two pounds of marijuana in the vehicle (www.statepatrol.ohio.gov, March 7, 2015). A man was arrested in Oxford (Butler County) after officers searched a residence and discovered four pounds of marijuana and bottles of hash (www.cincinnati.com, March 28, 2015). Butler County Sheriff's Office and the City of Hamilton Police Department conducted an investigation based on citizen complaints which resulted in the seizure of 63 marijuana plants from a residential grow operation (www.otfcs.net/news, April 8, 2015).

Participants reported that the availability of marijuana has remained the same during the past six months. However, one participant thought availability of marijuana has decreased and stated, "Weed' (marijuana) is harder to find than heroin. How many times have we seen people looking for weed and not been able to find it for weeks ... weeks!" Community professionals also reported that the availability of marijuana has remained the same during the past six months. However, a treatment provider noted an increase in social acceptability of the drug and responded, "Because [marijuana has] been legalized in some places and approved medically, people talk more openly about using it. It's like a separate class [of drugs]. It's acceptable." 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	No change
	 Law enforcement	No change
	 Treatment providers	Increase

Participant most often rated the current overall quality of marijuana as '9' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '8'. A participant explained, "People take growing their 'pot' (marijuana) plants like an art. Like fertilizers and talking to their plants. They take it real serious." One participant remarked, "I've heard it's pretty good ... [the quality of marijuana has] gotten better over the last couple years." Treatment providers commented: "I'm getting people (clients) that are getting the medical [marijuana] from Colorado; I've had a guy that's gotten a couple things from Michigan."

Several participants explained that the price of marijuana depends on whether the user buys "commercial weed" (low- to mid-grade marijuana) or hydroponically grown (high-grade marijuana). Reports of current street prices were provided by participants with experience buying the drug who reported significant differences in price between low- and high-grade marijuana.

Marijuana	Current Street Prices for Marijuana	
	Low grade:	
	a blunt (single cigar) or two joints (cigarettes)	\$10
	1/4 ounce	\$30
	1/2 ounce	\$50
	an ounce	\$120
	1/4 pound	\$700-800
	High grade:	
	a blunt (single cigar) or two joints (cigarettes)	\$20
	1/4 ounce	\$70
	an ounce	\$280-300
	a pound	\$3,200

A couple of participants mentioned derivatives of marijuana, including a waxy type (aka "dabs"), but did not provide much specific information on the product. A treatment provider divulged that adolescent clients discussed 'dabs'. A treatment provider said, "Well, one of [the clients] had to teach me what that was, first of all ... yeah, like puttin' it in e-cigarettes and stuff? Putting it in that and smokin' it."

Participants reported that the most common route of administration for marijuana remains smoking. In fact, participants estimated that out of 10 marijuana users, all 10 would smoke the drug. A typical profile of a marijuana user did not emerge from the data. Participants and community professionals alike described typical marijuana users as everyone. A participant remarked, "13 (years of age) on up."

Methamphetamine



Methamphetamine is 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 '2' in urban areas and '9' in rural areas. A participant commented, "I can find it, but I don't want it." Community professionals most often reported the drug's current availability as '10'; the previous most common score was '6'. A treatment provider commented, "People that I've worked with that want [methamphetamine], they know right where to go. Somebody brand new, they know areas where they could probably find it pretty easy."

Participants reported that methamphetamine is most available in powdered (aka "shake-and-bake") and crystal (aka "ice" or "glass") forms. One participant explained, "There's like two different kinds [of methamphetamine], you got your shake-and-bake, which anyone can make and then you got your crystal, or glass, which is more crystal like rock salt."

Participants varied in opinions regarding availability of crystal methamphetamine in the region. A participant commented, "There's a lot of 'anhydrous' (methamphetamine) around here, though;" while other participants reported: "People got busted where I live. It was just shake-and-bake. Ain't no one around here trying to make crystal; I could get 'crank' (powdered methamphetamine) anywhere." Still other participants commented: "[Crystal methamphetamine is] everywhere. It's up there with heroin. 'Ice storms in June,' you know what I'm sayin'?; There was a bust in Huntington. They had a big tent set up and was making that crystal right there in the tent; You can smell the shit all the time."

Participants from across the region commented about the production shake-and-bake methamphetamine, which means users are producing methamphetamine 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), users can produce the drug in approximately 30 minutes in nearly any location by mixing ingredients in small containers.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. The Butler County Undercover Regional Narcotics (BURN) Task force worked with the Regional SWAT team and raided a Middletown residence; 2 ounces of crystal methamphetamine were seized, as well as some marijuana (www.otfcs.net/news, March 26, 2015). BURN educated businesses in identifying purchases for the use of illegal drug manufacturing; two men were subsequently arrested after a business reported the two were purchasing supplies a couple days in a row, which they admitted was intended for manufacturing methamphetamine (www.otfcs.net/news, April 21, 2015).

