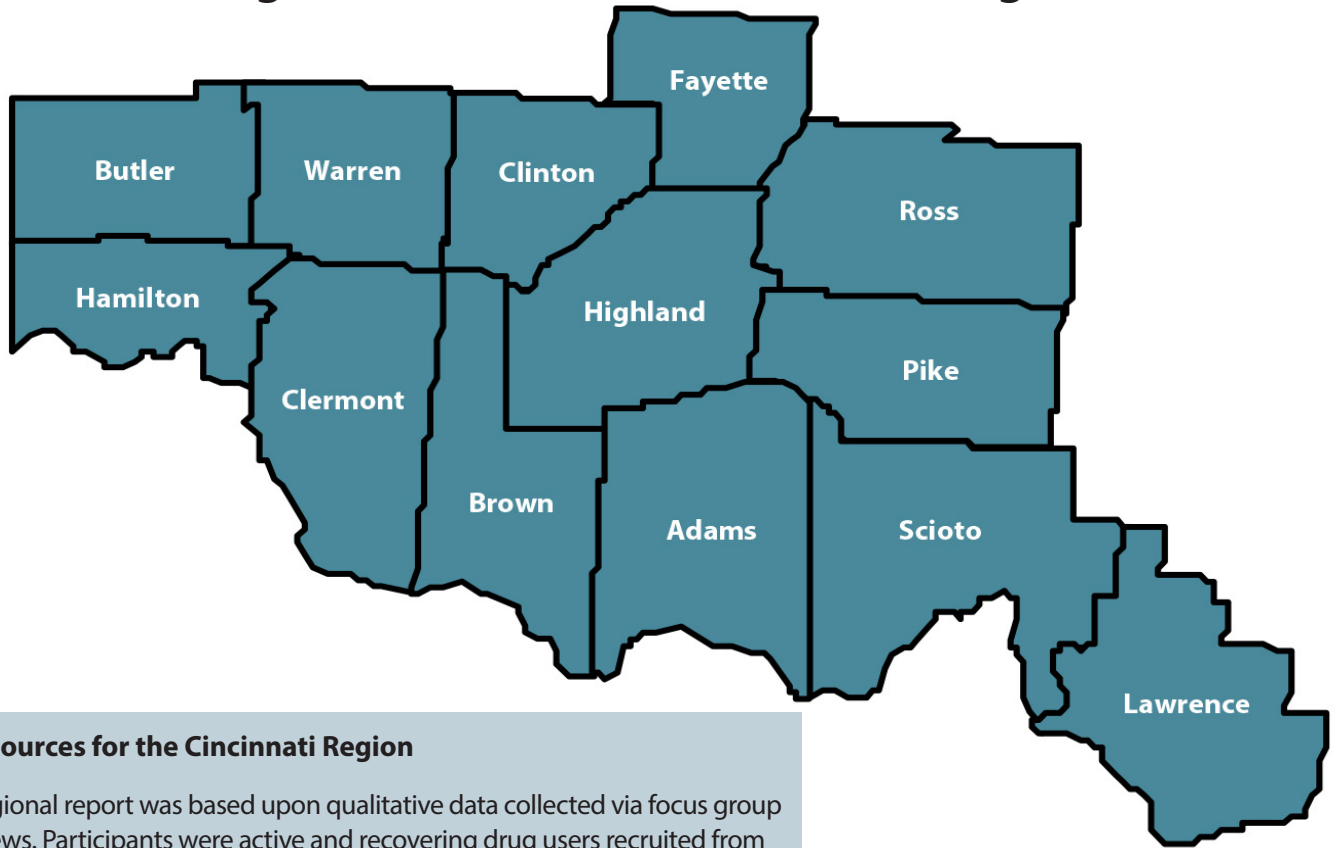




Drug Abuse Trends in the Cincinnati Region



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, Ross 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, 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 July through December 2016. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for January through June 2017.

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, 2016	11,614,373	2,044,114	52
Gender (female), 2016	51.0%	51.0%	71.2%
Whites, 2016	82.5%	82.1%	88.2% ²
African Americans, 2016	12.8%	13.1%	3.8% ²
Hispanic or Latino Origin, 2016	3.7%	2.8%	3.8%
High School Graduation Rate, 2015	89.1%	88.8%	76.0% ³
Median Household Income, 2015	\$51,086	\$55,133	Less than \$12,000 ⁴
Persons Below Poverty Level, 2015	14.8%	14.7%	72.0% ⁵

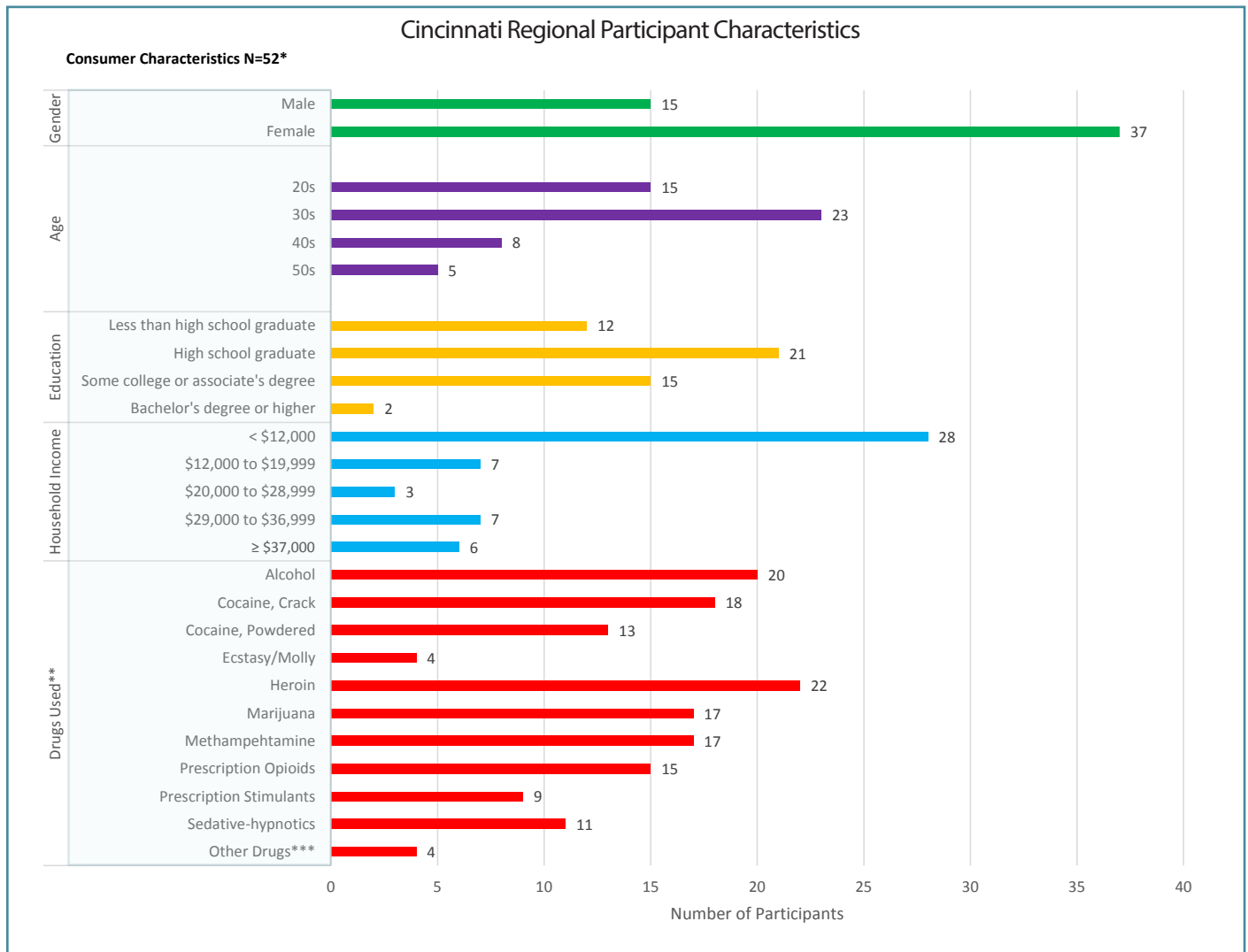
¹ Ohio and Cincinnati region statistics were derived from the most recent US Census; OSAM drug consumers were participants for this reporting period: January - June 2017.

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

³ Education level was unable to be determined for 2 participants due to missing and/or invalid data.

⁴ 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.

⁵ Poverty status was unable to be determined for 2 participants due to missing and/or invalid data.



* Not all participants filled out forms completely; therefore, numbers may not equal 52.

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

***Other drugs included: Suboxone®, psilocybin mushrooms, phencyclidine (PCP) and synthetic marijuana.

Historical Summary

In the previous reporting period (June 2016 – January 2017), crack cocaine, heroin, marijuana, methamphetamine, powdered cocaine, prescription stimulants and sedative-hypnotics remained highly available in the Cincinnati region; ecstasy was also highly available. Changes in availability during the reporting period included: 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 were available in the region, participants once again reported powdered heroin as most available. They reported black tar heroin as available, but not as easy to obtain as powdered heroin. Both participants and community professionals noted an increase in heroin availability, and described heroin's 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 was high, especially with fentanyl and carfentanil used to "cut" (adulterate) the drug. Reportedly, the top cutting agents for heroin were fentanyl and carfentanil. Participants reported that the availability of fentanyl had increased during the reporting period. One participant stated that much of the heroin in the region was more fentanyl than actual heroin. Law enforcement observed that they were 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 reporting period.

Although participants acknowledged that users were overdosing on fentanyl and carfentanil, they reported, along with community professionals, that users sought 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 potency of heroin with fentanyl (aka "fire"). One participant reported buying Narcan® from a dealer.

