



Drug Abuse Trends in the Cincinnati Region



Data Sources for the Cincinnati Region

This regional report was based upon qualitative data collected via focus group interviews. Participants were active and recovering drug users recruited from alcohol and other drug treatment programs in Hamilton and Warren counties. Data triangulation was achieved through comparison of participant data to qualitative data collected from regional community professionals (treatment providers and law enforcement) via focus group interviews, as well as to data surveyed from the Scioto County Coroner’s Office, OhioMHAS’ Screening, Brief Intervention and Referral for Treatment (SBIRT) program which operates in federally qualified health centers in the region, and the Ohio Bureau of Criminal Investigation (BCI) London office, which serves central and southern Ohio. In addition, data were abstracted from the *High-lighted Seizures of 2015 and 2016* report of the Criminal Patrol Unit of the Ohio High Intensity Drug Trafficking Area (HIDTA), as well as from the National Forensic Laboratory Information System (NFLIS) which collects results from drug chemistry analyses conducted by state and local forensic laboratories across Ohio. All secondary data are summary data of cases processed from July through December 2015. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for January through June 2016.

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

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Regional Profile

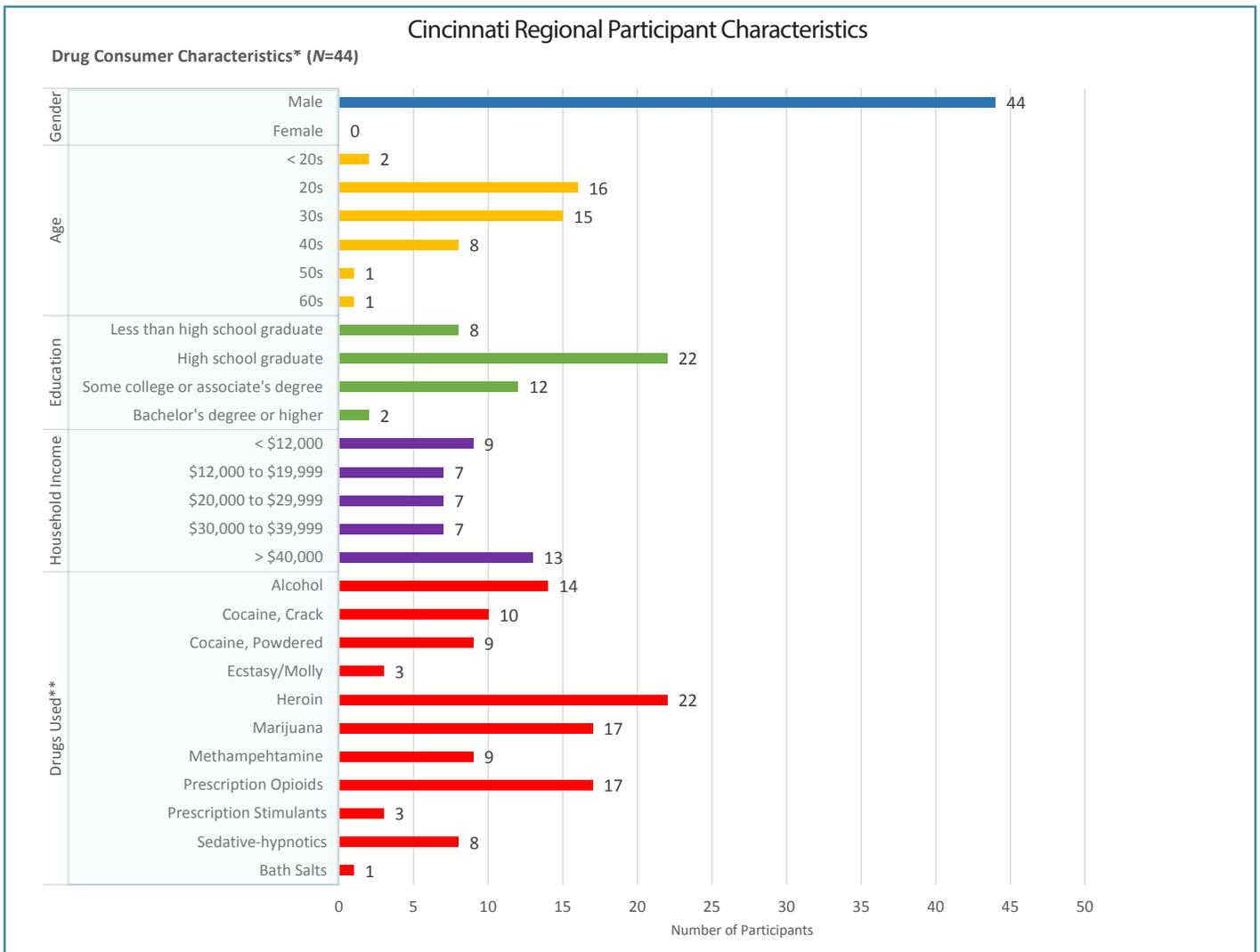
| Indicator ¹ | Ohio | Cincinnati Region | OSAM Drug Consumers |
|-----------------------------------|------------|-------------------|--------------------------------|
| Total Population, 2014 | 11,560,380 | 2,035,847 | 44 |
| Gender (female), 2014 | 51.1% | 50.9% | 0.0% |
| Whites, 2014 | 84.8% | 83.8% | 81.8% |
| African Americans, 2014 | 13.6% | 13.9% | 4.5% |
| Hispanic or Latino Origin, 2014 | 3.3% | 2.7% | 4.8% ² |
| High School Graduation Rate, 2014 | 82.6% | 86.5% | 82.0% |
| Median Household Income, 2014 | \$48,349 | \$47,806 | \$19,999-\$29,999 ³ |
| Persons Below Poverty Level, 2014 | 15.3% | 15.1% | 30.2% ⁴ |

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

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

³ Participants reported income by selecting a category that best represented their household's approximate income for the previous year. Income was unable to be determined for 1 participant due to missing and/or invalid data.

⁴ Poverty status was unable to be determined for 1 participant due to missing and/or invalid data.



*Not all participants filled out forms completely; therefore, numbers may not equal 44.

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

Historical Summary

In the previous reporting period (June 2015 – January 2016), crack cocaine, heroin, marijuana and prescription stimulants were highly available. Increased availability existed for heroin, marijuana and methamphetamine; a likely increase in availability existed for Suboxone®; a likely decrease in availability existed for synthetic marijuana.

Participants and community professionals reported that the availability of heroin increased during the previous six months. Treatment providers discussed how it was easier and easier to locate heroin. Treatment providers also noted dealers who gave away free testers of heroin, often unsolicited. One treatment provider shared that heroin was thrown into her vehicle. Law enforcement described the widespread use of heroin as seemingly everywhere.

Participants and community professionals reported powdered heroin as the most available heroin type in the region. The BCI London Crime Lab reported that the number of black tar and powdered heroin cases it processed had increased; the lab noted processing beige, brown, tan and white powdered heroin. Participants reported that the quality of heroin increased and attributed the increase in potency to fentanyl used as an adulterant for the drug. The BCI London Crime Lab noted many heroin cases they processed were heroin-fentanyl mixtures, and sometimes straight fentanyl.

The majority of participants described typical heroin users as 18-45 years of age, white, suburban and those who had prescriptions for pain medication. However, participants indicated that the spectrum of heroin users expanded to include anybody, while high-lighting an increase in younger users. Community professionals described typical heroin users as young, white and male. However, law enforcement noted more females dying from heroin overdose than males.

Participants reported that methamphetamine was available in powdered and crystal forms. However, powdered methamphetamine (aka “one-pot” or “shake-and-bake”) was considered the most prevalent form in terms of widespread use. Participants and law enforcement noted an increase in crystal methamphetamine (aka “ice”). Law enforcement reported this form was coming into the region from Mexico. Participants described typical methamphetamine users as 18-50 years of age, those who worked

long and/or late hours (truck drivers, third-shift workers) and individuals in the gay community. Law enforcement described typical methamphetamine users as white.

A few participants mentioned alpha-PVP (alpha-pyrrolidinopentiophenone, aka “flakka”) as available in the region during the previous six months. Participants explained that flakka was a bath salt and was purchased via the Internet. Participants reported that the substance was most commonly snorted, but that it could be orally consumed as well. Participants described the typical user of flakka as the designer drug crowd and those who used synthetic marijuana.

