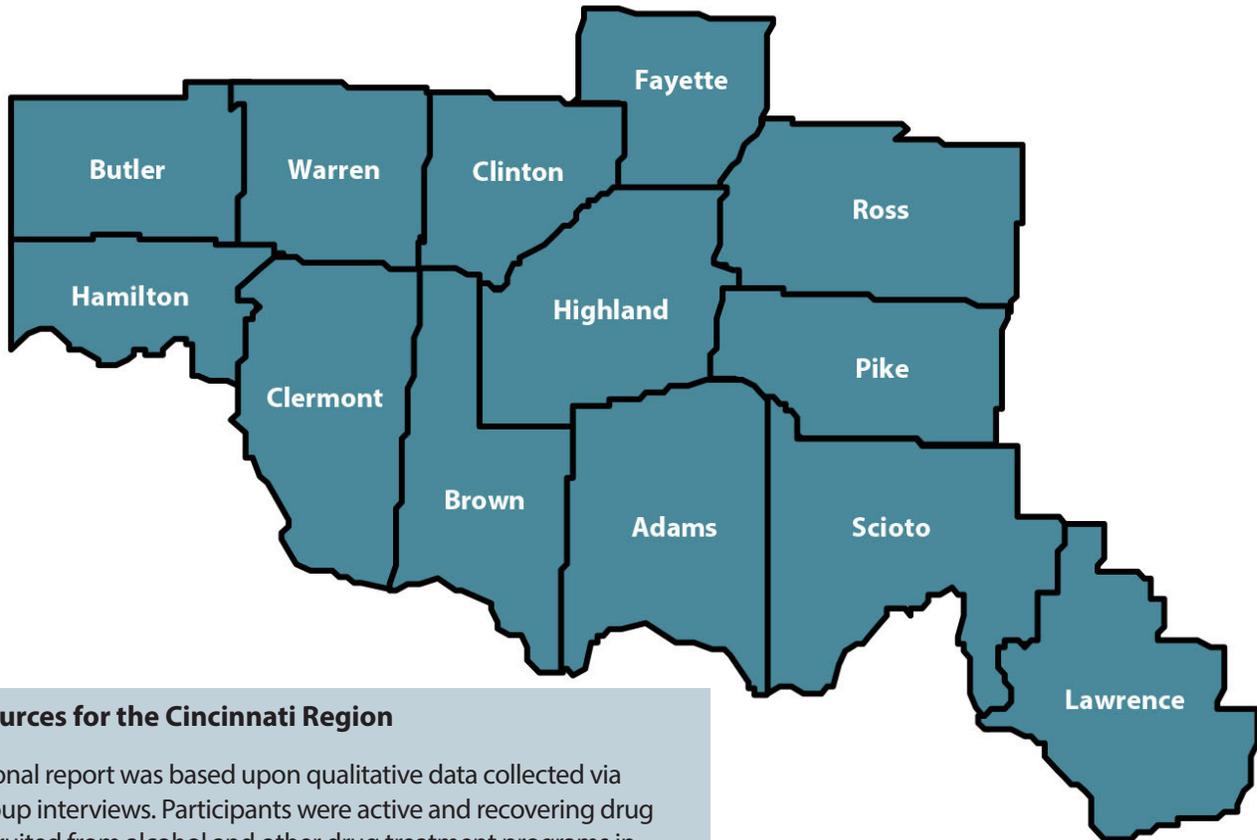


Drug Abuse Trends in the Cincinnati Region



Data Sources for the Cincinnati Region

This regional report was based upon qualitative data collected via focus group interviews. Participants were active and recovering drug users recruited from alcohol and other drug treatment programs in Butler, Hamilton, Lawrence and Ross counties. Data triangulation was achieved through comparison of participant data to qualitative data collected from regional community professionals (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, and the Ohio Department of Public Safety (ODPS), which logs drug task force seizures from across the state. All secondary data are summary data of cases processed from January through June 2017. In addition to these data sources, Ohio media outlets were queried for information regarding regional drug abuse for July through December 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	27 ²
Gender (female), 2016	51.0%	51.0%	29.6%
Whites, 2016	82.5%	82.1%	55.6%
African Americans, 2016	12.8%	13.1%	25.9%
Hispanic or Latino Origin, 2016	3.7%	2.8%	3.7%
High School Graduation Rate, 2012-16	89.5%	89.1%	88.5% ³
Median Household Income, 2012-16	\$50,674	\$48,412	Less than \$12,000 ⁴
Persons Below Poverty Level, 2016	14.6%	14.2%	65.4% ⁵

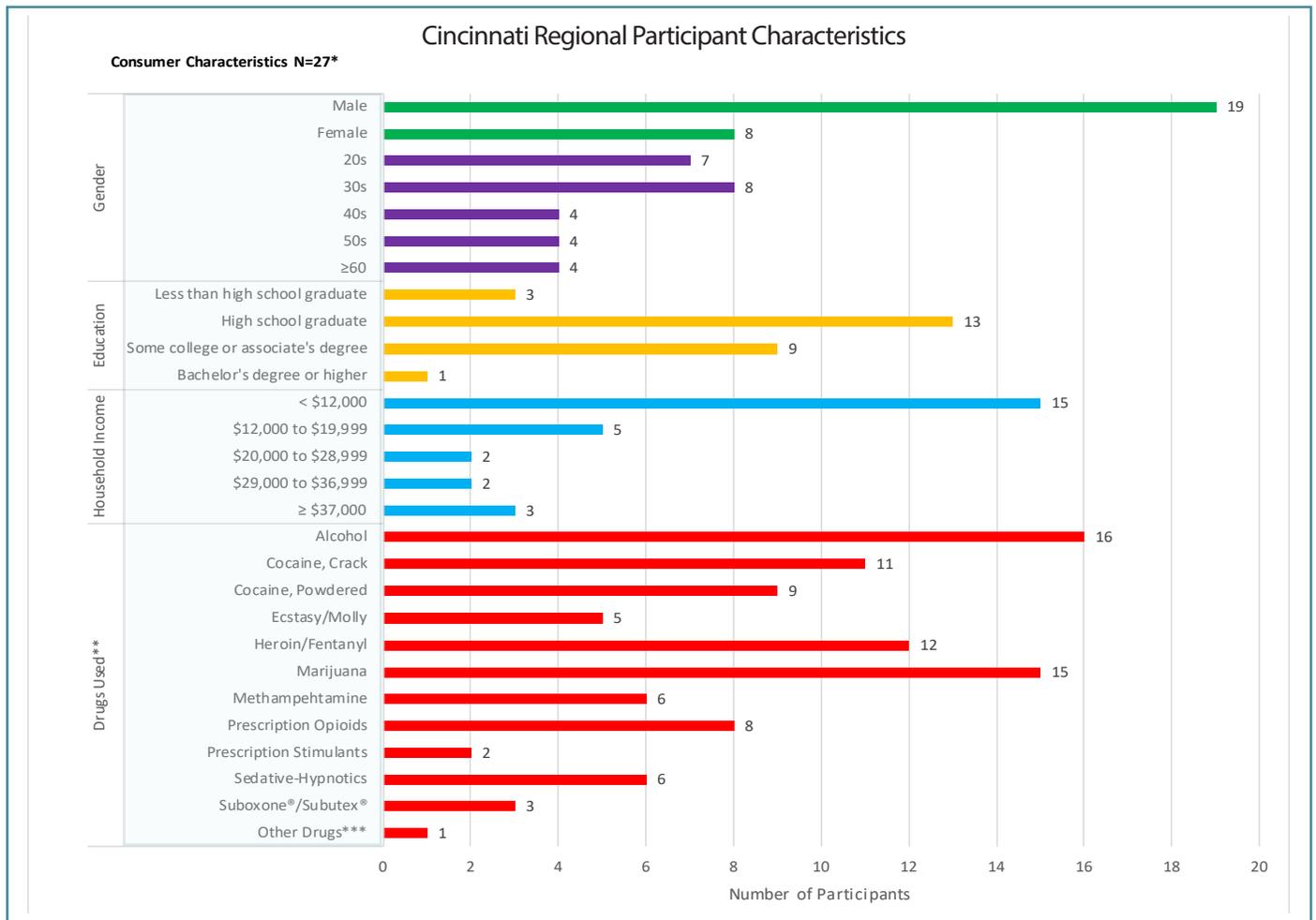
¹ Ohio and Cincinnati region statistics were derived from the most recent US Census. OSAM drug consumers were participants for this reporting period: June 2017 - January 2018.

² Statistics reflect the 27 participants who completed surveys.

³ High school graduation status was unable to be determined for 1 participant 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.

⁵ Poverty status was unable to be determined for 1 participant due to missing and/or invalid data.



* Not all participants filled out forms completely; therefore, numbers may not equal 27.

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

***Inhalants.

Historical Summary

In the previous reporting period (January - June 2017), crack cocaine, fentanyl, heroin, marijuana, methamphetamine, powdered cocaine, prescription stimulants and sedative-hypnotics remained highly available in the Cincinnati region; also highly available were prescription opioids and Suboxone®. Changes in availability during the reporting period included: 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 reporting period, they indicated that for many users, fentanyl was more desirable. Reportedly, many users sought 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 during the previous six months involved fentanyl and fentanyl analogues, while 21% involved carfentanil.

The BCI London Crime Lab reported that the number of heroin cases it processes decreased during the reporting period, while the number of fentanyl/fentanyl analogue and carfentanil cases 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 came into the region via Internet shipments, primarily from China.

The availability of high-grade marijuana, including marijuana extracts and concentrates (aka "dabs"), increased during the reporting period. 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 previous 30 days, 74.3% reported using marijuana on one or more days. Participants reported that marijuana was sometimes laced with crack and powdered cocaine, fentanyl and heroin.

Participants and law enforcement reported that the availability of methamphetamine increased during the reporting period. Participants explained that crystal methamphetamine (aka "ice") was more available in cities while powdered methamphetamine (aka "shake-and-bake") was 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 increased during the previous six months; the lab reported processing crystal methamphetamine as well as white and brown powdered methamphetamine.

Reportedly, crystal methamphetamine was produced in "super labs" by drug cartels in Mexico and imported into the region, while powdered methamphetamine was produced locally by users. Participants mentioned purchasing pseudoephedrine (found in some allergy medications) from pharmacies as often as legally allowed in one month or paying individuals to purchase these drugs for them in order to make methamphetamine: a box of pseudoephedrine typically sold for \$50.

The most common route of administration for methamphetamine remained intravenous injection (aka "shooting"). Participants and community professionals described typical methamphetamine users as white people, aged 20-40 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® 8 mg sold for \$1 on the street. Participants described typical illicit Neurontin® users as opiate users who used the drug to help alleviate withdrawal symptoms.