The most common route of administration for heroin remained 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 was in "popular demand" during the reporting period. 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 was increasing along with heroin. Participants reported that methamphetamine was available in powdered and crystal forms throughout the region. However, they indicated that powdered methamphetamine was the most prevalent form. They also reported that the overall quality of methamphetamine had increased during the reporting period.

Participants remarked that the Mexican drug cartels were flooding the drug market in the region with methamphetamine, as they desired to create a strong market for the drug. The BCI London Crime Lab reported that the number of methamphetamine cases it processes had 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 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 had increased in availability during the reporting period.

Lastly, participants discussed "fake" benzodiazepine pills passed as the prescribed pills. They reported that individuals were purchasing various powders and pill presses through the Internet and making their own benzodiazepines, warning that a lot of pills passed as Xanax® were not real Xanax®. Participants further cautioned that users did not know what they were getting regarding pills.

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 also '10'. Participants reported: *"There are more people who are selling it and more people who are doing it; You can't walk up a block without someone offering it to you."* Treatment providers most often reported current availability of powdered cocaine as '5,' while law enforcement most often reported it as '10,' the previous most common scores were '10' for treatment providers and '8' for law enforcement. A treatment provider remarked, *"It's definitely still around."*

Corroborating data indicated that cocaine is available in the region. The Screening, Brief Intervention and Referral for Treatment (SBIRT) program reported that of the 385 individuals in the Cincinnati region who reported substance use during the past 30 days, 17.1% reported using cocaine on one or more days (SBIRT does not distinguish between powdered and crack cocaine). The Hamilton County Coroner's Office reported that 36.5% of the 219 drug-related deaths it recorded this reporting period involved powdered/crack cocaine. In addition, a query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Cincinnati region returned 2,149 cocaine cases reported during the past six months, of which 80.2% were Hamilton County cases (a decrease from 2,249 cases for the previous six months, of which 79.9% were Hamilton County cases). NFLIS does not differentiate between powdered and crack cocaine cases.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. The Butler County Undercover Regional Narcotics (BURN) Task Force and the U.S. Drug Enforcement Agency (DEA) arrested a man during a traffic stop for drug trafficking; officers confiscated two pounds of cocaine and 12 pounds of marijuana (www.daytondailynews.com, Jan. 13, 2017). Butler County and Warren County grand juries indicted 21 people for trafficking and/or possessing drugs, including cocaine and heroin (www.journal-news.com, Feb. 3, 2017). DEA officers arrested a man for trafficking cocaine throughout Greater Cincinnati

at a strip mall in Springdale (Hamilton County) (www.wcpo.com, Feb. 14, 2017). Law enforcement in Hamilton County arrested a former Hamilton County assistant prosecutor for cocaine and heroin trafficking; officers also found that a man suspected of murdering another man in a hotel parking lot during a drug deal was staying at her home and arrested him for murder (www.wcpo.com, Feb. 21, 2017). Oxford Police (Butler County) issued a warning to the community regarding a "dangerous batch" of drugs in the area after responding to two deadly overdoses at a residence in the city; an officer reported that cocaine is likely a factor in the deaths, but confirmation is pending toxicology results (www.fox19.com, March 27, 2017). BURN Task Force and the Oxford Police conducted a 6-month undercover investigation that led to the arrest of four university students responsible for trafficking cocaine and prescription drugs in the area (www.cleveland.com, May 1, 2017).

Participants reported that the availability of powdered cocaine has remained the same during the past six months. One participant commented, *"It's stayed about the same in this area."* Treatment providers also reported that the availability of powdered cocaine has remained the same during the past six months, while law enforcement reported increased availability. A law enforcement officer reported, *"I think it's gotten easier over the last year. I don't know about six months, but definitely in the last year."* The BCI Richfield Crime Lab reported that the number of cocaine cases it processes has decreased 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	Increase
	 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 also '7'. Participants reported: *"It depends on where and who you get it from; It can be all over the scale; [Drug dealers] 'stomp on' (adulterate) it; It could be really good or really bad."* Participants reported that the top cutting agents (adulterants) for powdered cocaine include:

baby aspirin, baby formula, baby laxatives, baking soda, creatine, dry wall powder, isotol (dietary supplement), mannitol (diuretic), fentanyl, Orajel™, Raid™, sweetener, Tylenol® and vitamin B-10. Participants remarked: *"Anything they can get their hands on; I don't know what you call it, but you can get it from Waterbeds'n'Stuff and it looks like fish gills and it numbs you. They mix it with that and it dissolves in water."*

Law enforcement also reported cocaine cut with fentanyl. One law enforcement officer reported, *"We've had the fentanyl contamination in cocaine, which killed 4 or 5 people in one weekend ... it was not even powdered cocaine, it came back as straight fentanyl."* Another law enforcement officer remarked, *"We had a conference call with the coroner ... of Cuyahoga County and they're seeing the same thing up there. His idea was that they're trying to get more people hooked on the fentanyl!"* Overall, participants reported that the quality of powdered cocaine has decreased during the past six months. Participants reported: *"They keep stomping on it with everything; They're selling fake 'coke' (cocaine)."*

Powdered Cocaine	Cutting Agents Reported by Crime Lab	
	<ul style="list-style-type: none"> ● diltiazem (high blood pressure medication) ● levamisole (livestock dewormer) ● local anesthetic (lidocaine and procaine) 	

Reports of current prices for powdered cocaine were consistent among participants with experience buying the drug. Participants commented: *"The more you buy, the cheaper it gets; [Price] depends on the quality."*

Powdered Cocaine	Current Prices for Powdered Cocaine	
	A line (less than 1/10 gram)	\$5
	1/10 gram	\$10
	1/2 gram	\$40-50
	A gram	\$85-100
	1/8 ounce (aka "eight ball")	\$120-150
	1/4 ounce	\$200-220
	1/2 ounce	\$500-700
	An ounce	\$1,200-1,400

Participants reported that the most common route of administration for powdered cocaine is intravenous injection (aka "shooting"). Participants estimated that out of 10 powdered cocaine users, seven would shoot and three would snort the drug. Participants discussed: *"Some still snort it; In my circle of friends, if you snorted it, it was [considered] a waste [of cocaine]; I think a lot it has to do with heroin use though, too, because once I started using heroin IV (intravenously), then I put everything in my vein; Once you shoot, there is no backtracking."*

Participants most often described typical powdered cocaine users as anyone; however, a few participants noted use specifically among white people, construction workers and business people. Participants remarked: *"It does not discriminate. Everyone uses it ... young, old, businessmen, people on the street; White people, they love it; Blue collar to white collar, it doesn't matter; People you think wouldn't be using it, are using it; I've seen lawyers and doctors use it."*

Treatment providers described typical powdered cocaine users as predominantly male, white and of higher socio-economic status. Treatment providers reported: *"I would say it's younger. Probably mid-20s; I would say it's probably more of an upper-end, more expensive drug, so I'm gonna say around the 30 to 40-year age group."* Law enforcement described typical powdered cocaine users as 20 to 30 years of age. A law enforcement officer stated, *"They were mid-20s, black males and females, and then we had a 30-year-old white male, so it's a very different kind of cross-section."*

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 reported: *"It's all over; Because [drug dealers] make more money that way (selling crack cocaine than powdered cocaine)."*

Treatment providers most often reported the current availability of crack cocaine as '7', while law enforcement most often reported it as '9-10'; the previous most common scores were '10' for treatment providers and '9' for law enforcement. A treatment provider commented, *"It's still around, but other drugs have taken over."* A law

enforcement officer remarked, "In our area, probably about the same as 'coke' (as available as powdered cocaine)."

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Cincinnati Police (Hamilton County) arrested a couple after conducting a probation inspection of their home and finding crack cocaine and handguns where their children, ages 3, 12, and 13 years, could easily get to them (www.myfox28columbus.com, Feb. 9, 2017). Ripley Police (Brown County) arrested two people during an undercover investigation after one man sold police crack cocaine and heroin; officers confiscated a total of 1.5 grams of crack cocaine, four grams of heroin, 3/4 gram of methamphetamine, an unspecified amount of marijuana and drug paraphernalia (www.maysville-online.com, Feb. 21, 2017). Cincinnati Police arrested a woman after learning she smoked crack cocaine in her car with a 12-year-old child (www.wlwt.com, April 28, 2017).

Participants reported that the availability of crack cocaine has increased during the past six months. A participant stated, "It's gotten easier to get." Community professionals reported that the availability of crack cocaine has decreased during the past six months. A law enforcement officer commented, "Fentanyl, carfentanil, heroin, 'meth' (methamphetamine) seem to be the hot topic." The BCI Richfield Crime Lab reported that the number of cocaine cases it processes has decreased during the past six months; the lab does not typically differentiate between powdered and crack cocaine.

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

Participants most often rated the current overall quality of crack cocaine as '6' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '7'. One participant stated, "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 included: baby laxatives and vitamin B-12. Overall, participants reported

that the quality of crack cocaine has decreased during the past six months. One participant remarked, "It's gone down."

Crack Cocaine	Cutting Agents Reported by Crime Lab
	<ul style="list-style-type: none"> ● diltiazem (high blood pressure medication) ● levamisole (livestock dewormer) ● local anesthetic (lidocaine and procaine)

Current prices for crack cocaine were consistent among participants with experience buying the drug. Participants reported: "It's \$5 for a piece the size of your pinkie nail; They are selling heroin and crack together ... 'boy' (heroin) and 'girl' (crack cocaine). When you are putting your order in, you have to tell them the quantity you want of each."

