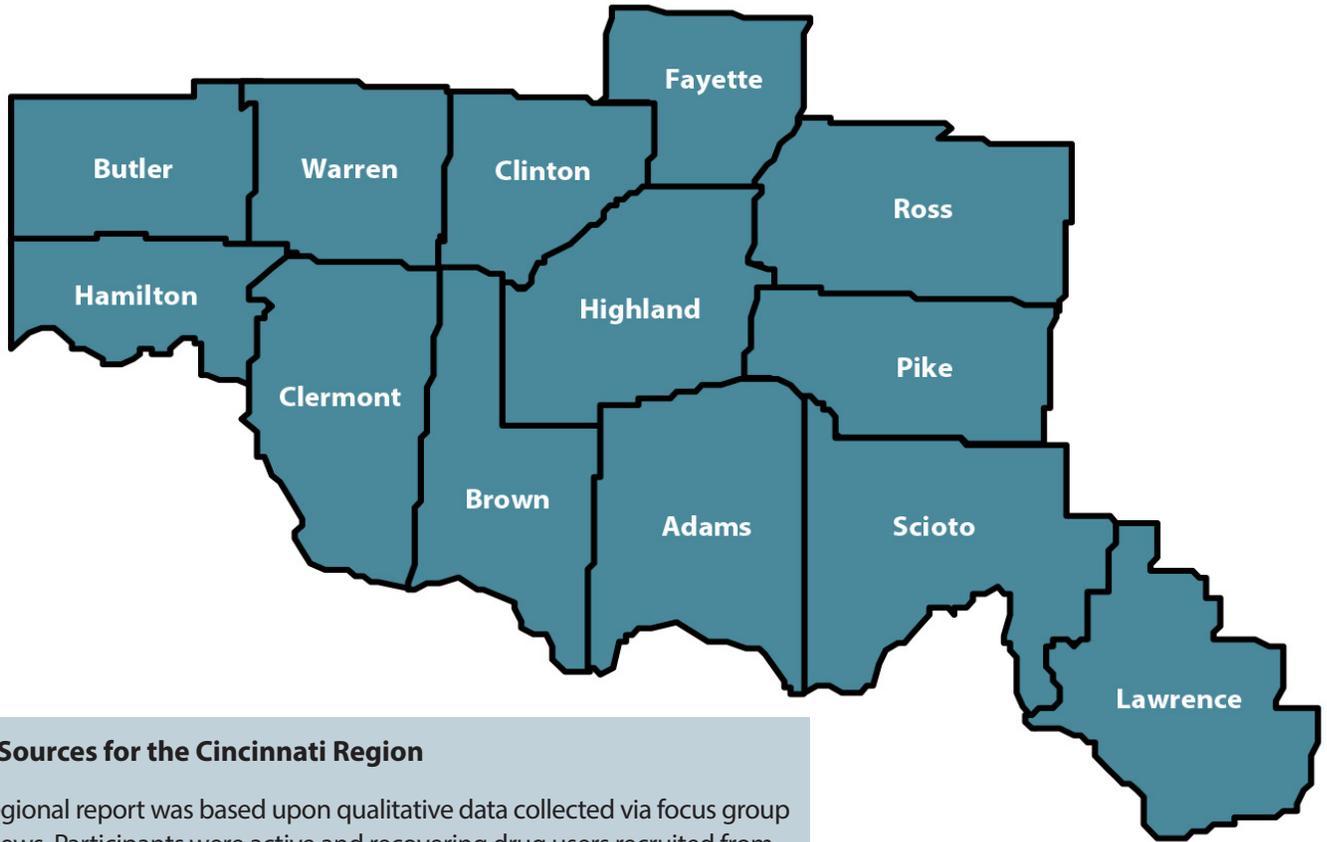




Drug Abuse Trends in the Cincinnati Region



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 Hamilton County Coroner's Office and 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 Crime Lab, which serves central and southern Ohio. In addition, data were abstracted 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 January through June 2016. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for July through December 2016.

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

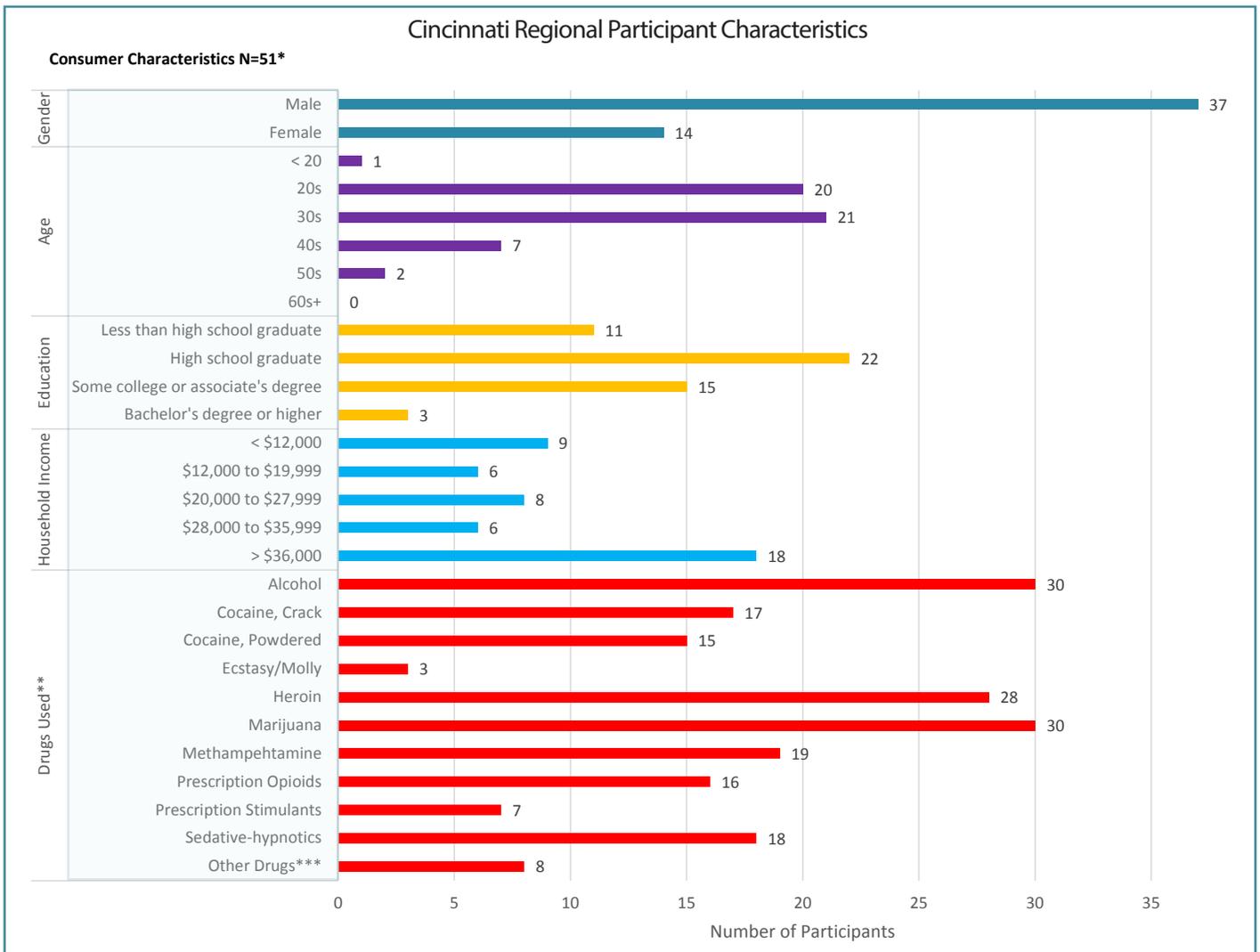
Indicator ¹	Ohio	Cincinnati Region	OSAM Drug Consumers
Total Population, 2015	11,613,423	2,039,199	51
Gender (female), 2015	51.0%	51.0%	27.4%
Whites, 2015	82.7%	82.3%	88.2%
African Americans, 2015	12.7%	13.0%	9.8%
Hispanic or Latino Origin, 2015	3.6%	2.7%	6.1% ²
High School Graduation Rate, 2015	89.1%	88.7%	78.4%
Median Household Income, 2015	\$51,086	\$55,133	\$28,000 to \$35,999 ³
Persons Below Poverty Level, 2015	14.8%	14.7%	31.9% ⁴

¹ Ohio and Cincinnati region statistics were derived from the most recent US Census; OSAM drug consumers were participants for this reporting period: July-December 2016.