A few participants mentioned the availability of GHB (Gamma-Hydroxy-Butyric acid, a psychoactive drug, aka “the date-rape drug”). Participants familiar with this drug reported moderate availability and described typical users as young and in the gay community. Participants explained that GHB was usually intravenously injected and used in combination with crystal methamphetamine.

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 ‘7.’ One participant stated, *“It is pretty easy to get.”* Another participant commented, *“I can’t stop at a gas station without someone trying to sell it to me.”* Community professionals most often reported current availability as ‘8;’ the previous most common score was also ‘8.’ A couple of treatment providers commented: *“My guys act like they have no trouble finding anything around here; Anything that they want is pretty readily available ... anytime.”*

Corroborating data also indicated that cocaine is available in the region. The Screening, Brief Intervention and Referral for Treatment (SBIRT) program reported that of the 199 individuals who reported on cocaine use at two health centers in the region, seven percent reported using the drug on one or more days during the past 30 days (Note, SBIRT does not distinguish between powdered and

crack cocaine). In addition, a query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Cincinnati region returned 1,893 cocaine cases reported during the past six months, of which 79 percent were Hamilton County cases (an increase from 1,544 cases for the previous six months, of which 76 percent were Hamilton County cases).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A marked lanes violation in Scioto County led to the arrest of a West Virginia resident after a probable cause search revealed 125 grams of powdered cocaine (www.statepatrol.ohio.gov, Feb. 20, 2016). Two Dayton residents were arrested in Cincinnati for trafficking cocaine; 332 grams of powdered cocaine were found and confiscated (www.whio.com, March 30, 2016). Cincinnati law enforcement arrested a local politician after finding more than a pound of cocaine in his vehicle during a traffic stop (www.wcpo.com, May 4, 2016). A Clermont County man was indicted for trafficking drugs; 256 grams of powdered cocaine and prescription pills were seized during the police investigation (www.cincinnati.com, May 6, 2016).

Participants reported that the availability of powdered cocaine has remained the same during the past six months, while treatment providers reported decreased availability and law enforcement reported increased availability. The BCI London Crime Lab reported that the number of powdered cocaine cases it processes has increased during the past six months.

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

Participants most often rated the current overall quality of powdered cocaine as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was also '5'. Participants reported that the top cutting agents (adulterates) for powdered cocaine include: baby formula, creatine, laxatives, isotol (dietary supplement), mannitol (diuretic), NoDoz®, potassium, prescription opioids and vitamin B-12. Participant discussion of

adulterated cocaine included: "They will chop up Vicodin®; Anything that you can't smell or taste; I've had bath salt [cut into cocaine] to get the [stimulant] effect." Overall, participants reported that the quality of powdered cocaine has decreased during the past six months. One participant stated, "It's not as high quality as it used to be." When asked why they thought quality has decreased, one participant stated, "It has decreased because there is way too much cut."

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

Reports of current prices for powdered cocaine were consistent among participants with experience buying the drug. However, participants explained that pricing is dependent on one's relationship with a dealer and the amount of powdered cocaine purchased. One participant commented, "[Price] depends on frequency. That is a contributing factor. If you go see the same guy every day, then your prices are going to be lower ... the more you buy, the better the deal." Another participant agreed, "There are discount prices for more." In addition, a participant discussed receiving free powdered cocaine testers from heroin dealers: "Now if you buy heroin, they might give you a few free testers of 'coke' (powdered cocaine), too." Overall, participants reported that the pricing for powdered cocaine has remained the same during the past six months.

| Powdered Cocaine | Current Prices for Powdered Cocaine | |
|------------------|--|-------------|
| | A capsule (less than 1/10 gram, aka "cap") | \$5-10 |
| | 1/10 gram | \$10-20 |
| | 1/2 gram | \$40-60 |
| | A gram | \$70-100 |
| | 1/8 ounce (aka "eight ball") | \$180-225 |
| | An ounce | \$600-1,000 |

Participants reported that the most common routes of administration for powdered cocaine remain snorting and intravenous injection (aka "shooting"). Participants estimated that out of 10 powdered cocaine users, seven would snort

and three would shoot the drug. One participant observed, "If you use heroin, then you would probably shoot it." Another participant stated, "Unless you are going to make it into crack [cocaine], you are going to shoot it." Yet another participant declared, "Once you shoot, you will always shoot."

Participants described typical powdered cocaine users as white, 16 to 60 years of age and upper class. One participant stated, "Mostly white, upper class." Community professionals described typical powdered cocaine users as mainly white, age 20 years and older and middle to upper class. One treatment provider stated, "Those who can afford it." One law enforcement professional said, "I think people are just getting sick of the possibility of overdosing ... the fear of overdosing and dying has turned them in a different direction [away from opiates and towards cocaine]."

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'. Participant comments included: "High as the scale goes; It's everywhere; Can get it on every corner." Community professionals most often reported current availability as '8'; the previous most common score was '10'. One treatment provider stated, "If they want it, they know what to do and where to go." Another treatment provider added, "Downtown Cincinnati is only a short drive."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Two men, one from Miamisburg (Montgomery County) and the other from Worthington (Franklin County), were arrested in Scioto County after the Ohio State Highway Patrol (OSHP) stopped them and discovered 28 grams of crack cocaine and a loaded weapon (www.statepatrol.ohio.gov, March 14, 2016).

Participants reported that the availability of crack cocaine has increased during the past six months. One participant stated, "I think it's probably increased. It is on every street corner." Another participant observed, "I am from Harrison [Hamilton County] ... it's kind of an urban suburb [of Cincinnati] and [crack cocaine] is all over the place [there]." Treatment providers reported that the availability of crack cocaine has decreased during the past six months, while law enforcement professionals reported increased availability.

One law enforcement professional reported, "With powder cocaine coming back, it's right behind it. I'm seeing a lot more." Another law enforcement professional explained, "Plus, with the change in the sentencing guidelines with crack, that high level punishment is no longer there, so you're seeing more people willing to go back to crack. Whereas before, even the street level cooks knew that if you did crack, if you cooked crack, you were looking at harsh penalties, so they would just stick with powder." One law enforcement professional stated, "It's coming on like it did in the early 90s when we first saw it in Hamilton County. It's getting more frequent."

The BCI London Crime Lab reported that the number of crack cocaine cases it processes has increased during the past six months, although the lab noted that it does not typically differentiate between powdered and crack cocaine.

| Crack Cocaine | Reported Availability Change during the Past 6 Months | |
|---------------|--|----------|
| |  Participants | Increase |
| |  Law enforcement | Increase |
| |  Treatment providers | Decrease |

Participants most often rated the current overall quality of crack cocaine as '8' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '5'. However, one participant clarified, "It just really varies based on the dealer." Another participant shared, "It is just who you know kind of thing. The good stuff is out there. You got a 50/50 chance. If he knows that he is going to make that one sale with you and never see you again, then [you're getting poor quality] ... it's that simple."

Participants reported that crack cocaine in the region is most often adulterated (aka "cut") with ammonia, baking soda and benzene. One participant remarked, "Oh yeah, they lace it with anything." Other participants said: "Whatever they can use to bulk it up; They want to make it bigger and make more money." Overall, participants reported that the quality of crack cocaine has decreased during the past six months. One participant stated, "Decreased because people are cutting it"

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

Reports of current prices for crack cocaine were consistent among participants with experience buying the drug. In terms of available amounts to purchase, a participant stated, "Depends on the area and the dealer." One participant reported, "The smallest amount you can get is \$5 which will get you less than a tenth [gram]." One participant commented, "A \$2 piece is about the size of a Nerds® [candy]. Just enough to light the fire. Put the taste in your mouth." Yet another participant added, "There is a lot of dealers that you just tell them how much money you have ... Say you got 70 bucks and they are going to give you what they think \$70 is worth."

| | | |
|----------------------|---|---------------|
| Crack Cocaine | Current Prices for Crack Cocaine | |
| | Less than 1/10 gram | \$2-5 |
| | 1/10 gram | \$5-10 |
| | 1/2 gram | \$40 |
| | 1 gram | \$60-80 |
| | 1/8 ounce (aka "eight ball") | \$200-300 |
| | 1/2 ounce | \$600 |
| | An ounce | \$1,000-1,200 |

Participants reported that the most common route of administration for crack cocaine remains smoking. Participants estimated that out of 10 crack cocaine users, nine would smoke and one would intravenously injection (aka "shoot") the drug. A participant stated, "Everyone smokes it." Another participant mentioned, "I enjoyed smoking more versus shooting." One participant commented, "Those who inject are always going to inject."