Crack Cocaine	Current Prices for Crack Cocaine	
	A "hit" (single dose)	\$5
	1/10 gram	\$10
	2/10 gram	\$20
	1/2 gram	\$40-50
	1 gram	\$50-100
	1/8 ounce (aka "eight ball")	\$125-200
	1/4 ounce	\$225
	1/2 ounce	\$400
	An ounce	\$750-800

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 reported: "Probably all of them are smoking it; Everyone I was around smoked it; When you shoot [any drug], then you always shoot."

Participants described typical crack cocaine users as of low socio-economic status, African-American people and drug dealers. Community professionals described typical crack cocaine users as older, African-American people and of low socio-economic status. One law enforcement officer noted crack cocaine as found in, "socially, economically deprived areas ..."

Heroin and Fentanyl



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 throughout the region stated:

"It's more than a '10'; You got a '15' on there? (on the scale from '0' to '10'); It's the drug of choice; It is very easy [to obtain]; Some dealers have crack, 'tar' (black tar heroin) and powder (powdered heroin). They have it all!" Regarding fentanyl specifically, participants commented: *"It's real easy to get; It's was real easy for me; People want the fentanyl."*

Treatment providers and law enforcement also discussed the high availability of fentanyl in the region. Treatment providers most often reported the current availability of fentanyl as '7-8,' while law enforcement most often reported it as '10'. Treatment providers discussed: *"I hear of it just as much as I hear about heroin; I think most of the heroin has fentanyl in it; Some of our guys are just addicted to the fentanyl and they only search for fentanyl; Some of the people I've worked with have OD'd (overdosed) 6, 7, 8 times and they're not scared ... they believe there's always someone there to bring them back."*

Law enforcement comments on fentanyl included: *"With respect to the fentanyl, there are folks who are going straight out looking for fentanyl; You have people that are doing it that don't even know what they are doing and ... what was supposed to be 'coke' (cocaine), was pure fentanyl; Some dealers, when we do our smaller buys, they'll say, 'Be careful, it's got some fentanyl in it' ... talked to some users, too, and the reason they said they go to certain drug dealers is because they know it is straight fentanyl; It's so much easier to have a lab make the fentanyl than it is to wait for poppies to grow and all that process ... it's a third of the price and profit margins are huge comparative to ... the 'real deal' (heroin)."*

Corroborating data indicated that heroin is available in the region. The Screening, Brief Intervention and Referral for Treatment (SBIRT) program reported that of the 385 individuals in the Cincinnati region who reported substance use during the past 30 days, 35.1% reported using heroin on one or more days. The Hamilton County Coroner's Office reported that 56.2% of the 219 drug-related deaths it recorded this reporting period involved heroin; of these heroin-related deaths, 47.2% also involved

fentanyl. The coroner's office reported that 48.4% of the 219 drug overdose deaths involved fentanyl/fentanyl analogues, while 21.0% involved carfentanil. The Scioto County Coroner's Office reported that 2 of the 16 drug-related deaths it recorded this reporting period involved heroin; the coroner's office also reported that 5 of the 16 drug-related deaths involved fentanyl.

In addition, a query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Cincinnati region returned 2,681 heroin cases reported during the past six months, of which 76.5% were Hamilton County cases (a decrease from 3,125 cases for the previous six months, of which 68.6% were Hamilton County cases). Separate NFLIS queries for the counties which comprise the Cincinnati region returned 1,356 fentanyl and fentanyl analogue cases (a decrease from 1,572 cases for the previous six months), and 90 carfentanil cases reported during the past six months (in the six months previous to this, no cases of carfentanil were found in NFLIS).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A judge in Warren County sentenced a mother to 30 months in jail for her 9- and 21-month-old children unintentionally ingesting heroin in the home where her brothers were packaging and trafficking the drug; hospital workers used naloxone to revive both children (www.nbc4i.com, Jan. 4, 2017). Sharonville Police (Butler County) arrested a couple after responding to calls that the pair overdosed on heroin in a fast-food restaurant while they were with their 3- and 9-year-old children; a restaurant worker said the 3-year-old child gave her a container with a cut straw and residue and a blue pill prior to the worker calling law enforcement (www.nbc4i.com, Jan. 8, 2017). Police officers in Los Angeles, California arrested an airport worker for attempting to ship 13 pounds of heroin wrapped as Christmas gifts to Cincinnati (www.nbc4i.com, Jan. 10, 2017). Southern Ohio Drug Task Force and Portsmouth Police (Scioto County) arrested six people from Dayton for drug trafficking during a drug raid in Scioto County; law enforcement confiscated 45 grams of heroin and drug paraphernalia (www.nbc4i.com, Jan. 20, 2017). Law enforcement in Warren County arrested two people after conducting a raid of a home and seizing bulk amounts of heroin and drug paraphernalia (www.wlwt.com, Jan. 31, 2017). Several law enforcement agencies in Warren County collaborated to arrest a woman responsible for drug trafficking in Southwest Ohio; officers seized heroin and

fentanyl from the woman's home in Hamilton Township (www.daytondailynews.com, Jan 31, 2017). In another raid, law enforcement in Warren County arrested a woman after conducting a search of her home in Salem Township and seizing bulk amounts of heroin, drug paraphernalia and cash (www.vindy.com, Feb. 1, 2017). A Brown County Common Pleas Court judge sentenced a man to 10 years in prison after a police investigation found that the man travelled from Brown County to Cincinnati about three times per week, and buying a half to one ounce of heroin on each trip (www.newsdemocrat.com, Feb. 2, 2017). Chillicothe Police (Ross County) investigated 12 reported overdoses that occurred in two days in the county; officers reported that seized drugs tested positive for carfentanil (www.fox8.com, Feb. 2, 2017). Law enforcement in Washington Courthouse (Fayette County) reported 30 overdoses in a 10-day span, six of which resulted in deaths, and one of which was in the Fayette County jail; an officer with the Fayette County Sheriff's Office reported an increase in the number of reported incidents of drugs smuggled into the jail (www.nbc4i.com, Feb. 2, 2017). Law enforcement in Butler County arrested a man during a traffic stop in Liberty Township after finding two pounds of fentanyl-laced heroin in his vehicle (www.wlwt.com, Feb. 3, 2017). Several law enforcement agencies in Pike County collaborated on the largest drug bust in Pike County to date, leading to two arrests and the seizure of heroin, fentanyl, carfentanil, black tar heroin, crack cocaine, syringes and other drug paraphernalia (www.newswatchman.com, Feb. 10, 2017). The Brown County Drug and Major Crimes Task Force arrested a major heroin supplier after seizing a "sizeable" amount of heroin, cars, firearms and money from his property; the dealer supplied heroin to about 40 other dealers (www.fox19.com, Feb. 17, 2017). Cincinnati Police and the Warren County Drug Task Force arrested two people after conducting separate searches at different locations in Mason (Warren County), Roselawn and Westwood (Hamilton County) and confiscating a pound of heroin during the searches (www.wcpo.com, March 1, 2017). Washington Courthouse Police decided to charge people who survive heroin overdoses with inducing panic as a strategy to motivate users to get treatment; the officers plan to track charges to see if it helps to mitigate the heroin crisis (www.wlwt.com, March 6, 2017). A man accused of selling heroin laced with fentanyl and carfentanil in Pike County was also indicted for attempting to hire several hitmen to murder informants intended to testify against him; police arrested the man for selling drugs to multiple people that resulted

in their overdosing (www.fox19.com, March 17, 2017). Hamilton County health officials issued an alert to the community after 36 drug-related emergency room visits occurred in 24 hours; officials suspect drug mixtures containing fentanyl, carfentanil and other synthetic opiates as factors in the overdoses (www.daytondailynews.com, March 19, 2017). A judge in Warren County sentenced a man to five years in prison for causing a car crash on I-75 in Lebanon (Hamilton County) while high on heroin; the driver of the other car sustained spinal and brain injuries (www.local12.com, March 21, 2017). Cincinnati Police arrested the parents of a 9-year-old girl after responding to the girl's call that her father overdosed in the passenger seat and her mother was in and out of consciousness while driving; the mother was able to drive the car to a parking lot where the girl put the car in park; emergency crews revived the parents with naloxone (www.wlwt.com, March 22, 2017). A woman was charged with child endangerment after admitting to snorting heroin while she was with her children, aged 5 and 7 years, at a restaurant in Colerain Township (Hamilton County) (www.nbc4i.com, March 29, 2017). Cincinnati Customs and Border Protection seized over 36 pounds of furanyl fentanyl, 233 pounds of γ -Butyrolactone (GBL or GHB, a date rape drug), bath salts (polyvinylpyrrolidone or PVP, aka "flakka") and N-ethylpentlone (psychostimulant) at a shipping facility at the Cincinnati airport; the packaged drugs were sent from China and shipped to 17 different states, including Ohio (www.cincinnati.com, March 29, 2107). Portsmouth Police arrested two people for child endangerment after a person alerted officers to a 18-month-old toddler passed out on a sidewalk due to a heroin overdose; officers found the mother passed out in her home from a heroin overdose, and toxicology reports confirmed the girl's father, who was with the child during her overdose, also had heroin in his system; the mother and child were both revived with naloxone (www.dispatch.com, April 5, 2017). Law enforcement in Hamilton County issued an arrest warrant for man responsible for selling heroin in the county which resulted in an overdose death (www.fox19.com, April 12, 2017). A 19-year old male was charged for trafficking heroin, fentanyl and cocaine in Hamilton County, and for providing the drugs that resulted in a person's overdose death (www.cincinnati.com, April 12, 2017). Cincinnati Police Department Gang Enforcement Squad arrested a man after conducting a search of his storage unit and finding heroin, prescription pills and guns (www.wlwt.com, April 20, 2017). The U.S. 23 Major Crimes Task Force responded to a call that two