² Hispanic or Latino Origin was unable to be determined for 1 participant 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 4 participants due to missing and/or invalid data. Note income categories have been collapsed in the table below.

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



* Not all participants filled out forms completely; therefore, numbers may not equal 51.

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

***Other drugs included: Air duster (inhalant), lysergic acid diethylamide (LSD), psilocybin mushrooms, and Suboxone®.

Historical Summary

In the previous reporting period (January – June 2016), crack cocaine, heroin, marijuana and prescription stimulants remained highly available in the Cincinnati region; methamphetamine, powdered cocaine and sedative-hypnotics were also highly available. Changes in availability during the reporting period included: increased availability for heroin and marijuana; likely increased availability for crack cocaine and methamphetamine; and decreased availability for bath salts and synthetic marijuana.

Law enforcement professionals discussed that heroin dealers were 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 reporting period, an increase in cases from the previous reporting period.

While many types of heroin were available in the region, participants continued to report powdered heroin as the most available type. Overall, participants reported that the quality of heroin increased during the reporting period, 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, young people. Participants continued to report the most common route of administration for heroin as intravenous injection (aka "shooting"), and stated that it was common for users to share injection needles.

Participants and community professionals alike reported that the availability of methamphetamine increased during the reporting period. Law enforcement attributed the increase to Mexican drug cartels pushing the drug along with heroin into the regional market. They explained that methamphetamine was 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 had a lot of methamphetamine and were 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 reporting period. There was consensus that the drug was once again widely available. Many described availability as on every street corner. Some in law enforcement indicated that the reduction in sentencing for possession of crack cocaine contributed to its increase in use and availability.

Current Trends

Powdered Cocaine

Powdered 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.' Participants stated: *"It's easy to get; All dope is easy to get if you want it; 'Powder' (powdered cocaine) is all over; It's everywhere I go."*

Treatment providers most often reported current availability of powdered cocaine as '10'; while law enforcement most often reported it as '8'; the previous most common score was '8' for both treatment providers and law enforcement. Treatment providers stated: *"Very available; This is easy to get on the street."* Law enforcement professionals reported: *"It is still out there; It's everywhere; It's there, but more people want heroin now."*

Corroborating data indicated that cocaine is available in the region. The Hamilton County Coroner's Office found cocaine (powdered and/or crack cocaine) present in 33.5 percent of the 155 drug-related deaths it processed during the past six months. The Screening, Brief Intervention and Referral for Treatment (SBIRT) program reported that of the 394 individuals at four health centers in the region who reported any drug use during the past 30 days, 17.3 percent reported using cocaine on one or more 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 2,249 cocaine cases reported during the past six months, of which 79.9 percent were Hamilton County cases (an increase from 1,893 cases for the previous six months, of which 79.0 percent were Hamilton County cases). Note,

laboratories logging cases into NFLIS do not typically differentiate between powdered and crack cocaine.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Law enforcement in Ross County arrested 30 people during an undercover investigation; officers confiscated an undisclosed amount of cocaine, prescription pills, marijuana, and weapons, including an AK-47 (www.nbc4i.com, Sept. 19, 2016). Ohio State Highway Patrol (OSHP) arrested a man in Pike County during a traffic stop after seizing 31 grams of powdered cocaine from his vehicle (www.statepatrol.ohio.gov, Oct. 7, 2016). OSHP arrested two men in Scioto County, one from West Virginia and one from Michigan, during a traffic stop after confiscating 10 grams of cocaine and over 10 grams of heroin from their vehicle (www.statepatrol.ohio.gov, Oct. 13, 2016). A federal grand jury indicted eight people from Southern and Central Ohio, three of whom were Scioto County residents, for distributing heroin, cocaine, MDMA and anabolic steroids in the regions (www.portsmouth-dailytimes.com, Oct. 19, 2016). Law enforcement in Warren County arrested three men during a drug buy for cocaine trafficking (www.wdtn.com, Oct. 21, 2016). Law enforcement from Lawrence County arrested a man during a controlled drug buy in Youngstown; the man was found with almost a half a pound of powdered cocaine hidden in his pants; the man supplied cocaine to users in Coshocton for four years (www.ncnewsonline.com, Dec. 8, 2016). Authorities indicted four people in connection to a prostitution ring, wherein drugs, including cocaine and fentanyl, were often exchanged for sex (www.wcpo.com, Dec. 29, 2016).

Participants and community professionals reported that the availability of powdered cocaine has remained the same during the past six months. One treatment provider stated, "It's the same as it's always been." The BCI London Crime Lab reported that the number of powdered cocaine cases it processes has increased during the past six months; the lab does not typically differentiate between powdered and crack cocaine.

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

Participants most often rated the current overall quality of powdered cocaine as '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '5'. Participants remarked: "It depends on who you get it from; It really is all about who you know." Participants reported the top cutting agents (adulterants) for powdered cocaine include: baby aspirin, baby laxative, baby powder, baking soda, benzocaine (local anesthetic), creatine, dry wall powder, ether, isotol (dietary supplement), mannitol (diuretic), NoDoz®, Orajel™, Splenda® and vitamin B-12. One participant stated, "They use whatever they can to bulk it up." Overall, participants reported that the quality of powdered cocaine has decreased during the past six months. Participants commented: "It's decreased. About four days ago, I got some really bad stuff; The quality's gone down because there are so many cuts now; The quality has definitely gone down."

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. One participant stated, "They will sell it just like a candy store ... it is weighed by the gram." Another participant added, "Prices are higher in ... more remote areas."

Powdered Cocaine	Current Prices for Powdered Cocaine	
	1/10 gram	\$10
	1/2 gram	\$30-40
	A gram	\$60-80
	1/8 ounce (aka "eight ball")	\$125-200
	An ounce	\$900-1,000
	1/4 pound	\$3,500

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,

eight would snort and two would shoot the drug. One participant stated, "Most people snort it." Another participant added, "It depends. If you shoot [other drugs], then you will shoot [powdered cocaine]."

A profile for a typical powdered cocaine user did not emerge from the data. Participants described typical users as everyone (18 years and older). Participants stated: "I first thought it was rich people who used coke and drank wine, now I've seen so many people do it that I can't even be biased; A lot more people are doing it now; Back then it was like the rich man's high. Now it's everyone." Treatment providers described typical powdered cocaine users as primarily white and mid- to upper socio-economic status, while law enforcement described typical users as anyone. Treatment providers stated: "It's more white; Middle class and upper class." Law enforcement officers stated: "It is used by all walks of life; It does not discriminate."

Crack Cocaine

Crack cocaine remains highly available in the region. Participants most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. Participants stated: "It's everywhere; I could get some right now if I wanted to; It's all over the place; I just have to make one call ...". Treatment providers most often reported current availability as '10', while law enforcement most often reported it as '9'; the previous most common score was '8' for both treatment providers and law enforcement. One treatment provider remarked, "It's readily available."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Officers from OSHP, Portsmouth Police Department and the Scioto County Sheriff's Office collaborated during a months-long investigation to arrest 13 people after searching three different locations in Scioto County and seizing seven grams of crack cocaine and 51 grams of heroin (www.wchstv.com, Sept. 9, 2016). A Hamilton County resident is the first person to date to hand in drug paraphernalia with immunity since the Hamilton County Sheriff's Office offered immunity to anyone turning in drugs or drug paraphernalia; the individual turned in two hypodermic needles, five glass crack pipes, four metal crack pipes, five plastic straws with drug residue in them, two push-rods, a pipe scrubber and a tie-off (www.wcpo.com, Oct. 18, 2016).