A profile for a typical crack cocaine user did not emerge from the data. Participants described typical crack cocaine users as 45 to 65-year-old African-American individuals, 20 to 30-year-old white males and older white women. Participants commented, "It's more common among black than white; Yeah, and Mexican; It's a poor man's drug; Blue collar."

Community professionals described typical crack cocaine users as African-American males, age 40 years and older and of lower socio-economic status. Law enforcement professionals reported: "Lower class, less education, poorer; More urban than rural."

Heroin



Heroin remains highly available in the region. Participants most often reported the current availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. Participant comments included: "Off the scale ... '12' [on availability scale]; It is 'the' drug now." Community professionals most often reported current availability as '10'; the previous most common score was also '10'. One treatment provider stated, "It's through the roof." One law enforcement professional stated, "10 plus plus."

Corroborating data also indicated heroin as available in the region. The Scioto County Coroner's Office reported that 35.5 percent of the 31 drug-related deaths it recorded this reporting period involved heroin; and of these deaths, 45.5 percent involved fentanyl as well. The Screening, Brief Intervention and Referral for Treatment (SBIRT) program reported that of the 199 individuals who reported on heroin use at two health centers in the region, 17.6 percent reported using on one or more days during the past 30 days. Ohio HIDTA's Criminal Patrol Unit High-lighted Seizures report recorded that HIDTA officers interdicted 224 grams of heroin in Ross County in October 2015 in a single seizure. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Cincinnati region returned 3,371 heroin cases reported during the past six months, of which 66 percent were Hamilton County cases (an increase from 3,036 cases for the previous six months, of which 63 percent were Hamilton County cases).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Clinton County faced 12 overdoses during a 5-day period; two were fatal and the heroin was suspected to have been mixed with fentanyl (www.wlwt.com, Jan. 6, 2016). An Alabama couple overdosed on heroin in their daughter's hospital

room in Cincinnati; the mother died and the father was sent to jail (www.wcpo.com, Jan. 7, 2016). A man was arrested in Hamilton County for selling a fatal dose of a heroin-fentanyl mixture to an individual in lieu of heroin (www.wlwt.com, Jan. 12, 2016). A man was sentenced in Warren County for selling a fatal dose of a fentanyl-cocaine mixture to an individual in lieu of heroin (www.wlwt.com, Jan. 20, 2016). Two children were placed with their grandmother after their mother injected heroin just off I-74 in Hamilton County, started to drive towards Indiana, overdosed and flipped her vehicle; the two children were not injured (www.wtol.com, Jan. 25, 2016). OSHP seized 46 grams of heroin, six grams of crack cocaine and four grams of marijuana from a vehicle that was stopped in Scioto County (www.statepatrol.ohio.gov, Feb. 23, 2016). A 2-year old was removed from his parents at a hospital when authorities found the child's parents had been using heroin in the hospital room; seven syringes with heroin residue were found by housekeeping and turned over to police (www.wcpo.com, Feb. 24, 2016). An inmate at the Ross County jail overdosed on heroin, but was saved by naloxone (www.nbc4i.com, March 10, 2016). OSHP arrested a Dayton man in Scioto County when the vehicle he was traveling in was stopped and 48 grams of heroin were found inside his shoe (www.statepatrol.ohio.gov, March 25, 2016). Two individuals, one from Lima (Allen County) and the other from Fremont (Sandusky County), were arrested in Scioto County when OSHP found 200 grams of heroin in their vehicle (www.statepatrol.ohio.gov, May 9, 2016). After responding to an overdose early in the morning, Ross County Sheriff's Office was called to assist rangers at a state park with two additional overdoses (www.chillicothegazette.com, May 18, 2016). Two individuals were arrested after traveling via Greyhound bus from Atlanta to Cincinnati, heading for Butler County with the intention of selling two ounces of heroin there (www.cincinnati.com, May 27, 2016). Two individuals were found overdosing in a McDonald's parking lot in Chillicothe (Ross County); law enforcement responded quickly and revived them with naloxone (www.abc6on.yourside.com, June 8, 2016). A woman from Pleasant Plain (Warren County) was arrested and pled guilty to trading an 11-year-old girl to a Cincinnati man for sex in exchange for heroin (www.cincinnati.com, June 9, 2016). A Portsmouth (Scioto County) man was arrested after OSHP troopers found 157 grams of heroin in his shoes; a subsequent search at his residence revealed another eight grams of heroin, 40 grams of cocaine and a semi-automatic weapon (www.statepatrol.ohio.gov, June 11, 2016).

In other news, Butler, Clermont, Hamilton and Warren counties were targeted for a six-month public awareness campaign through the Department of Health, which encouraged drug users' loved ones to obtain naloxone kits (www.fox19.com, May 16, 2016). The Cincinnati Coroner reported that nearly half of drug overdoses she investigated during the first quarter of the year were heroin-related and nearly 75 percent of those cases included fentanyl (www.wcpo.com, May 12, 2016). The Hamilton County Coroner released data which showed the county experienced more fentanyl-related deaths (238) than heroin-related deaths (198) during 2015 (www.herald-dispatch.com, April 26, 2016).

While many types of heroin are currently available in the region, participants continued to report powdered heroin as the most available heroin type. One participant stated, "A couple of years ago, it is was all 'tar' (black tar heroin), but it's powder now." Another participant reported, "You can still get tar. It depends on who you know." Yet another participant added, "And tons of fentanyl [sold with or as powdered heroin]." Law enforcement concurred with participants that powdered heroin is most prevalent. One law enforcement professional stated, "We do see some tar, but on death scenes we are not seeing tar."

Participants reported that the availability of heroin has increased during the past six months. Participant comments included: "It keeps going up and up; I could get you some right now if you wanted; The powder has increased and it is everywhere." Community professionals also reported that the general availability of heroin has increased during the past six months. Treatment provider comments included: "It's off the charts able to get; They will throw testers into your cars to try to get you to try it out." One law enforcement professional relayed, "We had one individual last week just outside of a Walgreen's and she was given two testers from two different dealers." Other law enforcement professionals commented: "It's everywhere you go; It's unlike anything I've

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

ever seen; It's at the top of the list right now; The dealers are profiling the users and then they go up to them and say, 'Hey, here's my number, try this;' It's happening everywhere."

The BCI London Crime Lab reported that the number of powdered heroin cases it processes has increased during the past six months; the lab reported processing beige, brown, tan and white powdered heroin. The lab also reported that the number of black tar heroin cases has increased as well, although the lab noted that it does not typically differentiate between black tar and powdered heroin.

Participants most often rated the current overall quality of heroin as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was also '10'. Participants discussed adulterants (aka "cuts") that affect the quality of the drug and reported that the top cutting agents are: baby laxatives, fentanyl and mannitol (diuretic). Additional cuts mentioned include: concrete dust, melatonin, prescription opioids (Dilaudid®, morphine) and vitamins. Participants stated: "They cut it with anything; Anything that makes it look like more." Overall, participants reported that the quality of heroin has increased during the past six months. One participant stated, "Here lately, it has increased because they are hitting it with the fentanyl." Another participant remarked, "If it is cut with fentanyl, then it is way up there."

Regarding heroin-fentanyl mixtures, participants discussed: "People start mixing with fentanyl to make better quality; When people hear of an overdose, they flock to that dealer because they want the 'good stuff;' People come straight from the hospital and go back and get more. They say that it the best stuff they have ever had; A lot of people are buying and don't know what they are buying ... then overdosing on it." One law enforcement professional stated, "Almost everything we're seeing is fentanyl ... and it's pure fentanyl!" Another law enforcement professional reported, "We're seeing the mid-level guys trying to get a hold of the fentanyl to cut into the heroin or sell as heroin."