people were driving suspected drugs from Columbus to Waverly (Ross County); officers arrested a couple after stopping their car and a K-9 officer alerted to 10 grams of suspected heroin (www.nbc4i.com, April 23, 2017). Cincinnati Police arrested a man during a traffic stop when they found heroin and cocaine in the man's car; after the incident, Federal Postal Inspectors, Homeland Security and the Regional Narcotics Unit conducted an investigation and intercepted a package containing one pound of the synthetic opioid, U-47700, shipped from Hong Kong, China and addressed to the man's home in Cincinnati; officers confiscated a total of two pounds of drugs during the investigation (www.cincinnati.com, April 26, 2017). A Cincinnati SWAT team executed a search warrant at a home in University Heights and detained five people; officers noticed a man holding an object in his mouth and ordered him to spit it out, but the man swallowed the object instead; the man later died of what police suspected to be an overdose, as the object likely contained heroin and/or fentanyl (www.wlwt.com, April 27, 2017). The Hamilton County Coroner confirmed that overdose deaths in Hamilton County went from 204 in 2012 to 403 in 2016, and 221 suspected drug overdoses as of May 2017 in the county; first responders administered 6,500 milligrams of naloxone in 2016, compared to 4,700 milligrams in 2015 (www.nbc26.com, May 9, 2017). Middletown Police (Butler County) arrested a couple when a 5-year-old child walked two blocks in the dark to alert his relatives that he thought his parents died; officers responded to the scene and found the couple overdosed from heroin and lying on the floor with their 3-month-old baby nearby (www.news5cleveland.com, May 19, 2017). Law enforcement in Warren County arrested a Mason man responsible for selling the drug, 'gray death,' a drug resembling cement that is often laced with heroin, fentanyl, carfentanil, furanyl fentanyl and/or acryl fentanyl, to another man that resulted in an overdose death; the man sold the drug to officers during an undercover operation immediately prior to his arrest; the Hamilton County Coroner's Office confirmed the presence of the drug in the county earlier in May (www.news5cleveland.com, May 22, 2017). Adams County law enforcement responded to a call from a mother that her son was not moving; when officers arrived at the home in West Union, they learned the child overdosed on opiates and administered naloxone to revive him; officers also found marijuana seeds in a prescription bottle and drug paraphernalia in the home and arrested the parents (www.wtol.com, June 9, 2017).

While different types of heroin are currently available in the region, participants once again reported powdered heroin as most available. Participants reported: *"'Tar' (black tar heroin) was 2009 and 2010, now it's all powder here; The powder is all colors ... gray, white, purple, pink."* A treatment provider reported, *"I've never heard of the tar."* Law enforcement reported: *"We've seen white, brown, orange, blue, gray ... the gray had one thing that we've seen in a lot of our lab reports it's got some of that U-47700 (synthetic opioid) and that's just been popping up in the last couple of months; At the overdose level, we're seeing a little bit of everything ... I mean rarely do you have just straight fentanyl or straight heroin; There's usually four or five different varieties of fentanyl in there; There's like 10 different analogs of fentanyl out there"*

Participants also commented that black tar heroin is available in the region, but less easy to obtain. Participants reported: *"It depends on the county and area you are from; Chillicothe (Ross County) is more prone for tar; In Brown County, I could get tar; Tar is here, but you have to know the right people; Tar is in Columbus (Franklin County)."* One law enforcement officer remarked, *"I can't tell you the last time I saw black tar heroin"*

Participants and community professionals reported that the availability of heroin has increased during the past six months. Regarding fentanyl specifically, participants commented: *"Fentanyl is increasing; When a person 'ODs' (overdoses), people will flock to the dealer who sold them that stuff because they want the strongest 'dope' (fentanyl); One guy I used to hang out with would ask, 'Can this stuff kill me? Because if it can't, then I don't want it; There are people that go out just looking to buy fentanyl and fentanyl patches."* A law enforcement officer commented: *"Progressively, overdoses are still up."*

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. In addition, the lab reported that the number of fentanyl and fentanyl analogue cases it processes has increased during the past six months. Fentanyl analogues processed at this lab included: acetyl fentanyl, acryl fentanyl, 2-FBF, furanyl fentanyl, 3-methyl fentanyl, and THF fentanyl. The lab also reported that the number of carfentanil cases it processes has increased.

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'. Participants discussed adulterants (aka "cuts") that affect the quality of the drug and reported that the top cutting agents include: baby formula, baby laxatives, carfentanil and fentanyl. A participant remarked, "It's being cut with fentanyl and carfentanil." Law enforcement reported, "Talking to all those who are selling and using ... they report that heroin by itself is no good unless it's cut with 'synthetics' (fentanyl), so that's what they are looking for."

Additional cuts for heroin mentioned included: benzodiazepines (Xanax®), brown sugar, creatine, cocaine, ketamine, mannitol (diuretic), methamphetamine, Orajel™ and vitamin B-12. One participant reported, "They'll cut fiber into it along with cocaine." Overall, most participants reported that the quality of heroin has increased during the past six months. Participants stated: "Fentanyl is making it very potent; It's not so much that the [quality of] heroin has increased, it's the cuts like fentanyl [have increased]."

Heroin	Cutting Agents Reported by Crime Lab	
	<ul style="list-style-type: none"> ● acetaminophen ● caffeine ● cocaine ● diphenhydramine (antihistamine) ● fentanyl/fentanyl analogues ● mannitol (diuretic) ● sorbitol/lactose (artificial sweeteners) ● U-47700 (synthetic opioid) 	

Reports of current prices for heroin were consistent among participants with experience purchasing the drug. Participants discussed: "[Price] depends on the quality; When I sold 'china' (white powdered heroin), I wouldn't sell anything less than 'a 20' (\$20 amount) which is a 'dime' (1/10 gram). Most people don't like to sell less than 20; We call it 'dubs' from where I'm from. I would go up to Cincinnati and buy a gram for \$100 and then go to Brown County and 'dub' it up, so I could double my money; They sell it in a little paper or an envelope; They cut the super lotto receipts down so it's just a little square seal and put it in there; It's usually in a baggie so you can swallow it if you get stopped [by the police]." Law enforcement reported, "The synthetics people are bringing over from Canada and China or wherever, you buy it online ... so instead of spending \$65,000 for a kilo of heroin, you're spending four or five grand for the synthetics, and then you cut that in with whatever and tell them it's heroin."

Heroin	Current Prices for Heroin	
	Powdered:	
	1/10 gram	\$10-20
	1/2 gram	\$35-70
	A gram	\$90-140
	1/4 ounce	\$250-300
	1/2 ounce	\$400-500
	An ounce	\$750-1,500
	Black tar:	
	1/2 gram	\$30
A gram	\$60-65	

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 reported: "You start out snorting but eventually graduate to shooting; The first time you might snort it, but then you see others shoot it and that's where you're gonna eventually go with it."

Participants reported that injection needles are most available from retail stores, pharmacies, needle exchange programs, dealers, diabetics, and family and friends. Participants commented: "You can just go to the pharmacy and buy them; You can go to Walmart; Diabetics trade them for 'dope' (heroin)." Reportedly, needles sell for \$1-5 each. In addition, one participant added, "You can find them

right on the street." Participants stated that it is common to share needles: *"It's very common; There were usually always three bodies, three people, using one needle; I used to share with everyone and anyone; I didn't even take the time to use bleach, I would just use the needle with their blood still in it; They'll use them forever, until they're even duct-taped together."* Several participants also reported that some users attempt to clean needles before re-use: *"They'll use hot water or bleach to clean them; Just rinse them out with water; I've seen people bleach them out to use them."* A treatment provider commented, *"They don't care about reusing them [and] using each other's needles."*

When asked if participants had any concerns about Hepatitis C or Human Immunodeficiency Virus (HIV), participants reported: *"When you get clean, you think about it; They're not concerned about none of that when they're using; The need to use is way stronger than the worry of that; I worked at a nursing home and you know the biohazard thing that holds the dirty needles ... I would get into that because I needed them. It got that bad."* Treatment providers stated: *"I don't think they're concerned; A lot of them already have it; I don't think they think that far ahead, it's what they want that moment."*

A profile of typical heroin user did not emerge from the data. Participants and community professionals described typical users as anyone, of any age and race. Participants reported: *"Everyone; Blue collar, white collar, every race and color you can think of."* A treatment provider said, *"I don't think there is an age demographic ... it seems to hit everyone, regardless of race, gender, or age."* A law enforcement officer reported, *"We're seeing anywhere from an early 20s white female to a 60-year-old black male."*

Prescription Opioids



Prescription opioids are 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 '5'. Participants reported: *"It's a ten plus; They're all over."* Community professionals also most often reported current street availability as '10', the previous most common score was '7'. A treatment provider stated, *"It's pretty easy as long as you've got someone who's got a prescription for them*

and they are willing to sell the pills." A law enforcement officer remarked, *"Heroin, pills, it's all here ... it's all easy to get."* Participants and community professionals identified Opana®, Percocet®, Suboxone® and Vicodin® and as the most available prescription opioids in terms of widespread illicit use.

Corroborating data indicated that prescription opioids are available for illicit use in the region. The Screening, Brief Intervention and Referral for Treatment (SBIRT) program reported that of the 385 individuals in the Cincinnati region who reported substance use during the past 30 days, 18.7% reported illicit use of prescription opioids on one or more days. The Hamilton County Coroner's Office reported that 12.3% of the 219 drug-related deaths it recorded this reporting period involved prescription opioids. The Scioto County Coroner's Office reported that 7 of the 16 drug-related deaths it recorded this reporting period involved prescription opioids.