Participants and community professionals reported that the availability of crack cocaine has remained the same during the past six months. One law enforcement professional stated, "Crack is still very available." The BCI London Crime Lab reported that the number of crack cocaine cases it processes has remained the same during the past six months.

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

Participants most often rated the current overall quality of crack cocaine as '7' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '8'. One participant stated, "I can't really throw a number on it because it can be some 'fire' (high quality) and they turn it into garbage because they don't know what they're doing." Another participant added, "It depends on who you are getting it from." Participants reported that crack cocaine in the region is most often adulterated (aka "cut") with baking soda. Other cuts mentioned include: ammonia, lemon juice and vinegar. Overall, participants reported that the quality of crack cocaine has remained the same during the past six months.

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

Current prices for crack cocaine were consistent among participants with experience buying the drug. One participant stated, *"You can even buy crumbs if you want it for a couple of bucks."*

Crack Cocaine	Current Prices for Crack Cocaine	
	1/10 gram	\$10
	1/2 gram	\$25-40
	A gram	\$40-100

Participants reported that the most common route of administration for crack cocaine remains smoking. Participants estimated that out of 10 crack cocaine users, eight would smoke and two would intravenously inject (aka "shoot") the drug. Participants stated: *"It's mostly smoked but some people will shoot; I used to shoot it with vinegar, but eventually vinegar messes your veins up so then you have to smoke it."* Other participants added: *"It really depends where people are from; It depends, if you start shooting, everything is going in that syringe."*

Participants described typical crack cocaine users as middle age, of low socio-economic status, unemployed and those who engage in prostitution. One participant stated, *"I would say a lot of female prostitutes smoke crack."* Another participant added, *"If you mess with prostitutes then you're smoking crack."* Community professionals described typical crack cocaine users as males, African American and of lower socio-economic status. A treatment provider stated, *"Individuals with a lower income."* Law enforcement officers stated: *"Lower socio-economic status; More in the inner-city."*

Heroin



Heroin remains highly available in the region. Participants and community professionals most often reported the current availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were also '10'. Participants agreed: *"It's what everybody wants; It is very easy to get."* One treatment provider stated, *"It's past a 10 [on a scale of 0 to 10]."*

Corroborating data indicated that heroin is available in the region. The Hamilton County Coroner's Office found

heroin present in 65.8 percent of the 155 drug-related deaths it processed during the past six months; fentanyl was present in 61.8 percent of these heroin cases. The Scioto County Coroner's Office reported that 19.2 percent of the 26 drug-related deaths it recorded this reporting period involved heroin; and of these deaths, 40.0 percent involved fentanyl as well. The Screening, Brief Intervention and Referral for Treatment (SBIRT) program reported that of the 394 individuals at four health centers in the region who reported any drug use during the past 30 days, 34.8 percent reported using heroin on one or more days. In addition, a query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Cincinnati region returned 3,125 heroin cases reported during the past six months, of which 68.6 percent were Hamilton County cases (a decrease from 3,371 cases for the previous six months, of which 66.0 percent were Hamilton County cases).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Ironton Police collaborated with other Lawrence County law enforcement agencies to arrest a man in a motel after executing a search warrant and seizing three ounces of heroin (www.wsaz.com, July 13, 2016). Officers from several different law enforcement agencies collaborated in arresting a man for trafficking heroin from Adams County to Brown County two to three times per week (www.otfca.net, Aug. 11, 2016). The Cincinnati Fire Department responded to over 100 overdoses in six days, with more than 30 overdoses occurring in just one day (www.wcpo.com, Aug. 29, 2016). Law enforcement in Butler County found a father and son unconscious due to a drug overdose in their vehicle on the median of a busy highway during rush hour; a nurse driving on the highway pulled over to help and administered several doses of Narcan® (naloxone, opiate overdose reversal medication) to each man before they regained consciousness; the men were charged with an OVI (operating a vehicle impaired) and possession of drug paraphernalia (www.wcpo.com, Aug. 30, 2016). Law enforcement in Hamilton County arrested two men, one from New York and one from Ohio, after seizing two pounds of heroin (www.wcpo.com, Aug. 31, 2016). Law enforcement responded to 39 overdoses in less than three days in Hamilton County; these overdoses came after approximately 185 overdoses in the prior week and 46 overdoses in one weekend; law enforcement attributed this string of overdoses to heroin laced with fentanyl, furanyl fentanyl and carfentanyl (www.cincinnati.com,

Aug. 31, 2016). Law enforcement in Scioto County arrested seven individuals, seizing 51 grams of heroin and seven grams of crack cocaine; the individuals were thought to be responsible for trafficking the drugs in Portsmouth and all over Scioto County (www.portsmouth-dailytimes.com, Sept. 11, 2016). Chillicothe Police (Ross County) along with OSHP, U.S. Marshals and Columbus Police (Franklin County) collaborated during a six-month long investigation to arrest 30 people for trafficking narcotics in Ross County; an officer reported that it was no coincidence that no drug overdoses occurred the weekend these people were arrested (www.abc6onyourside.com, Sept. 19, 2016). A news source reported data from the Hamilton County Public Health's Epi Center surveillance system that emergency departments in Hamilton County treated 1,004 overdose cases from July 15 to September 21, which equates to 15 overdoses per day; some of these overdoses were due to carfentanil (www.cincinnati.com, Sept. 22, 2016). Law enforcement in Hamilton County arrested a man with prior felonious charges after confiscating 220 grams of heroin and eight stolen guns from his home (www.wcpo.com, Sept. 28, 2016). Authorities in Hamilton County incited a man in September for selling a heroin-fentanyl mixture to a man who subsequently died from the mixture (www.whio.com, Sept. 29, 2016). Safe Streets officers in Hamilton County arrested a man after executing a search warrant and seizing 6.5 ounces of heroin and drug paraphernalia from his home (www.fox19.com, Oct. 7, 2016). Law enforcement in Noble County, Indiana worked with the Hamilton County Sheriff's Office Regional Enforcement Narcotics Unit (RENU) on a 3-month long investigation to arrest a large-scale drug dealer in Cincinnati; the officers used a confidential informant to purchase a total of 15 grams of heroin during three different drug buys; officers searched the dealer's home and confiscated an additional 300 grams of heroin (www.batesvilleheraldtribune.com, Oct. 5, 2016). A staff member at a pizza shop in Hamilton County saved two people from heroin overdose after seeing the two passed out in a car in the parking lot; the worker administered Narcan® that was provided to the pizza shop by ambulance staff; the worker reported she sees paramedics use the antidote up to three times per week (www.mirror.co.uk, Oct. 7, 2016). Law enforcement in Ross County arrested a man after executing a search warrant and seizing 33 grams of heroin and 122 grams of marijuana from his home (www.chillicothegazette.com, Oct. 13, 2016). Butler County Undercover Regional Narcotics Taskforce arrested 14 people for trafficking heroin during a drug sweep,

one of whom was a high school athletics coach (www.cincinnati.com, Nov. 4, 2016). A federal judge indicted a man for selling heroin laced with fentanyl to two individuals who overdosed from the drug in a parking lot in Hamilton County (www.chattanooga.com, Dec. 2, 2016). A Kentucky man purchased a car at an auction in Ohio and later found two pounds of heroin hidden in the vehicle; law enforcement found six and a half pounds of heroin in the car eight months prior during a traffic stop where a man reported that a drug cartel was forcing him to transport the drug (www.nbc4.com, Dec. 16, 2016). The Waterloo Region Integrated Drug Strategy issued a warning to Lawrence County residents that a counterfeit pill resembling OxyContin®, with "CDN" printed on one side and "80" on the other, was laced with carfentanil and crystal methamphetamine; a representative from the Waterloo Region Crime Prevention Council reported that carfentanil the size of one grain of salt is strong enough to kill a person (www.therecord.com, Dec. 6, 2016). Authorities sentenced the grandmother of a 9-month-old child and a 21-month-old child after they swallowed heroin that was in her home; the children's teenage mother was previously indicted on child endangering charges (www.nbc4.com, Dec. 15, 2016).