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 commented: *"I know a couple of people that have it all the time; You can just make a phone call and it's dropped off (delivered to you); [Drug dealers] I knew had it all the time. They had both heroin and cocaine powder. Some of them preferred powder cocaine ... I think they could make more money off of that than heroin; Nowadays [powdered cocaine] goes hand-in-hand with heroin."* Community professionals most often reported the current availability of powdered cocaine as '9'; the previous most common score was '10'. A law enforcement officer stated, *"You might not be able to walk down the street and pick it up like heroin or fentanyl, but it wouldn't take long for you to find somebody that could [sell you powdered cocaine]."*

Corroborating data indicated that powdered cocaine is available in the region. The Screening, Brief Intervention and Referral for Treatment (SBIRT) program reported that of the 478 individuals in the Cincinnati region who reported substance use during the past 30 days, 19.5% 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 39.2% of the 291 drug-related deaths it recorded this reporting period involved powdered and/or crack cocaine. In addition, the Ohio Department of Public Safety (ODPS) reported 28 drug task force seizures of powdered cocaine in the Cincinnati region during the reporting period.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Law enforcement in Hamilton County arrested a man after executing a search of the man's house, his business and his girlfriend's home, finding 1.3 kilograms of cocaine, an unspecified amount of methamphetamine and firearms (www.wcpo.com, Sept. 13, 2017). Multiple state, county and local law enforcement agencies conducted a three-day collaborative drug interdiction effort on Interstate 71

and other regional roadways to intercept drugs in an effort to promote safer roadways; in total, officers seized 23.4 grams of powdered cocaine, three grams of crack cocaine, 0.3 grams of heroin, 58.8 grams of fentanyl, 3.2 grams of methamphetamine, 1.6 grams of marijuana, 0.5 grams of psilocybin mushrooms, and 405 grams of an unidentified brown powdered substance (www.recordherald.com, Dec. 6, 2017).

Participants reported that the availability of powdered cocaine has increased during the past six months. When participants were asked why the availability of powdered cocaine has increased, several participants reported that there's been an increase in demand for the drug among heroin users. Participants discussed: *"I have already had about three people ask me in the past three weeks if I wanted some; Cocaine used to be super expensive and super 'cut' (adulterated) ... like 10 years ago it was bullshit, and it's back to being good ... so we all want it again ... we mix it [with heroin] and make 'speedballs' (concurrent or consecutive use of cocaine and heroin) ... people that do heroin also like to get cocaine; [Heroin users] like to have that extra to 'stay up' (increased awareness), so it's pretty much goin' hand-in-hand with [heroin]."*

Law enforcement reported that the availability of powdered cocaine has remained the same during the past six months. Law enforcement commented: *"It's probably not as prevalent as heroin, but it's up there; It's never gone away; It's still prevalent."* The BCI London Crime Lab reported that the number of cocaine cases it processes has increased during the past six months; the lab does not differentiate between powdered and crack cocaine.

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

Participants most often rated the current overall quality of powdered cocaine as '6' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '7'. While participants reported the current quality of powdered cocaine as moderate, they explained that there is a lot of inconsistency in quality among dealers. Participants discussed: *"It's different*

between people; Right ... not every dealer the same ... it's coming from a chain and once it gets down to that bottom person they already put something in it to 'cut' (adulterate) it; You never know, this person might have pure stuff one day, and the next day it's completely cut."

Participants discussed adulterants (aka "cuts") that affect the quality of powdered cocaine and reported the top cutting agents as: baby formula, baby laxatives, baking soda, fentanyl and carfentanil. Participants stated: "They'll buy an ounce of the good stuff and mix it with three ounces of freaking baby [formula]; There's cocaine down here with fentanyl ... it's to get you addicted to their cocaine ... so in other words, you think you're doing cocaine, but yet ... it's more fentanyl than it is cocaine; They cut everything with fentanyl."

Other adulterants mentioned included: brick dust, ether, fingernail polish remover, heroin, Kool-Aid®, Orajel™, powdered sugar, prescription opioids, Tylenol® and vitamin B-12. Participants commented: "There's all kinds of shit they cut it with; Anything that they can find inside their medicine cabinet; I've seen them cut it with Orajel™ just to make it seem more numbing like it's the real stuff; I've seen them put brick dust in it. Yeah, damn brick dust ... you never heard of that?" Overall, participants reported that the quality of powdered cocaine has decreased during the past six months, primarily due to dealers adulterating the drug to increase their profits. They said: "Yeah, I'm dead serious ... anything to stretch it out and make more money. They don't care about the addicts ... they care about their pockets; You don't even get that numbing ... it's supposed to make your feet tingle if it's good; It ain't what it used to be."

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

Current prices for powdered cocaine were reported by participants with experience buying the drug. Reportedly, the most common quantities of purchase are a gram and 1/8 ounce (aka "eight ball"). Participants discussed that pricing varies depending upon the dealer and the amount of purchase. Some participants noted that the more one buys, the better the price. Others explained that pricing is dependent upon the quality of the drug. One participant

stated, "It depends on the quality. You could buy like 60 bucks a gram for regular or if you want to get what some call the 'pure' ... \$100 dollars a gram..." Another participant shared, "When I was bar tending, it was just given to me." Participants could not agree whether prices for powdered cocaine have changed during the past six months.

Powdered Cocaine	Current Prices for Powdered Cocaine	
	1/10 gram	\$10
	1/2 gram	\$20-50
	A gram	\$60-100
	1/8 ounce (aka "eight ball")	\$100-350

Participants reported that the most common routes of administration for powdered cocaine remain intravenous injection (aka "shooting"), followed by snorting and then smoking. Participants estimated that out of 10 powdered cocaine users, 5-6 would shoot and 4-5 would either snort or smoke the drug. One participant commented, "If they are a heroin addict, they probably just going to inject it. If they want to just be a cocaine addict, then they might just snort it, unless their nose is messed up." There was discussion that smoking powdered cocaine generally meant rocking the drug into crack cocaine. However, a few participants discussed free-basing powdered cocaine, explaining that to do this a user would heat the drug on aluminum foil and inhale the resulting vapors through a straw. In addition, one participant shared, "Every once in a while somebody might lace a 'joint' (marijuana cigarette) ... like sprinkle [powdered cocaine in] one [to smoke]."

A profile for a typical powdered cocaine user did not emerge from the data. Participants described typical powdered cocaine users as anyone; however, several participants noted that a user would have to have the financial means to afford the drug. They commented: "It's a rich man's drug; I mean you're not going to have teachers shooting up [cocaine] on their lunch breaks; There's a lot of people that own companies and businesses that you know sniff cocaine at the job; In this town you got lawyers and doctors [using powdered cocaine]; That's the word on the street that all the lawyers and judges are on it in this town; It's easier to be a functioning addict on cocaine."

Community professionals also described typical powdered cocaine users as anyone, while noting more male than

female users. They stated: *"It's across the board. I don't know if you can peg it to one specific age group or ethnicity. We're finding it on everybody; It's mostly male, but I wouldn't say that you can nail it down to a race; We're seeing ... white, black, Hispanic."*

Crack Cocaine

Crack cocaine is moderately to highly available in the region. Participants most often reported the drug's current availability as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. Participants discussed: *"It is everywhere; All you got to do is go to a corner ... and bam [you will find crack cocaine]; There's quite a few dealers and there's a lot of people using it; The projects ... you just drive up in there and [crack cocaine dealers] flock to your car; I'll tell you how available it is. If you step into Hamilton or Middletown [Butler County], either one, and throw a rock in any direction you're going to hit a crack house. That's how available it is; You can get it probably damn near everywhere."*

Community professionals most often reported the current availability of crack cocaine as '5'; the previous most common score was '9-10'. Law enforcement commented: *"Lower [availability] than (powdered) cocaine; I think we have to look for it to find it."* However, a couple of law enforcement officers discussed that with the current high availability of powdered cocaine in the region, it would be easy for those desiring crack cocaine to manufacture the drug themselves. They said: *"It's not rocket science how to convert [powdered cocaine to crack]. ... If you want crack, you can just buy coke and make it yourself; YouTube is very powerful [you can find how-to videos online]; Google [how to make crack cocaine]."*

Corroborating data indicated that crack cocaine is available in the region. The SBIRT program reported that of the 478 individuals in the Cincinnati region who reported substance use during the past 30 days, 19.5% reported using cocaine on one or more days (SBIRT does not distinguish between crack and powdered cocaine). The Hamilton County Coroner's Office reported that 39.2% of the 291 drug-related deaths it recorded this reporting period involved crack and/or powdered cocaine. In addition, the ODPS reported 17 drug task force seizures of crack cocaine in the Cincinnati region during the reporting period.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Circleville Police (Pickaway County), Ross County Sheriff's officers and U.S.

Drug Enforcement Agency (DEA) officers collaborated to execute a search warrant at a home in Chillicothe (Ross County), arresting three men after finding 43 grams of crack cocaine, 21 grams of powdered cocaine and cash; during separate investigations, Chillicothe Police, Circleville Police, OSHP and U.S. DEA officers confiscated 10 grams of crack cocaine, 100 grams of heroin and 30 grams of marijuana during traffic stops; in yet another investigation, officers arrested four people during the execution of a search warrant at a residence in Chillicothe after seizing seven grams of crack cocaine, 80 grams of heroin and cash (www.chillicothe Gazette.com, Dec. 6, 2017).

Participants reported that the availability of crack cocaine has remained the same during the past six months. However, a couple of participants perceived a slight decrease in the availability, and stated: *"A lot of people are selling it ... I think it's less people using it now though; A lot of people switched over to heroin."* Law enforcement reported that the availability of crack cocaine has increased during the past six months. They discussed: *"We have seen more crack lately than we have in a long time; There's more availability there, I'd say, now than I remember. It used to be you could walk down the street and find somebody with crack on them, and then it like disappeared ... and now it's definitely coming back; There's a theory that people are trying to use [crack cocaine] and 'meth' (methamphetamine) ... to detox and try to get off of heroin..."* The BCI London Crime Lab reported that the number of cocaine cases it processes has increased during the past six months; the lab does not differentiate between crack and powdered cocaine.

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

Participants most often rated the current overall quality of crack cocaine as '8-10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '6'. While the majority of participants reported high current quality of the drug, most discussed that crack cocaine requires re cooking in order to remove impurities (adulterants). Comments included: *"You have to cook it down ... to make it more pure ... it's not like it used to be back when*

they started crack; They are trying to find more stuff that they can add to it to make it look like it's more, and to make you think you're getting some kind of cocaine affect ... their doing all kinds of stuff to it to make it less cocaine and more of something else ... to trick you."