In addition, a query of the National Forensic Laboratory Information System (NFLIS) for the counties which comprise the Cincinnati region returned 526 prescription opioid cases reported during the past six months (there were 564 cases for the previous six months). These counts do not include fentanyl and fentanyl analogues. Although previous OSAM Drug Trend Reports counted prescription opioids and fentanyl together, they are now counted separately. Fentanyl, fentanyl analogues and carfentanil data can be found in the "Heroin and Fentanyl" section of this report.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Law enforcement in Lawrence County conducted a 3-month long investigation which ended in the arrest of three people when officers searched four locations in Ironton and seized 4,152 oxycodone tablets, morphine tablets and cash; this was the largest oxycodone seizure in the county's history (www.wsaz.com, Jan. 13, 2017). Middletown Special Operations Unit (Butler and Warren counties) arrested a woman who robbed a pharmacy demanding Percocet® after executing a search warrant of her home and finding 1,600 Percocet® pills under her bed; the woman confessed to officers that she stole 2,000 Percocet® pills (www.wohio.com, Feb. 8, 2017). Cincinnati Police investigated several robberies that occurred at different pharmacies on the west side of the city; one of the men suspected in the investigation held employees at gunpoint before leaving with Percocet®

and the allergy medication, Tussinex®; suspects stole two bags full of medications at another pharmacy and other unidentified prescription drugs at others (www.fox19.com, April 6, 2017). Law enforcement in Butler County collected over 540 pounds of prescription drugs during the National Prescription Drug Take Back Day, including 30 pounds at two Oxford locations, 114 pounds at the Hamilton Police Department and 350 pounds in West Chester Township (www.mydaytondailynews.com, May 2, 2017). Middletown Police arrested a woman for disorderly conduct after responding to a call that she overdosed and was passed out in a parking lot; after police used three doses of naloxone to revive the woman, she disclosed that she had intentionally taken an unknown pill (www.daytondailynews.com, May 24, 2017). An Ironton man plead guilty to drug trafficking during a hearing at the Lawrence County Common Pleas Court; the man admitted to trafficking oxycodone, heroin and cocaine in the area (www.herald-dispatch.com, May 28, 2017).

Participants reported that the general availability of prescription opioids has decreased during the past six months. Participants commented: *"I think it's decreased around here; Once they shut down the pill mills, it made it harder to get; That's why heroin is an epidemic because pills are hard to get; I think it depends on where you live because in Jackson (County) heroin is scarce but Opanas® are everywhere."* Treatment providers and law enforcement also reported that the general availability of prescription opioids has decreased during the past six months. A treatment provider reported, *"I think it's been more difficult for them to get pills because they can't get prescriptions anymore, and it's more expensive to buy on the streets, so they switch to heroin."*




The BCI London Crime Lab reported that the number of hydromorphone (Dilaudid®), morphine, oxycodone-acetaminophen (Percocet®) and tramadol (Ultram®) cases it processes has increased during the past six months, while the number of hydrocodone (Vicodin®), methadone, oxycodone (OxyContin®) and oxymorphone (Opana®) cases have decreased.

Reports of current street prices for prescription opioids were consistent among participants with experience buying the drug. Reportedly, 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	
	Opana®	\$2 for 1 mg
	Percocet®	\$10 for 7.5 mg \$12 for 10 mg
	Roxicodone®	\$30-40 for 30 mg
Prescription Opioids	Vicodin®	\$2-3 for 1 mg
		\$3 for 5 mg
		\$5 for 7.5 mg
		\$8 for 10 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 reported: *"Most eat them; People I know would either swallow them or snort them."*

A profile of typical illicit prescription opioid user did not emerge in the data. Participants and community professionals described typical illicit users as anyone, but specifically noted individuals with an injury. Participants reported: *"People who got injured; Usually those who got injured or had a surgery."* Treatment providers reported: *"Varies across the board; Middle-aged men ... they end up working and getting hurt on the job ... 30s and older; Younger addicts ... due to car accident or other incident; Others see them in medicine cabinet or friend's house ... curiosity."* A law enforcement officer explained, *"It used to be where you could pick, based on the drug, the race, sex, socio-economic [status of users] ... everybody fit into a mold. I think a lot of that has gotten thrown out the window the last couple of years ... it's become a very readily accessible market for drugs ... all drugs, not just 'coke' (cocaine) and 'weed' (marijuana) ... you can get anything you want now. [Drug use] crosses all borders ... it crosses all races ... it's not as taboo as it used to be."*

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




Suboxone®

Suboxone® is highly available for illicit use in the region. Participants most often reported the current street availability of Suboxone® as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '7'. Participants discussed: *"It's easy to get Suboxone®; People are prescribed it and then they sell it; Doctors prescribe way too much."* Participants continued to report that the most available type of Suboxone® remains the sublingual filmstrip form (aka "strips"). A participant remarked: *"Strips or pills but mostly strips."* Community professionals also reported current street availability as '10'; the previous most common score was '10' for treatment providers and '7' for law enforcement. A law enforcement officer stated, *"You go through one of the phones of the deceased ... they're trading Suboxone® for heroin."*

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 134 buprenorphine (an ingredient of Suboxone®) cases reported during the past six months (there were 168 cases reported for the previous six months).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A Lebanon (Warren County) correctional officer plead guilty for attempting to smuggle 100 Suboxone® filmstrips into a Warren County prison; a sheriff in the county reported Suboxone® as difficult to detect and explained that the drug was being placed underneath postage stamps and sent to inmates (www.cincinnati.com, Feb. 1, 2017).

Participants reported that the street availability of Suboxone® has remained the same during the past six months. Treatment providers reported that street availability has increased, while law enforcement did not report on change of availability during the past six months. A treatment provider stated, *"Increased ... only because I'm just now starting to hear about it more and more."* The BCI London Crime Lab reported that the number of Suboxone® and Subutex® cases it processes has decreased during the past six months.

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

Reports of current street prices for Suboxone® were consistent among participants with experience buying the drug. Reportedly, Suboxone® sells for \$10-15 for 8 mg in both filmstrip and tablet forms. In addition to obtaining Suboxone® on the street from dealers, participants also reported getting the drug through Suboxone® clinics. One participant commented, *"The doctors who prescribe the strips give you way too much, so then people sell them."*

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 Suboxone® users, all 10 would use the drug sublingually. A participant reported, *"Just place it under your tongue."*

Participants and community professionals described typical illicit Suboxone® users as people trying to come off heroin who self-medicate by purchasing the drug illicitly. A law enforcement officer stated, *"Some people are treating themselves by buying Suboxone® on the street."*

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'. A participant remarked, *"They're easy [to obtain]."* Community professionals had little knowledge regarding illicit use of sedative-hypnotics in the region. One treatment provider reported the current street availability of these drugs as '8'; the previous most common score was '9' for treatment providers and '7' for law enforcement. Law enforcement reported: *"We hear about them every now and then. Honestly, we've got bigger fish to fry; I guess our priorities are elsewhere."*




Corroborating data indicated that sedative-hypnotics are available for illicit use in the region. The Screening, Brief Intervention and Referral for Treatment (SBIRT) program reported that of the 385 individuals in the Cincinnati region who reported substance use during the past 30 days, 20.0% reported illicit use of benzodiazepines on one or more days. The Hamilton County Coroner's Office reported that 12.3% of the 219 drug-related deaths it recorded this reporting period involved one or more benzodiazepine; 59.3% of these benzodiazepine-related deaths involved alprazolam (Xanax®). The Scioto County Coroner's Office reported that 4 of the 16 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 382 benzodiazepine cases reported during the past six months, of which 62.0% were alprazolam (there were 417 cases reported during the previous six months, of which 69.5% were alprazolam).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Ohio State Highway Patrol (OSHP) arrested a Michigan man during a traffic stop on Interstate 75 in Butler County after the odor of raw marijuana prompted a search of the man's vehicle; officers confiscated 56 Valium® pills and two pounds of marijuana (www.statepatrol.ohio.gov, March 6, 2017).

Participants identified Klonopin®, Xanax® and Valium® as the most available sedative-hypnotics in terms of widespread illicit use. Community professionals identified Klonopin® and Xanax® as most available. One law enforcement officer reported, "We did a 'coke' (cocaine) case where we got 600 Xanax®. We stumbled across them and were like, 'What are these?'"

Participants reported that the general availability of sedative-hypnotics has remained the same during the past six months, while treatment providers reported increased availability. A treatment provider reported, "I think it's increased. You hear about it more." The BCI London Crime Lab reported that the number of clonazepam (Klonopin®), diazepam (Valium®) and zolpidem (Ambien®) cases it processes has increased during the past six months, while the number of alprazolam (Xanax®), carisoprodol (Soma®) and lorazepam (Ativan®) cases has decreased.

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

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

Sedative-Hypnotics	Current Street Prices for Sedative-Hypnotics	
	Ativan®	\$1-2 for 1 mg
	Klonopin®	\$1-2 for 1 mg \$5-6 for 2 mg
	Valium®	\$2-3 for 1 mg \$5 for 2 mg
	Xanax®	\$0.50 for 0.25 mg \$0.75-2 for 0.5 mg \$3-4 for 1 mg \$5-6 for 2 mg

Participants reported obtaining sedative-hypnotics from dealers, doctors and family members with prescriptions. Participants stated: "I got mine from my husband who was prescribed them; People buy or steal 'scripts' (prescriptions) for them."

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 people, younger and female. Community professionals described typical illicit users as people 20-30 years of age.