While different types of heroin are currently available in the region, participants once again reported powdered heroin as most available. Participants commented: *"Powder is in Cincinnati; It's all powder here."* Participants also commented that black tar heroin is available in the region, but it is not easy to obtain. Participants remarked: *"If you want 'tar' (black tar heroin), you have to go up north; Tar is here but you have to know the right people."*

Participants reported that the availability of heroin has increased during the past six months. Participants stated: *"It continues to be on the rise; You'll just be driving down the street and they'll throw [free testers of heroin] at you."* Community professionals also reported that the general availability of heroin has increased during the past six months. Treatment providers stated: *"It's extremely easy to get; They throw testers in cars to get people to try the product."* Law enforcement officers remarked: *"It is very available; Heroin is everywhere."*

The BCI London Crime Lab reported that the number of heroin cases it processes has decreased during the past six months; the lab reported processing beige, brown, tan and white powdered heroin along with black tar heroin. However, the lab noted that it does not typically

differentiate between black tar and powdered heroin. In addition, the lab noted processing cases of heroin-fentanyl mixtures and straight fentanyl submitted as suspected heroin cases during the past six months.

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'. One participant stated, "High quality, especially now with the fentanyl and carfentanil." Overall, participants reported that the quality of heroin has remained the same in the past six months.

Participants discussed adulterants (aka "cuts") that affect the quality of the drug and reported that the top cutting agents include: baby formula, baby laxative, fentanyl and carfentanil. One law enforcement professional stated, "We are seeing many cases of heroin laced with fentanyl or carfentanil." Additional cuts for heroin mentioned include: benzodiazepines, creatine, mannitol (diuretic), methamphetamine, powdered cocaine, prescription opioids, Sweet 'N Low® and vitamin B-12. A participant stated, "They are calling it heroin when it is mixed with more pain killers (than actual heroin)." Another participant added, "A lot of dealers do not care what they are putting in it." One law enforcement officer added, "Users do not know what the heroin is being cut with."

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

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) 	

to get) to '10' (highly available, extremely easy to get). Participants stated: "The heroin is cut with fentanyl and carfentanil; People are overdosing because of the fentanyl and carfentanil." Participants reported that the availability of fentanyl has increased during the past six months. When participants were asked if there were any concerns about potential overdose with fentanyl and carfentanil, one participant stated, "When someone overdoses, then people want to know where they got their stuff so they can go and get it." Others added: "People want the heroin with the fentanyl; It's called 'fire' because it's the good stuff." One treatment professional stated "Fentanyl has increased. Many are now wanting it."

Several participants discussed that they personally had Narcan® (naloxone, opiate overdose reversal medication) administered to them, sharing that they overdosed due to the current potency of heroin with fentanyl. One participant shared: "I've been doing heroin for the last six or seven years. I've been shooting for about four years. I've OD'ed (overdosed) twice in the last seven months ... I needed two sprays (doses) of Narcan® [the first time I overdosed] ... the second-time ... I overdosed on the metro (public transit) ... 'fell out' (overdosed) and had to get four sprays (doses) of nasal Narcan®." Another participant commented, "Dealers have sold me Narcan®."

Reports of current prices for heroin were consistent among participants with experience purchasing the drug.

Heroin	Current Prices for Heroin	
	Powdered:	
	1/10 gram	\$10-20
	1/2 gram	\$40-50
	A gram	\$80-140
	1/4 ounce	\$700
	1/2 ounce	\$1,400
	An ounce	\$2,000-2,500
	Black tar:	
	1/2 gram	\$50-60
A gram	\$100-120	

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. Participants stated: *“Once you shoot, you always shoot; People start with snorting but eventually they graduate to shooting; Now people are starting out shooting it; The stigma of shooting is no longer present and it is more acceptable to start shooting, especially with the younger generations; Many people inject right in their car, right after they get it because they can’t wait until they get home.”*

Participants reported that injection needles are most available from needle exchange programs, stores, pharmacies, the Internet, dealers, and family and friends who have diabetes. Reportedly, needles sell for \$3-5 each. Participants stated: *“At the needle exchange, you just trade your old one for a new one; Dealers sell them on the street; Some dealers have them and some don’t. It depends. Some carry them so they can claim they are using and won’t go to prison for being a dealer.”*

When asked about sharing needles, participants stated that it is common to share needles. Participants stated: *“If you are ‘dope sick’ (experiencing withdrawal), you don’t care; Lots of people share; I feel like it’s very common; Everyone who uses has Hep C (hepatitis C).”* Several participants also reported that users attempt to clean needles before re-use: *“They sanitize with water. Sometimes with alcohol; Sometimes with bleach if you think they have something; When I first started using, I would clean the needle with alcohol ... but once you start using, you do whatever you have to do to get [high].”*

Participants described typical heroin users as anyone, although participants also reported people aged 20-30 years as common users. Participants stated: *“Mid-20s to mid-30s; Average age of 18 to 34 [years]; Everyone ... lawyers, judges, architects, everyone; All ages and races.”* Community professionals described typical heroin users as white, young and male. They stated: *“Younger males; Primarily white individuals.”*

Prescription Opioids



Prescription opioids remain moderately to highly available for illicit use in the region. Participants most often reported the current street availability of these drugs as ‘5’ on a

scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was ‘6.’ Community professionals most often reported current street availability as ‘7;’ the previous most common score was ‘8.’ Treatment providers stated: *“Many are using them; They are easy to obtain; The opioids are easy to buy on the street.”*

Corroborating data indicated that prescription opioids are available for illicit use in the region. The Hamilton County Coroner’s Office found at least one prescription opioid present in 72.3 percent of the 155 drug-related deaths it processed during the past six months; fentanyl was present in 83.9 percent of these prescription opioid cases (note coroners’ offices do not typically differentiate between pharmaceutical and clandestine fentanyl). The Scioto County Coroner’s Office reported that 65.4 percent of the 26 drug-related deaths it recorded this reporting period involved one or more prescription opioid; and of these deaths, 58.8 percent involved fentanyl. In addition, a query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Cincinnati region returned 2,136 prescription opioid cases reported during the past six months, of which 73.6 percent were fentanyl/acetyl fentanyl cases; 73.0 percent of these fentanyl/acetyl fentanyl cases were Hamilton County cases (an increase from 1,848 prescription opioid cases for the previous six months, of which 66.2 percent were fentanyl/acetyl fentanyl cases; 78.2 percent of these fentanyl/acetyl fentanyl cases were Hamilton County cases).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Several different police departments in Southern Ohio collaborated with the Athens, Fairfield and Hocking Counties Drug Taskforce to investigate a physician in Highland County who wrote prescriptions for oxycodone, methadone and Xanax® in exchange for cash and “a take” of the pills he prescribed; law enforcement conducted a search of his home and office and seized several thousand pills (www.nbc4i.com, July 7, 2016). Law enforcement arrested a Cincinnati man who admitted to selling fentanyl to a drug buyer in Kentucky on multiple occasions; the man was charged in connection to several overdoses that occurred just outside of Lexington (www.kentucky.com, Aug. 30, 2016). Authorities in Hamilton County charged two people for selling heroin laced with carfentanil; this was the first known indictment made in the U.S. involving trafficking of carfentanil (www.local12.com, Sept. 21, 2016). OSHP

arrested a man in Hamilton County during a traffic stop after confiscating 122 oxycodone pills and a small bag of marijuana from his vehicle (www.statepatrol.ohio.gov, Sept. 27, 2016). Authorities indicted a physician in Butler County for drug trafficking after learning he unethically prescribed medications nine times to one person (www.journal-news.com, Oct. 6, 2016). A news source reported data from the Children’s Defense Fund that Scioto County had the highest number of drug addicted babies in the state, with 76 per 1,000 live births occurring during the five-year study period (www.cantonrep.com, Oct. 17, 2016). Representatives from the Brown County Sheriff’s Officer reported that the Prescription Drug Take-Back Day yielded collection of 1,953.7 pounds of drugs in the county; the drugs included prescription opiates (www.wbay.com, Oct. 25, 2016). A physician in Butler County was arrested for selling alprazolam, hydrocodone, oxycodone and promethazine to his patients (www.journal-news.com, Dec. 5, 2016).