Participants discussed adulterants (aka "cuts") that affect the quality of crack cocaine and reported that the top cutting agent for the drug remains baking soda. Other adulterants mentioned included: aspirin, baby formula, baby laxatives, baby powder, chalk, coffee creamer, fentanyl, ibuprofen, isotol (dietary supplement), Orajel™, rat poison, Seven-Up®, sleeping pills and vitamin B-12. Participants commented: "Orajel™! Stuff like that they add to it to make you get the numbness of the cocaine; Any kind of medication that numbs your mouth; Anything white and powdery that they have on hand at the time." In addition, a participant shared, "Sometimes they'll try to sell you fake crack ... they'll have you wanting to kill somebody. But then you remember you don't want to go to jail, so you don't kill them." Participants reported that the overall quality of crack cocaine has either remained the same or decreased during the past six months. One participant remarked, "They 'stepping on' (adulterating) it with all kinds of shit."

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

Reports of current prices for crack cocaine were consistent among participants with experience buying the drug. Reportedly, the most common quantities of purchase are a \$20 piece (aka "rock") and a gram. Participants discussed that often users will exchange stolen items for the drug. A participant commented, "If you got [crack cocaine] and somebody wants it bad enough ... they will give you a 50-inch TV for a '20' (\$20 rock)." Overall, participants reported that the price of crack cocaine has decreased during the past six months.

Crack Cocaine	Current Prices for Crack Cocaine	
	1/10 gram	\$20
	A gram	\$40-120
	1/16 ounce (aka "teener")	\$80-90
	1/8 ounce (aka "eight ball")	\$150-200

Participants reported that the most common route of administration for crack cocaine remains smoking. Participants estimated that out of 10 crack cocaine users, 6-9 would smoke and 1-4 would intravenously inject (aka "shoot") the drug. However, one participant remarked, "I snorted just because I love to snort." Many participants discussed intravenous injection: "I always preferred to shoot [crack cocaine] when I did it. Of course, once you get hooked on the needle, you prefer to shoot anything you can if you can; You can melt it back down but ... you got to have something to keep it liquid; Crack by itself isn't injectable unless you put ... vinegar on it; They mix it with Kool-Aid® to make it injectable."

A profile for a typical crack cocaine user did not emerge from the data. Participants and community professionals described typical users as anybody. A participant commented, "It could be your son, daughter, doctor, or judge, policeman, anybody ... drugs do not discriminate." A law enforcement officer stated, "It's kind of a problem across the board ... We have seen a mix of all kinds of people that have had it." Lastly, participants indicated that heroin users receiving Vivitrol® as medication assisted treatment use crack cocaine. They said: "A lot of people that do the Vivitrol® shot are using [crack cocaine]; [Vivitrol®] don't block crack; You can get high on other drugs just not opiates when you're taking the Vivitrol® shot; [Vivitrol®] only blocks opiates."

Heroin

Heroin remains highly available in the region. Participants most often reported the current availability of the drug as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. Participants commented: "It's available at every stoplight, street corner ... anywhere you wanna pull over, it's there; It's the going drug now, so it's poppin'; It's easier to get than 'pot' (marijuana); Guarantee

there's somebody here right now with probably some of it in the pocket of their pants." In addition, one participant remarked, *"In my opinion, heroin is easier to get than it is to get medicine for your child."* Participants who reported low current availability of heroin noted fentanyl as supplanting heroin in the region. They said: *"Now it's all fentanyl; I don't know how much luck you'll have going to find heroin [that's not adulterated with fentanyl]."*

Community professionals most often reported the current availability of heroin as '10,' the previous most common score was also '10.' However, there was agreement among law enforcement officers that much of the heroin supply is fentanyl or adulterated with fentanyl. An officer remarked, *"Yeah 99% of the time it's mixed [with fentanyl] ... but heroin is '10' (highly available) everywhere."*

Corroborating data indicated that heroin is available in the region. The SBIRT program reported that of the 478 individuals in the Cincinnati region who reported substance use during the past 30 days, 32.8% reported using heroin on one or more days. The Hamilton County Coroner's Office reported that 47.1% of the 291 drug-related deaths it recorded this reporting period involved heroin; of these heroin-related deaths, 74.5% also involved fentanyl. The Scioto County Coroner's Office reported that 19.4% of the 31 drug-related deaths it recorded this reporting period involved heroin. In addition, ODPS reported 62 drug task force seizures of heroin and/or fentanyl in the Cincinnati region during the reporting period; drug task forces did not typically differentiate between heroin and fentanyl due to the high incidence of heroin-fentanyl mixtures.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Ohio State Highway Patrol (OSHP) arrested a woman after responding to a call that she crashed her car into five parked cars in Middletown (Butler County) and finding that the woman and her two passengers were unresponsive due to heroin overdose; officers called emergency crews to the scene, who administered Narcan® (naloxone, opiate overdose reversal medication) to revive the three individuals (www.whio.com, July 1, 2017). OSHP in Butler County arrested a man after responding to a crash on Interstate 75 in West Chester Township and finding a man unresponsive in the driver's seat of his car due to a heroin overdose (www.whio.com, July 1, 2017). Law enforcement in Hamilton County responded to a call at a gas station in Cleves and found the driver of a fuel truck overdosed in the driver's

seat with the truck running; officers found heroin, pills and drug paraphernalia in the truck, but reported that the man did not need Narcan® to be revived (www.wtol.com, July 13, 2017). Cincinnati public health officials issued a warning regarding fentanyl after 22 overdoses were reported in a 24-hour period in Cincinnati; the Hamilton County Coroner reported a total of 313 overdose deaths this year to date in the county (www.nbc4i.com, Aug. 9, 2017). Scioto County detectives arrested a couple responsible for trafficking heroin in Ohio, Kentucky, West Virginia and Michigan; officers located the couple after tracking their stolen cellphones and found them at a fast food restaurant in West Virginia (www.dispatch.com, Aug. 29, 2017). Law enforcement in Hamilton County arrested two men during a traffic stop on Interstate 74 in Whitewater Township after seizing 6.6 pounds of heroin from their vehicle; officers learned the men were part of an organization where heroin was shipped from Chicago to Cincinnati for distribution (www.local12.com, Sept. 1, 2017). Law enforcement in Warren County responded to a call from an 11-year-old girl reporting she thought her mother had a seizure as her mother was unresponsive; officers arrived at the residence and found the woman overdosed from opiates and administered Narcan® to revive her before taking her to a nearby hospital (www.wkbn.com, Sept. 29, 2017). Middletown Police responded to a call regarding a suspicious vehicle sitting in the driveway of a residence and found a woman overdosed in the vehicle; officers searched the home and found two additional people overdosed; the three individuals, a mother, daughter and son, all refused medical treatment and told police they took their medications and had not overdosed; officers reported they visited the home over 40 times in the last few months and hoped to resolve the situation using a nuisance ordinance (www.daytondailynews.com, Oct. 6, 2017). A Warren County prosecutor charged two inmates of the Lebanon Correctional Institute with drug trafficking after prison guards witnessed one inmate give heroin to another inmate; the prosecutor charged the other inmate with drug possession after the man needed to be revived with Narcan® after overdosing and prison staff found fentanyl and cocaine in his possession (www.daytondailynews.com, Oct. 9, 2017). Scioto County Sheriff's Office, Portsmouth Police (Scioto County), the Federal Bureau of Investigation (FBI) and the Southern Ohio Drug Task Force arrested four people after executing a search warrant at two residences in Otway (Scioto County) and seizing 44 grams of heroin, 14 grams of crystal methamphetamine,

an unspecified amount of marijuana, oxycodone pills, cash and firearms (www.portsmouth-dailytimes.com, Oct. 13, 2017). Middletown Police located and arrested a father/son duo responsible for providing heroin to a woman who overdosed and died in her home in front of her nine children; the men also overdosed, but woke up and stole money and other items from the woman’s purse while arguing with her children, and leaving a loaded needle within reach of the children (www.nbc4i.com, Dec. 14, 2017). Portsmouth Police responded to a call regarding a juvenile runaway and searched the apartment where the juvenile lived after receiving consent from a woman that only herself and her 2-year-old were in the home; however, officers found two other adults and confiscated 375 grams of heroin found inside a bedroom closet, arresting all three adults (www.portsmouth-dailytimes.com, Dec. 18, 2017).

While many types of heroin are currently available in the region, participants continued to report powdered heroin as most available. Colors for powdered heroin mentioned included: brown, gray, off-white, pink, purple, tan and white (aka “china white”). Participants indicated that white powdered heroin is perhaps most available. They commented: *“I’ve gotten brown a couple of few times, but mostly it was white; It’s china white ... just like a white powdery substance. You would probably think it was fentanyl because that’s how much it looks like it; Carfentanil usually has like a tan color to it; But there’s regular heroin ... straight heroin that also has a tan color to it, too.”*

Community professionals also reported powdered heroin as the most available heroin type in the region. Law enforcement commented: *“We’re not seeing black tar [heroin]; We have not seen black tar in a long time. It’s all powder; Brown and gray ... it’s all kinds of different colors.”*

Similar to law enforcement, participants also reported black tar heroin as difficult to obtain. They discussed: *“[Black tar heroin is] very difficult to get; It’s hard to find black tar in this town; You can get it a lot in Columbus but not down here ... I don’t know why; Yeah, I have lived here for 3 ½ years and I have never found black tar in this town, but I found it a lot in Columbus; It used to be that’s all that was around here and then it all went to powder. I guess ‘cause it’s easier to cut (adulterate powdered heroin).”*

Participants were not in agreement as to whether the availability of heroin has increased or remained the same during the past six months. One participant stated, *“You know I haven’t used in a while but I still get approached by*

people (heroin dealers) all the time, so I’d say it’s probably the same [high availability] or increased.” Participants who reported increased availability said: *“Increased ... easy for me to get; That shit goin’ up every day; I could get it every single day, anytime between 6 am and 10 pm; It’s more socially acceptable to use heroin [than previously].”*

Law enforcement indicated that the high availability of heroin has remained the same during the past six months. Officers commented: *“There’s hot spots all over the city (Cincinnati) ... just drive around and somebody will come up to your car [and offer heroin for sale]; ‘Over -the- Rhine’ (an inner-city neighborhood of Cincinnati) still has a ton of it.”* The BCI London Crime Lab reported that the number of heroin cases it processes has decreased during the past six months; the lab reported processing beige, brown, tan and white powdered heroin along with black tar heroin. However, the lab noted that it does not typically differentiate between black tar and powdered heroin.