Participants reported that the general availability of methamphetamine has increased during the past six months. Likewise, community professionals reported increased availability of methamphetamine during the past six months. One treatment provider remarked, "It came back. For a while it was pretty low and it seems like it's coming back... when heroin came in, meth kind o' went out, but now they're seeing the two both here pretty strong." A clinician commented, "I've heard since there's been so much concentration in law enforcement on opiates and heroin, that meth is going under the radar and it's still readily available." 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 quality of crystal methamphetamine as '10' and of powdered methamphetamine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common scores was '7' for the general quality of methamphetamine. Participants

reported variability in quality of powdered methamphetamine and commented: “[Quality of powdered methamphetamine] fluctuates, it depends on whose shakin’ (making the shake-and-bake); Sometimes it’s good and sometimes it’s bad. Just depends on who’s cooking it.” Participants agreed that crystal methamphetamine is of higher quality. One participant explained, “Ice. It’s real crystal meth. It’s more pure. It looks like little glass shards.”

Overall, participants reported that the quality of powdered methamphetamine has remained the same, while the quality of crystal methamphetamine has increased during the past six months. A participant reasoned, “Well, with [the majority of methamphetamine] being ice now, not shake-and-bake, [quality has] gotten a lot better.”

Reports of current street prices for methamphetamine were consistent among participants with experience buying the drug. Participants also reported trading ingredients for the drug or getting it for free from friends or family members who produce the drug. A participant divulged, “I just give my box (of Sudafed®) and they give me half a gram [of powdered methamphetamine].”

Methamphetamine	Current Street Prices for Methamphetamine	
	Powdered:	
	a gram	\$30-60
	Crystal:	
a gram	\$70-100	

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. Participants also mentioned smoking and “hot railing” this drug. Participants explained hot railing as follows: “You get a glass tube and heat [it] up ... and then put a line of meth and then snort it real fast with the hot end down ... and then you blow out; It’s like powder in your nose and smoke out your mouth.”

Participants described typical users of methamphetamine as older individuals. One participant presented, “It’s mostly older people right now, but younger people is getting into it, too.” Community professionals described typical users of methamphetamine as white, aged 20s to 30s. A treatment provider

noted, “More teens are starting to use meth.” A law enforcement officer observed, “The males make it and the females hang out and use it.” A treatment provider commented, “I think it’s more of a sub-culture”

Prescription Stimulants

Prescription stimulants are moderately to highly available 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 ‘3.’ Community professionals most often reported current availability as ‘4;’ the previous most common score was ‘8.’ Participants and community professionals identified Adderall® as the most popular prescription stimulant in terms of widespread illicit use.

Participants reported that the general availability of prescription stimulants has remained the same during the past six months, while community professionals reported that availability has decreased. 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 a decrease in Adderall® cases and an increase in Ritalin® cases.

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

Reports of current street prices for Adderall® were consistent among participants with experience buying the drug. Participants reported that Adderall® 30 mg sells for \$2-3 apiece. In addition to obtaining prescription stimulants on the street from dealers, participants also reported getting them prescribed by a doctor, as well as from people they know who have access to prescriptions. One participant remarked, “Just get a prescription. Ask a dealer. Ask around, if there’s someone who’s on it, they might sell you one.” Another participant shared, “[Parents] got it [via prescription] for their kids, but they don’t give it to them ... they sell it.”

Participants reported the most common route of administration for illicit use of prescription stimulants remains oral consumption (swallowing). Participants estimated that out of 10 illicit prescription stimulant users, all 10 would orally consume the drugs.

Participants described typical illicit prescription stimulant users as college kids and those who want to lose weight. Similarly, community professionals described illicit users as younger. A treatment provider stated, *"We see illicit use with kids more. Sometimes parents overusing it with their kids (giving more medication than is prescribed)."*

Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) is moderately available in the region. Participants referred to ecstasy (pill form) and 'molly' (powdered MDMA) similarly and most often reported the current availability of both forms as '6' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '2' for ecstasy pills and '6' for molly. One participant stated, *"I haven't heard about ecstasy in a while. Occasionally you hear about it."* Community providers reported ecstasy and molly availability generally as '3,' the previous most common score was '3' for ecstasy and '8' for molly.

Participants and community professionals reported that the availability of ecstasy and molly has remained the same during the past six months. However, the BCI London Crime Lab reported that the number of ecstasy cases it processes has decreased during the past six months.

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

Participants reported that ecstasy comes in tablet form and price is determined by dosage amount, while molly is typically packaged in capsules (aka "caps"). Reports of current street prices for ecstasy and molly were consistent among participants with experience buying the drug.