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'. One participant remarked, *"It's just like walking into the store to get a cigarette ... that easy."* A law enforcement officer reported, *"[Marijuana products from] Colorado's dispensaries are making it here ... they're not just keeping it in Colorado like they're supposed to."*

Participants most often reported the current availability of marijuana extracts and concentrates, often appearing as oil and waxy forms of the drug (aka "dabs") as '8'; the previous most common score was also '8'. A participant commented, *"The dabs have now come into the area."* Community professionals reported little knowledge of marijuana extracts and concentrates. Law enforcement discussed: *"We don't see so much of 'edibles' (marijuana food products), but we'll see 'wax' (dabs); The one [case] we did, there was 5 or 6 pounds of Colorado 'weed' (marijuana) and maybe an ounce of the wax in there, too."*




Corroborating data indicated that marijuana is available in the region. The Screening, Brief Intervention and Referral for Treatment (SBIRT) program reported that of the 385 individuals in the Cincinnati region who reported substance use during the past 30 days, 74.3% reported using marijuana on one or more days.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Regional Narcotics Unit officers arrested a man after seizing 181 pounds of high-grade marijuana from four different homes in Clifton and Walnut Hills (Hamilton County); officers reported that the drug was shipped from California and other parts of the West Coast to Ohio through the U.S. Postal Service; in an unrelated investigation, officers arrested four people during a traffic stop on Interstate 75 after confiscating 159 pounds of marijuana being trafficked from Houston, Texas to Ohio (www.wlwt.com, Jan. 4, 2017). Chillicothe Police (Ross County) arrested a woman for driving under the influence of drugs and endangering children in the vehicle; the woman admitted to having smoked marijuana two hours before she drove, and to using Klonopin® and Suboxone®; officers found additional marijuana cigarettes in her car (www.nbc4i.com, Jan. 4, 2017).

OSHP arrested a Cleveland Heights (Cuyahoga County) man during a traffic stop on Interstate 71 in Warren County when a probable cause search of the vehicle yielded one pound of marijuana hidden in a box (www.statepatrol.ohio.gov, Jan. 6, 2017). OSHP arrested a Kettering (Montgomery County) man during a traffic stop on Interstate 71 in Warren County after a search of the vehicle yielded a duffle bag containing six pounds of marijuana, and an additional 18 pounds of marijuana and 26 vials of hash oil hidden in the trunk (www.statepatrol.ohio.gov, Feb. 9, 2017). Clermont County Narcotics Task Force officers arrested a man after a three-month long investigation that ended in the seizure of 60 pounds of marijuana; the man trafficked the drugs in Clermont County, and stored the drugs in his Peirce Township home and in storage units in Union Township; a Clermont County Grand Jury indicted the man for marijuana trafficking (www.otfca.com, Feb. 13, 2017). Butler County Sheriff's officers arrested six people after a month-long investigation resulted in the seizure of 600 pounds of marijuana trafficked into Ohio from Mexico; officers seized 400 pounds of the drug from one home in Fairfield (Butler and Hamilton counties) and 200 pounds from another home owned by a Cincinnati Police dispatcher (www.nbc4i.com, March 8, 2017). Authorities in Hamilton County cited a nightclub for drug possession and health violations after investigating a shooting that injured 10 people; officers found marijuana, and bugs in liquor bottles during the investigation (www.foxnews.com, March 27, 2017). The Federal Bureau of Alcohol, Tobacco, Firearms and Explosives raided a Roselawn (Hamilton County) auto shop and drilled into safes located in the shop, confiscating over a kilogram of marijuana and guns hidden inside; officers arrested four people, including the owner of the shop, for drug trafficking (www.wcpo.com, April 12, 2017). A man plead guilty in Lawrence County Common Pleas Court for trafficking marijuana in Ironton; in an unrelated case, another man plead guilty in court for cocaine possession and officials sentenced him to a 45-day drug treatment program and community service (www.herald-dispatch.com, June 4, 2017).

Participants and community professionals reported that the availability of low-grade marijuana has decreased during the past six months, while the availability of high-grade marijuana has increased. Participants discussed: *"The low-grade is decreasing; It's easier to get the high-grade. Everyone wants that!"* A treatment provider reported, *"[High-grade marijuana] that's that new-age, younger kids stuff ... they've got these songs out and they glorify it."* One law enforcement officer stated, *"You see more of the better stuff because the better stuff is cheaper with the dispensaries."*

Participants also indicated that the availability of marijuana extracts and concentrates has increased during the past six months. The BCI London Crime Lab reported that the number of marijuana cases, including cases of marijuana extracts and concentrates [concentrated THC (tetrahydrocannabinol) oils, “dabs”], it processes has decreased during the past six months.

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

Participants most often rated the current overall quality of high-grade marijuana as ‘10’ and of low-grade marijuana as ‘5’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common scores were also ‘10’ and ‘5’, respectively. One participant exclaimed, “The high grade is excellent.” Participants reported that marijuana is sometimes laced with crack and powdered cocaine, fentanyl and heroin. Participants commented: “Now it’s being laced with ‘dope’ (heroin) and fentanyl; They put powder cocaine on it. They call that a ‘primo’; It’s being laced with cocaine ... and even hallucinogens now.”

Overall, participants reported that the quality of high-grade marijuana has increased during the past six months, while the quality of low-grade marijuana has remained the same. Regarding high-grade marijuana, participants noted: “It’s definitely increased a lot; People are going out of state and bringing it back in; ‘Hitting a dabber’ (using dabs) is like smoking a whole joint by yourself.” Regarding low-grade marijuana, a participant stated, “It’s just plain old ‘reggie’ (regular marijuana).”

Reports of current prices for marijuana were provided by participants with experience buying the drug. Participants discussed pricing: “It depends on the dealer and your relationship with him; The more you buy, the better deal you get; My dad sold and he wouldn’t really sell ‘joints’ (cigarettes), he would only sell eighths (1/8 ounce) and quarters (1/4 ounce) because it was high-grade; Most people want to buy the high-grade now.”

Marijuana	Current Prices for Marijuana	
	Low grade:	
	A blunt (cigar) or a gram	\$5-10
	1/8 ounce	\$15-20
	1/4 ounce	\$25-30
	An ounce	\$60-70
	1/2 pound	\$250-300
	A pound	\$600-750
	High grade:	
	1/2 gram	\$10-20
	A gram	\$20-25
	1/8 ounce	\$50
	1/4 ounce	\$60-70
	1/2 ounce	\$125-130
	An ounce	\$200-220
	1/4 pound	\$750-1,000
	1 pound	\$4,000
	Wax/Dab:	
	A gram	\$30-50
	Edibles:	
A sucker	\$5	
A brownie	\$15	
Gummy bears (a bag)	\$20	

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 noted, “I only know like one person who does ‘edibles’ (food products containing THC).”

A profile for a typical marijuana user did not emerge from the data. Participants described typical marijuana users as anyone. Participants reported: “It starts when they are 12 or 13 years old; My daughter is 12 and a lot of the kids she knows smoke [marijuana]; High class and low class ... Everyone.” Community professionals described typical marijuana users as African-American people, but specified that high-grade marijuana is typically used by young people and people with more money. A treatment provider said, “I know it’s

big in the black community ... especially the high-grade with the young generation ... teens and up." A law enforcement officer reported, "To me the main group that is going for marijuana is young black males, but with that being said, you know how many professionals are at home with a \$100 bag of weed in their closet. I think you have every race, age group, socioeconomic group smoking weed ... they don't think it's a big deal anymore. Society at large does not care about weed ..."

Methamphetamine



Methamphetamine 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 '8.' Treatment providers and law enforcement also reported the current availability of methamphetamine as '10'; the previous most common availability score was '10' for treatment providers and '9' for law enforcement. One treatment provider remarked, "They're making it in 'pop' (soda) bottles." However, a law enforcement officer observed, "We're not seeing as many labs as we're seeing the stuff being brought in."

Participants and community professionals reported that methamphetamine is available in powdered and crystal forms throughout the region. 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.

Participants explained that crystal methamphetamine (aka "ice") is more available in cities while "shake-and-bake" methamphetamine is more available in rural areas. They discussed: "You can get ice, or crystal, in the city; There's more shake n' bake in the rural areas; Shake n' bake is easy to make; In the little small towns, it's 'shake.'" Law enforcement reported crystal methamphetamine as the most prevalent form of the drug throughout the region. One law enforcement officer explained, "The super labs (meth labs in Mexico) are so efficient that we're not seeing 'junk meth' (powdered methamphetamine) ... you're seeing the high potency ice that is coming as a finished product. There's no point in robbing the




local farmer for his anhydrous ammonia and putting all this work in when the Sudafed's® hard to get. You can just tell your dealer, 'Next time you talk to your guy, get me some ice.'"

Corroborating data indicated that methamphetamine is available in the region. The Screening, Brief Intervention and Referral for Treatment (SBIRT) program reported that of the 385 individuals in the Cincinnati region who reported substance use during the past 30 days, 17.1% reported using methamphetamine 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 795 methamphetamine cases reported during the past six months, of which 30.1% were Hamilton County cases and 21.5% were Butler County cases (an increase from 653 cases for the previous six months, of which 23.6% were Hamilton County cases and 21.1% were Butler County cases).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Federal agents at a cargo facility in Hamilton County confiscated 53 pounds of white powdered methamphetamine hidden inside of a decorative snail sculpture in a package labeled, "Mexican stone crafts;" agents noticed that the snail was filled with white, crystalline powder after further inspection, and learned it was methamphetamine; the package was enroute from Mexico City to Georgia (www.wcpo.com, Jan. 11, 2017). Butler County Sheriff's officers arrested two men after observing them complete a drug deal in the parking lot of a car repair shop in Middletown; officers confiscated one pound of methamphetamine; earlier in the week, officers arrested four people in connection to a drug deal, where a man attempted to sell an undercover officer a large amount of crystal methamphetamine (www.nbc4i.com, Feb. 15, 2017). Hamilton County law enforcement reported to a local news source that methamphetamine and crack cocaine are resurging in Greater Cincinnati; detectives reported that methamphetamine is manufactured in Mexico and then shipped to the U.S.; the Regional Narcotics Unit seized 7,257 grams of crystal methamphetamine near Sharonville (Butler and Hamilton counties) and the Northern Kentucky Drug Strike Force seized 1,575 grams of methamphetamine from July 2016 to February 2017, which was more than double the amount reported from the year prior (www.wlwt.com, Feb. 22, 2017). Winchester Police (Adams County) and Adams County Sheriff's officers arrested two people at a hotel after responding to reports that a man dropped off a suspicious package allegedly containing crystal methamphetamine at a convenience store across the street; officers learned the men were in the hotel, searched their room and found

crystal methamphetamine (www.fox19.com, March 11, 2017). Law enforcement in Butler County arrested an MS13 gang member after executing a search warrant at a hotel in Monroe and confiscating undisclosed amounts of crystal methamphetamine and heroin (www.fox19.com, April 17, 2017). Middletown Police and paramedics responded to and treated approximately 10 unintentional heroin-related overdoses in 26 hours, five of which were at the same residence, and two of which were on the same block; one man admitted to also snorting crystal methamphetamine; officers used Narcan® to revive the individuals (www.journal-news.com, April 20, 2017).