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

Participants most often rated the current overall quality of heroin as ‘7’ on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was ‘10’. However, participants discussed that the quality of heroin varies dependent upon the dealer and the location of purchase. They said: *“Quality of it? It varies. It depends on who you get it from; I always got the great stuff, but I had to go out of town [to Dayton] for it ... I got it out of town because you couldn’t get the good stuff here; I mean even costing another 30-40 bucks in gas ... it was still worth going and spending that much extra to get something that wasn’t ‘cut’ (adulterated) to hell ... really you’re only buying a half a gram if you’re buying a gram around here ... it’s cut at least that much.”*

Participants discussed adulterants (aka “cuts”) that affect the quality of the drug and reported the top cutting agents for heroin as fentanyl and carfentanil. Participants remarked: *“The majority of it’s cut with fentanyl; You would be surprised by how many people, especially in this area,*

overdose on heroin and their blood be tested and they have no heroin in their system; Fentanyl's killing everybody."

Other adulterants mentioned included: baby formula, baby laxatives, battery acid, benzodiazepines, brick dust, chalk, crack/powdered cocaine, cosmetics, Goody's® Powder pain relievers, inositol (dietary supplement), instant coffee, kratom (mitragynine, a psychoactive plant substance), lactate powder, lactose, laxatives, lithium, mannitol (diuretic), marijuana, methamphetamine, Orajel™, powdered sugar, prescription opioids, rat poison, sleeping pills and vitamin B-12. Participant comments included: *"You can cut it with morphine; Pain killers; If the heroin is no good, they will cut it with Xanax® to make it feel like it's giving you that numb; I've seen people cut it with brick dust. I've seen people cut it with rat poison; Literally, cutting it with rat poison ... I've seen it done."*

Overall, participants reported that the quality of heroin has decreased during the past six months. One participant stated, *"It don't even seem like there's real heroin. I've heard so many people say like when they tested it to see what they had in it, it didn't even have 'dope' (heroin) in it most of the time ... they've been using garbage."*

Cutting Agents Reported by Crime Lab	
Heroin	● acetaminophen
	● artificial sweeteners (sorbitol and lactose)
	● caffeine
	● cocaine
	● diphenhydramine (antihistamine)
	● dipyrrone (banned analgesic)
	● fentanyl/fentanyl analogues
	● mannitol (diuretic)
● quinine (antimalarial)	

Current prices for heroin were reported by participants with experience purchasing the drug. Reportedly, the most common quantities of purchase are 1/2 gram and a gram. Participants noted that heroin comes in folded lottery tickets, plastic bags and capsules. They reported that capsules filled with heroin typically sell for \$10. Participants discussed that better prices for heroin are obtained if the user has a relationship with the dealer, and if the user buys larger amounts of the drug at one time. Participants said: *"[Heroin is] kind of like crack ... [pricing] depends on who you go to and whether they know you and*

everything ... it could be expensive or it can be cheap; If you a return customer, they give you a deal; You get 2 for 1; I would get like a \$20 discount to buy a gram instead of a half gram; If you buy more quantity, you're gonna get a cheaper price." Participants also discussed driving dealers around or letting dealers use their cars in exchange for heroin.

Participants were not in agreement as to whether the price of heroin has decreased or increased during the past six months. Participants who reported decreased pricing cited increased dealer competition for customers as the reason for the lowering of prices. They discussed dealers giving away "get wells" (small amounts of the drug given to regular customers in obvious withdrawal) and "testers" (free samples)."

Heroin	Current Prices for Heroin	
	Powdered:	
	1/10 gram	\$10-20
	1/2 gram	\$50-100
	A gram	\$90-150

The most common route of administration for heroin remains intravenous injection (aka "shooting"). Participants estimated that out of 10 heroin users, 7-8 would shoot and 2-3 would snort the drug. Participants commented: *"I enjoyed shooting it; I snorted it for years before I shot it; Not me, I went straight to the needle."* Participants reported that injection needles (aka "points") sell two for \$5-10 on the street. They also noted use of needle exchange programs where a used needle is traded for a new needle. In addition, participants discussed smoking heroin, albeit this route of administration was thought to be uncommon. They said: *"I heard people actually smoke it, too; It's gotta be real, real good for you to get high off it [by smoking]; You're wasting your money if you smoke it; I've seen people smoke it ... not a lot; They shoot it, but once their veins collapse, they smoke it..."*

Participants described typical heroin users most often as anybody. They said: *"It doesn't discriminate; Every human being; Oh my God, I have hung out with teenagers to old ... like 70-year-old people [using heroin]; It's all walks of life ... professional people and even college students using it; Professionals ... nurses, doctors, lawyers, judges."* One participant remarked, *"I don't think there's any one way to describe someone who uses heroin."*

While participants described anybody as a heroin user, they continued to note use primarily among white people. They commented: *"More white people, but I know a couple of black people. I know some Hispanic people [who use heroin]; It does not discriminate, but it does seem like there's more Caucasian people using it; More Caucasian users, but you got a heck of a lot of African-American [heroin] dealers; Most of the dealers are African American but not users though."* Community professionals described typical heroin users as primarily white males. Law enforcement discussed: *"We see male, whites; About 60% of the overdoses in Hamilton County are male, whites."*

Fentanyl



Fentanyl is 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 not reported. Participants commented: *"There's a lot, a lot of fentanyl out there; Fentanyl is more available than regular heroin is anymore; Probably the easiest thing to get out of everything I would imagine right now; I knew what house to go to [to obtain fentanyl] ... and that's exclusively what he sold; I live in Clermont County ... it's out there; All I had to do was walk like next door pretty much [to get fentanyl]; I can be walking to the store in one neighborhood ... it's on every corner."*

Community professionals also most often reported the current availability of fentanyl as '10,' the previous most common score was not reported. Law enforcement discussed: *"It's the same availability as heroin; The problem is [that] even when you're buying heroin, almost every single time now it's mixed with fentanyl or carfentanil or a synthetic fentanyl of some kind. So, heroin is usually not straight heroin; We've had 12 different varieties of fentanyl in Hamilton County."*

Corroborating data indicated that fentanyl is available in the region. The Hamilton County Coroner's Office reported that 58.1% of the 291 drug-related deaths it recorded this reporting period involved fentanyl/fentanyl analogues, while 20.6% involved carfentanil. The Scioto County Coroner's Office reported that 48.4% of the 31 drug-related deaths it recorded this reporting period involved fentanyl/fentanyl analogues, while 19.4% involved

carfentanil. In addition, ODPS reported 62 drug task force seizures of heroin and/or fentanyl in the Cincinnati region during the reporting period; drug task forces did not typically differentiate between heroin and fentanyl due to the high incidence of heroin-fentanyl mixtures.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A federal grand jury in Cincinnati (Hamilton County) indicted 16 people for their involvement in a fentanyl trafficking ring, and for money laundering and firearm offenses; the group distributed over 400 grams of fentanyl from September 2016 to June 2017 (www.wcpo.com, July 20, 2017). A Clermont County judge sentenced a man to six years in prison for providing carfentanil to two people that resulted in their overdoses at a residence in Union Township; emergency crews revived both people using Narcan® before taking them to a local hospital for medical care (www.local12.com, July 20, 2017). A Brown County grand jury indicted four people responsible for providing fentanyl to a man who overdosed and died from taking the drug in Mount Orab; two of the people were also charged with heroin trafficking as a result of the incident (www.wcpo.com, July 28, 2017). A man plead guilty in federal court in Cincinnati after admitting to distributing heroin laced with carfentanil that resulted in a rash of overdoses, several of which were fatal; the man also admitted to attempting to murder a key witness in the case (www.cincinnati.com, Sept. 8, 2017). Middletown Police (Butler County) arrested five people, one of whom was a juvenile, after responding to a shooting at a residence in Middletown; officers conducted a search of a nearby home and found unspecified amounts of fentanyl, marijuana and cash (www.wlwt.com, Sept. 29, 2017). A man was sentenced in federal court in Cincinnati to approximately 20 years in prison for providing fentanyl to another man that resulted in the man's overdose death (www.fox19.com, Oct. 5, 2017). Cincinnati Police Violent Crimes Squad, U.S. DEA, OSHP and United States Attorney's Office for the Southern District of Ohio executed multiple search warrants across Cincinnati, arresting three people after seizing 21 pounds of heroin-fentanyl mixtures (www.fox19.com, Nov. 22, 2017). A federal judge sentenced a Cincinnati man to approximately 17 years in prison and ordered him to pay funeral costs for providing fentanyl that resulted in the unintentional overdose death of a 17-year-old youth; during the investigation, officers seized large quantities of fentanyl, cocaine, a firearm and

ammunition from the defendant (www.nypost.com, Nov. 24, 2017). Norwood Police (Hamilton County) found a woman dead in her home after a federal pretrial services officer requested a check on the woman since her tracking device indicated she had not left her home in three days; officers placed the device on the woman after she was arrested in June for buying weekly shipments of at least two grams of fentanyl from the Internet to sell in the area; although the woman used the drug daily, the cause of her death was undetermined (www.wcpo.com, Dec. 8, 2017). The Southern Ohio Drug Task Force, along with the Scioto County Sheriff's Office, Portsmouth Police (Scioto County) and the FBI conducted investigations in Scioto County that lead to the arrest of 33 individuals responsible for trafficking fentanyl, carfentanil, heroin and crystal methamphetamine in Scioto County; during the course of the investigation, officers seized 500 grams of suspected heroin, 100 grams of suspected methamphetamine, firearms and large quantities of cash (www.wowktv.com, Dec. 13, 2017).

Participants and law enforcement reported that the availability of fentanyl has increased during the past six months. Participants and law enforcement attributed the increased availability of fentanyl to the ease with which the drug can be purchased, increased supply and demand, as well as the higher profitability of selling fentanyl over heroin. Participants discussed: "You can buy it anywhere. You can buy it online; A lot of it's getting shipped [to Ohio]; You can buy a lot, 'cut it down' (adulterate it) a lot, and make way more money [selling fentanyl] than [selling] heroin. It's cheap; It's cheap ... and it's a good replacement for heroin." Law enforcement commented: "It's just a lot more of it; They can acquire it cheaper and it's obviously more powerful than heroin; Plus, you can get a little bit and cut it and you got a kilo (kilogram)."

The BCI London Crime Lab reported that the number of fentanyl and fentanyl analogue cases it processes has increased during the past six months; the lab also reported an increase in the number of carfentanil cases.