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

Reports of current prices for heroin were consistent among participants with experience purchasing the drug. In terms of common amounts of purchase, participants commented: "A tenth [gram] is the smallest amount that you can buy; Sometimes you can buy a half of a tenth for \$10; Just depends on how much money you got; I would say people start out buying half grams then once they run out of money, they buy a tenth [gram] at a time." Several participants reported that samples (aka "testers") of heroin can be had for free: "You can get a free tester just to try it out; It's try before you buy. They are everywhere. And they're free; You can go around asking for testers, too." Participants also reported that heroin pricing varies depending on the amount purchased and one's relationship with the dealer: "If they are a good drug dealer, they will start cutting you deals. The more you buy; Discounts depending on how well you know them."

| Current Prices for Heroin | | |
|---------------------------|-------------------|---------------|
| Heroin | Powdered: | |
| | 1/20 gram | \$5 |
| | 1/10 gram | \$10-20 |
| | 1/2 gram | \$55-65 |
| | 1 gram | \$110-140 |
| | 1/8 ounce | \$300-400 |
| | 1/2 ounce | \$1,200 |
| | An ounce | \$1,200-2,800 |
| | Black tar: | |
| | 1/2 gram | \$50-75 |
| A gram | \$110-125 | |

The most common route of administration for heroin remains intravenous injection (aka "shooting"). Participants estimated that out of 10 heroin users, nine would shoot and one would snort the drug. One participant stated, "Once you start shooting, you will always shoot." Another participant commented, "I have heard most people start out snorting it then try shooting it ... get talked into it by another user to try the needle."

Participants reported that injection needles are most available from stores, pharmacies, needle exchange programs, dealers and diabetics. Prices of needles ranged from \$3-5 per needle

to \$20 for a bag of needles. Participants reported: *"You can get them from diabetics or pretend you're a diabetic and get them from the store; You can just say that you are picking up needles for a diabetic in your family. No big deal; It's very easy to get needles; I got my needles from the [needle] exchange. Just take your dirty needles to them and they give you new ones. You can take as many as you want; You can just get them from the dealers."*

When asked about sharing needles, participants stated that it is common to share needles. They discussed: *"They didn't clean it or nothing; They use them, too, until they break. That is what I did; Use it and then rinse it out with water; Me and my girl shared; Have been times when I just didn't have the money because I was ... spending the extra money on heroin."*

Participants described typical heroin users as anyone, although mostly white and young people. One participant stated, *"Under 40 [years of age] because usually you don't live past 40."* Another participant added, *"Some start at 13 [years of age]."* Participants explained that most heroin users started off using, then abusing, prescription opioids before progressing to snorting and then shooting heroin. However, one participant reported, *"Half just start straight using [heroin]."* Community professionals described typical heroin users as young, white males. One treatment provider stated, *"They usually start very, very young."* Another treatment provider remarked, *"Some of them get into it because of their families."* Law enforcement professionals stated: *"Predominantly male and mid 30s and white. It covers all SES (socio-economic status) levels; It is about 75 percent male in Hamilton County; Mostly white."*

Prescription Opioids

Prescription opioids remain moderately to highly available in the region. Participants most often reported the current street availability of these drugs as '6' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '7'. Community professionals most often reported current availability as '8'; the previous most common score was '10'. A treatment provider remarked, *"I would say that it is definitely readily available, but I just don't think the use is as much."*

Fentanyl is highly available in the region. Participants and community professionals most often reported the current availability of fentanyl as '10' on a scale of '0' (not available,

impossible to get) to '10' (highly available, extremely easy to get). One participant stated, *"Fentanyl is the thing now. Everyone wants it."* Other participants commented: *"Everyone wants the 'fire' (fentanyl); People are now going out just looking for fentanyl; Yes, I am looking for fentanyl!"*

Participants reported that the availability of fentanyl has increased over the past six months. One participant exclaimed, *"It's the fentanyl that's causing all of the overdoses."* When asked if there were any concerns about potential overdose with fentanyl, one participant stated, *"When they hear of an 'OD' (overdose), they go to the dealer who sold that product. That's what they want."* Treatment providers stated, *"Fentanyl is causing so many overdoses; People don't know what they are buying, and they are dying because of the fentanyl!"* Typical users of fentanyl were described as heroin users.

Corroborating data also indicated the presence of prescription opioids for illicit use in the region. The Scioto County Coroner's Office reported that 48.4 percent of the 31 drug-related deaths it recorded this reporting period involved one or more prescription opioid; and of these deaths, 53.3 percent involved fentanyl. Ohio HIDTA's Criminal Patrol Unit High-lighted Seizures report recorded that HIDTA officers interdicted 200 du (dose units) of oxycodone in Scioto County in July 2015 in a single seizure. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Cincinnati region returned 1,848 prescription opioid cases reported during the past six months, of which 66.2 percent were fentanyl/acetyl/butyl fentanyl cases; 78.2 percent of all fentanyl cases were Hamilton County cases (an increase from 1,406 cases for the previous six months, of which 55.6 percent were fentanyl/acetyl/butyl fentanyl cases; 74.8 percent of all fentanyl cases were Hamilton County cases).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A West Virginia woman was arrested during a traffic stop in Scioto County after OSHP found 238 oxycodone pills and 20 acetaminophen/hydrocodone pills in her vehicle (www.statepatrol.ohio.gov, Feb. 27, 2016). Two individuals were arrested when a K-9 officer alerted to a vehicle that was pulled over by OSHP in Scioto County and the driver surrendered a package containing 260 oxycodone pills and 30 oxymorphone pills (www.statepatrol.ohio.gov, March 27, 2016). Another driver was arrested in Scioto County when a K-9

officer alerted to a vehicle and 600 oxycodone pills were discovered inside a paint can (www.statepatrol.ohio.gov, April 5, 2016). A Cincinnati man decided to visit the library more often and watch television less and has since, during the past year, witnessed several heroin overdoses at the library and expressed concern about what could be done about it (www.wcpo.com, May 19, 2016).

In addition to fentanyl, participants identified Percocet®, Opana®, oxycodone, OxyContin®, methadone and Vicodin® as the most popular prescription opioids in terms of widespread illicit use. Participant comments included: *“Percocet® is number one; Vicodin® is still around; Oxycodone and Percocet® are up there.”* Community professionals identified fentanyl, Norco®, oxycodone, OxyContin®, Percocet® and Vicodin® as most popular. Treatment providers stated: *“I would say that ‘oxy’ (OxyContin®) is at the top; I was gonna say that oxy was also at the top; I know that the Vicodin® and Percocet® are popular; Oxy, Vicodin® and Percocet® are the most common. I would say those are the top three. I hear guys talking about them.”*

Participants reported that the general availability of prescription opioids has decreased during the past six months. Participants stated, *“Now, I would say Percocet® ... most of those you can’t really get around here; It is getting hard to get them, and they are getting expensive; It used to be really easy [to obtain prescription opioids]; That is another reason why people go to heroin. They can’t get to the pain pills.”* Treatment providers reported that the availability of prescription opioids has decreased during the past six months, while law enforcement reported that availability has remained the same. One treatment provider stated, *“They are harder to get now.”* Another treatment provider remarked, *“Yeah, I think OxyContin® is a little harder to get.”*

The BCI London Crime Lab reported that the number of prescription opioid cases it processes has increased during the past six months for Dilaudid®, fentanyl, Kadian®, mor-

phine, Opana®, OxyContin®, Percocet® and Vicodin®; the lab reported a decreased number of cases for methadone and Ultram®.

Reports of current street prices for prescription opioids were consistent among participants with experience buying the drugs. Most participants stated that prescription opioids sell for approximately \$1 per milligram. One participant stated, *“More or less a dollar a milligram ... depends on the area.”* Other participants explained, *“Farther away from the city, higher chance that there is going to be a higher price. Closer to the city, it is will be down. Maybe a little less than a dollar for a milligram; Outside in the country it is looking to me that it costs a little more.”* In regards to fentanyl pricing, one participant reported, *“I was getting straight powder fentanyl at \$55 a half gram and \$110 a gram.”* Overall, participants reported that the pricing for prescription opioids has remained the same during the past six months.

| Prescription Opioids | Current Street Prices for Prescription Opioids | |
|----------------------|--|--|
| | fentanyl patch | \$10 for 10 mcg patch \$30 for 30 mcg patch |
| | methadone | \$0.50-1 per milligram |
| | Opana® | \$1-1.50 for 1 mg |
| | Percocet® | \$8-10 for 7.5 mg \$12 for 10 mg |
| | Vicodin® | \$2-3 for 5 mg |

While there were a few reported ways of consuming prescription opioids, and variations in methods of use were noted among types of prescription opioids, generally the most common route of administration for illicit use remains oral consumption. Participants estimated that out of 10 illicit prescription opioid users, eight would orally consume (swallow) and two would snort the drugs. Participants discussed: *“Anymore they’re coming out with an abuse free pill with time release; All you can do is eat it mostly now; They say OxyContin® you can’t snort them now but some people find ways. They peel [the protective coating] back put them in the freezer. And then put them in the microwave.”* In addition, participants discussed intravenous injection (aka “shooting”) of some prescription opioids. One participant stated, *“The progression is to snort it and then shoot.”*

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

Participants described typical illicit prescription opioid users as anyone, heroin addicts, younger, college-aged individuals, and individuals with an injury or recent surgery. One participant stated, *"I hear a ton of legitimate injuries that turn into an addiction."* Participants discussed starting abuse of prescription opioids as teenagers. On participant reported, *"They start out with pills just to get high. They swallow them going to the club."* Another participant shared, *"They find them in the medicine cabinet at home. That is pretty much how I started out. I saw them at a party, and then I got home and I saw them in the medicine cabinet ... I was like, 'holy shit they are right there.' They have been there all along."* Community professionals described typical illicit users of prescription opioids as across the board.