Participants reported that the availability of methamphetamine has increased during the past six months. One participant exclaimed, "Meth has really increased." Treatment providers reported that the availability of methamphetamine has remained the same during the past six months, while law enforcement reported that it has increased. One law enforcement officer said, "We're tripping over it ... it's definitely increased!" 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 methamphetamine as well as white and brown powdered methamphetamine.

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

Participants most often rated the current overall quality of methamphetamine as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '8'. Participants mentioned amphetamines, baby powder, ecstasy, gamma-hydroxybutyrate (GHB), horse vitamins, phencyclidine (PCP) and vitamins as adulterants (aka "cuts") for methamphetamine. However, a participant reported, "They cut it with everything."

Overall, participants reported that the quality of methamphetamine has increased during the past six months. Participants stated: "I think it's increased. People are learning new techniques, and if you make one batch and it's the bomb, then you will make it again the same way,

every time; The chef, the cook, takes real pride in their work. It's a science to make it; You want to be the best chef because that will keep people coming to you."

Participants also mentioned purchasing Allegra®, Claritin®, Mucinex® and Sudafed® from pharmacies as often as legally allowed or paying individuals to purchase these drugs for them in order to make methamphetamine. A participant reported, "You can go to a pharmacy and get three of those boxes of Sudafed® a month ... I would mark it on my calendar when I bought it. If you bought more than three a month, you got 'flagged'."

Reports of current prices for methamphetamine were consistent among participants with experience buying the drug. A participant commented, "The higher the quality, the higher the cost."

Current Prices for Methamphetamine		
Methamphetamine	Powdered:	
	1/10 gram	\$10
	1/2 gram	\$20-25
	A gram	\$40-60
	An ounce	\$800-1,000
	Crystal:	
	1/10 gram	\$10
	1/2 gram	\$20-30
	A gram	\$100-120
	An ounce	\$600-1,000

Participants reported that the most common route of administration for methamphetamine remains intravenous injection (aka "shooting") and smoking. Participants estimated that out of 10 methamphetamine users, six would shoot and four would smoke the drug. Participants reported: "It varies. We'd smoke 'bubbles' (glass pipes) and we'd shoot it, we would alternate it; For me it depended on who I was with ... if I was with people who were doing heroin, then we would shoot it. If I was with people who were just smoking meth, then we would just smoke it."

Participants described typical methamphetamine users as white people, males, drug dealers and individuals in the gay




community. Community professionals described typical users as white people, aged 20 to 40 years. A treatment provider commented, *"I see a lot of Caucasian people use it."* One law enforcement officer observed, *"It started here more in the gay community ... and now it's transitioning to taking over all demographics ... it's definitely expanded."*

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 also '8'. Only one treatment provider reported on the current street availability of these drugs, reporting it as '9-10'; the previous most common score was '8'. This treatment provider remarked, *"They're pretty east to get."* Other treatment providers reported not hearing much about prescription stimulant abuse during the past six months. Law enforcement did not report on current street availability; the previous most common score was '2'. A law enforcement officer stated, *"We deal with it as we go along, but our focus is on what's hurting society [most]."*

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 90 prescription stimulant cases reported during the past six months, of which 78.9% were amphetamine (Adderall®) (there were 102 cases for the previous six months, of which 74.5% were amphetamine).

Participants identified Adderall® and Ritalin® as the most available prescription stimulants in terms of widespread illicit use. They reported that the general street availability of prescription stimulants has remained the same during the past six months. Community professionals did not report on the change of availability of prescription stimulants during the past six months. The BCI London Crime Lab reported that the number of amphetamine (Adderall®) cases it processes has increased during the past six months, while the number of methylphenidate (Ritalin®) cases has remained the same.

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

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®	\$1 for 1 mg \$5 for 10 mg \$10-15 for 30 mg
	Ritalin®	\$4 for 10 mg
	Vyvanse®	\$10-15 for 30 mg

Participants reported obtaining these drugs from dealers, people with prescriptions for them and from physicians. Participants discussed: *"Kids get them from other kids who are prescribed them by doctors; I always hung out with people who had them; You can get them on the street; You can easily get these prescribed to you; I knew a nurse practitioner who would just write me scripts for them."*

Participants reported that the most common route of administration for illicit use of prescription stimulants remains oral consumption. Participants reported that out of 10 illicit prescription stimulant users, all 10 would orally consume the drugs. However, a few participants also noted that some illicit users would snort prescription stimulants.




Participants described typical illicit users of prescription stimulants as high school and college students, third-shift workers and parents. Participants reported: *"People who are tired; High school students; College students; Parents who work third shift."* Community professionals described typical illicit users as college students and younger individuals.

Ecstasy

Ecstasy (methylenedioxymethamphetamine: MDMA, or other derivatives containing BZP, MDA, and/or TFMPP) is moderately to highly available in the region. Participants most often reported the current availability of the pressed tablet 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 score was also ‘10’. Participants reported: *“It’s at the clubs; Easy to get either [ecstasy or molly]; This is the area I usually come to get it (Ross County).”*

Only one treatment provider reported on current availability of ecstasy/molly, reporting it as ‘5-6’; the previous most common score was ‘8’. Law enforcement did not rate the current availability of ecstasy or molly; the previous most common scores were ‘6’ for ecstasy ‘7’ for molly. Law enforcement reported: *“I couldn’t tell you when the last MDMA case was; We’re just not seeing it anymore; You might run across a pill or two when doing a search warrant ... but you’re not buying it, you’re not chasing it, you’re not seeing it in bulk.”*

Participants reported that the availability of ecstasy/molly has increased during the past six months. One participant remarked, *“They’ve increased ... Big time.”* Treatment providers reported that availability of ecstasy/molly has decreased during the past six months, while law enforcement did not comment on change of availability. A treatment provider stated, *“I heard more about it when it first started. I haven’t heard anything recently.”* The BCI London Crime Lab reported that the number of ecstasy/molly (MDMA) cases it processes has decreased during the past six months; the lab does not differentiate between ecstasy and molly cases. The lab also reported that the number of MDA cases it processes has increased.

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

Participants often rated the current overall quality of ecstasy/molly as ‘10’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was ‘7’. Overall, participants reported that the quality of ecstasy/molly has remained the same during the past six months.

Reports of current street prices for ecstasy and molly were consistent among participants with experience buying the drug. Regarding ecstasy, participants reported: *“It depends if you buy it in bulk or not; If you buy it in bulk, you get it a lot cheaper.”*

		Current Prices for Ecstasy/Molly	
Ecstasy/Molly	Ecstasy:		
	Low dose (aka “single stack”)		\$10
	Medium dose (aka “double stack”)		\$20
	High dose (aka “triple stack”)		\$25-30
	Molly:		
		1/10 gram	\$10
		1/2 gram	\$50
	A gram	\$75-100	

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, four would orally consume, four would snort, and two would intravenously inject (aka “shoot”) the drugs. Participants reported: *“Some eat it and some snort; If you shoot, then you will shoot; I would ‘parachute’ it. You put it into a paper towel and then you swallow it. I did that because I didn’t like the taste ... the taste is horrible.”*




Participants indicated that molly is obtained at “raves” (dance parties) and night clubs. Participants described typical ecstasy and molly users as young, “ravers,” adolescents, college students, and those in the party scene and at concerts. Participants reported: *“It’s at the parties; People who want to have an out of body experience.”* Community professionals described typical ecstasy and molly users as younger individuals, college students, and those in the club scene. Law enforcement reported: *“It’s more of the club scene; Younger crowd; 20’s.”*

Synthetic Marijuana

Synthetic marijuana (synthetic cannabinoids) remains available in the region. Participants most often reported the drug's current availability as '7' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '2'. Participants commented: *"It's in corner stores; They made it illegal, so in certain stores you have to say a certain word in order get it, like a code word. They ring it up as ice cream now when they sell it. That's what they ring it up as."*

Only two treatment providers reported on the current availability of synthetic marijuana, reporting it as '6' and '10'; the previous most common score was '1'. They stated: *"They have it in the city in some of the gas stations; I have heard ... just buy it off the shelf."* Law enforcement did not rate the current availability of synthetic marijuana; the previous most common score was '4'. Law enforcement reported: *"There used to be [synthetic marijuana in the area] ... it came and went; It was kind of a fad."*

Participants reported that the availability of synthetic marijuana has decreased during the past six months. One participant explained, *"Once they made it illegal, nobody that I hung out with really ever used it or tried to get ahold of it. They switched and started using other stuff."* Law enforcement reported that availability of synthetic marijuana has decreased during the past six months, while treatment providers did not comment on change of availability. A law enforcement officer commented, *"You used to be able to just walk into the smoke shops and it would be right there next to the register ... now it's in the back room or not available, so we don't really see it."* The BCI London Crime Lab reported that the number of synthetic marijuana cases it processes has increased during the past six months.