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

Participants most often rated the current overall quality of fentanyl as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was not reported. Participants stated: "Strong and short lived; A lot of people when they go buy heroin, they use too much ... and then they turn around and buy it with the fentanyl, the carfentanil, thinking they can use that same amount and that's what kills them..." In terms of cutting agents for fentanyl, participants explained that fentanyl is typically a cut for other drugs, such as heroin and cocaine. One participant shared, "When I first starting coming here (to treatment) this time, my first week worth of drug tests ... heroin should have been in my system ... there was no heroin in my system because it was pure fentanyl that I was buying that I thought was heroin." Overall, participants reported that the quality of fentanyl has remained the same during the past six months.

Participants and community professionals noted high numbers of overdoses in the region and lives saved with Narcan®. One participant shared, "When I was bartending, a girl came in and was doing cocaine, she went out (passed out) in the bathroom, and she needed to be revived. Her friends were like, 'She OD'd (overdosed) on cocaine!' And, it's like, really? And then they 'narcanned her' (administered Narcan® to her) and she came back ... she had never done heroin in her life, so there was fentanyl in her cocaine; [I know a woman] she actually carries Narcan® on her because she's such an active user. She's 21-years old and she has OD'd at least 10 times since she was 14 [years old]." Law enforcement discussed: "They say carfentanil is 10,000 times more potent than heroin ... I think that's the most powerful fentanyl out there so far; Our numbers [of overdose deaths] are up about 65% this year; We had two fatals (overdose deaths) this morning; We have a dependent population ... there's a certain market [for fentanyl] here. Either 1 of 2 things happen: they either get into treatment or they die."

Both participants and law enforcement indicated Narcan® as available and accessible in the region. Participants reported: *“My daughter’s brother said ... some dealer’s will sell heroin and Narcan®; Yeah, they been doing it that way. Just in case they OD, they have the Narcan® ... so, people are buying not just the heroin, they are buying the Narcan®, too; They’re putting them in Walgreens ... they’re putting them on the shelves to sell as an over-the-counter medicine; And at least in Middletown [Butler County] ... if you are admitted for an overdose, they will send you home with a Narcan®; They’ll always send you home with a prescription or they’ll just go ahead and get it out of their pharmacy.”* Law enforcement reported: *“You can go to Kroger’s and get one [Narcan®]; It’s free here in Hamilton County. There was a grant ... I don’t know what the dollar amount was, but it’s everywhere; They flooded the market in Hamilton County ... where the [naloxone] projects are, anybody that wants a Narcan® that has been addicted, they can get it. So, you’re seeing a lot of saves where the cops and the fire men are called. So, yes, I’m sure it’s helping, but those people that are using, a lot are dying still.”*

Reports of current prices for fentanyl were consistent among participants with experience purchasing the drug. Participants indicated that fentanyl is generally priced similarly to heroin. Reportedly, the most common quantities of purchase are 1/2 gram and a gram. Overall, participants reported that the price of fentanyl has remained the same during the past six months.

Fentanyl	Current Prices for Fentanyl	
	1/2 gram	\$50-60
A gram	\$80-100	

The most common route of administration for fentanyl is intravenous injection (aka “shooting”). Participants estimated that out of 10 fentanyl users, seven would shoot and three would snort the drug. Participants and community providers described typical fentanyl users as similar to heroin users. Participants commented: *“Younger white people; Yeah, a lot of younger white people; There’s not really a certain type of person ... I’ve seen all kinds; Everybody in this city from any demographic; I live in a suburb neighborhood, and there’s people out by my home who use it; Middle class.”*

Prescription Opioids

Prescription opioids remain highly available for illicit use in the region. Participants most often reported the current street availability of these drugs as ‘8-10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was ‘10’. Participants commented: *“They’re real popular around here; I think they be a ‘10’ because you can get them on the street or legally; I think it was in just a year they wrote 5 million [opioid] prescriptions [in Huntington, WV, across the Ohio River from Lawrence County, Ohio]; You can get it anywhere, on any corner just like you can heroin; You can get it in the store or the street. So, it’s unlimited ... ain’t it?”* Participants identified Percocet® as the most available prescription opioid in terms of widespread illicit use.

While participants reported high current availability of prescription opioids, the consensus among participants was that heroin is more available and easier to obtain than doctor prescribed opioids. Community professionals did not assign a rating for the current street availability of these drugs on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common availability score was ‘10’. However, one law enforcement officer reported, *“We don’t see the prescription pills nearly as much [as heroin].”*

Corroborating data indicated that prescription opioids are available for illicit use in the region. The SBIRT program reported that of the 478 individuals in the Cincinnati region who reported substance use during the past 30 days, 14.6% reported illicit use of prescription opioids on one or more days. The Hamilton County Coroner’s Office reported that 17.5% of the 291 drug-related deaths it recorded this reporting period involved prescription opioids. The Scioto County Coroner’s Office reported that 16.1% of the 31 drug-related deaths it recorded this reporting period involved prescription opioids. In addition, ODPS reported 28 drug task force seizures of prescription opioids in the Cincinnati region during the reporting period (21.4% of the seizures were made in Lawrence County).

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. A Trenton (Butler County) man was charged with involuntary manslaughter for the death of his 1-year-old son who died of an overdose involving oxycodone and an anti-anxiety medication; the man called police after finding

his son not breathing, and officers took the child to a local hospital where he was pronounced dead (www.abc6onyourside.com, Aug. 17, 2017). A Lawrence County Common Pleas judge sentenced a man to four years in prison for trafficking oxycodone (www.herald-dispatch.com, Aug. 26, 2017). Middletown Special Investigative Unit (Butler County) executed a search warrant at a residence in Middletown and arrested a man who owned the home after confiscating approximately 900 Percocet® pills and an unspecified amount of cocaine (www.fox19.com, Oct. 31, 2017).

Participants reported that the street availability of prescription opioids has decreased during the past six months. Participants discussed: *“That’s getting a little harder now because doctors are cracking down (not prescribing as many opioids as previously); As far as buying pain pills on the street now, they’re so much harder to get because nobody wants to get rid of them anymore ‘cause the doctors and DEA are coming down so hard; That’s what started heroin so big, is prescription pills started getting harder to find; The prices increased ... people started charging a \$1 per milligram...”*

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

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

Reports of current street prices for prescription opioids were consistent among participants with experience buying the drugs. Reportedly, the majority of prescription opioids sell for \$1-1.50 per milligram. However, one participant stated, *“The guy downstairs [from my apartment] used to sell [opioids] to me ... he got prescribed them. So, it just depends on who you know ... if you know somebody who’s prescribed them and you can supply them with a bunch of money at once, they might give them to you for cheaper.”*

Prescription Opioids	Current Street Prices for Prescription Opioids	
	Morphine	\$20 for 60 mg \$50 for 100 mg
	Norco®	\$2 for 5 mg \$4-6 for 7.5 mg \$5-7 for 10 mg
	Opana®	\$100 for 40 mg
Vicodin®	\$7-10 for 10 mg	

Participants reported obtaining these drugs for illicit use from doctors, drug dealers, hospitals, pain management clinics, pharmacies through fraudulent prescriptions, and from family members and friends with prescriptions for them. Participants commented: *“I got them from my baby’s mother. Her dad had some [and] my daughter’s grandpa would give them to me; I’d go to a bar and it’s like ... instant connection; My whole pill thing started when I messed up my knee ... I was getting them from my doctor ... I’ve been getting them from the street ever since; I had my doctor wrapped around my finger ... I was getting a ‘script’ (prescription for opioids) like three times a month; My grandmother ... I used to sell her pills ... to get money for like me and her to live on before I first started using ‘dope’ (heroin) ... she used to get Lortab® and methadone and that’s when I first started using them.”*

While there were a few reported ways of consuming prescription opioids, and variations in methods of use were noted among types of prescription opioids, generally the most common route of administration for illicit use is snorting. Participants estimated that out of 10 illicit prescription opioid users, five would snort and five would either orally consume (swallow) or “shoot” (intravenously inject) the drugs. Participants commented: *“They last longer and it’s a better buzz if you snort it; I think it will last longer if you swallow it ... it may not be as a bigger buzz though; Mostly for me, I would snort if it didn’t have Tylenol® in it; Me and the people I would hang around with, we would get together and ... the first thing we would do is get a couple of pain pills out, line it up, snort it, you know ... about 45 minutes later do it again, and 45 minutes later do it again ...”* Additionally, a couple of participants discussed smoking prescription opioids. They said: *“If you can crush it down and shoot it, you can smoke it; If you can crush anything down to a powder, you can smoke it.”*

A profile of a typical illicit prescription opioid user did not emerge from the data. In addition to describing illicit prescription opioid users as anybody and everybody, participants reported factory workers and manual laborers (roofers and construction workers), younger people and people with money as typical users. They commented: *"A lot of the male factory workers were big buyers; Anything manual labor; 'Youngins;' I see a lot of young people hooked on pills, too; For pain pills, I'm going to say now a higher class [user] because they cost more [than heroin].... So, if somebody is still doing pain pills, it's because they got money."*

Suboxone®



Suboxone® remains highly available for illicit use in the region. Participants most often reported the current street available of Suboxone® as '10' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was also '10'. Participants discussed: *"Everywhere ... Suboxone® is everywhere; I mean it's easy to go to the doctor's now and get prescribed it; Suboxone® is easier than other medications [to get prescribed]; They want to help people get off heroin so they give them the Suboxone®. I know a lot of people go just to get Suboxone® to sell, so that they can get their heroin. I mean a lot of people do that, so it makes it pretty available."*

Community professionals did not assign a rating for the current street availability of Suboxone® on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10'. However, one law enforcement officer reported, *"Seem like half the people that are on Suboxone® for treatment sell the Suboxone® to somebody else ... to get heroin."*

Participants reported that the street availability of Suboxone® has increased during the past six months. They attributed increased street availability to an increase in the number of prescriptions in the region generally, both more prescribers and more users seeking prescriptions. One participant remarked, *"Suboxone® is probably more abused than OxyContin® ... really."* The BCI London Crime Lab reported that the number of Suboxone® and Subutex® cases it processes has increased during the past six months.

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

Reports of current street prices for Suboxone® were consistent among participants with experience buying the drug.