Current Street Prices for Ecstasy/Molly		
Ecstasy/Molly	Ecstasy:	
	low dose (aka "single stack")	\$10
	medium dose (aka "double stack")	\$20
	Molly:	
	1/10 gram (one capsule)	\$5-10
	a gram	\$70

Participants reported that the most common route of administration for ecstasy is oral consumption and for molly is snorting. Reportedly, this drug is most often obtained at parties and music festivals. Participants described typical ecstasy and molly users as young, white, club-goers and drug dealers. Community professionals described typical users of ecstasy and molly as teens and young adults. A clinician, who works with adolescents and young adults, commented, *"From how much I hear about it, it's more of a party thing."*

Synthetic Marijuana

 Synthetic marijuana (synthetic cannabinoids; aka "K2" and "spice") remains moderately available in the region. Participants most often reported the drug's current availability as '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 '5'. None of the participants admitted to using synthetic marijuana during this reporting period. One participant stated, *"It's not around here anymore."* Community professionals most often reported the drug's current availability as '5,' the previous most common score was '6'. A treatment provider reported, *"I've had a couple people say that they use it."* Another clinician explained, *"I think law enforcement has been good at tryin' to shut these places down"*

[that sold synthetic marijuana], but people know where they can still go, so they might have to work a little harder for it."

Participants and community professionals reported that the availability of synthetic marijuana has decreased during the past six months. A participant replied, "Decreased. It ain't legal anymore." The BCI London Crime Lab reported that the number of synthetic marijuana cases it processes has increased during the past six months.

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

Participants were unable to rate the current quality of synthetic marijuana as they lacked exposure to the substance during the past six months. However, one participant reported no longer using synthetic marijuana after a negative experience and explained, "I used it once, but I couldn't even talk." Another participant commented, "I don't know about the quality because I didn't use it all that much. But when I did, it's a lot stronger than weed."

Participants were unable to report on current street prices of synthetic marijuana due to lack of experience with the drug during the past six months. Most participants did not know where users could obtain synthetic marijuana, however one participant explained, "It's popular in jail ... In jail, when people smoke it, they call it 'putting you in the rack' because you'll go straight to bed." Participants continued to report the only route of administration for synthetic marijuana as smoking.

Participants described typical users of synthetic marijuana as younger and individuals on probation or in jail. Community professionals described users as adolescents and young adults, males, those who need to pass a drug screen, as well as individuals on probation. A treatment provider reflected, "I've only had a few people use [synthetic marijuana] ... developmentally young and/or ... with co-occurring mental health disorders."

Other Drugs in the Cincinnati Region

Participants 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"), bath salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues), hallucinogens (LSD [lysergic acid diethylamide] and psilocybin mushrooms), Neurontin® and psychedelic compounds (25-I, 25-B, 25-C).

Alpha-PVP

A few participants discussed availability of alpha-PVP (a synthetic stimulant similar to bath salts). These participants reported high current availability of this drug in the region. One participant remarked, "A guy shot himself on it, so it seems dangerous." Participants reported increased availability of the drug, especially in rural areas. Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Early in the year, the media alerted parents to a synthetic drug called alpha-PDP and similar drugs (aka "flakka"); news articles encouraged increased awareness of this drug that was not widespread in Ohio, but appearing in headlines (www.wcpo.com, April 20, 2015). Shortly thereafter, Lawrence County law enforcement arrested four individuals for multiple sales of alpha-PVP to a confidential informant (www.otfcs.net/news, May 13, 2015).

Reports of current street prices for alpha-PVP were provided by participants who had experience with this drug during the past six months. Reportedly, 1/2 gram sells for \$100 and a gram sells for \$200. Participants described this drug as a synthetic amphetamine that is most often ordered from the Internet and does not show up on drug screens. Participants reported that the most common routes of administration for this drug are snorting and intravenous injection (aka "shooting"). Participants reported that the drug produces hallucinations and added that it is often used with heroin to "speedball" (concurrent or consecutive use of stimulant and depressant drugs for a high and a low effect).

Bath Salts

Bath salts (synthetic compounds containing methylenedioxymethamphetamine, mephedrone, MDPV or other chemical analogues) are rarely available in the region. Participants most often reported the drug's current availability as '1' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). One participant remarked, *"Just put 'em down as obsolete."* Another participant stated, *"No one is using that. Once you see someone eat their own intestines on the news, you stay away from it."* Community professionals most often reported bath salts current availability as '1.' A treatment provider said, *"I think the news [reporting negative side effects] really scared everyone."*

Participants and community professionals reported that the availability of bath salts has decreased during the past six months. Several participants reported that bath salts may be sold under names like "moon rocks." Participants were unable to provide current street prices for bath salts. Regarding bath salts sales, one participant disclosed, *"I do know people who look for meth and they're like, 'I'm looking for meth.' But you don't got meth, so you sell 'em bath salts and make 'em think it's meth."* The BCI London Crime Lab reported that the number of bath salts cases it processes has increased during the past six months.