Suboxone®

Suboxone® remains moderately to highly available in the region. Participants most often reported the current street availability of the drug as '7' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '7'. One participant stated, *"It's easy [to find] if you want it."* Participants reported that the most available type of Suboxone® is the sublingual filmstrip form (aka "strips"). Community professionals most often reported current street availability generally as '7-10'; the previous most common score was '7'. More specifically, treatment providers most often reported current street availability as '10', while law enforcement professionals reported it as '7'. One treatment provider commented, *"It's a ten ... all over."*

Corroborating data also indicated the availability of Suboxone® for illicit use in the region. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Cincinnati region returned 177 buprenorphine (an ingredient of Suboxone®) cases reported during the past six months (an increase from 167 cases for the previous reporting period).

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

Participants reported that the availability of Suboxone® has increased during the past six months. One participant remarked, *"It is easy to get."* Community professionals and law enforcement professionals reported that the availability of Suboxone® has remained the same during the past six months. One treatment provider reported, *"They use it to help from getting dope sick (going through withdrawal)."* Another treatment provider said, *"Even though it is there to help, there are many who are abusing it."* The BCI London Crime Lab reported that the number of Suboxone® and Subutex® cases it processes has increased during the past six months.

Reports of current street prices for Suboxone® were consistent among participants with experience buying the drug. Reportedly, strips or tablets sell for \$10-15 per 8 mg dose. In addition to obtaining Suboxone® on the street from dealers, participants also reported getting the drug through Suboxone® clinics and other users. Participants reported that the most common route of administration for illicit use of Suboxone® remains sublingual (dissolving under the tongue). Participants estimated that out of 10 illicit users, all 10 would use sublingually. Participants and community professionals described typical illicit users of Suboxone® as heroin users.

Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) are 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 '5'. One participant stated, *"They are very popular."* Treatment providers most often reported current street availability as '10', while law enforcement most often reported it as '7'; the previous most common scores were '9' and '7-8', respectively. One treatment provider commented, *"Xanax® is a ten."*

Corroborating data also indicated that sedative-hypnotics are available for illicit use in the region. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Cincinnati region returned 406 benzodiazepine cases reported during the past six months (an increase from 355 cases for the previous reporting period).

Participants identified Ambien®, Ativan®, Klonopin®, Valium® and Xanax® as the most available sedative-hypnotics in terms of widespread illicit use. One participant stated,

"Ativan® and Ambien® ... that is why I am here (in treatment)." Another participant remarked, "Xanax® is pretty popular." Community professionals identified Klonopin®, Valium® and Xanax® as most available. One treatment provider stated, "Xanax® and Klonopin®. Those are the top ones." One law enforcement professional reported, "We'll see 'xanies' (Xanax®) and Soma® ... that's usually when they are doctor-shopping, or when they're getting it in addition to Vicodin®, 'oxies' (OxyContin®) and Percocet®."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. OSHP seized 101 alprazolam (Xanax®) pills and 26 grams of heroin from a vehicle stopped in Scioto County; the driver, a man from West Virginia, was arrested (www.statepatrol.ohio.gov, March 15, 2016). A woman was sentenced to prison for a vehicle crash in Butler County, in which she injured several utility workers, one fatally; she was driving under the influence of Xanax® and a marijuana (www.daytondailynews.com, May 19, 2016).

Participants reported that the general availability of sedative-hypnotics has remained the same during the past six months. However, one participant stated, "I've been able to find Xanax® more than I used to;" and another participant commented, "You don't see them as much anymore." Treatment providers and law enforcement professionals also reported that the general availability of sedative-hypnotics has remained the same during the past six months. 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 number of cases for Ambien® and Xanax®.

| 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. Reportedly, sedative-hypnotics are most often sold for \$1 per milligram.

Participants reported obtaining sedative-hypnotics from dealers and doctors. The most common route of admin-

| Sedative-Hypnotics | Current Street Prices for Sedative-Hypnotics | |
|--------------------|--|-----------------|
| | Ativan® | \$1-2 for 1 mg |
| | Klonopin® | \$1-2 for 1 mg |
| | Valium® | \$2-3 for 10 mg |
| Xanax® | \$0.50 for 0.25 mg \$1-2 for 0.50 mg \$2-3 for 1 mg \$5 for 2 mg \$8-10 for 3 mg | |

istration for illicit use of sedative-hypnotics remains oral consumption. Participants estimated that out of 10 illicit sedative-hypnotic users, nine would orally consume (swallow) and one would snort the drug. One participant stated, "You just swallow them." Another participant declared, "They eat them or snort them."

Participants described typical illicit users of sedative-hypnotics as younger, white, college students and females. One participant stated, "Everybody. I don't think there is a group for that." One participant observed, "Young white girls." Another participant stated, "It is mostly being used by girls." One participant stated, "I have seen a lot of young black guys start doing Xanax®." Yet other participants added, "I know a lot of people use them coming down from other stuff. They can't get the other stuff, so they might have some 'bars' (Xanax® 2 mg); Definitely, those coming down off of heroin." Community professionals described typical illicit users as across the board. One treatment provider stated, "Teens, adults and older." Another treatment provider mentioned, "All races ... it does not discriminate." One law enforcement professional stated, "Same [profile] as prescription opioids."

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'. Participant comments included:

"Ten ... it's easy to get; You can get 'weed' (marijuana) whenever you want; It's all over; Ten for high and low grade [types of marijuana]." Community professionals most often reported current availability as '10'; the previous most common score was also '10'. One law enforcement professional stated, "Anytime, anyplace."

Participants most often reported the current availability of high-grade marijuana extracts and concentrates, often appearing as oil and waxy forms of the drug (aka "dabs") as '7'; the previous most common score was also '7'. One participant stated, "The dabs are getting more popular." Another participant remarked, "It's more common." Community professionals most often reported current availability of marijuana extracts and concentrates as '7'; the previous most common score was '8'. Law enforcement professionals reported: "They are starting to put the hash wax in the e-cigarette. That is starting to come into the area; We just did a seizure last week on wax; We've seen all of that stuff ... [including] the marijuana butter."

Corroborating data indicated that marijuana is available in the region. The Screening, Brief Intervention and Referral for Treatment (SBIRT) program reported that of the 199 individuals who reported on marijuana use at two health centers in the region, 29.1 percent reported using the drug on one or more days during the past 30 days. In addition, a query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Cincinnati region returned 2,805 cannabis cases reported during the past six months, of which 67.6 percent were Hamilton County cases (an increase from 2,664 cases for the previous six months, of which 67 percent were Hamilton County cases).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Cincinnati Police and the ATF (U.S. Bureau of Alcohol, Tobacco, Firearms and Explosives) conducted a large drug bust on a group of local rappers; 152 pounds of marijuana were found in a vehicle and at a local residence (www.local12.com, Feb. 23, 2016). A man from Mount Orab (Brown County) was arrested outside a post office when the Brown County Drug and Major Crime Task Force found him in possession of more than three pounds of marijuana; additional pounds of marijuana were found at his residence, as well as 24 marijuana plants (www.otfca.net, April 28, 2016). A mass killing in Pike County led authorities to three marijuana grow operations, which have been linked to a Mexican drug cartel (www.wdtn.com, May 3, 2016). A Cincinnati man was arrested after OSHP stopped him in Warren County for going left of center and discovered 665 grams of marijuana in his vehicle

(www.statepatrol.ohio.gov, May 27, 2016). The Ross County Sheriff's Office seized 87 plants in and around a camper in Chillicothe (www.chillicothegazette.com, May 31, 2016).