Suboxone®	Current Street Prices for Suboxone®	
	Filmstrip	\$10-20 for 8 mg
	Subutex®	\$25-30 per 8 mg

In addition to obtaining Suboxone® on the street from drug dealers, participants also reported getting the drug for illicit use through prescription from doctors and clinics, and from other users. Participants reported that the most common route of administration for illicit use of Suboxone® remains oral consumption (sublingual, dissolving under the tongue). In addition, a few participants discussed "shooting" (intravenously injecting) and snorting Suboxone®. They said: *"I tried shooting a Suboxone® 'strip' (filmstrip) one time. It works; I have seen the people in jail put a little strip in some water and let it dissolve and then they'll snort the water."*

Participants described typical illicit Suboxone® users as heroin users who use the drug to keep from "getting dope sick" (going into withdrawal) when they do not have heroin. A participant shared, *"I've thought, 'oh, there's no way I'm going to get money today [to buy heroin] ... I guess I'm going to have to get a damn Suboxone®.' So, I would get a Suboxone® and half an hour later I would get money somehow ... and I would be like, 'well hell, I'm going to go get high, too' ... it always worked out."*

Sedative-Hypnotics

Sedative-hypnotics (benzodiazepines, barbiturates and muscle relaxants) are moderately available for illicit use in the region. Participants most often reported the current

street availability of these drugs as '7' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '10.' One participant remarked, "You can go to the doctor and get them pretty easy with very little effort." Participants identified Klonopin® and Xanax® as the most available sedative-hypnotics in terms of widespread illicit use. Participants commented: "I think all of em's pretty [available]; I don't see Valium® very much; They're harder to get; I prefer Xanax®."

Community professionals had little knowledge regarding illicit use of sedative-hypnotics in the region; in the previous reporting period, a treatment provider reported street availability as '8.' Law enforcement officers interviewed this reporting period stated: "There's still 'benzos' (benzodiazepines); There's 'xanie bars' (Xanax® 2 mg), but people just seem to go more straight to heroin now and pills less."

Corroborating data indicated that sedative-hypnotics are available for illicit use in the region. The SBIRT program reported that of the 478 individuals in the Cincinnati region who reported substance use during the past 30 days, 21.8% reported illicit use of benzodiazepines on one or more days. The Hamilton County Coroner's Office reported that 10.0% of the 291 drug-related deaths it recorded this reporting period involved one or more benzodiazepine. The Scioto County Coroner's Office reported that 9.7% of the 31 drug-related deaths it recorded this reporting period involved one or more benzodiazepine. In addition, ODPS reported 13 drug task force seizures of benzodiazepines in the Cincinnati region during the reporting period.

Participants reported that the street availability of sedative-hypnotics has decreased during the past six months. They attributed decreased street availability to doctors prescribing these medications less, resulting in those with prescriptions holding onto their medication for personal use; thus, less is being diverted. Participants commented: "Pills are getting harder to buy because doctors are not over prescribing them; If you do get Klonopin®, [doctors] only give you enough for like one a day or two a day ... nobody ever has enough to spare; Nobody's really getting rid of their medication anymore; They're just harder to find."

The BCI London Crime Lab reported that the number of clonazepam (Klonopin®), diazepam (Valium®), alprazolam (Xanax®), carisoprodol (Soma®) and lorazepam (Ativan®) cases it processes have increased, while the number of zolpidem

(Ambien®) cases has decreased during the past six months. In addition, the lab reported that it has seen an increase in designer benzodiazepine cases during the past six months.

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

Reports of current street prices for sedative-hypnotics were consistent among participants with experience buying the drugs. Generally, sedative-hypnotics sell for \$0.50-2 per milligram.

Sedative-Hypnotics	Current Street Prices for Sedative-Hypnotics	
	Klonopin®	\$0.50-1 for 0.5 mg \$2 for 2 mg
	Xanax®	\$2 for 1 mg \$5 for 2 mg

Participants reported obtaining sedative-hypnotics for illicit use from drug dealers, physicians and other people with prescriptions. They stated: "People with prescriptions still sell them; They're cracking down, but doctors [continue to prescribe benzodiazepines]." The most common routes of administration for illicit use of sedative-hypnotics are snorting, followed by oral consumption. Participants estimated that out of 10 illicit sedative-hypnotic users, six would snort and four would orally consume the drugs. Participants discussed: "Mostly snorted; I'd say snort em', swallow em', or chew em' up; I don't like to eat em' because they taste so horrible. Xanax® got a horrible taste. Klonopin® are like a minty type taste; A lot of people still snort em'."

A profile for a typical illicit sedative-hypnotic user did not emerge from the data. However, participants discussed that users of illicit drugs, specifically stimulant drugs (cocaine and methamphetamine), use sedative-hypnotics to help with coming down from the intense highs produced by these other drugs. Participants stated: "That will help bring you down; Yeah, when you're too high to go to sleep."

Marijuana



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

extremely easy to get); the previous most common scores were also '10'. Participants commented: *"You can grow it everywhere; I'm offered it two or three times a day just walking downtown [in Cincinnati]; Regardless [if you are] somebody that uses heroin, somebody that smokes crack, somebody that snorts 'powder' (powdered cocaine) ... everybody will smoke a 'joint' (marijuana cigarette)." Participants also discussed that the legalization of marijuana in other states, as well as the drug being used for medicinal purposes, contributes to the social acceptability of marijuana use. Participants explained: "Marijuana is about to be legalized ... you got your medical marijuana. You get a prescription, you go to the dispensary; It's natural; I think that all my friends know that I grew up smoking it and they know that I haven't changed ... it's easy to get and ... [users] think it's safer than any other drug out there."* Law enforcement remarked: *"It's everywhere; You can get it anywhere."*

Participants and community professionals also reported availability of high-grade marijuana extracts and concentrates, often appearing as oil and waxy forms of the drug (aka "dabs"). Participants most often reported the current availability of marijuana extracts and concentrates as '5-6' on a scale of '0' (not available, impossible to get) to '10' (highly available, extremely easy to get); the previous most common score was '8'. A participant explained, *"[A dab] it's a little ball of wax ... you put it in this little tube ... you take a torch and you light it up ... it lets off smoke kind of like 'meth' (similar to smoking methamphetamine)."*

Although community professionals could not rate the current overall availability of marijuana extracts and concentrates, law enforcement reported: *"It's a form of THC (tetrahydrocannabinol, the psychoactive component of marijuana) that they extract from marijuana; It's considered concentrated cannabis, meaning there's a process to extract the THC like to make it where it's a higher potency ... like hash or hash oil, but they found a way to do it simpler ... anybody can do it ..."* A participant remarked, *"Butanes are a really good way to extract [THC] ... to get it all out."*

Corroborating data indicated that marijuana is available in the region. The SBIRT program reported that of the 478

individuals in the Cincinnati region who reported substance use during the past 30 days, 73.4% reported using marijuana on one or more days. In addition, ODPS reported 31 drug task force seizures of marijuana in the Cincinnati region during the reporting period.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. Lawrence County Sheriff's officers arrested a man after responding to a call from a retail store in Ironton regarding a shoplifter; officers found the man in possession of marijuana and drug paraphernalia (www.herald-dispatch.com, July 20, 2017). Law enforcement in Warren County arrested two men after responding to a call that an unconscious woman was being dragged into a home in Deerfield Township; officers confiscated undisclosed amounts of hashish, marijuana and cocaine, as well as drug paraphernalia, guns, and cash from the residence (www.daytondailynews.com, Aug. 21, 2017). Pike County Sheriff's Office collaborated with the Ohio Bureau of Criminal Investigation to conduct a three-day investigation that led to the seizure of 760 marijuana plants from various locations across Pike County (www.chillicothe Gazette.com, Sept. 13, 2017). Hanover Township Police (Butler County) arrested several people during the Farm Aid concert, one of whom was caught smoking marijuana in his van; officers arrested two women with the man after finding cocaine, methadone, heroin, prescription bottles with improper labels and methamphetamine; officers arrested another man after finding him with marijuana and another individual for possession of lysergic acid diethylamide (LSD) (www.observer-reporter.com, Sept. 19, 2017). Cincinnati Police confiscated 44 pounds of marijuana from a home in the city's Over-the-Rhine neighborhood after receiving tips from community members of drug activity in and around the home (www.cincinnati.com, Nov. 13, 2017). Middletown Police (Butler County) arrested a 16-year-old male responsible for shooting and killing a man during a drug deal after police found him hiding in a home a few days after the incident; the 16-year-old met the man to purchase marijuana and Xanax®, but shot the man when he put up a fight while the 16-year-old attempted to rob him (www.local12.com, Dec. 11, 2017).

Participants reported that the availability of marijuana has increased during the past six months. Participants reasoned: *"It's legal in Ohio now; The social acceptance of it ... most people really don't consider 'weed' (marijuana) to be a drug."* Law enforcement reported that the availability of marijuana has remained the same during the past six months, while the availability of marijuana extracts and concentrates, often referring to hash oil, has increased. Participants did not report

on availability change for marijuana extracts and concentrates. A law enforcement officer remarked, *"Big increase in wax, dabs and that type of stuff. I haven't seen nearly as much as I have recently..."* The BCI London Crime Lab reported that the number of marijuana and marijuana extracts and concentrates (oils, "dabs") cases it processes have increased in the past six months.

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

Participant most often rated the current overall quality of marijuana as '10' on a scale of '0' (poor quality, "garbage") to '10' (high quality); the previous most common score was '5' for low-grade marijuana and '10' for high-grade marijuana. Participants discussed: *"There ain't no overall quality, there's so many different kinds out there. They will actually tell you, 'Do you want regular weed or do you want 'loud' (high-grade) weed?' There's different kinds ... you pay more for better weed. These days weed ain't just weed no more like it used to be."*

Participants further discussed different types of marijuana. They said: *"Oh, they got different types of weeds; They are learning how to cross breed these plants into hybrids; It depends on what chemicals you use and what soil; They got a weed called 'speed' and it makes people hallucinate. It looks like weed, but it's not straight grown out the ground weed. It makes you do things that you wouldn't normally do when you smoke a regular joint."* Law enforcement stated: *"I wonder if you can find shitty marijuana anymore; You can't find 'ditch weed' (low-grade marijuana) ... most of it is pretty concentrated, good stuff and it's coming from states that have either made it legal or have dispensaries for medical marijuana. I mean they're allowing it to flow in ... all of our bigger marijuana seizures in this past year have all been straight from [these] states."*

A few participants reported that marijuana is laced (adulterated) with other drugs, including: powdered cocaine, crack cocaine, ecstasy and formaldehyde (aka "wet"). Overall, participants indicated that the quality of marijuana has increased during the past six months. Participants stated: *"It's a whole lot better than what it used to be; I think with technology [advancements] ... people know how to grow it and process it*

a lot better; There's more people devoting their life to it. Taking pride in their business. That's where dispensaries are coming in..." Regarding the quality of marijuana extracts and concentrates, participants commented: *"It depends ... you can get stuff that's weaker that's like 30 or 40% [THC]. Or, you can get to where it's like 80 to 90% THC ... it's almost pure THC; One hit of dab is like smoking one 'blunt' (marijuana-filled cigar)..."*

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

Marijuana	Current Prices for Marijuana	
	Low grade:	
	A blunt (cigar) or a gram	\$10
	1/4 ounce	\$40-50
	An ounce	\$140
	High grade:	
	A blunt (cigar) or a gram	\$20
	1/4 ounce	\$100
	Extracts and concentrates:	
	A gram	\$30-40

The most common route of administration for marijuana remains smoking. A participant remarked, *"It's all smoking."* Participants discussed smoking the drug through bongos (water pipes), pop cans, apples and carburetors. Participants remarked: *"It depends on the heat you use, too. If you are smoking a joint or a bowl (pipe) you can get anywhere from 10 to 20% [THC]. Now, if you use something like a torch lighter or a vaporizer, you can get more of that THC out of it ... anywhere to like 30 to 40%; Or you could put the dabs on top of your weed and smoke it in a blunt."* Participants also discussed vaporizing and orally consuming the drug in the form of "edibles" (food products containing THC). Participants discussed the drug infused into candy and brownies. Participants commented: *"In the future it's going to be all edibles and that's going to be the posh way to do it. Dabs is already the posh way to do weed; You have to cook with the oil, you can't just put weed in your brownies; You have to put it in the butter"*

A profile for a typical marijuana user did not emerge from the data. Participants and community professionals described typical marijuana users as everyone. Participants commented: *"It's all races, it's all ages ... all incomes, all classes;*

Young, old, white, black, Chinese, 30 [year olds], old [people]; Male, female, transgender.” Law enforcement stated: “That’s universal; It’s across the board.”