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

Regarding the current quality of synthetic marijuana, participants discussed: *"That shit's crazy; It's nothing like marijuana. The buzz of [marijuana] and the buzz of [synthetic marijuana] are totally different; People are making it themselves and spraying chemicals on it."*

Reports of current prices for synthetic marijuana were consistent among participants with experience buying the drug. Participants reported: *"It kind of depends on how many grams you buy; I used to buy those baggies for \$10."*

Synthetic Marijuana	Current Prices for Synthetic Marijuana	
	A gram	\$10
	10 grams	\$50

Despite legislation enacted in October 2011, participants reported that synthetic marijuana continues to be available from dealers, in prisons, in head shops, gas station and through Internet purchase. Participants reported: *"I used to sell it, but I had to go to Cleveland to get it and bring it back down here; You can buy it online."*

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 described typical synthetic marijuana users as teenagers, younger individuals and those who need to pass a drug test for employment or because they are on probation. Participants commented: *"Younger kids; The only people who smoke that are those who want to pass a drug test; People on probation who don't want to get [social service agencies] involved; Community professionals were not able to report on a typical synthetic marijuana user. However, one law enforcement officer stated, "My guess is [that] it would be the younger kids because they look at that as the more 'safe' option in that they won't get in trouble by mom and dad as much."*

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) and Neurontin® (gabapentin, an anticonvulsant).

Bath Salts



Bath salts (synthetic cathinone; 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 ‘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 also ‘1’. A participant reported, “They’re not really around anymore.” Community professionals most often reported current availability of bath salts as ‘1-3;’ no previous most common score was reported. A treatment provider reported, “I don’t know if they’re accessible, and they just don’t use them or if they’re not around here.” Law enforcement reported: “We just don’t see it. I can’t tell you the last time we saw a bath salt; Very isolated incidents; They closed the loopholes and made that illegal ... and that all went by the wayside I think.”

Participants and treatment providers reported that availability of bath salts has decreased during the past six months. One participant commented, “It’s decreased, but you can buy them online.” The BCI London Crime Lab reported that the number of bath salts cases it processes has decreased during the past six months.

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

Participants reported that the cost of bath salts is \$20 per gram, although a participant said, “It just depends on who you buy it from.” 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. A profile of a typical bath salts user did not emerge from the data.

Hallucinogens

Hallucinogens are moderately to highly available in the region. Participants most often reported the current availability of these substances as ‘8’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was ‘6-7’. One participant remarked, “It’s always there.” Treatment providers most often reported current availability of LSD as ‘5’ and of psilocybin mushrooms as ‘7;’ the previous most common score of hallucinogens generally was ‘4’. Law enforcement did not rate the current availability of hallucinogens; however, they commented: “I haven’t seen it; We had a spike in LSD last year.”

Participants identified LSD and psilocybin mushrooms as the most popular hallucinogens in terms of widespread use. Participants reported that the availability of both LSD and psilocybin mushrooms has remained the same during the past six months. Regarding psilocybin mushrooms specifically, participants reported: “It’s easier to get ‘shrooms’ (psilocybin mushrooms) than ‘acid’ (LSD); People are ordering [mushrooms] online.”

Treatment providers also reported that the availability of hallucinogens has remained the same during the past six months. While law enforcement did not report on change in availability, they discussed: “We did a postal case in Cincinnati, up in the college area and they had pounds of (psilocybin) mushrooms from the west coast somewhere; I say when it comes to that kind of stuff, they’re things we don’t see on a normal basis ... we could find it ... but again, everybody’s doing ‘ice’ (crystal methamphetamine) and heroin; We’ll do a case when it comes to us, but by and large, it’s not all that readily available.” The BCI London Crime Lab reported that the number of LSD and psilocybin mushroom cases it processes has increased during the past six months.

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

Reports of current prices for hallucinogens were consistent among participants with experience buying the substances. Participants reported that LSD is purchased in strips, sheets and liquid form. Reportedly, LSD is most commonly purchased for \$10 per dose (aka “hit”). Participants reported: *“The price depends on who you know; The more you buy, the bigger the discount; I used to get it in a dropper bottle, like a Visine® bottle, and every drop would be like \$5 to \$10.”*

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

Participants reported that the most common route of administration for LSD and psilocybin mushrooms remains oral consumption. Regarding LSD, a participant reported, *“You just drop it on your tongue.”* However, few participants also reported using LSD through ocular absorption. One participant stated, *“You can use an eye dropper and drop it in your eye.”* Regarding psilocybin mushrooms, participants reported: *“You just eat them; You swallow them; You can make peanut butter sandwiches [with them].”* Participants continued to describe typical hallucinogen users as hippies, as well as individuals frequenting music festivals and concerts.

Inhalants

Inhalants (duster [DFE] and nitrous oxide) remain highly available in the region. One treatment provider reported, *“They are extremely easy to get because you can get them anywhere.”* However, another treatment provider noted, *“The clients don’t talk about using that.”* Participants reported that the most common price for inhalants is \$5 for a balloon containing nitrous oxide and \$8 for one can of duster.

Reportedly, inhalants are most often used among young people (teenagers and college aged individuals), as well

as by those attending “raves” (dance parties) and clubs. A participant commented, *“Teens, because that is something they can get a hold of pretty easily.”* Another participant mentioned, *“I know people in rehabs do it because it doesn’t show up on their drug test.”*

Ketamine

Ketamine remains available in the region. Participants most often reported the current availability of the drug as ‘2;’ the previous most common score was also ‘2.’ Community professionals most often reported current availability as ‘1;’ the previous most common score was also ‘1.’ Participants reported that the availability of ketamine has remained the same during the past six months. Participants reported obtaining the drug from veterinarian clinics or from street dealers. Participants stated: *“You have to know a vet (veterinarian); I have had it in heroin; I got it in the heroin and knew it because whenever I went and got tested it showed up.”*

Law enforcement reported: *“It’s being cut in all of the heroin and fentanyl stuff right now; We see very little on our end though; We’re not seeing it in the autopsies; The last case we saw was a ketamine burglary case out of a veterinary clinic; Ketamine mixtures are thrown in with the heroin and ‘coke’ (cocaine).”* Participants reported that the most common route of administration for ketamine remains intravenous injection (aka “shooting”). Participants estimated that out of ten ketamine users, all 10 would shoot the drug.

Neurontin®

Neurontin® remains available for illicit use in the region. Participants most often reported the current street 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 ‘5.’ Community professionals did not report on current street availability of Neurontin®. Law enforcement commented: *“[Neurontin® is] seen in systems of those whom have overdosed; Not seen as much as last year.”*

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 30 gabapentin (Neurontin®) cases reported during the past six months; an increase from 16 cases for the previous six months.

Participants reported that the availability of Neurontin® has remained the same during the past six months. Reportedly, Neurontin® 800 mg sells for \$1 on the street. Participants commented: *"Maybe even 50 cents for 800 milligrams; I got them for free."* Participants reported that the most common route of administration for Neurontin® is oral consumption. One participant remarked, *"Eat them in handfuls."* Participants described typical illicit Neurontin® users as opiate users: *"Heroin addicts; When I was coming off of heroin, that's what I did."*

Conclusion

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

While participants and community professionals reported both heroin and fentanyl as highly available and increasing in availability during the past six months, they indicated that for many users, fentanyl is more desirable. Reportedly, many users now seek straight fentanyl due to its known high potency. The Hamilton County Coroner's Office reported that nearly half of the 219 drug-related deaths it recorded this reporting period involved fentanyl/fentanyl analogues, while 21% involved carfentanil (aka "elephant tranquilizer").

The BCI London Crime Lab reported that the number of heroin cases it processes has decreased during the past six months, while the number of fentanyl/fentanyl analogue and carfentanil cases it processes has increased. In addition, the crime lab and law enforcement reported the presence of U-47700, a synthetic opioid, in the region's heroin/fentanyl market. Law enforcement discussed that synthetic opioids come into the region via Internet shipments, primarily from China.

The availability of high-grade marijuana, including marijuana extracts and concentrates (oil and wax forms of the drug, aka "dabs"), has increased during the past six months. Law enforcement noted high-grade forms of marijuana in the region as originating from the legal dispensaries of other states, particularly Colorado. The

Screening, Brief Intervention and Referral for Treatment (SBIRT) program reported that of the 385 individuals in the Cincinnati region who reported substance use during the past 30 days, 74.3% reported using marijuana on one or more days. Participants reported that marijuana is sometimes laced with crack and powdered cocaine, fentanyl and heroin.

Participants and law enforcement reported that the availability of methamphetamine has increased during the past six months. Participants explained that crystal methamphetamine (aka "ice") is more available in cities while powdered methamphetamine (aka "shake-and-bake") methamphetamine is more available in rural areas. Law enforcement reported crystal methamphetamine as the most prevalent form of the drug throughout the region. 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 methamphetamine as well as white and brown powdered methamphetamine.

Reportedly, crystal methamphetamine is produced in "super labs" by drug cartels in Mexico and imported into the region, while powdered methamphetamine is produced locally by users. Participants mentioned purchasing pseudoephedrine (Allegra®, Claritin®, Mucinex® and Sudafed®) from pharmacies as often as legally allowed or paying individuals to purchase these drugs for them in order to make methamphetamine: a box of pseudoephedrine typically sells for \$50.

The most common route of administration for methamphetamine remains intravenous injection (aka "shooting"). Participants and community professionals described typical methamphetamine users as white people, aged 20 to 40 years; participants also noted drug dealers and individuals in the gay community as typical users.

Lastly, participants reported Neurontin® (gabapentin) as highly available for illicit use in the region. Reportedly, Neurontin® 800 mg sells for \$1 on the street. Participants described typical illicit Neurontin® users as opiate users who use the drug to help alleviate withdrawal symptoms.