Participants identified methadone, oxycodone, OxyContin®, Percocet®, Ultram® and Vicodin® as the most popular prescription opioids in terms of widespread illicit use. Participants stated: *“Everyone wants Percocet®; Everybody is eating Percocet®. ‘Dope boys’ (drug dealers) are eating Percocet® like candy.”* Community professionals reported oxycodone, OxyContin®, Percocet® and Vicodin® as the most popular prescription opioids in terms of widespread illicit use. One treatment professional stated, *“Percocet® is the most popular right now.”*

Participants reported that the general availability of prescription opioids has decreased during the past six months. Participants stated: *“It’s harder to get now because of the feds cracking down on it; It’s not like it used to be; I think heroin came in because people were cut off a lot of pain pills and heroin is cheaper; Heroin is cheaper and more available.”* Treatment providers reported that the general availability of prescription opioids has decreased during the past six months, while law enforcement reported that availability has remained the same. Treatment providers stated: *“They are more difficult for them to get now; A lot of individuals have moved on from pills to heroin.”* One law enforcement professional stated, *“There is still much prescription opioid abuse.”*

The BCI London Crime Lab reported that the number of fentanyl, Lortab®, methadone, Norco® and Vicodin® cases it processes has increased during the past six months, while Dilaudid®, morphine, Opana®, OxyContin® and Percocet® cases have decreased.

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 drug. Participants reported that most prescription opioids sell for approximately \$1 per milligram. Overall, participants indicated that the price of prescription opioids has remained the same during the past six months.

Prescription Opioids	Current Street Prices for Prescription Opioids	
	methadone	\$0.50-1 for 1 mg \$8-10 for 7.5 mg
	Opana®	\$1-1.50 for 1 mg
	Percocet®	\$12 for 10 mg
	Vicodin®	\$2-3 for 1 mg

While there were a few reported ways of consuming 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 remarked: *“Everyone just swallows them; Some people snort.”*

Participants described typical illicit prescription opioid users as anyone, but specifically people who use heroin, are college aged and individuals with an injury or recent surgery. A participant shared, *“My buddy was put on Vicodin® in seventh grade during football, and when he was 14 [years old] he started shooting ‘dope’ (heroin). It is a sickness. Once you get pain killers you get addicted, get used to them and then need something higher.”* Community professionals described typical illicit users of prescription opioids as anyone. Treatment providers stated: *“All ages, races and occupations; It’s common for those prescribed it to get addicted to it.”* One law enforcement officer stated, *“It is everyone ... across the board.”*

Suboxone®

Suboxone® remains moderately to highly available for illicit use 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'. Participant comments included: *"I know people that go in [to the clinic] and get them, and then go sell them for heroin; It's so expensive. I've heard it's like 250 [dollars] initially just to go in and see the doctor, but then you have to pay for the 'script' (prescription), and it's so easy for us to come up with 20, 40, 60 dollars to go buy a few [Suboxone®] off the street."*

Treatment providers most often reported current street availability as '10', while law enforcement reported it as '7'; the previous most common score for treatment providers and law enforcement was '7-10'. One treatment provider stated, *"It's everywhere."* Participants continued to report that most available type of Suboxone® remains the sublingual filmstrip form (aka "strips").

Corroborating data indicated that Suboxone® is 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 168 buprenorphine (an ingredient of Suboxone®) cases reported during the past six months (there were 177 cases reported for the previous reporting period).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Law enforcement in Ross County arrested two men from Columbus after executing a search warrant and seizing 100 Suboxone® filmstrips, 12 grams of heroin, 25 prescription pills and three ounces of crack cocaine from their home in Chillicothe (www.chillicothe gazette.com, Oct. 21, 2016).

Participants and community professionals reported that the availability of Suboxone® has remained the same during the past six months. The BCI London Crime Lab reported that the number of Suboxone® and Subutex® cases it processes has increased during the past six months.

Suboxone®	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 Suboxone® were consistent among participants with experience buying the drug. Reportedly, filmstrips and pills continue to 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. Participants stated: *"You get them from the clinic; Some people are prescribed it and then sell it on the street; I have sold Suboxone®, or just traded my Suboxone® to my 'dope' (heroin) dealer 'cause some people are trying to get off dope and ask their dope dealers for Suboxone®."* One law enforcement officer also reported, *"They get it from the clinic and then sell it."*

Participants reported that the most common route of administration for illicit use of Suboxone® remains sublingual (dissolving under the tongue). Participant estimated that out of 10 illicit Suboxone® users, all 10 would use the drug sublingually. Participants and community professionals described typical illicit users as heroin users who use the drug to avoid experiencing withdrawal symptoms. Another participant added, *"Where a lot of the Suboxone® is abused ... is in the penitentiary."*

Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) remain highly available for illicit use 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'. Participant comments included: *"They're all over; You got so many people that were put on 'benzos' (benzodiazepines), on Xanax® ... that are now addicted to 'em and ... you got a lotta people that will not come off of 'em; I mean they're not my drug of choice, but if somebody has 'em, I'll pop one or two of 'em."* Treatment providers most often reported current street availability as '9', while law

enforcement most often reported it as '7'; the previous most common score was '10' for treatment providers and '7' for law enforcement.

Corroborating data indicated that sedative-hypnotics are available for illicit use in the region. The Hamilton County Coroner's Office found at least one benzodiazepine present in 15.5 percent of the 155 drug-related deaths it processed during the past six months. The Scioto County Coroner's Office reported that 30.8 percent of the 26 drug-related deaths it recorded this reporting period involved one or more benzodiazepine. In addition, a query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Cincinnati region returned 417 benzodiazepine cases reported during the past six months, of which 36.5 percent were Hamilton County cases (there were 406 cases reported for the previous six months, of which 31.8 percent were Hamilton County cases).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Law enforcement in Scioto County arrested a Michigan man during a traffic stop after confiscating 50 Xanax® pills and 74 grams of crack cocaine from his vehicle (www.statepatrol.ohio.gov, Aug. 17, 2016).

Participants identified Ambien®, Ativan®, Klonopin®, Valium® and Xanax® as the most available sedative-hypnotics in terms of widespread illicit use. Participants reported: *"Xanax® and Klonopin® are the big two; I know methamphetamine dealers that will give their good customers Ativan® if they ask for it; It (Ativan®) helps you calm down; 'Cause a lot of times people aren't usin' that (Ativan®) for a high or to abuse it ... it's to come down or to tolerate another drug."* Community professionals identified Klonopin®, Valium® and Xanax® as most available. Treatment provider comments included: *"Xanax® is probably a '10' (highly available); Definitely. Xanax® is probably the number one [most available and most sought sedative-hypnotic]."*

Additionally, participants discussed "fake" benzodiazepine pills as being passed as the prescribed pills. Participants relayed: *"There's people making their own Xanax® bars, so therefore you don't know what you're getting. You don't know if you're getting a real Xanax® or not; Recently, within the last few months, there are people ordering benzo powders off of these certain websites and then getting a pill press ... quite a few. More than I would had expected; They call them 'xanies' (Xanax®), but they're not."*

Participants and community professionals 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 Ativan®, Valium® and Xanax® cases it processes has increased during the past six months, while the number of Klonopin® and Restoril® cases has remained the same.

Reported Availability Change during the Past 6 Months	
Sedative-Hypnotics	 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. Generally, sedative-hypnotics most often sell for \$1-2 per milligram.