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 also ‘10’. Participants discussed: *“Hell, where I live at there’s a ‘meth’ (methamphetamine) dealer a block away; I wouldn’t even describe [current availability] as a ‘10’. I’d describe that as a ‘100,’ It’s become more and more popular than anything; It’s everywhere . . . just like heroin; [Methamphetamine is] easy to make, and I think a lot of people, from what I heard, are switching addictions to not have [opiate] withdrawal symptoms. They are using methamphetamine, so they don’t have the withdrawals.”*

Community professionals also reported high current availability of methamphetamine, although they did not provide an availability score; the previous most common availability score was ‘10’. Law enforcement discussed: *“It’s pretty high; If we’re talking to an informant and they’re looking to buy, the first word out of their mouth is usually meth; Along the Indiana boarder . . . there’s plenty out there to be had [and] along the northern border of Hamilton County more so than in the city (Cincinnati) . . . it’s been more on the outer edges of the county; As far as like cases go, we had the biggest meth case recently in Warren County; They got super labs in Mexico sending up just bulk [amounts of methamphetamine].”*

Corroborating data indicated that methamphetamine is available in the region. The SBIRT program reported that of the 478 individuals in the Cincinnati region who reported substance use during the past 30 days, 17.4% reported using methamphetamine on one or more days. The Hamilton County Coroner’s Office reported that 8.6% of the 291 drug-related deaths it recorded this reporting period involved methamphetamine. In addition, ODPS reported 45 drug task force seizures of methamphetamine in the Cincinnati region during the reporting period.

Media outlets reported on law enforcement seizures and arrests in the region this reporting period. The Pike County Drug and Major Crimes Task Force arrested 23 individuals responsible for trafficking methamphetamine and heroin

placed with fentanyl in Pike County, all lead by an inmate in an Ohio prison; officers conducted searches at six locations in Pike County, and seized 26 pounds of methamphetamine, large amounts of cash, 70 prepaid credit cards and several vehicles; officers reported that many of the individuals arrested have gang ties to MS-13, Good Fellas and Konvicted Family (www.portsmouth-dailytimes.com, July 6, 2017). Ross County Sheriff’s officers, U.S. Marshals and the U.S. 23 Major Crimes Task Force executed a search warrant of a home in Chillicothe and arrested a man after seizing 235 grams of methamphetamine, two grams of heroin, prescription drugs and cash (www.nbc4i.com, July 29, 2017). A male inmate at the Warren County Correctional Institution was accused of methamphetamine transference after his wife brought 12 balloons containing the drug into a visiting room, where the man swallowed four of the balloons before officers caught them; officers placed the man in a room to pass the drugs to intercept them; however, the man immediately swallowed the balloons again after passing them; officers waited another four days until the man passed the drugs again and then confiscated them (www.fox19.com, Sept. 18, 2017). Adams County Sheriff’s officers arrested three people after responding to a fire at an apartment in West Union, which later lead to an investigation where officers uncovered a methamphetamine laboratory at a nearby hotel; one of the individuals confessed that the fire began at the apartment because he was handling chemicals to manufacture methamphetamine (www.wisconsinrapidtribune.com, Sept. 26, 2017). A federal grand jury in Chillicothe charged seven people, one of whom was a corrections officer at the Chillicothe Correctional Institute where three of the individuals were inmates, for trafficking crystal methamphetamine; the three other individuals purchased the drug in Dayton and used the correctional officer and the three prisoners to distribute the drug in the jail in June and July 2017 (www.nbc4i.com, Oct. 5, 2017). A Washington Court House (Fayette County) man plead guilty to drug trafficking in the Fayette County Court of Common Pleas for trafficking methamphetamine in the area; Washington Court House Police executed a search warrant at the man’s home in September 2017 and confiscated four bags of the substance and cash (www.recordherald.com, Dec. 4, 2017).

Participants reported that methamphetamine is available in powdered and crystal forms throughout the region. However, they indicated crystal methamphetamine as most prevalent. Participants commented: *“Mostly ‘shards’ (crystal methamphetamine) are starting to come around big. A lot of people is tryin’ to use them to get off heroin; Yeah, I even heard*

when [drug traffickers] go to pick up the heroin or 'fent' (fentanyl) [drug cartels] always send [methamphetamine] back with them for free, so it gets out there; There has been a change from the 'shake-and-bake' (powdered methamphetamine) stuff that people used to use ... now, it's actually like real 'crystal' (crystal methamphetamine) ... everybody's interested in it because it's the real thing. ..." Law enforcement stated: "Crystal's the majority of what we are seeing. I don't know if I have seen powder in a while; It's really all the same, it's just the purity of [crystal methamphetamine is higher] ... and it has a cleaner look. The federal government calls it 'ice' when it's 80% [pure] or better; [Drug cartels] got super labs where they're making a ton of it and you have to create a market. If you want to buy heroin, they make you take meth as well, so they're forcing the meth if you want heroin."

The powdered form of methamphetamine is typically referred to as "shake-and-bake," which means users produce the drug in a single-sealed container, such as a two-liter soda bottle. By using common household chemicals along with ammonium nitrate (found in cold packs) and pseudoephedrine (found in some allergy medications), people who make methamphetamine can produce the drug in approximately 30 minutes in nearly any location. Participants remarked: "That's bottle dope, phosphorus dope; They make it in a bath tub." Law enforcement commented: "Labs are like the anhydrous. The 'one-pot meth' (shake-and-bake), it's the dirty meth We're just not seeing it."

Participants and community professionals reported that the availability of methamphetamine has increased during the past six months. Participants stated: "It's been going up; Shit, [methamphetamine dealers] kind of just popped up and stuck around; I would say they're getting more prevalent ... it seems like when I was getting out of the game here (getting sober) ... they were starting to move in on all the turf around here."

Law enforcement commented: "I think we're the main reason [cartels are] pushing meth so hard ... you see they got heroin coalitions and task forces and stuff all over the country. Everybody is paying attention to the opiate crisis and those cartels aren't stupid, they have a nice business model. They say, 'Well, while they're paying attention to that, we'll work on this;' We have interviewed some heroin users that have said that they ... especially when it was huge in the news more with all the deaths last year with fentanyl-heroin deaths, that they were trying to switch to a different drug ... they were scared of dying ... we were finding people with both heroin and meth on them ... addicts were trying to switch over to meth because they never heard of anybody dying of a meth overdose ...

heroin obviously was scaring them; By and large if you were to total [drug seizures] all up, there would be twice as much methamphetamine seized at the boarder than there was cocaine, and then twice as much cocaine as there was heroin."

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 blue, clear, pink and white crystal methamphetamine as well as white powdered methamphetamine.

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

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 also '10'. Participants stated: "I was getting it out of California It was so pure [that] it put me in the ... hospital; Mine was coming from a connection with MS-13 (an international gang originating out of Los Angeles, with members living in Ohio). I had a buddy that ran with a crowd and they did business through MS-13 and every time he would get a bag ... it would literally just be shards ... and that stuff is [strong]. If you don't do it and you wanna try it, I suggest you do the tiniest amount or your heart will explode."

Participants discussed adulterants (aka "cuts") that affect the quality of the drug and reported the following as cutting agents for methamphetamine: baby laxatives and MSM (methylsulfonylmethane, a joint supplement). The BCI London Crime Lab reported dimethyl sulfone (dietary supplement) as a cut for methamphetamine. Overall, participants reported that the quality of methamphetamine has increased during the past six months.

Reports of current prices for methamphetamine were consistent among participants with experience buying the drug. Reportedly, the most common quantity of purchase is a gram. A participant remarked, "You make a lot of money off of it."

Methamphetamine	Current Prices for Methamphetamine	
	1/2 gram	\$35-40
	A gram	\$60-80

Participants reported that the routes of administration for methamphetamine include: smoking, intravenous injection (aka “shooting”), snorting and “hot railing.” A participant described hot railing the drug: *“It’s where you get a tube, and you get it really ... hot ... to where a little bit of smoke’s going and you have the whole tube filled up with smoke and then you put some [methamphetamine] down the line and you snort it up the tube ... I was bouncing like a ball. Literally, [my friend] was remodeling the inside of her house, and we got the living room done that day. And then I went home and cleaned my house.”* Other participants remarked: *“Actually meth, you can do it all kind of ways. You can put it under your tongue, you can eat it, you can mix it up with a cup of tea and drink it; They use coffee filters to filter [meth] through and you can take those coffee filters and stick it down a bottle of Mountain Dew® and shake it and drink it ... you got yourself a pow-wow drink ... pass it around like a liquor bottle and everybody’s bouncing; But, most of the people just shoot the stuff.”*

Participants described typical methamphetamine users as white and rural people. Participants commented: *“White; Growing up when I would hear about meth, I would just always hear about ‘hillbillies;’ Have you ever seen black people that do meth?”* Community professionals described typical methamphetamine users as heroin users and white people.

Prescription Stimulants

Prescription stimulants are moderately available for illicit use in the region. Participants most often reported the current street availability of these drugs as ‘4-7’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common score was ‘8.’ Participants discussed: *“If you want it, you can get it; I think it depends on the part of town you live. I know it’s easy to get prescribed ... legally prescribed. It’s pretty easy.”* Community professionals did not report on the current street availability of prescription stimulants;

the previous most common street availability score was ‘9-10’ among the one treatment provider with knowledge of illicit use of these drugs.