Participants reported that the availability of marijuana, both low-grade and high-grade, has increased during the past six months. However, participants expressed high-grade marijuana as most desirable. Participants stated: "High grade is what everyone wants, but not everyone can afford it; Since it is legal now in other states, they all want the good stuff; They're both really easy to get, but let's be real ... we all want the 'hydro' (hydroponically grown marijuana). People would rather have that than 'dirt weed' (low-grade marijuana)." In addition, participants indicated that the availability of marijuana extracts and concentrates has remained the same during the past six months.

Community professionals reported that the availability of low-grade and high-grade marijuana has increased during the past six months. Treatment providers commented: "It's all increased; I would say that it has increased, and I don't think it will decrease." A law enforcement professional stated, "Anybody that likes weed, wants the high grade." The BCI London Crime Lab reported that the number of marijuana cases it processes has decreased during the past six months.

| Reported Availability Change during the Past 6 Months | |
|---|---|
| Marijuana |  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 remarked: "The high grade is off the charts; It's a '20'; The high grade is medical, so it is top notch; Dirt weed is no good; 'Schwag' (low-grade marijuana, aka dirt weed) is poor in quality, but it's what you can afford." Regarding marijuana extracts and concentrates, participants rated current overall quality also as '10'.

Reports of current prices for marijuana were provided by participants with experience buying the drug. Similar to previous reports, low-grade marijuana is the least expensive form of the drug. One participant stated, "Sometimes

| Marijuana | Current Prices for Marijuana | |
|-----------|-----------------------------------|-----------|
| | Low grade: | |
| | A blunt | \$3-5 |
| | A gram | \$5 |
| | 1/4 ounce | \$20-25 |
| | An ounce | \$60-75 |
| | 1/4 pound | \$350-400 |
| | A pound | \$700 |
| | High grade: | |
| | A blunt | \$10-15 |
| | A gram | \$15-20 |
| | 1/8 ounce | \$70-100 |
| | An ounce | \$175 |
| | 1/4 pound | \$250-400 |
| | 1/2 pound | \$5,000 |
| | Extracts and concentrates: | |
| A gram | \$50 | |

they will give it to you." Another participant added, "Most common ... they want you to try it." Regarding the pricing of high-grade marijuana, participants reported: "The high grade costs twice as much as the low grade; Two to three times as much as the low grade; Actually, it's about three times the cost of 'reggie' (low-grade marijuana, aka 'regular')." Regarding the pricing of marijuana extracts and concentrates, one participant stated, "The cost depends on who you are going to."

While there were a few reported ways of consuming marijuana, generally the most common route of administration remains smoking. Participants estimated that out of 10 marijuana users, nine would smoke and one would eat the drug. One participant stated, "One out of ten might eat it in something like brownies." Another participant shared, "They make butter."

A profile for a typical marijuana user did not emerge from the data. Participants described typical marijuana users as

anyone aged 14 - 80 years of all races. One participant stated, "They are smoking it younger these days, but older folks still smoke it, too." Community professionals described typical marijuana users as across the board. However, a couple of treatment providers stated; "I would say typically more among African-American guys; I would say African-American males. We have a lot that use the marijuana only." One law enforcement professional declared, "It's everyone."

Methamphetamine



Methamphetamine is highly available in the region. Participants most often reported the current availability of the drug 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 '7'. One participant stated, "I am in a rural suburb and we are still dealing with 'meth' (methamphetamine) over there. Meth is everywhere" However, one participant noted, "You gotta know the right people [to obtain methamphetamine]." Another participant reported, "It's in small towns ... the meth ... and in big towns, it is the 'ice' (crystal methamphetamine)."

Community professionals most often reported the current availability of methamphetamine as '10'; the previous most common score was '9'. One treatment provider reported, "A lot [of methamphetamine] in Clermont County. We get a lot of individuals from Clermont County who used meth ... and a lot of them are usually 25 (years of age) and up from what I've seen." Law enforcement professionals stated: "Very available; We're seeing a lot of it."

Participants reported that methamphetamine is available in powdered and crystal forms throughout the region. However, they indicated that powdered methamphetamine is the most prevalent form. The powdered form of methamphetamine is typically referred to as "one-pot" or "shake-and-bake," which means users are producing the drug in a single sealed container, such as a two-liter soda bottle. By using common household chemicals along with ammonium nitrate (found in cold packs) and pseudoephedrine (found in some allergy medications), people who make methamphetamine can produce the drug in approximately 30 minutes in nearly any location.

Corroborating data indicated that methamphetamine is available in the region. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which

comprise the Cincinnati region returned 575 methamphetamine cases reported during the past six months, of which 12.3 percent were Hamilton County cases (there were 577 cases reported for the previous six months, of which 20.8 percent were Hamilton County cases).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Two individuals were arrested during a traffic stop in Anderson Township (Hamilton County) after they threw a bottle from their vehicle which ended up being a one-pot methamphetamine lab (www.wcpo.com, Feb. 8, 2016). A Lawrence County Drug and Major Crimes Task Force investigation led to the seizure of 157 grams of crystal methamphetamine and \$6,000; three men were charged with drug trafficking (www.otfca.net, March 11, 2016). Authorities arrested two men who fled the scene of a methamphetamine lab explosion in a garage of a Cincinnati home (www.ohio.com, April 18, 2016). Butler County law enforcement arrested two people for trafficking crystal methamphetamine from Dayton into the area; nearly a pound of the drug was seized from their vehicle (www.wcpo.com, May 25, 2016). A Chillicothe man was indicted for manufacturing methamphetamine in a vehicle that Ross County deputies pulled over; a one-pot methamphetamine lab and other items consistent with methamphetamine production were seized from the vehicle (www.chillicothe Gazette.com, May 28, 2016).

Participants reported that the availability of methamphetamine has increased during the past six months. Participants stated: *"It is out there; Where there are sheds and barns [there is methamphetamine] ... more in the rural areas; More east ... like [Brown County] is just ate up with that stuff. It has been for years; Going into southeastern [Ohio], it's all crystal meth. They call it the 'shards' and ice; If you drive out to Lawrenceburg [Indiana], I can show you three warehouses where it is being made; Ice is getting more common."*

Community professionals also reported that the availability of methamphetamine has increased during the past six months. One law enforcement professional stated, *"During the past six months, we've seized more than 20 pounds of meth."* Another law enforcement professional explained, *"The Mexican groups are using the heroin distributors to set up the meth. Because they have so much of it, they can't get rid of it. So, they are doubling up with it and offering it very cheap to try to get people to start buying it."* Yet another law enforcement professional added: *"When you get the established heroin customer and you need two kilos of heroin, and they're sitting on a pile of meth, then they say, 'I'll send you two kilos of heroin but you'll have to take two pounds of meth with it.' They're forc-*

ing it that way to try to create the market for meth; In order to get rid of their inventory in Mexico; they are forcing it on the people who want heroin." The BCI London Crime Lab reported that the number of methamphetamine cases it processes has decreased during the past six months; the lab reported processing crystal, brown and off-white powdered methamphetamine.

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

Participants most often rated the current overall quality of methamphetamine as '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '5-10'. One participant stated, *"Excellent."* Other participants commented: *"Depends on 'chemists' (methamphetamine cooks); The one guy was telling us that he is making it pure as possible to keep out the heroin dealers. To stop the heroin from creeping in."* Participants mentioned a wide array of adulterates (aka "cuts") for methamphetamine: baby laxatives, ether, lithium, "molly" (powdered MDMA) and paint thinner. Overall, participants reported that the quality of methamphetamine has remained the same during the past six months.

Reports of current prices for methamphetamine were consistent among participants with experience buying the drug.

| Methamphetamine | Current Prices for Methamphetamine | |
|-----------------|------------------------------------|----------|
| | 1/10 gram | \$20 |
| | 1/2 gram | \$40-60 |
| | A gram | \$50-100 |
| | An ounce | \$800 |
| | A pound | \$5,000 |

Participants reported that the most common routes of administration for methamphetamine remain intravenous injection (aka "shooting") and smoking. Participants estimated that out of 10 methamphetamine users, seven would shoot

and three would smoke the drug. One participant stated, "Most I know shoot." One participant shared, "I've smoked it once and shot up the other times ... and blacked out every time" Another participant explained, "When you chop it up, it turns white and you snort it or smoke it or shoot it ... to me it's not the same as heroin ... it is a killing drug ... way worse. It can look like white powder cocaine ... you are going to stay up three days straight and have hallucinations"

Participants and community professionals described typical methamphetamine users as white, 18 - 50 years of age, gays, those living in rural areas and often persons using Vivitrol®. Participants stated: "People in the country; More common with gay individuals; People using Vivitrol®. They turn to meth to get their high." One treatment provider stated, "More rural individuals." Law enforcement professionals described: "Middle-aged, white males; Predominantly white individuals; Rural; In the gay community, mid-30s."