Hallucinogens

Participants reported moderate to high availability of hallucinogens, including LSD and psilocybin mushrooms (aka "shrooms"). Participants reported current availability of LSD as '5' and '8' for psilocybin mushrooms on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). A treatment provider stated, *"[LSD] seems more available than what I thought it was."* Participants reported increased availability of LSD and no change in availability for psilocybin mushrooms during the past six months. The BCI London Crime Lab reported that the number of LSD and psilocybin mushroom cases it processes has increased during the past six months.

Reports of current street prices of LSD and psilocybin mushrooms were provided by the few participants with experience purchasing these drugs during the past six months. A participant remarked, *"Cheap as heck."* Reportedly, LSD sells one hit (dose) for \$5-10; mushrooms are \$25 for 1/8 ounce and \$100-120 for an ounce. Participants reported obtaining LSD from dealers on the street. Typi-

cal users for both of these hallucinogenic drugs were described similarly by participants as young teenagers, white, males, hippies and concert/festival goers.

Neurontin®

Participants reported current street availability of Neurontin®. One participant remarked, *"I know ... people that are abusing it."* Another participant quipped, *"You don't fail a drug test for [using Neurontin®]."* A few participants explained: *"People are using [Neurontin®] to not get dope sick; It lessens some of the effects of withdrawal."* A participant added, *"I know a lot of people who got clean on it."* Participants reported that Neurontin® can be obtained from dealers and that it is easily prescribed. One participant stated, *"You can get a prescription. It's not a narcotic, so it's easy to get."*

Psychedelic Compounds

Participants reported low availability of synthetic psychedelic compounds known as 25-I, 25-C and 25-B and rated current availability of these drugs as '2' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). A participant commented, *"Where I come from, there's not a lot of 'acid' (LSD), so there's a lot of research chemicals."* Participants reported that availability has increased during the past six months. A participant shared, *"They keep changing [the chemical compounds], so I don't know if they're legal or not."* Reportedly, one hit of this drug sells for \$5 on the street. Participants divulged that people are making these drugs, but that these compounds can also be ordered online. A participant reported that 25-I is often cut with molly (powdered MDMA). The BCI London Crime Lab reported having seen blotter paper with 25-I, 25-C and 25-B come through the lab during the past six months.

Conclusion

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

While many types of heroin are currently 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. Reportedly, these pink and blue varieties of heroin are fentanyl-heroin mixtures, although participants suspected gray and white powdered heroin as oftentimes adulterated with fentanyl as well. The BCI London Crime Lab reported that a lot of heroin cases coming through the lab are fentanyl-heroin mixtures and sometimes even straight fentanyl. Many participants discussed a number of local overdoses on heroin during this reporting period.

Participants continued to report the most common route of administration for heroin as intravenous injection (aka "shooting"), and reported that heroin users will use whatever needle is available, often sharing or reusing needles. Participants and community professionals noted that the typical age for heroin use is expanding in both directions with increases in heroin use observed in adolescents and older adults. Additionally, community professionals discussed first-time adolescent 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 of methamphetamine with heroin, as both are readily available and often used conjointly. Participants reported availability of powdered (aka "shake-and-bake") and crystal (aka "ice") methamphetamine. 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.

Participants reported trading precursor ingredients (pseudoephedrine) needed for methamphetamine production for the drug or getting the drug for free from friends or family members who produce the drug. Community professionals described typical users of methamphetamine as white, aged 20s to 30s. A treatment provider also noted more teens are starting to use the drug.

A few participants discussed availability of alpha-PVP (alpha-pyrrolidinopentiophenone, aka "flakka," a synthetic stimulant similar to bath salts), reporting high current availability of this drug in the region. Participants reported increased availability, especially in rural areas. Participants described this drug as a synthetic amphetamine that is most often ordered from the Internet and does not show up on drug screens. Reportedly, the most common routes of administration for this drug are snorting and intravenous injection. Participants reported that the drug produces hallucinations and added that it is 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®. Participants explained that heroin users are using Neurontin® to not get "dope sick" (experience with withdrawal), as the drug reportedly lessens some of the effects of withdrawal. Participants reported that Neurontin® can be obtained from dealers and that it is easily prescribed.

Lastly, while participants reported low availability of synthetic psychedelic compounds known as 25-I, 25-C and 25-B, they reported that availability for these substances has increased during the past six months. Participants divulged that people are making these drugs, but that these compounds can also be ordered online. A participant reported that 25-I is often cut with "molly" (powdered MDMA). The BCI London Crime Lab reported having seen blotter paper with 25-I, 25-C and 25-B come through the lab during the past six months.