Participants identified Adderall® and Vyvanse® as the most popular prescription stimulants in terms of widespread illicit use. A participant remarked, *“It’s Adderall® [and] Vyvanse® ... people are definitely getting into that.”* Participants reported that the general availability of prescription stimulants has remained the same 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 decreased.

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®	\$5 for 5 mg \$10 for 7.5 mg

Participants reported obtaining prescription stimulants for illicit use from doctors and friends. Participants reported that the most common routes of administration for illicit use of prescription stimulants are oral consumption and snorting. Participants estimated that out of 10 illicit prescription stimulant users, five would orally consume and five would snort the drugs. Participants described typical illicit prescription stimulant users as truck drivers. A participant stated, *“I know a lot of truck drivers that love Adderall®.”*

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 as ‘6-8’ and of “molly” (powdered MDMA) as ‘8’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get); the previous most common scores were ‘10’ for both ecstasy and molly. Regarding ecstasy, participants reported: *“I can get it any time ... just pick up the phone and call [your dealer]; People like to get it for sex.”* Regarding molly, participants stated: *“I can pick up the phone and get molly right now; Well that varies, it depends on the season really. It’s really available in the summer.”*

Community professionals did not rate the current availability of ecstasy or molly; the previous most common scores for both ecstasy and molly were ‘5-6’ among one treatment provider with knowledge on the drug. However, law enforcement reported recently seizing MDA (aka “sally,” “sass,” and “sassafras”) in the Cincinnati region during the past six months. Law enforcement discussed: *“It was MDA ... that seizure that we got at the hotel; It was like a pound of MDA from Toronto and it looked like some chopped up bricks or something ... brown and nasty. So, I did a little research because I had never seen it before and somewhere like Northern Ohio ... Toledo or Cleveland ... they had some and it’s ecstasy. It’s a Schedule I [drug]; I’m assuming it has the same effects [as ecstasy] ... the defendant that we arrested said he moves ecstasy, and then when it came back from the lab it was MDA.”*

Participants reported that the availability of ecstasy and molly has decreased during the past six months. Participants discussed: *“It’s not a common drug; You might hear about it more if they have a ‘rave’ (dance party).”* The BCI London Crime Lab reported that the number of MDMA (ecstasy/molly) cases it processes has increased during the past six months.

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

Participants did not rate the current overall quality of ecstasy or molly on a scale of ‘0’ (poor quality, “garbage”) to ‘10’ (high quality); the previous most common score was ‘10’ for both ecstasy and molly. Regarding quality of ecstasy, participants stated: *“It all depends on where you stay (live); Yeah, I mean there are strong ones and there’s weak ones; I know the ‘purple Obama’s’ (ecstasy tablets imprinted with an image of President Obama) that was out was good.”*

Participants discussed adulterants (aka “cuts”) that affect the quality of the drugs and reported the following as cutting agents for ecstasy: cocaine, fentanyl, heroin, ketamine (an anesthetic typically used in veterinary medicine) and methamphetamine. Participants explained: *“You’re able to tell if it’s an upper or a downer [cut] ... ecstasy already automatically makes your senses go, but if it has heroin in it, it’s gonna be more of a relaxed feel; Sometimes you can taste the main ingredient [of the cut].”* Participants mentioned that the other substances used to cut molly included: cocaine, heroin, methamphetamine and Viagra®.

Current prices for ecstasy and molly were reported by participants with experience buying the drugs. A few participants discussed that the price for low-dose tablets (aka “single stack”) and medium-dose tablets (aka “double stack”) of ecstasy are often the same. A participant stated, *“They’re the same, you know someone pulls out of bag and someone might be like, ‘Give me the ‘Superman,’ or ‘give me the Smurf’ [and the prices are the same, regardless of purity].”*

Participants reported that molly is typically sold in capsules. A participant stated, *“I only find molly in capsules now.”* However, another participant stated, *“A lot of molly is being turned (pressed) into pills now.”* Other participants discussed that ecstasy and molly are often given away: *“I was always handed them, I never paid anything for them; For instance, someone might have a zip lock baggie of them and they go around and start passing them out, and sometimes they’re free; It’s a party drug; At concerts or like in parking lots when you’re going to go see or hear music some people pass around a sandwich bag [containing molly] ... you dip your pinky in it and then you lick it, so if you want a big one (dose), you take what you want.”*

Ecstasy/Molly	Current Prices for Ecstasy/Molly	
	Ecstasy:	
	Low dose (aka "single stack")	\$5-10
	Medium dose (aka "double stack")	\$7-15
	High dose (aka "triple stack")	\$20-40
	Molly:	
	A capsule	\$5
	1/10 gram	\$20-30
	A gram	\$50

Participants indicated that ecstasy and molly are obtained through drug dealers, at concerts, raves, parties and music festivals. Participants commented: *"You might hear about it more if they have a rave party; Lots of festivals; It's more like a fun drug than a habit drug."*

Participants reported that the most common route of administration for ecstasy and molly is oral consumption. A participant stated, *"He (the drug dealer) told me to eat it (molly), do not snort it, do not shoot it, and don't try to smoke it."* Participants also discussed other routes of administration for ecstasy, including, anal and vaginal insertion, ocular absorption and snorting. Participants commented: *"Most common would be eat it, or put it up in your anus; It goes straight to your bloodstream; Your liver can't process the toxins, so that's why a lot of people overdose and die on ecstasy because your body can't fight it off that way."*

Participants described typical ecstasy and molly users as younger people who attend raves and music festivals. Participants remarked: *"Early 20s; 'Cause it's a party drug; Like a club drug, if you will; That's mostly like people that like music festivals"*

Other Drugs in the Cincinnati Region

Participants and community professionals discussed synthetic marijuana (synthetic cannabinoids) as being present in the region, but this drug was not mentioned by the majority of people interviewed.

In addition, secondary data sources reported on other drugs not mentioned by respondents. The BCI London Crime Lab reported that the number of bath salts cases (synthetic cathinones; compounds containing methylone, mephedrone, MDPV or other chemical analogues, including alpha-PVP, aka "flakka") and the number of psilocybin mushroom cases it processes have increased during the past six months, while the number of DMT (dimethyltryptamine) and LSD (lysergic acid diethylamide) cases have decreased or remained the same. The lab also reported it processed 21 cases of ketamine (an anesthetic typically used in veterinary medicine) and 44 cases of U-47700 (synthetic opioid) during the past six months; The Hamilton County Coroner's Office reported that 14 of the 291 drug-related deaths it recorded this reporting period involved U-47700.

Synthetic Marijuana

Reportedly, synthetic marijuana (synthetic cannabinoids) remains available in the region. However, participants and community professionals were not able to rate the current availability of the drug. Participants commented: *"You used to be able to buy it at gas stations; Now you can buy it online and make it your own self."* Participants referred to the drug as potpourri and incense, and discussed the drug in negative terms. Participants stated: *"Garbage ... garbage; Yeah, that shit weak"* The BCI London Crime Lab reported that the number of synthetic marijuana cases it processes has decreased during the past six months.

Conclusion

Heroin, marijuana, methamphetamine, powdered cocaine, prescription opioids and Suboxone® remain highly available in the Cincinnati region; also highly available is fentanyl. Changes in availability during the past six months include: increased availability for fentanyl, marijuana and methamphetamine; likely increased availability for powdered cocaine; and possible increased availability for Suboxone®.

While participants and community professionals continued to report current high availability of heroin, there was agreement that much of the heroin supply is adulterated with fentanyl. Corroborating data confirmed that heroin is often adulterated with fentanyl. The

Hamilton County Coroner's Office reported that 47.1% of the 291 drug-related deaths it recorded this reporting period involved heroin; of these heroin-related deaths, 74.5% also involved fentanyl.

In discussing the increasingly high availability of fentanyl, participants noted fentanyl as supplanting heroin in the region. Participants and law enforcement attributed the increased availability of fentanyl to the ease in which the drug can be purchased, increased supply and demand, as well as the higher profitability of selling fentanyl over heroin. The BCI London Crime Lab reported that the number of fentanyl and fentanyl analogue cases it processes has increased during the past six months; the lab also reported an increase in the number of carfentanil cases.

Participants explained that fentanyl is typically a cut for other drugs, such as heroin and cocaine. Participants and community professionals noted high numbers of overdoses in the region and lives saved with Narcan® (naloxone, opiate overdose reversal medication). Both participants and law enforcement indicated Narcan® as available and accessible in the region.

Participants reported that the street availability of Suboxone® has increased during the past six months. They attributed increased street availability to an increase in the number of prescriptions in the region generally, both more prescribers and more users seeking prescriptions. One law enforcement officer reported, *"Seem like half the people that are on Suboxone® for treatment sell the Suboxone® to somebody else ... to get heroin."* The BCI London Crime Lab reported that the number of Suboxone® and Subutex® cases it processes has increased during the past six months. Participants continued to describe typical illicit Suboxone® users as heroin users who use Suboxone® to keep from "getting dope sick" (going into withdrawal) when they do not have heroin.

Corroborating data indicated that powdered cocaine is highly available in the region. The Hamilton County Coroner's Office reported that 39.2% of the 291 drug-related deaths it recorded this reporting period involved powdered/crack cocaine. The BCI London Crime Lab reported that the number of cocaine cases it processes has increased during the past six months.

When participants were asked why the availability of powdered cocaine has increased, several participants reported that there's been an increase in demand for the drug among heroin users. They explained that heroin users seek stimulant drugs like cocaine and methamphetamine

to "speedball" (use of cocaine/meth and heroin/fentanyl together for an up and down effect). Moreover, they discussed using cocaine with heroin to counteract "nodding out" (passing out) and to increase their "stay up" (awareness). In addition, participants indicated that heroin users receiving Vivitrol® as medication assisted treatment use powdered/crack cocaine and/or methamphetamine to get high.

Participants and community professionals reported that the availability of methamphetamine has increased during the past six months. Participants reported that methamphetamine is available in powdered and crystal forms throughout the region. However, they indicated crystal methamphetamine as most prevalent. They also discussed heroin users switching to methamphetamine to not experience the withdrawal symptoms associated with opiate use. Law enforcement attributed the increased availability of methamphetamine to drug cartels aggressively pushing the drug on the heroin market. They also noted heroin users switching to methamphetamine use due to fear of dying via an opiate overdose with so much fentanyl in the heroin supply.

Lastly, of particular note this reporting cycle, the BCI London Crime Lab reported it processed 21 cases of ketamine (an anesthetic typically used in veterinary medicine) and 44 cases of U-47700 (synthetic opioid) during the past six months; the Hamilton County Coroner's Office reported that 14 of the 291 drug-related deaths it recorded this reporting period involved U-47700.