Prescription Stimulants

Prescription stimulants remain highly available in the region. Participants and treatment providers 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 scores were '8' for each of the respective respondent groups. Law enforcement reported that they do not typically encounter prescription stimulants in their drug cases.

Participants and treatment providers both identified Adderall® and Ritalin® as the most popular prescription stimulants in terms of widespread illicit use. Participants commented: "Adderall® is number one; Adderall® and Ritalin® are one and two; Adderall® is going to be the most common for sure; Adderall® ... my daughter takes it and she sells them." One treatment provider stated, "I would say Ritalin® and Adderall® are the top."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A local Cincinnati radio personality and a defense attorney were arrested during a traffic stop when the arresting officer noticed several pills in plain view in the passenger seat; the pills were identified as Adderall® and hydrocodone (www.wcpo.com, Feb. 23, 2016).

Participants reported that the general availability of prescription stimulants has remained the same during the

past six months. While treatment providers reported that availability has increased, law enforcement reported that availability has remained the same. One treatment provider stated, "The clients tell me that their kids are diagnosed, and then they take their medicine ... If they are not admitting to it, then they are saying ... the aunt is using it." Another treatment provider reiterated, "I am hearing more and more of children being prescribed it, and then the parents using it. Yes, and the parents will tell you that they are having their kids diagnosed, so they can have it." The BCI London Crime Lab reported that the number of Adderall® cases it processes has decreased during the past six months, while the number of Ritalin® cases has increased.

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

Reports of current street prices for prescription stimulants were consistent among participants with experience buying these drugs. Participants reported that prices for prescription stimulants have increased during the past six months. One participant stated, "Yeah, they are getting more expensive. People are kind of getting more addicted to them."

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

Participants reported obtaining these drugs from dealers, physicians and people with prescriptions or access to a child's prescription. Participants commented: "You can get them from kids who are prescribed them; From kids or college students; The kids get prescribed it and often sell it." Participants reported that the most common route of administration for illicit use of prescription stimulants remains oral consumption. Participants estimated that out of 10 illicit users, all 10 would orally consume the drugs. One participant stated, "Just swallow them."

Participants described typical illicit users of prescription stimulants as high school and college students, those in their 20s and 30s, as well as restaurant workers, third-shift workers, those working long hours and mothers. Participants stated: *"It is little more acceptable, yeah. You can take it, study for a test, whatever; Used it to study. Help with tests; People that work long hours that really don't wanna spend the money on cocaine [illicitly use prescription stimulants]; They think that it is more socially acceptable. Since it is prescribed to people, they think that it is not as severe."* Community professionals described typical illicit prescription stimulant users as high school and college students and parents of children who are prescribed the stimulants.

Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) are moderately to highly available in the region. Participants most often reported the current availability of ecstasy pressed tablets 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'. They most often reported the current availability of "molly" (powdered MDMA) as '10'; the previous most common score was '8'. Participants stated: *"Molly is big in the club scene; All over the clubs."*

Community professionals most often reported the current availability of ecstasy and molly as '6'; the previous most common scores were '7'. A treatment provider commented, *"You hear about it every now and then."* One law enforcement professional stated, *"We see a little of that."*

Participants reported that the availability of ecstasy and molly has decreased during the past six months. One participant stated, *"Real molly' has been hard to come by."* Another participant remarked, *"You don't know what you are getting at the end of the day."* Community professionals reported that the availability of ecstasy and molly has either remained the same or has decreased during the past six months. The BCI London Crime Lab reported that the number of ecstasy cases it processes has increased during the past six months; the lab does not differentiate between ecstasy and molly cases.

Participants most often rated the current overall quality of both ecstasy and molly as '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality). Participants stated: *"Most people would not be able to tell the difference if it was real or*

| Ecstasy/ Molly | Reported Availability Change during the Past 6 Months | |
|----------------|--|--------------|
| |  Participants | Decrease |
| |  Law enforcement | No consensus |
| |  Treatment providers | No consensus |

not; Some people can't even tell the difference between meth and molly because most of the molly is cut with meth." Overall, participants reported that the quality of ecstasy and molly has remained the same during the past six months.

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

| Ecstasy/Molly | Current Prices for Ecstasy/Molly | |
|---------------|----------------------------------|---------|
| | Ecstasy: | |
| | A single stack (low dose) | \$10-20 |
| | A triple stack (high dose) | \$15 |
| | Molly: | |
| | 1/10 gram | \$10 |
| | 1/2 gram | \$50 |
| | A gram | \$100 |

Participants reported that the most common routes of administration for ecstasy and molly remain snorting and oral consumption. Participants estimated that out of 10 ecstasy and molly users, eight would orally consume and two would snort the drugs. One participant stated, *"You put it on your tongue."*

Participants and community professionals described typical ecstasy and molly users as teens, college students, those who attend raves (dance parties), as well as those in the club scene. One participant commented, *"Probably at any college campus you can get it."* Another participant stated, *"Club scenes. You are usually buying them at a club."* One treatment provider stated, *"Young kids in the club scene [use ecstasy/molly]."*

Synthetic Marijuana



Synthetic marijuana (synthetic cannabinoids) remains 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'. Participants indicated that synthetic marijuana is not commonly found. Treatment providers most often reported current availability as '1', while law enforcement most often reported it as '5'. One treatment provider stated, "I hear about it from the very young ones ... like the 18- and 19-year olds" However, another treatment provider mentioned, "I haven't heard about it in a while." One law enforcement professional reported, "We haven't seen that."

Participants reported that the availability of synthetic marijuana has decreased during the past six months. Participants commented: "You don't see it, but I know where you can get it ... you can order it; You can order it online; It used to be at every gas station but not anymore; Definitely decreased; Used to be everywhere" Community professionals also reported that the availability of synthetic marijuana has decreased during the past six months. One treatment provider stated, "It's disappeared." The BCI London Crime Lab reported that the number of synthetic marijuana cases it processes has decreased during the past six months.

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

Participants discussed the poor and inconsistent quality of synthetic marijuana: "It was a scary high; They spray stuff on it and lace it with stuff; People don't like the high; It is basically whatever kind of incense and ... some chemicals on it." Reports of current prices for synthetic marijuana were consistent among participants with experience buying the drug. Participants reported: "A bag is about \$5.99; I was buying like 15 bucks a pack; I was buying five gram bags for \$20 at a store where I lived ... at a convenient store; You can buy it

at halfway houses ... they sell it just like weed. Same price as weed."

| Synthetic Marijuana | Current Prices for Synthetic Marijuana | |
|---------------------|--|------|
| | 3 grams | \$10 |
| | 5 grams | \$20 |

The most common route of administration for synthetic marijuana remains smoking. Participants estimated that out of 10 synthetic marijuana users, all 10 would smoke the drug. Participants and community professionals described typical synthetic marijuana users as teenagers or individuals who need to pass a drug test for employment or because they are on probation. One participant stated, "Those trying to pass a drug test." Another participant stated, "Teenagers that get drug tested." One treatment provider stated, "If they like psychedelics, then they really like the 'K2' (a synthetic marijuana brand name)."

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: bath salts, hallucinogens (lysergic acid diethylamide [LSD] and psilocybin mushrooms), inhalants, ketamine (anesthetic typically used in veterinary medicine), Neurontin® (gabapentin, an anticonvulsant), over-the-counter (OTC) cold and cough medications and Seroquel® (an anti-psychotic).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A teen was indicted for selling designer drugs and LSD in Warren County; detectives seized bulk amounts of LSD and the designer drug 25C-NBOMe, as well as ecstasy and marijuana during the investigation (www.wlwt.com, March 28, 2016). A man was sentenced to 10 years in prison for hitting five vehicles before flipping his truck and hitting another vehicle and then running naked along a freeway north of Cincinnati; the man was high on PCP (phencyclidine) and marijuana (www.nbc4i.com, May 15, 2016).