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

Participants reported obtaining sedative hypnotics from dealers, doctors, family members and through Internet purchase. Participants stated: *"You can buy them on the street or get them prescribed; You can buy them all online."* One treatment provider stated, *"Some get them from family members."* One law enforcement professional stated, *"Teens get it from their parents or grandparents."*

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, nine would orally consume (swallow) and one would snort the drugs. Participants described typical illicit users of sedative-hypnotics as white, younger and females.

A participant reported, "Xanax® is real big in the younger generations." Another participant added, "A lot of people take Xanax® for drinking ... on top of it [to intensify their alcohol high]." Community professionals described illicit users as anyone. One treatment professional stated, "It's all across the board now."

Marijuana



Marijuana remains highly available in the region. Participants and community professionals most often reported the current availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available,

extremely easy to get); the previous most common scores were also '10'. Participants stated: "It's all around; You can get whatever you want."

Participants and community professionals 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 '8'; the previous most common scores were '7'. One participant stated, "Everyone wants the good stuff." Another participant added, "Waxes and dabs are becoming more popular."

Corroborating data indicated that marijuana is available in the region. The Screening, Brief Intervention and Referral for Treatment (SBIRT) program reported that of the 394 individuals at four health centers in the region who reported any drug use during the past 30 days, 65.0 percent reported using marijuana/hash on one or more days. In addition, a query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Cincinnati region returned 3,072 cannabis cases reported during the past six months, of which 77.1 percent were Hamilton County cases (an increase from 2,805 cases for the previous six months, of which 67.6 percent were Hamilton County cases).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Law enforcement in Ross County arrested three people after executing a search warrant of their home and confiscating over 1,000 grams of marijuana (www.chillicothe Gazette.com, July 6, 2016). Law enforcement arrested a man after discovering he was responsible for at least 24 THC-related overdoses at a music festival in Butler County; the man sold THC-laced candy to festival goers (THC is tetrahydrocannabinol, a

psychoactive ingredient in marijuana) (www.newsnet5.com, Aug. 6, 2016). Law enforcement in Hamilton County arrested two men involved in a failed drug deal, wherein the man buying the marijuana was dissatisfied with the drug and shot the drug dealer; the bullet hit the dealer's foot and continued through two apartments below it, nearly hitting other residents (www.wlwt.com, Oct. 9, 2016). Authorities in Warren County indicted ten people for selling marijuana extracts and hashish at an area flea market (www.local12.com, Oct. 11, 2016). Law enforcement in Butler County responded to the home of two university students who were shot during a failed Craigslist drug deal; after searching the home, officers found several baggies of marijuana and drug paraphernalia (www.cincinnati.com, Oct. 12, 2016). OSHP arrested a man from Michigan during a traffic stop in Warren County after confiscating two mason jars containing THC and a bag of hydroponic marijuana (www.statepatrol.ohio.gov, Oct. 14, 2016). Officers in Pike County discovered marijuana grow operations in three different crime scene locations where investigations were underway for the execution of eight family members (www.vindy.com, Oct. 7, 2016). Law enforcement in Warren County arrested a man after he bought five pounds of high-grade marijuana from an undercover officer (www.wcpo.com, Nov. 24, 2016). Law enforcement in Hamilton County arrested 10 people in two days for drug possession; law enforcement confiscated 13 pounds of marijuana, nearly one pound of cocaine and heroin during one drug sweep; six pounds of marijuana at a traffic stop; 181 pounds of marijuana through the execution of a search warrant, wherein the marijuana was shipped using the U.S. mail from California to Cincinnati; and 159 pounds of marijuana driven from Texas to Cincinnati (www.wcpo.com, Nov. 25, 2016). Authorities in Hamilton County charged a man with an OVI (operating a vehicle impaired) and drug possession after he led police on a high-speed chase and crashed his vehicle; law enforcement confiscated 163 grams of marijuana from the man's car (www.officer.com, Dec. 8, 2016).

Participants reported that the availability of low-grade marijuana has decreased, while the availability of the high-grade marijuana has increased during the past six months. One participant stated, "Way easier to get the high-grade marijuana." Another participant remarked, "Low grade is getting harder to get." Participants indicated that the availability of marijuana extracts and concentrates (aka "dabs") has remained the same during the past six months. Participants stated: "It's about the same in the last six months; It's easy to get the dabs but it depends on who you know."

Treatment providers indicated that the availability of low-grade marijuana has decreased while the availability of high-grade marijuana has increased during the past six months. Law enforcement reported that the availability of both low- and high-grade marijuana has remained the same during the past six months. Treatment providers remarked on the increased availability of high-grade marijuana: *"They all want it; Everyone wants the high-grade [marijuana]."* The BCI London Crime Lab reported that the number of marijuana cases it processes has decreased during the past six months.

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

Participants most often rated the current overall quality of high-grade marijuana, including extracts and concentrates as '10', and the overall quality of low-grade marijuana as '5' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score for marijuana overall was '10'. One participant stated, *"The high grade is excellent."* Overall, participants indicated that the quality of high-grade marijuana has increased during the past six months, while the quality of low-grade marijuana has decreased.

Reports of current prices for marijuana were provided by participants with experience buying the drug. Participants indicated that prices vary depending on location and who the dealer is. They stated: *"All depends on who you know; It all depends on where you're from. It's going to be a lot cheaper down here (Cincinnati) than in a small town; Location is a big thing."*

While there were a few reported ways of consuming marijuana, generally the most common route of administration remains smoking. Participants estimated that out of 10 marijuana users, nine would smoke and one would orally consume the drug. One participant stated, *"If it's in brownies, you might eat it ... but it's mainly just smoked."*

Marijuana	Current Prices for Marijuana	
	Low grade:	
	A blunt (cigar)	\$5
	1/8 ounce	\$15
	1/4 ounce	\$25
	An ounce	\$60-80
	1/4 pound	\$200
	A pound	\$600-800
	High grade:	
	1/2 gram	\$5-10
	A gram	\$10-20
	2 grams	\$30
	1/8 ounce	\$40-45
	An ounce	\$200-250
	1/4 pound	\$750-1,000
	1 pound	\$2,500-4,000
	Extracts and concentrates:	
	A gram	\$50-60

A profile for a typical marijuana user did not emerge from the data. Participants described typical marijuana users as anyone aged 12 years and older. Participants stated: *"Low grade is what the teens can afford; Everyone smokes; College and up want the high grade."* Community professionals described typical marijuana users as anyone. Community professionals reported: *"It's across the board; Young, old, everyone; There is no typical marijuana smoker."*

Methamphetamine



Methamphetamine remains 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 also '8'. A participant stated, *"It's in popular demand right now."* Treatment providers most often reported the current availability of methamphetamine as '10', while law enforcement most often reported it as '9'; the previous most common score was '10' for both treatment providers and law enforcement. Law enforcement officers stated: *"Heroin and 'meth' (methamphetamine) are on the rise; Meth is readily available."*

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 “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. Participants remarked: *“It’s easy to make; In the inner city, it’s ‘shards’ (crystal methamphetamine that is available). Out in the rural areas, it’s shake-and-bake; Shake-and-bake is mainly sold around this area; If you want ‘shards,’ you have to the inner city.”*

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 653 methamphetamine cases reported during the past six months, of which 23.6 percent were Hamilton County cases and 21.1 percent were Butler County cases (an increase from 575 cases for the previous six months, of which 12.3 percent were Hamilton County cases and 16.7 percent were Butler County cases).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Law enforcement in Butler County worked with the Kalamazoo Valley Enforcement Team in Michigan to arrest an Ohio man after receiving tips that he was smuggling crystal methamphetamine from California to Michigan; law enforcement arrested the man during a traffic stop in Butler County after seizing five pounds of crystal methamphetamine from his vehicle; law enforcement confiscated another pound of the drug after executing a search warrant of the man’s home (www.nbc4i.com, July 28, 2016). Law enforcement in Lawrence County arrested a couple after executing a search warrant and seizing 50 grams of crystal methamphetamine, along with hydrocodone and oxycodone pills from their home (www.otfca.net.com, Aug. 3, 2016). Law enforcement in Hamilton County arrested three men from Georgia after seizing 16.5 pounds of crystal methamphetamine (the largest amount of methamphetamine seized in Ohio to date) after an extensive investigation; the methamphetamine was manufactured in a clandestine laboratory in Mexico before being shipped to Georgia, then to Ohio (www.wcpo.com, Aug. 31, 2016).

Law enforcement in Scioto County arrested a woman after responding to calls and learning she was operating a one-pot-type methamphetamine laboratory out of a car wash (www.daytondailynews.com, Sept. 20, 2016). Law enforcement in Hamilton County arrested an Arizona man after police received a tip that he was involved in trafficking methamphetamine into Cincinnati; officers confiscated 2.64 pounds of the drug (www.fox19.com, Oct. 25, 2016).

Participants reported that the availability of methamphetamine has increased during the past six months. Participants remarked: *“Meth has really increased; The ‘Mexicans’ (drug cartels) have flooded the market; Meth is becoming more common; Meth is like the new cocaine, it’s like the new speed.”* Community professionals also reported that availability of methamphetamine has increased during the past six months. One law enforcement officer remarked, *“It’s on the increase.”*

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 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 ‘8’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was ‘7’. Overall, participants reported that quality of methamphetamine has increased during the past six months. Participants commented: *“‘Ice’ or ‘crystal’ (crystal methamphetamine) is good quality. It has increased; It’s really good quality.”* Participants mentioned baby powder and vitamin powder as adulterates (aka “cuts”) for methamphetamine. One participant commented, *“It must be cut with something very basic on the pH scale.”*

Reports of current prices for methamphetamine were consistent among participants with experience buying the drug. One participant reported, *“The higher the quality, the higher the cost.”*

Methamphetamine	Current Prices for Methamphetamine	
	1/10 gram	\$10
	1/2 gram	\$25-30
	A gram	\$50
	1/4 ounce	\$225
	An ounce	\$1,000-1,200
	A pound	\$8,000-10,000

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, six would shoot and four would smoke the drug.

Participants described typical methamphetamine users as white, drug dealers, people who use other stimulants, individuals in the gay community, those living in rural areas and those of lower socio-economic status. Participants commented: “Anybody that has that is usually going to be white, an older biker or a hippie; I hope you all don’t take offense to this, but it is referred to as the ‘hillbilly drug.’ I know what it looks like just from one of my white friends; I’ve never seen a black person using it.” Community professionals described typical methamphetamine users as white people and bikers.

Prescription Stimulants

Prescription stimulants remain highly available for illicit use in the region. Participants most often reported the current street availability of these drugs as ‘8’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was ‘10.’ Treatment providers most often reported current availability as ‘8,’ while law enforcement most often reported it as ‘2;’ the previous score was ‘10’ for treatment providers; law enforcement did not report on prescription stimulants in the prior reporting period. Treatment providers stated: “Many are prescribed; It’s easy for them to get.” Conversely, a law enforcement officer stated, “We don’t see a lot of that.”

Corroborating data indicated that prescription stimulants 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 102 prescription stimulant cases reported during the past six months, of which 36.3 percent were Hamilton County cases.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A woman in Butler County crashed a church van with nine children in it, and later confessed to police that she had taken Adderall® and Vicodin® “all day” prior to the crash (www.mydaytondailynews.com, Dec. 5, 2016).

Participants and treatment providers identified Adderall® and Ritalin® as the most popular prescription stimulants in terms of widespread illicit use. One participant stated, “You have kids on Adderall® ... and they are around like hotcakes (a popular commodity) in high school.” One treatment provider stated, “Adderall® is the leader.”

Participants reported that the general availability of prescription stimulants has remained the same during the past six months. One participant stated, “If you want it, you can get it.” Treatment providers reported that availability has increased during the past six months, while law enforcement reported that availability has remained the same. The BCI London Crime Lab reported that the number of Adderall® and Ritalin® cases it processes has increased during the past six months.

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.

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

Participants reported obtaining these drugs from dealers, physicians, or other people with prescriptions. Participants reported: *"You can get these from kids who are prescribed them; You can get prescribed. Just tell them you are having a hard time focusing."* Participants reported that the most common route of administration for illicit use of prescription stimulants remains oral consumption. Participants estimated that out of 10 illicit prescription stimulant users, all 10 would orally consume the drugs. However, participants also mentioned snorting as an alternative route.

Participants and community professionals described typical illicit users of these drugs as high school and college students, and those who work late hours.

Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA and/or TFMPP) is highly available in the region. Participants most often reported the current availability of the pressed pill form of ecstasy and of "molly" (powdered MDMA) as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common scores were also '10'. Participant comments included: *"It's pretty easy to get; It's readily available; Both are here; It's easy to get molly; A lot of rappers talk about it (molly); I think 'X' (ecstasy) is really easy to get."*

Treatment providers most often reported the current availability of both ecstasy and molly as '8', while law enforcement most often reported the current availability of ecstasy as '6' and of molly as '7'; the previous most common scores for both treatment providers and law enforcement were '6' for both ecstasy and molly. However, a treatment provider reported, *"You hear more casual use of ecstasy [than molly]."*

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Law enforcement in Hamilton County arrested a man after executing a search warrant of his property and confiscating 224 ecstasy pills, 56 bottles of TCH and 14 pounds of marijuana (www.wcpo.com, Aug. 17, 2016).

Participants reported that the availability of ecstasy and molly have increased during the past six months, while community professionals reported that availability of ecstasy and molly has remained the same. The BCI London Crime

Lab reported that the number of ecstasy cases it processes has decreased during the past six months; the lab does not differentiate between ecstasy and molly cases.

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

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); the previous most common scores were also '7'. One participant stated, *"True molly looks like meth or like a shard of glass."* Participants reported that molly is often "cut" (adulterated) with heroin. One participant reported, *"You can get 'molly beans' that's got heroin in it."* 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 drug.

Ecstasy/ Molly	Current Prices for Ecstasy/Molly	
	Ecstasy:	
	Low dose (aka "single stack")	\$5
	Medium dose (aka "double stack")	\$10
	High dose (aka "triple stack")	\$12-15
	Molly:	
	1/10 gram	\$10-20
A gram	\$80	

Participants reported that the most common routes of administration for ecstasy and molly remain oral consumption and snorting. Participants estimated that out of 10 ecstasy and molly users, seven would orally consume and three would snort the drug. Participants remarked: *"Put it on your tongue; You pop it in your mouth; Open up a 'cap' (capsule)"*

and pour it in your mouth. Pour it in a drink or something." Participants also reported "parachuting" the drug, which refers to wrapping the drug in tissue and swallowing it; the goal of parachuting is to avoid the bitter taste of the drug.

Participants indicated that molly is obtained at "raves" (dance parties) and night clubs. One participant observed, "Molly is always at the music festivals." Another participant remarked, "The main thing is location. Location, location, location." Participants described typical ecstasy and molly users as young people, "ravers," teens, college students and those in the party scene. A participant remarked, "It's more for like the generation in their 20s and 30s." Participants agreed as he continued, "And I think it's a thing a lot of couples do behind closed doors [implying use during sex]." Other participants commented: "It would probably be younger; I say club-going age to 30 [years old]." Community professionals also described typical ecstasy and molly users as younger individuals, college students and those in the club scene. A treatment provider elaborated, "I think the age range on that would be the 18 to 24-year-olds using molly." However, another provider added, "You hear more about it with high school kids."

Synthetic Marijuana



Synthetic marijuana (synthetic cannabinoids) remains available in the region. Participants most often reported the drug's current availability 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 '4'. A participant reported, "Some places still have it, but you have to know people [to purchase it]." Treatment providers most often reported the drug's current availability as '1', while law enforcement most often reported it as '4'; the previous most common scores were '1' and '5', respectively. One law enforcement professional commented, "They want the high-grade marijuana (rather than synthetic marijuana)."

Participants reported that the availability of synthetic marijuana has decreased during the past six months. One participant remarked: "'Spice' (synthetic marijuana) is very rare; People tried it and didn't like it." Community professionals also reported that the availability of synthetic marijuana has decreased during the past six months. The BCI London Crime Lab reported that the number of synthetic marijuana cases it processes has decreased during the past six months.