Bath Salts



Bath salts (synthetic compounds containing methylone, mephedrone, MDPV or other chemical analogues, including alpha-PVP, aka “flakka”) remain available in the region.

Participants most often reported the current availability of bath salts as a ‘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 ‘1-2.’ One participant stated, “It’s not around like it used to be.” Community professionals also most often reported current availability of bath salts as ‘2;’ the previous most common score was ‘1.’

Participants and community professionals reported that availability of bath salts has decreased during the past six months. One treatment provider stated, “I think that is in huge decline. I haven’t seen anyone [in treatment for bath salts use] ... hardly at all.” The BCI London Crime Lab reported that the number of bath salts cases it processes has decreased during the past six months.

Participants reported that bath salts typically sell for \$35 per vial (about 2 grams) and \$200 per 25 grams. One participant reported, “You can get it at gas stations and cell phone stores.” Another participant shared, “There was a resident here that I was talking to ... he was only buying his stuff online ... That was the only way that he was getting it. It was being shipped out of China.” Participants speculated as to adulterants for bath salts, reporting that bath salts are laced with stain removers and fertilizers.

The most common route of administration for bath salts is snorting. Participants estimated that out of ten bath salts users, nine would snort and one would shoot (intravenously inject) the drug. Participants and treatment providers described typical bath salts users as white, male, as well as those addicted to other drugs or individuals who want to try new drugs.

Hallucinogens

Hallucinogens remain moderately to highly available in the region. Participants most often reported the current overall 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 ‘7-8.’ Participants discussed that availability of these

drugs depends on one’s connection with others who use them. Participants commented: “Depends on who you are; I can get it all day, every day; Depends on who you know.” Community professionals most often reported current overall availability as ‘4;’ the previous most common score was ‘2-4.’ One treatment provider stated, “I’m not hearing much at all about LSD.” One law enforcement professional stated, “Not very common at all.” Another law enforcement professional reported, “Those cases will pop up every once in a while.”

Participants identified LSD and psilocybin mushrooms as the most popular hallucinogens in terms of widespread use. Participants stated that the availability of both substances has decreased during the past six months. One participant stated, “It is seasonal [available summer/fall].” One treatment provider stated, “It’s almost like it is on the underground circuit.” Another treatment provider commented, “It’s not as big as it used to be.” The BCI London Crime Lab reported that the number of LSD and psilocybin mushroom cases it processes has increased during the past six months.

Regarding pricing, participants reported that LSD is purchased in single hits (one dose), strips (10 hits), sheets (100 hits), books (500 hits) and in liquid form. In addition, one participant reported that LSD can be purchased in ‘bible’ amounts (10 sheets or 1,000 hits). One participant stated, “I think that you can get a book ... for \$2,000 or \$3,000.” Another participant reported, “I think the bible costs about 10 grand.” Participants also reported that LSD can be purchased in liquid form. One participant stated, “You can also buy it in liquid. It comes in little containers.” Pricing for psilocybin mushrooms were consistent among participants with experience buying them.

| | | Current Prices for Hallucinogens | |
|---------------|------------------------------|----------------------------------|-----------|
| Hallucinogens | LSD: | | |
| | A dose (aka “a hit”) | | \$5-10 |
| | 10 doses (aka “strip”) | | \$100-170 |
| | 100 doses (aka “sheet”) | | \$300-500 |
| | Psilocybin mushrooms: | | |
| | 1/8 ounce | | \$25-30 |
| | An ounce | | \$100-200 |

Participants reported that the most common route of administration for LSD and psilocybin mushrooms remains oral consumption. Participants explained that LSD is consumed by placing the drug on one's tongue for absorption and psilocybin mushrooms are eaten (chewed and swallowed). One participant stated, *"Put it on a peanut butter sandwich."* Another participant remarked, *"They taste terrible."*

Participants and community professionals described typical hallucinogenic users as hippies, college students, individuals frequenting music festivals and concert goers. One participant concluded, *"The hippy crowd and the music crowd."* Another participant added, *"Those seeking enlightenment."* One treatment provider stated, *"Deadheads' ... those following the Grateful Dead"* One law enforcement professional stated, *"Younger, individuals in the music subculture."*

Inhalants

Participants reported that inhalants (duster [DFE] and nitrous oxide) remain highly available in the region and continue to be used most among young individuals: teenagers, college-age individuals and those who attend raves (dance parties) and clubs. Participants reported that the most common price for a balloon of nitrous is \$5.

Ketamine

Participants and community professionals reported that ketamine is available in the region, albeit they thought its illicit use to be low. Both groups of respondents reported the current availability of ketamine 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 '2-3'. One participant stated, *"That's not really around here."* One treatment provider stated, *"I haven't heard about that in forever."* One law enforcement professional stated, *"We don't see it."* Regarding pricing, one participant reported that ketamine sells for \$50 per gram. Another participant observed, *"They are purchasing it at parties. That is where I have seen it."* The most common route of administration for ketamine is intravenous injection. Participants described typical users of ketamine as "hippies."

Neurontin®

Neurontin® remains moderately to highly available in the region. Participants continued to most often report the

current street availability of the drug as '10', while community professionals continued to report it as '6' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Both participants and community professionals reported that availability of Neurontin® has remained the same during the past six months. One participant discussed, *"I have taken Neurontin® when I was in drug court, and there were people that were abusing that because you take you can get a minimum opiate buzz ... and it doesn't show up on the drug test"*

OTCs

Participants stated that OTC cold and cough medications remain available in the region due to the legal sale of these medications. Participants discussed: *"It's at the parties where the teens are; It's easy to get for the young kids; You just drink it, usually."* Participants reported that the syrups are generally combined with juices and sodas for consumption. One participant stated, *"A lot of people like to mix it up with a little drink ... it is really popular."* Another participant remarked, *"That is really popular with black culture."* One treatment provider stated, *"That always seems to be available, but we don't hear a lot of use of it."* Participants and community professionals described typical illicit users as younger individuals, teens, those in their 20s, African Americans and those in the hip-hop scene.

Seroquel®

Seroquel® remains moderately to highly available in the region. Participants continued to report the current street availability of the drug as '10', while community professionals continued to report it as '6' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). Both participants and community professionals reported that availability of Seroquel® has remained the same during the past six months. One participant stated, *"People don't go out looking for it."* One treatment provider commented, *"Some clients whose main drug of choice is heroin will use it."*

Conclusion

Crack cocaine, heroin, marijuana and prescription stimulants remain highly available in the Cincinnati region; also highly available are methamphetamine, powdered cocaine and sedative-hypnotics. Changes in availability

during the past six months include increased availability for heroin and marijuana; likely increased availability for crack cocaine and methamphetamine; and decreased availability for bath salts and synthetic marijuana.

Heroin remains highly available in the region, and its availability continues to increase. Law enforcement professionals discussed that dealers are profiling users and approaching suspected users unsolicited, handing out a contact phone number as well as free testers of heroin. A query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Cincinnati region returned 3,371 heroin cases reported during the past six months, an increase in cases from the previous reporting period.

While many types of heroin are currently available in the region, participants continued to report powdered heroin as the most available heroin type. Overall, participants reported that the quality of heroin has increased during the past six months, primarily due to the use of fentanyl as a top cutting agent (adulterant) for the drug. Both respondent groups and the BCI London Crime Lab reported on a high presence of heroin-fentanyl mixtures and fentanyl substitutions for heroin in the region.

Participants described typical heroin users as anyone, although mostly white and young people. Participants continued to report the most common route of administration for heroin as intravenous injection (aka "shooting"); and they stated that it is common for users to share injection needles.

Participants and community professionals alike reported that the availability of methamphetamine has increased during the past six months. Law enforcement attributed the increase to Mexican drug cartels pushing the drug along with heroin into the regional market. They explained that methamphetamine is often delivered along with heroin, stating that oftentimes a dealer must accept the drug and agree to push it on their customers in order to purchase heroin. Reportedly, the cartels have a lot of methamphetamine and are working to create a market for the drug.

Lastly, both respondent groups and the BCI London Crime Lab reported an increase in the availability of crack cocaine during the past six months. There was consensus that the drug is once again widely available. Many described current availability as "on every street corner." Some in law enforcement indicated that the reduction in sentencing for possession of the drug has contributed to increases in crack cocaine use and availability.