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

Participants commented on their perceptions of the quality of synthetic marijuana: "Head shop owners are usually the ones who make it, but they usually make it too strong; I've seen people end up in asylums from it; It's strong and laced with stuff." Reports of current prices for synthetic marijuana were consistent among participants with experience buying the drug.

Synthetic Marijuana	Current Prices for Synthetic Marijuana	
	1/2 gram	\$20
	A gram	\$25-30
	5 grams	\$50-60

Despite legislation enacted in October 2011, participants reported that synthetic marijuana continues to be available from dealers, in prisons, in head shops and through Internet purchase. While there were a few reported ways of consuming synthetic marijuana, generally the most common route of administration 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 and individuals who need to pass a drug test for employment or because they are on probation. Participants stated: "People trying to pass drug tests; Kids on probation."

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 (an anesthetic typically used in veterinary medicine), Neurontin® (gabapentin, an anticonvulsant),

over-the-counter (OTC) cold and cough medications and Seroquel® (an antipsychotic).

Bath Salts

Bath salts (synthetic cathinones) remain available in the region. Participants most often reported the current availability of bath salts as a '1' 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'. Participants stated: *"Haven't seen them; They're not around."* Participants and community professionals reported that availability of bath salts has decreased in the past six months. One law enforcement professional stated, *"Decreased since the regulations."* 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 sell for \$35 for 2 grams. Participants reported that the most common route of administration for bath salts remains snorting. Participants estimated that out of 10 bath salts users, all 10 would snort the drug.

Hallucinogens

Hallucinogens are moderately available in the region. Participants most often reported the current availability of these substances as '6-7' 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'. One participant stated, *"[LSD] is common at music festivals and concerts."* One participant remarked on psilocybin mushrooms and stated, *"It is seasonal, so it depends on the season."* Community professionals most often reported current availability of hallucinogens as a '4'; the previous most common score was also '4'.

Participants identified LSD and psilocybin mushrooms as the most popular hallucinogens in terms of widespread use. Participants stated that the availability of both LSD and psilocybin mushrooms has remained the same during the past six months. One participant stated, *"It's pretty much stayed the same."* 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 prices for hallucinogens were consistent among participants with experience buying the substances. Participant comments included: *"[Cost] depends on who you know and on the quality; The more you buy, the bigger the discount."*

		Current Prices for Hallucinogens	
Hallucinogens	LSD:		
	A dose (aka "a hit")		\$8-10
	10 doses (aka "strip")		\$15
	100 doses (aka "sheet")		\$240-500
	500 doses (aka "book")		\$1,500
	Psilocybin mushrooms:		
	1/8 ounce		\$30-35
	An ounce		\$100-200

Inhalants

Inhalants (duster [DFE] and nitrous oxide) remain highly available in the region. Participants and community professionals both reported high current availability for these substances. Reportedly, inhalants continue to be used most often by teenagers, college-age individuals and those who attend "raves" (dance parties) and nightclubs. Participants stated that the most common price is \$5 for a balloon filled with nitrous oxide. Participants reported that availability of inhalants has remained the same during the past six months.

Ketamine

Ketamine remains available in the region. Participants most often reported the current availability of the drug 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 also '2'. One participant stated, *"It's rare."* Community professionals most often reported current availability as '1'; the previous most common score was '2'. One community professional stated, *"We haven't seen it."* Participants reported that the availability of ketamine has remained the same during the past six months.

Regarding current pricing, one participant stated, *"A vial (100 ml) is about \$70 to \$80."* Participants reported that the most common route of administration for ketamine remains intravenous injection (aka "shooting"). Participants described typical users of ketamine as hippies.

Neurontin®

Neurontin® is moderately available for illicit use in the region. Participants most often reported the current street availability of the drug as '5' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10'. Participant comments included: *"Neurontin® are big; A lot of people will take Neurontin® when they're coming off of 'dope' (heroin); Yeah, it helps with 'dope sickness' (withdrawal); There are people that give 'em to you for free."* A few participants noted illicit Neurontin® use in jail settings: *"Neurontin® is just something a lot of the guys will abuse in the penitentiaries 'cause there's nothin' else; They used to call it 'penitentiary dope.'"*

Community professionals most often reported current street availability of Neurontin® as '6'; the previous most common score was also '6'. Both participants and community professionals reported that street availability has remained the same during the past six months.

Corroborating data indicated that Neurontin® is 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 16 gabapentin (Neurontin®) cases reported during the past six months.

OTCs

Participants stated that over-the-counter (OTC) cold and cough medications remain available in the region due to the legal sale of these medications. Community professionals most often reported current street availability of the drugs as '7' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get). They also reported that their street availability has remained the same during the past six months. A treatment provider stated, *"That seems to always be available, but we don't hear a lot of use of it ... unless they hit rock bottom."* Participants described typical illicit users as teenagers and African Americans. One participant stated, *"That's mainly teenagers."*

Seroquel®

Seroquel® is moderately available for illicit use in the region. Participants most often reported current street availability of the drug 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 '10'. Community professionals most often reported current availability as '5'; the previous most common score was '6'. Both participants and community professionals reported that street availability of Seroquel® has remained the same during the past six months.

Conclusion

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

While different types of heroin are currently available in the region, participants once again reported powdered heroin as most available. They also commented that black tar heroin is available in the region, but it is not as easy to obtain. Both participants and community professionals noted an increase in heroin availability, describing heroin's current availability as "everywhere." Both respondent groups again reported the practice of drug dealers throwing heroin testers into cars to get people to try their product.

Participants reported that the overall quality of heroin is high, especially now that fentanyl and carfentanil are being used to cut (adulterate) the drug. Reportedly, the top cutting agents for heroin include fentanyl and carfentanil. Participants reported that the availability of fentanyl has increased during the past six months. One participant stated that much of the heroin in the region is more fentanyl than actual heroin. Law enforcement observed that they are seeing many cases of heroin laced with fentanyl or carfentanil. The BCI London Crime Lab noted processing cases of heroin-fentanyl mixtures and straight fentanyl submitted as suspected heroin cases during the past six months.

Although participants acknowledged that users are overdosing on fentanyl and carfentanil, they reported, along with community professionals, that users now seek the substances for their potency. Several participants discussed that they personally had Narcan® (naloxone,

opiate overdose reversal medication) used on them to subvert overdose due to the current potency of heroin with fentanyl (aka “fire”). One participant reported buying Narcan® from a dealer.

The most common route of administration for heroin remains intravenous injection (aka “shooting”). Participants shared knowledge of needle exchange programs operating in the region; however, they discussed needle sharing as a common practice. Community professionals described typical heroin users as white, young males.

Participants reported that methamphetamine is in “popular demand” right now. One participant referred to the drug as the “new cocaine.” Community professionals also noted an increase in demand and availability of methamphetamine. One law enforcement officer stated that the drug is on the rise along with heroin. 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. They also reported that the overall quality of methamphetamine has increased during the past six months.

Participants remarked that the Mexican drug cartels are flooding the drug market in the region with methamphetamine as they desire to create a strong market for the drug. 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 and off-white powdered methamphetamine.

Participants described typical methamphetamine users as white people, drug dealers, people who use other stimulants, individuals in the gay community, those living in rural areas and those of lower socio-economic status. Community professionals described typical users as white people and bikers.

Participants and community professionals also reported current high availability of high-grade marijuana extracts and concentrates, often appearing as oil and waxy forms of the drug (aka “dabs”). Participants described high demand and increased popularity for dabs, which they reported have increased in availability during the past six months.

Lastly, participants discussed “fake” benzodiazepine pills as being passed as the prescribed pills. They reported that quite a few individuals are purchasing various powders and pill presses through the Internet and making their own benzodiazepines, warning that a lot of pills being passed as Xanax® are not real Xanax®. Participants further cautioned that users do not know what they are getting when it comes to pills.

